

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 16 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

48 001  
State File No.  
Local Reg. No. 10  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? # Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. Alphonsus Stayed \_\_\_\_\_ days  
(g) Lived in this county 0 years 0 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Hagerman  
(d) Street Address or R.F.D. No. none  
(e) Deceased lived Inside? # Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) same

3. (a) FULL NAME

James Clark Parrott

3. (b) If veteran,

name war none

3. (c) Social Security

No. none

5. Color or race W

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth

(Month, Day, Year) May 8, 1946

8. AGE

Years	Months	Days	If less than 1 day
<u>I</u>	<u>7</u>	<u>24</u>	hrs min.

9. Exact

Occupation none Did this work for \_\_\_\_\_ yrs.

10. Industry or

Business none Date last worked \_\_\_\_\_

11. Birthplace

Wendell, Idaho

(City or town) (State or foreign country)

12. Name James H. Parrott

13. Birthplace Hagerman, Idaho

(City or town) (State or foreign country)

14. Maiden name Jeanne Griffin

15. Birthplace St. Joseph, Missouri

(City or town) (State or foreign country)

16. Informant's

OWN Signature Mrs. Virgil Norwood

and Address Hagerman, Idaho

17. (a) Burial

(Burial, cremation, or removal) (b) Date thereof I/4/48

(c) Place: Hagerman Cemetery

18. Funeral Director's

OWN Signature Clyde E. Summers

and Address Boise, Idaho

19. (a) 1-9-48

(Date received and filed)

(b) N. Sharp

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 1, 1948  
(Month, Day, Year) at 3 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1947 to Jan 1, 1948

I last saw him alive on Jan 1, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cadaver failure

Duration

Life

Due to Congenital pulmonary stenosis

Due to \_\_\_\_\_

Other conditions Acute + hyperemia

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature Robert M. M.D.

and Address 218 N. 1st (M. D. or other)

Date 1/8 1948

(For additional space, use reverse side)



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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 10 1948

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 002  
Local Reg. No. 2  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1800. Hervey St.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 2 years 3 months 15 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1800. Hervey St.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? All her life  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Vickie Jean Lewis.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or Race White. 6. (a) Single, widowed, married, divorced Single.

6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) September. 16. 1945.

8. AGE	Years	Months	Days	If less than 1 day
	<u>2.</u>	<u>3.</u>	<u>15.</u>	hrs. min.

9. Exact Occupation None. Did this work for    yrs.

10. Industry or Business    Date last worked   

11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

12. Name Robert. R. Lewis. (City or town) (State or foreign country)

13. Birthplace Westwood, California. (City or town) (State or foreign country)

14. Maiden name Betty Hartman. (City or town) (State or foreign country)

15. Birthplace Aurora, Nebraska. (City or town) (State or foreign country)

16. Informant's OWN Signature Robert R. Lewis and Address 1800 Hervey

17. (a) Burial. (b) Date thereof Jan. 3. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clifford E. Summers

and Address Boise, Idaho.

19. (a) 1-2-48 (b) X. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January. 1. 1948.

at 3.10. o'clock A. M.

21. I HEREBY CERTIFY, That I    deceased from    January. 1. 1948. to   

I last saw h.    alive on    19   ; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Burned to death in house that caught fire when oil stove exploded.

Due to     
Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide?    Homicide?   

Occurred January. 1. 1948. City, county, state

where violence occurred Home.

Place of Violence: Home X Farm    Industry   

Public Place    While at work?   

Means of injury    Coroner of   

23. Attention of Clifford E. Summers Ada County.

OWN Signature    (M. D. or other)

and Address Boise, Idaho. Date Jan. 2. 1948.

(For additional space, use reverse side)

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RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 1 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 003  
Local Reg. No. 3  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 507. Highland.  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 1. years 5. months 15. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 507. Highland.  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? all her life  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Susan Jane Priest.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or  
4. Sex Female, race White.

6. (a) Single, widowed, married,  
divorced Single.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive years

7. Date of Birth  
(Month, Day, Year) July. 17. 1946.

8. AGE	Years	Months	Days	If less than 1 day
	<u>1.</u>	<u>5.</u>	<u>15.</u>	hrs. min.

9. Exact Occupation None. Did this work for years.

10. Industry or Business Boise, Idaho. Date last worked

11. Birthplace Boise, Idaho.  
(City or town) (State or foreign country)

12. Name Ralph. R. Priest.  
(City or town) (State or foreign country)

13. Birthplace Hailey, Idaho.  
(City or town) (State or foreign country)

14. Maiden name Ruth Unsinn.

15. Birthplace Roby, Indiana.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ralph R. Priest  
and Address 507 Highland St. Boise, Idaho.

17. (a) Burial. (b) Date thereof January. 5. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Chaple E. Summers  
and Address Boise, Idaho.

19. (a) 1-5-48 (b) R. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) January. 2. 19 48.  
at 4.30. o'clock P.M.

21. I HEREBY CERTIFY, That I saw deceased from Jan. 2. 48.

I declare that the above information is true and correct to the best of my knowledge and belief.

Immediate Cause of Death:  
Strangled in bed clothing  
around neck.

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? Home. Homicide?

Occurred 19. City, county, state

where violence occurred

Place of Violence: Home Home. Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Chaple E. Summers Coroner of Ada

(M. D. or other)  
and Address Boise, Idaho. Date Jan. 3. 19 48.

(For additional space, use reverse side)

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United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 1 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. 004  
Local Reg. No. 3  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place  
(f) Name Hosp. or Inst. ST. LUKES Stayed ..... days  
(g) Lived in this county 15 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County CANYON  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 503 N-17th  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME VERNA JUNE AYERS

170C

3. (b) If veteran, name war ..... No. ....  
5. Color or race W  
4. Sex F  
6. (b) Name of husband or wife JAMES  
6. (c) Age of husband or wife if alive 20 years  
7. Date of Birth JUNE 25, 1932  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>15</u>	<u>6</u>	<u>8</u>	hrs min.

9. Exact Occupation Housewife Did this work for 3 mo's  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Meridian, Idaho (City or town) (State or foreign country)  
12. Name Anderson W. Zinn  
13. Birthplace UNKNOWN MISSOURI (City or town) (State or foreign country)  
14. Maiden name Lola M. McGill  
15. Birthplace UNK. KANSAS (City or town) (State or foreign country)

16. Informant's OWN Signature Mae McGill  
and Address Box 85 Meridian Ida.  
17. (a) BURIAL (b) Date thereof 1/7/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Meridian  
18. Funeral Director's OWN Signature B.W. Robison  
and Address Meridian Idaho  
19. (a) 1-6-48 (b) S. Sharp (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 3 19 48  
at 9:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 3 1948, to Jan 3 1948.  
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral aneurysm Duration 1 hr

Due to Cerebral aneurysm

Due to Cerebral aneurysm

Other conditions fractured ribs (Including pregnant within 3 months of death)  
Cerebral aneurysm

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ..... Homicide? .....

Occurred Jan 1 1948 City, county, state Ada County

where violence occurred ada County

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury Cerebral aneurysm

23. Attendant's OWN Signature Edward J. Chalupsky

and Address ..... Date 1/3 1948

(For additional space, use reverse side)

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **005**  
Local Reg. No. **1**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

(a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **1114 14 St N**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **2** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **1923** years  
(h) Former residence (city, state) **Salt Lake, Utah**

## 3. (a) FULL NAME **Eugenia M Dauber**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex **Female** Race **White**  
6. (b) Name of husband or wife **Geo Dauber** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **Nov 6 1845**

8. AGE	Years	Months	Days	If less than 1 day
	<b>102</b>	<b>1</b>	<b>27</b>	hrs. min.

9. Exact Occupation **Invalid** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Hadley Mass** (City or town) (State or foreign country)

12. Name **George Whitman** (City or town) (State or foreign country)

13. Birthplace **Not Known** (City or town) (State or foreign country)

14. Maiden name **Angelia Not Known** (City or town) (State or foreign country)

15. Birthplace **Not Known** (City or town) (State or foreign country)

16. Informant's OWN Signature **JR Wiley**

and Address **Jerome Idaho**

17. (a) **Removal** (b) Date thereof **1/3/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Salt Lake City Utah**

18. Funeral Director's OWN Signature **JR Wiley**

and Address **Jerome, Idaho**

19. (a) **1-5-48** (b) **J. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Jan 3 1948**  
at **7:10** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **Nov 18 1947** to **Jan 3 1948**  
I last saw her alive on **Dec 27 1947**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

**Cardio-vascular collapse**

Due to **Senility**

Due to **arteriosclerosis**

Other conditions **none**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **none**

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **James H. Hagganworth**

and Address **Boise, Idaho** Date **1-3-48**

(For additional space, use reverse side)

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1548  
State File No. 006  
Local Reg. No. 32  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county 49 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 615 S 14 St  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Elmer E. Harman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth E. Harman

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Nov 6th 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>1</u>	<u>27</u>	hrs. min.

9. Exact Occupation Electrical Worker Did this Work for \_\_\_\_\_ yrs.

10. Industry or Business Retired Date last worked \_\_\_\_\_

11. Birthplace Vermillion Ill. (City or town) (State or foreign country)

Father { 12. Name John Harman

13. Birthplace U.S.A. (City or town) (State or foreign country)

Mother { 14. Maiden name Thornton

15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's OWN Signature J. S. M. & L. Daniel and Address 2324 Bannock St. Boise Idaho

17. (a) Burial (b) Date thereof 1/5/1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreiber McLean and Address Boise

19. (a) 1-30-48 (b) J. S. M. & L. Daniel (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 1/3 1948

21. I HEREBY CERTIFY, That I attended deceased from 1/3 at 4:10 o'clock A.M. to 1/13 1948

I last saw him alive on 1/12 death is said to have occurred on the date and hour stated above

Immediate Cause of Death: Coronary occlusion Duration Instant

Due to coronary thrombosis

Due to senility

Other conditions senility (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. S. M. & L. Daniel (M. D. or other) and Address Boise Date 1/5 1948

(For additional space, use reverse side)

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

JAN 16 1948

STATE OF IDAHO

1948 007  
State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. 370

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. 1114 N. 14th St  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. ☒ Hospital. \_\_\_\_\_ Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed. \_\_\_\_\_ days  
(g) Lived in this county. \_\_\_\_\_ years. 2 months. \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Blaine  
(c) City or town. Hailey  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 64 years  
(h) Former residence (city, state). Ohio

3. (a) FULL NAME Maude Muller Watson

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced. widow  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 10th. 1864

8. AGE	Years	Months	Days	If less than 1 day
	83	6	25	hrs. min.

9. Exact Occupation. Housewife Did this work for. \_\_\_\_\_ yrs.  
10. Industry or Business. \_\_\_\_\_ Date last worked. \_\_\_\_\_  
11. Birthplace. Marysville Ohio (City or town) (State or foreign country)

12. Name. John White (City or town) (State or foreign country)

13. Birthplace. U.S.A. (City or town) (State or foreign country)

14. Maiden name. Sarah Hartman (City or town) (State or foreign country)

15. Birthplace. U.S.A. (City or town) (State or foreign country)

16. Informant's OWN Signature. Walter L. Watson  
and Address. 1806 N 15th St Boise Idaho  
Removal 1/6/1948

17. (a) (Burial, cremation, or removal) (b) Date thereof. 1/6/1948 (Month) (Day) (Year)  
(c) Place. Hailey Idaho

18. Funeral Director's OWN Signature. Schreder McCann  
and Address. Boise  
1-6-48 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 5- 1948  
at 10-30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 12-22 1947 to 1-5 1948  
I last saw her alive on 1-5 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility Duration

Due to Natural causes - 3 mo.

Due to General decline 3 mo.  
Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation. \_\_\_\_\_ Date. \_\_\_\_\_

Major finding. \_\_\_\_\_ Finding of autopsy. \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred. \_\_\_\_\_ 19. \_\_\_\_\_ City, county, state

where violence occurred. \_\_\_\_\_

Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_

Public Place. \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury. \_\_\_\_\_

Attendant's OWN Signature. L. O. Hamilton (M. D. or other)

and Address. Boise Idaho Date. 1-5 1948

(For additional space, use reverse side)

1948  
State File No. 008  
Local Reg. No. 6  
Reg. Dist. No. 370

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

DIV. OF VITAL

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Alphonsus Stayed 126 days  
(g) Lived in this county 5 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1306 No. 12th  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Ethel Ruth Ferguson

3. (b) If veteran, name war None 3. (c) Social Security No. 518-28-6029  
5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
4. Sex F 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) 3/28/1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>9</u>	<u>7</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)

12. Name Henry Sagers  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Olive A. Hale  
15. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Ethel Ferguson  
and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 1/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cloverdale, Boise, Idaho

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St. Boise, Idaho

19. (a) 1-7-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 5, 19 48  
at 4 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 4/29 19 46, to 1/15 19 48  
I last saw her alive on 1/15 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cardiac Decompensation Duration 3 yrs.  
Due to Rheumatic heart disease

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature Boise (M. D. or other) .....  
and Address Boise Date 1/6 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 1 1949

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 009  
Local Reg. No. 11  
Reg. Dist. No. 310

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus days 2  
(g) Lived in this county 43 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. R.D. # 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Grover Cleveland Davidson.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

5. Color or White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Elizabeth I. Davidson. 6. (c) Age of husband or wife if alive 47 years

7. Date of Birth September 16, 1889.

8. AGE	Years	Months	Days	If less than 1 day
	<u>58.</u>	<u>3.</u>	<u>20.</u>	hrs. min.

9. Exact Occupation Farmer. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Drexel, Missouri.  
(City or town) (State or foreign country)

12. Name Robert Davidson.

13. Birthplace Virginia.  
(City or town) (State or foreign country)

14. Maiden name Frances Nelson.

15. Birthplace Virginia.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Elizabeth I. Davidson

and Address Meridian Idaho R 2.

17. (a) Burial. (b) Date thereof Jan. 10, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Meridian Cemetery.

18. Funeral Director's OWN Signature Blaise E. Smith

and Address Boise, Idaho.

19. (a) 1-10-48 (b) X Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 6. 19 48.  
(Month, Day, Year) at 2 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1948 to Jan 6, 1948.  
I last saw him alive on Jan 6 19 48.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Massive coronary occlusion Duration 15 min.

Due to Coronary heart disease & previous occlusion none

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy Permission for autopsy requested. Denied.  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John T. Brown (M. D. or other) MD  
and Address Meridian Idaho Date 1-9 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**Certificate of Death**  
**RECEIVED**  
**JAN 16 1948**  
**STATE OF IDAHO**

48  
State File No. **010**  
Local Reg. No. **21**  
Reg. Dist. No. **37D**

1. PLACE OF DEATH:  
(a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. **Franklin Hotel** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months **1** days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Boise**  
(c) City or town **Idaho City**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **42** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **Mary Wiegel**  
3. (b) If veteran, name war **NO** 3. (c) Social Security No. **None**  
4. Sex **Female** 5. Color or race **White**  
6. (b) Name of husband or wife **Melvin** 6. (a) Single, widowed, married, divorced **Married**  
6. (c) Age of husband or wife if alive **75** years  
7. Date of Birth (Month, Day, Year) **Jan. 20th 1874**

8. AGE	Years	Months	Days	If less than 1 day
	<b>73</b>	<b>11</b>	<b>16</b>	hrs. min.

9. Exact Occupation **Housewife. Clerk** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **In Mercantile Store** Date last worked \_\_\_\_\_  
11. Birthplace **Avon Ohio** (City or town) (State or foreign country)  
Father { 12. Name **Jacob Toll**  
13. Birthplace **Germany** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Lena Welton**  
15. Birthplace **Germany** (City or town) (State or foreign country)  
16. Informant's OWN Signature **Melvin Wiegel**  
and Address **Idaho City. Idaho**  
17. (a) Removal **1/7/1948** (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place **Loraine Ohio**  
18. Funeral Director's OWN Signature **Schneberger McLean**  
and Address **J. J. McLean Boise Idaho**  
19. (a) **1-6-48** (b) **Sharp**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**  
20. DATE OF DEATH (Month, Day, Year) **1-6 1948**  
at **3 AM** o'clock **M.**  
21. I HEREBY CERTIFY, That I attended deceased from **Dec 20 1947** to **Jan 5 1948**  
last saw her alive on **Dec 20 1947**  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Coronary occlusion** Duration **Instant**  
**Chronic Myocarditis 1 yr**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? **Boise County**  
Name of operation **None** Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **J. J. McLean** (M. D. or other) \_\_\_\_\_  
and Address **Boise Idaho** Date **Jan 6 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

JAN 22 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 011  
Local Reg. No. 12  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1409 E. Jefferson  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 2 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2600 N. 26 th.  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Hannah Capitola Peet.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or White. 6. (a) Single, widowed, married, divorced Widow.  
4. Sex Female. 6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) June. 23. 1870.

8. AGE	Years	Months	Days	If less than 1 day
	<u>77.</u>	<u>6.</u>	<u>13.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for    yrs.

10. Industry or Business    Date last worked   

11. Birthplace Central City, Iowa. (City or town) (State or foreign country)

12. Name William Shoemaker. (City or town) (State or foreign country)

13. Birthplace Ohio. (City or town) (State or foreign country)

14. Maiden name Laura Ann Brunner. (City or town) (State or foreign country)

15. Birthplace Ohio. (City or town) (State or foreign country)

16. Informant's OWN Signature Carrie S. Peet  
and Address 2600 N 26th St. Boise

17. (a) Cremation. (b) Date thereof Jan 11. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Portland, Oregon.

18. Funeral Director's OWN Signature Charles B. Summers  
and Address Boise, Idaho.

19. (a) 1-12-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January. 6. 19 48.  
at 7.45. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from    19    to    19   

I last saw h.    alive on    19    ;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Broncho pneumonia Duration 24h

Due to   

Due to   

Other conditions   

(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature W. J. Springer M.D.

and Address Boise, Idaho Date 1-9 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 012  
Local Reg. No. 370  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No 1020 W. State  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days 4  
(g) Lived in this county 4 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No 1020 W. State  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME ANNIE ELIZABETH WERTS

3. (b) If veteran, name war No  
3. (c) Social Security No. None  
5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Forrest  
6. (c) Age of husband or wife if alive 38 years  
7. Date of Birth (Month, Day, Year) December 1, 1899

8. AGE	Years	Months	Days	If less than 1 day
	<u>48</u>	<u>1</u>	<u>5</u>	hrs min.

9. Exact Occupation Housewife Did this work for  yrs.  
10. Industry or Business worked  
11. Birthplace Choteau, Montana (City or town) (State or foreign country)  
Mother Father { 12. Name Ora Knowlton  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Lizzie Peebles  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Forrest W. Werts  
and Address 1020 W. State, Boise, Idaho

17. (a) Removal (b) Date thereof 1/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Billings, Montana

18. Funeral Director's McBretney-Fowler Chapel  
OWN Signature Forrest W. Werts  
and Address 419 No. 9th, Boise, Idaho

19. (a) 1-7-48 (b) Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 6, 1948  
at 1:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1945 to 1948  
I last saw him alive on 12/31/48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myelogenous Leukemia Duration 2 yrs.

Due to   
Due to   
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?   
Name of operation  Date   
Major finding   
Finding of autopsy   
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred 19 City, county, state   
where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature Forrest W. Werts (M. D. or other)  
and Address Boise Date 1/7 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 16 1949  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 013  
Local Reg. No. 3  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 2435 Ellis St.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days 38  
(g) Lived in this county 38 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2435 Ellis St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Jane Jamieson Dickinson

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or W 6. (a) Single, widowed, married, divorced Widowed  
4. Sex F race W 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) 11/12/1857

8. AGE	Years	Months	Days	If less than 1 day
	<u>90</u>	<u>1</u>	<u>25</u>	hrs min.

9. Exact Occupation Housewife Did this work for                      yrs.  
10. Industry or Business                      Date last worked                       
11. Birthplace Jamesville, Wisc. (City or town) (State or foreign country)

- Mother { 12. Name Thomas Jamieson  
13. Birthplace Scotland (City or town) (State or foreign country)  
14. Maiden name Margaret Monat  
15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's OWN Signature Rae D. Klinger  
and Address 2435 Ellis

17. (a) Burial (b) Date thereof 1/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill, Boise, Idaho.

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St., Boise, Idaho.

19. (a) 1-8-48 (b) X Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH/62B

20. DATE OF DEATH (Month, Day, Year) January 7 19 48  
at 3:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 19 46, to Jan 7 19 48  
I last saw him alive on Jan 1 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility Duration                     

Due to                     

Due to                       
Other conditions Anemia (Include pregnancy within 3 months of death) 2 years

Where was disease contracted?                       
Name of operation                      Date                       
Major finding                       
Finding of autopsy                     

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?                       
Occurred                      19                      City, county, state                       
Place of Violence: Home                      Farm                      Industry                       
Public Place                      While at work?                       
Means of injury

23. Attendant's OWN Signature Rae D. Klinger (M. D. or other)  
and Address Boise, Idaho Date 1-8 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 30 1948

# Certificate of Death

STATE OF IDAHO

State File No. 014  
Local Reg. No. 18  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed X days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 5 Minutes

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1316. N. 7 th.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? X years  
(h) Former residence (city, state) \_\_\_\_\_ X

## 3. (a) FULL NAME

Baby Rocks.

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None.

5. Color or  
4. Sex Female Race White

6. (a) Single, widowed, married,  
divorced Single.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) January. 8. 1948.

8. AGE	Years	Months	Days	If less than 1 day
				hrs. <u>5</u> min.

9. Exact Occupation None. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise, Idaho.  
(City or town) (State or foreign country)

12. Name Dorsey, D. Rocks.

13. Birthplace Grandview, Idaho.  
(City or town) (State or foreign country)

14. Maiden name Kay, M. Ramey.

15. Birthplace Vale, South Dakota.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Dorsey D. Rocks  
and Address ft # 5 Boise, Id.

17. (a) Burial. (b) Date thereof Jan. 15, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Charles E. Summers  
and Address Boise, Idaho.

19. (a) 1-20-48 (b) X Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) January, 8. 19 48.  
at 12.35. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
\_\_\_\_\_ 19 \_\_\_\_\_, to 8 Jan 1948

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Spontaneous Remission

Due to Labot at 5 1/2 months

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dorsey D. Rocks  
(M. D. or other)

and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 22 1948

OFFICE OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 015  
State File No. \_\_\_\_\_  
Local Reg. No. 14  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 912. O' Farrell  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 58 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 912. )' Farrell  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME

Louise Lamb

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or White  
4. Sex Female

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October. 17. 1860.

8. AGE	Years	Months	Days	If less than 1 day
	<u>87.</u>	<u>2.</u>	<u>26.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Washington, Iowa. (City or town) (State or foreign country)

12. Name Pennington. (City or town) (State or foreign country)

13. Birthplace Unknown. (City or town) (State or foreign country)

14. Maiden name Unknown. (City or town) (State or foreign country)

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Louise Lamb and Address 912 O' Farrell St Boise

17. (a) Burial. (b) Date thereof: January. 15. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Fairview Cemetery.

18. Funeral Director's OWN Signature Clayde E. Summers and Address Boise, Idaho.

19. (a) 1-16-48 (b) H. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January. 13. 1948. at 2.40. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 17 1948 to Jan 13 1948  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Embolus Duration 18 hours

Due to arteriosclerosis

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. W. Brayton M.D. (M.D. or other)

and Address Boise, Idaho Date Jan 13 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
JAN 22 1948  
NON-RESIDENT  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948 016  
State File No. \_\_\_\_\_  
Local Reg. No. 13  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus \_\_\_\_\_ days \_\_\_\_\_  
(g) Lived in this county \_\_\_\_\_ years 6 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State No. Dakota (b) County Towner  
(c) City or town Rock Lake  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 Mos. years  
(h) Former residence (city, state) No. Dak

3. (a) FULL NAME Maude Pettit

3. (b) If veteran, name war none

3. (c) Social Security No. none

5. Color or  
4. Sex Female race white

6. (a) Single, widowed, married,  
divorced widow

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) May 8th. 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>8</u>	<u>6</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Mankato Minn.  
(City or town) (State or foreign country)

12. Name Alexander LaTourelle

13. Birthplace Canada  
(City or town) (State or foreign country)

14. Maiden name Sophia Muller

15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature C. Warner Sheward  
and Address Boise Falls Idaho

17. (a) Removal (b) Date thereof 1/17/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mapleton Minn.

18. Funeral Director's OWN Signature Schreiber McCann  
and Address Boise

19. (a) 1-16-48 (b) J. H. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) January 14 1948  
at 3:22 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from  
August 4 1947 to January 14 1948

I last saw her alive on January 13 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Epidermal Carcinoma of  
Rectum with metastases to  
Due to liver and lymph nodes

Duration  
6 mos.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Colostomy Date 8/18/47

Major finding Metastatic Carcinoma of Liver and Nodes

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature Russ Jones  
(M. or other)  
and Address Boise Idaho Date 1/15 1948  
(For additional space, use reverse side)

525

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 30 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 017  
Local Reg. No. 16  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

STATISTICS  
Ada

- (a) County .....  
(b) City or town ..... Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. St. Alphonsus Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 7 weeks  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Victoria Lynn Speer

## 3. (b) If veteran, name war no

## 3. (c) Social Security No. no

4. Sex F race W  
5. Color or No. no  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife Fred  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Nov. 28, 1947

8. AGE	Years	Months	Days	If less than 1 day
	1	18	hrs	min.

9. Exact Occupation Child Did this work for ..... yrs.  
10. Industry or Business none Date last worked .....  
11. Birthplace Emmett, Idaho  
(City or town) (State or foreign country)

12. Name Fred Speer Jr.  
13. Birthplace Neb.  
(City or town) (State or foreign country)  
14. Maiden name Joyce Marylyn Thorning  
15. Birthplace Emmett, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Chris Thorning  
and Address Emmett, Idaho

17. (a) Burial (b) Date thereof 1-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Clarence S. Jensen  
and Address Emmett, Idaho

19. (a) 1-20-48 (b) D. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 16 1948  
(Month, Day, Year) at 8:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 15 1948, to Jan 16 1948  
I last saw h.e.r. alive on Jan 16 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Myocardial Infarction Duration 1 day

Due to Volvulus jejunum 1 day

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation Laparotomy Date 1/15/48  
Major finding Volvulus  
Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature S. M. Jean M.D.  
and Address 218 N. 1st (M. D. or other) Date 1/18 1948  
(For additional space reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **018**  
Local Reg. No. **17**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **X**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Luke's** Stayed **3** days  
(g) Lived in this county **30** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **2312 N. 24**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **Iowa**

3. (a) FULL NAME **James Stanley Johnson.**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. \_\_\_\_\_  
5. Color or **White.** 6. (a) Single, widowed, married, divorced **Married.**  
4. Sex **Male.** race **White.** 6. (b) Name of husband or wife **Vera Lucille Johnson.** 6. (c) Age of husband or wife if alive **35** years  
7. Date of Birth (Month, Day, Year) **June. 28. 1914.**

8. AGE	Years	Months	Days	If less than 1 day
<b>33.</b>	<b>7.</b>	<b>3.</b>	hrs.	min.

9. Exact Occupation **Clerk in Confectionary.** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Perry, Iowa.** Date last worked \_\_\_\_\_  
11. Birthplace **Perry, Iowa.** (City or town) (State or foreign country)

12. Name **Stanley Johnson.**  
13. Birthplace **England.** (City or town) (State or foreign country)  
14. Maiden name **Orpha Sturdevant.**  
15. Birthplace **Unknown.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Vera L. Johnson**  
and Address **2312 N. 24th**

17. (a) **Burial.** (b) Date thereof **Jan. 20. 1948.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Cloverdale Memorial Park.**  
18. Funeral Director's OWN Signature **Clayton E. Summers**  
and Address **Boise, Idaho**

19. (a) **1-20-48** (b) **H. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **January. 17. 1948.**  
(Month, Day, Year) at **7** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **7/18** to **1/16/48**  
I last saw **him** alive on **1/16/48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial Infarction** Duration **?**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **H. Sharp** (M. D. or other)  
and Address **Boise** Date **1/19** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED NON-RESIDENT  
Certificate of Death

JAN 30 1948

STATE OF IDAHO

DIVISION OF VITAL

State File No. 019  
Local Reg. No. 19  
Reg. Dist. No. 370

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Ada**
- (b) City or town **Boise**
- (c) Street Address or R.F.D. No. **525. Warm Springs.**
- (d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town
- (e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
- (g) Lived in this county **1** years **3** months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **California** (b) County **Los Angeles**
- (c) City or town **Santa Monica**
- (d) Street Address or R.F.D. No. **911. - 11 St.**
- (e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town
- (f) Citizen of what country? **U.S.A.**
- (g) How long had deceased lived in Idaho? **15 Months**
- (h) Former residence (city, state) **California**

3. (a) FULL NAME **Sigmund Herbert Huth.**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**
5. Color or **White.** 6. (a) Single, widowed, married, divorced **Widower.**
4. Sex **Male.** race **White.** 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **July. 15. 1907.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>40.</b>	<b>6.</b>	<b>3.</b>	hrs. min.

9. Exact Occupation **Teacher and Educational**

10. Industry or Business **Director.** Date last worked \_\_\_\_\_

11. Birthplace **Bryant, South Dakota.** (City or town) (State or foreign country)

12. Name **G.H. Huth.**

13. Birthplace **Germany.** (City or town) (State or foreign country)

14. Maiden name **Virginia Margaret Meyer.** (City or town) (State or foreign country)

15. Birthplace **Arcaadia, Iowa.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Ernest H. Gies**

and Address **525 Warm Springs Boise Id.**

17. (a) **Burial.** (b) Date thereof **Jan. 23. 1948.** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Salem, Oregon.**

18. Funeral Director's OWN Signature **Summers Funeral Home.**

and Address **Clyde E. Summers, Boise, Idaho.**

19. (a) **1-20-48** (b) **H. Sharp** (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **January, 18. 1948.** at **10.00.** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **1947** to **1/18** 19**48**

I last saw **him** alive on **1/18** 19**48**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Tuberculosis, Chronic** Duration \_\_\_\_\_

**active - left upper lobe** years?

Due to **late with metastases**

Due to **TBC**

Other conditions **Tuberculosis of both lungs secondary to above.** (Include pregnancy within 3 months of death)

Where was disease contracted? **Unknown**

Name of operation **None** Date \_\_\_\_\_

Major finding **None**

Finding of autopsy **None**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work \_\_\_\_\_

Means of injury **Stomach**

23. Attendant's OWN Signature **Frank D. Myers** (M. D. or other)

and Address **521 East 1/19 48** Date \_\_\_\_\_ 19 \_\_\_\_\_

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (NCA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
JAN 30 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

48 020  
State File No. \_\_\_\_\_  
Local Reg. No. 22  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus Stayed 2 days  
(g) Lived in this county 5 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1014 Franklin  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

Ethelyn Myerl Bures.

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None.

5. Color or  
4. Sex Female White

6. (a) Single, widowed, married,  
divorced Divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) May. 21. 1909.

8. AGE	Years	Months	Days	If less than 1 day
	<u>38</u>	<u>7</u>	<u>29</u>	hrs. min.

9. Exact Occupation Social Assistance Did this  
work for \_\_\_\_\_ yrs.

10. Industry or Business Worker. Date last  
worked \_\_\_\_\_

11. Birthplace Cedar County, Iowa.  
(City or town) (State or foreign country)

12. Name Thomas. E. Lindsey.

13. Birthplace South Dakota.  
(City or town) (State or foreign country)

14. Maiden name Lydia Capitola Ballou.

15. Birthplace Jones County, Iowa.  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Robert A. Corliss  
and Address apt 1101 State/Boise, Boise, Idaho

17. (a) Removal X (b) Date thereof Jan. 21. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cedar Rapids, Iowa.

18. Funeral Director's  
OWN Signature Clayton E. Summers

and Address Boise, Idaho.

19. (a) 1-23-48 (b) Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January. 20. 19. 48.  
(Month, Day, Year) at 10.50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
Jan 18 19 48 to Jan 20 19 48

I last saw h. er alive on Jan 20 19 48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Broncho-pneumonia  
all lobes both lungs Duration Several days?

Due to \_\_\_\_\_  
Other conditions Pharyngitis, acute unknown  
(Include pregnancy within 6 months of death)

Where was disease contracted? unknown

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None.

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's  
OWN Signature Frank J. Jones MD

and Address 531 E. 1st (M.D. or other) \_\_\_\_\_

Date Jan 22 48

For additional space, use reverse side

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **48 021**  
Local Reg. No. **R3**  
Reg. Dist. No. **390**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. St. Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Rt. #2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Fountain S. Stewart

3. (b) If veteran, name war No 3. (c) Social Security No. 518-07-0808  
5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
4. Sex M 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) 9/1/1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>4</u>	<u>20</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Lafayette, Indiana (City or town) (State or foreign country)

12. Name Allan Stewart  
13. Birthplace Kentucky (City or town) (State or foreign country)  
14. Maiden name Hannah Cover  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature J. Allen Stewart  
and Address Vale, Oregon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1926/48 (Month) (Day) (Year)  
(c) Place: Morris Hill, Boise, Idaho.

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St. Boise, Ida.

19. (a) 1-34-48 (Date received and filed) (b) A. Sharp (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 21 1948  
at 11 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 6/5 1944 to 1/21 1948  
I last saw him alive on 1/21 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion, Sudden  
Due to Hypertensive ?  
Due to Cardiovascular Disease ?  
Other conditions Diabetes Mellitus ?  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Boise Date 1/22 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

FEB 18 1948

STATE OF IDAHO

State File No. 022  
Local Reg. No. 36  
Reg. Dist. No. 370

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Alphonses Stayed 1 days  
(g) Lived in this county ..... years ..... months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 61 years  
(h) Former residence (city, state) Atlanta Ida.

3. (a) FULL NAME HATTIE MC CRARY

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Wayne L. 6. (c) Age of husband or wife if alive 59 years  
7. Date of Birth (Month, Day, Year) September 15, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>4</u>	<u>6</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Home Date last worked 1/18/48  
11. Birthplace Atlanta Idaho (City or town) (State or foreign country)

12. Name James Smoot  
13. Birthplace Colorado (City or town) (State or foreign country)  
14. Maiden name Margaret Cox  
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Wayne L. Mcrary  
and Address Mountain Home Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 21, 1948 (Month) (Day) (Year)  
(c) Place: Mountain Home Idaho

18. Funeral Director's OWN Signature W. G. Bay  
and Address Mountain Home Idaho

19. (a) 2-3-48 (Date received and filed) (b) Sharp (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 1-21- 19 48  
at 5:40 o'clock AM  
21. I HEREBY CERTIFY, That I attended deceased from 2-15 PM 1-20 1948, to 5:40 AM, 1-21 1948

I last saw her alive on 1-21 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Anemia Duration 4 days

Due to Acute Bright's disease

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation..... Date.....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?..... Occurred..... 19..... City, county, state where violence occurred

Place of Violence: Home..... Farm..... Industry..... Public Place..... While at work?.....

Means of injury .....

23. Attendant's OWN Signature W. G. Bay (M. D. or other)

and Address Boise Ida. Date 2-3-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

FEB - 4 1948

STATE OF IDAHO

1948  
State File No. 023  
Local Reg. No. 35  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Lukes Stayed ..... days  
(g) Lived in this county 10 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 203 No. 9th St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Frank Kellogg Hoyle

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. 519-03-6175

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virlee Hoyle

6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth

(Month, Day, Year) 6/18/1888

## 8. AGE

Years

59

Months

7

Days

4

If less than 1 day

hrs min.

## 9. Exact

Occupation Hotel Owner

Did this

work for 10 yrs.

## 10. Industry or

Business

Date last

worked

## 11. Birthplace

Fredonia, Kansas

(City or town)

(State or foreign country)

## 12. Name

Unknown

Unknown

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

Unknown

Unknown

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature W. B. R. R. R.

and Address 1017 No 215, Boise

## 17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof 1/25/48

(Month) (Day) (Year)

(c) Place: Portland Crematorium, Portland, Ore

## 18. Funeral Director's

OWN Signature McBratney Fowler Chapel

and Address 419 No. 9th St., Boise, Idaho.

## 19. (a)

1-31-48

(Date received and filed)

## (b)

H. Sharp

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) January 22 19 48  
at 11:45 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

12/15 19 47, to 1/22 19 47

I last saw him alive on 1/22/1947, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary occlusion Duration 6 hours

Due to Coronary sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline

the cause to

which death

should be

charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

OWN Signature W. B. R. R. R.

(M. D. or other)

and Address Boise Date 1/27 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

JAN 30 1948

STATE OF IDAHO

DIVISION OF VITAL

100-948

024

State File No.

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Dundee & Grant Streets  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Dundee & Grant Sts  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) England

## 3. (a) FULL NAME Dr. George Henry Walters.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

5. Color or White. 6. (a) Single, widowed, married, divorced Married.  
4. Sex Male. race White. 6. (b) Name of husband or wife Edith Walters. 6. (c) Age of husband or wife if alive 78. years

7. Date of Birth (Month, Day, Year) January. 4. 1870.

8. AGE	Years	Months	Days	If less than 1 day
	<u>78.</u>	<u>0.</u>	<u>18.</u>	hrs. min.

9. Exact Occupation Massuer. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Liverpool, England. Date last worked \_\_\_\_\_

11. Birthplace Liverpool, England. (City or town) (State or foreign country)

12. Name Thomas Walters.

13. Birthplace Liverpool, England. (City or town) (State or foreign country)

14. Maiden name Mary Jane Kelly.

15. Birthplace Liverpool, England. (City or town) (State or foreign country)

16. Informant's OWN Signature Thomas Walters  
and Address 80 Box 2155 Boise Idaho

17. (a) Burial. (b) Date thereof Jan. 24. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Charles E. Summers  
and Address Boise, Idaho

19. (a) 1-24-48 (b) X. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January. 22. 19 48.  
at 12.30. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1/18 19 48 to 1/22 19 48  
I last saw him alive on 1/22 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Nephritis Duration \_\_\_\_\_  
Heart  
Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Charles E. Summers

and Address Boise, Idaho Date 1/22 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK RECORD typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 20 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

948  
State File No. 025  
Local Reg. No. 26  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St. Lukes Hospital  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. St. Lukes Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1319 No. 20th  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME ROBERT W. HELLER

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced Married  
4. Sex M 6. (b) Name of husband or wife Muriel 6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth (Month, Day, Year) July 12, 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>6</u>	<u>11</u>	hrs min.

9. Exact Occupation Merchant Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace Canyon City, Colorado  
(City or town) (State or foreign country)  
12. Name Elijah H. Heller  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Maiden name Leona Barr  
15. Birthplace Indiana  
(City or town) (State or foreign country)

16. Informant's OWN Signature Muriel J. Heller  
and Address 1319 N. 20, Boise

17. (a) Burial (b) Date thereof 1/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill, Boise, Idaho

18. Funeral Director's McBratney-Fowler Chapel  
OWN Signature E. Fowler  
and Address 419 No. 9th, Boise, Idaho

19. (a) 1-26-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083B

20. DATE OF DEATH (Month, Day, Year) January 23 1948  
at 4:50 clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from June 1945 to Jan 23 1948  
I last saw him alive on Jan 23 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral Thrombosis Duration 9 hrs.

Due to Hypertensive heart disease with coronary

Due to insufficiency 5 years

Other conditions bronchopneumonia 4 days

(Include pregnancy within 3 months of death)

Where was disease contracted? unknown

Name of operation none Date ☐

Major finding ☐

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature Raymond J. White

(M. D. or other)

and Address Boise, Idaho Date 1-24-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**Certificate of Death**

STATE OF IDAHO

Boise, Idaho 83702  
State File No. 026  
Local Reg. No. 29  
Reg. Dist. No. 370

**1. PLACE OF DEATH:**

- (a) County Boise  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. St. Lukes Stayed 2 days  
(g) Lived in this county 38 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 919 1/2 Main Street  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Everett, Mass.

**3. (a) FULL NAME**

Ralph Earnest Whitten.

**3. (b) If veteran, name war No.**

**3. (c) Social Security No.**

No.

None.

5. Color or White. 6. (a) Single, widowed, married, divorced Married.  
4. Sex Male. race White.  
6. (b) Name of husband or wife Alice Heath Whitten. 6. (c) Age of husband or wife if alive 64. years

**7. Date of Birth (Month, Day, Year)** October. 12. 1883.

8. AGE	Years	Months	Days	If less than 1 day
	<u>64.</u>	<u>3.</u>	<u>11.</u>	hrs. min.

**9. Exact Occupation** Miner. Did this work for    yrs.

**10. Industry or Business** Fredericton. N.B. Canada. Date last worked   

**11. Birthplace** Fredericton. N.B. Canada. (City or town) (State or foreign country)

**12. Name** Nathan Whitten.

**13. Birthplace** Belmont, Maine. (City or town) (State or foreign country)

**14. Maiden name** Alice Anderson.

**15. Birthplace** Fredericton, N.B. Canada. (City or town) (State or foreign country)

**16. Informant's OWN Signature** W. R. E. Whitten and Address 919 1/2 Main St. Boise

**17. (a) Burial.** (b) Date thereof Jan. 26. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place** Cloverdale Memorial Park.

**18. Funeral Director's OWN Signature** Clyde E. Summers

and Address Boise, Idaho

**19. (a)** 1-28-48 **(b)** R. Sharp (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH** (Month, Day, Year) January. 23. 19 48.  
at 1.30. o'clock A.M.

**21. I HEREBY CERTIFY** That I attended deceased from 1/26 1946 to 1/23 1948  
I last saw him alive on 1/22 1948  
death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** Gastric Hemorrhage 24 hours. Duration  
Arteriosclerosis of brain 2-3 yrs.

**Due to** Arteriosclerosis of brain 2-3 yrs.

**Due to** Arteriosclerosis of brain 2-3 yrs.

**Other conditions** (Include pregnancy within 3 months of death)  
Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy   

**22. If death was due to EXTERNAL CAUSES**, also fill in the following:  
Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state     
where violence occurred   

**Place of Violence:** Home    Farm    Industry     
Public Place    While at work?   

**Means of injury**     
**23. Attendant's OWN Signature** W. R. E. Whitten (M. D. or other)  
and Address Boise Date 1/27 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JAN 30 1948

**Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. **027**  
Local Reg. No. **24**  
Reg. Dist. No. **370**

**1. PLACE OF DEATH:**

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. -----  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **St. Lukes** Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Payette**  
(c) City or town **Fruitland**  
(d) Street Address or R.F.D. No. **R.F.D.**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **4** years  
(h) Former residence (city, state) **Wallace, Nebr.**

**3. (a) FULL NAME**

**George Washington Zeiger**

**3. (b) If veteran,**

**3. (c) Social Security**

name war ----- No. -----

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **divorced**

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years

7. Date of Birth  
(Month, Day, Year) **January 22, 1867**

8. AGE	Years	Months	Days	If less than 1 day
	<b>81</b>	<b>--</b>	<b>1</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for **55** yrs.

10. Industry or Business **Farm** Date last worked **Oct. 1947**

11. Birthplace **Missouri**  
(City or town) (State or foreign country)

12. Name **Joseph Zeiger**

13. Birthplace **Bremen, Germany**  
(City or town) (State or foreign country)

14. Maiden name **Sarah Hemmingway**

15. Birthplace **Bremen, Germany**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Ollie Zeiger**  
and Address **Wallace Nebraska**

17. (a) **removal** (b) Date thereof **1-23-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Payette, Idaho**

18. Funeral Director's OWN Signature **Gifford R. Shaffer & 344**

- and Address **Landon-Shaffer Funeral Home**

19. (a) **1-24-48** (b) **J. Sharp**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH  
(Month, Day, Year) **January 23, 1948**  
at **7:25** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec. 30, 1947**, to **death**, 19 **1948**.

I last saw him alive on **1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Carcinoma of Bladder** Duration **Probably several years**

Due to -----

Due to -----

Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----

Name of operation **none** Date -----

Major finding -----

Finding of autopsy -----

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature **J. J. Jepsen** (M D. or other)

and Address **Boise** Date **1-24 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

FEB 1 1948

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 028  
State File No. \_\_\_\_\_  
Local Reg. No. 38  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 2014. N. 9 th St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2014. N. 9 th.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Wisconsin

## 3. (a) FULL NAME

George Molyneaux Tallman.

## 3. (b) If veteran, name war

No.

## 3. (c) Social Security No.

None.

## 5. Color or

4. Sex Male race White

## 6. (a) Single, widowed, married, divorced.

Married.

## 6. (b) Name of husband or wife

Elva. M. Tallman.

## 6. (c) Age of husband or wife if

alive 55 years

## 7. Date of Birth

(Month, Day, Year) April. 2. 1888.

## 8. AGE

Years

Months

Days

If less than 1 day

59.

9.

22.

hrs. min.

## 9. Exact

Occupation Retired Merchant. Did this work for \_\_\_\_\_ yrs.

## 10. Industry or

Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Bloomer, Wisconsin.

(City or town)

(State or foreign country)

## 12. Name Charles. E. Tallman.

## 13. Birthplace Wisconsin.

(City or town)

(State or foreign country)

## 14. Maiden name Mary Shipman.

## 15. Birthplace Wisconsin.

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Elva M. Tallman  
and Address 2014. N. 9 th St. Boise, Idaho.

## 17. (a) Burial. (b) Date thereof Jan. 27. 1948.

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place Kuna, Idaho.

## 18. Funeral Director's

OWN Signature Elizabeth E. Summers

and Address Boise, Idaho.

## 19. (a) 2-3-48

(Date received and filed)

## (b) Sharp

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) January. 24. 19 48.

at 4. o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

4 - 3 19 38 to 1-23 19 48

I last saw h. in alive on 1-23 19 48

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

ad caused  
Bronchiectasis.

## Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature J. P. M. Thomas

(M. D. or other)

and Address Meridian Date 1-24 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

FEB - 1948

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. **029**  
Local Reg. No. **27**  
Reg. Dist. No. **370**

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1606 No. 5th  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home? X Hospital? Institution Other place? Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 13 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1606 No. 5th  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state)

3. (a) FULL NAME WILLIAM E. MORGAN

3. (b) If veteran, name war No No.                       
5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jeane  
6. (c) Age of husband or wife if alive                      years  
7. Date of Birth (Month, Day, Year) September 29, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>3</u>	<u>25</u>	hrs min.

9. Exact Occupation Retired teacher Did this work for                      yrs.  
10. Industry or Business                      Date last worked                       
11. Birthplace Willard, Utah  
(City or town) (State or foreign country)

12. Name Edward Morgan  
13. Birthplace Wales  
(City or town) (State or foreign country)  
14. Maiden name Racheal Cole  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs WE Morgan  
and Address 1606 No. 5th, Boise, Idaho

17. (a) Removal (b) Date thereof 1/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Montpelier, Idaho

18. Funeral Director's McBratney Bowler Chapel  
OWN Signature                       
and Address 419 No. 9th, Boise, Idaho

19. (a) 1-27-48 (b) D. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **097X**

20. DATE OF DEATH January 24 19 48  
at 12:25 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 24 Jan 1948, to 24 Jan 1948  
I last saw h alive on another side; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 15 min.

Due to Coronary arteriosclerosis 6 yrs.

Due to Generalized arteriosclerosis 10 yrs.  
(Include pregnancy within 6 months of death)

Where was disease contracted?                       
Name of operation None Date                       
Major finding                       
Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?                       
Occurred                      19                      City, county, state where violence occurred                       
Place of Violence: Home                      Farm                      Industry                       
Public Place                      While at work?                       
Means of injury

23. Attendant's OWN Signature Harvey L. Smith M.D. (M. D. or other)  
and Address Boise, Idaho Date 26 Jan 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 1 3 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 030  
Local Reg. No. 37  
Reg. Dist. No. 370

## 1. PLACE OF DEATH: STATISTICS

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Raphael Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Virginia

## 3. (a) FULL NAME ALEXANDER MC, MARVIN RUSSELL

3. (b) If veteran, name war No. 3. (c) Social Security No. Unknown  
5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) September 10, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>4</u>	<u>15</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for 25 yrs.  
10. Industry or Business General Farming Date last worked 1944  
11. Birthplace Virginia (City or town) (State or foreign country)

12. Name Reverend W.R. Russell  
13. Birthplace Woodlawn Virginia (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature W. R. Russell  
and Address Mountain Home Idaho

17. (a) Removal (b) Date thereof Jan 28, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mountain Home Idaho

18. Funeral Director's OWN Signature W. J. R. R. R.  
and Address Mountain Home Idaho

19. (a) 2-3-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 25 1948  
at 8 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from January 22 1948 to January 25 1948  
I last saw him alive on January 25 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral Thrombosis

### Duration

1 wk.

Due to Cerebral Hypertension

2 yrs

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature W. J. R. R. R.

and Address Mountain Home Idaho Date 1-30 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 2330 State St.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county... years ... months ... days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2330 State St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Caldwell

3. (a) FULL NAME Josephine Shaw Bozman

3. (b) If veteran, name war No.  
3. (c) Social Security No.  
5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife William T.  
6. (c) Age of husband or wife if alive ... years  
7. Date of Birth (Month, Day, Year) October 12-1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>3</u>	<u>14</u>	hrs min.

9. Exact Occupation Registered Nurse Did this work for ... yrs.  
10. Industry or Business worked Date last worked  
11. Birthplace Columbus, Indiana  
(City or town) (State or foreign country)

12. Name Homer B. Shaw  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name Nettie L. Mitchell  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature J. Bozman  
and Address 2330 State St., Boise, Idaho

17. (a) Burial (b) Date thereof 1-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cloverdale, near Boise

18. Funeral Director's OWN Signature Peckham  
and Address Caldwell, Idaho

19. (a) 2-11-48 (b) J. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) January 26 1948  
at 10:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 20 1947 to Jan 26 1948  
I last saw her alive on Jan 25 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Hypostatic pneumonia Duration 3 days  
Due to fractured femur two days  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Diabetes

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? Homicide?  
Occurred in home 19 City, county, state  
where violence occurred Caldwell, Idaho  
Place of Violence: Home yes Farm Industry  
Public Place While at work?  
Means of injury slipped on floor

23. Attendant's OWN Signature OUTSTANDING  
and Address Boise, Idaho Date 1-28-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
FEB 13 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 032  
State File No. 41  
Local Reg. No. 370  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home. X Hospital. X Institution. \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Luke's Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Cassia  
(c) City or town. Burley  
(d) Street Address or R.F.D. No. 1036 N. Albion  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho 1 1/2 Years, 0 mos.  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME

Terry Lee Morgan

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex. Male race White 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) January 19, 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>2</u>	<u>0</u>	<u>7</u>	hrs. min.

9. Exact Occupation. None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business. \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Anacortes, Washington  
(City or town) (State or foreign country)

12. Name John Francis Morgan  
13. Birthplace Declo, Idaho  
(City or town) (State or foreign country)

14. Maiden name Beda Jensen  
15. Birthplace Cleveland, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature John Francis Morgan  
and Address 1036 N. Albion, Burley, Idaho

17. (a) Burial (b) Date thereof Jan. 29, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Burley, Idaho  
18. Funeral Director's OWN Signature Charles E. Summers  
and Address Boise, Idaho

19. (a) 2-4-48 (b) D. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) January 26, 1948  
at 6:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1/26/48  
\_\_\_\_\_ 19\_\_\_\_ to 1/26 1948  
I last saw h. in alive on 1/26 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia - Duration 3 days?

Due to Streptococcus hemolyticus

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy as above

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Robert S. Morgan M.D.

and Address 2184 N. Bonanza M. D. or other \_\_\_\_\_  
Date 1/31 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

FEB - 1948

STATE OF IDAHO

1748  
State File No. **033**  
Local Reg. No. **28**  
Reg. Dist. No. **370**

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 2305 Ellis  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 40 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 24th & Anderson  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME JAY IRA MATTHEWS

3. (b) If veteran, name war No  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bessie M.  
6. (c) Age of husband or wife if alive 66 years  
7. Date of Birth (Month, Day, Year) May 10, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>8</u>	<u>16</u>	hrs min.

9. Exact Occupation Building contractor Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Sycamore, Illinois (City or town) (State or foreign country)  
Mother { 12. Name Stephen A. Matthews  
13. Birthplace New York (City or town) (State or foreign country)  
14. Maiden name Marietta Burr  
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address 2305 Ellis, Boise, Idaho

17. (a) Burial (b) Date thereof 1/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill, Boise, Idaho

18. Funeral Director's McBratney-Fowler Chapel  
OWN Signature [Signature]  
and Address 419 No. 9th, Boise, Idaho

19. (a) 1-28-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 26 19 48  
at 10:15 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from Jan 26 19 48

I last saw h. alive on Jan 26 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary Thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] (M. D. or other)

and Address Boise, Idaho Date 1-27-48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**RECEIVED**  
**Certificate of Death**  
**FEB - 4 1948**  
**DIVISION OF VITAL**  
**STATE OF IDAHO**

1948  
State File No. **034**  
Local Reg. No. **33**  
Reg. Dist. No. **370**

**1. PLACE OF DEATH:**

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 117 Locust St  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 30 years no months no days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 117 Locust St  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Margaret U. Davidson

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or  
4. Sex Female Race White

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Sept. 22nd 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>4</u>	<u>4</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 1 1/2 yrs.

10. Industry or Business St. Louis Missouri Date last worked

11. Birthplace (City or town) (State or foreign country)

12. Name No Record

13. Birthplace (City or town) (State or foreign country)

14. Maiden name No Record

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature M. P. Davidson  
and Address 1104 Warm Sprs. Ave

17. (a) Burial (b) Date thereof Jan. 28, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Selinger McNamee  
and Address Boise

19. (a) 1-20-48 (b) J. H. Sharp  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) 1-26-1948  
at 1:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 1940 to 1-26-1948  
I last saw her alive on 1-25-1948  
death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Carcinoma of Pancreas

Duration 6 mo.

Due to

Due to

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Heart Disease & Hypertension

8 yrs.

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature O. J. Swinell M.D.  
(M. D. or other)

and Address Boise Idaho Date 1-29-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
FEB - 4 1948

# Certificate of Death

STATE OF IDAHO

1948 035  
State File No. ....  
Local Reg. No. 34  
Reg. Dist. No. 370

1. PLACE OF DEATH: DIVISION OF VITAL
- (a) County ADAMS  
(b) City or town BOISE  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. ST. LUKES Stayed 1 days  
(g) Lived in this county 54 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State IDAHO (b) County ADAMS  
(c) City or town BOISE  
(d) Street Address or R.F.D. No. 115 MAIN ST.  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state)....., KANSAS

3. (a) FULL NAME CHARLIE E. WILLIAMSON

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex W Color or race M  
6. (b) Name of husband or wife NANIE  
6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) AUG 15, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>5</u>	<u>12</u>	hrs. min.

9. Exact Occupation NONE Did this work for..... yrs.  
10. Industry or Business..... Date last worked.....

11. Birthplace MIAMI CO. KANSAS  
(City or town) (State or foreign country)

12. Name C. W. WILLIAMSON

13. Birthplace UNK UNK  
(City or town) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNK UNK  
(City or town) (State or foreign country)

16. Informant's OWN Signature Isabel Williams  
and Address 1938 2nd St. Boise

17. (a) BURIAL (b) Date thereof 1/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place MERIDIAN  
18. Funeral Director's OWN Signature W. B. Bell

and Address MERIDIAN IDAHO

19. (a) 1-31-48 (b) D. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JAN - 27, 1948  
at 11:40 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 12:40 am 1/27 1948 to 11:40 am 1/27 1948.  
I last saw him alive on 1/27 1948;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cardiac & Respiratory failure  
Due to atherosclerotic heart disease

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature W. B. Bell, MD  
(M. D. or other)

and Address Boise, Idaho Date 30 Jan 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

FEB - 1 1948

STATE OF IDAHO

State File No. 036  
Local Reg. No. 31  
Reg. Dist. No. 370

1. PLACE OF DEATH: DIVISION OF VITAL  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. ST. ALPHONSES Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years 8 months 27 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town KUNA  
(d) Street Address or R.F.D. No. RT# 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 8 mo. 27. days  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Roy Lee German

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex M race W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 29, 1947  
8. AGE  

Years	Months	Days	If less than 1 day
<u>0</u>	<u>8</u>	<u>27</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Boise Idaho  
(City or town) (State or foreign country)  
12. Name JAMES L. GERMAN  
13. Birthplace STOCKPORT, IOWA  
(City or town) (State or foreign country)  
14. Maiden name BETTY J. ARNOLD  
15. Birthplace KIRK, COLORADO  
(City or town) (State or foreign country)

16. Informant's OWN Signature James Leon German  
and Address Route 2, Kuna Idaho  
17. (a) BURIAL (b) Date thereof 1/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place KUNA, IDAHO

18. Funeral Director's OWN Signature B. H. Robinson  
and Address \_\_\_\_\_  
19. (a) 1-30-48 (b) B. H. Robinson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) JAN. 27, 1948  
at 11:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 27-48  
to Jan 27-48  
I last saw him alive on Jan 27-48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: atypical Pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy Same as Petechiae  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19. \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature John T. Brunner M.D.  
(M. D. or other) \_\_\_\_\_  
and Address Meridian Idaho Date 1-28-47  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

FEB - 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 037  
Local Reg. No. 30  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Luke's \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Hansen  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state) Arkansas

## 3. (a) FULL NAME Charles H. Oliver

3. (b) If veteran, name war None 3. (c) Social Security No. 519-18-7745  
5. Color or \_\_\_\_\_  
4. Sex Male race White 6. (a) Single, widowed, married, divorced widower  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 21st. 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>7</u>	<u>7</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Yellville Arkansas (City or town) (State or foreign country)

12. Name James P. Oliver  
13. Birthplace U.S.A. (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's OWN Signature Charles H. Oliver Jr.  
and Address Hansen Idaho

17. (a) Removal (b) Date thereof 1/29/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Green Forrest, Arkansas

18. Funeral Director's OWN Signature Schreiner M. Cain  
and Address Boise

19. (a) 1-29-48 (b) J. J. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 28, 1948 19\_\_\_\_  
at 11:25 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 1/27/48 19\_\_\_\_  
to 1/28 19\_\_\_\_  
I last saw him alive on 1/28 19\_\_\_\_  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac & Respiratory failure Duration 30 hrs.

Due to Hypertensive Cardio-vascular Disease.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
Attendant's OWN Signature Max L. Bell, M.D. (M.D. or other)  
and Address Boise, Idaho Date 1/29 19\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEPARTMENT OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

chalmyk 18  
State File No. 038  
Local Reg. No. 44  
Reg. Dist. No. 370

1. PLACE OF DEATH:  
(a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. 2606. Lemp Street  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 3 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 2606. Lemp  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Oklahoma

3. (a) FULL NAME CLARENCE LEON FOLTZ

3. (b) If veteran, name war World War # 1  
5. Color or White  
4. Sex. Male race White  
6. (b) Name of husband or wife Mae C. Foltz  
6. (c) Age of husband or wife if alive 48 years

7. Date of Birth (Month, Day, Year) September. 11. 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>60.</u>	<u>4.</u>	<u>18.</u>	hrs. min.

9. Exact Occupation Retired Merchant Did this work for  yrs.

10. Industry or Business New Hampton, Missouri Date last worked

11. Birthplace New Hampton, Missouri (City or town) (State or foreign country)

12. Name James. B. Foltz

13. Birthplace Missouri (City or town) (State or foreign country)

14. Maiden name Mary. V. Toombs

15. Birthplace Oklahoma (City or town) (State or foreign country)

16. Informant's OWN Signature Mae C. Foltz

and Address 2606. Lemp Street, Boise, Idaho

17. (a) Burial (b) Date thereof Feb. 2, 1948 (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Blanche E. ...

and Address Boise, Idaho

19. (a) 2-4-48 (b) H. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January. 29. 19 48.  
at 5.50. o'clock P.

21. I HEREBY CERTIFY, That I attended deceased from 47 to Jan 29 1948

I last saw him alive on Jan 29 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary Occlusion Duration Sudden

Due to Coronary Heart Disease 18 mos

Due to Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? none

Name of operation none

Major finding none

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? none Suicide? none Homicide? none

Occurred none 19 48 City, county, state Boise, Idaho

where violence occurred none

23. Place of Violence: Home none Farm none Industry none  
Public Place none While at work? none

Means of injury none  
23. Attendant's OWN Signature Blanche E. ... (M. D. or other)  
and Address Boise, Idaho Date 1/31 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

7 minutes 348  
State File No. 039  
Local Reg. No. 39  
Reg. Dist. No. 370

1. PLACE OF DEATH:
- (a) County Ada
  - (b) City or town Boise
  - (c) Street Address or R.F.D. No. 1401. N. 7 th.
  - (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town
  - (e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
  - (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
  - (g) Lived in this county 16 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho
  - (b) County Ada
  - (c) City or town Boise
  - (d) Street Address or R.F.D. No. 1401. N. 7 th.
  - (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town
  - (f) Citizen of what country? U.S.A.
  - (g) How long had deceased lived in Idaho? 16 years
  - (h) Former residence (city, state) Macon, Missouri.

3. (a) FULL NAME OTTO AVERY DOVE.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married.

4. Sex Male 6. (b) Name of husband or wife Lillian, C. Dove. 6. (c) Age of husband or wife if alive 53 years

7. Date of Birth February. 17. 1894.

8. AGE	Years	Months	Days	If less than 1 day
	<u>53.</u>	<u>11.</u>	<u>13.</u>	hrs. min.

9. Exact Occupation Retired Groverman Did this \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Macon, Missouri.

12. Name John. M. Dove.

13. Birthplace Ohio.

14. Maiden name Alice Allen.

15. Birthplace Missouri.

16. Informant's OWN Signature John M. Dove and Address 1814 N 16 Ave Idaho

17. (a) Burial. (b) Date thereof Feb. 2. 1948.

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clayde E. Summers and Address Boise, Idaho.

19. (a) 2-3-48 (b) A. Sharp

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January. 30. 19. 48.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ at \_\_\_\_\_ o'clock A. M. \_\_\_\_\_

I last saw him alive on \_\_\_\_\_ death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Myocarditis, Chronic Duration 2 wks

severe with decompensation

Due to Coronary artery disease

Due to with gangrene 8 months

Other conditions Calculation

(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown

Name of operation None Date \_\_\_\_\_

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Choke

23. Attendant's OWN Signature Choke and Address 521 E. 1st Date 2/2 19 48.

SFS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

Hamilton 50

State File No. 040  
Local Reg. No. 43  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 2110. Longmont Ave.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 60 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2110. Longmont Ave  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) Nevada

## 3. (a) FULL NAME

Cleo Ellen Patrick.

3. (b) If veteran, name war  
No. \_\_\_\_\_

3. (c) Social Security No.  
None.

5. Color or  
4. Sex Female Race White

6. (a) Single, widowed, married,  
divorced Widow.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) March. 18. 1877.

8. AGE	Years	Months	Days	If less than 1 day
	<u>70.</u>	<u>10.</u>	<u>13.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Cornupia, Nevada.  
(City or town) (State or foreign country)

12. Name James Boone.

13. Birthplace Kentucky.  
(City or town) (State or foreign country)

14. Maiden name Mary Davie.

15. Birthplace Penn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. B. Gibbons.  
and Address 2110 Longmont Ave. Boise Idaho

17. (a) Burial. (b) Date thereof Feb. 3. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Elyse E. Summers.  
and Address Boise, Idaho

19. (a) 2-4-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## 20. DATE OF DEATH

(Month, Day, Year) January. 31. 19 48.  
at 12.20. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1-20-48 to 1-31-48

I last saw her alive on 1-31-48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Hyperstatic pneumonia Duration 1-20-48 to 1-31-48

Due to Bed ridden since 9-23-47

Due to Fracture hip.

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? no Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. O. Hamilton  
(M. D. or other)

and Address Boise Ida Date 2-4-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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BUREAU OF VITAL STATISTICS  
Certificate of Death  
STATE OF IDAHO

48 041  
State File No. 48  
Local Reg. No. 370  
Reg. Dist. No.

1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 401. South 10 th.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 6 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 401. S. 10.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Colorado

3. (a) FULL NAME

Belle Snyder.

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. None

5. Color or White  
4. Sex Female

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February. 7. 1872.

8. AGE	Years	Months	Days	If less than 1 day
	<u>75.</u>	<u>10.</u>	<u>24.</u>	hrs. min.

9. Exact Occupation School Teacher. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Unknown. (City or town) (State or foreign country)

Father { 12. Name Unknown.

13. Birthplace Unknown. (City or town) (State or foreign country)

Mother { 14. Maiden name Unknown.

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Clayde E. Summers  
and Address 1205. Bannock Street, Boise,

17. (a) Burial. (b) Date thereof Feb. 7. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Clayde E. Summers  
and Address Boise, Idaho.

19. (a) 2-6-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January. 31. 19 48.  
at 11 o'clock P. M.  
21. I HEREBY CERTIFY, That I saw deceased from Jan. 31.  
19 48. to \_\_\_\_\_ 19 \_\_\_\_\_

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes. No Physician in attendance, Probable Pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attending Physician's OWN Signature Clayde E. Summers Coroner of \_\_\_\_\_  
(M. D. or other)

and Address Boise, Idaho. Date Feb. 7. 48.

(For additional space, use reverse side)

600



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Hamilton

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 16 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

48  
State File No. 042  
Local Reg. No. 1  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ada Co. Stayed 33 days  
(g) Lived in this county 33 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 809 N. 17th St  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Lifetime years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Lillian Fuller Dunn

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife Jess  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Dec. 19th 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>0</u>	<u>12</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Emmett Idaho  
(City or town) (State or foreign country)

12. Name William Fuller

13. Birthplace Missouri  
(City or town) (State or foreign country)

14. Maiden name Eliza McMinn

15. Birthplace Baltimore Md.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lillian Dunn  
and Address 809 N 17th Boise Idaho

17. (a) Burial (b) Date thereof 1/3/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreiber  
and Address Boise

19. (a) 1-2-48 (b) N. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 1-1- 19 48  
at 2-30 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from 5-1-47 to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw her alive on \_\_\_\_\_ 19 \_\_\_\_\_;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial degeneration 2 wks Duration 2 wks

Marked valvular - left

Due to Coronary occlusion Sudden

Myocardial heart years

Due to hyperlipidosis

Other conditions Multiple arteriosclerosis

(Include pregnancy within 8 months of death)

deformations

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature W. Hamilton (M. D. or other)

and Address Boise Ida Date 1-2 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

JAN 16 1948

State File No. **043**  
Local Reg. No. **371**  
Reg. Dist. No. **371**

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **R.D. # 2.**  
(d) Death Occurred Inside? Outside? **X** city or town  
(e) Died in a Home **X** Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **23** years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **R.D. # 2.**  
(e) Deceased lived Inside? Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **23** years  
(h) Former residence (city, state) **Utah**

3. (a) FULL NAME **Alice Arminda Morgan.**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**  
5. Color or **White.** 6. (a) Single, widowed, married, divorced **Widow.**  
4. Sex **Female.** 6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) **December, 7, 1860.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>87.</b>	<b>0.</b>	<b>29.</b>	hrs. min.

9. Exact Occupation **At Home.** Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace **St Johns Utah.** (City or town) (State or foreign country)

12. Name **David Henry Caldwell.**

13. Birthplace **Canada.** (City or town) (State or foreign country)

14. Maiden name **Fannie Catherine Johnson.**

15. Birthplace **Kirtland, Ohio.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Fannie M. Brown**  
and Address **R.D. # 2. Boise, Idaho.**

17. (a) **Removal.** (b) Date thereof **Jan. 8, 1948.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Salt Lake City, Utah.**

18. Funeral Director's OWN Signature **Charles E. Summers**  
and Address **Boise, Idaho.**

19. (a) **1-8-48** (b) **S. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **January, 6, 1948.**  
(Month, Day, Year) at **5.30** o'clock **P.** M.

21. I HEREBY CERTIFY That I attended deceased from **Jan 1, 1948** to **Jan 6, 1948**  
I last saw h. **in** alive on **Jan 6, 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Hypertension - Effusion 5 days**  
**Chronic - Vasculitis - Duration 5 yrs.**  
Due to **arteriosclerosis.**

Where was disease contracted? **same**  
Name of operation **none** Date  
Major finding  
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred.  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature **Harold T. W. W. M.D.**  
(M. D. or other)  
and Address **Boise** Date **1-7-1948**  
(For additional space, use reverse side)

State File No. \_\_\_\_\_  
 Local Reg. No. 4  
 Reg. Dist. No. 371

United States  
 Department of Commerce  
 Bureau of the Census

# RECEIVED **Certificate Of Death**

JAN 16 1949 STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Ada  
 (b) City or town Boise Hillroad  
 (c) Street Address or R.F.D. No. Box 2529  
 (d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
 (e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
 (g) Lived in this county \_\_\_\_\_ years 7 months 14 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
 (c) City or town Boise  
 (d) Street Address or R.F.D. No. Box 2529  
 (e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 7 years  
 (h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Jerome Franklin Brown

107X

## 3. (b) If veteran,

name war \_\_\_\_\_ No. \_\_\_\_\_

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married,  
 divorced \_\_\_\_\_

## 4. Sex M race W

6. (b) Name of husband or \_\_\_\_\_ 6. (c) Age of husband or wife if  
 wife \_\_\_\_\_ alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

25 Aug 47

## 8. AGE

Years	Months	Days	If less than 1 day
—	4	14	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise, Idaho  
 (City or town) (State or foreign country)

12. Name Jerome Franklin Brown

13. Birthplace Asawold, Neb.  
 (City or town) (State or foreign country)

14. Maiden name Jeanylene S. Smith

15. Birthplace Boise, Idaho  
 (City or town) (State or foreign country)

16. Informant's OWN Signature Jerome F. Brown

and Address Box 2529, Boise, Ida.

17. (a) Burial (b) Date thereof 1/8/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Meridian, Idaho

18. Funeral Director's OWN Signature B. W. Radison

and Address Meridian, Idaho

19. (a) 1-8-48 (b) \_\_\_\_\_  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 7 Jan 1948  
 at 6 A.M. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Asphyxia Duration acute

Due to Bilateral Broncho - Pneumonia

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Same

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John T. Brown MD

and Address Meridian, Ida. Date 1-3 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 22 1948

# Certificate of Death

STATE OF IDAHO

State File No. **045**  
Local Reg. No. **6**  
Reg. Dist. No. **371**

DEPARTMENT OF VITAL STATISTICS

## 1. PLACE OF DEATH:

- (a) County **ADA**  
(b) City or town **MERIDIAN, IDAHO**  
(c) Street Address or R.F.D. No. **RURAL RT#1**  
(d) Death Occurred Inside?..... Outside? **X**.....city or town  
(e) Died in a Home...**X** Hospital.....Institution.....Other place.....  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county **60** years **10** months **3** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **ADA**  
(c) City or town **MERIDIAN**  
(d) Street Address or R.F.D. No. **RT#1,**  
(e) Deceased lived Inside?..... Outside? **X**.....city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **60** years  
(h) Former residence (city, state) **NONE**

## 3. (a) FULL NAME **ROY ELBERT MATHEWS**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race **W**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ZELMA**

6. (c) Age of husband or wife if alive **55** years

7. Date of Birth (Month, Day, Year) **10, MARCH 1887**

8. AGE	Years	Months	Days	If less than 1 day
	<b>60</b>	<b>10</b>	<b>3</b>	hrs. min.

9. Exact Occupation **FARMER** Did this work for **42** yrs.

10. Industry or Business Data last worked **AUG, 1947**

11. Birthplace **STAR, IDAHO** (City or town) (State or foreign country)

12. Name **WILLIAM J. MATHEWS**

13. Birthplace **UNK. ILLINOIS** (City or town) (State or foreign country)

14. Maiden name **EMMA SHIPLEY**

15. Birthplace **UNK. IOWA** (City or town) (State or foreign country)

16. Informant's OWN Signature **Zelma L. Mathews** and Address **RT# 1 MERIDIAN, IDAHO**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **1/16/48** (Month) (Day) (Year)

(c) Place **MERIDIAN**

18. Funeral Director's OWN Signature **[Signature]** and Address **[Address]**

19. (a) **1-15-48** (Date received and filed) (b) **[Signature]** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **13, JAN.** 19 **48**  
(Month, Day, Year) at **1145** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **2-3** 19 **47**, to **1-13** 19 **48**

I last saw him alive on **12-20** 19 **47**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Arterio-sclerotic heart disease** Duration

Due to **with coronary occlusion**

Due to **Coronary occlusion**

Other conditions **Coronary occlusion** (Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation Date Major finding Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **[Signature]** (M. D. or other)

and Address **[Address]** Date **1-15** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
JAN 22 1948

# Certificate of Death

STATE OF IDAHO

1048  
State File No. 046  
Local Reg. No. 7  
Reg. Dist. No. 371

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Ada  
(b) City or town Meridian  
(c) Street Address or R.F.D. No. Rt# 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 18 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. Rt# 2 Meridian  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Seattle, Wash.

3. (a) FULL NAME WILLIAM FRANCIS SEBALD

3. (b) If veteran, name war World War I  
3. (c) Social Security No. -----  
5. Color or -----  
6. (a) Single, widowed, married, divorced Divorced  
4. Sex M race W  
6. (b) Name of husband or wife -----  
6. (c) Age of husband or wife if alive ----- years

7. Date of Birth (Month, Day, Year) 2, Sept 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>4</u>	<u>12</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 18 yrs.  
10. Industry or Business ----- Date last worked 1/14/48  
11. Birthplace Chicago, Illinois (City or town) (State or foreign country)

12. Name Benno W. Sebald  
13. Birthplace Plymouth, Wis. (City or town) (State or foreign country)  
14. Maiden name Harriet E. May  
15. Birthplace Watertown, Wis. (City or town) (State or foreign country)

16. Informant's OWN Signature Leslie E. Sebald  
and Address Ridgwood, N. J.

17. (a) Burial (b) Date thereof 1/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Meridian, Ida  
and Address -----

19. (a) 1-16-48 (b) Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 14 1948  
at 12:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 14 1948, to Jan 14 1948.  
I last saw him alive on Jan 14 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cornary Thrombosis Duration Sudden

Due to -----

Due to -----

Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----

Name of operation ----- Date -----  
Major finding -----

Finding of autopsy -----

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature A. E. Javell  
(M. D. or other)

and Address Meridian Date Jan 16 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 30 1948

# Certificate of Death

STATE OF IDAHO

State File No. 047  
Local Reg. No. 8  
Reg. Dist. No. 371

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. Rt. 3.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home. ☒ Hospital. ☐ Institution. ☐ Other place.  
(f) Name Hosp. or Inst. Stayed. days  
(g) Lived in this county. 20 years. months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. Rt. 3  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 82 years  
(h) Former residence (city, state). None

3. (a) FULL NAME Mary N. Castle

3. (b) If veteran, name war None 3. (c) Social Security No. None
5. Color or race. White 6. (a) Single, widowed, married, divorced. Widow  
4. Sex. Female 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive. years

7. Date of Birth (Month, Day, Year) May 31st 1886

8. AGE	Years	Months	Days	If less than 1 day
	81	7	19	hrs. min.

9. Exact Occupation. Housewife Did this work for. yrs.  
10. Industry or Business. Date last worked  
11. Birthplace. Pioneerville Idaho (City or town) (State or foreign country)

12. Name. Thomas Scanlon  
13. Birthplace. Ireland (City or town) (State or foreign country)  
14. Maiden name. Julia Hayes  
15. Birthplace. Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature. Mrs L B Hayward  
and Address. 1414 State St. Boise Idaho

17. (a) Burial (b) Date thereof 1/23/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place. Morris Hill Cemetery

18. Funeral Director's OWN Signature. Schreiber McCann  
and Address. Boise J. McGowan

19. (a) 1-21-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 1/20 1948

21. I HEREBY CERTIFY, That I attended deceased from 6/10/46 to 1/20/48

I last saw h. alive on 1/20/48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic 2 da  
Coronary 30 days  
Atherosclerosis 14 yrs

Due to. Chronic Coronary Atherosclerosis

Due to. Myocarditis  
Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted? No Date  
Name of operation. No Date  
Major finding.  
Finding of autopsy.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? No Suicide? No Homicide?  
Occurred. 19. City, county, state  
where violence occurred.

Place of Violence: Home. Farm. Industry.  
Public Place. While at work?

Means of injury.  
23. Attendant's OWN Signature. J. McGowan (M. D. or other)

and Address. Boise Date 1/21/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 30 1948

# Certificate of Death

STATE OF IDAHO

State File No. **048**  
Local Reg. No. **9**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County Kuna  
(b) City or town Kuna  
(c) Street Address or R.F.D. No. 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 17 years 5 months 11 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Kuna  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state) Natavio, Ida

## 3. (a) FULL NAME

JOHN A. HUNTSINGER

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

None

4. Sex Male Color or race White  
5. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) Aug 11, 1930

8. AGE	Years	Months	Days	If less than 1 day
	<u>17</u>	<u>5</u>	<u>11</u>	<u>  </u> hrs. <u>  </u> min.

9. Exact Occupation In school Did this work for    yrs.

10. Industry or Business    Date last worked   

11. Birthplace Kuna Idaho (City or town) (State or foreign country)

12. Name Carl Huntsinger (City or town) (State or foreign country)

13. Birthplace Coeur d'Alene (City or town) (State or foreign country)

14. Maiden name Margaret Forester (City or town) (State or foreign country)

15. Birthplace Mankato Minn (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Huntsinger and Address   

17. (a) Burial (b) Date thereof 1-25-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kuna, Idaho

18. Funeral Director's OWN Signature BW Johnson and Address Meridian

19. (a) 1-24-48 (b) A. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 22, 1948 at    o'clock 1:30 P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1947 to Jan 22, 1948

I last saw him alive on Jan 22, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Toxemia Duration 1 week

Due to Infection & malnutrition 6 mo

Due to Emphysema & metastases 1 yr

Other conditions (Include pregnancy within 3 months of death)   

Where was disease contracted?   

Name of operation    Date    Major finding   

Finding of autopsy    PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature J. Brunum (M. D. or other) and Address Meridian Date 1-23, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB - 4 1948

STATE OF IDAHO

State File No. 049  
Local Reg. No. 12  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Co. Hospital  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. Ada County Stayed        days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 51 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME ROSE ANN VAN SICKLER

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
4. Sex F 6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) July 22, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>6</u>	<u>0</u>	hrs min.

9. Exact Occupation Housewife Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Concord, Kansas (City or town) (State or foreign country)

- Mother Father  
12. Name Unknown  
13. Birthplace " (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature Ada Co. Hospital Records  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof 1/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill, Boise, Idaho

18. Funeral Director's McBratney Fowler Chapel  
OWN Signature         
and Address 419 No. 9th, Boise, Idaho

19. (a) 1-27-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 124B 093D

20. DATE OF DEATH (Month, Day, Year) January 22 19 48  
at 11:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1947 to 1-22-1948  
I last saw her alive on 1-22-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Myocardial degeneration Duration years

Due to Coronary artery disease

Due to Ascites 2 mo.  
Other conditions        (Include pregnancy within 3 months of death)

Where was disease contracted?         
Name of operation         
Major finding         
Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred 19 City, county, state         
where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature        (M. D. or other)  
and Address Boise, Ida Date 1-27-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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FEB - 4 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 050  
Local Reg. No. 17  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ada Co. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 121 1/2 So 9th St  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Steve Sedlock

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male Color or race White

5. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 20th. 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>7</u>	<u>4</u>	hrs. min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Regester Rusko Austria  
(City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records of Federal Court  
and Address Boise Idaho

17. (a) Burial (b) Date thereof 1/28/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreiber McLean  
and Address Boise

19. (a) 1-28-48 (b) J. J. McLean  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 23 1948  
at 10-30 o'clock P. M.

21. I HEREBY CERTIFY That I attended deceased from 1-22-48 to 1-23-48.  
I last saw her alive on 1-23-48.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardio-vascular  
Renal-Symptomatic 6740

Due to Myocardial degeneration

Due to Chronic arteriosclerosis  
Other conditions degeneration kidneys 6740  
(Include pregnancy within 3 months of death)

died of a coronary block sudden

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. J. McLean  
(M. D. or other)

and Address Boise Ida Date 1-27-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
JAN 30 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 051  
Local Reg. No. 10  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? XX city or town  
(e) Died in a Home ..... Hospital XX Institution ..... Other place .....  
(f) Name Hosp. or Inst. Vets. Admn Stayed 19 days  
(g) Lived in this county ..... years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? XX Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

GARDINER, Howard M.

## 3. (b) If veteran, name war

WW I

## 3. (c) Social Security No.

## 5. Color or

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife

Stella F. Gardiner

6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth

(Month, Day, Year) June 30, 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>6</u>	<u>22</u>	hrs. min.

9. Exact Occupation Salesman Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Washington

(City or town) (State or foreign country)

12. Name Georgie Gardiner

13. Birthplace Kans

(City or town) (State or foreign country)

14. Maiden name Cora Mouldin

15. Birthplace Washington

(City or town) (State or foreign country)

16. Informant's OWN Signature Records, Vets. Admn. Hosp.

and Address Boise, Idaho

17. (a) Burial (b) Date thereof 1/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill, Boise, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel

and Address Boise, Idaho

19. (a) 1-24-48 (b) J. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) January 22, 19 48  
at 6:10 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

January 3, 19 48 to January 22, 19 48  
I last saw him alive on January 22, 19 48;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Bronchopneumonia, bil., Toxemia & Dehydration

Due to Ruptured Gastric Ulcer with Generalized Peritonitis

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Laparotomy Date Jan. 4 & 7

Major finding Peritonitis

Finding of autopsy Confirm Above

## Duration

Terminal

Prior

to

Admn.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury J. H. McClintic

23. Attendant's OWN Signature J. K. McClintic, M.D., CMO

(M. D. or other)

and Address VAH., Boise, Idaho Date Jan. 23 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECORDED  
JAN 29 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 052  
Local Reg. No.  
Reg. Dist. No. 371

1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 2.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. Ada County 9. days  
(g) Lived in this county 15. years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Overland Hotel.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15. years  
(h) Former residence (city, state)

3. (a) FULL NAME William Jacob Millar.

3. (b) If veteran, name war No. 3. (c) Social Security No. 518-09-5416.

5. Color or White. 6. (a) Single, widowed, married, divorced Divorced.  
4. Sex Male. race White.

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth March. 9. 1893.  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>54.</u>	<u>10.</u>	<u>14.</u>	hrs. min.

9. Exact Occupation Janitor. Did this work for  yrs.

10. Industry or Business Evert, Nebraska. Date last worked

11. Birthplace Evert, Nebraska.  
(City or town) (State or foreign country)

Father { 12. Name Robert. B. Millar.

13. Birthplace Unknown.  
(City or town) (State or foreign country)

Mother { 14. Maiden name Amy Simmons.

15. Birthplace Unknown.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Amy M. Bowler  
and Address 246-S.W. 13th St. Seattle 66

17. (a) Burial. (b) Date thereof Jan. 27. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clayde E. Summers  
and Address Boise, Idaho.

19. (a) 1-27-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January. 23. 19 48.  
(Month, Day, Year) at 5.25. o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1-14 1948 to 1-23 1948.  
I last saw him alive on 1-22 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cardiac Embolus Sudden Duration  
Endocarditis. 2 wks  
Due to Myocardial Degeneration  
Other conditions years  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date  
Major finding PHYSICIAN  
Finding of autopsy Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred.  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury Attendant's  
OWN Signature L. W. Hamilton (M. D. or other)  
and Address Boise, Id. Date 1-27 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**Certificate of Death**  
FEB - 1 1948 STATE OF IDAHO

1948 053  
State File No. \_\_\_\_\_  
Local Reg. No. 15  
Reg. Dist. No. 371

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 2.  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ada County 2 days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 915. N. 8 th.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Arkansas.

3. (a) FULL NAME

Perry Arthur Cypert.

3. (b) If veteran, name war

No.

3. (c) Social Security No.

None.

5. Color or

4. Sex Male. race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Sarah. C. Cypert.

6. (c) Age of husband or wife if alive 69. years

7. Date of Birth

(Month, Day, Year) November. 20. 1872.

8. AGE	Years	Months	Days	If less than 1 day
	<u>75.</u>	<u>2.</u>	<u>6.</u>	hrs. min.

9. Exact Occupation Retired Farmer. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Little Rock, Arkansas.  
(City or town) (State or foreign country)

12. Name Samuel Cypert.

13. Birthplace Unknown.  
(City or town) (State or foreign country)

14. Maiden name Sophia Sikes.

15. Birthplace Unknown.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Josephine Mayse  
and Address 310 South 17th Boise

17. (a) Burial. (b) Date thereof Jan. 28, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clayde E. Summers  
and Address Boise, Idaho.

19. (a) 1-29-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) January. 26. 19 48.  
at 2.30. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from

3-27 1947 to 1-26 1948

I last saw him alive on 1-26 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Stroke

Duration  
1-22-48

Due to hemorrhages  
left fissure of the lungs

Due to area

Other conditions.

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature L. B. Hamilton

(M. D. or other)

and Address Boise, Idaho Date 1-28 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. Each must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **054**  
Local Reg. No. **14**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Rt. 2  
(d) Death Occurred Inside? Outside city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 3 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Long Beach, Cal.

## 3. (a) FULL NAME

AUDREY B. MILLER

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

race W

## 6. (a) Single, widowed, married, divorced

MARRIED

## 6. (b) Name of husband or wife

HARRY

## 6. (c) Age of husband or wife if alive

49 years

## 7. Date of Birth

Month, Day, Year 23, Aug - 1894

## 8. AGE

Years

Months

Days

If less than 1 day

53

5

3

hrs. min.

## 9. Exact

Occupation Housewife

## Did this

work for 26 yrs.

## 10. Industry or

Business

## Date last

worked 11/15/47

## 11. Birthplace

Bedford

Iowa

(City or town)

(State or foreign country)

## 12. Name

Roscoe

UNK

## 13. Birthplace

UNK

UNK

(City or town)

(State or foreign country)

## 14. Maiden name

UNK

UNK

## 15. Birthplace

UNK

UNK

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Harry Miller

and Address Boise Rt. 2

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 1/29/48

(Month) (Day) (Year)

(c) Place Clonedale

## 18. Funeral Director's

OWN Signature B. N. Johnson

and Address Meridian, Ida

## 19. (a) 1-28-48

(Date received and filed)

(b) H. Sharp

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 1 - 26 1948  
at 12:15 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

6-28-45 1947 to 1-26 1947

I last saw her alive on 1-25 1947;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart failure

## Duration

## Due to

arteriosclerosis

## Due to

the heart disease

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

## Date

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swimming Suicide? None Homicide? None

Occurred 1948 City, county, state

where violence occurred

Place of Violence: Home Swimming Farm None Industry None

Public Place Swimming While at work? None

Means of injury Swimming

## 23. Attendant's

OWN Signature Wm. Thomas

(M. D. or other)

and Address Boise Date 1-28-48 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**RECEIVED**  
**FEB - 4 1948**  
**DIVISION OF VITAL**

# Certificate of Death

STATE OF IDAHO

1948 **055**  
State File No. \_\_\_\_\_  
Local Reg. No. **16**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Rt. 1:  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Butte  
(c) City or town Arco  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 57 years  
(h) Former residence (city, state) Ohio

## 3. (a) FULL NAME John W. Clendinnin

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male Color or race White 5. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 11th 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>9</u>	<u>16</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace West Virginia

(City or town) (State or foreign country)

12. Name William Clendinnin

13. Birthplace Virginia

(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Ohio

(City or town) (State or foreign country)

16. Informant's OWN Signature X Pearl C. Wilson

and Address Rt. 1: Boise Idaho

17. (a) Removal (b) Date thereof 1/27/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Arco Idaho

18. Funeral Director's OWN Signature Schroeder McCann

and Address Boise

19. (a) 1-29-48 (b) J. H. Sharp

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 27 19 48  
at 3 o'clock P.M.

21. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Natural Causes, blind  
sublife sitting in chair  
Due to Senility

### Duration

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident no Suicide? no Homicide? no

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Boise E. Summers

(M.D. or other)

and Address Boise Idaho Date Jan 28 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

FEB - 1 1948

STATE OF IDAHO

State File No. **056**  
Local Reg. No. **17**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Idaho City Road  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 2 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Rt. # 1  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Portland, Oregon

## 3. (a) FULL NAME

WILLIAM ISHMEAL WEAVER

## 3. (b) If veteran, name war

World War 2

## 3. (c) Social Security No.

## 4. Sex Male race White

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Joyce

## 6. (c) Age of husband or wife if alive 21 years

## 7. Date of Birth (Month, Day, Year) June 8, 1920

8. AGE	Years	Months	Days	If less than 1 day
	<u>27</u>	<u>7</u>	<u>20</u>	hrs. min.

## 9. Exact Occupation Logger Did this work for two yrs.

## 10. Industry or Business Logging Date last worked 1/28/48

## 11. Birthplace Nez Perce, Idaho (City or town) (State or foreign country)

## 12. Name A. C. Weaver (City or town) (State or foreign country)

## 13. Birthplace Mississippi (City or town) (State or foreign country)

## 14. Maiden name Cora Buckland (City or town) (State or foreign country)

## 15. Birthplace West Virginia (City or town) (State or foreign country)

## 16. Informant's OWN Signature Henry M. Gochlin and Address Rt. # 1 Boise, Idaho

## 17. (a) Burial (b) Date thereof 1/31/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Cloverdale

## 18. Funeral Director's OWN Signature Clyde E. Summers and Address 1205 Bannock St. Boise, Idaho

## 19. (a) 1-31-48 (b) A. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) January 28, 1948 at 7:45 o'clock P. M.

## 21. I HEREBY CERTIFY, That I certified deceased from January 28 19 48 to January 28 19 48

I last saw him alive on January 28 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Fractured Skull

Crushed chest

Due to load of logs fell on

Due to him

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Fractured Skull Date January 28, 1948

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred January 28, 1948 City, county, state where violence occurred 15 Miles N.E. of Boise

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☒ by While at work? ☒

Means of injury Crushed falling logs

## 23. Attendant's OWN Signature Clyde E. Summers (M. D. or other) Croner

and Address Boise, Idaho Date 1/29/1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 9 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1057  
Local Reg. No. 1  
Reg. Dist. No. 2A

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 650 N. 7th  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. St. Ant. Stayed ☐ days  
(g) Lived in this county ☐ years 9 months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 1031 N. Garfield  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 9 MOS. years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME GIL WILCOX ANDERSON

3. (b) If veteran, name war - - No. - -  
5. Color or W. 6. (a) Single, widowed, married, divorced single  
4. Sex M. race W.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March 5 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>9</u>	<u>27</u>	hrs min.

9. Exact Occupation - - Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business - - Date last worked \_\_\_\_\_  
11. Birthplace Pocatello Idaho (City or town) (State or foreign country)

12. Name Joseph H. Anderson  
13. Birthplace Oxford Idaho (City or town) (State or foreign country)  
14. Maiden name Moselle Wilcox  
15. Birthplace Preston Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Joe Anderson  
and Address Pocatello Idaho

17. (a) Burial (b) Date thereof 1-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mountain View Cemetery

18. Funeral Director's Donard Funeral Home  
OWN Signature Donard  
and Address Pocatello Idaho

19. (a) Jan 6 - 48 (b) Jennie J. Paul  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 107X

20. DATE OF DEATH (Month, Day, Year) Jan. 2 1948  
at 1 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1 1947, to Jan 2 1947

I last saw him alive on Jan 2 1947; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 4 days

Due to Left Lung Inf. 10 days

Due to \_\_\_\_\_  
Other conditions Congestive Heart  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Edith M. Dugan  
(M. D. or other)  
and Address Pocatello Date 1-5-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JAN 9 1948

STATE OF IDAHO

State File No. 058  
Local Reg. No. 3  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 650 No. 7th  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. St. Anthony Stayed 1 days  
(g) Lived in this county 2 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. R.F.D. #2 No.  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME FREDRICK PAUL NEESER

3. (b) If veteran, name war    No.     
5. Color or    6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) December 11, 1945

8. AGE	Years	Months	Days	If less than 1 day
	<u>2</u>	<u>0</u>	<u>24</u>	hrs min.

9. Exact Occupation Infant Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Pocatello, Idaho  
(City or town) (State or foreign country)

12. Name William T. Neeser  
13. Birthplace Pocatello, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Berneda Buttke  
15. Birthplace Oakes North Dakota  
(City or town) (State or foreign country)

16. Informant's OWN Signature William T. Neeser  
and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof 1/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pocatello, Idaho

18. Funeral Director's OWN Signature Arthur J. Hall  
and Address Pocatello, Idaho

19. (a) Jan. 7-48 (b) Joani J. Samuel  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 006X 065B

20. DATE OF DEATH (Month, Day, Year) January 3 1948  
at 3:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 3 JAN 1948, to 3 JAN 1948  
I last saw h.    alive on D.D. NOT SEEN; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: ADRENAL HEMORRHAGES Duration 2-3 hrs.

Due to MENINGOCOCCLEMIA APPROX. 12 hrs

Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted? HOME?  
Name of operation NONE Date     
Major finding     
Finding of autopsy NONE

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?

Means of injury   

23. Attendant's OWN Signature W. R. Hearn, M.D.  
and Address Pocatello, Idaho 3 Jan 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
FEB - 9 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 059  
Local Reg. No. 24  
Reg. Dist. No. 510

1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 101 S. Johnson  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. General Stayed 1 days  
(g) Lived in this county... years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 1112 L 7th  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? — years  
(h) Former residence (city, state) —

3. (a) FULL NAME

Sheryl Ann Coyiah

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) Jan 4 - 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	1 hrs 0 min.

9. Exact Occupation Infant Did this work for — yrs.

10. Industry or Business — Date last worked —

11. Birthplace Pocatello Idaho (City or town) (State or foreign country)

12. Name Calvin C. Coyiah

13. Birthplace Cokeville Wyo. (City or town) (State or foreign country)

14. Maiden name Sheryl Joyce Telford

15. Birthplace Lawe Nat Spring Ida. (City or town) (State or foreign country)

16. Informant's OWN Signature Calvin C. Coyiah

and Address Pocatello, Idaho

17. (a) Buried (Burial, cremation or removal) Date thereof 5-16 (Month) (Day) (Year)

(c) Place: Lawe Nat Spring Ida.

18. Funeral Director's OWN Signature Arthur R. Hall

and Address Pocatello, Idaho

19. (a) 1-30-48 (Date received and filed) (b) Jessie L. Powell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 4 19 48  
at — clock M.

21. I HEREBY CERTIFY That I attended deceased from Jan 5 19 47, to Jan 5 19 48

I last saw h. — alive on — 19 —; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Non Viability Duration —

Due to Prematurity

Due to 6 months gestation

Other conditions — (Include pregnancy within 3 months of death)

Where was disease contracted? —

Name of operation — Date —

Major finding —

Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature R. J. Vasthigsen M.D.

and Address Pocatello Ida. (M. D. or other) Date 1-6-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 19 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **060**  
Local Reg. No. **6**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 650 N. 3th  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. St. Ant. Stayed ☐ days  
(g) Lived in this county 35 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 708 N. Arthur  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME MARTIN CHRISTENSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced married  
4. Sex M race W  
6. (b) Name of husband or wife Marie Olsen 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) July 26 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>5</u>	<u>8</u>	hrs min.

9. Exact Occupation real estate Did this work for 25 yrs.  
10. Industry or Business own business Date last worked \_\_\_\_\_  
11. Birthplace Berfendal Sweden (City or town) (State or foreign country)

12. Name Christen Pearson  
13. Birthplace Sweden (City or town) (State or foreign country)  
14. Maiden name Greta unknown  
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature X Noran Niel  
and Address Pocatello Idaho

17. (a) burial (b) Date thereof 1-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Mt. Moriah Pocatello Idaho

18. Funeral Director's Downard Funeral Home  
OWN Signature [Signature]  
and Address Pocatello Idaho

19. (a) Jan 17 1948 (b) Jessie L. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 4 1948  
at \_\_\_\_\_ o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1947 to Jan. 4, 1948  
I last saw him alive on Jan 23 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Memia  
Cardiac renal disease  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Enlarged Prostate  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature]  
and Address Pocatello, Idaho Date Jan 8 1948  
(For additional space, use reverse side)



1948

State File No. 062

Local Reg. No. 10

Reg. Dist. No. 40

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

JAN 19 1948

## 1. PLACE OF DEATH:

DIVISION OF VITAL

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 105 S. Johnson  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. General Stayed days  
(g) Lived in this county 21 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 347 N. 10th  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 79 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME ELLA STONE MICKLE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced widowed  
4. Sex F race W 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
6. (b) Name of husband or wife \_\_\_\_\_  
7. Date of Birth (Month, Day, Year) Feb. 28 1868  
8. AGE
- | Years | Months | Days | If less than 1 day |
|-------|--------|------|--------------------|
| 79    | 10     | 9    | hrs min.           |

9. Exact Occupation housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Placerville Idaho (City or town) (State or foreign country)

12. Name G. F. Stone  
13. Birthplace Vermont (City or town) (State or foreign country)  
14. Maiden name Catherine Owen  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature C. L. Mickle and Address Pocatello Idaho

17. (a) removal (b) Date thereof 1-11-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Horseshoe Bend Idaho

18. Funeral Director's Downard Funeral Home OWN Signature \_\_\_\_\_ and Address Pocatello Idaho

19. (a) 1-15-48 (b) Gerie J. Howell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 052B 055E

20. DATE OF DEATH (Month, Day, Year) Jan. 8 1948 19\_\_\_\_  
at 8:26 P o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 4 1948, to Jan 5 1948  
Last saw h. or alive on Jan 5 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebro-Vascular hemorrhage Duration 4 days

Due to Post-operative 4 days

Due to Carcinoma Pelvis + Bladder 8 months

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Cystoscopy Date Jan 5 PHYSICIAN \_\_\_\_\_  
Major finding Carcinoma of Bladder Underline the cause to which death should be charged statistically.  
Finding of autopsy + Pelvic organs

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Carwin E. Spoon (M. D. or other)  
and Address Carlson Bldg Date Jan 9 1948  
(For additional space, use reverse side)

504

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

JAN 19 1948 STATE OF IDAHO

DIVISION OF VITAL  
STATISTICS

1948  
State File No. 063  
Local Reg. No. 11  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 430 N. 3rd  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 27 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 430 N. 3rd  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? city or town  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) city or town

## 3. (a) FULL NAME NICHOLAS CANO

3. (b) If veteran, name war name war  
3. (c) Social Security No. 712-03-8975  
4. Sex M race W  
5. Color or 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lucille McMahon alive years  
7. Date of Birth (Month, Day, Year) Sept. 10 1903

8. AGE	Years	Months	Days	If less than 1 day
	44	4	1	hrs min.

9. Exact Occupation retired laborer Did this work for years  
10. Industry or Business U.P.R.R. Date last worked 1941  
11. Birthplace Mexico (City or town) (State or foreign country)

12. Name Isobel Cano  
13. Birthplace Mexico (City or town) (State or foreign country)  
14. Maiden name Jesus Rojas  
15. Birthplace Mexico (City or town) (State or foreign country)

16. Informant's OWN Signature Isobel Cano  
and Address Pocatello Idaho

17. (a) burial (b) Date thereof 1-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mountainview cem. Pocatello Ida.

18. Funeral Director's OWN Signature Howard  
and Address Pocatello Idaho

19. (a) 1-15-48 (b) Janie J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 11 1948  
at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 1938 to Jan 11 1948

I last saw him alive on Jan 8 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: General Paresis Duration 10y

Due to lung ?

Due to lung

Other conditions lung (Include pregnancy within 3 months of death)

Where was disease contracted? lung

Name of operation lung Date lung

Major finding lung

Finding of autopsy lung

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? lung Suicide? lung Homicide? lung  
Occurred lung 19 lung City, county, state lung  
where violence occurred lung  
Place of Violence: Home lung Farm lung Industry lung  
Public Place lung While at work? lung  
Means of injury lung

23. Attendant's OWN Signature Howard  
and Address Pocatello (M. D. or other) lung  
Date 1-13-48  
(For additional space, use reverse side)

1948  
State File No. **064**  
Local Reg. No. **174**  
Reg. Dist. No. **210**

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JAN 19 1948

STATE OF IDAHO

DEPARTMENT OF VITAL

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **1342 N. Garfield**  
(d) Death Occurred Inside? **X** Outside? **city or town**  
(e) Died in a Home **X** Hospital **Institution** Other place  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **33** years **months** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or R.F.D. No. **1342 N. Garfield**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **33** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**LEE ELIAS SALES**

## 3. (b) If veteran,

name war **\* \***

## 3. (c) Social Security

No. **520-03-9596**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Myrtle Averett** 6. (c) Age of husband or wife if alive **years**

7. Date of Birth (Month, Day, Year) **October 14, 1884**

8. AGE	Years	Months	Days	If less than 1 day
	<b>63</b>	<b>2</b>	<b>28</b>	hrs min.

9. Exact Occupation **Plaster contractor** Did this **for** yrs.

10. Industry or Business **worked** Date last

11. Birthplace **unknown** (City or town) (State or foreign country)

12. Name **unknown**

13. Birthplace **unknown** (City or town) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Alice J. Sales** and Address **Pocatello Idaho**

17. (a) **burial** (b) Date thereof **1-16-1948** (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Mountainview, Pocatello Idaho**

18. Funeral Director's OWN Signature **Downard Funeral Home**

- and Address **Pocatello Idaho**

19. (a) **1-15-1948** (b) **Jessie J. Powell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **January 12** 19**48** at **o'clock** M.

21. I HEREBY CERTIFY, That I attended deceased from **death until after** 19**48**

I last saw h. **alive on** **death** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary occlusion** Duration **1 hour**

Due to **(based on history)**

Due to **(based on history)**

Other conditions **(Include pregnancy within 3 months of death)**

Where was disease contracted? **(based on history)**

Name of operation **(based on history)** Date **(based on history)**

Major finding **(based on history)**

Finding of autopsy **(based on history)**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **(based on history)** Suicide? **(based on history)** Homicide? **(based on history)**

Occurred **(based on history)** 19**48** City, county, state

where violence occurred **(based on history)**

Place of Violence: **Home** **Farm** **Industry**

Public Place **(based on history)** While at work? **(based on history)**

Means of injury **(based on history)**

23. Attendant's OWN Signature **(based on history)** and Address **(based on history)** Date **(based on history)** (For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 14  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address XXXXX No. 7th Ave  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 4 days  
(g) Lived in this county 0 years 2 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Colorado (b) County \_\_\_\_\_  
(c) City or town Del Norte  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 2 months  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

JOHANNA EMMA TITIUS NEEF

131B

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ (a) Single, widowed, married,  
4. Sex female Race white divorced \_\_\_\_\_ widowed  
6. (b) Name of husband or wife Charles F. Neefalve (c) Age of husband or wife if dead years  
7. Date of Birth (Month, Day, Year) November 2, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>2</u>	<u>10</u>	hrs min.

9. Exact Occupation housekeeper Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Self Date last worked \_\_\_\_\_  
11. Birthplace Wittenburg, Germany (City or town) (State or foreign country)  
12. Name Ludwig Titius  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Sophie Heintz  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Frank H. Briggs  
and Address Pocatello, Idaho

17. (a) Removal (b) Date thereof 1/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Del Norte, Colorado

18. Funeral Director's OWN Signature L. Henderson  
and Address Pocatello, Idaho

19. (a) Jan. 13, 1948 (b) Jessie Z. Lawrence  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 12 19 48  
(Month, Day, Year) at 2:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 8 19 48, to Jan. 12 19 48  
I last saw her alive on Jan. 12 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

uremia

Duration

1 monthDue to nephritis2 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. R. McMahon  
(M. D. or other)

and Address Pocatello, Idaho Date 1/13 1948  
(For additional space, use reverse side)



United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

JAN 19 1948

STATE OF IDAHO

1948  
State File No. **066**  
Local Reg. No. **43**  
Reg. Dist. No. **510**

1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 1500 S. Johnson  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place ...  
(f) Name Hosp. or Inst. General Stayed ... days  
(g) Lived in this county ... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. unknown  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) N.Y. ?

3. (a) FULL NAME WILLIAM JOSEPH COUNMAN

3. (b) If veteran, name war 2 3. (c) Social Security No. 2  
5. Color or ... 6. (a) Single, widowed, married, divorced unknown  
4. Sex M race W 6. (c) Age of husband or wife if alive ... years  
6. (b) Name of husband or wife ...  
7. Date of Birth (Month, Day, Year) May 3 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>8</u>	<u>11</u>	hrs min.

9. Exact Occupation unknown Did this work for ... yrs.  
10. Industry or Business ... Date last worked ...  
11. Birthplace NEW YORK (City or town) (State or foreign country)  
Mother Father { 12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital records - JWS  
and Address Pocatello Idaho

17. (a) removal (b) Date thereof 1-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Buffalo New York

18. Funeral Director's Downard Funeral Ho. e  
OWN Signature J. J. Downard  
and Address Pocatello Idaho

19. (a) 1-15-48 (b) Jessie J. Powell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **131A**

20. DATE OF DEATH (Month, Day, Year) Jan. 14 1948  
at 5:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 12/10 1948 to Jan. 14 1948.  
I last saw him alive on Jan. 14 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio-vascular Duration unknown  
Due to ...

Due to ...  
Other conditions Frozen feet 12/10/48  
(Include pregnancy within 9 months of death)

Where was disease contracted? Idaho PHYSICIAN ...  
Name of operation Amputation Date 12/14/48 Underline the cause to which death should be charged statistically.  
Major finding Emphysema  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ... Suicide? ... Homicide? ...  
Occurred ... 19 ... City, county, state where violence occurred  
Place of Violence: Home ... Farm ... Industry ...  
Public Place ... While at work? ...  
Means of injury ...

23. Attendant's OWN Signature J. J. Downard (M. D. or other)  
and Address Pocatello Idaho Date 1-15-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 049 **067**  
Local Reg. No. 70  
Reg. Dist. No. 570

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 650 N. 7TH  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. ST. ANTHONY Stayed 3 days  
(g) Lived in this county 63 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. 1246 N. MAIN  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 63 years  
(h) Former residence (city, state) ENGLAND

## 3. (a) FULL NAME

EMILY BAILEY

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
4. Sex FEMALE  
6. (b) Name of husband or wife GEORGE E. BAILEY 6. (c) Age of husband or wife if alive DIED 1941 years  
7. Date of Birth (Month, Day, Year) DECEMBER 20, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>0</u>	<u>26</u>	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for - yrs.  
10. Industry or Business - Date last worked -  
11. Birthplace BIRMINGHAM ENGLAND (City or town) (State or foreign country)

12. Name WILLIAM BECKETT  
13. Birthplace ENGLAND (City or town) (State or foreign country)  
14. Maiden name MARY ANN RILEY  
15. Birthplace ENGLAND (City or town) (State or foreign country)

16. Informant's OWN Signature Edward S. Bailey  
and Address POCATELLO, IDAHO

17. (a) REMOVAL (b) Date thereof 1-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: ORDEN, UTAH

18. Funeral Director's OWN Signature Arthur H. Hall  
and Address POCATELLO, IDAHO

19. (a) Jan 19, 1948 (b) Jessie J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JANUARY 16 1948  
at 10 o'clock AM

21. I HEREBY CERTIFY, That I attended deceased from Jan 14 1948, to Jan 16 1948  
last saw him alive on Jan 16, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Ischemic Heart Disease Duration 2 Days

Due to Coronary Artery Disease

Due to Myocardial Infarction

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation - Date -

Major finding -

Finding of autopsy -

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature Edith H. Hannon

and Address POCATELLO (M. D. or other) Date 19 1948

(For additional space, use reverse side)

47-446528

JAN 27 1948

1948

068

United States  
Department of Commerce  
Bureau of the Census

VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 068  
Local Reg. No. 15  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. Anthony Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 528 E. Hayden  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

George Phillip Rosales 119A

## 3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none4. Sex m 5. Color or race m

## 6. (a) Single, widowed, married, divorced \_\_\_\_\_

## 6. (b) Name of husband or wife \_\_\_\_\_

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

Dec. 5, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>1</u>	<u>12</u>	hrs min.

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.10. Industry or Business none Date last worked \_\_\_\_\_11. Birthplace Pocatello Idaho (City or town) (State or foreign country)12. Name Epigmenio J. Rosales13. Birthplace San Jose (City or town) (State or foreign country)14. Maiden name Rosemaria Dominguez15. Birthplace U.S. (City or town) (State or foreign country)16. Informant's OWN Signature Epigmenio J. Rosales and Address 538 E. Hayden17. (a) Burial (b) Date thereof 1-20-48 (Burial, cremation or removal) (Month) (Day) (Year)(c) Place: Mountain View18. Funeral Director's OWN Signature Byron B. Downard and Address Pocatello Idaho19. (a) 1-22-48 (b) Janie J. Rosales (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January, 17, 1948  
at 8 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1947, to Jan. 17, 1948  
I last saw him alive on Jan. 17, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute Enteritis Duration 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Pneumonia  
(Include pregnancy within 3 months of death)

Where was disease contracted? Hospital PHYSICIAN

Name of operation none Date \_\_\_\_\_ Underline the cause to which death should be charged statistically.

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ed M. Langel (M. D. or other) and Address Pocatello Date 1/20 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **069**  
Local Reg. No. **16**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **1535 Third**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **51** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or R.F.D. No. **1535 Third**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **51** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**Gladys May Winschell Goutcher**

**0770**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race **W**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Edward**  
6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth (Month, Day, Year)

**January 28, 1896**

8. AGE	Years	Months	Days	If less than 1 day
	<b>51</b>	<b>11</b>	<b>22</b>	hrs min.

## 9. Exact Occupation

**Housewife** Did this work for ☐ yrs.

## 10. Industry or Business

**Idaho** Date last worked

## 11. Birthplace

**Idaho** (City or town) (State or foreign country)

## 12. Name

**William Winschell**

## 13. Birthplace

**Terre Haute Ind.** (City or town) (State or foreign country)

## 14. Maiden name

**Dora Cates**

## 15. Birthplace

**Missouri** (City or town) (State or foreign country)

## 16. Informant's OWN Signature

**G. E. Winschell**

## 17. (a) Burial (b) Date thereof

**Burial** **1-30-48** (Burial, cremation or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature

**Byron B. Daunard**

## 19. (a) Date received and filed (b) Registrar's signature

**1-22-48** **Joseph J. Powell**

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

**January, 17 1948** at **5** o'clock **A.M.**

## 21. I HEREBY CERTIFY, That I attended deceased from

**Jan 16 1948** to **Jan 16 1948**

I last saw her alive on **Jan 16 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Duration

**Cause not determined**

Due to **probably due to chronic arteriosclerosis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry Public Place While at work?

Means of injury

23. Attendant's OWN Signature **F. S. Miller** (M. D. or other)

and Address **Pocatello** Date **1-19-48** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **070**  
Local Reg. No. **17**  
Reg. Dist. No. **5 11**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **General** Stayed **11** days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Idaho**  
(c) City or town **McCall**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**Samuel W. Dixon**

## 3. (b) If veteran,

name war ☐

## 3. (c) Social Security

No. **720-03-5587**

## 4. Sex **M** 5. Color or race **W**

## 6. (a) Single, widowed, married, divorced **married**

## 6. (b) Name of husband or wife **Lela**

## 6. (c) Age of husband or wife if alive **43** years

## 7. Date of Birth

(Month, Day, Year) **November 7, 1901**

8. AGE	Years	Months	Days	If less than 1 day
	<b>46</b>	<b>2</b>	<b>14</b>	hrs min.

## 9. Exact Occupation **Foreman** Did this work for ☐ yrs.

## 10. Industry or Business **U.P.R.P.** Date last worked **1-7-48**

## 11. Birthplace **Hagerman Idaho** (City or town) (State or foreign country)

## 12. Name **Harvey Dixon**

## 13. Birthplace **Clepton Idaho** (City or town) (State or foreign country)

## 14. Maiden name **Conely L. Brown**

## 15. Birthplace **Quinterville Utah** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Lela M. Dixon** and Address **McCall Ida Box 309**

## 17. (a) **Removal** (b) Date thereof **1-26-48** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: **Ogden Utah**

## 18. Funeral Director's OWN Signature **Byron Bodaward** and Address **Pocatello Idaho**

## 19. (a) **1-24-1948** (b) **Joan J. Powell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **January 21, 1948**  
at **6:45** o'clock **P.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **1-21-48** to **1-21-48**

I last saw him alive on **1-20-48** 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial infarction** Duration

Due to **Coronary**

Due to **Cholelithiasis**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**

Name of operation **Cholecystectomy** Underline the cause to which death should be charged statistically.

Major finding **Cholelithiasis**

Finding of autopsy **Cholelithiasis**

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **Cholelithiasis**

## 23. Attendant's OWN Signature **Joan J. Powell** (M. D. or other)

and Address **Pocatello Idaho** Date **1-24-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use black ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

1948  
Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 071  
Local Reg. No. 21  
Reg. Dist. No. 5-10

1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. CARLYLE HOTEL  
(d) Death Occurred Inside? ✓ Outside?    city or town  
(e) Died in a Home    Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county    years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. CARLYLE HOTEL  
(e) Deceased lived Inside? ✓ Outside?    city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho?    years  
(h) Former residence (city, state)

3. (a) FULL NAME CLARENCE LESTER ASH

3. (b) If veteran, name war    3. (c) Social Security No. 519-07-1410  
5. Color or    6. (a) Single, widowed, married, divorced DIVORCED  
4. Sex MALE race WHITE  
6. (b) Name of husband or wife ELNA BARNHART 6. (c) Age of husband or wife if alive 52 years  
7. Date of Birth (Month, Day, Year) MARCH 16, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>10</u>	<u>5</u>	hrs min.

9. Exact Occupation BARBER Did this work for    yrs.  
10. Industry or Business SELF Date last worked     
11. Birthplace TULSA COUNTY, OKLAHOMA (City or town) (State or foreign country)

12. Name GEORGE LESTER ASH  
13. Birthplace ILLINOIS (City or town) (State or foreign country)  
14. Maiden name CAROLINE FLETCHER  
15. Birthplace IOWA (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Olen Sullivan  
and Address 6031A MEAD, CALIFORNIA

17. (a) Removal (b) Date thereof 1-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: BROKEN BROW, OKLAHOMA

18. Funeral Director's OWN Signature Arthur J. Hall  
and Address POCATELLO, IDAHO

19. (a) 1-25-48 (b) June 2, 1948  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JANUARY 21, 1948  
at    o'clock    M.

21. I HEREBY CERTIFY, That I attended deceased from    19   , to    19   .

I last saw h.    alive on    19   ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gun shot wound in head, Duration   

Due to   

Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy     
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide? Yes Homicide?     
Occurred on Jan 21-1948 City, county, state where violence occurred at home  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury Gun shot

23. Attendant's OWN Signature Arthur J. Hall  
and Address POCATELLO, IDAHO Date Jan 24 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each ink should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

Amended Dec. 16, 1975 STATE OF IDAHO

1948  
State File No. 072  
Local Reg. No. 26  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place....  
(f) Name Hosp. or Inst. St. Anthony Stayed 1 days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Inkom  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME FLORENCE ESTEP LONG

3. (b) If veteran, name war ..... No. ....  
5. Color of W 6. (a) Single, widowed, married, divorced Married  
4. Sex F race .....  
6. (b) Name of husband or wife Ray 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) April 9, 1916

8. AGE	Years	Months	Days	If less than 1 day
	<u>31</u>	<u>9</u>	<u>16</u>	hrs min.

9. Exact Occupation Housewife Did this work for 11 yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Pocatello, Idaho  
(City or town) (State or foreign country)

12. Name Luther Estep  
13. Birthplace Kentucky  
(City or town) (State or foreign country)  
14. Maiden name Lucy Randall  
15. Birthplace Kentucky  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ray Long  
and Address Inkom, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-48  
(Month) (Day) (Year)  
(c) Place: Mountain View

18. Funeral Director's OWN Signature Byron B. Downard  
and Address Pocatello, Idaho

19. (a) Feb. 4, 1948 (b) Jessie T. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 25 19 48  
(Month, Day, Year)  
at 8:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 18 19 47 to Jan. 25 19 48

I last saw her alive on Jan 25 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Post Partum Hemorrhage

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Ralph B. Hegsted, M.D.  
(M. D. or other)

and Address Pocatello, Idaho Date 1/28 1948  
(For additional space, use reverse side)

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. VITAL STATISTICS Certificate No. #48-072  
County of Blaine } 12 31 PM '75 Date Filed. Death

The undersigned does solemnly swear that certain facts on the certificate of  
for Florence Estep Long who died Jan. 24, 1948 (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by prepared on are:

(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
#20 Date of Death Jan. 24, 1984 Jan. 25, 1948

Subscribed and sworn to before me this 10<sup>th</sup> day of  
December, 1975  
James L. Fox  
Notary Public, residing at Blaine, MT  
My commission expires 3/15/77  
(Seal)

Signed Luther D. Hayden  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
740 Turner #22, Missoula, Mt.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Blaine }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10<sup>th</sup> day of  
December, 1975  
James L. Fox  
Notary Public, residing at Blaine, MT  
My commission expires 3/15/77  
(Seal)

Signed E. J. H. Livingston  
(Signature of Any Credible Person)  
2113 36<sup>th</sup> St. Missoula, Montana  
(Street Address, City, State)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB - 9 1948 **Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

State File No. **072**  
Local Reg. No. **26**  
Reg. Dist. No. **5.11**

1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **H. Anthony** Stayed **1** days  
(g) Lived in this county **years** **months** **days**

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Idaho**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **32** years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

**Florence Estep Long**

**146C**

3. (b) If veteran,

name war ☒

3. (c) Social Security

No. ....

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Ray**

6. (c) Age of husband or wife if alive **years**

7. Date of Birth

(Month, Day, Year) **April 9, 1916**

8. AGE	Years	Months	Days	If less than 1 day
	<b>31</b>	<b>9</b>	<b>16</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **11** yrs.

10. Industry or Business Date last worked

11. Birthplace **Pocatello Idaho** (City or town) (State or foreign country)

12. Name **Luther Estep**

13. Birthplace **Kentucky** (City or town) (State or foreign country)

14. Maiden name **Lucy Randall**

15. Birthplace **Kentucky** (City or town) (State or foreign country)

16. Informant's OWN Signature **Ray Long** and Address **Idaho**

17. (a) **Burial** (b) Date thereof **1-29-48** (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Mountain View**

18. Funeral Director's OWN Signature **Byron B. Darnard** and Address **Pocatello Idaho**

19. (a) **Feb. 4, 1948** (b) **Jessie L. Powell** (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) **Jan 24** 19**48**  
at **8:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Nov 18** 19**47**, to **Jan 24** 19**48**

I last saw h. or alive on **Jan 24** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

**Post. Partum Hemorrhage**  
Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **None** Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **19** City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **None**

23. Attendant's OWN Signature **Ralph B. Segler M.D.** and Address **Idaho** (D. or other) Date **1/28** 19**48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

FEB - 9 1948  
DIVISION OF VITAL STATISTICS  
**Certificate of Death**  
STATE OF IDAHO

State File No. **073**  
Local Reg. No. **27**  
Reg. Dist. No. **510**

1. PLACE OF DEATH:  
(a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home..... Hospital **X** Institution..... Other place.....  
(f) Name Hosp. or Inst. **St. Anthony** Stayed **1** days  
(g) Lived in this county..... years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or R.F.D. No. **221 Maplewood**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **3** years  
(h) Former residence (city, state).....

3. (a) FULL NAME **MICHAEL WILLIAM HOUGH**

3. (b) If veteran, name war No. .... 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male** 6. (c) Age of husband or wife if alive..... years  
7. Date of Birth (Month, Day, Year) **June 15, 1944**

8. AGE	Years	Months	Days	If less than 1 day
	<b>3</b>	<b>7</b>	<b>11</b>	hrs. min.

9. Exact Occupation **None** Did this work for..... yrs.  
10. Industry or Business..... Date last worked.....

11. Birthplace **Grand Rapids, Michigan**  
(City or town) (State or foreign country)

12. Name **Vern P. Hough**

13. Birthplace **Chicago, Illinois**  
(City or town) (State or foreign country)

14. Maiden name **Sarah Marie Hansen**

15. Birthplace **St. Anthony, Idaho.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **M. J. Hansen**  
and Address **St. Anthony, Idaho**

17. (a) **Burial** (b) Date thereof **Jan., 28, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Pocatello, Idaho.**

18. Funeral Director's OWN Signature **M. J. Hansen**  
and Address **St. Anthony, Idaho**

19. (a) **30-78** (b) **Jessie D. Hansen**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **January 26** 19 **48**  
(Month, Day, Year) ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 26** 19 **48**  
at **Jan 26** 19 **48**  
I last saw him alive on **Jan 26** 19 **48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Broncho-pneumonia**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted? **None**

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work.....

Means of injury.....

23. Attendant's OWN Signature **Ralph B. Hansen**

and Address **Pocatello, Idaho** Date **1/27 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

United States

Department of Commerce

Bureau of the Census

FEB - 9 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **074**

Local Reg. No. **28**

Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **BANNOCK**  
(b) City or town **LOCATELLO**  
(c) Street Address or R.F.D. No. **RAINBOW CABINS**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **30** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **LOCATELLO**  
(d) Street Address or R.F.D. No. **RAINBOW CABINS**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **KENTUCKY**

## 3. (a) FULL NAME

**ALBERT CRITTEDON HENSLEY**

**180X-**

## 3. (b) If veteran,

name war ☐

## 3. (c) Social Security

No. **519-07-3772**

5. Color or **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
4. Sex **MALE** race **WHITE**

6. (b) Name of husband or wife **MARY GUNTER** 6. (c) Age of husband or wife if alive **41** years

## 7. Date of Birth

(Month, Day, Year) **JUNE 8, 1893**

8. AGE	Years	Months	Days	If less than 1 day
	<b>54</b>	<b>7</b>	<b>19</b>	hrs min.

9. Exact Occupation **LABORER** Did this work for ☐ yrs.

10. Industry or Business **WASATCH REFINERY** Date last worked ☐

11. Birthplace **MUSE MILLS KENTUCKY**  
(City or town) (State or foreign country)

12. Name **JAMES HENSLEY**

13. Birthplace **KENTUCKY**  
(City or town) (State or foreign country)

14. Maiden name **MARY JOWARDS**

15. Birthplace **KENTUCKY**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mary Hensley**

- and Address **LOCATELLO, IDAHO**

17. (a) **BURIAL** (b) Date thereof **1-31-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **MOUNTAIN VIEW LOCATELLO, IDA.**

18. Funeral Director's OWN Signature **Arthur Hall**

- and Address **LOCATELLO, IDAHO**

19. (a) **1-27-48** (b) **Jessie J. Powell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **JANUARY 27 1948**  
at ☐ o'clock ☐ M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 ☐ to 19 ☐.  
I last saw h. ☐ alive on 19 ☐; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Asphyxiation from smoke and smoldering fire** Duration

Due to **smoldering fire**

Due to **smoldering fire**

Other conditions **smoldering fire**

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **smoldering fire** Date **1-27-48**

Major finding **smoldering fire**

Finding of autopsy **smoldering fire**

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred **Jan 27 1948** City, County, state **LOCATELLO, BANNOCK, IDAHO**

where violence occurred **RAINBOW CABINS**

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **Bedding & Mattress on fire**

## 23. Attendant's OWN Signature **Arthur Hall**

and Address **LOCATELLO, IDAHO** Date **1-29-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB - 9 1948  
Certificate Of Death  
BUREAU OF VITAL STATISTICS  
STATE OF IDAHO

CAS  
State File No. 075  
Local Reg. No. 79  
Reg. Dist. No. 510

1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town LOCATELLO  
(c) Street Address or R.F.D. No. 101 S. JOHNSON  
(d) Death Occured Inside? ✓ Outside?    city or town  
(e) Died in a Home    Hospital    Institution    Other place     
(f) Name Hosp. or Inst. GENERAL Stayed 1 days  
(g) Lived in this county LIFE years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town LOCATELLO  
(d) Street Address or R.F.D. No. 225 W. BRIDGER  
(e) Deceased lived Inside? ✓ Outside?    city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state)

3. (a) FULL NAME

BERT CLARENCE KNOWLES III

3. (b) If veteran, name war   

3. (c) Social Security No.   

5. Color or    6. (a) Single, widowed, married, divorced SINGLE  
4. Sex MALE race WHITE  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) JANUARY 27, 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>5 hrs 30 min.</u>

9. Exact Occupation INFANT Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace LOCATELLO IDAHO (City or town) (State or foreign country)

12. Name BERT C. KNOWLES JR.  
13. Birthplace SHOSHONE IDAHO (City or town) (State or foreign country)  
14. Maiden name MYRTLE SMITH  
15. Birthplace ANACONDA, MONT. (City or town) (State or foreign country)

16. Informant's OWN Signature Bert C. Knowles Jr.  
and Address LOCATELLO, IDAHO

17. (a) BURIAL (b) Date thereof 1-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: MOUNTAIN VIEW LOCATELLO, IDA

18. Funeral Director's OWN Signature Arthur M. Hall  
and Address LOCATELLO, IDAHO

19. (a) 1-30-48 (b) June J. Powell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JANUARY 27 19 48  
at 3 o'clock    M.

21. I HEREBY CERTIFY, That I attended deceased from 1/27 1948, to 1/27 1948  
I last saw him alive on 1/27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Birth Duration   

Due to     
Due to     
Other conditions     
(Include pregnancy within 3 months of death) Birth

Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury   

23. Attendant's OWN Signature Arthur M. Hall  
and Address LOCATELLO, IDAHO (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB - 9 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. **076**  
Local Reg. No. **31**  
Reg. Dist. No. **510**

**1. PLACE OF DEATH:**

- (a) County BANNOCK  
(b) City or town FOCATELLO  
(c) Street Address or R.F.D. No. 650 N. 7TH  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. ANTHONY Stayed 1 days  
(g) Lived in this county life years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State IDAHO (b) County BANNOCK  
(c) City or town FOCATELLO  
(d) Street Address or R.F.D. No. 1803 N. MAIN  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state) —

**3. (a) FULL NAME**

KATHLEEN JO ANN WILSON

**3. (b) If veteran,**

name war —

**3. (c) Social Security**

No. —

5. Color or — 6. (a) Single, widowed, married, divorced SINGLE  
4. Sex FEMALE race WHITE  
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) NOVEMBER 17, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>2</u>	<u>11</u>	hrs min.

9. Exact Occupation INFANT Did this work for — yrs.

10. Industry or Business AT HOME Date last worked —

11. Birthplace FOCATELLO IDAHO (city or town) (State or foreign country)

12. Name GUY J. WILSON

13. Birthplace SANFORD, COLORADO (City or town) (State or foreign country)

14. Maiden name VERDA WOLVERTON

15. Birthplace FOCATELLO IDAHO (City or town) (State or foreign country)

16. Informant's OWN Signature Guy J. Wilson and Address FOCATELLO, IDAHO

17. (a) REMOVAL (b) Date thereof 1-31-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: TWIN FALLS, IDAHO

18. Funeral Director's OWN Signature Anthony M. Hall and Address FOCATELLO, IDAHO

19. (a) 1-30-48 (b) Jane J. Paulle (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) JANUARY 28 1948  
at 12:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 8:00 PM 27 Jan 1948 to 28 Jan 1948  
I last saw her alive on 28 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: pneumonia - mening. culture type. Duration 24 hrs

Due to —

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Where was disease contracted? Pocatelto Name of operation none Date — PHYSICIAN —

Major finding — Finding of autopsy none performed Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred — 19 — City, county, state where violence occurred  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature Dr. R. Heane, M.D. and Address Pocatelto Idaho Date 28 Jan 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be completed as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB - 9 1948  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
**Certificate Of Death**

State File No. 077  
Local Reg. No. 32  
Reg. Dist. No. 510

1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 423 E CENTER  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. UNKNOWN Stayed        days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. 423 E CENTER  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? UNKNOWN  
(g) How long had deceased lived in Idaho? UNKNOWN years  
(h) Former residence (city, state)

3. (a) FULL NAME GEORGE B. MOHR

3. (b) If veteran, name war        No.         
5. Color or        6. (a) Single, widowed, married, divorced UNKNOWN  
4. Sex MALE race W  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) JULY 31, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>5</u>	<u>27</u>	hrs min.

9. Exact Occupation UNKNOWN Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace KANSAS (City or town) (State or foreign country)

12. Name UNKNOWN  
13. Birthplace UNKNOWN (City or town) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature Ray E. Gorman  
and Address Pocatello Idaho

17. (a) Removal (burial, cremation, or removal)        (b) Date thereof 2-2-48 (Month) (Day) (Year)  
(c) Place: AMERICAN FALLS, IDAHO

18. Funeral Director's OWN Signature Arthur McCall  
and Address Pocatello Idaho

19. (a) Feb 2, 1948 (Date received and filed) (b) James J. Powell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JANUARY 28, 1948  
at        o'clock        M.

21. I HEREBY CERTIFY, That I attended deceased from        19       , to        19       

I last saw h.        alive on        19       ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Dead suddenly following heart attack Duration       

Due to Probable Coronary Thrombosis

Other conditions        (Include pregnancy within 3 months of death)

Where was disease contracted?        Date        Name of operation        Major finding        Finding of autopsy        PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home ☒ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury       

23. Attendant's OWN Signature Arthur McCall  
and Address Pocatello Idaho Date 2-2-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
JAN 19 1948  
STATE OF IDAHO

1948  
State File No. **078**  
Local Reg. No. **8**  
Reg. Dist. No. **51**

1. PLACE OF DEATH: **State of Virginia**  
(a) County **Bannock**  
(b) City or town **Virginia**  
(c) Street Address or R.F.D. No. **Virginia**  
(d) Death Occured Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **56** years ☐ months ☐ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bannock**  
(c) City or town **Virginia**  
(d) Street Address or R.F.D. No. **Virginia**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **56** years  
(h) Former residence (city, state) ☐

3. (a) FULL NAME **ALBERT SAMUEL BENNETT**  
3. (b) If veteran, name war ☐ No. ☐  
5. Color or **W** divorced **single**  
4. Sex **M** race **W**  
6. (b) Name of husband or wife ☐  
6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth (Month, Day, Year) **Sept. 5 1886**

8. AGE	Years	Months	Days	If less than 1 day
	<b>61</b>	<b>4</b>	<b>2</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for **50** yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace **Syracuse Utah** (City or town) (State or foreign country)

12. Name **Thomas P. Bennett**  
13. Birthplace **Kayesville Utah** (City or town) (State or foreign country)  
14. Maiden name **Katherine Warren**  
15. Birthplace **London England** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. H. C. Nelson**  
and Address **Locatello Idaho**

17. (a) **burial** (b) Date thereof **1-10-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Cambridge Idaho**

18. Funeral Director's **Downard Funeral Home**  
OWN Signature **Locatello Idaho**  
and Address ☐

19. (a) **Jan. 12 - 1948** (b) **James J. Pavele** (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **094A**

20. DATE OF DEATH (Month, Day, Year) **Jan. 7 1948**  
at **6:30** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **1/7/48** to **1/7/48**  
I last saw him alive on **1/7/48** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cornary Thrombosis (massive) few** Duration **minutes**

Due to **atherosclerosis**  
Due to **Heart Disease**  
Other conditions ☐ (Include pregnancy within 3 months of death)

Where was disease contracted? ☐  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature **James J. Pavele** (M. D. or other)  
and Address **Locatello Idaho** Date **1/7/48** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States *nn*  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. *079*  
Local Reg. No. *22*  
Reg. Dist. No. *5.11*

## 1. PLACE OF DEATH:

- (a) County *Bannock*  
(b) City or town *Pava Hot Springs*  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? *✓* Outside? \_\_\_\_\_ city or town  
(e) Died in a Home *Hospital* Institution *Other place*  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed *1* days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months *1* days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State *Idaho* (b) County *Bannock*  
(c) City or town *Pava Hot Springs*  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? *✓* Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? *U.S.*  
(g) How long had deceased lived in Idaho? *1 day*  
(h) Former residence (city, state) *Newborn*

## 3. (a) FULL NAME

*Julia Davids*

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex *F* 5. Color or race *W*

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) *January 25, 1948*

## 8. AGE

Years

Months

Days

If less than 1 day  
*8 hrs 15 min.*

## 9. Exact

Occupation

*Newborn*

Did this

work for \_\_\_\_\_ yrs.

10. Industry or Business

Date last

worked

11. Birthplace

*Pava Hot Springs Idaho*

(City or town) (State or foreign country)

12. Name

*Ira James Davids*

13. Birthplace

*Chesterfield Idaho*

(City or town)

(State or foreign country)

14. Maiden name

*Phoebe June Christensen*

15. Birthplace

*Arango Idaho*

(City or town)

(State or foreign country)

16. Informant's

OWN Signature

and Address

*Bannock Idaho*

17. (a) *Funeral & burial* Date thereof *1-26-48*

(Burial, cremation, or removal)

(Month) (Day) (Year)

- (c) Place:

*Arango Idaho*

18. Funeral Director's

OWN Signature

and Address

*Arthur J. Hall*

*Idaho*

19. (a) *Jan 26, 1948*

(Date received and filed)

- (b)

*Jessie J. Davis*

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) *January 25, 1948*

at *2:30* o'clock *P.M.*

## 21. I HEREBY CERTIFY, That I attended deceased from

*Jan 25, 1948 to Jan 25, 1948*

I last saw h. alive on *Jan 25, 1948*; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

*Asphyxia Neonatorum*

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury

## 23. Attendant's

OWN Signature

and Address

*John J. Cowlishaw MD*

*Pava Hot Springs Idaho*

*Jan 25, 1948*

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
FEB - 9 1948  
OF VITAL STATE OF IDAHO

State File No. **080**  
Local Reg. No. **30**  
Reg. Dist. No. **511**

1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Lava Hot Springs**  
(c) Street Address or R. F. D. No. **Red Horse**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in ☒ Home ☐ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **65** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Lava Hot Springs**  
(d) Street Address or R.F.D. No. **Hall Hotel**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **65** years  
(h) Former residence (city, state)

3. (a) FULL NAME **Albert William Hall**

3. (b) If veteran, name war ☐ No. ☐  
5. Color or **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
4. Sex **MALE** race **WHITE**  
6. (b) Name of husband or wife **SUSAN HOFFMANN** 6. (c) Age of husband or wife if alive **67** years  
7. Date of Birth (Month, Day, Year) **MAY 16, 1895**

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>8</b>	<b>11</b>	hrs min.

9. Exact Occupation **RETIRED** Did this work for ☐ yrs.  
10. Industry or Business **HOTEL MANAGER** Date last worked ☐  
11. Birthplace **BARROD ENGLAND** (City or town) (State or foreign country)

12. Name **JOHN T. HALL**  
13. Birthplace **ENGLAND** (City or town) (State or foreign country)  
14. Maiden name **CELINA BARROD**  
15. Birthplace **ENGLAND** (City or town) (State or foreign country)

16. Informant's OWN Signature **Jemma Hall**  
and Address **LAVA HOT SPRINGS, IDAHO**

17. (a) **BURIAL** (b) Date thereof **1-31-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **MOUNTAIN VIEW - LOCATELLO, IDAHO**

18. Funeral Director's OWN Signature **Arthur Hall**  
and Address **LOCATELLO, IDAHO**

19. (a) **1-30-48** (b) **Jose J. Samuel** (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **162 B**

20. DATE OF DEATH (Month, Day, Year) **January 27, 1948**  
at **10:35** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 5, 1948** to **January 27, 1948**  
I last saw him alive on **Jan 27, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Acute coronary thrombosis** Duration

Due to **Old age**

Due to ☐  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation **None** Date  
Major finding **None**  
Finding of autopsy **None**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature **Howard O. Cowlishaw** (M. D. or other)  
and Address **Lava Hot Springs, Idaho** Date **Jan 27, 1948**  
(For additional space, use reverse side)

# DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Albert William Hall  
now lying buried in Mountain View Cemetery, in the City or Town of Pocatello  
County of Bannock State of Idaho, who died on the 27 day of January, 1948, Aged 72 years \_\_\_\_\_ months  
\_\_\_\_\_ days, the cause of death being Acute Coronary Thrombosis and  
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever  
or yellow fever as shown by the certificate of death of said deceased, given by  
Dr. Cowlishaw attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private  
to Lava Hot Springs Cemetery in the City or Town of Lava Hot Springs County of Bannock  
State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of  
Bannock it being understood and provided that nothing herein shall be deemed as contravening or in  
anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses  
or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be  
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another  
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The  
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If  
the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new  
metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

Permit issued to: this 21st day of July, A.D. 1964.

**Manning Funeral Chapel  
Pocatello, Idaho**

W. W. Benson

by [Signature] Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,  
Town or County of \_\_\_\_\_ State of Idaho, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Health Officer

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. **081**  
Local Reg. No. **572**  
Reg. Dist. No. **572**

## 1. PLACE OF DEATH

- (a) County **Blaine**  
(b) City or town **Hammerhead Park**  
(c) Street Address or R. F. D. No. **Hammerhead Park**  
(d) Death Occurred Inside? **Outside?** city or town  
(e) Died in a Home **Hospital** Institution **Other place**  
(f) Name Hosp. or Ins. **Hammerhead Park** Stayed **8 hrs.**  
(g) Lived in this county **36** years **0** months **0** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State **Idaho** (b) County **Blaine**  
(c) City or town **Paris Idaho**  
(d) Street Address or R. F. D. No. **Paris Idaho**  
(e) Deceased lived Inside? **Outside?** city or town  
(f) If foreign born, in U. S. **0** yrs. Citizen of U. S.?  
(g) How long had deceased lived in Idaho? **56** years  
(h) Former residence (city, state) **050X**

## 3. (a) FULL NAME

**Alberta Vaughn Lewis**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or **white** 6. (a) Single, widowed, married, **married**  
4. Sex **Female** race **white** divorced **married**  
6. (b) Name of husband or **Joseph Lewis** 6 (c) Age of husband or wife if **61**  
wife **alive** years  
7. Date of Birth **May 5 1891**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>56</b>	<b>8</b>	<b>6</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **45** yrs.  
10. Industry or Business **Housewife** Date last worked **45**  
11. Birthplace **Bloomington Idaho** (City or town) (State or foreign country)

12. Name **Fredrick Jacobson**  
13. Birthplace **Bloomington Idaho** (City or town) (State or foreign country)

14. Maiden name **Ellie Aland**  
15. Birthplace **Bloomington Idaho** (City or town) (State or foreign country)

16. Informant's OWN Signature **Spence Lewis**  
and Address **Paris Idaho**

17. (a) Removal **Removal** (b) Date thereof **Jan 18, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Paris Cemetery**

18. Funeral Director's OWN Signature **Phil Matthews**  
and Address **Paris Idaho**

19. (a) **Jan 18 1948** (b) **Phil Matthews**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Jan. 12 1948**  
(Month, Day, Year) at **9** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **January 11 1948** to **January 12 1948**  
I last saw him alive on **Jan 11**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pneumonia** Duration **3 days**  
**Cancer of Breast with lung metastasis** **3 yrs**  
Due to **Cancer of Breast with lung metastasis**  
Due to **Cancer of Breast with lung metastasis**  
Other conditions. (Include pregnancy within 3 months of death)

Where was disease first contracted? **Home** PHYSICIAN **Dr. J. H. Smith**  
Name of operating **Dr. J. H. Smith** Date **1-14-48**  
Major finding **Normal**  
Finding of autopsy **None**  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **0** Suicide? **0** Homicide? **0**  
Occurred **0** 19 **0** City, county, state where violence occurred  
Place of Violence: Home **0** Farm **0** Industry **0**  
Public Place **0** While at work **0**  
Means of injury **0**

23. Attendant's OWN Signature **Spence Lewis** (M. D. or other) **MD**  
and Address **Paris Idaho** Date **1-16-48**  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH

- (a) County Bear Lake  
(b) City or town Montpelier Idaho  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Bear Lake Stayed 12 hrs  
(g) Lived in this county 6 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 3. (a) FULL NAME

Linda Booth

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

## 5. Color or

## 6. (a) Single, widowed, married,

4. Sex Female race white divorced single6. (b) Name of husband or wife St. Charles Idaho (c) Age of husband or wife if alive 12 years7. Date of Birth (Month, Day, Year) May 16 1941

8. AGE	Years	Months	Days	If less than 1 day
	<u>6</u>	<u>7</u>	<u>27</u>	hrs min.

9. Exact Occupation going to school Did this work for 0 yrs.10. Industry or Business St. Charles Idaho Date last worked11. Birthplace St. Charles Idaho (City or town) (State or foreign country)12. Name Louella Booth13. Birthplace St. Charles Idaho (City or town) (State or foreign country)14. Maiden name Idella Bunderson15. Birthplace St. Charles Idaho (City or town) (State or foreign country)16. Informant's OWN Signature Louella Booth and Address St. Charles Idaho17. (a) Removal (b) Date thereof Jan 16 1948 (Burial, cremation or removal) (Month) (Day) (Year)18. Funeral Director's OWN Signature John Matthews and Address Montpelier Idaho19. (a) 1/12/48 (b) [Signature] (Date received and filed) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Bear Lake  
(c) City or town St. Charles Idaho  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) If foreign born, in U. S. 0 yrs. Citizen of U. S.? ☐  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) .....

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 13 1948

at 5:30 o'clock P. M.

21. HEREBY CERTIFY, That I attended deceased from January 12 1948 to January 13 1948. I last saw her alive on Jan 12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Virus Pneumonia Duration 3 days

Due to .....

Due to .....

Other conditions. (Include pregnancy within 3 months of death)

Where was disease first contracted? Home

Name of operating Physician Date Jan 13 1948

Major finding Physical exam

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 1948 City, county, state where violence occurred.

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury None

23. Attendant's OWN Signature [Signature] (M. D. or other)

and Address Montpelier Idaho Date Jan 13 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

OFFICE OF VITAL

# CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. **083**  
Local Reg. No. **552**  
Reg. Dist. No. **552**

## 1. PLACE OF DEATH

- (a) County Beaumont  
(b) City or town Montpelier Idaho  
(c) Street Address or R. F. D. No. Montpelier Idaho  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home? Hospital? Institution? Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 80 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Beaumont  
(c) City or town Montpelier Idaho  
(d) Street Address or R. F. D. No. Montpelier Idaho  
(e) Deceased lived Inside? Outside? city or town  
(f) If foreign born, in U. S.  yrs. Citizen of U. S.?  
(g) How long had deceased lived in Idaho? 80 years  
(h) Former residence (city, state)

3. (a) FULL NAME Joseph Elyam Holmes

3. (b) If veteran, name war No 3. (c) Social Security No. None

5. Color or White 6. (a) Single, widowed, married, Married

4. Sex Male race White divorced Married

6. (b) Name of husband or wife Sarah C. Holmes 6 (c) Age of husband or wife if alive 79 years

7. Date of Birth (Month, Day, Year) Mar 7 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>10</u>	<u>9</u>	hrs min.

9. Exact Occupation Refrigerator mechanic Did this work for 25 yrs.

10. Industry or Business Refrigerator mechanic Date last worked

11. Birthplace Montpelier Idaho (City or town) (State or foreign country)

Father { 12. Name Jarvis Holmes

13. Birthplace Mass (City or town) (State or foreign country)

Mother { 14. Maiden name Harriet W. Phelps

15. Birthplace Mass (City or town) (State or foreign country)

16. Informant's OWN Signature Attorney

and Address 2101 St. John Falls, Id.

17. (a) Funeral (b) Date thereof Jan 20 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Montpelier Cemetery

18. Funeral Director's OWN Signature Phil Matthews

and Address Montpelier Idaho

19. (a) Jan 20 1948 (b) Phil Matthews (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 16 1948

at 3:40 o'clock P. M.

21. HEREBY CERTIFY That I attended deceased from January 15 1948 to January 16 1948

I last saw him alive on January 16 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 1 day

Due to Hypertension and Arteriosclerosis 10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease first contracted? Home PHYSICIAN

Name of operation None Date

Major finding Physical Exam

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Phil Matthews (M. D. or other)

and Address Montpelier Idaho Date Jan 20 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

1948  
OF VITAL

# CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. **084**  
Local Reg. No. **552**  
Reg. Dist. No. **552**

## 1. PLACE OF DEATH:

- (a) County Bear Lake  
(b) City or town Montpelier Idaho  
(c) Street Address or R. F. D. No. Outside? city or town  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 20 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 3. (a) FULL NAME

Edith Susan Perkins

## 3. (b) If veteran, name war.

No

## 3. (c) Social Security No.

No

## 5. Color or

White

## 6. (a) Single, widowed, married,

Widowed

## 4. Sex

Female

race White

divorced Widowed

## 6. (b) Name of husband or

William Perkins

(c) Age of husband or wife if

alive years

## 7. Date of Birth

(Month, Day, Year)

Mar. 30

1890

## 8. AGE

Years

Months

Days

If less than 1 day

hrs

min.

57

9

18

## 9. Exact Occupation

Housewife

Did this work for

35 yrs.

## 10. Industry or Business

Blackfoot Idaho

(City or town)

(State or foreign country)

## 11. Birthplace

Idaho

(City or town)

(State or foreign country)

## 12. Name

John D. Perkins

## Father

13. Birthplace

Jefferson City Missouri

(City or town)

(State or foreign country)

## Mother

14. Maiden name

Hannah Nelson

15. Birthplace

unknown

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Richard Boyd Perkins

and Address

Montpelier Idaho

## 17. (a)

Funeral

(Burial, cremation, or removal)

(b) Date thereof

Jan. 22, 1948

(Month) (Day) (Year)

## (c) Place:

Montpelier Cemetery

## 18. Funeral Director's

OWN Signature

W. Matthews

and Address

Montpelier Idaho

## 19. (a)

Jan. 21, 1948

(Date received and filed)

(b)

W. Matthews

(Registrar's signature)

Idaho

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Bear Lake  
(c) City or town Montpelier Idaho  
(d) Street Address or R. F. D. No. Outside? city or town  
(e) Deceased lived Inside? Outside? city or town  
(f) If foreign born, in U. S. 57 yrs. Citizen of U. S.?  
(g) How long had deceased lived in Idaho? 57 years  
(h) Former residence (city, state)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

Jan 18

1948

at

o'clock

M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Embolism

Duration

Due to

Found dead in bed

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease first contracted?

Name of operation

Date

Major finding

Finding of autopsy

none

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? No Suicide? No Homicide? No

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

OWN Signature

W. Matthews

(Coroner)

(M.D. or other)

and Address

Montpelier Idaho

Jan 18, 1948

(For additional space, use reverse side)

over Bear Lake Co Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN - 5 1948  
DIVISION OF VITAL

NON-RESIDENT  
Certificate Of Death

STATE OF IDAHO

State File No. 085  
Local Reg. No. 1  
Reg. Dist. No. 130

1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. St. Maries Stayed 5 days  
(g) Lived in this county \_\_\_\_\_ years 1 1/2 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Montana (b) County Missoula  
(c) City or town Missoula  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 1 1/2 Months  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL  
NAME

Ida Young

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) January 4, 1866

8. AGE	Years	Months	Days	If less than 1 day
	81	11	27	hrs min.

9. Exact Occupation Housewife Did this work for 40 yrs.  
10. Industry or Business Home Date last worked 12-27-47  
11. Birthplace Longmont Colorado  
(City or town) (State or foreign country)

12. Name Benjamin F. Downing  
13. Birthplace Iowa  
(City or town) (State or foreign country)  
14. Maiden name Lydia Ann Howard  
15. Birthplace Quincy Ill.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs E B Williams  
and Address St. Maries, Idaho

17. (a) Burial (b) Date thereof 1-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature P. E. Wessa  
and Address St. Maries, Idaho

19. (a) 1-2-48 (b) P. E. Wessa  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 111C

20. DATE OF DEATH (Month, Day, Year) January 1, 1948 19\_\_\_\_  
at 1:22 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 27 Dec 1947 to 1 Jan 1948  
I last saw her alive on 1 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic pneumonia Duration 2 days

Due to Fracture, rt hip

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation Nothing of importance Date 30 Dec 47  
Major finding Fracture rt hip  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 30 Dec 1947 City, county, state where violence occurred St Maries, Benewah, Idaho  
Place of Violence: Home ✓ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Fall in home

23. Attendant's OWN Signature W. D. Donnelly (M. D. or other)  
and Address St Maries Date 2 Jan 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 10 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

State File No. 086  
Local Reg. No. 2  
Reg. Dist. No. 130

1. PLACE OF DEATH:

(a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Platt Stayed 1 days  
(g) Lived in this county 26 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Charles Vincent Trodick

3. (b) If veteran,

name war None

3. (c) Social Security

No. 519-03-4010

5. Color or White  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year)

March 5, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>10</u>	<u>23</u>	hrs min.

9. Exact Occupation Logger Did this work for 20 yrs.

10. Industry or Business Woods Date last worked 1941

11. Birthplace Wolfe Creek Montana  
(City or town) (State or foreign country)

12. Name John Trodick

13. Birthplace France  
(City or town) (State or foreign country)

14. Maiden name Bridgett Kelly

15. Birthplace Dublin Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mr. Norretta A. Noecker  
and Address 607 W. Providence Spokane, Wn.

17. (a) Burial (b) Date thereof 1-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

19. (a) 2-7-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) January 28, 1948 19\_\_\_\_  
at 9:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 1948, to Jan. 28 1948  
I last saw him alive on Jan. 28 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cardio-respiratory Failure

Duration

Due to Cardiac Decompensation 18 mo.

Due to Branch. ectasis 4 hrs.

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. E. Wessa  
(M. D. or other)  
and Address St. Maries Date Jan. 29, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 17 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

State File No. **087**  
Local Reg. No. **161**  
Reg. Dist. No. **600**

## 1. PLACE OF DEATH:

- (a) County **Bingham**  
(b) City or town **Blackfoot**  
(c) Street Address or R. F. D. No. **73 Archer St.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **42** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Blackfoot**  
(d) Street Address or R.F.D. No. **73 Archer St.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **42** years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

**Freda Nothdurft Capps**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Female** race **White**  
6. (b) Name of husband or wife **Edgar Capps** 6. (c) Age of husband or wife if alive **49** years  
7. Date of Birth (Month, Day, Year) **June 4, 1898**

8. AGE	Years	Months	Days	If less than 1 day
	<b>49</b>	<b>7</b>	<b>4</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **35** yrs.  
10. Industry or Business **At Home** Date last worked  
11. Birthplace **Lincoln, Nebraska** (City or town) (State or foreign country)  
Mother { 12. Name **John Nothdurft**  
13. Birthplace **Pilot Knob, Missouri** (City or town) (State or foreign country)  
14. Maiden name **Marie Christ**  
15. Birthplace **Germany** (City or town) (State or foreign country)

16. Informant's OWN Signature **Edgar Capps**  
and Address **Blackfoot, Idaho**  
17. (a) **Burial** (b) Date thereof **1-10-48** (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: **Grove City Cemetery - Blft.**  
18. Funeral Director's OWN Signature **Howard Packham**  
and Address **Blackfoot, Idaho**

19. (a) **1-10-48** (b) **Mrs. Doretta C. Patric** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **January 8, 1948**  
at **2:55** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb 14, 1947** to **Jan 8, 1948**  
I last saw him alive on **Jan 7, 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Carcinoma** Duration **2 yrs**  
Due to **primary thyroid gland metastasis cervical lymph nodes,**  
Due to **intestinal tract and skeleton**  
Other conditions ☐  
(Include pregnancy within 3 months of death)

## Where was disease contracted? **Home**

- Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature **Dr. M. Egan & Co**  
and Address **Blackfoot, Idaho** Date **1-8-48** (M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 1 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 088  
Local Reg. No. 154  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hosp. So Stayed 443 days  
(g) Lived in this county 1 years 2 months 18 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 447 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME FORREST TREGO

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Edith Pearl 6. (c) Age of husband or wife if alive 57 (1941) years  
7. Date of Birth (Month, Day, Year) Sept. 4, 1887

8. AGE	Years	Months	Days	If less than 1 day
	60	2	27	hrs min.

9. Exact Occupation Farmer Did this work for 33 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked Aug. 18, 46  
11. Birthplace Kellogg, Idaho (City or town) (State or foreign country)

12. Name Charles Trego  
13. Birthplace Rock Island, Illinois (City or town) (State or foreign country)  
14. Maiden name Leona Leona Piores  
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature St. Hospital So.  
and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 1-6-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Shawland Cemetery

18. Funeral Director's OWN Signature Howard Packham  
and Address Blackfoot, Idaho

19. (a) 1-6-48 (b) Mrs. Walter E. Patrick  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 1 1948  
at 1:35 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Cardiac arrest Unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. H. Brown, M.D.  
(M. D. or other)

and Address Blackfoot, Idaho Date 1-2 1948

(For additional space, use reverse side)

W. H. Barre

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 28-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 17 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 089  
Local Reg. No. 185  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot.  
(c) Street Address or R.F.D. No. Box 390.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place city or town  
(f) Name Hosp. or Inst. St. Joseph's Stayed 5 days  
(g) Lived in this county years months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho. (b) County Bonneville.  
(c) City or town Idaho Falls, Idaho.  
(d) Street Address or R.F.D. No. 308 J. St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? city or town  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) city or town

## 3. (a) FULL NAME

Rose Harris

## 3. (b) If veteran,

name war name war

## 3. (c) Social Security

No. No.

5. Color or 5. Color or  
4. Sex F. race W.  
6. (b) Name of husband or wife 6. (b) Name of husband or wife  
7. Date of Birth (Month, Day, Year) March 21, 1886.

8. AGE	Years	Months	Days	If less than 1 day
	61	9	12	hrs min.

9. Exact Occupation Housewife Did this work for work for yrs.  
10. Industry or Business Business Date last worked Date last worked  
11. Birthplace Zurich, Switzerland. (City or town) (State or foreign country)

12. Name Gottfried Nageli  
13. Birthplace Zenger, Switzerland (City or town) (State or foreign country)  
14. Maiden name Not Given  
15. Birthplace Not Given (City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital South  
and Address Blackfoot, Idaho.

17. (a) Burial (b) Date thereof 1-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rose Hill Cemetery

18. Funeral Director's OWN Signature Jack A Wood  
and Address Idaho Falls, Idaho

19. (a) 1-8-48 (b) Mrs. Esther C. Patton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 3, 1948  
at 3:55 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1947, to Jan. 3, 1948.  
I last saw h.r. alive on Jan. 2, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Cardiovascular disease unk.

Due to Due to

Due to Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Name of operation Date Date

Major finding Major finding

Finding of autopsy Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Accident? Suicide? Suicide? Homicide? Homicide?

Occurred Occurred 19 19 City, county, state

where violence occurred where violence occurred

Place of Violence: Home Home Farm Farm Industry Industry

Public Place Public Place While at work? While at work?

Means of injury Means of injury

23. Attendant's OWN Signature H. H. Brown, M.D. (M. D. or other)

and Address Blackfoot, Idaho Date 1-3-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 090  
Local Reg. No. 156  
Reg. Dist. No. 600

JAN 17 1948

## 1. PLACE OF DEATH: DIVISION OF VITAL

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place city or town  
(f) Name Hosp. or Inst. Stayed 202 days  
(g) Lived in this county years 6 months 19 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Paul  
(d) Street Address or R.F.D. No. city or town  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

Eli John Thompson

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or  
4. Sex M race W.

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or  
wife

6. (c) Age of husband or wife if  
alive years

7. Date of Birth  
(Month, Day, Year)

1881.

8. AGE	Years	Months	Days	If less than 1 day
	67.			hrs min.

9. Exact Occupation Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Moscow, Iowa  
(City or town) (State or foreign country)

12. Name John W. Thompson

13. Birthplace Iowa  
(City or town) (State or foreign country)

14. Maiden name Kinnie Spistogole

15. Birthplace Not Given  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Records State Hospital South  
and Address Blackfoot, Idaho.

17. (a) Removal & Burial Date thereof 1-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Celox, Washington

18. Funeral Director's  
OWN Signature Howard P. Kham  
and Address Blackfoot, Idaho

19. (a) 1-7-48 (b) Mrs. Walter E. Petrie  
(Date received and filed) (Registrar's signature)

Th. Barnes

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Jan. 5, 1948  
at 10:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 16, 1947, to Jan. 5, 1948.

I last saw him alive on Jan. 5, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Bright's Disease  
Due to

Unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's

OWN Signature H. G. Brown, M.D.

(M. D. or other)  
and Address Blackfoot, Idaho Date 1-6-1948

(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JAN 17 1943

STATE OF IDAHO

State File No. 091  
Local Reg. No. 157  
Reg. Dist. No. 600

## 1. PLACE OF DEATH: DIVISION OF VITAL

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place city or town  
(f) Name Hosp. or Inst. Stayed 240 days  
(g) Lived in this county years 7 months 27 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. city or town  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Rupert, Idaho

3. (a) FULL NAME Mary Fisher

3. (b) If veteran, name war No.  
5. Color or No.  
4. Sex F race W  
6. (b) Name of husband or wife Charles  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Not Given Feb. 18 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>10</u>	<u>17</u>	hrs min.

9. Exact Occupation Housewife Did this work for  yrs.  
10. Industry or Business worked  
11. Birthplace Malet, Onedia, County, Idaho  
(City or town) (State or foreign country)

12. Name Edward Jinkens  
13. Birthplace Wales, England  
(City or town) (State or foreign country)  
14. Maiden name Annie Peterson  
15. Birthplace Not Given Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, State Hospital South  
and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 1-12-48  
(Burial, cremation or removal) (Month, Day, Year)  
(c) Place: Blackfoot, Idaho

18. Funeral Director's OWN Signature John C. Sanborn  
and Address Blackfoot, Idaho

19. (a) 1-12-48 (b) Mrs. Walter E. Peterson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 5 1948.  
at Between 2 A. clock A. M. & 5:15 A. M.

21. I HEREBY CERTIFY, That I attended deceased from May, 8, 1946, to Jan, 5 1948.  
I last saw her alive on Jan. 4, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio-renal disease Duration unknown

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury H.R. Brown, M.D.

23. Attendant's OWN Signature H.R. Brown, M.D.  
(M. D. or other) and Address Blackfoot, Idaho Date 1-6-1948.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

348  
State File No. 022  
Local Reg. No. 158  
Reg. Dist. No. 600

JAN 17 1948  
1. PLACE OF DEATH: DIVISION OF VITAL

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home    Hospital    Institution XX Other place     
(f) Name Hosp. or Inst.    Stayed 9 days  
(g) Lived in this county    years    months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls,  
(c) City or town Twin Falls,  
(d) Street Address or R.F.D. No. 330 Elm St.  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state)

3. (a) FULL NAME Lorothy Burks

3. (b) If veteran, name war    3. (c) Social Security No.     
5. Color or    6. (a) Single, widowed, married, divorced Married  
4. Sex F race W  
6. (b) Name of husband or wife Lee Burks 6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) June, 11, 1907.

8. AGE	Years	Months	Days	If less than 1 day
	40	6	25	hrs min.

9. Exact Occupation Housewife Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Kirksville, Missouri.  
(City or town) (State or foreign country)

12. Name Leonard Bellington  
13. Birthplace     
(City or town) (State or foreign country)  
14. Maiden name Eva Claybrook  
15. Birthplace     
(City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital South  
and Address Blackfoot, Idaho.

17. (a) Removal (b) Date thereof 1-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls, Idaho.

18. Funeral Director's OWN Signature Theresa E. Patton  
and Address Twin Falls, Idaho.

19. (a) 1-10-48 (b) Theresa E. Patton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 6, 1948  
at 10:10 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1947, to Jan. 6, 1948.  
I last saw her alive on Jan. 6, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration Unknown

Due to   

Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?    PHYSICIAN     
Name of operation    Date    Underline the cause to which death should be charged statistically.  
Major finding     
Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature Dr. H. Brown, M.D.  
(M. D. or other)     
and Address Blackfoot Date 1-7-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **993**  
Local Reg. No. **188**  
Reg. Dist. No. **600**

1. PLACE OF DEATH: **DIVISION OF VITAL STATISTICS**  
(a) County **Bingham**  
(b) City or town **Blackfoot**  
(c) Street Address or R.F.D. No. **P.O. Box 390**  
(d) Death Occurred Inside? **Outside?** city or town  
(e) Died in a Home **Hospital Institution** other place  
(f) Name Hosp. or Inst. **St. Hos. So St. 104 days**  
(g) Lived in this county **years 3 months 12 days**

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Gooding**  
(c) City or town **Wendell**  
(d) Street Address or R.F.D. No. **Box 217**  
(e) Deceased lived Inside? **Outside?** **X** city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **Life** years  
(h) Former residence (city, state) **None**

3. (a) FULL NAME **Eva Mae Anderson**

3. (b) If veteran, name war **No.**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **married**  
(b) Name of husband or wife **Ira Anderson**  
(c) Age of husband or wife if alive **65** years  
7. Date of Birth (Month, Day, Year) **Jan. 12, 1880**

8. AGE	Years	Months	Days	If less than 1 day
	<b>50</b>		<b>4</b>	hrs min.

9. Exact Occupation **housewife** Did this work for **Life** yrs.  
10. Industry or Business **Invalid** Date last worked **1940**  
11. Birthplace **Soldier Idaho**  
(City or town) (State or foreign country)

12. Name **Wendell Hastings**  
13. Birthplace **Wendell, Michigan**  
(City or town) (State or foreign country)  
14. Maiden name **Lorene West**  
15. Birthplace **Missouri**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **From files at St. Hos. So.**  
and Address **Boise, Idaho**

17. (a) **Removal** (b) Date thereof **1-16-48**  
(Burial, cremation, or removal) (Month, Day, Year)  
(c) Place: **Wendell, Idaho**

18. Funeral Director's OWN Signature **Harold Bright**  
and Address **Gooding, Idaho**

19. (a) **1-16-48** (b) **Thos. Theater & Patten**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Jan. 16, 1948**  
at **4:00 P.M.** o'clock **M.**  
21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h. **alive on** **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Thrombosis** Duration **Unknown**

Due to **Coronary Thrombosis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **H. H. Brown, M.D.**

and Address **Blackfoot, Idaho** Date **19**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

CIVIL DIVISION OF VITAL STATISTICS STATE OF IDAHO

# Certificate Of Death

1948  
State File No. 094  
Local Reg. No. 143  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot.  
(c) Street Address or R.F.D. No. Box 300  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital    Institution X Other place     
(f) Name Hosp. or Inst. St. Hospital Stayed 1964 days  
(g) Lived in this county 5 years 4 months 19 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot.  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside?    Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Eno Jonathan Gerdes

## 3. (b) If veteran,

name war   

## 3. (c) Social Security

No.   

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

4. Sex M. race W.

6. (c) Age of husband or wife if alive    years

## 7. Date of Birth

(Month, Day, Year) March 13, 1863.

## 8. AGE

Years

Months

Days

If less than 1 day

84

10

7

hrs min.

## 9. Exact Occupation

Retired Farmer

Did this work for    yrs.

## 10. Industry or Business

Date last worked 1945

## 11. Birthplace

HANOVER, GERMANY  
(City or town) (State or foreign country)

## 12. Name

Gerdes

## 13. Birthplace

No data  
(City or town) (State or foreign country)

## 14. Maiden name

No data

## 15. Birthplace

    
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Records State Hospital South  
and Address Blackfoot, Idaho.

## 17. (a) Burial

(Burial, cremation or removal) (Month) (Day) (Year)

## (c) Place:

Grave City Cemetery

## 18. Funeral Director's

OWN Signature Howard Packham  
and Address Blackfoot, Idaho

## 19. (a) 1-22-48

(Date received and filed)

## (b) Mrs. Victor C. Patie

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 131A 162B

## 20. DATE OF DEATH

(Month, Day, Year) Jan. 20, 19 48.  
at 2:00 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Aug. 7, 19 45, to Jan. 20, 19 48.  
I last saw him alive on Jan. 20, 19 48.; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Due to Cardioneephritis, Chr.

70 yrs

Due to Senility

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred    19    City, county, state where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

## 23. Attendant's

OWN Signature H. H. Brown (M. D. or other)

and Address Blackfoot, Idaho Date 1-21-48  
(For additional space, use reverse side)

M. Bureau



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

10AR 095  
State File No. \_\_\_\_\_  
Local Reg. No. 164  
Reg. Dist. No. 600

**1. PLACE OF DEATH:**

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Thoreson Lane  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 26 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. Thoreson Lane  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME** Helena Martin Doerr

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security \_\_\_\_\_  
name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color of \_\_\_\_\_ 6. (a) Single, widowed, married,  
4. Sex Female race White divorced Married  
6. (b) Name of husband or wife Michael Doerr 6. (c) Age of husband or wife if  
wife alive 76 years  
7. Date of Birth August 6, 1873  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>5</u>	<u>15</u>	hrs min.

9. Exact Occupation Housewife Did this work for 55 yrs.  
10. Industry or Business at home Date last worked 1/18/48  
11. Birthplace Westphalia, Michigan  
(City or town) (State or foreign country)

- Mother Father  
12. Name Conrad Martin  
13. Birthplace no date  
(City or town) (State or foreign country)  
14. Maiden name Lary Weber  
15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hyacinthe Ruzal  
and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 1/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grove City Cemetery, Blt.

18. Funeral Director's OWN Signature Howard Packham  
and Address Blackfoot, Idaho

19. (a) 1-23-48 (b) Mrs. Walter S. Pattee  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH January 21, 1948  
(Month, Day, Year) at 3:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1-20-48 to 1-21-48  
I last saw h. alive on 1-21-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 36 hrs.

- Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 19 City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. O. Humphreys  
(M. D. or other) and Address Blackfoot, Idaho Date 19  
(For additional space, use reverse side)

1948

096

State File No.

Local Reg. No. 165

Reg. Dist. No. 6

United States

Department of Commerce

Bureau of the Census

JAN 2 1948

## Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Bingham  
 (b) City or town Blackfoot  
 (c) Street Address or R.F.D. No. Box 390  
 (d) Death Occurred Inside? X Outside?    city or town  
 (e) Died in a Home    Hospital    Institution X Other place     
 (f) Name Hosp. or Inst. St. Hospt. So. Stayed 78 days  
 (g) Lived in this county    years 2 months 18 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
 (c) City or town Rupert  
 (d) Street Address or R.F.D. No.     
 (e) Deceased lived Inside?    Outside?    city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 42 years  
 (h) Former residence (city, state)

## 3. (a) FULL NAME Roy W. Kessinger

3. (b) If veteran, name war    No.     
 5. Color or race W.  
 6. (a) Single, widowed, married, divorced Single  
 6. (c) Age of husband or wife if alive    years  
 7. Date of Birth (Month, Day, Year) July 6, 1882

8. AGE	Years	Months	Days	If less than 1 day
	65	6	16	hrs min.

9. Exact Occupation Farmer Did this work for    yrs.  
 10. Industry or Business    Date last worked     
 11. Birthplace Breckenridge, Missouri  
       (City or town) (State or foreign country)  
 12. Name Golson, Kessinger  
 13. Birthplace Missouri  
       (City or town) (State or foreign country)  
 14. Maiden name Arvilla Swann  
 15. Birthplace Indiana  
       (City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital South  
 and Address Blackfoot Idaho

17. (a) Burial (b) Date thereof 1-22-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: Rupert, Idaho

18. Funeral Director's OWN Signature Howard Packham  
 and Address Blackfoot, Idaho

19. (a) 1-22-47 (b) Mr. Thaddeus Babie  
 (Date received and filed) (Registrar's signature)

Jn. Boreesen

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 22, 1948  
 at 6:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1947, to Jan. 22, 1948.  
 I last saw him alive on Jan. 21, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Chronic Cardiosclerosis Unk.

Due to   

Due to   

Other conditions (Include pregnancy within 3 months of death)   

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
 Occurred    19    City, county, state where violence occurred     
 Place of Violence: Home    Farm    Industry     
 Public Place    While at work?     
 Means of injury

23. Attendant's OWN Signature W. H. Brown, M.D.  
 (M. D. or other)

and Address Blackfoot, Idaho Date 1-22-48  
 (For additional space, use reverse side)

431

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

*Certified Copy*  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. **097**  
Local Reg. No. **166**  
Reg. Dist. No. **600**

**1. PLACE OF DEATH:**

- (a) County **Bingham**  
(b) City or town **Blackfoot**  
(c) Street Address or R.F.D. No. **State Hosp. So.**  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... **X** Other place...  
(f) Name Hosp. or Inst. Stayed **7** days  
(g) Lived in this county **0** years **0** months **7** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Jerome**  
(c) City or town **Eden**  
(d) Street Address or R.F.D. No. **Eden**  
(e) Deceased lived Inside? **X** Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? **19** years  
(h) Former residence (city, state)

**3. (a) FULL NAME Mrs. Evie Holston**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **518-24-5858**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Female** 6. (b) Name of husband or wife **L. E. Holston** 6. (c) Age of husband or wife if alive **50** years  
7. Date of Birth **November 4, 1899**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>48</b>	<b>2</b>	<b>20</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace **Mt. Home, Ark.**  
(City or town) (State or foreign country)

12. Name **J. A. Kasinger**  
13. Birthplace **Ark.**  
(City or town) (State or foreign country)  
14. Maiden name **Isabelle Taylor**  
15. Birthplace **Ark.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **L. E. Holston**  
and Address **Eden, Idaho**

17. (a) **Removal** (b) Date thereof **1/24/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Twin Falls, Idaho**

18. Funeral Director's OWN Signature **Sandberg Funeral Home**  
and Address **Blackfoot, Idaho**

19. (a) **1-24-48** (b) **Mrs. Esther P. [Signature]**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH  
(Month, Day, Year) **January 24, 1948** 19  
at **9:15** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from  
**Jan. 17, 1948** to **Jan. 24, 1948**  
I last saw h.er alive on **Jan. 24, 1948**; death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Cardiovascular disease **unk**

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **H. H. Brown, M.D.**  
(M. D. or other)  
and Address **Blackfoot, Idaho** Date **1-24-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

OFFICE OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. ....  
Local Reg. No. 166  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution X Other place...  
(f) Name Hosp. or Inst. St. Hosptl So. Stayed 7 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Eden  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Evie Holston

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race W.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife L.E. Holston  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Nov. 4, 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>2</u>	<u>20</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Int. Home, Ark.  
(City or town) (State or foreign country)

- Mother Father  
12. Name J.A. Maxinger  
13. Birthplace Not Given  
(City or town) (State or foreign country)  
14. Maiden name Taylor  
15. Birthplace Not Given  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital South  
and Address Blackfoot, Idaho

17. (a) Removed (b) Date thereof 1-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls, Idaho

18. Funeral Director's OWN Signature John C. Sanchez  
and Address Blackfoot, Idaho

19. (a) 1-24-48 (b) Mrs. Walter C. Pabst  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) January 24 1948  
at 9:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1948, to Jan. 24, 1948.  
I last saw her alive on Jan. 24, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Cardiovascular disease unkn.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H.H. Brown M.D.  
(M. D. or other)  
and Address Blackfoot, Idaho Date 1-24-48 48.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census FEB - 1948

*Group 699*  
**Certificate Of Death**

STATE OF IDAHO

State File No. **098**  
Local Reg. No. **167**  
Reg. Dist. No. **600**

**DIVISION OF VITAL**

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Bingham**  
(b) City or town **Blackfoot**  
(c) Street Address or R.F.D. No. **Box 390**  
(d) Death Occurred Inside? **X** Outside? **city or town**  
(e) Died in a Home **Hospital** Institution **X** Other place **city or town**  
(f) Name Hosp. or Inst. **St. Hospital South** Stayed **1103** days  
(g) Lived in this county **3** years **8** months **8** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **city or town**  
(e) Deceased lived Inside? **city or town** Outside? **city or town**  
(f) Citizen of what country? **city or town**  
(g) How long had deceased lived in Idaho? **city or town** years  
(h) Former residence (city, state) **city or town**

3. (a) FULL NAME **Jim Fong**

3. (b) If veteran, name war **No.**  
5. Color **Chinese** 6. (a) Single, widowed, married, divorced **divorced**  
4. Sex **M** race **Chinese**  
6. (b) Name of husband or wife **alive** 6. (c) Age of husband or wife if alive **years**

7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
				hrs min.

9. Exact Occupation **Did this work for yrs.**  
10. Industry or Business **Date last worked**  
11. Birthplace (City or town) (State or foreign country)

- Mother Father  
12. Name **Blackfoot, Idaho**  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name **Blackfoot, Idaho**  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature **Records State Hospital South**  
and Address **Blackfoot, Idaho**

17. (a) **Burial** (b) Date thereof **1-28-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **St. Hospital South**

18. Funeral Director's OWN Signature **L. J. Yancy**  
and Address **Blackfoot, Idaho**

19. (a) **1-28-48** (b) **W. H. Hester**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **Jan. 27, 1948**  
(Month, Day, Year) at **6:20** o'clock **A.** M.  
21. I HEREBY CERTIFY, That I attended deceased from **Aug. 7, 1945, to Jan. 27, 1948**

I last saw him alive on **Jan. 27, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral hemorrhage** Duration **24 hrs.**

Due to **Due to**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**  
Name of operation **Date** Underline the cause to which death should be charged statistically.  
Major finding **Finding of autopsy**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **19** Suicide? **19** Homicide? **19**  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home **19** Farm **19** Industry **19**  
Public Place **19** While at work? **19**

- Means of injury **23. Attendant's OWN Signature** **H. H. Brown, M.D.** (M. D. or other)  
and Address **Blackfoot, Idaho** Date **1-27-48** 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB - 5 1948 **Certificate Of Death**  
OF VITAL STATE OF IDAHO

State File No. **099**  
Local Reg. No. **168**  
Reg. Dist. No. **400**

1. PLACE OF DEATH:

- (a) County Pingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 390.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution ☒ Other place...  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 944 days  
(g) Lived in this county 2 years 7 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Camas  
(c) City or town Fairfield  
(d) Street Address or R.F.D. No. Fairfield  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 67 years  
(h) Former residence (city, state) Williamsberg Ohio

3. (a) FULL NAME

Annie Laurie Bown

3. (b) If veteran,  
name war

3. (c) Social Security

name war ----

No. -----

5. Color or

6. (a) Single, widowed, married,

4. Sex female race white divorced widowed

6. (b) Name of husband or wife Franklin Joseph 6. (c) Age of husband or wife if alive deceased years

7. Date of Birth

(Month, Day, Year) June 12, 1867

8. AGE

Years

Months

Days

If less than 1 day

80

7

17

hrs

min.

9. Exact

Occupation Housewife

Did this

work for life yrs.

10. Industry or

Business

Date last

worked 1940

11. Birthplace

Williamsberg, Ohio

(City or town)

(State or foreign country)

12. Name

John White

13. Birthplace

Williamsberg, Ohio

(City or town)

(State or foreign country)

14. Maiden name

Sarah Hartman

15. Birthplace

Williamsberg, Ohio

(City or town)

(State or foreign country)

16. Informant's

OWN Signature Harold W. Bown

and Address

Gooding, Idaho

17. (a) burial

(Burial, cremation, or removal)

(b) Date thereof 1/31/48

(Month) (Day) (Year)

(c) Place: Fairfield, Idaho

18. Funeral Director's

OWN Signature Harold Bright

and Address

Gooding, Idaho

19. (a) 1-29-48

(Date received and filed)

(b) Mrs. Walter E. Patton

(Registrar's signature)

M. B. Bensen

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Jan. 29, 1948  
at 1 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from

Aug. 7, 1945, to Jan. 29, 1948.  
I last saw h. af. alive on Jan. 28, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Cerebral hemorrhage

unkn.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's

OWN Signature H. H. Brown M.D.

(M. D. or other)

and Address Blackfoot, Idaho Date 1-29-1948

(For additional space, use reverse side)

State File No. 100  
Local Reg. No. 169  
Reg. Dist. No. 600

United States  
Department of Commerce **Certificate Of Death**  
Bureau of the Census **STATE OF IDAHO**

1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. #2  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 42 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state)

3. (a) FULL NAME David Chamberlain

3. (b) If veteran, name war    No.     
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alice Bitton 6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) September 21, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>4</u>	<u>9</u>	hrs min.

9. Exact Occupation Sheep Shearer Did this work for 30 yrs.  
10. Industry or Business    Date last worked June 1947  
11. Birthplace Orderville, Utah  
(City or town) (State or foreign country)  
Mother { 12. Name Thomas Chamberlain  
13. Birthplace TOOELE UTAH  
(City or town) (State or foreign country)  
14. Maiden name Laura Packrell  
15. Birthplace BRANTFORD UTAH  
(City or town) (State or foreign country)  
16. Informant's OWN Signature Alice Chamberlain  
and Address Blackfoot, Idaho  
17. (a) Burial (b) Date thereof 2-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Riverside-Thomas Cemetery  
18. Funeral Director's OWN Signature Howard Packham  
and Address Blackfoot, Idaho  
19. (a) 2-2-48 (b) Mrs. Walter E. Patis  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 30, 1948  
(Month, Day, Year)  
at 10:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 1947, to 30 Jan 1948  
I last saw him alive on 10 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Adverse reaction of liver, stomach and intestines Duration 18 Mo.

Due to presenting nodes

Due to     
Other conditions (Include pregnancy within 3 months of death)   

Where was disease contracted?    PHYSICIAN  
Name of operation    Date     
Major finding     
Finding of autopsy     
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury   

23. Attendant's OWN Signature Samuel A. Moore, M.D.  
(M. D. or other)  
and Address Blf't., Ida. Date 2 Feb 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

JAN 16 1948

State File No. 101  
Local Reg. No. 1  
Reg. Dist. No. 410

## 1. PLACE OF DEATH

- (a) County Blaine  
(b) City or town Hailey  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. .... Stayed ☐ days  
(g) Lived in this county 6 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## DIVISION OF VITALS Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Lifetime years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Clato

H. Lloyd

093D

3. (b) If veteran, name war ☒ No. None  
5. Color or W 6. (a) Single, widowed, married, divorced widowed  
4. Sex m race W  
6. (b) Name of husband or wife W 6. (c) Age of husband or wife if alive ✓ years  
7. Date of Birth (Month, Day, Year) Feb 8 - 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>10</u>	<u>25</u>	hrs min.

9. Exact Occupation Butcher Did this work for 30 yrs.  
10. Industry or Business Butcher Date last worked Jan 1940  
11. Birthplace Stanberry, Mo. (City or town) (State or foreign country)

- Mother Father  
12. Name Alva C. Floyd  
13. Birthplace Kentucky (City or town) (State or foreign country)  
14. Maiden name Sarah Ellen Ballard  
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Kenneth C. Floyd  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof 1-6-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Hailey, Idaho

18. Funeral Director's OWN Signature Robert H. Wright  
and Address Hailey, Idaho

19. (a) 1-13-1948 (b) Robert H. Wright  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 3 1948  
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb - 24 1942 to 1-3 1948

I last saw him alive on 1-3 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Nephritis Duration 4 weeks

Due to Chronic Myocarditis 3 yrs

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? Home

Name of operation none Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury .....

23. Attendant's OWN Signature Robert H. Wright - MD

and Address Hailey, Idaho (M. D. or other) Date 12 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate of Death

STATE OF IDAHO  
JAN 1948

1948  
State File No. 102  
Local Reg. No. 2  
Reg. Dist. No. 410

## 1. PLACE OF DEATH:

- (a) County Blaine
- (b) City or town Hailey
- (c) Street Address or R. F. D. No. \_\_\_\_\_
- (d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town
- (e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_
- (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
- (g) Lived in this county 26 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine
- (c) City or town Hailey
- (d) Street Address or R.F.D. No. \_\_\_\_\_
- (e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 69 years
- (h) Former residence (city, state) Lewiston, Idaho

## 3. (a) FULL NAME

Thomas Edgar Kitzmiller

093D

- 3. (b) If veteran, name war ☒ No. 518-18-5397
- 5. Color or race w
- 6. (a) Single, widowed, married, divorced married
- 6. (b) Name of husband or wife Tillie
- 6. (c) Age of husband or wife if alive 64 years
- 7. Date of Birth (Month, Day, Year) June 14, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>6</u>	<u>20</u>	hrs min.

- 9. Exact Occupation printer Did this work for \_\_\_\_\_ yrs.
- 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
- 11. Birthplace Chatanooga, Tenn. (City or town) (State or foreign country)
- 12. Name Thomas E. Kitzmiller
- 13. Birthplace Logan, Ohio (City or town) (State or foreign country)
- 14. Maiden name Margaret Edge
- 15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature Tillie M. Kitzmiller  
and Address Hailey, Idaho

- 17. (a) Burial (b) Date thereof 1-7-48  
(Burial, cremation or removal) (Month) (Day) (Year)
- (c) Place: Hailey, Idaho

18. Funeral Director's OWN Signature Henry J. Harris  
and Address Hailey, Idaho

- 19. (a) 1-13-1948 (b) Robert H. Wright  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

- 20. DATE OF DEATH (Month, Day, Year) Jan. 4 1948  
at 8:30 o'clock P.M.

- 21. I HEREBY CERTIFY, That I attended deceased from Jan 2 1948, to Jan 4 1948  
I last saw h. alive on Jan 4, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chronic Myocarditis Duration 40 yrs  
and myocardial degeneration

- Due to \_\_\_\_\_
- Due to \_\_\_\_\_
- Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? UNKNOWN

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

- 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Harvey B. Bruckstein MD  
(M. D. or other)  
and Address Hailey, Idaho Date Jan 8, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 23 1949  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

103

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Parma  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 29 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Homer Cleveland Dwight

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. 518-09-3840  
name war \_\_\_\_\_

4. Sex M 5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, \_\_\_\_\_  
race W divorced M

6. (b) Name of husband or \_\_\_\_\_ 6. (c) Age of husband or wife if  
wife Hattie Dwight alive \_\_\_\_\_ years

7. Date of Birth January 9-1883  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>0</u>	<u>7</u>	hrs min.

9. Exact Occupation Produce Dealer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Nampa Creamery Date last worked \_\_\_\_\_

11. Birthplace De Smet, South Dakota  
(City or town) (State or foreign country)

12. Name Dan Dwight

13. Birthplace Pennsylvania  
(City or town) (State or foreign country)

14. Maiden name Frances Amelia Owen

15. Birthplace Beloit, Wisconsin  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hattie S. Dwight

and Address Parma, Idaho

17. (a) Burial (b) Date thereof 1-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Parma, Idaho

18. Funeral Director's OWN Signature Peckham-Dakan Chapel

and Address Caldwell, Idaho

19. (a) 1-21-48 (b) W.B. Adams  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 16- 19 48  
(Month, Day, Year)  
at 2:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 16 1948, to Jan 16 1948  
I last saw him alive on Jan 16 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

Coronary Thrombosis

Due to Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature W.M. Mitchell

and Address Parma, Idaho Date 1-19-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB - 3 1948  
Certificate Of Death  
STATE OF IDAHO

State File No. 104  
Local Reg. No. 6  
Reg. Dist. No. 410

1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Petchum  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 57 years 2 months 25 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Petchum  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 57 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Charles Thomas Venable

200C

3. (b) If veteran, \_\_\_\_\_

3. (c) Social Security

name war ☒

No. 519-01-0933

5. Color or \_\_\_\_\_

6. (a) Single, widowed, married, divorced married

4. Sex m race w

6. (b) Name of ~~husband~~ or wife Anna M.

6. (c) Age of ~~husband~~ or wife if alive 67 years

7. Date of Birth (Month, Day, Year)

Oct. 28, 1890

8. AGE

Years	Months	Days	If less than 1 day
<u>57</u>	<u>2</u>	<u>25</u>	hrs min.

9. Exact

Occupation laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business

Date last worked \_\_\_\_\_

11. Birthplace

Petchum Idaho  
(City or town) (State or foreign country)

12. Name

Charles S. Venable

13. Birthplace

Petchum  
(City or town) (State or foreign country)

14. Maiden name

Francis Berry

15. Birthplace

San Francisco Calif.  
(City or town) (State or foreign country)

16. Informant's

OWN Signature Frank B. Venable  
and Address Petchum, Idaho

17. (a)

(Burial, cremation, or removal) (b) Date thereof 1-19-48  
(Month) (Day) (Year)

(c) Place:

Petchum Idaho

18. Funeral Director's

OWN Signature Larry J. Harris  
and Address Hailey, Idaho

19. (a)

(Date received and filed) 2-4-1948 (b) Robert H. Wright  
(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Jan. 16 19 48  
at 6:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

Do not attend I last saw deceased alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Pronounced man dead  
at 6:30 P.M. 1/16/48

CAUSE NOT ESTABLISHED.  
Due COUNTY CORONER notified.

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged stat-  
istically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury

23. Attendant's

OWN Signature No evidence of violence  
John P. Morgan

and Address Hailey, Idaho

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
STATE OF IDAHO

State File No. **105**  
Local Reg. No. **3**  
Reg. Dist. No. **410**

**1. PLACE OF DEATH:**

- (a) County **Blain**  
(b) City or town **Hailey**  
(c) Street Address or R. F. D. No. **Main St.**  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Inst. **Fox Hospital** ... **1** days  
(g) Lived in this county ..... years ..... months ..... **1** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Custer**  
(c) City or town **Stanley**  
(d) Street Address or R.F.D. No. **Stanley**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **48** years  
(h) Former residence (city, state) **Colfax, Calif**

**3. (a) FULL NAME**

**Henry John Middleton**

3. (b) If veteran, name war **no**  
5. Color or race **white**  
6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **January 29, 1876**

8. AGE	Years	Months	Days	If less than 1 day
	<b>71</b>	<b>11</b>	<b>25</b>	hrs min.

9. Exact Occupation **Mining & Farming** Did this work for **life** yrs.  
10. Industry or Business Date last worked **1/21/48**  
11. Birthplace **Weston, Nebraska**  
(City or town) (State or foreign country)

12. Name **Silas Middleton**  
13. Birthplace **Wilksberg, Pennsylvania**  
(City or town) (State or foreign country)  
14. Maiden name **Elizebeth Hedsell**  
15. Birthplace **Wilksberg, Pennsylvania**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mary E. Martin**  
and Address **Hagerman, Ida**  
17. (a) **burial** (b) Date thereof **1/26/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Hagerman, Idaho**

18. Funeral Director's OWN Signature **H. P. Bright**  
and Address **Hailey, Idaho**  
19. (a) **2-4-1948** (b) **Robert H. Wright**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** **111C**

20. DATE OF DEATH **1-23-1948**  
(Month, Day, Year) at **6:10** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **1/22/48** to **1/23/48**  
I last saw him alive on **1-23-1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocarditis** Duration

Due to **terminal pneumonia** **6 days**

Due to **Chorea**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19..... City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **E. W. J.**  
and Address **Hailey, Idaho** (M. D. or other) Date **2/27/48**  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

FEB - 6 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **106**  
Local Reg. No. **5**  
Reg. Dist. No. **410**

## 1. PLACE OF DEATH:

- (a) County **Blaine**  
(b) City or town **Hailey**  
(c) Street Address or R. F. D. No. **701**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **HA** Stayed **1** days  
(g) Lived in this county **48** years **48** months **48** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Blaine**  
(c) City or town **Hailey**  
(d) Street Address or R.F.D. No. **701**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **48** years  
(h) Former residence (city, state) **Vt.**

## 3. (a) FULL NAME

**Annie C. Coates**

**083A**

3. (b) If veteran, name war **no** No. **none**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Joseph** 6. (c) Age of husband or wife if alive **74** years  
7. Date of Birth (Month, Day, Year) **March 9 1874**

8. AGE	Years	Months	Days	If less than 1 day
	<b>73</b>	<b>9</b>	<b>14</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **1 1/2** yrs.  
10. Industry or Business **Home** Date last worked **1 1/2**  
11. Birthplace **Mt Pleasant Vt.** (City or town) (State or foreign country)  
12. Name **James Gunderson**  
13. Birthplace **Norway** (City or town) (State or foreign country)  
14. Maiden name **Myria Peterson**  
15. Birthplace **Sw. Denmark** (City or town) (State or foreign country)

16. Informant's OWN Signature **Joseph Coates**  
and Address **Carey Idaho**  
17. (a) **Burial** (b) Date thereof **March 10 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Carey Idaho**  
18. Funeral Director's OWN Signature **Robert A. Wright**  
and Address **Hailey Idaho**  
19. (a) **2-4-1948** (b) **Robert A. Wright**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **1-23 1948**  
at **4** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **1-17 1948** to **1-23 1948**  
I last saw **has** alive on **1-23 1948**; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death **Cerebral Hemorrhage** Duration **10 days**  
Due to **Hypertension**  
Due to **Brain**  
Other conditions **Arteriosclerosis** (Include pregnancy within 3 months of death) **10 days**

- Where was disease contracted? **Physician**  
Name of operation **Underline**  
Major finding **the cause to which death should be charged statistically.**  
Finding of autopsy **Physician**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state where violence occurred **Carey Idaho**  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury **Stroke**  
23. Attendant's OWN Signature **E. W. Fox**  
and Address **Hailey Idaho** (M. D. or other) **1-23 1948**  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

JAN 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 107  
Local Reg. No. /  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 514 N. Second  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place community  
(f) Name Hosp. or Inst. Community Stayed 22 hrs  
(g) Lived in this county 0 years 0 months 22 hrs

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 1303 Church St  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 22 hrs  
(h) Former residence (city, state)

## 3. (a) FULL NAME JAMES EDWARD GURNEY

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive  years  
7. Date of Birth (Month, Day, Year) January 2, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>22</u> hrs min.

9. Exact Occupation None Did this work for  yrs.  
10. Industry or Business  Date last worked   
11. Birthplace Sandpoint, Idaho.  
(City or town) (State or foreign country)

12. Name Charles Gurney  
13. Birthplace Pasadena, Cal.  
(City or town) (State or foreign country)  
14. Maiden name Florence Damster  
15. Birthplace St. Louis, Mo.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Chas E Gurney  
and Address 1303 Church St Sandpoint, Idaho

17. (a) Burial (b) Date thereof Jan 5, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO

19. (a) Jan 5, 1948 (b) Spencer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 3, 1948  
(Month, Day, Year) at 1:30 o'clock p. M.  
21. I HEREBY CERTIFY, That I attended deceased from Jan 2 1948 to Jan 3 1948  
I last saw him alive on Jan 3 1948 death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Thrombosis in heart Duration   
Due to Chorea during 6 1/2 yrs  
Due to   
Other conditions   
(Include pregnancy within 3 months of death)

- Where was disease contracted?  PHYSICIAN   
Name of operation  Date   
Major finding  Underline the cause to which death should be charged statistically.  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature Wm J Lyke  
and Address Sandpoint, Ida. Date Jan 5, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECORDED  
JAN 30 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 108  
Local Reg. No. 2  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Community** Stayed **2** days  
(g) Lived in this county **20** years **2** months **2** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **County Farm**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **20** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**JOHN FORRESTAL**

3. (b) If veteran, name war **None**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **--**  
6. (c) Age of husband or wife if alive **--** years  
7. Date of Birth (Month, Day, Year) **February 28, 1858**

8. AGE	Years	Months	Days	If less than 1 day
	<b>89</b>	<b>10</b>	<b>5</b>	hrs min.

9. Exact Occupation **Woodsmen** Did this work for **11** yrs.  
10. Industry or Business **Logging** Date last worked **1936**  
11. Birthplace **Wisconsin** (City or town) (State or foreign country)  
Mother { 12. Name **no record**  
13. Birthplace **no record** (City or town) (State or foreign country)  
14. Maiden name **no record**  
15. Birthplace **no record** (City or town) (State or foreign country)

16. Informant's OWN Signature **[Signature]**  
and Address **Sandpoint, Idaho.**

17. (a) **Burial** (b) Date thereof **Jan. 5, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO**

19. (a) **Jan. 5, 1948** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **January 3, 1948**  
(Month, Day, Year) at **4:35** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 1, 1948** to **Jan 3, 1948**  
I last saw him alive on **Jan 2, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **chronic Myocarditis** Duration **2 yrs.**

Due to **Witness Schmalzer** 5 yrs.

Due to **Other conditions**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**  
Name of operation **Date** Underline the cause to which death should be charged statistically.  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature **Wm. F. Saylor M.D.**  
(M. D. or other)  
and Address **Sandpoint, Idaho** Date **1-5-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 20 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

148  
State File No. **109**  
Local Reg. No. **4**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **5th & Pine**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **39** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Kootenai**  
(d) Street Address or R.F.D. No. ☐  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **39** years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

**FRANKLIN S. BONNER**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Vera Bonner** 6. (c) Age of husband or wife if alive **53** years  
7. Date of Birth **SEPT. 26, 1884**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>63</b>	<b>3</b>	<b>19</b>	hrs min.

9. Exact Occupation **Probate Judge** Did this work for **5** yrs.  
10. Industry or Business **Bonner County** Date last worked **Jan. 14, 1947**  
11. Birthplace **MISSOULA, MONTANA.**  
(City or town) (State or foreign country)

12. Name **FRANCIS EDWARD BONNER**  
13. Birthplace **ARMSTRONG, CANADA.**  
(City or town) (State or foreign country)  
14. Maiden name **SARAH ELLEN BROWN RIGG**  
15. Birthplace **SAGINAW, MICHIGAN.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature *F. S. Bonner*  
and Address **513 Poplar St. Sandpoint, Ida.**

17. (a) **Burial** (b) Date thereof **Jan. 17, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **SANDPOINT, IDAHO.**

18. Funeral Director's OWN Signature *MOON MORTUARY*  
and Address **SANDPOINT, IDAHO.**

19. (a) **Jan. 17, 1948** (b) *James E. Moon*  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **January 14th.** 19 **48**  
(Month, Day, Year) at **7:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Oct 1944** to **Jan 14 1948**.  
I last saw him alive on **Jan 14 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Angina Pectoris** Duration **5 years**

Due to ☐

Due to ☐  
Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐  
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred ☐  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature *B. E. K. M. D.*  
(M. D. or other)  
and Address **Sandpoint, Ida.** Date **1-20 1948**  
(For additional space, use reverse side)



United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
JAN 2 1948  
DIVISION OF VITAL STATE OF IDAHO

**1. PLACE OF DEATH:**

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 514 N. Second  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Community Stayed 1 hrs  
(g) Lived in this county 2 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 511 N. Second  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Montana

**3. (a) FULL NAME ERNEST PARADIS**

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Date of Birth (Month, Day, Year) January 5, 1985

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>0</u>	<u>12</u>	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.  
10. Industry or Business Own Farm Date last worked 1-17-48  
11. Birthplace QUEBECK, CANADA (City or town) (State or foreign country)

12. Name JOSEPH PARADIS  
13. Birthplace QUEBECK Canada (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace QUEBEC, CANADA. (City or town) (State or foreign country)

16. Informant's OWN Signature Ernest Paradis  
and Address 1012 N. 41 St. Seattle WA

17. (a) BURIAL (b) Date thereof JAN. 21, 1948  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT IDAHO

19. (a) Jan. 21, 1948 (b) Rebecca D. Moon  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) January 17, 1948  
at 5:10 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1948 to Jan 17, 1948  
I last saw him alive on Jan 17, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 1 hr

Due to Coronary Thrombosis

Due to Coronary Thrombosis  
Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease contracted? None  
Name of operation None Date None  
Major finding None  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred None 19 None City, county, state  
where violence occurred None  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's OWN Signature Wm F. Lykes MD (M. D. or other)  
and Address Sandpoint, Idaho Date Jan 21, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1540-773  
State File No. 111  
Local Reg. No. 13  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 514 N. Second  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Community Stayed 19 days  
(g) Lived in this county 0 years 7 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Kootenai  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 7 Mo. years  
(h) Former residence (city, state) California

## 3. (a) FULL NAME

MARIA OCTAVIA HANCOCK

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) June 26, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>6</u>	<u>23</u>	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.  
10. Industry or Business Own Home Date last worked Dec. 1947  
11. Birthplace Power Town County, Virginia  
(City or town) (State or foreign country)

- Mother Father  
12. Name no record  
13. Birthplace no record  
(City or town) (State or foreign country)  
14. Maiden name no record  
15. Birthplace no record  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. C. J. Paulson  
and Address Kootenai, Idaho.

17. (a) Removal (b) Date thereof Jan. 24, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Spokane, Washington.

18. Funeral Director MOON MORTUARY  
OWN Signature [Signature]  
and Address SANDPOINT IDAHO

19. (a) Jan. 24, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) January 19th 1948  
at 12:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1948 to Jan 19, 1948  
I last saw her alive on Jan 18, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic myocardiopathy Duration 1 yr  
Due to Arteriosclerosis 5 yr

Due to Fracture left femur  
Other conditions (Include pregnancy within 3 months of death) Jan 1, 1948

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....  
Occurred Jan 1, 1948 City, county, state Kootenai, Bonner Co. Id.  
where violence occurred Home Farm ..... Industry .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury Fall down

23. Attendant's OWN Signature Mr. F. Tyler MD  
(M.D. or other)  
and Address Sandpoint, Idaho Jan 21, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 112  
Local Reg. No. 10  
Reg. Dist. No. 110

## 1. PLACE OF DEATH OR OF VITAL

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 602 N. 4th Ave  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 27 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 602 N. 4th Ave  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME DAVID LEROY PARKS

3. (b) If veteran, name was None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Mary Parks  
6. (c) Age of husband or wife if alive 73 years  
7. Date of Birth (Month, Day, Year) October 2, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>3</u>	<u>21</u>	hrs min.

9. Exact Occupation Labor Did this work for life yrs.  
10. Industry or Business General Date last worked 1942  
11. Birthplace Cedar Rapids, Iowa.  
(City or town) (State or foreign country)

12. Name David Parks  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Sarah Parkhurst  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Vera H. Sale  
and Address Priest River, Idaho.

17. (a) Burial (b) Date thereof Jan. 26, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO

19. (a) Jan. 26, 1948 (b) Louisa B. Moon  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH January 23, 1948  
(Month, Day, Year) at 4:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 18 to Jan 23 1948  
I last saw him alive on Jan 20, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Pneumonia Duration 4 days

Due to Prostate 2 yrs

Due to \_\_\_\_\_  
Other conditions Myocarditis 3 yrs  
(Include pregnancy within 3 months of death) 2nd day pneumonia 2 yrs

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wm F. Tyler M.D.  
(M. D. or other) and Address Sandpoint, Ida. Date Jan. 26, 1948  
(For additional space, use reverse side)

informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 20 1948  
**Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

State File No. **113**  
Local Reg. No. **11**  
Reg. Dist. No. **110**

1. PLACE OF DEATH:

(a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. 2nd**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home, Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or **Community** Stayed **22** days  
(g) Lived in this county **0** years **0** months **22** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **501 N. 4th Ave.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **22 days**  
(h) Former residence (city, state)

3. (a) FULL NAME **ROSCOE EDWARD BROWN**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male** 6. (b) Name of husband or wife **---** 6. (c) Age of husband or wife if alive **---** years  
7. Date of Birth (Month, Day, Year) **January 2, 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>22</b>	hrs min.

9. Exact Occupation **None** Did this work for **---** yrs.  
10. Industry or Business **---** Date last worked **---**  
11. Birthplace **Sandpoint, Idaho.**  
(City or town) (State or foreign country)

12. Name **Joseph Brown Jr.**  
13. Birthplace **Stollins, West Virginia.**  
(City or town) (State or foreign country)  
14. Maiden name **Alice Lenore De Mers**  
15. Birthplace **Sandpoint, Idaho.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Joseph Brown Jr.**  
and Address **5017 4th Ave Sandpoint, Idaho**

17. (a) **Burial** (b) Date thereof **Jan. 27, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO**

19. (a) **Jan. 27, 1948** (b) **Lawrence E. Moon**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **January 24th 1948**  
at **6:00** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from **January 2, 1948**, to **January 29, 1948**.  
I last saw him alive on **January 25, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Congenital Debility** Duration **22 days**

Due to **---**

Due to **---**

Other conditions (Include pregnancy within 3 months of death) **---**

Where was disease contracted? **---** PHYSICIAN

Name of operation **---** Date **---** Underline

Major finding **---** the cause to

Finding of autopsy **---** which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **---** Suicide? **---** Homicide? **---**

Occurred **---** 19 **---** City, county, state

where violence occurred **---**

Place of Violence: Home **---** Farm **---** Industry **---**

Public Place **---** While at work? **---**

Means of injury **---**

23. Attendant's OWN Signature **William E. Peterson, M.D.**  
(M. D. or other)

and Address **Sandpoint, Ida.** Date **Jan. 27, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 114  
Local Reg. No. 110  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 401 Lake Street  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 50 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 401 Lake Street  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME ROBERT MAKENSON

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
4. Sex Male 6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive 77 years  
7. Date of Birth (Month, Day, Year) December 25, 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>88</u>	<u>1</u>	<u>0</u>	hrs min.

9. Exact Occupation Woodsmen Did this work for life yrs.  
10. Industry or Business Lumbering Date last worked 1931  
11. Birthplace Michigan (City or town) (State or foreign country)

12. Name no record  
13. Birthplace no record (City or town) (State or foreign country)  
14. Maiden name no record  
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's OWN Signature Anna Ellenberger  
and Address Walla Walla, Washington.

17. (a) Burial (b) Date there Jan. 27, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature Moon Mortuary  
and Address Sandpoint, Idaho.

19. (a) Jan. 27, 1948 (b) Anna Ellenberger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 111C

20. DATE OF DEATH (Month, Day, Year) January 25th 1948  
at 1:30 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1948 to Jan. 25, 1948  
I last saw him alive on Jan. 25, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Myocardial Infarction Duration 3 days

Due to Chronic Myocarditis 1 yr

Due to Arteriosclerosis 5 yr

Other conditions (Include pregnancy within 6 months of death) Arteriosclerosis

Where was disease contracted? Physician  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred. 19 City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury Throat

23. Attendant's OWN Signature Wm F. Lytle M.D.  
and Address Sandpoint, Ida. (M. D. or other) Jan 27 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
JAN 12 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 115  
Local Reg. No. 1-48  
Reg. Dist. No. 112

1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Pratt River  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Pratt River  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

ELIZABETH WALDO MEARS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) September 25, 1883

8. AGE	Years	Months	Days	If less than 1 day
<u>6</u>	<u>64</u>	<u>3</u>	<u>10</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 40 yrs.

10. Industry or Business Own home Date last worked 1946

11. Birthplace Shawano Wisconsin (City or town) (State or foreign country)

12. Name Howard B. Mearns

13. Birthplace Shawano Wisconsin (City or town) (State or foreign country)

14. Maiden name Lucy Josephine Mearns

15. Birthplace Shawano Wisconsin (City or town) (State or foreign country)

16. Informant's OWN Signature Lucy E. Beardner and Address Pratt River, Idaho

17. (a) burial (b) Date thereof 1 8 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pratt River, Idaho

18. Funeral Director's OWN Signature E. F. Stiles and Address Sandpoint, Idaho

19. (a) 1 5 48 (b) A. H. Veach (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 3 1948 at 1:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 8 1947 to Jan 3 1947. I last saw her alive on Nov 17 1947; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

coronary occlusion Duration, 20 minutes

Due to arteriosclerosis 10 years

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Leslie J. Stauffer, M.D.

and Address Pratt River, Idaho Date 1 3 1948

(For additional space, use reverse side)

1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R. F. D. No. **R.F.D. 1**  
(d) Death Occured Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **41** Stayed ☐ days  
(g) Lived in this county **41** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **R.F.D. 1**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **41** years  
(h) Former residence (city, state)

3. (a) FULL NAME **RUDOLPH GILGEN**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** 6. (b) Name of husband or wife **Marie Gilgen** 6. (c) Age of husband or wife if alive **71** years  
7. Date of Birth (Month, Day, Year) **JULY 12, 1868**

8. AGE	Years	Months	Days	If less than 1 day
	<b>79</b>	<b>6</b>	<b>1</b>	hrs min.

9. Exact Occupation **FARMER** Did this work for **Life** yrs.  
10. Industry or Business **OWN FARM** Date last worked **Jan. 12, 1948**  
11. Birthplace **SCHANTENBURG, SWITZERLAND.** (City or town) (State or foreign country)

12. Name **PETER GILGEN**  
13. Birthplace **SWITZERLAND** (City or town) (State or foreign country)  
14. Maiden name **ELIZABETH**  
15. Birthplace **SWITZERLAND** (City or town) (State or foreign country)

16. Informant's **J. H. M. Jensen**  
OWN Signature **R.F.D. 1 SANDPOINT, IDAHO.**  
and Address

17. (a) **BURIAL** (b) Date thereof **JAN. 15, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **SANDPOINT, IDAHO.**

18. Funeral Director's **MOON MORTUARY**  
OWN Signature **SANDPOINT, IDAHO.**  
and Address

19. (a) **Jan. 15, 1948** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **January 13th 1948**  
(Month, Day, Year) at **9:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h. ☐ alive on **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Gunshot Wound in Head** Duration

Due to **Suicide by Firearms**

Due to **Suicide by Firearms**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **none** Date **Jan. 13, 1948**  
Name of operation **none** Major finding **None Performed**  
Finding of autopsy **None Performed**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide ☒ Homicide? ☐  
Occurred **Jan. 13, 1948** 19 **48** City, county, state where violence occurred **Sandpoint, Bonner Co. Idaho**  
Place of Violence: Home ☒ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☒ no  
Means of injury **Suicide by Firearms**

23. Attendant's **[Signature]** CORONER  
OWN Signature **Sandpoint, Idaho** (M. D. or other)  
and Address **1-15-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 23 1948

OFFICE OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 117  
Local Reg. No. 5  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Blanchard  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home? X Hospital? ..... Institution? ..... Other place? .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 13 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Blanchard  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME

WILLIAM WARREN GEAUDREAU

## 3. (b) If veteran,

name war WW 1

## 3. (c) Social Security

No. 518-03-5074

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth

(Month, Day, Year) September 15, 1894

## 8. AGE

Years	Months	Days	If less than 1 day
<u>53</u>	<u>4</u>	<u>0</u>	hrs min.

## 9. Exact Occupation

Sawmill Owner Did this work for 3 yrs.

## 10. Industry or Business

Lumbering Date last worked 1-2-1948

## 11. Birthplace

Penrith, Washington  
(City or town) (State or foreign country)

## 12. Name

George Geaudreau

## 13. Birthplace

Vermont  
(City or town) (State or foreign country)

## 14. Maiden name

Laura C. Shellburn

## 15. Birthplace

Missouri  
(City or town) (State or foreign country)

## 16. Informant's

### OWN Signature

W.W. Geaudreau

### and Address

Newport, Wash. Rt. 2

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Jan. 18, 1948  
(Month) (Day) (Year)

### (c) Place:

Newport, Washington

## 18. Funeral Director's

### OWN Signature

Bob Sherman

### and Address

Newport, Washington

## 19. (a) Jan. 18, 1948

(Date received and filed)

## (b) James C. Sherman

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) January 15 1948  
at 1:00 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19....., to 19.....  
I last saw h..... alive on 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Gunshot Wound in head

## Duration

Due to Suicide by Firearms

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation..... Date.....

## Major finding

Finding of autopsy None Performed

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide? Yes Homicide?.....

Occurred Jan. 15, 1948 City, county, state where violence occurred Blanchard, Bonner Co., Idaho

Place of Violence: Home Yes Farm..... Industry.....

Public Place..... While at work? no

Means of injury Gunshot Wound

## 23. Attendant's

### OWN Signature

J. D. Neen Coroner

and Address Sandpoint, Idaho Date Jan 16, 1948  
(For additional space, use reverse side)



1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **R.F.D. 2**  
(d) Death Occured Inside? Outside? **X** city or town  
(e) Died in a Home. **X** Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county. **30** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **R.F.D. 2**  
(e) Deceased lived Inside? Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state)

3. (a) FULL NAME

**KARL AUGUST GROTTKE**

3. (b) If veteran, name war

**None**

3. (c) Social Security No.

**None**

5. Color or 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Anna Rosa** 6. (c) Age of husband or wife if alive **80** years

7. Date of Birth (Month, Day, Year) **April 28, 1868**

8. AGE	Years	Months	Days	If less than 1 day
	<b>79</b>	<b>8</b>	<b>20</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for **Lifers.**

10. Industry or Business **Own Farm** Date last worked **Dec. 1947**

11. Birthplace **Trebnitz, Germany.** (City or town) (State or foreign country)

12. Name **Carl Grottko**

13. Birthplace **Germany** (City or town) (State or foreign country)

14. Maiden name **No Record**

15. Birthplace **Germany** (City or town) (State or foreign country)

16. Informant's OWN Signature **Carl E. Grottko**

and Address **Sandpoint, Idaho.**

17. (a) **Burial** (b) Date thereon **Jan. 20, 1948** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**

and Address **SANDPOINT, IDAHO.**

19. (a) **Jan. 20, 1948** (b) **[Signature]** (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **January 18th 1948**  
at **11:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 11, 1948**, to **Jan 18, 1948**.  
I last saw **h.** alive on **Jan 11, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Chronic Myocarditis** **2 yrs.**  
Due to **Arteriosclerosis** **7 yrs.**  
Due to **Diabetes** **?**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**  
Name of operation **Underline the cause to which death should be charged statistically.**  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home. Farm. Industry.  
Public Place. While at work?

Means of injury **Wm + Sylvia M D**  
23. Attendant's OWN Signature **(M. D. or other)**  
and Address **Sandpoint, Idaho** **Jan 20 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 20 1948  
DEPT. OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 119  
Local Reg. No. 8  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Hope**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place. ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **33** years **0** months **0** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Hope**  
(d) Street Address or R.F.D. No. **RFD**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **33** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME **BURTON H. VAN STONE**

3. (b) If veteran, name war **World II** 3. (c) Social Security No. **518-03-9756**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male** 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **January 19, 1915**

8. AGE	Years	Months	Days	If less than 1 day
	<b>33</b>	<b>0</b>	<b>0</b>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for **9** yrs.  
10. Industry or Business **Saw Mill** Date last worked **Dec. 19, 1947**  
11. Birthplace **Hope, Idaho.** (City or town) (State or foreign country)

12. Name **Enoch Chester Van Stone**  
13. Birthplace **England** (City or town) (State or foreign country)  
14. Maiden name **Mamie Fowler**  
15. Birthplace **Chicago, Ill** (City or town) (State or foreign country)

16. Informant's OWN Signature **Walter Van Stone**  
and Address **Hope, Idaho.**

17. (a) **Burial** (b) Date thereof **Jan. 23, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Hope, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO.**

19. (a) **Jan. 23, 1948** (b) **Lawrence Moon**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 103x

20. DATE OF DEATH (Month, Day, Year) **January 19th, 1948**  
at **9:27** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

**Gunshot wound in Heart, Internal Hemorrhage**

Due to **Homicide by Firearms.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **Bullet wound in Heart.**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? **YES**

Occurred **Jan. 19, 1948** 19\_\_\_\_ City, county, state **Hope, Bonner Co. Idaho**

Place of Violence: Home - \_\_\_\_\_ Farm - \_\_\_\_\_ Industry - \_\_\_\_\_

Public Place **YES** While at work? **NO**

Means of injury **Gunshot wound in heart.**

23. Attendant's OWN Signature **Dr. Moon** CORONER

(M. D. or other)

and Address **Sandpoint, Ida** Date **Jan. 22, 1948**

(For additional space, use reverse side)

1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R. F. D. No. **N. Boyer Road**  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **10** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **438 St. Clair**  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? **U S A**  
(g) How long had deceased lived in Idaho? **10** years  
(h) Former residence (city, state)

3. (a) FULL NAME **CLIFFORD RAYMOND SELLE**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **519-10-4311**  
5. Color or 5. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **---** 6. (c) Age of husband or wife if alive years  
7. Date of Birth **August 19th. 1909**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>38</b>	<b>4</b>	<b>0</b>	hrs min.

9. Exact Occupation **Truckdriver** Did this work for **10** yrs.  
10. Industry or Business **Logging** Date last worked **1-12-48**  
11. Birthplace **Colville, Washington.**  
(City or town) (State or foreign country)

12. Name **August Selle**  
13. Birthplace **Augsburg, Michigan.**  
(City or town) (State or foreign country)  
14. Maiden name **Mable Boone**  
15. Birthplace **Coulee City, Washington.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Robert W. Selle**  
and Address **Sandpoint, Idaho.**

17. (a) **Burial** (b) Date there **Jan. 24, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO.**

19. (a) **Jan. 21, 1948** (b) **James D. Moon**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **January 20, 1948**  
(Month, Day, Year) at **?** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h. alive on **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Gunshot Wound in Head** Duration

Due to **Suicide by Firearms**

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy **none performed**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **--** Suicide **Yes** Homicide? **--**  
Occurred **Jan. 20, 1948** **19** City, county, state where violence occurred **Sandpoint, Bonner, Ida**  
Place of Violence: Home Farm Industry  
Public Place **Yes** While at work? **no**  
Means of injury **Gunshot wound in head**

23. Attendant's OWN Signature **James D. Moon** CORONER  
and Address **Sandpoint, Ida** Date **1-21-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
FEB - 6 1948 **Certificate of Death**

State File No. **121**  
Local Reg. No. **2-48**  
Reg. Dist. No. **112**

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Bonner**  
(b) City or town **Prest River**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **49** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Prest River**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **49** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **Fredrick William Sumner** **131A**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **518-05-1811**

4. Sex **male** Color **white** 5. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Anna** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **May 7, 1880**

8. AGE	Years	Months	Days	If less than 1 day
	<b>67</b>	<b>8</b>	<b>20</b>	hrs. min.

9. Exact Occupation **woodsman** Did this work for **life** yrs.

10. Industry or Business **Lumber** Date last worked **12/31/47**

11. Birthplace **Shawano Wisconsin** (City or town) (State or foreign country)

12. Name **Frederick B. Sumner**

13. Birthplace **Shawano Wisconsin** (City or town) (State or foreign country)

14. Maiden name **Josephine Sumner**

15. Birthplace **Shawano Wisconsin** (City or town) (State or foreign country)

16. Informant's OWN Signature **Marl Wm Sumner** and Address **Prest River, Idaho**

17. (a) **Burial** (b) Date thereof **1/31/48** (Month) (Day) (Year)

(c) Place **Prest River, Idaho**

18. Funeral Director's OWN Signature **Thos. Moore** and Address **Sandpoint, Idaho**

19. (a) **1-29-48** (Date received and filed) (b) **T. H. Worch** (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **January 27, 1948**  
at **11:59** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1948 to **Jan 27, 1948**

I last saw him alive on **Jan 27, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **uremia** Duration **1 day**

Due to **chronic nephritis** **10 yrs**

Due to **arteriosclerosis** **15 years**

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Leslie J. Stanspor, M.D.** and Address **Prest River, Idaho** Date **1-28-1948** (For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**

STATE OF IDAHO

State File No. 122  
Local Reg. No. 14  
Reg. Dist. No. 110

**1. PLACE OF DEATH:**

(a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R. F. D. No. R.F.D. 1  
(d) Death Occured Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. X Stayed X days  
(g) Lived in this county 0 years 4 months X days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

(a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. R.F.D. 1  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Copeland, Idaho.

**3. (a) FULL NAME** LAWRENCE LIEWELLAN ADAMS

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male 6. (b) Name of husband or wife Lucy 6. (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) January 25, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>0</u>	<u>2</u>	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.  
10. Industry or Business Own Farm Date last worked Jan. 27, 1948  
11. Birthplace Des Moines, Iowa. (City or town) (State or foreign country)

12. Name -- Adams  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature R. C. Adams  
and Address 1639 Diamond St. San Diego, Cal.

17. (a) Burial (b) Date thereof Feb. 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Copeland, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address Sandpoint, Idaho.

19. (a) Feb. 2, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) January 27th. 19 48  
at 4:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes Duration

Due to Cerebral Hemorrhage  
Found Dead

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy None Performed

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury [Signature]

23. Attendant's OWN Signature [Signature] CORONER  
and Address Sandpoint, Ida (M. D. or other) Jan. 28, 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1348  
State File No. 123  
Local Reg. No. 2  
Reg. Dist. No. 610

FEB 10 1948  
DIVISION OF VITAL  
1. PLACE OF DEATH  
(a) County... Bonneville  
(b) City or town... Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Dr.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital ☒ Institution ☐ Other place...  
(f) Name Hosp. or Inst. L.H.S. Hosp. Stayed... days  
(g) Lived in this county... years... months... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls, Idaho  
(d) Street Address or R.F.D. No. 459-62  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 66 years  
(h) Former residence (city, state) Iowa

3. (a) FULL NAME

Edward J. Clarke

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) ☒ Single, ☐ widowed, married, ☐ divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive... years

7. Date of Birth (Month, Day, Year) November 2, 1976

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>2</u>	<u>0</u>	hrs. min.

9. Exact Occupation Miner Did this work for... yrs.

10. Industry or Business Green Isle, Iowa Date last worked

11. Birthplace Green Isle, Iowa (City or town) (State or foreign country)

12. Name Patrick Clarke

13. Birthplace Iowa (City or town) (State or foreign country)

14. Maiden name Mary Kinne Hopper

15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature William Clarke  
and Address Idaho Falls, Idaho

17. (a) Cremation (b) Date thereof 1/7/48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Jack A. Wood  
and Address Idaho Falls, Idaho

19. (a) 1-27-48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 2 1948  
(Month, Day, Year) at 10-30 o'clock af M.

21. I HEREBY CERTIFY That I attended deceased from Nov. 20 1948 to Jan 2 1948

I last saw him alive on Jan 1 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Massive Gastric + Intestinal Duration

hemorrhage  
Due to undetermined cause

Due to...

Other conditions... (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation... Date

Major finding.

Finding of autopsy.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state where violence occurred.

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?

Means of injury.....

23. Attendant's OWN Signature Milton T. Rees M.D.  
and Address Idaho Falls, Idaho Date 1-10 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 3124  
Local Reg. No. 618  
Reg. Dist. No. 618

1. PLACE OF DEATH: **DIVISION OF VITAL**  
(a) County Booneville  
(b) City or town Idaho Falls  
(c) Street Address or R. F. D. No. X  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. C.D.S. Stayed 16 days  
(g) Lived in this county 57 years 16 months 16 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Booneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Capitol Ave.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME Mr. James C. Joelberg

3. (b) If veteran, name war No.  
3. (c) Social Security No. 1700  
4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lena Anderson 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) March 5, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>10</u>	<u>3</u>	hrs min.

9. Exact Occupation Farmer Did this work for  yrs.  
10. Industry or Business worked  
11. Birthplace Ellborg, Denmark (City or town) (State or foreign country)  
12. Name Jens Christian Joelberg  
13. Birthplace Ellborg, Denmark (City or town) (State or foreign country)  
14. Maiden name Mari Jensen  
15. Birthplace Holsen, Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Earl J. Joelberg  
and Address Idaho Falls, Idaho  
17. (a) Burial (b) Date thereof 1/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Idaho Falls, Idaho  
18. Funeral Director's OWN Signature Geo. A. Hollings  
and Address Idaho Falls, Idaho  
19. (a) 1-27-48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 8 1948  
at 11:05 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 23 Dec 1947, to 8 Jan 1948  
I last saw him alive on 8 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: D. heart failure Duration 1 day  
D. shock trauma 2 weeks

Due to accident auto.  
Due to Internal injuries 2 week  
Other conditions trauma Ribs  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date PHYSICIAN  
Major finding Underline the cause to which death should be charged statistically.  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? Homeicide?  
Occurred Idaho Falls, Idaho 1947 City, county, state where violence occurred Idaho Falls Idaho  
Place of Violence: Home Farm Industry Public Place While at work?  
Means of injury Auto accident  
23. Attendant's OWN Signature Joseph M. Smith M.D.  
and Address Idaho Falls, Idaho Date 12 Jan 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. <sup>748</sup> 125  
Local Reg. No. <sup>4</sup>  
Reg. Dist. No. <sup>610</sup>

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Dr.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. L.H.S. Hosp. Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 444 N. Eastern ave  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) Virginia

## 3. (a) FULL NAME

Betty Louder Cleverley

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex 7 5. Color or race W

## 6. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth (Month, Day, Year)

July 4, 1868

## 8. AGE Years Months Days If less than 1 day hrs. min.

## 9. Exact Occupation Farmer Did this work for ☐ yrs.

## 10. Industry or Business Date last worked

## 11. Birthplace Tasswell, Virginia (City or town) (State or foreign country)

## 12. Name Abraham Louder (City or town) (State or foreign country)

## 13. Birthplace Virginia (City or town) (State or foreign country)

## 14. Maiden name Harriett Henninger (City or town) (State or foreign country)

## 15. Birthplace Virginia (City or town) (State or foreign country)

## 16. Informant's OWN Signature Raymond H. Holsti and Address Twin Falls, Ida

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Clark A. Wood and Address Idaho Falls, Idaho

## 19. (a) 1-27-48 (Date received and filed) (b) Anna Bidys (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) January 8 19 48 at 3 o'clock a m.

## 21. I HEREBY CERTIFY, that I attended deceased from Jan. 3 19 48 to Jan. 8 19 48

I last saw him alive on Jan. 7 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Duration

Myocardial infarction

Due to Myocardial Infarction 7 days

Due to Myocardial Infarction

Other conditions Emphysema (Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation None Date None

Major finding None

Finding of autopsy None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred None 19 None City, county, state where violence occurred None

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury None

## 23. Attendant's OWN Signature C. C. Erickson M.D. (M. D. or other)

and Address Idaho Falls Date 1-10 19 48 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

FEB 10 1948

DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

1948  
State File No. 126  
Local Reg. No. 5  
Reg. Dist. No. 610

1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Drive  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. L. O. S. Stayed 1 days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 453 Garfield St  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME

Bobbie Lynn Stone

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year)

January 11, 1948

8. AGE

Years

Months

Days

If less than 1 day  
16 hrs. 55 min.

9. Exact Occupation

Infant

Did this work for years

10. Industry or Business

Date last worked

11. Birthplace

Idaho Falls, Idaho  
(City or town) (State or foreign country)

12. Name

Chester Henry Stone

13. Birthplace

Rigby, Idaho  
(City or town) (State or foreign country)

14. Maiden name

Donna Wenzel

15. Birthplace

Jackson, Miss  
(City or town) (State or foreign country)

16. Informant's OWN Signature

Chester H. Stone

and Address

453 Garfield St.

17. (a) Burial (Burial, cremation, or removal)

Burial

(b) Date thereof (Month) (Day) (Year)

Jan. 12, 1948

(c) Place

Rigby, Idaho

18. Funeral Director's OWN Signature

Frank A. Wood

and Address

Idaho Falls, Idaho

19. (a)

1-27-48  
(Date received and filed)

(b)

Anna Bridges  
(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) January 11, 1948  
at 9:25 o'clock P. M. 10

21. I HEREBY CERTIFY, That I attended deceased from 1948 to Jan 15, 1948

I last saw her alive on Jan 15, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Pneumonia 6 mm.

Due to 2 pleuritic pneumonia

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? No Suicide? No Homicide? No

Occurred Jan 11, 1948 City, county, state

where violence occurred

Place of Violence: Home ✓ Farm ✓ Industry ✓

Public Place ✓ While at work?

Means of injury

23. Attendant's OWN Signature

Walter R. West  
(M. D. or other)

and Address Idaho Falls, Idaho Date Jan 11, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**FEDERAL Certificate Of Death**  
FEB 10 1948  
DIVISION OF VITAL

STATE OF IDAHO

State File No. 127  
Local Reg. No. 6  
Reg. Dist. No. 610

**1. PLACE OF DEATH:**

- (a) County Bonneville  
(b) City or town Chico Falls  
(c) Street Address or R. F. D. No. 567 H St  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

Mr. Joseph Alfred Brunt

**3. (b) If veteran,**

name war \_\_\_\_\_

**3. (c) Social Security**

No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Henny Pulmundsen

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) August 28, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>4</u>	<u>14</u>	hrs min.

9. Exact Occupation Businessman Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Kaysville, Utah (City or town) (State or foreign country)

12. Name George Brunt

13. Birthplace New Zealand (City or town) (State or foreign country)

14. Maiden name Elizabeth Burnett

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Paul A. Brunt and Address Chico Falls, Idaho

17. (a) Burial (b) Date thereof 1/15/48 (Month) (Day) (Year)

- (c) Place: Chico Falls, Idaho

18. Funeral Director's OWN Signature Paul A. Williams and Address Chico Falls, Idaho

19. (a) 1-27-48 (b) Anna Bidger (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 083A

**20. DATE OF DEATH**

(Month, Day, Year) January 12 1948  
at \_\_\_\_\_ o'clock P. M.

**21. I HEREBY CERTIFY, That I attended deceased from**

9 1940 to Jan 12 1948  
I last saw him alive on Dec 28 1947; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Cerebral hemorrhage Duration 30 min

Due to Cerebral arteriosclerosis 10 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

**22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_**

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. Ray Hatch MD and Address Chico Falls, Idaho Date 1-14 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

FEB 10 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 State File No.

128

Local Reg. No.

7

Reg. Dist. No.

610

## 1. PLACE OF DEATH

- (a) County Bonnerville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonn  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 73 years  
(h) Former residence (city, state) Clifton, Idaho

## 3. (a) FULL NAME

John Foster Larsen

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex m. Color or race W

## 5. (a) Single, widowed, married, divorced Widowed

## 6. (b) Name of husband or wife Labitha Jansen

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) April 9, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>9</u>	<u>3</u>	hrs. min.

## 9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace (City or town) Clifton Idaho (State or foreign country)

## 12. Name John Foster Larsen

## 13. Birthplace Denmark (City or town) (State or foreign country)

## 14. Maiden name Sarah Ann Foster

## 15. Birthplace Missouri (City or town) (State or foreign country)

## 16. Informant's OWN Signature Vilma C. Petersen

## and Address Idaho Falls, Idaho

## 17. (a) Burial (b) Date thereof Jan. 16, 1948 (Month) (Day) (Year)

## (c) Place Idaho Falls, Idaho

## 18. Funeral Director's OWN Signature Jack A. Wood

## and Address Idaho Falls, Idaho

## 19. (a) 1-27-48 (b) Anna Budwig (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) January 12, 1948 at 3 o'clock a. M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death Coronary Atherosclerosis Duration \_\_\_\_\_

## Due to \_\_\_\_\_

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred Jan-12 19 48 City, county, state

## where violence occurred \_\_\_\_\_

## Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Leslie Williams (Coroner) (M. D. or other)

## and Address Idaho Falls, Idaho Date 1/17 19 48

(For additional space, use reverse side)

UTD

RECEIVED  
FEB 10 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

State File No. 129  
Local Reg. No. 9  
Reg. Dist. No. 610

1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Shosh Falls  
(c) Street Address or R. F. D. No. So. Empire  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. H.D.S. Stayed 23 days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Idaho  
(d) Street Address or R.F.D. No. Idaho  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state)

3. (a) FULL NAME

Mrs Marie Selena Anderson/Saelberg 1700

3. (b) If veteran,

name war       

3. (c) Social Security

No.       

4. Sex 2 Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James C. Saelberg alive 77 years

7. Date of Birth (Month, Day, Year) February 4, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>11</u>	<u>11</u>	hrs min.

9. Exact Occupation Housewife Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Mantua, Utah (City or town) (State or foreign country)

12. Name Thomas C. Anderson

13. Birthplace Utah Saelberg, Denmark (City or town) (State or foreign country)

14. Maiden name Marie Anderson/Saelberg

15. Birthplace Rastrop, Chely, Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature William Macken and Address Shosh Falls, Idaho

17. (a)        (b) Date thereof 7/17/48 (Burial, cremation, or removal) (Month) (Day) (Year)

18. Funeral Director's OWN Signature Les A. Mellison and Address Shosh Falls, Idaho

19. (a) 1-27-48 (b) Anna Budger (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 5, 1948 at        o'clock        M.

21. I HEREBY CERTIFY, That I attended deceased from 23 Dec 1947, to 10 Jan 1948. I last saw her alive on 5 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Shock Duration       

Due to Fractured Cervical vertebrae with rib fracture - 6-7-8-9 ribs 10 & 11

Due to left - collar left wrist

Other conditions Subdural injuries (Include pregnancy within 3 months of death)

Where was disease contracted?        Name of operation        Date       

Major finding        Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred 23 Dec 1948 City, county, state Bonneville County, Idaho

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☒ While at work? ☐

Means of injury Auto accident

23. Attendant's OWN Signature Joseph M. Hatch MD and Address Shosh Falls Date 27 Jan 1948 (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 10 1948  
DIVISION OF VITAL  
Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 130  
Local Reg. No. 257#1  
Reg. Dist. No. 610

1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Hall Rest Home Stayed 37 days  
(g) Lived in this county years 1 months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 75 years  
(h) Former residence (city, state) Butte Co. Idaho

3. (a) FULL NAME

Mindwell DeWitt Gardner

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife John Gardner 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) June 4, 1864

8. AGE	Years	Months	Days	If less than 1 day
	85	7	18	hrs min.

9. Exact Occupation Retired Did this work for yrs.

10. Industry or Business Housewife and Midwife Date last worked

11. Birthplace Provo, Utah (City or town) (State or foreign country)

12. Name Martin DeWitt

13. Birthplace Michigan (City or town) (State or foreign country)

14. Maiden name Martha Wilson

15. Birthplace Tennessee (City or town) (State or foreign country)

16. Informant's OWN Signature Josephine D. W. D. and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 1-19-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Blackfoot, Idaho

18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot, Idaho

19. (a) 1/17/48 (b) Anna Bridger (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A 097X

20. DATE OF DEATH (Month, Day, Year) January, 16 1948 at 1:57 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1947, to Jan 16 1948

I last saw her alive on 15 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stroke Duration

Due to arteriosclerosis

Due to senility

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation Date

Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Richard Paul and Address Idaho Falls, Idaho Date 19 (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
STATE OF IDAHO

State File No. 131  
Local Reg. No. 16  
Reg. Dist. No. 610

REC-  
FEB 1 1948

1. PLACE OF DEATH: DIVISION OF VITAL
- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sacred Heart Stayed 24 days  
(g) Lived in this county 0 years 0 months 24 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Jefferson  
(c) City or town Terreton  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Lincoln, Nebraska

3. (a) FULL NAME HARRY PLATTE GERARD

3. (b) If veteran, name war N one  
3. (c) Social Security No. 518-12-0801  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jessie L. Gerard  
6. (c) Age of husband or wife if alive 63 years  
7. Date of Birth (Month, Day, Year) January 28, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>11</u>	<u>20</u>	hrs min.

9. Exact Occupation Farmer, retired Did this work for 31 yrs.  
10. Industry or Business Self employed Date last worked 1942  
11. Birthplace Beacon, Iowa (City or town) (State or foreign country)  
Mother Father { 12. Name Silas V. Gerard  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Delphin Ketcham  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. J. P. Perry  
and Address Terreton, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1948 (Month) (Day) (Year)  
(c) Place: Idaho Falls, Ida., Rose Hill Cem.

18. Funeral Director's OWN Signature Alfred L. Buck  
and Address Idaho Falls, Idaho

19. (a) 2/7/1948 (Date received and filed) (b) Anne Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 134A

20. DATE OF DEATH (Month, Day, Year) January 18 1948  
at 7:05 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 25 Dec 1947, to 18 Jan 1948  
I last saw him alive on 18 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage  
Pneumonia at upper lobe  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Cystolithiasis nephrolithiasis  
(Include pregnancy within 3 months of death)

Duration 1 month  
24 hours

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy Same as above  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John E. Walton, M.D.  
(M.D. or other)  
and Address Idaho Falls, Ida. Date 28 Jan 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 10 1948  
Certificate Of Death

STATE OF IDAHO

1948  
State File No. 132  
Local Reg. No. 10  
Reg. Dist. No. 610

1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. L.D.S. Stayed 12 days  
(g) Lived in this county 0 years 5 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls (Transient)  
(d) Street Address or R.F.D. No. Route # 4  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? Unk. years  
(h) Former residence (city, state) Chicago, Illinois

3. (a) FULL NAME

ADRIAN CONRAD JOHNSON

3. (b) If veteran,

name war Unk.

3. (c) Social Security

No. 546-24-8740

4. Sex Male race White

5. Color or 6. (a) Single, widowed, married,

divorced Wid.

6. (b) Name of husband or

wife Unk.

6. (c) Age of husband or wife if

alive dec. years

7. Date of Birth

(Month, Day, Year)

November 3, 1885

8. AGE

Years 62

Months 2

Days 16

If less than 1 day  
hrs min.

9. Exact

Occupation Laborer

Did this

work for Unk. yrs.

10. Industry or

Business Farm

Date last

worked Dec. 1947

11. Birthplace

Unknown

(City or town)

(State or foreign country)

Mother Father

12. Name

Unknown

13. Birthplace

Unknown

(City or town)

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown

(City or town)

(State or foreign country)

16. Informant's

OWN Signature

Information secured from casual acquaintances of the deceased, a transient. Adrian

and Address

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof Jan. 25, 1948

(Month) (Day) (Year)

(c) Place: Idaho Falls, Ida., Rose Hill Cem.

18. Funeral Director's

OWN Signature

Oleander Buck

and Address

Idaho Falls, Idaho

19. (a)

1-27-48

(Date received and filed)

(b)

Anna Budger

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) January 19 1948

at 12:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from

19 to 19  
I last saw him alive on Jan 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Embolus to heart Duration 1 minute

Due to Thrombosis right 2nd leg veins

Due to Atherosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Amputation Date 19 48

Major finding 1st leg

Finding of autopsy

PHYSICIAN  
underlying the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_

Means of injury

23. Attendant's

OWN Signature

Adrian

(M. D. or other)

and Address \_\_\_\_\_ Date 19

(For additional space, use reverse side)

# Certificate Of Death

STATE OF IDAHO

State File No. 133  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 436 "D" Street  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years 7 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 436 "D" Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Spokane, Wn.

## 3. (a) FULL NAME

THOMAS VERNON FOGG

3. (b) If veteran, name war None  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Jessamine Fogg 6. (c) Age of husband or wife if alive 44 years  
7. Date of Birth (Month, Day, Year) August 26, 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u>45</u>	<u>4</u>	<u>24</u>	hrs min.

9. Exact Occupation Salesman Did this work for 22 yrs.  
10. Industry or Business Novelties Date last worked Jan. 20, 1948  
11. Birthplace St. Anthony Idaho (City or town) (State or foreign country)

12. Name James Ezra Fogg  
13. Birthplace Logan Utah (City or town) (State or foreign country)  
14. Maiden name Rosa Hibbard  
15. Birthplace Logan Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Jessamine Fogg  
and Address Idaho Falls, Idaho

17. (a) Removal (b) Date thereof Jan. 23, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rexburg, Idaho

18. Funeral Director's OWN Signature Orlando C. Buck  
and Address Idaho Falls, Idaho

19. (a) 2/7/48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 20 19 48  
at 12:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 20 19 48 to Jan. 24 19 48  
Last saw him alive on Jan. 24 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion Duration 4 hours

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature L. C. Erickson M.D.  
(M. D. or other)

and Address Idaho Falls Date 1-26 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **134**  
Local Reg. No. **11**  
Reg. Dist. No. **618**

REC-5

FEB 10 1948

1. PLACE OF DEATH **DIVISION OF VITAL**  
(a) County **Bonneville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **701 Cleveland**  
(d) Death Occured Inside? **X** Outside? **city or town**  
(e) Died in a Home **X** Hospital **Institution** Other place  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **38** years **?** months **?** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bonneville**  
(c) City or town **Idaho Falls**  
(d) Street Address or R.F.D. No. **701 Cleveland**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **38** years  
(h) Former residence (city, state) **Centralia, Mo.**

3. (a) FULL NAME **BESSIE ELIZABETH TUFFORD**

3. (b) If veteran, name war **None** No. **No.**  
5. Color or 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Female** race **White**  
6. (b) Name of husband or wife **Edward H. Tufford** alive **67** years  
7. Date of Birth (Month, Day, Year) **February 10, 1892**

8. AGE	Years	Months	Days	If less than 1 day
	<b>56</b>	<b>11</b>	<b>11</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **37** yrs.  
10. Industry or Business **At home** Date last worked **12/18/1947**  
11. Birthplace **Centralia Missouri** (City or town) (State or foreign country)

12. Name **Lewis Sievers**  
13. Birthplace **Unknown** (City or town) (State or foreign country)  
14. Maiden name **Mary Wilson**  
15. Birthplace **Centralia Missouri** (City or town) (State or foreign country)

16. Informant's OWN Signature **Geneva Tufford**  
and Address **Idaho Falls, Idaho**

17. (a) **Burial** (b) Date thereof **Jan. 24, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Idaho Falls, Idaho, Rose Hill Cem.**

18. Funeral Director's OWN Signature **Orlando E. Bux**  
and Address **Idaho Falls, Idaho**

19. (a) **1-27-48** (b) **Anna Budger**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **January 21, 1948**  
(Month, Day, Year) at **11:50** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **June 19, 1947** to **Jan 21, 1948**  
Last saw him alive on **Jan. 19, 1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Endocarditis** Duration

Due to **Chronic Nephritis**

Due to **Chronic Nephritis**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**  
Name of operation **Date** Underline the cause to which death should be charged statistically.  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **19** Suicide? **19** Homicide? **19**  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home **19** Farm **19** Industry **19**  
Public Place **19** While at work? **19**  
Means of injury **19**

23. Attendant's OWN Signature **A. P. Soderquist**  
and Address **Idaho Falls, Idaho** (M. D. or other) **1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 10 1948  
DIVISION OF VITALS  
**Certificate Of Death**  
STATE OF IDAHO

State File No. 135  
Local Reg. No. 18  
Reg. Dist. No. 610

1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 683 N. Capital  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. None Stayed days  
(g) Lived in this county 45 years 7 months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 683 N. Capital  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 59 years  
(h) Former residence (city, state) St. Anthony, Ida.

3. (a) FULL NAME

JULIA HAYBALL

3. (b) If veteran, name war N. one  
3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife John J. Hayball 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) March 3, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>10</u>	<u>19</u>	hrs min.

9. Exact Occupation Housewife Did this work for 55 yrs.  
10. Industry or Business At home Date last worked Dec. 1946  
11. Birthplace Dover New Jersey  
(City or town) (State or foreign country)

12. Name Thomas Wasley  
13. Birthplace Cornwall England  
(City or town) (State or foreign country)  
14. Maiden name Catherine Eva  
15. Birthplace Cornwall England  
(City or town) (State or foreign country)

16. Informant's OWN Signature End Hay  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Jan. 24, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Orlando Buck  
and Address Idaho Falls, Idaho

19. (a) 2/7/1948 (b) Anna Budzus  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 22 19 48  
at 12:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 24 Dec 1946 to 22 Jan 1948  
I last saw her alive on 22 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertensive Cardiovascular disease Duration 10 years

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature John E Worlton M.D.  
and Address Idaho Falls, Idaho Date 27 Jan 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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FEB 10 1948

DIVISION OF VITA

# Certificate of Death

STATE OF IDAHO

1048 136  
State File No. 12  
Local Reg. No. 610  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Bonneville.  
(b) City or town Idaho Falls.  
(c) Street Address or R.F.D. No. Park & "C"  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. None. Stayed \_\_\_\_\_ days  
(g) Lived in this county 14 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho. (b) County Bonneville.  
(c) City or town Idaho Falls.  
(d) Street Address or R.F.D. No. Park & "C"  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Rock Springs Wyo.

## 3. (a) FULL NAME

Roy Thomas Mac Namara.

## 3. (b) If veteran, name war

No.

## 3. (c) Social Security No.

519-12-7362

## 4. Sex Male. Color or race White.

## 6. (a) Single, widowed, married, divorced Married.

## 6. (b) Name of husband or wife Martha Katherine.

## 6. (c) Age of husband or wife if alive 58. years

## 7. Date of Birth (Month, Day, Year) March. 23. 1882.

8. AGE	Years	Months	Days	If less than 1 day
	<u>65.</u>	<u>10.</u>	<u>2.</u>	hrs. min.

## 9. Exact Occupation Bank Branch Mgr. Did this work for 16 yrs.

## 10. Industry or Business Banking. Date last worked Jan. 24, '48

## 11. Birthplace Rock Rapids, Iowa. (City or town) (State or foreign country)

## 12. Name John Edmund Mac Namara. (City or town) (State or foreign country)

## 13. Birthplace New Jersey. (City or town) (State or foreign country)

## 14. Maiden name Martha Thompson. (City or town) (State or foreign country)

## 15. Birthplace Iowa. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Martha Katherine Mac Namara and Address 100. Main Street, Boise, Idaho.

## 17. (a) Removal. (b) Date thereof Jan. 28, 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Boise, Idaho.

## 18. Funeral Director's OWN Signature Oeland & Co.

## and Address Idaho Falls, Idaho

## 19. (a) 1/27/1948 (b) Anna Budger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) January. 25. 19 48. at about 11 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from Did not attend but investigated death. I last saw him alive on 19 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Heart disease Duration 1 1/2 yrs  
Due to \_\_\_\_\_

## Due to \_\_\_\_\_

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature W. B. Nugent MD

## and Address Idaho Falls, Idaho

## (For additional space, use reverse side)

# Certificate Of Death

FEB 10 1948 STATE OF IDAHO

State File No. 137  
Local Reg. No. 13  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonnaville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 2 Hours  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Shelley  
(d) Street Address or R.F.D. No. #1  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Lettie Nelson

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Almon Lorenzo 6. (c) Age of husband or wife if alive 52 years  
7. Date of Birth (Month, Day, Year) Dec. 26, 1899

8. AGE	Years	Months	Days	If less than 1 day
<u>48</u>	<u>1</u>	<u>5</u>		hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Mink Creek Idaho  
(City or town) (State or foreign country)

12. Name Hans C. Rasmussen  
13. Birthplace Denmark  
(City or town) (State or foreign country)  
14. Maiden name Nancy Nelson  
15. Birthplace Oxford Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature P. L. Nelson  
and Address Shelley, R. 1

17. (a) Burial (b) Date thereof 2-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hill Crest At Shelley

18. Funeral Director's OWN Signature M. Walden  
and Address Shelley Idaho

19. (a) 2/7/48 (b) Anna Duges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 31, 1948  
at 11:40 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 1-18-48 1948, to 1-31-48 1948  
I last saw him alive on 1-31-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronal Hemorrhage Duration \_\_\_\_\_

Due to Hypertension 5 yrs.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature David R. Smith M.D.  
and Address Shelley Idaho Date 2-2-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN hand. Item should be answered as completely as possible. State answers as unknown only after a careful investigation. Ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

REC-1

FEB 17 1948

# Certificate of Death

STATE OF IDAHO

State File No. 138  
Local Reg. No. 8  
Reg. Dist. No. 610

1. PLACE OF DEATH
- (a) County Boysen  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 2  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Boysen  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 240 N. 9th Ave  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME

Joseph J. Nelson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M race W  
5. Color or \_\_\_\_\_  
6. (a) Single ☒ widowed ☐ married ☐ divorced ☐  
6. (b) Name of husband or wife Emma M. Nelson  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 12, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>8</u>	<u>2</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Logan, Utah (City or town) (State or foreign country)

12. Name Nelson

13. Birthplace Sweden (City or town) (State or foreign country)

14. Maiden name Benta Pearce

15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Essie J. Steele

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 1/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Jack A. Wood

and Address Idaho Falls, Idaho

19. (a) 1-27-48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 14, 1948  
at 10 o'clock A M.

21. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Acute Myocarditis

### Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred Jan - 14 19 48 City, county, state

where violence occurred Idaho Falls

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Leo P. Williams (Baron)

and Address Idaho Falls, Idaho Date 1/17 19 48  
(M. D. or other)

(For additional space, use reverse side)

000

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JAN 17 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 139  
Local Reg. No. 1-48  
Reg. Dist. No. 100

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Near Naples Idaho  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside?..... Outside? XX city or town  
(e) Died in a Home XX Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 8 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bound.  
(c) City or town Between Naples & B.F.  
(d) Street Address or R.F.D. No. .... Rural  
(e) Deceased lived Inside?..... Outside? XX city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Spokane Wn.

## 3. (a) FULL NAME

Charles W. Brown

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or No 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if alive XXXX years  
7. Date of Birth (Month, Day, Year) 8/15/1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>4</u>	<u>16</u>	hrs min.

## 9. Exact Occupation Farmer Did this work for 40 yrs.

## 10. Industry or Business his own Date last worked 1/1/48

## 11. Birthplace Viroqua Wis. (City or town) (State or foreign country)

## 12. Name Andrew S. Brown

## 13. Birthplace unknown (City or town) (State or foreign country)

## 14. Maiden name Martha E. Jackson

## 15. Birthplace unknown (City or town) (State or foreign country)

## 16. Informant's OWN Signature pension fees and Address Bonnors Ferry, Idaho.

## 17. (a) Burial (b) Date thereof 1/7/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Bonnors Ferry, Idaho.

## 18. Funeral Director's OWN Signature Frank Moore and Address Bonnors Ferry, Idaho

## 19. (a) 1-7-48 (b) Lin Bouslee (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

## 20. DATE OF DEATH (Month, Day, Year) Jan. 1st. 1948 at 11:00 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw h..... alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Dead When found  
Coronary occlusion  
Due to arterio schlerosis

Due to senility

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

## 23. Attendant's OWN Signature Coroner and Address Bonnors Ferry, Idaho

(M. D. or other) 1/4/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

JAN 17 1948

STATE OF IDAHO

1948  
State File No. 140  
Local Reg. No. 2-48  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonnors Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? XX Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place XX  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Bonnors Ferry  
(d) Street Address or R.F.D. No. Star Route 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? XX city or town  
(f) Citizen of what country? Norway  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Delmar, Del.

## 3. (a) FULL NAME Inga Kenrud

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Andrew 6. (c) Age of husband or wife if alive 65 years  
7. Date of Birth (Month, Day, Year) 8/2/1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>5</u>	<u>4</u>	hrs min.

9. Exact Occupation Housewife Did this work for 30 yrs.  
10. Industry or Business at home Date last worked 1/6/48  
11. Birthplace Tonsburg, Norway  
(City or town) (State or foreign country)

- Mother { 12. Name John Carlson  
13. Birthplace Norway  
(City or town) (State or foreign country)  
14. Maiden name Christine Johanson  
15. Birthplace Norway  
(City or town) (State or foreign country)

16. Informant's Andrew Kenrud  
OWN Signature and Address Bonnors Ferry, Idaho

17. (a) Burial (b) Date thereof 1/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bonnors Ferry Idaho

18. Funeral Director's Frank Morse  
OWN Signature and Address Bonnors, Ferry Idaho.

19. (a) 1-8-48 (b) Paul Bonke  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH (Month, Day, Year) Jan. 6th. 1948  
at 3:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 9/15 1945, to 1/6 1948  
I last saw him alive on 1/6 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Circulatory failure Duration terminal

Due to coronary occlusion "

Due to aortic valvulitis 2 yrs

Other conditions hypertension 6 yrs  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 19 City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's W. H. Duvall  
OWN Signature (M. D. or other)

and Address Bonnors Ferry Date 1/8 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 17 1948

DIVISION OF VITAL

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. **141**  
Local Reg. No. **3-48**  
Reg. Dist. No. **100**

## 1. PLACE OF DEATH: STATISTICS

- (a) County Boundary  
(b) City or town Leonia  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside?..... Outside? XX city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county 1 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash. (b) County Whitman  
(c) City or town Pullman  
(d) Street Address or R.F.D. No. 605 Jackson  
(e) Deceased lived Inside? XX Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) Pullman Wn.

## 3. (a) FULL NAME Foster Lee Heath

3. (b) If veteran, name war No 3. (c) Social Security No. Unobtainable  
5. Color or 6. (a) Single, widowed, married, divorced Divorced  
4. Sex Male race White  
6. (b) Name of husband or wife Ruby 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Oct. 21st. 1903

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>2</u>	<u>19</u>	hrs min.

9. Exact Occupation Electrician Did this work for 20 yrs.  
10. Industry or Business Boulder Creek Idaho Date last worked 1/10/48  
11. Birthplace Beullville Ohio  
(City or town) (State or foreign country)

12. Name John Heath  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Maiden name Emma Vasmer  
15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant Mrs Charles Holman  
OWN Signature Charles Holman  
and Address Idaho

17. (a) Removal (b) Date thereof 1/12/48  
(Burial, cremation, or other) (Month) (Day) (Year)  
(c) Place: Pullman

18. Funeral Director's Wm. Morris  
OWN Signature Wm. Morris  
and Address Bonniers Ferry Idaho

19. (a) 1/12/48 (b) Kim Bourke  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 10th 1948  
at 7:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Died When Found  
Crushed Skull  
Due to Crushed Chest

Due to Truck Accident

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....

Occurred 1/10/48 1947. City, county, state where violence occurred Leonia, Idaho

Place of Violence: Home ..... Farm ..... Industry ✓

Public Place Public Road While at work? yes

Means of injury Crushed by Truck

23. Attendant's Coroner Lloyd Reed  
OWN Signature Coroner Lloyd Reed

and Address Bonniers Ferry Date 1/12 1948  
(M. D or other)  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 1948

OF VITALS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 142  
Local Reg. No. 4-48  
Reg. Dist. No. 100

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonnerr's Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? XX Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital XX Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Bound. Co. Stayed 2 days  
(g) Lived in this county 47 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Bonnerr's Ferry  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? XXX city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Saltville, Va.

3. (a) FULL NAME William Cyrus Parker

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Betty 6. (c) Age of husband or wife if alive 82 years  
7. Date of Birth (Month, Day, Year) 3/18/1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>9</u>	<u>28</u>	hrs min.

9. Exact Occupation Farmer Did this work for 47 yrs.  
10. Industry or Business At home Date last worked 1/13/48  
11. Birthplace N. Carolina  
(City or town) (State or foreign country)

12. Name George Parker  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name unknown Barnett  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature D. E. Vinton  
and Address Bonnerr's Ferry, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/48  
(Month) (Day) (Year)  
(c) Place: Parker Cem. Cow creek, Ida.

18. Funeral Director's OWN Signature Paul Morse  
and Address Bonnerr's Ferry, Idaho

19. (a) 1-17-48 (b) R. Bonnell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 0834 097X

20. DATE OF DEATH (Month, Day, Year) Jan. 16th. 1948  
at 5:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 14 1948 to Jan 16 1948  
I last saw him alive on Jan 15 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Cerebral hemorrhage 3 days

Due to Arteriosclerosis

Due to Hypostatic pneumonia 1 day

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. Bonnell (M. D. or other)  
and Address Bonnerr's Ferry Date 1-17 1948

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 143  
Local Reg. No. 670  
Reg. Dist. No. 670

## 1. PLACE OF DEATH:

- (a) County Butte  
(b) City or town Near Home - 20 miles  
(c) Street Address or R.F.D. No.                       
(d) Death Occurred Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst.                      Stayed                      days  
(g) Lived in this county                      years                      months                      days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Butte  
(c) City or town Near Home - 20 miles  
(d) Street Address or R.F.D. No.                       
(e) Deceased lived Inside?                      Outside?                      city or town  
(f) Citizen of what country? U. S. A  
(g) How long had deceased lived in Idaho?                      years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Robert Fulton

164C

## 3. (b) If veteran,

name war ✓

## 3. (c) Social Security

No.                     

5. Color W 6. (a) Single, widowed, married, Single  
4. Sex M race W divorced                       
6. (b) Name of husband or wife                      6. (c) Age of husband or wife if alive                      years

7. Date of Birth (Month, Day, Year) not known

8. AGE	Years	Months	Days	If less than 1 day
	<u>around 48 years</u>			hrs min.

9. Exact Occupation trapper Did this work for life yrs.  
10. Industry or Business miner Date last worked Jan 3 1948  
11. Birthplace (City or town) (State or foreign country)

12. Name                       
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name                       
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Butte Co. Sheriff's office  
and Address Arco - Idaho

17. (a) Burial (b) Date thereof Jan 7 - 48  
(c) Place: Seminole - Oklahoma

18. Funeral Director's OWN Signature J. S. Marvel  
and Address Arco - Idaho

19. (a) Jan 17 - 1948 (b) Mary G. Dietrich  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Jan. 3 1948  
at before noon clock                      M.

21. I HEREBY CERTIFY, That I attended deceased from                      19                    , to                      19                    .

I last saw h                      alive on                      19                    ; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death:                      Duration                     

Due to Gunshot wound in right temple with 22  
Due to high power rifle  
Other conditions Self-inflicted  
(Include pregnancy within 3 months of death)

Where was disease contracted?                      Date                      PHYSICIAN                       
Name of operation                      Major finding                       
Finding of autopsy                     

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?                       
Occurred Jan 3 1948 City, county, state where violence occurred 20 miles above Hamlet, Idaho  
Place of Violence: Home                      Farm                      Industry                       
Public Place                      While at work?                     

Means of injury 22 high power rifle - no  
23. Attendant's OWN Signature Betty J. Marvel  
and Address Butte Co. Coroner's Date Jan 7 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 144  
Local Reg. No. 2  
Reg. Dist. No. 670

## 1. PLACE OF DEATH:

- (a) County Butte  
(b) City or town Howe  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 37 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Butte  
(c) City or town Howe  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Oklahoma

## 3. (a) FULL NAME

John M. Strope

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. 519-10-8141

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
7. (b) Name of husband or wife Polly 6. (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year) August 12 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>4</u>	<u>16</u>	hrs min.

9. Exact Occupation Rancher Did this work for 1 1/2 yrs.

10. Industry or Business Ranch Date last worked 1/28/48

11. Birthplace Mc Pherson Kansas  
(City or town) (State or foreign country)

12. Name William Strope

13. Birthplace Ohio  
(City or town) (State or foreign country)

14. Maiden name Pauline Querry

15. Birthplace Decatur Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Polly Strope  
and Address Howe Idaho

17. (a) Burial (b) Date thereof Feb 2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Arco Idaho

18. Funeral Director's OWN Signature W. J. Marvel 4332

and Address Arco, Idaho

19. (a) Jan 30 1948 (b) Mary E. Dietrich  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 1/18 1948  
at 11:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Probable  
Coronary Occlusion  
Due to \_\_\_\_\_

Due to Heart Attack

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Betty J. Marvel  
Coroner Butte Idaho  
and Address Arco Idaho Date Jan 30 1948  
(For additional space, use reverse side)

46-429699

1948

145

State File No. \_\_\_\_\_  
 Local Reg. No. 10  
 Reg. Dist. No. 363

United States  
 Department of Commerce  
 Bureau of the Census

# Certificate Of Death

JAN 13 1948

STATE OF IDAHO

DIVISION OF VITAL

## 1. PLACE OF DEATH:

- (a) County Canyon  
 (b) City or town Nampa  
 (c) Street Address or R.F.D. No. \_\_\_\_\_  
 (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
 (e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. Samaritan Stayed \_\_\_\_\_ days  
 (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
 (c) City or town Caldwell  
 (d) Street Address or R.F.D. No. 502 Arthur St.  
 (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? Life years  
 (h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Camelia Frances White

033B

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or race white6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife \_\_\_\_\_

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December 29-1946

8. AGE	Years	Months	Days	If less than 1 day
	1	0	3	hrs min.

## 9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Nampa, Idaho (City or town) (State or foreign country)12. Name Elmer E. White13. Birthplace Missouri (City or town) (State or foreign country)14. Maiden name Margaret Lucille Fullerton15. Birthplace Portland, Oregon (City or town) (State or foreign country)16. Informant's OWN Signature Elmer E. White and Address 502 Arthur St. Caldwell, Ida.17. (a) Burial (b) Date thereof 2-5-48 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: Canyon Hill Cem. Caldwell18. Funeral Director's OWN Signature Lyda Rodgersand Address Caldwell, Idaho19. (a) Jan 3-1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 2 19 48 at 2:10 o'clock A. M.21. I HEREBY CERTIFY, That I attended deceased from Dec 29 19 47, to Jan 2 19 48 I last saw h er alive on Jan 2 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

Influenza Meningitis 6 days.  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding NoneFinding of autopsy None

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_ Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Lyda Rodgers (M. D. or other) and Address Nampa, Idaho Date Jan 3-1948 19 \_\_\_\_\_ (For additional space, use reverse side)

458

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-208 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
156462  
JAN 1 9 1948 STATE OF IDAHO

1948 146  
State File No. \_\_\_\_\_  
Local Reg. No. 11  
Reg. Dist. No. 363

1. **PLACE OF DEATH:** DIVISION OF VITAL
- (a) County Canyon  
(b) City or town Parma  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. Rt. 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) **FULL NAME** Hazel Maude Van de Moer

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex F race W  
6. (b) Name of husband or wife Pieter Huys van de Moer  
6. (c) Age of husband or wife if \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) November 13-1888

8. AGE	Years	Months	Days	If less than 1 day
	59	1	19	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Healdsburg, California  
(City or town) (State or foreign country)  
Mother { 12. Name Ed. Bates  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Iona C. Lendering  
and Address 611 16th Ave. N. Parma  
17. (a) Burial (b) Date thereof 1-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Parma, Idaho  
18. Funeral Director's Peckham-Baker Chapel  
OWN Signature \_\_\_\_\_  
and Address Calwell, Idaho  
19. (a) Jan 9-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** (Month, Day, Year) January 2 19 48  
at 1:25 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 12-31-1947 to 1-2-1948  
I last saw her alive on 1-1-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

brain concussion  
facial laceration

Due to auto accident

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 1-1-31 1947. City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury auto accident

23. Attendant's OWN Signature J. Lynch (M. D. or other)  
and Address Calwell, Idaho Date 5-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign item should be answered as completely as possible. State answers as unknown only after a careful investigation. If item is not answered, it should be marked "X". Address correspondence to Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 13 1948  
DIVISION OF VITALS  
**Certificate Of Death**  
STATE OF IDAHO

State File No. **147**  
Local Reg. No. **7**  
Reg. Dist. No. **362**

**1. PLACE OF DEATH:**

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 216 16th Ave. S.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Wyatts Home Stayed days  
(g) Lived in this county 2 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 1703 5th St. So.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 71 years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME** Miss Minnie Henrietta Schuster

3. (b) If veteran, name war None  
3. (c) Social Security No. none  
5. Color or race White  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) September 1, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>4</u>	<u>2</u>	hrs min.

9. Exact Occupation Home Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Silver City, Idaho  
(City or town) (State or foreign country)

12. Name Frank Schuster  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name Catherina Meyer  
15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mary Schuster  
and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 1/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Upper Reynolds Cemetery

18. Funeral Director's OWN Signature John J. Alsip Jr.  
and Address Nampa, Idaho

19. (a) Jan 8 - 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) January 3, 1948  
at 5:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1948 to Jan 3, 1948  
I last saw h.e.r. alive on Jan 2, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Coronary Disease Duration 4 days

Due to Chronic Hypertension

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature V. C. Bellamy  
(M. D. or other) \_\_\_\_\_  
and Address Nampa, Idaho Date 1-6-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 13 1948  
DIVISION OF VITAL RECORDS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. **148**  
Local Reg. No. **3**  
Reg. Dist. No. **362**

**1. PLACE OF DEATH:**

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Mercy Hosp Stayed 7 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 203 Davis  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME** Nellie Van Osdel

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife L.W. Van Osdel alive \_\_\_\_\_ years  
6. (c) Age of husband or wife if alive 79 years  
7. Date of Birth (Month, Day, Year) Jan. 18, 1868.

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>11</u>	<u>18</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Yankton County, So. Dakota  
(City or town) (State or foreign country)

- Mother Father  
12. Name Charles Shepherdson  
13. Birthplace Indiana  
(City or town) (State or foreign country)  
14. Maiden name Lary Pierce  
15. Birthplace Indiana  
(City or town) (State or foreign country)

16. Informant's OWN Signature L. W. Van Osdel  
and Address 203 Davis Ave, Nampa, Idaho

17. (a) Removal (b) Date thereof 1/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Los Angeles, California.

18. Funeral Director's Robinson-Alsip Chapel  
OWN Signature John E. Alsip, Jr.  
and Address Nampa, Idaho.

19. (a) Jan 8 - 1948 (b) Lyla Rodgers  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 047F

20. **DATE OF DEATH** (Month, Day, Year) Jan. 6, 1948  
at 2:05 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Pet.  
7 - 1946 19  , to 1 - 6 - 1948  
I last saw her alive on 1 - 5 - 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of rt. breast with extensions into mediastinum & neck. Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Samuel A. Swayne, M.D.  
(J. D. or other)  
and Address Nampa, Id. Date 1 - 7 - 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JAN 21 1948

STATE OF IDAHO

State File No. 149  
Local Reg. No. 17  
Reg. Dist. No. 362

DIVISION OF VITAL

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hampa  
(c) Street Address or R. F. D. No. 212-19th Ave.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 3 years 3 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hampa  
(d) Street Address or R.F.D. No. 212-19th Ave.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Dr. Franklin C. Freeman

083A

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

4. Sex Male 5. Color or race W.

6. (b) Name of husband or wife Ida

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive years

## 7. Date of Birth

(Month, Day, Year) August 24th 1862

## 8. AGE

Years	Months	Days	If less than 1 day
<u>85</u>	<u>6</u>	<u>13</u>	hrs min.

## 9. Exact Occupation

Veterinarian

## Did this

work for 35 yrs.

## 10. Industry or Business

Bever Dam Wisconsin

## Date last

worked

## 11. Birthplace

(City or town) (State or foreign country)

## 12. Name

John Freeman

## 13. Birthplace

(City or town) (State or foreign country)

## 14. Maiden name

Abbie Clayton

## 15. Birthplace

(City or town) (State or foreign country)

## 16. Informant's OWN Signature

Joan C Freeman

## and Address

1823-2 st W Hampa

## 17. (a) Burial

(Burial, cremation or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature

Lyda Rodgers

## and Address

Hampa Idaho

## 19. (a) Jan 19 1948

(Date received and filed) (b) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 109B

## 20. DATE OF DEATH

(Month, Day, Year) Jan 6th 1948

at 8 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 30 1947 to Jan 6 1948

I last saw him alive on Dec 6 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Hemorrhage from

apoplexy respiration

Due to Chronic Mononucleosis

Due to Chronic Mononucleosis

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

## 23. Attendant's OWN Signature

H. O. Bulkley (M. D. or)

and Address Hampa Date Jan 19 1948

(For additional space, use reverse side)

H. O. Bulkley

017



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED**  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. 150  
Local Reg. No. 362  
Reg. Dist. No. 362

**1. PLACE OF DEATH:**

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 1116 14th Ave.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days 3  
(g) Lived in this county 3 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 1116 14th Ave. S.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Nebraska

**3. (a) FULL NAME**

Mr. Charles D. Fahnholz

3. (b) If veteran, name war World #1  
3. (c) Social Security No. 519-26-1359  
5. Color or 6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 50 years  
7. Date of Birth (Month, Day, Year) December 21, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>0</u>	<u>16</u>	hrs min.

9. Exact Occupation Prop. Dixie Fruit Did this work for ain yrs.  
10. Industry or Business Ice Cream Date last worked worked  
11. Birthplace Humbolt Nebraska (City or town) (State or foreign country)

12. Name Henry Fahnholz  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Albertina Warrow  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Anna M. Fahnholz  
and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 1/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Meridian Cemetery

18. Funeral Directors Robinson-Aisip Chapel  
OWN Signature John A. Aisip, Jr.  
and Address Nampa, Idaho

19. (a) Jan 10-1948 (b) Lydal Rodgers  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) January 7, 1948  
at 2:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1-7-1948 to 1-7-1948  
I last saw him alive on 1-7-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Arteriosclerosis Duration 2 hrs

Due to Cerebral Arteriosclerosis  
Due to Cerebral Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation None Date None  
Major finding None  
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None

- Means of injury None  
23. Attendant's OWN Signature Samuel E. Houch

and Address Nampa, Idaho (M. D. or other) 1-8-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
JAN 31 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 151  
Local Reg. No. 97  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hampana  
(c) Street Address or R.F.D. No. 1716 - 2nd St No  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years 4 months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hampana  
(d) Street Address or R.F.D. No. 1716 - 2nd St No  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Portland Ore.

## 3. (a) FULL NAME

Barbara Ann Mc Hale

182X

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

4. Sex F 5. Color or race W.  
6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive None years

## 7. Date of Birth

(Month, Day, Year) May 20 - 1947

## 8. AGE

Years Months Days If less than 1 day  
7 24 hrs min.

9. Exact Occupation Hospital Records Did this work for 1 yrs.  
10. Industry or Business None Date last worked None  
11. Birthplace Portland Oregon (City or town) (State or foreign country)

12. Name Ellen M. Mc Hale  
13. Birthplace San Leandro Calif. (City or town) (State or foreign country)  
14. Maiden name Laura Belle Thomas  
15. Birthplace Hampana Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature George H. Walker  
and Address Hampana Idaho

17. (a) Burial (b) Date thereof 1/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hampana Idaho

18. Funeral Director's OWN Signature George H. Walker  
and Address Hampana Idaho

19. (a) Jan 29 1948 (b) Lyla Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Jan 13 1948  
at 3 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Baby Room on arrival 1948  
I last saw h. no previous case; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Asphyxiation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? no Homicide? no

Occurred Jan 13, 1948 19 48 City, county, state

where violence occurred Hampana

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury covers over head

23. Attendant's OWN Signature Larry C. Wesch M.D.

and Address Hampana Idaho Date 1-30 1948  
(For additional space, use reverse side)

Dr. Huch

363

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 21 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 152  
Local Reg. No. 16  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Samaritan Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mr. Clelland Lapsley Bryant

## 3. (b) If veteran,

name war none

## 3. (c) Social Security

No. none

## 5. Color or

White

## 6. (a) Single, widowed, married,

divorced Married

## 4. Sex male race White

## 6. (b) Name of husband or

wife Myrtle

## 6. (c) Age of husband or wife if

alive 66 years

## 7. Date of Birth

(Month, Day, Year) January 8, 1879

## 8. AGE

Years

Months

Days

If less than 1 day

69

0

6

hrs

min.

## 9. Exact

Occupation Farmer

## Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business

## Date last

worked life

## 11. Birthplace

Marion, Kentucky

(City or town)

(State or foreign country)

## 12. Name

Clinton W. Bryant

## 13. Birthplace

Indiana

(City or town)

(State or foreign country)

## 14. Maiden name

Mary Armstrong

## 15. Birthplace

Kentucky

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Mrs. C. L. Bryant

and Address Nampa, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 1/17/48

(Month) (Day) (Year)

(c) Place: Cloverdale Cemetery

## 18. Funeral Director's

OWN Signature John F. Alsip, Jr.

and Address Nampa, Idaho

## 19. (a) Jan 17 1948

(Date received and filed)

## (b) Lydia Rodgers

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) January 14, 1948

at 6:35 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 11:00 AM

1/17 1948, to 6:35 P.M. 1/14/48

I last saw him alive on 1/17 1948; death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion

## Duration

12 hrs

## Due to

Arteriosclerosis

## Due to

Hypertension

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation None

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred

Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Erasmus M.D.

and Address Nampa, Idaho Date 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 153  
Local Reg. No. 23  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Mercy Stayed... days  
(g) Lived in this county... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Rt. 4  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

James Michael Madden

3. (b) If veteran, name war ..... No. ....  
5. Color or race W  
6. (a) Single, widowed, married, divorced --  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) .....

8. AGE	Years	Months	Days	If less than 1 day
				hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Los Angeles, California  
(City or town) (State or foreign country)  
12. Name Robert K. Madden  
13. Birthplace San Diego, California  
(City or town) (State or foreign country)  
14. Maiden name Neva Navis  
15. Birthplace Strawbsberg, Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Robert K. Madden  
and Address Rt. 4, Caldwell

17. (a) Burial (b) Date thereof 1-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Lyda Rodgers  
and Address Caldwell, Idaho

19. (a) Jan. 20 - 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 15 19 48  
(Month, Day, Year) at 7:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 1-14 1948, to 1-15 1948  
I last saw him alive on 1-15 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

athypa = status epilepticus  
implant - cramp  
Due to .....

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? home  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry  
Public Place ..... While at work? .....

Means of injury .....  
Attendant's OWN Signature Lyda Rodgers (M. D. or other)  
and Address Caldwell, Idaho Date 1-16 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 154  
Local Reg. No. 18  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed 2 days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 519 10th Ave. S.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

Rev. Samuel Bollinger

## 3. (b) If veteran,

name war none

## 3. (c) Social Security

No. none

4. Sex male race white  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lillian  
6. (c) Age of husband or wife if alive 63 years

7. Date of Birth  
(Month, Day, Year) October 18, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>2</u>	<u>28</u>	hrs min.

9. Exact Occupation Minster Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Retired Date last worked \_\_\_\_\_  
11. Birthplace Madina County, Ohio  
(City or town) (State or foreign country)

12. Name Gideon Bollinger  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Maiden name Lydia Bowser  
15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lillian Bollinger  
and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 1/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill Cemetery

18. Funeral Director's OWN Signature John F. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) Jan 17, 1948 (b) Lydia Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) January 16, 1948  
at 12:35 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1948 to Jan 16, 1948  
I last saw him alive on Jan 15, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Massive cerebral hemorrhage

## Duration

95 hours

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Geo. D. A. Perry, M.D.  
(M. D. or other)

and Address Nampa, Idaho Date 1-17-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JAN 21 1948

STATE OF IDAHO

1948 File No. 155  
Local Reg. No. 28  
Reg. Dist. No. 362

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Mercy Stayed 7 days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 411-15th St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Montana

## 3. (a) FULL NAME

J. Maurice Lalande

## 3. (b) If veteran

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex Male Color H race H

5. Color of \_\_\_\_\_

## 6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Sept 17 - 1869

## 8. AGE

Years

78

Months

5

Days

1

If less than 1 day

hrs

min.

## 9. Exact Occupation

Retired Lumber

## Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Hooper

## Date last

worked

## 11. Birthplace

St. Alfred Canada

(City or town)

(State or foreign country)

## 12. Name

J. Maurice Lalande

## 13. Birthplace

Canada

(City or town)

(State or foreign country)

## 14. Maiden name

Victorine Chagnon

## 15. Birthplace

Canada

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Hospital Records

and Address

By Dr. H. Walker

## 17. (a) Burial

(Burial, cremation or removal)

## (b) Date thereof

1/20/48

(c) Place:

Nampa Idaho

## 18. Funeral Director's

OWN Signature

John H. Walker

and Address

Nampa Idaho

## 19. (a) Jan 29 1948

(Date received and filed)

## (b) Lyla Rodgers

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Jan 18

1948

at 11 o'clock

A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Jan 14

1948, to

Jan 18

1948

I last saw h.l.m. alive on Jan 18 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion

## Duration

2. Unrecorded

Due to Atherosclerosis generalized

Due to \_\_\_\_\_

Other conditions Atrial Fibrillation

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature J. O. Satterly

(M. D. or other)

and Address Nampa Date 1/20 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

State File No. **156**  
Local Reg. No. **26**  
Reg. Dist. No. **363**

**1. PLACE OF DEATH:**

- (a) County **Canyon**  
(b) City or town **Nampa**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Inst. **Samaritan** Stayed... days  
(g) Lived in this county **8** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Canyon**  
(c) City or town **Caldwell**  
(d) Street Address or R.F.D. No. **Rt. 1**  
(e) Deceased lived Inside? ..... Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **8** years  
(h) Former residence (city, state) .....

**3. (a) FULL NAME** **Frank Harris**

3. (b) If veteran, name war **No. 1**  
3. (c) Social Security No. **543-18-6437**  
4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**  
6. (b) Name of husband or wife **Clora** 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **July 8-1899**

8. AGE	Years	Months	Days	If less than 1 day
	<b>48</b>	<b>6</b>	<b>11</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **Thomas, Oklahoma** (City or town) (State or foreign country)  
12. Name **Richard Harris**  
13. Birthplace ..... (City or town) (State or foreign country)  
14. Maiden name **Amanda Buchanan**  
15. Birthplace **Texas** (City or town) (State or foreign country)

16. Informant's **OWN** Signature **Miss Clara Harris**  
and Address **Caldwell, Idaho Rt. 1**

17. (a) **Burial** (b) Date thereof **1-24-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Canyon Hill**

18. Funeral Director's **OWN** Signature **Regan-Dakan Chapel**  
and Address **Caldwell, Idaho**

19. (a) **Jan. 22-1948** (Date received and filed) **Lyda Rodgers** (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** **January 19** 19 **48**  
(Month, Day, Year) at **1:00** o'clock **P.M.**

21. **I HEREBY CERTIFY**, That I attended deceased from **Jan 14** 19 **48** to **Jan 19** 19 **48**.  
I last saw him alive on **Jan 19** 19 **48**; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** **Cardio-Respiratory failure** Duration  
**Shock.**

Due to **Manipulation of fracture of**  
Other conditions **Lumbar Spine**  
(Include pregnancy within 6 months of death)

**Fracture Lumbar Spine & Spinal Cord**  
Where was disease contracted? **California**  
Name of operation **Reduction** Date of **Jan 19 1948**  
Major finding **fractures of**  
Finding of autopsy

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? **X** Suicide? ..... Homicide? .....  
Occurred **Jan 4, 1948** 19 ..... City, county, state where violence occurred **Near Notus, Canyon co**  
Place of Violence: Home **near Farm** Industry  
Public Place ..... While at work?  
Means of injury **Horse stumbled and fell while he was chasing coyotes.**

23. Attendant's **OWN** Signature **J. R. Mangum**  
and Address **1-21-48** Date **19**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**NON-RESIDENT**  
**Certificate Of Death**  
JAN 31 1948  
STATE OF IDAHO

1948  
State File No. 157  
Local Reg. No. 22  
Reg. Dist. No. 363

**1. PLACE OF DEATH:**

- (a) County Canyon  
(b) City or town Tampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Samaritan Stayed 39 days  
(g) Lived in this county 8 years 8 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Washington (b) County Yakima  
(c) City or town Mabton  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 mo. years  
(h) Former residence (city, state) Mabton, Wash.

**3. (a) FULL NAME William Bailey**

3. (b) If veteran, name war No. No. No.  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Emily  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) April 25, 1876.

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>7</u>	<u>23</u>	hrs min.

9. Exact Occupation Meat Cutter Did this work for Lifeyrs.  
10. Industry or Business ..... Date last worked March 1947  
11. Birthplace England (City or town) (State or foreign country)

12. Name No Record  
13. Birthplace No Record (City or town) (State or foreign country)  
14. Maiden name Nancy No Record  
15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature John Bailey  
and Address Pasco, Washington.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/20/48  
(c) Place: Sunnyside, Washington

18. Funeral Director's OWN Signature John F. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) Jan 26 - 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) January 19, 1948  
at 8:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1947 to Jan 18, 1948

I last saw him alive on Jan 18, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cordia - Respiratory Failure

Due to starvation

Due to depression  
Other conditions stroke (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature R. Mangum MD  
(M. D. or other)  
and Address ..... Date ..... 19 .....  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Mercy Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Star  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 76 years  
(h) Former residence (city, state)

3. (a) FULL NAME Samuel W. Newman

3. (b) If veteran, name war No.  
5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Sarah Anna  
6. (c) Age of husband or wife alive years

7. Date of Birth (Month, Day, Year) December 28-1867

8. AGE	Years	Months	Days	If less than 1 day
	80	1	22	hrs min.

9. Exact Occupation Farmer Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Fayetteville, Arkansas (City or town) (State or foreign country)

12. Name Arion H. Newman  
13. Birthplace Tennessee (City or town) (State or foreign country)  
14. Maiden name Sarah Choate  
15. Birthplace Arkansas (City or town) (State or foreign country)

16. Informant's OWN Signature  
(a) and Address 2553 - 12th Ave W. Seattle

17. (a) Burial (b) Date thereof 1-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Middleton

18. Funeral Directors OWN Signature Escham-Dakan Chapel  
(a) and Address Caldwell, Idaho

19. (a) Jan-23-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A 097X

20. DATE OF DEATH January 20 19 48  
(Month, Day, Year)  
at 4:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 1-14 1948 to 1-20 1948  
I last saw him alive on 1-20 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 1 - Cerebral accident Duration

Due to arteriosclerosis

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature  
(a) and Address (M. D. or other) Date 1-20 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 10 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 159  
Local Reg. No. 30  
Reg. Dist. No. 368

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home HospitaK Institution Other place  
(f) Name Hosp. or Inst. Mercy Stayed 1 days  
(g) Lived in this county 12 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Melba  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Edison, Nebr.

## 3. (a) FULL NAME

Mr. John T. Slonecker

3. (b) If veteran, name was none  
3. (c) Social Security No. none  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Anna Sophie  
6. (c) Age of husband or wife if alive 66 years  
7. Date of Birth (Month, Day, Year) May 15, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>7</u>	<u>28</u>	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.  
10. Industry or Business Retired Date last worked .....  
11. Birthplace Seward, Nebraska  
(City or town) (State or foreign country)

12. Name Franklin H. Slonecker  
13. Birthplace Unobtainable  
(City or town) (State or foreign country)  
14. Maiden name Eliza Tanner  
15. Birthplace Unobtainable  
(City or town) (State or foreign country)

16. Informant's OWN Signature Anna Sophie Slonecker  
and Address Melba, Idaho

17. (a) Burial (b) Date thereof 1/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Melba Cemetery

18. Funeral Director Robinson-Alsip Chapel  
OWN Signature John E. Alsip Jr.  
and Address Nampa, Idaho

19. (a) Jan 30 - 1948 (b) L. J. Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) January 23, 1948  
at 6:55 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1-7-1944 to 1-23-1948

I last saw him alive on 1-23-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Embolus Duration

Due to Arterio sclerosis

Due to Chronic Myocarditis

Other conditions Chronic O. myocarditis  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Annell Gwynne MD

(M. D. or other)

and Address Nampa, Idaho Date 1-26-1948

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
FEB 10 1948 STATE OF IDAHO

State File No. 160  
Local Reg. No. 32 32  
Reg. Dist. No. 362

1. PLACE OF DEATH: **DIVISION OF VITAL STATISTICS**
- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 168 days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 520-16th Ave No.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 yrs years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Miss Margaret Dike

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Single  
4. Sex Female race White  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) November 1, 1904.

8. AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>2</u>	<u>26</u>	hrs min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Belvue, Kansas.  
(City or town) (State or foreign country)

12. Name Joseph E Dike  
13. Birthplace Louisville, Kansas.  
(City or town) (State or foreign country)  
14. Maiden name Laura B Nichols  
15. Birthplace Madison, Indiana.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Edith M. Dike  
and Address 520-16th Ave North

17. (a) Burial (b) Date thereof 1/29/48.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Kohlerlawn Cemetery

18. Funeral Director's Robinson-Alsip Chapel  
OWN Signature John F. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) Jan 31-1948 (b) Lida Rodgers  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 082X 087D

20. DATE OF DEATH (Month, Day, Year) January 27, 1948.  
at 5:53 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 15 1947, to Jan 27 1948.  
I last saw h.er alive on Jan 27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Insanitation  
Due to poorly packed, armor legs  
multiple bed sores

Due to Insular Sclerosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Henry C. Wesche, M.D.  
(M. D. or other)  
and Address Nampa, Idaho Date 1-29-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 31 1949  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 161  
Local Reg. No. 26  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hampe  
(c) Street Address or R.F.D. No. 519-17th Ave.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 5 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hampe  
(d) Street Address or R.F.D. No. 519-17th Ave.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6.3 years  
(h) Former residence (city, state) Boise Idaho

## 3. (a) FULL NAME

Mrs. Lenora Hollister

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

## 4. Sex F race W.

## 5. Color or

race W.

## 6. (a) Single, widowed married

divorced divorced

## 6. (b) Name of husband or

wife \_\_\_\_\_

## 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

June 6 - 1869

## 8. AGE

Years

79

Months

6

Days

21

If less than 1 day

hrs

min.

## 9. Exact

Occupation At Home

## Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business \_\_\_\_\_

## Date last

worked \_\_\_\_\_

## 11. Birthplace

Humboldt County Nevada

(City or town)

(State or foreign country)

## 12. Name

Anna G. Prosser

## 13. Birthplace

Canada

(City or town) (State or foreign country)

## 14. Maiden name

Martha Prosser

## 15. Birthplace

New York State

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Hospital Records

and Address

By Geo. W. Walker

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof 1/30/48

(Month) (Day) (Year)

(c) Place: Boise Idaho

## 18. Funeral Director's

OWN Signature

George W. Walker

and Address

Hampe Idaho

## 19. (a) Jan. 28 1948

(Date received and filed)

## (b) Lida Rodgers

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

093D

## 20. DATE OF DEATH

(Month, Day, Year)

Jan 27th 1948

at 3 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Oct 31 1947 to 127 1948

I last saw her alive on 127 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of death:

Hemorrhage brain Duration

\*paralysis respiratory

Due to Hyper tension

Due to Alphurini + growth

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_

Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature

H. B. Belknap (M. D. or other)

and Address

Hampe Date 28 1948

(For additional space use reverse side)

H. B. Belknap

012

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 10 1948  
DIVISION OF VITAL  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. 162  
Local Reg. No. 376  
Reg. Dist. No. 362

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Manapa  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Sanator Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Manapa  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Robin Sherill Ackerson

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male 5. Color or race W.

6. (b) Name of husband or wife \_\_\_\_\_

6. (a) Single, widowed, married, divorced Single

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year)

Jan. 30th 1948

8. AGE

Years	Months	Days	If less than 1 day
		<u>14 hrs</u>	<u>14</u> hrs min.

9. Exact Occupation None

- Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_

- Date last worked \_\_\_\_\_

11. Birthplace Manapa  
(City or town)

- Idaho  
(State or foreign country)

12. Name Robin Ackerson

13. Birthplace Galva  
(City or town)

- Kansas  
(State or foreign country)

14. Maiden name Beth Ruth Ackerson

15. Birthplace Elkhart  
(City or town)

- Kansas  
(State or foreign country)

16. Informant's OWN Signature Robin S. Ackerson

and Address 1718- 76th St. S. 1/31/48

17. (a) Removal (b) Date thereof 1/31/48  
(Burial, cremation, or removal)

(c) Place: Emmott Ida

18. Funeral Director's OWN Signature Gary A. Walker

and Address Manapa Idaho

19. (a) Jan. 31, 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Jan. 31st. 1948  
at 2 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 30 1948, to Jan 30 1948

I last saw him alive on Jan 30 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cardio Respiratory failure

Due to \_\_\_\_\_

Due to Impression of Card

Other conditions at birth  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. Mangum Mrs

and Address Manapa Ida Date Jan 31 1948  
(For additional space, use reverse side)

Ch. J. R. Mangum.

458

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 12 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 163  
Local Reg. No. 3  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 324 Blaine St.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 324 Blaine St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Maybelle Hopkins

## 3. (b) If veteran,

name war                     

## 3. (c) Social Security

No.                     

## 4. Sex F Color or W

## 6. (a) Single, widowed, married,

divorced W

## 6. (b) Name of husband or

wife John Guy Hopkins

## 6. (c) Age of husband or wife if

alive                      years

## 7. Date of Birth

(Month, Day, Year) September 30-1930

## 8. AGE

Years	Months	Days	If less than 1 day
<u>77</u>	<u>3</u>	<u>1</u>	hrs min.

## 9. Exact

Occupation Housekeeping Did this work for                      yrs.

## 10. Industry or

Business                      Date last worked                     

## 11. Birthplace

Des Moines, Iowa  
(City or town) (State or foreign country)

## 12. Name

George Washington Allen

## 13. Birthplace

                      
(City or town) (State or foreign country)

## 14. Maiden name

Latilda Hyatt

## 15. Birthplace

                      
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature                     

and Address                     

## 17. (a) Burial

(Burial, cremation, or removal)                     

## (b) Date thereof 11-5-48

(Month) (Day) (Year)

(c) Place: Canyon Hill

## 18. Funeral Director's

OWN Signature                     

and Address Caldwell, Idaho

## 19. (a) 1-6-48

(Date received and filed)

## (b)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) January 1 1948

at 8:00 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Dec 22 1947 to Jan 1 1948

I last saw her alive on Jan 1 1948; death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cancer of Liver Duration 1 yr.

Due to                     

Due to                     

Other conditions myocardial degeneration 3 yrs

(Include pregnancy within 3 months of death)

Where was disease contracted?                     

Name of operation                      Date                     

Major finding                     

Finding of autopsy                     

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?

Occurred                      19                      City, county, state

where violence occurred                     

Place of Violence: Home                      Farm                      Industry                     

Public Place                      While at work?                     

Means of injury                     

## 23. Attendant's

OWN Signature                     

and Address Caldwell, Idaho Date Jan 3 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 3 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

Amended  
May 6, 1948

State File No. 164  
Local Reg. No. 4  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Sanitarium Stayed ..... days  
(g) Lived in this county 42 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Frank Lincoln Rose

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

5. Color or race M W

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Grace B.

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth  
(Month, Day, Year) January 18, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>0</u>	<u>15</u>	hrs min.

9. Exact Occupation Farming Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Lucas Co. Chariton, Iowa  
(City or town) (State or foreign country)

12. Name Steven Gilbert Rose

13. Birthplace Ohio  
(City or town) (State or foreign country)

14. Maiden name Rose Linda Jane Ogden

15. Birthplace Ohio ?  
(City or town) (State or foreign country)

16. Informant's OWN Signature Margaret L. Brown  
and Address Caldwell, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-1948  
(Month) (Day) (Year)

(c) Place: Caldwell, Idaho (Canyon Hill)

18. Funeral Director's OWN Signature C. V. Peckham  
and Address Caldwell, Idaho

19. (a) 1-7-48 (b) Agnes Dennen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 3, 1948  
at 6:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 30 1947 to Jan. 2 1948

I last saw him alive on Jan. 2 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Broncho Pneumonia

Duration

Due to Coronary Thrombosis 7 days  
2 years

Due to Arteriosclerotic Heart disease

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

) Public Place ..... While at work?

Means of injury .....

23. Attendant's OWN Signature W. B. Handford

(M.D. or other)

and Address Caldwell, Idaho Date Feb 2 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 12 1948  
DIVISION OF VITAL  
Certificate Of Death  
STATE OF IDAHO

State File No. 164  
Local Reg. No. 4  
Reg. Dist. No. 362

1. PLACE OF DEATH:

- (a) County CCanyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Sanitarium Stayed ..... days  
(g) Lived in this county 41 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #4  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? Canyon  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Franklin Lincoln Rose

3. (b) If veteran, name war ..... No. ....  
5. Color or ..... 6. (a) Single, widowed, married,  
4. Sex M race W divorced W  
6. (b) Name of husband or wife Grave B. Rose alive ..... years  
7. Date of Birth (Month, Day, Year) January 18-1867

8. AGE	Years	Months	Days	If less than 1 day
	80	0	15	hrs min.

9. Exact Occupation Farming Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Lucas Co., Charitan, Iowa  
(City or town) (State or foreign country)  
Mother Father { 12. Name Stevan Gilbert Rose  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Maiden name Rose Linda Jane Ogden  
15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Marquet L. Brown  
and Address Meridian, Idaho

17. (a) Burial (b) Date thereof 1-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's Peckham-Pekan Chapel  
OWN Signature .....  
and Address Caldwell, Idaho

19. (a) 1-7-48 (b) Agnes M. Denman  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH (Month, Day, Year) January 3 1948  
at 6:25 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 28 Dec 1947 to 3 Jan 1948  
I last saw him alive on 3 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary thrombosis Duration 7 da

Due to arteriosclerotic heart disease 2 yrs

Due to .....  
Other conditions (include pregnancy within 3 months of death) Premature thrombocytopenia

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature W. B. Handford  
and Address Caldwell Date 5 Jan 1948  
(M. D. or other) (for additional space, use reverse side)



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of .....  
County of .....

ss.

Certificate No. 164

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death  
for Franklin Lincoln Rose who died on Jan 3, 1948  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Caldwell are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)  
Franklin Lincoln Rose

**TO**  
(The Correct Facts)

Name

Frank Lincoln Rose

Subscribed and sworn to before me this 14th day of

Signed [Signature]  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

May Nell Wilson  
Notary Public, residing at Caldwell

My commission expires June 8-1948  
(Seal)

Caldwell Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of .....  
County of .....

ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed .....  
(Signature of Any Credible Person)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

.....  
(Street Address, City, State)

1948

165

State File No. 8  
 Local Reg. No. 360  
 Reg. Dist. No. 360

United States  
 Department of Commerce  
 Bureau of the Census

RECEIVED  
**Certificate Of Death**  
 JAN 12 1948  
 DIVISION OF VITAL STATISTICS  
 STATE OF IDAHO

## 1. PLACE OF DEATH:

(a) County Canyon  
 (b) City or town Caldwell  
 (c) Street Address or R.F.D. No. 2102 South Kimball  
 (d) Death Occured Inside? Outside? city or town  
 (e) Died in a Home Hospital Institution Other place  
 (f) Name Hosp. or Inst. Stayed days  
 (g) Lived in this county 22 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Canyon  
 (c) City or town Caldwell  
 (d) Street Address or R.F.D. No. 2102 So. Kimball  
 (e) Deceased lived Inside? X Outside? city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? years  
 (h) Former residence (city, state)

## 3. (a) FULL NAME

Isaac Houston Preston

3. (b) If veteran,  
 name war

3. (c) Social Security  
 No.

4. Sex M 5. Color or W 6. (a) Single, widowed, married,  
 race W divorced

6. (b) Name of husband or wife Eliza Harriet 6. (c) Age of husband or wife if  
 alive years

7. Date of Birth  
 (Month, Day, Year) March 31-1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>9</u>	<u>3</u>	hrs min.

9. Exact Occupation Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace American Fork, Utah  
 (City or town) (State or foreign country)

12. Name James Whitman Preston

13. Birthplace Salem, Massachusetts  
 (City or town) (State or foreign country)

14. Maiden name Emiline Houston

15. Birthplace Addison, Vermont  
 (City or town) (State or foreign country)

16. Informant's OWN Signature Ray Preston  
 and Address Midvale Idaho

17. (a) Removal (b) Date thereof 1-8-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Cloverdale near Boise

18. Funeral Director's OWN Signature Peckham-Dakin Chapel

and Address Caldwell, Idaho

19. (a) 1-9-48 (b) Regina Madenman  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
 (Month, Day, Year) January 4 19 48  
 at 7:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from  
January 1, 1948 to January 4, 1948  
 I last saw him alive on January 4, 1948; death is  
 said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of stomach near pylorus  
 Due to

Due to Myocardial degeneration + dilatation  
 (Include pregnancy within 3 months of death)

Where was disease contracted? 5 yrs.  
 Name of operation None Date None  
 Major findings Ray, Spurs, Regit and stomach about three times normal size  
 Finding of autopsy Physician  
 Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
 Occurred 19 City, county, state where violence occurred  
 Place of Violence: Home Industry  
 Public Place While at work?  
 Means of injury

23. Attendant's OWN Signature L. R. Wittenburger D.O.  
 and Address Caldwell Idaho Date Jan 6, 1948  
 (For additional space, use reverse side)

357

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JAN 12 1948

# Certificate Of Death

STATE OF IDAHO

748 166  
State File No. \_\_\_\_\_  
Local Reg. No. 7  
Reg. Dist. No. 360

1. PLACE OF DEATH: DIVISION OF VITALS
- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. Route #1  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Memorial Park days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Marty Lee Bloomfield

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) January 4-1948

8. AGE	Years	Months	Days	If less than 1 day
	-	-	-	<u>6</u> hrs - min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Caldwell, Idaho  
(City or town) (State or foreign country)

12. Name Caleb Bloomfield  
13. Birthplace South Dakota  
(City or town) (State or foreign country)  
14. Maiden name Josephine Batzner  
15. Birthplace Notus, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Caleb L. Bloomfield  
and Address Route #1 Caldwell, Idaho

17. (a) Burial (b) Date thereof 1-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Baby Land Canyon Hill

18. Funeral Director's OWN Signature E. L. Munn  
and Address Caldwell, Idaho

19. (a) 1-9-48 (b) E. L. Munn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 4 19 48  
at 8:50 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1/4 19 48, to 1/4 19 48  
I last saw h. live alive on 1/4 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity without development of organs + skin to live  
Due to Twin Birth (2nd twin)  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. L. Munn MD  
and Address Caldwell, Idaho Date 1/5 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 2 1949  
OFFICE OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 167  
Local Reg. No. 12  
Reg. Dist. No. 960

1. PLACE OF DEATH:
- (a) County Canyon
  - (b) City or town Caldwell
  - (c) Street Address or R.F.D. No. 409 No. Kimball
  - (d) Death Occurred Inside? X Outside? city or town
  - (e) Died in a Home X Hospital 12 yrs. Institution Other place
  - (f) Name Hosp. or Inst. Penningtons Stayed 12 days
  - (g) Lived in this county 12 years 7 months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon
  - (c) City or town Caldwell
  - (d) Street Address or R.F.D. No. 409 No. Kimball
  - (e) Deceased lived Inside? X Outside? city or town
  - (f) Citizen of what country? America
  - (g) How long had deceased lived in Idaho? 15 years
  - (h) Former residence (city, state) St. Louis, Missouri

3. (a) FULL NAME Busby, Sylvester
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 11-2-66

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>1</u>	<u>8</u>	hrs min.

9. Exact Occupation & Pool Hall Operator Did this work for 40 yrs.
10. Industry or Business & Pool-Hall Operator Date last worked 1940
11. Birthplace Monterey, Massachusetts (City or town) (State or foreign country)
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature Beck Street and Address 224-11th Ave. No.ampa
17. (a) Burial (b) Date thereof 1-10-48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Canyon Hall Peckham-Dakota Chapel
18. Funeral Director's OWN Signature Beckham and Address Caldwell, Idaho
19. (a) 1-20-48 (b) Agnes Denman (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 4 19 48 at 107X o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 2 1948 to Jan 2 1948. I last saw him alive on Jan 2 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchopneumonia Duration 4 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_
- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_
- Means of injury \_\_\_\_\_
23. Attendant's OWN Signature R. S. Cross and Address Caldwell, Idaho (M. D. or other) Date 1/11 19 48 (For additional space, use reverse side)

Canyon Co. Physician  
224

1948

168

State File No. 168  
 Local Reg. No. 109  
 Reg. Dist. No. 360

United States  
 Department of Commerce  
 Bureau of the Census

RECEIVED

JAN 19 1948

## Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Canyon  
 (b) City or town Caldwell  
 (c) Street Address or R.F.D. No. 409 No. Kimbal  
 (d) Death Occurred Inside? X Outside? city or town  
 (e) Died in a Home X Hospital Other place  
 (f) Name Hosp. or Inst. Pennington Stayed days  
 (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
 (c) City or town Caldwell  
 (d) Street Address or R.F.D. No. 409 No. Kimbal  
 (e) Deceased lived Inside? X Outside? city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 38 years  
 (h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Robert Samuel Bacon

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race W  
 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Catherine Bacon  
 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) February 2-1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>11</u>	<u>4</u>	hrs min.

9. Exact Occupation Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Near Springfield, Missouri  
 (City or town) (State or foreign country)

12. Name Not Known

13. Birthplace " "  
 (City or town) (State or foreign country)

14. Maiden name Not Known

15. Birthplace " "  
 (City or town) (State or foreign country)

16. Informant's OWN Signature Robert S. Bacon  
 and Address Caldwell, Idaho

17. (a) Removal (b) Date thereof 1-9-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Morris Hill, Boise

18. Funeral Director's OWN Signature Peckham-Baker Chapel

- and Address Caldwell, Idaho

19. (a) 1-14-48 (b) Agnes M. Denman  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 6 1948  
 (Month, Day, Year)  
 at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 2 1948 to Jan 5 1948  
 I last saw him alive on Jan 5 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chor. Myocarditis

## Duration

Due to

Due to Hypertension

Other conditions

(Include pregnancy within 8 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swimming Suicide? Homicide?  
 Occurred 19 City, county, state where violence occurred Idaho  
 Place of Violence: Home Farm Industry Public Place  
 Means of injury While at work?

## 23. Attendant's

OWN Signature R. S. Bacon

and Address Caldwell, Idaho Date 1-14-48 1948  
 (For additional space, use reverse side)

Canyon Co. Physician 224

093D

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 19 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 169  
Local Reg. No. 10  
Reg. Dist. No. 360

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Memorial Park  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. Rt. 3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Jerry Chester Dorris

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced --

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth

(Month, Day, Year) January 4-1948

8. AGE	Years	Months	Days	If less than 1 day
	-	-	3	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Caldwell, Idaho  
(City or town) (State or foreign country)

12. Name Chester Dorris

13. Birthplace Conway, Missouri  
(City or town) (State or foreign country)

14. Maiden name Joyce Hibbard

15. Birthplace Waverly, Nebraska  
(City or town) (State or foreign country)

16. Informant's OWN Signature Chuter Dorris  
and Address Parma, Idaho Rt. #3

17. (a) Burial (b) Date thereof 1-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Roswell

18. Funeral Director's OWN Signature Peckham-Dakota Chapel  
and Address Caldwell, Idaho

19. (a) 1-14-48 (b) Apur M. Benman  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) January 7 19 48  
at 10:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 4 19 48 to Jan 7 19 48  
I last saw him alive on Jan 7 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

congenital bowel obstruction 3 days  
cardiac anomaly  
Due to congenital malformation

Due to \_\_\_\_\_  
Other conditions multiple congenital  
(Include pregnancy within 3 months of death) deformities and malformations

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature C. R. Whittemberger

and Address Caldwell, Idaho (P. or other) \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 26 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 170  
State File No. \_\_\_\_\_  
Local Reg. No. 11  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 1002 Grant St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Adrian Laben Lindley

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. 544-22-9614

## 5. Color or race W

## 6. (a) Single, widowed, married, divorced S

## 6. (b) Name of husband or wife \_\_\_\_\_

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) October 30-1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>2</u>	<u>9</u>	hrs min.

## 9. Exact Occupation Engineer & Mill Right Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Plymouth, Kansas (City or town) (State or foreign country)

## 12. Name Milton Lindley

## 13. Birthplace Paoli, Indiana (City or town) (State or foreign country)

## 14. Maiden name Sophronia Page Hackney

## 15. Birthplace Friendsville, Tenn (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs. Clara E. Ducker and Address Ontario, Oregon

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-48 (Month) (Day) (Year)

## (c) Place: Canyon Hill

## 18. Funeral Director's OWN Signature Peckham-Dakan Chapel and Address Caldwell, Idaho

## 19. (a) 1-26-48 (Date received and filed) (b) Aquidn Denman (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) January 9 19 48 at about 5:00 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Probably coronary thrombosis -  
Victim was found dead, lying  
Due to a fall in apartment. Had  
prepared meal and fell from  
Due to chair to floor!

Other conditions \_\_\_\_\_ (Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Jan. 9 19 48 City, county, state where violence occurred Caldwell Ida.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury alone stated

Attendant's OWN Signature Wm D. Valley (M. D. or Coroner) and Address Nampa, Ida. Date 1/13 19 48 (For additional space, use reverse side)

094A

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 20 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948 171  
State File No. 171  
Local Reg. No. 13  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 319 Chicago St.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Sanitarium Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 319 Chicago St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? years  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) 200A

## 3. (a) FULL NAME

Arthur Loren Van Slyke

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced --  
6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year) January 15-1948

8. AGE	Years	Months	Days	If less than 1 day
				hrs <u>20</u> min.

9. Exact Occupation work for yrs. Did this work for work for yrs.  
10. Industry or Business worked Date last worked worked  
11. Birthplace Caldwell, Idaho (City or town) (State or foreign country)

- Mother Father  
12. Name Leon A. Van Slyke  
13. Birthplace Caldwell, Idaho (City or town) (State or foreign country)  
14. Maiden name Viva C. Conklin  
15. Birthplace Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature Leon Van Slyke  
and Address 319 Chicago Caldwell

17. (a) Burial (b) Date thereof Jan 20 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Baby Land at Canyon Hill

18. Funeral Director's OWN Signature Pedham-Dekan Chapel  
and Address Caldwell, Idaho

19. (a) 1-20-48 (b) Agnes M. Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 15 19 48  
at 1:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 15 1948 to Jan 15 1948  
I last saw him alive on Jan 15 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

5 1/2 month fetus gestation to short for life

Due to short for life

Due to short for life

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding Date

Finding of autopsy Date

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swimming Suicide? Swimming Homicide? Swimming  
Occurred 19 City, county, state Caldwell, Canyon, Idaho

where violence occurred Caldwell, Canyon, Idaho

Place of Violence: Home Swimming Farm Swimming Industry Swimming

Public Place Swimming While at work? Swimming

Means of injury Swimming

Attendant's OWN Signature Lester Shupe

and Address Caldwell (M. D. or other) 1/16 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 172  
Local Reg. No. 14  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Memorial Park days  
(g) Lived in this county... years 7 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 602 Dearborn St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 7 Mo years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

Nancy Jane Porter

3. (b) If veteran, name war ..... No. ....  
5. Color or .....  
6. (a) Single, widowed, married, divorced W  
4. Sex F race W  
6. (b) Name of husband or wife George P. Porter years  
6. (c) Age of husband or wife if ..... years  
7. Date of Birth (Month, Day, Year) July 17-1852

8. AGE	Years	Months	Days	If less than 1 day
	<u>95</u>	<u>5</u>	<u>28</u>	hrs min.

9. Exact Occupation Housekeeping Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Hocking Co., Ohio  
(City or town) (State or foreign country)

- Mother { 12. Name Barker  
13. Birthplace .....  
(City or town) (State or foreign country)  
14. Maiden name .....  
15. Birthplace Fritter  
(City or town) (State or foreign country)

16. Informant's OWN Signature Nancy Porter  
and Address 602 Dearborn St., Caldwell

17. (a) Removal (b) Date thereof. ....  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pierce Chapel Cem., Fullerton, Neb.

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 1-20-48 (b) Agnes M. Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 15 19 48  
(Month, Day, Year)  
at 10:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 13 Jan 1948 to 15 Jan 1948  
I last saw her alive on 15 Jan 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia, bacterial Duration 1 wk

Due to .....  
Due to .....  
Other conditions semitic  
(Include pregnancy within 3 months of death)

Where was disease contracted? Caldwell  
Name of operation none Date .....  
Major finding .....  
Finding of autopsy none done

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature J. D. Simpson M.D.  
(M. D. or other)  
and Address Caldwell Date 16 Jan 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 173  
State File No. 173  
Local Reg. No. 13  
Reg. Dist. No. 960

1. PLACE OF DEATH:
- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sanitarium Stayed \_\_\_\_\_ days  
(g) Lived in this county 43 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 607 Grant St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) Wilder, Idaho

3. (a) FULL NAME Bert Elihu Garlick

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced M  
4. Sex M race W  
6. (b) Name of husband or wife May Garlick (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) November 26-1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>1</u>	<u>20</u>	hrs min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Grand Rapids, Michigan  
(City or town) (State or foreign country)  
Mother Father { 12. Name Wm. Garlick  
13. Birthplace Michigan  
(City or town) (State or foreign country)  
14. Maiden name Helen M. Hardy  
15. Birthplace Michigan  
(City or town) (State or foreign country)

16. Informant's OWN Signature May Garlick  
and Address Caldwell, Ida.

17. (a) Burial (b) Date thereof 1-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Wilder, Idaho

18. Funeral Director's OWN Signature Peckham Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 1-21-48 (b) Agnes M. Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 16 1948  
(Month, Day, Year)  
at 1:25 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 12 Feb 1935 to 16 Jan 1948  
I last saw him alive on 16 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary thrombosis Duration 3 hrs

Due to Generalized arteriosclerosis 12 yrs

Due to \_\_\_\_\_  
Other conditions Apoplexy 4 da  
(Include pregnancy within 3 months of death)  
Pneumonia 3 da

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wm B. Handford  
and Address Caldwell Date 19 Jan 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
JAN 2 1948  
DIVISION OF VITAL STATE OF IDAHO

State File No. 174  
Local Reg. No. 17  
Reg. Dist. No. 360

**1. PLACE OF DEATH:**

(a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R. F. D. No. 204 Cleveland  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place days  
(f) Name Hosp. or Inst. Arnold's Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

(a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Rt. 4  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) 107X

**3. (a) FULL NAME**

Ira William Carson

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

5. Color or W 6. (a) Single, widowed, married, divorced W

4. Sex M race W 6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) December

8. AGE	Years	Months	Days	If less than 1 day
				hrs min.

9. Exact Occupation Electrician Did this work for years

10. Industry or Business Chatsworth, Illinois Date last worked worked

11. Birthplace Chatsworth, Illinois (City or town) (State or foreign country)

12. Name Samuel Carson

13. Birthplace Brown Co., Ohio (City or town) (State or foreign country)

14. Maiden name Sadie McCreedy

15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Mary V. Young

and Address 809 Denver St., Caldwell

17. (a) Burial (b) Date thereof 1-23-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Beckham-Dakan Chapel

and Address Caldwell, Idaho

19. (a) 1-23-48 (b) Agnes D. Dorman (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH January 19 19 48  
(Month, Day, Year) at 7:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 18 1948 to Jan 18 1948  
I last saw h. alive on Jan 18 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Brain tumor Duration 1

Due to Brain tumor

Due to Brain tumor

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Brain tumor Date Jan 18 1948

Major finding Brain tumor

Finding of autopsy Brain tumor

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? No Suicide? No Homicide? No

Occurred 1948 City, county, state where violence occurred Caldwell, Canyon Co., Idaho

Place of Violence: Home X Farm No Industry No

Public Place No While at work? No

Means of injury Brain tumor

23. Attendant's OWN Signature Beckham-Dakan Chapel

and Address Caldwell, Idaho (M. D. or other)

Date 1-20-48 1948

(For additional space, use reverse side)

Canyon Co. Physician 224

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. 175  
Local Reg. No. 16  
Reg. Dist. No. 360

1. PLACE OF DEATH:
- (a) County Canyon
  - (b) City or town Caldwell
  - (c) Street Address or R.F.D. No. 204 Cleveland
  - (d) Death Occurred Inside? X Outside?    city or town
  - (e) Died in a Home X Hospital    Institution    Other place
  - (f) Name Hosp. or Inst. Arnold's Stayed    days
  - (g) Lived in this county 56 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon
  - (c) City or town Caldwell
  - (d) Street Address or R.F.D. No. 204 Cleveland
  - (e) Deceased lived Inside? X Outside?    city or town
  - (f) Citizen of what country? U.S.A.
  - (g) How long had deceased lived in Idaho? 56 years
  - (h) Former residence (city, state)

3. (a) FULL NAME Mary Morrow
3. (b) If veteran, name war    No.
5. Color W 6. (a) Single, widowed, married, divorced W
4. Sex F race W
6. (b) Name of husband or wife John Thomas Morrow 6. (c) Age of husband or wife if years
7. Date of Birth (Month, Day, Year) April 15-1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>9</u>	<u>5</u>	hrs min.

9. Exact Occupation Housewife Did this work for    yrs.
10. Industry or Business    Date last worked
11. Birthplace Sommerset Co., Pennsylvania  
(City or town) (State or foreign country)

- Mother { 12. Name     
13. Birthplace     
(City or town) (State or foreign country)
- Mother { 14. Maiden name     
15. Birthplace     
(City or town) (State or foreign country)

16. Informant's OWN Signature Mary Morrow  
and Address 616 Cleveland Blvd., Caldwell

17. (a) Burial (b) Date thereof 1-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Canyon Hill

18. Funeral Director's OWN Signature Regina Dakan  
and Address Caldwell Idaho

19. (a) 1-28-48 (b) Signer in Denmark  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH January 20 19 48  
(Month, Day, Year)  
at 7:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1947 to Jan 10 1948  
I last saw h e alive on Jan 10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Chronic Myocarditis Duration Small  
years

Due to   

Due to Hypertension

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?
- Occurred    19    City, county, state where violence occurred
- Place of Violence: Home    Farm    Industry
- Public Place    While at work?
- Means of injury

23. Attendant's OWN Signature R S Ross  
(M.D. or other)  
and Address Caldwell Idaho Date 1/20 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB 2 1948

STATE OF IDAHO

State File No. 176  
Local Reg. No. 22  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 1511 Arthur St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 1511 Arthur St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Emily Jane Gotchall Van Tress

3. (b) If veteran, name war  3. (c) Social Security No.   
5. Color or  6. (a) Single, widowed, married, divorced M  
4. Sex F race W 6. (c) Age of husband or wife if alive years  
6. (b) Name of husband or wife Calvin  
7. Date of Birth (Month, Day, Year) April 6-1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>9</u>	<u>17</u>	hrs min.

9. Exact Occupation Housewife Did this work for years  
10. Industry or Business  Date last worked   
11. Birthplace Near Wenona, Illinois  
(City or town) (State or foreign country)

- Mother { 12. Name John Gotchall  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Maiden name Anna Litchfield  
15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Leah Van Tress  
and Address 1511 Arthur St.

17. (a) Burial (b) Date thereof 1-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 1-29-48 (b) Peckham Dakan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 23 19 48  
(Month, Day, Year)  
at 2:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 14 19 45 to Jan 23 19 48  
I last saw her alive on Dec 1 19 46 death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: multiple cerebral hemorrhages Duration   
Due to multiple cerebral hemorrhages from 1946 to 1948  
Due to hemorrhages from 1946 to 1948  
Other conditions   
(Include pregnancy within 3 months of death)

- Where was disease contracted?  PHYSICIAN   
Name of operation  Date  Underline the cause to which death should be charged statistically.  
Major finding   
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature C. R. Whittemberger  
and Address Caldwell, Idaho Date Jan 24 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 2 1948

# Certificate Of Death

STATE OF IDAHO

18 177  
State File No. \_\_\_\_\_  
Local Reg. No. ~~21~~ 21  
Reg. Dist. No. 36 d

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 915 Chicago St.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 915 Chicago St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME J. Arthur Linder

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife Arizona Linder 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 2-1886

8. AGE	Years	Months	Days	If less than 1 day
	61	3	22	hrs min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Kirksville, Missouri (City or town) (State or foreign country)  
Mother { 12. Name John Linder  
13. Birthplace Not Known (City or town) (State or foreign country)  
14. Maiden name Cecelia O'Conner  
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's OWN Signature Arizona L Linder  
and Address 915 Chicago St.

17. (a) Burial (b) Date thereof 1-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature William Dakan  
and Address Caldwell, Idaho

19. (a) 1-29-48 (b) Reginald Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 24 19 48  
(Month, Day, Year) at 10:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Practically coronary occlusion Duration 1 minute

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Heater Shupe M.D.

and Address Caldwell (M. D. or other)

Date 1/27 1948  
(For additional space, use reverse side)

I have seen this man alive.

094A

457

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB - 9 1948  
DIVISION OF VITALS  
STATE OF IDAHO

State File No. 178  
Local Reg. No. 23  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Memorial Bayla days  
(g) Lived in this county... years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Darlene Ruth Knee

3. (b) If veteran, name war ..... No. ....  
5. Color W 6. (a) Single, widowed, married, divorced .....  
4. Sex F race W 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) January 25-1948

8. AGE	Years	Months	Days	If less than 1 day
	-	-	-	18 hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....

11. Birthplace Caldwell, Idaho  
(City or town) (State or foreign country)

12. Name Carroll W. Knee  
13. Birthplace Corning, Iowa  
(City or town) (State or foreign country)  
14. Maiden name Velda Lyons  
15. Birthplace Clark Co., Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Carroll W. Knee  
and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 1-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 2-2-48 (b) Agnes M. Dorman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 25 19 48  
(Month, Day, Year) at 8 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from birth  
1-25 19 48, to death 1/25/48  
I last saw him alive on 1-25 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Multiple congenital anomalies  
Especially internal anomalies  
unknown  
External bony cleft  
Other conditions patent etc etc  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature E. L. Munn M.D.  
and Address Caldwell (M. D. or other) Date 1/27/48  
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
OF VITAL STATE OF IDAHO

48  
State File No. **179**  
Local Reg. No. **24**  
Reg. Dist. No. **360**

1. PLACE OF DEATH:
- (a) County **Canyon**
  - (b) City or town **Caldwell**
  - (c) Street Address or R.F.D. No. **1617 Cleveland**
  - (d) Death Occured Inside? **X** Outside? **city or town**
  - (e) Died in a Home **Hospital** Institution **Other place**
  - (f) Name Hosp. or Inst. **Stayed** days
  - (g) Lived in this county **19** years **months** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Canyon**
  - (c) City or town **Caldwell**
  - (d) Street Address or R.F.D. No. **1617 Cleveland**
  - (e) Deceased lived Inside? **Outside?** city or town
  - (f) Citizen of what country? **U.S.A.**
  - (g) How long had deceased lived in Idaho? **19** years
  - (h) Former residence (city, state) **Clarkston, Wn.**

3. (a) FULL NAME **Thamer M. Kerlee Sebastian**

3. (b) If veteran, name war **No.**
3. (c) Social Security No. **095C**
4. Sex **F** 5. Color **W** 6. (a) Single, widowed, married, divorced **W**
6. (b) Name of husband or wife **William H.** 6. (c) Age of husband or wife if alive **years**
7. Date of Birth (Month, Day, Year) **May 21-1859**

8. AGE	Years	Months	Days	If less than 1 day
	<b>88</b>	<b>6</b>	<b>7</b>	hrs min.

9. Exact Occupation **Did this work for yrs.**
10. Industry or Business **Date last worked**
11. Birthplace **North Carolina** (City or town) (State or foreign country)
- Mother { 12. Name **Edward Burton**
13. Birthplace **North Carolina** (City or town) (State or foreign country)
14. Maiden name **Chloey Curley**
15. Birthplace **North Carolina** (City or town) (State or foreign country)
16. Informant's OWN Signature **Mrs. M. O. Cowling**
- (a) Address **1617 Cleveland Blvd.**
17. (a) **Removal** (b) Date thereof **1-30-48** (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: **Clarkston, Washington**
18. Funeral Director's OWN Signature **Peckham-Dakan Chapel**
- (a) Address **Caldwell, Idaho**
19. (a) **2-3-48** (b) **april Denman** (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **January 28 1948** at **5:00** o'clock **P.** M.
21. I HEREBY CERTIFY, That I attended deceased from **Jan 24 1948** to **Jan 28 1948** I last saw h **alive** on **Jan 24 1948** death is said to have occurred on the date and hour stated above.
- Immediate Cause of Death **arterio-sclerosis** Duration **30 days**
- Due to **arterio-sclerosis**
- Due to
- Other conditions (Include pregnancy within 3 months of death)
- Where was disease contracted?
- Name of operation **Date**
- Major finding
- Finding of autopsy
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **Swicide?** **Homicide?**
- Occurred **19** City, county, state where violence occurred
- Place of Violence: Home **Farm** Industry
- Public Place **While at work?**
- Means of injury
- Attendant's OWN Signature **Carl A. Huestenberger** (M. D. or other)
- and Address **Caldwell, Idaho** Date **2-3-48** (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB

# Certificate Of Death

STATE OF IDAHO

State File No. 148  
Local Reg. No. 23  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 1918 Blaine  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 12 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 1918 Blaine  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

Mr. James S. Dewhirst

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
4. Sex male 6. (b) Name of husband or wife alive years  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) September 16, 1860

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>4</u>	<u>14</u>	hrs min.

9. Exact Occupation Farmer Did this work for  yrs.  
10. Industry or Business Retired Date last worked worked  
11. Birthplace Epworth, Iowa (City or town) (State or foreign country)

12. Name William Dewhirst  
13. Birthplace Unobtainable (City or town) (State or foreign country)  
14. Maiden name Anne Hatton  
15. Birthplace Unobtainable (City or town) (State or foreign country)

16. Informant's OWN Signature Jennie D. Goodell  
and Address Caldwell, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/48 (Month) (Day) (Year)  
(c) Place: Meridian Cemetery

18. Funeral Director's OWN Signature Robinson-Alsop Chapel  
and Address Nampa, Idaho

19. (a) 2-4 (Date received and filed) (b) Alma M. Shuman (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D 083A

20. DATE OF DEATH (Month, Day, Year) January 30, 1948  
at 2:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1948 to Jan 29, 1948  
last saw him alive on Jan 29, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration ?

Due to Chronic degenerative ?

Due to Chronic degenerative ?  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline Date the cause to which death should be charged statistically.  
Major finding PHYSICIAN  
Finding of autopsy PHYSICIAN

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ? Suicide? ? Homicide? ?  
Occurred 19 City, county, state  
where violence occurred ?  
Place of Violence: Home ? Farm ? Industry ?  
Public Place ? While at work? ?  
Means of injury ?

23. Attendant's OWN Signature R. E. Ross (M. D. or other)  
and Address Caldwell, Ida. Date 1/31 1948  
(For additional space, use reverse side)

1948

State File No. 181  
 Local Reg. No. 26  
 Reg. Dist. No. 36 D

United States  
 Department of Commerce  
 Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Canyon  
 (b) City or town Caldwell  
 (c) Street Address or R.F.D. No. ....  
 (d) Death Occurred Inside? X Outside? ..... city or town  
 (e) Died in a Home X Hospital X Institution X Other place .....  
 (f) Name Hosp. or Inst. Memorial Park days  
 (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
 (c) City or town Caldwell  
 (d) Street Address or R.F.D. No. 408 Blaine St.  
 (e) Deceased lived Inside? X Outside? ..... city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? ..... years  
 (h) Former residence (city, state) .....

## 3. (a) FULL NAME

Michael Franklin Savell

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

4. Sex M race W  
 5. Color or .....

6. (a) Single, widowed, married,  
 divorced ---

6. (b) Name of husband or  
 wife .....

6. (c) Age of husband or wife if  
 alive ..... years

7. Date of Birth  
 (Month, Day, Year)

January 30-1948

8. AGE	Years	Months	Days	If less than 1 day
-	-	-	6	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Caldwell, Idaho  
 (City or town) (State or foreign country)

12. Name Korin L. Savell

13. Birthplace Nebraska City, Nebraska  
 (City or town) (State or foreign country)

14. Maiden name Grace Louise Wagner

15. Birthplace Toledo, Ohio  
 (City or town) (State or foreign country)

16. Informant's OWN Signature Louis L. Savell  
 and Address 408 Blaine

17. (a) Burial (b) Date thereof 1-31-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill  
Peckham-Dakan Chapel

18. Funeral Director's OWN Signature Caldwell, Idaho  
 and Address 2-4-48

19. (a) 2-4-48 (b) Signman  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 30 19 48  
 (Month, Day, Year)  
 at 4:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from  
30 Jan 1948, to 30 Jan 1948.  
 I last saw him alive on 30 Jan 1948 death is  
 said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral hemorrhage Duration .....

Due to Grave pressure in belly

Due to Asphyxia

Other conditions none  
 (Include pregnancy within 3 months of death)

Where was disease contracted? ..... PHYSICIAN Underline the cause to which death should be charged statistically.

Name of operation none Date .....

Major finding ..... Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no  
 Occurred ..... 19 ..... City, county, state where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury ..... 23. Attendant's OWN Signature S. D. Simpson  
 (M. D. or other)

and Address Caldwell Date 2 Feb 1947  
 (For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

143 182  
State File No. \_\_\_\_\_  
Local Reg. No. 27  
Reg. Dist. No. 360

FEB - 1948 STATE OF IDAHO

1. PLACE OF DEATH:
- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. Near Baptist church  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 54 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 11th & Blaine  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Nellie Pauline Marshall

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife George  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 20-1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>7</u>	<u>10</u>	hrs min.

9. Exact Occupation Housekeeper Did this \_\_\_\_\_ work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Atlanta, Illinois (City or town) (State or foreign country)

- Mother { 12. Name John Dennerline  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Margaret Decker  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Myrtle D. Davis  
and Address 810 Filmore St., Caldwell

17. (a) Burial (b) Date thereof 2-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 2-6-48 (b) Agnie Dennerman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 30 1948  
(Month, Day, Year)  
at 4:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Probably Coronary Thrombosis  
History of Had been up town  
Due to and was on get way home  
Crumpled down off side walk  
Due to on parking  
Other conditions Hadn't been ill  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Jan 30 1948 City county, state Caldwell Ida  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wm D. Talley  
(M. D. or other) \_\_\_\_\_  
and Address Payson Ida Date 2/3 1948  
(For additional space, use reverse side)

# Certificate Of Death

STATE OF IDAHO

State File No. 8183  
Local Reg. No. 8  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. R.F.D.  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution X Other place...  
(f) Name Hosp. or Inst. State Sch & Colony Stayed 11 days  
(g) Lived in this county 3 years 11 months 18 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U S A  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Plana, Idaho

## 3. (a) FULL NAME ELLEN CHANDLER

3. (b) If veteran, name war none No. none  
5. Color or race white 6. (a) Single, widowed, married, divorced single  
4. Sex Fem 6. (b) Name of husband or wife none  
6. (c) Age of husband or wife if alive none years  
7. Date of Birth (Month, Day, Year) June 4th 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>7</u>	<u>7</u>	hrs min.

9. Exact Occupation work for yrs.  
10. Industry or Business worked  
11. Birthplace Plana, Idaho  
(City or town) (State or foreign country)

12. Name Stephen George Chandler  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Sarah Ann Hemsley  
15. Birthplace Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Carl P. Hickert Secy  
and Address STATE SCHOOL & COLONY

17. (a) Removal (b) Date thereof 1/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rexburg, Idaho

18. Funeral Director Robinson Alsip Chapel  
OWN Signature John J. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) Jan 3-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 1st 1948 19  
at 9:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 13th 1948 to Jan 1st 1948  
I last saw her alive on Jan 1st 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Starved herself to death, refused to eat and a case where it was due to useless to try to feed her

Due to Large Hydrocephalus  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline the cause to which death should be charged statistically.  
Major finding Physician  
Finding of autopsy Physician

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

- Means of injury Physician  
23. Attendant's OWN Signature A. W. Wentworth, M.D.  
(M. D. or other) and Address Nampa, Idaho Date 1/2 1948  
(For additional space, use reverse side)

State School and Colony - 275

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 184  
Local Reg. No. 3  
Reg. Dist. No. 361

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Wilder  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 27 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Wilder  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Edna Pearl Coleman

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Clarence E. Colstien

6. (c) Age of husband or wife if Colstien years

7. Date of Birth (Month, Day, Year) March 24-1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>9</u>	<u>7</u>	hrs min.

9. Exact Occupation Housekeeping Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Cherry Box, Missouri (City or town) (State or foreign country)

12. Name Robert T. McConaughy

13. Birthplace Bridgeport, Ohio (City or town) (State or foreign country)

14. Maiden name Elizabeth Strain

15. Birthplace Wooster, Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature C. E. Coleman

and Address Wilder Idaho

17. (a) Burial (b) Date thereof 1-5-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Wilder

18. Funeral Director's OWN Signature Peckham Baker

and Address Caldwell, Idaho

19. (a) 1-6-48 (b) W. D. Denman (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 1 1948  
at 12:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 17 Nov 1947, to 1 Jan 1948  
I last saw her alive on 11 AM 1 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Obstructive disease of coronary Duration 34 months

Due to Primary Coronary  
Left Coronary Artery 1 1/2 years

Due to .....  
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? U. S. A.

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury .....

23. Attendant's OWN Signature Robert E. Jackson MD (M. D. or other)

and Address Wilder Idaho Date 3 Jan 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 185  
Local Reg. No. 12  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R. F. D. No. Route #4  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county 29 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #4  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

Rev. Charles Ulysses Helfrich

3. (b) If veteran, 1 name war None No. none  
5. Color or white 6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Sophie Leona Mayhew 6. (c) Age of husband or wife if 66 years  
7. Date of Birth (Month, Day, Year) September 5, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>3</u>	<u>29</u>	hrs min.

9. Exact Occupation Minister Did this work for 0 yrs.  
10. Industry or Business Retired Date last worked 0  
11. Birthplace Chesterville, Indiana (City or town) (State or foreign country)  
12. Name Unobtainable  
13. Birthplace Unobtainable (City or town) (State or foreign country)  
14. Maiden name Unobtainable  
15. Birthplace Unobtainable (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Clara Helfrich  
and Address Nampa I.P.D. #4  
17. (a) Burial (b) Date thereof 1/8/58  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Kohlerlawn Cemetery  
18. Funeral Director's OWN Signature John J. Alsip, Jr.  
and Address Nampa, Idaho  
19. (a) Jan 6 - 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 4, 1948  
at 5:50 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 1947 to Jan 4, 1948  
I last saw him alive on Jan 22, 1947; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Due to myocardial infarction  
Due to Serulity  
Other conditions 0  
(Include pregnancy within 3 months of death)

- Where was disease contracted? 0  
Name of operation 0 Date 0  
Major finding 0  
Finding of autopsy 0

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? 0 Homicide? 0  
Occurred 0 19 0 City, county, state  
where violence occurred  
Place of Violence: Home 0 Farm 0 Industry 0  
Public Place 0 While at work? 0  
Means of injury 0  
23. Attendant's OWN Signature Derry C. Weschler MD  
(M. D. or other)  
and Address Nampa, Idaho Date 1-6 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JAN 21 1948 STATE OF IDAHO

State File No. 186  
Local Reg. No. 10  
Reg. Dist. No. 348

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hampa  
(c) Street Address or R. F. D. No. R.R. # 2  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 11 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hampa  
(d) Street Address or R.F.D. No. # 2  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Switzerland

## 3. (a) FULL NAME

John Antoine Ackerman

093E

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

4. Sex Male Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Sept 16 - 1859

8. AGE	Years	Months	Days	If less than 1 day
	88	4	22	hrs min.

9. Exact Occupation Retired Carpenter Did this work for 60 yrs.

10. Industry or Business worked Date last worked

11. Birthplace Mels Switzerland (City or town) (State or foreign country)

12. Name Antoine Ackerman

13. Birthplace Switzerland (City or town) (State or foreign country)

14. Maiden name Hackman

15. Birthplace Hackman (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Clara Schuler and Address Hampa Idaho

17. (a) Burial (b) Date thereof 1/10/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Hampa Idaho

18. Funeral Director's OWN Signature Lyda Rodgers and Address Hampa Idaho

19. (a) Jan 14 - 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083B

20. DATE OF DEATH (Month, Day, Year) Jan. 7th 1948

at 10:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1-5 1948, to 1-7 1948

I last saw him alive on 1-7 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral embolism Duration 2 days

Due to myocarditis, ventricular fibrillation ?

Due to

Other conditions — (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation — Date —

Major finding —

Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —

Occurred 19 City, county, state where violence occurred

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature Dr. Halliday, M.D. (M. D. or other) and Address Hampa, Idaho Date 1/7 1948 (For additional space, use reverse side)

Dr. Halliday

095

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 20 1948  
Certificate Of Death  
DIVISION OF VITALS STATE OF IDAHO

State File No. 48  
Local Reg. No.  
Reg. Dist. No.

187

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Parma  
(c) Street Address or R.F.D. No. Route #2  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. Route #2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state) New Meadows, Ida

3. (a) FULL NAME Robert James Hubbard

3. (b) If veteran, name war No.  
3. (c) Social Security No. No.  
5. Color or W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Velde  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) December 19-1904

8. AGE	Years	Months	Days	If less than 1 day
	43	0	22	hrs min.

9. Exact Occupation Farmer Did this work for years  
10. Industry or Business worked Date last worked  
11. Birthplace Torrington, Wyoming  
(City or town) (State or foreign country)

12. Name Hudson Hubbard  
13. Birthplace Kansas  
(City or town) (State or foreign country)  
14. Maiden name Zelpha Parks  
15. Birthplace Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Velda Hubbard  
and Address Parma, Ida Rt 2

17. (a) Burial (b) Date thereof 1-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ten Davis

18. Funeral Director's Pockham-Bakan Chapel  
OWN Signature Pockham  
and Address Caldwell, Idaho

19. (a) 1-19-48 (b) W. B. Adams  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 092D  
093E

20. DATE OF DEATH January 11 19 48  
(Month, Day, Year) at 11:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 19 1947 to Oct 19 1947  
Last saw him alive on Oct 19 1947 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Probable Congestion Duration

Due to Heart failure

Due to Chronic endocarditis  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Physician  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury Attendant's  
OWN Signature Chas E Palmer MD  
(M. D. or other)  
and Address Ontario, Oreg Date Jan 15 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
**Certificate Of Death**

JAN 21 1948

STATE OF IDAHO

DIVISION OF VITAL

1948 188  
State File No. 17  
Local Reg. No. 323  
Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa, Idaho  
(c) Street Address or R. F. D. No. Box 531  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution X Other place...  
(f) Name Hosp. or Inst. St. School Stayed        days  
(g) Lived in this county 10 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Nampa Idaho County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state)

3. (a) FULL NAME Raymond Jay Stone

3. (b) If veteran, name war        No.         
5. Color or        6. (a) Single, widowed, married, divorced         
4. Sex M. race N.  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) April 25, 1933

8. AGE	Years	Months	Days	If less than 1 day
	<u>14</u>	<u>8</u>	<u>19</u>	hrs min.

9. Exact Occupation        Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Burley, Idaho  
(City or town) (State or foreign country)

- Mother Father  
12. Name George R. Stone  
13. Birthplace Star Valley, Wyoming  
(City or town) (State or foreign country)  
14. Maiden name Mabel Fern Roy  
15. Birthplace Revere, Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature         
and Address Box 531 - Nampa, Idaho  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/1/1948  
(Month) (Day) (Year)  
(c) Place: Boise Idaho

18. Funeral Director's OWN Signature Schreiber McClann  
and Address Boise  
19. (a) Jan 17 - 1948 (b) Lydak Rodgers  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 13 1948  
at 4:25 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1938, to Jan. 13 1948.  
I last saw him alive on Jan. 13 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: auto intoxication and tympanites Duration       

Due to Weak, deformed, bed-ridden child  
Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?        PHYSICIAN         
Name of operation        Date         
Major finding         
Finding of autopsy         
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature H. W. Hawthorn M.D.  
and Address Box 531 Nampa Idaho (M. D. or other)         
(For additional space, use reverse side) Jan 13 1948

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
STATE OF IDAHO

State File No. 189  
Local Reg. No. 20  
Reg. Dist. No. 363

**1. PLACE OF DEATH:**

- (a) County Canyon  
(b) City or town Nampa, Idaho  
(c) Street Address or R. F. D. No. Box 531  
(d) Death Occured Inside?..... Outside?..... X city or town  
(e) Died in a Home..... Hospital..... Institution..... X Other place.....  
(f) Name Hosp. or Inst. St. School Stayed..... days  
(g) Lived in this county 4 years..... months..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State..... Idaho..... (b) County.....  
(c) City or town.....  
(d) Street Address or R.F.D. No. Box 531  
(e) Deceased lived Inside?..... Outside?..... city or town  
(f) Citizen of what country?.....  
(g) How long had deceased lived in Idaho?..... years  
(h) Former residence (city, state).....

**3. (a) FULL NAME** Richard Lee Daweritz

3. (b) If veteran, name war..... No.....  
5. Color or..... 6. (a) Single, widowed, married, divorced.....  
4. Sex M..... race W.....  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Date of Birth (Month, Day, Year) Nov. 21, 1931

8. AGE	Years	Months	Days	If less than 1 day
	<u>16</u>	<u>1</u>	<u>23</u>	hrs min.

9. Exact Occupation..... Did this work for..... yrs.  
10. Industry or Business..... Date last worked.....  
11. Birthplace Sprague, Wa sh.  
(City or town) (State or foreign country)

12. Name Felix Daweritz  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Minnie May Lesser  
15. Birthplace Sugar, Calif.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Adelch Vandergaard  
and Address Box 531 - Nampa, Idaho

17. (a) Burial (b) Date thereof 1/16/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Nampa Idaho

18. Funeral Director's OWN Signature George H. Walker  
and Address Nampa Idaho

19. (a) Jan-19-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) January 13 1948  
at 10:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar. 22nd 1944 to Jan. 13 1948  
I last saw him alive on Jan. 13 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Tuberculosis Duration.....

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....  
Name of operation..... Date.....  
Major finding.....  
Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred.....  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury.....

23. Attendant's OWN Signature H. W. Westmuth M. D.  
(M. D. or other) and Address Box 531 Nampa Idaho 1/13 1948  
(For additional space, use reverse side)

State School - Colony - 275

# Certificate Of Death

STATE OF IDAHO

State File No. 190  
Local Reg. No. 21  
Reg. Dist. No. 263

## 1. PLACE OF DEATH:

- (a) County County of Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Box 531  
(d) Death Occured Inside? X Outside? X city or town  
(e) Died in a Home... Hospital... Institution X Other place...  
(f) Name Hosp. or Inst. Sta Sch & Colony days  
(g) Lived in this county 27 years 10 months 13 days

Note. For a person residing in THIS county LESS than 1 year, give  
FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Box 531  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 28 yrs years  
(h) Former residence (city, state) Lockport N Y

## 3. (a) FULL NAME KLAHR FOX

3. (b) If veteran, name war No.  
5. Color or race Wh  
4. Sex Male  
6. (b) Name of husband or wife alive  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) February 29th 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>11</u>	<u>15</u>	hrs min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Lockport, N Y  
(City or town) (State or foreign country)

12. Name Dead  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name Dead  
15. Birthplace (City or town) (State or foreign country)

16. Informant's Relative: Frank A Fox, Nampa, Idaho (Nephew)  
OWN Signature Carl G. Hickert Secy  
and Address State School & Colony

17. (a) Burial (b) Date thereof 1/15/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Nampa Idaho

18. Funeral Director's George Th Walker  
OWN Signature Nampa Idaho  
and Address Nampa Idaho

19. (a) Jan 19 1948 (b) Lyda Rodgers  
Date received and filed (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 11th 1948 19  
at 6:15 o'clock AM

21. I HEREBY CERTIFY, That I attended deceased from  
July 1st 1947 19 to Jan 11th 1948  
I last saw him alive on 11th of Jan 1948 death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fell and struck his head at Midnight Duration

Due to Had Pneumonia 3 weeks ago  
Psychasthenic, Died of nervous shock

Due to Psychasthenic, Died of nervous shock  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline  
Major finding the cause to  
Finding of autopsy which death  
should be  
charged stat-  
istically.

22. If death was due to EXTERNAL CAUSES, also fill in the fol-  
lowing: Accident? Yes Suicide? Yes Homicide? Yes  
Occurred Jan 14, 1948 19 City, county, state  
where violence occurred St. School  
Place of Violence: Home Farm Industry Public Place  
While at work? NO  
Means of injury Fell out of bed

23. Attendant's H. W. Wentworth M.D.  
OWN Signature Box 531 Nampa Idaho (M. D. or other)  
and Address Box 531 Nampa Idaho Date 1/14 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**

STATE OF IDAHO

1948  
State File No. 191  
Local Reg. No. 24  
Reg. Dist. No. 363

**1. PLACE OF DEATH:** DIVISION OF VITAL

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ..... Outside? ☒ city or town  
(e) Died in a Home..... Hospital..... Institution ☒ Other place....  
(f) Name Hosp. or Stasch & Colony Stayed ..... days  
(g) Lived in this county 3 years 9 months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State IDAHO (b) County CANYON  
(c) City or town NAMPA  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Fraser, Idaho

**3. (a) FULL NAME JOHN SNYDER**

3. (b) If veteran, name war ..... No. ....  
5. Color or ..... 6. (a) Single, widowed, married, divorced .....  
4. Sex Male race white  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth November 15th 1905  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>2</u>	<u>2</u>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Fraser, Idaho  
(City or town) (State or foreign country)

12. Name John W Snyder  
13. Birthplace West Virginia  
(City or town) (State or foreign country)  
14. Maiden name Mary E. Cooper  
15. Birthplace West Virginia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Carl B. Kickert Secy.  
and Address STATE SCHOOL & COLONY

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/48  
(Month) (Day) (Year)  
(c) Place: Kohlerlawn Cemetery

18. Funeral Director's Robinson-Alsop Chapel  
OWN Signature John F. Alsop, Jr.  
and Address Nampa, Idaho

19. (a) Jan-22-1948 (b) Lida Rodgers  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH Jan 17th 1948 19.....  
(Month, Day, Year) at 3:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from April 5th 1944 to Jan 17th 1948  
I last saw him alive on Jan 17th 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Tuberculosis of the Lungs Duration

Due to .....  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury 1/21/48  
23. Attendant's OWN Signature H. W. Wentworth M.D.  
(M. D. or other) and Address Box 501 Nampa Date 1/17 1948  
(For additional space, use reverse side)

State School and Colony — 275

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 2 1948

# Certificate Of Death

STATE OF IDAHO

1948 192  
State File No. \_\_\_\_\_  
Local Reg. No. 19  
Reg. Dist. No. 361

1. PLACE OF DEATH:

(a) County Canyon  
(b) City or town Wildor  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 14 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Blaine  
(c) City or town Gannett  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Jacob Marion Bess

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M Color or race W

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) September 12-1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>4</u>	<u>7</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Marquand, Missouri  
(City or town) (State or foreign country)

12. Name Albert Bess

13. Birthplace Missouri  
(City or town) (State or foreign country)

14. Maiden name Mary Kelly

15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Harry Thompson  
and Address Wildor, Idaho

17. (a) Burial (b) Date thereof 1-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Morris Hill at Boise

18. Funeral Director's OWN Signature W. B. Beckham  
and Address Caldwell, Idaho

19. (a) 1-26-48 (b) Agnes Mendenman  
(Date received and filed) (Registrar's signature)

093E

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 19 1948  
at about 1:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Probably Myocarditis  
History - I had several attacks  
Due to previous and one just  
before returning  
He was found dead at 7:30  
in bed at 11:00 AM. by daughter.  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Jan. 19 1948 City, county, state Wildor, Ida.

where violence occurred \_\_\_\_\_

Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wm. D. Kelly  
and Address Hampe, Ida. Date 1/21 1948.  
(For additional space, use reverse side)

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

FEB 2 1948

State File No. 148  
Local Reg. No. 193  
Reg. Dist. No. 20  
961

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Wilder  
(c) Street Address or R.F.D. No. Rt. 2  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 3 years 3 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Wilder  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Gary Gene Brown

3. (b) If veteran, name war  3. (c) Social Security No.   
5. Color or  6. (a) Single, widowed, married, divorced --  
4. Sex M race W  
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years  
7. Date of Birth (Month, Day, Year) October 9-1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>-</u>	<u>3</u>	<u>10</u>	hrs min.

9. Exact Occupation  Did this work for  yrs.  
10. Industry or Business  Date last worked

11. Birthplace Caldwell, Idaho  
(City or town) (State or foreign country)

12. Name Eugene William Brown  
13. Birthplace Lebanon, Kansas  
(City or town) (State or foreign country)  
14. Maiden name Mary Lucille Simpson  
15. Birthplace Wilder, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Eugene W. Brown  
and Address Wilder, Idaho

17. (a) Burial (b) Date thereof 1921-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Wilder

18. Funeral Director's OWN Signature Freeman-Bakan Chapel  
and Address Caldwell, Idaho

19. (a) 1-27-48 (b) Agnes M. Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 19 19 48  
(Month, Day, Year)  
at Early o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  19 , to  19

I last saw h.  alive on  19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  Duration

Probably - Bronchial Pneumonia  
History: Dr. Ross saw baby Jan 17 -  
Due to his diagnosis was Bronchial  
Pneumonia - Mother was up with  
Due to baby at 3 A.M. Jan 19 - 1948  
Other conditions Baby was found dead  
(Include pregnancy within 3 months of death)  
was dead about 6 A.M.

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred Jan 19 19 48 City, county, state Wilder, Ida.  
where violence occurred   
Place of Violence: Home X Farm X Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature Om D. Talley  
and Address Wilder, Ida. Date 1-22-1948  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 26 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 194  
State File No. \_\_\_\_\_  
Local Reg. No. 18  
Reg. Dist. No. 361

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Greenleaf  
(c) Street Address or R.F.D. No. Wilder Rt. 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 37 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Greenleaf  
(d) Street Address or R.F.D. No. Wilder Rt. 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? Germany  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Agusta Bodendieck

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 16-1854

8. AGE	Years	Months	Days	If less than 1 day
	<u>93</u>	<u>3</u>	<u>3</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Germany (City or town) (State or foreign country)  
Mother { 12. Name William Rodentz  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Anna Stocher  
and Address Wilder, Idaho Rt. 2  
17. (a) Removal (b) Date thereof 1-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bethalto, Illinois  
18. Funeral Director's OWN Signature William Dakan  
and Address Caldwell, Idaho  
19. (a) 1-23-48 (b) Regin Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 19 19 48  
(Month, Day, Year) at 6:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 1939 to 19 Jan 1948  
I last saw h alive on 19 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia, hypostatic Duration 5 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Senility 3 years  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Robert E. Tolson (M. D. or other)  
and Address Wilder, Idaho Date 1 Jan 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JAN 9 1948

STATE OF IDAHO

1948 195  
State File No.  
Local Reg. No.  
Reg. Dist. No. 520-521

## 1. PLACE OF DEATH:

- (a) County CARLEBOU  
(b) City or town Soda Springs, Idaho.  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Stayed 1 days  
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town BAUCROFT  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? 0 Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 21 Mo. years  
(h) Former residence (city, state) 0

## 3. (a) FULL NAME LONNIE SUE GILBERT

3. (b) If veteran, name war 0 3. (c) Social Security No. 0  
5. Color or 6. (a) Single, widowed, married, divorced SINGLE  
4. Sex FEMALE race WHITE  
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years

7. Date of Birth (Month, Day, Year) APRIL 1st 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>9</u>	<u>2</u>	hrs min.

9. Exact Occupation BAUCROFT Did this work for 0 yrs.

10. Industry or Business 0 Date last worked 0

11. Birthplace SODA SPRINGS, IDAHO.  
(City or town) (State or foreign country)

12. Name RALPH BERT GILBERT

13. Birthplace BAUCROFT, IDAHO.  
(City or town) (State or foreign country)

14. Maiden name ELAINE GUMMERSALL

15. Birthplace IVINS, IDAHO.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ralph Bert Gilbert  
and Address BAUCROFT, IDAHO.

17. (a) BURIAL (b) Date thereof 1/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: BAUCROFT, IDAHO.

18. Funeral Director's OWN Signature E. D. Whitman  
and Address Soda Springs, Idaho.

19. (a) 1-6-48 (b) Archie C. Munitt  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JANUARY 3, 1948 19  
at 11.20 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1-3-48 19, to 1-3-48 19.

I last saw h. 0 alive on 1-3-48 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pt. lobar pneumonia Duration 24 hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature J. B. Kachler M.D.

and Address Soda Springs Date 19

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States

Department of Commerce DIVISION OF VITAL STATISTICS

Bureau of the Census

JAN 22 1948

STATISTICS

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

196

5

470

1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 228 So. Miller  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 228 So. Miller  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Minneapolis, Minn.

3. (a) FULL NAME

Mabel Brusven Fremstad

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Dr. Joseph Fremstad 6. (c) Age of husband or wife if alive 75 years  
7. Date of Birth (Month, Day, Year) Dec. 12, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>0</u>	<u>19</u>	hrs min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Stockholm, Sweden  
(City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Joseph Fremstad  
and Address Burley Idaho

17. (a) Burial (b) Date thereof 1-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Pleasant View Cemetery, Burley Idaho

18. Funeral Director's OWN Signature Wm B. McCullach  
and Address Burley Idaho

19. (a) 1-17-48 (b) Wm B. McCullach  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 1, 1948  
at 2:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 10, 1947 to Jan 1, 1948  
I last saw her alive on Jan 1, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma Throat Duration

Due to Myocarditis

Due to Sclerosis

Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation None Date \_\_\_\_\_  
Major finding usual  
Finding of autopsy 0

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 \_\_\_\_\_ City, county, state where violence occurred 0  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

- Means of injury Joseph Fremstad

23. Attendant's OWN Signature Joseph Fremstad  
and Address Dec 18, 1947 Date 1947  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as fully as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
JAN 22 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 197  
Local Reg. No. 1  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. College Hwy Stayed 1 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Clifford B. Seane

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex M race W  
5. Color or \_\_\_\_\_

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Jan 4 - 1948

## 8. AGE

Years

Months

Days

If less than 1 day

One

hrs min.

## 9. Exact

Occupation \_\_\_\_\_

Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business \_\_\_\_\_

Date last

worked \_\_\_\_\_

## 11. Birthplace

(City or town)

(State or foreign country)

## 12. Name

Mallice Seane

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

Ramona Adams

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Ferd Adams

and Address \_\_\_\_\_

## 17. (a) Burial

(Burial, cremation or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: Elberton Mo

## 18. Funeral Director's

OWN Signature Retta S. Payne

and Address Burley Mo

## 19. (a) 1-14-48

(Date received and filed)

(b) OT Wilson

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 1-5

1948

at 7 o'clock 9 A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1-4-48 to 1-5-48

1948

I last saw him alive on 1-5-48, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Cerebral edema

1 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_

Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_

While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature W. J. Welch

(M. D. or other)

and Address Burley

Date 1-12-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 27 1948  
DIVISION OF VITAL  
STATE OF IDAHO

State File No. 198  
Local Reg. No. 10  
Reg. Dist. No. 470

1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. 1107 No. Overland  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst.          Stayed          days  
(g) Lived in this county 63 years          months          days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 1107 No. Overland  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 63 years  
(h) Former residence (city, state) Grantville, W. Va.

3. (a) FULL NAME Susannah Isabell Martindale Dayley

3. (b) If veteran, name war          3. (c) Social Security No.         

5. Color or          6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race           
6. (b) Name of husband or wife James Keller Dayley 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) March 26, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>9</u>	<u>13</u>	hrs min.

9. Exact Occupation At Home Did this work for          yrs.  
10. Industry or Business          Date last worked Unknown  
11. Birthplace Grantville, Utah  
(City or town) (State or foreign country)

12. Name William Addington Martindale  
13. Birthplace no data  
(City or town) (State or foreign country)  
14. Maiden name Isabell Pratt  
15. Birthplace no data  
(City or town) (State or foreign country)

16. Informant's OWN Signature James Keller Dayley  
and Address 700 W. Burton Burley

17. (a) Burial (b) Date thereof 1-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burial - Idaho

18. Funeral Director's OWN Signature Frank B. McCallach  
and Address Burley, Idaho

19. (a) 1-24-48 (b) W. Wilson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 9 1948  
at 11:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 25 1945 to Jan 9 1948  
I last saw h. ER alive on Dec 25 1947, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral thrombosis Duration 2 days

Due to Arteriosclerosis 10 yrs

Due to           
Other conditions           
(Include pregnancy within 3 months of death)

Where was disease contracted? ☒  
Name of operation          Date           
Major finding           
Finding of autopsy         

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?          Suicide?          Homicide?           
Occurred          19          City, county, state where violence occurred  
Place of Violence: Home          Farm          Industry           
Public Place          While at work?           
Means of injury         

23. Attendant's OWN Signature Frank B. McCallach  
and Address Burley, Idaho  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
FEB 2 1948

# Certificate Of Death

STATE OF IDAHO

1948 199  
State File No.  
Local Reg. No. 13  
Reg. Dist. No. 478

1. PLACE OF DEATH:
- (a) County Cassia
  - (b) City or town Burley
  - (c) Street Address or R.F.D. No. 136 No. Malta
  - (d) Death Occured Inside? ☒ Outside? ☐ city or town
  - (e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place
  - (f) Name Hosp. or Inst. ☐ Stayed ☐ days
  - (g) Lived in this county 31 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho
  - (b) County Cassia
  - (c) City or town Burley
  - (d) Street Address or R.F.D. No. 136 No. Malta
  - (e) Deceased lived Inside? ☒ Outside? ☐ city or town
  - (f) Citizen of what country? U.S.A.
  - (g) How long had deceased lived in Idaho? 31 years
  - (h) Former residence (city, state) Utah County Id.

3. (a) FULL NAME Florence Sargent Winward

3. (b) If veteran, name war ☐ No. ☐
3. (c) Social Security No. ☐
5. Color or White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Chas. Winward
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) February 28, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>10</u>	<u>17</u>	hrs min.

9. Exact Occupation At Home Did this work for - yrs.
10. Industry or Business Unknown Date last worked Unknown
11. Birthplace Payson, Utah (City or town) (State or foreign country)

12. Name Florence Sargent
13. Birthplace Payson, Utah (City or town) (State or foreign country)
14. Maiden name Florence Neberker
15. Birthplace Payson, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Ernie L. Winward  
and Address 403 N. Elba, Burley, Idaho

17. (a) Burial (b) Date thereof 1-18-48 (Month) (Day) (Year)  
(c) Place Pleasant View Cemetery, Burley, Idaho

18. Funeral Director's OWN Signature Wm. B. McCallister  
and Address Burley, Idaho

19. (a) 1-31-48 (Date received and filed)  
(b) B. McCallister (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 15, 1948  
at 11:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1947, to Jan 15, 1948  
I last saw her alive on Dec 31, 1947 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis Duration 2 yrs

Due to Myocarditis

Due to Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Physician

Name of operation Underline the cause to which death should be charged statistically.

Major finding Physician

Finding of autopsy Physician

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state Burley, Idaho

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Myocarditis

23. Attendant's OWN Signature Wm. B. McCallister (M. D. or other)

and Address Burley, Idaho Date 1-24-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as fully as possible. State answers as unknown only after a careful investigation. Use BLACK INK or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

1948  
JAN 27 1948  
STATE OF IDAHO  
Certificate Of Death  
ON OF VITAL

1948  
State File No. 200  
Local Reg. No. 9  
Reg. Dist. No. 470

1. PLACE OF DEATH: *Persim*  
(a) County *Persim*  
(b) City or town *Burley Idaho*  
(c) Street Address or R.F.D. No. *140 N. Miller*  
(d) Death Occured Inside? *✓* Outside? *city or town*  
(e) Died in a Home *✓* Hospital *✓* Institution *✓* Other place *✓*  
(f) Name Hosp. or Inst. *Stayed* days  
(g) Lived in this county *30* years *months* days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State *Idaho* (b) County *Persim*  
(c) City or town *Burley*  
(d) Street Address or R.F.D. No. *140 N. Miller*  
(e) Deceased lived Inside? *✓* Outside? *city or town*  
(f) Citizen of what country? *U.S.*  
(g) How long had deceased lived in Idaho? *30* years  
(h) Former residence (city, state) *Scotland*

3. (a) FULL NAME *Thomas D. Yeaman*

3. (b) If veteran, name war *✓* 3. (c) Social Security No. *046E*  
5. Color, or *White* 6. (a) Single, widowed, married, divorced *Married*  
4. Sex *M* race *White* 6. (b) Name of husband or wife *Emma May* 6. (c) Age of husband or wife if alive *73* years  
7. Date of Birth (Month, Day, Year) *Feb. - 1 - 1873*

8. AGE	Years	Months	Days	If less than 1 day
<i>74</i>	<i>11</i>	<i>16</i>	hrs	min.

9. Exact Occupation *Police Patrolman* Did this work for *22* yrs.  
10. Industry or Business *✓* Date last worked *Unknown*  
11. Birthplace *London* (City or town) *Scotland* (State or foreign country)  
12. Name *Unknown*  
13. Birthplace *Scotland* (City or town) (State or foreign country)  
14. Maiden name *Unknown*  
15. Birthplace *Scotland* (City or town) (State or foreign country)

16. Informant's OWN Signature *Emma May Yeaman*  
and Address *140 N. Miller*

17. (a) *Removal* (b) Date thereof *1-21-48*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: *Hesperian - Punata*

18. Funeral Director's OWN Signature *John B. McPallash*  
and Address *Burley Idaho*

19. (a) *1-24-48* (b) *19th Jan 1948*  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH *103X*

20. DATE OF DEATH (Month, Day, Year) *Jan. 18 - 1948*  
at *8:00* o'clock *A*. M.

21. I HEREBY CERTIFY, That I attended deceased from *2* *Aug* 19 *47*, to *18 JAN* 19 *48*  
I last saw him alive on *18 JAN* 19 *48*; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
*CARDIAL FAILURE*  
*HEMOPTOISE*  
Due to *INTESTINAL MALIGNANCY*

Duration  
*ACUTE*  
*2 WKS*  
*2 YRS*

Due to *SENILITY*  
Other conditions *SENILITY*  
(Include pregnancy within 3 months of death)

Where was disease contracted? *IDAHO*  
Name of operation *NONE* Date *18 JAN 1948*  
Major finding *✓*  
Finding of autopsy *✓*

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *✓* Suicide? *✓* Homicide? *✓*  
Occurred *19* City, county, state *✓*  
where violence occurred *✓*  
Place of Violence: Home *✓* Farm *✓* Industry *✓*  
Public Place *✓* While at work? *✓*  
Means of injury *✓*

23. Attendant's OWN Signature *Sherman P. Hawley*  
and Address *Box 748 Burley* (M. D. or other) *40*  
Date *21 JAN 1948*  
(For additional space, use reverse side)

**DIVISION OF VITAL**

**1. PLACE OF DEATH:**

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. Hansen & 9th. N.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. --- Stayed --- days  
(g) Lived in this county 41 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. Hansen -9th N.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) ---

**3. (a) FULL NAME**

LAURA ELVIRA WAHLSTROM MOORE

3. (b) If veteran, \*\* name war --- 3. (c) Social Security No. \*\*  
5. Color or --- 6. (a) Single, widowed, married, divorced Divorced  
4. Sex Female race White  
6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years  
7. Date of Birth (Month, Day, Year) March 1, 1906

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>10</u>	<u>17</u>	<u>---</u> hrs <u>---</u> min.

9. Exact Occupation --- Did this work for --- yrs.  
10. Industry or Business --- Date last worked ---  
11. Birthplace Marion, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Albert Wahlstrom  
13. Birthplace Sweden (City or town) (State or foreign country)  
14. Maiden name Vada Haug  
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Aeda Wahlstrom  
and Address Burley, Idaho

17. (a) Burial (b) Date thereof 1-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burley, Idaho

18. Funeral Director's OWN Signature Retha S. Payne  
and Address Burley, Idaho

19. (a) 1-24-48 (b) Extrajudicial  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) January 18, 1948  
at 11: o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug - 1947 to Jan 16 1948  
I last saw her alive on 16 Jan. 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: CARDIAC DECOMPENSATION - 4 mo.  
Due to HYPERTENSIVE CARDIOVASCULAR DISEASE 5470  
Due to ---  
Other conditions RHEUMATIC (Include pregnancy within 3 months of death)  
HEART DISEASE 2842  
Where was disease contracted? Idaho  
Name of operation None Date ---  
Major finding ---  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred --- 19 --- City, county, state where violence occurred ---  
Place of Violence: Home --- Farm --- Industry ---  
Public Place --- While at work? ---  
Means of injury ---

23. Attendant's OWN Signature R. J. Sutton M.D.  
and Address Burley, Idaho Date 19 Jan 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States

Department of Commerce

Bureau of the Census

JAN 27 1948

VOLUME OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1948 202

7

470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. -----  
(d) Death Occurred Inside? X Outside? ----- city or town  
(e) Died in a Home ----- Hospital X Institution ----- Other place -----  
(f) Name Hosp. or Inst. Cottage Hostayed days  
(g) Lived in this county 50 years 10 months 24 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Oakley  
(d) Street Address or R.F.D. No. -----  
(e) Deceased lived Inside? ----- Outside? X city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME

GEORGE H. DAY

3. (b) If veteran, name war --- No. -----  
5. Color or --- (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White  
6. (b) Name of husband or wife Pearl Heiner (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) April 26, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>11</u>	<u>24</u>	- hrs - min.

9. Exact Occupation Stockman Did this work for -- yrs.  
10. Industry or Business Same Date last worked --  
11. Birthplace Oakley, Idaho (City or town) (State or foreign country)

12. Name George A. Day  
13. Birthplace Draper, Utah (City or town) (State or foreign country)  
14. Maiden name Florence G. Whittle  
15. Birthplace Grantsville, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Ralph Day  
and Address 1168 N. Burley Idaho

17. (a) Burial (b) Date thereof 1-24-48 (Month) (Day) (Year)  
(c) Place: Oakley, Idaho

18. Funeral Director's OWN Signature Oliver H. Edwards  
and Address Burley Idaho

19. (a) 1-24-48 (b) RT Philson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 20 1948  
at 5:17 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 16 JANUARY 1948, to 20 JAN. 1948.  
I last saw h.t.m. alive on 20 JAN. 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

HYPOTATIL PNEUMONIA

Duration 2 DAYS

Due to MYOCARDIAL FAILURE

4 DAYS

Due to CHRONIC MYOCARDITIS

UNK.

### Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? IDAHO

Name of operation NONE Date ---

### Major finding

Finding of autopsy ---

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred --- 19 --- City, county, state where violence occurred ---  
Place of Violence: Home --- Farm --- Industry ---  
Public Place --- While at work? ---  
Means of injury ---

23. Attendant's OWN Signature Sherman R. Hankley MD (M. D. or other)  
and Address BRIDLEY IDAHO Date 22 JAN 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 203  
Local Reg. No. 8  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 733 N. Yale  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ----- Stayed --- days  
(g) Lived in this county 10 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 733 N. Yale  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? --- years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

ANNETTA LUCINDA WILSON

3. (b) If veteran, name war \*\* 3. (c) Social Security No. \*\*\*  
5. Color or --- 6. (a) Single, widowed, married, divorced Widow  
4. Sex Female race White  
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years

7. Date of Birth  
(Month, Day, Year) March 29, 1863

8. AGE	Years	Months	Days	If less than 1 day
<u>84</u>	<u>9</u>	<u>21</u>	<u>---</u> hrs <u>---</u> min.	

9. Exact Occupation Housewife Did this work for --- yrs.  
10. Industry or Business ----- Date last worked ---  
11. Birthplace Providence, Utah  
(City or town) (State or foreign country)  
Mother Father { 12. Name John Price Clifford  
13. Birthplace Hopkinsville, Kentucky  
(City or town) (State or foreign country)  
14. Maiden name Mary L. Van Luvan  
15. Birthplace Laborow Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lucinda Wilson  
and Address 733 N. Yale - Burley,

17. (a) Burial (b) Date thereof 1-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burley, Idaho

18. Funeral Director's OWN Signature Colin M. Edwards  
and Address Burley, Idaho

19. (a) 1-24-48 (b) B. Wilson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 111C

20. DATE OF DEATH  
(Month, Day, Year) January 20, 1948  
at 8:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 1947 to 20 Jan 1948  
I last saw her alive on 20 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Failure  
C. Pulmonary Edema Duration 1 Mon.

Due to arteriosclerotic Heart Disease?

Due to -----  
Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? ----- PHYSICIAN -----  
Name of operation None Date -----  
Major finding -----  
Finding of autopsy None  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred -----  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

Attendant's OWN Signature R. Hutton, M.D.  
and Address Burley Idaho Date 23 Jan 1948  
(For additional space, use reverse slide)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 204  
Local Reg. No. 14  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred ☒ Inside? ☐ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Cottage Hill Stayed 28 days  
(g) Lived in this county 43 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 1027. Malta  
(e) Deceased lived Inside? ☒ Outside? ☐ \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Ogden, Utah

## 3. (a) FULL NAME

Ann Wallwork Hansen

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_ (a) Single, widowed, married,  
6. Sex Female race White divorced Widowed  
(b) Name of husband or wife Oliver Hansen (c) Age of husband or wife if alive Deceased years  
7. Date of Birth (Month, Day, Year) September 25, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>3</u>	<u>25</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked Nov. 1947

11. Birthplace Santiago, El Salvador  
(City or town) (State or foreign country)

12. Name Andrew Wallwork

13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

14. Maiden name Ann Crompton

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Earl Hansen  
and Address Burley, Ida

17. (a) Burial (b) Date thereof 1-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Reverend Cemetery, Burley, Ida.

18. Funeral Director's OWN Signature Wm B. McEldrich  
and Address Burley, Idaho

19. (a) 1-31-48 (b) Wm B. McEldrich  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 107X

## 20. DATE OF DEATH

(Month, Day, Year) January 20 1948  
at 4 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
Jan 16 1947, to Jan 20 1948  
Last saw him alive on Jan 20 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Brainial Anemia Duration 3 days

Due to Cerebral Anemia & Rt. Lung 6 mo

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

H. J. Deen (M. D. or other)

and Address Burley, Ida. Date 1-31-48 1948

(For additional space, use reverse side)

FEB 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 205  
Local Reg. No. 12  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 1032 N. Miller  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ----- Stayed ----- days  
(g) Lived in this county 28 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 1032 N. Miller  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? ----- years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

ROSE HANNAH CROFT PLATT

3. (b) If veteran, name war ----- No. -----  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or 6. (c) Age of husband or wife if wife Geo. W. Platt alive 80 years  
7. Date of Birth (Month, Day, Year) February 20, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>11</u>	<u>4</u>	<u>-</u> hrs <u>-</u> min.

9. Exact Occupation Housewife Did this work for 52 yrs.  
10. Industry or Business ----- Date last worked -----  
11. Birthplace Sugar House, Utah  
(City or town) (State or foreign country)

12. Name John Croft  
13. Birthplace Wales  
(City or town) (State or foreign country)  
14. Maiden name Hannah Smith  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature George W. Platt  
and Address Burley, Idaho

17. (a) Burial (b) Date thereof 1-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Gem Memorial Park Burley

18. Funeral Director's OWN Signature Colin H. Curran  
and Address 222 W. Main Burley, Idaho

19. (a) 1-27-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 24 1948  
at 9:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 1947, to Jan 22, 1948  
I last saw her alive on Jan 22, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral Thrombosis Duration 4 days

Due to arteriosclerosis

Due to -----  
Other conditions 5 Previous attacks of Cerebral Thrombosis 5 yrs.  
(Include pregnancy within 3 months of death)

Where was disease contracted? none Date ----- PHYSICIAN  
Name of operation none Underline the cause to which death should be charged statistically.  
Major finding none  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature R. P. [Signature] (M. D. or other)  
and Address Burley, Idaho Date 27 Jan 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 22 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 206  
Local Reg. No. 2  
Reg. Dist. No. 471

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town View  
(c) Street Address or R. F. D. No. -----  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. --- Stayed --- days  
(g) Lived in this county 30 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town View  
(d) Street Address or R.F.D. No. ----  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME EMELINE CHASTINA BINGHAM McBRIDE

3. (b) If veteran, name war --- 3. (c) Social Security No. ----  
5. Color or 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive --- years  
7. Date of Birth (Month, Day, Year) OCTOBER 14, 1922 1922

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>2</u>	<u>24</u>	-- hrs -- min.

9. Exact Occupation Housewife Did this work for 53 yrs.  
10. Industry or Business ----- Date last worked ---  
11. Birthplace Huntsville, Utah  
(City or town) (State or foreign country)

12. Name Perry E. Bingham  
13. Birthplace LaHarb, Illinois  
(City or town) (State or foreign country)  
14. Maiden name Clarissa Allen  
15. Birthplace Ogden, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Alvin E. McBride  
and Address Burley Idaho

17. (a) Burial (b) Date thereof 1-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: View, Idaho

18. Funeral Director's OWN Signature Retta L. Payne  
and Address Burley, Idaho

19. (a) 1-14-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JANUARY 8, 1948  
at 11: o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 8 Jan 1948 to 8 Jan 1948  
I last saw h.e.k. alive on 7 June 1947 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 10 min

Due to Arteriosclerosis 10 min

Due to Stroke  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? --- Date --- PHYISICIAN  
Name of operation --- Major finding --- Underline the cause to which death should be charged statistically.  
Finding of autopsy ---

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home --- Farm --- Industry ---  
Public Place --- While at work? ---  
Means of injury ---

23. Attendant's OWN Signature Chon [Signature] (M. D. or other)  
and Address Burley Idaho Date 12 Jan 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **207**  
Local Reg. No. **17**  
Reg. Dist. No. **471**

FEB 2 1948

## 1. PLACE OF DEATH:

- (a) County **Cassia**  
(b) City or town **Oakley**  
(c) Street Address or R. F. D. No. **---**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **-----** Stayed **-----** days  
(g) Lived in this county **48** years **---** months **---** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Cassia**  
(c) City or town **Malta**  
(d) Street Address or R.F.D. No. **----**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **American**  
(g) How long had deceased lived in Idaho? **48** years  
(h) Former residence (city, state) **Utah**

## 3. (a) FULL NAME

**JOSEPH HARPER**

## 3. (b) If veteran,

name war **---**

## 3. (c) Social Security

No. **---**

4. Sex **Male** 5. Color or race **White**  
6. (b) Name of husband or wife **Sarah** 6. (a) Single, widowed, married, divorced **Widower**  
7. Date of Birth (Month, Day, Year) **March 15, 1872**

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>10</b>	<b>11</b>	<b>- hrs - min.</b>

9. Exact Occupation **Rancher** Did this work for **---** yrs.  
10. Industry or Business **----** Date last worked **---**  
11. Birthplace **Callis Fort, Utah** (City or town) (State or foreign country)

12. Name **Thomas Harper**  
13. Birthplace **England** (City or town) (State or foreign country)  
14. Maiden name **Hannah Jones**  
15. Birthplace **Wales** (City or town) (State or foreign country)

16. Informant's OWN Signature **Victor A. Harper**  
and Address **Malta, Idaho**

17. (a) **Removal** (b) Date thereof **1-30-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Brigham City, Utah**

18. Funeral Director's OWN Signature **Edwin M. Edwards**  
and Address **222 W. Main, Boise**

19. (a) **1-27-48** (b) **BTB**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A 097X

20. DATE OF DEATH (Month, Day, Year) **January 26 1948**  
at **6:15** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **Now** **1947, Jan-23, 1948**  
I last saw h.i.m. alive on **Jan 23, 1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac Failure** Duration **2 Mo.**

Due to **arteriosclerosis** **?**

Due to **Cerebral Hem-** **5 yrs.**

Other conditions **Cerebral Hemiplegia**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**

Name of operation **---** Date **---**  
Major finding **---**  
Finding of autopsy **---**  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **---** Suicide? **---** Homicide? **---**  
Occurred **---** 19 **---** City, county, state where violence occurred **---**  
Place of Violence: Home **---** Farm **---** Industry **---**  
Public Place **---** While at work? **---**  
Means of injury **---**

23. Attendant's OWN Signature **R. S. H. m d**  
and Address **Boise, Ida** Date **Jan 27, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

JAN 20 1948

STATE OF IDAHO

1948 State File No. 208  
Local Reg. No. 1  
Reg. Dist. No. 210

## DIVISION OF VITAL STATISTICS

### 1. PLACE OF DEATH:

- (a) County **CLEARWATER**  
(b) City or town **OROFINO**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? Outside? **X** city or town  
(e) Died in a Home... Hospital... Institution **X** Other place...  
(f) Name Hosp. or Inst. **ST. HOS. NO.** Stayed **21** days  
(g) Lived in this county years months **21** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **NEZ PERCE**  
(c) City or town **LEWISTON**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **27** years  
(h) Former residence (city, state) .....

### 3. (a) FULL NAME DANIEL WELLESLEY ROLPH, JR.

3. (b) If veteran, name war --- 3. (c) Social Security No. **518-22-5372**  
5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **W**  
4. Sex **M** 6. (b) Name of husband or wife ... 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) **OCTOBER 21, 1906**

8. AGE	Years	Months	Days	If less than 1 day
	<b>41</b>	<b>2</b>	<b>10</b>	hrs min.

9. Exact Occupation **PAINTER** Did this work for UNKN yrs.  
10. Industry or Business ... Date last worked  
11. Birthplace **STITES, IDAHO**  
(City or town) (State or foreign country)

12. Name **DANIEL WELLESLEY ROLPH, SR.**  
13. Birthplace **ST. PAUL, MINNESOTA**  
(City or town) (State or foreign country)  
14. Maiden name **ANNA KAKENSON**  
15. Birthplace **NORTH BRANCH, MINNESOTA**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **E. L. Barry**  
and Address **OROFINO, IDAHO**

17. (a) BURIAL (b) Date thereof **JAN. 5/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **RIVERSIDE CEM., OROFINO, IDA**

18. Funeral Director's OWN Signature **BLAKE FUNERAL HOME**  
and Address **OROFINO, IDAHO**

19. (a) **1/5/48** (b) **Elis G. Garley**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **JANUARY 1 1948**  
at **4:57** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **DEC. 12 1947** to **JANUARY 1 1948**  
I last saw him alive on **January 1 1948**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **CENTRAL NERVOUS SYSTEM LUES** Duration **10yr(?)**

- Due to ...  
Due to ...  
Other conditions (Include pregnancy within 3 months of death) ...

- Where was disease contracted? ...  
Name of operation ... Date ...  
Major finding ...  
Finding of autopsy ...

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

- Means of injury ...  
23. Attendant's OWN Signature **E. L. Barry**  
and Address **OROFINO, IDAHO** Date **1/2/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 23 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 209  
Local Reg. No. 2  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Griffin  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hosp. No Stayed 1440 days  
(g) Lived in this county 5 years 11 months 27 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho Co.  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) Lincoln, Ill.

3. (a) FULL NAME Frank L. Gaver

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) April 30, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>8</u>	<u>6</u>	hrs min.

9. Exact Occupation Interior decorator Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Lincoln, Illinois  
(City or town) (State or foreign country)

12. Name John Oliver Gaver

13. Birthplace Maryland  
(City or town) (State or foreign country)

14. Maiden name Hanna D. Wright

15. Birthplace Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Berry, md

and Address Griffin, Idaho

17. (a) Burial (b) Date thereof Jan. 6, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: State Hospital North Cemetery

18. Funeral Director's OWN Signature Charles R. Reese

and Address Griffin, Idaho

19. (a) 1/6/48 (b) Elsie C. Fairley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 4, 1948  
at 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1943 to Jan. 4, 1948.  
I last saw him alive on Jan. 4, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental mechanical suffocation Duration Inst.

Due to Rupture of blood vessel in throat 1 hr.

Due to Arteriosclerosis 10 yrs.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred January 4, 1948 City, county, state

where violence occurred

Place of Violence: HOME HOSP farm Industry

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. L. Berry, md

and Address Griffin, Idaho (M. V. or other)

Date 1-5-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 23 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 210  
Local Reg. No. 3  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No. P.O. 2MI. EAST  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 5 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. 2 MI. EAST  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) WEST YELLOWSTONE MONTANA

## 3. (a) FULL NAME

BERTHA HANKS

## 3. (b) If veteran,

name war   

## 3. (c) Social Security

No. NONE

5. Color or    6. (a) Single, widowed, married,  
4. Sex FEMALE race WHITE divorced WIDOWED

6. (b) Name of husband or wife FRANCIS DOUGLAS 6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) AUGUST 6, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>5</u>	<u>0</u>	hrs min.

9. Exact Occupation HOUSEWIFE (Retired) Did this    yrs.

10. Industry or Business HOME Date last worked 5 Yrs. Ago

11. Birthplace STAVANGAR, NORWAY (City or town) (State or foreign country)

12. Name ANDREW ANDERSON

13. Birthplace NORWAY (City or town) (State or foreign country)

14. Maiden name ANNA ANDERSON

15. Birthplace NORWAY (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Marnie Mann and Address Orofino, Idaho

17. (a) BURIAL (b) Date thereof 1-10-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: RIVERSIDE CEM., OROFINO IDA.

18. Funeral Director's OWN Signature BLAKE FUNERAL HOME and Address OROFINO, IDAHO

19. (a) 1/10/48 (b) Blair E. Fairley (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 6, 1948 at 3:20 o'clock    M.

21. WHEREBY CERTIFY, That I attended deceased from long time 19   , to Jan 6, 1948

I last saw her alive on 1/5 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility Duration 2

Due to Pneumonia

Due to about 2 months ago

Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation    Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature J. J. Robertson and Address Orofino (M. D. or other) Date 1/9/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 20 1948  
DIVISION

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 211  
Local Reg. No. 4  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Orofino, Idaho  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution X Other place...  
(f) Name Hosp. or Inst. St. Hosp. No. 128 Stayed 128 days  
(g) Lived in this county 3 years 11 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) Sweden

## 3. (a) FULL NAME Backlund, Albert

3. (b) If veteran, name war Unk. 3. (c) Social Security No. Unk.  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years  
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>			hrs min.

9. Exact Occupation Farm laborer Did this work for Unk. yrs.  
10. Industry or Business Unk. Date last worked Unk.  
11. Birthplace Unk. Sweden  
(City or town) (State or foreign country)

12. Name John Backlund  
13. Birthplace Sweden  
(City or town) (State or foreign country)  
14. Maiden name Friexerica Somberg  
15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Berglund  
and Address Orofino, Ida

17. (a) Removal (Burial, cremation or removal) (b) Date thereof 1/9/48  
(c) Place: Spokane, Wash.

18. Funeral Director's OWN Signature Chas E. Dennessey  
and Address 423 1/2 S. Broadway

19. (a) 1/9/48 (b) Joe E. Hawley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 8 19 48  
at 10:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 19 44, to Jan. 8, 19 48.  
I last saw him alive on 1/8 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Attack Duration

Due to Cerebral syphilis 20 years

Due to .....  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature P. J. Hopkins (M. D. or other)  
and Address Orofino Date 1/9 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
JAN 23 1948  
DIVISION OF VITAL  
STATE OF IDAHO

State File No. 148 212  
Local Reg. No. 5  
Reg. Dist. No. 210

1. PLACE OF DEATH:

(a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home? ☒ Institution? Other place.  
(f) Name Hosp. or Inst. OROFINO HOSP Stayed 3 days  
(g) Lived in this county 1 years 5 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. E ST.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 1 & 5 Mos  
(h) Former residence (city, state) WINTON, CALIF.

3. (a) FULL NAME JAMES DOUGLAS COLE

3. (b) If veteran, name war NONE 3. (c) Social Security No. 720-07-2039  
5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex MALE 6. (b) Name of husband or wife NELLIE GROW 6. (c) Age of husband or wife if alive 45 years  
7. Date of Birth (Month, Day, Year) NOVEMBER 16, 1881

8. AGE	Years	Months	Days	If less than 1 day
	66	1	29	hrs min.

9. Exact Occupation (Retired) RAILROAD TELEGRAPHER 17 yrs.  
10. Industry or Business RAILROAD OFFICES Date last worked 2 YRS. AGO  
11. Birthplace HUME, MISSOURI (City or town) (State or foreign country)

12. Name WILLIAM HENRY COLE  
13. Birthplace MISSOURI (City or town) (State or foreign country)  
14. Maiden name SODIE DOUGLAS  
15. Birthplace MISSOURI (City or town) (State or foreign country)

16. Informant's OWN Signature Nellie Cole  
and Address Orofino Idaho

17. (a) BURIAL (b) Date thereof JAN. 16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: RIVERSIDE CEM., OROFINO, IDAHO

18. Funeral Director's OWN Signature BLAKE FUNERAL HOME  
and Address OROFINO, IDAHO

19. (a) 1/16/48 (b) Blair E. Fairley  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 1-14-48 19  
(Month, Day, Year) at 5:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 1947, to 1-14-48 19  
I last saw him alive on 1-13-48 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Sympneumonia (Hypostatic) Duration 2 days

Due to Cerebral Hemorrhage 1-11-48

Due to High Blood Pressure

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? —  
Name of operation — Date —  
Major finding —  
Finding of autopsy —  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred — 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work? —

Means of injury  
23. Attendant's OWN Signature C.B. Appenhausen M.D.  
(M.D. or other) and Address Orofino Idaho Date 1-15-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

REC-111  
JAN 23 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948 213  
State File No.  
Local Reg. No. 6  
Reg. Dist. No. 2/0

1. **PLACE OF DEATH:** CLEARWATER  
(a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. ST. HOSP. NO. Stayed ☒ days  
(g) Lived in this county UNK years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) UNKNOWN

3. (a) **FULL NAME** A. F. HARRIS

3. (b) If veteran, name war UNK. 3. (c) Social Security No. UNK  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive NONE years  
7. Date of Birth (Month, Day, Year) FEBRUARY 14, 1872

8. AGE	Years	Months	Days	If less than 1 day
	75	11	29	hrs min.

9. Exact Occupation logger Did this work for UNK yrs.  
10. Industry or Business UNK Date last worked UNK  
11. Birthplace ONTARIO, CANADA  
(City or town) (State or foreign country)

12. Name ABRAHAM F. HARRIS  
13. Birthplace TORONTO, CANADA  
(City or town) (State or foreign country)  
14. Maiden name IRIS HEELEY  
15. Birthplace TORONTO, CANADA  
(City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Barry, M.D.  
and Address Orofino, Idaho

17. (a) **BURIAL** (b) Date thereof JAN. 20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: RIVERSIDE CEM. OROFINO, IDAHO

18. Funeral Director's OWN Signature BLAKE FUNERAL HOME  
and Address OROFINO, IDAHO

19. (a) 1/29/48 (Date received and filed) (b) Blue G. Sharley (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 131A 095C

20. **DATE OF DEATH** JANUARY 18 1948  
(Month, Day, Year) at 6:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from JAN. 5, 1948 to JAN. 16, 1948  
I last saw him alive on Jan. 17/6 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: ACUTE CARDIAC DECOMENSATION 5days

- Due to CHRONIC CARDIO RENAL DISEASE 10 yrs.  
Due to ARTERIOSCLEROSIS  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature E. L. Barry, M.D.  
and Address Orofino, Idaho (M. D. or other) Date 1-19-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB - 1948  
DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. 214  
Local Reg. No. 9  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? ☒ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed 8 days  
(g) Lived in this county 23 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? YES city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? ? years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

ROBERT CARLSON

## 3. (b) If veteran,

name war NO

## 3. (c) Social Security

No. 518-01-2399

## 4. Sex MALE Color or race WHITE

## 6. (a) Single, widowed, married, divorced SINGLE

## 6. (b) Name of husband or wife \_\_\_\_\_

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

MARCH 27, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>9</u>	<u>23</u>	hrs min.

## 9. Exact Occupation WOODSWORKER Did this work for LIFE yrs.

## 10. Industry or Business VARIOUS Date last worked UNKNOWN

## 11. Birthplace SWEDEN (City or town) (State or foreign country)

## 12. Name UNKNOWN

## 13. Birthplace " (City or town) (State or foreign country)

## 14. Maiden name UNKNOWN

## 15. Birthplace " (City or town) (State or foreign country)

## 16. Informant's OWN Signature PUBLIC ASSISTANCE RECORDS

## and Address OROFINO, IDAHO

## 17. (a) BURIAL (b) Date thereof JAN. 25/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place RIVERSIDE CEM., OROFINO, IDAHO

## 18. Funeral Director's OWN Signature Blake Funeral Home

## and Address OROFINO, IDAHO

## 19. (a) 1/28/48 (b) John E. Jawley (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) January 19, 1948  
at 2:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1947, to 1-19 1948

I last saw him alive on 1-19 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Pneumonia

## Duration

1 week

Due to Delayed heart dis  
9 nephritis & edema

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? home

Name of operation " Date "

Major finding "

Finding of autopsy "

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒

Occurred " 19 " City, county, state

where violence occurred "

Place of Violence: Home " Farm " Industry "

Public Place " While at work? "

Means of injury "

## 23. Attendant's OWN Signature W. R. Robertson

(M. D. or other)  
and Address Oronodemo Date 1-22 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB - 5 1948 **Certificate Of Death**

OF VITAL STATE OF IDAHO

State File No. 215  
Local Reg. No. 7  
Reg. Dist. No. 210

**1. PLACE OF DEATH:**

- (a) County CLEARWATER  
(b) City or town HEADQUARTERS  
(c) Street Address or R. F. D. No. CAMP 59--11MI  
(d) Death Occured Inside?..... Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 11 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? UNK years  
(h) Former residence (city, state) .....

**3. (a) FULL NAME ROY STONER**

3. (b) If veteran, name war NO 3. (c) Social Security No. 536-03-4049  
5. Color or 6. (a) Single, widowed, married, divorced SINGLE  
4. Sex MALE race WHITE  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) MAY 5, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>8</u>	<u>14</u>	hrs min.

9. Exact Occupation WOODS WORK SAWING-GENERAL Did this work for LIFE yrs.  
10. Industry or Business P.F.I. INC. Date last worked JAN. 18/48  
11. Birthplace DEFIANCE, OHIO (City or town) (State or foreign country)

12. Name UNKNOWN  
13. Birthplace " (City or town) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature POTLATCH FORESTS, INC. and Address OROFINO, IDAHO

17. (a) REMOVAL (b) Date thereof JAN. 21/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: BIG RAPIDS, MICHIGAN

18. Funeral Director's OWN Signature BLAKE FUNERAL HOME and Address OROFINO, IDAHO

19. (a) 1/21/78 (b) Joe E. Taylor (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) JANUARY 19 1948  
at 2:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \*\*\*\*\* 19\*\* to \*\*\*\*\* 19\*\*

I last saw h. \*\* alive on \*\*\*\*\* 19\*\*; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
HEART FAILURE

Duration  
6 HR.

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation..... Date.....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury .....

23. Attendant's OWN Signature George B. Blake and Address OROFINO, IDA. Date 1/21 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB - 5 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 216  
Local Reg. No. 8  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Orofino  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside Yes Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Orofino Hosp Stayed 1 days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Clearwater  
(c) City or town Orofino  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME INFANT VOIGHT

3. (b) If veteran, name war ..... No. ....  
5. Color or race White  
4. Sex Female  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) January 21, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>17</u> hrs	min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace OROFINO, IDAHO  
(City or town) (State or foreign country)

12. Name WALTER VOIGHT  
13. Birthplace UNKNOWN  
(City or town) (State or foreign country)  
14. Maiden name BERNICE DAVIDSON  
15. Birthplace SUTTON, N. DAKOTA  
(City or town) (State or foreign country)

16. Informant's OWN Signature STATE HOSPITAL RECORDS  
and Address OROFINO, IDAHO

17. (a) REMOVAL (b) Date thereof JAN. 22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: KELLOGG, IDAHO

18. Funeral Director's OWN Signature Blake Funeral Home  
and Address OROFINO, IDAHO

19. (a) 1/22/48 (b) Joe P. Bailey  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 1-22-48 19  
at 6:30 o'clock 7 M.

21. I HEREBY CERTIFY, That I attended deceased from 1-21-48 19, to 1-22-48 19.

I last saw her alive on 1-21-48 19.; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Failure of respiration Duration

Due to Cranio-cerebral birth trauma

Due to Mother's syphilis

Other conditions (Include pregnancy within 9 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. B. Shapenberger M.D.

and Address Orofino, Idaho Date 1-22-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

FEB 21 1948

STATE OF IDAHO

State File No. **217**  
Local Reg. No. **10**  
Reg. Dist. No. **210**

## 1. PLACE OF DEATH:

- (a) County **CLEARWATER**  
(b) City or town **OROFINO**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **BURNS HOSP.** Stayed \_\_\_\_\_ days  
(g) Lived in this county **26** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **CLEARWATER**  
(c) City or town **ELK RIVER**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) **WASHINGTON**

## 3. (a) FULL NAME

**RONANUS MADER**

## 3. (b) If veteran, name war

**NO**

## 3. (c) Social Security No.

**519-03-4577A**

## 4. Sex. MALE

Color or race **WHITE**

## 5. (a) Single, widowed, married, divorced

**SINGLE**

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) **SEPTEMBER 10, 1877**

8. AGE	Years	Months	Days	If less than 1 day
	<b>70</b>	<b>4</b>	<b>21</b>	hrs min.

## 9. Exact Occupation

**WOODSWORKER**

## Did this work for LIFE yrs.

## 10. Industry or Business

**VARIOUS**

## Date last worked

**UNKNOWN**

## 11. Birthplace

**GERMANY**

(City or town) (State or foreign country)

## 12. Name

**UNKNOWN**

## 13. Birthplace

**"**

(City or town) (State or foreign country)

## 14. Maiden name

**UNKNOWN**

## 15. Birthplace

**"**

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature **PUBLIC ASSISTANCE RECORDS**

and Address **OROFINO, IDAHO**

## 17. (a) BURIAL

(b) Date thereof **FEB. 2/48**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **RIVERSIDE CEM. OROFINO, IDAHO**

## 18. Funeral Director's

OWN Signature **BLAKE FUNERAL HOME**

and Address **OROFINO, IDAHO**

## 19. (a) 2/2/48

(Date received and filed)

(b) **Shale Bailey**

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **January 31st 1948**  
at **9:45** o'clock **a**. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**about 1945** 19 to **1-31-1948** 1948

I last saw h.m. alive on **1-31-1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Carcinoma liver**

## DURATION

Due to **Death Resulted by**

**Operation Rx. Inguinal**

Due to **thunk a**

Other conditions **Age**

(Include pregnancy within 3 months of death)

Where was disease contracted? **home**

Name of operation **"** Date **"**

Major finding **"**

Finding of autopsy **"**

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒

Occurred ☒ 19 ☒ City, county, state

where violence occurred ☒

Place of Violence: Home ☒ Farm ☒ Industry ☒

Public Place ☒ While at work? ☒

Means of injury ☒

## 23. Attendant's

OWN Signature **J.B. Robertson**

and Address **Orofino** (M. D. or other)

Date **2-3-48** 1948  
(For additional space, use reverse side)

Informant, Funeral Director, and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County Booster  
(b) City or town Challis  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Inside? Outside? \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 42 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Booster  
(c) City or town Challis  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Alta McClure

3. (b) If veteran, name war no  
3. (c) Social Security No. no  
5. Color or race white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Dec 15 - 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>1</u>	<u>26</u>	hrs min.

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business none Date last worked \_\_\_\_\_  
11. Birthplace Boise Idaho (City or town) (State or foreign country)

12. Name William McClure  
13. Birthplace Boise Oregon (City or town) (State or foreign country)  
14. Maiden name Phillips  
15. Birthplace Phillipsburg Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature Laura Cameron  
and Address Challis Idaho

17. (a) Boise (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Challis Idaho

18. Funeral Director's OWN Signature Alta McClure  
and Address Challis Idaho

19. (a) Jan 20 1948 (b) Elmer M. Kinn  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 1-20-48 19\_\_\_\_  
at 7:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from on 1-20-48 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw her alive on 1-20-48 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute cardiac failure Duration 3 hr.

Due to Congenital heart disease

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Albert J. Jensen M.D.  
and Address Challis Idaho Date 1-20-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State 1948 No. 219  
Local Reg. No. 3  
Reg. Dist. No. 380

## 1. PLACE OF DEATH:

- (a) County ELMORE  
(b) City or town MTN HOME  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 49 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County ELMORE  
(c) City or town MTN HOME  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 62 years  
(h) Former residence (city, state) ILLINOIS

## 3. (a) FULL NAME

EMILIE ANN

PENCE

094A

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex F 5. Color or race W  
6. (b) Name of husband or wife J. H. N. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

1 NOV 24 1859

## 8. AGE

88

Months

1

Days

9

If less than 1 day

hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

12. Name ROBERT DUNBAR  
13. Birthplace SCOTLAND  
14. Maiden name BESSIE McRITTER  
15. Birthplace IRELAND

16. Informant's OWN Signature J. H. Pence  
and Address B. H. L. IDAHO

17. (a) BURIAL (b) Date thereof JAN 8 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: MOUNTAIN HOME IDAHO

18. Funeral Director's OWN Signature Edward M. Gibbons  
and Address mt. home Idaho

19. (a) January 7, 1948 (b) Attendant  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 059B

20. DATE OF DEATH (Month, Day, Year) 1/5 1948  
at 12 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 1/2/48 to 1/5/48

I last saw her alive on 1/3/48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Coronary Thrombosis

## Duration

5 min.

- Due to Arteriosclerosis  
Due to \_\_\_\_\_  
Other conditions and retin  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. H. Pence  
and Address mt. home Idaho Date 1/5 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 2 1948

**NON-RESIDENT**  
**Certificate Of Death**  
STATE OF IDAHO

State File No. **220**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF DEATH:**

- (a) County Elmore  
(b) City or town Blain Ferry  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years 4 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Utah (b) County Salt Lake  
(c) City or town Salt Lake City  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 4 mo years  
(h) Former residence (city, state) Salt Lake City

**3. (a) FULL NAME**

Sylena Giles Walker

**3. (b) If veteran,**

name war no

**3. (c) Social Security**

No. none

**5. Color or race**

White

**4. Sex**

Female

**6. (b) Name of husband or wife**

Margaret

**5. (a) Single, widowed, married, divorced**

Widowed

**6. (c) Age of husband or wife if alive**

..... years

**7. Date of Birth (Month, Day, Year)**

February 12, 1873

**8. AGE**

Years	Months	Days	If less than 1 day
<u>74</u>	<u>11</u>	<u>15</u>	hrs min.

**9. Exact Occupation**

Housewife

Did this work for ..... yrs.

**10. Industry or Business**

Home

Date last worked 1946

**11. Birthplace**

Heber City Utah

(City or town) (State or foreign country)

**12. Name**

Quadrach Giles

**13. Birthplace**

Heber City Utah

(City or town) (State or foreign country)

**14. Maiden name**

Unknown

**15. Birthplace**

Unknown

(City or town) (State or foreign country)

**16. Informant's OWN Signature**

Mrs. Elmer Butler

**and Address**

Blain Ferry Idaho

**17. (a) Removal**

(Burial, cremation, or removal)

(b) Date thereof Jan 28, 1948

**(c) Place:**

Salt Lake City Utah

**18. Funeral Director's OWN Signature**

Relig. Bay

**and Address**

Mountain Home Idaho

**19. (a)**

Jan 27 - 48

(b) Mary Sullivan

(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**

(Month, Day, Year) Jan 27 1948  
at 11:00 o'clock A M.

**21. I HEREBY CERTIFY, That I attended deceased from**

Oct 1 1947, to Jan 27 1948  
I last saw h. or alive on Jan 25 1948, death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Cardiac failure

**Duration**

1 week

**Due to Coronary sclerosis**

Unknown

**Due to**

**Other conditions**

(Include pregnancy within 3 months of death)

**Where was disease contracted?**

**Name of operation**

**Date**

**Major finding**

**Finding of autopsy**

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

**where violence occurred**

Place of Violence: Home ..... Farm ..... Industry .....

**Public Place**

**While at work?**

**Means of injury**

**23. Attendant's OWN Signature**

Wm. D. Rubin M.D.

**and Address**

Blain Ferry Idaho

(M. D. or other)

Date Jan 28 1948

(For additional space, use reverse side)

FEB 20 1948

**Certificate Of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948 State File No. **221**  
Local Reg. No. **1**  
Reg. Dist. No. **5 C**

**1. PLACE OF DEATH:**

- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Gen. Mem. Hospital days \_\_\_\_\_  
(g) Lived in this county 16 years 6 months 19 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. 76 West 3rd No.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

CLIFFORD LANE SWAINSTON

**3. (b) If veteran,**

name war \_\_\_\_\_

**3. (c) Social Security**

No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
(b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 13, 1931.

8. AGE	Years	Months	Days	If less than 1 day
	<u>16</u>	<u>6</u>	<u>19</u>	hrs min.

9. Exact Occupation Student Did this work for \_\_\_\_\_ yrs.

10. Industry or Business At School Date last worked \_\_\_\_\_

11. Birthplace Preston, Idaho.  
(City or town) (State or foreign country)

12. Name Heber C. Swainston

13. Birthplace Ogden, Utah.  
(City or town) (State or foreign country)

14. Maiden name Sylvia May Campbell

15. Birthplace North Ogden, Utah.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Heber C. Swainston  
and Address Idaho

17. (a) Burial (b) Date thereof 1-5-48.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Preston, Idaho.

18. Funeral Director's Richards & Sod Mortuary  
OWN Signature John M. Richards  
and Address Preston, Idaho.

19. (a) 1-3-1948 (b) Effie M. Richards  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH** January 2, 1948.  
(Month, Day, Year)  
at 8:12 o'clock A. M.

**21. I HEREBY CERTIFY**, That I attended deceased from 1/1 1948, to 1/2 1948  
I last saw him alive on 1/2 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

ruptured lung + splen - mediastinal emphysema  
Due to accident

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

**22. If death was due to EXTERNAL CAUSES, also fill in the following:** Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 1/1 1948 City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Highway While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

**23. Attendant's** Leo R. Hawber M.D.  
OWN Signature \_\_\_\_\_ (D. or other) \_\_\_\_\_

and Address Preston, Idaho Date 1/3 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
FEB 20 1948 STATE OF IDAHO

State File No. 222  
Local Reg. No. 7  
Reg. Dist. No. 5

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 144 S. 4th East  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place ...  
(f) Name Hosp. or Inst. Stayed days ...  
(g) Lived in this county 10 years months days ...

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. 144 S. 4th East  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Salt Lake City, Ut

3. (a) FULL NAME Ivy Gorringer  
3. (b) If veteran, name war ... No. ...  
3. (c) Social Security No. ...  
4. Sex Female Color or race White  
5. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edward H. Gorringer  
6. (c) Age of husband or wife if ... years  
7. Date of Birth (Month, Day, Year) Aug. 22, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>4</u>	<u>21</u>	hrs min.

9. Exact Occupation House wife Did this work for ... yrs.  
10. Industry or Business Own Home Date last worked Sept. 1947  
11. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

- Mother Father  
12. Name Wm T. Foulger  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Elizabeth Robinson  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ivy Gorringer  
and Address Preston, Idaho  
17. (a) Removal (b) Date thereof Jan 15 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Salt Lake City, Utah

18. Funeral Director's OWN Signature William W. ...  
and Address Preston, Idaho

19. (a) 1-13-1948 (b) Effie W. Brewer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 102X

20. DATE OF DEATH (Month, Day, Year) Jan. 13 19 48  
at 12:05 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 11  
1947, to Jan 13 1947

I last saw her alive on Jan. 13 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebral hemorrhage Duration 12 hours

Due to Hypertension 15 years

Due to ...

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ... Date ...

Major finding ...

Finding of autopsy ...

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ... Suicide? ... Homicide? ...  
Occurred ... 19 ... City, county, state ...

where violence occurred ...

Place of Violence: Home ... Farm ... Industry ...

Public Place ... While at work? ...

Means of injury ...

23. Attendant's OWN Signature R. Smith M.D.  
(M, D. or other)

and Address Preston, Idaho Date 1-13 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
**Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

State File No. 223  
Local Reg. No. 4  
Reg. Dist. No. 5-4

**1. PLACE OF DEATH:**

- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 44 N 1st East  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. General Medical days  
(g) Lived in this county 41 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Franklin  
(c) City or town Preston 22 So. 3rd East  
(d) Street Address or R.F.D. No. 22 So. 3rd East  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

3. (a) **FULL NAME** Martha Stephens Funk

3. (b) If veteran, name war                      No.                       
5. Color or                      6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Marlowe Funk 6. (c) Age of husband or wife if alive                      years  
7. Date of Birth (Month, Day, Year) Jan. 23, 1906

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>11</u>	<u>27</u>	hrs min.

9. Exact Occupation House wife Did this work for                      yrs.  
10. Industry or Business Own home Date last worked June, 1947  
11. Birthplace Preston, Idaho (City or town) (State or foreign country)

12. Name Alfred W. Stephens  
13. Birthplace Wales (City or town) (State or foreign country)  
14. Maiden name Margaret Gaddas  
15. Birthplace Plain City, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature                       
and Address Preston, Idaho

17. (a) burial (b) Date thereof 1-24-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place:

18. Funeral Director's OWN Signature Webb-Hendricks  
and Address Preston, Ida.

19. (a) 1-24-1948 (b) Ephe...  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH**  
(Month, Day, Year) Jan. 20 19 48  
at 2 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 1948 to Jan 20 1948

I last saw her alive on Jan 20 19 48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Rheumatoid Heart Duration 1 day  
As a result of

Due to                     

Due to                     

Other conditions                       
(Include pregnancy within 3 months of death)

Where was disease contracted?                     

Name of operation                      Date                     

Major finding                     

Finding of autopsy                     

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?                      Suicide?                      Homicide?                     

Occurred                      19                      City, county, state

where violence occurred                     

Place of Violence: Home                      Farm                      Industry                     

Public Place                      While at work?                     

Means of injury                     

23. Attendant's OWN Signature P. B. Giller (M. D. or other)

and Address Preston Ida. Date 1-20 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 23 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

48  
State File No. 224  
Local Reg. No. 5  
Reg. Dist. No. 240

1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 138 East 2nd St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 44 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. 138 East 2nd St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) England

3. (a) FULL NAME

LUCY CARTWRIGHT PINSON

094A

3. (b) If veteran,

name war       

3. (c) Social Security

No.       

5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Charles Pinson (c) Age of husband or wife if alive        years

7. Date of Birth  
(Month, Day, Year) May 20, 1884.

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>8</u>	<u>8</u>	hrs min.

9. Exact Occupation Housewife Did this work for        yrs.

10. Industry or Business Own Home Date last worked       

11. Birthplace Newtown, England.  
(City or town) (State or foreign country)

12. Name Henry Cartwright

13. Birthplace England  
(City or town) (State or foreign country)

14. Maiden name England

15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature H. B. Pinson

and Address Preston Idaho

17. (a) Burial (b) Date thereof Jan 31, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Preston, Idaho.

18. Funeral Director's Richards & Son Mortuary.

OWN Signature Arthur W. Richards

and Address Preston, Idaho.

19. (a) Jan 31, 1948 (b) E. W. Berger  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) January 28, 19 40  
at 7:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1948 to Jan 28, 1948  
I last saw him alive on Jan 28, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Primary Occlusion Duration 1 hr.

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature O. R. Carter

and Address Preston Idaho (M. D. or other)

Date Jan 31, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 29 1948  
Certificate Of Death  
STATE OF IDAHO

State File No. 225  
Local Reg. No. 2  
Reg. Dist. No. 2

1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Franklin  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. 7 Stayed ..... days  
(g) Lived in this county 65 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Franklin  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

Charlotte Dawson Atkinson

3. (b) If veteran,

name war .....

3. (c) Social Security

No. ....

5. Color or

6. (a) Single, widowed, married,

4. Sex Female race White

divorced Married

6. (b) Name of husband or wife Henry C. Atkinson  
6. (c) Age of husband or wife if alive ..... years

7. Date of Birth

(Month, Day, Year) Feb. 3, 1882

8. AGE

Years	Months	Days	If less than 1 day
65	11	16	hrs min.

9. Exact

Occupation House wife Did this work for 44 yrs.

10. Industry or Business

Own home Date last worked Jan. 16, 1948

11. Birthplace Weston, Idaho

(City or town) (State or foreign country)

12. Name James W. Dawson

13. Birthplace Mo.

(City or town) (State or foreign country)

14. Maiden name Charlotte Cox

15. Birthplace Lehi, Utah

(City or town) (State or foreign country)

16. Informant's

OWN Signature Jesse Sant

and Address Preston, Idaho

17. (a) Burial

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Franklin, Idaho

18. Funeral Director's

OWN Signature Webb-Hendricks Funeral H.

and Address Whitman, Idaho

19. (a) 23-1948

(Date received and filed)

(b) Effie M. Brainer

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Jan. 19 1948  
at 7:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1/19  
1948, to 19

I last saw h. .... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebral Hemorrhage Duration 1 day

Due to arteriosclerosis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ..... Date .....

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury

Attendant's OWN Signature Leo R. Hawkes M.D.

and Address Preston, Idaho Date 1-19-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

1948 226  
State File No. 2  
Local Reg. No. 650  
Reg. Dist. No.

JAN 21 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County. **Fremont**  
(b) City or town. **St. Anthony**  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? **X** Outside? city or town  
(e) Died in a Home. **X** Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. Stayed. days  
(g) Lived in this county. **46** years. months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Idaho** (b) County. **Fremont**  
(c) City or town. **St. Anthony**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? **X** Outside? city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **46** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**THOMAS VAUGHN MORGAN**

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

## 5. Color or race. **Male White**

## 6. (a) Single, widowed, married, divorced. **Widowed**

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive. years

## 7. Date of Birth (Month, Day, Year) **September 1, 1868**

8. AGE	Years	Months	Days	If less than 1 day
	<b>79</b>	<b>4</b>	<b>13</b>	hrs. min.

## 9. Exact Occupation. **Retired sectionman** Did this work for. yrs.

## 10. Industry or Business. **U. P. R. R. Co.** Date last worked.

## 11. Birthplace. **Tonole, Utah** (City or town) (State or foreign country)

## 12. Name. **William Morgan**

## 13. Birthplace. **Unknown** (City or town) (State or foreign country)

## 14. Maiden name. **Catherine Jarman**

## 15. Birthplace. **Unknown** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Vaughn Morgan** and Address. **556 1st Street Salt Lake City**

## 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof. **Jan. 17, 1948** (Month) (Day) (Year)

## (c) Place. **Parker, Idaho.**

## 18. Funeral Director's OWN Signature **Mal Hansen**

## and Address. **St. Anthony, Idaho**

## 19. (a) **Jan 14, 1948** (Date received and filed) (b) **Mal Hansen** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) **January 14, 1948** at **12:30** o'clock **A.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **Sept 46** 1946, to **Jan 14** 1948.

I last saw him alive on **Jan 14** 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic Myocardial Failure** Duration **16 mo.**

Due to **hypertension** Unknown

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation. Date.

Major finding.

Finding of autopsy.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred. 19. City, county, state

where violence occurred.

Place of Violence: Home. Farm. Industry.

Public Place. While at work?

Means of injury.

23. Attendant's OWN Signature **C.D. Rusty M.D.** and Address. **St. Anthony, Idaho** Date. **1-14** 1948

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
FEB 2 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 227  
Local Reg. No. 500  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County. **Fremont**  
(b) City or town. **St. Anthony**  
(c) Street Address or R.F.D. No. **228 E 4 N.**  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home. **X** Hospital. .... Institution. .... Other place. ....  
(f) Name Hosp. or Inst. .... Stayed. .... days  
(g) Lived in this county ..... years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Idaho** (b) County **Fremont**  
(c) City or town. **St. Anthony**  
(d) Street Address or R.F.D. No. **228 E 4 N**  
(e) Deceased lived Inside? **Yes** Outside? ..... city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **42** years  
(h) Former residence (city, state) **North Ogden, Utah**

## 3. (a) FULL NAME

**DELIA ALVORD CAZIER**

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

## 5. Color or race

## 6. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth (Month, Day, Year)

AGE	Years	Months	Days	If less than 1 day
	82	10	2	hrs. min.

## 9. Exact Occupation

## 10. Industry or Business

## 11. Birthplace (City or town) (State or foreign country)

## 12. Name

## 13. Birthplace (City or town) (State or foreign country)

## 14. Maiden name

## 15. Birthplace (City or town) (State or foreign country)

## 16. Informant's OWN Signature and Address

## 17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature and Address

## 19. (a) Date received and filed (b) Registrar's signature

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

## 21. I HEREBY CERTIFY, That I attended deceased from

I last saw her alive on Jan 27 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **myocardial failure** Duration **2 mo**

Due to **hypertensive heart disease** **6 yrs.**

Due to **Cerebral Accident** **2 mo**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendants OWN Signature **C. D. Lusty M.D.** **St. Anthony Idaho** **1-30** 1948  
and Address (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

FEB 2 1948

STATE OF IDAHO

State File No. 1948 228  
Local Reg. No. 6  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County. **Fremont**  
(b) City or town. **St. Anthony**  
(c) Street Address or R.F.D. No. **106 E 3 N**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. **X** Hospital. \_\_\_\_\_ Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed. \_\_\_\_\_ days  
(g) Lived in this county. **44** years. \_\_\_\_\_ months. \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Idaho** (b) County. **Fremont**  
(c) City or town. **St. Anthony**  
(d) Street Address or R.F.D. No. **106 E 3 N**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **44** years  
(h) Former residence (city, state) **Iowa**

## 3. (a) FULL NAME

**JAMES LEONARD FERNEY**

## 3. (b) If veteran, name war NO.

## 3. (c) Social Security No. None.

## 4. Sex. Male Color or race. White

## 6. (a) Single, widowed, married, divorced. married

## 6. (b) Name of husband or wife Nellie Gulliford

## 6. (c) Age of husband or wife if alive. 73 years

## 7. Date of Birth August 10, 1866 (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	81	5	19	hrs. min.

## 9. Exact Occupation. Retired Farmer Did this work for. \_\_\_\_\_ yrs.

## 10. Industry or Business. Date last worked

## 11. Birthplace. Independence, Iowa (City or town) (State or foreign country)

## 12. Name. Pete Ferney (City or town) (State or foreign country)

## 13. Birthplace. France (City or town) (State or foreign country)

## 14. Maiden name. Anna O'Brien (City or town) (State or foreign country)

## 15. Birthplace. Tipperary, Ireland (City or town) (State or foreign country)

## 16. Informant's OWN Signature. Lloyd A. Ferney and Address. St. Anthony, Idaho

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. Jan., 31, 1948 (Month) (Day) (Year)

## (c) Place. St. Anthony, Idaho

## 18. Funeral Director's OWN Signature. Mrs Hansen and Address. St. Anthony, Idaho

## 19. (a) January 31, 1948 (Date received and filed) (b) Mrs Hansen (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) January 29 1948 at 1 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Jan 29 1948

I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Coronary Occlusion Duration 4 hrs

## Due to. Angina Pectoris 6 mos.

## Due to. \_\_\_\_\_

## Other conditions. (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation. \_\_\_\_\_ Date. \_\_\_\_\_

## Major finding. \_\_\_\_\_

## Finding of autopsy. \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred. \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

## Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_

## Public Place. \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury. \_\_\_\_\_

## 23. Attendant's OWN Signature. E. J. Soule and Address. St. Anthony Date. 1/31 1948 (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 229  
Local Reg. No. 3  
Reg. Dist. No. 651

## 1. PLACE OF DEATH: Fremont

- (a) County Drummond.  
(b) City or town Drummond.  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? A Outside? ..... city or town  
(e) Died in a Home? A Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 31 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Drummond.  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? A Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) 111

## 3. (a) FULL NAME Viola. Elizabeth. Dedman.

3. (b) If veteran, name war ..... No. ....  
3. (c) Social Security No. ....  
4. Sex Female Color or race White (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Claud Dedman. 6. (c) Age of husband or wife if alive 73 years  
7. Date of Birth (Month, Day, Year) March. 21st. 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>9</u>	<u>20</u>	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.  
10. Industry or Business Moccasin. Date last worked 111.  
11. Birthplace Moccasin. (City or town) (State or foreign country)

12. Name W. J. Mannering.  
13. Birthplace Dont Know. (City or town) (State or foreign country)  
14. Maiden name Sarah. Catherine. Davis.  
15. Birthplace Dont Know. (City or town) (State or foreign country)

16. Informant's OWN Signature Mr. Nephew H. Ball  
and Address Drummond. Idaho.

17. (a) Burial. (b) Date thereof Jan. 23rd. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ashton Idaho.

18. Funeral Director's OWN Signature James K. ...  
and Address Ashton Idaho.

19. (a) January 14, 1948 (b) Mr. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January .10th 1948  
(Month, Day, Year) at 2 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from April 1947 to Jan 10 1948  
I last saw her alive on Jan. 10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyctic Pneumonia Duration 2 ds.

Due to Cancer of Breast  
Understapes.

Due to None.  
Other conditions None.  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho.  
Name of operation None. Date None.

Major finding None.  
Finding of autopsy None.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 City, county, state

Where violence occurred  
Place of Violence: Home None. Farm None. Industry None.  
Public Place None. While at work? None.

Means of injury None.  
23. Attendant's OWN Signature James K. ...  
and Address Ashton Idaho. Date Jan 14 1948  
(For additional space, use reverse side)

050X  
055E

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 230  
Local Reg. No. 4  
Reg. Dist. No. 651

## 1. PLACE OF DEATH:

Fremont.

- (a) County Franklin Idaho.  
(b) City or town Macks Inn  
(c) Street Address or R.F.D. No. 1  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 40 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Macks Inn Idaho  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) Colorado

## 3. (a) FULL NAME Sidney Roy Manning

3. (b) If veteran, name war    No.     
3. (c) Social Security No.     
4. Sex Male 5. Color of race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) January 26th 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>11</u>	<u>23</u>	hrs min.

9. Exact Occupation U.S. Postmaster Did this work for 9 yrs.

10. Industry or Business    Date last worked   

11. Birthplace neb. (City or town) (State or foreign country)

12. Name John Rodman Manning (City or town) (State or foreign country)

13. Birthplace Waukesha Wis. (City or town) (State or foreign country)

14. Maiden name Mary T. Hamor (City or town) (State or foreign country)

15. Birthplace Gran view Tenn. (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]

and Address Ashton Idaho

17. (a) Burial (b) Date thereof 1/23/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Ashton Idaho

18. Funeral Director's OWN Signature [Signature]

and Address Ashton Idaho

19. (a) Jan 21, 1948 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 19 1948  
at 7 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from    to     
never attended

I last saw h.    alive on    19   ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:    Duration   

Acute Myocardial Failure

Due to   

Found dead in bed

Due to   

Other conditions    (Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature [Signature] (M.D. or other)

and Address    Date    19   

(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 18 1948

DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 231  
Local Reg. No. 7  
Reg. Dist. No. 651

## 1. PLACE OF DEATH:

- (a) County Fremont.  
(b) City or town Marysville  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. 58 Stayed days  
(g) Lived in this county 58 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Marysville  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) ---

3. (a) FULL NAME Zera Whittle.

3. (b) If veteran, \* name war \* No. \*  
5. Color or White (a) Single, widowed, married, divorced Single.  
4. Sex Male race White  
6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years  
7. Date of Birth (Month, Day, Year) January 15th 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>-</u>	<u>13</u>	hrs min.

9. Exact Occupation Farmer Did this work for --- yrs.  
10. Industry or Business --- Date last worked ---  
11. Birthplace Swan Lake Idaho.

- (City or town) (State or foreign country)  
12. Name Thomas. William. Whittle  
13. Birthplace Dont know Salt Lake  
(City or town) (State or foreign country)  
14. Maiden name Shirley. Fidelia. Hendricks  
15. Birthplace Dont know. Salt Lake  
(City or town) (State or foreign country)

16. Informant's OWN Signature Beth Robbins  
and Address Marysville Idaho.

17. (a) Burial (b) Date thereof 1/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ashton Idaho.

18. Funeral Director's OWN Signature Lewis L. Mer  
and Address Ashton Idaho.

19. (a) January 28, 1948 (b) Mrs. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 28th 1948  
at about 4 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from never 19 attended 19 ---  
I last saw h. --- alive on --- 19 ---; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Suffocation & Strangulation Duration ---

Due to Hanging

Due to ---  
Other conditions ---  
(Include pregnancy within 3 months of death)

Where was disease contracted? ---  
Name of operation --- Date ---  
Major finding ---  
Finding of autopsy ---

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? No Suicide? No Homicide? No  
Occurred Jan. 28, 1948 City, county, state Marysville Idaho  
Place of Violence: Home --- Farm --- Industry ---  
Public Place No While at work? No  
Means of injury Hanging

23. Attendant's OWN Signature Mrs. Hansen - Coroner  
(M. D. or Other)  
and Address St. Anthony Idaho. Jan. 28, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

1948  
1949

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 232  
Local Reg. No. 340  
Reg. Dist. No. 341

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 2nd & Wash  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. Mary's Stayed 2 days  
(g) Lived in this county 29 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 311 East First  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME

Mary E. White

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 80 years  
7. Date of Birth (Month, Day, Year) Feb. 8, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>8</u>	<u>8</u>	hrs min.

9. Exact Occupation Iron Maker Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Ark. Kansas (City or town) (State or foreign country)

- Mother Father { 12. Name Hess Linsdale  
13. Birthplace Idaho (City or town) (State or foreign country)  
14. Maiden name Bessie Ann Linsdale  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Geo. H. White  
and Address 311 East First St.

17. (a) Bureau (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Emmett Idaho

18. Funeral Director's OWN Signature Charles Flohoff  
and Address Emmett Idaho

19. (a) 1-9-48 (b) Charles Flohoff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 4 1948  
at 5 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 4 1948, to Jan 4 1948  
I last saw him alive on Jan 3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Influenza with Hypostatic Pneumonia Duration

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature J. L. Reynolds  
and Address Emmett Date 1-5-1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1948

STATE OF IDAHO

## OF VITAL

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 1st & Main  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Mayfield Stayed        days  
(g) Lived in this county 1 years 3 months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Idaho  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mark H. Nelson

3. (b) If veteran, name war No 3. (c) Social Security No. No  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years  
7. Date of Birth (Month, Day, Year) Oct. 2, 1947

8. AGE Years Months Days If less than 1 day  
3 3 3 hrs min.

9. Exact Occupation at Home Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Emmett Idaho (City or town) (State or foreign country)

12. Name Mark H. Nelson  
13. Birthplace Boise Idaho (City or town) (State or foreign country)  
14. Maiden name Sally  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Vern J. Nelson  
and Address Emmett Idaho

17. (a) Burial (b) Date thereof 1-8-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Emmett Idaho

18. Funeral Director's OWN Signature Emmett Idaho  
and Address Emmett Idaho

19. (a) 1-13-48 (b) Chas Flohoff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 5, 1948  
at 10:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1947 to Jan 5, 1948  
I last saw him alive on Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Convulsion 1 hour

Due to Possible 3 hours

fast resuscitation

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature Knud P. Kierberg  
(M. D. or other)         
and Address        Date 19  
(For additional space, use reverse side)

Mark H. Nelson

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 234  
Local Reg. No. 34  
Reg. Dist. No. 341

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Mayfield Stayed 18 days  
(g) Lived in this county 4 years 4 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Calif

## 3. (a) FULL NAME

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex M 5. Color W 6. (a) Single, widowed, married,  
race W divorced married  
6. (b) Name of husband or wife Emily 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) Aug. 18, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>4</u>	<u>22</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Hebron Minn.  
(City or town) (State or foreign country)

12. Name B. F. Murray

13. Birthplace New York State  
(City or town) (State or foreign country)

14. Maiden name Edson Humphreys

15. Birthplace Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. F. Howard  
and Address \_\_\_\_\_

17. (a) Bureau (b) Date thereof 1-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Emmett Idaho

18. Funeral Director's OWN Signature James H. Owens  
and Address Emmett, Idaho

19. (a) 1-20-48 (b) Chas. F. Lahey  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) Jan. 10, 1948  
at 6:10 o'clock 12 M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 1947 to Jan. 10, 1948  
I last saw h. alive on Jan. 10, 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Chronic myocarditis

### Duration

4 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

### PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature James H. Owens  
(M. D. or other)

and Address Emmett Date 1-20-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. 235  
Local Reg. No. 340  
Reg. Dist. No. 341

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 907 East 3rd  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Mayfield Stayed 4 days  
(g) Lived in this county 40 years 2 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 907 East 3rd  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Clara A. Lake

3. (b) If veteran, name war No  
3. (c) Social Security No. No  
5. Color or W 6. (a) Single, widowed, married, divorced married  
4. Sex F race W 6. (c) Age of husband or wife if alive 80 years  
6. (b) Name of husband or wife Daved  
7. Date of Birth (Month, Day, Year) July 20, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>5</u>	<u>22</u>	hrs min.

9. Exact Occupation at Home Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Own Home Date last worked \_\_\_\_\_  
11. Birthplace Bone Indiana (City or town) (State or foreign country)

- Mother Father  
12. Name Eless Kaid  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name Margaret Wheeler  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Daved Lake  
and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 1-13-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Emmett Idaho

18. Funeral Director's OWN Signature Chas. E. Lohr  
and Address Emmett, Idaho

19. (a) 1-20-48 (b) Chas. E. Lohr  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 10 1948  
at 3:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Parkinson's disease Duration 3 days

Due to Hypertension  
Chronic Bronchitis 4 yrs  
Due to Diabetes 6 yrs  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. A. Swedman, M.D.  
(M. D. or other)  
and Address Emmett, Idaho Date Jan 19 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **236**  
Local Reg. No. **340**  
Reg. Dist. No. **341**

## 1. PLACE OF DEATH:

- (a) County Sey  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. Alt - Emmett  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. many days stayed 4 days  
(g) Lived in this county 39 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Sey  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. Alt  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Gertrude K. Reed

111A

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. No

5. Color or No  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife John T. Sanders  
6. (c) Age of husband or wife if alive 56 years

## 7. Date of Birth (Month, Day, Year)

Aug 19, 1894

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>4</u>	<u>7</u>	hrs min.

## 9. Exact Occupation at home Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business Owner Date last worked 1-24-48

## 11. Birthplace Salem Oregon (City or town) (State or foreign country)

## 12. Name John T. Sanders

## 13. Birthplace Idaho (City or town) (State or foreign country)

## 14. Maiden name Gertrude K. Reed

## 15. Birthplace Idaho (City or town) (State or foreign country)

## 16. Informant's OWN Signature Gertrude K. Reed and Address Emmett Idaho

## 17. (a) Burial (b) Date thereof 12-29-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Chas. H. Haffey and Address Emmett Idaho

## 19. (a) 2-10-48 (b) Chas. H. Haffey (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Jan 26 1948  
at \_\_\_\_\_ o'clock 2 M.

## 21. I HEREBY CERTIFY, That I attended deceased from Jan 26-48 1948 to Jan 26-48 1948 I last saw her alive on Jan 26 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pulmonary Emboli

## Duration

## Due to Possibly from Varicella

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature J. H. Reynolds and Address Emmett Idaho Date 2-3-48 19 \_\_\_\_\_ (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-1 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 237  
Local Reg. No. 340  
Reg. Dist. No. 341

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 216 W. 5th St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 3 years 3 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. 216 W. 5th St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 53 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Walter James Schofield 094A

3. (b) If veteran, name war no No. no  
5. Color or br 6. (a) Single, widowed, married, divorced single  
4. Sex fm race br  
6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive no years

7. Date of Birth (Month, Day, Year) Dec. 3, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>1</u>	<u>24</u>	hrs min.

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business none Date last worked \_\_\_\_\_  
11. Birthplace Idaho (City or town) (State or foreign country)

- Mother { 12. Name John Edward Schofield  
13. Birthplace Idaho (City or town) (State or foreign country)  
14. Maiden name Gunnath  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Loraine White  
and Address 216 W. 5th St.

17. (a) Removal (b) Date thereof 1-29-48  
(Burial, cremation, or removal) (Month)-(Day) (Year)  
(c) Place: Idaho

18. Funeral Director's OWN Signature Chas. F. Plaboff  
and Address Emmett, Idaho

19. (a) 2-10-48 (b) Chas. F. Plaboff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 27, 1948  
at 3:15 o'clock P.M.

21. I HEREBY CERTIFY that I attended deceased from Jan. 27, 1948, to Jan. 27, 1948.  
I last saw h. in alive on Jan. 27, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Coronary Disease with cardiac infarction 1 day  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. L. Chavarron, M.D.  
(M. D. or other)  
and Address Emmett, Idaho Date 1-27-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 11 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 238  
Local Reg. No. 340  
Reg. Dist. No. 341

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Emmett  
(c) Street Address or R. F. D. No. 922 S. Camm  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 7 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 922 S. Camm  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) Okla

## 3. (a) FULL NAME

Eliza Francis Bright 093D

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. no

## 4. Sex F 5. Color or race W

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Jessie

## 6. (c) Age of husband or wife if alive 76 years

## 7. Date of Birth

(Month, Day, Year) March 11, 1871

## 8. AGE

Years 76 Months 10 Days 20 hrs min.

## 9. Exact

Occupation at Home Did this work for no yrs.

## 10. Industry or Business

Own Home Date last worked

## 11. Birthplace

Macon City, Missouri (City or town) (State or foreign country)

## 12. Name

James M. E. Marnes

## 13. Birthplace

Macon City, Mo. (City or town) (State or foreign country)

## 14. Maiden name

Melinda Marnes

## 15. Birthplace

Macon City, Mo. (City or town) (State or foreign country)

## 16. Informant's

OWN Signature Kelly B. Bledsoe

## 17. (a)

Burial (Burial, cremation, or removal) (b) Date thereof 2/3/48 (Month) (Day) (Year)

## (c) Place:

Emmett, Idaho

## 18. Funeral Director's

OWN Signature James H. Johnson

## 19. and Address

Emmett, Idaho

## 19. (a)

2-10-48 (Date received and filed) (b) Eliza Bright (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Jan 31, 1948

at 3:30 o'clock P. M.

## 21. I HEREBY CERTIFY That I attended deceased from Jan 20, 1948, to Jan 31, 1948

I last saw h. or alive on Jan 29, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chronic myocarditis

Duration year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

OWN Signature Ronald P. Paulson

and Address Emmett, Idaho (M. D. or other)

Date 2/3/48 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

1948  
OF VITALS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. 239  
Local Reg. No. 348  
Reg. Dist. No. 341

**1. PLACE OF DEATH:**

- (a) County Gem  
(b) City or town Letha  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months 15 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Gem  
(c) City or town Letha  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A. Days  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) ..... None

**3. (a) FULL NAME** ELBERTA ROSE PERRIGO

3. (b) If veteran, name war none 3. (c) Social Security No. none  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) December 16, 1947

8. AGE	Years	Months	Days	If less than 1 day
			<u>15</u>	hrs min.

9. Exact Occupation Infant Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Emmett, Idaho (City or town) (State or foreign country)

- Mother Father  
12. Name Tilden L. Perrigo  
13. Birthplace Thompson Falls, Montana (City or town) (State or foreign country)  
14. Maiden name Evelyn E. Potts  
15. Birthplace Collbran, Colorado (City or town) (State or foreign country)

16. Informant's OWN Signature Tilden L. Perrigo  
and Address Letha, Idaho

17. (a) Buried (b) Date thereof 1-3-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Emmett, Idaho (City or town) (State or foreign country)

18. Funeral Director's OWN Signature Garance R. Parsons  
and Address Emmett, Idaho

19. (a) 1-9-48 (b) Chas Flahiff (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) Jan 1 1948  
at 6:00 o'clock A. M.

21. I HEREBY CERTIFY That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Smothered Choking found on side face  
Due to .....

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....  
Occurred Jan 1 1948 City, county, state where violence occurred .....  
Place of Violence: Home ✓ Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Chas B. Flahiff (M. D. or other)  
and Address Emmett, Idaho Date 1-1-1948  
(For additional space, use reverse side)

**Certificate Of Death**  
STATE OF IDAHO

State File No. **1388**  
Local Reg. No. **1388**  
Reg. Dist. No. **420**

**1. PLACE OF DEATH:**

- (a) County **Gooding**  
(b) City or town **Gooding**  
(c) Street Address or R.F.D. No. **Main St.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☒ Other place ☒  
(f) Name Hosp. or Inst. **Hotel Room** Stayed ☐ days  
(g) Lived in this county **10** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Gooding**  
(c) City or town **Gooding**  
(d) Street Address or R.F.D. No. **Main at 4th**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **10** years  
(h) Former residence (city, state) **Montana**

**3. (a) FULL NAME**

**Ralph Kelly**

**3. (b) If veteran,**

name war ☐

**3. (c) Social Security**

No. **-----**

4. Sex **male** Color or race **white**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **-----**

6. (c) Age of husband or wife if alive **-----** years

7. Date of Birth  
(Month, Day, Year) **? ? 1894**

8. AGE	Years	Months	Days	If less than 1 day
	<b>53</b>	<b>?</b>	<b>?</b>	hrs min.

9. Exact Occupation **Sheep Tender** Did this work for **10** yrs.

10. Industry or Business **Cowboy & laborer** Date last worked **12/5/47**

11. Birthplace **Montana**  
(City or town) (State or foreign country)

12. Name **unknown**

13. Birthplace **unknown**  
(City or town) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Ralph Kelly**  
and Address **Gooding, Idaho**

17. (a) **burial** (b) Date thereof **1/6/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Elmwood Cem. Gooding, Idaho**

18. Funeral Director's OWN Signature **H.P. Bright**

and Address **Gooding, Idaho**

19. (a) **Jan 3-48** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**

(Month, Day, Year) **Dec. 2 1948**  
at **?** o'clock **?** M.

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h. **alive** on **19**, death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

**lung cancer** Duration

Due to **knife wound in neck**

Due to **sueide**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **-----** Date **-----**

Major finding **-----**

Finding of autopsy **none**

**22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?**

Occurred **19** City, county, state

where violence occurred **Lucas Inn**

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☒ While at work? **no**

Means of injury **knife**

23. Attendant's OWN Signature **[Signature]** (M. D. or other)

and Address **Gooding, Idaho** Date **Jan 3 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 1 1948  
DIVISION OF VITALS  
**Certificate Of Death**  
STATE OF IDAHO

1048  
State File No. **241**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. **431**

**1. PLACE OF DEATH:**

- (a) County Gooding  
(b) City or town Mendell  
(c) Street Address or R.F.D. No. Idaho St  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Augustine Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Terrell  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. 3  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

Mary Thompson

**3. (b) If veteran,**  
name war \_\_\_\_\_

**3. (c) Social Security**  
No. \_\_\_\_\_

5. Color or Blk  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Jan. 5, 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>2 hrs 59 min.</u>

9. Exact Occupation Newborn Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Mendell, Idaho  
(City or town) (State or foreign country)

12. Name Robert Alvin Thompson  
13. Birthplace Wattfield, Ark.  
(City or town) (State or foreign country)  
14. Maiden name Elizabeth Ann Rogers  
15. Birthplace Midland, Okla.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Elizabeth Thompson  
and Address Rt. 3 Buhl, Idaho

17. (a) burial (b) Date thereof Jan 7 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Buhl Cemetery

18. Funeral Director's OWN Signature B. J. Johnston  
and Address Buhl, Ida.

19. (a) 2/1/48 (b) Shirley M. Chase  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) Jan. 5 1948  
at 7:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Birth 1/5 1948, to death 1948  
I last saw her alive on Jan. 5 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** \_\_\_\_\_ Duration \_\_\_\_\_

Prematurity 65 m

Due to underlying

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Harold Holsinger MD

(M. D. or other)

and Address Mendell, Ida. Date 2-1 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 23 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 242  
Local Reg. No. 75  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County Boronia  
(b) City or town Wendell  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Vincent Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 2 days years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Susan Mary Jacobs

161A

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. Indefinite

5. Color or race W

4. Sex F

6. (b) Name of husband or wife \_\_\_\_\_

6. (a) Single, widowed, married, divorced single

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) January 19, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>—</u>	<u>—</u>	<u>—</u>	<u>46</u> hrs min.

9. Exact Occupation infant Did this work for \_\_\_\_\_ yrs.

10. Industry or Business infant Date last worked \_\_\_\_\_

11. Birthplace Wendell Idaho (City or town) (State or foreign country)

12. Name Hazel J. Jacobs

13. Birthplace Wendell Idaho (City or town) (State or foreign country)

14. Maiden name Barbara H. Jacobs

15. Birthplace Marlow, Mass (City or town) (State or foreign country)

16. Informant's OWN Signature Hazel J. Jacobs and Address Jerome Idaho

17. (a) burial (b) Date thereof 1/21/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Jerome Cemetery

18. Funeral Director's OWN Signature John A. Magin and Address Jerome, Idaho

19. (a) 1/23/48 (b) Sister M. Ann O'Neil (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 1-21- 1948 at 3:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1-21- 1948, to 1-21- 1948

I last saw her alive on 1-20- 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration 28.

Electrocardiogram

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_ Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. H. Baker, Jr. (M. D. or other)

and Address Jerome Date 1-21-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 1948

# Certificate Of Death

STATE OF IDAHO  
STATISTICS

STATE OF IDAHO

1948  
State File No. 243  
Local Reg. No. 76  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town W. endee  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed 5 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Pittsfield, Wash.

## 3. (a) FULL NAME

Marie Bower Johnson

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex f 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife John W.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Feb. 22, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>11</u>	<u>3</u>	hrs min.

9. Exact Occupation housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country) Neb.

12. Name Jacob Bower

13. Birthplace Sardinia, Russia (City or town) (State or foreign country)

14. Maiden name Elizabeth Bower

15. Birthplace Jerome, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Allen Johnson MacDougal  
and Address 1121 North Ave. Jerome, Idaho

17. (a) Funeral (b) Date thereof 1/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Jerome Cemetery

18. Funeral Director's OWN Signature Ray L. Phelan

- and Address Jerome, Idaho

19. (a) 2/1/48 (b) Walter M. Bower  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083B 095A

## 20. DATE OF DEATH

(Month, Day, Year) January 25, 1948  
at 2:35 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1948 to Jan 25, 1948  
I last saw her alive on Jan 25, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral embolism

## Duration

4 days.

Due to auricular fibrillation

2 yrs.

Due to \_\_\_\_\_

Other conditions Embolism arteriosclerotic  
(Include pregnancy within 3 months of death)

Left leg. Hemiplegia

Where was disease contracted? Jerome, Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature James E. Float M.D.  
(M. D. or other)

and Address Jerome, Idaho Date 1/27/48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
JAN 1 4 1948  
DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. 244  
Local Reg. No. 2  
Reg. Dist. No. 240

**1. PLACE OF DEATH:**

- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 42 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Idaho  
(c) City or town Lucille  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Lucille Ida

**3. (a) FULL NAME**

Albert Troester

**3. (b) If veteran,**

name war \_\_\_\_\_

**3. (c) Social Security**

No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Helen

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 24 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>7</u>	<u>9</u>	hrs min.

9. Exact Occupation Butcher Did this work for 43 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 1940

11. Birthplace Detroit Mich. (City or town) (State or foreign country)

12. Name Un Known

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Glenn Miller

- and Address Grangeville Ida

17. (a) Burned (b) Date thereof 1/6/48 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Grangeville Ida

18. Funeral Director's OWN Signature Glenn Miller

- and Address Grangeville Ida

19. (a) Jan 6 1948 (b) Glenn Miller (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**

(Month, Day, Year) 1/3 1948  
at 10:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 10 Nov 1947 to 3 Jan 1948

I last saw him alive on 3 Jan 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Semility  
General debility

**Duration**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Glenn Miller (M. D. or other)

and Address Grangeville Date Jan 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 14 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 245  
Local Reg. No. 240  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. General Stayed 3 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Grangeville  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Wash

## 3. (a) FULL NAME

Orville August Burke

124B

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

- (b) If veteran, name war No.  
(d) Sex M (e) Color br (f) (a) Single, widowed, married, divorced Married  
(g) (b) Name of husband or wife Lottie (c) Age of husband or wife if alive 43 years

## 7. Date of Birth (Month, Day, Year)

Nov. 26, 1901

8. AGE	Years	Months	Days	If less than 1 day
	46	1	8	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.  
10. Industry or Business Diversified Date last worked 12/29/48  
11. Birthplace Dyer (City or town) (State or foreign country) Wash.  
12. Name Patrick Henry Burke  
13. Birthplace Des Moines Iowa (City or town) (State or foreign country)  
14. Maiden name Alice Wainwright  
15. Birthplace Arkansas (City or town) (State or foreign country)

## 16. Informant's OWN Signature and Address

- (a) Date received and filed (b) Date thereof 1-6-48 (Month) (Day) (Year)  
(c) Place: Grangeville Idaho

## 18. Funeral Director's OWN Signature and Address

- (a) Date received and filed (b) Date thereof 1-6-48 (Month) (Day) (Year)  
(c) Place: Grangeville Idaho

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Jan 4 1948  
at 8 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948, to 4 Jan 1948  
I last saw him alive on 4 Jan 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Liver Coma + hemorrhage  
Due to Cirrhosis of liver (Portak) 5 years

Due to Gastric resection (Include pregnancy within 3 months of death)  
Gastric Jejunostomy 6 yrs.

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

23. Attendant's OWN Signature and Address Date  
D. M. Saltman (M. D. or other)  
and Address Grangeville Date 6 Jan 1947  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
RECEIVED  
JAN 14 1948  
Certificate Of Death

State File No. 246  
Local Reg. No. 3  
Reg. Dist. No. 240

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 4 days  
(g) Lived in this county 13 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) M. Duane Ida

3. (a) FULL NAME

Ollie Hendrickson 127B

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 19, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>9</u>	<u>16</u>	hrs min.

9. Exact Occupation Housewife Did this work for h. 3 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 11/1/48

11. Birthplace Ash Grove Mo. (City or town) (State or foreign country)

12. Name A. S. Woodward

13. Birthplace Kentucky (City or town) (State or foreign country)

14. Maiden name Sarah VanBarreber

15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Tom Hendrickson

- and Address Grangeville Idaho

17. (a) Burial (b) Date thereof 1/8/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: M. Duane Idaho

18. Funeral Director's OWN Signature Glenn L. L...

- and Address Grangeville Ida.

19. (a) Jan. 6, 1948 (b) Prina Cone (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 5, 1948 at 6:05 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 2 Jan 1948 to 5 Jan 1948

I last saw h.c.r. alive on 5 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Rupture of gallbladder Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Donna Saltman (M. D. or other)

and Address \_\_\_\_\_ Date Jan 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK INK or BLACK record typewriter ribbon in filling out certificate. (ICA 38-286 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce JAN 30 1948 **Certificate Of Death**  
Bureau of the Census DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. 2247  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH: Idaho  
(a) County Kamiah  
(b) City or town  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home? Hospital? Institution? Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 9 years 7 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City or town Kamiah  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 9 1/2 years  
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Clyde Champan Frazier

3. (b) If veteran, name war No. 519-18-9653  
4. Sex M 5. Color of race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hanna Gladys  
6. (c) Age of husband or wife if alive 59 years

7. Date of Birth (Month, Day, Year) June 15-1886

8. AGE Years Months Days If less than 1 day  
61 7 0 hrs min.

9. Exact Occupation Farmer Did this work for yrs.  
10. Industry or Business Truck Date last worked 1946  
11. Birthplace Missouri Valley Iowa (City or town) (State or foreign country)

12. Name Samuel Frazier  
13. Birthplace U.S. (City or town) (State or foreign country)  
14. Maiden name Alvira Stuart  
15. Birthplace U.S. (City or town) (State or foreign country)

16. Informant's OWN Signature Morris J. Frazier  
and Address Kamiah Idaho

17. (a) Burial (b) Date thereof 1-17-48 (Month) (Day) (Year)  
(c) Place: Kamiah Idaho

18. Funeral Director's OWN Signature J. E. Robinson  
and Address Kamiah Idaho

19. (a) 1-17-48 (b) Burial J. Brown (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 0598  
20. DATE OF DEATH (Month, Day, Year) Jan. 15 1948  
at 4:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 1947, to Jan. 15 1948  
I last saw him alive on 1/15/48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Mitral Stenosis  
Duration years  
Due to Arteriosclerosis years

Due to  
Other conditions  
(Include pregnancy within 8 months of death)

Where was disease contracted? Home  
Name of operation None Date  
Major finding  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Art Bryan  
and Address Kamiah Idaho Date 1/16/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 23 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1048 248  
State File No. 248  
Local Reg. No. 4  
Reg. Dist. No. 240

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Near Lucille  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town P  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) Biggins Id.

3. (a) FULL NAME

Elmer Francis

3. (b) If veteran,

name war II

3. (c) Social Security

No. 540-26-3680

4. Sex M. race W.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year)

Oct 10. 1923

8. AGE

Years	Months	Days	If less than 1 day
<u>24</u>	<u>3</u>	<u>7</u>	hrs min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 1/16/48

11. Birthplace Emmett Idaho (City or town) (State or foreign country)

12. Name Elmer Francis

13. Birthplace Nebraska (City or town) (State or foreign country)

14. Maiden name Mabel Twigg

15. Birthplace Minnesota (City or town) (State or foreign country)

16. Informant's OWN Signature Vera Heath

- and Address Biggins Idaho

17. (a) Burial (b) Date thereof 1/21/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Grangeville

18. Funeral Director's OWN Signature Thompson

- and Address Grangeville Id.

19. (a) Jan. 22, 1948 (b) \_\_\_\_\_ (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

1700

20. DATE OF DEATH

(Month, Day, Year) 1 / 17 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Skull Fracture

Due to \_\_\_\_\_

Due to Car Wreck

Other conditions Cerebral hemorrhage  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 1 / 17 1948 City, county, state where violence occurred Near Lucille

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place yes While at work? \_\_\_\_\_

Means of injury Skull Fracture

23. Attendant's OWN Signature Thompson

and Address Grangeville Id. Date 1 / 17 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
FEB - 9 1948  
DIVISION OF VITAL  
Certificate Of Death  
STATE OF IDAHO

State File No. 249  
Local Reg. No. 1  
Reg. Dist. No. 242

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home, Hospital, Institution, Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Our Lady of Consolation Stayed 14 days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Cottonwood  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U. S  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Ferdinand

3. (a) FULL NAME

Bernadina Arnzen 048B

3. (b) If veteran,

3. (c) Social Security

name war \_\_\_\_\_

No. \_\_\_\_\_

4. Sex F race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year)

April 3 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>9</u>	<u>19</u>	hrs min.

9. Exact Occupation Housewife

Did this work for life yrs.

10. Industry or Business \_\_\_\_\_

Date last worked \_\_\_\_\_

11. Birthplace Greencreek, Ill

(City or town) (State or foreign country)

12. Name John. Uhlohn

(City or town) (State or foreign country)

13. Birthplace Ohio

(City or town) (State or foreign country)

14. Maiden name Mary Nuxoll

(City or town) (State or foreign country)

15. Birthplace Kentucky

(City or town) (State or foreign country)

16. Informant's

OWN Signature Tony Arnzen

and Address Ferdinand, Idaho

17. (a) Burial (b) Date thereof 1/24/48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Ferdinand, Idaho

18. Funeral Director's

OWN Signature Glenn C. ...

and Address Cottonwood, Idaho

19. (a) 1-23-1948 (b) Jan 24, 1948

(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 093E

20. DATE OF DEATH (Month, Day, Year) January 22, 1948  
at 3:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 24, 1947, to Jan 22, 1948

I last saw her alive on Jan 21, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death

Myocardial insufficiency

Duration

2 weeks

Due to physical depletion

1 year

Due to Ca. of uterus

2 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature Wesley J. Orr, M.D.

and Address Cottonwood, Idaho Date 1-22, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

DIV. OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 250  
Local Reg. No. 5  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Grangeville Ida  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place...  
(f) Name Hosp. or Inst. General Stayed 1 days  
(g) Lived in this county 1 years 1 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Carla Jo. Aikens

161A

3. (b) If veteran, name war name war No. ....  
5. Color or 6. (a) Single, widowed, married, divorced  
4. Sex Female race White  
6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if alive years

7. Date of Birth Jan 21-1948  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	hrs min.

9. Exact Occupation Baby Did this work for years

10. Industry or Business worked Date last worked

11. Birthplace (City or town) (State or foreign country)

12. Name Earnest Aikens

13. Birthplace Jacksonville, N.C.

14. Maiden name Alberia Rabe

15. Birthplace Lapwai Idaho

16. Informant's OWN Signature Earnest Aikens

and Address White Bird Ida

17. (a) Burial (b) Date thereof 1-23-48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Grangeville Ida.

18. Funeral Director's OWN Signature W. A. Nelson

and Address Grangeville Ida

19. (a) Jan 23 1948 (b) W. A. Nelson

Date received and filed (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Jan 22 1948  
(Month, Day, Year)

at 8:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 21 Jan 1948 to 22 Jan 1948

I last saw h.e.r. alive on 22 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: atelectasis of lung Duration 2 days

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation Date .....

Major finding atelectasis

Finding of autopsy atelectasis

of lung

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Daniel J. Seltman

and Address Grangeville (M. D. or other)

Date 23 Jan 1948

(For additional space, use reverse side)

540

FEB - 1948

DEPARTMENT OF VITAL

STATISTICS

# Certificate Of Death

STATE OF IDAHO

State No. 251  
Local Reg. No. 6  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed ☐ days  
(g) Lived in this county 41 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
City or town Grangeville  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) mo.

## 3. (a) FULL NAME

Mollie

Harrison

046B

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

4. Sex F 5. Color W 6. (a) Single, widowed, married, divorced Widow  
(b) Name of husband or wife E. C. 6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth

(Month, Day, Year) Sept 7 - 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>4</u>	<u>18</u>	<u>hrs</u> <u>min.</u>

9. Exact Occupation Housewife Did this work for life yrs.

10. Industry or Business Farm Date last worked

11. Birthplace Peculiar Mo. (City or town) (State or foreign country)

12. Name Fredrick Mier

13. Birthplace N.K. (City or town) (State or foreign country)

14. Maiden name Minnie

15. Birthplace Hamburg - Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Mary E. Hutton

and Address Grangeville Idaho

17. (a) Burial (b) Date thereof 1-28-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Grangeville, Ida

18. Funeral Director's OWN Signature Joe Johnson

and Address Grangeville Idaho

19. (a) Jan 27 1948 (b) James Cones (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 25 1948  
(Month, Day, Year)  
at 7 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 1 1947 to 1-25-48  
I last saw h. alive on Jan 25 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Carcinoma of stomach Duration 6 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature J. D. Shinnick M.D.

and Address Grangeville Idaho (M. D. or other)

Date 1-25-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK. If item should be answered as completely as possible. State answers as unknown only after a careful ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address Bureau of Vital Statistics, Boise, Idaho.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 252  
Local Reg. No. 7  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Baby Gikler

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
4. Sex M 5. Color or race ew  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) January 28 - 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>5</u> hrs <u>25</u> min.

9. Exact Occupation Baby Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Grangeville Idaho Date last worked \_\_\_\_\_  
11. Birthplace (City or town) (State or foreign country)

12. Name Ned F. Gikler  
13. Birthplace Stites Idaho (City or town) (State or foreign country)  
14. Maiden name Geneva Hamilton  
15. Birthplace Ramiah Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Ned F. Sealer  
and Address Roostia Idaho

17. (a) Burial (b) Date thereof 1-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ramiah Idaho

18. Funeral Director's OWN Signature John Roberts on  
and Address Chapman Idaho

19. Jan 29, 1948 (Date received and filed) (b) Emma Cone (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 29 1948  
at 3:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 28 1948 to Jan 29 1948  
I last saw him alive on Jan 29 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congenital Atelactasis Duration 5 1/2 hrs.

Due to Congenital y muscular  
in birth, Cause

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? during birth  
Name of operation permanently Date Jan 29/48  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John Roberts on (M. D. or other)  
and Address Grangeville Date Jan 29, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **253**  
Local Reg. No. **8**  
Reg. Dist. No. **240**

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Near Riggs  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Riggs  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Riggs

## 3. (a) FULL NAME

Harry G. Ludwig

170C

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex M 5. Color or race W

## 6. (a) Single, widowed, married, divorced widowed

## 6. (b) Name of husband or wife \_\_\_\_\_

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

Aug 30, 1893

## 8. AGE

Years	Months	Days	If less than 1 day
<u>54</u>	<u>5</u>	<u>00</u>	hrs min.

## 9. Exact Occupation Miner

Did this work for 124 yrs.

## 10. Industry or Business \_\_\_\_\_

Date last worked 4/30

## 11. Birthplace Spokane Wash

(City or town) (State or foreign country)

## 12. Name Frank M. Ludwig

(City or town) (State or foreign country)

## 13. Birthplace Penn.

(City or town) (State or foreign country)

## 14. Maiden name Sarah Belle Stites

(City or town) (State or foreign country)

## 15. Birthplace Ill.

(City or town) (State or foreign country)

## 16. Informant's OWN Signature Frank Ludwig

and Address Riggs Idaho

## 17. (a) Burial (b) Date thereof 2/1/48

(Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Glenn Miller

and Address Glenn Miller

## 19. (a) Jan 30, 1948 (b) Glenn Miller

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

083A

## 20. DATE OF DEATH

(Month, Day, Year) 1/30 1948  
at \_\_\_\_\_ o'clock M

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Crushed Chest Duration \_\_\_\_\_

Cerebral hemorrhage

Due to Auto Accident

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 1/30 1948 City, county, state Near Riggs

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Glenn Miller (M. D. or other)

and Address Glenn Miller Date 1/31 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECORDED  
INDEXED  
JAN 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. **254**  
Local Reg. No. **1**  
Reg. Dist. No. **640**

1. PLACE OF DEATH (Always fill in these)
- (a) County Jefferson  
(b) City or town Leureville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Jefferson  
(c) City or town Leureville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Clarise Eliza Boyce Zollinger

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W

6. (a) Single ☐ widowed ☐ married ☐ divorced ☐

6. (b) Name of husband or wife Jacob Zollinger

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) September 18, 1869

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <u>79</u> | <u>3</u> | <u>12</u> | hrs. min.          |

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Hamas, Utah (City or town) (State or foreign country)

12. Name William W. Selch (City or town) (State or foreign country)

13. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)

14. Maiden name Emmie Jacobsen (City or town) (State or foreign country)

15. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature William W. Selch and Address Charls, Montana

17. (a) Burial (b) Date thereof 1/5/48 (c) Place Leureville, Idaho

18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho

19. (a) Jan 13, 1948 (b) Miss A. B. Elser (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 1, 1948

21. I HEREBY CERTIFY, That I attended deceased from Nov 15th to Jan 1, 1948

- I last saw h. alive on Dec 31, 1947

- death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Carcinoma head of pancreas Duration 4 mos.

- Due to Pancreas

- Due to Acute Jaundice 3 mos.

- Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? at home

- Name of operation None Date \_\_\_\_\_

- Major finding Carcinoma head of pancreas

- Finding of autopsy relates to lungs & liver

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

- where violence occurred \_\_\_\_\_

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_

- Attendant's OWN Signature Paul Hall, M.D. and Address Bigby, Idaho Date Jan 3, 1948

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 16 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
CERTIFICATE OF DEATH

State File No. 255  
Local Reg. No. 6  
Reg. Dist. No. 640

1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Roberts  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 48 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Roberts  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) If foreign born, in U. S. .... yrs. Citizen of U. S. ? .....  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Butte, Mont.

3. (a) FULL NAME MOSES ROBERT JOHNSON.

3. (b) If veteran, name war ☒ 3. (c) Social Security No. ☒  
5. Color or 6. (a) Single, widowed, married, divorced married  
4. Sex Male race White  
6. (b) Name of husband or wife Sarah Mable 6 (c) Age of husband or wife if alive 70 years  
7. Date of Birth (Month, Day, Year) March 9, 1862

AGE	Years	Months	Days	If less than 1 day
8.	<u>85</u>	<u>10</u>	<u>6</u>	hrs min.

9. Exact Occupation Rancher Did this work for 40 yrs.  
10. Industry or Business Cattle Ranch. Date last worked 1928  
11. Birthplace Sacramento, Calif. (City or town) (State or foreign country)

12. Name Wm. Robert Johnson.  
13. Birthplace Johnstown, Pa. (City or town) (State or foreign country)

14. Maiden name Elizabeth Tharp.  
15. Birthplace Peoria, Illinois. (City or town) (State or foreign country)

16. Informant's OWN Signature Hugh Johnson  
and Address Roberts, Idaho.

17. (a) burial (b) Date thereof 1/17/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewisville, Idaho.

18. Funeral Director's OWN Signature W. Beckersell  
and Address Rigby, Idaho.

19. (a) 2/8/48 (b) Wm. A. Beckersell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 093A

20. DATE OF DEATH (Month, Day, Year) January 15 19 48  
at 3:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 19 40 to January 15 19 48.  
I last saw him alive on 1/14 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

1. Cerebral Hemorrhage 3 wks

Due to Quinidian Fibrillation

Due to Chronic Myocarditis

Other conditions Smoking  
(Include pregnancy within 3 months of death)

Where was disease first contracted? at home PHYSICIAN

Name of operation none Date

Major finding —

Finding of autopsy none performed

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury —

23. Attendant's OWN Signature Edna M. D. (M. D. or other)  
and Address Rigby, Idaho. Date 1/18 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 1 1948  
DIVISION OF VITAL  
STATE OF IDAHO  
CERTIFICATE OF DEATH

748  
State File No. 256  
Local Reg. No. 2  
Reg. Dist. No. 640

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Rigby  
(c) Street Address or R. F. D. No. 1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 35 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R. F. D. No. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) If foreign born, in U. S. years. Citizen of U. S.?  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Bell, Calif.

3. (a) FULL NAME MILDRED MAE THROOP.

3. (b) If veteran, name war X 3. (c) Social Security No. 519-12-5709  
5. Color or White 6. (a) Single, widowed, married, Married  
4. Sex F.M. race White divorced  
6. (b) Name of husband or wife Harry C. 6 (c) Age of husband or wife if alive 46 years  
7. Date of Birth (Month, Day, Year) October 30, 1904

AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>3</u>	<u>0</u>	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.  
10. Industry or Business Home Date last worked Sept. 1947  
11. Birthplace Rigby, Idaho.  
(City or town) (State or foreign country)

Father { 12. Name George Fox.  
13. Birthplace Toole, Utah.  
(City or town) (State or foreign country)

Mother { 14. Maiden name Zelia M. Jones.  
15. Birthplace Ogden, Utah.  
(City or town) (State or foreign country)

16. Informant's OWN Signature M. Throop  
and Address Rigby, Idaho.

17. (a) burial (b) Date thereof 2/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rigby, Idaho.

18. Funeral Director's OWN Signature W. E. Eckersell  
and Address Rigby, Idaho.

19. (a) 2/5/48 (b) Mrs. A. B. Eckersell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 30 1948  
at 10:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 9/3 1946, to 1/30 1948.  
I last saw him alive on 1/29 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis Duration 30 years

Due to Rheumatic Fever 30 years

Due to  
Other conditions.  
(Include pregnancy within 3 months of death)

Where was disease first contracted? at home PHYSICIAN  
Name of operation none Date  
Major finding  
Finding of autopsy none performed  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred.  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Olson Tall, M.D.  
and Address Rigby, Idaho. (M. D. or other) 1/31/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 257  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Jerome  
(b) City or town Jerome  
(c) Street Address or R.F.D. No. E. F. St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. none Stayed        days  
(g) Lived in this county        years 3 months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Chicago St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Washington, Minn.

## 3. (a) FULL NAME

Orville Oswald Allison

093D

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. none

4. Sex m race w

5. Color or        No.         
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ida

6. (c) Age of husband or wife if alive 77 years

7. Date of Birth  
(Month, Day, Year) July 29, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>5</u>	<u>17</u>	hrs min.

9. Exact Occupation laborer Did this work for all life

10. Industry or Business lumber Date last worked 1936

11. Birthplace Ohio  
(City or town) (State or foreign country)

12. Name John Allison

13. Birthplace Penna  
(City or town) (State or foreign country)

14. Maiden name Emmetta (unknown)

15. Birthplace Penna  
(City or town) (State or foreign country)

16. Informant's OWN Signature O. Allison  
and Address Caldwell, Idaho

17. (a) removal (b) Date thereof 1/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Caldwell, Idaho

18. Funeral Director's OWN Signature Reuben C. Matson  
and Address Jerome, Idaho

19. (a) 1/28/48 (b) J. T. Higgins  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) January 16, 1948  
at 10:40 o'clock 8 M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1948 to Jan 16, 1948  
I last saw him alive on Jan 16, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis Duration 2 wks.

Due to arteriosclerosis 2 yrs.

Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?        Date       

Name of operation        Major finding         
Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury       

23. Attendant's OWN Signature Reuben C. Matson  
and Address Jerome, Idaho Date 1-16-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO  
FEB - 3 1948

State File No. **258**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No. **400 E. Ave E**  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **36** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## DIVISION OF VITALS

Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **36** years  
(h) Former residence (city, state) **Chicago, Ill**

## 3. (a) FULL NAME **Freda Meyer Sinclair**

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race **White**  
4. Sex **Female**  
6. (b) Name of husband or wife **W.E. Sinclair**  
6. (c) Age of husband or wife if alive **83** years  
7. Date of Birth (Month, Day, Year) **May 15. 1873**

8. AGE	Years	Months	Days	If less than 1 day
<b>74</b>	<b>8</b>	<b>7</b>	hrs	min.

9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Sheboygan Wisconsin** (City or town) (State or foreign country)

12. Name **Mathies Meyer**  
13. Birthplace **Germany** (City or town) (State or foreign country)  
14. Maiden name **Fredrickson**  
15. Birthplace **Germany** (City or town) (State or foreign country)

16. Informant's OWN Signature **W.E. Sinclair**  
and Address **Jerome, Idaho.**

17. (a) **Cremation** (b) Date thereof **Jan 27. 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Salt Lake City, Utah**

18. Funeral Director's OWN Signature **J.R. Wiley**  
and Address **Jerome, Idaho**

19. (a) **Jan 23** (b) **J.R. Wiley**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Jan 22 1948**  
(Month, Day, Year)  
at **7:20** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to **NO** 19\_\_\_\_

I last saw h. **as** alive on \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Thrombosis** Duration **4.5 min**

Due to \_\_\_\_\_  
**was seen by me only**  
Due to **after death**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Perben C. Matson M.D.**  
(M. D. or other)  
and Address **Jerome, Idaho** Date **1-23-48**  
(For additional space, use reverse side)

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

# Certificate Of Death

United States  
Department of Commerce  
Bureau of the Census

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Jerome  
(b) City or town Jerome  
(c) Street Address or R.F.D. No. Ave. "A"  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☐ Hospital? ☐ Institution? ☐ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. Ave. "A"  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Boise, Idaho

## 3. (a) FULL NAME

Wallace Ephraim Johnson

184X

3. (b) If veteran, name war Wallace 3. (c) Social Security No. 518-12-6875  
5. Color or W 6. (a) Single, widowed, married, divorced W

4. Sex M race W 6. (b) Name of husband or wife Edna 6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) Dec. 21-1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>1</u>	<u>1</u>	hrs min.

9. Exact Occupation Accounting Cashier Did this work for 31 yrs.  
10. Industry or Business Banking Date last worked 1/21/48  
11. Birthplace Prairie City Oregon (City or town) (State or foreign country)

12. Name Joseph Anderson Johnson  
13. Birthplace Amity, Oregon (City or town) (State or foreign country)  
14. Maiden name Phoebe Louise Thompson  
15. Birthplace Prairie City, Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature Johnson and Address Jerome - Idaho

17. (a) Burial (b) Date thereof 1/28/48 (Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Jerome Cemetery

18. Funeral Director's OWN Signature Johnson and Address Jerome, Idaho

19. (a) Jan 31 (b) Johnson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Probable - Jan 22 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw him Dead Jan 24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gunshot Wound in Abdomen Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to Discharge of Shot Gun  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurrence Probable Jan 22 1948 City, county, state where violence occurred Jerome, Jerome Co, Idaho  
Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Gunshot

23. Attendant's OWN Signature J.R. Wiley (Crown) and Address Jerome, Idaho Date Jan 31 1948 (M.D. of then) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.



1  
RECEIVED  
JAN 20 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1248 260  
State File No. 440  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:  
(a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? **X** city or town  
(e) Died in a Home Hospital Institution Other place **X**  
(f) Name Hosp. or Inst. Stayed **27** days  
(g) Lived in this county **1** years **5** months **27** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? **X** city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME **Maxine Helen Harding**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Female** Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) **July 13 1946**

8. AGE	Years	Months	Days	If less than 1 day
	<b>1</b>	<b>5</b>	<b>27</b>	hrs. min.

9. Exact Occupation **Infant** Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace **Wendell Hosp., Idaho**  
(City or town) (State or foreign country)

12. Name **William Harding**

13. Birthplace **Greeley Colorado**  
(City or town) (State or foreign country)

14. Maiden name **Lallah Callen**

15. Birthplace **Jerome, Idaho**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **William Harding**  
and Address **Jerome, Idaho**

17. (a) **Burial** (b) Date thereof **Jan 12, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Jerome, Idaho**

18. Funeral Director's OWN Signature **J R Wiley**  
and Address **Jerome, Idaho**

19. (a) **Jan 1** (b) **J R Wiley**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Jan 10 1948**  
(Month, Day, Year) at **9:00** o'clock **P**.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Drowned** Duration

Due to **Fall in Coulee**

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **Yes** Suicide? Homicide?

Occurred **Jan 10 1948** City, county, state **Jerome County Idaho**

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury **Drowned**

23. Attendant's OWN Signature **J R Wiley (Crown)**

and Address **Jerome Idaho** Date **Jan 12 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 201  
Local Reg. No. 1  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- Kootenai  
(a) County  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lakeside  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. L.C. Gen Stayed 2 days  
(g) Lived in this county 29 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 1324 Thade  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Montana

## 3. (a) FULL NAME

JENKS, RETTIE E.

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

- (b) None  
(c) None  
(d) F race W  
(e) Single, widowed, married, divorced Widowed  
(f) (b) Name of husband or wife  
(g) (c) Age of husband or wife if alive years  
(h) Date of Birth (Month, Day, Year) Feb 3, 1867

8. AGE	Years	Months	Days	If less than 1 day
	80	11	29	hrs min.

## 9. Exact Occupation

House Wife Did this work for 50 yrs.

## 10. Industry or Business

Own Home Date last worked 1-1-46

## 11. Birthplace

Wabash Co Indiana (City or town) (State or foreign country)

## 12. Name

Wm Harvey

## 13. Birthplace

Virginia (City or town) (State or foreign country)

## 14. Maiden name

Unknown

## 15. Birthplace

Indiana (City or town) (State or foreign country)

## 16. Informant's OWN Signature

N.H. Jenks

## 17. (a) Burial (Burial, cremation, or removal) (c) Place:

217 W. 1st Ave Spokane Wash  
Forest Home - Coeur d'Alene Idaho

## 18. Funeral Director's OWN Signature

Mooney-English Chapel

## 19. (a) (Date received and filed) (b) (Registrar's signature)

1-5-48  
M. J. Hamilton

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 1-2-48  
at 10:30 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

12/20 1947 to 1/2 1948  
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Asphyxy 9 days

## Due to

arterio-sclerosis

## Due to

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Date

## Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature

and Address Coeur d'Alene Idaho Date 1/7 1948 (For additional space, use reverse side)

State File No. 262  
Local Reg. No. 2  
Reg. Dist. No. 120

and Address Care of Alene (M. D. or other) Date 1/12 1942  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Certificate Of Death

STATE OF IDAHO

Mother

1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lake  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Ins. LCG Hosp Stayed 1 days  
(g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Post Falls  
(d) Street Address or R.F.D. No. Rt # 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? ? years  
(h) Former residence (city, state) Unknown

3. (a) FULL NAME

MEYER, (infant boy)

3. (b) If veteran,

name war //////

3. (c) Social Security

No. //////

4. Sex

M race W

6. (a) Single, widowed, married,

divorced single

6. (b) Name of husband or wife

//////

6. (c) Age of husband or wife if alive

////// years

7. Date of Birth

(Month, Day, Year) 1-12-48

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>5hrs</u> min.

9. Exact Occupation

none

Did this work for  yrs.

10. Industry or Business

none

Date last worked

11. Birthplace

Coeur d'Alene, Idaho  
(City or town) (State or foreign country)

Mother Father

12. Name Cecil Meyer

13. Birthplace Youngstown, N.D.  
(City or town) (State or foreign country)

14. Maiden name Harriett Jackson

15. Birthplace Surprise, Nebr.  
(City or town) (State or foreign country)

16. Informant's OWN Signature

Cecil C. Meyer Jr. D.M.E.

and Address Post Falls, Idaho

17. (a) burial

(b) Date thereof 1-13-48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place:

Forest Cem. Cd'A, Idaho

18. Funeral Director's OWN Signature

Don English

and Address Coeur d'Alene, Idaho

19. (a)

Jan. 15, 1948  
(Date received and filed)

(b)

Mary E. Hamilton  
(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

1-12-48

19

at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from

1-12-48 to 1-12-48

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Pregnatione Death -  
(5 1/2 mrs gestation)

Duration

Due to

Undetermined cause.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature

R.H. Barker M.D.

and Address Coeur d'Alene, Idaho Date 1-13-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
JAN 26 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
**Certificate Of Death**

1948 264  
State File No. \_\_\_\_\_  
Local Reg. No. 120  
Reg. Dist. No. 6

1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. Lake City Stayed 3 days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 919 8th. St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) International Falls, Minn.

3. (a) FULL NAME NORMA JEAN ERICKSON

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
4. Sex Female  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March, 16, 1932.

8. AGE	Years	Months	Days	If less than 1 day
	15	9	28	hrs min.

9. Exact Occupation Student Did this work for Life? Yes  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace International Falls, Minn. (City or town) (State or foreign country)  
Mother Father { 12. Name Albin A. Erickson  
13. Birthplace Cokato, Minn. (City or town) (State or foreign country)  
14. Maiden name Edna L. Thomas  
15. Birthplace Indus, Minn. (City or town) (State or foreign country)

16. Informant's OWN Signature Edna L. Erickson  
and Address 919-8th. St. Coeur d'Alene

17. (a) Removal (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 1/15/48. (Month) (Day) (Year)  
(c) Place: Minneapolis, Minn.

18. Funeral Director's OWN Signature J. P. Riplinger  
and Address Coeur d'Alene, Idaho

19. (a) Jan 15, 1948 (Date received and filed) (b) Mary E. Erickson (Registrar's signature)

033B  
MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January, 14, 1948  
(Month, Day, Year) at 10:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw her alive on 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Acute Bacterial Infection  
Escherichia

Due to Influenza Virus 1 week

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wm. N. Stief MD  
(M.D. or other)

and Address Coeur d'Alene, Idaho Date 1/15 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
JAN 26 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 265  
Local Reg. No. 120  
Reg. Dist. No. 7

1. PLACE OF DEATH:

(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 603 Locust  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home? X Hospital? Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 10 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 603 Locust  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Kellogg, Ida.

3. (a) FULL NAME

WILBUR, Elizabeth Taylor Wade

3. (b) If veteran, name war 3 (c) Social Security No. 1111111111  
4. Sex F race W 5. Color or divorced Widowed  
6. (b) Name of husband or wife divorced 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) June 12, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>7</u>	<u>7</u>	<u>hrs min.</u>

9. Exact Occupation Housewife Did this work for 58 yrs.  
10. Industry or Business Own Home Date last worked Jan 47  
11. Birthplace Jasper Mo. (City or town) (State or foreign country)

12. Name Samuel Wade  
13. Birthplace Ind. (City or town) (State or foreign country)  
14. Maiden name Nancy Taylor  
15. Birthplace Ind. (City or town) (State or foreign country)

16. Informant's OWN Signature Heidi Wilbur  
and Address Monroe, Washington

17. (a) Burial (b) Date thereof 1-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cem. Cd'A, Idaho

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) January 22, 1948 (b) Mary E. Hamilton  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 1-19-48  
(Month, Day, Year) at 6:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 1945 to Jan 19 1948  
I last saw her alive on Jan 19 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis Duration 2 yrs.

Due to Serious

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred. 19. City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

Attendant's OWN Signature R H Barke M.D.

(M. D. or other)

and Address Date 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. 266  
Local Reg. No. 120  
Reg. Dist. No. 5

**1. PLACE OF DEATH:**

(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lakeside  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place 1  
(f) Name Hosp. or Inst. L.C. Gen. Stayed 1 days  
(g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

(a) State Idaho (b) County Kootenai  
(c) City or town Hayden Lake  
(d) Street Address or R.F.D. No. Rt. #1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Libby Mont

3. (a) **FULL NAME** ELLIS, MARIE

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Oct. 30, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>2</u>	<u>20</u>	hrs min.

9. Exact Occupation House wife Did this work for 55 yrs.  
10. Industry or Business Own Home Date last worked 1-16-48

11. Birthplace Norway (City or town) (State or foreign country)

12. Name Unknown Johnson

13. Birthplace Norway (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN Signature** Alvin M. Ellis  
and Address Spokane Wash

17. (a) **Burial** (b) Date thereof 1-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Forest Cmty Cda. Idaho

18. Funeral Director's **OWN Signature** Don English  
and Address Coeur d'Alene Idaho

19. (a) January 22, 1948 (b) W. H. Barker  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** (Month, Day, Year) 1-20-48 19 12:00 at 12:00 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1-19-48 19 48 to 1-20-48 19 48.

I last saw him alive on 1-19-48 19 48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Myocarditis - 1 hr

Due to Influenza

Due to Influenza

Other conditions (Include pregnancy within 3 months of death) Influenza

Where was disease contracted? Physician

Name of operation Date

Major finding Underline the cause to which death should be charged statistically.

Finding of autopsy Physician

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Swicide? Homicide?

Occurred 19 City, county, state

where violence occurred Public Place

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury PHYSICIAN

23. Attendant's **OWN Signature** R. H. Barker M.D.

and Address (M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census FEB 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 267  
Local Reg. No. 8  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Knights Stayed 4 days  
(g) Lived in this county 2 years 4 months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town Plummer  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) Benton City, Wn

## 3. (a) FULL NAME JOSEPH ORIN COUCH

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male 6. (b) Name of husband or wife Emma Jane  
6. (c) Age of husband or wife if alive --- years  
7. Date of Birth (Month, Day, Year) March 19 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>88</u>	<u>10</u>	<u>1</u>	hrs min.

9. Exact Occupation Minister-Farmer Did this work for 40 yrs.  
10. Industry or Business Retired Date last worked 1936  
11. Birthplace Cleveland Minnesota (City or town) (State or foreign country)

12. Name B.Y. Couch  
13. Birthplace Unknown No. Carolina (City or town) (State or foreign country)  
14. Maiden name Marcy Jane Little  
15. Birthplace Unknown No. Carolina (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs R M Griffith  
and Address Plummer, Idaho

17. (a) Burial (b) Date thereof Jan 29 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ritzville, Washington

18. Funeral Director's OWN Signature W. E. Hart  
and Address Fairfield, Wash.

19. (a) January 29 1948 (b) W. E. Hart  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 30 19 48  
at 1:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 6-13 19 48 to 1-20 1948  
I last saw him alive on 9-27 1947, death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

arteriosclerosis  
cardiovascular disease  
Due to 10 years

Due to sensitiz  
Other conditions (Include pregnancy within 3 months of death)

### Where was disease contracted?

Name of operation --- Date ---  
Major finding ---  
Finding of autopsy ---  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred --- 19 --- City, county, state  
where violence occurred ---  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ---

23. Attendant's OWN Signature W. E. Hart M.D.  
(M. D. or other)  
and Address Fairfield, Wash. Date 1-22 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB -

FEB -

# Certificate Of Death

STATE OF IDAHO

State File No. 148 268  
Local Reg. No. 10  
Reg. Dist. No. 120

1. PLACE OF DEATH: STATISTICS
- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 1110 Montana  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 1 years 4 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 1110 Montana  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Kalispell, Montana

3. (a) FULL NAME Myrta Estella Aldrich

3. (b) If veteran, -- name war -- 3. (c) Social Security No. none  
5. Color or White 6. (a) Single, widowed, married, divorced  
4. Sex Female 6. (b) Name of husband or wife Curtis P.  
6. (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) September 9, 1857

8. AGE	Years	Months	Days	If less than 1 day
	<u>90</u>	<u>4</u>	<u>14</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Warsaw, New York Date last worked 1943  
11. Birthplace Warsaw, New York (City or town) (State or foreign country)

12. Name Jeremiah Ensign  
13. Birthplace Oswego, New York (City or town) (State or foreign country)  
14. Maiden name Charlotte Webster  
15. Birthplace Warsaw, New York (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs A R Foster  
and Address 1110 Montana Ave.  
Coeur d'Alene, Idaho

17. (a) Removal River Falls, Wisconsin (b) Date thereof 1-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: River Falls, Wisconsin

18. Funeral Director's OWN Signature A. B. Nelson  
and Address Kathlamet, Idaho

19. (a) Feb. 4, 1948 (b) Mary C. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 1/23 19 48  
(Month, Day, Year) at 12:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 19 47, to Jan 23 19 48  
I last saw her alive on Jan 23 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis Duration 5 yrs

Due to Senility  
Other conditions Senility - (Include pregnancy within 8 months of death)

Where was disease contracted? Senility  
Name of operation Senility Date Senility  
Major finding Senility  
Finding of autopsy Senility

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Senility Suicide? Senility Homicide? Senility  
Occurred Senility 19 Senility City, county, state where violence occurred Senility  
Place of Violence: Home Senility Farm Senility Industry Senility  
Public Place Senility While at work? Senility  
Means of injury Senility

23. Attendant's OWN Signature R H Bader M.D. (M. D. or other)  
and Address 1-24-47 Date 19  
(For additional space, use reverse side)

Coeur d'Alene, Idaho 432

# Certificate Of Death

STATE OF IDAHO

FEB 2 1948

United States  
Department of Commerce  
Bureau of the Census

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 511 Foster Ave.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home? X Hospital? Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 56 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 511 Foster Ave.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state) La Crosse, Wis.

## 3. (a) FULL NAME ERNEST RUDOLPH PLEGER

3. (b) If veteran, name war None  
3. (c) Social Security No. None  
5. Color or race White  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Bertha  
6. (c) Age of husband or wife if alive dead years  
7. Date of Birth (Month, Day, Year) November, 20, 1853.

8. AGE	Years	Months	Days	If less than 1 day
	<u>94</u>	<u>2</u>	<u>3</u>	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.  
10. Industry or Business Danzig, Germany. Date last worked 1934.  
11. Birthplace Danzig, Germany. (City or town) (State or foreign country)

12. Name Unknown Pleger  
13. Birthplace Unknown Germany (City or town) (State or foreign country)  
14. Maiden name Unknown Hahn  
15. Birthplace Unknown, Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Margaret Viehman  
and Address Coeur d'Alene, Idaho.

17. (a) Burial (b) Date thereof 1/26/48.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery Coeur d'Alene

18. Funeral Director's OWN Signature R. H. Orlinger  
and Address Coeur d'Alene, Idaho.

19. (a) Jan. 26, 1948 (b) Mary E. Orlinger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January, 23, 1948  
at 3:05 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Intestinal obstruction Duration

Due to Probable Cancer of sigmoid colon  
Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury Attendant's  
OWN Signature R. H. Orlinger, MD (M. D. or other)  
and Address Coeur d'Alene, Idaho Date 1-23-48  
(For additional space, use reverse side)

0465

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 270  
Local Reg. No. 13  
Reg. Dist. No. 120

1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 1027 Lksde  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home? X Hospital? Institution Other place? city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 50 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 1027 Lksde  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Spokane Wn.

3. (a) FULL NAME McCREA, Robert A.

3. (b) If veteran W/W/V 3. (c) Social Security No. 519-03-6034  
name was W/W/V  
5. Color W 6. (a) Single, widowed, married, divorced Married  
4. Sex M race W 6. (c) Age of husband or wife if alive 62 years  
6. (b) Name of husband or wife Marguerite  
7. Date of Birth (Month, Day, Year) Dec. 15, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>11</u>	<u>11</u>	hrs min.

9. Exact Occupation Woodsman Did this work for 50 yrs.  
10. Industry or Business Private Date last worked 1940  
11. Birthplace Perham, Minn. (City or town) (State or foreign country)

- Mother Father  
12. Name Andrew McCrea  
13. Birthplace Canada (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Robert A. McCrea  
and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 1-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Forest Cem. Cd'A, Idaho

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) 2-4-48 (b) Marguerite  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH 1-26-48  
(Month, Day, Year) 19 48  
at 5:00 o'clock A M

21. I HEREBY CERTIFY, That I attended deceased from 11/24 19 48 to 1/26 19 48  
I last saw h/m alive on 1/26 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral thrombosis Duration 3 days

Due to Cerebral arteriosclerosis 3 yrs.

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation — Date —  
Major finding —  
Finding of autopsy —  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred — 19 48 City, county, state where violence occurred —  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature John Fox M.D.  
(M. D. or other)  
and Address Coeur d'Alene Date 1/28 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 148 271  
Local Reg. No. 14  
Reg. Dist. No. 120

## 1. PLACE OF DEATH: STATISTICS

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 1214 Davidson  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home? X Hospital? Institution Other place? Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 38 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 1214 Davidson  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Askland, Wis

## 3. (a) FULL NAME ANNASTAZIA SHRAMEK

3. (b) If veteran, name war none  
3. (c) Social Security No. none  
4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife John  
6. (c) Age of husband or wife if alive dead years  
7. Date of Birth (Month, Day, Year) April, 4, 1859.

8. AGE	Years	Months	Days	If less than 1 day
	<u>88</u>	<u>9</u>	<u>27</u>	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.  
10. Industry or Business worked Date last worked  
11. Birthplace Bohemia (City or town) (State or foreign country)  
12. Name Thomas Wolf  
13. Birthplace Bohemia (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Bohemia (City or town) (State or foreign country)

16. Informant's OWN Signature Jol S. Shramek  
and Address 1214 Davidson C.D.

17. (a) Burial (b) Date thereof 2/3/48.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St Thomas Cem-Coeur d'Alene

18. Funeral Director's OWN Signature R. H. B. Barker  
and Address Coeur d'Alene, Idaho

19. (a) 2-4-48 (b) Mary E. Gamble  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January, 31, 1948 19  
at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 29 1948, to Jan 31 1948  
I last saw her alive on Jan 31 19; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Chronic Pneumonia

### Duration

2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Chronic pneumonia  
Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

### PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury

Attendant's

OWN Signature R. H. B. Barker (M. D. or other)  
and Address Coeur d'Alene Date 2-2-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item asked must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
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Bureau of the Census  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. 272  
Local Reg. No. 4  
Reg. Dist. No. 120

1. PLACE OF DEATH:

(a) County Kootenai  
(b) City or town Athol  
(c) Street Address or R.F.D. No. Rt # 1  
(d) Death Occured Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place  
(f) Name Hosp. or Inst. 35 Stayed        days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Kootenai  
(c) City or town Athol  
(d) Street Address or R.F.D. No. Rt # 1  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Spokane Wash

3. (a) FULL NAME SHELDON, James Henry

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or W 6. (a) Single, widowed, married, divorced Married  
4. Sex M race W 6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 57 years  
7. Date of Birth (Month, Day, Year) June 16 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>7</u>	<u>26</u>	hrs min.

9. Exact Occupation Merchant Did this work for 35 yrs.  
10. Industry or Business Grocery Store Date last worked 1-11-48  
11. Birthplace New York (City or town) (State or foreign country)

Mother Father  
12. Name Unkown  
13. Birthplace Unkown (City or town) (State or foreign country)  
14. Maiden name Unkown  
15. Birthplace Unkown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs C. Hallett Sheldon  
and Address Athol Idaho Rt # 1

17. (a) Cremation (b) Date thereof 1-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Spokane Wash

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene Idaho

19. (a) January 15, 1948 (b) Mary E. Hamilton  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 1-12-48 19 48  
at 5:40 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from        19 48 to        19 48

I last saw him alive on Nov 15 19 47; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary occlusion Duration 12 hrs.

Due to Arteriosclerosis

Due to Epistaxis

Other conditions Epistaxis (Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?       

Occurred        19 48 City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry         
Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature R H Banker, M.D.  
(M. D. or other) and Address Spokane Wash Date 1-13 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB - 9 1948  
Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 273  
Local Reg. No. 11  
Reg. Dist. No. 120

1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Spirit Lake  
(c) Street Address or R.F.D. No. --  
(d) Death Occured Inside? X Outside? -- city or town  
(e) Died in a Home X Hospital X Institution -- Other place --  
(f) Name Hosp. or Inst. Spirit Lake Stayed 4 days  
(g) Lived in this county 63 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Kathdrum  
(d) Street Address or R.F.D. No. --  
(e) Deceased lived Inside? X Outside? -- city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 63 years  
(h) Former residence (city, state) Virginia

3. (a) FULL NAME Laura Thompson Brown

3. (b) If veteran, -- name war -- 3. (c) Social Security No. none  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female 6. (b) Name of husband or wife Stephen Brown 6. (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) April 17, 1860

8. AGE	Years	Months	Days	If less than 1 day
	<u>88</u>	<u>9-</u>	<u>-9</u>	hrs min.

9. Exact Occupation Housewife Did this work for 63 yrs.  
10. Industry or Business -- Date last worked 1/21/48  
11. Birthplace Wythe County, Virginia  
(City or town) (State or foreign country)

12. Name Augustus Repass  
13. Birthplace Do not know  
(City or town) (State or foreign country)  
14. Maiden name Catharine Rarter  
15. Birthplace Do not know  
(City or town) (State or foreign country)

16. Informant's OWN Signature A.B. Nelson  
and Address Kathdrum, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/48  
(Month) (Day) (Year)  
(c) Place: Pine Grove Cemetery Kathdrum

18. Funeral Director's OWN Signature A.B. Nelson  
and Address Kathdrum, Idaho

19. (a) 2-4-48 (b) Mary J. Smith  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 26 1948  
at 4:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from January 21 1948 to January 26 1948  
I last saw her alive on January 26 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral Hemorrhage Duration

Due to Hypertension

Due to --

Other conditions --  
(Include pregnancy within 3 months of death)

Where was disease contracted? --

Name of operation -- Date --

Major finding --

Finding of autopsy --

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? -- Suicide? -- Homicide? --

Occurred -- 19 -- City, county, state

where violence occurred --

Place of Violence: Home -- Farm -- Industry --

Public Place -- While at work? --

Means of injury --

23. Attendant's OWN Signature Don C. Sedgwick M.D.

and Address Spirit Lake (M. D. or other) Date 1/28 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 15 1948

# Certificate Of Death

STATE OF IDAHO

1-48  
State File No. 271  
Local Reg. No. 1  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. 604 E. C St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 4 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. 604 E. C  
(e) Deceased lived Inside? Z Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Priscilla Jane Verner

3. (b) If veteran, name war no No. no  
5. Color or race W  
4. Sex F  
6. (b) Name of husband or wife divorced single  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Dec. 29, 1909

8. AGE	Years	Months	Days	If less than 1 day
	<u>38</u>	<u>0</u>	<u>2</u>	hrs min.

9. Exact Occupation Nursing Did this work for  yrs.  
10. Industry or Business work Date last worked  yrs.  
11. Birthplace Oakmont Pa. (City or town) (State or foreign country)  
12. Name Morris Scott Verner  
13. Birthplace Pittsburg Pa. (City or town) (State or foreign country)  
14. Maiden name Anna E. Wilson  
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature Lib Verner  
and Address MOSCOW Idaho

17. (a) removal (b) Date thereof 1-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Oakmont, Pa

18. Funeral Director's OWN Signature H. B. Hunt  
and Address MOSCOW Idaho

19. (a) 1-2-48 (b) Martha Brown  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 1 1948  
at 9:40 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 12/23 1947, to Jan 1 1948  
I last saw her alive on Jan 1 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cervical carcinoma of  
long bowel.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)  
Generalized carcinoma of abd.

Where was disease contracted? None

Name of operation None Date

Major finding None

Finding of autopsy None

Duration

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? NO Suicide? NO Homicide? NO  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home NO Farm NO Industry NO  
Public Place NO While at work? NO

Means of injury

23. Attendant's OWN Signature Chynshong M.D.  
(M. D. or other)  
and Address MOSCOW Ida Date 1/2 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 275  
Local Reg. No. 6  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

(a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 2 days  
(g) Lived in this county 59 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

JAN 21 1948  
DIVISION OF VITAL Statistics  
Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Latah  
(c) City or town MOSCOW

(d) Street Address or R.F.D. No. 313 S. Logan  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 59 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Bertha Matilda Weinman

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced married  
4. Sex F 6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive 85 years  
7. Date of Birth (Month, Day, Year) January 1, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>0</u>	<u>6</u>	hrs min.

9. Exact Occupation At home Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked Jan. 48  
11. Birthplace Landsburg Germany  
(City or town) (State or foreign country)

12. Name John Lück Germany  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name .....  
15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Frank Neel  
and Address 437 State St

17. (a) Burial (b) Date thereof 1-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: MOSCOW, Idaho

18. Funeral Director's OWN Signature H. R. Short  
and Address MOSCOW, Idaho

19. (a) 1-10-48 (b) Matilda C. Moore  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 7, 1948 19  
at 1:10 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 1-7-48 19, to 1-7-48 19  
I last saw her alive on 1-7-48 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: cerebral hemorrhage Duration 2 hours

Due to arteriosclerosis

Due to senility

Other conditions (Include pregnancy within 3 months of death) none

Where was disease contracted? ?

Name of operation none Date .....

Major finding .....

Finding of autopsy none done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Edna H. Damm

and Address MOSCOW Idaho (M. D. or other) Date 9 48 19

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

RECEIVED IDAHO

1948  
State File No. 276  
Local Reg. No. 6  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

(a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. XXXXXX  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Critman Stayed 39 days  
(g) Lived in this county 22 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

JAN 21 1948  
DIVISION OF

Usual Residence of Deceased: (Always fill in these)  
State Idaho (b) County Latah  
(c) City or town Troy  
(d) Street Address or R.F.D. No. XXXXXX  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) XXXXXX

3. (a) FULL NAME Emma Delena Stone

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced married  
4. Sex F 6. (b) Name of husband or wife Thomas J. 6. (c) Age of husband or wife if alive 73 years  
7. Date of Birth (Month, Day, Year) October 24, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>2</u>	<u>16</u>	hrs min.

9. Exact Occupation at home Did this work for XXXXXX yrs.  
10. Industry or Business XXXXXX Date last worked XXXXXX  
11. Birthplace Peora Illinois  
(City or town) (State or foreign country)

Mother Father  
12. Name Royal Root  
13. Birthplace Unk  
(City or town) (State or foreign country)  
14. Maiden name Unk  
15. Birthplace Unk  
(City or town) (State or foreign country)

16. Informant's OWN Signature Emma Delena Stone  
and Address Troy, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-48  
(Month) (Day) (Year)  
(c) Place: MOSCOW, Idaho

18. Funeral Director's OWN Signature H. R. Short  
and Address MOSCOW, Idaho

19. (a) 1/13/48 (Date received and filed) (b) maude mason (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 10, 1948 19  
at 6:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 1947 to 10 Jan 1948  
I last saw her alive on 9 Jan 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Sanguine of both feet + it leg Duration 6 wks  
Due to Diabetes + arterio-sclerosis  
Due to XXXXXX  
Other conditions (Include pregnancy within 3 months of death) XXXXXX

Where was disease contracted? XXXXXX PHYSICIAN  
Name of operation XXXXXX Date XXXXXX  
Major finding XXXXXX  
Finding of autopsy XXXXXX  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? XXXXXX Suicide? XXXXXX Homicide? XXXXXX  
Occurred XXXXXX 19 XXXXXX City, county, state where violence occurred  
Place of Violence: Home XXXXXX Farm XXXXXX Industry XXXXXX  
Public Place XXXXXX While at work? XXXXXX  
Means of injury XXXXXX

23. Attendant's OWN Signature Clyde Culp, M.D. (M. D. or other)  
and Address XXXXXX Date 1/13 1948  
(Print name and address on reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
JAN 20 1948  
D.V. OF VITA  
STATE OF IDAHO

State File No. 277  
Local Reg. No. 8  
Reg. Dist. No. 200

**1. PLACE OF DEATH:**

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Gritman Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Latah  
(c) City or town Troy  
(d) Street Address or R.F.D. No. Rt. 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME Donald Lester Pearson**

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced single  
4. Sex M race W 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
6. (b) Name of husband or wife \_\_\_\_\_  
7. Date of Birth (Month, Day, Year) January 10, 1948

8. AGE	Years	Months	Days	If less than 1 day
	---	---	---	4 hrs 35min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Moscow, Idaho (City or town) (State or foreign country)

- Mother Father  
12. Name Carl Pearson  
13. Birthplace Troy, Idaho (City or town) (State or foreign country)  
14. Maiden name Wilma Laherty  
15. Birthplace Palouse, Washington (City or town) (State or foreign country)

16. Informant's OWN Signature Carl W. Pearson  
and Address Rt 2, Troy, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-48 (Month) (Day) (Year)  
(c) Place: Dry Creek (Troy, Idaho)

18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho

19. (a) 1/20/48 (Date received and filed) (b) Mark Pearson (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) Jan 11 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 10 1948, to Jan 11 1948  
I last saw him alive on Jan 11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity Duration 2 days

Due to Placenta Previa

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. J. Klarmann  
and Address Moscow, Idaho Date 1-14-48 (M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
JAN 26 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 278  
Local Reg. No. 11  
Reg. Dist. No. 200

**1. PLACE OF DEATH:**

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Gritman Stayed \_\_\_\_\_ days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Latah  
(c) City or town Potlatch  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) Donners Ferry

**3. (a) FULL NAME John E. Johnson**

3. (b) If veteran, name war None 3. (c) Social Security No. 518-16-4156  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 7, 1883

8. AGE	Years	Months	Days	If less than 1 day
<u>64</u>	<u>3</u>	<u>7</u>	<u>hrs</u>	<u>min.</u>

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Mining, Lmbrg Date last worked Unk  
11. Birthplace Vannäs Soken Sweden  
(City or town) (State or foreign country)

12. Name Unk  
13. Birthplace Unk  
(City or town) (State or foreign country)  
14. Maiden name Unk  
15. Birthplace Unk  
(City or town) (State or foreign country)

16. Informant's OWN Signature H. R. Short  
and Address Moscow Ida.

17. (a) Burial (b) Date thereof 1-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Freeze cemetery

18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho

19. (a) 1-20-48 (b) M. M. M. M.  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH January 14, 1948  
(Month, Day, Year) at 3:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from January 2, 1948 to January 14, 1948

I last saw him alive on January 14, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration 2 Days

Due to Carcinoma of stomach

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Gastro-  
Name of operation enterostomy Date 1/10/48  
Major finding CA of stomach  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Douglas M. Ludi  
(M. D. or other) and Address Moscow, Idaho Date 1/20 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 279  
Local Reg. No. 13  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Critman Stayed 1 days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Moscow  
(d) Street Address or R.F.D. No. 519 N. Wn.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Indiana

## 3. (a) FULL NAME George Washington Abel

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
4. Sex M 6. (b) Name of husband or wife Lila 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) March 21, 1856

8. AGE	Years	Months	Days	If less than 1 day
	<u>91</u>	<u>9</u>	<u>27</u>	hrs min.

9. Exact Occupation Retired Did this work for 20 yrs.  
10. Industry or Business Dairying Date last worked \_\_\_\_\_  
11. Birthplace McConnelsville, Ohio  
(City or town) (State or foreign country)

12. Name Robert Abel  
13. Birthplace Unk  
(City or town) (State or foreign country)  
14. Maiden name Unk  
15. Birthplace Unk  
(City or town) (State or foreign country)

16. Informant's OWN Signature Jessie M. Abel  
and Address Moscow, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-48  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature H. R. Shank  
and Address Moscow, Idaho

19. (a) 1-20-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH January 18, 1948  
(Month, Day, Year) at 8:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 18 1948  
I last saw him alive on Jan 18 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: pummonary embolism Duration 2 min

Due to arteriosclerosis ?

Due to senility ?

Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? 0

Name of operation none Date \_\_\_\_\_

Major finding none done

Finding of autopsy none done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred no 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature]  
(M. D. or other)

and Address Moscow, Idaho Date 1921 19 48  
(For additional space, use reverse slide)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

FEB - 6 1948

STATE OF IDAHO

## DIVISION OF VITAL

State File No. 280  
Local Reg. No. 15  
Reg. Dist. No. 200

### 1. PLACE OF DEATH:

- (a) County STATISTICAL  
(b) City or town Latah  
(c) Street Address or R.F.D. No. Moscow  
412 N. Wn.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days 56  
(g) Lived in this county 56 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town MOSGOW  
(d) Street Address or R.F.D. No. 412 N. Wn.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state) 046F

### 3. (a) FULL NAME Emma Addie Estes

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or None 6. (a) Single, widowed, married, divorced widowed  
4. Sex F race W 6. (c) Age of husband or wife if alive years  
6. (b) Name of husband or wife James H.  
7. Date of Birth (Month, Day, Year) March 21, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>10</u>	<u>2</u>	hrs min.

9. Exact Occupation At home Did this work for years  
10. Industry or Business worked Date last worked years  
11. Birthplace Ollie Iowa  
(City or town) (State or foreign country)

12. Name Isaac Brown  
13. Birthplace North Carolina  
(City or town) (State or foreign country)  
14. Maiden name Susanna Wolf  
15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Pala E. Cay  
and Address Spokane, Washington

17. (a) Burial (b) Date thereof 1-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature A. R. Short  
and Address Moscow, Idaho

19. (a) 1-27-48 (b) Madison  
(Date received and filed) (Registrar's signature)

### MEDICAL CERTIFICATE OF DEATH 111C

20. DATE OF DEATH (Month, Day, Year) January 23, 1948 19  
at 3:15 clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948 to 1-23-1948

I last saw her alive on 1-23-1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Aspiration pneumonia Duration

Due to Aspiration pneumonia

Due to liver  
Other conditions Caravono of liver  
(Include pregnancy within 3 months of death)

Where was disease contracted? None Date None

Name of operation None Major finding Caravono of liver  
Finding of autopsy Caravono of liver

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state where violence occurred

Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None

Means of injury None

23. Attendant's OWN Signature Joseph J. Wean  
and Address Spokane, Idaho (M. D. or other) 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB - 9 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 281  
Local Reg. No. 17  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. Egan Apts  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 41 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. Egan Apts  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Edward Arthur Knapik

3. (b) If veteran, name war WW I  
3. (c) Social Security No. 519-30-4366  
5. Color or race W  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife                       
6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) May 3, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>8</u>	<u>22</u>	hrs min.

9. Exact Occupation Painter Did this work for        yrs.  
10. Industry or Business General Painting Date last worked Dec. 47  
11. Birthplace Chicago Illinois (City or town) (State or foreign country)

12. Name Rudolph Knapik  
13. Birthplace Illinois (City or town) (State or foreign country)  
14. Maiden name Josephine Olman  
15. Birthplace Stevens Point, Wisconsin (City or town) (State or foreign country)

16. Informant's OWN Signature H.R. Short  
and Address MOSCOW, Idaho  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-48 (Month) (Day) (Year)  
(c) Place: MOSCOW, Idaho

18. Funeral Director's OWN Signature A. E. Alden  
and Address MOSCOW, Idaho

19. (a) 1-28-48 (Date received and filed) (b) Martha C. Moore (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 085X 095C

20. DATE OF DEATH January 25, 1948 19  
(Month, Day, Year)  
at 7:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from        19        to        19

I last saw h        alive on        19       ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Found dead in bathtub Duration       

Due to Heart attack sudden

Due to epilepsy Unk.

Other conditions                       
(Include pregnancy within 3 months of death)

Where was disease contracted?                      PHYSICIAN

Name of operation                      Date                     

Major finding                     

Finding of autopsy                       
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state  
where violence occurred                       
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature H.R. Short coroner  
(If other)  
and Address MOSCOW, Idaho Date 1-28-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB - 3 1948  
VITAL  
**Certificate Of Death**  
STATE OF IDAHO

State File No. 282  
Local Reg. No. 16  
Reg. Dist. No. 200

1. PLACE OF DEATH:

(a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 80 days  
(g) Lived in this county 63 years 9 months 22 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 63 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME John Randall,

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced married  
4. Sex M 6. (b) Name of husband or wife Mary Agnes  
6. (c) Age of husband or wife if alive 66 years

7. Date of Birth (Month, Day, Year) April 4, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>9</u>	<u>22</u>	hrs min.

9. Exact Occupation Farmer Did this work for Unk yrs.

10. Industry or Business Farming Date last worked \_\_\_\_\_

11. Birthplace MOSCOW Idaho  
(City or town) (State or foreign country)

12. Name Jesse Randall

13. Birthplace Wisconsin  
(City or town) (State or foreign country)

14. Maiden name Frances Sutherland

15. Birthplace Oakland Oregon  
(City or town) (State or foreign country)

16. Informant's OWN Signature William S. Moore  
and Address Moscow, Idaho

17. (a) Burial (b) Date thereof 1-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: MOSCOW, Idaho

18. Funeral Director's OWN Signature H.R. Short  
and Address Moscow, Idaho

19. (a) 1-28-47 (b) Matthew  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 046B 055E

20. DATE OF DEATH January 26, 1948  
(Month, Day, Year) at 12:15 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 1-24 1939, to 1-26 1948  
I last saw him alive on 1-26 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: hypostatic pneumonia • Duration \_\_\_\_\_

Due to metastasis

Due to carcinoma of stomach

Due to adenocarcinoma

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Germany Date 4-7

Name of operation gastrectomy Underline the cause to which death should be charged statistically.

Major finding primary cancer

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Prof. R. K. K. K.

and Address Idaho Date 1-27-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK INK or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB - 9 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. 283  
Local Reg. No. 18  
Reg. Dist. No. 200

1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. XXXXXXX  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Gritman Stayed 12 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. 115 N. Monroe  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) years

3. (a) FULL NAME Suzanne Bonita Hart

3. (b) If veteran, name war None 3. (c) Social Security No. 518-01-8101  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Cecil 6. (c) Age of husband or wife if alive 51 years  
7. Date of Birth (Month, Day, Year) February 4, 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>11</u>	<u>25</u>	hrs min.

9. Exact Occupation Housewife & Bookkeeper Did this work for years  
10. Industry or Business worked Date last worked  
11. Birthplace Latah county Idaho (City or town) (State or foreign country)

12. Name Al Struble  
13. Birthplace Pawnee county, Kansas (City or town) (State or foreign country)  
14. Maiden name Eva Mathis  
15. Birthplace Latah county, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Cecil Hart  
and Address MOSCOW, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-48 (Month) (Day) (Year)

- (c) Place: MOSCOW, Idaho  
18. Funeral Director's OWN Signature H. P. Hart  
and Address MOSCOW, Idaho

19. (a) 2-1-48 (Date received and filed) (b) Mathis (Registrar's signature)

\* MEDICAL CERTIFICATE OF DEATH 046G 111C

20. DATE OF DEATH (Month, Day, Year) January 29, 1948 19 at 1:22 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 5-20-1933 to 1-29-1948  
I last saw her alive on 1-29-1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic pneumonia Duration

Due to lung cancer  
of the apex with  
Due to absorption  
Other conditions chronic  
(include pregnancy within 3 months of death)

Where was disease contracted? at home  
Name of operation none Date  
Major finding as above  
Finding of autopsy as above  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? none Suicide? none Homicide? none  
Occurred 19 City, county, state

where violence occurred  
Place of Violence: Home none Farm none Industry none  
Public Place none While at work? none  
Means of injury none

23. Attendant's OWN Signature Joseph O. Wilson (M. D. or other)  
and Address Idaho Date 2/1/1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 15 1948  
JAN 15 1948  
JAN OF VITAL  
STATE OF IDAHO  
CERTIFICATE OF DEATH

284  
State File No. \_\_\_\_\_  
Local Reg. No. 2  
Reg. Dist. No. 200

1. PLACE OF DEATH:
- (a) County Latah  
(b) City or town Onaway  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Yes Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 22 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- (a) State Idaho (b) County Latah  
(c) City or town Onaway  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Yes Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME John Spelgatti
3. (b) If veteran, name was None 3. (c) Social Security No. 519-05-3832
5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Angelina 6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) August 8, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>4</u>	<u>24</u>	hrs min.

9. Exact Occupation Laborer Did this work for 22 yrs.
10. Industry or Business Potlatch Forests Date last worked 1939
11. Birthplace Salto Italy  
(City or town) (State or foreign country)

12. Name Batista Spelgatti
13. Birthplace Salto Italy  
(City or town) (State or foreign country)
14. Maiden name Mary Rakele
15. Birthplace Salto Italy  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ethel L. Spelgatti  
and Address 2528 W. Elm and S. Stanley

17. (a) Removal (Burial, cremation, or removal) Palouse, Washington (b) Date thereof 1-2-48  
(Month) (Day) (Year)

18. Funeral Director's OWN Signature H. C. [Signature]  
and Address Palouse, Washington

19. (a) 1-5-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

083A  
MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH January 2 1948  
(Month, Day, Year)  
at 11 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from December 31, 1947 to January 2, 1948.  
I last saw him alive on January 2, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 2 days

Due to arteriosclerosis with arterial hypertension Unknown

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho PHYSICIAN

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy none performed Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Thomas B. Murphy M.D.  
and Address Potlatch, Idaho Date 1-3-48 1948  
(M. D. or other)  
(For additional space, use reverse side)

JAN 15 1948

OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 285  
Local Reg. No. 285  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Genesee  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. 53 Stayed 53 days  
(g) Lived in this county 53 years 53 months 53 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Genesee  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 53 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Allison Springer

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
4. Sex M 6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) August 25, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>4</u>	<u>9</u>	hrs min.

9. Exact Occupation Retired Did this work for     yrs.  
10. Industry or Business Dray hauling Date last worked 1935  
11. Birthplace Ohio (City or town) (State or foreign country)

12. Name Isaac Springer  
13. Birthplace Unk (City or town) (State or foreign country)  
14. Maiden name Unk  
15. Birthplace Unk (City or town) (State or foreign country)

16. Informant's OWN Signature Art Springer  
and Address Moscow, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 48  
(c) Place: Genesee, Idaho (City)

18. Funeral Director's OWN Signature J.R. Hunt  
and Address Moscow, Idaho

19. (a) 1-6-48 (Date received and filed) (b) Martha Moore (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 4, 1948 19      
at 5:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1946 to Jan 4 1948  
I last saw him alive on JAN 4 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary Thrombosis Duration 4 days

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation..... Date.....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred     19     City, county, state

where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury .....

23. Attendant's OWN Signature Jack v. Clarke, M.D.

(M. D. or other)

and Address Genesee Date Jan 6 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 286  
Local Reg. No. 7  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Troy  
(c) Street Address or R.F.D. No. DIVISION OF STATE  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home? X Hospital? Institution Other place? city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 50 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Troy  
(d) Street Address or R.F.D. No. STATE  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) STATE

## 3. (a) FULL NAME Blanche A. Bricka

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced single  
4. Sex F 6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) July 15, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>5</u>	<u>17</u>	hrs min.

9. Exact Occupation at home Did this work for ----- yrs.  
10. Industry or Business worked Date last worked -----  
11. Birthplace Indiana (City or town) (State or foreign country)

12. Name Godrey Bricka  
13. Birthplace Alsace Lorane, France (City or town) (State or foreign country)  
14. Maiden name Hulda Swift  
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's OWN Signature Edward Swenson  
and Address Rt. 2 Clarkston, Washington

17. (a) Burial (b) Date thereof 11/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bethel at Troy, Idaho

18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho

19. (a) 1-13-48 (b) Mark Moore  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083B  
20. DATE OF DEATH January 12, 1948  
(Month, Day, Year) at 5:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended, deceased from 12/8/47 19 to 1/12/48 19  
I last saw her alive on 12/24, 47 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Embolism Duration

Due to Cerebral Embolism

Due to Path fracture left leg.  
Other conditions Include pregnancy within 3 months of death

Where was disease contracted? -----  
Name of operation none Date -----  
Major finding -----  
Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state  
where violence occurred  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature E. J. Swenson (M. D. or other)  
and Address Troy, Idaho Date 1/12 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
JAN 26 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 287  
Local Reg. No. 9  
Reg. Dist. No. 200  
4549

**1. PLACE OF DEATH:**

Latah  
(a) County .....  
(b) City or town ..... Viola  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 28 years 6 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

(a) State Idaho (b) County Latah  
(c) City or town Viola  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 28 1/2 years  
(h) Former residence (city, state) .....

**3. (a) FULL NAME** Albert Platz

3. (b) If veteran, name war no 3. (c) Social Security No. no  
4. Sex M race W 5. Color or 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ima 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) April 3, 1882

8. AGE	Years	Months	Days	If less than 1 day
	65	9	11	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.

10. Industry or Business Farming Date last worked 1945

11. Birthplace Palouse Washington (City or town) (State or foreign country)

12. Name John Martin Platz

13. Birthplace Minn (City or town) (State or foreign country)

14. Maiden name Mayadelle Gutches

15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Albert Platz and Address Viola Idaho

17. (a) burial (b) Date thereof 1-17-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Viola

18. Funeral Director's OWN Signature A. E. Olson and Address Moscow Idaho

19. (a) 1-17-48 (b) [Signature] (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 061X 097X 48

20. DATE OF DEATH January 14, 19... at 2:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h. alive on 19...; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Acute Cardiac Failure Duration 1 min

Due to Chronic Arteriosclerosis 3 years

Due to Diabetes ?

Other conditions arteriosclerosis (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred 19... City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Edward N. Dunn MD and Address Moscow, Idaho (M. D. or other) Date 1-16 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 20 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 288  
Local Reg. No. 10  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. Rt. 5  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. Stayed. days  
(g) Lived in this county. 29 years. months. days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. Rt 5  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Jay Ranser Purdy

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 4. Sex M 5. Color or race W

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Abbie A.

## 6. (c) Age of husband or wife if alive 83 years

## 7. Date of Birth

(Month, Day, Year) May 27, 1861

## 8. AGE

Years 86

Months 7

Days 21

If less than 1 day  
hrs min.

## 9. Exact Occupation

Farmer

Did this work for yrs.

## 10. Industry or Business

Farming

Date last worked 1941

## 11. Birthplace

(City or town)

Michigan  
(State or foreign country)

## 12. Name

Unk

## 13. Birthplace

(City or town)

Unk  
(State or foreign country)

## 14. Maiden name

Unk

## 15. Birthplace

(City or town)

Unk  
(State or foreign country)

## 16. Informant's OWN Signature

Mrs. R. Purdy  
and Address Rt. 5, Moscow, Idaho

## 17. (a) Burial

(b) Date thereof 1/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: MOSCOW, Idaho

## 18. Funeral Director's OWN Signature

H. B. [Signature]  
and Address MOSCOW, Idaho

## 19. (a) 1/21/48

(Date received and filed)

## (b) [Signature]

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 094A

## 20. DATE OF DEATH

(Month, Day, Year) January 18, 1948  
at 1:00 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

3-9-1929 to 1-12-5-1947  
I last saw him alive on 12-5-47, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

chronic myocarditis with decompensation

## Due to

Coronary sclerosis  
Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation none Date.

## Major finding

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

## Means of injury

## 23. Attendant's OWN Signature

Joseph [Signature]  
and Address [Signature] Date 1-20-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**NON-RESIDENT**  
**Certificate Of Death**

STATE OF IDAHO

State File No. **289**  
Local Reg. No. **12**  
Reg. Dist. No. **200**

**1. PLACE OF DEATH:**

- (a) County Latah  
(b) City or town Boavill  
(c) Street Address or R.F.D. No. Camp 42  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months 14 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Washington (b) County Spokane  
(c) City or town Spokane, WA  
(d) Street Address or R.F.D. No. NA  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? Finland  
(g) How long had deceased lived in Idaho? 2 wks years  
(h) Former residence (city, state) NA

**3. (a) FULL NAME John Paddi**

3. (b) If veteran, name war None 3. (c) Social Security No. 539-05-6316  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife NA 6. (c) Age of husband or wife if alive NA years  
7. Date of Birth (Month, Day, Year) January 2, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>0</u>	<u>16</u>	hrs min.

9. Exact Occupation Laborer Did this work for NA yrs.  
10. Industry or Business Lumbering Date last worked 1/48  
11. Birthplace Finland (City or town) (State or foreign country)

12. Name Unk  
13. Birthplace Unk (City or town) (State or foreign country)  
14. Maiden name Unk  
15. Birthplace Unk (City or town) (State or foreign country)

16. Informant's OWN Signature Ernest Williams  
and Address 1505 W. Main, Spokane, Wn.

17. (a) Burial (b) Date thereof 1-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature A. E. Allen  
and Address Moscow, Idaho

19. (a) 1-23-48 (b) Martha Omana  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) January 18, 1948 19  
4:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. NA alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration  
Sudden death

Due to NA

Due to NA

Other conditions NA  
(Include pregnancy within 3 months of death)  
Found dead in bed

Where was disease contracted? NA **PHYSICIAN**

Name of operation NA Date NA Underline the cause to which death should be charged statistically.

Major finding NA

Finding of autopsy NA

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? NA Suicide? NA Homicide? NA

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home NA Farm NA Industry NA

Public Place NA While at work? NA

Means of injury NA

23. Attendant's OWN Signature H. R. Short

and Address Moscow Date 1/21 1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED**  
**CERTIFICATE OF DEATH**  
**FEB - 6 1948** STATE OF IDAHO

1948  
State File No. \_\_\_\_\_  
Local Reg. No. **14**  
Reg. Dist. No. **200**

290

1. PLACE OF DEATH: **DIVISION OF VITAL**  
(a) County **Latah**  
(b) City or town **Princeton**  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? **Yes** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **35** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State **Idaho** (b) County **Latah**  
(c) City or town **Princeton**  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **Yes** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **35** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **Charles Elmer Bunney**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Hattie M.** 6. (c) Age of husband or wife if alive **77** years  
7. Date of Birth (Month, Day, Year) **October 20, 1866**

8. AGE	Years	Months	Days	If less than 1 day
	<b>81</b>	<b>3</b>	<b>3</b>	hrs min.

9. Exact Occupation **Retired** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Farmer** Date last worked \_\_\_\_\_

11. Birthplace **Akron Missouri**  
(City or town) (State or foreign country)

Father { 12. Name **Joseph Bunney**

13. Birthplace **England**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Mary Brooks**

15. Birthplace **Bloomington Illinois**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Preston Bunney**  
and Address **Princeton, Idaho**

17. (a) **Burial** (b) Date thereof **1-27-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Potlatch, Idaho**

18. Funeral Director's OWN Signature **H. E. ...**  
and Address **Palouse, Washington**

19. (a) **1-25-48** (b) **Matthews**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **January 23, 1948**  
at **12:10** clock **PM**

21. I HEREBY CERTIFY, That I attended deceased from **Did not see him alive** to **19**  
last saw h. **alive** on **19**; death is **thought to have occurred on the date and hour stated above.**

Immediate Cause of Death: **Coronary occlusion** Duration **4 hours**

Due to **Coronary arteriosclerosis + probable thrombosis** **40 years**

Due to **advanced age (82+)**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **NOT DONE**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Graham McConnell**

and Address **Palouse Wash** (M. D. or other) **23 Jan 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB - 3 1948 STATE OF IDAHO

State File No. 291  
Local Reg. No. 19  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

(a) County Latah  
(b) City or town Deary  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? # Outside? city or town  
(e) Died in a Home? Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years 6 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Deary  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? # Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Morris Lester Kansteiner, Jr.

3. (b) If veteran, name war No. none  
5. Color or race male white  
6. (a) Single, widowed, married, divorced single  
(b) Name of husband or wife  
(c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) July 23 1947

8. AGE	Years	Months	Days	If less than 1 day
	6		7	hrs min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Moscow Idaho  
(City or town) (State or foreign country)

12. Name Morris Lester Kansteiner, Jr.  
13. Birthplace St. Louis, Mo.  
(City or town) (State or foreign country)  
14. Maiden name Velda Hammond  
15. Birthplace Clarkston, Wn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Morris Kansteiner  
and Address Deary, Ida.

17. (a) burial (b) Date thereof 2/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Ida.

18. Funeral Director's OWN Signature A. E. Gledin  
and Address Moscow, Idaho

19. (a) 1-2-48 (b) Martha Moore  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Jan. 30 1948  
(Month, Day, Year)  
at 5 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1-29-48 to 1-30-48.  
I last saw him alive on 1-29-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: pneumonia Duration 1 wk

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature L. J. Klaum  
(N. D. or other)  
and Address Moscow, Ida Date 1-31-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **948 292**  
Local Reg. No. **67**  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County **Lemhi**  
(b) City or town **Shoup**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **1** years **6** months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Ida** (b) County **Jefferson**  
(c) City or town **Anna Jefferson**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? **38** years  
(h) Former residence (city, state) **UTAH**

## 3. (a) FULL NAME

**VILATE MILLS**

**131A**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**  
5. Color or **F** 6. (a) Single, widowed, **married**  
race **W** divorced \_\_\_\_\_  
6. (b) Name of husband or wife **SAMUEL** 6. (c) Age of husband or wife if alive **46** years  
7. Date of Birth **Aug 18 1903**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>44</b>	<b>4</b>	<b>13</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **Life** yrs.  
10. Industry or Business **Housewife** Date last worked **1945**  
11. Birthplace **Hyrum, Utah**  
(City or town) (State or foreign country)

12. Name **Geo. Housley**  
13. Birthplace **England**  
(City or town) (State or foreign country)  
14. Maiden name **Mary Ann Buckley**  
15. Birthplace **England**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Samuel Mills**  
and Address **Shoup 2 days**

17. (a) \_\_\_\_\_ (b) Date thereof **1-3-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Lewisville, Idaho**

18. Funeral Director's OWN Signature **Ray Mc Goldrick**  
and Address **Idaho**

19. (a) **Jan 6-48** (b) **Victor Jefferson**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Jan 1st 1948**  
(Month, Day, Year) at **2:30** o'clock **P**. M.

21. I HEREBY CERTIFY, That I attended deceased from **Aug 1947** to **Oct 1947**  
I last saw him alive on **Oct 1947** death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death **Cerebral hemorrhage**  
Due to **malignant hypertension**  
Due to **chr. glomerular nephritis**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **John H. Hynes MD.**  
and Address **Idaho** Date **Jan 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 17 years 6 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME OWEN LEVERN BARRUS

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

5. Color or race W. 6. (a) Single, widowed married, divorced \_\_\_\_\_  
4. Sex M 6. (b) Name of husband or wife ELSIE 6. (c) Age of husband or wife if alive 50 years  
7. Date of Birth (Month, Day, Year) March 21 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>9</u>	<u>16</u>	hrs min.

9. Exact Occupation Real Estate Did this work for 12 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1-3-48  
11. Birthplace GRANTSVILLE, UTAH (City or town) (State or foreign country)  
12. Name OWEN H. BARRUS  
13. Birthplace Grantsville, UTAH (City or town) (State or foreign country)  
14. Maiden name Olivia Doerflinger  
15. Birthplace Grantsville, Utah (City or town) (State or foreign country)  
16. Informant's OWN Signature Elmer Barrus and Address Salmon, Ida  
17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 1-12-48 (Month) (Day) (Year)  
(c) Place: Salmon, Idaho  
18. Funeral Director's OWN Signature Ray Mc Goldrick and Address Salmon  
19. (a) Jan 17 1948 (Date received and filed) (b) \_\_\_\_\_ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 7th 1948  
at 7:15 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from Jan 6 1948 to Jan 7 1948  
I last saw him alive on Jan 7 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: 1. - Bronchial Pneumonia  
2. - Senility  
3. - Ch. Hypertension  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature John R. Higgins MD (M.D. or other) \_\_\_\_\_  
and Address Salmon Date Jan 12 1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **294**  
Local Reg. No. **670**  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County **WEMH**  
(b) City or town **SALMON**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **SILBAUGH** Stayed **1** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months **1** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **CUSTER**  
(c) City or town **CHALLIS**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? **35** years  
(h) Former residence (city, state) **Springfield Mo.**

## 3. (a) FULL NAME

**HARVEY D. SAUNDERS**

## 3. (b) If veteran, name war

**no**

## 3. (c) Social Security No.

**no**

## 4. Sex, M, race, W

**M** **W**

## 6. (a) Single, widowed, married, divorced

**divorced**

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

**Aug 4 1864**

## 8. AGE

Years	Months	Days	If less than 1, day
<b>83</b>	<b>5</b>	<b>7</b>	hrs min.

## 9. Exact Occupation

**Rancher**

## Did this work for \_\_\_\_\_ yrs.

**30**

## 10. Industry or Business

**Date last worked 1935**

## 11. Birthplace (City or town) (State or foreign country)

**Ohio**

## 12. Name

**Henry**

**Saunders**

## 13. Birthplace (City or town) (State or foreign country)

**Ohio**

## 14. Maiden name

**Sura**

## 15. Birthplace (City or town) (State or foreign country)

**unknown**

## 16. Informant's OWN Signature and Address

**J. W. Steward**

## 17. (a) (b) Date thereof (Month) (Day) (Year)

**1-16-48**

## 18. Funeral Director's OWN Signature and Address

**Chatter Idaho**

**Ray Mc Goldrick**

**SALMON**

## 19. (a) (b) (Date received and filed) (Registrar's signature)

**1-14-48**

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ A. M.

**Jan 11 1948**

## 21. I HEREBY CERTIFY, That I attended deceased \_\_\_\_\_ four hours \_\_\_\_\_, to \_\_\_\_\_ On Jan. 10 1948. I last saw him alive on Jan. 10 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

**Cardio-renal disease**

**???**

## Due to \_\_\_\_\_

**Chronic alcoholism**

## Due to \_\_\_\_\_

**probably a factor**

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature \_\_\_\_\_

**O. T. Stratton**

## and Address \_\_\_\_\_ Date \_\_\_\_\_

**Salmon, Ida. Date 1/14 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 295  
Local Reg. No. 676  
Reg. Dist. No.

FEB - 1  
DIVISION OF VITAL

## 1. PLACE OF DEATH:

- (a) County Salmon  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. SILBAUGH  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. SILBAUGH Stayed 60 days  
(g) Lived in this county 55 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town Salmon  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 861 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

EDWARD L. TERRY

## 3. (b) If veteran, name war

no.

## 3. (c) Social Security No.

## 4. Sex M 5. Color or race W

## 6. (a) Single widowed, married, divorced

## 6. (b) Name of husband or wife MARY

## 6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year)

April 8 1886

## 8. AGE

Years	Months	Days	If less than 1 day
61	9	11	hrs min.

## 9. Exact Occupation Farmer Did this work for yrs. Life

## 10. Industry or Business Rancher Date last worked 1935

## 11. Birthplace Maldad, Idaho (City or town) (State or foreign country)

## 12. Name Joel Terry

## 13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

## 14. Maiden name Louise Lish

## 15. Birthplace unknown (City or town) (State or foreign country)

## 16. Informant's OWN Signature Charles Terry and Address

## 17. (a) (Burial) cremation, or removal (b) Date thereof 1-22-48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Ray Mc Goldrick and Address Salmon

## 19. (a) (Date received and filed) (b) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Jan 19th 1948

## 21. I HEREBY CERTIFY, That I attended deceased from at 9:25 o'clock P. M.

## I last saw him alive on Aug 17, 1948

## I said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Duration

## Chronic Myocarditis

## Chronic Gl. Nephritis

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation Date

## Major finding

## Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

## Occurred 19 City, county, state where violence occurred

## Place of Violence: Home Farm Industry Public Place While at work?

## Means of injury

## 23. Attendant's OWN Signature Philip R. Goring MD (M. D. or other)

## and Address Salmon Date Jan 19, 1948

## (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AMENDED

March 8, 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 296

Local Reg. No. 690

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. Gertson Creek  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 5 years 6 months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. Gertson Creek  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME George Moses Prestwich

093D

- 3: (b) If veteran, name war no 3: (c) Social Security No. no  
5. Color or White  
4. Sex Male race White 6: (a) Single, widowed, married, divorced Married  
6: (b) Name of husband or wife Ruth Munsee 6: (c) Age of husband or wife if alive 57 years

7. Date of Birth (Month, Day, Year) December 4, 1877

8. AGE	Years	Months	Days	If less than 1 day
	70	1	18	hrs. min.

9. Exact Occupation Rancher Did this work for 50 yrs.  
10. Industry or Business Date last worked

11. Birthplace Maroni, Utah  
(City or town) (State or foreign country)

Father { 12. Name George Prestwich  
13. Birthplace England  
(City or town) (State or foreign country)

Mother { 14. Maiden name Julia Draper  
15. Birthplace Maroni, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Ruth Prestwich  
and Address Salmon, Idaho

17. (a) Burial (b) Date thereof 1/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Delbert C. Jones  
and Address Salmon, Idaho

19. (a) Jan. 27, 1948 (b) Viola E. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

162B

20. DATE OF DEATH (Month, Day, Year) Jan. 22 19 48  
at 8:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 47 to Jan. 22 19 48  
I last saw h. im alive on Jan. 16 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

1 Chronic Myocarditis

Duration

Due to 2 Arterio sclerosis

Due to 3 Senility

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature John R. Goggins, M.D.  
Salmon, Ida. (M. D. or other) 1/24/48

and Address Date 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-260 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

156 474  
**Certificate Of Death**  
STATE OF IDAHO

State File No. 296  
Local Reg. No. 672  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF DEATH: **DIVISION OF VITAL**  
(a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. Gertson Creek  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 5 years 6 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. Gertson Creek  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME GEORGE MOSES PRESTWICH

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Ruth Munsee 6. (c) Age of husband or wife if alive 57 years  
7. Date of Birth (Month, Day, Year) Dec. 4, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>1</u>	<u>18</u>	hrs min.

9. Exact Occupation Rancher Did this work for 50 yrs.  
10. Industry or Business worked Date last worked  
11. Birthplace Maroni, Utah (City or town) (State or foreign country)

12. Name George Prestwich  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Julia Draper  
15. Birthplace Maroni, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Ruth Prestwich  
and Address Salmon, Idaho

17. (a) Burial (b) Date thereof 1-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Idaho Falls, Idaho

18. Funeral Director's OWN Signature Albert C Jones  
and Address Salmon, Idaho

19. (a) Jan 27-48 (b) Albert C Jones  
(Date received and filed) (Registrar's signature)

093D  
**MEDICAL CERTIFICATE OF DEATH** 162B

20. DATE OF DEATH Jan. 22 1948  
(Month, Day, Year) at 8:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 22 1948 to Jan 22 1948  
I last saw h. in alive on Jan 16 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

① Chronic Myocarditis

Due to ② Arteriosclerosis

Due to ③ Leukemia

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? —

Name of operation — Date —

Major finding —

Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred — 19 — City, county, state where violence occurred  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature Albert C Jones (M. D. or other)  
and Address Salmon, Idaho Date Jan 27 48

(For additional space, use reverse side)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho  
County of Lemhi } ss.

Certificate No. death 15  
1948 — 296  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of death  
for George Moses Ireswich who died on Jan. 22, 1948  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Salmon, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by Bible record prepared on Dec. 4, 1877, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**

(The Correct Facts)

Birthdate

December 4, 1876

December 4, 1877

Age

71

70

Subscribed and sworn to before me this 4th day of  
March 1948

Notary Public, residing at Salmon, Idaho  
My commission expires 9-5-48  
(Seal)

Signed Delbert C. Jones  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Box 472, Salmon, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho  
County of Lemhi } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of  
March 1948

Notary Public, residing at Salmon, Idaho  
My commission expires 9-5-48  
(Seal)

Signed LaVar E. Prestwich  
(Signature of Any Credible Person)  
Box 501, Salmon, Idaho  
(Street Address, City, State)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF VITAL  
STATISTICS  
STATE OF IDAHO

State No. **297**  
Local Reg. No. **1**  
Reg. Dist. No. **232**

**1. PLACE OF DEATH:**

- (a) County Lewis  
(b) City or town Craigmont  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home? X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ... days  
(g) Lived in this county 17 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Lewis  
(c) City or town Craigmont  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) .....

**3. (a) FULL NAME ADOLPH H. WEGNER**

3. (b) If veteran, name war ----- No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male  
6. (b) Name of husband or wife Vida Mae Wegner 6. (c) Age of husband or wife if alive 44 years  
7. Date of Birth (Month, Day, Year) October 1 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>3</u>	<u>5</u>	hrs min.

9. Exact Occupation Druggist Did this work for yes yrs.  
10. Industry or Business Own business Date last worked 1/5/48  
11. Birthplace Arlington, Minnesota  
(City or town) (State or foreign country)

12. Name Carl Ludwig Wegner  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name Wilhemina Tuchtenhagen  
15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Arthur H. Wegner  
and Address Pullman Wash.

17. (a) Burial (b) Date thereof 1-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho.

18. Funeral Director's OWN Signature St. Louis  
and Address Craigmont, Idaho

19. (a) 1-7-1948 (b) Ok. Clow  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH January 6 1948  
(Month, Day, Year)  
at 7:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 6 1948 to Jan. 6 1948  
I last saw him alive on Jan. 6 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 2 hrs.

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? home

Name of operation Date

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home. Farm. Industry. Public Place. While at work?  
Means of injury .....

23. Attendant's OWN Signature H. H. Holmes M. D. or other M. D.  
and Address Craigmont, Ida Date 1-7 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

1948  
JAN 23 1948  
**Certificate Of Death**  
OF VITAL STATE OF IDAHO

1948  
State File No. 2398  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF DEATH:**

- (a) County Lewiston  
(b) City or town Hamish  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Nursing Stayed 45 days  
(g) Lived in this county 50 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Idaho  
(c) City or town Elk City  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Elk City Ida.

**3. (a) FULL NAME**

Alex Gustafson 083A

**3. (b) If veteran,**

name war

**3. (c) Social Security**

No.

4. Sex M 5. Color or race W.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Nov 12, 1859

**8. AGE**

Years

Months

Days

If less than 1 day

88

1

26

hrs

min.

9. Exact Occupation Retired

- Did this work for yrs.

10. Industry or Business Miner

- Date last worked

11. Birthplace (City or town)

- Sweden (State or foreign country)

12. Name Unknown

13. Birthplace (City or town) (State or foreign country)

14. Maiden name

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature County Records

and Address Grangeville, Ida.

17. (a) Buried (b) Date thereof 1/10/48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Grangeville Idaho

18. Funeral Director's OWN Signature Elmer A. Brown

and Address Grangeville, Ida.

19. (a) 1-9-48 (b) Elmer A. Brown

(Date received and filed)

(Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH 097X**

**20. DATE OF DEATH**

(Month, Day, Year) Jan. 8 1948

at Hamish o'clock M.

**21. I HEREBY CERTIFY, That I attended deceased from**

Nov. 15, 1947, to 1/8 1948

I last saw him alive on 1/1 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Arteriosclerosis

Duration

years

Due to

also

Due to Cerebral Hemorrhage 1947

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?**

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

**23. Attendant's**

OWN Signature Elmer A. Brown (M. D. or other)

and Address Grangeville, Ida. Date 1/9 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 20 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 299  
Local Reg. No. 1258  
Reg. Dist. No. 230

## 1. PLACE OF DEATH:

- (a) County Lewis  
(b) City or town Nyssa  
(c) Street Address or R.F.D. No. Rx 152  
(d) Death Occured Inside? on Outside? city or town  
(e) Died in a Home H Hospital I Institution Other place O  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 83 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Nyssa  
(d) Street Address or R.F.D. No. Rx 152  
(e) Deceased lived Inside? on Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 83 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Alva Wilson Mitchell

093D

## 3. (b) If veteran, name war

## 3. (c) Social Security

no

No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Juliana 6. (c) Age of husband or wife if alive 67 years  
7. Date of Birth (Month, Day, Year) Feb-2-1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>11</u>	<u>21</u>	hrs min.

9. Exact Occupation Retired Did this work for 25 yrs.

10. Industry or Business Shoe Date last worked

11. Birthplace Brownsville (City or town) (State or foreign country)

12. Name David W. Mitchell

13. Birthplace Brownsville (City or town) (State or foreign country)

14. Maiden name Mary Walker

15. Birthplace Juliana R. Mitchell (City or town) (State or foreign country)

16. Informant's OWN Signature Nyssa Idaho and Address

17. (a) Removed (b) Date thereof 1-15-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Lewis Idaho

18. Funeral Director's OWN Signature Albert Laff and Address Nyssa Idaho

19. (a) 1-15-48 (b) Albert Laff (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

104 A

20. DATE OF DEATH (Month, Day, Year) Jan 12 1948  
at 1:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1945, to Jan 12 1948

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Arterio-Sclerotic Heart Disease Duration years

Due to Senility

Due to Senility  
Other conditions Arterio-Sclerotic Heart Disease (Include pregnancy within months of death)

Where was disease contracted? Infection 3 days

Name of operation Date PHYSICIAN  
Major finding Underline the cause to which death should be charged statistically.

Finding of autopsy PHYSICIAN

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Lionel L. Mauro, M.D. and Address Nyssa, Idaho Date Jan 12 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 300  
Local Reg. No. 1267  
Reg. Dist. No. 230

## 1. PLACE OF DEATH:

- (a) County Lewis  
(b) City or town Heppner  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 42 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Heppner  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

Daniel Hoover

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

- 5 Color or 6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Minnie Kelly 6. (c) Age of husband or wife if alive 81 years  
7. Date of Birth (Month, Day, Year) Sept. 20, 1953

8. AGE	Years	Months	Days	If less than 1 day
	94	3	29	hrs min.

9. Exact Occupation farmer Did this work for 60 yrs.  
10. Industry or Business Date last worked

11. Birthplace Wooster Ohio (City or town) (State or foreign country)

12. Name Daniel Hoover

13. Birthplace New Holland, Pa. (City or town) (State or foreign country)

14. Maiden name Rebecca Hershey

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Cynthia Thomas

- and Address Heppner Idaho

17. (a) (b) Date thereof 2-21-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Myer County

18. Funeral Director's OWN Signature

- and Address Myer Idaho

19. (a) 1-20-48 (b) (c) (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 18 1948  
at 4:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 1947, to Jan. 18 1948  
I last saw him alive on Jan. 18 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Arterio-sclerotic heart disease

## Duration

Unknown

Due to Generalized Arterio-sclerotic

Due to Smelly

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Date

## Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Leonard L. Mann, M.D.

and Address Myer, Idaho (M. D. or other) Date 2/20/1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 301  
Local Reg. No. 280  
Reg. Dist. No. 430

## 1. PLACE OF DEATH:

- (a) County Lincoln  
(b) City or town Shoshone  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Williams Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lincoln  
(c) City or town Shoshone  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) Pine Grove Colo.

## 3. (a) FULL NAME

Ruby Rozella Norton

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Francis A.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Nov. 1 - 1856

8. AGE	Years	Months	Days	If less than 1 day
	<u>91</u>	<u>2</u>	<u>8</u>	hrs min.

9. Exact Occupation Housewife Did this work for 60 yrs.

10. Industry or Business Self Date last worked 20

11. Birthplace Ashtabula Ohio (City or town) (State or foreign country)

12. Name Dennis E. Norton

13. Birthplace Ireland (City or town) (State or foreign country)

14. Maiden name Buffham Saunders

15. Birthplace New York (City or town) (State or foreign country)

16. Informant's OWN Signature Carrie Swann

(a) Address Shoshone - Idaho

17. (a) Burial (b) Date thereof Jan - 12 - 48 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Shoshone - Idaho

18. Funeral Director's OWN Signature Myrtle C. Burdett

(a) 1-10-48 (b) Myrtle C. Burdett (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 1-8 1948  
at \_\_\_\_\_ o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 12-20 1947, to 1-8 1948

I last saw her alive on 1-8 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac failure

Due to Cardiac failure Duration 1 hr

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ruby Norton (Date received and filed) (Registrar's signature)

083A

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 11 1948

# Certificate Of Death

OF VITAL STATE OF IDAHO

State File No. 302  
Local Reg. No. 281  
Reg. Dist. No. X 30

## 1. PLACE OF DEATH

- (a) County Lincoln
- (b) City or town Shoshone
- (c) Street Address or R.F.D. No. ....
- (d) Death Occurred Inside? Outside? city or town
- (e) Died in a Home... Hospital... Institution... Other place...
- (f) Name Hosp. or Inst. .... Stayed 28 days
- (g) Lived in this county 28 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lincoln
- (c) City or town Shoshone
- (d) Street Address or R.F.D. No. ....
- (e) Deceased lived Inside? Outside? city or town
- (f) Citizen of what country? ....
- (g) How long had deceased lived in Idaho? 29 years
- (h) Former residence (city, state) Pocatello Idaho

3. (a) FULL NAME Virginia Violet Carpenter Rose

- 3. (b) If veteran, name war L
- 3. (c) Social Security No. 519-12-6752
- 5. Color or race white
- 6. (a) Single, widowed, married, divorced married
- 6. (b) Name of husband or wife Bruce Rose
- 6. (c) Age of husband or wife if alive 52 years
- 7. Date of Birth (Month, Day, Year) Oct - 2 - 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>3</u>	<u>7</u>	hrs min.

- 9. Exact Occupation Housewife Did this work for 30 yrs.
- 10. Industry or Business self Date last worked Dec-15-47
- 11. Birthplace (City or town) Michigan (State or foreign country)

- 12. Name Carpenter
- 13. Birthplace (City or town) ? (State or foreign country)
- 14. Maiden name ?
- 15. Birthplace (City or town) ? (State or foreign country)

16. Informant's OWN Signature Bruce Rose  
(a) Address ....

- 17. (a) Burial (b) Date thereof Jan-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Shoshone

18. Funeral Director's OWN Signature Myrtle C. Burdett  
(a) Address Shoshone Idaho

- 19. (a) 1-10-48 (b) Myrtle C. Burdett  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 9 1948  
at 10 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 1-4 1948, to 1-9 1948.  
I last saw her alive on 1-9 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ventricular failure Duration 1 hr.

Due to lung infarct, 1 lb. over 1 month

Due to Lib. and determined

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? —  
Name of operation none Date —  
Major finding same as above  
Finding of autopsy same as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred — 19 — City, county, state where violence occurred  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature Myrtle C. Burdett  
(a) Address Shoshone Idaho Date 1-9 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 948  
Local Reg. No. 252  
Reg. Dist. No. 431

## 1. PLACE OF DEATH:

- (a) County Lincoln  
(b) City or town Shoshone  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ✓ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lincoln  
(c) City or town Shoshone  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? Spain  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Winnemucca - Nev.

## 3. (a) FULL NAME

Julian Pagaga -

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 75 years  
7. Date of Birth Jan - 6 - 1871  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>		<u>17</u>	hrs min.

9. Exact Occupation Shepherd Did this work for 20 yrs.  
10. Industry or Business Sheep Date last worked 1988  
11. Birthplace Madrid Spain (City or town) (State or foreign country)

12. Name Francisco Pagaga  
13. Birthplace Spain (City or town) (State or foreign country)  
14. Maiden name Francisca Olea  
15. Birthplace Spain (City or town) (State or foreign country)

16. Informant's Mrs. M. Lertus  
OWN Signature Shoshone - Idaho  
and Address

17. (a) Burial (b) Date thereof Jan 26 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Shoshone - Idaho

18. Funeral Director's Myrtle C. Burdett  
OWN Signature Shoshone Idaho  
and Address

19. (a) 1 - 26 - 48 (b) Myrtle C. Burdett  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 117A

20. DATE OF DEATH (Month, Day, Year) Jan - 23 1948  
at 4:25 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 25 Nov 1947, to 6 Jan 1948.  
I last saw him alive on 5 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Circulatory failure Duration 2 hrs.

Due to myocardial infarction 24 hrs.

Due to hypertension, secondary  
Other conditions to chronic hypertension  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy Primary of Coronary

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's S. M. Lertus, M.D.  
OWN Signature Shoshone, Idaho (City, county, state)  
and Address Shoshone, Idaho Date 1-26-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

JAN 12 1948

STATE OF IDAHO

1948 State File No. 304  
Local Reg. No. 58  
Reg. Dist. No. 630

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Rexburg  
(c) Street Address or R.F.D. No. 246 E. Main  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Rexburg  
(d) Street Address or R.F.D. No. 246 E. Main  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME FREDRICK SMART PARKINSON

3. (b) If veteran, No. \_\_\_\_\_ 3. (c) Social Security No. None  
name war \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, \_\_\_\_\_  
4. Sex Male race White divorced \_\_\_\_\_ Married Married  
6. (b) Name of husband or wife Bessie Ann Doney 6. (c) Age of husband or wife if alive 72 years  
7. Date of Birth January 8, 1875  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>11</u>	<u>24</u>	hrs min.

9. Exact Occupation Farmer and Cattleman Did this \_\_\_\_\_ 50 yrs.  
10. Industry or Business Own Business Date last worked \_\_\_\_\_  
11. Birthplace Franklin, Idaho.  
(City or town) (State or foreign country)

12. Name Samuel R. Parkinson  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Charlotte Smart  
15. Birthplace St. Louis, Mo.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mad Parkinson  
and Address St. Anthony, Idaho

17. (a) Burial (b) Date thereof 1-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rexburg, Idaho

18. Funeral Director's OWN Signature Mad Hansen  
and Address St. Anthony, Idaho

19. (a) 1-7-48 (b) Mad E Young  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 2 1948  
at \_\_\_\_\_ o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 28 1947, to Jan 2 1948  
I last saw him alive on Jan 2 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Myocardial Infarction Duration 3 days

Due to Myocardial Infarction 2 months  
Due to Myocardial Infarction 2 yrs  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature St. E. L. Loubert  
and Address St. Anthony, Idaho Date 1/3 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **305**  
Local Reg. No. **4**  
Reg. Dist. No. **030**

## 1. PLACE OF DEATH:

- (a) County **Madison**  
(b) City or town **Reberburg**  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **40** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Madison**  
(c) City or town **Reberburg**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **Utah**

## 3. (a) FULL NAME

**Drucilla Blanchard Smith** **094A**

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color **Cauc** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Female** race **Cauc**  
6. (b) Name of husband or wife **Robert Smith** (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) **Nov. 13, 1891**

## 8. AGE

Years	Months	Days	If less than 1 day
<b>57</b>	<b>2</b>	<b>17</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Logan, Utah** (City or town) (State or foreign country)

12. Name **Ephraim Blanchard**

13. Birthplace **Hamington, Utah** (City or town) (State or foreign country)

14. Maiden name **Elyzabeth Ann Davis**

15. Birthplace **Logan, Utah** (City or town) (State or foreign country)

16. Informant's OWN Signature **James E. Smith**

- and Address **Box 314 East Rex Idaho.**

17. (a) **Burial** (b) Date thereof **2/4/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Reberburg**

18. Funeral Director's OWN Signature **Kenneth Klammer**

- and Address **Reberburg, Idaho**

19. (a) **2-4-48** (b) **Mrs. J. E. Young**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **Jan 30 1948**  
at **6:45** o'clock **P.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**Jan 30 1948** to **Jan 30 1948**  
I last saw him alive on **Jan 30 1948** death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Coronary Thrombosis**

## Duration

**1 hr.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

**J. D. Hoffman, M.D.**  
(M. D. or other)

and Address **Reberburg, Idaho** Date **1-30-1948**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. **306**  
Local Reg. No. **3**  
Reg. Dist. No. **636**

## 1. PLACE OF DEATH

- FEB 11 1948  
MADISON  
Idaho - R. F. D. No. 2
- (a) County **D.**  
(b) City or town  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? Outside? **X** city or town  
(e) Died in a Home **X** Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years **9** months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **California** (b) County **Alameda**  
(c) City or town **Oakland**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? **X** Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? **9 months**  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**Ray B. Sherman**

## 3. (b) If veteran,

war **World War I**

## 3. (c) Social Security

No. **5145-05-2840**

## 4. Sex

**Male**

## 5. Color or

**Cauc**

## 6. (a) Single, widowed, married,

**Married**

## 6. (b) Name of husband or

wife **Nettie Culbertson**

## 6. (c) Age of husband or wife if

alive **47** years

## 7. Date of Birth

(Month, Day, Year) **May 5, 1897**

8. AGE	Years	Months	Days	If less than 1 day
	<b>50</b>	<b>8</b>	<b>24</b>	hrs min.

9. Exact Occupation **Carpenter Mechanic** Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace **Evans, Colorado** (City or town) (State or foreign country)

12. Name **Frank Sherman**

13. Birthplace **Liverpool, England** (City or town) (State or foreign country)

14. Maiden name **Ella Agnew**

15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Nettie Sherman**

and Address **1131 N. 1st St. Boise, Idaho**

17. Removal (a) Date thereof **11/3/48** (Month) (Day) (Year)

(b) Place: **Bozeman, Mont.**

18. Funeral Director's OWN Signature **Russell G. Gorman**

and Address **Bozeman, Idaho**

19. (a) **1-29-48** (Date received and filed) (b) **W. H. G. Young** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

**093D**

20. DATE OF DEATH (Month, Day, Year) **Jan. 29** 19**48**

at **3:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan. 29** 19**48** to **Jan. 29** 19**48**

I last saw him alive on **Jan. 29** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Occlusion** Duration

Due to **Myocarditis**

Due to **After occlusion**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation Date Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state

where violence occurred Place of Violence: Home Farm Industry Public Place While at work?

Means of injury

23. Attendant's OWN Signature **H. B. Rigby M.D.** (M. D. or other)

and Address **Bozeman, Idaho** Date **1-30-1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**

STATE OF IDAHO

1948  
State File No. 847  
Local Reg. No. 2  
Reg. Dist. No. 450

**1. PLACE OF DEATH:**

- (a) County Minidoka
- (b) City or town Reupert
- (c) Street Address or R.F.D. No. 714 - 4th
- (d) Death Occured Inside? ☒ Outside? ☐ city or town
- (e) Died in a Home? ☐ Hospital? ☐ Institution? ☐ Other place? ☐
- (f) Name Hosp. or Inst. ☐ Stayed ☐ days
- (g) Lived in this county 43 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County minidoka
- (c) City or town Reupert
- (d) Street Address or R.F.D. No. 714 9th
- (e) Deceased lived Inside? ☒ Outside? ☐ city or town
- (f) Citizen of what country? US
- (g) How long had deceased lived in Idaho? 43 years
- (h) Former residence (city, state) Salt Lake City UT

**3. (a) FULL NAME**

Herbert William Cargill

124 B

**3. (b) If veteran,**

name war

**3. (c) Social Security**

No.

- 4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced married
- 6. (b) Name of husband or wife Helman 6. (c) Age of husband or wife if alive 71 years

7. Date of Birth (Month, Day, Year) July 29 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>5</u>	<u>9</u>	hrs min.

9. Exact Occupation Retired Lumber work Did this work for 25 yrs.

10. Industry or Business yard manager Date last worked

11. Birthplace England (City or town) (State or foreign country)

12. Name Thomas Cargill

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature H. W. Cargill and Address Reupert Idaho

17. (a) Burial (b) Date thereof 1-12-48 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Reupert Idaho

18. Funeral Director's OWN Signature Robert B. Bond and Address Reupert Idaho

19. (a) 1-19-48 (b) ABH (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) Jan 8 1948 at 4:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 2 1948 to Jan 7 1948. I last saw him alive on Jan 2 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cirrhosis of the Liver Duration

Due to Cause unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Not known

Name of operation none Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

23. Attendant's OWN Signature Arthur F. Dally M.D. and Address Reupert Idaho Date Jan 15 1948 (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 10 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 308  
Local Reg. No. 5  
Reg. Dist. No. 430

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? ☒ Hospital? ☒ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed 28 days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Massachusetts

## 3. (a) FULL NAME

Sarah Ella Craven

146B

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. no

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

unknown

## 8. AGE

Years

Months

Days

If less than 1 day

80

hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Massachusetts (City or town) (State or foreign country)

12. Name Alfred Andrews (City or town) (State or foreign country)

13. Birthplace unknown (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Wm. G. Andrews

- and Address Stillwater, Alaska

17. (a) Burial (b) Date thereof 1-31-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: August Cemetery

18. Funeral Director's OWN Signature Robert G. Bowman

- and Address August, Idaho

19. (a) 2-17-48 (b) E. B. Blum (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH / 62B

20. DATE OF DEATH (Month, Day, Year) Jan 28 1948  
at 2 clock 17 M.

21. I HEREBY CERTIFY, That I attended deceased from July 18 1947, to Jan 28 1948  
I last saw him alive on Jan 28 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: anition due to Cancer of Stomach Duration Unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Senility (Include pregnancy within 3 months of death)

Where was disease contracted? Unknown

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Arthur F. Dally MD

and Address Rupert, Idaho (M. D. or other) Date Feb 9 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

# Certificate Of Death

STATE OF IDAHO

FEB 10 1948

State File No. 399  
Local Reg. No. 4  
Reg. Dist. No. 450

## 1. PLACE OF DEATH: Domicile OF VITAL

- (a) County Murphy  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Ass Home Stayed 6 days  
(g) Lived in this county 5 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Murphy  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Oak Grove

## 3. (a) FULL NAME

William Henry Rowley

083B

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. no

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced widowed  
(b) Name of husband or wife \_\_\_\_\_  
(c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

May 16 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>8</u>	<u>14</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace San Jose, Calif.  
(City or town) (State or foreign country)

12. Name Henry Rowley  
13. Birthplace Corning, New York  
(City or town) (State or foreign country)  
14. Maiden name Harriet Williams  
15. Birthplace New York  
(City or town) (State or foreign country)

16. Informant's OWN Signature R. R. Rogers  
and Address Rupert, Idaho

17. (a) Funeral (b) Date thereof 2-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: August Cemetery

18. Funeral Director's OWN Signature Robert E. Boardman  
and Address Rupert, Idaho

19. (a) 2-16-48 (b) R. E. Boardman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Jan 30 1948  
at 10 clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Cerebral embolism instant

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Paul O'Connell M.D.

(M. D. or other)

and Address Rupert, Idaho Date 2-4-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**NON-RESIDENT**  
**Certificate Of Death**

STATE OF IDAHO

1948  
State File No. 310  
Local Reg. No. 2  
Reg. Dist. No. 230

1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed 22 days  
(g) Lived in this county 22 days \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. Rt. #1 Box 132  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 22 days  
(h) Former residence (city, state) Clarkston, Wash.

3. (a) FULL NAME Dora Ella Bailey

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February 28, 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>88</u>	<u>10</u>	<u>6</u>	hrs min.

9. Exact Occupation At home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Richmond, Virginia  
(City or town) (State or foreign country)

12. Name Unknown Mason  
13. Birthplace " Unknown  
(City or town) (State or foreign country)

14. Maiden name " Unknown  
15. Birthplace " Virginia  
(City or town) (State or foreign country)

16. Informant's X OWN Signature Donna Jean Eckert  
and Address Rt. #1 - Box 132 - Clarkston, Wash.

17. (a) Removal \_\_\_\_\_ (b) Date thereof 1/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Garden City, South Dakota

18. Funeral Director's Brower Wann Co.  
OWN Signature By: R.E. De Baun

and Address Lewiston, Idaho

19. (a) Jan 7, 1948 (b) Donna Jean Eckert  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 033A

20. DATE OF DEATH January 4 1948  
(Month, Day, Year)

at 1:27 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Birth to Jan 4 1948.

I last saw her alive on Jan 4 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Encephalitis

Due to Influenza Virus Pneumonia

Due to \_\_\_\_\_

Other conditions Senile

(Include pregnancy within 3 months of death)

Where was disease contracted? At home

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? me Suicide? me Homicide? me  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred no  
Place of Violence: Home me Farm me Industry me  
Public Place me While at work? \_\_\_\_\_  
Means of injury me

23. Attendant's OWN Signature Joseph E. Buehler

and Address 707-11th St Lewiston Date 1-7-1948

(M. D. or other)  
(For additional space, use reverse side)

J. Baldick

cas

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 311  
Local Reg. No. 6  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town New Preston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph stayed 60 days  
(g) Lived in this county 8 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

JAN 21 1948  
DIVISION OF VITAL RECORDS

Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Grangeville

## 3. (a) FULL NAME

Ralph W. Smith

137A

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex M race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Jan 3. 1856

8. AGE	Years	Months	Days	If less than 1 day
	<u>92</u>	<u>0</u>	<u>1</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Rockland, Maine (City or town) (State or foreign country)

12. Name George Smith

13. Birthplace Rockland, Maine (City or town) (State or foreign country)

14. Maiden name Elizabeth Scholts

15. Birthplace New Brunswick, Canada (City or town) (State or foreign country)

16. Informant's OWN Signature John E. Carrow

- and Address Grangeville, Ida

17. (a) Burial (b) Date thereof 1/17/48 (Month) (Day) (Year)

- (c) Place: Grangeville, Ida

18. Funeral Director's OWN Signature John E. Carrow

- and Address Grangeville, Ida

19. (a) Jan. 16, 1948 (Date received and filed) (b) Donna Jean Carrow (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) 1/4/48  
at 7:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 1947, to Jan 3 1948

I last saw him alive on Jan 3 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Duration

Cardiac failure

Due to old age

Due to prostatic enlargement 2 yrs.

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

### Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

### Major finding

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John E. Carrow

and Address Grangeville, Ida Date Jan 2 1948

(For additional space, use reverse side)

515

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK reed typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 312  
Local Reg. No. 222  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

NezPerce

- (a) County .....  
(b) City or town ..... Lewiston  
(c) Street Address or R.F.D. No. ---  
(d) Death Occurred Inside? A Outside? ..... city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. St. Joseph Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State..... Idaho (b) County..... NezPerce  
(c) City or town..... Lewiston\* Lenore  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside?..... Outside?..... city or town  
(f) Citizen of what country?..... U.S.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Kathleen Mildred Wohlsein

3. (b) If veteran, No 3. (c) Social Security No. None  
name war ..... No. ....  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hubert 6. (c) Age of husband or wife if alive 73 years  
7. Date of Birth (Month, Day, Year) April 9, 1881

8. AGE	Years	Months	Days	If less than 1 day
66	8	26	hrs	min.

9. Exact Occupation House wife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Worcester, Mass. (City or town) (State or foreign country)

12. Name Luke Dunn  
13. Birthplace no record (City or town) (State or foreign country)  
14. Maiden name Mary Burke  
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's OWN Signature Hubert Wohlsein  
and Address Lenore Idaho  
17. (a) Burial (b) Date thereof 1-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by K.E. DeBaun  
and Address Lewiston, Idaho

19. (a) Jan 6, 1947 (b) Donna Jancket  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 111A

20. DATE OF DEATH Jan. 5, 1948  
(Month, Day, Year) at 5:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 25 1947 to Jan 5 1948  
I last saw h. as alive on Jan 5 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Embolism Duration 7 hrs

Due to Cholera 1 yr

Due to Large Vascular

Other conditions Pericarditis (Include pregnancy within 3 months of death) 3 yrs

Where was disease contracted? San Antonio  
Name of operation Cholecystectomy Date 3/10/48  
Major finding Gallbladder carcinoma  
Finding of autopsy none made

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred ..... 19 ..... City, county, state  
where violence occurred .....  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury .....

23. Attendant's OWN Signature Edy Nease  
and Address 1-6-1948 Date 1-6 1948  
(For additional space, use reverse side)

Dr. Braddock

024

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 313  
Local Reg. No. 4  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed 2 days  
(g) Lived in this county 14 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME M. R. Noftsgger

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced, widowed  
4. Sex male race white  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) December 6, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>1</u>	<u>2</u>	hrs min.

9. Exact Occupation Real Estate Did this work for 9 yrs.  
10. Industry or Business Real Estate Date last worked 1/7/48  
11. Birthplace Ohio (City or town) (State or foreign country)  
12. Name not obtainable  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name not obtainable  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Lester Gray  
and Address Culdesac, Idaho

17. (a) burial (b) Date thereof 1/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature E. S. Rawls  
and Address Lewiston, Idaho

19. (a) Jan. 12, 1948 (b) Donna Jean Ackert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Jan. 8, 1948  
(Month, Day, Year) at 2 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 8 1948 to Jan 8 1948  
I last saw him alive on Jan 8 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration 2 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? Unit

Name of operation none Date \_\_\_\_\_

Major finding -

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. S. Ploughs M.D.  
and Address Lewiston, Idaho Date Jan 12, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 314  
Local Reg. No. 5  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. 1  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph's Stayed - 1 days  
(g) Lived in this county 20 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

- Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Gerrena Jenkins

083A

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Charles  
6. (c) Age of husband or wife if alive 52 years  
7. Date of Birth (Month, Day, Year) 4-21-1901

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>8</u>	<u>19</u>	hrs min.

9. Exact Occupation housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business at home Date last worked \_\_\_\_\_  
11. Birthplace Ashland, Wisconsin  
(City or town) (State or foreign country)

12. Name Henry Mullins  
13. Birthplace Canada  
(City or town) (State or foreign country)  
14. Maiden name Philomene Roy  
15. Birthplace Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature Chas E Jenkins  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 1-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Wm H. J. Jasser  
and Address Lewiston, Idaho

19. (a) Jan 14, 1948 (b) Wm H. J. Jasser  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 102X

20. DATE OF DEATH  
(Month, Day, Year) 1-10 1948  
at 9:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 10 1948, to Jan 10 1948  
I last saw h.i.v. alive on Jan 10 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: cerebral hemorrhage Duration \_\_\_\_\_

Due to hypertension 14 years

Due to None  
Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy Not Done  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 19 City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Eugene J. Baader  
(M. D. or other)  
and Address Wm H. J. Jasser Date Jan 13 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 315  
Local Reg. No. 8  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County My Pence  
(b) City or town Peweston  
(c) Street Address or R. F. D. No. 1110 McCarroll  
(d) Death Occurred Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph's Stayed - 1 days  
(g) Lived in this county 1 years 1 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County My Pence  
(c) City or town Peweston  
(d) Street Address or R.F.D. No. 1110 McCarroll  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Baby Roy Duche

159X

3. (b) If veteran, name war — No. —  
5. Color or white 6. (a) Single, widowed, married, divorced single  
4. Sex male race white  
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years  
7. Date of Birth (Month, Day, Year) 1-11-48

8. AGE	Years	Months	Days	If less than 1 day
	<u>—</u>	<u>—</u>	<u>—</u>	hrs / min.

9. Exact Occupation — Did this work for — yrs.  
10. Industry or Business — Date last worked —  
11. Birthplace Peweston, Idaho (City or town) (State or foreign country)

12. Name Leonard Duche  
13. Birthplace no record (City or town) (State or foreign country)  
14. Maiden name no record  
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's OWN Signature Leonard Duche  
and Address 1110 McCarroll

17. (a) removal (b) Date thereof 1-11-48 (Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Clarkston, Wash

18. Funeral Director's OWN Signature J. J. Vassar  
and Address Peweston, Idaho

19. (a) Jan 16, 1948 (b) Home Jan 16, 1948 (date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 1/11/48 1948  
at 11:45 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 1/11/48 1948, to 1/11/48 1948.  
I last saw him alive on 1/11/48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory Distress Duration 5 months  
5 months baby

Due to —  
Due to —  
Other conditions — (Include pregnancy within 3 months of death)

Where was disease contracted? — PHYSICIAN  
Name of operation — Date —  
Major finding —  
Finding of autopsy —  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred — 1948 City, county, state where violence occurred —  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature J. J. Vassar (M. D. or other)  
and Address Peweston Date 1-11-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **148 316**  
Local Reg. No. **7**  
Reg. Dist. No. **220**

## 1. PLACE OF DEATH:

- (a) County My Perce  
(b) City or town Reveler  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city of town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph's Stayed - \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months - \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

RECEIVED  
JAN 21 1948  
DIVISION OF VITAL STATISTICS

- Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County My Perce  
(c) City or town Reveler  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? - \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Baby Girl Fuchs

159X

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 1-11-48

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	— hrs / min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Reveler, Idaho (City or town) (State or foreign country)

- Mother Father  
12. Name Leonard Fuchs  
13. Birthplace no record (City or town) (State or foreign country)  
14. Maiden name no record  
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's OWN Signature Leonard Fuchs  
and Address 1110 McCannell

17. (a) removal (b) Date thereof 1-11-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Clarkhelm, Wash.

18. Funeral Director's OWN Signature U. J. Jasson  
and Address Reveler, Idaho

19. (a) Jan 16, 1948 (b) Donna Jan Albert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 1/11/48 1948  
at 11:45 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 11/11/48 1948, to — 19—

I last saw her alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Transitory Twin Duration  
5 minutes

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 19 City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W.H. Fuchs M.D. (M. D. or other)

and Address \_\_\_\_\_ Date 19

(For additional space, use reverse side)

435



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 2 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 318  
Local Reg. No. 10  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed 20 days  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston Orchards  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME JOHN EDWARD BISHOP

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male 6. (b) Name of husband or wife Nora  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) January 17, 1848

8. AGE	Years	Months	Days	If less than 1 day
	<u>100</u>	<u>0</u>	<u>3</u>	hrs min.

9. Exact Occupation Retired farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Farming Date last worked \_\_\_\_\_  
11. Birthplace Cincinnati, Ohio  
(City or town) (State or foreign country)

- Mother { 12. Name Philip Bishop  
Father { 13. Birthplace Wales  
(City or town) (State or foreign country)  
14. Maiden name Sarah Bailden  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Lewiston, Idaho 337-13th. St.

17. (a) Burial (b) Date thereof 1/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's Brower-Wann Co.  
OWN Signature By: R. E. D. Bauer  
and Address Lewiston, Idaho

19. (a) Jan. 28, 1948 (b) Donna Jean Eckert  
Date received and filed (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH January 20 1948  
(Month, Day, Year) at 2:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Old age - cardiac failure Duration \_\_\_\_\_

Due to arteriosclerosis

Due to low arterial tension

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Donal D. Dwyer (M. D. or other)  
and Address Lewiston, Idaho Date 1/21 1948  
(For additional space, use reverse side)

711 S Roberts

439

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 20 1948

# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

1948  
State File No. **319**  
Local Reg. No. **13**  
Reg. Dist. No. **220**

## 1. PLACE OF DEATH:

- (a) County **NezPerce**  
(b) City or town **Lewiston**  
(c) Street Address or R.F.D. No. **----**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **St. Joseph** Stayed **----** days  
(g) Lived in this county **----** years **----** months **1** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Latah**  
(c) City or town **Juliaetta**  
(d) Street Address or R.F.D. No. **----**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **US**  
(g) How long had deceased lived in Idaho? **54** years  
(h) Former residence (city, state) **----**

3. (a) **FULL NAME** **Joy E. Eastman**

3. (b) If veteran, name war **World 1** 3. (c) Social Security No. **518-22-4936**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **heresa** 6. (c) Age of husband or wife if alive **----** years  
7. Date of Birth (Month, Day, Year) **Dec. 1, 1893**

8. AGE	Years	Months	Days	If less than 1 day
	<b>53</b>	<b>1</b>	<b>12</b>	hrs min.

9. Exact Occupation **Farmer & Trucking** Did this work for **45** yrs.  
10. Industry or Business **----** Date last worked **----**  
11. Birthplace **West Lake, Idaho**  
(City or town) (State or foreign country)

12. Name **Frank W. Eastman**  
13. Birthplace **Cherry Creek, New York**  
(City or town) (State or foreign country)  
14. Maiden name **May A. Pierstorff**  
15. Birthplace **Springdale, Wisc.**  
(City or town) (State or foreign country)

16. Informant's **Joy E. Eastman**  
OWN Signature **Juliaetta Eastman**  
and Address **Juliaetta, Idaho**  
17. (a) **Burial** (b) Date thereof **1-26-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Lewiston, Idaho**

18. Funeral Director's **Brower-Wann L.E. De Baun**  
OWN Signature **Lewiston, Idaho**  
and Address **----**

19. (a) **Jan. 26, 1948** (b) **Norma Jean De Baun**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Jan. 23, 1948**  
(Month, Day, Year) at **9:53** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 22, 1948** to **Jan 23, 1948**  
I last saw him alive on **Jan 23, 1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Extensive laceration of brain.** Duration  
Due to **gun-shot wound.**  
Due to **----**  
Other conditions **----**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **----** PHYSICIAN  
Name of operation **----** Date **----** Underline the cause to which death should be charged statistically.  
Major finding **----**  
Finding of autopsy **----**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **----** Suicide? **----** Homicide? **ye**  
Occurred **Jan 23, 1948** City, county state where violence occurred **Juliaetta, Ida.**  
Place of Violence: Home **----** Farm **----** Industry **----**  
Public Place **----** While at work? **----**

Means of injury **----**  
23. Attendant's **A. J. White, M.D.**  
OWN Signature **Lehigh, Pa.** (M. D. or other) Date **1-24-48**  
and Address **----** (For additional space, use reverse side)

Dr. A. J. White **280**

FEB 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 320  
Local Reg. No. 15  
Reg. Dist. No. 230

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Hospital? X Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed 2 days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 2504-6th Ave  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

ROY D. OSTERHOUT

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Hazel  
6. (c) Age of husband or wife if alive 79 years

## 7. Date of Birth (Month, Day, Year) December 28, 1872

8. AGE	Years	Months	Days	If less than 1 day
	75	10	25	hrs min.

9. Exact Occupation retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

12. Name no record  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name no record  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature E. P. Murch  
and Address Lewiston, Idaho

17. (a) removal (b) Date thereof 1-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Clarkston, Washington

18. Funeral Director's OWN Signature Wm. U. Vassar  
and Address Lewiston, Idaho

19. (a) Jan. 26, 1948 (b) Thomas J. Robert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 23, 1948  
at 5:02 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_, to January 23, 1948.  
I last saw him alive on 1-23-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Cerebral embolus  
Due to \_\_\_\_\_

interposed aortic  
Due to \_\_\_\_\_

Heart disease  
Other condition \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Diabetes mellitus  
Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. J. Whitehead  
(M. D. or other) \_\_\_\_\_  
and Address Lewiston, Ida. Date 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 10 1948  
Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 321  
Local Reg. No. 19  
Reg. Dist. No. 220

1. PLACE OF DEATH:

- (a) County Hez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ✓  
(d) Death Occurred Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home... Hospital ✓ Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph Stayed 2 days  
(g) Lived in this county 28 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Hez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 132-24 St.  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state)

3. (a) FULL NAME

Catherine Polillo

3. (b) If veteran,  
name war

3. (c) Social Security

No.                     

5. Color or 6. (a) Single, widowed, married,

female race white divorced married

6. (b) Name of husband or 6. (c) Age of husband or wife if

wife Peter alive 63 years

7. Date of Birth  
(Month, Day, Year)

11-25-1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>2</u>	<u>3</u>	hrs min.

9. Exact Occupation housewife Did this work for                      yrs.

10. Industry or Business                      Date last worked                     

11. Birthplace Reggio Italy (City or town) (State or foreign country)

12. Name no record

13. Birthplace no record (City or town) (State or foreign country)

14. Maiden name no record

15. Birthplace no record (City or town) (State or foreign country)

16. Informant's OWN Signature Miss Antonia Polillo

and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 2-1-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Walter V. Jasser

and Address Lewiston, Idaho

19. (a) Jan 31, 1948 (b) Donna Jean Robert (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 055E

20. DATE OF DEATH (Month, Day, Year) 1-28 1948

at 10:45 p.m. o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 1936 to Jan 25, 1948

I last saw her alive on Jan 20 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cachexia Duration 2 mo

Due to generalized Carcinomatous gallbladder 6 mo.

Due to primary recto-sigmoid junction

Other conditions metastasis (Include pregnancy within 3 months of death)

Where was disease contracted?                      PHYSICIAN                     

Name of operation                      Date                      Underline the cause to which death should be charged statistically.

Major finding                     

Finding of autopsy                     

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?                     

Occurred                      19                      City, county, state where violence occurred                     

Place of Violence: Home                      Farm                      Industry                     

Public Place                      While at work?                     

Means of injury                     

23. Attendant's OWN Signature John E. Carson (M. D. or other)

and Address Lewiston Date Jan 30, 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 2 1948

**NON-RESIDENT**  
**Certificate Of Death**

STATE OF IDAHO

1948  
State File No. 322  
Local Reg. No. 16  
Reg. Dist. No. 220

**1. PLACE OF DEATH:**

- (a) County Naz Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. - - - - -  
(d) Death Occurred Inside? X Outside? - city or town  
(e) Died in a Home X Hospital X Institution - Other place -  
(f) Name Hosp. or Inst. St. Joseph Stayed 4 days  
(g) Lived in this county - years - months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Washington (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. 425 9th Street  
(e) Deceased lived Inside? X Outside? - city or town  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? - - - years  
(h) Former residence (city, state) Washington

**3. (a) FULL NAME ZUA FAIRFIELD**

3. (b) If veteran, name war no No. none  
5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
4. Sex F 6. (b) Name of husband or wife William  
6. (c) Age of husband or wife if alive - - - - years  
7. Date of Birth (Month, Day, Year) November 8, 1867

8. AGE	Years	Months	Days	If less than 1 day
	80	2	20	hrs min.

9. Exact Occupation Housewife Did this work for Life yes yrs.  
10. Industry or Business - Date last worked -  
11. Birthplace Wisconsin (City or town) (State or foreign country)

12. Name James Needham  
13. Birthplace New York (City or town) (State or foreign country)  
14. Maiden name Corindis Hakes  
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's OWN Signature Zua Fairfield  
and Address Clarkston, Washington

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/28/48 (Month) (Day) (Year)  
(c) Place: Clarkston, Washington

18. Funeral Director's OWN Signature W.C. Merchant  
and Address Clarkston, Washington

19. (a) Jan. 30, 1948 (Date received and filed) (b) Norma Jean Pickett (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH / 62B**

20. DATE OF DEATH (Month, Day, Year) January 28, 1948  
at 3:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1948 to Jan 28th, 1948  
I last saw him alive on Jan 28th, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: myocardial failure Duration unknown

Due to myocardial HT disease unknown

Due to senility

Other conditions -  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home PHYSICIAN

Name of operation none Date - Underline the cause to which death should be charged statistically.

Major finding not done

Finding of autopsy not done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no  
Occurred - 19 - City, county, state where violence occurred no violence  
Place of Violence: Home - Farm - Industry -  
Public Place - While at work? -  
Means of injury none

23. Attendant's OWN Signature Joseph P. Pickett (M. D. or other)  
and Address Lewiston, Ida Date 1/28 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 2 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 323  
Local Reg. No. 17  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. St. Joseph Stayed 18 hrs.  
(g) Lived in this county 22 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lapwai  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Leonard Gilbert Weaskus

3. (b) If veteran, name war World #2 3. (c) Social Security No. ....  
4. Sex Male 5. Color or race Red 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Vina 6. (c) Age of husband or wife if alive 20 years  
7. Date of Birth (Month, Day, Year) June 4, 1925

8. AGE	Years	Months	Days	If less than 1 day
	<u>22</u>	<u>7</u>	<u>25</u>	hrs min.

9. Exact Occupation Farming Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Lapwai, Idaho (City or town) (State or foreign country)

12. Name Philip Weaskus  
13. Birthplace Lapwai, Idaho (City or town) (State or foreign country)  
14. Maiden name Agnes Corbett  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Vina Weaskus and Address Lapwai, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/48 (Month) (Day) (Year)  
(c) Place: Sweetwater, Idaho

18. Funeral Director's Brower-Wann Co. OWN Signature By: R.E. DeRoun and Address Lewiston, Idaho

19. (a) Jan. 30, 1948 (Date received and filed) (b) Donna Corbett (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 29 1948  
at 12:18 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 25 1948, to Jan 29, 1948.  
I last saw him alive on Jan 29, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory failure Duration 18 hrs

Due to Compression fracture  
7th Cervical vertebra 18 hrs

Due to     
Other conditions    (Include pregnancy within 3 months of death) \*

Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy     
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred Jan. 28 1948 City, county, state where violence occurred Lewiston, Nez Perce, Idaho  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place Highway While at work? ☐  
Means of injury Auto accident

23. Attendant's OWN Signature I.C. Keeley, M.D. (M. D. or other) and Address Perinton, N.Y. Date Jan 29 1948  
(For additional space, use reverse side)

RECEIVED  
FEB - 1948  
Certificate Of Death  
Bureau of the Census DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1. PLACE OF DEATH:  
(a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph's Stayed \_\_\_\_\_ days  
(g) Lived in this county 75 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 330-4th Ave  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 75 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Alice Coburn  
3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) April 29, 1872

8. AGE	Years	Months	Days	If less than 1 day
	75	9	0	hrs min.

9. Exact Occupation at home Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)  
Mother { 12. Name Chester P. Coburn  
13. Birthplace Vt. (City or town) (State or foreign country)  
14. Maiden name Martha J. Shaumee  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
16. Informant's OWN Signature Dorothy Lee Ward and Address Lewiston, Idaho  
17. (a) Burial (b) Date thereof 1/31/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho  
18. Funeral Director's Vassar-Rawls Funeral Home OWN Signature Andrew P. Vassar and Address Lewiston, Idaho  
19. (a) Feb 5 1948 (b) Donna Jean Ockert (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH / 28X  
20. DATE OF DEATH Jan 29th 1948 (Month, Day, Year) 19\_\_\_\_  
at 10:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19\_\_\_\_, to 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on 19\_\_\_\_; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

circulatory and respiratory failure  
Due to coronary accident on road  
Due to coronary arteriosclerosis  
Other conditions acute myocardial infarction  
include pregnancy within 3 months of death? 3 wks.  
sum of internal type of infarction  
Where was disease contracted? at the time  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy acute myocardial infarction and internal tumor  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. W. Eastwood M.D. (M. D. or other)  
and Address Chesapeake, Del. Date Jan 31 1948  
(For additional space, use reverse side)

Lewiston, Idaho 672

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 20 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 325  
Local Reg. No. 3035  
Reg. Dist. No. 221

1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston Lapwai  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place ....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 8 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lapwai  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

Charles Miles

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

5. Color or 6. (a) Single, widowed, married,  
4. Sex male race Indian divorced married  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife Aggie alive ..... years  
7. Date of Birth  
(Month, Day, Year) 4-4-1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>9</u>	<u>3</u>	hrs min.

9. Exact Occupation none Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Lapwai, Idaho  
(City or town) (State or foreign country)  
12. Name no record  
13. Birthplace .....  
(City or town) (State or foreign country)  
14. Maiden name no record  
15. Birthplace .....  
(City or town) (State or foreign country)

16. Informant's OWN Signature Sam Gilden  
and Address Lapwai, Idaho  
17. (a) burial (b) Date thereof 1-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lapwai, Idaho  
18. Funeral Director's OWN Signature Wm. V. Vassar  
and Address Lewiston, Idaho  
19. (a) Jan. 12, 1948 (b) Wm. V. Vassar  
(date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 7, 1948  
(Month, Day, Year)  
at About 10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
19....., to ..... 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Heart Attack

Due to .....

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation no Date .....  
Major finding .....  
Finding of autopsy no

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury .....

23. Attendant's OWN Signature Andrew F. Vassar  
and Address Lewiston, Idaho Date Jan 8, 1948  
(For additional space, use reverse side)

095C

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce FEB 2 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 326  
Local Reg. No. 326  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Kendrick  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Kendrick  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Pete Stump

3. (b) If veteran, name war none  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Veta Stump  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) May 17, 1885

8. AGE	Years	Months	Days	If less than 1 day
	62	8	7	23 hrs min.

9. Exact Occupation farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Missouri (City or town) (State or foreign country)  
Mother { 12. Name John Stump  
13. Birthplace Missouri (City or town) (State or foreign country)  
14. Maiden name Mary Cheatem  
15. Birthplace Missouri (City or town) (State or foreign country)  
16. Informant's OWN Signature Arlos G. Wells  
and Address Headquarters, Idaho  
17. (a) burial (b) Date thereof 1-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho  
18. Funeral Director's OWN Signature Wesley U. Vassar  
and Address Lewiston, Idaho  
19\* (a) Jan 26, 1948 (b) Donna Jean Chert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 9, 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration \_\_\_\_\_

Crushed Chest  
Due to auto over grade  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred January 9, 1948 City, county, state where violence occurred 3 miles south Kendrick, Ida  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place yes While at work? no  
Means of injury Auto went off grade on slipper road  
23. Attendant's OWN Signature Andrew F. Vassar  
and Address Lewiston Date 1-23, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 327  
Local Reg. No. 9  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County New Pence  
(b) City or town Pewee  
(c) Street Address or R.F.D. No. 1012  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. Mary's Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County New Pence  
(c) City or town Spalding  
(d) Street Address or R.F.D. No. 1012  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Robert Lee Chapman

131A

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or   
6. (a) Single, widowed, married, divorced single  
4. Sex male race white  
6. (b) Name of husband or wife   
6. (c) Age of husband or wife if alive  years

## 7. Date of Birth (Month, Day, Year)

1-13-9-17-1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>3</u>	<u>26</u>	hrs min.

9. Exact Occupation retired Did this work for  yrs.

10. Industry or Business farming Date last worked

11. Birthplace Clipp, West Virginia  
(City or town) (State or foreign country)

12. Name Martin W. Chapman

13. Birthplace Clipp, West Virginia  
(City or town) (State or foreign country)

14. Maiden name Louise Scharf

15. Birthplace Pewee  
(City or town) (State or foreign country)

16. Informant's Mrs F.E. Copenhouse

- OWN Signature Spalding Idaho  
and Address

17. (a) Burial (b) Date thereof 1-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Pewee, Idaho

18. Funeral Director's Vincent V. Jassar

- OWN Signature Pewee, Idaho  
and Address

19. (a) Jan 16, 1948 (b) Norman J. Akert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

162B

## 20. DATE OF DEATH

(Month, Day, Year) 1-13 1948  
at 1:05 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 1947, to Jan 13 1948.

I last saw h. alive on Jan 8 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Renal vascular disease Duration 2 yrs.

Due to old age

Due to

Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?

Occurred  19  City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's John E. Carson

OWN Signature Spalding Idaho (M. D. or other)  
and Address  Date Jan 15 1948  
(For additional space, use reverse side)

5-15

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB - 1948

STATE OF IDAHO

State File No. 328  
Local Reg. No. 18  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Summerville Stayed 14 days  
(g) Lived in this county 24 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Thomas J. Williams

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Widowed  
4. Sex male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

May 23, 1841

8. AGE	Years	Months	Days	If less than 1 day
	106	8	3	hrs min.

## 9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

Lexington Kentucky

## 12. Name \_\_\_\_\_ no record

## 13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

## 14. Maiden name \_\_\_\_\_ No record

## 15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

## 16. Informant's OWN Signature \_\_\_\_\_

Records Summerville Home

## and Address \_\_\_\_\_

Lewiston, Idaho

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_

Burial

1/29/48

## (c) Place: \_\_\_\_\_ (Month) (Day) (Year)

Lewiston, Idaho

## 18. Funeral Director's OWN Signature \_\_\_\_\_

Vassar-Rawls Funeral Home

## and Address \_\_\_\_\_

Lewiston, Idaho

## 19. (a) Date received and filed \_\_\_\_\_ (b) Registrar's signature \_\_\_\_\_

Jan 31, 1948

Dorothy Jean Eckert

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) \_\_\_\_\_ 19 \_\_\_\_\_

Jan. 26, 1948

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia

## Duration

## Due to \_\_\_\_\_

## Due to \_\_\_\_\_

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature \_\_\_\_\_

R. W. Eastman M.D.

and Address \_\_\_\_\_ Date \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**NON-RESIDENT**  
**Certificate Of Death**  
JAN 21 1948  
OFFICE OF VITAL STATE OF IDAHO

1948 State File No. 329  
Local Reg. No. 1  
Reg. Dist. No. 550

1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Oneida Stayed 15 days  
(g) Lived in this county 24 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Utah (b) County Box Elder  
(c) City or town Portage  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

Susannah Green Morris

3. (b) If veteran,

name war No

3. (c) Social Security

No. None

5. Color or race Whit.  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife David V. Morris  
6. (c) Age of husband or wife if alive 78 years

7. Date of Birth (Month, Day, Year) September 4 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>4</u>	<u>16</u>	hrs min.

9. Exact Occupation Housewife Did this work for 53 yrs.

10. Industry or Business Own Home Date last worked Jan. 5 48

11. Birthplace Woodruff Idaho  
(City or town) (State or foreign country)

12. Name Robert Green

13. Birthplace Nauvoo Illinois  
(City or town) (State or foreign country)

14. Maiden name Sarah Harris

15. Birthplace Nauvoo Ill.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Suzanne M. John  
and Address Rt. 1 - Malad

17. (a) Removal (b) Date thereof Jan 23 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Portage Utah

18. Funeral Director's OWN Signature [Signature]  
and Address [Signature]

19. (a) 1-21-1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 061X

20. DATE OF DEATH (Month, Day, Year) January 20 19 48  
at 10:55 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 1940 to Jan 20 19 48

I last saw h. alive on Jan 20 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured hip and dislocated Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 8 months of death) .....

Where was disease contracted? .....

Name of operation Physician Date .....

Major finding Underline the cause to which death should be charged statistically.

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....

Occurred - 19 City, county, state Portage, Utah

Place of Violence: Home X Farm ..... Industry.....

Public Place ..... While at work? .....

Means of injury Fell

23. Attendant's OWN Signature [Signature] (M. D. or other) and Address [Signature] Date 21 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JAN 27 1948

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. **330**  
Local Reg. No. **2**  
Reg. Dist. No. **530**

## 1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county Life years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Roger John Thorpe

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male race Wht.  
5. Color or \_\_\_\_\_

6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 5 1947

8. AGE	Years	Months	Days	If less than 1 day
	8	19		hrs min.

9. Exact Occupation Baby Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Malad Idaho (City or town) (State or foreign country)

12. Name Neil Thorpe

13. Birthplace Malad Idaho (City or town) (State or foreign country)

14. Maiden name Emma Ellen John

15. Birthplace Portage Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Neil Thorpe and Address Malad Idaho

17. (a) Burial (b) Date thereof Jan 26 48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Malad Idaho

18. Funeral Director's OWN Signature J. S. S. S. and Address Malad Idaho

19. (a) Jan 24-28 (b) J. S. S. S. (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 24 1948  
at 12:10 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1948, to Jan 24, 1948  
last saw him alive on Jan 24, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Croup

Due to Influenza

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Where was disease contracted? Malad Ida

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature V. P. Grant (M. D. or other)

and Address Malad Ida Date Jan 24 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 12 1948

# Certificate Of Death

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. 331  
Local Reg. No. 3  
Reg. Dist. No. 530

## 1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Oneida Stayed 3 days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

William Gibson

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. None

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married  
4. Sex Male race Wht.

6. (b) Name of husband or wife Hannah Henstock  
6. (c) Age of husband or wife if alive 85 years

7. Date of Birth (Month, Day, Year) March 13 1873

8. AGE	Years	Months	Days	If less than 1 day
<u>74</u>	<u>10</u>	<u>13</u>	hrs	min.

9. Exact Occupation Mining-Farming Did this work for 37 yrs.

10. Industry or Business Various Date last worked 1927

11. Birthplace Motherwell Scotland  
(City or town) (State or foreign country)

12. Name William Gibson

13. Birthplace Scotlnad  
(City or town) (State or foreign country)

14. Maiden name Rebecca Adair

15. Birthplace Scotland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Thos. H. Lloyd

- and Address Malad Idaho

17. (a) Burial (b) Date thereof Jan. 29 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Malad Idaho

18. Funeral Director's OWN Signature J. S. S. Benson

- and Address Malad Idaho

19. (a) Jan 27 - 1948 (b) J. S. S. Benson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 26 1948  
at 5:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 23 1948 to Jan 26 1948  
I last saw him alive on Jan 26 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured hip - Duration \_\_\_\_\_  
General debility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Jan 22, 1948 at \_\_\_\_\_ City, county, state

where violence occurred Malad

Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Fall on floor

23. Attendant's OWN Signature O. A. Moberg  
and Address Malad (M. D. or other) \_\_\_\_\_  
Date 1-27-48  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

FEB 12 1948

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 4  
Reg. Dist. No. 530

1. **PLACE OF DEATH:** **DIVISION OF VITAL STATISTICS**  
(a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Oneida Stayed 3 days  
(g) Lived in this county 55 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)  
(a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) **FULL NAME** Joseph Richard Davis  
3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race Whit.  
6. (b) Name of husband or wife Anna L. Jones 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) January 4 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>0</u>	<u>26</u>	hrs min.

9. Exact Occupation Sheepman Merchant Did this work for 35 yrs.  
10. Industry or Business Self Date last worked 1920  
11. Birthplace Rush Valley Utah  
(City or town) (State or foreign country)  
12. Name Arthur Vikry  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Elizabeth Richards  
15. Birthplace Wales  
(City or town) (State or foreign country)  
16. Informant's OWN Signature Arthur Davis  
and Address Malad Idaho  
17. (a) Burial (b) Date thereof Feb 2 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Malad Idaho  
18. Funeral Director's OWN Signature John J. Jones  
and Address Malad Idaho  
19. (a) Jan 21 1948 (b) John J. Jones  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** (Month, Day, Year) January 30 19 48  
at 12:40 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 25 19 48 to Jan 30 19 48  
I last saw h. alive on Jan 30 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death Heart attack Duration \_\_\_\_\_  
Due to senile debility  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Jan 27, 1948 19 \_\_\_\_\_ City, county, state where violence occurred Malad  
Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Slipped on porch  
23. Attendant's OWN Signature John J. Jones (M. D. or other) and Address Malad Date Jan 31 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

1948 333

United States  
Department of Commerce  
Bureau of the Census  
JAN 16 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

State File No.  
Local Reg. No.  
Reg. Dist. No. 392

1. PLACE OF DEATH:  
(a) County Owyhee  
(b) City or town Marsing  
(c) Street Address or R.F.D. No. Rt. 1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 3 years months days

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Owyhee  
(c) City or town Marsing  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? 48 yrs in U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state)

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME Peter K. Yamamoto

3. (b) If veteran, name war No.  
5. Color or 6. (a) Single, widowed, married,  
4. Sex M race Yellow divorced M  
6. (b) Name of husband or wife Wakuno 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) December

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>			hrs min.

9. Exact Occupation Farming Did this work for years.  
10. Industry or Business worked Date last worked  
11. Birthplace Japan (City or town) (State or foreign country)

12. Name  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Roy T. Yamamoto  
and Address Marsing, Idaho Rt. 1

17. (a) Cremation (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Portland

18. Funeral Director's OWN Signature Peckham-Dalton Chapel  
and Address Caldwell, Idaho

19. (a) 1/15-48 (b) Dina Froisy  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 1 1948  
(Month, Day, Year) About 10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1947 to Jan. 1 1948  
I last saw him alive on Dec 1947; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Cancer of stomach Duration

Due to Cancer of stomach  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
Attendant's OWN Signature Chellgren (M. D. or other)  
and Address Marsing, Idaho Date 1-15-1948  
(For additional space, use reverse side)

1948

334

State File No. ....  
 Local Reg. No. ....  
 Reg. Dist. No. ....

United States  
 Department of Commerce  
 Bureau of the Census

JAN 10 1948

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Owyhee  
 (b) City or town Homedale  
 (c) Street Address or R.F.D. No. ....  
 (d) Death Occurred Inside? X Outside? ..... city or town  
 (e) Died in a Home... Hospital... Institution... Other place...  
 (f) Name Hosp. or Inst. .... Stayed ..... days  
 (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
 (c) City or town Notus  
 (d) Street Address or R.F.D. No. ....  
 (e) Deceased lived Inside? X Outside? ..... city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 17 years  
 (h) Former residence (city, state) Nebraska

3. (a) FULL NAME Iola Sleeper

3. (b) If veteran, name war ..... No. ....  
 5. Color or .....  
 6. (a) Single, widowed, married, divorced W  
 4. Sex F race W  
 6. (b) Name of husband or wife Orin Sleeper 6. (c) Age of husband or wife if alive ..... years  
 7. Date of Birth (Month, Day, Year) July 14-1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>5</u>	<u>21</u>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
 10. Industry or Business ..... Date last worked .....  
 11. Birthplace Illinois (City or town) (State or foreign country)

12. Name David Crampton  
 13. Birthplace ..... (City or town) (State or foreign country)  
 14. Maiden name Helen Kyner  
 15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's OWN Signature Lellie M. Tracy  
 and Address Homedale, Idaho

17. (a) Burial (b) Date thereof ..... (Month) (Day) (Year)  
 (c) Place: Wilder

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
 and Address Caldwell, Idaho

19. (a) Jan 8-1948 (b) Nina Froisig  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

\* DATE OF DEATH January 5 1948  
 (Month, Day, Year)  
 at 2:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 4 1948 to Jan 5 1948  
 I last saw h. alive on Jan 4 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

arterio-sclerotic heart disease

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature William J. Kelly, M.D.

and Address Homedale, Idaho Date Jan 6 1948

(For additional space, use reverse side)

626

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

OFFICE OF VITAL State of Idaho

## 1. PLACE OF DEATH:

- (a) County Owyhee  
(b) City or town Owyhee  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
(Specify whether years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Idaho (b) County Owyhee  
(c) City or town Owyhee, Nevada.  
(If outside city or town limits, write RURAL)  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) FULL NAME Stella Wiley Been

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security  
name war \_\_\_\_\_ No. \_\_\_\_\_

5. Color or 4/4 6. (a) Single, widowed, married,  
4. Sex F Paiute Indian divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
Simon Been alive \_\_\_\_\_ years  
7. Birth date of deceased ? ? 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown  
10. Usual occupation Housewife (State or foreign country)  
11. Industry or business Own Home  
12. Name Stella Wiley Been Unknown  
13. Birthplace Unknown  
14. Maiden name Stella Wiley Unknown  
15. Birthplace Unknown (City, town, or country) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_  
(b) Address Owyhee, Nevada  
17. (a) burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place; burial or cremation Owyhee, Nevada

18. (a) Signature of funeral director None  
(b) Address \_\_\_\_\_

19. (a) Jan 23-48 (b) Mrs. Frois  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. Date of death: Month Jan day 11 0950  
year 1948 hour about 230 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
No physician saw the above named  
person. Death was probably due to  
Due to Cardiac Disease

- Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

- While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature H. B. Frois (M. D. or other M.D.)  
Address Owyhee Nevada Date signed 1/13-48

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 22 1948  
Certificate Of Death

STATE OF IDAHO

State File No. 336  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Owyhee  
(b) City or town Homedale  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 47 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Owyhee  
(c) City or town Homedale  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME James Alexander Pegram

3. (b) If veteran, name war ..... No. ....  
5. Color W 6. (a) Single, widowed, married, divorced M  
4. Sex M race W  
6. (b) Name of husband or wife Pearl E. Pegram 6. (c) Age of husband or wife if live ..... years  
7. Date of Birth (Month, Day, Year) August 14-1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>5</u>	<u>0</u>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace New Burnside, Illinois  
(City or town) (State or foreign country)

12. Name Elzer Pegram  
13. Birthplace Not Known  
(City or town) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace " "  
(City or town) (State or foreign country)

16. Informant's OWN Signature Pearl E. Pegram  
and Address Homedale, Idaho

17. (a) Burial (b) Date thereof 1-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham Dakan Shapel  
and Address Caldwell, Idaho

19. (a) Jan 20 1948 (b) Nina Froisig  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) January 14 19 48  
at 5:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 4 19 48 to Jan 14 19 48  
I last saw him alive on Jan 14 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

arterio-sclerotic hypertensive heart disease

Due to

Cancer of prostate

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature William J. Alf, M.D.

(M. D. or other)

and Address Homedale, Idaho Date Jan 16 1948

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

JAN - 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 337  
Local Reg. No. 2  
Dist. No. 3-330

## 1. PLACE OF DEATH:

- (a) County **Payette**  
(b) City or town **Payette**  
(c) Street Address or R. F. D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Payette Memorial** 12 yrs  
(g) Lived in this county 27 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Payette**  
(c) City or town **Fruitland**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) **Bend, Oregon**

## 3. (a) FULL NAME

**GAINES HASSEN LOONEY**

3. (b) If veteran,  
name war **--**

3. (c) Social Security  
No. **--**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife **--** 6. (c) Age of husband or wife if alive **--** years

7. Date of Birth  
(Month, Day, Year) **August 21, 1875**

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>4</b>	<b>12</b>	hrs min.

9. Exact Occupation **Retired Stockman** Did this work for **life** yrs.

10. Industry or Business **Retired** Date last worked **1936**

11. Birthplace **Rogersville, Tennessee**  
(City or town) (State or foreign country)

12. Name **John Blair Looney**

13. Birthplace **Rogersville, Tennessee**  
(City or town) (State or foreign country)

14. Maiden name **Martha Ellen Charles**

15. Birthplace **Rogersville, Tennessee**  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature **A. Veretta & Charles**  
and Address **319 E. Canal Boise Ida**

17. (a) **Burial** (b) Date thereof **1/7/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Riverside Cem., Payette, Ida.**

18. Funeral Director's  
OWN Signature **Giffard R. Shaller-8344**  
and Address **Payette, Idaho**

19. (a) **1/5/1948** (b) **J. Woodward**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **January 3, 1948**  
at **4:10** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec 1947 to Jan 3 1948**  
I last saw him alive on **Jan 3 1948**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Gastric Hemorrhage** Duration **2 days**

Due to **Carcinoma of Intestine & tract** **9**

Due to **Intestine & tract**  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation **Carcinoma of Intestine & tract** Date **9**  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury **John J. Wailer M.D.**  
23. Attendant's  
OWN Signature **John J. Wailer**  
and Address **Payette, Ida.** Date **1/5/1948**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 333  
Local Reg. No. 8  
Reg. Dist. No. 3-330

## 1. PLACE OF DEATH:

(a) County **Payette**  
(b) City or town **Payette**  
(c) Street Address or R. F. D. No. **421 S. 9th St.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **20** years **--** months **--** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Payette**  
(c) City or town **Payette**  
(d) Street Address or R.F.D. No. **421-S. 9th St.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **25** years  
(h) Former residence (city, state) **Illinois**

## 3. (a) FULL NAME

**Lucy Doyle**

## 3. (b) If veteran,

name war **-----** No. **-----**

## 3. (c) Social Security

5. Color or 6. (a) Single, widowed, married,

4. Sex **female** race **white** divorced **married**

6. (b) Name of husband or wife **C.M. Doyle** 6. (c) Age of husband or wife if alive **76** years

7. Date of Birth (Month, Day, Year) **February 16, 1874**

8. AGE	Years	Months	Days	If less than 1 day
<b>73</b>	<b>10</b>	<b>24</b>		hrs min.

9. Exact Occupation **Housewife** Did this work for **50** yrs.

10. Industry or Business **Home** Date last worked **1948**

11. Birthplace **Pittsfield, Illinois** (City or town) (State or foreign country)

12. Name **Otis Willard**

13. Birthplace **unknown** (City or town) (State or foreign country)

14. Maiden name **Martha Farthing**

15. Birthplace **unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Cleda Beckwith** and Address **Payette, Idaho**

17. (a) **Burial** (b) Date thereof **1-13-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Riverside Cem.-Payette, Ida.**

18. Funeral Director's OWN Signature **Gifford K. Shaffer-E-344** and Address **London-Shaffer Mortuary**

19. (a) **1/12/48** (b) **J. C. Woodward** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **January 10, 1948** at **12:00** o'clock **Noon** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan. 10, 1948**, to **Jan. 10, 1948**. I last saw her alive on **Jan. 10, 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**ACUTE BRONCHITIS-ASTHMA**

\* **ASTHENIA-SENILITY**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **J. C. Woodward M.D.** (M. D. or other)

and Address **Payette, Ida** Date **1-12-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

348  
State File No. 339  
Local Reg. No. 4  
Reg. Dist. No. 3-330

## 1. PLACE OF DEATH:

- (a) County **Payette**  
(b) City or town **Payette**  
(c) Street Address or R.F.D. No. **Payette Hosp.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☐ Hospital? ☒ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. **Payette Mem.** stayed **8** days  
(g) Lived in this county **4** years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Payette**  
(c) City or town **Payette**  
(d) Street Address or R.F.D. No. **126- S. 9th St.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **4** years  
(h) Former residence (city, state) **Jamieson, Ore.**

## 3. (a) FULL NAME **Joseph LaGrande Pope**

3. (b) If veteran, name was **Spanish Amer.**  
5. Color or 6. (a) Single, widowed, married, divorced **married**  
4. Sex **male** race **white**  
6. (b) Name of husband or wife **Rose Z. Pope** 6. (c) Age of husband or wife if alive **68** years  
7. Date of Birth (Month, Day, Year) **January 12, 1868**

8. AGE	Years	Months	Days	If less than 1 day
	<b>80</b>	<b>----</b>	<b>5</b>	hrs min.

9. Exact Occupation **Retired** Did this work for **----** yrs.  
10. Industry or Business **Fruitman** Date last worked **1944**

11. Birthplace **Kentucky**  
(City or town) (State or foreign country)

12. Name **William W. Pope**  
13. Birthplace **unknown**  
(City or town) (State or foreign country)  
14. Maiden name **Susan Yokam**  
15. Birthplace **unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. J. S. Pope**  
and Address **Payette, Idaho**

17. (a) **removal** (b) Date thereof **1-20-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Jamieson, Oregon**

18. Funeral Director's OWN Signature **Gifford R. Shaffer - E-344**  
and Address **Landon Shaffer Mortuary**  
**Payette, Idaho**

19. (a) **1/17/48** (b) **JO. HODGKINSON**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **January 17** 19 **48**  
(Month, Day, Year)  
at **06:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan. 17** 19 **48**  
I last saw him alive on **Jan. 16** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Acidosis - Starvation** Duration **2 mts**

Due to **Paralysis Agitans** years

Due to **Paralysis** **old**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **John J. Kaud**  
(M. D. or other)  
and Address **Payette, Idaho** Date **1-17-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **340**  
Local Reg. No. **3**  
Reg. Dist. No. **3-330**

## 1. PLACE OF DEATH:

(a) County **Payette**  
(b) City or town **Payette**  
(c) Street Address or R. F. D. No. **River St.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **47** years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Payette**  
(c) City or town **Payette**  
(d) Street Address or R.F.D. No. **River Street**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state) **Idaho Falls, Idaho**

3. (a) FULL NAME **Viola Farnham**

3. (b) If veteran, name war **-----** No. **-----**  
5. Color or **white** 6. (a) Single, widowed, married, divorced **widowed**  
4. Sex **female** race **white**  
6. (b) Name of husband or wife **Norman Farnham** 6. (c) Age of husband or wife if alive **deceased** years  
7. Date of Birth (Month, Day, Year) **August 20, 1868**

8. AGE	Years	Months	Days	If less than 1 day
	<b>79</b>	<b>5</b>	<b>7</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **50** yrs.  
10. Industry or Business **Home** Date last worked **-----**  
11. Birthplace **Eberly, Illinois** (City or town) (State or foreign country)  
Mother Father { 12. Name **Henry Traver**  
13. Birthplace **unknown** (City or town) (State or foreign country)  
14. Maiden name **Eliza Lown**  
15. Birthplace **unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mary Polley**  
and Address **Payette, Idaho**

17. (a) **burial** (b) Date thereof **1-29-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Rosedale Mem. Park-Payette, Idaho**

18. Funeral Director's OWN Signature **Jeffard R. Shaffer E-344**  
and Address **Landon-Shaffer Mortuary Payette, Idaho**

19. (a) **1/29/1948** (b) **J. Woodward**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **January 27, 1948**  
at **12:00 NOON** clock **-----** M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec 20, 1947, to Jan 27, 1948**  
I last saw her alive on **Jan 26, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial failure** Duration **-----**

Due to **chronic myocarditis**  
Due to **hypertension**  
Other conditions **Cardiac asthma**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **-----** PHYSICIAN **-----**  
Name of operation **-----** Date **-----**  
Major finding **-----**  
Finding of autopsy **-----**  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **-----** Suicide? **-----** Homicide? **-----**  
Occurred **-----** 19 **-----** City, county, state where violence occurred  
Place of Violence: Home **-----** Farm **-----** Industry **-----**  
Public Place **-----** While at work? **-----**  
Means of injury **-----**

23. Attendant's OWN Signature **J. Woodward**  
(M. D. or other) and Address **Payette, Idaho** Date **1-29-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 341  
Local Reg. No. 6  
Reg. Dist. No. 3-330

## 1. PLACE OF DEATH:

(a) County **Payette**  
(b) City or town **Payette**  
(c) Street Address or R. F. D. No. **515 N. 7th St.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **1** years **2** months **--** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Payette**  
(c) City or town **Payette**  
(d) Street Address or R.F.D. No. **515 N. 7th St.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **-----**

3. (a) FULL NAME **Willis Edward Marlin**

3. (b) If veteran, name war **-----** No. **-----**  
3. (c) Social Security **-----**

5. Color or 6. (a) Single, widowed, married, divorced **married**  
4. Sex: **male** race **white**  
6. (b) Name of husband or wife **Emma N. Marlin** 6. (c) Age of husband or wife if alive **71** years

7. Date of Birth (Month, Day, Year) **June 12, 1873**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>7</b>	<b>19</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for **40** yrs.

10. Industry or Business **Retired** Date last worked **-----**

11. Birthplace **Portland, Indiana**  
(City or town) (State or foreign country)

12. Name **unknown**

13. Birthplace **unknown**  
(City or town) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Wanda Wagner**  
and Address **Parma, Idaho**

17. (a) **Burial** (b) Date thereof **2-2-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Reswell, Idaho**

18. Funeral Director's OWN Signature **Jeffard R. Shaffer E-344**  
and Address **London-Shaffer Mortuary**  
**Payette, Idaho**

19. (a) **2/2/1948** (b) **JE. Woodward**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **January 31, 1948**  
at **02:45** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **12.5.47** to **Jan. 31, 1948**  
I last saw him alive on **Jan. 31, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial failure** Duration

Due to **Chronic myocarditis**

Due to **-----**

Other conditions **Chronic coronary**  
(Include pregnancy within 3 months of death)  
**of prostate carcinoma**

Where was disease contracted? **-----**

Name of operation **-----** Date **-----**

Major finding **-----**

Finding of autopsy **-----**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **-----** Suicide? **-----** Homicide? **-----**

Occurred **-----** 19 **-----** City, county, state

where violence occurred **-----**

Place of Violence: Home **-----** Farm **-----** Industry **-----**

Public Place **-----** While at work? **-----**

Means of injury **-----**

23. Attendant's OWN Signature **PR. Woodward J. 48**

and Address **Payette, Idaho** Date **2-2-1948**

(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 12 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

State File No. 348  
Local Reg. No. 63  
Reg. Dist. No. 142

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R. F. D. No. 20  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. Woodmen Stayed    days  
(g) Lived in this county 24 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. 659 S. Division  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state)

3. (a) FULL NAME

Harry Oswald Jenkins

046B

3. (b) If veteran,

name war   

3. (c) Social Security

No. 518-01-7664

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emily

6. (c) Age of husband or wife if alive 37 years

7. Date of Birth (Month, Day, Year)

May 16, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>7</u>	<u>15</u>	hrs min.

9. Exact Occupation Watchman Did this work for 24 yrs.

10. Industry or Business Bunker Hill Mfg. Date last worked 1948

11. Birthplace England (City or town) (State or foreign country)

12. Name Thomas P. Jenkins

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Elizabeth May

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Emily Jenkins

- and Address Kellogg Idaho

17. (a) Removal (b) Date thereof 11/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Shoshone, Washington

18. Funeral Director's OWN Signature Raymond G. Clark

- and Address Kellogg Idaho

19. (a) 11/7/48 (b) W. L. Davis  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 055E

20. DATE OF DEATH (Month, Day, Year) 11/1/1948

- at 8 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from June 1947, to 1-1-1948.

- I last saw him alive on 1-1-1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Cancer of Stomach Duration

- Due to generalized metastasis

- Due to Primary Gastric

- Other conditions

- (Include pregnancy within 3 months of death)

- Where was disease contracted?

- Name of operation    Date

- Major finding

- Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

- Occurred    19    City, county, state

- where violence occurred

- Place of Violence: Home    Farm    Industry

- Public Place    While at work?

- Means of injury

23. Attendant's OWN Signature John E. Stokes

- and Address Kellogg, Ida (M. D. or other)    Date 1-5-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 2 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 343  
Local Reg. No. 1  
Reg. Dist. No. 141

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Mullan  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 4 mi. years  
(h) Former residence (city, state) 2 mi.

## 3. (a) FULL NAME

Anna Tricky Renson

083A

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex M 5. Color White 6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Jan-19-1882

## 8. AGE

Years	Months	Days	If less than 1 day
<u>65</u>	<u>11</u>	<u>14</u>	hrs min.

## 9. Exact

Occupation W. Hand Did this work for \_\_\_\_\_ yrs.

## 10. Industry or

Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace

(City or town) Kanawha (State or foreign country)

## 12. Name

George Mc Mally

## 13. Birthplace

(City or town) Kanawha (State or foreign country)

## 14. Maiden name

Mary Butler

## 15. Birthplace

(City or town) Kanawha (State or foreign country)

## 16. Informant's

OWN Signature Mrs. Lloyd Andrews

and Address Palmer Mont.

## 17. (a) Removal

(Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 1/4/48 (Month) (Day) (Year)

(c) Place: Missoula Mont.

## 18. Funeral Director's

OWN Signature John A. River

and Address Wallace Idaho

## 19. (a) Date received and filed

Jan-21-48 (b) Registrar's signature John A. River

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Jan - 2 19 48  
at 9:30 o'clock A. M.

## 21. I HEREBY CERTIFY That I attended deceased from

Nov-25 19 47, to Dec 31 19 47

I last saw her alive on Dec 31 19 47, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Apoplexy

## Duration

## Due to

## Due to

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature F. W. Ralfe MD

and Address Mullan Idaho Date Jan 31 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce FEB 2 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 344  
Local Reg. No. 2  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Arco  
(c) Street Address or R.F.D. No. Arco  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Arco Stayed... days  
(g) Lived in this county 8 years 8 months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Mullan  
(d) Street Address or R.F.D. No. Arco  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? Arco  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Mont.

## 3. (a) FULL NAME

Russell W. Church

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

4. Sex M race W  
5. Color or W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ana  
6. (c) Age of husband or wife if alive 33 years

## 7. Date of Birth

(Month, Day, Year)

Aug 6, 1909

## 8. AGE

Years

Months

Days

If less than 1 day  
hrs min.

38

5

5

9. Exact Occupation Miner Did this work for Arco yrs.  
10. Industry or Business Arco Date last worked Arco  
11. Birthplace Springton Mont.  
(City or town) (State or foreign country)

12. Name Walter Church  
13. Birthplace Idaho  
(City or town) (State or foreign country)  
14. Maiden name Anna  
15. Birthplace Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Russell Church  
and Address Arco

17. (a) Arco (b) Date thereof Jan 13 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Arco

18. Funeral Director's OWN Signature John A. Brown  
and Address Arco

19. (a) Jan 13 - 48 (b) John A. Brown  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Jan 11 1948  
at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3 January 1948, to 11 Jan - 1948  
I last saw him alive on 11 Jan 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac Decompensation

## Duration

7 days

Due to Rheumatic Heart Disease

Due to Rheumatic Heart Disease

Other conditions Rheumatic Heart Disease 7 days  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Arco Date Arco

## Major finding

Finding of autopsy Arco

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Arco Suicide? Arco Homicide? Arco  
Occurred Arco 19 Arco City, county, state where violence occurred

Place of Violence: Home Arco Farm Arco Industry Arco

Public Place Arco While at work? Arco

Means of injury Arco

23. Attendant's OWN Signature John A. Brown  
(M. D. or other)

and Address Arco Date Jan 13 1948  
(For additional space, use reverse side)

**Certificate Of Death**  
STATE OF IDAHO

State File No. 345  
Local Reg. No. 3  
Reg. Dist. No. 140

**1. PLACE OF DEATH:**

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Prandrup Stayed 3 days  
(g) Lived in this county ..... years 6 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. 2153 Main  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 6 mo years  
(h) Former residence (city, state) .....

**3. (a) FULL NAME**

Himmie Allen Bailey

111C

**3. (b) If veteran,**

name war .....

**3. (c) Social Security**

No. ....

5. Color or race W  
4. Sex M

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) July 6, 1947

8. AGE  
Years 6 Months 13 Days ..... If less than 1 day hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Kellogg Idaho (City or town) (State or foreign country)

12. Name Charles Bailey

13. Birthplace Wisconsin (City or town) (State or foreign country)

14. Maiden name Scrimgeour

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Charles Bailey

- and Address Kellogg Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/48 (Month) (Day) (Year)

- (c) Place: Kellogg Idaho

18. Funeral Director's OWN Signature Glen M. White

- and Address Kellogg Idaho

19. (a) Jan 23, 1948 (Date received and filed) (b) [Signature] (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) 1/19/1948 at 4:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 16 Jan 1948, to 19 Jan 1948. I last saw h.i.m. alive on 19 Jan 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

HYPOSTATIC PNEUMONIA

**Duration**

3 DAYS

Due to DEHYDRATION & SALT

3 DAYS

MINERAL IMBALANCE

Due to ETIOLOGY UNDETERMINED

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? HOME

Name of operation NONE Date .....

Major finding .....

Finding of autopsy NONE

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? ..... Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry ..... Public Place ..... While at work? ..... Means of injury .....

23. Attendant's OWN Signature Glen M. White M.D.

and Address Kellogg Idaho Date 22 Jan 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **346**  
Local Reg. No. **1**  
Reg. Dist. No. **142**

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R. F. D. No. Box 215  
(d) Death Occured Inside? Y Outside? city or town  
(e) Died in a Home... Hospital Y Institution... Other place...  
(f) Name Hosp. or Inst. Wardner Stayed 7 days  
(g) Lived in this county 21 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (h) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. Box 215  
(e) Deceased lived Inside? Y Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Angela Crosby

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hugh

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) January 23, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>11</u>	<u>29</u>	hrs min.

9. Exact Occupation Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Home Date last worked 1947

11. Birthplace Belgium (City or town) (State or foreign country)

12. Name August Van Hall

13. Birthplace Belgium (City or town) (State or foreign country)

14. Maiden name McKissack

15. Birthplace Belgium (City or town) (State or foreign country)

16. Informant's OWN Signature Miss Felia Gandy

- and Address Kellogg Idaho

17. (a) Removal (b) Date thereof 1/26/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Seattle Washington

18. Funeral Director's OWN Signature Robert R. Rode

- and Address Kellogg Idaho

19. (a) 1/24/48 (b) Angela Crosby (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 1/22 1948  
at 11:35 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 5-19-1946, to 1-22-1948

I last saw her alive on 1-22-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

metastasis - granuloma Duration ?

Due to adenocarcinoma uterus 2 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation Expt. Top Date 1-17-48 Underline

Major finding granuloma metastasis the cause to

Finding of autopsy \_\_\_\_\_ which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Blum McElroy

and Address Kellogg Idaho Date 1-23-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 14 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 347  
Local Reg. No.  
Reg. Dist. No. 140

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Wahvale  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside Outside? city or town  
(e) Died in a Home Hospital Institution Other place...  
(f) Name Hosp. or Inst. Burnham Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wahvale  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside Outside? city or town  
(f) Citizen of what country? Idaho  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Infant Kimberly

## 3. (b) If veteran,

Name war

No.

## 4. Sex

F

5. Color W

6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year)

Dec 28 - 1948

## 8. AGE

Years 0

Months 0

Days 0

If less than 1 day hrs min.

## 9. Exact Occupation

None

Did this work for yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

Wahvale  
(City or town)

Idaho  
(State or foreign country)

Mother's

## 12. Name

Paul Kimberly

## 13. Birthplace

Shoshone  
(City or town) (State or foreign country)

## 14. Maiden name

Felma Borch

## 15. Birthplace

Browning  
(City or town) (State or foreign country)

## 16. Informant's OWN Signature

Paul Kimberly

## 17. (a) Date thereof

Jan 29 - 48

## 18. Funeral Director's OWN Signature

Wallace

## 19. (a) Date received and filed

Jan 29 - 48

(b) Registrar's signature

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Jan 28 19 48  
at 6:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from birth 25 Jan 1948, to 28 Jan 1948. I last saw him alive on 28 Jan 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Prematurity

Due to Premature labor

Due to draining appendicular abscess

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature

Paul Kimberly (M. D. or other)

and Address

Wahvale, Idaho  
(For additional space, use reverse side)

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R.F.D. No. 130 R.R. Ave  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. 130 R.R. Ave  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME

Felix Marcolin

3. (b) If veteran,

name war None

3. (c) Social Security

No. 518-01-9420

4. Sex Male race White

6. (b) Name of husband or wife Rose

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive years

7. Date of Birth

(Month, Day, Year) May 12-1894

8. AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>3</u>	<u>11</u>	hrs min.

9. Exact Occupation Miner Did this work for years

10. Industry Under Minerals Date last Business worked I-29-48

11. Birthplace Italy (City or town) (State or foreign country)

12. Name John Marcolin

13. Birthplace Italy (City or town) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Italy (City or town) (State or foreign country)

16. Informant's OWN Signature Felix Marcolin

and Address 130 R.R. Ave

17. (a) Burial (b) Date thereof Feb 2-48 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Kellogg Ida

18. Funeral Director's OWN Signature L. R. Stout

and Address Kellogg Ida

19. (a) 2/5/48 (b) John Marcolin (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 29-1948 19 at 11 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Apparently heart failure Duration

Due to four days of sick

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home 19 Farm 19 Industry 19

Public Place 19 While at work?

Means of injury

23. Attendant's OWN Signature W. M. W. Coran

and Address Idaho 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 14 1948  
Certificate Of Death  
OF VITAL STATE OF IDAHO

State File No. 349  
Local Reg. No. 8  
Reg. Dist. No. 140

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Presbyterian \_\_\_\_\_ days \_\_\_\_\_  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 12 years \_\_\_\_\_  
(h) Former residence (city, state) Arizona

3. (a) FULL NAME

Anna Elizabeth Sullivan

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex

Female

5. Color

White

6. (a) Single, widowed, married, divorced

Married

7. Date of Birth

(Month, Day, Year)

Nov 28 - 1868

8. AGE

Years 79

Months 2

Days 2

If less than 1 day  
hrs min.

9. Exact Occupation

At Home

Did this work for \_\_\_\_\_ yrs.

10. Industry or Business

Housewife

Date last worked \_\_\_\_\_

11. Birthplace

Idaho

(City or town) (State or foreign country)

12. Name

Thomas Elwood

13. Birthplace

Idaho (City or town) (State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature

Joseph L. Sullivan

and Address

206 Cypress St. Wallace, ID

17. (a) Date

(Burial, cremation, or removal) (Month) (Day) (Year)

Jan 31 - 48

18. Funeral Director's OWN Signature

John A. Bower

and Address

Wallace, Idaho

19. (a) Date received and filed

Jan 31 - 48

(b) (Registrar's signature)

John A. Bower

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Jan 31 1948

at \_\_\_\_\_ o'clock \_\_\_\_\_ A. M.

21. I HEREBY CERTIFY, That I attended deceased from

Jan 14 1948, to Jan 31 1948

last saw him alive on Jan 31 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure

Due to Coronary artery disease

Due to Coronary artery disease

Other conditions None

(Include pregnancy within 3 months of death)

Where was disease contracted? Don't know

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Full of coronary

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature

John A. Bower

and Address Wallace, Idaho

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 2 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 350  
Local Reg. No. 4  
Reg. Dist. No. 141

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Silverton  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Walker  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho 36 years  
(h) Former residence (city, state) Id.

## 3. (a) FULL NAME

Oscar Eugene Waramaker

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security No.

4. Sex Male  
5. Color White  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 25 - 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>6</u>	<u>0</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry Mailman Date last worked 4 yrs.

11. Birthplace Scott, Wisc. (City or town) (State or foreign country)

12. Name Edward Waramaker

13. Birthplace Idaho (City or town) (State or foreign country)

14. Maiden name Waramaker

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature F. W. Waramaker  
and Address Walker Idaho

17. (a) Funeral (b) Date thereof Jan 28 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Funeral Home

18. Funeral Director's OWN Signature John A. Bower  
and Address Walker Idaho

19. (a) Jan 27 - 48 (b) John A. Bower  
Date received and filed (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 1 - 25 - 1948  
at 7 - 40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1 - 25 - 1948 to 1 - 25 - 1948  
I last saw him alive on 1 - 23 - 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Bronchial Pneumonia Duration 5 days

Due to Asthma

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature F. W. Waramaker  
(M. D. or other)

and Address Walker Idaho Date 1 - 26 - 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 351  
Local Reg. No. 5  
Reg. Dist. No. 141

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Silverton  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Ex Hosp Stayed days  
(g) Lived in this county 40 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Edwin Judson Harper

## 3. (b) If veteran, name war

## 3. (c) Social Security No. 477-22-1509

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) June 8-1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>6</u>	<u>19</u>	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.  
10. Industry or Business Laborer Date last worked .....  
11. Birthplace Wise (City or town) (State or foreign country)

12. Name Not known  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name .....  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Wallace J. Bower  
and Address Wallace J. Bower

17. (a) Buried (b) Date thereof Jan 30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Boise & 1 line 5th hr.

18. Funeral Director's OWN Signature John A. Bower  
and Address Wallace J. Bower

19. (a) Jan 29-48 (b) John A. Bower  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 27 1948  
at 12:25 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 5/16 - 1947 to 1-27 1948  
I last saw him alive on Jan 26 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart attack

## Duration

Sudden

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

## Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature F. W. Rolfs MD  
and Address Mullan Ida Date 1-28-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 352  
Local Reg. No. 7  
Reg. Dist. No. 141

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Mullan  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 21 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Mullan  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Harvey Alois Curtis

## 3. (b) If veteran,

## 3. (c) Social Security

name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive 33 years  
7. Date of Birth (Month, Day, Year) Dec 12 - 1905

8. AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>1</u>	<u>19</u>	hrs min.

9. Exact Occupation Mining Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Mexico (City or town) Colorado (State or foreign country)

12. Name Ora Curtis

13. Birthplace Not known (City or town) (State or foreign country)

14. Maiden name Not known

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Josephine Curtis

- and Address Mullan Id.

17. (a) Buried (b) Date thereof 2/14/48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Mullan Id.

18. Funeral Director's OWN Signature John A. Brown

- and Address Wallace Id.

19. (a) Feb 2 - 48 (b) John A. Brown  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 31 1948  
at 8:45 o'clock A.M.

21. I HEREBY CERTIFY That I attended deceased from Now 1947, to 29 Jan. 1948  
I last saw h.w. alive on 29 Jan. 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Failure Duration 4 mos.

Due to Silico-TB with severe fibrosis of both lungs 5 yrs.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Samuel A. Hunter

and Address Wallace, Idaho (M. D. or other)

Date 2-2-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB - 6 1948

DIVISION OF VITAL  
STATISTICS

CERTIFICATE OF DEATH  
STATE OF IDAHO

348 353  
State File No. \_\_\_\_\_  
Local Reg. No. 1  
Reg. Dist. No. 620

1. PLACE OF DEATH:

- (a) County Teton  
(b) City or town Victor  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 53 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Teton  
(c) City or town Victor  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 53 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME LAMOIN HATCH

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ina Johnson 6. (c) Age of husband or wife if alive 65 years  
7. Date of Birth February 5, 1878  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>10</u>	<u>29</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Own Farm Date last worked \_\_\_\_\_  
11. Birthplace Springville, Utah  
(City or town) (State or foreign country)

12. Name Hyrum Hatch  
13. Birthplace Iowa  
(City or town) (State or foreign country)  
14. Maiden name Mary E. Hutchings  
15. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Dean J. Hatch  
and Address Victor, Idaho.

17. (a) Burial (b) Date thereof Jan 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Victor, Idaho

18. Funeral Director's OWN Signature M. S. Hansen  
and Address St. Anthony, Idaho.

19. (a) Jan 8, 1948 (b) Ethel Packrell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 4, 1948  
(Month, Day, Year)  
at 11:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 3, 1947 to March 17, 1947  
I last saw him alive on March 17, 1947; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of lungs  
(bronchogenic carcinoma) Duration 10 mo.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown PHYSICIAN \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Gordon M. Jensen MD  
and Address Drugg, Idaho (M. D. or other) \_\_\_\_\_  
Date 1-8-48 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in own handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB - 6 1948  
CERTIFICATE OF DEATH  
OF VITAL STATE OF IDAHO

State File No. 354  
Local Reg. No. 2  
Reg. Dist. No. 620

1. PLACE OF DEATH: *Idaho*  
(a) County *Idaho*  
(b) City or town *Driggs*  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? *X* Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home *X* Hospital *X* Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. *Idaho Valley Hosp* Stayed *1/4* days  
(g) Lived in this county *0* years *0* months *1/4* days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State *Idaho* (b) County *Idaho*  
(c) City or town *Victor*  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? *X* Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? *USA*  
(g) How long had deceased lived in Idaho? *0* years  
(h) Former residence (city, state) *none*

3. (a) FULL NAME *Donald Melvin Weekes*

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. *none*  
4. Sex *M* 5. Color or race \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<i>0</i>	<i>0</i>	<i>0</i>	<i>5</i> hrs <i>40</i> min.

9. Exact Occupation *None* Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace *Driggs* *Idaho*  
(City or town) (State or foreign country)

- Father { 12. Name *Earl Weekes*  
13. Birthplace *Victor* *Idaho*  
(City or town) (State or foreign country)  
Mother { 14. Maiden name *La Reta Branden Weekes*  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature *F. E. Weekes*  
and Address *Victor Idaho*

17. (a) *Burial* (b) Date thereof *Jan 11 1948*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: *Victor Idaho*

18. Funeral Director's OWN Signature *(no funeral director) Gordon M. Jensen*  
and Address \_\_\_\_\_

19. (a) *Jan 11, 1948* (b) *Ethel Jackson*  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *January 11 1948*  
at *2:10* clock *P.* M.

21. I HEREBY CERTIFY, That I attended deceased from *January 11 1948* to *January 11 1948*  
I last saw him alive on *January 11 1948*; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death *Premature birth*  
*(6 1/2 mo. gestation)*  
Due to *(Lived 5 1/2 hours)*

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
Attendant's OWN Signature *Gordon M. Jensen MD*  
and Address *Driggs Idaho* (M. D. or other) *1-11 1948*  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

FEB - 6 1948 CERTIFICATE OF DEATH

DIVISION OF VITAL STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 13  
Reg. Dist. No. 628

STATISTICS

1. PLACE OF DEATH: Teton  
(a) County Driggs  
(b) City or town \_\_\_\_\_  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Teton Valley Hosp Stayed 0 days  
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State Idaho (b) County Teton  
(c) City or town Victor  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Infant Weekes

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none  
4. Sex Male 5. Color or race \_\_\_\_\_ 6. (a) Single, widowed, married, divorced 2  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) \_\_\_\_\_

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u> hrs <u>0</u> min.

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business none Date last worked \_\_\_\_\_  
11. Birthplace Driggs Idaho  
(City or town) (State or foreign country)  
12. Name Earl Weekes  
13. Birthplace Victor Idaho  
(City or town) (State or foreign country)  
14. Maiden name Loretta Frances Weekes  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature \_\_\_\_\_ and Address \_\_\_\_\_  
17. (a) \_\_\_\_\_ (b) Date thereof Jan 11 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Victor Idaho  
18. Funeral Director's OWN Signature (none) Gordon M Jensen MD  
and Address \_\_\_\_\_  
19. (a) Jan 11 1948 (b) Elhel Jackroll  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 11 1948  
(Month, Day, Year)  
at 9:15 o'clock A. M.

21. I HEREBY CERTIFY That I attended deceased from 8:15 AM 11 1948 to 9:15 AM 11 1948  
I last saw him alive on Jan 11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature Birth Duration \_\_\_\_\_  
(6 1/2 months gestation)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Gordon M Jensen MD

and Address Driggs Idaho (M. D. or other) \_\_\_\_\_

Date 1-11 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

FEB - 6 1948

# Certificate of Death

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. **356**  
Local Reg. No. **356**  
Reg. Dist. No. **6-2-0**

## 1. PLACE OF DEATH:

- (a) County Teton  
(b) City or town Driggs  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Teton  
(c) City or town Driggs  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Abigail Marken Greene

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W  
6. (b) Name of husband or wife Alonso J. Greene 6. (c) Age of husband or wife if alive 49 years  
7. Date of Birth (Month, Day, Year) March 13, 1899

8. AGE	Years	Months	Days	If less than 1 day
	<u>48</u>	<u>10</u>	<u>8</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Driggs, Idaho (City or town) (State or foreign country)  
Father { 12. Name Thomas W. Marken  
13. Birthplace Manti, Utah (City or town) (State or foreign country)  
Mother { 14. Maiden name Madeline Jensen  
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature A. J. Greene  
and Address Driggs, Idaho  
17. (a) Burial (b) Date thereof 1/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Alta, Wyoming  
18. Funeral Director's OWN Signature Jack A. Ward  
and Address Idaho Falls, Idaho  
19. (a) Jan 26, 1948 (b) Shel Foxbrell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 21, 1948  
at 11 o'clock A. M.  
21. I HEREBY CERTIFY, that I attended deceased from Oct 4, 1946 to January 19, 1948.  
I last saw h. or alive on January 19, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary occlusion

## Duration

- Due to hypertensive cardio-vascular disease sev. years  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

23. Attendant's OWN Signature Gordon M. Jensen, MD  
and Address Driggs, Idaho (M.D. or other) Date 1-26-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
FEB - 6 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 357  
Local Reg. No. 5  
Reg. Dist. No. 620

1. PLACE OF DEATH:  
(a) County Teton  
(b) City or town Tetonia  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 47 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Teton  
(c) City or town Tetonia  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME EZRA CHARLES HANSEN

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth Anderson 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) August 9, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>5</u>	<u>13</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 40 yrs.  
10. Industry or Business Own Farm Date last worked .....  
11. Birthplace Providence, Utah (City or town) (State or foreign country)

Father { 12. Name Paul Hansen  
13. Birthplace Denmark (City or town) (State or foreign country)

Mother { 14. Maiden name Marilee Morsen  
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Elizabeth Hansen  
and Address Tetonia, Idaho

17. (a) Burial (b) Date thereof January 26, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cache-Clawson cemetery, Tetonia, Ida.

18. Funeral Director's OWN Signature M. Hansen  
and Address St. Anthony, Idaho

19. (a) Jan 27, 1948 (b) Ethel Jackrell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 22, 1948  
at 4:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended Deceased from January 19, 1947 to January 21, 1948  
I last saw him alive on January 21, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Hypostatic pneumonia Duration 2 days  
Generalized carcinoma - 5 mo.  
Due to toxic  
Due to cancer of prostate (year?)  
Other conditions Cardiovascular - 6 mo.  
(Include pregnancy within 3 months of death)  
pneumonia

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged stat-ically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature Gordon M. Jensen M.D.  
and Address Driggs, Idaho (M.D. or other) Date 1-27-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 10 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 358  
Local Reg. No. 338  
Reg. Dist. No. 788

## 1. PLACE OF DEATH

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. none  
(d) Death Occurred Inside? # Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Twin Falls Co. Stayed 1 days  
(g) Lived in this county 6 years ? months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. 1230 Birch  
(e) Deceased lived Inside? # Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) same

## 3. (a) FULL NAME

Richard Lee Johnson

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) October 8, 1937

8. AGE	Years	Months	Days	If less than 1 day
	<u>10</u>	<u>2</u>	<u>25</u>	hrs min.

9. Exact Occupation Student Did this work for 5 yrs.  
10. Industry or Business none Date last worked  
11. Birthplace Buhl, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name F. B. Johnson  
13. Birthplace Sanaguin, Utah (City or town) (State or foreign country)  
14. Maiden name Florence Blair  
15. Birthplace Oxford, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof 1/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature [Signature]  
and Address Buhl, Idaho

19. (a) 1-12-48 (b) Laurie M. Huey  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 2, 1948  
(Month, Day, Year) at 3:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1947, to Jan 3, 1948  
I last saw him alive on Jan 3, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Rheumatic Fever Duration 1 wk  
Acute Septic Sore Throat 1 wk  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Buhl, Idaho PHYSICIAN  
Name of operation None Date Jan 3, 1948 Underline the cause to which death should be charged statistically.  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work?

Means of injury  
23. Attendant's OWN Signature J. H. Anderson, M.D. (M. D. or other)  
and Address Buhl, Idaho Date Jan 6, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 19 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. **359**  
Local Reg. No. **228**  
Reg. Dist. No. **460**

**1. PLACE OF DEATH:**

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. T. Falls Stayed 2 days  
(g) Lived in this county 26 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. RFD #3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) Wyoming

**3. (a) FULL NAME**

Adeline Turner

**3. (b) If veteran,**

name war \_\_\_\_\_

**3. (c) Social Security**

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married

4. Sex Female race White  
6. (b) Name of husband or wife Guy S. Turner 6. (c) Age of husband or wife if alive 42 years

7. Date of Birth (Month, Day, Year) September 6, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>3</u>	<u>27</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Oklahoma (City or town) (State or foreign country)

12. Name John H. Dunn

13. Birthplace Arkansas (City or town) (State or foreign country)

14. Maiden name Mary Cox

15. Birthplace Alabama (City or town) (State or foreign country)

16. Informant's OWN Signature Guy S. Turner

and Address Twin Falls, Idaho RFD #3

17. (a) Burial (b) Date thereof 1-6-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J. Phillips

and Address Twin Falls, Idaho

19. (a) 1-8-48 (b) Louise M. Dwyer (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 066B

20. DATE OF DEATH January 2 19 48  
(Month, Day, Year) at 11:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 17 19 46, to 2 Jan. 19 48

I last saw her alive on 2 Jan. 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Acute Cardiac Decomposition 2 days

Due to Mitral Regurgitation unknown

Due to \_\_\_\_\_

Other conditions Obesity 15 yrs

(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation None Date \_\_\_\_\_

Major finding None

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred None 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Chas. B. Baymer

and Address Twin Falls, Idaho Date 1-7 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **360**  
Local Reg. No. **347**  
Reg. Dist. No. **460**

## 1. PLACE OF DEATH:

- (a) County **T. Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. **526 W. Heyburn**  
(d) Death Occured Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **4** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **T. Falls**  
(c) City or town **Twin Falls**  
(d) Street Address or R.F.D. No. **526 W. Heyburn**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **4** years  
(h) Former residence (city, state) **IOWA**

3. (a) FULL NAME **Margaret Woneta Bowman**

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or 6. (a) Single, widowed, married, divorced **widowed**  
4. Sex **Female** race **White**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **April 25, 1870**

8. AGE	Years	Months	Days	If less than 1 day
	<b>77</b>	<b>8</b>	<b>9</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Illinois** (City or town) (State or foreign country)

12. Name **Samuel Mills**  
13. Birthplace **Ohio** (City or town) (State or foreign country)  
14. Maiden name **Nancy Yarbrough**  
15. Birthplace **Ireland** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs F L Huller**  
and Address **Twin Falls, Idaho**

17. (a) **Burial** (b) Date thereof **1-6-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sunset Memorial Park**

18. Funeral Director's OWN Signature **J C Phillips**  
and Address **Twin Falls, Idaho**

19. (a) **1-14-48** (b) **Lawrence D. Dwyer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **January 3** 19 **48**  
at **5:15** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb 1947** to **Jan 3 1948**  
I last saw her alive on **Jan 2 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac Failure** Duration **1 year**

Due to **Hypertension**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **None**  
Name of operation **none** Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **no autopsy**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **J C Phillips** (M. D. or other)  
and Address **Twin Falls** Date **1-6-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 361  
Local Reg. No. 226  
Reg. Dist. No. 769

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. XXX  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. T.F. Co. Hosp. days  
(g) Lived in this county 9 years 9 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Wendell, Idaho  
(d) Street Address or R.F.D. No. XXXXXXXXXXX  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Mrs. Kathryn Boss

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife Charles A. Boss 6. (c) Age of husband or wife if live deceased 1946  
7. Date of Birth (Month, Day, Year) May 2, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>8</u>	<u>3</u>	hrs min.

9. Exact Occupation Housewife Did this work for XX yrs.  
10. Industry or Business XXXX Date last worked XX  
11. Birthplace Warren, Penna.  
(City or town) (State or foreign country)

12. Name Joseph Scherer  
13. Birthplace Unk.  
(City or town) (State or foreign country)  
14. Maiden name Unk.  
15. Birthplace Unk.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lyle C Boss  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 1-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Wm. H. Williams  
and Address Twin Falls, Idaho

19. (a) 1-8-48 (b) Laurie M. Tuckey  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 5, 1948  
at 3:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from April 27 1947 to Jan 5 1948  
I last saw her alive on Jan 5 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ascaris Duration 6 yrs

Due to chronic nephritis

Due to Chronic myocarditis

Other conditions Persistent abdominal  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation Pneumothorax  
Major finding several types  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature Lyle C Boss  
and Address Twin Falls, Idaho Date Jan 6 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 19 1948

# Certificate Of Death

STATE OF IDAHO

1048 362  
State File No. 325  
Local Reg. No. 46  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. XXX  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. T.F.Co. Hosp Stayed days  
(g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. XXXX  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1 dy, years  
(h) Former residence (city, state) XXXX

## 3. (a) FULL NAME Baby Boy Hays

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race white 6. (a) Single, widowed, married, divorced Infant  
4. Sex Male 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Date of Birth (Month, Day, Year) January 5, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	hrs min.

9. Exact Occupation Infant Did this work for None yrs.  
10. Industry or Business None Date last worked None  
11. Birthplace Twin Falls Idaho (City or town) (State or foreign country)

12. Name Robert J. Hays  
13. Birthplace Buhl, Idaho (City or town) (State or foreign country)  
14. Maiden name Olga E. Kodesh  
15. Birthplace Buhl, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Robert J. Hays  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 1-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Whitey Mortuary  
and Address Twin Falls, Idaho

19. (a) 1-8-48 (b) Laurel m. Aubrey  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 6, 1948  
at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 5 1948 to Jan 6 1948  
I last saw him alive on Jan 6 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to Too-Preterm (5 1/2 - 6 months)

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Dr. M. C. Crushy  
(M. D. or other)  
and Address Twin Falls, Idaho Date 1/7/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 1 1948  
DIVISION OF VITAL  
**Certificate Of Death**  
STATE OF IDAHO

State File No. 303  
Local Reg. No. 224  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. XXXXXX  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. TF Col Hosp    days  
(g) Lived in this county 1 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 224 Pierce St.  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state)

3. (a) FULL NAME WALKER, Maurice Fremont

3. (b) If veteran, name war None 3. (c) Social Security No. 058-12-1605  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Hildegarde 6. (c) Age of husband or wife if alive 52 years  
7. Date of Birth (Month, Day, Year) May 28, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>7</u>	<u>9</u>	hrs min.

9. Exact Occupation Bean Broker Did this work for    yrs.  
10. Industry or Business Bean Industry Date last worked     
11. Birthplace Naples, New York  
(City or town) (State or foreign country)  
Mother Father { 12. Name Fremont Walker  
13. Birthplace New York  
(City or town) (State or foreign country)  
14. Maiden name Unk  
15. Birthplace New York  
(City or town) (State or foreign country)

16. Informant's OWN Signature + Mrs. Hildegard Walker  
and Address 224 Pierce St. Twin Falls,  
Removal  
17. (a) Removal (b) Date thereof 1-15-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Naples, New York  
18. Funeral Director's OWN Signature White Mortuary  
and Address Twin Falls, Idaho  
19. (a) 1-2-48 (b) Louise M. Huley  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) J anuary 7, 1948  
at 9:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from January 5, 1948 to January 7, 1948  
last saw him alive on January 7, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary Heart Failure Duration 2 days  
Pulmonary Edema 2 days  
Due to Mitral Stenosis & Atrial Fibrillation years

Due to   

Other conditions   

(Include pregnancy within 3 months of death)

Myocardial Infarction 2 days

Where was disease contracted?   

Name of operation    Date    PHYSICIAN

Major finding    Underline the cause to which death should be charged statistically.  
Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Id occurred    19    City, county, state

where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Louise M. Huley (M. D. or other)  
and Address Twin Falls, Idaho Date 1-7-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 1 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 1948 364  
Local Reg. No. 223  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ..... Other place .....  
(f) Name Hosp. or Inst. T.F. County Stayed 11 days  
(g) Lived in this county 25 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T.F.  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ☒ ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Muscataine, Iowa

## 3. (a) FULL NAME

Mary Augusta Jacoby

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No. ....

## 4. Sex Female 5. Color or race White

## 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

## 7. Date of Birth

(Month, Day, Year) May 25, 1866

## 8. AGE

Years

Months

Days

If less than 1 day

81

7

17

hrs

min.

## 9. Exact Occupation

School Teacher

Did this

work for ..... yrs.

## 10. Industry or Business

Date last

worked

## 11. Birthplace

Muscataine Co.

Iowa

(City or town)

(State or foreign country)

## 12. Name John A. Jacoby

## 13. Birthplace

Unknown

Pennsylvania

(City or town)

(State or foreign country)

## 14. Maiden name

Sarah Stiles

## 15. Birthplace

Unknown

New Hampshire

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Sarah Jacoby Merritt

and Address

Targher, Idaho

## 17. (a) Burial

(b) Date thereof Jan. 14, 1948

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: Twin Falls Cemetery

## 18. Funeral Director's Reynolds Funeral Home

OWN Signature

James C. Reynolds

and Address

Twin Falls, Idaho

## 19. (a) 1-14-48

(Date received and filed)

## (b) James C. Reynolds

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) January 12, 1948  
at 1:15 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1-1- 1948, to 1/12/48 1948

I last saw her alive on 1-11 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Due to Flu

Due to Sanility

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation none Date

Major finding

Finding of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ☒ Farm ☒ Industry ☒

Public Place ☒ While at work? ☒

Means of injury None

## 23. Attendant's

OWN Signature J. J. Murphy

and Address Twin Falls, Idaho (M. D. or other)

Date 1-14-1948

(For additional space, use reverse side)



CERTIFICATE OF DEATH

Place of Death..... County.....

City or town..... Street or Rt. No.....

Former or usual residence.....

How long at place of death.....

If in hospital or institution give its name.....

Full name Lee Robert Smith

Sex..... Color or race.....

Single, married, widowed or divorced.....

Date of birth.....

Age .....

Occupation .....

Birthplace .....

Name of husband or wife, if married Edna L. Smith

Name of father.....

Birthplace of father.....

Maiden name of mother.....

Birthplace of mother.....

Informant .....

Address .....

Date of death .....

Immediate cause .....

Cause contributing .....

Was the deceased a veteran of any war.....

If so, of what war.....

Social Security No. ....

When filed .....

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States *State*  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 27 1948

# Certificate Of Death

STATE OF IDAHO

DEPARTMENT OF VITAL

1948 366  
State File No. \_\_\_\_\_  
Local Reg. No. 324  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 143 N. Elm  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 18 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 143 N. Elm  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Colorado

## 3. (a) FULL NAME

Peter C. Petersen

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married

4. Sex Male race White  
6. (b) Name of husband or wife Mary Petersen  
6. (c) Age of husband or wife if alive 73 years

7. Date of Birth  
(Month, Day, Year) May 24, 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>88</u>	<u>6</u>	<u>25</u>	hrs min.

9. Exact Occupation Retired farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Denmark  
(City or town) (State or foreign country)

12. Name Lawrence Petersen

13. Birthplace Denmark  
(City or town) (State or foreign country)

14. Maiden name Margaret Hansen

15. Birthplace Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature H. F. Petersen

- and Address Portland, Oregon

17. (a) Burial (b) Date thereof 1-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J. Phillips

- and Address Twin Falls, Idaho

19. (a) 1-26-48 (b) Luise M. Juel  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) January 18 19 48  
at 12:45 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 16 1948, to Jan 18, 1948

I last saw him alive on Jan 18 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration 2 day

Due to Sandaly

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. R. Stur

and Address Twin Falls, Idaho (M. D. or other) Date 1-22-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 367  
Local Reg. No. 336  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. XXXXXX  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. T.F.Co.HOSP. Stayed days  
(g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 518 3rd Ave. West  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME COOPER, George W.

3. (b) If veteran, name war None 3. (c) Social Security No. 519-01-9166  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male  
6. (b) Name of husband or wife Emma Cooper 6. (c) Age of husband or wife if alive 67 years  
7. Date of Birth (Month, Day, Year) March 23, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>9</u>	<u>27</u>	hrs min.

9. Exact Occupation Laborer Did this work for  yrs.  
10. Industry or Business L. F. City Date last worked 1947  
11. Birthplace Memphis, Mo. (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Emma Cooper  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 1/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Mem. Park Cem.

18. Funeral Director's OWN Signature Wm J. Fittlin  
and Address White Mortuary - Twin Falls,

19. (a) 1-28-48 (b) Wm J. Fittlin  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 22 JAN 19 48  
at 6:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 22 Jan 19 48, to 22 Jan 19 48  
I last saw him alive on 22 Jan 19 48 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage Duration 12 hours

Due to Hypertension

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autopsy -

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -  
Occurred - 19 - City, county, state where violence occurred -  
Place of Violence: Home - Farm - Industry -  
Public Place - While at work? -  
Means of injury -

23. Attendant's OWN Signature Dean H Offleek  
(M D or other)

and Address Twin Falls Date 29 Jan 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce FEB 2 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 368  
Local Reg. No. 335  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 444 4th Ave East  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Institution ..... Other place .....  
(f) Name Hosp. or Inst. St. Mary's Stayed ..... days  
(g) Lived in this county 38 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 444 4th Ave E.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Emma Driskell

3. (b) If veteran, name war none 3. (c) Social Security No. none  
4. Sex fe 5. Color or race w 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth August 11, 1867  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>5</u>	<u>13</u>	hrs min.

9. Exact Occupation None Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Kentucky  
(City or town) (State or foreign country)

12. Name Thomas J. Driskell  
13. Birthplace Kentucky  
(City or town) (State or foreign country)  
14. Maiden name Lucinda Demary  
15. Birthplace Kentucky  
(City or town) (State or foreign country)

16. Informant's OWN Signature Uga Driskell  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 1-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature W. H. Williams  
and Address White Mortuary Twin Falls, Idaho

19. (a) 1-28-48 (b) L. H. Williams  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 22, 1948  
(Month, Day, Year) at 7:30 o'clock P..M.

21. I HEREBY CERTIFY, That I attended deceased from January 22, 1948 to January 22, 1948  
I last saw h.e.r. alive on January 22, 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cardiac Failure Duration acute  
Coronary Sclerosis  
Due to Old Age + Debility  
Chronic Tuberculosis chronic  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Susan J. Oldham  
and Address Twin Falls, Idaho (M. D. or other) 1-24 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 369  
Local Reg. No. 227  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 443-4th Ave. E.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 443-4th Ave. E.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Illinois

## 3. (a) FULL NAME Charles Edward Modlin

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex Male race White divorced married  
6. (b) Name of husband or wife Mennetta Modlin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) December 5, 1867

8. AGE	Years	Months	Days	If less than 1 day
	80	1	19	hrs min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Litchfield, Ill.  
(City or town) (State or foreign country)

12. Name Wm. C. Modlin  
13. Birthplace Illinois  
(City or town) (State or foreign country)  
14. Maiden name Sarah Asher  
15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ralph Modlin  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 1-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J. Phillips  
and Address Twin Falls, Idaho

19. (a) 1-20-48 (b) Lamine M. Tuley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH (Month, Day, Year) January 24 19 48  
at 10:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Coronary Thrombosis - 2 da.

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wm. Peterson M.D.

and Address Idaho Falls, Idaho D. of other \_\_\_\_\_

\_\_\_\_\_ 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 13 1948

**Certificate Of Death**  
STATISTICS STATE OF IDAHO

1948  
State File No. **370**  
Local Reg. No. **339**  
Reg. Dist. No. **460**

**1. PLACE OF DEATH:**

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 453-3rd Ave. E.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 238 Adams St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 1 day years  
(h) Former residence (city, state) ☐

**3. (a) FULL NAME**

Verle Howells

**3. (b) If veteran,**  
name war

**3. (c) Social Security**  
No. ☐

5. Color or 6. (a) Single, widowed, married,  
Sex Male race white divorced single  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife ☐ alive ☐ years

7. Date of Birth  
(Month, Day, Year) January 26, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	hrs min.

9. Exact Occupation ☐ Did this work for ☐ yrs.

10. Industry or Business ☐ Date last worked ☐

11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

12. Name Darrel Howells

13. Birthplace St. George, Utah  
(City or town) (State or foreign country)

14. Maiden name Dorothy Ann

15. Birthplace Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Darrel B. Howells

and Address Twin Falls, Idaho

17. (a) burial (b) Date thereof 1-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J. E. Langmuir

and Address Twin Falls, Idaho

19. (a) 1-30-48 (b) Hansen, M. J.  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH** January 27 19 48  
(Month, Day, Year)  
at 7:45 o'clock A. M.

**21. I HEREBY CERTIFY**, That I attended deceased from Jan 26 1948 to Jan 27 1948  
I last saw him alive on Jan 26 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Patent foramen ovale Duration ☐  
Blue baby

Due to Premature birth

Due to ☐  
Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐ **PHYSICIAN**  
Name of operation ☐ Date ☐

Major finding ☐  
Finding of autopsy ☐  
Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES**, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury ☐

**23. Attendant's OWN Signature** J. E. Langmuir  
and Address Twin Falls, Idaho Date Jan 28 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 13 1948  
OFFICE OF VITAL

# Certificate Of Death

STATE OF IDAHO

371  
342  
460  
State File No.  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Twin Falls
- (b) City or town Twin Falls
- (c) Street Address or R.F.D. No. Co. Hosp.
- (d) Death Occured Inside? X Outside?    city or town
- (e) Died in a Home    Hospital X Institution    Other place
- (f) Name Hosp. or Inst. T.F. Co. Hosp. Stayed 2 days
- (g) Lived in this county 0 years 0 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls
- (c) City or town Twin Falls
- (d) Street Address or R.F.D. No. Twin Falls
- (e) Deceased lived Inside?    Outside?    city or town
- (f) Citizen of what country?
- (g) How long had deceased lived in Idaho?    years
- (h) Former residence (city, state)

## 3. (a) FULL NAME Carrie Christene Rappleye

- 3. (b) If veteran, none 3. (c) Social Security No. None
- 5. Color or race White 6. (a) Single, widowed, married, divorced Single
- 4. Sex Female
- 6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years
- 7. Date of Birth (Month, Day, Year) January 29th, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>2</u>	hrs min.

- 9. Exact Occupation Infant Did this work for    yrs.
- 10. Industry or Business    Date last worked
- 11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)
- 12. Name Foster D. Rappleye
- 13. Birthplace Cowley, Wyo. (City or town) (State or foreign country)
- 14. Maiden name Avonell Sorenson
- 15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Carrie J. Rappleye and Address Twin Falls, Idaho

- 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/48 (Month) (Day) (Year)
- (c) Place: Twin Falls Cem.

18. Funeral Director's OWN Signature Wm. V. Fitts and Address White Mortuary - Twin Falls, Idaho

- 19. (a) 2-10-48 (Date received and filed) (b) Wm. V. Fitts (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 31, 1948  
(Month, Day, Year)  
at 11:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1/29 1948, to 1/31 1948  
I last saw her alive on 1/31 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature baby 7mo. 2 dgs. Duration

Due to Premature delivery  
Due to     
Other conditions    (Include pregnancy within 3 months of death)

Where was disease contracted?     
Name of operation None Date     
Major finding     
Finding of autopsy     
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury   

23. Attendant's OWN Signature Elwood J. Rappleye and Address Twin Falls, Idaho Date 2/2/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB - 20 1948

# Certificate Of Death

OF VITAL

STATE OF IDAHO

1948  
State File No. 372  
Local Reg. No. 140  
Reg. Dist. No. 760

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. T.F.Co.Gen'l Hosp  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or T.F.Co.Gen'l Hosp 1 days  
(g) Lived in this county 10 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 121 Taylor Ave  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME RICE, Everett A.

3. (b) If veteran, name war None  
3. (c) Social Security No. 516-05-5377  
5. Color or White  
6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Frances W.  
6. (c) Age of husband or wife if alive 61 years  
7. Date of Birth December 16th, 1984  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>1</u>	<u>15</u>	hrs min.

9. Exact Occupation retired Did this work for 0 yrs.  
10. Industry oil Business Date last worked 1946  
11. Birthplace Springfield, Missouri  
(City or town) (State or foreign country)

12. Name Charles F. Rice  
13. Birthplace Virginia  
(City or town) (State or foreign country)  
14. Maiden name Laura Sugg  
15. Birthplace So. Carolina  
(City or town) (State or foreign country)

16. Informant's OWN Signature Charles W. Rice.  
and Address 121 Taylor Ave. Twin Falls,

17. (a) Removal (b) Date thereof 2/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Spokane, Washington

18. Funeral Director's OWN Signature Aug H. Hildner  
and Address White Mortuary-Twin Falls, Idaho

19. (a) 2-2-48 (b) James M. Kelley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) January 31, 1948  
at 12:10 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1948  
19 Jan. 31, 1948 to Jan. 31, 1948

I last saw him alive on Jan. 31, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Embolism Duration 6 hours

Due to myocardial Thrombosis  
auricular fibrillation 26 yrs

Due to Rheumatic Fever 34 yrs  
Other conditions —  
(Include pregnancy within 3 months of death)

Where was disease contracted? —  
Name of operation None Date —  
Major finding —  
Finding of autopsy —  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Discovered — 19 — City, county, state

where violence occurred —  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature Dean H. Appleck  
and Address Twin Falls, Idaho Date 2/2/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 23 1948  
DIVISION OF VITAL STATE OF IDAHO

State File No. 373  
Local Reg. No. 321  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R.F.D. No. 900 Blk. 11th  
(d) Death Occurred Inside? # Outside? city or town  
(e) Died in a Home? Hospital Institution Other place  
(f) Name Hosp. or Inst. none Stayed days  
(g) Lived in this county 10 years ? months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. 900 Blk. 11th  
(e) Deceased lived Inside? # Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Same

3. (a) FULL NAME

William Barnes Keeney

3. (b) If veteran, name war WWII 3. (c) Social Security No. 518-09-6675  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) December 25, 1913

8. AGE	Years	Months	Days	If less than 1 day
	<u>34</u>	<u>0</u>	<u>17</u>	hrs min.

9. Exact Occupation Farm Laborer Did this work for life yrs.  
10. Industry or Business Farming Date last worked  
11. Birthplace Belton, Missouri  
(City or town) (State or foreign country)

12. Name H. W. Keeney  
13. Birthplace Belton, Missouri  
(City or town) (State or foreign country)  
14. Maiden name Bertha Barnes  
15. Birthplace Freeman, Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature H. W. Keeney  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof 1/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature D. J. Alburton  
and Address Buhl, Idaho

19. (a) 1-18-48 (b) Louise M. Keeney  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 11, 19 48  
(Month, Day, Year) at 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1948 to 1948  
I last saw him alive on 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: gun shot wound Duration  
chest & heart

- Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓  
Occurred 1-11-48 City, county, state Buhl, Twin Falls, Idaho  
where violence occurred Buhl City Cemetery  
Place of Violence: Home ✓ Farm ✓ Industry ✓  
Public Place ✓ While at work? ✓  
Means of injury gun 72 shot bullet

23. Attendant's OWN Signature H. W. Keeney  
and Address Buhl, Idaho Date 1-15-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 23 1948

# Certificate Of Death

STATE OF IDAHO

1948 **374**  
State File No. **332**  
Local Reg. No. **460**  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County **Twin Falls**  
(b) City or town **Buhl**  
(c) Street Address or R.F.D. No. **900 Blk. 11th**  
(d) Death Occurred Inside? **#** Outside? **city or town**  
(e) Died in a Home? **#** Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. **none** Stayed **days**  
(g) Lived in this county **21** years **?** months **?** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Buhl**  
(d) Street Address or R.F.D. No. **900 Blk. 11th**  
(e) Deceased lived Inside? **#** Outside? **city or town**  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **21** years  
(h) Former residence (city, state) **same**

## 3. (a) FULL NAME

**John W. Mills Sr.**

3. (b) If veteran, name war **none**  
3. (c) Social Security No. **519-01-2609**  
5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Ada Bell**  
6. (c) Age of husband or wife if alive **deceased** years  
7. Date of Birth (Month, Day, Year) **May 28, 1872**

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>7</b>	<b>14</b>	hrs min.

9. Exact Occupation **Laborer** Did this work for **Life** yrs.  
10. Industry or Business **none** Date last worked **1/10/48**  
11. Birthplace **Council Bluff, Iowa**  
(City or town) (State or foreign country)

- Mother Father  
12. Name **John W. Mills**  
13. Birthplace **Unknown**  
(City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **John W. Mills**  
and Address **Klamath Falls, Oregon**  
17. (a) **Removal** (b) Date thereof **1/15/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Ogden, Utah**

18. Funeral Director's OWN Signature **B. J. Chertson**  
and Address **Buhl, Idaho**

19. (a) **1-19-48** (b) **Lucius M. Healy**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **January 11, 1948**  
at **6:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **12:00** to **6:30** 19 **48**

I last saw h. **alive** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Heart attack** Duration

Due to **Heart attack**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation **Date**  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **✓** Suicide? **✓** Homicide? **✓**  
Occurred **Jan 11, 1948** City, county, state **Buhl, Twin Falls, Idaho**  
where violence occurred **Buhl, Twin Falls, Idaho**  
Place of Violence: Home **✓** Farm **✓** Industry **✓**  
Public Place **✓** While at work? **✓**

- Means of injury **22 short bullet (an)**  
23. Attendant's OWN Signature **J. J. Chertson**  
and Address **Buhl, Idaho** Date **1-15-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 12 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 375  
Local Reg. No. 345  
Reg. Dist. No. 160

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R.F.D. No. 503 12 Ave. No.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 20 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. 503 12 Ave. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Hamilton Ohio

3. (a) FULL NAME

Mrs. Lillian Baker

3. (b) If veteran, name war

3. (c) Social Security No. None

5. Color or race White

4. Sex Female

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife R. L. Baker

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) October 25, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>2</u>	<u>23</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.

10. Industry or Business worked Date last worked

11. Birthplace London Kentucky (City or town) (State or foreign country)

12. Name Enos Graybeal

13. Birthplace Ashville North Carolina (City or town) (State or foreign country)

14. Maiden name Elizabeth Bowman

15. Birthplace Booneville Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature W. H. Graybeal

and Address Castleton Idaho

17. (a) Burial (b) Date thereof 1/21/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature D. J. Robertson

and Address Buhl, Idaho

19. (a) 2-9-48 (b) Laurie M. Huey (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 17 1948 at 6:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 17 1948 to Jan 18 1948 I last saw her alive on Jan 17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Unknown - Duration

Probably Coronary thrombosis

Due to or a stroke 1 day

Due to Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Buhl, Idaho

Name of operation Date Underline the cause to which death should be charged statistically.

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Vern H. Anderson, M.D. (M. D. or other)

and Address Buhl, Idaho Date 1-19-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States *Idaho*  
Department of Commerce **RECEIVED**  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. *10AC 376*  
Local Reg. No. *320*  
Reg. Dist. No. *760*

JAN 23 1948

## 1. PLACE OF DEATH: DIVISION OF VITAL

- (a) County *Twin Falls*  
(b) City or town *Twin Falls*  
(c) Street Address or R.F.D. No. *RFD #2*  
(d) Death Occured Inside? Outside? *X* city or town  
(e) Died in a Home... Hospital... Institution *X* Other place...  
(f) Name Hosp. or Inst. *County Farm* Stayed... days  
(g) Lived in this county *42* years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State *Idaho* (b) County *T. Falls*  
(c) City or town *Twin Falls*  
(d) Street Address or R.F.D. No. *RFD #2*  
(e) Deceased lived Inside? Outside? *X* city or town  
(f) Citizen of what country? *United States*  
(g) How long had deceased lived in Idaho? *42* years  
(h) Former residence (city, state) *Nebraska*

3. (a) FULL NAME *Louis F. Pielstick*

3. (b) If veteran, name war... No. ...  
3. (c) Social Security No. ...  
5. Color or race *White*  
6. (a) Single, widowed, married, divorced *WIDOWED*  
6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... years  
7. Date of Birth (Month, Day, Year) *October 18, 1859*

8. AGE	Years	Months	Days	If less than 1 day
	<i>88</i>	<i>2</i>	<i>30</i>	hrs min.

9. Exact Occupation *Retired Farmer* Did this work for... yrs.  
10. Industry or Business... Date last worked...  
11. Birthplace *Tipton, Mo.* (City or town) (State or foreign country)

- Mother Father  
12. Name *Frederick Pielstick*  
13. Birthplace *Germany* (City or town) (State or foreign country)  
14. Maiden name *No inf.*  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature *P. L. Pielstick*  
and Address *Twin Falls, Idaho*

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof *1-20-48* (Month) (Day) (Year)  
(c) Place: *Oxford, Neb.*

18. Funeral Director's OWN Signature *W. J. Phillips*  
and Address *Twin Falls, Idaho*

19. (a) *1-19-48* (Date received and filed) (b) *W. J. Phillips* (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH *033B*

20. DATE OF DEATH (Month, Day, Year) *January 17* 19 *48*  
at *2:00* o'clock *P. M.*

21. I HEREBY CERTIFY, That I attended deceased from *3-29* 19 *47*, to *1-12* 19 *48*  
I last saw him alive on *1-17* 19 *48* death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Emphysema*  
*Emphysema* Duration *48 hrs.*

Due to...  
Due to...  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation... Date...  
Major finding...  
Finding of autopsy...  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred... 19... City, county, state where violence occurred  
Place of Violence: Home... Farm... Industry...  
Public Place... While at work?  
Means of injury...

23. Attendant's OWN Signature *W. J. Phillips* (M. D. or other)  
and Address *Twin Falls, Idaho* Date *1-19-48*  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 1 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 377  
Local Reg. No. 246  
Reg. Dist. No. 760

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R.F.D. No. # 3  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 35 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. # 3  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Roca Nebraska

## 3. (a) FULL NAME Arlo Amos Warner

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Louise  
6. (c) Age of husband or wife if alive 67 years  
7. Date of Birth (Month, Day, Year) December 31, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>0</u>	<u>18</u>	hrs min.

9. Exact Occupation Poultryman-Farm Did this work for Life yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Roca Nebraska (City or town) (State or foreign country)  
12. Name Haskell Warner  
13. Birthplace Elkator Iowa (City or town) (State or foreign country)  
14. Maiden name Ella Barker  
15. Birthplace Unknown Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Dever H. Warner  
and Address Buhl, Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/48 (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature B. J. Debertson  
and Address Buhl, Idaho

19. (a) 2-9-48 (Date received and filed) (b) Louise M. Warner (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 18 1948  
at 5:20 P.M. o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1948 to Jan 18, 1948  
I last saw him alive on Jan 19, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 1 day

Due to Chronic Myocarditis  
Due to         
Other conditions (Include pregnancy within 3 months of death)       

Where was disease contracted? Buhl, Ida  
Name of operation        Date         
Major finding         
Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?       

Means of injury         
23. Attendant's OWN Signature Dever H. Anderson, MD (M. D. or other)  
and Address Buhl, Ida Date 1-19-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
FEB 2 1949

# Certificate Of Death

STATE OF IDAHO

1948 378  
State File No. \_\_\_\_\_  
Local Reg. No. 232  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Hansen  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 14 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Hansen  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME James Jackson White

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced married  
4. Sex Male race White  
6. (b) Name of husband or wife Lillie May White 6. (c) Age of husband or wife if alive 40 years  
7. Date of Birth (Month, Day, Year) August 23, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>5</u>	<u>4</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Odesa, Mo. (City or town) (State or foreign country)

12. Name Thomas J. White  
13. Birthplace Kentucky (City or town) (State or foreign country)  
14. Maiden name Adeline Ashcraft  
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature James J. White  
and Address Hagerman, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-48 (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature L. Phillips  
and Address Twin Falls, Idaho

19. (a) 1-30-48 (Date received and filed) (b) L. Phillips (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 27 19 48  
at 4:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from April 19 43 to January 19 48

I last saw him alive on 1-26 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Right Heart Failure Chronic  
Due to hypertensive  
Heart Disease

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature James J. White (M. D. or other)  
and Address Hagerman, Idaho Date 1-28-48  
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

United States

Department of Commerce

Bureau of the Census

JAN 23 1948 CERTIFICATE OF DEATH

DIVISION OF VITAL STATE OF IDAHO

1948

379

State File No.

Local Reg. No. 211

Reg. Dist. No. 310

1. PLACE OF DEATH:

- (a) County Valley  
(b) City or town Cascade  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ✓ Hospital ✓ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Cascade Hosp Stayed 1 days  
(g) Lived in this county 43 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County valley  
(c) City or town Cascade  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Colorado

3. (a) FULL NAME

Mary Ellen Cromwell

106C

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife W.D. Cromwell 6. (c) Age of husband or wife if alive 74 years

7. Date of Birth (Month, Day, Year) SEPT. 2, 1974

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>4</u>	<u>7</u>	hrs min.

9. Exact Occupation House wife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Marshalltown, Iowa (City or town) (State or foreign country)

12. Name Wm. Woodward Dennis

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

14. Maiden name Celia A. Hall

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. J. L. Redmon and Address Cascade, Idaho

17. (a) Burial (b) Date thereof 1-11-48 (Month) (Day) (Year)

(c) Place Marquette Cem. Cascade

18. Funeral Director John J. Jones OWN Signature John J. Jones and Address \_\_\_\_\_

19. (a) Jan 7 - 1948 (b) Myrtle M. Gustafson (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 7 1948 at 9:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 9AM 1948 to Jan 7, 9:30PM 1948 I last saw her alive on Jan 7, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Laryngeal obstruction Duration 24 hrs.

Due to Laryngotracheitis 36 hrs.

Due to \_\_\_\_\_

Other conditions cardiac failure (Include pregnancy within 8 months of death)

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D. B. Patterson, M.D. and Address Cascade (M. D. or other) Date 1-7 1948 (For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

**CERTIFICATE OF DEATH**  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 209  
Reg. Dist. No. 310

1. **PLACE OF DEATH:**  
(a) County Valley  
(b) City or town Cascade  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Cascade Hosp Stayed 4 days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)  
(a) State Idaho (b) County Valley  
(c) City or town Cascade  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) New York

3. (a) **FULL NAME** JOHN DUGAN

3. (b) If veteran, name war Spanish Am. (c) Social Security No. \_\_\_\_\_  
5. Color or W. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rose (c) Age of husband or wife if alive 57 years  
7. Date of Birth (Month, Day, Year) April 28 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>8</u>	<u>14</u>	hrs min.

9. Exact Occupation Logger Did this work for 60 yrs.

10. Industry or Business Woods Date last worked 1936

11. Birthplace New York  
(City or town) (State or foreign country)

12. Name Mike Dugan

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Delia Morrison

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Floyd J. Sawyer  
and Address Cascade, Idaho

17. (a) Burial (b) Date thereof Jan 14, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Cascade, Idaho

18. Funeral Director's OWN Signature Clifford Shaper  
and Address Emmett, Idaho

19. (a) Jan 12, 1948 (b) Reggie Gardner  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH**  
(Month, Day, Year) Jan 12 1948  
at 6:15 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 8 1948, to Jan 12 1948  
I last saw him alive on Jan 12 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** Heart failure Duration 4 days

Due to Pneumonia 5 days

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature N. B. Patterson  
(M. D. or other)

and Address Cascade Date 1-12-1948

(For additional space, use reverse side)

1176

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 20 1948

# CERTIFICATE OF DEATH

## STATE OF IDAHO

State File No. 218  
Local Reg. No. 210  
Reg. Dist. No. 318

1. PLACE OF DEATH:
- (a) County Valley
- (b) City or town Cascade
- (c) Street Address or R. F. D. No. \_\_\_\_\_
- (d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. Co. Hospital Stayed 26 days
- (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 36 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_
- (c) City or town \_\_\_\_\_
- (d) Street Address or R. F. D. No. \_\_\_\_\_
- (e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? \_\_\_\_\_
- (g) How long had deceased lived in Idaho? \_\_\_\_\_ years
- (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Luther Glen Smith

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_
4. Sex M Color or race wh
5. Single, widowed, married, divorced \_\_\_\_\_
6. (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years
7. Date of Birth (Month, Day, Year) Jan. 11, 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>36</u> hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name Luther Glen Smith
13. Birthplace Wright Co. Missouri (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_
14. Maiden name Marjorie Fern Hoagland
15. Birthplace Husky Idaho (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Marjorie Fern Smith  
and Address Orchard, Ida

17. (a) Burial (b) Date thereof 1-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place Harvard Cem. Cascade Ida

18. Funeral Director's OWN Signature Arne  
and Address \_\_\_\_\_

19. (a) Jan 14 1948 (b) Arne M. Gaudin  
(Date received and filed) (Registrar's signature)

### MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 13 1948  
at 1 o'clock 4 M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 11 1948, to Jan 13 1948.  
I last saw him alive on Jan 12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: ANOXIA Duration 36 hrs.

Due to pathologic delivery (Placenta Previa)

Due to \_\_\_\_\_

Other conditions Possible congenital Thoracic defect  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. B. Patterson MD  
(M. D. or other)

and Address Cascade Date Jan 13 1948

(For additional space, use reverse side)

RECEIVED **Certificate Of Death**  
FEB 10 1948 STATE OF IDAHO

1948  
State File No. 382  
Local Reg. No. 212  
Reg. Dist. No. 310

PLACE OF DEATH DIVISION OF VITAL

- (a) County Valley  
(b) City or town Near McCall  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. .... Stayed 20 days  
(g) Lived in this county 20 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, 0 FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Valley  
(c) City or town McCall  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Anderson Riley Marquess

3. (b) If veteran, name war W.W.#2 3. (c) Social Security No. 518-07-4984  
5. Color or White 6. (a) Single, widowed, married, divorced divorced  
4. Sex Male 6. (b) Name of husband or wife XXXXXX 6. (c) Age of husband or wife if alive XXXXXX years  
7. Date of Birth (Month, Day, Year) November 27 1914

8. AGE	Years	Months	Days	If less than 1 day
<u>33</u>	<u>2</u>	<u>4</u>	<u>hrs</u>	<u>min.</u>

9. Exact Occupation Logger Did this work for 1946 yrs.  
10. Industry or Business Lumbering Date last worked 1/31/48  
11. Birthplace Eden Idaho (City or town) (State or foreign country)

12. Name Kelsie Marquess  
13. Birthplace Missouri (City or town) (State or foreign country)  
14. Maiden name Cora M. Cox  
15. Birthplace Caldwell, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Mar Cora Perrett and Address 409 W - 1st St.

17. (a) Removal (b) Date thereof 1/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Weiser, Idaho

18. Funeral Director's OWN Signature C. Jones and Address Northam Jones, Weiser, Idaho

19. (a) Feb 5 1948 (b) Myrtle Gardner  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 31 1948  
at 4:30 o'clock P M.

21. I HEREBY CERTIFY That I attended deceased from Jan 19 1948 to Jan 31 1948  
I last saw h. alive on Jan 31 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart disease Duration 1 hr.

Due to internal injury

Due to .....  
Other conditions (Include pregnancy within 8 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? X Homicide? X  
Occurred Jan 31 1948 City, county, state Valley, Idaho  
where violence occurred South Main St.  
Place of Violence: Home X Farm X Industry X  
Public Place X While at work? X  
Means of injury Barbed wire fence

23. Attendant's OWN Signature Dr. J. H. Heston (M. D. or other)  
and Address McCall, Idaho Date 1/31/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Do not use ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

448  
VITAL

# Certificate Of Death

STATE OF IDAHO

948  
State File No. 383  
Local Reg. No. 1  
Reg. Dist. No. 520

## 1. PLACE OF DEATH:

- (a) County Washington
- (b) City or town Weiser
- (c) Street Address or R.F.D. No. ....
- (d) Death Occured Inside?..... Outside? X city or town
- (e) Died in a Home..... Hospital X Institution..... Other place.....
- (f) Name Hosp. or Inst. .... Stayed..... days
- (g) Lived in this county 45 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington
- (c) City or town Weiser, Idaho
- (d) Street Address or R.F.D. No. ....
- (e) Deceased lived Inside? X Outside?..... city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 45 years
- (h) Former residence (city, state) Missouri

## 3. (a) FULL NAME Delia Carrell

- 3. (b) If veteran, name None
- 3. (c) Social Security No. None
- 5. Color or White
- 6. (a) Single, widowed, married, divorced Widowed
- 4. Sex Female
- 6. (b) Name of husband or wife Luther L.
- 6. (c) Age of husband or wife if alive ..... years
- 7. Date of Birth October 24 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>2</u>	<u>16</u>	hrs min.

- 9. Exact Occupation Housewife Did this work for Life yrs.
- 10. Industry or Business ..... Date last worked 1946
- 11. Birthplace Montgomery County Missouri

- 12. Name John Walker
- 13. Birthplace Missouri
- 14. Maiden name Don't Know
- 15. Birthplace !!

16. Informant's OWN Signature L.D. Carrell  
and Address 5907-K Highland Place

- 17. (a) Burial (b) Date thereof 1/13/48
- (c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature C. Jones  
and Address Northam Jones, Weiser, Idaho

- 19. (a) 1/12/48 (b) Married Shell

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 9 1948  
6:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 27 1947 to Jan 9 1948  
I last saw him alive on Jan 9 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Perforated Stomach Duration

Due to Hypertension  
Due to Chronic Nephritis  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred ..... 19..... City, county, state where violence occurred

Place of Violence: Home..... Farm..... Industry.....  
Public Place..... Where at work?.....  
Means of injury MD McLaughlin MD

23. Attendant's OWN Signature MD McLaughlin MD  
and Address Weiser, Idaho (M. D. or other) Date 1/22/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Weiser Gen. Stayed 1 days  
(g) Lived in this county 40 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Neah  
(c) City or town Midvale  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Texas

3. (a) FULL NAME JOHN LAVERTY  
3. (b) If veteran, name war 6 3. (c) Social Security No. -----  
5. Color or 6 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) August 19 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>4</u>	<u>28</u>	hrs min.

9. Exact Occupation Farmer Did this work for ----- yrs.  
10. Industry or Business ----- Date last worked -----  
11. Birthplace Cook Co., Texas  
(City or town) (State or foreign country)

12. Name on't know  
13. Birthplace "  
(City or town) (State or foreign country)  
14. Maiden name on't know  
15. Birthplace "  
(City or town) (State or foreign country)

16. Informant's OWN Signature R. J. Meriman  
and Address Co. Super, Public Welfare

17. (a) Burial (b) Date thereof Jan 20 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho.

18. Funeral Director's OWN Signature U. S. Jones  
and Address Weiser, Idaho

19. (a) 1/20/48 (b) Charlie N. Shell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 131A 093D

20. DATE OF DEATH (Month, Day, Year) Jan 17 1948  
at 6:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 15 1948 to Jan 17 1948  
I last saw him alive on Jan 17 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis Duration  
Due to My peritonitis  
Due to Chronic Myocarditis  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature M. McGrath md  
and Address Weiser, Idaho (M. D. or other) Date 1/20/48 19  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 30 1948  
DIVISION OF VITAL

Dr. Schmitz  
**Certificate Of Death**

STATE OF IDAHO

1948  
State File No. **385**  
Local Reg. No. **3**  
Reg. Dist. No. **320**

1. PLACE OF DEATH: STATISTICS
- (a) County Washington
  - (b) City or town Weiser
  - (c) Street Address or R.F.D. No. 828 E. Commercial
  - (d) Death Occurred Inside? X Outside? city or town
  - (e) Died in a Home Hospital Institution Other place
  - (f) Name Hosp. or Inst. Stayed days
  - (g) Lived in this county 20 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho
  - (b) County Washington
  - (c) City or town Weiser
  - (d) Street Address or R.F.D. No. 828 E. Comm.
  - (e) Deceased lived Inside? X Outside? city or town
  - (f) Citizen of what country? U.S.
  - (g) How long had deceased lived in Idaho? 20 years
  - (h) Former residence (city, state) Ark. and Ill.

3. (a) FULL NAME **FRANK REMBERT**

- 3. (b) If veteran, name war No
- 3. (c) Social Security No. No
- 5. Color or Male race Married
- 6. (a) Single, widowed, married, divorced Married
- 6. (b) Name of husband or wife Rosie
- 6. (c) Age of husband or wife if alive 85 years
- 7. Date of Birth (Month, Day, Year) 1962

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>			hrs min.

- 9. Exact Occupation Retired Rancher Did this work for 40 yrs.
- 10. Industry or Business worked Date last worked 1942
- 11. Birthplace Portsmouth, Ohio  
John (City or town) (State or foreign country)
- 12. Name Frank Rembert
- 13. Birthplace Portsmouth, Ohio  
(City or town) (State or foreign country)
- 14. Maiden name Anne
- 15. Birthplace New York State  
(City or town) (State or foreign country)
- 16. Informant's OWN Signature Sadie Rembert  
and Address 620 State St. Weiser Ida
- 17. (a) Burial (b) Date thereof Jan 21 48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Hillcrest Cemetery
- 18. Funeral Director's OWN Signature A. L. Jones  
and Address Weiser, Idaho
- 19. (a) Jan 20 1948 (b) Marie V. Shell  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) Jan 17 1948  
at 7:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1-15-1947 to 1-17-1948  
I last saw him alive on 11-10-1947 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction Duration 2 1/2

Due to Myocardial Infarction

Due to Myocardial Infarction

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Myocardial Infarction

Name of operation Myocardial Infarction Date Myocardial Infarction

Major finding Myocardial Infarction

Finding of autopsy Myocardial Infarction

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Myocardial Infarction Suicide? Myocardial Infarction Homicide? Myocardial Infarction
- Occurred Myocardial Infarction 19 Myocardial Infarction City, county, state where violence occurred
- Place of Violence: Home Myocardial Infarction Farm Myocardial Infarction Industry Myocardial Infarction
- Public Place Myocardial Infarction While at work? Myocardial Infarction
- Means of injury Myocardial Infarction
23. Attendant's OWN Signature Marie V. Shell (Ward D. or other)
- and Address 1/20/48 Date 19
- (For additional space, see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
JAN 30 1948  
DIVISION OF VITAL STATISTICS

Dr. McGrath  
**Certificate Of Death**  
STATE OF IDAHO

48  
State File No. 386  
Local Reg. No. 4  
Reg. Dist. No. 320

1. PLACE OF DEATH: STATISTICS  
(a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Weiser Gen. Stayed \_\_\_\_\_ days  
(g) Lived in this county 32 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 439 West Main  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 1/2 years  
(h) Former residence (city, state) Picabo, Idaho.

3. (a) FULL NAME PATIENCE AYERS CURTIS  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Single  
4. Sex Female race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March, 12, 1906

8. AGE	Years	Months	Days	If less than 1 day
	42	10	8	hrs min.

9. Exact Occupation No Occupation Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business None Date last worked \_\_\_\_\_  
11. Birthplace Picabo, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Orrin Tillson Curtis  
13. Birthplace Franklin, Nebr. (City or town) (State or foreign country)  
14. Maiden name Patience Ayers Stover  
15. Birthplace Beatrice, Nebr. (City or town) (State or foreign country)  
16. Informant's OWN Signature Mrs. Patience A. Curtis  
and Address 439 W. Main St.  
17. (a) Burial (b) Date thereof 1/23/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. - Weiser, Idaho.  
18. Funeral Director's OWN Signature Don Jones  
and Address Northam Jones - Weiser, Idaho  
19. (a) 1/2/1948 (b) Donna H. Shell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) January 20 19 48  
at 9:40 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1947 to Jan. 20, 1948  
I last saw him alive on Jan. 20, 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Hypertensive Pneumonia Duration 2 Days  
Due to High Blood Pressure 2 mo.  
and Congestive Heart Failure 1947.  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred NOV 22, 1947 19 \_\_\_\_\_ City, county, state  
where violence occurred Weiser, Idaho  
Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Hot Water Burns  
23. Attendant's OWN Signature Dr. McGrath M.D. (M. D. or other)  
and Address Weiser, Idaho Date 1/21/48  
(For additional space, use reverse side)

181X

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JAN 30 1948

Dr. McGrath  
**Certificate Of Death**

STATE OF IDAHO

948  
State File No. 387  
Local Reg. No. 5  
Reg. Dist. No. 320

1. PLACE OF DEATH: Washington  
(a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. X  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 2 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 451 E. Galloway  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Mitchell, Ore.

3. (a) FULL NAME Martha Jane Frank

3. (b) If veteran, ---- name war ---- No. ----  
5. Color or Wh. 6. (a) Single, widowed, married, divorced Widowed  
4. Sex F. race Wh. 6. (c) Age of husband or wife if alive 18 years  
7. Date of Birth (Month, Day, Year) March, 6, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>10</u>	<u>14</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Own Home Date last worked 1944  
11. Birthplace Ash County, No. Carolina.  
(City or town) (State or foreign country)

12. Name David Osborn  
13. Birthplace No. Carolina  
(City or town) (State or foreign country)  
14. Maiden name Martha Roark  
15. Birthplace No. Carolina  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lucille Laughter (Laughter.)  
and Address Weiser, Idaho.

17. (a) Burial (b) Date thereof 1/22/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Ida.

18. Funeral Director's OWN Signature C. S. Jones  
and Address Northam-Jones--Weiser, Idaho.

19. (a) 1-21-1948 (b) Marie X Shell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Jan, 20, 1948  
(Month, Day, Year) 11:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1948 to Jan 20, 1948  
I last saw her alive on Jan 20, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Arterial Hemorrhage Duration Days  
Hypertension

Due to Hypertension

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline the cause to which death should be charged statistically.  
Major finding PHYSICIAN  
Finding of autopsy PHYSICIAN

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature Dr. McGrath (M. D. or other)  
and Address ----- Date 1/21 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
FEB - 1948  
OF VITAL STATE OF IDAHO

State File No. 383  
Local Reg. No. 7  
Reg. Dist. No. 320

1. PLACE OF DEATH: Washington  
(a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No.   
(d) Death Occurred Inside? X Outside?  city or town  
(e) Died in a Home  Hospital X Institution  Other place   
(f) Name Hosp. or Inst. Weiser Stayed 2 days  
(g) Lived in this county  years  months  days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 244 E. Commercial  
(e) Deceased lived Inside? X Outside?  city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 72 years  
(h) Former residence (city, state) Cambridge, Idaho

3. (a) FULL NAME Jediah L. Starr

3. (b) If veteran, name war None  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive XXXXXX years

7. Date of Birth (Month, Day, Year) March 26 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>10</u>	<u>2</u>	hrs min.

9. Exact Occupation Retired Rancher Did this work for 40 yrs.  
10. Industry or Business  Date last worked 1939  
11. Birthplace Boone Iowa (City or town) (State or foreign country)

12. Name Sydney Starr  
13. Birthplace Don't Know (City or town) (State or foreign country)  
14. Maiden name Ann Harris  
15. Birthplace Boone, Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Estelle Raynes Cousin  
and Address 5969 46 South Seattle 8 Wn.

17. (a) Burial (b) Date thereof 1/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature C. Jones  
and Address Weiser, Idaho

19. (a) 1/30/48 (b) Marie V. Shell  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) January 28 1948  
at 6:00 P.M. o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 26 1948 to Jan 28 1948  
I last saw him alive on Jan 28 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Ischemic Heart Disease  
Due to Coronary Atherosclerosis

Due to   
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?   
Name of operation  Date   
Major finding   
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state   
where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature MS McShath MD  
and Address Weiser, Idaho (M. D. or other) Date 1/30/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

FEB 13 1948

DIVISION OF VITAL

STATE OF IDAHO

# Certificate of Death

Sumrell 1948

State File No. 389  
Local Reg. No. 45  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1723. Washington  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1723. Washington  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Gilbert Lee Cleverly.

3. (b) If veteran, name war World War # 1.  
3. (c) Social Security No. 518- 07- 7438

5. Color or White  
4. Sex Male race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Grace Cleverly.  
6. (c) Age of husband or wife if alive 47 years

7. Date of Birth (Month, Day, Year) February. 20. 1892.

8. AGE	Years	Months	Days	If less than 1 day
	<u>56.</u>	<u>0.</u>	<u>11.</u>	hrs. min.

9. Exact Occupation Wholesale Glass Paint. Did this work \_\_\_\_\_ yrs.

10. Industry or Business W.P. Fuller & Company Date last worked Feb. 4, 1948

11. Birthplace Idaho Falls, Idaho.  
(City or town) (State or foreign country)

12. Name Able. C. Cleverly.

13. Birthplace London, England.  
(City or town) (State or foreign country)

14. Maiden name Virginia May Louder.

15. Birthplace Virginia.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Grace Cleverly  
and Address 1723 Wash St.

17. (a) Burial. (b) Date thereof Feb. 4, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Boise Mausoleum.

18. Funeral Director's OWN Signature Charles E. Summerson  
and Address Boisem Idaho.

19. (a) 2-5-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February. 1. 19 48.  
at 4.10. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 19 43 to Feb. 1 19 48  
I last saw h. in alive on Feb. 1 19 48;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary Occlusion  
Due to Coronary occlusion

Duration 6 hr.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

### Where was disease contracted?

Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature O. T. Summerson M.D.  
(M. D. or other)

and Address Boise Ida Date 2-5- 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Hamilton Ph RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

FEB 13 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
Certificate of Death

1948  
State File No. 390  
Local Reg. No. 40  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 111 S. 13th St  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 111 S. 13th St  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Marko Osick

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 39 years

7. Date of Birth (Month, Day, Year) Aug. 24th 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>5</u>	<u>8</u>	hrs. min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Nobi Yugoslavia (City or town) (State or foreign country)

12. Name John Osick

13. Birthplace Yugoslavia (City or town) (State or foreign country)

14. Maiden name Annie Kosovich

15. Birthplace Yugoslavia (City or town) (State or foreign country)

16. Informant's OWN Signature Mary Osick and Address 111 S. 13th St

17. (a) Burial (b) Date thereof 2/4/1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreibert McClure and Address Boise

19. (a) 2-3-48 (b) J. J. Sharp (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 2-2 19 48

at \_\_\_\_\_ o'clock A M.

21. I HEREBY CERTIFY That I attended deceased from Sept. 8 19 47 to 2-2 19 48

I last saw him alive on 2-1 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Left hemiplegia Duration Sept. 2-47

Due to stroke - hemorrhage in right fissure Roland 2-2-48

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. O. Hamilton (M. D. or other)

and Address Boise, Ida Date 2-2 19 48 (For additional space, use reverse side)

053A

096

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
FEB 12 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

137 all day 1948

State File No. \_\_\_\_\_  
Local Reg. No. 42  
Reg. Dist. No. 370

391

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 2 days  
(g) Lived in this county 23 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 212 Orchard St.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

Nellie Bell Gillenwater.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or White. 6. (a) Single, widowed, married, divorced Widow.  
4. Sex Female. 6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) September. 11. 1889.

8. AGE	Years	Months	Days	If less than 1 day
	<u>58.</u>	<u>4</u>	<u>21.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Post, Oregon. (City or town) (State or foreign country)

12. Name Wallace Post.  
13. Birthplace Unknown. (City or town) (State or foreign country)  
14. Maiden name Unknown.  
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Chloe B. Bart  
and Address 1729 Manhattan ave, Boise

17. (a) Burial. (b) Date thereof Feb. 5. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Charles E. Summers  
and Address Boise, Idaho.

19. (a) 2-4-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February. 2. 1948.  
at 5 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from Jan 31 1948 to Feb 2 1948

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Marked anemia  
Terminal bronchopneumonia

Due to Cirrhosis of liver

Due to \_\_\_\_\_  
Other conditions Pulmonary edema  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy As above

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

23. Attendant's OWN Signature H. N. Brantley MD  
(M D. or other)  
and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_  
(For additional space, use reverse side)

025

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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FEB 13 1948  
OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **392**  
Local Reg. No. **4**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St. Lukes Hospital  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place city or town  
(f) Name Hosp. or Inst. St. Lukes Stayed days  
(g) Lived in this county 48 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Eagle  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

DAVID HOLT WASHAM

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color, race

## 6. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth (Month, Day, Year)

November 15, 1858

8. AGE	Years	Months	Days	If less than 1 day
89	2	18	hrs	min.

## 9. Exact Occupation

Farmer

## Did this work for yrs.

## 10. Industry or Business

## Date last worked

## 11. Birthplace (City or town) (State or foreign country)

Mound City, Missouri

## 12. Name

David H. Washam

## 13. Birthplace (City or town) (State or foreign country)

Virginia

## 14. Maiden name

Susane Hutton

## 15. Birthplace (City or town) (State or foreign country)

Virginia

## 16. Informant's OWN Signature

Esther M. Campbell

## and Address

San Francisco, California

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof

2/5/48

## (c) Place: Morris Hill, Boise, Idaho

## 18. Funeral Director's OWN Signature

McBrawney Fowler Chapel

## and Address

419 No. 9th, Boise, Idaho

## 19. (a) (Date received and filed) (b) (Registrar's signature)

2-6-48

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

February 3, 1948

## at

6:00 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1/29/48, to 2/3/48, 1948

I last saw him alive on 2/3/48, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Coronary Recompensation

## Due to

Arteriosclerosis of heart

## Due to

Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature

and Address

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Hamilton

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

FEB 13 1948

DIVISION OF VITAL  
STATISTICS  
Ada

# Certificate of Death

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1948

393

26

370

1. PLACE OF DEATH
- (a) County.....
- (b) City or town..... Boise
- (c) Street Address or R.F.D. No..... 1715 No. 7th St
- (d) Death Occurred Inside?..... Outside?..... city or town
- (e) Died in a Home?..... Hospital..... Institution..... Other place.....
- (f) Name Hosp. or Inst..... Stayed..... days
- (g) Lived in this county..... 28 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State..... Idaho (b) County..... Ada
- (c) City or town..... Boise
- (d) Street Address or R.F.D. No..... 1715 N. 7th St
- (e) Deceased lived Inside?..... X Outside?..... city or town
- (f) Citizen of what country?..... U.S.A.
- (g) How long had deceased lived in Idaho?..... 48 years
- (h) Former residence (city, state).....

3. (a) FULL NAME Christina A. Johnston

3. (b) If veteran, name war..... None
3. (c) Social Security No..... None
5. Color or.....
4. Sex Female Race white
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) July 18th 1859

8. AGE	Years	Months	Days	If less than 1 day
	88	6	15	hrs. min.

9. Exact Occupation Housewife Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace Stockholm Sweden (City or town) (State or foreign country)

12. Name Thornrose

13. Birthplace Sweden (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature..... and Address..... 1715-4-7-2

17. (a) Burial (b) Date thereof 2/6/1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature..... and Address..... Boise

19. (a) 2-5-48 (b) N. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 3 1948 at 4-45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 2-2-48 to 2-3-48 I last saw her alive on 2-3-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Sudden

Due to Hypertension

Due to Angina Pectoris

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature..... (M.D. or other)

and Address..... Boise Idaho Date 2-4-48 (For additional space, use reverse side)

096

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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FEB 18 1948  
OF VITAL

STATE OF IDAHO

State File No. 394  
Local Reg. No. 54  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 2 Hrs.  
(g) Lived in this county 6 years 8 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1126, Lee St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Missouri

3. (a) FULL NAME

Charles Edward Miller.

3. (b) If veteran, name war

No.

3. (c) Social Security No.

519-01-9465

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mattie. B. Miller.

6. (c) Age of husband or wife if alive 61 years

7. Date of Birth (Month, Day, Year) September. 1. 1879.

8. AGE	Years	Months	Days	If less than 1 day
	<u>68.</u>	<u>5.</u>	<u>3.</u>	hrs. min.

9. Exact Occupation Order Clerk. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Mountain States Wholesale Grocery. Date last \_\_\_\_\_

11. Birthplace Mc Falls, Missouri. (City or town) (State or foreign country)

12. Name Unknown.

13. Birthplace Unknown. (City or town) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Marion Rivers

and Address Box 746 Emmett Idaho

17. (a) Burial. (b) Date thereof Feb. 7. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clayde E. Bergman.

and Address Boise, Idaho.

19. (a) 2-10-48 (b) H. Sharp (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February. 4. 19 48. at 6.05. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to Feb 4 19 48

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 2 hours

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. Sharp (M. D. or other) and Address Boise Date 2/9 19 48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Assistant must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
FEB 18 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 395  
Local Reg. No. 51  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. St. Alphonsus ..... days  
(g) Lived in this county..... years 6 months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Route #2  
(e) Deceased lived Inside? ..... Outside? X ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Mary Lou Sparks

3. (b) If veteran, name war ..... No. ....  
5. Color of W 6. (a) Single, widowed, married, divorced .....  
4. Sex F race .....  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) July 27-1947

8. AGE	Years	Months	Days	If less than 1 day
-	6	9	hrs	min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Boise, Idaho  
(City or town) (State or foreign country)  
Mother { 12. Name James Raymond Sparks  
Father { 13. Birthplace West Plains, Missouri  
(City or town) (State or foreign country)  
14. Maiden name Audrey Iola Nugent  
15. Birthplace Enid, Oklahoma  
(City or town) (State or foreign country)

16. Informant's OWN Signature Raymond Sparks  
and Address Boise, Idaho IT#2  
17. (a) Burial (b) Date thereof 2-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill  
18. Funeral Director's Peckham-Bakan Chapel  
OWN Signature W. J. Peckham  
and Address Caldwell, Idaho  
19. (a) 2-10-48 (b) B. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 6 19 48  
(Month, Day, Year) at About 9 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 5 1948 to Feb 6 1948  
I last saw her alive on Feb 6 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Broncho pneumonia 2 days  
Due to .....

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? Home  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature M. J. Submunden  
(M. D. or other) and Address Boise, Idaho Date 2-7 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
FEB 12 1948  
OFFICE OF VITAL STATISTICS  
Certificate of Death  
STATE OF IDAHO

1948  
a. B. Borch  
State File No. 396  
Local Reg. No. 52  
Reg. Dist. No. 370

1. PLACE OF DEATH: (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus days 2  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 5  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) X

3. (a) FULL NAME Zella Darley.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or \_\_\_\_\_  
4. Sex Female race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Carl J. Darley. 6. (c) Age of husband or wife if alive 28 years

7. Date of Birth December 28, 1919.

8. AGE	Years	Months	Days	If less than 1 day
	<u>28.</u>	<u>1.</u>	<u>8.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Poplar, Idaho.  
(City or town) (State or foreign country)

Father { 12. Name Parley M. Bassett.

13. Birthplace Clarkston, Utah.  
(City or town) (State or foreign country)

Mother { 14. Maiden name Martha Pitman.

15. Birthplace Milo, Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Paul T. Darley  
and Address RFD-5 Boise

17. (a) Removal. (b) Date thereof Feb. 8, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rupert, Idaho.

18. Funeral Director's Summers Funeral Home.  
OWN Signature Clyde E. Summers

and Address Boise, Idaho.

19. (a) 2-10-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 6, 1948.  
(Month, Day, Year) at 1.30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 6-6-48 to 2-6-48  
I last saw h. on alive on 2-6-48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute eclampsia of pregnancy Duration 48 hrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operator Caesarian S. Date 2-6-48  
Major finding \_\_\_\_\_  
Finding of autopsy No autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature C. B. Borch M.D.  
(M. D. or other)  
and Address Boise Date 2-9-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPT. OF VITAL

STATE OF IDAHO

RECEIVED

FEB 18 1948

# Certificate of Death

1948  
Everett Jones 397  
State File No. 53  
Local Reg. No. 370  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home X Hospital X Institution    Other place     
(f) Name Hosp. or Inst. St. Alphonsus    days  
(g) Lived in this county 2 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 2  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Wyoming

3. (a) FULL NAME Kathryn Filuria Sparks

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife Homer Lester Sparks  
6. (c) Age of husband or wife if alive 48 years

7. Date of Birth (Month, Day, Year) August 12, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>5</u>	<u>24</u>	hrs. min.

9. Exact Occupation At Home Did this work for    yrs.  
10. Industry or Business    Date last worked

11. Birthplace Elmer, Missouri  
(City or town) (State or foreign country)

12. Name Abraham Dallas Banning

13. Birthplace Missouri  
(City or town) (State or foreign country)

14. Maiden name Julia Ann Kessenger

15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Homer Lester Sparks  
and Address Route # Boise Idaho

17. (a) Burial (b) Date thereof Feb. 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Clayde E. Summers  
and Address Boise Idaho

19. (a) 2-10-48 (b) D. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 6, 1948  
at 7:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1/12 1948 to 1/30 1948  
I last saw h.    alive on 1/30 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Intestinal Obstruction Duration 8 days

Due to Sarcinomatosis 3 mo.

Due to Cancer of Colon 1-28-48?  
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?     
Name of operation Explantation Date     
Major finding Carcinomatosis  
Finding of autopsy 0

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?   

Means of injury     
23. Attendant's OWN Signature Everett Jones (M. D. or other)     
and Address Boise Idaho Date 2/9 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
FEB 13 1948  
DIVISION OF VITAL STATISTICS  
Certificate of Death  
STATE OF IDAHO

State File No. 398  
Local Reg. No. 47  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus Stayed \_\_\_\_\_ days  
(g) Lived in this county 47 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Star  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Missouri

3. (a) FULL NAME John James Garrett

3. (b) If veteran, name war None 3. (c) Social Security No. One  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Jan. 10th 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>0</u>	<u>26</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Lebanon Missouri  
(City or town) (State or foreign country)

12. Name Henry Garrett  
13. Birthplace Missouri  
(City or town) (State or foreign country)

14. Maiden name Martha Hutzel  
(City or town) (State or foreign country)

15. Birthplace Tennessee  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ersie Ballard  
and Address Star Idaho

17. (a) Burial (b) Date thereof 2/9/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Star Cemetery

18. Funeral Director's OWN Signature Schreibner McLaure  
and Address Boise

19. (a) 2-9-48 (b) J. J. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 2-6-1948  
at 10:34 o'clock a.M.

21. I HEREBY CERTIFY, That I attended deceased from 2-4-48 to 2-6-48  
I last saw him alive on 2-6-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Pulmonary em bolus Duration 8 day

Due to Thrombosis of Thigh veins 5 day

Due to Fracture, Sigmoid R. fem. 6 day

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Coronary Sclerosis Intest.

Where was disease contracted? \_\_\_\_\_

Name of operation Arteriotomy Date 2-6-48

Major finding Fracture R. fem.

Finding of autopsy Pulmonary embolus  
Coronary Sclerosis, post R. fem.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Home 1948 City, county, state Boise

where violence occurred \_\_\_\_\_

Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Slipped & fell

Attendant's OWN Signature J. J. Sharp  
(M. D. or other)  
and Address Boise Date 2-8-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 18 1948

DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. **399**  
Local Reg. No. **65**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R. F. D. No. -----  
(d) Death Occurred Inside? ----- Outside? ----- city or town  
(e) Died in a Home ----- Hospital ----- Institution ----- Other place -----  
(f) Name Hosp. or Inst. **St. Luke's** Stayed ----- days  
(g) Lived in this county ----- years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Valley**  
(c) City or town **McCall**  
(d) Street Address or R.F.D. No. -----  
(e) Deceased lived Inside? ----- Outside? ----- city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **35** years  
(h) Former residence (city, state) -----

## 3. (a) FULL

NAME **Mona Letta Cochran**

## 3. (b) If veteran,

name war -----

## 3. (c) Social Security

No. -----

5. Color or

6. (a) Single, widowed, married,

4. Sex **female** race **white**

divorced **married**

6. (b) Name of husband or

6. (c) Age of husband or wife if

wife **Merle Cochran**

alive **42** years

## 7. Date of Birth

(Month, Day, Year) **August 22, 1912**

8. AGE	Years	Months	Days	If less than 1 day
	<b>35</b>	<b>5</b>	<b>14</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for ----- yrs.

10. Industry or Business **Home** Date last worked -----

11. Birthplace **New Plymouth, Idaho**  
(City or town) (State or foreign country)

12. Name **B.C. Bertleson**

13. Birthplace **New York State**  
(City or town) (State or foreign country)

14. Maiden name **Ada Zufelt**

15. Birthplace **Arizona**  
(City or town) (State or foreign country)

16. Informant's **Merle Cochran**  
OWN Signature  
and Address **Caldwell, Idaho**

17. (a) **removal** (b) Date thereof **2-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Payette, Idaho**

18. Funeral Director's **Giffard R. Shaffer E-344**  
OWN Signature  
and Address **Payette, Idaho**

19. (a) **2-12-48** (b) **Shaffer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **February 6** 19 **48**  
at **02:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 1947**, to **Feb 6 1948**

I last saw her alive on **2-6 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

**Carcinoma of cervix** **2 1/2 yrs.**

Due to -----

Due to -----

Other conditions -----

(Include pregnancy within 3 months of death)

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to EXTERNAL CAUSES, also fill in the fol-  
lowing: Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's

OWN Signature **James H. D.**

(M. D. or other)

and Address **Boise, Idaho** Date **2-11-48**

(For additional space, use reverse side)

204

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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FEB 18 1948

DIVISION OF VITAL  
STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 400  
Local Reg. No. 64  
Reg. Dist. No. 370

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Lukes. Stayed 10 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 10 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho. (b) County Twin Falls.  
(c) City or town Twin Falls.  
(d) Street Address or R.F.D. No. R.D. # 1.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Ohio.

3. (a) FULL NAME Albert Prince Rouch.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married.  
4. Sex Male. race White.

6. (b) Name of husband or wife Talitha Louise Rouch. 6. (c) Age of husband or wife if alive 71 years

7. Date of Birth (Month, Day, Year) February 7, 1871.

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>0</u>	<u>0</u>	hrs. min.

9. Exact Occupation Farmer. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Osceola, Ohio.  
(City or town) (State or foreign country)

Father { 12. Name Henry Rouch.

13. Birthplace Germany.  
(City or town) (State or foreign country)

Mother { 14. Maiden name Suzanna Weisner.

15. Birthplace Germany.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lawrence P. Rouch  
and Address Takerville and R.A.

17. (a) Burial. (b) Date thereof Feb. 11, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Twin Falls, Idaho.

18. Funeral Director's OWN Signature Chas. E. Summers  
and Address Boise, Idaho.

19. (a) 2-12-48 (b) B. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 7, 1948.  
at 9:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 2 1948 to Feb 7 1948.  
I last saw him alive on Feb 7 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of descending colon Duration 4 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation existing Date 4/4/48

Major finding Carcinoma of colon

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. A. Aselsch

and Address Boise Idaho Date 2-11-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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FEB 18 1948

DIVISION OF VITAL STATISTICS

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. **401**  
Local Reg. No. **58**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 414 Washington St  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 1 years 1 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Montana (b) County Sanders  
(c) City or town Heron  
(d) Street Address or R.F.D. No. ☐  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Mont.

## 3. (a) FULL NAME Mary Laura Lee

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or Face White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) Dec. 8th. 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>2</u>	<u>0</u>	hrs. min.

9. Exact Occupation Housewife Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace Canton Montana (City or town) (State or foreign country)  
Father { 12. Name Flavius J. Keene  
13. Birthplace Virginia (City or town) (State or foreign country)  
Mother { 14. Maiden name Harriet B. Davis  
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Bertrude M. Lee  
and Address 414 Washington St. Boise Idaho

17. (a) Removal (b) Date thereof 2/10/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Heron Montana

18. Funeral Director's OWN Signature Schreiber McCann  
and Address Boise J.J. McCann

19. (a) 2-9-48 (b) J.J. McCann  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 2-8-1948  
at 7:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from April 1947 to 2-8 1948  
I last saw h. en alive on 2-7 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myelogram Leukemia Duration 2 years

Due to ☐  
Due to ☐  
Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred.  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury ☐  
23. Attendant's OWN Signature O. J. Amicell M.D. (M. D. or other)  
and Address ☐ Date ☐ 19 ☐  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
FEB 18 1948  
Certificate of Death  
STATE OF IDAHO

ward 1948  
State File No. 402  
Local Reg. No. 62  
Reg. Dist. No. 370

1. PLACE OF DEATH:  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus days 37  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 37 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Boise  
(c) City or town Idaho City  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) X

3. (a) FULL NAME Sarah Elizabeth Mason

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or White  
4. Sex Female 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Francis L. Mason 6. (c) Age of husband or wife if alive 70 years

7. Date of Birth November 6, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>3</u>	<u>3</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Southwick, Idaho  
(City or town) (State or foreign country)

12. Name Alfred Mc Coy

13. Birthplace Ireland  
(City or town) (State or foreign country)

14. Maiden name Emma Helm

15. Birthplace Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature E. W. Henderson  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof Feb. 12, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Star, Idaho

18. Funeral Director's OWN Signature Clayton E. Summers  
and Address Boise, Idaho

19. (a) 2-12-48 (b) D. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 9, 1948  
(Month, Day, Year) at 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 12 1948 to Feb 9 1948  
last saw her alive on Feb 9 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Diabetic Coma Duration 1 day  
Due to Diabetic melitus 2 years

Due to \_\_\_\_\_  
Other conditions Chronic  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature James E. Ward

and Address Boise, Idaho Date 2-11-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 18 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **403**  
Local Reg. No. **60**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 2127 Ellis Ave  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 4 years 4 months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2127 Ellis Ave  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Rob Roy Emmons

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary E. Emmons 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) 10/10/1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>3</u>	<u>29</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Sandwich, Ill. (City or town) (State or foreign country)

12. Name Elmer E. Emmons  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name Mary Wagner  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Vera E. Wedig  
and Address 2127 Ellis Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/48 (Month) (Day) (Year)  
(c) Place: Cloverdale Memorial Park, Boise.

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St., Boise, Ida.

19. (a) 2-12-48 (Date received and filed) (b) Share (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **093D 083A**

20. DATE OF DEATH (Month, Day, Year) February 9 19 48  
at 7:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from February 1, 1948 to February 9, 1948  
I last saw him alive on February 9, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage with Left Hemiplegia Duration 8 days  
Due to Arteriosclerotic Cardiac - massive infarct 1 year

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ White at work? \_\_\_\_\_

23. Attendant's OWN Signature Roy Jones, M.D.  
and Address Boise, Idaho Date 2-11-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

FEB 18 1948

FIVED

# Certificate of Death

STATE OF IDAHO

1948 404  
State File No. \_\_\_\_\_  
Local Reg. No. 23  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 2112 So. Oykce St.  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ✓ city or town \_\_\_\_\_  
(e) Died in a Home ✓ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2112 So Oykce St.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ✓ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) PRESCOTT, KANSAS.

3. (a) FULL NAME ELIZABETH E. GREEN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W

6. (b) Name of husband or wife THOMAS

6. (a) Single, widowed, married, divorced MARRIED

6. (c) Age of husband or wife if alive 59 years

7. Date of Birth  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>0</u>	<u>21</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 28 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 2/15/47

11. Birthplace PRESCOTT, KANSAS  
(City or town) (State or foreign country)

Father { 12. Name GEORGE W. MARSH  
(City or town) (State or foreign country)

13. Birthplace UNK. KANSAS  
(City or town) (State or foreign country)

Mother { 14. Maiden name GRACE E. HAROLD  
(City or town) (State or foreign country)

15. Birthplace PRESCOTT, KANSAS  
(City or town) (State or foreign country)

16. Informant's OWN Signature Thomas J Green

and Address 2112 So Oykce

17. (a) Burial (b) Date thereof 2/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale

18. Funeral Director's OWN Signature Blair

and Address 1100 N. 1st St

19. (a) 2-10-48 (b) D. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 092B  
(Month, Day, Year) FEB 9, 1948  
at 3:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1  
1942 to Feb 7 1948

I last saw h. ✓ alive on Feb 7 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 2 da

Due to cerebral arteriosclerosis

with hypertension 3 years.

Due to \_\_\_\_\_

Other conditions stenosis mitral valve 3 years.  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. E. Dwell M.D.  
(M. D. or other) Feb 9 1948  
and Address Boise Date Feb 9 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
FEB 27 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948 405  
State File No. ....  
Local Reg. No. 68  
Reg. Dist. No. 370

1. PLACE OF DEATH: STATISTICS  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1222. W. Bannock.  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 45 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1222. W. Bannock.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Pennsylvania.

3. (a) FULL NAME Norman Gratz.

3. (b) If veteran, name war No. .... 3. (c) Social Security No. None.  
5. Color or race White. 6. (a) Single, widowed, married, divorced Widower.  
4. Sex Male. 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) January. 10. 1879.

8. AGE	Years	Months	Days	If less than 1 day
	<u>69.</u>	<u>0.</u>	<u>29.</u>	hrs. min.

9. Exact Occupation Retired. Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Philadelphia Penn. (City or town) (State or foreign country)

Father { 12. Name Edward Gratz.  
13. Birthplace Philadelphia Penn. (City or town) (State or foreign country)

Mother { 14. Maiden name Frances Donelson.  
15. Birthplace Nashville, Tenn. (City or town) (State or foreign country)

16. Informant's OWN Signature Katherine Gratz  
and Address 1222 W. Bannock St.  
17. (a) Burial (b) Date thereof Feb. 13. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.  
18. Funeral Director's OWN Signature Clayde E. Summers  
and Address Boise, Idaho.

19. (a) 2-17-48 (b) K. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February. 9. 19 48.  
at 12.15. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1936 19..... to Feb. 1 1948  
I last saw h. alive on Feb. 1 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death

Coronary thrombosis Duration 3 min

Due to hypertensive cardio vascular

Due to arterio sclerosis 10 yrs

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state where violence occurred.

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature W. O. Spritzer  
(Name or other) and Address Boise, Idaho Date 2-13 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item to be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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FEB 18 1948  
Certificate of Death  
STATE OF IDAHO

1948  
State File No. 406  
Local Reg. No. 55  
Reg. Dist. No. 370

1. PLACE OF DEATH: STATISTICS  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. St. Lukes Stayed days  
(g) Lived in this county 2 years months days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 609 So. 13th St  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Fred L. James  
3. (b) If veteran, name war None  
3. (c) Social Security No. 712-07-3320  
5. Color or race white  
6. (a) Single, widowed, married, divorced widower  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Sept. 6th 1880  
8. AGE Years 67 Months 5 Days 3 If less than 1 day hrs. min.  
9. Exact Occupation R.R. Employee Did this work for yrs.  
10. Industry or Business Retired Date last worked  
11. Birthplace Boise Idaho (City or town) (State or foreign country)  
12. Name Fred L. James  
13. Birthplace Vermont (City or town) (State or foreign country)  
14. Maiden name Rose Basil  
15. Birthplace Iowa (City or town) (State or foreign country)  
16. Informant's OWN Signature Helen Perkins and Address La Grande Oregon  
17. (a) Removal (b) Date thereof 2/11/1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place La Grande Oregon  
18. Funeral Director's OWN Signature Schreiber McLean and Address Boise  
19. (a) 2-10-48 (b) J. V. Sharp (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) 2/9 1948 at 12:47 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from 9/15 1947 to 2/8/48 I last saw him alive on 2/8/48; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Coronary occlusion Duration 3 hrs.  
Due to Coronary Sclerosis  
Due to Diabetes Mellitus  
Other conditions (include pregnancy within 3 months of death) and Cardiac Decompensation  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature J. V. Sharp (M. D. or other) and Address Boise Date 2/10 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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FEB 18 1948

# Certificate of Death

STATE OF IDAHO

DEPARTMENT OF VITAL STATISTICS

Simonton

State File No.

Local Reg. No.

Reg. Dist. No.

407

63

370

1. PLACE OF DEATH: **STATISTICS**  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Lukes. Stayed 4 days  
(g) Lived in this county 29 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho. (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1715. N. 22.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Missouri.

3. (a) FULL NAME Estelle Cupp Munro

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

5. Color or White 6. (a) Single, widowed, married, divorced Married

4. Sex Female 6. (b) Name of husband or wife James Munro 6. (c) Age of husband or wife if alive 69 years

7. Date of Birth (Month, Day, Year) August. 26. 1880.

8. AGE	Years	Months	Days	If less than 1 day
	<u>67.</u>	<u>5.</u>	<u>14.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Carthage, Missouri. (City or town) (State or foreign country)

Father { 12. Name William. M. Cupp.

13. Birthplace Ohio. (City or town) (State or foreign country)

Mother { 14. Maiden name Elizabeth Roberts.

15. Birthplace Canada. (City or town) (State or foreign country)

16. Informant's OWN Signature James M. Munro and Address 1715 N 22

17. (a) Burial. (b) Date thereof Feb. 12. 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Chas. J. Summers and Address Boise, Idaho.

19. (a) 2-12-48 (b) R. Sharpe (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February. 10. 19 48. at 7.45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Collapse Duration 12 hrs

Due to Intestinal obstruction 24 hrs

gangrene

Due to adhesions

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? Resection Date 2-9-48

Name of operation \_\_\_\_\_ Major finding as above Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_ Attendant's OWN Signature R. Sharpe (M. D. or other)

and Address Boise Date 2-12-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 18 1948

DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948 State File No. **408**  
Local Reg. No. **56**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1618 No 14th St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 48 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1618 No. 14th St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 67 years  
(h) Former residence (city, state) 083A

## 3. (a) FULL NAME Didemma Abigal Mc Cabe

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
4. Sex F 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Date of Birth (Month, Day, Year) 5/4/1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>9</u>	<u>6</u>	hrs min.

9. Exact Occupation Housewife Did this work for None yrs.  
10. Industry or Business None Date last worked None  
11. Birthplace Bloomington, Illinois (City or town) (State or foreign country)

12. Name John Eaton  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Joe Buchanan  
and Address 1618 No. 14th St. Boise, Ida.

17. (a) Burial (b) Date thereof 2/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cloverdale Memorial Park, Boise, Ida.

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St. Boise, Ida.

19. (a) 2-11-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 10 19 48  
at 3:05 o'clock P.M.

21. I HEREBY CERTIFY, That deceased died from Stroke 19 48, to 2-10-48 19 48

I last saw her alive on 2-10-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stroke Duration 2 day

Due to Right hemiplegia

Due to None  
Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease contracted? None  
Name of operation None Date None  
Major finding None  
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred None 19 48 City, county, state Boise, Ada, Ida.  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None

- Means of injury None  
23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Boise, Ida. Date 2-11-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

F. J. [Signature]  
FEB 18 1948  
DIVISION OF STATISTICS  
STATE OF IDAHO

# Certificate of Death

1948  
State File No. 409  
Local Reg. No. 57  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus Stayed \_\_\_\_\_ days  
(g) Lived in this county 45 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1821 N. S. Ave  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Montana

## 3. (a) FULL NAME Mellie E. Angelos

## 3. (b) If veteran, name war Red Cross war 2 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white  
6. (b) Name of husband or wife Chris Angelos 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) Mar 28th 1901

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>10</u>	<u>12</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Missoula Montana (City or town) (State or foreign country)

## 12. Name Charles Hansen (City or town) (State or foreign country)

## 13. Birthplace Denmark (City or town) (State or foreign country)

## 14. Maiden name Eliza Steele (City or town) (State or foreign country)

## 15. Birthplace England (City or town) (State or foreign country)

## 16. Informant's OWN Signature William C. Hansen

## and Address Boise Idaho

## 17. (a) Burial (b) Date thereof 2/12/1948 (Month) (Day) (Year)

## (c) Place St. John's Cemetery

## 18. Funeral Director's OWN Signature Schreiner McCann

## and Address Boise

## 19. (a) 2-11-48 (b) J. J. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 2/10 1948  
(Month, Day, Year) at 3:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 1/12 1948 to 2/10 1948

I last saw her alive on 2/9 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Intestinal Obstruction Duration 10 days

Due to Pain of Urinary

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation Exstomy Date 1/12/48

Major finding Int. Obstruction

Finding of autopsy not done

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Gun

## 23. Attendant's OWN Signature Everett Jones

and Address Boise, Ida Date 2/10 1948

(For additional space, use reverse side)

449A

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 27 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

1948 410  
State File No. 73  
Local Reg. No. 370  
Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution ..... Other place.....  
(f) Name Hosp. or Inst. St. Luke's Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2318 State St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Caldwell, Idaho

3. (a) FULL NAME Nellie Brett Southward

3. (b) If veteran, name war ..... No. ....  
5. Color or race F W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Floyd  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) December 3-1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>2</u>	<u>7</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Dallas, Texas  
(City or town) (State or foreign country)

- Mother Father  
12. Name Hugh Brett  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace " "  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mayle Southward  
and Address 2318 State St., Boise

17. (a) Burial (b) Date thereof 2-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Canyon Hill  
18. Funeral Director's OWN Signature Peckham Baker  
and Address Caldwell, Idaho

19. (a) 2-11-48 (b) B. Sharp  
(Date received and filed) (Registrar's signature)

\* MEDICAL CERTIFICATE OF DEATH 155 X

20. DATE OF DEATH February 10 19 48  
(Month, Day, Year)  
at 7:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from about  
Sept 1947, to Feb 10 1948.  
I last saw her alive on Feb 9 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Multiplex myeloma Duration 2 yrs.

Due to -

Due to -

Other conditions fracture patella  
(Include pregnancy within 3 months of death)

left femur

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autopsy -

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury -

23. Attendant's OWN Signature MB Sharp  
(M. D. or other)

and Address - Date - 19 -

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
FEB 18 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
Certificate of Death

State File No. 411  
Local Reg. No. 66  
Reg. Dist. No. 370

1. PLACE OF DEATH: STATISTICS  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1414. Warm Springs  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 9 years 8 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1414. Warm Springs  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? U.S.A. years  
(h) Former residence (city, state) Huron, S.D.

3. (a) FULL NAME Clifford John Strike

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. 503-10-3518

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White

(b) Name of husband or wife Olga P. Strike 6. (c) Age of husband or wife if alive 52 years

7. Date of Birth April. 11. 1895  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>10</u>	<u>0</u>	hrs. min.

9. Exact Occupation Corporation President 10 yrs. Did this work for \_\_\_\_\_

10. Industry or Business Idaho Power Company

11. Birthplace New Hampton, Iowa  
(City or town) (State or foreign country)

12. Name Frank B. Strike

13. Birthplace Palmyra, Wisconsin  
(City or town) (State or foreign country)

14. Maiden name Delphone Sheldon

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Olga P. Strike  
and Address 1414 Warm Springs Ave.

17. (a) Burial (b) Date thereof Feb. 14. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Clayton E. Summers

and Address Boise, Idaho

19. (a) 2-12-48 (b) \_\_\_\_\_  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb. 11 - 1948  
(Month, Day, Year) at 8:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1946 to Feb. 11 1948  
I last saw him alive on Feb. 10 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Esophagus Duration 8 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Carcinoma of esophagus  
metastatic Liver

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature O. J. Sennell M.D.

and Address Boise Idaho Date 2-11-1948

(M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
FEB 13 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 412  
Local Reg. No. 61  
Reg. Dist. No. 390

## 1. PLACE OF DEATH: OF VITAL

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St. Alphonsus Hospital  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place city or town  
(f) Name Hosp. or Inst. St. Alphonsus Stayed 27 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1715 No 10th  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME ALICE McGREGOR DAVIS

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife                      6. (c) Age of husband or wife if alive                      years  
7. Date of Birth (Month, Day, Year) April 4, 1879

8. AGE	Years	Months	Days	If less than 1 day
	68	10	7	hrs min.

9. Exact Occupation Housewife Did this work for                      yrs.

10. Industry or Business                      Date last worked                     

11. Birthplace St. Joseph, Missouri (City or town) (State or foreign country)

12. Name Hester McGregor

13. Birthplace (City or town) (State or foreign country)

14. Maiden name                     

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature                     

and Address 1115 2nd St. Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/13/48 (Month) (Day) (Year)

(c) Place: Auburn, Nebraska

18. Funeral Director's McBreen-Fowler Chapel OWN Signature                     

and Address 419 No. 9th, Boise, Idaho

19. (a) 2-12-48 (Date received and filed) (b)                      (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 125B

20. DATE OF DEATH (Month, Day, Year) February 11 19 48  
at 7:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 10 - 1948 to Feb 11 19 48  
I last saw h.e. alive on Feb 11 19 48; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cholangitis Duration 5 mo

Due to Obstruction of Common bile duct from stones 5 mo

Due to                       
Other conditions (Include pregnancy within 3 months of death)                     

Where was disease contracted?                      Date                     

Name of operation                      Major finding                       
Finding of autopsy Jaundice, dilated bile ducts. Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred                      19                      City, county, state                     

Place of Violence: Home                      Farm                      Industry                     

Public Place                      While at work?                     

Means of injury                     

23. Attendant's OWN Signature                      (M. D. or other)

and Address Boise Idaho Date 2-12-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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FEB 27 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

413

State File No. ....

Local Reg. No. ....

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 102 1/2 S. 10.  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 25 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 102 1/2 S. 10.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Penn.

## 3. (a) FULL NAME

Harry Elliott Williams.

3. (b) If veteran, name war  
No.

3. (c) Social Security No. 519-24-7043.

5. Color or  
4. Sex Male. race White.

6. (a) Single, widowed, married,  
divorced. Single.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive ..... years

7. Date of Birth  
(Month, Day, Year) June. 22. 1873.

8. AGE	Years	Months	Days	If less than 1 day
	<u>74.</u>	<u>5.</u>	<u>20.</u>	hrs. min.

9. Exact Occupation Butcher. Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Pittsburgh, Penn.  
(City or town) (State or foreign country)

12. Name Unknown.

13. Birthplace Unknown.  
(City or town) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Elyse E. Summers  
and Address 1205 1/2 Bannock Street, Boise.

17. (a) Burial. (b) Date thereof Feb. 18. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Elyse E. Summers  
and Address Boise, Idaho.

19. (a) 2-18-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February, 12, 1948.  
(Month, Day, Year) at Unknown.

21. I HEREBY CERTIFY, That I attended deceased from ..... to .....  
I last saw him ..... alive on .....  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes, Was found dead in bed, Had been sick for several days, No indication of foul play.  
Due to .....  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... City, county, state where violence occurred .....

23. Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's Signature Elyse E. Summers Coroner of Ada County.  
(M. D. or other)

and Address Boise, Idaho. Feb. 18 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
FEB 27 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 414

Local Reg. No. 67

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus Stayed \_\_\_\_\_ days  
(g) Lived in this county 3 years 6 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boise  
(c) City or town Garden Valley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho Lifetime years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Anastasia McCubbin

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or Race White 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 11th 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>10</u>	<u>2</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Granite Creek Idaho  
(City or town) (State or foreign country)

12. Name James C. Mills

13. Birthplace Antrim Ireland  
(City or town) (State or foreign country)

14. Maiden name Katherine Buckley

15. Birthplace New Orleans La.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Arthur Mills Roller  
and Address Twin Falls Idaho

17. (a) Burial (b) Date thereof 2/16/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreibers McCann  
and Address Boise

19. (a) 2-17-48 (b) R. Skarp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 2-14 1948  
at 2:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1937 to 2-14 1948

I last saw her alive on 2-14 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cardiac decompensation

Due to chron. myocarditis

Due to hypertrophic aortic

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? None

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Quemack

and Address Boise Idaho Date 2-16 1948

(For additional space, use reverse side)

093D

059B

1948

Oct

1937

2-14

1948

1 week

5 years

16 years

16 years

PHYSICIAN

Underline the

cause to which

death should

be charged

statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

FEB 27 1948

# Certificate of Death

STATE OF IDAHO

Signature 1948

State File No.

415

Local Reg. No.

Reg. Dist. No.

69  
376

## DIVISION OF VITAL STATISTICS

### 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 2 days  
(g) Lived in this county 8 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 420. N. 1.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Nebraska

### 3. (a) FULL NAME

MARY ELIZABETH GEBHARDT.

### 3. (b) If veteran, name war No.

### 3. (c) Social Security No. None.

### 4. Sex Female Color or White

### 6. (a) Single, widowed, married, divorced Widow

### 6. (b) Name of husband or wife

### 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

### 7. Date of Birth (Month, Day, Year) October. 6. 1873.

8. AGE	Years	Months	Days	If less than 1 day
	<u>74.</u>	<u>4.</u>	<u>9.</u>	hrs. min.

### 9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

### 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

### 11. Birthplace Streeter, Illinois.

(City or town) (State or foreign country)

### 12. Name Henry Kepple.

### 13. Birthplace France.

(City or town) (State or foreign country)

### 14. Maiden name Emma Emmons.

### 15. Birthplace Ohio.

(City or town) (State or foreign country)

### 16. Informant's OWN Signature Johanna Kreyzberg and Address Oceanside Calif.

### 17. (a) Removal. (b) Date thereof Feb. 27, 1948.

(Burial, cremation, or removal) (Month) (Day) (Year)

### (c) Place Scotia, Nebraska.

### 18. Funeral Director's OWN Signature Summers Funeral Home.

### and Address Boise, Idaho.

### 19. (a) 2-17-48 (b) H. Sharp

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH (Month, Day, Year) February. 15. 19 48. at 10.15 o'clock A. M.

### 21. I HEREBY CERTIFY, That I attended deceased from 1941 19 \_\_\_\_\_ to death 19 \_\_\_\_\_

I last saw her alive on Feb. 14 19 48;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Carcinoma of Bladder Duration 2 yrs

### Due to \_\_\_\_\_

Due to Papilloma of Bladder 7 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

### Where was disease contracted? \_\_\_\_\_

### Name of operation \_\_\_\_\_ Date \_\_\_\_\_

### Major finding \_\_\_\_\_

### Finding of autopsy not done

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

### Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

### Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

### Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

### Means of injury \_\_\_\_\_

### 23. Attendant's OWN Signature 773 Jeppesen

and Address Boise (M. D. or other) 2-16 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 27 1948  
Certificate Of Death

DEPARTMENT OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 416  
Local Reg. No. 72  
Reg. Dist. No. 370

1. PLACE OF DEATH:

STATISTICS

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Lukes Stayed ..... days  
(g) Lived in this county 9 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1700 Vista Ave  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 64 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Rebecca Hansen

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
4. Sex F 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) 2/23/1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>11</u>	<u>23</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace So. Hampton, Hampshire, England  
(City or town) (State or foreign country)

12. Name Thomas Gambling  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Elizabeth Powell  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Erden Hansen  
and Address 419 No. 9th St. Boise, Ida.

17. (a) Removal (b) Date thereof 2/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Montpelier, Idaho

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St. Boise, Ida.

19. (a) 2-18-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) February 16 19 48  
at 6:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1947, to 16 Feb 1948  
I last saw him alive on 16 Feb 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Coronary Thrombosis Duration 20

Due to Atherosclerosis 8-10 yrs  
Arteriosclerotic Heart Dis

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? home  
Name of operation none Date .....  
Major finding .....  
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Dr. C. D. Dugan  
and Address Boise Date Feb 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
FEB 27 1948  
DIVISION OF VITAL STATE OF IDAHO

Recorded 1948 417  
State File No. 74  
Local Reg. No. 370  
Reg. Dist. No.

1. PLACE OF DEATH: STATIONER  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St Alphonsus 7 days  
(g) Lived in this county 40 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1114 Lee Street  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Michigan

3. (a) FULL NAME William Elmer Matevia

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or Male. race White. 6. (a) Single, widowed, married, divorced Widower.  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) October. 18. 1869.

8. AGE	Years	Months	Days	If less than 1 day
	78.	3.	29.	hrs. min.

9. Exact Occupation Retired Cafe Owner. Did this Occupation for yrs.

10. Industry or Business Date last worked

11. Birthplace Newaygo, Michigan. (City or town) (State or foreign country)

12. Name William. J. Matevia.

13. Birthplace Michigan. (City or town) (State or foreign country)

14. Maiden name Mary Price.

15. Birthplace Michigan. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Maude Bailey and Address 1114 Lee St. Boise Idaho

17. (a) Burial. (b) Date thereof Feb. 21. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Summers Funeral Home.

and Address Boise, Idaho.

19. (a) 2-20-48 (b) R. Sharp (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February. 17. 19 48. at 3.05. o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 7/13 1943 to 2/17 1948. I last saw him alive on 2/17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration  
Pneumonia 1 week  
Emphysema 2 weeks  
Due to arteriosclerosis that disease  
Due to Diabetes Mellitus?  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature (M. D. or other) and Address Boise Date 2/18 19 48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

FEB 27 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

1948

418

State File No.

Local Reg. No.

Reg. Dist. No.

71  
370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years 2 months 15 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 3901 Overland  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 Mo. years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

William Henry Kaercher

## 3. (b) If veteran, name war

No.

## 3. (c) Social Security No.

None.

## 5. Color or

Male race White

## 6. (a) Single, widowed, married,

divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) August. 2. 1947.

## 8. AGE

Years

Months

Days

If less than 1 day

6.

15.

hrs.

min.

## 9. Exact

Occupation None.

## Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business

## Date last

worked

## 11. Birthplace

Twin Falls, Idaho.

(City or town)

(State or foreign country)

## 12. Name

Donald Gene Kaercher

## 13. Birthplace

Roundup, Montana.

(City or town)

(State or foreign country)

## 14. Maiden name

Patricia Van Harnum

## 15. Birthplace

Portland, Oregon.

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Donald Gene Kaercher

and Address

3901 Overland Dr.

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

Feb. 20, 1948.

(Month) (Day) (Year)

(c) Place

Twin Falls, Idaho.

## 18. Funeral Director's

OWN Signature

Clayton E. Summers

and Address

Boise, Idaho.

## 19. (a)

(Date received and filed)

## (b)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) February. 17. 19 48.  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Dead on arrival at hospital

I last saw him alive on 17 Feb 1948;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute bilateral pneumonia

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None

(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy As above

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature

Joseph Beeman MD

(M. D. or other)

and Address

Boise

Date 2/18

19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAY - 1948  
DIVISION OF VITAL  
STATE OF IDAHO  
**Certificate of Death**

David 1948 419  
State File No. \_\_\_\_\_  
Local Reg. No. 76  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1609. Leadville.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1609. Leadville.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) Illinois

3. (a) FULL NAME

CHARLOTTE C MILLER.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or  
4. Sex Female White

6. (a) Single, widowed, married, divorced Widow.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) November. 30. 1859.

8. AGE	Years	Months	Days	If less than 1 day
	<u>88.</u>	<u>2.</u>	<u>19.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Springfield, Illinois.  
(City or town) (State or foreign country)

12. Name Unknown.

13. Birthplace Unknown.  
(City or town) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mollie M. Smith  
and Address 1609 Leadville St. Boise

17. (a) Burial. (b) Date thereof Feb. 23, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Wyle E. Summers  
and Address Boise, Idaho.

19. (a) 2-23-48 (b) \_\_\_\_\_  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February. 19. 1948.  
(Month, Day, Year) at 11:58 P.M. Black M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic Bronchopneumonia Duration 7 days

Due to Cerebral thromboses

Due to Arteriosclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature David

and Address Boise Idaho Date 2-20 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

Hamulton 1948

State File No.

Local Reg. No.

Reg. Dist. No.

420

22

370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 621 N. 18  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days days  
(g) Lived in this county 50 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 621 N. 18  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Sweden

## 3. (a) FULL NAME

CHARLES IVAN RYBERG.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or race White.  
4. Sex Male. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Caroline Julia Ryberg. 6. (c) Age of husband or wife if 68. years

7. Date of Birth February, 6, 1867.

8. AGE	Years	Months	Days	If less than 1 day
	<u>81.</u>	<u>0.</u>	<u>13.</u>	hrs. min.

9. Exact Occupation Retired Road Did this work for  yrs.

10. Industry or Business Contractor. Date last worked  yrs.

11. Birthplace Ryr, Sweden. (City or town) (State or foreign country)

12. Name John Ryberg.

13. Birthplace Sweden. (City or town) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Will T. Skiller and Address 621-71-18-27 Boise, Idaho.

17. (a) Burial. (b) Date thereof Feb. 23, 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Clay E. Summers and Address Boise, Idaho.

19. (a) 2-24-48 (b) H. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February, 19. 19 48.  
(Month, Day, Year) at 11 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1-23 19 48 to 2-19 19 48  
I last saw her alive on 2-19 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Meningitis Duration 5 days  
Due to Bright's disease since 1-23-48  
Due to Hypertrophied and  
Other conditions obstruction of arteries 10 years  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation None Date None  
Major finding None  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? None Suicide? None Homicide? None  
Occurred None 19 48 City, county, state where violence occurred None  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None

Means of injury None

23. Attendant's OWN Signature W. C. Hamulton (M. D. or other) and Address Boise, Idaho Date 2-23 19 48  
(For additional space, use reverse side)

096

1948

421

State File No.

Local Reg. No.

Reg. Dist. No.

United States

Department of Commerce

Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Ada  
 (b) City or town Boise  
 (c) Street Address or R.F.D. No. ....  
 (d) Death Occurred Inside X Outside? ..... city or town  
 (e) Died in a Home X Hospital X Institution X Other place .....  
 (f) Name Hosp. or Inst. St. Alphonsus days  
 (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
 (c) City or town Parma  
 (d) Street Address or R.F.D. No. Route #1  
 (e) Deceased lived Inside? ..... Outside? X city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? ..... years  
 (h) Former residence (city, state) .....

3. (a) FULL NAME Jennette Rose Mary Hoagland

3. (b) If veteran, name war ..... No. ....  
 5. Color W 6. (a) Single, widowed, married, divorced .....  
 4. Sex F race W 6. (c) Age of husband or wife if alive ..... years  
 7. Date of Birth (Month, Day, Year) February 17-1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>3</u>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
 10. Industry or Business ..... Date last worked .....  
 11. Birthplace Nysaa, Oregon  
 (City or town) (State or foreign country)

12. Name Robert Hoagland  
 13. Birthplace Parma, Idaho  
 (City or town) (State or foreign country)  
 14. Maiden name Mary Rutledge  
 15. Birthplace Cedro Wooley, Washington  
 (City or town) (State or foreign country)

16. Informant's OWN Signature Robert B. Hoagland  
 and Address Parma, Idaho

17. (a) Burial (b) Date thereof 2-22-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place Parma, Idaho

18. Funeral Director's OWN Signature William D. Baker  
 and Address Caldwell, Idaho

19. (a) 2-5-48 (b) N. Sharp  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 20 1948  
 at 12:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to Feb 27 1948  
 I last saw him alive on Feb 27; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Intentional Abortion Duration 3 days

Due to Spontaneous Abortion

Due to .....  
 Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
 Name of operation ..... Date .....  
 Major finding .....  
 Finding of autopsy Spontaneous Abortion of some kind

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
 Occurred ..... 19 ..... City, county, state where violence occurred .....  
 Place of Violence: Home ..... Farm ..... Industry .....  
 Public Place ..... While at work? .....

- Means of injury .....  
 23. Attendant's OWN Signature Ernest J. Jones  
 and Address Boise, Idaho Date 21 1948  
 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**Certificate of Death**  
DIVISION OF VITAL STATISTICS STATE OF IDAHO

1948 **422**  
State File No. **84**  
Local Reg. No. **370**  
Reg. Dist. No.

1. PLACE OF DEATH:  
(a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **1610. N. 22.**  
(d) Death Occurred Inside? **X** Outside? city or town  
(e) Died in a Home **X** Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **57** years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1610. N. 22.**  
(e) Deceased lived Inside? **X** Outside? city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **57** years  
(h) Former residence (city, state) **Iowa**

3. (a) FULL NAME **BIRD BRIGGS BLISS.**

3. (b) If veteran, name war No. 3. (c) Social Security No. **519-01-1076.**  
5. Color or 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Harriet Paynton Hart Bliss.** 6. (c) Age of husband or wife if alive **76** years

7. Date of Birth **March. 29. 1872.**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>75.</b>	<b>10.</b>	<b>22.</b>	hrs. min.

9. Exact Occupation **Hardware Merchant** Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace **Des Moines, Iowa.**  
(City or town) (State or foreign country)

Father { 12. Name **Fred. M. Bliss.**

13. Birthplace **Concord, Ohio.**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Jennie Mitchell.**

15. Birthplace **Ann Arbor, Michigan.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Bird Briggs Bliss Jr.**  
and Address **202 No. 20th - Boise**

17. (a) **Burial.** (b) Date thereof **Feb. 24. 1948.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Pioneer Cemetery.**

18. Funeral Director's OWN Signature **Clayde E. Summers**  
and Address **Boise, Idaho.**

19. (a) **2-27-48** (b) **H. Sharp**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **February. 21. 1948.**  
(Month, Day, Year) at **2.20.** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **1940**  
to **2-20-48**

I last saw h. **un** alive on **2-20-48** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pneumonia** Duration **12 hr.**

Due to **hypertensive cardio-vascular disease** 10 yrs.

Due to **arterio sclerosis**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **W. D. Sprunger M.D.**

and Address **Boise, Idaho** Date **2-25-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

Pomeroy, 1-10-48 423  
State File No. \_\_\_\_\_  
Local Reg. No. 81  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 7 days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Virginia

## 3. (a) FULL NAME

INA.S. WILLIAMS..

## 3. (b) If veteran, name war No.

3. (c) Social Security No. 519-22-7596..

## 4. Sex Female Color or race White

6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Ben. F. Williams

6. (c) Age of husband or wife if alive 65 years

## 7. Date of Birth (Month, Day, Year) July. 10. 1888.

8. AGE	Years	Months	Days	If less than 1 day
	<u>59.</u>	<u>7.</u>	<u>11.</u>	hrs. min.

## 9. Exact Occupation Clerk in Floral Shop Did this occupation \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Glennville, West Virginia (City or town) (State or foreign country)

## 12. Name Jeff Rhodes

## 13. Birthplace West Virginia (City or town) (State or foreign country)

## 14. Maiden name Unknown

## 15. Birthplace Unknown (City or town) (State or foreign country)

## 16. Informant's OWN Signature Richard J. Williams and Address R.D. # 1, Boise, Idaho

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24. 1948 (Month) (Day) (Year)

## (c) Place Morris Hill Cemetery

## 18. Funeral Director's OWN Signature Clay E. Summers and Address Boise, Idaho

## 19. (a) 2-25-48 (Date received and filed) (b) R. Sharpe (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) February, 21. 19 48. at 6.30. o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Jan 26 19 42 to Feb 21 19 48 I last saw him alive on 2/21 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary occlusion Duration 1 week

Due to Coronary sclerosis

Due to Dissecting Aortic

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Boise (M. D. or other) and Address Boise Date 2/25 19 48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 424  
Local Reg. No. 18  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home Hospital Institution Other place ...  
(f) Name Hosp. or Inst. St. Lukes Stayed 21 days  
(g) Lived in this county 12 years 12 months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1020 Vermont St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Edward Boyd Braithwaite

3. (b) If veteran, name war NO 3. (c) Social Security No. 528-10-6513  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lucile 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) 7/31/1912

8. AGE	Years	Months	Days	If less than 1 day
	<u>35</u>	<u>6</u>	<u>21</u>	hrs min.

9. Exact Occupation Commercial Mgr. Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Manti, Utah (City or town) (State or foreign country)

12. Name Edward Braithwaite  
13. Birthplace Manti, Utah (City or town) (State or foreign country)  
14. Maiden name Ada Greenig  
15. Birthplace Manti, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Frederic C. Braithwaite  
and Address 1020 Vermont Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/24/48 (Month) (Day) (Year)  
(c) Place: Salt Lake City, Utah

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St. Boise, Idaho

19. (a) 2-24-48 (Date received and filed) (b) H. Sharp (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 22 19 48  
at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 11 Nov 19 46 to 22 Feb 19 48  
I last saw him alive on 22 Feb 19 48; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Myocardial Infarction  
Cardiorenal Vascular Disease  
Due to Disease Duration 2 days  
54RS

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation None Date .....  
Major finding .....  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Frederic C. Braithwaite (M.D. or other)  
and Address Boise Date 23 Feb 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1040  
State File No. **425**  
Local Reg. No. **27**  
Reg. Dist. No. **370**

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 605 No. 14th  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. 47 Stayed        days  
(g) Lived in this county 47 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 605 No. 14th  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state)

### 3. (a) FULL NAME HORACE ALBERT NEAL

3. (b) If veteran, name war No  
3. (c) Social Security No. None  
5. Color or race M  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Iona E  
6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) September 19, 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>5</u>	<u>3</u>	hrs min.

9. Exact Occupation Retail Merchant Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Boise, Idaho  
(City or town) (State or foreign country)

12. Name Horace E. Neal  
13. Birthplace Troy, Iowa  
(City or town) (State or foreign country)  
14. Maiden name Mary Wallace  
15. Birthplace Idaho City, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Albert D. Neal  
and Address 605 No. 14th, Boise, Idaho

17. (a) Burial (b) Date thereof 2-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Thomas Hill, Boise, Idaho

18. Funeral Director's McBratney-Fowler Chapel  
OWN Signature         
and Address 419 No. 9th, Boise, Idaho

19. (a) 2-25-48 (b)         
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 22 19 48  
at 5:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 22 Feb 1948, Dead on arrival

I last saw        alive on        19       ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Coronary Occlusion Duration       

Due to Coronary Artery Disease

Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?         
Name of operation        Date         
Major finding         
Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature Max L. Bell, MD  
(M. D. or other)  
and Address Carrie, Idaho Date 2-25-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL

State File No. 426  
Local Reg. No. 82  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 605. Warm Springs.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 46 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 605. War, Springs.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Elizabeth. A. Simpson.

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No. None.

## 4. Sex Female Color or White

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Leon. S. Simpson.

## 6. (c) Age of husband or wife if alive 70 years

## 7. Date of Birth (Month, Day, Year) August. 3. 1877.

8. AGE	Years	Months	Days	If less than 1 day
	<u>70.</u>	<u>6.</u>	<u>20.</u>	hrs. min.

## 9. Exact Occupation At Home. Did this work for yrs.

## 10. Industry or Business Salt Lake City, Utah. Date last worked

## 11. Birthplace (City or town) (State or foreign country)

## 12. Name Charles. E. Silverwood.

## 13. Birthplace Rugby, England. (City or town) (State or foreign country)

## 14. Maiden name Julia Jenkinson.

## 15. Birthplace Rugby, England. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Leon S. Simpson

## and Address 605 Warm Springs Ave Boise, Idaho.

## 17. (a) Burial. (b) Date thereof Feb. 25. 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Morris Hill Cemetery.

## 18. Funeral Director's OWN Signature Clayde E. Summers

## and Address Boise, Idaho.

## 19. (a) 2-26-48 (b) R. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) February. 23. 1948.

## at 4.30. o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 10/1/48 to 2/23

## I last saw her alive on 2/22 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Bronchopneumonia Duration 1 week.

## Due to Cyst Adenoma, parietal 59 months

## Due to Common hit dust abstraction

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted? Exploratory Date Nov. 1947

## Name of operation Exploratory Date Nov. 1947

## Major finding Exploratory

## Finding of autopsy Exploratory

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? Swicide? Homicide?

## Occurred 19. City, county, state where violence occurred.

## Place of Violence: Home Farm Industry

## Public Place While at work?

## Means of injury Exploratory

## 23. Attendant's OWN Signature Clayde E. Summers (M. D. or other) and Address Boise Date 2/25 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 427  
State File No. \_\_\_\_\_  
Local Reg. No. 80  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada
- (b) City or town Boise
- (c) Street Address or R.F.D. No. 920 Krall St.
- (d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town
- (e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
- (g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho
- (b) County Ada
- (c) City or town Boise
- (d) Street Address or R.F.D. No. 920 Krall St.
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town
- (f) Citizen of what country? U.S.
- (g) How long had deceased lived in Idaho? 2 years
- (h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Richard Wayne Weybright

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

none

## 4. Sex M race W

## 6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) 11/13/45

8. AGE	Years	Months	Days	If less than 1 day
	<u>2</u>	<u>3</u>	<u>10</u>	hrs min.

## 9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Portland, Oregon (City or town) (State or foreign country)

## 12. Name Robert G. Weybright

## 13. Birthplace Boise, Idaho (City or town) (State or foreign country)

## 14. Maiden name Helen C. Dement

## 15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

## 16. Informant's OWN Signature Robert G. Weybright and Address 920 Krall St., Boise, Idaho

## 17. (a) Burial (b) Date thereof 2/25/48 (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: Morris Hill Cemetery, Boise, Ida.

## 18. Funeral Director's OWN Signature McBratney Fowler Chapel and Address 419 No. 9th St., Boise, Ida.

## 19. (a) 2-25-48 (b) \_\_\_\_\_ (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) February 23 19 48  
at 11:30 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Accidental Drown in pool in back yard, was due to playing with and cent. broke through

## Duration

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Feb 23 19 48 City, county, state where violence occurred Boise, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attending Physician's OWN Signature Dr. E. Summers and Address Boise, Idaho Date 2/25/48

(M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**Certificate of Death**  
DIVISION OF VITAL STATE OF IDAHO

Hamilton 1948

428

State File No. \_\_\_\_\_  
Local Reg. No. 87  
Reg. Dist. No. 370

**1. PLACE OF DEATH:**

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus 1 days  
(g) Lived in this county \_\_\_\_\_ years 6 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1913 State   
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Dr. Otto Ray Leavell

3. (b) If veteran, name war No 3. (c) Social Security No. None

5. Color or White 6. (a) Single, widowed, married, divorced Married

4. Sex Male race White 6. (b) Name of husband or wife Grace A. 6. (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) December 10 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>2</u>	<u>14</u>	hrs. min.

9. Exact Occupation Dentist Did this work for 30 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Centerville, Iowa  
(City or town) (State or foreign country)

12. Name Benjamin F. Leavell

13. Birthplace Centerville, Iowa  
(City or town) (State or foreign country)

14. Maiden name Flora Markley

15. Birthplace Unionville, Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Olvin D. Leavell  
and Address 3706 Prospect Remedy, Mo.

17. (a) Burial (b) Date thereof Feb. 27 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Nampa, Idaho  
Summers Funeral Home

18. Funeral Director's OWN Signature Chas E. Summers  
and Address Boise, Idaho

19. (a) 2-28-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH February 24 1948  
(Month, Day, Year) at 10:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 2:20 1948 to 2:24 1948  
I last saw him alive on 2:24 1948  
death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

acute Coronary Duration Sudden

Due to myocardial infarction 2 days  
all three right lobes

Due to \_\_\_\_\_  
Other conditions hypertension years  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature C. V. Hamilton  
(M. D. or other)

and Address Boise, Ida Date 2-27 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR - 3 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. **429**  
Local Reg. No. **83**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1515 N. 17th St  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1515 N. 17th  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Ill.

## 3. (a) FULL NAME Anna E Scholes

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

5. Color or  
4. Sex Female race White

6. (a) Single, widowed, married,  
divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) Jan. 23 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>1</u>	<u>1</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Hecker Ill.  
(City or town) (State or foreign country)

12. Name John Crook

13. Birthplace England  
(City or town) (State or foreign country)

14. Maiden name Margery Ellen Bamber

15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Anna E. Scholes  
and Address 1515 N. 17th - Boise Idaho

17. (a) Burial (b) Date thereof 2/26/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreyer McClann  
and Address Boise J. J. McClann

19. (a) 2-26-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb 24 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 20 1948 to Feb 23 1948

I last saw him alive on Feb 23 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Occlusion Duration Sudden

Due to Cerebral Occlusion years

Due to \_\_\_\_\_ years

Other conditions Cerebral Occlusion years  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. Sharp  
and Address 1117 1st St. Boise Date 2-26 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

MAR - 2 1948 STATE OF IDAHO

1948 11:00 am 430

State File No. ....

Local Reg. No. 85

Reg. Dist. No. 370

1. PLACE OF DEATH: DIVISION OF VITAL  
(a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. 1418. State St.  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. Stayed. .... days  
(g) Lived in this county. 45 years. .... months. .... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME Sarah Blanche Badgley.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

5. Color or 6. (a) Single, widowed, married, divorced. Married.  
4. Sex. Female. Race. White.

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive. 64. years  
Murray. D. Badgley.

7. Date of Birth (Month, Day, Year) August. 14. 1884.

8. AGE	Years	Months	Days	If less than 1 day
	63.	6.	11.	hrs. min.

9. Exact Occupation. At Home. Did this work for. .... yrs.

10. Industry or Business. Date last worked.

11. Birthplace. Mechanicsburg, Ohio. (City or town) (State or foreign country)

Father { 12. Name. John. N. Kerr. (City or town) (State or foreign country)

13. Birthplace. Uniondale, Ohio. (City or town) (State or foreign country)

Mother { 14. Maiden name. Emma. A. Hover. (City or town) (State or foreign country)

15. Birthplace. Huntsville, Ohio. (City or town) (State or foreign country)

16. Informant's OWN Signature. Murray D. Badgley  
and Address. 1418. State Street, Boise, Idaho.

17. (a) Burial. (b) Date thereof. Feb. 27. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place. Morris Hill Cemetery.

18. Funeral Director's OWN Signature. Clyde E. Summers  
and Address. Boise, Idaho.

19. (a) 2-27-48 (b) N. Sharp  
(Date received and filed) (Registrar's signature)

2. Usual Residence of Deceased: (Always fill in these)

(a) State. Idaho. (b) County. Ada

(c) City or town. Boise.

(d) Street Address or R.F.D. No. 1418. State.

(e) Deceased lived Inside? X Outside? ..... city or town

(f) Citizen of what country? U.S.A.

(g) How long had deceased lived in Idaho? 45. years

(h) Former residence (city, state) Ohio.

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February. 25. 1948.  
(Month, Day, Year) at 2.45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from July 1947 to Feb 25 1948  
last seen alive on Feb 24 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 30 min

Due to Hypertension & Cardiac Hypertrophy

Due to

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted? Boise Idaho

Name of operation. None Date.

Major finding.

Finding of autopsy. None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred. 19. City, county, state

where violence occurred.

23. Place of Violence: Home. Farm. Industry.

Public Place. While at work?

Means of injury.

23. Attendant's OWN Signature. J. M. Braxton

and Address. Boise Idaho Date Feb 26 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY 18 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

9048  
State File No. 431  
Local Reg. No. 43  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ....  
(f) Name Hosp. or Inst. St. Alphonsus  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Homedale  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Everett E. Crockett

3. (b) If veteran, name war        No.         
5. Color or race W  
4. Sex M divorced M  
6. (b) Name of husband or wife Alta M. Crockett  
6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) September 12-1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>5</u>	<u>14</u>	hrs min.

9. Exact Occupation Employee Did this work for        yrs.  
10. Industry or Business Valley Const. Co. Date last worked         
11. Birthplace Middleton, Idaho (City or town) (State or foreign country)  
12. Name Elmer Crockett  
13. Birthplace        (City or town) (State or foreign country)  
14. Maiden name         
15. Birthplace        (City or town) (State or foreign country)

16. Informant's OWN Signature Alta Crockett  
and Address 1005 10th St., Boise

17. (a) Burial (b) Date thereof 2-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Middleton, Idaho

18. Funeral Director's OWN Signature Peckham-Daken Chapel  
and Address Caldwell, Idaho

19. (a) 3-5-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 26 19 48  
at About 1:00 clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 3 PM  
2-25-48 1948, to 2-26-48 1948  
I last saw him alive on 2-26-48 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Exposure + shock + chest injury left leg. Duration 24 hrs  
Due to chest 24 hrs  
Due to none recovered  
Other conditions from shock  
(Include pregnancy within 8 months of death) was under water - also  
Where was disease contracted?         
Name of operation        Date         
Major finding         
Finding of autopsy         
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred        19        City, county, state LOGGING POND  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury Logs from truck fell on him  
23. Attendant's OWN Signature L. A. Hume (M. D. or other)  
and Address Boise Idaho Date 3-2-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

714 14 apr 1948

432

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**Certificate of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF DEATH:
- County. Ada
  - City or town. Boise
  - Street Address or R.F.D. No. X
  - Death Occurred Inside? X Outside? \_\_\_\_\_ city or town
  - Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_
  - Name Hosp. or Inst. St. Lukes. Stayed 1 days
  - Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 4 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- State Idaho
  - County Boise
  - City or town Garden Valley
  - Street Address or R.F.D. No. X
  - Deceased lived Inside? \_\_\_\_\_ Outside? X city or town
  - Citizen of what country? U.S.A.
  - How long had deceased lived in Idaho? 45 years
  - Former residence (city, state) Utah

3. (a) FULL NAME Annie. M. Graham.
3. (b) If veteran, name war No. 3. (c) Social Security No. None.
5. Color or White.
4. Sex Female. 6. (a) Single, widowed, married, divorced. Widow.
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years
7. Date of Birth (Month, Day, Year) July. 5. 1870.

8. AGE	Years	Months	Days	If less than 1 day
	<u>77.</u>	<u>7.</u>	<u>21.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Beaver City, Utah. (City or town) (State or foreign country)
12. Name George Hardy. (City or town) (State or foreign country)
13. Birthplace Manchester, England. (City or town) (State or foreign country)
14. Maiden name Ann Schofield. (City or town) (State or foreign country)
15. Birthplace Manchester, England. (City or town) (State or foreign country)

16. Informant's OWN Signature Julia Wood  
and Address 1665 Colorado St. Boise
17. (a) Burial. (b) Date thereof Feb. 28. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place Emmett, Idaho.
18. Funeral Director's OWN Signature Clifford E. Summers  
and Address Boise, Idaho.
19. (a) 2-27-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February. 26. 19 48.  
(Month, Day, Year) at 4.15. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 26 48 to Feb 26 48 19 48  
I last saw him alive on Feb 26 48 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Myocarditis Chronica Duration \_\_\_\_\_  
Due to Coronary Recongeneration  
Due to Senility  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_
23. Attendant's OWN Signature Clifford E. Summers (M. D. or other)  
and Address 714 May. 1870 Date 3-27-48 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency,  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 12 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 433  
Local Reg. No. 88  
Reg. Dist. No. 370

1. PLACE OF DEATH:

(a) County... Ada  
(b) City or town... Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Lukes. Stayed 1. days  
(g) Lived in this county 8 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho. (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 522. N. 7 th.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 72 years  
(h) Former residence (city, state) X

3. (a) FULL NAME

Ella. R. Davis.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or

4. Sex Female Race White.

6. (a) Single, widowed, married, divorced. Widow.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) April. 19. 1875.

8. AGE	Years	Months	Days	If less than 1 day
	72.	10.	9.	hrs. min.

9. Exact Occupation At Home. Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Star, Idaho. (City or town) (State or foreign country)

12. Name James. M. Ross. (City or town) (State or foreign country)

13. Birthplace Elmira, New York. (City or town) (State or foreign country)

14. Maiden name Janet Hadley.

15. Birthplace Springfield, Illinois. (City or town) (State or foreign country)

16. Informant's OWN Signature J. H. Davis and Address 499 - Pullman, Washington

17. (a) Removal. (b) Date thereof Mar. 2 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello, Idaho.

18. Funeral Director's OWN Signature Clyde E. Summers and Address Boise, Idaho.

19. (a) 3-2-48 (b) H. Sharp (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February. 28. 1948. (Month, Day, Year) at 9.30. o'clock A. M.

21. I HEREBY CERTIFY, that I attended deceased from 2-19-1948 to 2-28-1948 I last saw her alive on 2-27-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebral Hemorrhage Duration 12 hrs

Due to Hypertensive Cardis - Vascular Disease unknown

Due to Other conditions Chronic Arteriosclerosis 10 years? (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature O. J. Sumrell M.D. (M. D. or other)

and Address Boise Idaho Date 3-1-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAY 18 1948  
OF VITAL  
Certificate of Death  
STATE OF IDAHO

State File No. 434  
Local Reg. No. 95  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital? X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 3 days  
(g) Lived in this county \_\_\_\_\_ 0 years \_\_\_\_\_ 0 months \_\_\_\_\_ 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 817-East Wash.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 days years \_\_\_\_\_  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Sally Jo Baker

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex Female race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February 26, 1948.

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>3</u>	hrs. min.

9. Exact Occupation Infant Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

12. Name Paul L Baker (City or town) (State or foreign country)

13. Birthplace Alberta, Canada (City or town) (State or foreign country)

14. Maiden name Betty Keane

15. Birthplace Dillon, Montana (City or town) (State or foreign country)

16. Informant's OWN Signature Paul L Baker

and Address 817-East Washington St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/48 (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery, Nampa, Ida.

18. Funeral Director's OWN Signature John J. Alsip Jr

and Address Nampa, Idaho.

19. (a) 3-6-48 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 29, 1948  
at 5:55 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 27 1948 to Feb 29 1948  
I last saw her alive on Feb 28 1948

Immediate Cause of Death:

Conjunctal atelectasis 5 days  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Conjunctal

Name of operation Do  
Major finding \_\_\_\_\_  
Finding of autopsy Above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Ray J. Linnhart MD  
(M. D. or other)  
and Address 218 West 7th Date 3-3-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 18 1948  
DIVISION OF **Certificate of Death**  
STATISTICS STATE OF IDAHO

State File No. **435**  
Local Reg. No. **90**  
Reg. Dist. No. **370**

1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. St Lukes. Stayed 14 days  
(g) Lived in this county 8 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 1  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Waterloo, Iowa

3. (a) FULL NAME

Lizzie Gushard Rickert.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or White  
4. Sex Female

6. (a) Single, widowed, married, divorced Widow.

6. (b) Name of husband or wife   

6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) November. 28. 1871.

8. AGE	Years	Months	Days	If less than 1 day
	<u>76.</u>	<u>3.</u>	<u>1.</u>	hrs. min.

9. Exact Occupation At Home / Did this work for    yrs.

10. Industry or Business    Date last worked   

11. Birthplace Waterloo, Iowa  
(City or town) (State or foreign country)

12. Name Isaac Gushard.  
(City or town) (State or foreign country)

13. Birthplace Penn.  
(City or town) (State or foreign country)

14. Maiden name Suzanne Leffler.  
(City or town) (State or foreign country)

15. Birthplace Penn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Berniece R. Budge  
and Address R.D. # 1, Boise, Idaho.

17. (a) Burial. (b) Date thereof March. 2, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Leslie E. Summers  
and Address Boise, Idaho.

19. (a) 3-4-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February. 29. 1948.  
(Month, Day, Year) at 10.30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1 Jan 48 to 29 Feb 48  
I last saw h. 48 alive on 29 Feb 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Uremia Duration 2 days

Due to Chronic glomerulonephritis 5 yrs.

Due to Generalized

Other conditions Cerebral, c

(Include pregnancy within 3 months of death) Chronic moderate heart 3 yrs

Where was disease contracted? Boise, B

Name of operation Neph Date   

Major finding   

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Berniece R. Budge

(M.D. or other)

and Address MAR 3 1948 Date    19   

(For additional space, use reverse side)

State File No. 436  
 Local Reg. No. 28  
 Reg. Dist. No. 371

United States  
 Department of Commerce  
 Bureau of the Census

# RECEIVED Certificate Of Death

STATE OF IDAHO

FEB 13 1949

1. PLACE OF DEATH: DIVISION OF VITAL
- (a) County Ada  
 (b) City or town Boise  
 (c) Street Address or R.F.D. No. ....  
 (d) Death Occured Inside? Outside? X city or town  
 (e) Died in a Home Hospital X Institution Other place....  
 (f) Name Hosp. or Inst. Ada County Hospital days  
 (g) Lived in this county 22 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada  
 (c) City or town Boise  
 (d) Street Address or R.F.D. No. Rt. 4 Boise  
 (e) Deceased lived Inside? Outside? X city or town  
 (f) Citizen of what country? U.S.  
 (g) How long had deceased lived in Idaho? 22 years  
 (h) Former residence (city, state) .....

3. (a) FULL NAME James M. Sweitzer

3. (b) If veteran, name war NO 3. (c) Social Security No. none  
 5. Color or 6. (a) Single, widowed, married, divorced Widowed  
 4. Sex M race W  
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
 7. Date of Birth (Month, Day, Year) 10/11/1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>3</u>	<u>21</u>	hrs min.

9. Exact Occupation Farmer Did this work for  yrs.  
 10. Industry or Business worked  
 11. Birthplace Misha Waka, Indiana  
 (City or town) (State or foreign country)

12. Name John Sweitzer  
 13. Birthplace (City or town) (State or foreign country)  
 14. Maiden name  
 15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature W A Carter  
 and Address 416 Second Nampa

17. (a) Burial (b) Date thereof 2/4/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: Cloverdale Memorial Park, Boise,

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
 and Address 419 No. 9th St. Boise, Ida.

19. (a) 2-4-48 (b) H. Sharp  
 (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) February 2, 1948  
 at 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-18 1947, to 2-2 1948  
 I last saw him alive on 2-2 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hyperextension Duration years

Due to Myocardial  
infarction  
 Due to Coronary occlusion Sudden  
 Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
 Name of operation PHYSICIAN  
 Major finding Underline the cause to which death should be charged statistically.  
 Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
 Occurred 19 City, county, state  
 where violence occurred  
 Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury Attendant's  
 23. Attendant's OWN Signature H. Sharp (M. D. or other)  
 and Address Boise Ida. Date 2-4 1948  
 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

FEB 13 1948

Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 437  
Local Reg. No. 18  
Reg. Dist. No. 371

PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital XX Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hosp. Stayed 29 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Power  
(c) City or town American Falls  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME MOORE, Ambrus H.

3. (b) If veteran, name war WW I

3. (c) Social Security No. \_\_\_\_\_

5. Color or White  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sophia Moore

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 24, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>8</u>	<u>9</u>	hrs. min.

9. Exact Occupation Cook Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Utah (City or town) (State or foreign country)

12. Name Unknown (City or town) (State or foreign country)

13. Birthplace " (City or town) (State or foreign country)

14. Maiden name Unknown (City or town) (State or foreign country)

15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature McGill Records, V.A. Hospital and Address Boise, Idaho

17. (a) Shipment (Burial, cremation, or removal) (b) Date thereof 2/3/48 (Month) (Day) (Year)

(c) Place American Falls, Idaho

18. Funeral Director's OWN Signature McBratney Fowler Chapel and Address Boise, Idaho

19. (a) 2-3-48 (Date received and filed) (b) D. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 2, 19 48  
at 12:37 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from January 4, 19 48, to February 2, 19 48.  
I last saw him alive on February 2, 19 48.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Aplastic Anemia Duration Terminal

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Rheumatic Heart Disease Number \_\_\_\_\_  
(Include pregnancy within 3 months of death)

with mitral and aortic valvular heart disease of years \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Confirm Above

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Gerald J. Shuell, M.D., CMO (M. D. or other) and Address VAH, BOISE, IDAHO Date Feb. 2, 19 48.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink for BLANK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED **Certificate of Death**  
FEB 13 1948  
STATE OF IDAHO

State File No. **439**  
Local Reg. No. **19**  
Reg. Dist. No. **371**

1. PLACE OF DEATH: DIVISION OF VITAL  
(a) County Ada **STATISTICS**  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital XX Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hospital Stayed 103 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Hansen  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME BUCKLEY, Edward W.

3. (b) If veteran, name war SPANISH AMERICAN 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married

4. Sex Male race White  
6. (b) Name of husband or wife Maud Buckley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December 11, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>1</u>	<u>24</u>	hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Illinois (City or town) (State or foreign country)

Father { 12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

Mother { 14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Records, V.A. Hospital, Boise, Ida. and Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 2/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Twin Falls, Idaho  
18. Funeral Director's OWN Signature McBratney-Fowler Chapel and Address Boise, Idaho

19. (a) 4-4-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 4, 1948  
(Month, Day, Year) at 6:35 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from October 24, 1947 to February 4, 1948.  
I last saw him alive on February 4, 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Head of Pancreas Duration Terminal

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Myocardial Degeneration Prior to  
(Include pregnancy within 3 months of death) Adm.

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy Confirm Above

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Gerald J. Sharp VAH., Boise, Idaho Date Feb 4, 1948  
(M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

FEB 18 1948

# Certificate of Death

STATE OF IDAHO

1948 440  
State File No. ....  
Local Reg. No. 24  
Reg. Dist. No. 371

1. PLACE OF DEATH: ... OF VITAL
- (a) County Ada Statistics  
(b) City or town Meridian.  
(c) Street Address or R.F.D. No. 709. Meridian St.  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 32 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho. (b) County Ada  
(c) City or town Meridian.  
(d) Street Address or R.F.D. No. 709. Meridian St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40. years  
(h) Former residence (city, state) Oregon.

3. (a) FULL NAME William Stewart Mateer.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

5. Color or race White. 6. (a) Single, widowed, married, divorced Widower.

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) January. 8. 1865.

8. AGE	Years	Months	Days	If less than 1 day
	<u>83.</u>	<u>0.</u>	<u>27.</u>	hrs. min.

9. Exact Occupation Retired Mortician. Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Troutbrook Valley, Minn. (City or town) (State or foreign country)

12. Name Thomas Mateer.

13. Birthplace Belfast Ireland. (City or town) (State or foreign country)

14. Maiden name Sarah Jane Mc Master.

15. Birthplace Belfast, Ireland. (City or town) (State or foreign country)

16. Informant's OWN Signature Marion M. Ceelon and Address P.O. Box 335 Meridian, Idaho

17. (a) Burial. (b) Date thereof Feb. 8. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Meridian, Idaho.

18. Funeral Director's OWN Signature Clayde & Thompson and Address Boise, Idaho.

19. (a) 2-10-48 (b) H. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February. 5. 1948. at 6.40. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 16. 1904 to Feb 5. 1948. I last saw him alive on Feb 8. 1948. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary adhesion

Duration 2da

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Coronary artery disease

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature H. Sharp (M. D. or other)

and Address Meridian Date Feb 8. 1948 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
FEB 13 1948  
Certificate of Death  
DIVISION OF VITAL STATE OF IDAHO

State File No. 441  
Local Reg. No. 22  
Reg. Dist. No. 371

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hosp. Stayed 15 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County \_\_\_\_\_  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME FARANCE, James P.

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. \_\_\_\_\_

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Coddie S. Farance

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December 3, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>2</u>	<u>2</u>	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace West Virginia (City or town) (State or foreign country)

12. Name Elam Farance (City or town) (State or foreign country)

13. Birthplace West Virginia (City or town) (State or foreign country)

14. Maiden name Mary Hiddix (City or town) (State or foreign country)

15. Birthplace West Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Records, V. A. Hospital and Address Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/7/48 (Month) (Day) (Year)

(c) Place Lewiston, Idaho

18. Funeral Director's OWN Signature McBratney-Powder Chapel and Address Boise, Idaho

19. (a) 2-6-48 (Date received and filed) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 5, 19 48  
at 1:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from January 21, 19 48 to February 5, 19 48  
I last saw him alive on February 5, 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Uremia Duration Terminal

Due to Carcinoma of the Prostate with urinary obstruction Prior to Admn.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Confirm above

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury [Signature]

23. Attendant's OWN Signature J. K. McClintic, M.D., C.M.O. (M. D. or other)

and Address VAH, Boise, Idaho Date Feb. 5, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED **Certificate of Death**

FEB 20 1948

STATE OF IDAHO

1948 442  
State File No. ....  
Local Reg. No. 26  
Reg. Dist. No. 371

1. PLACE OF DEATH: **Ada** DIVISION OF VITAL  
(a) County **Ada**  
(b) City or town **Eagle**  
(c) Street Address or R.F.D. No. **R.D. # 1**  
(d) Death Occurred Inside? Outside? **X** city or town  
(e) Died in a Home **X** Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **17** years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Ada**  
(c) City or town **Eagle**  
(d) Street Address or R.F.D. No. **R.D. # 1**  
(e) Deceased lived Inside? Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **17** years  
(h) Former residence (city, state) **Cone New Mexico**

3. (a) FULL NAME **Otto Henry Hansen**

3. (b) If veteran, name war No. 3. (c) Social Security No. **519-12-9953**

5. Color or 6. (a) Single, widowed, married, divorced **Single**

4. Sex **Male** race **White** 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) **October. 14. 1883.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>64.</b>	<b>3.</b>	<b>23.</b>	hrs. min.

9. Exact Occupation **Laborer.** Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace **Davenport, Iowa.** (City or town) (State or foreign country)

Father { 12. Name **Henry Hansen.**

13. Birthplace **Denmark.** (City or town) (State or foreign country)

Mother { 14. Maiden name **Dorothy Mohr.**

15. Birthplace **Germany.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Clyde E. Summers** and Address **Boise, Idaho**

17. (a) **Burial.** (b) Date thereof **Feb. 19. 1948.** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Star, Idaho.**

18. Funeral Director's OWN Signature **Clyde E. Summers** and Address **Boise, Idaho**

19. (a) **2-18-48** (b) **K. Sharp** (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **February. 7. 1948.** at **7** o'clock **P.**M.

21. I HEREBY CERTIFY, That I ~~was~~ deceased from **Sept. 14. 1948** to **1948**

I last saw h. alive on **19** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Suicide, Gun shot wound in right temple, with 32 Caliber revolver.** Duration

Due to **revolver.** Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation Date Major finding Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? **X** Homicide? Occurred **Feb. 7. 1948.** City, county, state where violence occurred **at his home, Eagle Idaho. R.D. # 1.** Place of Violence: Home Farm Industry Public Place While at work?

23. Attendant's OWN Signature **Clyde E. Summers** Coroner of **Ada County.** and Address **Boise, Idaho.** Date **Feb. 17. 48.** (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

FEB 17 1948

OF VITAL

# Certificate of Death

STATE OF IDAHO

Hamilton 1948

443

State File No.

Local Reg. No. 25

Reg. Dist. No. 371

1. PLACE OF DEATH: (City or town, street address, R.F.D. No., etc.)
- (a) County Ada
- (b) City or town Boise
- (c) Street Address or R.F.D. No. R.D. # 2
- (d) Death Occurred Inside? Outside? X city or town
- (e) Died in a Home Hospital X Institution Other place
- (f) Name Hosp. or Inst. Ada County Stayed 30 days
- (g) Lived in this county 27 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada
- (c) City or town Boise
- (d) Street Address or R.F.D. No. 102 1/2 S. 10
- (e) Deceased lived Inside? X Outside? city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 27 years
- (h) Former residence (city, state) Wisconsin

3. (a) FULL NAME EDGAR JAMES ENO.

3. (b) If veteran, name war No. 519-01, 5848
3. (c) Social Security No. 083A

4. Sex Male Color or race White
5. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gail S. Eno
6. (c) Age of husband or wife if alive 51 years

7. Date of Birth (Month, Day, Year) July 26, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>6</u>	<u>11</u>	hrs. min.

9. Exact Occupation Garageman Did this work for  yrs.

10. Industry or Business Valley, Wisconsin Date last worked

11. Birthplace Valley, Wisconsin (City or town) (State or foreign country)

12. Name Franklin Pierce Eno (City or town) (State or foreign country)

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Emma Ewing

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Faunelle Casner and Address Idaho City, Idaho

17. (a) Burial (b) Date of (Month) (Day) (Year) Feb. 17, 1948

- (c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Elmer E. Summers and Address Boise, Idaho

19. (a) 2-18-48 (b) A. Ship

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 9, 1948
- at 11 o'clock P. M.

21. I HEREBY CERTIFY, That attended deceased from 2-9-48 to 2-9-48
- I last saw surv alive on 2-9-48
- death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Stroke

Duration

Sudden

Due to Thrombosis

Due to left

Other condition hypertension year

(Include pregnancy within months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Stroke

23. Attendant's OWN Signature Dr. H. H. H. H. (M. D. or other)

and Address Boise, Idaho Date 2-18-48

(For additional space, use reverse side)

096

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED **Certificate of Death**  
FEB 27 1948  
STATE OF IDAHO

1948  
State File No. **444**  
Local Reg. No. **27**  
Reg. Dist. No. **371**

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place  
(f) Name Hosp. or Inst. Ada County Stayed 1 Year days  
(g) Lived in this county 42 years  months  days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 907. Krall Street  
(e) Deceased lived Inside? X Outside?  city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Joseph Edward Rogers.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

5. Color or Male. race White. 6. (a) Single, widowed, married, divorced Widower.

6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years

7. Date of Birth (Month, Day, Year) February. 5. 187.

8. AGE	Years	Months	Days	If less than 1 day
	<u>77.</u>	<u>0.</u>	<u>11.</u>	hrs. min.

9. Exact Occupation Cement Contractor Did this work for  yrs.

10. Industry or Business Keokuk, Iowa. Date last worked

11. Birthplace Keokuk, Iowa. (City or town) (State or foreign country)

Father { 12. Name Unknown.

13. Birthplace Unknown. (City or town) (State or foreign country)

Mother { 14. Maiden name Unknown.

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Lloyd T. Hunt  
and Address 504 Summit Ave

17. (a) Burial. Feb. 20, 1948. Boise, Idaho  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Clayde E. Bushmeyer.  
and Address Boise, Idaho

19. (a) 3-21-48 (b) R. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb. 16. 19 48.  
(Month, Day, Year) at 9 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 2-15-48 to 2-16-48  
I last saw him alive on 2-16 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary - vascular - Sudden  
Renal - Liver  
Due to Symptomatic complex  
Due to Edema years  
Other conditions ascites -  
(Include pregnancy within 3 months of death)

Where was disease contracted?   
Name of operation  Date   
Major finding   
Finding of autopsy   
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred.  
Place of Violence: Home  Farm  Industry   
Public Place  While at work?

Means of injury   
23. Attendant's OWN Signature L. O. Johnston  
(A, D. or other)  
and Address Boise Idaho Date 2-20-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 2 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **445**  
Local Reg. No. **28**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH: DIVISION OF VITAL

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **Route 2**  
(d) Death Occured Inside?..... Outside? **X** city or town  
(e) Died in a Home **X** Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county **29** years..... months..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **Route 2**  
(e) Deceased lived Inside?..... Outside? **X** city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state) **Nampa, Idaho**

## 3. (a) FULL NAME ANNA K. JONES

3. (b) If veteran, name war..... No.....  
5. Color or 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Female** race **White**  
6. (b) Name of husband or wife **Russel S.** 6. (c) Age of husband or wife if alive..... years  
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	96	3	7	hrs min.

9. Exact Occupation **Housewife** Did this work for..... yrs.  
10. Industry or Business..... Date last worked.....  
11. Birthplace **Belfast** **Ireland**  
(City or town) (State or foreign country)

12. Name **William Kennedy**  
13. Birthplace **Ireland**  
(City or town) (State or foreign country)  
14. Maiden name **Eliza Logon**  
15. Birthplace **Ireland**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs N.B. Irish**  
and Address **Route 2, Boise, Idaho**

17. (a) **Burial** (b) Date thereof **Feb. 23, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Nampa, Idaho**

18. Funeral Director's OWN Signature **McBratney Fowler Chapel**  
and Address **419 North 9th St.**

19. (a) **2-23-48** (b) **K. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **February 18, 1948**  
at **1:30** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from **19**....., to **19**.....

I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Senility** Duration.....

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature **K. Sharp** (M. D. or other)

and Address..... Date..... 19.....

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAY - 3 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 446  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County ADA  
(b) City or town MERIDIAN  
(c) ~~Street Address~~ or R.F.D. No. R.F.D. 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 25 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) ~~Street Address~~ or R.F.D. No. 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME MARY JEANETTE TOMLIN

3. (b) If veteran, name war    3. (c) Social Security No. none  
5. Color or    6. (a) Single, widowed, married, divorced     
4. Sex F race W  
6. (b) Name of husband or wife Edgar W. Tomlin 6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) May 22, 1872  
8. AGE Years Months Days If less than 1 day  
75 9 3 2 hrs. min.

9. Exact Occupation Housewife Did this work for 55 yrs.  
10. Industry or Business    Date last worked 3/15/46

11. Birthplace Theyer, Kansas  
(City or town) (State or foreign country)

12. Name Benjamin McPheeters  
13. Birthplace Indiana  
(City or town) (State or foreign country)

14. Maiden name Mary Brooks  
15. Birthplace Ashmore, Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Edgar W. Tomlin  
and Address Meridian, R-1, Idaho

17. (a) Burial (b) Date thereof 2/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Meridian, Idaho.

18. Funeral Director's OWN Signature B. R. Sharp  
and Address Meridian

19. (a) 2-24-48 (b) B. R. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 23, 1948  
at 3:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from    19   to    19  

I last saw h.    alive on    19  ;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial insufficiency Duration 6 mo

Due to Chronic myocarditis, arterio-sclerosis 10 yrs +

Due to Senility  
Other conditions Chronic hypertrophic arteritis 20 yrs  
(Include pregnancy within 6 months of death)

Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy     
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?    Suicide?    Homicide?     
Occurred    19   City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?   

Means of injury     
23. Attendant's OWN Signature John Brown MD (M. D. or other)  
and Address Meridian, Idaho Date 2-24-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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MAR - 2 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. **447**  
Local Reg. No. **30**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital XX Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hospital Stayed 13 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME CLONTZ, Earl T.

3. (b) If veteran, name war World War

3. (c) Social Security No. \_\_\_\_\_

5. Color or White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 5, 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>10</u>	<u>20</u>	hrs. min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Springfield Missouri  
(City or town) (State or foreign country)

Father { 12. Name Unknown

13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

Mother { 14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, V. A. Hospital  
and Address Boise, Idaho

17. (a) Removal (b) Date thereof 2/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Twin Falls, Idaho  
18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address Boise, Idaho

19. (a) 2-26-48 (b) N. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 25, 19 48  
at 1:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from February 12, 19 48, to February 25, 19 48.  
I last saw him alive on February 25, 19 48.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Uremia

Duration Terminal

Due to Hypertensive Cardiovascular Renal Disease

Prior to Admn.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J.K. McCLINTIC, M.D., CMO  
(M. D. or other)

and Address VAH, Boise, Idaho Date Feb. 25, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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MAR - 2 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. **448**  
Local Reg. No. **371**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **XX** city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **XX** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **V.A. Hospital** Stayed **12** days  
(g) Lived in this county **54** years **6** months **9** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1924. Dorian St.**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **all his life**  
(h) Former residence (city, state) **X**

## 3. (a) FULL NAME

**BUTLER, Walter W.**

3. (b) If veteran, name war **WW I**

3. (c) Social Security No. **518-07-7483**

5. Color or **White**  
4. Sex **Male** race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Vera A. Butler**

6. (c) Age of husband or wife if alive **47** years

7. Date of Birth (Month, Day, Year) **August 17, 1893**

8. AGE	Years	Months	Days	If less than 1 day
	<b>54</b>	<b>6</b>	<b>9</b>	hrs. min.

9. Exact Occupation **Farmer** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Boise Idaho** (City or town) (State or foreign country)

12. Name **George W. Butler**

13. Birthplace **Indiana** (City or town) (State or foreign country)

14. Maiden name **Eliza Knox**

15. Birthplace **Beloit Kansas** (City or town) (State or foreign country)

16. Informant's **OWN** Signature **Records, V.A. Hospital** and Address **Boise, Idaho**

17. (a) **Burial** (b) Date thereof **March 1, 1948** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Morris Hill Cemetery**

18. Funeral Director's **Summers Funeral Home** OWN Signature **Olyde E. Summers** and Address **Boise, Idaho**

19. (a) **3-1-48** (b) **H. Sharp** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **February 26, 1948** at **2:45** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from **February 14, 1948** to **February 26, 1948**. I last saw him alive on **February 26, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial Insufficiency**

Duration **Prior to Admn.**

Due to **Coronary Arteriosclerosis with Myocardial Damage, Cardiac Enlargement and Congestive Failure** (Include pregnancy within 3 months of death)

Prior to **Admn.**

Where was disease contracted? \_\_\_\_\_  
Name of operation **None** Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **No Autopsy**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **J. K. McClintic**  
23. Attendant's **J. K. McClintic, M.D., CMO** OWN Signature (M. D. or other)  
and Address **V.A.H. Boise, Ida.** Date **Feb. 27, 1948** (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 1  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. **449**  
Local Reg. No. **545**  
Reg. Dist. No. **302**

1. PLACE OF DEATH:

- (a) County **Adams**  
(b) City or town **Council**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. **Council Hosps.** stayed **12** days  
(g) Lived in this county **26** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Adams**  
(c) City or town **Council**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **26** years  
(h) Former residence (city, state) **Imaha Oregon**

3. (a) FULL NAME **Roy Herman Snell**

3. (b) If veteran, name was **None**  
3. (c) Social Security No. ....  
4. Sex **Male** 5. Color or race **White**  
6. (b) Name of husband or wife **Reba**  
6. (c) Age of husband or wife if alive **59** years  
7. Date of Birth (Month, Day, Year) **September 14 1884**

8. AGE	Years	Months	Days	If less than 1 day
	<b>63</b>	<b>5</b>	<b>15</b>	hrs min.

9. Exact Occupation **Retired Farmer** Did this work for **Life**  
10. Industry or Business Date last worked **1947**  
11. Birthplace **Iowa**  
(City or town) (State or foreign country)

12. Name **George F. Snell**  
13. Birthplace **Unknown**  
(City or town) (State or foreign country)  
14. Maiden name **Ide F. Buskirk**  
15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Vera S. Snell**  
and Address **Large Shale Bend**

17. (a) **Removal** (b) Date thereof **2/29/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Hillcrest Cem. Weiser, Idaho**

18. Funeral Director's OWN Signature **C. Jones**  
and Address **Northam Jones Weiser, Idaho**

19. (a) **2/29/48** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **February 29 1948**  
(Month, Day, Year)  
at **6:00** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **2/29/48** to **2/29/48**  
I last saw him alive on **2/29/48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Peritonitis** Duration **11 days**

Due to **ruptured gastric ulcer** Duration **11 days**

Due to **(recurrence)**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Home**  
Name of operation **ruptured gastric ulcer** Date **2/29/48**  
Major finding **ruptured ulcer**  
Finding of autopsy **Peritonitis**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ..... Homicide? .....  
Occurred **2/29/48** 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury **[Signature]**

23. Attendant's OWN Signature **Aunt [Signature]**  
(M. D. or other)  
and Address **Council, Idaho** Date **2/29/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB 23 1948

STATE OF IDAHO

State File No. **450**  
Local Reg. No. **54**  
Reg. Dist. No. **510**

1. PLACE OF DEATH: **DIVISION OF VITAL STATISTICS**
- (a) County **BANNOCK**  
(b) City or town **POCATELLO**  
(c) Street Address or R.F.D. No. **101 S. JOHNSON**  
(d) Death Occured Inside? **1** Outside? **city or town**  
(e) Died in a Home **Hospital** Institution **Other place**  
(f) Name Hosp. or Inst. **GENERAL** Stayed **1** days  
(g) Lived in this county **48** years **months** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **POCATELLO**  
(d) Street Address or R.F.D. No. **1539 E. FREEMONT**  
(e) Deceased lived Inside? **1** Outside? **city or town**  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **46** years  
(h) Former residence (city, state) **DENMARK**

3. (a) FULL NAME **CARL HAROLD CARLSEN**

3. (b) If veteran, name war **-** 3. (c) Social Security No. **519-09-1650**
5. Color of **-** 6. (a) Single, widowed, married, divorced **MARRIED**
4. Sex **MALE** race **WHITE**
6. (b) Name of husband or wife **JAMNITA MICHAELSON** 6. (c) Age of husband or wife if alive **28** years
7. Date of Birth (Month, Day, Year) **OCTOBER 5<sup>TH</sup> 1899**

8. AGE	Years	Months	Days	If less than 1 day
	<b>48</b>	<b>3</b>	<b>13</b>	hrs min.

9. Exact Occupation **BLACKSMITH** Did this work for **-** yrs.
10. Industry or Business **PACKER & FREEMONT** Date last worked **-**
11. Birthplace **DENMARK** (City or town) (State or foreign country)

12. Name **NIELS C. CARLSEN**
13. Birthplace **DENMARK** (City or town) (State or foreign country)
14. Maiden name **MARIE S. SORENSON**
15. Birthplace **DENMARK** (City or town) (State or foreign country)

16. Informant's OWN Signature **Juanita Carlson** and Address **POCATELLO, IDAHO**

17. (a) **BURIAL** (b) Date thereof **1-23-48** (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: **MOUNTAIN VIEW - POCATELLO, IDAHO**

18. Funeral Director's OWN Signature **Arthur J. Hall** and Address **POCATELLO, IDAHO**

19. (a) **2-20-48** (b) **Jessie J. Powell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **JANUARY 18 1948** at **-** o'clock **M.**

21. I HEREBY CERTIFY, That I attended deceased from **19**, to **19**

I last saw h **-** alive on **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **fractured skull** Duration

Due to **Auto Accident**

Due to **-**

Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted? **-**

Name of operation **-** Date **-**

Major finding **-**

Finding of autopsy **fracture of skull**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **yes** Suicide? **-** Homicide? **-**
- Occurred **January 18 1948** City, county, state where violence occurred **town main road**
- Place of Violence: Home **-** Farm **-** Industry **-**
- Public Place **yes** While at work? **-**
- Means of injury **-**

23. Attendant's OWN Signature **Arthur J. Hall** and Address **Pocatoello Idaho** Date **1-20-1948** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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FEB 23 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **451**  
Local Reg. No. **38**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or ~~XXXXXX~~ **South Johnson Ave**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **General** Stayed **3** days  
(g) Lived in this county **47** years **3** months **3** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or ~~XXXXXX~~ **245 No. 2nd Ave**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **47** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**CHARLES G. SAVOURTHIS**

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or

6. (a) Single, widowed, married,

4. Sex **male** race **white**

divorced **single**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) **No Data**

8. AGE	Years	Months	Days	If less than 1 day
	<b>about 70</b>			hrs min.

9. Exact Occupation **No data** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **No data** Date last worked \_\_\_\_\_

11. Birthplace **Ageanitka, Konourias, Greece**  
(City or town) (State or foreign country)

12. Name **No data**

13. Birthplace (City or town) (State or foreign country)

14. Maiden name **No data**

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature **Information from friends**  
and Address **Pocatello, Idaho**

17. (a) **Burial** (b) Date thereof **1/30/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Pocatello, Idaho**

18. Funeral Director's OWN Signature **Jack Henderson**  
and Address **Pocatello, Idaho**

19. (a) **Jan. 30, 1948** (b) **Gene L. Parnell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **January 27, 1948**  
(Month, Day, Year) at **12 noon** o'clock **M.**

21. I HEREBY CERTIFY, That I attended deceased from **Jan. 24, 1948** to **January 27, 1948**  
I last saw him alive on **January 26, 1948** death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Cardio-renal** Duration **unknown**  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions **Alcoholism acute 10 days**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding **Edema**  
Finding of autopsy **None**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **W. H. Hughes**  
(M. D. or other) and Address **Pocatello** Date **1/30, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to: State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
FEB 23 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. **452**  
Local Reg. No. **37**  
Reg. Dist. No. **511**

**1. PLACE OF DEATH:**

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R. F. D. No. 1015 JOHNSON  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. GENERAL Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State IDAHO (b) County BANNOCK  
(c) City or town McCAMMON  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state) -

**3. (a) FULL NAME**

MARY AUGUSTA HENDERSON

**3. (b) If veteran,**

name war -

**3. (c) Social Security**

No. -

5. Color or WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
4. Sex FEMALE

6. (b) Name of husband or wife JAMES C. HENDERSON 6. (c) Age of husband or wife if alive DIED 1943 years

7. Date of Birth (Month, Day, Year) MARCH 26, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>10</u>	<u>6</u>	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for - yrs.

10. Industry or Business RETIRED Date last worked -

11. Birthplace CLIFTON IDAHO (City or town) (State or foreign country)

12. Name HANS PETER LARSON

13. Birthplace DENMARK (City or town) (State or foreign country)

14. Maiden name WILHELMINA ERICKSON

15. Birthplace SWEDEN (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs W. L. Nelson

- and Address POCATELLO, IDAHO

17. (a) BURIAL (b) Date thereof 2-4-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: CLIFTON, IDAHO

18. Funeral Director's OWN Signature Chas. H. Allen

- and Address POCATELLO, IDAHO

19. (a) Feb 4, 1948 (b) Janice J. Powell (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 055E

20. DATE OF DEATH (Month, Day, Year) FEBRUARY 1 19 48  
at 7:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 18 1947, to Feb 1 1948  
I last saw her alive on Jan 31 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: cardiac failure Duration 3-4 days

Due to Carcinoma - January 6 mo in kidney in metastasis

Due to -  
Other conditions - (Include pregnancy within 3 months of death)

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autopsy -

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature E. L. Nelson, MD.

and Address Donkey, Idaho Date 2/4 1948 (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. 453  
Local Reg. No. 36  
Reg. Dist. No. 510

**1. PLACE OF DEATH:**

(a) County Bannock  
(b) City or town Pocatello  
(c) Street Address XXXXXX 1153 So. 4th Ave  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 44 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

(a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address XXXXXX 1153 So. 4th Ave  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) city or town

**3. (a) FULL NAME**

**NORMA FERN MATHEWS**

**3. (b) If veteran,**

name war ---

**3. (c) Social Security**

No. ----

5. Color or 6. (a) Single, widowed, married,

4. Sex female race white divorced married

6. (b) Name of husband or wife Kenneth Mathews 6. (c) Age of husband or wife if 40 years

7. Date of Birth December 9, 1904  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	43	1	22	hrs min.

9. Exact Occupation housewife Did this work for 7 yrs.

10. Industry or Business Home Date last worked 12/31/48

11. Birthplace Pocatello, Idaho  
(City or town) (State or foreign country)

12. Name Gus M. Shostrom

13. Birthplace Sweden  
(City or town) (State or foreign country)

14. Maiden name Sadie Berg

15. Birthplace Logan Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Kenneth Mathews  
and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof. 2/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Pocatello, Idaho

18. Funeral Director's OWN Signature Jack Henderson  
and Address Pocatello, Idaho

19. (a) Feb. 3, 1948 (b) Jessie I. Powell  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH February 1 19 48  
(Month, Day, Year) at 12:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

found dead in bed  
fractured

Due to coronary thrombosis

Due to fractured

Other conditions fractured  
(Include pregnancy within 3 months of death)

Where was disease contracted? fractured

Name of operation fractured Date fractured

Major finding fractured

Finding of autopsy fractured

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? fractured Homicide? fractured

Occurred fractured 19 fractured City, county, state

where violence occurred fractured

Place of Violence: Home fractured Farm fractured Industry fractured

Public Place fractured While at work? fractured

Means of injury fractured

23. Attendant's OWN Signature Patricia M. Hall

and Address Pocatello, Idaho Date 2/2 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB - 9 1948

**Certificate Of Death**  
STATISTICS  
STATE OF IDAHO

State File No. **454**  
Local Reg. No. **33**  
Reg. Dist. No. **510**

**1. PLACE OF DEATH:**

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **General** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or R.F.D. No. **12 Campus Drive**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **0** years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

**Wayne Eric Severaux**

**161A**

**3. (b) If veteran,**  
name war \_\_\_\_\_

**3. (c) Social Security**

No. **none**

4. Sex **M** 5. Color or race **W**  
(a) Single, widowed, married, divorced **Single**  
(b) Name of husband or wife \_\_\_\_\_  
(c) Age of husband or wife if alive \_\_\_\_\_ years

**7. Date of Birth**  
(Month, Day, Year) **January 26, '48**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>6</b>	hrs min.

**9. Exact Occupation** **none** Did this work for \_\_\_\_\_ yrs.

**10. Industry or Business** Date last worked \_\_\_\_\_

**11. Birthplace** **Pocatello, Idaho**  
(City or town) (State or foreign country)

**12. Name** **Wayne Severaux**

**13. Birthplace** **Salt Lake Utah**  
(City or town) (State or foreign country)

**14. Maiden name** **Melba Stager**

**15. Birthplace** **Napa Cal.**  
(City or town) (State or foreign country)

**16. Informant's OWN Signature** **Wayne L. Severaux**  
and Address **12 Campus Drive**

**17. (a) Burial** (b) Date thereof **2-4-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Mountain View**

**18. Funeral Director's OWN Signature** **Bryan B. Jourdard**  
and Address **Pocatello, Idaho**

**19. (a)** **Feb 5 - 1948** (b) **Jessie J. Powell**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**  
(Month, Day, Year) **February 1** 19 **48**  
at **9:00** o'clock **A.M.**

**21. I HEREBY CERTIFY, That I attended deceased from**  
**1-27** 19 **48**, to **2-1** 19 **48**.

I last saw him alive on **2-1** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Congenital pulmonary Atelecasis** Duration **Congenital**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Local**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

**22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_**

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

**23. Attendant's OWN Signature** **H. E. Olsen, M.D.**

and Address **Pocatello, Idaho** Date **2-2** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB - 9 1948  
Certificate Of Death  
STATE OF IDAHO

State File No. 455  
Local Reg. No. 34  
Reg. Dist. No. 54

1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ✓ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 3 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Pingree  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Jae C. Larson

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. none

5. Color or \_\_\_\_\_

6. (a) Single, widowed, married, divorced single

4. Sex 7 race W.

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth

(Month, Day, Year) May 22, 1927

8. AGE	Years	Months	Days	If less than 1 day
	<u>20</u>	<u>8</u>	<u>10</u>	hrs min.

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Logan Utah (City or town) (State or foreign country)

12. Name Vernon Larson

13. Birthplace La Balle Idaho (City or town) (State or foreign country)

14. Maiden name Burde M. Thornton

15. Birthplace Troy Mont (City or town) (State or foreign country)

16. Informant's OWN Signature Vernon Larson and Address Pingree Id.

17. (a) Burial (b) Date thereof 2-4-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Mountainview

18. Funeral Director's OWN Signature Byron B. Darnard and Address Pocatello Idaho

19. (a) Feb 5-1948 (b) Jessie J. Powell (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 095B

20. DATE OF DEATH February 2 1948  
(Month, Day, Year) at 5:05 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 6 AUG 1948, to 2 FEB 1948

I last saw HER alive on 2 FEB 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CONGESTIVE HEART FAILURE; Duration 1 MONTH.  
ACUTE PULMONARY EDEMA - 2 DAYS  
Due to RHEUMATIC HEART DISEASE APPROX. 10 YEARS

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? PINGREE, IDAHO  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy NONE

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. R. Kearney M.D. and Address Pocatello Idaho Date Feb 7-1948  
(For additional space, use reverse side)

FEB 2 1948

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 38  
Reg. Dist. No. 511

**1. PLACE OF DEATH:**

- (a) County Bannock  
(b) City or town Idaho Falls  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Bannock  
(c) City or town Arimo  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ✓ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Ogden Utah

**3. (a) FULL NAME**

Marilyn Glee Taylor

083D

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_ No. none  
5. Color or \_\_\_\_\_ race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 1, 1938

8. AGE  
Years 9 Months 4 Days 2 If less than 1 day \_\_\_\_\_ hrs \_\_\_\_\_ min.

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Tremonton Utah (City or town) (State or foreign country)  
12. Name Leavitt Taylor  
13. Birthplace Boothwell Utah (City or town) (State or foreign country)  
14. Maiden name Blanche Jensen  
15. Birthplace Arvin Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Leavitt Taylor  
and Address Arvin Idaho

17. (a) Burial (b) Date thereof 2-6-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ogden Utah

18. Funeral Director's OWN Signature Byron B. Gournard  
and Address Idaho Falls Idaho

19. (a) 2-20-1948 (b) Jessie L. Towell (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) February, 3 1948  
at 10 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from Jan 29 1948, to 2/3 1948  
I last saw her alive on 2/3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 24 hours

Due to General debility 8 years

Due to Paraplegia 8 years

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. J. Kelley MD

and Address Idaho Falls (M. D. or other)

Date 2/3 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 2 1948  
DE VITAL  
Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 457  
Local Reg. No. 40  
Reg. Dist. No. 510

1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 650 N. 7TH  
(d) Death Occured Inside? - Outside? - city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. ST. ANTHONY Stayed 5 days  
(g) Lived in this county - years - months - days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. 1639 N. HARRISON  
(e) Deceased lived Inside? - Outside? - city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? - years  
(h) Former residence (city, state) -

3. (a) FULL NAME

JANET LEATHAM SCHEU

3. (b) If veteran,

3. (c) Social Security

name war - No. -

5. Color or - 6. (a) Single, widowed, married,

4. Sex FEMALE race WHITE divorced MARRIED

6. (b) Name of husband or wife HENRY J. SCHEU 6. (c) Age of husband or wife if alive 86 years

7. Date of Birth (Month, Day, Year) NOVEMBER 2, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>3</u>	<u>3</u>	hrs min.

9. Exact Occupation RETIRED Did this work for - yrs.

10. Industry or Business HOUSEWIFE Date last worked -

11. Birthplace WELLSVILLE UTAH  
(City or town) (State or foreign country)

12. Name JOHN LEATHAM

13. Birthplace SCOTLAND  
(City or town) (State or foreign country)

14. Maiden name HELEN PETERSON

15. Birthplace DENMARK  
(City or town) (State or foreign country)

16. Informant's OWN Signature Margaret Scheu

and Address POCATELLO, IDAHO

17. (a) BURIAL (b) Date thereof 2-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: MOUNTAIN VIEW POCATELLO, IDAHO

18. Funeral Director's OWN Signature Arthur M. Hall

and Address POCATELLO, IDAHO

19. (a) 2-12-48 (b) Jessie J. Farrell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) FEB. 5TH 19 48  
at 6:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 10 1946, to Feb 5 1948

I last saw her alive on Feb 4 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Hypostatic Pneumonia 1 wk

Due to Cardiac Dysfunction 6 mo

Due to Chronic Rheumatism (Ht. Dis.) years

Other conditions Fertility  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation - Date -

Major finding

Finding of autopsy -

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature Harold B. Hegstad M.D.

and Address POCATELLO, IDAHO (M. or other)

Date 2-6 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

FEB 23 1948

# Certificate of Death

STATE OF IDAHO

State File No. 458

Local Reg. No. 41

Reg. Dist. No. 5-10

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 7 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 3/3 years  
(h) Former residence (city, state) Las Vegas, Nev.

## 3. (a) FULL NAME

R. J. McCormick

124A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced ?

6. (b) Name of husband or wife Mrs. R. J. McCormick

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 12, 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>10</u>	<u>25</u>	hrs. min.

9. Exact Occupation Bartender Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Chicago, Illinois (City or town) (State or foreign country)

12. Name unknown

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Raymond Carson City Nev. and Address Identitary records

17. (a) Burial (b) Date thereof 2-11-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Bryan B. Darnard and Address Pocatello, Idaho

19. (a) 2-13-48 (b) Jessie T. Farrell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 7 1948  
(Month, Day, Year) at 7 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1-7-48 to 7-7-48 1948

I last saw h. in alive on 7-7-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Acute alcoholism Due to cirrhosis of liver Duration 44 days 6 wks 3 yrs

Due to \_\_\_\_\_ Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? home Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_ Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_ Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Forrest J. Howard and Address Pocatello, Idaho Date 13 Feb 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **459**  
Local Reg. No. **42**  
Reg. Dist. No. **510**

RECEIVED

FEB 23 1948

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address **XXXXXX So. Johnson Ave**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **General** Stayed **1** days  
(g) Lived in this county **40** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address **XXXXXX Pocatello House**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**JOHN HERMAN**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **519-07-3985**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **March 29, 1873**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>10</b>	<b>9</b>	hrs min.

9. Exact Occupation **Retired - Bricklayer** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Self** Date last worked \_\_\_\_\_

11. Birthplace (City or town) (State or foreign country)

12. Name \_\_\_\_\_

13. Birthplace (City or town) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature **Records found on person** and Address \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **2/10/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Pocatello, Idaho**

18. Funeral Director's OWN Signature **Jack Henderson**

- and Address **Pocatello, Idaho**

19. (a) **2/9/48** (b) **Janie J. Powell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **February 7** 19 **48**  
(Month, Day, Year)  
at **4:20** o'clock **A. M.**

21. I HEREBY CERTIFY, That I attended deceased from **Feb. 6** 19 **48**, to **Feb. 7** 19 **48**

I last saw him alive on **Feb. 7** 19 **48**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

**Heart failure**  
**Stroke and tumor felt in abdomen**  
Due to **old age. Ca?**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **M. J. Hartigan M.D.**

and Address **Pocatello, Idaho** Date **2/9/19 48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 20 1948  
Certificate Of Death  
STATE OF IDAHO

1948 460  
State File No.  
Local Reg. No. 43  
Reg. Dist. No. 510

1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Paratell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Paratell  
(d) Street Address or R.F.D. No. 375 Jefferson  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Monty Paul Huff

109B

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. none

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth

(Month, Day, Year) April 25, 1947

8. AGE	Years	Months	Days	If less than 1 day
	0	9	12	hrs min.

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Los Angeles, Cal. (City or town) (State or foreign country)

12. Name George Huff

13. Birthplace Arizona (City or town) (State or foreign country)

14. Maiden name Madeline Wilson

15. Birthplace Calo (City or town) (State or foreign country)

16. Informant's OWN Signature George F. Huff  
and Address 375 Jefferson

17. (a) Burial (b) Date thereof 2-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Mountain View

18. Funeral Director's OWN Signature Byron B. Downard  
and Address Paratell Idaho

19. (a) 2-13-48 (b) Jesse L. Fawell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 7 19 48  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him alive on death 2/1 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Probably Pneumonia  
taken from back

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation ☒ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy ☒ \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home ☒ Farm ☒ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature George F. Huff

and Address Paratell Idaho (M. D. or other) \_\_\_\_\_  
Date 2/9 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 26 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 State File No. **461**  
Local Reg. No. **57**  
Reg. Dist. No. **5-1-D**

## 1. PLACE OF DEATH: STATISTICS

- (a) County **DANNA**  
(b) City or town **LOCATELLO**  
(c) Street Address or R. F. D. No. **101 S. JOHNSON**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **GENERAL** Stayed **21** days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **DANNA**  
(c) City or town **LOCATELLO**  
(d) Street Address or R.F.D. No. **835 N. HARRISON**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **29** years  
(h) Former residence (city, state) **MEXICO**

## 3. (a) FULL NAME

**MANLEY ELLETT**

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No. **712-03-9096**

5. Color or ☐ 6. (a) Single, widowed, married,  
4. Sex **MALE** race **WHITE** divorced **MARRIED**  
6. (b) Name of husband or wife **MARIE LIVINGSTON** 6. (c) Age of husband or wife if alive **39** years

## 7. Date of Birth

(Month, Day, Year) **JANUARY 15, 1896**

## 8. AGE

Years	Months	Days	If less than 1 day
<b>52</b>	<b>0</b>	<b>23</b>	hrs min.

## 9. Exact

Occupation **CARMAN** Did this work for **-** yrs.

## 10. Industry or

Business **Union Pacific Railroad** Date last worked **-**

## 11. Birthplace

**FREMONT UTAH**  
(City or town). (State or foreign country)

Mother Father

12. Name **DAVID WILLIAM ELLETT**

13. Birthplace **UTAH**  
(City or town) (State or foreign country)

14. Maiden name **HANNAH PIERCE**

15. Birthplace **FREMONT UTAH**  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature **Mrs Marie Ellett**

and Address **835 N. Harrison**

## 17. (a) **BURIAL**

(Burial, cremation, or removal) (b) Date thereof **2-14-48**  
(Month) (Day) (Year)

(c) Place: **MOUNTAIN VIEW LOCATELLO, IDAHO**

## 18. Funeral Director's

OWN Signature **Arthur J. Hall**

and Address **LOCATELLO IDAHO**

## 19. (a) **2-24-48**

(Date received and filed)

## (b)

**Jose J. P. P. P.**  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **FEBRUARY 8** 19**48**  
at **-** o'clock **M.**

## 21. I HEREBY CERTIFY, That I attended deceased from

**21 Jan 1948 to 8 Feb 1948**  
I last saw him alive on **8 Feb 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Coronary occlusion**

## Duration

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted? **home**

Name of operation **-** Date **-**

## Major finding

## Finding of autopsy **-**

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **19** City, county, state

where violence occurred **-**

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **-**

## 23. Attendant's

OWN Signature **James H. Howard**

and Address **Locatello IDAHO** Date **8 Feb 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN HAND. Item should be answered as completely as possible. State answers as unknown only after a careful investigation. ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **462**  
Local Reg. No. **48**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **BANNOCK**  
(b) City or town **LOCATELLO**  
(c) Street Address or R.F.D. No. **101 S. JOHNSON**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **GENERAL** Stayed **2** days  
(g) Lived in this county **14** years **14** months **14** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **LOCATELLO**  
(d) Street Address or R.F.D. No. **155 E. CENTER**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **14** years  
(h) Former residence (city, state) **BIRMINGHAM, ALA.**

## 3. (a) FULL NAME

**EDWIN LEE JOHNSON**

## 3. (b) If veteran,

name war **-**

## 3. (c) Social Security

No. **-**

5. Color or **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
4. Sex **MALE** race **WHITE**  
6. (b) Name of husband or wife **CORA HOWARD** 6. (c) Age of husband or wife if alive **56** years  
7. Date of Birth (Month, Day, Year) **DECEMBER 19, 1883**

8. AGE	Years	Months	Days	If less than 1 day
	<b>64</b>	<b>1</b>	<b>19</b>	hrs min.

9. Exact Occupation **NIGHT WATCHMAN** Did this work for **6 MONTHS**  
10. Industry or Business **KRAFT CHEESE** Date last worked **12-22-47**  
11. Birthplace **DECATUR ILLINOIS** (City or town) (State or foreign country)

12. Name **GEORGE JOHNSON**  
13. Birthplace **ILLINOIS** (City or town) (State or foreign country)  
14. Maiden name **LYDIA MARSHALL**  
15. Birthplace **ILLINOIS** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Cora Johnson**  
and Address **LOCATELLO, IDAHO**

17. (a) **BURIAL** (Burial, cremation, or removal). (b) Date thereof **2-12-48** (Month) (Day) (Year)  
(c) Place: **LOCATELLO, IDAHO**

18. Funeral Director's OWN Signature **Arthur M. Hall**  
and Address **LOCATELLO, IDAHO**

19. (a) **2-8-48** (Date received and filed) (b) **Jemie J. Powell** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **FEBRUARY 8, 1948**  
at **9:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **FEB 6, 1948** to **FEB 8, 1948**.  
I last saw him alive on **FEB 8, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Acute Congestive Heart Failure** Duration **6 Wks**

Due to **Coronary Occlusion**

Due to **Chronic Cardio-Vascular Disease**  
Other conditions **Disease**  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation **-** Date **-**  
Major finding **-**  
Finding of autopsy **-**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state **-**  
where violence occurred **-**  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury **-**

23. Attendant's OWN Signature **N. J. Kristigum M.D.**  
and Address **LOCATELLO, IDAHO** (M. D. or other) Date **2-11-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB 23 1948 STATE OF IDAHO

1948  
State File No. **463**  
Local Reg. No. **44**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 615 N. Grant  
(d) Death Occurred Inside? ✓ Outside?    city or town     
(e) Died in a Home    Hospital    Institution    Other place     
(f) Name Hosp. or Inst. General Stayed    days  
(g) Lived in this county    years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 615 N. Grant  
(e) Deceased lived Inside?    Outside?    city or town     
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 66 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

John Edward Corbridge

093D

## 3. (b) If veteran, name war

## 3. (c) Social Security

No. 518-10-0056

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mathilda 6. (c) Age of husband or wife if alive 63 years

## 7. Date of Birth (Month, Day, Year) March, 14, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>10</u>	<u>24</u>	hrs min.

## 9. Exact Occupation Carpenter Did this work for    yrs.

## 10. Industry or Business Army Air Base Date last worked 11-47

## 11. Birthplace Franklin, Idaho (City or town) (State or foreign country)

## 12. Name W. E. Corbridge

## 13. Birthplace England (City or town) (State or foreign country)

## 14. Maiden name Mary Eliza Lee

## 15. Birthplace Mass. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Wayne Corbridge and Address 665 N. Grant

## 17. (a) Burial (b) Date thereof 2-11-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Mountain View

## 18. Funeral Director's OWN Signature Byron B. Downard and Address Pocatello, Idaho

## 19. (a) 2-13-48 (b) James J. Hawell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) February, 8, 1948 at    o'clock M.

## 21. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1948 to Feb 8, 1948

I last saw him alive on Feb 7, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Coronary Thrombosis Duration 10 d

## Due to Intersect HT dis 3 months

## Due to

## Other conditions    (Include pregnancy within 3 months of death)

## Where was disease contracted? Home

## Name of operation none Date

## Major finding

## Finding of autopsy none

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

## Occurred    19    City, county, state

## where violence occurred

## Place of Violence: Home    Farm    Industry

## Public Place    While at work?

## Means of injury RP (low carbon)

## 23. Attendant's OWN Signature Pocatello (M. D. or other) and Address Pocatello Date 2-10-48 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **464**  
Local Reg. No. **43**  
Reg. Dist. No. **510**

FEB 23 1948

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Anthony** \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or R.F.D. No. **528 E. Lanejay**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? ☒ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**Infant Weber**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex **7** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **February 8, 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>0</b>	hrs. min.

9. Exact Occupation **none** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Pocatello Idaho** (City or town) (State or foreign country)

12. Name **Eugene C. Weber**

13. Birthplace **Michigan** (City or town) (State or foreign country)

14. Maiden name **Josephine Traugott**

15. Birthplace **Pocatello Id.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Eugene Weber**

and Address **528 E. Lanejay**

17. (a) **Burial** (b) Date thereof **2-10-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Mountainview**

18. Funeral Director's OWN Signature **Byron B. Darnard**

and Address **Pocatello Idaho**

19. (a) **2-13-48** (b) **Joseph J. Farrell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **February 8** 19 **48**  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb 8** 19 **48** to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Premature** **5 1/2 months**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Joseph B. Hegsted M.D.**

and Address **Pocatello Idaho** (City or town)

Date **2-10-1948**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **465**  
Local Reg. No. **46**  
Reg. Dist. No. **510**

FEB 9 1948

OF VITAL

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **7566 Zander**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☐ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **28** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or R.F.D. No. **7566 Zander**  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **28** years  
(h) Former residence (city, state) **Cheyenne Wyo.**

## 3. (a) FULL NAME

**Marguerite French**

**102X**

## 3. (b) If veteran, name war

**none**

## 3. (c) Social Security No.

**none**

## 4. Sex **7** 5. Color or race **W**

## 6. (a) Single, widowed, married, divorced **married**

## 6. (b) Name of husband or wife **Frank**

## 6. (c) Age of husband or wife if alive **years**

## 7. Date of Birth

(Month, Day, Year)

**January 27, 1896**

## 8. AGE

Years

Months

Days

If less than 1 day

**52**

**0**

**11**

hrs.

min.

## 9. Exact Occupation

**Housewife**

## Did this work for

**32** yrs.

## 10. Industry or Business

## Date last worked

**worked**

## 11. Birthplace

**Cheyenne Wyoming**  
(City or town)

**(State or foreign country)**

## 12. Name

**J. P. Long**

## 13. Birthplace

**U.S.A.**  
(City or town)

**(State or foreign country)**

## 14. Maiden name

**Elizabeth Atkinson**

## 15. Birthplace

**U.S.A.**  
(City or town)

**(State or foreign country)**

## 16. Informant's OWN Signature

**Donald French**

## and Address

**Pocatello Idaho**

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof **2-12-48**

(Month) (Day) (Year)

## (c) Place

**Mountain View**

## 18. Funeral Director's OWN Signature

**Byron B. Darnard**

## and Address

**Pocatello Idaho**

## 19. (a) **2-13-1948**

(Date received and filed)

## (b) **Jessie J. Tawell**

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

**February 8, 1948**

at **11:30** o'clock **P.M.**

## 21. I HEREBY CERTIFY, That I attended deceased from **2-10-48**

19 **2-8-** to **2-8-** 19 **48**

I last saw her alive on **2-2-** 19 **48**

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

**Acute Heart Failure**

## Duration

## Due to

**Hypertension**

## Due to

**Supposed Death**

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

Date

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

## 23. Attendant's OWN Signature

**Jessie J. Tawell** (M.D. or other)

and Address **Pocatello** Date **2-10-1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 **466**  
State File No. \_\_\_\_\_  
Local Reg. No. **47**  
Reg. Dist. No. **511**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 1 days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. Ighee Id.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Las Vegas, Nev.

## 3. (a) FULL NAME

Monica Torres

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

## 4. Sex F 5. Color or race W

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Tony

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

May, 8, 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>9</u>	<u>0</u>	hrs. min.

## 9. Exact Occupation Housewife Did this work for 22 yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Las Vegas, N. Mexico (City or town) (State or foreign country)

## 12. Name Miguel Zamora

## 13. Birthplace N. Mexico (City or town) (State or foreign country)

## 14. Maiden name Candida

## 15. Birthplace N. Mexico (City or town) (State or foreign country)

## 16. Informant's OWN Signature Tony Torres

## 17. (a) Burial (b) Date thereof 2-18-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Byron B. Downard

## 19. (a) 2-13-1948 (b) Jessie J. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) February 8 19 48  
at 4:05 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 2-8 19 48, to 2-8 19 48

I last saw her alive on 2-8 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Cerebral hemorrhage Duration 16 hours

## Due to Hypertension

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature DC Ray (M. D. or other) and Address Pomeroy Date 2-10 19 48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 23 1948  
DIVISION OF VITALS  
**Certificate Of Death**  
STATE OF IDAHO

State File No. **467**  
Local Reg. No. **50**  
Reg. Dist. No. **510**

1. PLACE OF DEATH:

- (a) County **BANNOCK**  
(b) City or town **POCATELLO**  
(c) Street Address or R.F.D. No. **650 N. 7TH**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **ST. ANTHONY** Stayed **14** days  
(g) Lived in this county **14** years **14** months **14** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **POCATELLO**  
(d) Street Address or R.F.D. No. **451 N. MAIN**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **14** years  
(h) Former residence (city, state) **NONE**

3. (a) FULL NAME

**LEDELLA MAY AMES APEL**

3. (b) If veteran,

name war **-**

3. (c) Social Security

No. **-**

5. Color or **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**  
4. Sex **FEMALE** race **WHITE**

6. (b) Name of husband or wife **JULIUS APEL** 6. (c) Age of husband or wife if alive **5/14/44** years

7. Date of Birth

(Month, Day, Year) **OCTOBER 14, 1889**

8. AGE

Years	Months	Days	If less than 1 day
<b>58</b>	<b>4</b>	<b>0</b>	hrs min.

9. Exact Occupation **HOUSEKEEPER** Did this work for **-** yrs.

10. Industry or Business **AT HOME** Date last worked **-**

11. Birthplace **DAYTON, IDAHO**  
(City or town) (State or foreign country)

12. Name **SAMUEL AMES**

13. Birthplace **WELLSVILLE UTAH**  
(City or town) (State or foreign country)

14. Maiden name **SARAH ANN BOYSE**

15. Birthplace **OXFORD IDAHO**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Merlin J. Apel**

- and Address **POCATELLO, IDAHO**

17. (a) **BURIAL** (b) Date thereof **2-14-48**  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: **POCATELLO, IDAHO**

18. Funeral Director's OWN Signature **Arthur A. Apel**

- and Address **POCATELLO, IDAHO**

19. (a) **Feb 18-1948** (b) **Jessie J. Powell**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) **FEBRUARY 11, 1948**  
at **11:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 29, 1948** to **Feb 11, 1948**

I last saw h. **alive** on **Feb 11, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

**Peritonitis** **1025**

Due to **Gangrenous bowel** **280**

Due to **Bowel obstruction** **280**

Other conditions **-**  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **Removal** Date **1/29/48**

Major finding **Gangrene**

Finding of autopsy **absolutely identical**  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred **-** 19 **-** City, county, state where violence occurred **-**

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **-**

23. Attendant's OWN Signature **J. T. Hall**

and Address **Pocatellos, Ida** Date **2-14-1948**  
(M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

FEB 23 1948

OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 468  
Local Reg. No. 51  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town ocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony stayed 4 days  
(g) Lived in this county 23 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town ocatello  
(d) Street Address or R.F.D. No. 1235 E. Lander  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Lillian E. Corbeline

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex 2 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fred H.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 5, 1903

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>7</u>	<u>6</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 16 yrs.

10. Industry or Business ✓ Date last worked \_\_\_\_\_

11. Birthplace Shoshone Idaho (City or town) (State or foreign country)

12. Name Charles W. Burgess (City or town) (State or foreign country)

13. Birthplace Iowa (City or town) (State or foreign country)

14. Maiden name Edna Henaston

15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's OWN Signature Fred H. Corbeline and Address 1235 E. Lander

17. (a) Removal (b) Date thereof 2-13-48 (Month) (Day) (Year)

(c) Place Shoshone Idaho

18. Funeral Director's OWN Signature Howard Funeral Home and Address ocatello Idaho

19. (a) 2-13-48 (Date received and filed) (b) Jane S. Powell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 11 1948  
at 3 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1947 to Feb. 11 1948

I last saw her alive on Feb 11 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cretinism  
Metastatic Carcinoma To Liver  
Due to Hypernephroma, right  
Kidney

Duration 32 days

Due to \_\_\_\_\_  
Other conditions ✓  
(Include pregnancy within 3 months of death)

Where was disease contracted? ✓  
Name of operation Nephrectomy Date Nov. 25  
Major finding Hypernephroma, RT. Kidney  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Corwin E. Grover (M. D. or other)  
and Address Corwin E. Grover Date Feb. 12, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1548**  
Local Reg. No. **52**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

(a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address **XXXXXX So. Johnson Ave**  
(d) Death Occurred Inside? **X** Outside? **X** city or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place **X**  
(f) Name Hosp. or Inst. **General** Stayed **1** days  
(g) Lived in this county **55** years **0** months **0** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or **XXXXXX** **358 No. Hayes**  
(e) Deceased lived Inside? **X** Outside? **X** city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **55** years  
(h) Former residence (city, state) **093D**

## 3. (a) FULL NAME

**WALTER HENRY CLEARE**

## 3. (b) If veteran,

name war **----**

## 3. (c) Social Security

No. **-----**

5. Color or **---** 6. (a) Single, widowed, married,  
4. Sex **male** race **white** divorced **married**

6. (b) Name of husband or **---** 6. (c) Age of husband or wife if  
wife **Fannie W. Cleare** years **---**

7. Date of Birth **May 29, 1867**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>80</b>	<b>8</b>	<b>13</b>	hrs min.

9. Exact Occupation **No-Owner** Did this work for **55** yrs.

10. Industry or Business **People's Store** Date last worked **11/47**

11. Birthplace **London** **England**  
(City or town) (State or foreign country)

12. Name **Henry Cleare**

13. Birthplace **England**  
(City or town) (State or foreign country)

14. Maiden name **Emma Fowler**

15. Birthplace **England**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Fannie R. Cleare**  
and Address **Pocatello, Idaho**

17. (a) **Burial** (b) Date thereof **2/13/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Pocatello, Idaho**

18. Funeral Director's OWN Signature **Jessie L. Paul**  
and Address **Pocatello, Idaho**

19. (a) **Feb. 11, 1948** (b) **Jessie L. Paul**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH **February 11** 19 **48**  
(Month, Day, Year) at **6:35** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Nov. 11** 19 **47** to **Feb. 11** 19 **48**

I last saw h. **1m** alive on **Feb. 11** 19 **48**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary failure** Duration **1 day**

Due to **myocardial infarction**

Due to **age & arterio-sclerosis**

Other conditions **---**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **---**

Name of operation **---** Date **---**

Major finding **---**

Finding of autopsy **---**

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? **---** Suicide? **---** Homicide? **---**

Occurred **---** 19 **---** City, county, state

where violence occurred

Place of Violence: Home **---** Farm **---** Industry **---**

Public Place **---** While at work? **---**

Means of injury **---**

23. Attendant's OWN Signature **Jessie L. Paul**

and Address **Pocatello, Idaho** Date **2/11 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **470**  
Local Reg. No. **53**  
Reg. Dist. No. **510**

FEB 23 1948

## 1. PLACE OF DEATH:

- (a) County **BANNOCK**  
(b) City or town **LOCATELLO**  
(c) Street Address or R. F. D. No. **426 1/2 S. 4TH**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **1** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **LOCATELLO**  
(d) Street Address or R.F.D. No. **426 1/2 S. 4TH**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **LIFE** years  
(h) Former residence (city, state) **NONE**

## 3. (a) FULL NAME

**SUZANNE COOK**

## 3. (b) If veteran,

name war ☐ No. ☐

## 3. (c) Social Security

5. Color or **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

4. Sex **FEMALE**  
6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth

(Month, Day, Year) **APRIL 22, 1947**

## 8. AGE

Years **9** Months **21** Days **hrs** min.

## 9. Exact

Occupation **INFANT** Did this work for ☐ yrs.

## 10. Industry or

Business **AT HOME** Date last worked ☐

## 11. Birthplace

**LOCATELLO, IDAHO**  
(City or town) (State or foreign country)

## 12. Name

**CECIL M. COOK**

## 13. Birthplace

**LEXBURG, IDAHO**  
(City or town) (State or foreign country)

## 14. Maiden name

**EVA AUDREY WINDLEY**

## 15. Birthplace

**BLOOMINGTON, IDAHO**  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature **Cecil M Cook**

and Address **LOCATELLO, IDAHO**

## 17. (a) **BURIAL**

(Burial, cremation, or removal) (b) Date thereof **2-16-48**

(c) Place: **MOUNTAIN VIEW, LOCATELLO, IDAHO**

## 18. Funeral Director's

OWN Signature **Arthur M Hall**

and Address **LOCATELLO, IDAHO**

## 19. (a) **2-16-48**

(Date received and filed)

## (b) **Jessie L. Fawell**

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **FEBRUARY 13, 1948**  
at **8** o'clock **9** A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**4-22-1948** to **2-13-1948**

I last saw him alive on **2-10-1948** death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

**Myocardial Infarction**  
**Multiple Brain**

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐

While at work? ☐

Means of injury

## 23. Attendant's

OWN Signature **Arthur M Hall**

(M. D. or other)

and Address **LOCATELLO**

Date **2-14-1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAR - 9 1948  
DIVISION OF VITAL  
Certificate of Death  
STATE OF IDAHO

1948  
State File No. 471  
Local Reg. No. 61  
Reg. Dist. No. 510

1. PLACE OF DEATH

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Gary Lynn Lish

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive 2 years

7. Date of Birth

(Month, Day, Year) January 24, 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	0	26	hrs. min.

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.

10. Industry or Business " Date last worked \_\_\_\_\_

11. Birthplace Pocatello Idaho  
(City or town) (State or foreign country)

12. Name Herman Lish

13. Birthplace Pocatello Id.  
(City or town) (State or foreign country)

14. Maiden name Loris Harming

15. Birthplace Pocatello Id.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Herman Lish  
and Address Pocatello Id.

17. (a) Burial (b) Date thereof 2-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Downard  
and Address Pocatello Idaho

19. (a) 2-26-48 (b) Jessie J. Farrell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 19 1948  
(Month, Day, Year) at 9:55 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 14 FEB 1948 to 19 FEB 1948.  
I last saw him alive on 19 FEB 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

ANOXIA

Duration

Due to OBSTRUCTING PHARYNGO-TRACHEITIS ASPIRATION PNEUMONIA 10 DAYS

Due to CHONCHOLISM 27 DAYS  
(Include pregnancy within 3 months of death)

JAUNDICE, CAUSE UNDETERMINED 27 DAYS

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy NONE

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature M. Henry, M.D.  
(M.D. or other)

and Address Pocatello Idaho Date 20 Feb 48  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 8 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. 472  
Local Reg. No. 60  
Reg. Dist. No. 210

1. PLACE OF DEATH:

Bannock  
(a) County  
(b) City or town Pocatello  
(c) Street Address No. 7th Ave  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. St. Anthony Laid 60 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address 338 So. Arthur  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state)

3. (a) FULL NAME LUCY WOODS McPHERSON

3. (b) If veteran, name war --- No. ---  
5. Color or 6. (a) Single, widowed, married, divorced widowed  
4. Sex female race white  
6. (b) Name of husband or wife Alan R. McPherson dead years  
6. (c) Age of husband or wife if dead years  
7. Date of Birth September 4, 1886  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
61	5	15	hrs	min.

9. Exact Occupation English Instructor Did this work for 20 yrs.  
10. Industry or Business High School Date last worked 12/47  
11. Birthplace Carlisle, Pennsylvania  
(City or town) (State or foreign country)

12. Name John Woods  
13. Birthplace Pennsylvania  
(City or town) (State or foreign country)  
14. Maiden name Mary Craighhead  
15. Birthplace Pennsylvania  
(City or town) (State or foreign country)

16. Informant's OWN Signature Alan W. McPherson  
and Address Pocatello, Idaho

17. (a) cremation (b) Date thereof 2/23/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Salt Lake City, Utah

18. Funeral Director's OWN Signature Jack Henderson  
and Address Pocatello, Idaho

19. (a) Feb. 20/48 (b) Jessie J. Farrell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 111A

20. DATE OF DEATH February 19 19 48  
(Month, Day, Year)  
at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 15 19 47 to February 19 48  
I last saw her alive on Feb. 19 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: INFARCT OF LUNG. Duration 3 wks.

Due to GENERALIZED SARCOMATOSIS 6 mo.

Due to RETROPERITONEAL SARCOMA, 6 mo.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? IDAHO  
Name of operation Biopsy of tumor Date 12-15-47  
Major finding RETROPERITONEAL TUMOR  
Finding of autopsy WIDESPREAD ABDOMINAL MALIGNANCY.  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Melvin M. Grace  
and Address Pocatello, Idaho Date 2/20 19 48  
(For additional space, use reverse slide)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**Certificate of Death**  
STATE OF IDAHO

1948  
State File No. **473**  
Local Reg. No. **62**  
Reg. Dist. No. **511**

**MAR - 8 1948**

1. PLACE OF DEATH: DIVISION OF VITALS  
(a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **1**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **St. Anthony** Stayed **90** days  
(g) Lived in this county **3** years **1** months **70** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bannock**  
(c) City or town **Idaho**  
(d) Street Address or R.F.D. No. **Idaho**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **3** years  
(h) Former residence (city, state) **Omaha Neb.**

3. (a) FULL NAME **Betty Belle Hayek**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **James**

6. (c) Age of husband or wife if alive **years**

7. Date of Birth (Month, Day, Year) **April 12, 1901**

8. AGE	Years	Months	Days	If less than 1 day
	<b>46</b>	<b>10</b>	<b>10</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **years**

10. Industry or Business **"** Date last worked

11. Birthplace **Jama Iowa** (City or town) (State or foreign country)

12. Name **John Humboldt** (City or town) (State or foreign country)

13. Birthplace **Ida** (City or town) (State or foreign country)

14. Maiden name **Lettie Wilson** (City or town) (State or foreign country)

15. Birthplace **Ida** (City or town) (State or foreign country)

16. Informant's OWN Signature **James Hayek** and Address **Idaho**

17. (a) **Burial** (b) Date thereof **2-25-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Mountainview**

18. Funeral Director's OWN Signature **Baron B. Dornard** and Address **Pocatello Idaho**

19. (a) **2-26-48** (b) **Jessie J. Farrell** (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **February, 22, 1948**  
at **Idaho** o'clock **M.**

21. I HEREBY CERTIFY, That I attended deceased from **Idaho** to **Idaho**

I last saw him alive on **21 Feb** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Carcinoma primary in** Duration

**gastrointestinal**

Due to **metastatic carcinoma**

Due to **metastatic carcinoma**

Other conditions **metastatic carcinoma**

(Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**

Name of operation **Carcinoma** Date **Feb 1948**

Major finding **Carcinoma**

Finding of autopsy **all abdominal**

**metastatic carcinoma**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **Idaho** City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **Idaho**

23. Attendant's OWN Signature **R.M. Minton M.D.**

and Address **Pocatello Idaho** Date **2-24-48** 19**48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

47-442531

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
**Certificate Of Death**

MAR - 8 1948

STATE OF IDAHO

1948 State File No. **474**

Local Reg. No. **64**

Reg. Dist. No. **510**

**1. PLACE OF DEATH: DIVISION OF VITAL**

- (a) County **BANNOCK**  
(b) City or town **LOCATELLO**  
(c) Street Address or R.F.D. No. **650 N. 7TH**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **ST. ANTHONY'S** Stayed **60** days  
(g) Lived in this county **1** years **0** months **0** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **LOCATELLO**  
(d) Street Address or R.F.D. No. **641 N. 10TH**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **1** years  
(h) Former residence (city, state) **-**

**3. (a) FULL NAME** **JOSEPH GONZALES**

3. (b) If veteran, name war **-** 3. (c) Social Security No. **-**

5. Color or **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**  
4. Sex **male** race **WHITE**  
6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years

7. Date of Birth (Month, Day, Year) **SEPTEMBER 7, 1947**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>5</b>	<b>16</b>	hrs min.

9. Exact Occupation **INFANT** Did this work for **-** yrs.

10. Industry or Business **AT HOME** Date last worked **-**

11. Birthplace **LOCATELLO IDAHO** (City or town) (State or foreign country)

12. Name **JOSEPH GONZALES**

13. Birthplace **BAND JUNCTION COLORADO** (City or town) (State or foreign country)

14. Maiden name **DONNIE LOEQUIST**

15. Birthplace **LOCATELLO IDAHO** (City or town) (State or foreign country)

16. Informant's OWN Signature **Antie Martin**

and Address **LOCATELLO, IDAHO**

17. (a) **Removal & Burial** Date thereof **2-25-48** (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: **BIRTH IDAHO**

18. Funeral Director's OWN Signature **Anthony Hall**

and Address **LOCATELLO, IDAHO**

19. (a) **2-25-48** (Date received and filed) (b) **Jennie J. Powell** (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** **157A**

20. DATE OF DEATH (Month, Day, Year) **FEBRUARY 23 1948**  
at **11** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **SEPTEMBER 7, 1948**, to **FEB 23, 1948**  
I last saw him alive on **FEB 23, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial Infarction** Duration **24 hrs**

Due to **Coronary Artery Disease**

Due to **Preexisting**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **None** Date

Major finding **None**

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **None** 19 **1948** City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

23. Attendant's OWN Signature **Anthony Hall** (M. D. or other)

and Address **LOCATELLO** Date **2-23-1948** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

MAR - 5 1948

STATE OF IDAHO

1948 475  
State File No. ....  
Local Reg. No. 59  
Reg. Dist. No. 54

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town LOCATELLO  
(c) Street Address or R.F.D. No. ROUTE 2 NORTH  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed - 30  
(g) Lived in this county 12 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town LOCATELLO  
(d) Street Address or R.F.D. No. ROUTE 2 NORTH  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) UTAH

## 3. (a) FULL NAME

OLIVIA MAE RASMUSSEN

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or 6. (a) Single, widowed, married,

divorced MARRIED

## 4. Sex FEMALE Race WHITE

6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife HENRY D. RASMUSSEN 57 years

## 7. Date of Birth

(Month, Day, Year) FEBRUARY 15, 1893

## 8. AGE

Years

Months

Days

If less than 1 day

55

0

8

hrs

min.

## 9. Exact

Occupation

HOUSEKEEPER

Did this

work for - yrs.

## 10. Industry or

Business

AT HOME

Date last

worked -

## 11. Birthplace

SALT LAKE CITY, UTAH

(City or town)

(State or foreign country)

## 12. Name

CHRISTINE MARTINSON

## 13. Birthplace

(City or town)

SWEDEEN

## 14. Maiden name

ANNA MARGARETA JOHANSSON

## 15. Birthplace

(City or town)

SWEDEEN

## 16. Informant's

OWN Signature

and Address

LOCATELLO, IDAHO

## 17. (a) Funeral (Burial, cremation, or removal)

Date thereof 2-26-48

(Month) (Day) (Year)

## (c) Place:

MOUNTAIN VIEW LOCATELLO, IDAHO

## 18. Funeral Director's

OWN Signature

and Address

LOCATELLO, IDAHO

## 19. (a) Feb 28 1948

(Date received and filed)

## (b)

James S. Powell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH/ 31B

## 20. DATE OF DEATH

(Month, Day, Year) FEBRUARY 23 1948  
at 6:30 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Jan 1947 to Feb 23 1948

I last saw her alive on Feb 20 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

chronic nephritis Duration 1 year

Due to Diabetes mellitus 1 year

Due to -

Other conditions -

(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation - Date -

Major finding -

Finding of autopsy -

PHYSICIAN

Underline

the cause to

which death

should be

charged sta-

tistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the fol-

lowing: Accident? - Suicide? - Homicide? -

Occurred 19 City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

## 23. Attendant's

OWN Signature ROD Howard MD

and Address LOCATELLO, IDAHO

(M. D. or other)

Date 2-26-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **476**  
Local Reg. No. **67**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **419 Riverside**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years **7** months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or R.F.D. No. **419 Riverside Dr.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **7 1/2** years  
(h) Former residence (city, state) **Cokeville Wyo.**

## 3. (a) FULL NAME

**Anna Agnes Jackson**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

**none**

## 4. Sex **F** 5. Color or race **W**

## 6. (a) Single, widowed, married, divorced **widowed**

## 6. (b) Name of husband or wife **Ernest T.**

## 6. (c) Age of husband or wife if alive **—** years

## 7. Date of Birth (Month, Day, Year) **July 27, 1890**

8. AGE	Years	Months	Days	If less than 1 day
	<b>57</b>	<b>7</b>	<b>0</b>	hrs. min.

## 9. Exact Occupation **Housewife** Did this work for **—** yrs.

## 10. Industry or Business **—** Date last worked **—**

## 11. Birthplace **Berth Amboy, New Jersey** (City or town) (State or foreign country)

## 12. Name **Michael Pacuta**

## 13. Birthplace **Austria Hungary** (City or town) (State or foreign country)

## 14. Maiden name **Anna Pacuta**

## 15. Birthplace **Austria Hungary** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Mrs. Roland Peterson** and Address **Montpelier Id.**

## 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-1-'48** (Month) (Day) (Year)

## (c) Place **Mountainview**

## 18. Funeral Director's OWN Signature **Byron B. Downard** and Address **Pocatello Idaho**

## 19. (a) **Mar 1 - 1948** (Date received and filed) (b) **Joni J. Fawell** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) **February 26, 1948** at **—** o'clock **M.**

## 21. I HEREBY CERTIFY, That I attended deceased from **Feb 9** 19 **48** to **Feb 26** 19 **48**

I last saw h. **es** alive on **Feb 26** 19 **48**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: **Cerebral Hemorrhage** Duration **4 hrs**

## Due to **Hypertension** **2 yrs**

## Due to **Arteriosclerosis** **6 yrs**

## Other conditions (Include pregnancy within 3 months of death) **Emotional upheaval**

## Where was disease contracted? **—**

## Name of operation **—** Date **—**

## Major finding **—**

## Finding of autopsy **not dead**

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? **—** Suicide? **—** Homicide? **—**

## Occurred **—** 19 **—** City, county, state where violence occurred **—**

## Place of Violence: Home **—** Farm **—** Industry **—**

## Public Place **—** While at work? **—**

## Means of injury **—**

## 23. Attendant's OWN Signature **Thos W. Wuest** (M. D. or other)

## and Address **—** Date **3-2-1948**

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF VITALS STATE OF IDAHO

State File No. **477**  
Local Reg. No. **73**  
Reg. Dist. No. **510**

**1. PLACE OF DEATH:**

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address ~~XXXXXX~~ **1040 E. Hayden**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **24** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address ~~XXXXXX~~ **1040 E. Hayden**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **24** years  
(h) Former residence (city, state) ☐

**3. (a) FULL NAME**

**CORA M. McCLARA**

**3. (b) If veteran,**

name war **---**

**3. (c) Social Security**

No. **---**

5. Color or 6. (a) Single, widowed, married,  
4. Sex **female** race **white** divorced **married**  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife **Delmar McClara** alive **67** years  
7. Date of Birth **March 26, 1886**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>61</b>	<b>11</b>	<b>1</b>	hrs min.

9. Exact Occupation **housewife** Did this work for **37** yrs.  
10. Industry or Business **home** Date last worked **2/27/48**  
11. Birthplace **Bradwood, Illinois**  
(City or town) (State or foreign country)

- Mother { 12. Name **No data**  
13. Birthplace **No data**  
(City or town) (State or foreign country)

14. Maiden name **No data**  
15. Birthplace **No data**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Helen M. Gouert**  
and Address **Pocatello, Idaho**

17. (a) **burial** (b) Date thereof **Mar. 2/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Pocatello, Idaho**

18. Funeral Director's OWN Signature **Jack Henderson**  
and Address **Pocatello, Idaho**

19. (a) **Mar. 2/48** (b) **Janie J. Powell**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** **094A**

20. DATE OF DEATH **February 27 19 48**  
(Month, Day, Year) at **11:30** o'clock **p.m.**

21. I HEREBY CERTIFY, That I attended deceased from **19**, to **Feb. 27 19 48**

I last saw h. **alive on** **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary occlusion** **febrile**

Due to **3 days**

Due to **Influenza**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **Date**

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **19** City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

23. Attendant's OWN Signature **D. C. Kay**

and Address **Pocatello** (M. D. or other) **3/2 19 48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAR - 3 1948

**Certificate of Death**  
STATE OF IDAHO

1919 State File No. **478**  
Local Reg. No. **68**  
Reg. Dist. No. **510**

**1. PLACE OF DEATH:**

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **925 S. Third**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased:** (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or R.F.D. No. **925 S. Third**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **9/2** years  
(h) Former residence (city, state) ☐

**3. (a) FULL NAME**

**Kathryn M<sup>c</sup> Daniel**

**3. (b) If veteran, name war**

☐

**3. (c) Social Security No.**

**none**

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife ☐

6. (c) Age of husband or wife if alive ☐ years

**7. Date of Birth (Month, Day, Year)**

**June 3, 1947**

8. AGE	Years	Months	Days	If less than 1 day
		<b>8</b>	<b>24</b>	hrs. min.

9. Exact Occupation **none** Did this work for ☐ yrs.

10. Industry or Business ☐ Date last worked ☐

11. Birthplace **Pocatello, Id.** (City or town) (State or foreign country)

12. Name **K. M<sup>c</sup> Daniel** (City or town) (State or foreign country)

13. Birthplace **American Fork, Utah** (City or town) (State or foreign country)

14. Maiden name **Larsen**

15. Birthplace **Pocatello, Idaho** (City or town) (State or foreign country)

16. Informant's OWN Signature **A. F. M<sup>c</sup> Daniel** and Address **Pocatello, Idaho**

17. (a) **Burial** (b) Date thereof **3-1-48** (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **mountain view**

18. Funeral Director's OWN Signature **Byron B. Downard** and Address **Pocatello, Idaho**

19. (a) **3-3-48** (b) **Jessie Z. Russell** (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **February 27, 1948** (Month, Day, Year)  
at **10** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **2-25-48** to **2-27-48**

I last saw her alive on **2-27-48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Influenza pneumonia** Duration **3 day**

Due to **Infection** 8 months

Other conditions **Include pregnancy within 3 months of death**

Where was disease contracted? **by his upkeles**

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☒

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature **D C Ray** (M.D. or other)

and Address **Pocatello, Idaho** Date **2-28-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
RECEIVED  
MAR - 8 1948  
Certificate Of Death

1948 State File No. 479  
Local Reg. No. 20  
Reg. Dist. No. 511

1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 4 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida (b) County Bannock  
(c) City or town Chandler  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Wisc.

3. (a) FULL NAME Edward Paul Kramer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or race white 6. (a) Single, widowed, married, divorced married  
4. Sex Male 6. (b) Name of husband or wife Ella 6. (c) Age of husband or wife if alive 66 years  
7. Date of Birth (Month, Day, Year) Sept 20,

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>			hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Farm Date last worked \_\_\_\_\_  
11. Birthplace Wisconsin (City or town) (State or foreign country)

12. Name Paul Kramer  
13. Birthplace Switzerland (City or town) (State or foreign country)  
14. Maiden name Belle Richard  
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's OWN Signature R. D. Kramer and Address Chandler, Ida.

17. (a) Buried (b) Date thereof Mar 2-48 (Month) (Day) (Year)  
(c) Place: Chandler, Ida.

18. Funeral Director's OWN Signature W. D. Davis and Address Am Falls, Ida.

19. (a) Mar 1, 1948 (b) Janice J. Farrell (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 27 1948  
at 9 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 29 1948, to Feb 27 1948.  
I last saw him alive on Feb 27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Septicemic pneumonia Duration 24 hr

Due to Carcinoma of Stomach 4 mos

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? internally  
Name of operation Post Mortem Date 2/27/48 PHYSICIAN  
Major finding Carcinoma of Stomach Underline the cause to which death should be charged statistically.  
Finding of autopsy As above

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature O. J. Call (M. D. or other)  
and Address Pocatello, Ida. Date 27 28 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 8 1948

# CERTIFICATE OF DEATH

STATE OF IDAHO

1948 480  
State File No. \_\_\_\_\_  
Local Reg. No. 69  
Reg. Dist. No. 510

1. PLACE OF DEATH: Station  
(a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R. F. D. No. Shun Plant  
(d) Death Occurred Inside? Outside? ✓ city or town  
(e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R. F. D. No. Shun Plant  
(e) Deceased lived Inside? Outside? ✓ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) Philadelphia Pa.

3. (a) FULL NAME Annie Parker

093D

3. (b) If veteran, name war ✓ No. none  
5. Color or race divorced  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife William B. 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) November 4, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>3</u>	<u>23</u>	hrs min.

9. Exact Occupation Housewife Did this work for years  
10. Industry or Business worked Date last worked worked  
11. Birthplace Ireland (City or town) (State or foreign country)  
12. Name Robert M. Conaghy  
13. Birthplace Ireland (City or town) (State or foreign country)  
14. Maiden name Susan M. Lean  
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature Catherine Roper and Address Pocatello Idaho  
17. (a) General (b) Date thereof 2-29-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Philadelphia Pa.  
18. Funeral Director's OWN Signature Byron B. Downard and Address Pocatello Idaho  
19. (a) Mar 1 - 1948 (b) Jessie J. Tameal (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 27 1948  
(Month, Day, Year)  
at 12:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from February 7 1948 to February 27 1948  
I last saw her alive on February 27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive Heart Failure, Acute Duration 1 day

Due to Arteriosclerotic Heart Disease 10 years

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature R. D. Carlson LTJG MC USNR  
USNOP (M. D. or other)  
and Address Pocatello, Idaho Date 2-27 1948  
(For additional space, use reverse side)

568



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. **481**  
Local Reg. No. **77**  
Reg. Dist. No. **510**

**1. PLACE OF DEATH:**

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address **XXXXXX So. Johnson Ave**  
(d) Death Occured Inside? **X** Outside? ..... city or town  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Inst. **General** Stayed..... days  
(g) Lived in this county..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address **XXXXXX 542 So. Garfield**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **60** years  
(h) Former residence (city, state) .....

**3. (a) FULL NAME**

**JANE McLENNAN LYON**

**3. (b) If veteran,**

name war ---

**3. (c) Social Security**

No. ---

5. Color or 6. (a) Single, widowed, married,  
1. Sex **female** **white** divorced **widowed**

6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife **James Lyon** alive **died 1938** years

7. Date of Birth **October 16, 1867**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>80</b>	<b>4</b>	<b>12</b>	hrs min.

9. Exact Occupation **housekeeper** Did this work for ..... yrs.

10. Industry or Business **self** Date last worked .....

11. Birthplace **Conon Village, Scotland**  
(City or town) (State or foreign country)

12. Name **Donald McLennan**

13. Birthplace **Scotland**  
(City or town) (State or foreign country)

14. Maiden name **Catherine Innis**

15. Birthplace **Scotland**  
(City or town) (State or foreign country)

16. Informant's **Kenneth Lyon**  
OWN Signature

- and Address **Pocatello, Idaho**

17. (a) **removal & burial** Date thereof **Mar. 3, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Montpelier, Idaho**

18. Funeral Director's **Jack Henderson**  
OWN Signature

- and Address **Pocatello, Idaho**

19. (a) **Mar. 2, 1948** (b) **Jessie J. Havelle**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **February 28** 19 **48**  
(Month, Day, Year) at **11:15** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
19....., to **Feb. 28** 19 **48**

I last saw her alive on **Feb. 28** 19 **48** Death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

**Cardiac failure.**

**Duration**

**24 hrs.**

Due to **arteriosclerotic heart disease** **10 yrs.**

Due to **Hypertension** **10 yrs.**

Other conditions **(include pregnancy within 3 months of death)** **4 yrs.**

**Stenoplegia**

Where was disease contracted? **PHYSICIAN**

Name of operation..... Date..... Underline the cause to which death should be charged statistically.

Major finding.....

Finding of autopsy.....

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's **M. D. Hearn M.D.**  
OWN Signature

and Address **Pocatello, Idaho** Date **3/2/48**  
(M. D. or other)

(For additional space, use reverse side)

584

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAR - 8 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. **482**  
Local Reg. No. **71**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ✓ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 1531 N. Arthur  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Calif.

## 3. (a) FULL NAME

Anna M. Namara

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

none

## 5. Color or

race

## 6. (a) Single, widowed, married

divorced

## 6. (b) Name of husband or wife

Maxine

## 6. (c) Age of husband or wife if alive

\_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) December 28, 1865

## 8. AGE

Years

Months

Days

If less than 1 day

82

2

0

hrs. min.

## 9. Exact

Occupation

Housewife

Did this

work for

\_\_\_\_\_ yrs.

## 10. Industry or

Business

Date last

worked

## 11. Birthplace

Avon, Illinois

(City or town) (State or foreign country)

## 12. Name

Patrick Gahey

## 13. Birthplace

Ireland

## 14. Maiden name

Annah Maloney

## 15. Birthplace

Ireland

## 16. Informant's

OWN Signature

Mrs. C. M. Carmody

and Address

1531 N. Arthur

## 17. (a) Burial

(Burial, cremation, or removal)

Mountain View

(b) Date thereof

3-2-48

## 18. Funeral Director's

OWN Signature

Byron B. Leonard

and Address

Pocatello, Idaho

## 19. (a)

3-3-48

(Date received and filed)

(b)

Jessie J. Howell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

February 28 1948

at \_\_\_\_\_

o'clock

M.

## 21. I HEREBY CERTIFY, That I attended deceased from

June 1946

to Feb. 28 1948

I last saw her alive on

Feb. 28

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral accident

## Duration

Due to

Hypertension &

Due to

arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?

Suicide?

Homicide?

Occurred

19

City, county, state

where violence occurred

Place of Violence: Home

Farm

Industry

Public Place

While at work?

Means of injury

## 23. Attendant's

OWN Signature

J. K. McMahon

and Address

Pocatello

Date

2/28 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

MAR 20 1948

STATE OF IDAHO

1948  
State File No. **483**  
Local Reg. No. **21**  
Reg. Dist. No. **510**

1. PLACE OF DEATH: **Division of VITAL**
- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address **xxxxxx So. Johnson Ave**  
(d) Death Occured Inside? **X** Outside? **city or town**  
(e) Died in a Home **Hospital** Institution **X** Other place **General**  
(f) Name Hosp. or Inst. **General** Stayed **4** days  
(g) Lived in this county **years** months **days**

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address **xxxxxx 935 W. Lewis St**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **years**  
(h) Former residence (city, state) **years**

3. (a) FULL NAME **PAULINE WEST McWHORTER**

3. (b) If veteran, name war **-----** No. **-----**
5. Color or **white** 6. (a) Single, widowed, married, divorced **married**
4. Sex **female** 6. (b) Name of husband or wife **J. O. McWhorter** 6. (c) Age of husband or wife if alive **73** years
7. Date of Birth (Month, Day, Year) **January 19, 1881**

8. AGE	Years	Months	Days	hrs	min.
	<b>67</b>	<b>1</b>	<b>10</b>		

9. Exact Occupation **housewife** Did this work for **48** yrs.
10. Industry or Business **self** Date last worked **-----**
11. Birthplace **Maryville, Missouri** (City or town) (State or foreign country)

12. Name **William West**
13. Birthplace **Ohio** (City or town) (State or foreign country)
14. Maiden name **Hartet Martindale**
15. Birthplace **Ohio** (City or town) (State or foreign country)

16. Informant's OWN Signature **J. O. McWhorter**  
and Address **Pocatello, Idaho**

17. (a) **burial** (b) Date thereof **3/3/48**  
(Burial, cremation or removal) (Month) (Day) (Year)
- (c) Place: **Pocatello, Idaho**

18. Funeral Director's OWN Signature **J. J. Anderson**  
and Address **Pocatello, Idaho**

19. (a) **Mar. 2, 1948** (b) **Jessie J. Powell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 061X

20. DATE OF DEATH **February 29, 1948**  
(Month, Day, Year) at **9:20** o'clock **p.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb. 1948**, to **Feb. 29, 1948**

I last saw h. **er** alive on **Feb. 29, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage 3d.** Duration **6 yr**

Due to **Diabetes**

Due to **-----**

Other conditions **-----**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation **-----** Date **-----**

Major finding **-----**

Finding of autopsy **-----**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **-----** Suicide? **-----** Homicide? **-----**

Occurred **19** City, county, state **-----**

where violence occurred **-----**

Place of Violence: Home **-----** Farm **-----** Industry **-----**

Public Place **-----** While at work? **-----**

Means of injury **-----**

23. Attendant's OWN Signature **RP / Howard**

and Address **Pocatello, Idaho** (N. D. or other) Date **3/2, 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 20 1948  
**Certificate Of Death**  
OFFICE OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. **484**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF DEATH:**

- (a) County Bannock  
(b) City or town Fort Hall (rural)  
(c) Street Address or R.F.D. No. - -  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years 8 months 19 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Bannock  
(c) City or town Fort Hall (rural)  
(d) Street Address or R.F.D. No. - -  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 2/3 years  
(h) Former residence (city, state) .....

**3. (a) FULL NAME**

Ronnie Dale Evening

3. (b) If veteran, name war ..... No. ....  
5. Color or .....  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) April 30, 1947

8. AGE	Years	Months	Days	If less than 1 day
		<u>8</u>	<u>19</u>	hrs min.

9. Exact Occupation - - Did this work for ..... yrs.  
10. Industry or Business - - Date last worked .....  
11. Birthplace Pocatello, Idaho  
(City or town) (State or foreign country)  
Mother { 12. Name Daniel Bill Evening  
13. Birthplace Fort Hall, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Eunice Farmer  
15. Birthplace Fort Hall, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Daniel B. Evening  
and Address Fort Hall, Idaho

17. (a) Burial (b) Date thereof 1/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ross Fork Cemetary

18. Funeral Director's OWN Signature Daniel B. Evening  
and Address Fort Hall, Idaho

19. (a) 1/22/48 (b) Lucile Cutler  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** January 18, 1948 19...  
(Month, Day, Year) at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from .....  
19....., to ..... 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**  
Pneumonia

Duration

Due to .....

Due to .....

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Daniel B. Evening  
and Address Fort Hall, Idaho Date 1/22/48  
(M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **485**  
Local Reg. No. **6**  
Reg. Dist. No. **540**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Grace, Idaho**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **50** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Grace**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state) **Utah (Willard)**

3. (a) FULL NAME **Elizabeth Jane Dalton**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or 6. (a) Single, widowed, married, divorced **married**  
4. Sex **Female** race **white**  
6. (b) Name of husband or wife **John Alma** 6. (c) Age of husband or wife if alive **89** years  
7. Date of Birth (Month, Day, Year) **Nov. 2, 1860**

8. AGE	Years	Months	Days	If less than 1 day
	<b>87</b>	<b>3</b>	<b>2</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **OWN Home** Date last worked \_\_\_\_\_  
11. Birthplace **Willard, Utah** (City or town) (State or foreign country)

12. Name **George Cook**  
13. Birthplace **Kent England** (City or town) (State or foreign country)  
14. Maiden name **Hannah Bourroughs**  
15. Birthplace **Kent England** (City or town) (State or foreign country)

16. Informant's OWN Signature **Ray E. Dalton**  
and Address **Grace, Idaho**

17. (a) **Burial** (b) Date thereof **Feb 7, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Grace, Idaho**

18. Funeral Director's OWN Signature **Raymond J. Richards**  
and Address **Preston, Idaho**

19. (a) **2-4-1948** (b) **E. W. Branner**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Feb. 4** 19**48**  
at **3:00** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **Jan 27** 19**48**, to **Feb 4** 19**48**  
I last saw her alive on **Feb 4** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial Failure** Duration **9 days**

Due to **Hypertension** ~~years~~

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Charles Johnson M.D.**  
and Address **Grace, Idaho** Date **2/4 1948**  
(For additional space, use reverse side)

445

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

MAR - 6 1948

STATE OF IDAHO

1948  
State File No. **486**  
Local Reg. No. **73**  
Reg. Dist. No. **520-52**

**1. PLACE OF DEATH:** DIVISION OF VITAL STATISTICS  
(a) County **B. STATISTICS**  
(b) City or town **Soda Springs**  
(c) Street Address or R.F.D. No. **1st Ave. N. E. 1st St.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Home** Stayed **5** days  
(g) Lived in this county **5** years **5** months **5** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**  
(a) State **Idaho** (b) County **Baynash**  
(c) City or town **Soda Springs**  
(d) Street Address or R.F.D. No. **1st Ave. N. E. 1st St.**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **74** years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME** **Eugene Emmett Gates**

**083A**

**3. (b) If veteran,** name war **0** **3. (c) Social Security** No. **0**  
**4. Sex** **M** **5. Color or** **6. (a) Single, widowed, married,**  
**race** **6. (b) Name of husband or** **divorced** **MARRIED**  
**wife** **WILLIAM GATES** **6. (c) Age of husband or wife if**  
**alive** **50** **years**  
**7. Date of Birth**  
**(Month, Day, Year)** **SEPTEMBER 19, 1873**

8. AGE	Years	Months	Days	If less than 1 day
	74	4	19	hrs min.

**9. Exact** **Did this**  
**Occupation** **FARMER** **work for** **50 yrs.**  
**10. Industry or** **Date last**  
**Business** **FARMING** **worked** **2/4/48**  
**11. Birthplace** **ST. PAUL, MINN.**

**(City or town)** **(State or foreign country)**  
**12. Name** **UNKNOWN**  
**13. Birthplace** **UNKNOWN**  
**(City or town)** **(State or foreign country)**  
**14. Maiden name** **UNKNOWN**  
**15. Birthplace** **UNKNOWN**  
**(City or town)** **(State or foreign country)**

**16. Informant's**  
**OWN Signature** **Ferris J. Gates**  
**and Address** **SODA SPRINGS, IDAHO.**

**17. (a) URN** **(b) Date thereof** **2/11/48**  
**(Burial, cremation, or removal)** **(Month) (Day) (Year)**  
**(c) Place:** **SMITHFIELD, UTAH.**

**18. Funeral Director's**  
**OWN Signature** **E. Whitman**  
**and Address** **Soda Springs, Idaho.**

**19. (a)** **2-9-48** **(b)** **Arnell C. Merrill**  
**(Date received and filed)** **(Registrar's signature)**

## MEDICAL CERTIFICATE OF DEATH 097X

**20. DATE OF DEATH** **February 8, 1948**  
**(Month, Day, Year)** **at** **6:10 o'clock P.M.**

**21. I HEREBY CERTIFY, That I attended deceased from**  
**Febr 5, 1948 to Febr 8, 1948**  
**I last saw him alive on Febr 8, 1948; death is**  
**said to have occurred on the date and hour stated above.**

**Immediate Cause of Death:** **Cerebral Hemorrhage** **Duration** **5 days**

**Due to** **arteriosclerosis**  
**and essential hypertension**

**Due to** **old age**  
**Other conditions** **(Include pregnancy within 8 months of death)**

**Where was disease contracted?** \_\_\_\_\_ **PHYSICIAN**  
**Name of operation** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Major finding** \_\_\_\_\_  
**Finding of autopsy** **None** **Underline the cause to which death should be charged statistically.**

**22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_**  
**Occurred** \_\_\_\_\_ **19** \_\_\_\_\_ **City, county, state**  
**where violence occurred** \_\_\_\_\_  
**Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_**  
**Public Place \_\_\_\_\_ While at work? \_\_\_\_\_**  
**Means of injury** \_\_\_\_\_

**23. Attendant's**  
**OWN Signature** **Edward C. Merrill** **(M. D. or other)**  
**and Address** **Soda Springs, Idaho.** **Date** **2/8/48**  
**(For additional space, use reverse side)**

**564**

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB 23 1948 STATE OF IDAHO

State File No. 487  
Local Reg. No. 41  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Lava Hot Springs  
(c) Street Address or R.F.D. No. 2  
(d) Death Occurred Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst. Lava Hosp. Stayed 12 days  
(g) Lived in this county years months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Lava Hot Springs  
(d) Street Address or R.F.D. No. 215  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? 215  
(g) How long had deceased lived in Idaho? 1 day  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Baby Gerald Richards 161A

## 3. (b) If veteran,

name war —

## 3. (c) Social Security

No. —

5. Color White 6. (a) Single, widowed, married, divorced Single  
7. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) Feb. 10, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>8 hrs 45 min.</u>

9. Exact Occupation Infant Did this work for — yrs.  
10. Industry or Business — Date last worked —  
11. Birthplace Lava Hot Springs Idaho (City or town) (State or foreign country)

12. Name Gerald C. Richards  
13. Birthplace Smithfield, Utah (City or town) (State or foreign country)  
14. Maiden name Ruby Richards  
15. Birthplace Lava Hot Springs, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Laura J. Richards  
and Address Lava Hot Springs, Idaho

17. (a) Removal (b) Date thereof Feb. 10, 1948  
(Burial, cremation, or removal) (Month, Day, Year)  
(c) Place: Smithfield, Utah

18. Funeral Director's OWN Signature Arthur M. Hall  
and Address Boise, Idaho

19. (a) 2-10-48 (b) Jessie L. Farrell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Febr. 10, 1948  
(Month, Day, Year) at 8:50 o'clock P. M. 1205AM

21. I HEREBY CERTIFY, That I attended deceased from Febr. 10, 1948, to 8:50 PM - 2/10/1948  
I last saw him alive on Febr. 10, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxia Neonatorum Duration —

Due to Umbilical Cord around neck occluding circulation before birth  
Other conditions (Include pregnancy within 3 months of death) —

Where was disease contracted? —  
Name of operation — Date —  
Major finding —  
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred — 19 — City, county, state where violence occurred —  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature James C. Richards MD.  
and Address Lava Hot Springs, Idaho Date 2/10/1948  
(For additional space, use reverse side)

Idaho 564

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 26 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. **488**  
Local Reg. No. **58**  
Reg. Dist. No. **511**

## 1. PLACE OF DEATH DIVISION OF VITAL STATISTICS

- (a) County **BANKS**  
(b) City or town  
(c) Street Address or R. F. D. No. **NONE**  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☒ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **ILLINOIS** (b) County **SHELBY**  
(c) City or town **FINNEY**  
(d) Street Address or R.F.D. No. **-**  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **NONE** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**HARLEY AMES**

**094A**

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or 6. (a) Single, widowed, married,  
(b) Sex **MALE** race **WHITE** divorced **WIDOWED**

6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife **PEARL KRAFT** alive ☐ years

## 7. Date of Birth

(Month, Day, Year) **FEBRUARY 20, 1877**

8. AGE	Years	Months	Days	If less than 1 day
	<b>71</b>	<b>0</b>	<b>0</b>	hrs min.

9. Exact Occupation **RETIRED** Did this work for ☐ yrs.

10. Industry or Business ☐ Date last worked

11. Birthplace **MATTOON** **ILLINOIS**  
(City or town) (State or foreign country)

12. Name **OLIVER HARLEY AMES**

13. Birthplace **MATTOON** **ILLINOIS**  
(City or town) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Personal Records Ray B. Adams**

and Address **POCATELLO, IDAHO**

17. (a) **REMOVAL** (b) Date thereof **2-21-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **MATTOON, ILLINOIS**

18. Funeral Director's OWN Signature **Arthur M. Hall**

and Address **POCATELLO, IDAHO**

19. (a) **2-21-48** (b) **James J. Jamell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **FEBRUARY 20, 1948**  
at **about 8:40** o'clock **PM**

21. I HEREBY CERTIFY, That I attended deceased from ☐ 19 ☐ to ☐ 19

I last saw h. ☐ alive on ☐ 19 ☐; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Died on steam train** Duration

**in route to Boise, Idaho**

Due to **Disaster train left bridge**

**Coronary Thrombosis?**

Due to **Complication of same**

Other conditions **slight**  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature **Arthur M. Hall**  
and Address **POCATELLO, IDAHO** Date **2-21-48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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MAR 20 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **489**  
Local Reg. No. **10**  
Reg. Dist. No. **540**

1. PLACE OF DEATH: **State**  
(a) County **Bannock**  
(b) City or town **Grace**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **40** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bannock**  
(c) City or town **Grace**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **American**  
(g) How long had deceased lived in Idaho? **48** years  
(h) Former residence (city, state) **Utah**

3. (a) FULL NAME **LEWIS SUMNER POND**

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Male** 6. (b) Name of husband or wife **Hettie Greaves** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **November 9, 1880.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>67</b>	<b>3</b>	<b>12</b>	hrs min.

9. Exact Occupation **Sec. & Treas.** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Federal Land Bank** Date last worked **1947**  
11. Birthplace **Richmond, Utah.** (City or town) (State or foreign country)

12. Name **Lewis S. Pond Sr.**  
13. Birthplace **Salt Lake City, Utah.** (City or town) (State or foreign country)  
14. Maiden name **Julia Ann Whittle**  
15. Birthplace **Grantsville, Utah.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mr. Charles S. Pond**  
and Address **Idaho Falls, Idaho 121 E 11th**

17. (a) **Burial** (b) Date thereof **2-26-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Grace, Idaho.**

18. Funeral Director's **Richards & Son Mortuary**  
OWN Signature **Freeman J. Richards**  
and Address **Preston, Idaho.**

19. (a) **2-23-1948** (b) **Effie M. Branner**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **February 23, 1948**  
at **8:40** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **July 1947** to **Feb 23 1948**  
I last saw him alive on **Feb. 23 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration **14 hrs.**

Due to **Atherosclerosis.**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Charles Johnson, M.D.**  
(M. D. or other)  
and Address **Grace, Idaho** Date **2/23 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR - 1948

# Certificate Of Death

STATE OF IDAHO

1049  
State File No. **490**  
Local Reg. No. **66**  
Reg. Dist. No. **519**

## PLACE OF DEATH

- (a) County **BANNOCK**  
(b) City or town **FLAMEDA**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **58** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **FLAMEDA**  
(d) Street Address or R.F.D. No. **285 PARK AVE.**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **58** years  
(h) Former residence (city, state) **COLORADO**

3. (a) FULL NAME **WILLIAM HENRY KROLL** **102X**

3. (b) If veteran, name war **SPANISH** No. -  
5. Color or 6. (a) Single, widowed, married, divorced **WIDOWED**  
4. Sex **MALE** race **WHITE**  
6. (b) Name of husband or wife **EFFIE MCCONKEY** alive **died 1916** years  
7. Date of Birth (Month, Day, Year) **OCTOBER 22, 1874**

8. AGE	Years	Months	Days	If less than 1 day
	<b>73</b>	<b>4</b>	<b>2</b>	hrs min.

9. Exact Occupation **RETIRED PRINTER** Did this work for **40** yrs.  
10. Industry or Business **POCATELLO TRIBUNE** Date last worked **1937**  
11. Birthplace **FRIDLEY COLORADO** (City or town) (State or foreign country)

12. Name **FRANK GUSTAVUS KROLL**  
13. Birthplace **GERMANY** (City or town) (State or foreign country)  
14. Maiden name **THERESA WIEDMAN**  
15. Birthplace **GERMANY** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Margaret Mahon** and Address **FLAMEDA, IDAHO**

17. (a) **BURIAL** (b) Date thereof **2-28-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **MOUNTAIN VIEW - POCATELLO, IDAHO**

18. Funeral Director's OWN Signature **Arthur A. Hall** and Address **POCATELLO, IDAHO**

19. (a) **Feb 26 - 1948** (b) **Jessie J. Powell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **FEBRUARY 24TH** 19**48**  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from **June 1946** to **Feb. 24 1948**  
I last saw h. **in** alive on **Feb. 10 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to **Cardiac failure**

Due to **Hypertension**

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **J. R. M. Mahon** and Address **POCATELLO, IDAHO** Date **Feb 26 1948** (M. D. or other) (For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# CERTIFICATE OF DEATH

STATE OF IDAHO

1948 State File No. 491

Local Reg. No. 559

Reg. Dist. No. 559

1. PLACE OF DEATH
- (a) County Bear Lake  
(b) City or town Montpelier Idaho  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- (a) State Idaho (b) County Bear Lake  
(c) City or town Montpelier Idaho  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) If foreign born, in U. S. \_\_\_\_\_ yrs. Citizen of U. S. ? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 69 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Olaf Christensen

3. (b) If veteran, name war. No 3. (c) Social Security No. No

4. Sex Male race White divorced Married

6. (b) Name of husband or wife Rosella Christensen 6 (c) Age of husband or wife if alive 37 years

7. Date of Birth (Month, Day, Year) April 27, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>9</u>	<u>7</u>	hrs min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Bingham City Utah (City or town) (State or foreign country)

12. Name Olaf Christensen

13. Birthplace Denmark (City or town) (State or foreign country)

14. Maiden name Christina Jorgensen

15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Rosella Christensen

and Address Montpelier, Idaho

17. (a) Removal (b) Date thereof Feb 9, 1948 (Month) (Day) (Year)

(c) Place: Funeral Home

18. Funeral Director's OWN Signature Lib Matheson

and Address Montpelier Idaho

19. (a) Feb 10 1948 (b) J. H. H. H. (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 4 1948  
at 11:30 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 3 Feb 1948, to 4 Feb 1948.  
I last saw h. alive on 3 Feb 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart attack Duration \_\_\_\_\_

Due to undetermined

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease first contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Russell Sigart, Jr. M.D.

and Address Montpelier Idaho Date 7 Feb 1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 552  
Reg. Dist. No. 552

FEB 20 1948  
OFFICE OF VITAL

## 1. PLACE OF DEATH:

- (a) County Bear Lake  
(b) City or town Montpelier  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 60 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Bear Lake  
(c) City or town Montpelier Idaho  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) If foreign born, in U. S. \_\_\_\_\_ yrs. Citizen of U. S.? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Mary Hansen Munk.

093E

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

No. No.

## 5. Color or

## 5. (a) Single, widowed, married,

4. Sex Female race White divorced Widowed  
6. (b) Name of husband or wife Lauri Munk 6 (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

May 16, 1857

8. AGE	Years	Months	Days	If less than 1 day
	<u>90</u>	<u>8</u>	<u>24</u>	hrs min.

## 9. Exact Occupation

Housewife Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

\_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace

Denmark

## 12. Name

Peter Olsen Hansen

## 13. Birthplace

Denmark

## 14. Maiden name

Christina Larsen

## 15. Birthplace

Denmark

## 16. Informant's OWN Signature

Mrs. D. H. Perkins

## 17. (a) Remorse (b) Date thereof

Feb. 13, 1947

## 18. Funeral Director's OWN Signature

Montpelier Idaho

## 19. (a) (b)

13/48 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Feb 10 1948  
at 11:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Feb 10, 1947 to Feb 10, 1948  
I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Stroke Chronic myocardial

Due to Failure

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease first contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

Montpelier Idaho (M. D. number) \_\_\_\_\_  
and Address \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item caused to be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# CERTIFICATE OF DEATH

STATE OF IDAHO

1048  
State File No. 493  
Local Reg. No.  
Reg. Dist. No. 552

## 1. PLACE OF DEATH:

- (a) County Bear Lake  
(b) City or town Montpelier, Idaho  
(c) Street Address or R. F. D. No.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 26 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Bear Lake  
(c) City or town Montpelier, Idaho  
(d) Street Address or R. F. D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) If foreign born, in U. S. years. Citizen of U. S.?  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state)

3. (a) FULL NAME Verle William Nelson

3. (b) If veteran, name war II 3. (c) Social Security No.

5. Color, or (a) Single, widowed, married, Married  
6. Sex Male race White divorced

6. (b) Name of husband or wife Lora Nelson 6 (c) Age of husband or wife if alive 23 years

7. Date of Birth (Month, Day, Year) Aug 17 1922

AGE	Years	Months	Days	If less than 1 day
	<u>26</u>	<u>6</u>	<u>3</u>	hrs min.

9. Exact Occupation Auto mechanic Did this work for years

10. Industry or Business Auto Parts Salesman Date last worked

11. Birthplace Bloomington, Idaho (City or town) (State or foreign country)

12. Name Adelbert Henry Nelson

13. Birthplace Bloomington, Idaho (City or town) (State or foreign country)

14. Maiden name Mary Agnes Nelson

15. Birthplace St. Charles, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Thommy Hedges

and Address Montpelier, Idaho

17. (a) Burial (b) Date thereof Feb 22 1948 (Month) (Day) (Year)

(c) Place: Montpelier, Idaho

18. Funeral Director's OWN Signature Phil Matthews

and Address Montpelier, Idaho

19. (a) 28 1948 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 20 1948  
at 12:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 3 1947 to Feb 20 1948.  
I last saw him alive on Feb 20 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Lymphosarcoma Duration 3 1/2 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry Public Place While at work?

Means of injury

23. Attendant's OWN Signature R B Lindsey, M.D. (M. D. or other)

and Address Montpelier Date 20 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

CERTIFICATE OF DEATH  
STATE OF IDAHO

State File No. 494  
Local Reg. No.  
Reg. Dist. No. 552

1. PLACE OF DEATH (Always fill in these)  
(a) County Bear Lake  
(b) City or town St. Charles  
(c) Street Address or R. F. D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Stayed ☐ days  
(g) Lived in this county 82 years ☐ months ☐ days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State Idaho (b) County Bear Lake  
(c) City or town St. Charles Idaho  
(d) Street Address or R. F. D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) If foreign born, in U. S. ☐ yrs. Citizen of U. S.?  
(g) How long had deceased lived in Idaho? 82 years  
(h) Former residence (city, state)

3. (a) FULL NAME Clifford Charles Kutch

094A

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex Male Color or race White (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clara Kutch (c) Age of husband or wife if alive 80 years  
7. Date of Birth (Month, Day, Year) May 31 1865

8. AGE Years 82 Months 8 Days 21 If less than 1 day hrs min.

9. Exact Occupation Farming Did this work for 65 yrs.  
10. Industry or Business St. Charles Idaho Date last worked  
11. Birthplace St. Charles Idaho (City or town) (State or foreign country)

12. Name Charles Kutch  
13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Marybeth Barker  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Spencer Rich  
and Address St. Charles Idaho

17. (a) Removal (b) Date thereof Feb 26 1948  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place St. Charles Cemetery

18. Funeral Director's OWN Signature Phil Mattingly  
and Address Montpelier Idaho

19. (a) 726 1948 (b) 1948  
(Date received and filed) (Year)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 22 1948  
at 1:15 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from Feb 22 1948 to Feb 22 1948  
I last saw him alive on Feb 22 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 8 hrs.

Due to Unknown

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease first contracted? Home PHYSICIAN  
Name of operation None Date None Underline  
Major finding Original from Gammarth to which  
Finding of autopsy None should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work ☐  
Means of injury Spencer Rich

23. Attendant's OWN Signature Spencer Rich (M. or other)  
and Address Paris Idaho Date Feb 25 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 6  
DIVISION OF VITAL

CERTIFICATE OF DEATH  
STATE OF IDAHO

1018  
State File No. 495  
Local Reg. No. 552  
Reg. Dist. No. 552

1. PLACE OF DEATH

- (a) County Bear Lake  
(b) City or town Pars Idaho  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 77 years \_\_\_\_\_ months \_\_\_\_\_ days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

3. (a) FULL NAME John Henry Bird

3. (b) If veteran, name war No 3. (c) Social Security No. None

5. Color or (a) Single, widowed, married, Married

4. Sex Male race White divorced Married

6. (b) Name of husband or wife Ethel Bird 6 (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) Jan 8 1871

AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>1</u>	<u>17</u>	hrs min.

9. Exact Occupation Farming Did this work for 50 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Pars Idaho (City or town) (State or foreign country)

Father { 12. Name John Bird

13. Birthplace England (City or town) (State or foreign country)

Mother { 14. Maiden name Mary Jane Whitehead

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Ethel B. Bird

and Address Pars Idaho

17. (a) Removal (b) Date thereof Feb 28 1948 (Month) (Day) (Year)

(c) Place: Pars Cemetery

18. Funeral Director's OWN Signature John Matthews

and Address Montpelier Idaho

19. (a) 1948 (b) Matthew (Date received and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Bear Lake  
(c) City or town Pars Idaho  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) If foreign born, in U. S. \_\_\_\_\_ yrs. Citizen of U. S.? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 77 years  
(h) Former residence (city, state) \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 25 1948

at 6:40 o'clock P. M.

21. HEREBY CERTIFY, That I attended deceased from Nov 15 1947 to Feb 25 1948; I last saw him alive on Feb 25 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

Cardiac Decompensation 14 Mo.

Due to Arterial Hypertension 10 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease first contracted? Home PHYSICIAN \_\_\_\_\_

Name of operation None Date \_\_\_\_\_

Major finding edema, irregular Underline change to which death should be charged statistically.

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Spencer Whith (M. D. or other)

and Address Pars Idaho Date Feb 25 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**CERTIFICATE OF DEATH**  
FEB 13 1948  
OF VITAL STATE OF IDAHO

1948  
State File No. ....  
Local Reg. No. 1  
Reg. Dist. No. 32

1. PLACE OF DEATH: **Benewah**  
(a) County .....  
(b) City or town. **Plummer**  
(c) Street Address or R. F. D. No. **\*\*\*\*\***  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. **\*\*\*\*\*** Stayed **\*\*\*** days  
(g) Lived in this county **1** years **\*\*\*** months **\*\*\*** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State. **Idaho** (b) County. **Benewah**  
(c) City or town. **Plummer**  
(d) Street Address or R. F. D. No. **\*\*\*\*\***  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) If foreign born, in U. S. .... yrs. Citizen of U. S.? **Yes**  
(g) How long had deceased lived in Idaho? **1** years  
(h) Former residence (city, state). **\*\*\*\*\***

3. (a) FULL NAME **Jennie Douglas Woods**

3. (b) If veteran, name war. **No** 3. (c) Social Security No. **None**  
5. Color of **White** 6. (a) Single, widowed, married, divorced. **Widow**  
4. Sex. **Female** race. **White**  
6. (b) Name of husband or wife. **Finnis Woods** 6 (c) Age of husband or wife if alive. **Deceased** years  
7. Date of Birth (Month, Day, Year) **Nov/4/1861**

AGE	Years	Months	Days	If less than 1 day
	<b>86</b>	<b>3</b>	<b>3</b>	hrs min.

9. Exact Occupation. **Housewife** Did this work for **66** yrs.  
10. Industry or Business. **Home** Date last worked **Nov/1947**  
11. Birthplace **Princeton** **Missouri**  
(City or town) (State or foreign country)

Father { 12. Name **James Coon**  
13. Birthplace **No Record**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Margaret Patton**  
15. Birthplace **No Record**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. B. E. Hariford**  
and Address **Plummer, Idaho**

17. (a) **Removal** (b) Date thereof. **Feb/7/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Tekoa, Wn.**

18. Funeral Director's OWN Signature **D. D. Jackson**  
and Address **Tekoa, Washington**

19. (a) **Feb 7-48** (b) **Fred A. Robinson**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **February 7 1948**  
(Month, Day, Year)  
at **6:40** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec 15 1947** to **Feb 7 1948**  
I last saw him alive on **Feb 2 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Thrombosis** Duration

Due to .....  
Due to .....  
Other conditions. ....  
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred.  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury. ....

23. Attendant's OWN Signature **C. B. Clinger M.D.** (M. D. or other)  
and Address **Tekoa, Wn.** Date **Feb/8/48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

MAR - 2 1948

STATE OF IDAHO

1948 State File No. **497**  
Local Reg. No. **3**  
Reg. Dist. No. **130**

DIVISION OF VITAL

1. PLACE OF DEATH:

- (a) County **Benewah**  
(b) City or town **St. Maries**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home? ☐ Hospital ☒ Institution ☐ Other place .....  
(f) Name Hosp. or Inst. **St. Maries** Stayed **1** days  
(g) Lived in this county **41** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Benewah**  
(c) City or town **St. Maries**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **41** years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

**Sadie Elizabeth Douglas**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Female** 6. (b) Name of husband or wife **Arthur E.**  
6. (c) Age of husband or wife if alive **68** years

7. Date of Birth (Month, Day, Year) **November 10, 1883**

8. AGE	Years	Months	Days	If less than 1 day
	<b>64</b>	<b>3</b>	<b>7</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **42** yrs.

10. Industry or Business **Home** Date last worked .....

11. Birthplace **Ware Mass.** (City or town) (State or foreign country)

12. Name **James Irwin** (City or town) (State or foreign country)

13. Birthplace **Ireland** (City or town) (State or foreign country)

14. Maiden name **Anna Mullen** (City or town) (State or foreign country)

15. Birthplace **Ireland** (City or town) (State or foreign country)

16. Informant's OWN Signature **Arthur E. Douglas**

and Address **St. Maries, Idaho**

17. (a) **Burial** (b) Date thereof **2-18-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **St. Maries, Idaho**

18. Funeral Director's OWN Signature **R. E. Wessa**

and Address **St. Maries, Idaho**

19. **2-27-48** (b) **R. E. Wessa**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **February 17, 1948** 19.....  
(Month, Day, Year) at **1:12** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **May 1, 1947**, to **Feb 17, 1948**  
I last saw her alive on **Feb 17, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Thrombosis** Duration **24 hr**

Due to **hypertension**  
**arteriosclerotic heart disease 15 yrs**

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? **unknown**

Name of operation **none** Date .....

Major finding .....  
Finding of autopsy **none**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature **H. D. Donohue**

and Address **Idaho** Date **Feb 19, 1948**  
(M. D. or other) (For additional space, use reverse side)

615

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 4  
Reg. Dist. No. 130

## 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Platt Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years 6 months 19 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 6 mo. years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL

NAME Barbara Louise Whitehead

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) August 1, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>6</u>	<u>19</u>	hrs min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace St. Maries, Idaho  
(City or town) (State or foreign country)  
Mother Father { 12. Name Donavon P. Whitehead  
13. Birthplace Tekoa Washington  
(City or town) (State or foreign country)  
14. Maiden name Jessie M. Bemis  
15. Birthplace Sandpoint Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Donavon P. Whitehead  
and Address St. Maries, Idaho

17. (a) Burial (b) Date thereof 2-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

19. (a) 2-27-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 20 19 48  
at 1:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1948, to \_\_\_\_\_ 19\_\_\_\_  
I last saw her alive on Feb 20, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory Failure Duration 1 hr.

Due to Acute bronchopneumonia 2<sup>nd</sup> day

Due to Upper Respiratory Inf. 1 wk.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. L. Longenecker  
(M. D. or other)  
and Address St. Maries, Idaho Date Feb 23, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

# Certificate Of Death

STATE OF IDAHO

State File No. **499**  
Local Reg. No. **5**  
Reg. Dist. No. **130**

## 1. PLACE OF DEATH:

- (a) County **Banewah**  
(b) City or town **St. Maries**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home? ☐ Hospital ☒ Institution ☐ Other place .....  
(f) Name Hosp. or Inst. **St. Maries** Stayed **5** days  
(g) Lived in this county ..... years ..... months **3** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Harrison**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **11** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**Allen Weber Mason**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **518-16-8426**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**  
4. Sex **Male** 6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) **February 6, 1881**

8. AGE	Years	Months	Days	If less than 1 day
	<b>67</b>	<b>0</b>	<b>16</b>	hrs min.

9. Exact Occupation **Laborer** Did this work for **11** yrs.  
10. Industry or Business **Saw Mill** Date last worked **12-29-47**  
11. Birthplace **Nodaway Iowa** (City or town) (State or foreign country)

12. Name **James Mason**  
13. Birthplace **Venango Co. Penn.** (City or town) (State or foreign country)  
14. Maiden name **Mary Elwell**  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Carl Mason**  
and Address **St. Maries, Idaho**

17. (a) **Removal** (b) Date thereof **2-25-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Harrison, Idaho**

18. Funeral Director's OWN Signature **R. E. Wessa**  
and Address **St. Maries, Idaho**

19. (a) **2-27-48** (b) **R. E. Wessa**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **February 22, 1948** 19  
at **8:24** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec 22 1947** to **Feb 22 1948**  
I last saw him alive on **Feb 22 1948**; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Cardiac decompensation** Duration **2 days**

Due to **Hypertensive Cardiovascular disease** unknown

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? **Unknown**

Name of operation **none** Date .....

Major finding .....

Finding of autopsy **none**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature **H. W. Wessley, M.D.**

and Address **Bozeman, Idaho** Date **2-26-48**

(For additional space, use reverse side)

093D

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **500**  
Local Reg. No. **174**  
Reg. Dist. No. **600**

## 1. PLACE OF DEATH:

- (a) County **Bingham**  
(b) City or town **Blackfoot**  
(c) Street Address or R.F.D. No. **537 E. Idaho**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **65** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Blackfoot**  
(d) Street Address or R.F.D. No. **198 W. Pacific**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **68** years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

**Rosa Ellen Pritchett**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race **White**  
4. Sex **Female**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife ☐  
6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth (Month, Day, Year) **November 22, 1863**

8. AGE	Years	Months	Days	If less than 1 day
<b>84</b>	<b>2</b>	<b>14</b>	<b>hrs</b>	<b>min.</b>

## 9. Exact Occupation **Housekeeper** Did this work for **70** yrs.

## 10. Industry or Business **at home** Date last worked **1947**

## 11. Birthplace **Carthage, Missouri** (City or town) (State or foreign country)

## 12. Name **Lewis Richard Pritchett**

## 13. Birthplace **Missouri** (City or town) (State or foreign country)

## 14. Maiden name **Mahan**

## 15. Birthplace **Missouri** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Flourence H. Hoffman** and Address **Meibrose, Montana**

## 17. (a) **Burial** (b) Date thereof **2-9-48** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: **Grove City Cemetery**

## 18. Funeral Director's OWN Signature **Howard Peckham**

## and Address **Blackfoot, Idaho**

## 19. (a) **2-10-48** (b) **Mrs. Maester** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH **February 6, 1948** (Month, Day, Year) at **8:30** o'clock **A** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **6 Feb 1948**, to **6 Feb 1948** I last saw her alive on **19**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Conditions incident to old age**

Due to ☐

Due to ☐

Other conditions ☐ (Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐ Occurred ☐ 19 ☐ City, county, state where violence occurred ☐ Place of Violence: Home ☐ Farm ☐ Industry ☐ Public Place ☐ While at work? ☐ Means of injury ☐

## 23. Attendant's OWN Signature **Penwith G. M. or J. M.** (M. D. or other)

and Address **Bl'ft., Ida.** Date **8 Feb 1948** (For additional space, use reverse side)

**Dr. Barreman**

**587**

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

FEB 12 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 501  
State File No. ....  
Local Reg. No. 171  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. West Center St.  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 9 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. West Center St.  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Ashton, Idaho

3. (a) FULL NAME Augusta Mildred Owen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred L. Owens

6. (c) Age of husband or wife if alive 72 years

7. Date of Birth (Month, Day, Year) September 19, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>4</u>	<u>18</u>	hrs. min.

9. Exact Occupation Housewife Did this work for ..... yrs.

10. Industry or Business Kansas City, Kansas Date last worked

11. Birthplace (City or town) (State or foreign country)

Father { 12. Name Alexander Bowie,

13. Birthplace Scotland (City or town) (State or foreign country)

Mother { 14. Maiden name Annie Horn

15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's OWN Signature Annie Grant (Daughter)

and Address Newdale, Idaho

17. (a) Burial (b) Date thereof 2 - 9 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Ashton Idaho

18. Funeral Director's OWN Signature John C. Sandberg

and Address Blackfoot, Idaho

19. (a) 2-8-48 (b) Mrs. V. A. Patton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 7th 1948

(Month, Day, Year) at 5:08 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 2 - 6 - 48 to 2 - 7 - 48

I last saw him alive on 2 - 7 - 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 3 1/2 hrs.

Due to Supraventricular 3 yrs.

Due to secondary

Other conditions anemia (Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation None Date

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred. Place of Violence: Home ..... Farm ..... Industry

Public Place ..... While at work? .....

Means of injury None

23. Attendant's OWN Signature J. O. Humphrey

and Address Blackfoot, Idaho (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 12 1948 **Certificate Of Death**

DIVISION OF VITAL STATE OF IDAHO

1948 State File No. **502**  
Local Reg. No. **178**  
Reg. Dist. No. **680**

1. **PLACE OF DEATH:**

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 390  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital    Institution X Other place     
(f) Name Hosp. or Inst. St. Hos. Soc. Stayed 17 days  
(g) Lived in this county    years    months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Ashton  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state)

3. (a) **FULL NAME** Osh Hedgecoak

3. (b) If veteran, name war    No.     
4. Sex M. Color N. 5. Color N. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) Feb. 15, 1879

8. AGE	Years	Months	Days	If less than 1 day
	68	11	16	hrs min.

9. Exact Occupation Barber Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace (City or town) (State or foreign country)

12. Name George Hedgecoak  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name Sarah Hedgecoak  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Records, State Hospital Sol  
and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 2-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ashton, Idaho

18. Funeral Director's OWN Signature Kaiser Mortuary Co.  
and Address Blackfoot, Idaho

19. (a) 2-3-48 (b) Mrs. Walter E. Patton  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** (Month, Day, Year) Feb. 2, 1948  
at 12:45 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan. 16, 1948 to Feb. 2, 1948  
I last saw him alive on Feb. 2, 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** Pneumonia Duration 7 days

Due to   

Due to     
Other conditions (Include pregnancy within 3 months of death)   

Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy   

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury   

23. Attendant's OWN Signature J. H. Beaman, M.D.  
(M. D. or other)  
and Address Blackfoot, Idaho Date 2-2, 1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census  
FEB 20 1948  
STATE OF IDAHO  
Certificate Of Death

DIVISION OF VITAL STATISTICS  
1. PLACE OF DEATH: STATISTICAL  
(a) County Bingham  
(b) City or town Shelley  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Eaton Maternisyed 1 days  
(g) Lived in this county years months 1 days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 366 8th.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? USA (mother)  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) Ogden, Utah

3. (a) FULL NAME HERMAN BRENT DREWES  
3. (b) If veteran, name war None  
3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) February 4, 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	20 hrs 15 min.

9. Exact Occupation None Did this work for yrs.  
10. Industry or Business None Date last worked  
11. Birthplace Shelley, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Richard Herman Drewes  
13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)  
14. Maiden name Zina Eleandor Belnap  
15. Birthplace Ogden, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Richard Drewes  
and Address Idaho Falls, Idaho  
17. (a) Removal (b) Date thereof 2/5/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Idaho Falls, Idaho  
18. Funeral Director's OWN Signature Roland L. Buss  
and Address Idaho Falls, Idaho  
19. (a) Feb 10 - 1948 (b) Mrs. Walter C. Patton (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) February 5, 1948  
at 12:45 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from 2-4 1948, to 2-5 1948  
I last saw h. alive on 2-5 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Immaturity Duration  
Due to Prematurity  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted? Idaho  
Name of operation Date  
Major finding  
Finding of autopsy  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature Daniel P. Smith, M.D. (M. D. or other)  
and Address Shelley, Idaho Date 2-5 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

FEB 20 1948

STATE OF IDAHO

State File No. **504**  
Local Reg. No. **173**  
Reg. Dist. No. **601**

1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Shelley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 32 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Shelley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME

Kista Marie Hendrickson Peterson

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) December 14, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>1</u>	<u>22</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Glenwood, Utah  
(City or town) (State or foreign country)  
12. Name Henry Hendrickson  
13. Birthplace Denmark  
(City or town) (State or foreign country)  
14. Maiden name Annie Marie Hansen  
15. Birthplace Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature Kista Peterson  
and Address Shelley, Idaho

17. (a) Burial (b) Date thereof 2-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rigby, Idaho

18. Funeral Director's OWN Signature Wm. T. Hendrickson  
and Address \_\_\_\_\_

19. (a) Feb 9-1948 (b) Wm. T. Hendrickson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **097X**

20. DATE OF DEATH (Month, Day, Year) Feb. 5, 1948  
at 8:05 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 27 1947 to Feb 3 1948  
I last saw her alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration \_\_\_\_\_

Due to Arteriosclerosis 19 yrs.

Due to Scabidity  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? Idaho  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature David P. Smith M.D.  
and Address Shelley, Idaho Date 2-9 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 31 1948  
Certificate Of Death  
DIVISION OF VITALS STATE OF IDAHO

State File No. **505**  
Local Reg. No. **1**  
Reg. Dist. No. **601**

1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital    Institution X Other place     
(f) Name Hosp. or Inst. St. Hospital Stayed 103 days  
(g) Lived in this county 2 years 10 months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Hailey  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?    years  
(h) Former residence (city, state)

3. (a) FULL NAME William A. Hunter

3. (b) If veteran, name war    No.     
5. Color or    6. (a) Single, widowed, married, divorced Divorced  
4. Sex M race W.  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) Aug. 7, 1858

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>6</u>	<u>13</u>	hrs min.

9. Exact Occupation    Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Canada (City or town) (State or foreign country)

- Mother { 12. Name David Hunter  
13. Birthplace Scotland (City or town) (State or foreign country)  
14. Maiden name Watson  
15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's OWN Signature Records, State Hospital South  
(a) and Address Blackfoot, Idaho

17. (a) Removal (b) Date thereof 2-20-1948 (Month) (Day) (Year)  
(c) Place: Hailey

18. Funeral Director's OWN Signature E. H. Park  
(a) and Address Blackfoot, Idaho

19. (a) 2-20-48 (b) The State of Idaho (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 20, 1948  
at 9:40 A.M. o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1945, to Feb. 20, 1948.  
I last saw him alive on Feb. 20, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiovascular disease Duration 19 yrs.

Due to Senility

Due to Senility  
Other conditions    (Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature The State of Idaho (M. D. or other)  
and Address Blackfoot, Idaho Date 2-20-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948 506  
State File No.  
Local Reg. No. 3  
Reg. Dist. No. 601

1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 390  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Hospt So. Stayed 14 days  
(g) Lived in this county years months 14 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Rexburg  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

3. (a) FULL NAME James Leatham

3. (b) If veteran, name war No.  
5. Color or No.  
6. (a) Single, widowed, married, divorced Widowed  
4. Sex M race W.  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth March - 24 - 1882  
(Month, Day, Year) Feb. 24, 1910.

8. AGE	Years	Months	Days	If less than 1 day
	64	10	27	hrs min.

9. Exact Occupation Farmer Did this work for years  
10. Industry or Business worked  
11. Birthplace Wellesville, Utah.  
(City or town) (State or foreign country)

12. Name  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Records Dept. Hospital South  
and Address Blackfoot, Idaho.

17. (a) Removal (b) Date thereof 2-24-1948  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Funeral Home

18. Funeral Director's OWN Signature E. J. Runk  
and Address Blackfoot, Idaho

19. (a) Feb. 24-48 (b) Madison, Idaho  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 091B 084D

20. DATE OF DEATH  
(Month, Day, Year) Feb. 24, 1948.  
at 8:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1948, to Feb. 24, 1948.  
I last saw him alive on Feb. 24, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

- Endocarditis, acute 5da.  
Due to Exhaustion from agitation 10da  
Due to Psychosis  
Other conditions Psychosis  
(Include pregnancy within 3 months of death)

- Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature W. H. Brown, M.D.  
(M. D. or other)  
and Address Blackfoot, Idaho Date 2-25-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **507**  
Local Reg. No. **2**  
Reg. Dist. No. **601**

**MAR - 3 1948**  
DIVISION OF VITAL

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital    Institution X Other place     
(f) Name Hosp. or Inst.    Stayed 16 days  
(g) Lived in this county    years    months 16 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 71 years  
(h) Former residence (city, state) St. Anthony, Idaho.

## 3. (a) FULL NAME James W. Burnside

3. (b) If veteran, name war    No.     
5. Color or race W.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary  
6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) Sept. 26, 1873.

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>5</u>		hrs min.

9. Exact Occupation    Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Salt Lake City, Utah.  
(City or town) (State or foreign country)  
12. Name James Burnside  
13. Birthplace Waterford, Erie  
(City or town) (State or foreign country)  
14. Maiden name Sarah Funge  
15. Birthplace Erie.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, State Hospital South.  
and Address Blackfoot, Idaho.

17. (a) Burial (b) Date thereof 3-1-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place Gravelly Memorial Idaho Falls, Idaho

18. Funeral Director's OWN Signature M. J. Hanner  
and Address St. Anthony, Idaho

19. (a) Feb. 27-48 (b) Mrs. Halene Fature  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb. 26, 1948.  
(Month, Day, Year) at 10:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1948, to Feb. 26, 1948.  
I last saw him alive on Feb. 26, 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: cerebral hemorrhage Duration 2 weeks

Due to   

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred

Place of Violence: Home    Farm    Industry   

While at work?   

Means of injury   

23. Attendant's OWN Signature H. F. Brown M.D.  
(M. D. or other)

and Address Blackfoot, Idaho. Date 2-27-1948.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 508  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Rural, Fort Hall  
(c) Street Address or R. F. D. No. rural  
(d) Death Occured Inside?..... Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county..... 1 years 6 months 28 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Fort Hall (rural)  
(d) Street Address or R.F.D. No. (rural)  
(e) Deceased lived Inside?..... Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 1/2 yrs. years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

O'Dell Snipe

3. (b) If veteran, name war ..... No. ....  
5. Color or .....  
6. (a) Single, widowed, married, divorced single  
4. Sex male race Indian  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Aug. 1, 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>6</u>	<u>28</u>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Pocatello, Idaho  
(City or town) (State or foreign country)

- Mother { 12. Name Calvin Snipe  
13. Birthplace Fort Hall, Idaho  
(City or town) (State or foreign country)  
Father { 14. Maiden name Mamie Coby  
15. Birthplace Fort Hall, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Calvin Snipe  
and Address Fort Hall, Idaho

17. (a) Burial (b) Date thereof 3/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Gibson Cemetary

18. Funeral Director's OWN Signature Calvin Snipe  
and Address Fort Hall, Idaho

19. (a) 3/4/48 (b) Lucille Cutler  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 29, 1948  
at 11:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....  
I last saw him alive on 2/29/ 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia

Due to measles

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury .....

23. Attendant's OWN Signature Calvin Snipe  
and Address Fort Hall, Idaho (M. D. or other) 3/4/ 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB - 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 509  
Local Reg. No. 7  
Reg. Dist. No. 410

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Hailey  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 62 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these).

- (a) State Idaho (b) County Blaine  
(c) City or town Hailey  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 62 years  
(h) Former residence (city, state) Salt Lake City

## 3. (a) FULL NAME

Luscha J. Friedman

063B

## 3. (b) If veteran,

name war ☒

## 3. (c) Social Security

No. ☒

5. Color or female race w.  
6. (a) Single, widowed, married widowed  
6. (b) Name of husband or wife ☒ divorced widowed  
6. (c) Age of husband or wife if alive ☒ years

## 7. Date of Birth

(Month, Day, Year) March 27, 1864

## 8. AGE

Years 83 Months 10 Days 5 If less than 1 day  
hrs min.

## 9. Exact

Occupation housewife Did this work for 62 yrs.

## 10. Industry or

Business Gordon Date last worked 9-47

## 11. Birthplace

(City or town) (State or foreign country)

## 12. Name

R. Meyer

## 13. Birthplace

(City or town) (State or foreign country)

## 14. Maiden name

Rosa Auerbach

## 15. Birthplace

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Beatrice Friedman

and Address Hailey, Idaho

## 17. (a) removal

(Burial, cremation, or removal) (Month) (Day) (Year) 2-3-48

## (c) Place:

to Salt Lake City, Utah

## 18. Funeral Director's

OWN Signature Henry J. Harris

and Address Hailey, Idaho

## 19. (a)

2-4-1948 (Date received and filed)

## (b)

Robert H. Wright (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Feb. 2 1948  
at 1:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1-1 1948, to 2-2 1948  
I last saw h alive on 2-2 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Coronary Occlusion Duration 1 hr

Due to Chronic Toxic Thyroid 15 yrs

Due to Quarrelsome Ulcer 3 yrs.

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Phyllis

and Address Hailey, Idaho (M. D. or other)

2-4-1948 Date

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAILED  
MAR 22 1948

**Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. 510  
Local Reg. No. 9  
Reg. Dist. No. 410

**1. PLACE OF DEATH:**

- (a) County Blaine  
(b) City or town Hailey  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home. ☒ Hospital. ☒ Institution. ☒ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. Hailey Clinic Stayed 4 days  
(g) Lived in this county 37 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Blaine  
(c) City or town Carey  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? Yes city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 59 years  
(h) Former residence (city, state) Alban, Mo.

**3. (a) FULL NAME**

Lennie Telfer

**3. (b) If veteran,**

name war \_\_\_\_\_

**3. (c) Social Security**

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex female race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James

6. (c) Age of husband or wife if alive 75 years

7. Date of Birth (Month, Day, Year) March 17, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>11</u>	<u>13</u>	hrs min.

9. Exact Occupation housewife Did this work for 37 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 2-9-48

11. Birthplace Alban, Idaho (City or town) (State or foreign country)

12. Name Hardy Sears

13. Birthplace Mo. Warsaw, Mo. (City or town) (State or foreign country)

14. Maiden name Bridger

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Lennie Telfer

- and Address Carey, Idaho

17. (a) buried (b) Date thereof 3-3-48 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Hailey, Idaho

18. Funeral Director's OWN Signature Lena Harris

- and Address Hailey, Idaho

19. (a) 3-19-1948 (b) Arthur H. Wright (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) Feb. 29 1948  
at 2:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 2/29 1948 to 2/29 1948

I last saw him alive on 2/29 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Liver Duration \_\_\_\_\_

Head of pancreas, normal

Due to metastases to lymphatics of liver

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation St. Francis Date 2/29/48

Major finding 29.

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. W. Taylor

and Address Hailey, Id. Date 2/29 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 1 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 511  
Local Reg. No. 15  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **602 N. 4th Ave**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **50** years **50** months **50** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Clarksfork**  
(d) Street Address or R.F.D. No. **U.S.A.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME JOHN JAMES MC QUAIDE

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive **--** years  
7. Date of Birth **OCTOBER 3, 1864**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>83</b>	<b>3</b>	<b>29</b>	hrs min.

9. Exact Occupation **Retired Woodsman** Did this life work for **life** yrs.  
10. Industry or Business **Lumbering** Date last worked **1946**  
11. Birthplace **Carbondale, Penn.**  
(City or town) (State or foreign country)

12. Name **Unknown**  
13. Birthplace **Unknown**  
(City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Ruth Mc Quaide**  
and Address **Clarksfork, Idaho.**

17. (a) **Burial** (b) Date thereof **Feb. 4, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Clarksfork, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
**SANDPOINT, IDAHO.**  
and Address

19. (a) **Feb. 4, 1948** (b) **James McQuaide**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH **February 2, 1948** 19  
(Month, Day, Year) at **12:05** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 31** 19**48** to **Feb 2** 19**48**  
I last saw him alive on **Feb 1** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Cerebral hemorrhage** Duration **2 da**

Due to **Arteriosclerotic** 5 yrs.

Due to **Chronic nephritis** 3 yrs.

Other conditions (Include pregnancy within months of death)  
Where was disease contracted? **Physician**  
Name of operation **Underline** the cause to which death should be charged statistically.  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature **Wm F Tyler MD**  
and Address **Sandpoint, Ida** Date **2/4/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB 19 1948

STATE OF IDAHO

State File No. 512  
Local Reg. No. 16  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R. F. D. No. **413 Church St.**  
(d) Death Occured Inside ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **20** years **0** months **0** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **413 Church St.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **20** years  
(h) Former residence (city, state) **Spokane, Wash**

## 3. (a) FULL NAME

**PAUL C. WINTHER**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife **No Record** 6. (c) Age of husband or wife if alive **0** years  
7. Date of Birth **February 13, 1868**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>79</b>	<b>11</b>	<b>20</b>	hrs min.

9. Exact Occupation **Clerk - Retired** Did this work for **20** yrs.  
10. Industry or Business **Railroad** Date last worked **1936**  
11. Birthplace **Wellington, Illinois.**  
(City or town) (State or foreign country)

12. Name **Unknown**  
13. Birthplace **Unknown**  
(City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Robt. Moon** **Coroner**  
and Address **Sandpoint Idaho.**

17. (a) **Burial** (b) Date thereof **Feb. 9, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY** **Robt. Moon**  
and Address **SANDPOINT, IDAHO.**

19. (a) **Feb. 7, 1948** (b) **Robt. Moon**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH **February 2, 1948**  
(Month, Day, Year) at **?** o'clock **?** M.

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h..... alive on **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Natural Causes** Duration

**Found Dead in Bed**

Due to **Chronic Heart Disease**

Due to **Senility**

Other conditions **Schlerosis**  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **Date**

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **0** Suicide? **0** Homicide? **0**  
Occurred **19** City, county, state where violence occurred

Place of Violence: **Home** **Farm** **Industry**

Public Place **While at work?**

Means of injury

23. Attendant's OWN Signature **Robt. Moon** **CORONER**  
(M. D. or other)

and Address **Sandpoint, Ida** Date **2-7** 19**48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **513**  
Local Reg. No. **17**  
Reg. Dist. No. **116**

## 1. PLACE OF DEATH:

**FEB 1 1948**  
**OF VITAL**

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. of **Community** Stayed **60** days  
(g) Lived in this county **22** years **0** months **0** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **Pacific Street**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **22** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME JOHN CHARLES SCOTT

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Emma B.** 6. (c) Age of husband or wife if alive **--** years  
7. Date of Birth **September 11, 1864**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>83</b>	<b>4</b>	<b>28</b>	hrs min.

9. Exact Occupation **Cook** Did this work for **Life** yrs.  
10. Industry or Business **Restaurant** Date last worked **1939**  
11. Birthplace **Rochester, New York**  
(City or town) (State or foreign country)

12. Name **Scott**  
13. Birthplace **Scotland**  
(City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Scotland**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Vernon J. Scott**  
and Address **820 W. Wallingford Spokane, Wn**  
17. (a) **Burial** (b) Date thereof **Feb. 14, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO.**  
19. (a) **Feb. 14, 1948** (b) **Lawrence Brown**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **February 9th 1948**  
(Month, Day, Year) at **2:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 1, 1948** to **Feb 9, 1948**  
I last saw him alive on **Feb 8, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Ischemic Heart Disease** Duration **5 yrs**

Due to  
Due to  
Other conditions **Arterio Sclerosis** (Include pregnancy within 3 months of death) **10 yrs**

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature **Vm F. Zylar MD** (M D or other)  
and Address **Sandpoint, Idaho** Date **2-14-1948**  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB 12 1948

OF VITAL

STATE OF IDAHO

State File No. ....

Local Reg. No. 19

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R. F. D. No. 208 Main Street  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 1 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 208 Main St.  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U S A  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME LEFTY RYAN

3. (b) If veteran, name was World II No. ....  
5. Color or race White  
4. Sex Male divorced Single  
6. (b) Name of husband or wife ..... (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) May 6th. 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>9</u>	<u>5</u>	hrs min.

9. Exact Occupation Card Dealer Did this work for Life yrs.  
10. Industry or Business Pool Room Date last worked 2/1948  
11. Birthplace Peoria, Ill. (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Clarence Hensing  
and Address 414 Lake Sandpoint, Ida.

17. (a) Burial (b) Date thereof Feb. 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO.

19. (a) Feb. 17, 1948 (b) Clarence Hensing  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093A

20. DATE OF DEATH (Month, Day, Year) February 11th. 1948  
at 1:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sat 22 1948 to Feb 11 1948  
I last saw him alive on Feb 7 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Myocarditis

Duration

Due to Thrombo Angitis  
Obstructions - Bileggers 10

Due to .....  
Other conditions Silicosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state  
where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Clarence Hensing (M. D. or other)  
and Address Sandpoint, Ida Date 2-17 1948  
(For additional space, use reverse side)

1948  
State File No. **515**  
Local Reg. No. **21**  
Reg. Dist. No. **110**

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

FEB 13 1948

## 1. PLACE OF DEATH: OF VITAL

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R. F. D. No. **514 N. Second**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or **Community** Stay **1 hr 20 min**  
(g) Lived in this county **0** years **0** months **0** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Priest River**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U S A**  
(g) How long had deceased lived in Idaho? **1 hr 20 min**  
(h) Former residence (city, state)

## 3. (a) FULL NAME **SANDRA KAY KETCHUM**

3. (b) If veteran, name was **None** 3. (c) Social Security No. **None**  
5. Color or 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Female** race **White**  
6. (b) Name of husband or wife **---** 6. (c) Age of husband or wife if alive **---** years  
7. Date of Birth **February 13th. 1948**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b> hrs <b>20</b> min.

9. Exact Occupation **None** Did this work for **---** yrs.  
10. Industry or Business **---** Date last worked **---**  
11. Birthplace **Sandpoint, Idaho.**  
(City or town) (State or foreign country)

12. Name **James Ketchum**  
13. Birthplace **Shell Lake, Wisconsin.**  
(City or town) (State or foreign country)  
14. Maiden name **Leora Marley**  
15. Birthplace **Estherville, Iowa.**  
(City or town) (State or foreign country)

16. Informant's **OWN** Signature **James Ketchum**  
and Address **Priest River, Idaho.**

17. (a) **Burial** (b) Date thereof **Feb. 14, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho**

18. Funeral Director's **MOON MORTUARY** **Reddon**  
OWN Signature **SANDPOINT, IDAHO.**  
and Address **Feb. 14, 1948**

19. (a) **Feb. 14, 1948** (b) **Revenue**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **February 13** 19 **48**  
(Month, Day, Year) at **6:50** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **February 13, 1948**, to **February 13, 1948**

I last saw h.e.r. alive on **Feb. 13, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Premature birth-36 wks** Duration **1 1/3 hrs.**

Due to **Kidney infection of respiratory**  
Due to **tract of mother**  
Other conditions **---**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **---** Date **---** PHYISICIAN **---**  
Name of operation **---** Major finding **---** Underline the cause to which death should be charged statistically.  
Finding of autopsy **none performed**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **---** Suicide? **---** Homicide? **---**  
Occurred **---** 19 **---** City, county, state where violence occurred  
Place of Violence: Home **---** Farm **---** Industry **---**  
Public Place **---** While at work? **---**  
Means of injury **---**

23. Attendant's **William Chapman M.D.**  
OWN Signature **---** (M. D. or other)  
and Address **Sandpoint, Ida** Date **Feb. 14, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
1948 - 2 1948  
Certificate Of Death  
STATE OF IDAHO  
DIVISION OF VITAL

1948 516  
State File No. 22  
Local Reg. No.  
Reg. Dist. No. 119

1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. **Community** Stayed **2** days  
(g) Lived in this county **0** years **0** months **2** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **Clack's Auto Court**  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **2 days**  
(h) Former residence (city, state)

3. (a) FULL NAME **LINDA BEA SCHAEFER**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Female** 6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) **February 11, 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>2</b>	hrs min.

9. Exact Occupation **None** Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace **Sandpoint, Idaho.**  
(City or town) (State or foreign country)

12. Name **Herschel Leon Schaefer**  
13. Birthplace **Ritzville, Washington.**  
(City or town) (State or foreign country)  
14. Maiden name **Nora Isabelle Harbison**  
15. Birthplace **Collins, Montana.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Herschel L. Schaefer**  
and Address **Box 183 Sandpoint, Idaho.**

17. (a) **Burial** (b) Date thereof **Feb. 16, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's **MOON MORTUARY**  
OWN Signature **[Signature]**  
and Address **SANDPOINT, IDAHO**

19. (a) **Feb. 16, 1948** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **February 13, 1948**  
(Month, Day, Year) at **5:10** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb. 11, 1948, to Feb. 13, 1948.**  
I last saw her alive on **Feb. 13, 1948;** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Congenital debility** Duration **2 days.**

Due to **Premature birth**

Due to **Twin pregnancy**

Other conditions (Include pregnancy within 3 months of death)

**Maternal malnutrition**

Where was disease contracted? **None** Date

Major finding

Finding of autopsy **None performed**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **William C. Hayden**  
(M. D. or other)  
and Address **Sandpoint, Ida.** Date **2/19, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **517**  
Local Reg. No. **23**  
Reg. Dist. No. **116**

## 1. PLACE OF DEATH:

(a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **Community** Stayed **8 mos.**  
(g) Lived in this county **43** years **8** months **3** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **Westwood Apts.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **43** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME **Adele Luther Davis**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Female** race **White**  
6. (b) Name of husband or wife **Myrvin Davis** 6. (c) Age of husband or wife if alive **—** years  
7. Date of Birth (Month, Day, Year) **June 19, 1881**

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>	<b>7</b>	<b>26</b>	hrs min.

9. Exact Occupation **Treasurer** Did this work for **12** yrs.  
10. Industry or Business **City Sandpoint** Date last worked **Aug. 1944**  
11. Birthplace **Berlin, Wisconsin.**  
(City or town) (State or foreign country)

12. Name **no record**  
13. Birthplace **no record**  
(City or town) (State or foreign country)  
14. Maiden name **no record**  
15. Birthplace **no record**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Ole Holm, R.N.**  
and Address **Box 617, Sandpoint, Ida.**

17. (a) **Burial** (b) Date thereof **Feb. 17, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
**SANDPOINT, IDAHO.**  
and Address

19. (a) **Feb. 17, 1948** (b) **Roume (Moon)**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **073 D**

20. DATE OF DEATH (Month, Day, Year) **February 14th 1948**  
at **5:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan. 15** 1946 to **Feb. 14** 1948  
I last saw her alive on the **Feb. 14** 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Supp. Stasis Pneumonia** Duration **3 da**

Due to **Carcinoma liver** **1 yr**

Due to  
Other conditions (Include pregnancy within 3 months of death)

2. **Weakly Anemia**  
Where was disease contracted? **Spain**  
Name of operation **Radical resection** Date **9-4-46**  
Major finding **Carcinoma**  
Finding of autopsy **No**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **Wm F Tyler M.D.**  
and Address **Sandpoint, Ida.** Date **2-17-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAR 18 1948

STATE OF IDAHO

State File No. **518**  
Local Reg. No. **25**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

- (a) County **BONNER**  
(b) City or town **SANDPOINT**  
(c) Street Address or R.F.D. No. **514 N. 2nd. Ave**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home, Hospital, Institution, Other place...  
(f) Name Hosp. or **COMMUNITY** Stayed **4** days  
(g) Lived in this county **0** years **4** months **0** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BONNER**  
(c) City or town **SANDPOINT**  
(d) Street Address or R.F.D. No. **R.F.D. 1**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **4 mo** years  
(h) Former residence (city, state) **DETROIT, MICH.**

## 3. (a) FULL NAME

**SARAH TALIAFERRO**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**  
5. Color or 6. (a) Single, widowed, married, divorced **WIDOWED**  
4. Sex **FEMALE** Race **WHITE**  
6. (b) Name of husband or wife **HORACE** 6. (c) Age of husband or wife if alive **--** years  
7. Date of Birth (Month, Day, Year) **DECEMBER 28, 1888**

8. AGE	Years	Months	Days	If less than 1 day
	<b>59</b>	<b>1</b>	<b>24</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **life** yrs.  
10. Industry or Business **Home** Date last worked **Dec. '47**  
11. Birthplace **Norway** (City or town) (State or foreign country)

12. Name **-- Larson**  
13. Birthplace **Norway** (City or town) (State or foreign country)  
14. Maiden name **no record**  
15. Birthplace **Norway** (City or town) (State or foreign country)

16. Informant's **OWN** Signature **Galdie Carter**  
and Address **R.R. 1 Sandpoint, Ida**  
17. (a) **Burial** (b) Date thereof **Feb. 25, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's **MOON MORTUARY**  
OWN Signature **SANDPOINT IDAHO.**  
and Address **SANDPOINT IDAHO.**

19. **FEB 25 1948** (b) **Thomas J. Taylor**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **February 22, 1948**  
(Month, Day, Year) at **6:40** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **July 1, 1948** to **July 22, 1948**  
I last saw h. or alive on **July 22, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic nephritis** Duration **2 yrs**

Due to **Arterio Sclerosis** 5 yr

Due to **Other conditions**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**  
Name of operation **Underline** Date **the cause to which death should be charged statistically.**  
Major finding **Physician**  
Finding of autopsy **Physician**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury **Am J Taylor MD**

23. Attendant's **Am J Taylor MD**  
OWN Signature **Sandpoint, Ida.** (M. D. or other)  
and Address **Sandpoint, Ida.** Date **Feb 25 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
MAR 1 8 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948 519  
State File No. 519  
Local Reg. No. 27  
Reg. Dist. No. 110

**1. PLACE OF DEATH:**

(a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R. F. D. No. **514 N. Second**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... ☒ Hospital ☐ Institution... Other place...  
(f) Name Hosp. or Inst. **Community** Stayed **8** days  
(g) Lived in this county **40** years **8** months **8** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **R.F.D. 1**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **Finland**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state)

3. (a) FULL NAME **OSCAR MICKELSON**

3. (b) If veteran, name war **None** No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** 6. (b) Name of husband or wife **Betty Mickelson** 6. (c) Age of husband or wife if alive **66** years  
7. Date of Birth **November 11, 1882**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>65</b>	<b>3</b>	<b>16</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for **Life** yrs.  
10. Industry or Business **Own Farm** Date last worked **Jan. 1948**  
11. Birthplace **Vasa, Finland**  
(City or town) (State or foreign country)

12. Name **No Record**  
13. Birthplace **Finland**  
(City or town) (State or foreign country)  
14. Maiden name **No Record**  
15. Birthplace **Finland**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Suwanti Bergstrom**  
and Address **San. Del. Sandpoint, Idaho**

17. (a) **Burial** (b) Date thereof **Mar. 1, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's **MOON MORTUARY**  
OWN Signature **SANDPOINT, IDAHO.**  
and Address

19. (a) **March 1, 1948** (b) **Boone S. Moon**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **February 27th** 19 **48**  
(Month, Day, Year) at **12:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec 7** 19 **46**, to **Feb 27** 19 **48**.  
I last saw him alive on **Feb 27** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac Asthma** Duration **12 da**

Due to **Myocarditis Chr.** 3 yrs.

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **BBH. R. ...** (M. D. or other)  
and Address **Sandpoint, Ida.** Date **3-1-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAR 18 1948

STATE OF IDAHO

DIVISION OF VITAL

1948 File No. **26520**  
Local Reg. No. ....  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

(a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. 2nd.**  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home, Hospital, ☒ Institution, Other place...  
(f) Name Hosp. or **Community** Stayed **4** days  
(g) Lived in this county **23** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Kootenai**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **23** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME ALEXANDER MOGAN

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Male** 6. (b) Name of husband or wife **Lillian M.**  
6. (c) Age of husband or wife if alive **--** years  
7. Date of Birth **FEBRUARY 4, 1871**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>77</b>	<b>0</b>	<b>23</b>	hrs min.

9. Exact Occupation **Barber** Did this work for **Life** yrs.  
10. Industry or Business **Barber Shop** Date last worked **2-21-1948**  
11. Birthplace **Leopold, Indiana.**  
(City or town) (State or foreign country)

12. Name **John Mogan**  
13. Birthplace **Harrison, Indiana.**  
(City or town) (State or foreign country)  
14. Maiden name **Michal A. Willian**  
15. Birthplace **Indiana.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Ellis Swanson**  
and Address **Kootenai Idaho**

17. (a) **Burial** (b) Date thereof **Mar. 2nd 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
**SANDPOINT, IDAHO.**  
and Address

19. **MAR 2 1948** (b) **James H. Hoo**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **February 27, 1948**  
(Month, Day, Year) at **3:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb 23** 1948 to **Feb 27** 1948  
I last saw him alive on **Feb 26** 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration **5 days**

Due to **Arterio Sclerosis** 6 yrs.

Due to **Hypertension** 10 yrs.  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state  
where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature **Wm. J. Lyke M.D.**  
(M. D. or other)  
and Address **Sandpoint, Idaho** **3-2-1948**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED NON-RESIDENT  
FEB - 9 1948  
DIVISION OF VITAL  
Certificate Of Death  
STATE OF IDAHO

State File No. 521  
Local Reg. No. 3-48  
Reg. Dist. No. 112

1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Forest River  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 8 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Montana (b) County Richland  
(c) City or town Augusta  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 mo. years  
(h) Former residence (city, state) Montana

3. (a) FULL NAME

Charles Frank Eder

046 B

3. (b) If veteran,

name war no

3. (c) Social Security

No. 5-17-18-0931

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Myrtle

6. (c) Age of husband or wife if alive 54 years

7. Date of Birth (Month, Day, Year) April 27 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>9</u>	<u>8</u>	hrs min.

9. Exact Occupation Rancher Did this work for life yrs.

10. Industry or Business Farming Date last worked 1946

11. Birthplace The Heavies Montana (City or town) (State or foreign country)

12. Name George Eder

13. Birthplace Bellevue (City or town) (State or foreign country)

14. Maiden name Sophia Hultberg

15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Geo. A. J. Story

and Address Forest River, Idaho

17. (a) Burial (b) Date thereof Feb. 7, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Forest River, Idaho

18. Funeral Director's OWN Signature MOON MORTUARY

and Address SANDPOINT, IDAHO

19. (a) 2-7-48 (b) File March (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) Feb 5, 1948  
at 2:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes. Duration \_\_\_\_\_

Due to Chronic Myocarditis ?

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation Autopsy Date 1947 PHYSICIAN \_\_\_\_\_

Major finding Coronary Thrombosis Underline the cause to which death should be charged statistically.

Finding of autopsy None Reported

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Geo. A. J. Story (M. D. or other) \_\_\_\_\_

and Address Sandpoint Idaho Date Feb 7 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **522**  
Local Reg. No. **24**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Samuels**  
(c) Street Address or R. F. D. No. **Rural**  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **46** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **221 Pine St.**  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **46** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**EDWARD J. BRADLEY**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **518-10-7315**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **--** 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) **July 8th. 1901**

8. AGE	Years	Months	Days	If less than 1 day
	<b>46</b>	<b>7</b>	<b>0</b>	hrs min.

9. Exact Occupation **Teacher** Did this work for **Life** yrs.  
10. Industry or Business **Public Schools** Date last worked **2-1948**  
11. Birthplace **Sandpoint, Idaho.** (City or town) (State or foreign country)  
Mother { 12. Name **James M. Bradley**  
13. Birthplace **Ireland** (City or town) (State or foreign country)  
14. Maiden name **Louise Shriker**  
15. Birthplace **Germany** (City or town) (State or foreign country)

16. Informant's OWN Signature **Wm F Jinter**  
and Address **Sandpoint, Idaho.**

17. (a) **Burial** (b) Date thereof **Feb. 16, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
**SANDPOINT, IDAHO.**  
and Address

19. (a) **Feb. 16, 1948** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **February 8th** 19 **48**  
(Month, Day, Year) at **1** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Exhaustion and Freezing**

Duration

Due to **Caught in severe snow storm, wind, and freezing weather.**  
**Body found Feb. 12, 1948**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding **none performed**  
Finding of autopsy **none performed**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **[Signature]** CORONER  
(M. D. or other)  
and Address **Sandpoint, Ida** Date **2/13 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
FEB 13 1948  
STATE OF IDAHO

State File No. **523**  
Local Reg. No. **18**  
Reg. Dist. No. **110**

**1. PLACE OF DEATH:**

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **R.F.D. 1**  
(d) Death Occured Inside? Outside? **X** city or town  
(e) Died in a Home **X** Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **31** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **R.F.D. 1**  
(e) Deceased lived Inside? Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **31** years  
(h) Former residence (city, state)

**3. (a) FULL NAME ERICK ALFRED ERICKSON**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** 6. (b) Name of husband or wife **Anna L.** 6. (c) Age of husband or wife if alive **62** years  
7. Date of Birth (Month, Day, Year) **December 17, 1887**

8. AGE	Years	Months	Days	If less than 1 day
	<b>60</b>	<b>1</b>	<b>24</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for **20** yrs.  
10. Industry or Business **Own Farm** Date last worked **4-1-38**  
11. Birthplace **Vasa, Finland** (City or town) (State or foreign country)

12. Name **Erik Bros Erickson**  
13. Birthplace **Vasa, Finland** (City or town) (State or foreign country)  
14. Maiden name **Kaisa Beota**  
15. Birthplace **Vasa, Finland** (City or town) (State or foreign country)

16. Informant's **OWN** Signature **Leunt B Erickson**  
and Address **525 Pine St Sandpoint**

17. (a) **Burial** (b) Date thereof **Feb. 13, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's **OWN** Signature **MOON MORTUARY**  
and Address **Sandpoint, Idaho**

19. (a) **Feb. 13, 1948** (b) **Lawrence J. Moon**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** **083B**

20. DATE OF DEATH **February 10th 1948**  
(Month, Day, Year)  
at **1:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb. 9** 19**48**, to **Feb. 10** 19**48**.  
I last saw him alive on **Feb. 9** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Thrombosis** Duration **27 hrs.**

Due to **Arteriosclerosis** **10 years**  
**Cardiovascular disease** **approx.**

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's **OWN** Signature **Helmer E. Peterson M.D.**  
(M D. or other)  
and Address **Sandpoint, Ida** Date **2-11-1948**  
(For additional space, use reverse side)

**Certificate Of Death**  
FEB 10 1948  
DEPT. OF VITAL STATISTICS  
STATE OF IDAHO

State File No. **524**  
Local Reg. No. **20**  
Reg. Dist. No. **110**

**1. PLACE OF DEATH:**

- (a) County **Bonner**  
(b) City or town **Hope**  
(c) Street Address or R. F. D. No. **Rural (Trestle Creek)**  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **0** years **1** months **10** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Hope**  
(d) Street Address or R.F.D. No. **Rural**  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? **U S A**  
(g) How long had deceased lived in Idaho? **lmo 10 years**  
(h) Former residence (city, state)

3. (a) **FULL NAME** **IVAN EARL VAN ROSSUM**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male** 6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) **January 3, 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>1</b>	<b>10</b>	hrs min.

9. Exact Occupation **None** Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace **Hope, Idaho.** (City or town) (State or foreign country)

12. Name **Richard M. Van Rossum**  
13. Birthplace **Gordon, Nebraska.** (City or town) (State or foreign country)  
14. Maiden name **Bessie Evaland**  
15. Birthplace **Gordon, Nebraska.** (City or town) (State or foreign country)

16. Informant's **OWN** Signature **Richard Ivan Van Rossum**  
and Address **Hope, Idaho.**

17. (a) **Burial** (b) Date thereof **Feb. 14, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's **OWN** Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO.**

19. (a) **Feb. 14, 1948** (b) **James E. Moon**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **February 12th.** 19**48**  
(Month, Day, Year) at **5:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 3** 19**48** to **Jan 26** 19**48**  
I last saw him alive on **Jan. 26, 1948**; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

**Pneumonia** Duration **24 hrs.**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's **OWN** Signature **Charles K. Martindale**

and Address **Sandpoint, Idaho** (M. D. or other)

(For additional space, use reverse side)

1948

525

State File No.

Local Reg. No. 4-48

Reg. Dist. No. 112

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB 20 1948

STATE OF IDAHO

## 1. PLACE OF DEATH

- (a) County Bonner  
(b) City or town Priest River  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 36 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these).

- (a) State Idaho (b) County Bonner  
(c) City or town Priest River  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Emmet Milton Green

094A

## 3. (b) If veteran,

name war 510

## 3. (c) Social Security

No. 518-01-62034. Sex male5. Color or race white6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Ida6. (c) Age of husband or wife if alive — years

## 7. Date of Birth

(Month, Day, Year) August 14, 1885

## 8. AGE

Years 62Months 6

Days \_\_\_\_\_

If less than 1 day  
hrs min.

## 9. Exact Occupation

woodsmanDid this work for life yrs.

## 10. Industry or Business

LumberDate last worked 2/14/48

## 11. Birthplace

PilefieldIda.

(City or town)

(State or foreign country)

## 12. Name

FreemontGreen

## 13. Birthplace

unknownIda.

(City or town)

(State or foreign country)

## 14. Maiden name

Eudora Buford

## 15. Birthplace

unknownIda.

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

Milton Willis Green

## and Address

17. (a) Burial

(Burial, cremation or removal)

(b) Date thereof 2-18-48

(Month) (Day) (Year)

## (c) Place:

Priest River, Idaho.

## 18. Funeral Director's OWN Signature

Meen Mortuary

## and Address

Sandpoint, Ida.19. (a) 2-18-48

(Date received and filed)

(b) H. W. Hensch

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

Feb. 14,19 48at 4:30o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 \_\_\_\_\_, to

19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Natural Causes

## Duration

## Due to

Cerebral ThrombosisExpired in ten minutes

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

Date

## Major finding

Finding of autopsy None Performed.

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred

19 \_\_\_\_\_

City, county, state

## where violence occurred

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_

## While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's OWN Signature

H. W. Hensch

(D. or other)

and Address Sandpoint, Ida.Date 2-18 19 48

(For additional space, use reverse side)

000

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 520  
Local Reg. No. 28  
Reg. Dist. No. 610

1. PLACE OF DEATH (Always fill in these)
- (a) County Idaho  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Dr.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. L.S. Hosp Stayed 1 days  
(g) Lived in this county 24 years 1 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Jefferson  
(c) City or town Territo  
(d) Street Address or R.F.D. No. 24 S.A.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 7 month years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME

Loyle Glen Bunker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M Color W

5. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1/24 years

7. Date of Birth (Month, Day, Year) June 23, 1946

8. AGE Year 1 Months 7 Days 1 If less than 1 day hrs. min.

9. Exact Occupation Infant Did this work for 0 yrs.

10. Industry or Business Delta, Utah Date last worked

11. Birthplace Delta, Utah (City or town) (State or foreign country)

12. Name Glen Edward Bunker

13. Birthplace Delta, Utah (City or town) (State or foreign country)

14. Maiden name Gola Knight

15. Birthplace Winchley, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Glen E Bunker and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 1/29/48 (Month) (Day) (Year)

- (c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho

19. (a) 2/9/48 (Date received and filed) (b) Anna Judger (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 24 19 48  
at 6 o'clock P.M.

21. I HEREBY CERTIFY That I attended deceased from 1/24 19 48 to 1/24 19 48

I last saw him alive on 1/24 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 1. Bronchial Pneumonia Duration 3 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation none Date

Major finding

Finding of autopsy none performed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

23. Attendant's OWN Signature Jason Tall M.D. (M.D. or other)

and Address Rigby, Ida Date 1/31 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 21 527  
Local Reg. No. 21  
Reg. Dist. No. 610

MAR 12 1948

DIVISION OF VITAL  
STATISTICS  
Bonneville

1. PLACE OF DEATH
- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Stayed 5 days  
(g) Lived in this county 0 years 0 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Clark  
(c) City or town Dubois  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Ammon, Idaho

3. (a) FULL NAME KEITH BYRON HOOPES

3. (b) If veteran, name war None No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March 22, 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>10</u>	<u>9</u>	hrs min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)  
Mother Father { 12. Name Wendell L. Hoopes  
13. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Mainota Wharton  
15. Birthplace Ogden, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Wendell L. Hoopes  
and Address Dubois, Idaho  
17. (a) Removal Feb. 3, 1948 (b) Date thereof Feb. 3, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Dubois, Idaho  
18. Funeral Director's OWN Signature Island & Beck  
and Address Idaho Falls, Idaho  
19. (a) 2/17/48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 31, 1948  
at 5:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948 to Jan 31, 1948  
I last saw him alive on Jan 31, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Generalized Peritonitis 4 days

Due to Perforated Appendicitis 6 days

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Isaac Hall, M.D.  
and Address Rath, Idaho (M. D. or other) Date Feb 7, 1947  
(For additional space, use reverse side)

Wm. Asael Lee

449

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

FEB 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 14528  
Local Reg. No. 610  
Reg. Dist. No.

1. PLACE OF DEATH: DIVISION OF VITAL
- (a) County Bonnaville  
(b) City or town Idaho Falls.  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. L.D.S. Stayed 1 days  
(g) Lived in this county..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bingham  
(c) City or town Shelley  
(d) Street Address or R.F.D. No. R#2  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? Mexico  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Mexico

3. (a) FULL NAME Bedro Carmona
3. (b) If veteran, name war None No. ....  
5. Color or 6. (a) Single, widowed, married, divorced Divorced  
4. Sex Male race White  
6. (b) Name of husband or wife Irene Frazer 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) 1892 July 29

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>6</u>	<u>1</u>	hrs min.

9. Exact Occupation Laborer Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Mexico (City or town) (State or foreign country)

12. Name Not known  
13. Birthplace Mexico (City or town) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Mexico (City or town) (State or foreign country)

16. Informant's OWN Signature Lee Christensen  
and Address Shelley, R#2

17. (a) Burial (b) Date thereof 2-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hill Crest at Shelley Idaho

18. Funeral Director's OWN Signature M. J. Baker  
and Address Shelley, Idaho

19. (a) 2/7/48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 1, 19 48  
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1-31 19 48, to 2-1 19 48  
I last saw him alive on 2-1-48 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Central Hemorrhage Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? Idaho

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work.....

Means of injury .....

23. Attendant's OWN Signature David B. Smith M.D.

and Address Shelley, Idaho (M. D. or other)

Date 2-2 19 48  
(For additional space, use reverse side)

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Certificate Of Death

STATE OF IDAHO

State File No. 21520  
Local Reg. No. 21520  
Reg. Dist. No. 610

1. PLACE OF DEATH: **PLACE OF VITAL**
- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Sacred Heart Stayed ..... days  
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls, Ida.  
(d) Street Address or R.F.D. No. R.F.D. #1  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) St. Ignatius, Mont.

3. (a) FULL NAME FRANK KELLER

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) February 2, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	hrs <u>3</u> min.

9. Exact Occupation None Did this work for ..... yrs.  
10. Industry or Business None Date last worked .....  
11. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)

12. Name Carl Keller  
13. Birthplace Ocarchey, Oklahoma  
(City or town) (State or foreign country)  
14. Maiden name Martha White  
15. Birthplace Idaho Falls, Ida.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Carl Keller  
and Address Rt. #1 Idaho Falls, Ida.

17. (a) Burial (b) Date thereof Feb. 3, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rose Hill Cemetery

18. Funeral Director's OWN Signature Orlando Ten Berge  
and Address Idaho Falls, Ida.

19. (a) 2/7/48 (b) Anna Budgen  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 2, 1948 19.....  
at 9:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1948, to Feb. 2, 1948  
I last saw her alive on Feb. 2, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Pneumonia (7 mi).

Caesarian section

Due to Chronic tubular

diarrhea 14 yrs.

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation..... Date.....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred .....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury .....

23. Attendant's OWN Signature E. C. Emickson M.D.

(M. D. or other)

and Address Idaho Falls Date 2-7-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**

FEB 10 1948

STATE OF IDAHO

State File No. **15530**  
Local Reg. No. **15**  
Reg. Dist. No. **610**

**1. PLACE OF DEATH:** DIVISION OF VITAL

- (a) County Benewalla  
(b) City or town Shaw Falls  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 14 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Paro Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Montato, Minnesota

**3. (a) FULL NAME**

Mrs. Myrna Davis Harvey

083A

**3. (b) If veteran,**

name war \_\_\_\_\_

**3. (c) Social Security**

No. \_\_\_\_\_

**4. Sex** 2 **5. Color or** W **6. (a) Single, widowed, married,**

race \_\_\_\_\_

divorced Married

**6. (b) Name of husband or**

wife \_\_\_\_\_

**6. (c) Age of husband or wife if**

alive \_\_\_\_\_ years

**7. Date of Birth**

(Month, Day, Year) July 4, 1902

**8. AGE**

Years	Months	Days	If less than 1 day
<u>45</u>	<u>6</u>	<u>0</u>	hrs min.

**9. Exact**

Occupation Housewife Did this work for \_\_\_\_\_ yrs.

**10. Industry or**

Business \_\_\_\_\_ Date last worked \_\_\_\_\_

**11. Birthplace**

Montato, Minnesota  
(City or town) (State or foreign country)

**12. Name**

Lewis Davis

**13. Birthplace**

Unknown  
(City or town) (State or foreign country)

**14. Maiden name**

Lewis

**15. Birthplace**

Unknown  
(City or town) (State or foreign country)

**16. Informant's**

OWN Signature James P. Harry  
and Address \_\_\_\_\_

**17. (a)**

(Burial, cremation, or removal) Removal (b) Date thereof 2/7/48  
(Month) (Day) (Year)

**(c) Place:**

Shaw Falls, Idaho

**18. Funeral Director's**

OWN Signature Dr. J. Williams  
and Address Shaw Falls, Idaho

**19. (a)**

2/6/48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**

(Month, Day, Year) February 4, 1948  
at about 4:30 o'clock 2 M.

**21. I HEREBY CERTIFY, That I attended deceased from**

Jan 15, 1948, to Feb 3, 1948

I last saw h. 2 alive on Feb 3, 1948 death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Cerebral edema  
due to old gun shot wound

**Due to**

Paralyzed of rt. side  
12 yrs duration

**Other conditions**

(Include pregnancy within 3 months of death)

**Where was disease contracted?**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

**Major finding**

**Finding of autopsy**

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

**Means of injury**

**23. Attendant's**

OWN Signature Milton T. Rees M.D.  
(M. D. or other)

and Address Idaho Falls, Idaho Date 2-6, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **531**  
Local Reg. No. **23**  
Reg. Dist. No. **6/D**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Ins. Sacred Heart. Stayed 0 days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls, Ida.  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? USA (Mother)  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Helena, Mont.

## 3. (a) FULL NAME

(Infant) HOLDEN

3. (b) If veteran, name war No  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) February 4, 1948

8. AGE  
Years Months Days If less than 1 day  
16 hrs 0 min.

9. Exact Occupation None Did this work for        yrs.  
10. Industry or Business None Date last worked         
11. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)

12. Name C.R. Holden  
13. Birthplace Menomonie, Wisc.  
(City or town) (State or foreign country)  
14. Maiden name Rebecca Gillis  
15. Birthplace Helena, Mont.  
(City or town) (State or foreign country)

16. Informant's OWN Signature C.R. Holden  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 2/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rose Hill Cemetery, I.F.

18. Funeral Director's OWN Signature Donald E. Bue  
and Address Idaho Falls, Idaho

19. (a) 2/7/48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 5, 1948  
at 2:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1948 to Feb. 5, 1948  
I last saw him alive on Feb. 5, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Shock due to Duration       

Due to Myocardial infarction

Due to Developed during  
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?         
Name of operation        Date         
Major finding         
Finding of autopsy         
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred 19 City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature        (M. D. or other)  
and Address        Date 2/6, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **532**  
Local Reg. No. **19**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County **Blaine**  
(b) City or town **Edrho Falls**  
(c) Street Address or R. F. D. No. **New Sinden Rd.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☐ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **13** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these),

- (a) State **Idaho** (b) County **Blaine**  
(c) City or town **Edrho Falls**  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **39** years  
(h) Former residence (city, state) **Blackfoot, Idaho**

## 3. (a) FULL NAME

**JAMES R. FINDLAY**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race **White** 6. (a) Single, widowed, married, divorced  
4. Sex **Male** 6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year)

**MARCH 26 - 1902**

8. AGE	Years	Months	Days	If less than 1 day
	<b>45</b>	<b>10</b>	<b>9</b>	hrs min.

## 9. Exact Occupation

**Laborer** Did this work for yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

**LAYTON, UTAH**  
(City or town) (State or foreign country)

## 12. Name

**Thomas H. Findlay**

## 13. Birthplace

**LAYTON, UTAH**  
(City or town) (State or foreign country)

## 14. Maiden name

**Margaret Taylor**

## 15. Birthplace

**Porterville, UTAH**  
(City or town) (State or foreign country)

## 16. Informant's OWN Signature

**J. M. Findlay**

## and Address

**Blackfoot Idaho**

## 17. (a) Removal (b) Date thereof

**2-5-48** (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature

**Haward Packham**

## and Address

**Blackfoot Idaho**

## 19. (a) (b)

**2/6/1948** (Date received and filed) **Uma Budget** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **February 5, 1948**  
at **2:30** o'clock **P.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**Feb 5 1948 to Feb 5 1948**

I last saw him alive on **Feb 4 1948**, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Coronary atherosclerosis**  
**Pneumonia** Duration **24 hrs**  
**3 days**

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## NAME OF OPERATION

## Date

## Major finding

## Finding of autopsy

## PHYSICIAN

## Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred **19** City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature

**Julius F. Adams** (M. D. or other) Date **2/6/48**

and Address **Blackfoot Idaho** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2533  
Local Reg. No. 2533  
Reg. Dist. No. 610

1. PLACE OF DEATH: Division of VITAL  
(a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Stayed 20 days  
(g) Lived in this county 1 years 7 months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 364 So. Capitol  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Crystal, N. Dak.

3. (a) FULL NAME CARL JOHAN LEE

3. (b) If veteran, name war N one 3. (c) Social Security No. 501-05-1630  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 16, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>3</u>	<u>24</u>	hrs min.

9. Exact Occupation Laborer Did this work for 45 yrs.  
10. Industry or Business Construction Date last worked Jan. 20, 1948  
11. Birthplace Pembina County, North Dakota (City or town) (State or foreign country)

- Mother Father { 12. Name Christen T. Lee  
13. Birthplace N orway (City or town) (State or foreign country)  
14. Maiden name Anna Johanneson  
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature Tom L. Lee  
and Address Crystal, North Dakota

17. (a) Removal (b) Date thereof Feb. 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cavalier, North Dakota

18. Funeral Director's OWN Signature Orland L. Buck  
and Address Idaho Falls, Idaho

19. (a) 2/14/1948 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 10 19 48  
(Month, Day, Year)  
at 11:55 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 22 19 48, to Feb. 10 19 48  
I last saw h. alive on 19 48; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary Occlusion Duration one hour

Due to Progressive Hypertrophy 1 - 2 gms  
Infarction 2 weeks

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 19 City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W.E. Smith MD  
and Address Idaho Falls Date 2/14/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

1948 State File No. 534  
Local Reg. No. 26  
Reg. Dist. No. 6/D

MAR 12 1948

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. L.D.S. Hosp Stayed 6 days  
(g) Lived in this county 17 years 11 months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 780 E. 13th St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Goshen, Idaho

## 3. (a) FULL NAME

RUFUS PACK

## 3. (b) If veteran,

name war None

## 3. (c) Social Security

No. None

5. Color or White  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary R. Pack  
6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) December 27, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>1</u>	<u>16</u>	hrs min.

9. Exact Occupation Farmer, retired Did this work for 54 yrs.

10. Industry or Business Self employed Date last worked March 1930

11. Birthplace Mills County, Iowa (City or town) (State or foreign country)

12. Name Rufus Pack

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Jane

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Freeman Pack

- and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Feb. 16, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Orland L. Burk

- and Address Idaho Falls, Idaho

19. (a) 2/20/1948 (b) Anna Budger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 13 19 48  
at 1:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19   , to 19

I last saw h..... alive on 19   ; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion Duration 8 day

Due to Cardio Vascular System

Due to ..... Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred 19    City, county, state

where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature C. T. Erickson M.D.

(M. D. or other)

and Address Idaho Falls Date 2-14 19 48

(For additional space, use reverse side)

093D

094A

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

1545

# Certificate Of Death

MAR 12 1948

STATE OF IDAHO

State File No. 535  
Local Reg. No. 28  
Reg. Dist. No. 611

## 1. PLACE OF DEATH: DIVISION OF VITAL

- (a) County Bonniville  
(b) City or town Idaho Falls,  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonniville  
(c) City or town Idaho Falls,  
(d) Street Address or R.F.D. No. R#3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 Days  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Jean Marva Gene Hampton

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or race White 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex Female 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Feb. 10, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>6</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)

12. Name Clifford Wade Hampton  
13. Birthplace Shelley, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Zetta Lapria Beetrup  
15. Birthplace Shelley, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Clifford Hampton  
and Address Idaho Falls, R#3

17. (a) \_\_\_\_\_ (b) Date thereof 2-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Taylor Cemetery

18. Funeral Director's OWN Signature M. Walder  
and Address Shelley, Idaho

19. (a) 2/21/48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 16 19 48  
at 7:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. EX alive on 16 Feb 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Convulsions Duration 2 hrs

Due to Septicemia 6 day

Due to Blood infection of mother  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Joseph M. Walder

23. Attendant's OWN Signature Idaho Falls, Ida (M. D. or other)  
and Address Idaho Falls, Ida Date 18 Feb 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Assistant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**CERTIFIED Certificate Of Death**  
MAR 12 1948  
STATE OF IDAHO

1948 State File No. **536**  
Local Reg. No. **34**  
Reg. Dist. No. **610**

**1. PLACE OF DEATH:**

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. L.D.S. Stayed 1 days  
(g) Lived in this county 11 years 3 months 19 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 445 12th.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) Vandalia, Missouri

**3. (a) FULL NAME**

MARTHA MAY LINN

**3. (b) If veteran,**

name war No

**3. (c) Social Security**

No. None

5. Color or race White

4. Sex Female  
6. (b) Name of husband or wife James E. Linn

6. (a) Single, widowed, married, divorced Wid.

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth  
(Month, Day, Year)

February 23, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>11</u>	<u>28</u>	hrs min.

9. Exact Occupation Housewife Did this work for 45 yrs.

10. Industry or Business at home Date last worked Sept. 1934

11. Birthplace Michigan  
(City or town) (State or foreign country)

12. Name Henry Tyndall

13. Birthplace Idaho  
(City or town) (State or foreign country)

14. Maiden name Lucy Dolph

15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lois E. Roberts

and Address 445 12th. Idaho Falls, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/48  
(Month) (Day) (Year)

(c) Place: Rose Hill Cemetery

18. Funeral Director's OWN Signature Orland L. Buck

and Address Idaho Falls, Idaho

19. (a) 3/9/48 (b) Luna Budger  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**

(Month, Day, Year) Feb. 21, 1948  
at 11:30 o'clock P. M.

**21. I HEREBY CERTIFY, That I attended deceased from**

July 10, 1947, to Feb. 21, 1948  
Last saw her alive on Feb. 20, 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Cardio-Vascular - Renal

Due to 10 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

**22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?**

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

**23. Attendant's OWN Signature**

L. L. Erickson M.D. (M. D. or other)

and Address Idaho Falls Date 2-24-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 1 2 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

# Certificate of Death

STATE OF IDAHO

1048  
State File No. 537  
Local Reg. No. 43  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 338 1/2 Broadway  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 338 1/2 Broadway  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

Ephraim Carl Swanson

094A

## 3. (b) If veteran, name war

World #1

## 3. (c) Social Security No.

519-26-3265

## 4. Sex M Color or race W

## 6. (a) Single ☒ widowed, married, divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth (Month, Day, Year)

September 6, 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>5</u>	<u>18</u>	hrs. min.

## 9. Exact Occupation Bartender Did this work for 4 yrs.

## 10. Industry or Business Buffet Bar Date last worked 2/2/48

## 11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

## 12. Name Alex Swanson

## 13. Birthplace Sweden (City or town) (State or foreign country)

## 14. Maiden name Emma Lindstrom

## 15. Birthplace Sweden (City or town) (State or foreign country)

## 16. Informant's OWN Signature Rudolph Swanson and Address Idaho Falls, Idaho

## 17. (a) Burial (b) Date thereof 2/26/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho

## 19. (a) 3/1/48 (b) Anna Budin (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) February 22 19 48

at about 11:41 o'clock PM

## 21. I HEREBY CERTIFY, That I attended deceased from ☐ 19 ☐ to ☐ 19 ☐

I last saw h. ☐ alive on ☐ 19 ☐ death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death Cerebral Thrombosis Duration

Due to ☐

Due to ☐

Other conditions ☐

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

## 23. Attendant's OWN Signature Les A. Williams (M. D. or other)

and Address Idaho Falls Date 2/23 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **538**  
Local Reg. No. **32**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH?

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. L.O.S. Stayed..... days  
(g) Lived in this county 28 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Lona  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Mrs. Nancy Atkin Girard

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex 2 5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John B. Girard

6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) January 29, 1858

8. AGE	Years	Months	Days	If less than 1 day
	<u>90</u>	<u>0</u>	<u>25</u>	hrs. min.

9. Exact Occupation Housewife Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

12. Name John B. Nicholas

13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

14. Maiden name Nachail Matthews

15. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Mildred Smith  
and Address Lona, Idaho

17. (a) Burial (b) Date thereof 7/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Reg. A. Williams  
and Address Idaho Falls, Idaho

19. (a) 3/1/1948 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 24 1948  
at 10 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1948 to 24 Feb 48

I last saw h..... alive on..... 19.....  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Bronchopneumonia

## Duration

Due to Fractured right hip

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted? In Hospital

Name of operation Hip pinning Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide?..... Homicide?.....

Occurred Jan 26, 1948 19..... City, county, state

where violence occurred Idaho Falls

Place of Violence: Home X Farm..... Industry.....

Public Place..... While at work?

Means of injury slipped and fell on floor

23. Attendant's OWN Signature Al Richard Faulk

and Address Idaho Falls, Idaho Date 25 Feb 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 539  
Local Reg. No. 33  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

**DIVISION OF VITAL**

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. L. D. S. Hosp. Stayed 1 days  
(g) Lived in this county 45 years 4 months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 991 Bannock  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Cedar City, Utah

## 3. (a) FULL NAME

HYRUM THOMAS DUTTON

## 3. (b) If veteran,

name war N. one

## 3. (c) Social Security

No. None

5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Ella R. Dutton  
6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) November 21, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>3</u>	<u>4</u>	hrs min.

9. Exact Occupation Laborer, retired Did this work for 34 yrs.  
10. Industry or Business Misc. Date last worked 1937  
11. Birthplace Cedar City, Utah  
(City or town) (State or foreign country)

12. Name Hyrum Smith Dutton  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Sarah Wane McConnell  
15. Birthplace Panguitch, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Kenneth W. Dutton  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 3-1-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rose Hill Cem., Idaho Falls, Ida.

18. Funeral Director's OWN Signature Orland Buck  
and Address Idaho Falls, Idaho

19. (a) 3/9/48 (b) Orma Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 25 1948  
at 9:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 1947, to 25 Feb 1948.  
I last saw him alive on 25 Feb 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart failure

Due to Asthma

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D. R. Parry, M.D.

and Address Idaho Falls, Idaho Date 26 Feb 1948

(For additional space, use reverse side)

United States  
Department of Commerce *and 1st*  
Bureau of the Census  
**Certificate Of Death**  
STATE OF IDAHO

1. PLACE OF DEATH: MAR 12 1947  
(a) County DONALD  
(b) City or town Donalville  
(c) Street Address or R. F. D. No. 1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 21 years    months    days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State    (b) County     
(c) City or town     
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside?    Outside?    city or town  
(f) Citizen of what country?     
(g) How long had deceased lived in Idaho?    years  
(h) Former residence (city, state)   

3. (a) FULL NAME Mrs Bertha James Avery  
3. (b) If veteran, name war    No.     
5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles C. Avery  
6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) Sept. 27, 1895  
8. AGE 

Years	Months	Days	If less than 1 day
<u>52</u>	<u>4</u>	<u>7</u>	hrs min.

**MEDICAL CERTIFICATE OF DEATH**  
20. DATE OF DEATH (Month, Day, Year) February 4 1948  
at 6:30 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1947, to Feb. 1 1948.  
I last saw her alive on Feb. 1, 1948, death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Generalized Carcinoma of uteri Duration 3 mos.  
Due to Carcinoma of Rt Breast 1 year  
Due to     
Other conditions    (Include pregnancy within 3 months of death)

9. Exact Occupation Housewife Did this work for life yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Peton City, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Samuel James  
13. Birthplace Alaina City, Utah (City or town) (State or foreign country)  
14. Maiden name Genevieve Jones  
15. Birthplace Thelma, Utah (City or town) (State or foreign country)  
16. Informant's OWN Signature C. J. Avery  
and Address Idaho Falls, Idaho R-1  
17. (a) Burial (b) Date thereof 2/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Idaho Falls, Id. R-1 (M. 10)  
18. Funeral Director's OWN Signature Lo A. Williams  
and Address Idaho Falls, Idaho  
19. (a) 2/10/48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

Where was disease contracted? at home  
Name of operation Biopsy Date 11/13/47  
Major finding adenocarcinoma  
Finding of autopsy not performed  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury     
23. Attendant's OWN Signature Israel Tall, M.D.  
and Address Idaho Falls, Idaho Date Feb 5, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 12 1948  
DIVISION OF VITAL STATISTICS

NON-RESIDENT  
Certificate of Death

State File No. 541  
Local Reg. No. 31  
Reg. Dist. No. 611

1. PLACE OF DEATH:

- (a) County Connierville  
(b) City or town Shoshone Falls  
(c) Street Address or R.F.D. No. # 4  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 7 years 7 months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Nebraska (b) County Butler  
(c) City or town  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) Nebraska

3. (a) FULL NAME

Mrs Sarah Stohler Burkey

131A

3. (b) If veteran,

3. (c) Social Security

name war No.

4. Sex Female 5. Color of race W  
6. (b) Name of husband or wife Samuel Burkey 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) August 20-1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>6</u>	<u>2</u>	hrs min.

9. Exact Occupation Housewife Did this work for years

10. Industry or Business Schefferstown, Penna. Date last worked

11. Birthplace Schefferstown, Penna. (City or town) (State or foreign country)

12. Name Frank Stohler (City or town) (State or foreign country)

13. Birthplace Penna. (City or town) (State or foreign country)

14. Maiden name Manda Burkey (City or town) (State or foreign country)

15. Birthplace Penna. (City or town) (State or foreign country)

16. Informant's OWN Signature Robert Burkey

- and Address Shoshone Falls, Idaho #4

17. (a) Burial (b) Date thereof 2/26/48 (Month) (Day) (Year)

- (c) Place: Shoshone Falls, Idaho

18. Funeral Director's OWN Signature Geo A. Williams

- and Address Shoshone Falls, Idaho

19. (a) 3/1/48 (b) Anna Dugan (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) February 22, 1948

- at 8:00 o'clock a.m.

21. I HEREBY CERTIFY, That I attended deceased from Dec 3-2 1947, to Feb 22 1948

- I last saw him alive on Feb 21 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Myocardial Infarction Duration 1 week

- Due to Chronic Arteriosclerosis 5 years

- Due to Coronary Artery Disease

- Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted?

- Name of operation Date

- Major finding

- Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

- Occurred 19 City, county, state

- where violence occurred

- Place of Violence: Home Farm Industry

- Public Place While at work?

- Means of injury

23. Attendant's OWN Signature B. Blain E. Edwards MD (M. D. or other)

- and Address 2000 3rd St. S. Boise, Idaho Date Feb 25 1948

(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

Dr. R.M. Howell  
**RECEIVED**  
**Certificate Of Death**  
MAR 12 1948  
DIVISION OF VITAL  
STATE OF IDAHO

State File No. **542**  
Local Reg. No. **5-48**  
Reg. Dist. No. **100**

1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonniers Ferry  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? XX Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution ..... Other place  
(f) Name Hosp. or Inst. Bound. Co. Stayed 1 days  
(g) Lived in this county ..... years ..... months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town .....  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Infant Carol Christensen

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or White 6. (a) Single, widowed, married, divorced Infant  
4. Sex Female race White  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) 2/1/48

8. AGE	Years	Months	Days	If less than 1 day
				<u>4 hrs 50 min.</u>

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Bonniers Ferry, Idaho  
(City or town) (State or foreign country)  
Mother Father { 12. Name Norman V. Christensen  
13. Birthplace Utah  
(City or town) (State or foreign country)  
14. Maiden name Louise Hatfield  
15. Birthplace Utah  
(City or town) (State or foreign country)  
16. Informant's OWN Signature Norman V. Christensen  
and Address Naples Idaho  
17. (a) Burial (b) Date thereof 2/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bonniers Ferry Idaho  
18. Funeral Director's OWN Signature Harb Morse  
and Address Bonniers Ferry Idaho  
19. (a) 2-1-48 (b) R. B. Howell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 1st. 1948  
at 8:50 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from Feb 1 1948 to Feb 1 1948

I last saw her alive on Feb 1 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Hemorrhage from cord  
Due to .....

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state  
where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature R. B. Howell M.D.  
(M. D. or other)  
and Address Bonniers Ferry Date 2/1 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 12 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **543**  
Local Reg. No. **6-48**  
Reg. Dist. No. **100**

## 1. PLACE OF DEATH

- (a) County Boundary  
(b) City or town Bonnerr's Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? XX Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Bound. Co. Stayed 45 days  
(g) Lived in this county 8 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bound.  
(c) City or town Bonnerr's Ferry  
(d) Street Address or R.F.D. No. Star Route  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Coulee City, Wn.

## 3. (a) FULL NAME

Perry Alfred Friedrich

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. No

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married

4. Sex Male race White

6. (b) Name of husband or wife Mary  
6. (c) Age of husband or wife if alive 39 years

7. Date of Birth (Month, Day, Year) 6/30/1905

8. AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>7</u>	<u>12</u>	hrs min.

9. Exact Occupation Farmer Did this work for 20 yrs.

10. Industry or Business his own Date last worked May, 47

11. Birthplace Hartline, Wash. (City or town) (State or foreign country)

12. Name Alfred John Friedrich

13. Birthplace Minn. (City or town) (State or foreign country)

14. Maiden name Effie Cowan

15. Birthplace Col. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Alice Maede

and Address Sunnyside, Wash.

17. (a) Burial (b) Date thereof 2/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Bonnerr's Ferry, Idaho.

18. Funeral Director's OWN Signature Chuck Nyora

and Address Bonnerr's Ferry, Idaho

19. (a) 3-8-48 (b) R. Bonnell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 12th. 1948  
at 8:35 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from May 1947 to Feb. 12, 1948  
I last saw him alive on Jan. 11, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Heart failure Duration \_\_\_\_\_

Due to Toxemia and iminution

Due to Leucocytosis 1 yr.  
Other conditions Primary in liquor  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. A. Duvore

and Address Bonnerr's Ferry, Idaho (M. D. or other)

Date 2/3 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

FEB 10 1948

STATE OF IDAHO

State File No. **544**  
Local Reg. No. **3**  
Reg. Dist. No. **670**

DIVISION OF VITAL STATISTICS

1. **PLACE OF DEATH:** **STATISTICS**
- (a) County **Butte**  
(b) City or town **Moore**  
(c) Street Address or R.F.D. No. **V**  
(d) Death Occurred Inside? **V** Outside? **V** city or town  
(e) Died in a Home? **V** Hospital **V** Institution **V** Other place **V**  
(f) Name Hosp. or Inst. **V** Stayed **V** days  
(g) Lived in this county **43** years **V** months **V** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
- (a) State **Idaho** (b) County **Butte**  
(c) City or town **Moore**  
(d) Street Address or R.F.D. No. **V**  
(e) Deceased lived Inside? **V** Outside? **V** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **43** years  
(h) Former residence (city, state) **Spanish Fork, Utah**

3. (a) **FULL NAME** **Augusta Elizabeth Johnson**

3. (b) If veteran, **V** name war **V**  
4. Sex **F** Color **W** race **W**  
5. Color **W** race **W**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (c) Age of husband or wife if alive **V** years

7. Date of Birth (Month, Day, Year) **July 7, 1864**

8. AGE	Years	Months	Days	If less than 1 day
	83	6	28	hrs min.

9. Exact Occupation **housewife** Did this work for **life** yrs.  
10. Industry or Business **home** Date last worked  
11. Birthplace **Morgan, Utah.** (City or town) (State or foreign country)

12. Name **Hogan Jones Backstrom**  
13. Birthplace **Sweden** (City or town) (State or foreign country)  
14. Maiden name **Eleanor F. Bower**  
15. Birthplace **Sweden** (City or town) (State or foreign country)

16. Informant's OWN Signature **ELMER JOHNSON**  
and Address **Moore Idaho**

17. (a) **Burial** (b) Date thereof **Feb. 8, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Arco, Idaho.**  
18. Funeral Director's OWN Signature **Betty J. Marnel**  
and Address **Arco Idaho # FD-19**

19. (a) **Feb 7 - 1948** (b) **Mary G. Dietrich**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** **February 5,** 19**48**  
(Month, Day, Year) at **8:30** o'clock **A.** M.

21. **I HEREBY CERTIFY**, That I attended deceased from **10/12/47** 19, to **2/5/48** 19.

I last saw her alive on **11/4/48**; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** **Myocarditis** Duration **5 years.**

Due to **Myocarditis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **None** Date

Major finding **None**

Finding of autopsy

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? **V** Suicide? **V** Homicide?

Occurred **19** City, county, state

where violence occurred

Place of Violence: Home **V** Farm **V** Industry **V**

Public Place **V** While at work?

Means of injury **S.P. Edert M.D.**

23. Attendant's OWN Signature **S.P. Edert M.D.**

and Address **Arco Idaho** (M. D. or other) Date **Feb. 7, 1948**  
(For additional space, use reverse side)



1048

State File No. 545

Local Reg. No. 4

Reg. Dist. No. 670

United States  
Department of Commerce  
Bureau of the Census

# FIVED Certificate Of Death

STATE OF IDAHO

MAR - 8 1948

1. PLACE OF DEATH: **PLACE OF VITAL**

- (a) County B. Statistics  
(b) City or town Home  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 24 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Butte  
(c) City or town Home  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) Sydney, Cal.

## 3. (a) FULL NAME

Frank Murphy

## 3. (b) If veteran,

name war ☒

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex M 5. Color W race W

6. (a) Single, widowed, married, divorced ☒

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Dec. 25, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>1</u>	<u>2</u>	hrs min.

9. Exact Occupation trapper Did this work for life yrs.

10. Industry or Business trapping Date last worked Feb. 27-48

11. Birthplace Stuart, Adams Co. Iowa (City or town) (State or foreign country)

12. Name not known

13. Birthplace not known (City or town) (State or foreign country)

14. Maiden name not known

15. Birthplace not known (City or town) (State or foreign country)

16. Informant's OWN Signature Jess Amy Howe - Idaho and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Mar. 3-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Arco - Idaho

18. Funeral Director's OWN Signature Betty J. Marvel #FD19 and Address Arco, Idaho

19. (a) Mar. 3-1948 (b) Mary G. Dietrich (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Feb. 27 19 48  
at about 9 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Due to Probable few minutes

Due to Coronary Occlusion  
Other conditions Report attack  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Betty J. Marvel

and Address Butte Co. California (other) \_\_\_\_\_

Date Mar. 1, 1948  
(For additional space, use reverse side)

W

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 23 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 546  
Local Reg. No. 38  
Reg. Dist. No. 348

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 1 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #5  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 Mo. years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

James Robert Johnson

## 3. (b) If veteran,

name war none

## 3. (c) Social Security

No. none

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced single

4. Sex male race white  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) January 7, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>			hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Nampa, Idaho  
(City or town) (State or foreign country)

12. Name Robert A. Johnson

13. Birthplace Hayre, Montana  
(City or town) (State or foreign country)

14. Maiden name Ruth D. Elevens

15. Birthplace Neodesha, Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Robert A. Johnson

- and Address R.R. 5, Nampa

17. (a) Burial (burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 2/7/48  
(Month) (Day) (Year)

- (c) Place: Cloverdale Cemetery

18. Funeral Director's Robinson-Alsop Chapel

- OWN Signature John J. Alsop, Jr.

- and Address Nampa, Idaho

19. (a) Feb. 12, 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) February 6, 1948  
at 7:55 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from January 7, 1948, to Feb. 6, 1948  
I last saw him alive on Feb 4, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Tracheo-bronchial Obstruction Duration 10 min

Due to aspiration of vomitus following feeding

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W.B. Rose (M. D. or other)

and Address Nampa, Idaho Date \_\_\_\_\_ 19 \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-266 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 25 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 547  
Local Reg. No. 362 (36)  
Reg. Dist. No. 362

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 8 days  
(g) Lived in this county 42 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 1103 Lincoln  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Daisy May Howe

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife Thomas E Howe 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) May 31, 1875.

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>8</u>	<u>5</u>	hrs min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Queen City, Missouri (City or town) (State or foreign country)

12. Name A. J. Brooks  
13. Birthplace No Record (City or town) (State or foreign country)  
14. Maiden name Mary A Hartford  
15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature Edward Howe  
and Address 1103 Lincoln

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 2/10/48 (Month) (Day) (Year)  
(c) Place: Kohlerlawn Cemetery

18. Funeral Director Robinson-Alsip Chapel  
OWN Signature John A Alsip, Jr  
and Address Nampa, Idaho

19. (a) Feb. 20, 1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH (Month, Day, Year) February 6, 1948  
at 10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 30 1948 to Feb 6 1948  
I last saw her alive on Feb 6 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Cardio-Respiratory Failure  
Due to Renegated  
Due to Sensitivity  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J.B. Mangum MD  
and Address Feb 9 (M.D. or other) Date 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 548  
Local Reg. No. 38  
Reg. Dist. No. 323

1. PLACE OF DEATH: PLACE OF VITAL STATISTICS
- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 1 days  
(g) Lived in this county 11 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #4  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Lloyd LeRoy Gould

3. (b) If veteran, name none No. none  
5. Color or 6. (a) Single, widowed, married, divorced single  
4. Sex male race white  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) May 25, 1936

8. AGE	Years	Months	Days	If less than 1 day
	<u>11</u>	<u>8</u>	<u>13</u>	hrs min.

9. Exact Occupation Student Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Mitchell, So. Dak. (City or town) (State or foreign country)

12. Name Lloyd Gould  
13. Birthplace Carthage, So. Dak. (City or town) (State or foreign country)  
14. Maiden name Bernice Olmsted  
15. Birthplace Carthage, So. Dak. (City or town) (State or foreign country)

16. Informant's OWN Signature Bernice Gould  
and Address Rt. 4 - Nampa, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/48 (Month) (Day) (Year)  
(c) Place: Kohlenlawn Cemetery

18. Funeral Director's OWN Signature Robison-Alsop Chapel  
and Address Nampa, Idaho

19. (a) Feb. 14, 1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 8, 1948  
at 10:25 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1944 to Feb 8 1948  
I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Diabetes

Duration

4 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W E Nolte M.D. (M. D. or other)  
and Address Nampa, Idaho Date 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 25 1948 **Certificate Of Death**  
OF VITAL STATE OF IDAHO

State File No. **549**  
Local Reg. No. **362**  
Reg. Dist. No. **362**

**1. PLACE OF DEATH:**

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 1122 N. 6th St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Meray Stayed        days  
(g) Lived in this county 7 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 424-6th St. N.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

**3. (a) FULL NAME**

James Dean Hurst

170C

**3. (b) If veteran**

name war       

**3. (c) Social Security**

No.       

4. Sex Male 5. Color of race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive        years

**7. Date of Birth**

(Month, Day, Year) Sept 6 - 1939

**8. AGE**

Years	Months	Days	If less than 1 day
<u>8</u>	<u>5</u>	<u>4</u>	hrs min.

**9. Exact Occupation**

Student Did this work for        yrs.

**10. Industry or Business**

       Date last worked       

**11. Birthplace**

Boise Idaho  
(City or town) (State or foreign country)

**12. Name**

William Hurst

**13. Birthplace**

Twins Falls Idaho  
(City or town) (State or foreign country)

**14. Maiden name**

Alveta French

**15. Birthplace**

Illinois  
(City or town) (State or foreign country)

**16. Informant's OWN Signature**

Hospital Records  
and Address By Dr. H. Walker

**17. (a) Burial**

(Burial, cremation or removal)       

(b) Date thereof Feb 13 / 48  
(Month) (Day) (Year)

(c) Place: Nampa Idaho

**18. Funeral Director's OWN Signature**

Lyda Rodgers  
and Address Nampa Idaho

**19. (a) Date received and filed**

Feb. 14 - 1948

(b) Lyda Rodgers  
(Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**

(Month, Day, Year) Feb 10 th 1948  
at 3 o'clock P.M.

**21. I HEREBY CERTIFY, That I attended deceased from**

19 to 19

I last saw h.        alive on 19; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Collapsed Lung, caused by being struck & run over by a truck driver  
Due to by Fred Howell on corner of Ave & 6th St.

**Due to**

**Other conditions**

(Include pregnancy within 3 months of death)

**Where was disease contracted?**

Name of operation Abdominal Date 7/10/48

Major findings Abdominal organs found  
Finding of autopsy no gas in stomach in left lung cavity

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred Feb. 10 1948 City, county, state Nampa Ida.

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☒ While at work? ☐

**Means of injury**

**23. Attendant's OWN Signature**

Wm. D. Talley  
(M. D. or other)

and Address Nampa Ida Date 2/11 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 25 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 550  
Local Reg. No. 44  
Reg. Dist. No. 362

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 811 10th Ave. N.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years 5 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 811 10th Ave. N.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Zillah, Washington

3. (a) FULL NAME

Mr. Fred Carlton Myers

3. (b) If veteran,

name war none

3. (c) Social Security

No. none

5. Color or 5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex male race white  
6. (b) Name of husband or wife Rosa 6. (c) Age of husband or wife if alive 35 years

7. Date of Birth (Month, Day, Year) January 20, 1914

8. AGE	Years	Months	Days	If less than 1 day
	<u>34</u>	<u>0</u>	<u>21</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Retired Date last worked \_\_\_\_\_

11. Birthplace Stanley, Wisconsin (City or town) (State or foreign country)

12. Name Alfred D. Myers

13. Birthplace Madrid, Iowa (City or town) (State or foreign country)

14. Maiden name Elda Lighty

15. Birthplace Atlantic, Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Fred Myers

- and Address 811 10th Ave N. Nampa, Ida

17. (a) Burial (b) Date thereof 2/14/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Kohlerlawn Cemetery Nampa

18. Funeral Director's Robinson-Alsin Chapel

- OWN Signature John A. Alsin, Jr.

- and Address Nampa, Idaho

19. (a) Feb. 19, 1948 (b) Lyla Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 11, 1948 at 10:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1947 to Feb 11, 1948

I last saw him alive on Feb 10, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Uremia

Due to arteriosclerosis

Due to malignant hypertension

Other conditions chronic nephritis (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Henry C. Wesche M.D.

and Address Nampa, Idaho (M. D. or other)

Date 2-12-1948 (For additional space, use reverse side)

Dr. H. Wesche

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB 23 1948

STATE OF IDAHO

1948 State File No. 551  
Local Reg. No. 49  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R. F. D. No. 120 - 7th Ave. So.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 55 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R.F.D. No. 120 - 7th Ave. So.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state) Ohio

## 3. (a) FULL NAME

Minnie Alma Duval

050X

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

4. Sex F 5. Color or race A  
6. (b) Name of husband or wife Claude 6. (c) Age of husband or wife if alive Married years

## 7. Date of Birth

(Month, Day, Year) Nov 28 - 1885

## 8. AGE

Years	Months	Days	If less than 1 day
62	3	15	hrs min.

## 9. Exact

Occupation At Home Did this work for        yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

Medina Ohio  
(City or town) (State or foreign country)

## 12. Name

Anastis H. Nettleton

## 13. Birthplace

Ohio  
(City or town) (State or foreign country)

## 14. Maiden name

Mary Ellen Carson

## 15. Birthplace

Ohio  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature

and Address 120 7th Ave. So.

## 17. (a) Burial

(Burial, cremation, or removal) (b) Date thereof Feb 14/1948

(c) Place Hamper Idaho

## 18. Funeral Director's

OWN Signature

and Address Hamper Idaho

## 19. (a) Feb 23 - 1948

(Date received and filed) (b) Syda Rodgers

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

047D

## 20. DATE OF DEATH

(Month, Day, Year) Feb 12 1948  
at 2 o'clock 6 M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1938, to 2-12-1948

I last saw him alive on 2-12-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Secondary carcinoma Duration 2 months

Due to Secondary carcinoma over body 2 yrs.

Due to Carcinoma of breast 12 yrs.

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Removal of breast Date 1936  
Major finding Adenocarcinoma  
Finding of autopsy Involving axillary glands. 10 yrs. severe.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

## Means of injury

## 23. Attendant's

OWN Signature W. R. H. H. H. H. H.

and Address Hamper Idaho Date 2/12 1948

(For additional space, use reverse side)

File 99

131

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
FEB 25 1948 **Certificate of Death**  
DIVISION OF VITAL STATE OF IDAHO

748 552  
State File No. 40 (4)  
Local Reg. No. 368  
Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Hosp Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Owyhee  
(c) City or town Homedale  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

June Hazel Levanger

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or  
4. Sex Female Race White

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) February 12, 1948.

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>1</u>	hrs. min.

9. Exact Occupation Infant Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Nampa Idaho.  
(City or town) (State or foreign country)

12. Name Bernard Levanger

13. Birthplace Glendale, Utah.  
(City or town) (State or foreign country)

14. Maiden name Blanche Elma Johnson

15. Birthplace Melba, Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Bernard Levanger  
and Address Homeless, Idaho N.F.

17. (a) Burial (b) Date thereof 2/14/48/  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Wilder, Idaho.

18. Funeral Director's OWN Signature John F. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) Feb. 14-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 12, 1948.  
(Month, Day, Year) at 10:35 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 12-12-48 to 12-13-48  
1948, to 12-13-48 1948

I last saw her alive on 12-13-48 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Patent Foramen Ovale. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Lyda Rodgers (M. D. or other)

and Address Nampa, Id. Date 2-13-48

(For additional space, use reverse side)

Dr. Swann



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
FEB 25 1948 STATE OF IDAHO

748  
State File No. 553  
Local Reg. No. 348  
Reg. Dist. No. 348

1. **PLACE OF DEATH:** **PLACE OF VITAL**  
(a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. Mercy Stayed 2 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)  
(a) State Idaho (b) County Owyhee  
(c) City or town Homedale  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Mr. Neils Lauritz Neilsen

3. (b) If veteran, name war none  
3. (c) Social Security No. none  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex male race white  
6. (b) Name of husband or wife Sarah L. 6. (c) Age of husband or wife if alive 66 years  
7. Date of Birth (Month, Day, Year) May 20, 1875

8. AGE	Years	Months	Days	If less than 1 day
	72	8	22	hrs min.

9. Exact Occupation Farmer Did this work for yrs.  
10. Industry or Business Retired Date last worked  
11. Birthplace Clifton, Ill. (City or town) (State or foreign country)

12. Name Andrew Neilsen  
13. Birthplace Denmark (City or town) (State or foreign country)  
14. Maiden name Karen Marie Larsen  
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Sarah P. Tignall  
and Address Nampa, Idaho St 2

17. (a) Removal (b) Date thereof 2/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rigby, Idaho

18. Funeral Director's OWN Signature Robinson-Alsin Chapel  
and Address Nampa, Idaho

19. (a) Feb 14 1948 (b) Lydia Rodgers  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH**  
(Month, Day, Year) February 12, 1948  
at 4:32 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1-2-48 to 2-12-48  
I last saw him alive on 2-12-48; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** Cardiac failure  
Due to old infarction

**Due to** **Other conditions**  
(Include pregnancy within 3 months of death)

**Where was disease contracted?**  
**Name of operation** **Date**  
**Major finding**  
**Finding of autopsy**

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature  
and Address Nampa, Idaho Date 2-13-48  
(For additional space, use reverse side)

Ex. 103.100

362

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hamapo  
(c) Street Address or R. F. D. No. 823-11th Ave. S.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home X Hospital—Institution—Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 3 years 3 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME

Berta Norden Opie

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Oct 4 - 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>4</u>	<u>9</u>	hrs. min.

9. Exact Occupation at Home Did this work for years

10. Industry or Business Date last worked

11. Birthplace Glasgow Montana (City or town) (State or foreign country)

12. Name Halter N. Norden

13. Birthplace Missouri (City or town) (State or foreign country)

14. Maiden name Elizabeth Norden

15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records

and Address By Ed N. Walker

17. (a) burial (b) Date thereof 2/15/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Augusta Montana

18. Funeral Director's OWN Signature George N. Walker

and Address Hamapo Idaho

19. (a) Feb. 14 - 1948 (b) Lida Rodgers (Date received and filed) (Registrar's signature)

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamapo  
(d) Street Address or R. F. D. No. 823-11th Ave S.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Hamapo Idaho

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 13, 1948  
at 2:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 2-1-48, 1948, to 2-13-48, 1948.  
I last saw him alive on 2-12-48, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Multiple Myeloma  
Charbonnet's Gangrene  
Due to Berger's Disease  
Due to Diabetic Nephritis  
Other conditions (Include pregnancy within 3 months of death)

Duration

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

Physician

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state

where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury

23. Attendant's OWN Signature V. C. Bell  
and Address Hamapo Idaho (M. D. or other) 2-14-48, 1948  
(For additional space, use reverse side)

W.C. Bell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

FEB 25 1948  
DIVISION OF VITAL STATE OF IDAHO

State File No. 48 555  
Local Reg. No. 45  
Reg. Dist. No. 962

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Percy Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ 45 \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 407-5th Ave So.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Daniel W Pfaff

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna C Pfaff

6. (c) Age of husband or wife if alive 76 years

7. Date of Birth (Month, Day, Year) April 8, 1871.

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>10</u>	<u>6</u>	hrs. min.

9. Exact Occupation Ret. Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Whipple, Ohio. (City or town) (State or foreign country)

12. Name Peter Pfaff (City or town) (State or foreign country)

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name No Record (City or town) (State or foreign country)

15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature Juan P. Pfaff and Address Nampa, Idaho.

17. (a) Burial (b) Date thereof 2-17-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature John J. Alsip, Jr. and Address Nampa, Idaho.

19. (a) Feb. 19-1948 (b) Lyla Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 14, 1948

at 12:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 2/8 1948, to 2/14 1948

I last saw him alive on 2/14 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive heart failure Duration 2 hr.

Due to myocarditis ?

Due to \_\_\_\_\_

Other conditions Senility (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature AB Halliday, M.D. and Address Nampa, Ida Date 2/16 1948

(For additional space, use reverse side)

093E

162B

PHYSICIAN Underline the cause to which death should be charged statistically.

045

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
VITAL STATE OF IDAHO

1048  
State File No. 556  
Local Reg. No. 52  
Reg. Dist. No. 363

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home. Hospital ☒ Institution. Other place....  
(f) Name Hosp. or Inst. Mercy Stayed ..... days  
(g) Lived in this county. 29 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 811 Albany St.  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

Mary Rosa Johnston

3. (b) If veteran,

name war .....

3. (c) Social Security

No. ....

4. Sex F

Color or W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Carl M. Johnston

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year)

May 22-1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>8</u>	<u>22</u>	hrs min.

9. Exact Occupation Housekeeping Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Czecho-slovakia (City or town) (State or foreign country)

12. Name Frank Cade

13. Birthplace Czecho-slovakia (City or town) (State or foreign country)

14. Maiden name Mary

15. Birthplace Czechoslovakia (City or town) (State or foreign country)

16. Informant's OWN Signature W. F. Johnston

and Address 811 Albany St., Caldwell

17. (a) Burial (b) Date thereof 2-16-48 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Bakan Chapel

and Address Caldwell, Idaho

19. (a) Feb. 24 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) February 14 19 48  
at 5:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from

12-18 19 47 to 2-14 19 48  
I last saw him alive on 2-14 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death

Cancer of liver

Duration

Due to .....

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? ?

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home. .... Farm. .... Industry

Public Place. .... While at work? .....

Means of injury .....

23. Attendant's OWN Signature

and Address 811 Albany St. Date 2-16 19 48

(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

FEB 25 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 557  
State File No. \_\_\_\_\_  
Local Reg. No. 46  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 1111 3rd St. No.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 1111 3rd St. No.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? Czechoslovakia  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL

NAME Mrs. Marie Teresie Klusak

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

## 5. Color or

Sex fem. race white

## 6. (a) Single, widowed, married,

widowed

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) March 8, 1873

## 8. AGE

Years

Months

Days

If less than 1 day

74

11

8

hrs. min.

## 9. Exact

Occupation Housewife

## Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business Home

## Date last

worked

## 11. Birthplace

(City or town)

(State or foreign country)

Czechoslovakia

## 12. Name

Baloun

## 13. Birthplace

(City or town)

(State or foreign country)

Czechoslovakia

## 14. Maiden name

Unobtainable

## 15. Birthplace

(City or town)

(State or foreign country)

Unobtainable

## 16. Informant's

OWN Signature Mrs. Harold Bader

and Address 219-7 Ave South Nampa

## 17. (a) Cremation

(Burial, cremation, or removal)

## (b) Date thereof

2/21/48

(c) Place Portland, Oregon

## 18. Funeral Director's

OWN Signature John J. Alsip, Jr.

and Address Nampa, Idaho

## 19. (a) Feb. 19-1948

(Date received and filed)

## (b) Lida Rodgers

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Feb. 16 19 48

at about 11 o'clock P M.

## 21. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Probably - Coronary Thrombosis

History: Last seen by neighbor Sunday

Due to drinking - Smoker seen coming from

cherry Monday 16<sup>th</sup> - Found dead in bed

Police about 5:30 P.M. Tuesday 16<sup>th</sup>

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy None

## PHYSICIAN

Underline the

cause to which

death should

be charged

statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home ✓ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Wm. D. Talley

(M. D. or other coroner)

and Address Nampa

Date 2-18 19 48

(For additional space, use reverse side)

one

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 25 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **48 558**  
Local Reg. No. **48**  
Reg. Dist. No. **363**

## 1. PLACE OF DEATH:

(a) County **Canyon**  
(b) City or town **Nampa**  
(c) Street Address or R.F.D. No. **Good Samaritan Hosp**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home, Hospital, Institution, Other place, **Good Samaritan Hosp**  
(f) Name Hosp. **Good Samaritan Hosp** days  
(g) Lived in this county **2** years **4** months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Kimberly**  
(d) Street Address or R.F.D. No. **Kimberly**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state)

3. (a) FULL NAME **Lewis Warner Champlin**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **none**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Male** 6. (b) Name of husband or wife **Bunice Leona**  
6. (c) Age of husband or wife if alive **years**  
7. Date of Birth (Month, Day, Year) **August 23rd, 1860**

8. AGE	Years	Months	Days	If less than 1 day
	<b>87</b>	<b>5</b>	<b>24</b>	hrs min.

9. Exact Occupation **Retired** Did this work for yrs.  
10. Industry or Business **Farmer** Date last worked **1944**  
11. Birthplace **Kaneville, Ill**  
(City or town) (State or foreign country)

12. Name **Enos Champlin**  
13. Birthplace **Pitcher, New York**  
(City or town) (State or foreign country)  
14. Maiden name **Electa L. Swan**  
15. Birthplace **Pitcher, New York**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Lewis W. Champlin**  
and Address **Kimberly, Idaho**

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof **2/17/48**  
(Month) (Day) (Year)  
(c) Place: **Twin Falls, Idaho**

18. Funeral Director's OWN Signature **L. H. Fitts**  
and Address **White Mortuary - Twin Falls,**

19. (a) **Feb. 21 - 1948** (b) **L. H. Fitts**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **February 16, 1948**  
at **11:15** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **19**, to **19**

I last saw h. alive on **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **myo. curvulus. heart failure** Duration

Due to **Chronic Nephritis**

Due to **old age**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **Thos. E. Young**  
and Address **Nampa, Idaho** (M. D. or other) **2/18** 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 25 1948

# Certificate Of Death

DEPARTMENT OF VITAL STATE OF IDAHO

State File No. **48-559**  
Local Reg. No. **43**  
Reg. Dist. No. **363**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 203 11th Ave So  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Carter's Nursing 4 days  
(g) Lived in this county        years        months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boise  
(c) City or town Placerville  
(d) Street Address or R.F.D. No. Placerville, Ida  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 81 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Marion H. Gibbs

3. (b) If veteran, name war No  
5. Color or No None  
4. Sex M race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife         
6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) 10/11/1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>4</u>	<u>4</u>	hrs min.

9. Exact Occupation Retired Miner Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Idaho City, Idaho  
(City or town) (State or foreign country)

12. Name Zachariah Gibbs  
13. Birthplace Penn.  
(City or town) (State or foreign country)  
14. Maiden name Martha Baker  
15. Birthplace Wisc.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mary M. Groomer  
and Address Atlanta, Idaho

17. (a) Removal (b) Date thereof 2/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Boise, Idaho.

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St., Boise, Idaho.

19. (a) Feb 17 - 1948 (b) Lida Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH (Month, Day, Year) Feb 16 1948  
at 3 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 2-14 1948, to 2-15 1948.  
I last saw him alive on 2-14 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 2 days

Due to Arteriosclerosis and James stroke  
Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?         
Name of operation        Date         
Major finding         
Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature        (M. D. or other)  
and Address Nampa, Ida Date 2-17 1948  
(For additional space, use reverse side)

VC Selfman

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 25 1948

**Certificate Of Death**  
OF VITAL  
STATE OF IDAHO

1948  
State File No. 560  
Local Reg. No. 52  
Reg. Dist. No. 263

**1. PLACE OF DEATH:**

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Mercy Stayed..... days  
(g) Lived in this county 30 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #4  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Oregon

**3. (a) FULL NAME** Fred Davis

3. (b) If veteran, name war ..... No. ....  
5. Color or race W  
4. Sex M divorced M  
6. (b) Name of husband or wife Margaret Mae  
6. (c) Age of husband or wife alive ..... years  
7. Date of Birth (Month, Day, Year) September 11-1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>5</u>	<u>5</u>	hrs min.

9. Exact Occupation Farming Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Benton Co., Iowa (City or town) (State or foreign country)  
12. Name David Davis  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Maiden name Lydia Pratt  
15. Birthplace Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature Adrienne M. Conaway  
and Address Route 4, Caldwell  
17. (a) Burial (b) Date thereof 2-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill  
18. Funeral Director's OWN Signature W. H. Hagan  
and Address Caldwell, Idaho  
19. (a) Feb. 23-1948 (b) Lydia Rodgers  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 094A

20. DATE OF DEATH (Month, Day, Year) February 16- 19 48  
at 6:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Coronary Sclerosis  
Chronic Myocarditis  
Due to .....

Due to .....  
Other conditions Nephritis  
(Include pregnancy within 3 months of death) Anasarca

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature J. E. Caldwell  
(M. D. or other)  
and Address 219 N. 4th Date 2/19/48 Nampa 19.....  
(For additional space, use reverse side)



United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 23 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948 561  
Local Registrar's Duplicate  
Local Reg. No. 50  
Reg. Dist. No. 362

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hampa  
(c) Street Address or R. F. D. No. 210 - Yale  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home—Hospital—Institution—Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 29 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hampa  
(d) Street Address or R. F. D. No. 210 - Yale St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Holland

3. (a) FULL NAME

Mrs. Amelia Vanderlinden

047F

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive 29 years

7. Date of Birth (Month, Day, Year) Oct 19 - 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>5</u>	<u>19</u>	hrs. min.

9. Exact Occupation At Home Did this work for 0 yrs.

10. Industry or Business Unknown Date last worked

11. Birthplace Amsterdam Holland (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Record

and Address By George H. Walker

17. (a) Burial (b) Date thereof Feb 20, 1948 (Month) (Day) (Year)

(c) Place: Hampa Idaho

18. Funeral Director's OWN Signature George H. Walker

and Address Hampa Idaho

19. (a) Feb. 23 - 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 17, 1948

at 2 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Apr., 1947 to Feb 17, 1948

I last saw h. alive on Feb 16, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Medullary Cancer Duration 1 year

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 0, 19 0 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature V. C. Belknap (M. D. or other)

and Address Hampa Idaho Date 2-21, 1948 (For additional space, use reverse side)

V. C. Belknap

613

1948 562  
 State File No. \_\_\_\_\_  
 Local Reg. No. 54  
 Reg. Dist. No. 363

United States  
 Department of Commerce  
 Bureau of the Census  
**Certificate Of Death**  
 STATE OF IDAHO

**1. PLACE OF DEATH:**

(a) County Canyon  
 (b) City or town Nampa  
 (c) Street Address or R.F.D. No. 716 Dewey St.  
 (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
 (e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. Samaritan Stayed \_\_\_\_\_ days  
 (g) Lived in this county 8 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

(a) State Idaho (b) County Canyon  
 (c) City or town Caldwell  
 (d) Street Address or R.F.D. No. 1523 Linden St.  
 (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 8 years  
 (h) Former residence (city, state) Nebraska

**3. (a) FULL NAME** James Wilford Hickenbottom

**3. (b) If veteran,** \_\_\_\_\_ **3. (c) Social Security** \_\_\_\_\_  
 name war \_\_\_\_\_ No. \_\_\_\_\_  
**5. Color or** \_\_\_\_\_ **6. (a) Single, widowed, married,** \_\_\_\_\_  
**Sex** M **race** W **divorced** M  
**6. (b) Name of husband or** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
**wife** Mary B. **alive** \_\_\_\_\_ years  
**7. Date of Birth** \_\_\_\_\_  
 (Month, Day, Year) May 24 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>8</u>	<u>24</u>	hrs min.

**9. Exact** \_\_\_\_\_ **Did this** \_\_\_\_\_  
**Occupation** \_\_\_\_\_ **work for** \_\_\_\_\_ yrs.  
**10. Industry or** \_\_\_\_\_ **Date last** \_\_\_\_\_  
**Business** \_\_\_\_\_ **worked** \_\_\_\_\_  
**11. Birthplace** Jefferson Co., Iowa  
 (City or town) (State or foreign country)

**12. Name** Steven A. Hickenbottom  
**13. Birthplace** Cumberland Co., Kentucky  
 (City or town) (State or foreign country)  
**14. Maiden name** Mary C. Taylor  
**15. Birthplace** Virginia  
 (City or town) (State or foreign country)

**16. Informant's** \_\_\_\_\_  
**OWN Signature** Mary B. Hickenbottom  
**and Address** 1523 Linden St., Caldwell  
**Burial** \_\_\_\_\_

**17. (a)** \_\_\_\_\_ **(b) Date thereof** 2-20-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place:** Canyon Hill Cem.

**18. Funeral Director's** \_\_\_\_\_  
**OWN Signature** Peckham-Pekan Chapel  
**and Address** Caldwell, Idaho

**19. (a)** Feb 24 1948 **(b)** Lyda Rodgers  
 (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH** February 18-1948 19\_\_\_\_  
 (Month, Day, Year) \_\_\_\_\_  
 at 1:40 o'clock A.M.

**21. I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_  
Nov. 14 1946, to Feb 18 1948  
 I last saw him alive on Feb 10 1948; death is  
 said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** \_\_\_\_\_ **Duration** \_\_\_\_\_

Cerebral Hemorrhage  
 Due to Hypertension  
 Due to Atherosclerosis  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**Where was disease contracted?** \_\_\_\_\_ **PHYSICIAN** \_\_\_\_\_  
**Name of operation** \_\_\_\_\_ **Date** \_\_\_\_\_ Underline  
**Major finding** \_\_\_\_\_ the cause to  
**Finding of autopsy** \_\_\_\_\_ which death  
 should be  
 charged statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following:** Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
 Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state  
 where violence occurred \_\_\_\_\_  
 Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
 Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

**Means of injury** \_\_\_\_\_  
**Attendant's** \_\_\_\_\_  
**OWN Signature** Derry C. Wesche M.D.  
**and Address** Nampa, Idaho **Date** 2-20 1948  
 (For additional space, use reverse side)

RECEIVED  
FEB 25 1948  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH  
STATE OF IDAHO

1948 563  
Local Registrar's Duplicate  
Local Reg. No. 51  
Reg. Dist. No. 363

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R. F. D. No. Outside? city or town  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home—Hospital—Institution—Other place...  
(f) Name Hosp. or Inst. Mercy Stayed 2 days  
(g) Lived in this county 2 years 2 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R. F. D. No. Rt #4  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) 161C

3. (a) FULL NAME

Eddie Lee Burtlow

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Date of Birth (Month, Day, Year) Feb 16 - 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>2</u>	hrs. min.

9. Exact Occupation None Did this work for None yrs.  
10. Industry or Business None Date last worked None  
11. Birthplace Hamper Idaho (City or town) (State or foreign country)  
12. Name Frank Burtlow  
13. Birthplace Natville Missouri (City or town) (State or foreign country)  
14. Maiden name Margie Johns  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address By George H. Walker  
17. (a) Burial (b) Date thereof 2/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hamper Idaho

18. Funeral Director's OWN Signature George H. Walker  
and Address Hamper Idaho  
19. (a) Feb. 23 - 1948 (b) Lyla Rodgers  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 18, 1948  
at 5 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw h. alive on, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Edema of Lungs 48 hours  
Due to Constriction  
unborn child  
Due to at birth  
Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease contracted? None Physician None  
Name of operation None Date None  
Major finding None  
Finding of autopsy None  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred None, 1948 City, county, state where violence occurred  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's OWN Signature W. C. Belknap  
(M. D. or other)  
and Address Hamper Idaho (Date 2-21-1948)  
(For additional space, use reverse side)

Belknap

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED**  
**CERTIFICATE OF DEATH**

**MAR - 9 1948**  
**DIVISION OF VITAL**

STATE OF IDAHO

1948 **564**  
Local Registrar's Duplicate  
Local Reg. No. **59**  
Reg. Dist. No. **363**

**1. PLACE OF DEATH:**

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Outside? city or town \_\_\_\_\_  
(e) Died in a Home—Hospital—Institution—Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mary Stayed 14 days  
(g) Lived in this county 2 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Payson  
(c) City or town Salmon City  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Italy

**3. (a) FULL NAME**

Celestine Galassi

093E

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Oct 26 - 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>5</u>	<u>30</u>	hrs. min.

9. Exact Occupation Labourer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Italy (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Unknown

15. Birthplace Unknown (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Registrar Records

- and Address Payson, Idaho

17. (a) Buried (b) Date thereof 2/21/48 (Month) (Day) (Year)  
(Burial, cremation, or removal)

- (c) Place: Hamper Idaho

18. Funeral Director's OWN Signature Gary H. Walker

- and Address Hamper Idaho

19. (a) Mar. 2 - 1948 (b) Linda Rodgers (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH 094A**

20. DATE OF DEATH (Month, Day, Year) Feb 19, 1948

- at 1 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 2-17-, 1948 to 2-19-, 1948.

- I last saw him alive on 2-19-48, 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Cerebral Hem. Duration \_\_\_\_\_

- Due to myocardial infarction

- Due to \_\_\_\_\_

- Other conditions \_\_\_\_\_

- (Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_ Physician \_\_\_\_\_

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_

- Major finding \_\_\_\_\_ Underline the cause to which death should be charged statistically.

- Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

- Occurred \_\_\_\_\_, 19\_\_\_\_ City, county, state where violence occurred

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Samuel J. Swaine M.D.

- and Address 237 - 48 Date \_\_\_\_\_, 19\_\_\_\_  
(For additional space, use reverse side)

Swaine

Swaine, Idaho 256

United States

Department of Commerce

Bureau of the Census

RECEIVED

MAR - 1948

DIVISION OF VITAL

## CERTIFICATE OF DEATH

STATE OF IDAHO

1948

565

Local Registrar's Duplicate

Local Reg. No. 60

Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
 (b) City or town Hampe  
 (c) Street Address or R. F. D. No.         
 (d) Death Occurred Inside?        Outside?        city or town  
 (e) Died in a Home—Hospital—Institution—Other place         
 (f) Name Hosp. or Inst. Mersey Stayed 8 days  
 (g) Lived in this county 35 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
 (c) City or town Hampe  
 (d) Street Address or R. F. D. No. #1  
 (e) Deceased lived Inside?        Outside?        city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 35 years  
 (h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Hyrum J. Davis

083A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) Aug 29th 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>6</u>	<u>24</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for        yrs.10. Industry or Business        Date last worked       11. Birthplace Idaho (City or town) (State or foreign country)12. Name Unknown13. Birthplace Unknown (City or town) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown (City or town) (State or foreign country)16. Informant's OWN Signature Hospital Record and Address George H. Walker17. (a) Burial (b) Date thereof 2/25/48 (Burial, cremation or removal) (Month) (Day) (Year)(c) Place: Hampe Idaho18. Funeral Director's OWN Signature George H. Walker and Address Hampe Idaho19. (a) Mar. 2-1948 (b) Lida Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 102X

20. DATE OF DEATH (Month, Day, Year) Feb 22, 1948 at 11 o'clock A. M.21. I HEREBY CERTIFY, That I attended deceased from 2-16, 1948, to 2-22, 1948. I last saw him alive on 2-22, 1948; death is said to have occurred on the date and hour stated above.Immediate Cause of Death: Hemorrhage brain Duration       Due to Paralytic respiratoryDue to Heffer disease Other conditions        (Include pregnancy within 3 months of death)Where was disease contracted?        Physician       Name of operation        Date       Major finding        Underline the cause to which death should be charged statistically.Finding of autopsy       22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?        Occurred       , 19        City, county, state where violence occurredPlace of Violence: Home        Farm        Industry       Public Place        While at work?       Means of injury       23. Attendant's OWN Signature H. P. Ballenap (M. D. or other)and Address Hampe Idaho Date 2-23, 19 48 (For additional space, use reverse side)

H. P. Ballenap

012

1948  
State File No. 566  
Local Reg. No. 58  
Reg. Dist. No. 362

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
OF VITAL STATE OF IDAHO

**1. PLACE OF DEATH:**

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. Samaritan Stayed..... days  
(g) Lived in this county 45 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 501 7th St. So.  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Caldwell, Ida.

**3. (a) FULL NAME** Clara May Franklin

3. (b) If veteran, name war ..... No. ....  
5. Color or race W  
4. Sex F divorced W  
6. (b) Name of husband or wife if George  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) June 9-1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>8</u>	<u>15</u>	hrs min.

9. Exact Occupation Housekeeping Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Crawford Co., Kansas  
(City or town) (State or foreign country)  
Mother Father  
12. Name A.P. Minard  
13. Birthplace Not Known  
(City or town) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace " "  
(City or town) (State or foreign country)

16. Informant's OWN Signature Jellar. Patterson  
and Address Caldwell, Idaho Rt. #3

17. (a) Burial (b) Date thereof 2-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham Peckham Chapel  
and Address Caldwell, Idaho

19. (a) Mar. 1-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 083A

20. DATE OF DEATH February 24 1948  
(Month, Day, Year)  
at 3:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 20 1948, to Feb 24 1948  
I last saw her alive on Feb 23 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Cerebral hemorrhage  
Due to arteriosclerosis  
Due to hypertension  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature Henry C. Weschke  
and Address Nampa Idaho Date 2-25-1948  
(For additional space, use reverse side)

RECEIVED  
MAR - 9 1948  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH  
STATE OF IDAHO

567  
Local Registrar's Duplicate  
Local Reg. No. 61  
Reg. Dist. No. 362

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R. F. D. No. 211-11th Ave. So.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Myrtle Stayed 120 days  
(g) Lived in this county 30 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R. F. D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Charles D. Snyder 083A

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Nov. 30 - 1863

8. AGE	Years	Months	Days	If less than 1 day
	85	4	25	hrs. min.

9. Exact Occupation Retired Did this work for yrs.

10. Industry or Business Repair Shop Date last worked 1947

11. Birthplace (City or town) (State or foreign country)

12. Name Calvin B. Snyder

13. Birthplace (City or town) (State or foreign country)

14. Maiden name Hattie Hale

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records

and Address By Mrs. H. H. Harker

17. (a) Burial (b) Date thereof 2/25/48 (Month) (Day) (Year)

(c) Place: Garma Idaho

18. Funeral Director's OWN Signature George H. Harker

and Address Nampa Idaho

19. (a) Mar. 2 - 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH (Month, Day, Year) Feb 24, 1948  
at 5:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1947, to Feb 24, 1948  
I last saw him alive on 2-23-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Duration

Cerebral Hemorrhage 3 days

Due to arteriosclerosis and

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature J. C. Belknap (M. D. or other)

and Address Nampa Date 2-27-1948 (For additional space, use reverse side)

V. C. Belknap

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAR - 9 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1048  
State File No. **568**  
Local Reg. No. **64**  
Reg. Dist. No. **363**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Melba  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 day ~~xxxx~~  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Karen Ann Barber

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or white 6. (a) Single, widowed, married, divorced single  
4. Sex fem race white 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
6. (b) Name of husband or wife \_\_\_\_\_

7. Date of Birth  
(Month, Day, Year) February 24, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Nampa, Idaho  
(City or town) (State or foreign country)

Father { 12. Name Herschell Barber  
13. Birthplace Bona, Colorado  
(City or town) (State or foreign country)

Mother { 14. Maiden name Gladys Richardson  
15. Birthplace Custer, So. Dak.  
(City or town) (State or foreign country)

16. Informant's OWN Signature K. Barber  
and Address Melba, Idaho

17. (a) Burial (b) Date thereof 2/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Kohlerlawn Cemetery

18. Funeral Director's Robinson-Alsop Chapel  
OWN Signature John E. Alsop, Jr.  
and Address Nampa, Idaho

19. (a) Feb. 26-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 25, 1948  
(Month, Day, Year) at 7:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 2/24 1948 to 2/25 1948  
I last saw her alive on 2/25 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Removal of uterus?  
ateletasis?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. B. Dero  
(M. D. or other)

and Address Nampa Date 2/2 1948

(For additional space, use reverse side)

479



Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

MAR - 9 1948 STATE OF IDAHO

**PLACE OF DEATH:**  
(a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed 16 days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 1611-6th St So.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Wallace B Keim

3. (b) If veteran, name war World War 1 3. (c) Social Security No. 519-09-6284

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna 6. (c) Age of husband or wife if alive 44 years

7. Date of Birth (Month, Day, Year) March 1, 1895.

8. AGE	Years	Months	Days	If less than 1 day
	52	11	25	hrs. min.

9. Exact Occupation Vice President Did this work for 30 yrs.

10. Industry or Business Keim Packing Co. Date last worked Oct. 1947

11. Birthplace Ladoga Indiana (City or town) (State or foreign country)

12. Name Howard H Keim

13. Birthplace Sellersburg Penn. (City or town) (State or foreign country)

14. Maiden name Emma Harshbarger

15. Birthplace Ladoga Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Edna R. Keim

and Address Nampa, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/48. (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature Robinson-Alsip Chapel

and Address Nampa, Idaho

19. (a) Mar. 2-1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 26, 1948.  
at 3:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 2/10/1948 to 2/26/1948

I last saw him alive on 2/26/1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Secondary involvement Duration 2 days

I heart & pulmonary clot in left ventricle  
Due to general carcinomatosis 2 months

Due to Primary Ca. of adrenals 1 year

Other conditions Distention of H. Lung  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy General carcinomatosis & thrombus in heart

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Geo. D. K. Kuehn, M.D. (M. D. or other)  
and Address Nampa, Idaho Date 3/26/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MOB-2-2-48  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 State File No. 570  
Local Reg. No. 57  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan stayed 4 days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Dayton, Washington

3. (a) FULL NAME Rev. John Claudis Pershall

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or male race white  
6. (b) Name of husband Cleo 6. (c) Age of husband or wife if alive 55 years

7. Date of Birth (Month, Day, Year) April 12, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>10</u>	<u>14</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Reardon, Wash. (City or town) (State or foreign country)

12. Name Jasper Pershall (City or town) (State or foreign country)

13. Birthplace Iowa (City or town) (State or foreign country)

14. Maiden name Hellie Dolbow (City or town) (State or foreign country)

15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Johnnie L. Pershall and Address Nampa, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/27/48 (Month) (Day) (Year)

(c) Place Walla Walla, Washington

18. Funeral Director's OWN Signature John F. Alsop, Jr. and Address Nampa, Idaho

19. (a) Feb. 27-1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 26, 19 48  
at 2:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 2-19 19 48, to 2-26 19 48.  
I last saw him alive on 2-26 19 48;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio-Respiratory Failure Duration \_\_\_\_\_

Due to Cerebral Hemorrhage 1 wk

Due to Hypertension

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. B. Mangum MD. (M. D. or other)

and Address Nampa, Idaho Date \_\_\_\_\_ 19 \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

2 1948  
BUREAU OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 34  
Reg. Dist. No. 360

571

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sanitarium Stayed \_\_\_\_\_ days  
(g) Lived\* in this county 27 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 1005 Main St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Richard W. Kingston

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced M  
4. Sex M race W  
6. (b) Name of husband or wife Lena Kingston alive \_\_\_\_\_ years  
6. (c) Age of husband or wife if \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 9-1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>1</u>	<u>29</u>	hrs min.

9. Exact Occupation Deputy Assessor Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Canyon Co. Date last worked \_\_\_\_\_  
11. Birthplace County Cork, Ireland  
(City or town) (State or foreign country)  
Mother Father  
12. Name James Richard Kingston  
13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)  
14. Maiden name Susan Bennett  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Harold M. Garragh  
and Address 3954 Parkers Ferry, Atlanta Ga  
17. (a) Burial (b) Date thereof 2-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill  
18. Funeral Director's OWN Signature Peckham-Paken Chapel  
and Address Caldwell, Idaho  
19. (a) 2-25-48 (b) Agnes M. Dorman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 8 19 48  
(Month, Day, Year)  
at 3:55 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 4 Feb 1948 to 8 Feb 1948  
I last saw him alive on 8 Feb 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Pulmonary edema

Due to Fractured ribs

Due to Auto accident

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 5 Feb 1948 City, county, state Caldwell, Canyon  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? yes  
Means of injury Auto accident  
23. Attendant's OWN Signature W. B. Garragh (M. D. or other) \_\_\_\_\_  
and Address Caldwell Date 25 Feb 48  
(For additional space, use reverse side)

1948

572

State File No. \_\_\_\_\_  
 Local Reg. No. 28  
 Reg. Dist. No. 360

United States  
 Department of Commerce  
 Bureau of the Census

RECEIVED

## Certificate Of Death

STATE OF IDAHO

FEB 23 1948

1. PLACE OF DEATH: OF VITAL  
 (a) County Canyon  
 (b) City or town Caldwell  
 (c) Street Address or R.F.D. No. 819 Denver St.  
 (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
 (e) Died in a Home... Hospital... Institution... Other place...  
 (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
 (g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
 (a) State Idaho (b) County Canyon  
 (c) City or town Caldwell  
 (d) Street Address or R.F.D. No. 819 Denver St.  
 (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 28 years  
 (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Dorah Tschan

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 519-12-0279  
 5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced S  
 4. Sex F race W \_\_\_\_\_  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Date of Birth (Month, Day, Year) December 12-1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>1</u>	<u>28</u>	hrs min.

9. Exact Occupation Housekeeper Did this work for \_\_\_\_\_ yrs.  
 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
 11. Birthplace Richland, Illinois  
 (City or town) (State or foreign country)  
 12. Name Budolph Tschan  
 13. Birthplace Unknown  
 (City or town) (State or foreign country)  
 14. Maiden name Susan Richard  
 15. Birthplace Unknown  
 (City or town) (State or foreign country)

16. Informant's OWN Signature Josie E. Rosenbaum  
 and Address Nampa, Ida

17. (a) Burial (b) Date thereof 2-14-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Canyon Hill  
Peckham Dakan Chapel

18. Funeral Director's OWN Signature Peckham  
 and Address Caldwell, Idaho

19. (a) 2-19-48 (b) Agnus Denman  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 10 19 48  
 at About 10 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Probable Coronary Thrombosis  
History - Was ascending stairs carrying  
bag of trash. Was heard by  
landlady as she fell and was found lying  
on stairs. Was dead before  
Dr. arrived.  
 Other conditions When the Dr. arrived  
 (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Feb. 10 19 48 City, county, state

where violence occurred Caldwell, Ida.

Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wm D. Haller

and Address Nampa, Ida. Date 2/16 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

FEB 20 1948

STATE OF IDAHO

1048 573  
State File No. \_\_\_\_\_  
Local Reg. No. 29  
Reg. Dist. No. 360

DIVISION OF VITAL

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. I.O.O.F. Home Stayed \_\_\_\_\_ days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Idaho Falls, Idaho

3. (a) FULL NAME Marie Bundy

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex F race W  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 11-1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>7</u>	<u>4</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Secretary Date last worked \_\_\_\_\_

11. Birthplace North Vernon, Indiana (City or town) (State or foreign country)

12. Name Thomas Bundy

13. Birthplace Not Known (City or town) (State or foreign country)

14. Maiden name Bertha Kinney

15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's OWN Signature Harley J. Stephens and Address 210 S. 2nd St.

17. (a) Removal (b) Date thereof 2-16-48 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Idaho Falls, Idaho

18. Funeral Director's OWN Signature Peckham-Dekker Chapel and Address Caldwell, Idaho

19. (a) 9-19-48 (b) Agnes M. Denman (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 102X

20. DATE OF DEATH (Month, Day, Year) February 15 19 48  
at 7:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 1945 to Feb. 15 1948  
I last saw him alive on Feb. 14 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chorea Duration 5 days

Due to Hypertension 4 yrs

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Cheyenne Co.

Name of operation none Date \_\_\_\_\_

Major finding none

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature F. M. Green and Address Caldwell, Idaho (For additional space, use reverse side) 17

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
STATE OF IDAHO

100-21  
DIVISION OF VITAL  
STATISTICS

1. PLACE OF DEATH
- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 614 So. 20th  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 37 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 614 SO. 20th  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Fredrick Fleming Beale

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, \_\_\_\_\_ divorced \_\_\_\_\_

4. Sex M race W  
6. (b) Name of husband or wife Mary Elizabeth (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 13-1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>7</u>	<u>3</u>	hrs min.

9. Exact Occupation Musician Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Troy, Kansas  
(City or town) (State or foreign country)

12. Name Alfred W. Beale

13. Birthplace Indiana  
(City or town) (State or foreign country)

14. Maiden name Viola Cash

15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Marjorie Beale Oakes  
and Address 908 Chicago St., Caldwell

17. (a) Burial (b) Date thereof 2-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dakan Chapel

and Address Caldwell, Idaho

19. (a) 2-23-48 (b) Agustin Denman  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 16 1948  
(Month, Day, Year)  
at About 2 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 16 1948, to Feb 16 1948

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cordae Strabens Duration 1 week

Due to Myocardial infarction

Due to overexertion

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Casper Co

Name of operation 225 Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy 220

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. Oakes

and Address Caldwell, Idaho Date 2/19/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-208 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MADE - 215  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 575  
Local Reg. No. 32  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution ☒ Other place...  
(f) Name Hosp. or Inst. Arnold Nurse stayed 365 days  
(g) Lived in this county 1 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Mtn. Home Idaho

## 3. (a) FULL NAME JULIA ETTA WHEELER

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Widow  
4. Sex Female race White  
6. (b) Name of husband or wife Rollin M. 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) November 24, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>2</u>	<u>23</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Home Date last worked 1940  
11. Birthplace Steamboat Rock Iowa  
(City or town) (State or foreign country)

12. Name Charles Voiles  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Julia Millsagle  
15. Birthplace Cedar Co. Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature X Louis W. Hunter  
and Address Boise Idaho

17. (a) Removal (b) Date thereof Feb. 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mountain Home Idaho

18. Funeral Director's OWN Signature J. J. G. Ray  
and Address Mountain Home Idaho

19. (a) 2-25-48 (b) Agnes Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 2/17 1948  
at ..... o'clock ..... M.  
21. I HEREBY CERTIFY, That I attended deceased from 2/14/48 to 2/17/48  
1948, to 2/17/48 1948

I last saw her alive on 2/17/48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ch. Myocarditis Duration 3

Due to .....  
Due to Hyper-tension 3  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature R. S. Cross (M. D. or other)  
and Address Caldwell Date 2/17/48 1948  
(For additional space, use reverse side)

Canyon Co. Idaho  
224

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

2 1948  
OFFICE OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

State File No. **576**  
Local Reg. No. **95**  
Reg. Dist. No. **960**

**1. PLACE OF DEATH:**

- (a) County **Canyon**  
(b) City or town **Caldwell**  
(c) Street Address or R. F. D. No. **1515 Cleveland**  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county **30** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Canyon**  
(c) City or town **Caldwell**  
(d) Street Address or R.F.D. No. **1515 Cleveland**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) .....

**3. (a) FULL NAME** **Frank Packard McCarthy**

3. (b) If veteran, name war ..... No. ....  
5. Color **W** 6. (a) Single, widowed, married, divorced **M**  
4. Sex **M** race **W**  
6. (b) Name of husband or wife **Sarah Ann** 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) **October 16-1852**

8. AGE	Years	Months	Days	If less than 1 day
	<b>95</b>	<b>4</b>	<b>2</b>	hrs min.

9. Exact Occupation **Farming** Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace **Delphia, Indiana** (City or town) (State or foreign country)

12. Name **John McCarthy**

13. Birthplace **Pittsburgh, Pennsylvania** (City or town) (State or foreign country)

14. Maiden name **Harriet Campbell**

15. Birthplace **Pennsylvania** (City or town) (State or foreign country)

16. Informant's OWN Signature **Geo McCarthy**

and Address **Nampa Ida R 43**

17. (a) **Burial** (b) Date thereof **2-23-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Canyon Hill**

18. Funeral Director's OWN Signature **Peckham Dakan Chapel**

and Address **Caldwell, Idaho**

19. (a) **2-25-48** (b) **Agnes Denner** (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** **094A**

20. DATE OF DEATH **February 18-** 19 **48**  
(Month, Day, Year)  
at **11:50** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Oct 1945**, to **18 Feb 1948**  
I last saw him alive on **17 Feb 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary thrombosis** Duration **2 days**

Due to **Arteriosclerosis** **Cardiomegaly** ?

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation **none** Date .....

Major finding .....

Finding of autopsy **none**

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?

Means of injury .....

23. Attendant's OWN Signature **S. W. Simpson**

and Address **Caldwell** Date **21 Feb 1948** (M. D. or other)

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **577**  
Local Reg. No. **99**  
Reg. Dist. No. **360**

1. PLACE OF DEATH: **Canyon**  
(a) County **Canyon**  
(b) City or town **Caldwell**  
(c) Street Address or R.F.D. No. **Linden & Chicago**  
(d) Death Occurred Inside? **X** Outside? **city or town**  
(e) Died in a Home **Hospital** Institution **Other place**  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **Life** years **months** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Canyon**  
(c) City or town **Caldwell**  
(d) Street Address or R.F.D. No. **Linden & Chicago**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **Life** years  
(h) Former residence (city, state)

3. (a) FULL NAME **William Lee Rowland**

3. (b) If veteran, name war **No.**  
5. Color **W** 6. (a) Single, widowed, married, divorced  
4. Sex **M** race **W** 6. (c) Age of husband or wife if alive **years**  
6. (b) Name of husband or wife **Myrtle**  
7. Date of Birth (Month, Day, Year) **September 24-1882**

8. AGE	Years	Months	Days	If less than 1 day
	<b>65</b>	<b>4</b>	<b>24</b>	hrs min.

9. Exact Occupation **Retired** Did this work for  **yrs.**  
10. Industry or Business **Farmer** Date last worked  
11. Birthplace **Caldwell, Idaho** (City or town) (State or foreign country)  
Mother { 12. Name **J.D. Rowland**  
13. Birthplace **Missouri** (City or town) (State or foreign country)  
Father { 14. Maiden name **Frances Newland**  
15. Birthplace **Caldwell, Idaho** (City or town) (State or foreign country)

16. Informant's OWN Signature **Myrtle Rowland**  
and Address **Linden & Chicago Sts.**

17. (a) **Burial** (b) Date thereof **2-21-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Canyon Hill**

18. Funeral Director's OWN Signature **Peckham-Dakin Chapel**  
and Address **Caldwell, Idaho**

19. (a) **2-25-48** (b) **Agnes M. Denman**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **February 18-** 19 **48**  
(Month, Day, Year) at **2:20** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **1-16** 19 **48** to **2-18** 19 **48**  
I last saw h **alive** on **1-1** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **pneumonia T.B.** Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **?**

Name of operation **?** Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **?** Suicide? **?** Homicide? **?**  
Occurred **19** City, county, state

where violence occurred

Place of Violence: Home **?** Farm **?** Industry **?**

Public Place **?** While at work? **?**

Means of injury

Attendant's OWN Signature **Agnes M. Denman**

and Address **Caldwell, Idaho** Date **2-20** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

IVED

1948

OF VITAL

# Certificate Of Death

STATE OF IDAHO

10116 578  
State File No.  
Local Reg. No. 38  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 204 Cleveland  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home? X Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Arnold's \_\_\_\_\_ days  
(g) Lived in this county 42 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 1205 Arthur St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Lenora Ellen Major

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Omar Major 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February 19-1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>0</u>	<u>4</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Minnesota (City or town) (State or foreign country)  
12. Name John Gritchlow  
13. Birthplace Pennsylvania (City or town) (State or foreign country)  
14. Maiden name Lucy Purdy  
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. C. L. Brackman  
and Address 2243 24th Ave., San Francisco

17. (a) Burial (b) Date thereof 2-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 3-1-48 (b) Reginald Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 23 19 48  
(Month, Day, Year) at 3:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 13 1947 to Feb 23 1948  
I last saw him alive on Feb 22 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Seriously ill with pneumonia

### Duration

6 Mts

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Admitted (Cervical)  
(Include pregnancy within 3 months of death)

Where was disease contracted? England

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Julia

and Address Caldwell, Idaho Date Feb 26 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

RECEIVED  
MAR - 8 1948  
Certificate Of Death

1048  
State File No. 579  
Local Reg. No. 97  
Reg. Dist. No. 860

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sanitarium Stayed \_\_\_\_\_ days  
(g) Lived in this county 34 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Dirk John Vanderwilt

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Alice M. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) April 7-

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>10</u>	<u>20</u>	hrs min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Pella, Iowa (City or town) (State or foreign country)

12. Name John Vanderwilt  
13. Birthplace Holland (City or town) (State or foreign country)  
14. Maiden name Gysburta Denbertog  
15. Birthplace Holland (City or town) (State or foreign country)

16. Informant's OWN Signature David G. Vanderwilt  
and Address Salem, Oregon

17. (a) Removal (b) Date thereof 3-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Solomon, Kansas

18. Funeral Director's Peckham-Bekan Chapel  
OWN Signature \_\_\_\_\_  
and Address Caldwell, Idaho

19. (a) 3-1-48 (b) Agnes M. Denman  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 27 19 48  
(Month, Day, Year) at 6:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 18 1947, to Feb 27 1948  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cremia  
Due to Senile & obs  
reflexes  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Camp Co  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature F M. Cole  
and Address Caldwell, Idaho Date 2-25-48  
(For additional space, use reverse side)

1948 580

State File No. \_\_\_\_\_  
Local Reg. No. 96  
Reg. Dist. No. 96United States  
Department of Commerce  
Bureau of the Census

## Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Canyon  
 (b) City or town Caldwell  
 (c) Street Address or R.F.D. No. Rt. 4  
 (d) Death Occured Inside? X Outside? X city or town  
 (e) Died in a Home X Hospital X Institution X Other place X  
 (f) Name Hosp. or Inst. 10 Stayed 10 days  
 (g) Lived in this county 10 years 10 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
 (c) City or town Caldwell  
 (d) Street Address or R.F.D. No. Route #4  
 (e) Deceased lived Inside? X Outside? X city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 10 years  
 (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Luther Guy Altizer

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex Male Color or race White divorced Married  
 6. (b) Name of husband or wife Ethel M. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Date of Birth (Month, Day, Year) January 12-1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>0</u>	<u>10</u>	hrs min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.  
 10. Industry or Business Butler, Missouri Date last worked \_\_\_\_\_  
 11. Birthplace Butler, Missouri (City or town) (State or foreign country)  
 12. Name Sparel H. Altizer  
 13. Birthplace Virginia (City or town) (State or foreign country)  
 14. Maiden name Sarah E. Cunningham  
 15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Ethel Maltin  
 and Address Caldwell, Idaho Rt. 4

17. (a) Burial (b) Date thereof 1-26-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: Canyon Hill

18. Funeral Director's OWN Signature Packham-Baker Chapel  
 and Address Caldwell, Idaho

19. (a) 2-25-48 (b) Agnes M. Denman  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 22 19 48  
 (Month, Day, Year) at 6:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from January 22 1948, to 19  
 I last saw him alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure and Duration short  
Auto. Natural Causes Unknown duration

- Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
 Major finding \_\_\_\_\_  
 Finding of autopsy \_\_\_\_\_  
 PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
 Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
 Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
 Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
 Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Carl Warner D.S.  
 and Address Caldwell, Idaho Date Jan 24 1948  
 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 23 1948

OF VITAL

STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 581  
Local Reg. No. 363 (24)  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa, Idaho  
(c) Street Address or R.F.D. No. RFD  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... ☒ Other place...  
(f) Name Hosp. or Inst. St. School & Colony days  
(g) Lived in this county... years 5 months 22 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa, Idaho  
(d) Street Address or R.F.D. No. Box 531  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 7 1/2 years  
(h) Former residence (city, state) Boonville Co. Mo.

## 3. (a) FULL NAME Kathleen Claire Smith

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced  
4. Sex Female race Wh  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 5 years  
7. Date of Birth (Month, Day, Year) June 26, 1947 (Infant)

8. AGE	Years	Months	Days	If less than 1 day
	<u>7</u>	<u>10</u>	<u>hrs</u>	<u>min.</u>

9. Exact Occupation Infant Did this work for - yrs.  
10. Industry or Business - Date last worked -  
11. Birthplace L. D. S. Hospital, Ida Falls, Ida  
(City or town) (State or foreign country)

12. Name W. D. Smith By adoption  
13. Birthplace No record  
(City or town) (State or foreign country)  
14. Maiden name Inez Smith By adoption  
15. Birthplace No record  
(City or town) (State or foreign country)

16. Informant's OWN Signature Asa Sanford  
and Address State School & Colony

17. (a) Burial (b) Date thereof 2/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill Cemetery, Boise, Ida.

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address Boise, Idaho

19. (a) Feb. 9-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 7 19 48  
at 3:15 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from August 13, 1947, to Feb. 7, 1948

I last saw h. RT. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to Marked hydrocephalus with generalized spasticity, congenital

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature H. W. Wentworth, M.D.  
(M. D. or other)

and Address Nampa, Ida Date 19

(For additional space, use reverse side)

State School & Colony Box 531 275

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

FEB 25 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 582  
Local Reg. No. 39  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. RFD  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution ☒ Other place...  
(f) Name Hosp. or Inst. St. Skl. Col. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Kendrick  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? Latah  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME Alice Mary Leland

3. (b) If veteran, name war none No. none  
5. Color or 6. (a) Single, widowed, married, divorced single  
4. Sex fem. race white  
6. (b) Name of husband or wife (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Feb. 22, 1873

8. AGE	Years	Months	Days	If less than 1 day
	74	11	19	hrs min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked

## 11. Birthplace Nebraska

- (City or town) (State or foreign country)  
12. Name Henry Leland  
13. Birthplace Wisconsin  
(City or town) (State or foreign country)  
14. Maiden name Alice Cawdery  
15. Birthplace England  
(City or town) (State or foreign country)

## 16. Informant's OWN Signature and Address

- (a) Burial (b) Date thereof 2-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Kohlerlawn Cemetery

## 18. Funeral Director's OWN Signature and Address

- Nampa, Idaho  
19. (a) Feb. 14 - 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 2-14 19 48  
at 3:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from June 27, 1933, to 2-11-1948  
I last saw h. alive on 2-11-1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration

Due to Age

Due to Tympanites

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature H. W. Wentworth M.D.

(M. D. or other)

and Address Box 531 Nampa, Idaho 2/18 1948

(For additional space, use reverse side)  
State School and Colony - 275

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 28 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948 583  
State File No. \_\_\_\_\_  
Local Reg. No. 30  
Reg. Dist. No. 36

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Greenleaf  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 32 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Greenleaf  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Chester C. Mendenhall

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex M race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Lydia M.  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 30-1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>7</u>	<u>14</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Richland, Iowa  
(City or town) (State or foreign country)

- Mother Father { 12. Name Joseph Mendenhall  
13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)  
14. Maiden name Angelina Gregory  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature S. A. Mendenhall  
and Address Caldwell, Idaho

17. (a) Burial (b) Date thereof 2-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 2-19-48 (b) Cyrus M. Denman  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 14 19 48  
(Month, Day, Year)  
at 12:45 o'clock AM

21. I HEREBY CERTIFY, That I attended deceased from Jan 30 19 48 to Feb 1 19 48  
I last saw him alive on Feb 1 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration ?

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. S. Ross M.D.  
and Address Caldwell, Idaho Date 2/16 19 48  
(For additional space, use reverse side)

Canyon Co Physician 224

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
FEB 25 1948  
Certificate of Death

STATE OF IDAHO

State File No. 584  
Local Reg. No. 47  
Reg. Dist. No. 363

1. PLACE OF DEATH:

- (a) County **Canyon**  
(b) City or town **Nampa**  
(c) Street Address or R.F.D. No. **Box 531**  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☒ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ 9 days  
(g) Lived in this county ☐ years ☐ months ☐ 9 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Canyon**  
(c) City or town **Nampa**  
(d) Street Address or R.F.D. No. **P O Box 531**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **Life** years  
(h) Former residence (city, state) **Salmon, Idaho**

3. (a) FULL NAME

**HOMER STEWARD COBB**

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or  
4. Sex **Male** race **Wh**

6. (a) Single, widowed, married,  
divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive ☐ years

7. Date of Birth  
(Month, Day, Year)

**June 16th 1916**

8. AGE	Years	Months	Days	If less than 1 day
	<b>31</b>	<b>8</b>	<b>4</b>	hrs. min.

9. Exact Occupation ☐ Did this work for ☐ yrs.

10. Industry or Business ☐ Date last worked

11. Birthplace **Arma, Kansas**  
(City or town) (State or foreign country)

MOTHER: 12. Name **Minnie Amelia Beighley**

13. Birthplace **Linden, Kansas**  
(City or town) (State or foreign country)

FATHER: 14. Name **A B Cobb**

15. Birthplace **Osage City, Kansas**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Earl D. Kickert** Secy  
and Address **State School & Colony**

17. (a) Removal (b) Date thereof **2-21-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Salmon, Idaho**

18. Funeral Director's OWN Signature **Ray McGoldrick** Funeral Home

and Address **Salmon, Idaho**

19. (a) **Feb 21-1948** (b) **Lida Rodgers**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **February 20th** 19 **48**  
(Month, Day, Year)  
at **7:40** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb 11th** 19 **48** to **Feb 20th** 19 **48**  
I last saw him alive on **Feb 20th** 19 **48**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Acute Cerebral Hemorrhage**

Duration

**Re-current of brain**

**Sudden**

Due to **Old Spastic Hemorrhage at birth**

Due to **brought on by Nostalgia and trip from his home about**  
Other conditions **(Include pregnancy within 3 months of death)**  
**300 miles**

Where was disease contracted?

Name of operation ☐ Date ☐

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

Attendant's

OWN Signature **2/21/48 Newton M.D.**

and Address **Box 531 Nampa** Date **2/20** 19 **48**

(For additional space, use reverse side)

**State School and Colony - Idaho**



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**NON RESIDENT**  
**CERTIFICATE OF DEATH**  
STATE OF IDAHO

1948  
State File No. **585**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF DEATH:**

- (a) County **Canyon**  
(b) City or town **Roswell Idaho**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ..... Hospital ..... Institution ..... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. USUAL RESIDENCE OF DECEASED:** (Always fill in these)

- (a) State **Oregon** (b) County .....  
(c) City or town **Nyssa**  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) If foreign born, in U. S. .... yrs. Citizen of U. S.? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

3. (a) **FULL NAME** **Oro Wilbur Harris**

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or ..... 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **M** race **W**  
6. (b) Name of husband or wife **Wanda Fay Harris** 6 (c) Age of husband or wife if alive **20** years

7. Date of Birth (Month, Day, Year) **Sept - 27 - 1926**

AGE	Years	Months	Days	If less than 1 day
<b>21</b>	<b>4</b>	<b>24</b>	<b>hrs</b>	<b>min.</b>

9. Exact Occupation **Truck Driver** Did this work for **4** yrs.  
10. Industry or Business **Farming** Date last worked **2-20-48**  
11. Birthplace **Bradent Oregon** (City or town) (State or foreign country)

12. Name **Oro Harris**  
13. Birthplace **Nebraska** (City or town) (State or foreign country)

14. Maiden name **Harratt Leopold**  
15. Birthplace **Minnesota** (City or town) (State or foreign country)

16. Informant's OWN Signature **Wanda Fay Harris**  
and Address **Nyssa Oregon**

17. (a) **Burial** (b) Date thereof **2-20-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Nyssa Oregon**

18. Funeral Director's OWN Signature **Peppin-Dakan Chapel**  
and Address **Caldwell Idaho**

19. (a) **2-26-48** (b) **W. B. Ballard**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **Feb. 21** 19**48**  
at **11:10** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

**Broken neck - Caused by a 2 car accident at Highway Intersection Due to at Roswell, Ida. Deceased was a passenger in car driven by Merion David Suter.**  
Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease first contracted? PHYSICIAN

Name of operation..... Date.....  
Major finding **Broken Neck**  
Finding of autopsy **Caused by Dr. W. B. Ballard, M.D.**  
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: accident? ☒ Suicide? ..... Homicide? .....  
Occurred **Feb. 21** 19**48** City, county, state where violence occurred **Roswell Ida.**  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place **Highway** While at work? .....  
Means of injury **Intersection. Roswell**

23. Attendant's OWN Signature **Wm. P. Talley Coroner**  
and Address **Nampa Ida** Date **2-26** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
**NON-RESIDENT**  
**CERTIFICATE OF DEATH**  
OF VITAL STATE OF IDAHO

748  
State File No. **586**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF DEATH:**

- (a) County Canyon  
(b) City or town Parma  
(c) Street Address or R. F. D. No. 2  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital Institution X Other place  
(f) Name Hosp. or Inst. none Stayed none days  
(g) Lived in this county none years none months none days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

**2. USUAL RESIDENCE OF DECEASED:** (Always fill in these)

- (a) State Utah (b) County Davis  
(c) City or town Ogden  
(d) Street Address or R. F. D. No. 4  
(e) Deceased lived Inside? X Outside? X city or town  
(f) If foreign born, in U. S. none yrs. Citizen of U. S.? X  
(g) How long had deceased lived in Idaho? none years  
(h) Former residence (city, state) none

**3. (a) FULL NAME**

Maria S. Hill

083A

**3. (b) If veteran, name war**

**3. (c) Social Security No.**

5. Color or W 6. (a) Single, widowed, married, divorced W  
4. Sex F race W  
6. (b) Name of husband or wife none 6 (c) Age of husband or wife if alive none years

7. Date of Birth (Month, Day, Year) Nov. 17 - 1867

AGE	Years	Months	Days	If less than 1 day
<u>80</u>	<u>3</u>	<u>5</u>	<u>hrs</u>	<u>min.</u>

9. Exact Occupation Housewife Did this work for none yrs.

10. Industry or Business Salt Lake City, Utah Date last worked Feb. 23, 1948

11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

12. Name Samuel L. Jones

13. Birthplace Martha Simmons (City or town) (State or foreign country)

14. Maiden name Martha Simmons

15. Birthplace Martha Simmons (City or town) (State or foreign country)

16. Informant's OWN Signature Kathleen H. Parsons and Address Parma

17. (a) Removal (b) Date thereof 2-25-48 (Month) (Day) (Year)

(c) Place: Ogden Utah

18. Funeral Director's OWN Signature Perkins Lakin Chapel and Address Caldwell Idaho

19. (a) 9-24-48 (b) W. B. Adams (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) Feb. 24 1948  
at 9:05 o'clock 17 A.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1948, to Feb. 24 1948  
I last saw him alive on Feb. 23 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Cerebral hemorrhage

**Duration**

4 days

Due to hypertension

Due to none

Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? Home

Name of operation none Date none

Major finding none

Finding of autopsy none

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? none Suicide? none Homicide? none  
Occurred none 19 48 City, county, state where violence occurred none  
Place of Violence: Home none Farm none Industry none  
Public Place none While at work? none  
Means of injury none

23. Attendant's OWN Signature W. B. Adams M.D. (M. D. or other)  
and Address Nyssa Ore Date 2-24 1948  
(For additional space, use reverse side)

By W. B. Adams Registrar, Parma Funeral & Burial Store

542

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **587**  
Local Reg. No. **54 (65)**  
Reg. Dist. No. **363**

## 1. PLACE OF DEATH:

- (a) County **Canyon**  
(b) City or town **Nampa,**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? **X** ..... city or town  
(e) Died in a Home ..... Hospital **X** ..... Institution **X** ..... Other place .....  
(f) Name Hosp. or Inst. **Sta Sch & Colony** ..... days  
(g) Lived in this county **3** years ..... months **2** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Canyon**  
(c) City or town **Nampa**  
(d) Street Address or R.F.D. No. **Box 531**  
(e) Deceased lived Inside? ..... Outside? **X** ..... city or town  
(f) Citizen of what country? **U S A**  
(g) How long had deceased lived in Idaho? **Life** years  
(h) Former residence (city, state) **Ft Hall, Idaho**

3. (a) FULL NAME **BELDON BATT**

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or race **Indian**  
6. (a) Single, widowed, married, divorced **X**  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth **Sept 5th 1943**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>4</b>	<b>5</b>	<b>20</b>	hrs. min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **Ft Hall, Idaho**  
(City or town) (State or foreign country)

12. Name **Robert A**  
13. Birthplace **Ft Hall Idaho? Bannock Tribe**  
(City or town) (State or foreign country)

14. Maiden name **Freda George**  
15. Birthplace **Shoshone tribe**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Pearl G. Kiehart** Secy  
and Address **State School & Colony**

17. (a) **Removal** (b) Date thereof **2/26/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Ft Hall Idaho**  
18. Funeral Director's OWN Signature **George H. Walker**  
and Address **Nampa Idaho**

19. (a) **Feb. 26-1948** (b) **Lyda Rodgers**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Feb 25th 1948**  
(Month, Day, Year) at **11:48** o'clock **A** M.

21. I HEREBY CERTIFY That I attended deceased from **Feb 23rd 1945** to **Feb 25th 1948**  
I last saw him **im** alive on **Feb 25 1948**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Tuberculosis of the Lungs**  
**(Chronic inactive)**  
Due to **Too frail to survive**

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state  
where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature **H. W. Wentworth Jr D.**  
and Address **Nampa Ida** Date **2/25/48**  
(For additional space, use reverse side)

**Box 531 State School Colony 275**

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAR - 2 1948

# Certificate of Death

STATE OF IDAHO

1048  
State File No. 588  
Local Reg. No. 56 (26)  
Reg. Dist. No. 36 3

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sta Sch & Colony days  
(g) Lived in this county 1 years 5 months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Box 531  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U S A  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Gooding, Idaho

## 3. (a) FULL NAME VIVIAN LOUISE UMPHENOUR

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or \_\_\_\_\_  
6. Sex Fem race White 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth June 28th 1936  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>11</u>	<u>8</u>	<u>28</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Gooding, Idaho  
(City or town) (State or forel)

12. Name Clyde Umphenour

13. Birthplace ?  
(City or town) (State or forel)

14. Maiden name Lavoi Irving

15. Birthplace Montpielier, Idaho  
(City or town) (State or forel)

16. Informant's OWN Signature Carl P. Sicker  
and Address State School & Colony

17. (a) Removal (b) Date thereof 2/2  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Gooding, Idaho

18. Funeral Director's OWN Signature John F. Alsip, Jr  
and Address Nampa, Idaho

19. (a) Feb 26 - 1948 (b) Lydal Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb 26th 1948  
(Month, Day, Year) at 4:20 o'clock A.M.

21. I HEREBY CERTIFY That I attended deceased from Sept 27th 1946 to Feb 26th 1948  
I last saw h. er alive on Feb 26th 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Grand Seizure of Epilepsy 4:10 to 4:20AM  
Mild case of Broncho Pneumonia  
Due to Toxemia over sometime 3 days

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Contracted? \_\_\_\_\_ Date \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## EXTERNAL CAUSES, also fill in the following:

... Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
... 19 \_\_\_\_\_ City, county, state  
... irred. \_\_\_\_\_  
... Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. W. Newbrough M.D.  
(M. D. or other)

and Address Box 531, Nampa, Idaho Feb 26, '48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 6 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 589  
Local Reg. No. 74  
Reg. Dist. No. 30-151

1. PLACE OF DEATH:

- (a) County CARIBOU  
(b) City or town SODA SPRINGS  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. CARIBOU CO stayed 1 days  
(g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CARIBOU  
(c) City or town SODA SPRINGS  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 HR. years  
(h) Former residence (city, state) 0

3. (a) FULL NAME

SYLVIA JOY COOMBS

3. (b) If veteran, 0 3. (c) Social Security No. 0  
name war    No. 0  
5. Color or female 6. (a) Single, widowed, married, divorced Single  
Sex female 6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years  
7. Date of Birth (Month, Day, Year) FEBRUARY 1st, 1948

8. AGE Years Months Days If less than 1 day  
1 hrs    min.

9. Exact Occupation baby Did this work for 0 yrs.  
10. Industry or Business 0 Date last worked 0  
11. Birthplace SODA Springs, Idaho  
(City or town) (State or foreign country)

12. Name CECIL WARREN COOMBS  
13. Birthplace BICKNELL, UTAH  
(City or town) (State or foreign country)  
14. Maiden name GLADYS ANN HODGES  
15. Birthplace RICHMOND, UTAH  
(City or town) (State or foreign country)

16. Informant's OWN Signature Sylvia Joy Coombs  
and Address CLEVELAND, IDAHO

17. (a) BURIAL (b) Date thereof FEBY. 2, 1948  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: PRESTON, IDAHO

18. Funeral Director's OWN Signature E. L. Whitman  
and Address Soda Springs, Idaho

19. (a) FEBY. 2, 1948 (b) Arthur C. Merrill  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH FEBY. 1st, 1948 19  
(Month, Day, Year) at 1:25 o'clock PM M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw h. or alive on FEBY. 1st, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Asphyxia

Duration

During birth

Due to Strangulated  
umbilical cord

Due to     
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?    PHYSICIAN  
Name of operation    Date    Underline the cause to which death should be charged statistically.  
Major finding     
Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state

where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury   

23. Attendant's OWN Signature J. H. Walker M.D.  
(M. D. or other)  
and Address Soda Spring Date    19     
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK INK or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of Census

RECEIVED  
MAR - 6 1948  
DIVISION OF VITAL

Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 590  
Local Reg. No. 7  
Reg. Dist. No. 500-421

1. PLACE OF DEATH: STATISTICS  
(a) County CARIBOU  
(b) City or town Soda Springs, Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Caribou Co. Stayed 2 days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State IDAHO (b) County CARIBOU  
(c) City or town SODA SPRINGS, IDAHO  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? 0 city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4.5 years  
(h) Former residence (city, state) \_\_\_\_\_ 0

3. (a) FULL NAME ALVIN JAMES DAVIS  
3. (b) If veteran, name war 0 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex MALE race \_\_\_\_\_ 6. (c) Age of husband or wife if alive 41 years  
6. (b) Name of husband or wife ERMA  
7. Date of Birth (Month, Day, Year) NOV. 22, 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u>45</u>	<u>2</u>	<u>26</u>	hrs min.

9. Exact Occupation FARMER Did this work for 30 yrs.  
10. Industry or Business FARMING Date last worked 2/16/48  
11. Birthplace SODA SPRINGS, IDAHO  
(City or town) (State or foreign country)  
Mother Father { 12. Name WILLIAM J. DAVIS  
13. Birthplace FRANKLIN, IDAHO  
(City or town) (State or foreign country)  
14. Maiden name RHODA NELSON  
15. Birthplace OXFORD, IDAHO  
(City or town) (State or foreign country)  
16. Informant's OWN Signature J. J. Davis  
and Address LOAN, UTAH  
17. (a) BURIAL (b) Date thereof 2/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: SODA SPRINGS, IDAHO  
18. Funeral Director's OWN Signature O. S. Whitman  
and Address Soda Springs, Idaho  
19. (a) 2-21-48 (b) Andell G. Merrill  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) FEB 18, 48 19\_\_\_\_  
at 11.45 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1948, to Feb 18, 1948  
I last saw him alive on Feb 18, 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Guns shot wound of head (22 rifle) Duration 2 days  
Due to Guns shot wound of head (22 rifle)  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Feb 17, 1948 City, county, state where violence occurred Soda Springs, Idaho  
Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Guns shot wound of head (22 rifle)  
23. Attendant's OWN Signature Alvin J. Davis (M. D. or other) \_\_\_\_\_  
and Address Soda Springs Date Feb 19, 1948  
(For additional space, use reverse side)

Idaho 545

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

444327

RECEIVED  
MAR - 6 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 591  
Local Reg. No. 75  
Reg. Dist. No. 20-52

1. PLACE OF DEATH:

- (a) County CARLETON  
(b) City or town SODA SPRINGS, IDAHO.  
(c) Street Address or R.F.D. No. 0  
(d) Death Occurred Inside? 0 Outside? 0 city or town  
(e) Died in a Home 0 Hospital 0 Institution 0 Other place 0  
(f) Name Hosp. or Inst. 0 Stayed 0 days  
(g) Lived in this county 0 years 5 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CARLETON  
(c) City or town SODA SPRINGS  
(d) Street Address or R.F.D. No. 0  
(e) Deceased lived Inside? 0 Outside? 0 city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 MO years  
(h) Former residence (city, state) 0

3. (a) FULL NAME

Billy Lee Daggett

3. (b) If veteran, name war 0 No. 0  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife 0  
6. (c) Age of husband or wife if alive 0 years  
7. Date of Birth (Month, Day, Year) SEPT. 5, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>5</u>	<u>14</u>	hrs min.

9. Exact Occupation BABY Did this work for 0 yrs.  
10. Industry or Business 0 Date last worked 0  
11. Birthplace SODA SPRINGS, IDAHO  
(City or town) (State or foreign country)  
Mother { 12. Name JAMES DAGGETT  
13. Birthplace BLUEMOUND, KANSAS.  
(City or town) (State or foreign country)  
14. Maiden name OPAL GOODWIN  
15. Birthplace BURNS, KANSAS.  
(City or town) (State or foreign country)

16. Informant's OWN Signature James Daggett  
and Address SODA SPRINGS, IDAHO.

17. (a) BURIAL (b) Date thereof 2/22/48.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: SODA SPRINGS, IDAHO

18. Funeral Director's OWN Signature E. J. Whitman  
and Address SODA SPRINGS, IDAHO.

19. (a) (Date received and filed) (b) Willie L. Merrill  
(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH FEB. 19, 1948  
(Month, Day, Year) 19 48  
at TEN o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1947, to 2-17-48 19 48  
I last saw him alive on 2-18-48 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Lobar Pneumonia Duration 12 hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. H. Koehler M.D.  
(M. D. or other) \_\_\_\_\_  
and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
FEB 24 1948  
STATE OF IDAHO

1948  
State File No. 1592  
Local Reg. No. 19  
Reg. Dist. No. 470

**1. PLACE OF DEATH:**  
(a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Cottage Stayed \_\_\_\_\_ days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased:** (Always fill in these)  
(a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Boastell

**3. (a) FULL NAME** Elmer William Cully  
**3. (b) If veteran,** name war \_\_\_\_\_  
**3. (c) Social Security** No. 518-12-0807  
**5. Color or** (a) Single, widowed, married, divorced Married  
**6. Sex** M **race** white  
**6. (b) Name of husband or** **6. (c) Age of husband or wife if**  
wife Margaret alive \_\_\_\_\_ years  
**7. Date of Birth** June 16 1903  
(Month, Day, Year)  

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>6</u>	<u>9</u>	hrs min.

**MEDICAL CERTIFICATE OF DEATH**  
**20. DATE OF DEATH** (Month, Day, Year) June 25 1948  
at 6 clock A. M.  
**21. I HEREBY CERTIFY,** That I attended deceased from 1-24 1948, to 1-25 1948.  
I last saw h. alive on 1-25 1948, death is said to have occurred on the date and hour stated above.  
**Immediate Cause of Death:** Skull fracture  
traumatic chest  
**Due to** Auto Accident  
**Due to** \_\_\_\_\_  
**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**9. Exact Occupation** Machine **Did this work for** \_\_\_\_\_ yrs.  
**10. Industry or Business** \_\_\_\_\_ **Date last worked** \_\_\_\_\_  
**11. Birthplace** Springton, Ill. (City or town) (State or foreign country)  
**12. Name** John Cully  
**13. Birthplace** Indian (City or town) (State or foreign country)  
**14. Maiden name** Hannah  
**15. Birthplace** Indian (City or town) (State or foreign country)  
**16. Informant's OWN Signature** John P. Cully  
**and Address** August 2nd St  
**17. (a) Burial, cremation or removal** (b) Date thereof 1-30-48 (Month) (Day) (Year)  
(c) Place: August Cemetery  
**18. Funeral Director's OWN Signature** Rodney B. Bowman  
**and Address** August 2nd St  
**19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)**  
(Date received and filed) (Registrar's signature)

**Where was disease contracted?** \_\_\_\_\_  
**Name of operation** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Major finding** \_\_\_\_\_  
**Finding of autopsy** \_\_\_\_\_  
**22. If death was due to EXTERNAL CAUSES, also fill in the following:** Accident? ✓ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 1-24 1948 City, county, state Cassia County, Idaho  
where violence occurred Cassia County, Idaho  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Auto Accident  
**23. Attendant's OWN Signature** John P. Cully M.D.  
**and Address** Burley **Date** 2-11-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

FEB 24 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 593  
Local Reg. No. 135  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 735 N. Occidental Ave.  
(d) Death Occurred Inside? ✓ Outside?    city or town     
(e) Died in a Home    Hospital    Institution    Other place     
(f) Name Hosp. or Inst. Cottage Stayed 2 days  
(g) Lived in this county 42 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 735 N. Occidental  
(e) Deceased lived Inside? ✓ Outside?    city or town     
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

Ernest Calvin Kidd

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

578-09-5883

5. Color or W  
6. Sex M race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Erma Bell

6. (c) Age of husband or wife if alive 44 years

## 7. Date of Birth

(Month, Day, Year) Sept. 9 - 1905

8. AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>4</u>	<u>23</u>	hrs. min.

9. Exact Occupation Jeweler Did this work for 7 yrs.

10. Industry or Business Jewelry Date last worked 1-31-48

11. Birthplace Cadley Idaho  
(City or town) (State or foreign country)

12. Name John Thomas Kidd

13. Birthplace No Data No Data  
(City or town) (State or foreign country)

14. Maiden name Mary Bendergrass

15. Birthplace No Data No Data  
(City or town) (State or foreign country)

16. Informant's OWN Signature Erma Bell Kidd  
and Address 735 N. Occidental Ave.

17. (a) Burial (b) Date thereof 2-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pleasant View Cemetery

18. Funeral Director's OWN Signature Vern B. M. Gulluck  
and Address Burley Idaho

19. (a) 2-9-48 (b) Erma Bell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb. 2, 1948  
(Month, Day, Year) Feb. 2, 1948  
at 4:10 o'clock 10 M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 48  
19 to 2 Feb 1948

I last saw h. in alive on 2 Feb 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

INFARCTION of Rt Lung

Duration  
24 hrs

Due to MITRAL VALVE DISEASE years

Due to Arteriosclerosis

Other conditions  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation    Date   

Major finding   

Finding of autopsy Same

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state  
where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Erma Bell  
(or other)

and Address Burley Idaho Date 7 Feb 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 594  
State File No. 594  
Local Reg. No. 24  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Magic Valley Stayed 4 days  
(g) Lived in this county 37 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. RFD  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME Henry Martin Holler

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Celia Holler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 18, 1855

8. AGE	Years	Months	Days	If less than 1 day
	<u>92</u>	<u>7</u>	<u>26</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Justice of Peace Date last worked 1941  
11. Birthplace Martinsburg, Iowa (City or town) (State or foreign country)

12. Name Henry M. Holler  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Maiden name Marriett Martin  
15. Birthplace No inf. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. W. M. McDaniel  
and Address Rt. 2, Twin Falls, Idaho

17. (a) Burial (b) Date thereof 2-17-48 (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature L. C. Phillips  
and Address Twin Falls, Idaho

19. (a) 2-25-48 (Date received and filed) (b) B. J. Freeman (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH February 13 1948  
(Month, Day, Year) at 10:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 1947 to Feb 13, 1948  
I last saw him alive on 10 Feb 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Myocarditis

### Duration

Due to Arteriosclerosis

Due to Age

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature B. J. Freeman (M. D. or other)  
and Address Burley, Idaho Date Feb 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF VITALS STATE OF IDAHO

1948  
State File No. 595  
Local Reg. No. 23  
Reg. Dist. No. 470

**1. PLACE OF DEATH:**

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. No. Oriental  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. No. Oriental  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

**3. (a) FULL NAME** Ella Haynes

3. (b) If veteran, name war No.  
3. (c) Social Security No.   
4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John H. Haynes 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) February 15, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>11</u>	<u>28</u>	hrs min.

9. Exact Occupation At Home Did this work for — yrs.  
10. Industry or Business Unknown Date last worked Unknown  
11. Birthplace Corning, Iowa (City or town) (State or foreign country)  
Mother Father  
12. Name Victor D. Smith  
13. Birthplace Iowa (City or town) (State or foreign country)  
14. Maiden name no data  
15. Birthplace no data (City or town) (State or foreign country)

16. Informant's OWN Signature Vern B. McCulloch  
and Address Cassia Co. Cammer - Burley - Idaho  
17. (a) Burial (b) Date thereof 2-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burley Cemetery - Pleasant View  
18. Funeral Director's OWN Signature Vern B. McCulloch  
and Address Burley, Idaho  
19. (a) 2-25-48 (b) BT McIlwain  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 066B

20. DATE OF DEATH (Month, Day, Year) February 13 1948  
at 5:30 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from August 1947 to Feb 12, 1948.  
I last saw h.c.p. alive on Feb - 12, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: MYOCARDIAL FAILURE Duration 1 Week

Due to Arteriosclerosis

Due to Extreme obesity  
(Include pregnancy within 3 months of death)  
(About 400 lbs)

Where was disease contracted? None  
Name of operation None Date   
Major finding None  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury   
23. Attendant's OWN Signature R. P. Hunter, M.D.  
(M. D. or other)  
and Address Burley, Idaho Date 18 Feb 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR - 11  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. **596**  
Local Reg. No. **12**  
Reg. Dist. No. **170**

1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 14576 Normal  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst.                      Stayed            days  
(g) Lived in this county 37 years            months            days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 14576 Normal  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Ogden, Utah

3. (a) FULL NAME

Jonathan Page Middleton

093D

3. (b) If veteran,

name war                     

3. (c) Social Security

No.                     

4. Sex Male race White  
5. Color or            6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mina Middleton 8. (c) Age of husband or wife if alive 72 years

7. Date of Birth (Month, Day, Year) July 12, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>7</u>	<u>2</u>	hrs min.

9. Exact Occupation Carpenter Did this work for            yrs.  
10. Industry or Business                      Date last worked retired  
11. Birthplace Ogden, Utah (City or town) (State or foreign country)

12. Name C. F. Middleton  
13. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)  
14. Maiden name Melinda Brown  
15. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature J. Edmund Middleton  
and Address Burley, Idaho

17. (a) Burial (b) Date thereof 2-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Plumtree View Cemetery

18. Funeral Director's OWN Signature Vern B. McCallach  
and Address Burley, Idaho

19. (a) 2-25-48 (b) C. F. Wilson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 15, 1948  
at 1:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 2-15-1948 to 2-16-1948  
I last saw him live on Feb. 15, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis Duration 1 yr.

Due to                       
Due to                       
Other conditions                       
(Include pregnancy within 3 months of death)

Where was disease contracted?                      PHYSICIAN                       
Name of operation                      Date                       
Major finding                      Underline the cause to which death should be charged statistically.  
Finding of autopsy                     

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?            Suicide?            Homicide?             
Occurred                      19            City, county, state where violence occurred                       
Place of Violence: Home            Farm            Industry             
Public Place                      While at work?                       
Means of injury                     

23. Attendant's OWN Signature J. M. Kelly  
and Address Burley, Idaho Date 2-21-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**Certificate of Death**  
DIVISION OF VITAL STATE OF IDAHO

State File No. **597**  
Local Reg. No. **26**  
Reg. Dist. No. **470**

**1. PLACE OF DEATH:**

- (a) County **Cassia**  
(b) City or town **Burley**  
(c) Street Address or R.F.D. No. **--**  
(d) Death Occurred Inside? **X** Outside? **--** city or town  
(e) Died in a Home **--** Hospital **X** Institution **--** Other place **--**  
(f) Name Hosp. or Inst. **Cottage** Stayed **1** days  
(g) Lived in this county **72** years **--** months **--** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Cassia**  
(c) City or town **Malta**  
(d) Street Address or R.F.D. No. **--**  
(e) Deceased lived Inside? **--** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **72** years  
(h) Former residence (city, state) **Logan, Utah**

**3. (a) FULL NAME**

**Ether Parke**

**3. (b) If veteran, name war**

**3. (c) Social Security No.**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Celia Hutchison**

6. (c) Age of husband or wife if alive **--** years

7. Date of Birth (Month, Day, Year) **Oct. 17, 1875**

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>4</b>	<b>8</b>	hrs. min.

9. Exact Occupation **Rancher & Stockman** Did this work for **60** yrs.

10. Industry or Business **---** Date last worked **2/24/48**

11. Birthplace **Logan, Utah** (City or town) (State or foreign country)

Father { 12. Name **Charles M. Parke**

13. Birthplace **Unknown** (City or town) (State or foreign country)

Mother { 14. Maiden name **Margaret Alice Watison**

15. Birthplace **England** (City or town) (State or foreign country)

16. Informant's OWN Signature **Ether Parke**

and Address **Malta Idaho**

17. (a) **Burial** (b) Date thereof (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place **Malta, Idaho**

18. Funeral Director's OWN Signature **Reita J. Payne**

and Address **Burley Idaho**

19. (a) **3-2-48** (b) **Wilson**

(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **Feb 25 1948**

at **12:30** o'clock **A**.M.

21. I HEREBY CERTIFY, That I attended deceased from **1948** to **Feb 25 1948**

I last saw h. **--** alive on **19** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Peritonitis** Duration **18 hr**

Due to **Mesenteric Peritonitis** **18 hr**

Due to **---**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **---** Date **---**

Major finding **---**

Finding of autopsy **---**

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

Accident? **---** Suicide? **---** Homicide? **---**

Occurred **---** 19 **---** City, county, state

where violence occurred **---**

Place of Violence: Home **---** Farm **---** Industry **---**

Public Place **---** While at work? **---**

Means of injury **---**

23. Attendant's OWN Signature **Hugh J. Deun m.c**

and Address **Burley Idaho** Date **3-1-1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MADE 1 2 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 598  
Local Reg. No. 25  
Reg. Dist. No. 470

1. PLACE OF DEATH: DIVISION OF VITAL  
(a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. --  
(d) Death Occurred Inside? X Outside? -- city or town  
(e) Died in a Home -- Hospital X Institution -- Other place --  
(f) Name Hosp. or Inst. Cottage Stayed 1 days  
(g) Lived in this county unknown months -- days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State unknown (b) County unknown  
(c) City or town unknown  
(d) Street Address or R.F.D. No. unknown  
(e) Deceased lived Inside? -- Outside? -- city or town  
(f) Citizen of what country? unknown  
(g) How long had deceased lived in Idaho? unknown years  
(h) Former residence (city, state) unknown

3. (a) FULL NAME Manuel Galindo

3. (b) If veteran, name war unknown 3. (c) Social Security No. unknown  
4. Sex Male 5. Color or race Mexican 6. (a) Single, widowed, married, divorced unknown  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive unknown years

7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>			hrs. min.

9. Exact Occupation unknown Did this work for -- yrs.  
10. Industry or Business ---- Date last worked --

11. Birthplace (City or town) (State or foreign country)

Father { 12. Name Unknown

13. Birthplace (City or town) (State or foreign country)

Mother { 14. Maiden name Unknown

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature D. H. Ray Dep. Sheriff and Address

17. (a) Burial (b) Date thereof March 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place PLEASANT View, Burley

18. Funeral Director's OWN Signature Rita L. Ray and Address Burley, Idaho

19. (a) 3-2-48 (b) W. F. Wilson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 27, 1948  
at 9:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1948 to Feb. 27, 1948  
I last saw him alive on Feb. 26, 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Acute CARDIAC DECOMPENSATION Duration 3 WKS.

Due to Arteriosclerosis ?

Due to Myocardial infarction

Other conditions due to Prostate Enlargement 7 DAYS  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation None Date

Major finding

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? -- Suicide? -- Homicide? --

Occurred -- 19 -- City, county, state where violence occurred

Place of Violence: Home -- Farm -- Industry --

Public Place -- While at work? --

Means of injury --

23. Attendant's OWN Signature D. H. Ray M.D.

and Address Burley, ID. Date MARCH 16 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 24 1948  
DIVISION OF VITAL STATE OF IDAHO  
**Certificate Of Death**

State File No. **599**  
Local Reg. No. **17**  
Reg. Dist. No. **470**

1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 34 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Greely, Colorado

3. (a) FULL NAME Peter Meline

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Carrie Johnson Meline (c) Age of husband or wife if alive 72 years  
7. Date of Birth (Month, Day, Year) August 27, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>5</u>	<u>1</u>	hrs min.

9. Exact Occupation Farmer Did this work for 21 years.  
10. Industry or Business Farming Date last worked retired  
11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

12. Name No Data Meline  
13. Birthplace No Data Sweden (City or town) (State or foreign country)  
14. Maiden name Malena May's Pearson  
15. Birthplace No Data Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Carl Meline  
and Address R. 1 Burley Idaho

17. (a) Burial (b) Date thereof 2-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Pleasant View Cemetery, Burley Idaho

18. Funeral Director's OWN Signature Ken B. McCallach  
and Address Burley Idaho

19. (a) 2-9-48 (b) D. F. Melson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 29 1948  
at 3:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 11 AUG 1947, to 29 JAN 1948

I last saw h.l.m. alive on 28 JAN 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: SENILITY Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? IDAHO

Name of operation NONE Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy NONE

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Sherman R. Burley M.D.  
(M. D. or other)

and Address BURLEY IDAHO Date 5 FEB 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB 24 1948

STATE OF IDAHO

State File No. **600**  
Local Reg. No. **18**  
Reg. Dist. No. **471**

## 1. PLACE OF DEATH:

- (a) County **Cassia**  
(b) City or town **Oakley**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county **35** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Cassia**  
(c) City or town **Oakley**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **35** years  
(h) Former residence (city, state) **Salt Lake, Utah**

## 3. (a) FULL NAME

**Mary Jane Callahan Babbitt**

## 3. (b) If veteran,

name war ---

## 3. (c) Social Security

No. ----

4. Sex **Female** Color or race **White**  
6. (a) Single, widowed married, divorced **Widowed**

6. (b) Name of husband or wife ---  
6. (c) Age of husband or wife if alive --- years

## 7. Date of Birth

(Month, Day, Year) **July 11, 1886**

8. AGE	Years	Months	Days	If less than 1 day
	<b>62</b>	<b>6</b>	<b>23</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **40** yrs.

10. Industry or Business --- Date last worked ---

11. Birthplace **Salt Lake City, Utah**  
(City or town) (State or foreign country)

12. Name **Joseph William Callahan**  
13. Birthplace **Smithfield, Utah**  
(City or town) (State or foreign country)

14. Maiden name **Ann Scholes**  
15. Birthplace **England**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Chester M Babbitt**  
and Address **Oakley Idaho**

17. (a) Burial (b) Date thereof **Feb. 9, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Oakeley, Idaho**

18. Funeral Director's OWN Signature **R. P. Babbitt**  
and Address **Burley Idaho**

19. (a) **2-10-48** (b) **B. Wilson**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

## 20. DATE OF DEATH

(Month, Day, Year) **Feb. 3, 1948**  
at **7:00** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **JUNE 1947** to **FEB 3, 1948**

I last saw her alive on **FEB 3, 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Acute CARDIAC FAILURE**  
**C. PULMONARY EDEMA**  
Due to **ARTERIOSCLEROSIS**

Due to ---  
Other conditions **Urteral Calculus -**  
(Include pregnancy within 3 months of death)  
**(Jan. 30 to Feb. 1 - 48)**

Where was disease contracted? ---  
Name of operation **NONE** Date ---

Major finding ---  
Finding of autopsy **NONE**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---

Occurred --- 19 --- City, county, state where violence occurred ---

Place of Violence: Home --- Farm --- Industry ---  
Public Place --- White at work? ---

Means of injury ---

23. Attendant's OWN Signature **R. P. Babbitt M.D.**  
and Address **Burley Idaho** Date **Feb. 6, 1948**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**NON-RESIDENT**  
**Certificate of Death**  
FEB 24 1948  
DIVISION OF VITAL STATE OF IDAHO

State File No. **601**  
Local Reg. No. **16**  
Reg. Dist. No. **470**

1. PLACE OF DEATH:

- (a) County **Cassia**  
(b) City or town **15 Miles West of Burley**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **X** city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months **1 Day**

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Utah** (b) County **Salt Lake**  
(c) City or town **Salt Lake City**  
(d) Street Address or R.F.D. No. **463 7th Ave**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) **Salt Lake City, Utah**

3. (a) FULL NAME

**Joseph Arthur Orme**

3. (b) If veteran, name war

3. (c) Social Security No.

**528-07-5904**

5. Color or  
4. Sex **Male** race **White**

6. (a) Single, widowed, married,  
divorced **Married**

6. (b) Name of husband or wife  
**Cecelia Frank**

6. (c) Age of husband or wife if  
alive **53** years

7. Date of Birth **1890**  
(Month, Day, Year) **June 1st. 1889**

8. AGE	Years	Months	Days	If less than 1 day
	<b>58</b>	<b>8</b>	<b>3</b>	hrs. min.

9. Exact Occupation **Salesman** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Carlston Candy Co.** Date last worked **2/3/48**

11. Birthplace **Tooele, Utah**  
(City or town) (State or foreign country)

12. Name **Joseph C. Orme**

13. Birthplace **Tooele, Utah**  
(City or town) (State or foreign country)

14. Maiden name **Margaret England**

15. Birthplace **Tooele, Utah**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **J. C. Orme**  
and Address **Proville Idaho**

17. (a) **Funeral** (b) Date thereof **2-4-48**  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place **Salt Lake - Utah**

18. Funeral Director's OWN Signature **Ken B. McCulloch**  
and Address **Burley Idaho**

19. (a) **2-9-48** (b) **William**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) **2-4-48**  
at **9:25** o'clock **A**.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Coronary Occlusion**  
Due to **Arteriosclerosis** **3-8 yrs.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **X** Suicide? **X** Homicide? **X**

Occurred **X** **X** 19 **X** City, county, state  
where violence occurred **X**

Place of Violence: Home **X** Farm **X** Industry **X**

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **X** **X**

23. Attendant's OWN Signature **Ken B. McCulloch**

and Address **Burley Idaho** Date **2-4-48**  
(For additional space, use reverse side)

**094A**

**097X**

**48**

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

STATE OF UTAH                    )  
                                      ) SS  
COUNTY OF SALT LAKE        )

CECILIA F. ORME, being first duly sworn, on oath,  
deposes and says:

That she is the wife of Joseph Arthur Orme, deceased,  
who died at Burley, Idaho, on February 4, 1948; that in giving the  
information for a death certificate the birth date of said deceased  
was stated as June 1, 1889; that said date was given in error and  
that the true and correct birth date of said deceased was  
June 1, 1890; as shown by the family records in possession of affiant.

Cecilia F. Orme

Subscribed and sworn to before  
me this 25 of February, 1948

William S. Fox

NOTARY PUBLIC

Residing Salt Lake City, Utah  
My com. expires July 31, 1948.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **602**  
Local Reg. No. **21**  
Reg. Dist. No. **471**

## 1. PLACE OF DEATH:

- (a) County **Cassia**  
(b) City or town **Oakley**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **25** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Cassia**  
(c) City or town **Oakley**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **25** years  
(h) Former residence (city, state) **Kansas**

## 3. (a) FULL NAME **Fredrick William Miller**

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ (a) Single, widowed, married,  
6. Sex **Male** race **White** divorced **Married**  
(b) Name of husband or wife **Elizabeth Wahl Miller** (c) Age of husband or wife if live \_\_\_\_\_ years  
7. Date of Birth **May 12, 1873**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>8</b>	<b>29</b>	hrs min.

9. Exact Occupation **Merchant** Did this work for **data** yrs.  
10. Industry or Business **old State Liquar** Date last worked **2-11-48**  
11. Birthplace **Boscobell, Wisconsin**  
(City or town) (State or foreign country)

12. Name **Adam Miller**  
13. Birthplace **No Data** (City or town) (State or foreign country)  
14. Maiden name **Catherine Roter**  
15. Birthplace **No Data** (City or town) (State or foreign country)

16. Informant's OWN Signature **George H. Miller**  
and Address **Oakley, Ida.**

17. (a) **Burial** (b) Date thereof **2-14-48**  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: **Oakley, Idaho**

18. Funeral Director's OWN Signature **Wm B. McCulloch**  
and Address **Burley, Idaho**

19. (a) **2-25-48** (b) **W. B. McCulloch**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **0974A**

20. DATE OF DEATH **February 11, 1948**  
(Month, Day, Year)  
at **10:15** o'clock **A**. M.

21. I HEREBY CERTIFY, That I attended deceased from **April 1947** to **Feb 11, 1948**  
I last saw h.i.m. alive on **11 Feb 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Acute Coronary Thrombosis** Duration **10 MIN.**

Due to **Arteriosclerosis**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation **None** Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **None**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **R. P. Hunter MD**  
(M. D. or other)  
and Address **Oakley, Idaho** date **13 Feb 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 4 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

1948 State File No. 603  
Local Reg. No. 20  
Reg. Dist. No. 471

1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Malta  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 41 years 3 months 22 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Malta  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Lafayette A. Larnahan.

022A

3. (b) If veteran, name war NO 3. (c) Social Security No. \_\_\_\_\_  
5. Color or race W 6. (a) Single, widowed, married, divorced M  
4. Sex M 6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Oct 27 - 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>3</u>	<u>22</u>	hrs min.

9. Exact Occupation Rancher Did this work for 42 yrs.  
10. Industry or Business Retired Date last worked \_\_\_\_\_  
11. Birthplace Malta Idaho (City or town) (State or foreign country)

12. Name Carlos Larnahan  
13. Birthplace Kansas (City or town) (State or foreign country)  
14. Maiden name Rose Jane Williams  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Gita H. Haggins  
and Address Burley Idaho

17. (a) Burley (b) Date thereof Feb 21 - 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Albion Idaho

18. Funeral Director's OWN Signature Retta J. Bayne  
and Address Burley Idaho

19. (a) 2-20-48 (b) Letitia  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 19 1948  
at 5:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 2 1948 to Feb 19 1948.  
I last saw him alive on Feb 19 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial infarction Duration 3 wks.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Hugh & Jean M.D.  
(M.D. or other)  
and Address Burley Id. Date 2-26 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 22 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 614  
Local Reg. No. 23  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Orofino  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. St. Mary's Stayed 16 days  
(g) Lived in this county 8 years 7 months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Clearwater  
(c) City or town Orofino  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Joseph Truman Kuehn 164B

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or W 6. (a) Single, widowed, married, divorced Single  
4. Sex M race W  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth (Month, Day, Year)

Aug 18 - 1914

8. AGE	Years	Months	Days	If less than 1 day
	<u>33</u>	<u>5</u>	<u>7</u>	hrs min.

## 9. Exact Occupation

Laborer Did this work for ..... yrs.

## 10. Industry or Business

Date last worked .....

## 11. Birthplace

Moscow Idaho (City or town) (State or foreign country)

## 12. Name

Carnelius Kuehn

## 13. Birthplace

Bergen Norway (City or town) (State or foreign country)

## 14. Maiden name

Carie Nielsen

## 15. Birthplace

Copenhagen Denmark (City or town) (State or foreign country)

## 16. Informant's OWN Signature

G. L. Berryman

## and Address

Orofino Idaho

## 17. (a) Burial (Burial, cremation, or removal)

Burial (b) Date thereof 3/16/48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature

Blake Funeral Home

## and Address

Orofino, Idaho

## 19. (a) (Date received and filed)

3/16/48 (b) (Registrar's signature) Joel W. Hawley

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 24 1948  
at about 3 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 1943, to Jan 24 1948  
I last saw him alive on Jan 22 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Duration

drowning

Due to dementia precox 8

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding ..... Finding of autopsy .....

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred Jan 24 1948 City county, state

where violence occurred Orofino Idaho

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury drowning

23. Attendant's OWN Signature G. L. Berryman (D. or other) and Address Orofino Idaho Date Mar 14 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

FEB 21 1948

STATE OF IDAHO

DIVISION OF VITALS

1948  
State File No. 605  
Local Reg. No. 11  
Reg. Dist. No. 212

## 1. PLACE OF DEATH:

- (a) County CLEARWATER COUNTY  
(b) City or town OROFINO, IDAHO  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home... Hospital... Institution X Other place...  
(f) Name Hosp. or Inst. ST. HOSP. NG Stayed 42 days  
(g) Lived in this county Almost all of life years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County NEZ PERCE  
(c) City or town LEWISTON  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? UNK Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? All of Life years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

IRVEN HOLT

## 3. (b) If veteran,

name war UNK

## 3. (c) Social Security

No. UNK

5. Color or INDIAN 6. (a) Single, widowed, married, divorced DIVORCED  
4. Sex MALE race INDIAN

- (b) Name of husband or wife DAYTON, WASHINGTON 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) APRIL 22, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>9</u>	<u>9</u>	hrs min.

9. Exact Occupation PENSIONER Did this work for UNK yrs.

10. Industry or Business UNK Date last worked UNK

11. Birthplace (City or town) (State or foreign country)

12. Name JIM HOLT

13. Birthplace UNKNOWN (City or town) (State or foreign country)

14. Maiden name MARY JANE ADAMS

15. Birthplace WALLA WALLA, WASHINGTON (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature] and Address [Address]

17. (a) BURIAL (b) Date thereof Feb. 3/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: RIVERSIDE CEM. OROFINO, IDAHO

18. Funeral Director's OWN Signature BLAKE FUNERAL HOME and Address OROFINO, IDAHO

19. (a) 1/3/48 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) FEBRUARY 2, 1948 at 7:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from DEC. 22, 1947 to FEBRUARY 2, 1948

I last saw him alive on FEBRUARY 2, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CARDIAC DE-COMPENSATION Duration 2 Days

Due to PARESIS

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? ..... Occurred ..... 19 ..... City, county, state where violence occurred ..... Place of Violence: Home ..... Farm ..... Industry ..... Public Place ..... While at work? .....

23. Attendant's OWN Signature [Signature] (M. D. or other)

and Address [Address] Date Feb. 3, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 606  
Local Reg. No. 12  
Reg. Dist. No. 210

1. PLACE OF DEATH DIVISION OF VITALS  
(a) County Clearwater  
(b) City or town Orofino  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hosp. No. Stayed \_\_\_\_\_ days  
(g) Lived in this county 36 years 1 months 26 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 months years  
(h) Former residence (city, state) Wisconsin

3. (a) FULL NAME D. R. Kroege

3. (b) If veteran, name war Unk. 3. (c) Social Security No. Unk.  
5. Color or race White 6. (a) Single, widowed, married, divorced single  
4. Sex Male 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) November 30, 1881

8. AGE	Years	Months	Days	If less than 1 day
<u>86</u>	<u>2</u>	<u>5</u>	<u>hrs</u>	<u>min.</u>

9. Exact Occupation Laborer Did this work for unk. yrs.  
10. Industry or Business none Date last worked unk.  
11. Birthplace Riedfied, Wisc.  
(City or town) (State or foreign country)

12. Name Carl Kraege  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Hermene Radtke  
15. Birthplace unk.  
(City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Barry  
and Address Boise

17. (a) BURIAL (b) Date FEB. 8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: RIVERSIDE CEM. OROFINO, IDAHO

18. Funeral Director's OWN Signature Blake  
and Address OROFINO, IDAHO

19. (a) 2/8/48 (b) Jack E. Hawley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH February 5, 1948  
(Month, Day, Year) at 9:55 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1943 to Feb. 5, 1948  
I last saw him alive on Feb. 5, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 1 hr.

Due to Arteriosclerosis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature E. L. Barry

and Address Orofino Date 2-8 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **607**  
Local Reg. No. **13**  
Reg. Dist. No. **210**

1. PLACE OF DEATH: **DIVISION OF VITALS**
- (a) County **CLEARWATER**  
(b) City or town **OROFINO**  
(c) Street Address or R.F.D. No. **OROFINO HOSP.**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **OROFINO HOSP.** Stayed **1 1/2** days  
(g) Lived in this county **4** years **6** months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **IDAHO** (b) County **CLEARWATER**  
(c) City or town **WEIPPE**  
(d) Street Address or R.F.D. No. **ONE MILE EAST**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **4 1/2** years  
(h) Former residence (city, state) **DENVER, COL.**

3. (a) FULL NAME **LOUIS OWEN WARDRIP**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**
5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **APRIL 8, 1935**

8. AGE	Years	Months	Days	If less than 1 day
	<b>12</b>	<b>8</b>	<b>29</b>	hrs min.

9. Exact Occupation **CHILD** Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked **JAN 31 / 48**
11. Birthplace **IDAHO SPRINGS, COLORADO** (City or town) (State or foreign country)

12. Name **DEWEY V. WARDRIP**
13. Birthplace **PENDER, NEBRASKA** (City or town) (State or foreign country)
14. Maiden name **OPAL C. MYERS**
15. Birthplace **YUMA, COLORADO** (City or town) (State or foreign country)

16. Informant's OWN Signature **L. O. Wardrip** and Address **Weippe, Idaho**

17. (a) BURIAL (b) Date thereof **FEB. 10 / 48** (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: **WEIPPE CEM. OROFINO, IDAHO**

18. Funeral Director's OWN Signature **Blake Funeral Home** and Address **OROFINO, IDAHO**

19. (a) **2/10/48** (Date received and filed) (b) **Jack E. Wiley** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Feb. 6** 19**48**  
(Month, Day, Year)  
at **12:40** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **2-4-48** 19**48**, to **2-6-48** 19**48**  
I last saw him alive on **2-5-** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pneumonia** Duration **4 days**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **W. B. Rappenhagen M.D.** (M. D. or other)  
and Address **Orofino Idaho** Date **2-7-48** 19**48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

Very little information on this man.

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 17 608  
Local Reg. No. 210  
Reg. Dist. No.

## 1. PLACE OF DEATH

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home. Hospital. Institution. ☒ Other place.  
(f) Name Hosp. or Inst. ST. HOSP. NO. Stayed days  
(g) Lived in this county. 9 years 6 months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ohio (b) County UNK.  
(c) City or town Columbus  
(d) Street Address or R.F.D. No. Unk.  
(e) Deceased lived Inside? Unk. Outside? Unk. city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 5 YEARS years  
(h) Former residence (city, state) PENN.

3. (a) FULL NAME WILLIAM SHOLTIS

3. (b) If veteran, name war UNK 3. (c) Social Security No. UNK  
5. Color or 6. (a) Single, widowed, married, divorced SINGLE  
4. Sex MALE race WHITE  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) MARCH 30, 1911

8. AGE	Years	Months	Days	If less than 1 day
	36	10	8	hrs min.

9. Exact Occupation LABORER Did this work for UNK. yrs.  
10. Industry or Business UNK. Date last worked UNK.  
11. Birthplace UNK. PENN.  
(City or town) (State or foreign country)

12. Name M. SHOLTIS  
13. Birthplace UNKNOWN  
(City or town) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. L. Barry and Address Orofino

17. (a) Burial, cremation, or removal (b) Date thereof 2-11-48  
(c) Place: Hospital cemetery

18. Funeral Director's OWN Signature J. L. Barry and Address Orofino

19. (a) Date received and filed 2/13/48 (b) Registrar's signature J. L. Barry

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 8 1948  
(Month, Day, Year) at 8:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from JUNE 1943 to FEB. 8 1948

I last saw h IM. alive on FEB. 8, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CHRONIC MYOCARDITIS Duration 4 yrs.

MALNUTRITION 4 yrs.

Due to CATATONIC DEMENTIA 10 yrs.  
PRAECOX

Due to Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation Date Major finding Finding of autopsy PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred Place of Violence: Home Farm Industry Public Place While at work? Means of injury

23. Attendant's OWN Signature J. L. Barry and Address Orofino, Ida Date 2-9 1948 (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 21 1948

# Certificate Of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 14  
Reg. Dist. No. 210

609

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town WEIPPE  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years 10 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town WEIPPE  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 22MO years  
(h) Former residence (city, state) GRAND JUNCTION COLORADO

## 3. (a) FULL NAME

GEORGE WASHINGTON BAYSINGER

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced SINGLE  
4. Sex MALE race WHITE  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) JUNE 1st, 1931

8. AGE	Years	Months	Days	If less than 1 day
	<u>16</u>	<u>8</u>	<u>8</u>	hrs min.

## 9. Exact Occupation CHILD STUDENT Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business DOLORES COLORADO Date last worked 1941

## 11. Birthplace DOLORES COLORADO (City or town) (State or foreign country)

## 12. Name MIKEL HENRY BAYSINGER

## 13. Birthplace OKLAHOMA (City or town) (State or foreign country)

## 14. Maiden name ADA VIOLA MOORE

## 15. Birthplace COBRAN, COLORADO (City or town) (State or foreign country)

## 16. Informant's OWN Signature M H Baysinger

## and Address Weype, Idaho

## 17. (a) BURIAL (b) Date thereof FEB. 12/48

## (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: WEIPPE CEM, WEIPPE, IDAHO

## 18. Funeral Director's OWN Signature BLAKE FUNERAL HOME

## and Address OROFINO, IDAHO

## 19. (a) 2/2/48 (b) JOEL E. BAILEY

## (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) February 8 1948 at 4:00 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from \*\*\*\*\* 19\*\* to \*\*\*\*\* 19\*\*

I last saw h\*\* alive on \*\*\*\*\* 19\*\*; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

RESPIRATORY & CARDIAC FAILURE

Due to PSUEDOMUSCULAR HYPERTROPHY

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? Heredity

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Duration

1 1/2 Days

10 Years

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature George B. Blake

and Address Orofino, Idaho Date 2/12 1948

(For additional space, use reverse side)

609

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 21 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **610**  
Local Reg. No. **15**  
Reg. Dist. No. **2/0**

## 1. PLACE OF DEATH: STATISTICS

- (a) County **CLEARWATER**  
(b) City or town **WEIPPE**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **1** years **10** months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **CLEARWATER**  
(c) City or town **WEIPPE**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **22MO** years  
(h) Former residence (city, state) **GRAND JUNCTION COLORADO**

## 3. (a) FULL NAME

**MERLE HENRY BAYSINGER**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race **WHITE** (a) Single, widowed, married, divorced **SINGLE**  
6. (b) Name of husband or wife ..... (c) Age of husband or wife if alive ..... years

## 7. Date of Birth (Month, Day, Year) **NOVEMBER 16, 1925**

8. AGE	Years	Months	Days	If less than 1 day
	<b>22</b>	<b>2</b>	<b>26</b>	hrs min.

## 9. Exact Occupation **NONE** Did this work for ..... yrs.

## 10. Industry or Business **GRAND JUNCTION, COLORADO** Date last worked

## 11. Birthplace (City or town) (State or foreign country)

## 12. Name **MIKEL HENRY BAYSINGER**

## 13. Birthplace (City or town) (State or foreign country)

## 14. Maiden name **ADA VIOLA MOORE**

## 15. Birthplace (City or town) (State or foreign country)

## 16. Informant's OWN Signature **M H Baysinger** and Address **Weippe Idaho**

## 17. (a) **BURIAL** (b) Date thereof **FEB. 12/48** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: **WEIPPE CEM., WEIPPE, IDAHO**

## 18. Funeral Director's OWN Signature **BLAKE FUNERAL HOME** and Address **OROFINO, IDAHO**

## 19. (a) **2/12/48** (b) **George B. Blake** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) **February 11** 19**48** at **6:00** o'clock **A.M.**

## 21. I HEREBY CERTIFY, That I attended deceased from \*\*\*\*\* 19\*\* to \*\*\*\*\* 19\*\*

I last saw h.\*\*\* alive on \*\*\*\*\* 19\*\*; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**RESPIRATORY FAILURE  
CARDIAC FAILURE**

## Duration

Due to **PSUEDOMUSCULAR HYPER-TROPHY**

**6 Days**

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

**15 YEARS**

## Where was disease contracted? **Heredity**

## Name of operation ..... Date .....

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? ..... Occurred ..... 19 ..... City, county, state where violence occurred ..... Place of Violence: Home ..... Farm ..... Industry ..... Public Place ..... While at work? ..... Means of injury

## 23. Attendant's OWN Signature **George B. Blake** and Address **Orofino, Idaho** Date **2/12 1948** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 21 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 611  
Local Reg. No. 16  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

### DIVISION OF VITAL STATISTICS

- (a) County CLEARWATER  
(b) City or town OROFINO, IDAHO  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. ST. HOSP. NO. Stayed 25 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 25 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County LATAH  
(c) City or town KENDRICK  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 35 YRS years  
(h) Former residence (city, state) SWEDEN

## 3. (a) FULL NAME KNUTSON, MIKE

3. (b) If veteran, name war UNK. 3. (c) Social Security No. UNK.  
4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife AMANDA KNUTSON 6. (c) Age of husband or wife if alive UNK. years  
7. Date of Birth (Month, Day, Year) SEPTEMBER 9, 1868

8. AGE	Years	Months	Days	If less than 1 day
	79	5	6	hrs min.

9. Exact Occupation FARMER Did this work for 27 yrs.  
10. Industry or Business UNK. Date last worked UNK.  
11. Birthplace APPLEBO, SWEDEN  
(City or town) (State or foreign country)

12. Name UNK. KNUTSON  
13. Birthplace UNK. SWEDEN  
(City or town) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Barryman  
and Address Progers Ida

17. (a) Removal-Burial Date thereof Feb. 15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: MOSCOW, IDAHO

18. Funeral Director's OWN Signature A. E. Alden  
and Address MOSCOW, IDAHO

19. (a) 2/15/48 (b) G. R. Fairly  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH FEBRUARY 15 19 48  
(Month, Day, Year) at 2:10 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from JANUARY 21 19 48, to FEB. 15 19 48  
I last saw him alive on FEB. 15 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CHRONIC HEART DISEASE WITH MITRAL AND ARTIC INSUFFICIENCY Duration 10 yrs.?  
Due to ARTERIOSCLEROSIS 10 yrs.?

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. L. Barryman  
(M.D. or other) and Address Progers Ida Date Feb. 15/48  
(For additional space, use reverse side)

014

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 612  
Local Reg. No. 18  
Reg. Dist. No. 210

1. PLACE OF DEATH:

(a) County CLEARWATER  
(b) City or town PIERCE  
(c) Street Address or R.F.D. No. 4 MI. S.W.  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst Stayed days  
(g) Lived in this county 20 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State IDAHO (b) County CLEARWATER  
(c) City or town PIERCE  
(d) Street Address or R.F.D. No. 4 MI. S.W.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Danbury, Wisc.

3. (a) FULL NAME HOLLY LEROY RICHMOND

3. (b) If veteran, name war I No. UNK.  
3. (c) Social Security No. UNK.  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) OCTOBER 24, 1889

8. AGE	Years	Months	Days	If less than 1 day
	58	3	23	hrs min.

9. Exact Occupation CEDAR MAKER Did this work for 20 yrs.  
10. Industry or Business WOODS AREA Date last worked 2/11/48  
11. Birthplace DUNN COUNTY, WISCONSIN (City or town) (State or foreign country)  
Mother { 12. Name HOLLY WILSON RICHMOND  
Father { 13. Birthplace MINNESOTA (City or town) (State or foreign country)  
14. Maiden name JOSIE JOHANNA NELSON  
15. Birthplace NORWAY (City or town) (State or foreign country)  
16. Informant's OWN Signature CORONERS OFFICE RECORDS and Address OROFINO, IDAHO  
17. (a) BURIAL (b) Date thereof FEB. 20, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: PIERCE CEM. PIERCE, IDAHO  
18. Funeral Director's OWN Signature BLAKE FUNERAL HOME and Address OROFINO, IDAHO  
19. (a) 2/20/48 (b) (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) FEBRUARY 16 1948  
a Between 12-6 o'clock A: M.  
21. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: CARDIAC FAILURE  
PROBABLE INSULIN SHOCK  
Due to DIABETES 10 Yr.  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature (M. D. or other) and Address Date 2/20/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. **613**  
Local Reg. No. **19**  
Reg. Dist. No. **210**

**1. PLACE OF DEATH:**

- (a) County **CLEARWATER**  
(b) City or town **WEIPPE**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital..... Institution..... Other place....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **1** years **10** months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **IDAHO** (b) County **CLEARWATER**  
(c) City or town **WEIPPE**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **22 MOS.** years  
(h) Former residence (city, state) **GRAND JUNCTION, COLORADO**

3. (a) **FULL NAME** **LEE ROY BAYSINGER**

3. (b) If veteran, name war ..... No. ....  
5. Color or race **WHITE** (a) Single, widowed, married, divorced **SINGLE**  
6. (b) Name of husband or wife ..... (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) **NOVEMBER 13, 1933**

8. AGE	Years	Months	Days	If less than 1 day
	<b>14</b>	<b>3</b>	<b>4</b>	hrs min.

9. Exact Occupation **Child** Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace **DOLORES, COLORADO**  
(City or town) (State or foreign country)

12. Name **MIKEL HENRY BAYSINGER**

13. Birthplace **OKLAHOMA**  
(City or town) (State or foreign country)

14. Maiden name **ADA VIOLA MOORE**

15. Birthplace **COBRAN, COLORADO**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **M H Baysinger**  
and Address **221 W. 1st St.**

17. (a) **BURIAL** (b) Date thereof **FEB. 19/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **WEIPPE CEM., WEIPPE, IDAHO**

18. Funeral Director's OWN Signature **BLAKE FUNERAL HOME**

and Address **OROFINE, IDAHO**

19. (a) **2/19/48** (b) **Chas C. Bailey**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** **FEBRUARY 17** 19 **48**  
(Month, Day, Year) at **6:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from \*\*\*\*\* 19 \*\*, to \*\*\*\*\* 19 \*\*

I last saw h. \*\* alive on \*\*\*\*\* 19 \*\*, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
**RESPIRATORY & CARDIAC FAILURE**

Due to **PSUEDOMUSCULAR HYPERT\* ROPHY**

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? **HEREDITY**

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature **George B. Blake**  
and Address **COBNER, IDAHO** Date **2/18** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 10 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. **614**  
Local Reg. No. **21**  
Reg. Dist. No. **310**

1. PLACE OF DEATH

- (a) County Clearwater  
(b) City or town Onagwa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. State Hosp. 1600 days  
(g) Lived in this county 6 years 6 months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boise  
(c) City or town Palladin  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

Charles Edward Gorton

0930

3. (b) If veteran, name war

3. (c) Social Security No. ....

4. Sex M 5. Color or race W  
6. (b) Name of husband or wife  
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>8</u>	<u>19</u>	hrs min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Illinois (City or town) (State or foreign country)

12. Name unknown  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Berryman  
and Address Onagwa Idaho

17. (a) Burial (b) Date thereof 3-2-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Palladin Idaho

18. Funeral Director's OWN Signature H. E. Hunkeler  
and Address Palladin Idaho

19. (a) 2/27/48 (b) J. C. Airley  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 27 1948  
at 4:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 1943, to Feb 27 1948  
I last saw him alive on Feb 27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic myocarditis Duration 7 yrs

Due to Arteriosclerosis 7 yrs

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury E. L. Berryman

23. Attendant's OWN Signature E. L. Berryman (M. or other)  
and Address Onagwa Idaho Date 2-27-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 615  
Local Reg. No. 22  
Reg. Dist. No. 210

## 1. PLACE OF DEATH

- (a) County Blaine  
(b) City or town Probus  
(c) Street Address or R.F.D. No. State Hosp. No.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. State Hosp. No. Stayed days  
(g) Lived in this county 27 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Probus  
(d) Street Address or R.F.D. No. State Hosp. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

Frank Bradish

093D

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race W  
6. (a) Single, widowed, married, divorced unmarried  
6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Feb 28 1948

8. AGE	Years	Months	Days	If less than 1 day
	70	4	24	hrs min.

9. Exact Occupation Formerly miner Did this work for years  
10. Industry or Business None Date last worked None  
11. Birthplace Dalmatia Austria (City or town) (State or foreign country)

12. Name unk  
13. Birthplace unk (City or town) (State or foreign country)  
14. Maiden name unk  
15. Birthplace unk (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Berry and Address Probus

17. (a) Burial (b) Date thereof 2-29-48 (Month) (Day) (Year)  
(c) Place: State Hosp. Cemetery

18. Funeral Director's OWN Signature E. L. Berry and Address Probus

19. (a) 3/2/48 (Date received and filed) (b) E. L. Berry (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 28 1948  
at 4 o'clock 7 M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1 1948 to Feb 28 1948  
I last saw him alive on Feb 27 1947; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

cardiac failure

Due to Chronic myocard

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state

where violence occurred  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None

Means of injury E. L. Berry

23. Attendant's OWN Signature E. L. Berry and Address Probus (M. D. or other) Date 2-26-48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

MAR - 2 1948

STATE OF IDAHO

1048  
State File No. 616  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Custer  
(b) City or town Mackay  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. none Stayed \_\_\_\_\_ days  
(g) Lived in this county no years 8 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Custer  
(c) City or town Mackay  
(d) Street Address or R.F.D. No. none  
(e) Deceased lived Inside? " Outside? city or town  
(f) Citizen of what country? USA.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Canada

## 3. (a) FULL NAME

William F. Garrett

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

## 4. Sex M 5. Color or race W

## 6. (a) Single, widowed, married, divorced widower

## 6. (b) Name of husband or wife \_\_\_\_\_

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) December 24, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>1</u>	<u>26</u>	hrs min.

## 9. Exact Occupation miner Did this work for life yrs.

## 10. Industry or Business mine and ranch Date last worked 1945

## 11. Birthplace Nolt County, Missouri (City or town) (State or foreign country)

## 12. Name Alfred Garrett

## 13. Birthplace Marion County, Indiana (City or town) (State or foreign country)

## 14. Maiden name Sarah Brown

## 15. Birthplace Decab County, Missouri (City or town) (State or foreign country)

## 16. Informant's OWN Signature Clyde Burton and Address Howe, Idaho

## 17. (a) Burial (b) Date thereof Feb. 25, 48 (Burial, cremation or removal) (Month) (Day) (Year)

## (c) Place: Hillcrest Cem. Arco, Idaho.

## 18. Funeral Director's OWN Signature Betty J. Marvel and Address Supervised Director, #FD 1

## 19. (a) 2-27-48 (b) 2-27-48 (Date received and filed) (Date of death)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Feb. 23 19 48

## at 12:00 o'clock 9 M.

## 21. I HEREBY CERTIFY, That I attended deceased from Feb. 23 19 48 to Feb. 23 19 48

I last saw him alive on Feb. 23, 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Chronic myocarditis Duration ?

## Due to Senility 9.

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted? ✓

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding ✓

## Finding of autopsy ✓

## PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Betty J. Marvel (M. D. or other) Feb. 23, 1948

## and Address Mackay Date Feb. 23, 1948

## (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 6 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 617  
Local Reg. No. 36  
Reg. Dist. No. 380

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Mountain Home  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 42 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Minnadoka Ida.

## 3. (a) FULL NAME ALMADA AMANDA WHITE

3. (b) If veteran, name war Mo. 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widow  
4. Sex Female race White  
6. (b) Name of husband or wife Alva A. 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) November 3, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>2</u>	<u>23</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Home Date last worked 10/12/47  
11. Birthplace Ohio (City or town) (State or foreign country)

12. Name George Ambrosier  
13. Birthplace Pennsylvania (City or town) (State or foreign country)  
14. Maiden name Sarah Grogg  
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's OWN Signature T. E. Shurey  
and Address Nampa Idaho

17. (a) Burial (b) Date thereof Jan. 28, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Mountain View Cemetery

18. Funeral Director's OWN Signature John J. Bay  
and Address Mountain Home Idaho

19. (a) Feb 4, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 26 1948  
at 1:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1/17 1948, to 1/26 1948  
I last saw him alive on 1/24 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Hypostatic pneumonia Duration 3 days

Due to Carcinoma cardiac endg. thing ch 4 yrs.

Due to Swartia etes 15 yrs  
Other conditions Swartia etes  
(Include pregnancy within 3 months of death)  
Swartia etes of colon

Where was disease contracted? PHYSICIAN  
Name of operation none Date ..... Underline the cause to which death should be charged statistically.

Major finding generalized  
Finding of autopsy Carcinoma atonic

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury [Signature]

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Idaho Date 1/27 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 6 1948  
DIVISION OF VITAL STATISTICS  
NON-RESIDENT  
Certificate of Death

1948  
State File No. 618  
Local Reg. No. 5  
Reg. Dist. No. 380

1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 3 months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State New Mexico (b) County Santa Fe  
(c) City or town Carmichael  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Carmichael, New Mexico

3. (a) FULL NAME

Anna Mae Sandoval

3. (b) If veteran,

name war no

3. (c) Social Security

No. none

5. Color or race White  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth

(Month, Day, Year) Aug. 6, 1947

8. AGE

Years

Months

Days

If less than 1 day

5

21

hrs

min.

9. Exact

Occupation Infant

Did this

work for \_\_\_\_\_ yrs.

10. Industry or

Business

Date last

worked

11. Birthplace

Carmichael, New Mexico

(City or town)

(State or foreign country)

12. Name

Julius Sandoval

13. Birthplace

Carmichael, New Mexico

(City or town)

(State or foreign country)

14. Maiden name

Rosita Sandoval

15. Birthplace

Carmichael, New Mexico

(City or town)

(State or foreign country)

16. Informant's

OWN Signature Julius Sandoval

and Address Carmichael, New Mexico

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof Jan 29, 1948

(Month) (Day) (Year)

(c) Place

Mountain View Cemetery

18. Funeral Director's

OWN Signature Julius Sandoval

and Address Carmichael, New Mexico

19. (a)

Jan 29, 1948

Date received and filed

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Jan. 27 1948

at 2 o'clock

P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1/26 1948 to 1/27 1948

I last saw her alive on 1/27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Neutro-enteritis

Due to hypertrophic

perforation

Due to Margaritis

Other conditions Ra. dist. 1/2

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

Duration

2 days

4 days

3 mos

3 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature Thomas M.

and Address Mountain View

Date 1/28 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

47-446975

RECEIVED

MAR 20 1948

D.V. Franklin  
Preston

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 619  
Local Reg. No. 9  
Reg. Dist. No. 540

## 1. PLACE OF DEATH:

- (a) County .....  
(b) City or town .....  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. Gen. Mem. Hosp. .... days  
(g) Lived in this county..... years 3 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town R.F.D. #2  
(d) Street Address or R.F.D. No. Preston  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 3 Mo. 107X  
(h) Former residence (city, state) .....

3. (a) FULL NAME RUSSELL LEVI BYINGTON

3. (b) If veteran, name war ..... No. ....  
5. Color or 6. (a) Single, widowed, married,  
Sex Male race White divorced Single  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife ..... alive ..... years  
7. Date of Birth  
(Month, Day, Year) November 2, 1947.

8. AGE	Years	Months	Days	If less than 1 day
	3	19	hrs	min.

9. Exact Occupation Child Did this work for ..... yrs.  
10. Industry or Business Date last worked .....  
11. Birthplace Preston, Idaho.  
(City or town) (State or foreign country)

12. Name George F. Byington  
13. Birthplace Downey, Idaho.  
(City or town) (State or foreign country)  
14. Maiden name Leona May Rigby  
15. Birthplace Bancroft, Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Leona Byington  
and Address Preston, Idaho.

17. (a) Burial (b) Date thereof 2-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Preston, Idaho.

18. Funeral Director's Richards & Son Mortuary  
OWN Signature .....  
and Address Preston, Idaho.

19. (a) 2-22-1948 (b) Effie W. Brauer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 21, 1948  
(Month, Day, Year)  
at 7:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
19 Feb 1948, to 21 Feb 1948  
I last saw him alive on 21 Feb 1948; death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia, bronchial Duration 24 hrs.

Due to .....  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? Preston, Idaho  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state  
where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature W. G. Hoge M.D.  
and Address Preston, Idaho (M. D. or other) Date 22 Feb 1948  
(For additional space, use reverse side)

1682

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. **620**  
Local Reg. No. **5**  
Reg. Dist. No. **540**

**1. PLACE OF DEATH:**

- (a) County Franklin  
(b) City or town Thatcher  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 74 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Franklin  
(c) City or town Thatcher  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) **FULL NAME** William Henry Mendenhall

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex Male race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Naomi H.  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Nov. 21, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>2</u>	<u>13</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Dayton, Idaho Date last worked \_\_\_\_\_  
11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

12. Name Thomas Mendenhall  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name Louisa Smart  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature William Mendenhall  
and Address Thatcher, Idaho

17. (a) Burial (b) Date thereof Feb. 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Thatcher, Idaho

18. Funeral Director's OWN Signature Webb-Hendricks  
and Address Preston

19. (a) 2-7-1948 (b) Effie W. Brainerd  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 097X

20. **DATE OF DEATH** (Month, Day, Year) Feb. 5 1948  
at 12:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1937, to 2-5 1948  
I last saw him alive on 2-2 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 5 minutes

Due to Hypertension 8 years

Due to Atherosclerosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. H. Koehler M.D. (M. D. or other)  
and Address Snake Spring Date 2-7 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 621  
Local Reg. No. 8  
Reg. Dist. No. 540

1. PLACE OF DEATH: Franklin  
(a) County Franklin  
(b) City or town Dayton  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 14 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Franklin  
(c) City or town Dayton  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME AARON JAMES HILL

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security \_\_\_\_\_  
name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ (a) Single, widowed, married,  
4. Sex Male race White divorced Married  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife Estella Dees alive 59 years  
7. Date of Birth November 7, 1883.  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>3</u>	<u>13</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Own Farm Date last worked \_\_\_\_\_  
11. Birthplace Smithfield, Utah.  
(City or town) (State or foreign country)  
Mother Father { 12. Name Aaron J. Hill Sr.  
13. Birthplace New York  
(City or town) (State or foreign country)  
14. Maiden name Mary Jane Cliney  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature James L. Hill  
and Address Dayton, Idaho  
17. (a) Burial (b) Date thereof 2-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Weston, Idaho.  
18. Funeral Director's Richards & Son Mortuary  
OWN Signature Herman F. Richards  
and Address Preston, Idaho.  
19. (a) 2-22-1948 (b) Effie W. Browne  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 20, 19 40  
(Month, Day, Year) at 9:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 1947, to 20 Feb 1948.  
I last saw him alive on 20 Feb 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchial Pathway, chronic Duration 6 years

Due to Allergy

Due to \_\_\_\_\_  
Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H.D. Hoge M.D.  
(M.D. or other) and Address Preston, Idaho Date 20 Feb 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
FEB 18 1948  
Certificate of Death  
DIVISION OF VITAL STATE OF IDAHO

1048  
State File No. 622  
Local Reg. No. 8  
Reg. Dist. No. 650

1. PLACE OF DEATH:

- (a) County. **Fremont**  
(b) City or town. **St. Anthony**  
(c) Street Address or R.F.D. No. **137 W 3 N**  
(d) Death Occurred Inside? **Yes** Outside? ..... city or town  
(e) Died in a Home. **Yes** Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. .... Stayed..... days  
(g) Lived in this county. **60** years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Idaho** (b) County. **Fremont**  
(c) City or town. **St. Anthony**  
(d) Street Address or R.F.D. No. **137 W 3 N**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **65** years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **AMOS CANUTE JACOBS**

3. (b) If veteran, name war **NO.** 3. (c) Social Security No. **NONE**  
5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced. **MARRIED**  
4. Sex. **MALE** 6. (b) Name of husband or wife **ZINA WALKER**  
6. (c) Age of husband or wife if alive **77** years  
7. Date of Birth (Month, Day, Year) **June 3, 1871**

8. AGE	Years	Months	Days	If less than 1 day
	<b>76</b>	<b>7</b>	<b>28</b>	hrs. min.

9. Exact Occupation **Retired Farmer** Did this work for..... yrs.  
10. Industry or Business Date last worked.....  
11. Birthplace **Lehi, Utah** (City or town) (State or foreign country)

- Father { 12. Name **Sven H. Jacobs**  
13. Birthplace **Norway** (City or town) (State or foreign country)

- Mother { 14. Maiden name **Thera S. Hopkins**  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature **Glen W Jacobs**  
and Address **Rawlins, Wyoming**

17. (a) **Burial** (b) Date thereof **Feb., 4, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **St. Anthony, Idaho.**

18. Funeral Director's OWN Signature **M. S. Hansen**  
and Address **St. Anthony, Idaho**

19. (a) **Feb. 4, 1948** (b) **M. S. Hansen**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **February 1** 19 **48**  
at **5:45** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Never attended** 19 .....

I last saw h..... alive on..... 19.....  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Occlusion** Duration **2 hrs**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature **E. L. Suber**  
(M D or other) **2/3/48**

and Address **St Anthony** Date **2/3/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

FEB 13 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 623  
Local Reg. No. 10  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County **Fremont**  
(b) City or town **St. Anthony**  
(c) Street Address or R.F.D. No. **718 W. Main**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **53** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Fremont**  
(c) City or town **St. Anthony**  
(d) Street Address or R.F.D. No. **718 West Main**  
(e) Deceased lived Inside? **Yes** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **53** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**WILLIAM D. MAUPIN**

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

## 4. Sex. **Male** 5. Color or race **White**

## 6. (a) Single, widowed, married, divorced **Married**

## 6. (b) Name of husband or wife **Emma, Johnson**

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth **September 4, 1875** (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>5</b>	<b>1</b>	hrs. min.

## 9. Exact Occupation **Farmer** Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business **Own Farm** Date last worked \_\_\_\_\_

## 11. Birthplace **Springfield, Missouri** (City or town) (State or foreign country)

## 12. Name **William D. Maupin** (City or town) (State or foreign country)

## 13. Birthplace **Virginia** (City or town) (State or foreign country)

## 14. Maiden name **Rebecca McDowell** (City or town) (State or foreign country)

## 15. Birthplace **Kentucky** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Walter K. Maupin** and Address **Newdale, Idaho.**

## 17. (a) **Burial** (b) Date thereof **Feb., 10, 1948** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place **St. Anthony, Idaho.**

## 18. Funeral Director's OWN Signature **M. S. Hansen** and Address **St. Anthony, Idaho.**

## 19. **Feb 6, 1948** (b) **M. S. Hansen** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) **February 5, 1948** at **11:20** o'clock **A.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **7 Aug** **1948**, to **5 Feb.** **1948**. I last saw him alive on **5 Feb.** **1948**. death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**A - V Block, III degree**

## Duration

**2**

Due to **Myocardial damage.**

Due to \_\_\_\_\_

Other conditions **none**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho.**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature **Walter K. Maupin**

and Address **Fishers - 924** (M D or other) **Feb 6, 1948**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
FEB 18 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. 624  
Local Reg. No. 650  
Reg. Dist. No. 650

1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 126 S. Bridge  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. A. Hosp. Stayed 16 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Rexburg  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) Chester, Idaho

3. (a) FULL NAME

ANNA MARIE MATILDA JOHNSON HOWARD

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Don Carlos Howard

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February 27, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>11</u>	<u>8</u>	hrs. min.

9. Exact Occupation Retired Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Mt. Pleasant, Utah (City or town) (State or foreign country)

12. Name John Martin Johnson (City or town) (State or foreign country)

13. Birthplace Austerisor, Norway (City or town) (State or foreign country)

14. Maiden name Matilda Owen (City or town) (State or foreign country)

15. Birthplace Stockholm, Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature J. N. Ebert

and Address Marysville, Idaho.

17. (a) Removal (b) Date thereof Feb. 10, 1948

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Maywood, California

18. Funeral Director's OWN Signature M. S. Hansen

and Address St. Anthony, Idaho.

19. (a) Feb. 6, 1948 (b) M. S. Hansen

(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 5 19 48

at 5:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 3 December 19 47 to 5 February 19 48.

I last saw her alive on 5 Feb. 19 48.

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure Duration 2 weeks

Due to Unguarded, chronic ?

Due to Peptic ulcer ?

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho.

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature John Ebert

and Address Ashley, Idaho (M. I. or other) 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

FEB 18 1948 **Certificate of Death**

DEPARTMENT OF VITAL STATISTICS

STATE OF IDAHO

1948  
State File No. **625**  
Local Reg. No. **12**  
Reg. Dist. No. **650**

1. PLACE OF DEATH:

- (a) County. **Fremont**  
(b) City or town. **St. Anthony**  
(c) Street Address or R.F.D. No. **West Main**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. ☒ Hospital. \_\_\_\_\_ Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed. \_\_\_\_\_ days  
(g) Lived in this county **18** years. \_\_\_\_\_ months. \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Idaho** (b) County. **Fremont**  
(c) City or town. **St. Anthony**  
(d) Street Address or R.F.D. No. **West Main**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **18** years  
(h) Former residence (city, state) **Logan, Utah**

3. (a) FULL NAME

**EVELYN CLARK JENKINS**

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. **519-14-9566**

5. Color or race **White**

6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife **Roye Jenkins**

6. (c) Age of husband or wife if alive. **29** years

7. Date of Birth (Month, Day, Year) **February 3, 1923**

AGE	Years	Months	Days	If less than 1 day
	<b>25</b>	<b>0</b>	<b>4</b>	hrs. min.

9. Exact Occupation. **Housewife** Did this work for. **6** yrs.

10. Industry or Business. **Own Home** Date last worked \_\_\_\_\_

11. Birthplace. **Logan, Utah** (City or town) (State or foreign country)

12. Name. **LeRoy B. Clark** (City or town) (State or foreign country)

13. Birthplace. \_\_\_\_\_ (City or town) (State or foreign country)

14. Maiden name. **Rosamond Barnard** (City or town) (State or foreign country)

15. Birthplace. **Blackfoot, Idaho.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Roye Jenkins**

and Address. **St. Anthony, Idaho.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof. **Feb. 11, 1948** (Month) (Day) (Year)

(c) Place. **St. Anthony, Idaho.**

18. Funeral Director's OWN Signature **Med Hansen**

and Address. **St. Anthony, Idaho.**

19. (a) **February 10, 1948** (Date received and filed) (b) **Med Hansen** (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **February 7,** 19**48**  
at **5:10** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **38** to **Feb 6** 19**48**

I last saw her alive on **Feb 6** 19**48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial Infarction** Duration **2 hr.**

Due to **Rheumatic Heart.** **10 yrs.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home. \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **E. L. Smith** (M. D. or other)  
and Address. **St. Anthony** Date **2/8/48** 19**48**  
(For additional space, use reverse side)

246

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

FEB 18 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1048

State File No. **626**  
Local Reg. No. **13**  
Reg. Dist. No. **650**

## 1. PLACE OF DEATH:

- (a) County. **Fremont**  
(b) City or town. **St. Anthony**  
(c) Street Address or R.F.D. No. **126 So. Bridge**  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home..... Hospital... **X** Institution..... Other place.....  
(f) Name Hosp. or Inst. **St. A. Hosp.** Stayed..... **1** days  
(g) Lived in this county..... **58** years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Idaho** (b) County. **Fremont**  
(c) City or town. **Teton**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **61** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**JOHN SAMUEL EAMES**

3. (b) If veteran, name war No. ....

3. (c) Social Security No. **None**

5. Color or Sex. **Male** race. **White**

6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife **Dora Hansen**

6. (c) Age of husband or wife if alive. **82** years

7. Date of Birth (Month, Day, Year) **April 16, 1866**

8. AGE	Years	Months	Days	If less than 1 day
	<b>81</b>	<b>9</b>	<b>27</b>	hrs. min.

9. Exact Occupation. **Retired Farmer** Did this work for..... yrs.

10. Industry or Business. .... Date last worked.....

11. Birthplace. **Herefordshire, England** (City or town) (State or foreign country)

12. Name. **John Eames**

13. Birthplace. **England** (City or town) (State or foreign country)

14. Maiden name. **Hannah Jenkins**

15. Birthplace. **England** (City or town) (State or foreign country)

16. Informant's OWN Signature. **V. M. Hansen**

and Address. **St. Anthony, Idaho**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof. **Feb., 17, 1948** (Month) (Day) (Year)

(c) Place. **Teton, Idaho**

18. Funeral Director's OWN Signature. **M. Hansen**

and Address. **St. Anthony, Idaho**

19. (a) **Feb., 16, 1948** (Date received and filed) (b) **M. Hansen** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Feb. 13** 19**48**  
at **5** o'clock **a** M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb. 12** 19**48** to **Feb. 13** 19**48**

I last saw him alive on **Feb. 13** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial Failure** Duration **2 wks.**

Due to **Myocarditis** **1 yr.**

Due to.....

Other conditions (include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred..... 19..... City, county, state where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work? .....

Means of injury.....

23. Attendant's OWN Signature. **E. L. Soule MD** Date. **2/14/1948** and Address. **St. Anthony** (For additional space, see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 627  
Local Reg. No. 14  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 121 W 2 N.  
(d) Death Occurred Inside? X Outside? .....city or town  
(e) Died in a Home.....X Hospital.....Institution.....Other place.....  
(f) Name Hosp. or Inst.....Stayed.....days  
(g) Lived in this county.....32 yrs.....months.....days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town 121 W 2 North St. Anthony  
(d) Street Address or R.F.D. No.....  
(e) Deceased lived Inside? X Outside? .....city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Wyoming

## 3. (a) FULL NAME

HANNAH E. COTTERELL

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

None

## 4. Sex Female Race White

## 6. (a) Single, widowed, married, divorced Widow

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive.....years

## 7. Date of Birth (Month, Day, Year)

October 13, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>4</u>	<u>1</u>	hrs. min.

## 9. Exact Occupation At Home Did this work for.....yrs.

## 10. Industry or Business Date last worked

## 11. Birthplace Farmington, Utah (City or town) (State or foreign country)

## 12. Name Joseph Taylor Cotterell

## 13. Birthplace Illinois (City or town) (State or foreign country)

## 14. Maiden name Sarah Ann Bowman

## 15. Birthplace Iowa (City or town) (State or foreign country)

## 16. Informant's OWN Signature Lila Andrews and Address 712 No. Harrison, Pocatello, Idaho.

## 17. (a) Burial (b) Date thereof 2-19-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Ora, Idaho.

## 18. Funeral Director's OWN Signature Mrs. Hansen and Address St. Anthony, Idaho

## 19. (a) Feb. 18, 1948 (b) Mrs. Hansen (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) February 14 19 48  
at 5:15 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19..... to Feb. 14 19 48

I last saw h. not seen alive on Feb. 14 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Myocardial Failure Duration 1 day.

## Due to.....

## Due to.....

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation..... Date.....

## Major finding.....

## Finding of autopsy.....

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident?..... Suicide?..... Homicide?.....

## Occurred..... 19..... City, county, state

## where violence occurred.....

## Place of Violence: Home..... Farm..... Industry.....

## Public Place..... While at work?.....

## Means of injury.....

## 23. Attendant's OWN Signature E. L. Soule MD (M. D. or other)

## and Address St. Anthony Date 2/17/48 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

MAR - 1 1948

**Certificate of Death**  
**D. VISION OF VITAL STATE OF IDAHO**

1948  
State File No. 628  
Local Reg. No. 15  
Reg. Dist. No. 650

**1. PLACE OF DEATH:**

(a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 126 So. Bridge  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. A. Hosp Stayed 5 days  
(g) Lived in this county 43 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

(a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

**LEAH BECK GALLUP JENSEN**

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. None

5. Color or white  
4. Sex Female race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Carl Jensen

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth June 19, 1896  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>8</u>	<u>6</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Spanish Fork, Utah  
(City or town) (State or foreign country)

12. Name John F. Beck

13. Birthplace Spanish Fork, Utah.  
(City or town) (State or foreign country)

14. Maiden name Harriet Law

15. Birthplace Pleasant Grove, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Arthur E. Gallup.  
and Address RFD #2 St. Anthony, Idaho

17. (a) Burial (b) Date thereof February 28, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Annis, Idaho.

18. Funeral Director's OWN Signature W. A. Hansen  
and Address St. Anthony, Idaho

19. (a) Filed, 27, 1948 (b) W. A. Hansen  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH February 25 19 48  
(Month, Day, Year) at 5:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 20 Feb. 19 48 to 25 Feb. 19 48

I last saw her alive on 25 Feb. 19 48.  
death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Hypostatic pneumonia

Due to Portal Cirrhosis & heart failure

Due to Lungs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho.

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Arthur E. Gallup.  
(If D. or other)

and Address Ashton-Idaho Date 27 Feb. 19 48.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAR - 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 629  
State File No. ....  
Local Reg. No. 16  
Reg. Dist. No. 650

1. PLACE OF DEATH: **ST. ANTHONY**
- (a) County. **Fremont**
- (b) City or town. **St. Anthony**
- (c) Street Address or R.F.D. No. **118 W 1 N.**
- (d) Death Occurred Inside? **Yes** Outside? ..... city or town
- (e) Died in a Home. **X** Hospital. .... Institution. .... Other place. ....
- (f) Name Hosp. or Inst. .... Stayed. .... days
- (g) Lived in this county. **28** years. .... months. .... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State. **Idaho** (b) County. **Fremont**
- (c) City or town. **St. Anthony**
- (d) Street Address or R.F.D. No. **118 W 1 N.**
- (e) Deceased lived Inside? **X** Outside? ..... city or town
- (f) Citizen of what country? **U. S.**
- (g) How long had deceased lived in Idaho? **39** years
- (h) Former residence (city, state) .....

3. (a) FULL NAME **LULA MAUDE ROGERS SHEPARD**

3. (b) If veteran, name war No. .... 3. (c) Social Security No. ....
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Married**
6. (b) Name of husband or wife **William C. Shepard** 6. (c) Age of husband or wife if alive. **72** years
7. Date of Birth **January 27, 1885**

8. AGE	Years	Months	Days	If less than 1 day
	<b>63</b>	<b>0</b>	<b>29</b>	hrs. min.

9. Exact Occupation. **At Home** Did this work for. .... yrs.
10. Industry or Business. .... Date last worked. ....
11. Birthplace. **Fort Scott, Kansas** (City or town) (State or foreign country)

- Father { 12. Name. **Ansel Rogers**
13. Birthplace. **Michigan** (City or town) (State or foreign country)

- Mother { 14. Maiden name. **Melissa Thompson**
15. Birthplace. **Charlotte, North Carolina** (City or town) (State or foreign country)

16. Informant's OWN Signature **W. C. Shepard**

and Address. **St. Anthony, Idaho**

17. (a) **Burial** (b) Date thereof. **Feb., 29, 1948** (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place. **St. Anthony, Idaho**

18. Funeral Director's OWN Signature **W. C. Hansen**

and Address. **St. Anthony, Idaho**

19. (a) **February 28, 1948** (Date received and filed)
- W. C. Hansen** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Feb 26 1948**

(Month, Day, Year) at **6** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **1944** to **Feb 26 1948**

I last saw her alive on **Feb 25 1948**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial Failure** Duration **2 days**

Due to **Cerebral Vasculopathy** **3 mo**

Due to **Hypertension** **1 yrs**

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation. .... Date. ....

Major finding. ....

Finding of autopsy. ....

PHYSICIAN Underline the cause to which death should be charged statistically

If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred. .... 19. .... City, county, state where violence occurred. ....

Place of Violence: Home. .... Farm. .... Industry. ....

Public Place. .... While at work? .....

Means of injury. ....

23. Attendant's OWN Signature **E. J. Lamb** (M. D. or other)

and Address **St. Anthony** Date **4/26 1948**

(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED NON-RESIDENT  
FEB 13 1948  
Certificate of Death  
DIVISION OF VITAL STATE OF IDAHO

1948 State File No. 630  
Local Reg. No. 11  
Reg. Dist. No. 650

1. PLACE OF DEATH:

- (a) County. **Fremont**  
(b) City or town. **Chester**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? **X** ..... city or town  
(e) Died in a Home **X** Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years **1** months **22** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Oklahoma** (b) County. **Oklahoma**  
(c) City or town. **Oklahoma City**  
(d) Street Address or R.F.D. No. **833 N.E. 15th Street**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **20** years  
(h) Former residence (city, state) **St. Anthony, Idaho**

3. (a) FULL NAME **ANGIE OPAL WORRELL BOWMAN BURNETT**

3. (b) If veteran, name war No. .... 3. (c) Social Security No. ....  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Divorced**  
4. Sex **Female** race **White** 6. (b) Name of husband or wife **Hugh Gale Burnett**  
6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) **September 6, 1910**

8. AGE	Years	Months	Days	If less than 1 day
	<b>37</b>	<b>5</b>	<b>1</b>	hrs. min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **St. Anthony RFD, Idaho.** (City or town) (State or foreign country)

12. Name **P. P. Worrell** (City or town) (State or foreign country)  
13. Birthplace **Carroll County, Virginia** (City or town) (State or foreign country)

14. Maiden name **Julia Cur**  
15. Birthplace **Chester, Idaho.** (City or town) (State or foreign country)

16. Informant's OWN Signature **P. P. Worrell**  
and Address **Chester, Idaho.**

17. (a) **Removal** (b) Date thereof **Feb. 10, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Oklahoma City, Oklahoma**

18. Funeral Director's OWN Signature **M. S. Hansen**  
and Address **St. Anthony, Idaho.**

19. (a) **February 10, 1948** (b) **M. S. Hansen**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **February 7, 1948**  
at **2:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **4 Dec. 47**  
19 **19** to **7 Feb. 1948**

I last saw her alive on **7 Feb. 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Hypostatic pneumonia** Duration **2 days**  
**Carcinoma of uter**  
**& metastases.**

Due to .....  
Due to .....  
Other conditions **none**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Oklahoma**

Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state  
where violence occurred .....  
Place of Violence: Home. .... Farm. .... Industry. ....  
Public Place. .... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature **limited sign**  
(M. D. or other)

and Address **Asura - 24** Date **8 Feb. 1948**  
(For additional space, use reverse side)

446

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

NR

PROCESSED

FEB 19 1948

# Certificate Of Death

STATE OF IDAHO

1948 631  
State File No. \_\_\_\_\_  
Local Reg. No. 340  
Reg. Dist. No. 341

## 1. PLACE OF DEATH:

DIVISION OF VITALS

- (a) County Blaine  
(b) City or town Emmett  
(c) Street Address or R. F. D. No. 2nd & Wash  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. May 9, 1928 stayed 56 days  
(g) Lived in this county 19 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Francis Amy Davis 0466

## 3. (b) If veteran,

## 3. (c) Social Security

name war no

No. no

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alfred  
6. (c) Age of husband or wife if alive 29 years

7. Date of Birth (Month, Day, Year) May 9, 1928

8. AGE	Years	Months	Days	If less than 1 day
	19	8	24	hrs min.

9. Exact Occupation at home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Own Home Date last worked \_\_\_\_\_

11. Birthplace Buttich Idaho (City or town) (State or foreign country)

12. Name Dorcas Halford

13. Birthplace Ontario Oregon (City or town) (State or foreign country)

14. Maiden name Leah M. Halford

15. Birthplace Boise Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature E. R. Davis

- and Address Emmett Idaho

17. (a) Burial (b) Date thereof 2-7-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Emmett Idaho

18. Funeral Director's OWN Signature Chas. H. Chaffey

- and Address Emmett, Idaho

19. (a) 2-18-48 (b) Chas. H. Chaffey (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 050X

20. DATE OF DEATH (Month, Day, Year) Feb. 3 1948

at 3:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 2 1947, to Feb 3 1948

I last saw her alive on Feb 3rd 1948. Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Pancreas Duration \_\_\_\_\_

Metastases in Liver

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. R. Reynolds (M.D. or other)

and Address R. 9-48 Emmett

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 19 1948  
Certificate Of Death  
STATE OF IDAHO

948  
State. File No. **632**  
Local Reg. No. **2346**  
Reg. Dist. No. **341**

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County Idaho  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. Thompson Street High  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Thompson Street Stayed 5 days  
(g) Lived in this county 37 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Idaho  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Indiana

3. (a) FULL NAME Frank Hebe
3. (b) If veteran, name war Spanish American No. no  
5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife —  
6. (c) Age of husband or wife if alive — years  
7. Date of Birth (Month, Day, Year) Nov. 17, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>2</u>	<u>20</u>	hrs min.

9. Exact Occupation Laborer Did this work for — yrs.  
10. Industry or Business — Date last worked —  
11. Birthplace Indiana (City or town) (State or foreign country)  
Mother { 12. Name Anderson  
13. Birthplace Indiana (City or town) (State or foreign country)  
14. Maiden name Anderson  
15. Birthplace Indiana (City or town) (State or foreign country)  
16. Informant's OWN Signature Lewis C. Hebe and Address Emmett Idaho  
17. (a) Burial (b) Date thereof 2-10-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Emmett Idaho  
18. Funeral Director's OWN Signature Charles J. Hebe and Address Emmett, Idaho  
19. (a) 2-18-48 (b) Chas. Hebe (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **030D**

20. DATE OF DEATH (Month, Day, Year) Feb 17 1948  
at 9:45 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from Jan 1 1948 1948, to 7 Feb 1948.  
I last saw him alive on 7 Feb 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Hypostatic pneumonia Duration 5 days  
Due to Cancer of Prostate 8 months  
Other conditions Arteriosclerosis of abd. aorta 3 yrs.  
(Include pregnancy within 3 months of death)  
Where was disease contracted? —  
Name of operation — Date —  
Major finding —  
Finding of autopsy no  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred 19 City, county, state —  
where violence occurred —  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury —  
23. Attendant's OWN Signature J. A. Anderson, M.D. (M. D. or other)  
and Address Emmett, Idaho Date Feb 17 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

FEB 19 1948

STATE OF IDAHO

1948  
State File No. **633**  
Local Reg. No. **340**  
Reg. Dist. No. **341**

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County Idaho  
(b) City or town Emmett  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. May Kern Stayed 4 days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Idaho  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. Paul #1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) California

3. (a) FULL NAME Mrs. Iry Pearl Rindle

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 518-16-8289
4. Sex 2 5. Color or race 21 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mat 6. (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) Dec. 28, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>1</u>	<u>12</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Carroll, Iowa (City or town) (State or foreign country)

12. Name Hensley, Alice
13. Birthplace New Castle Bellmont Ohio (City or town) (State or foreign country)
14. Maiden name Paul
15. Birthplace Spencer Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Mat Rindle and Address Emmett Idaho Rfd 1

17. (a) Unusual (b) Date thereof 2-13-48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Methodist Cemetery

18. Funeral Director's OWN Signature John H. Chappard and Address Emmett, Idaho

19. (a) 2-18-48 (b) Chas. L. Chappard (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **103X**

20. DATE OF DEATH (Month, Day, Year) Feb. 10 1948  
at 1:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1948 to Feb. 10 1948  
I last saw him alive on Feb. 10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Central Tumor  
left anterior lobe.  
Due to also had hemorrhage from the tumor.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy Tumor of brain  
left anterior lobe. Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. H. Rymada (M. D. or other)  
and Address Emmett Idaho Date 2/13 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 19 1948  
OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **634**  
Local Reg. No. **340**  
Reg. Dist. No. **341**

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Mary Secor Stayed 5 days  
(g) Lived in this county 42 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Fairview, Wyoming

## 3. (a) FULL NAME Sarah Annie Dewey

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife J. C. Dewey, Sr  
6. (c) Age of husband or wife if alive 89 years  
7. Date of Birth (Month, Day, Year) November 14, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>2</u>	<u>28</u>	hrs min.

9. Exact Occupation Housewife Did this work for 70 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Ogden Utah (City or town) (State or foreign country)

12. Name O. R. Child  
13. Birthplace Ogdensburg, New York (City or town) (State or foreign country)  
14. Maiden name Sarah Urinda Rawson  
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Emmett Dewey  
and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 2-16-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature James R. Persons  
and Address Emmett, Idaho

19. (a) 2-18-48 (b) Chas. H. Haff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 111C

20. DATE OF DEATH (Month, Day, Year) February 12 19 48  
at 9:50 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw her alive on 12 Feb. 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Duration

Due to Hypostatic pneumonia 3 days

Due to Coronary occlusion 3 hrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature P. A. Goodwin, M.D.

and Address 13 Feb. Date 19 48

(For additional space, use reverse side)

Emmett, Idaho 472

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FED 2

# Certificate Of Death

STATE OF IDAHO

1948 635  
State File No. \_\_\_\_\_  
Local Reg. No. 340  
Reg. Dist. No. 341

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Emmett  
(c) Street Address or R. F. D. No. 2nd & Wash  
(d) Death Occured Inside? ✓ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. May Day Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. Box 143  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ✓ city or town  
(f) Citizen of what country? U S A  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Lawrence Lee Jensen 159X

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. no

4. Sex M race W  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Feb. 15, 1948

8. AGE	Years	Months	Days	If less than 1 day
				4 hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Emmett, Idaho (City or town) (State or foreign country)

12. Name Elyse Jensen

13. Birthplace Idaho (City or town) (State or foreign country)

14. Maiden name Beth Jensen

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Elyse Jensen  
and Address Emmett, Idaho

17. (a) Burial (b) Date thereof 2-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Emmett, Idaho  
and Address Emmett, Idaho

19. (a) 2-26-48 (b) Chas. H. Haff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 15, 1948

at 3:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1948 to Feb 15, 1948

I last saw him alive on Feb 15, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

Prematurely 6 1/2  
month gestation

Due to Baby lived 4 hours

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ronald F. Kuehner

and Address Emmett (M. D. or other) Date 26 Feb 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 2 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

1948 6336  
State File No. \_\_\_\_\_  
Local Reg. No. 340  
Reg. Dist. No. 341

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 418 East 5th  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 12 years 2 months 22 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 418 East 5th  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Oklahoma

3. (a) FULL NAME

Abraham Hickson Everett

094A

3. (b) If veteran,

name war No

3. (c) Social Security

No. 519-03-0937

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cora Elizabeth

6. (c) Age of husband or wife if alive 67 years

7. Date of Birth (Month, Day, Year)

July 17, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>7</u>	<u>5</u>	hrs min.

9. Exact Occupation Laborer

- Did this work for 10 yrs.

10. Industry or Business

- Date last worked Aug. 1945

11. Birthplace Newberg

- Arkansas

(City or town)

(State or foreign country)

12. Name Jessie Copland Everett

13. Birthplace Tennessee

(City or town)

(State or foreign country)

14. Maiden name Susana Byler

15. Birthplace Arkansas

(City or town)

(State or foreign country)

16. Informant's OWN Signature Ernest Stiles Jr

and Address Emmett Idaho

17. (a) Burial (b) Date thereof 2-26-48

(Burial, cremation or removal)

(Month) (Day) (Year)

- (c) Place: Emmett Idaho

18. Funeral Director's OWN Signature Charles H. Person

and Address Emmett Idaho

19. (a) 2-26-48 (b) Chas H. Person

(Date received and filed)

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Feb. 22 1948  
at \_\_\_\_\_ o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from

Oct 1947 to Feb 22 1948  
I last saw him alive on Feb 18 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary Occlusion

Duration.

Due to  
Coronary Occlusion

Due to attacks in last 6 months

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature Ronald P. Karlsen

and Address Emmett (M. D. or other) \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

FEB 19 1948

STATE OF IDAHO

State File No. **637**  
Local Reg. No. **340**  
Reg. Dist. No. **341**

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Artha  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 11 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Artha  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 11 Mo. years  
(h) Former residence (city, state) Canton, Ill

## 3. (a) FULL NAME

Carl Dean Addis

083A

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or race W  
4. Sex M

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maria

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Dec. 18, 1891

## 8. AGE

Years	Months	Days	If less than 1 day
<u>56</u>	<u>1</u>	<u>20</u>	hrs min.

9. Exact Occupation Plumber Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Own Business Date last worked \_\_\_\_\_

11. Birthplace Canton Illinois (City or town) (State or foreign country)

12. Name John W. Addis

13. Birthplace Canton Ill (City or town) (State or foreign country)

14. Maiden name Daisy Williams

15. Birthplace Canton Ill (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Maggie Addis

- and Address Artha, Idaho.

17. (a) Removal (b) Date thereof 2-11-1948 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Canton, Ill.

18. Funeral Director's OWN Signature Emmett J. Flahiff

- and Address Emmett J. Flahiff

19. (a) 2-18-48 (b) Chas. Flahiff (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

102X

## 20. DATE OF DEATH

(Month, Day, Year) Feb 8 1948  
at 1:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1-9 1948, to 2-8 1948

I last saw h. M alive on 2-6 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Hypertensive Vascular Disease

## Duration

yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cerebral Hemorrhage  
(Include pregnancy within 3 months of death)

General - old & recent

Where was disease contracted? Ind. Union

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. H. Emmecke, M.D.

and Address Emmett Date 2-10 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAR 17 1948

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

748 638  
State File No. ....  
Local Reg. No. .... 1313  
Reg. Dist. No. .... 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R.F.D. No. 533-4th Ave. E.  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 36 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. 533-4th Ave. E.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Hartville, Missouri

## 3. (a) FULL NAME

Jerry Madison Carter

3. (b) If veteran, name war ----- No. -----  
5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
4. Sex male 6. (b) Name of husband or wife Sarah Margret 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) May 3, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>9</u>	<u>14</u>	hrs min.

9. Exact Occupation Farming Did this work for life yrs.  
10. Industry or Business ..... Date last worked 1940  
11. Birthplace Hartville, Missouri  
(City or town) (State or foreign country)

12. Name Jessie M. Carter  
13. Birthplace ----- Kentucky  
(City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace " "  
(City or town) (State or foreign country)

16. Informant's OWN Signature M. H. Carter  
and Address Richfield, Idaho

17. (a) burial (b) Date thereof 2/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Elmwood Cem. Gooding, Ida.

18. Funeral Director's OWN Signature H. P. Bright  
and Address Gooding, Idaho

19. (a) 2-18-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 17, 1948  
at 5:30 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from Nov, 1945 to Feb. 17, 1948

I last saw h./m. alive on Feb. 17, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Chronic myocarditis  
Myocardial Degeneration 16 months  
Due to Arterio Sclerotic Cardio-vascular renal disease 10 years

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state  
where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature H. C. Collins (M. D. ....)  
and Address Gooding Date 2/2/1948  
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1946  
State File No. 639  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. Wendell  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 30 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Wendell  
(d) Street Address or R.F.D. No. Wendell  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Arkansas City, Kansas

## 3. (a) FULL NAME

Mable Anderson Campbell

## 3. (b) If veteran,

name war -----

## 3. (c) Social Security

No. -----

5. Color or white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife John A.  
6. (c) Age of husband or wife if alive deceased years

## 7. Date of Birth

(Month, Day, Year) May 28, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>8</u>	<u>7</u>	hrs min.

9. Exact Occupation housewife Did this work for life yrs.

10. Industry or Business Sept. 1945 Date last worked

11. Birthplace Bellaire, Ohio  
(City or town) (State or foreign country)

12. Name George L. Anderson

13. Birthplace West Alexander, Penn.  
(City or town) (State or foreign country)

14. Maiden name Mary Lyons

15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. H. J. Holsinger  
and Address Wendell, Idaho

17. (a) burial (b) Date thereof 2/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's OWN Signature H. P. Bright  
and Address Gooding, Idaho

19. (a) J. B. Brown (b) J. B. Brown  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 2-4 1948  
at 7:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1942, to death 1948  
I last saw her alive on 2-4 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

fracture Duration 10 days  
Hypertensive Pneumonia 3 days  
Due to Parkinsonism 15 yrs.

Due to Hypertension 15 yrs.  
Other conditions -----  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature H. J. Holsinger, M.D.  
(M. D. or other)  
and Address Wendell, Idaho Date 2-7 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 10 1948

# Certificate Of Death

OF VITAL

STATE OF IDAHO

State File No. **640**  
Local Reg. No. **78**  
Reg. Dist. No. **421**

## 1. PLACE OF DEATH:

(a) County **Gooding**  
(b) City or town **Wendell**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home. Hospital ☒ Institution ..... Other place....  
(f) Name Hosp. or Inst. **St. Valentines** Stayed ..... days  
(g) Lived in this county. .... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**Alfred Dave Bateman**

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

4. Sex **Male** race **White** 5. Color or 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) **Feb 6. 1948**

8. AGE	Years	Months	Days	If less than 1 day
	-	-	-	<b>2 hrs</b> min.

9. Exact Occupation **Infant** Did this work for ..... yrs.

10. Industry or Business Date last worked .....

11. Birthplace **Wendell Idaho** (City or town) (State or foreign country)

12. Name **Alphonso Bateman**

13. Birthplace **Jerome Idaho** (City or town) (State or foreign country)

14. Maiden name **Irene Stricker**

15. Birthplace **Shantley, Wyoming** (City or town) (State or foreign country)

16. Informant's OWN Signature **A. G. Bateman** and Address **Jerome, Idaho**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb 9. 1948** (Month) (Day) (Year)

(c) Place: **Jerome, Idaho**

18. Funeral Director's OWN Signature **J. R. Wiley** and Address **Jerome, Idaho**

19. (a) **2/10/48** (Date received and filed) (b) **Walter M. Anderson** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Feb 6 1948** at **9:00** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb 6 1948** to **Feb 6 1948**. I last saw him alive on **Feb 6 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration **2 hrs**

Due to **Birth injury**

Due to **Smallpox mother**  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature **J. Reuben C. Matson M.D.**

(M. D. or other)

and Address **Jerome Ida** Date **2-7 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 18 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **641**  
Local Reg. No. **1312**  
Reg. Dist. No. **420**

## 1. PLACE OF DEATH:

- (a) County **Gooding**  
(b) City or town **Gooding**  
(c) ~~Street Address or~~ R.F.D. No. **3**  
(d) Death Occured Inside? Outside? **X** city or town  
(e) Died in a Home **X** Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed **30** days  
(g) Lived in this county **30** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Gooding**  
(c) City or town **Gooding**  
(d) Street Address or R.F.D. No. **713 California**  
(e) Deceased lived Inside? Outside? **X** city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **Grenola, Kansas**

## 3. (a) FULL NAME

**Mable Bliss**

3. (b) If veteran, name war **-----** No. **519-16-3603**  
5. Color or race **female white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Roy Bliss**  
6. (c) Age of husband or wife if alive **deceased** years  
7. Date of Birth (Month, Day, Year) **August 10, 1902**

8. AGE	Years	Months	Days	If less than 1 day
	<b>45</b>	<b>5</b>	<b>29</b>	hrs min.

9. Exact Occupation **housewife** Did this work for **life** yrs.  
10. Industry or Business Date last worked **2/7/48**  
11. Birthplace **Grenola, Kansas**  
(City or town) (State or foreign country)

12. Name **Samuel Kyser**  
13. Birthplace **Streeter, Illinois**  
(City or town) (State or foreign country)  
14. Maiden name **Elmer Gordon**  
15. Birthplace **Blissfield, Michigan**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **S. Roy Bliss**  
and Address **Gooding, Idaho**

17. (a) **burial** (b) Date thereof **2/12/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Elmwood Cem. Gooding, Idaho**

18. Funeral Director's OWN Signature **H.P. Bright**  
and Address **Gooding, Idaho**

19. (a) **2-11-48** (b) **J.H. Connor**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **102X**

20. DATE OF DEATH (Month, Day, Year) **February 8, 1948**  
at **3:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **February 7, 1948** to **February 8, 1948**  
I last saw her alive on **February 8, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **CEREBRAL HEMORRHAGE** Duration **8 AM**

Due to **ESSENTIAL HYPERTENSION-3 YEARS.**

Due to **-----**  
Other conditions **-----**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **-----**  
Name of operation **-----** Date **-----**  
Major finding **-----**  
Finding of autopsy **NOT DONE**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **-----** 19 **-----** City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury **-----**

23. Attendant's OWN Signature **J.H. Connor**  
and Address **Gooding** (M. D. or other) Date **2/11/48**  
(For additional space, use reverse side)

State File No. ....  
Local Reg. No. 77  
Reg. Dist. No. 421

United States  
Department of Commerce **RECEIVED** **Certificate Of Death**  
Bureau of the Census **FEB 26 1948** STATE OF IDAHO

1. PLACE OF DEATH **DIVISION OF VITAL**  
(a) County Banding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. St. Valentin's Stayed 1 days  
(g) Lived in this county 38 years 1 months 1 days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Durley, Colo.

3. (a) FULL NAME Arthur William Hart

3. (b) If veteran, name war no No. none  
5. Color or race w  
4. Sex M  
6. (b) Name of husband or wife Annie May  
6. (c) Age of husband or wife if alive 43 years  
7. Date of Birth (Month, Day, Year) Oct. 17 - 1884  
8. AGE  
Years 63 Months 3 Days 29 If less than 1 day hrs min.

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) February 16, 1948  
at 10 o'clock am  
21. I HEREBY CERTIFY, That I attended deceased from Feb 15 1948 to Feb 16 1948  
I last saw him alive on Feb 16 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death Coronary Thrombosis Duration 12 hrs.

9. Exact Occupation florist Did this work for 27 yrs.  
10. Industry or Business florist Date last worked 29+4  
11. Birthplace Duquess Mich. (City or town) (State of foreign country)  
Mother Father { 12. Name William W. Hart  
13. Birthplace Unknown (City or town) (State of foreign country)  
14. Maiden name Ada J. Hart  
15. Birthplace Unknown (City or town) (State of foreign country)  
16. Informant's OWN Signature Annie May Hart  
and Address Jerome, Idaho  
17. (a) burial (b) Date thereof 2/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Jerome Cemetery  
18. Funeral Director's OWN Signature Leslie A. Ferguson  
and Address Jerome Idaho  
19. (a) 2/20/48 (b) Lester M. Rose, Clerk  
(Date received and filed) (Registrar's signature)

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....  
Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state  
where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature Reuben C. Matson MD.  
(M. D. or other)  
and Address Jerome Ida Date 2-18-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **643**  
Local Reg. No. **80**  
Reg. Dist. No. **421**

## 1. PLACE OF DEATH:

- (a) County **Gooding**  
(b) City or town **Wendell**  
(c) Street Address or R.F.D. No. **Idaho St.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **St. Valentine's** days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Lincoln**  
(c) City or town **Richfield**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**MARY APPELL**

## 3. (b) If veteran,

name war ☐

## 3. (c) Social Security

No. ☐

## 5. Color or

race **W**

## 6. (a) Single, widowed, married, divorced

## 4. Sex **Fem.** race **W**

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth

(Month, Day, Year) **Feb. 19, 1948**

## 8. AGE

Years

Months

Days

If less than 1 day

**6 hrs 26 min.**

## 9. Exact

Occupation **Newborn**

Did this

work for ☐ yrs.

## 10. Industry or

Business

Date last

worked

## 11. Birthplace

**Wendell, Idaho**

(City or town)

(State or foreign country)

## 12. Name

**Raymond Appell**

## 13. Birthplace

**Owatonna, Minn.**

(City or town)

(State or foreign country)

## 14. Maiden name

**Myrtle Rosetta Landreth**

## 15. Birthplace

**Houston, Missouri**

(City or town)

(State or foreign country)

## 16. Informant's

## OWN Signature

**Myrtle Appell**

and Address

**Richfield, Idaho**

## 17. (a) **burial**

(Burial, cremation, or removal)

## (b) Date thereof **2/21/48**

(Month) (Day) (Year)

## (c) Place:

**Richfield, Idaho**

## 18. Funeral Director's

## OWN Signature

**Raymond Appell**

and Address

**Richfield, Idaho**

## 19. (a)

(Date received and filed)

## (b)

(Registrar's signature)

## 23. Attendant's

OWN Signature

**H. Carlele Swail**

(M. D. or other)

and Address

**Jerome, Idaho**

Date

19

(For additional space, use reverse side)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **February 20** 19 **48**  
at **2:40** o'clock **A.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **2/19** 19 **48** to **2/20** 19 **48**

I last saw her alive on **2/19** 19 **48**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Asphyxia and atelectasis**

Due to **Premature separation**

Due to **Placenta with abruption**

Other conditions **in utero**

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation **Cesarean** Date **2/19/48**

Major finding **Premature sep. placenta**

Finding of autopsy **Not done**

PHYSICIAN  
Underline  
one cause to  
which death  
should be  
charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

## 23. Attendant's

OWN Signature

**H. Carlele Swail**

(M. D. or other)

and Address

**Jerome, Idaho**

Date

19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **644**  
Local Reg. No. **1314**  
Reg. Dist. No. **420**

1. PLACE OF DEATH:
- (a) County **Gooding**
  - (b) City or town **Wendell**
  - (c) Street Address or R.F.D. No. **" "**
  - (d) Death Occured Inside? ☒ Outside? **" "** city or town
  - (e) Died in a Home ☒ Hospital... Institution... Other place...
  - (f) Name Hosp. or Inst. **-----** Stayed **--** days
  - (g) Lived in this county **5** years **" "** months **" "** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho**
  - (b) County **Gooding**
  - (c) City or town **Wendell**
  - (d) Street Address or R.F.D. No. **Wendell**
  - (e) Deceased lived Inside? ☒ Outside? **" "** city or town
  - (f) Citizen of what country? **United States**
  - (g) How long had deceased lived in Idaho? **5** years
  - (h) Former residence (city, state) **Tacoma, Washingt**

3. (a) FULL NAME **Elmina Savage**

3. (b) If veteran, name war **-----** No. **-----**
5. Color or race **female white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Walter B.**
6. (c) Age of husband or wife if alive **deceased** years
7. Date of Birth (Month, Day, Year) **April 15, 1860**

8. AGE	Years	Months	Days	If less than 1 day
	<b>88</b>	<b>10</b>	<b>6</b>	hrs min.

9. Exact Occupation **housewife** Did this work for **life** yrs.
10. Industry or Business **" "** Date last worked **1940**
11. Birthplace **-----** **Iowa** (City or town) (State or foreign country)

12. Name **Frank Berkey**
13. Birthplace **unknown** (City or town) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **" "** (City or town) (State or foreign country)

16. Informant's OWN Signature **Joseph M. Mrochek** and Address **Wendell, Idaho**

17. (a) **burial** (b) Date thereof **2/25/48** (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: **Wendell, Idaho**

18. Funeral Director's OWN Signature **H.P. Bright** and Address **Gooding, Idaho**

19. (a) **2-24-48** (b) **J. Blum** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **2-21** 19**48** at **4:45 PM** o'clock **" "** M.

21. I HEREBY CERTIFY, That I attended deceased from **2/20/48** 19**48**, to **death** 19**48**. I last saw h **er** alive on **2-21** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Acute Myocardial Failure** Duration **24 hrs**

Due to **old age**

Due to **" "**

Other conditions **" "** (Include pregnancy within 3 months of death)

Where was disease contracted? **" "**

Name of operation **" "** Date **" "**

Major finding **" "**

Finding of autopsy **" "**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **" "** Suicide? **" "** Homicide? **" "** Occurred **" "** 19**" "** City, county, state where violence occurred
- Place of Violence: Home **" "** Farm **" "** Industry **" "** Public Place **" "** While at work? **" "**
- Means of injury **" "**

23. Attendant's OWN Signature **H. Holsinger, M.D.** and Address **Wendell, Idaho** Date **2-25** 19**48** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 6 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 645  
Local Reg. No. 2  
Reg. Dist. No. 242

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital ☒ Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Idaho State Hosp. Stayed 2 days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville, Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Grangeville

## 3. (a) FULL NAME

Thelma Alice Simon

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ivan

6. (c) Age of husband or wife if alive 43 years

## 7. Date of Birth

(Month, Day, Year) April 16, 1909

## 8. AGE

Years	Months	Days	If less than 1 day
<u>38</u>	<u>9</u>	<u>17</u>	hrs min.

9. Exact Occupation Housewife

Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_

Date last worked \_\_\_\_\_

11. Birthplace Grangeville, Idaho

(City or town) (State or foreign country)

12. Name John Bentley

Kansas

13. Birthplace \_\_\_\_\_

(City or town) (State or foreign country)

14. Maiden name Mary Troeh

15. Birthplace Freewater, Oregon

(City or town) (State or foreign country)

16. Informant's

OWN Signature T. J. Simon

and Address Grangeville, Idaho

17. (a) Burial

- (b) Date thereof 2-7-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Grangeville, Idaho

18. Funeral Director's

OWN Signature Thelma Simon

and Address Grangeville, Idaho

19. (a) 2-5-1948

(Date received and filed)

- (b) T. J. Simon, M.D.

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 2-3-1948  
at 12:45 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Aug 17, 1946, to 2-3-1948  
I last saw h.w. alive on 2-3-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Post operative shock Duration 3 hrs.

Due to Intestinal hyperextension

Due to Ascaris lumbricoides

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation Intestinal hyperextension Date 2-3-48

Major finding Endocephalitis

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Wesley J. Orr, M.D.

and Address Cottonwood, Idaho Date 2-5-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

MAR - 6 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 646  
Local Reg. No. 3  
Reg. Dist. No. 242

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Co. Homewood  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home, Hospital, Institution, Other place \_\_\_\_\_  
(f) Name Hosp. or Family of Donald Stayed 4 days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Ferdinand  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Ferdinand

## 3. (a) FULL NAME

Bernard Herzog

093D

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 3, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>8</u>	<u>1</u>	hrs min.

9. Exact Occupation Retire Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Laborer Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

12. Name Werner Herzog

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name Agnes Nuhaus

15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Carl Herzog and Address Ferdinand Idaho

17. (a) Burial (b) Date thereof 2/9/48 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Ferdinand Idaho

18. Funeral Director's OWN Signature Glenn Auler and Address Franklin Idaho

19. (a) 2-19-48 (b) Dr. J. D. M. D. by 19 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

107X

## 20. DATE OF DEATH

(Month, Day, Year) Feb. 4, 1948  
at 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1-31 1948, to 2-4 1948

I last saw h. alive on 2-4 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia Duration 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions myocarditis (Include pregnancy within 3 months of death) 2

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature K. J. Collins M.D. and Address Franklin Idaho (M. D. or other) Date 2-4 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 647  
Local Reg. No. 9  
Reg. Dist. No. 240

1. PLACE OF DEATH: DIVISION OF VITAL
- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 30 days  
(g) Lived in this county 15 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Idaho  
(c) City or town Kootenai  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Henry W. Downing

3. (b) If veteran, 3 (c) Social Security No. \_\_\_\_\_  
name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex \_\_\_\_\_ race \_\_\_\_\_  
6. (b) Name of husband or wife Venus 6. (c) Age of husband or wife if alive 63 years  
7. Date of Birth Apr. 12 1871  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>9</u>	<u>22</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Tilla mook. Date last worked 1926  
11. Birthplace Tilla mook. (City or town) Oregon (State or foreign country)

- Mother Father {  
12. Name Downing  
13. Birthplace Mo. (City or town) (State or foreign country)  
14. Maiden name America Hedgepath  
15. Birthplace Mo. (City or town) (State or foreign country)

16. Informant's OWN Signature Lillie D. McPherson  
and Address Grangeville, Idaho

17. (a) Burial (b) Date thereof 1-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grangeville, Idaho

18. Funeral Director's OWN Signature John Roberts  
and Address Grangeville, Ida.

19. (a) \_\_\_\_\_ (b) Anna Cone  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb. 4  
(Month, Day, Year) \_\_\_\_\_ 1948  
at 3:35 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 6 Jan. 1948 to 4 Feb. 1948  
I last saw him alive on 3 Feb. 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Embolism Duration 1 hour

Due to Bilateral Thromboses of femoral arteries & veins 3 weeks

Due to arteriosclerosis

Other conditions Cerebral Thrombosis  
(Include pregnancy within 3 months of death)  
LEFT with NOT hemiplegia

Where was disease contracted? \_\_\_\_\_

Name of operation Amputation Date 3 Feb. 1948

Major finding Thrombosis Fem art & vein

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Anna Cone (M. D. or other)  
and Address Grangeville Date 4 Feb. 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 1 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 648  
Local Reg. No. 10  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ✓ Hospital ✓ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Hosp Stayed 7 days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Kooskia  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Hollenberg, Kansas

## 3. (a) FULL NAME

Edward Eli Squires

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male, race white  
5. Color or \_\_\_\_\_

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary L.

6. (c) Age of husband or wife if alive 77 years

## 7. Date of Birth

(Month, Day, Year) December 3, 1865

## 8. AGE

Years	Months	Days	If less than 1 day
<u>82</u>	<u>2</u>	<u>2</u>	hrs min.

## 9. Exact

Occupation Farmer-retired

Did this work for All life yrs.

## 10. Industry or Business

Farming

Date last worked 1942

## 11. Birthplace

(City or town) \_\_\_\_\_ (State or foreign country) Wisconsin

## 12. Name

Albion Caleb Squires

## 13. Birthplace

(City or town) \_\_\_\_\_ (State or foreign country) Iowa

## 14. Maiden name

Sarah I. McDonald

## 15. Birthplace

(City or town) \_\_\_\_\_ (State or foreign country) Illinois

## 16. Informant's

OWN Signature Theodore W. Squires  
and Address Kooskia Idaho

## 17. (a) \_\_\_\_\_

(Burial, cremation, or removal) burial

## (b) Date thereof

Feb. 7, 1948

(c) Place: Pine Grove Cem., Kooskia Idaho

## 18. Funeral Director's

OWN Signature Claude Treuway  
and Address Kooskia Idaho

## 19. (a) \_\_\_\_\_

(Date received and filed) Feb. 7, 1948

## (b) \_\_\_\_\_

(Registrar's signature) Anna Cone

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) February 5 1948  
at 1:15 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

29 Jan 1948 to 5 Jan 1948

I last saw him alive on 4 Feb 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

malnutrition

## Duration

Due to arteriosclerosis,

generalized with

Due to sensitivity

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_

Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Donald J. Altman

and Address Idaho Date Feb 6 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 26 1948  
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH  
STATE OF IDAHO

1948 649  
State File No. \_\_\_\_\_  
Local Reg. No. 11  
Reg. Dist. No. 240

1. PLACE OF DEATH: Idaho  
(a) County \_\_\_\_\_  
(b) City or town Grangeville  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Bonnie Irene Paul

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Feb 10 - 1948

8. AGE	Years	Months	Days	If less than 1 day
				2 hrs 0 min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Grangeville, Ida (City or town) (State or foreign country)  
Father { 12. Name Gifford Paul  
13. Birthplace Myrtle, Idaho (City or town) (State or foreign country)  
Mother { 14. Maiden name Mildred Olney  
15. Birthplace Gifford, Ida (City or town) (State or foreign country)

16. Informant's OWN Signature Chifford Paul  
and Address Grangeville, Idaho  
17. (a) Burial (b) Date thereof 2-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grangeville, Ida  
18. Funeral Director's OWN Signature James Robertson  
and Address Granger, Ida  
19. (a) Feb 11, 1948 (b) Erma Cane  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb 10 1948  
(Month, Day, Year)  
at 10 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from Feb 11 1948 to Feb 11 1948

I last saw her alive on Feb 11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stomach cancer due to blood in  
amniotic fluid.  
Due to mal development.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature J. H. E. Kuhn D.O.  
and Address Grangeville, Idaho (M. D. or other) Date Feb 12, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 26 1948  
Certificate Of Death  
OF VITAL STATE OF IDAHO

1948  
State File No. 650  
Local Reg. No. 12  
Reg. Dist. No. 240

1. PLACE OF DEATH:  
(a) County Idaho  
(b) City or town Near Whitebird  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 36 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City or town Whitebird  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Grangeville

3. (a) FULL NAME Martha M. Chaney  
3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex F race W. 5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bert 6. (c) Age of husband or wife if alive 74 years  
7. Date of Birth (Month, Day, Year) Sept 23. 1869  
8. AGE  

Years	Months	Days	If less than 1 day
<u>78</u>	<u>4</u>	<u>27</u>	hrs min.

  
9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 2/9/48  
11. Birthplace Bellefist Ohio (City or town) (State or foreign country)  
Mother Father  
12. Name Victor Tannehill  
13. Birthplace Penn. (City or town) (State or foreign country)  
14. Maiden name Mary Jane West  
15. Birthplace Penn. (City or town) (State or foreign country)  
16. Informant's OWN Signature Bert Chaney  
and Address Whitebird Idaho  
17. (a) Burial (b) Date thereof 2/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grangeville Idaho  
18. Funeral Director's OWN Signature Glen A. Loe  
and Address Grangeville Idaho  
19. (a) Feb. 12, 1948 (b) \_\_\_\_\_  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) 2 / 10 1948  
at \_\_\_\_\_ o'clock M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Burned to death in there home near  
Due to Whitebird Ida.  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 2/10 1948 City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Glen A. Loe  
and Address Grangeville (M. D. or other) Date 2/11 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 26 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. **651**  
Local Reg. No. **13**  
Reg. Dist. No. **240**

1. PLACE OF DEATH:

- (a) County **Idaho**  
(b) City or town **Near Whitebird**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **36** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Idaho**  
(c) City or town **Whitebird**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **36** years  
(h) Former residence (city, state) **Grangeville**

3. (a) FULL NAME

**Bert E Chaney**

**180x**

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **M** race **W**  
6. (b) Name of husband or wife **Martha** 6. (c) Age of husband or wife if alive **78** years  
7. Date of Birth (Month, Day, Year) **Oct 12, 1873**

8. AGE  
Years **74** Months **3** Days **28** If less than 1 day hrs min.

9. Exact Occupation **Retire** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Farmer** Date last worked **2/9/48**  
11. Birthplace **Berrysville Ohio** (City or town) (State or foreign country)  
Mother Father { 12. Name **Erastus Chaney**  
13. Birthplace **Ohio** (City or town) (State or foreign country)  
14. Maiden name **Catherine Stewart**  
15. Birthplace **Ohio** (City or town) (State or foreign country)

16. Informant's OWN Signature **Ernest Chaney**  
and Address **Whitebird Idaho**

17. (a) **Burial** (b) Date thereof **2/13/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Grangeville Idaho**

18. Funeral Director's OWN Signature **Wm. A. Lox**  
and Address **Grangeville Idaho**

19. (a) **Feb. 12, 1948** (b) **Wm. A. Lox**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **2/10** 19**48**  
at \_\_\_\_\_ o'clock **M.**

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Burned to death in there home** Duration \_\_\_\_\_

Due to **Near Whitebird**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred **2/10** 19**48** City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Wm. A. Lox** (M. D. or other)  
and Address **Grangeville** Date **2/11** 19**48**  
(For additional space, use reverse side)

000

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 26 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. 652  
Local Reg. No. 15  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Grangeville

## 3. (a) FULL NAME

Jack E. Jalbert

033B

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oliver

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Jan 7 1874

## 8. AGE

Years	Months	Days	If less than 1 day
<u>74</u>	<u>1</u>	<u>5</u>	hrs min.

9. Exact Occupation Retire Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Laborer Date last worked \_\_\_\_\_

11. Birthplace Quebec (City or town) Canada (State or foreign country)

12. Name Francis Jalbert

13. Birthplace Quebec (City or town) Canada (State or foreign country)

14. Maiden name Christine Gilbert

15. Birthplace Quebec (City or town) Canada (State or foreign country)

16. Informant's OWN Signature Olive Jalbert and Address Los Angeles, Cal.

17. (a) Burial (b) Date thereof 2/16/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Grangeville Ida.

18. Funeral Director's OWN Signature Glenn L. ... and Address Grangeville, Ida.

19. (a) Feb 18, 1948 (b) ... (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 2/12 1948  
at \_\_\_\_\_ o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 2-5 1948, to 2-12 1948  
I last saw him alive on 2-12 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. J. ...

and Address Grangeville (Date received and filed) (Registrar's signature)

Date 2-15-48 (For additional space, use reverse side)

1948

653

United States  
Department of Commerce  
Bureau of the Census

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FEB 26 1948

# CERTIFICATE OF DEATH

DEPARTMENT OF VITAL

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 14  
Reg. Dist. No. 240

1. PLACE OF DEATH: Idaho  
(a) County \_\_\_\_\_  
(b) City or town Grangeville  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 18 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Lloyd A. Campbell

162B

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 73 years  
7. Date of Birth Mar. 21 - 1860  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>10</u>	<u>8</u>	hrs min.

9. Exact Occupation Tanner Did this work for life yrs.  
10. Industry or Business unspecified Date last worked 1915  
11. Birthplace Hubbard (City or town) Ohio (State or foreign country)

- Father { 12. Name Campbell  
13. Birthplace Penn (City or town) (State or foreign country)  
Mother { 14. Maiden name Swatler  
15. Birthplace Penn (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Leillie Hissen  
and Address Grangeville, Idaho

17. (a) Burial (b) Date thereof 2-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grangeville

18. Funeral Director's OWN Signature W. H. Johnson  
and Address Grangeville, Idaho

19. (a) Feb. 17, 1948 (b) W. H. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb. 13 1948  
(Month, Day, Year) at 4 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1947 to Feb 13, 1948  
I last saw him alive on Feb 13, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility Duration 1 year

Due to age  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. J. Shinnick M.D.  
(M. D. or other)  
and Address Grangeville, Idaho Date 2-15-48  
(For additional space, use reverse side)

237

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in own handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 8 1948  
CERTIFICATE OF DEATH  
STATE OF IDAHO

948 654  
State File No. \_\_\_\_\_  
Local Reg. No. 16  
Reg. Dist. No. 240

DIVISION OF VITAL

1. PLACE OF DEATH: Idaho  
(a) County Grangeville  
(b) City or town Grangeville  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Outside? city or town \_\_\_\_\_  
(e) Died in a Home Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? city or town \_\_\_\_\_  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Pearl Berl Owen

3. (b) If veteran, ✓ name war \_\_\_\_\_  
3. (c) Social Security No. ✓  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles E. 6. (c) Age of husband or wife if alive 47 years  
7. Date of Birth August 24, 1905  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>5</u>	<u>29</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Peck-Idaho  
(City or town) (State or foreign country)  
12. Name Jesse Tumeson  
13. Birthplace Peterville Kansas  
(City or town) (State or foreign country)  
14. Maiden name Cora Springston  
15. Birthplace Garnet Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Charles E. Owen  
and Address Grangeville Idaho  
17. (a) Barial (b) Date thereof 2-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lawlston-Ida  
18. Funeral Director's OWN Signature Jess W. Hobbs  
and Address Grangeville Idaho  
19. (a) Feb 25, 1948 (b) Jama Cora  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb 23 1948  
(Month, Day, Year)  
at 12:15 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from 10 Feb 1948 to 23 Feb 1948  
I last saw her alive on 23 Feb 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute bronchial obstruction Duration 10 min.

Due to asthmatic bronchitis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Daniel Saltman  
(M. D. or other)  
and Address Grangeville Date 25 Feb 1948  
(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 655  
Local Reg. No. 17  
Reg. Dist. No. 240

## 1. PLACE OF DEATH AND DATE OF VITAL

- (a) County STATE  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 6 days years  
(h) Former residence (city, state) Pomeroy, Wn.

## 3. (a) FULL NAME

Lonnie E. Williams

170C

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 57 years

7. Date of Birth (Month, Day, Year) AUG 20, 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>6</u>	<u>3</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 2/23/48

11. Birthplace Churchhill, Tenn. (City or town) (State or foreign country)

12. Name John Cradick

13. Birthplace Churchhill, Tenn. (City or town) (State or foreign country)

14. Maiden name Fannie Bailey

15. Birthplace Churchhill, Tenn. (City or town) (State or foreign country)

16. Informant's OWN Signature John S Williams and Address Pomeroy Wn.

17. (a) Burial (b) Date thereof 2/28/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Normal Hill

18. Funeral Director's OWN Signature Glenn Lutz and Address Grangeville, Ida.

19. (a) Feb 26, 1948 (b) John S Williams (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) 2 / 23 1948  
at 11:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Fracture Neck

Duration

Due to Car Accident

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 2/23 1948 City, county, state where violence occurred Grangeville

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place ☒ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

### 23. Attendant's

OWN Signature Glenn Lutz (M. D. or other)

and Address Grangeville Date 2/23 1948 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

MAR - 6 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 656

Local Reg. No. 4

Reg. Dist. No. 42

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph's Hospital days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Greencreek  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Greencreek

## 3. (a) FULL NAME

Rev Martin Bearlocher 083A

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Single  
4. Sex M. race W.  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 10, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>8</u>	<u>16</u>	hrs min.

9. Exact Occupation Priest Did this work for Life yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1947  
11. Birthplace Thal Switzerland (City or town) (State or foreign country)

12. Name Fintan Bearlocher  
13. Birthplace Switzerland (City or town) (State or foreign country)  
14. Maiden name Sophia Messmer  
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's OWN Signature Otto Bearlocher  
and Address Green Creek

17. (a) Burial (b) Date thereof 3/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Greencreek Idaho

18. Funeral Director's OWN Signature James A. Clark  
and Address Longview, Idaho

19. (a) Feb 27, 1948 (b) W. J. Orr, M.D.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH (Month, Day, Year) Feb 26 1948  
at 1:35 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 2-22 1948, to 2-26 1948  
I last saw him alive on 2-26 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral thrombosis Duration 4 days

Due to Arteriosclerosis 2 yrs.

Due to Tuberculosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Edley B. Orr, M.D.

and Address Cottonwood, Idaho (City, D. or other)

Date 2-27-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

State File No. **657**  
Local Reg. No. **8**  
Reg. Dist. No. **640**

**1. PLACE OF DEATH:**

- (a) County Jefferson  
(b) City or town Roberts  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

Mr. William Park Bell

1700

**3. (b) If veteran,**

name war Navit

**3. (c) Social Security**

No. \_\_\_\_\_

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Jan 4, 1925

8. AGE	Years	Months	Days	If less than 1 day
	<u>22</u>	<u>0</u>	<u>26</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Roberts, Idaho (City or town) (State or foreign country)

12. Name Park Bell

13. Birthplace Salville, Washington (City or town) (State or foreign country)

14. Maiden name Mable Tolson

15. Birthplace Mesa, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Park Bell

17. (a) Burial (b) Date thereof 1/30/48 (Month) (Day) (Year)

- (c) Place: Idaho

18. Funeral Director's OWN Signature Edwards

19. (a) Feb. 25-48 (b) Mrs. B. Edwards (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**

(Month, Day, Year) January 27, 1948  
at about 3:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured Skull

Duration

Due to Auto accident

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_ PHYSICIAN

Name of operation \_\_\_\_\_ Date \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 1/27/48 1948 City, county, state where violence occurred Jeff-Roberts, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place X While at work? no

Means of injury Car Accident

23. Attendant's OWN Signature Blanchette (Cowan) and Address Rigby, Idaho Date 2/10 1948 (M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 27 1948  
DIVISION OF VITAL  
Certificate Of Death  
STATE OF IDAHO

1048  
State File No. 658  
Local Reg. No. 7  
Reg. Dist. No. 640

1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Rt. # 2 Ida. Falls, Ida.  
(c) Street Address or R.F.D. No. #2  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 45 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. R.F. D. #2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Murray, Utah

3. (a) FULL  
NAME

HILMER CARLSON

3. (b) If veteran,  
name war World I

3. (c) Social Security  
No. None

4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or  
wife None

6. (c) Age of husband or wife if  
alive    years

7. Date of Birth  
(Month, Day, Year) December 23, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>1</u>	<u>9</u>	hrs min.

9. Exact Occupation Farmer Did this work for 30 yrs.

10. Industry or Business Self Date last worked 2/1/48

11. Birthplace Murray, Utah  
(City or town) (State or foreign country)

12. Name Matts Carlson

13. Birthplace Sweden  
(City or town) (State or foreign country)

14. Maiden name Ericka Margaret Nelson

15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Ericka B. Carlson  
and Address Rt. #2 Idaho Falls, Ida.

17. (a) Burial (b) Date thereof 2/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Central Cemetery, Grant

18. Funeral Director's  
OWN Signature Orlando E. Erick  
and Address Ida. Falls, Ida.

19. (a) 3/25/48 (b) Mrs. A. B. Erick  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb. 1, 1948 19  
at    o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from  
   19  , to    19  

I last saw h.    alive on    19  ; death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Probable Diabetes.  
Found Dead.

Due to   

Due to   

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the fol-  
lowing: Accident?    Suicide?    Homicide?   

Occurred    19   City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's  
OWN Signature Bluffall (Coroner)  
(M. D. or other)

and Address 3rd St. 21 Date    19    
(For additional space, use reverse side)

Boise, Idaho.

600

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 16 1948  
DIVISION OF VITAL STATISTICS

# CERTIFICATE OF DEATH

STATE OF IDAHO

48  
State File No. 659  
Local Reg. No. 3  
Reg. Dist. No. 640

## 1. PLACE OF DEATH:

Jefferson  
(a) County Rigby  
(b) City or town  
(c) Street Address or R.F.D. No. 2  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 19 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

Idaho  
(a) State (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) If foreign born, in U.S. yrs. Citizen of U.S.?  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) Lincoln, Neb.

3. (a) FULL NAME SARAH ALICE MONROE.

3. (b) If veteran, name war ☒ 3. (c) Social Security No. ☒  
5. Color or 6. (a) Single, widowed, married, divorced Widowed.  
4. Sex F.M. race White  
6. (b) Name of husband or wife William J. alive ☒ years

7. Date of Birth (Month, Day, Year) July 25, 1889

AGE	Years	Months	Days	If less than 1 day
58	6	9	hrs	min.

9. Exact Occupation Housewife Did this work for life yrs.

10. Industry or Business Home Date last worked 2/2/48

11. Birthplace Howard Co., Mo.  
(City or town) (State or foreign country)

12. Name James Edward Shipley.  
(City or town) (State or foreign country)

13. Birthplace Mo.  
(City or town) (State or foreign country)

14. Maiden name Sarah Jane Waford.  
(City or town) (State or foreign country)

15. Birthplace Mo.  
(City or town) (State or foreign country)

16. Informant's OWN Signature John W. Morrison  
and Address Rigby, Idaho. R. #2

17. (a) burial (b) Date thereof 2-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Idaho Falls, Idaho.

18. Funeral Director's OWN Signature C. Bicknell  
and Address Rigby, Idaho.

19. (a) 2/8/48 (b) Mrs. C. Bicknell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 3, 1948  
(Month, Day, Year) at 9:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 1944, to 1948.  
I last saw him alive on November 19, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration  
1. Cerebral Hemorrhage 2 hours

Due to Hypertension 10 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? at Home

Name of operation None Date

Major finding

Finding of autopsy None performed

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Eldon Tall M.D.  
(M.D. or other)

and Address Rigby, Idaho. Date 2/6/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 1 1948  
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH  
STATE OF IDAHO

State File No. 660  
Local Reg. No. 1  
Reg. Dist. No. 640

1. PLACE OF DEATH:  
(a) County Jefferson  
(b) City or town Lewisville  
(c) Street Address or R. F. D. No. Roberts Star. R.  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home X Hospital Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 38 years    months    days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State Idaho (b) County Jefferson  
(c) City or town Lewisville  
(d) Street Address or R. F. D. No. Roberts Star. R.  
(e) Deceased lived Inside?    Outside? X city or town  
(f) If foreign born, in U. S. 63 yrs. Citizen of U. S.? Yes  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Roberts, Ida.

3. (a) FULL NAME ANNA KALIN HARRIS.

3. (b) If veteran, name war X 3. (c) Social Security No. X  
5. Color or 6. (a) Single, widowed, married,     
4. Sex F. M. race White divorced Married  
6. (b) Name of husband or wife Chas. Joseph 6 (c) Age of husband or wife if alive 84 years  
7. Date of Birth (Month, Day, Year) April 6, 1864

AGE	Years	Months	Days	If less than 1 day
8.	<u>83</u>	<u>9</u>	<u>29</u>	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.  
10. Industry or Business Home Date last worked 2/3/48  
11. Birthplace Einseln, Switzerland.  
(City or town) (State or foreign country)

Father 12. Name Joseph Kalin.  
13. Birthplace Switzerland.  
(City or town) (State or foreign country)

Mother 14. Maiden name Alice (Unknown)  
15. Birthplace Switzerland.  
(City or town) (State or foreign country)

16. Informant's X OWN Signature Charles J. Harris  
and Address Roberts, Idaho.

17. (a) burial (b) Date thereof 2/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Idaho Falls, Idaho.

18. Funeral Director's OWN Signature C. B. Cahell  
and Address Rigby, Idaho.

19. (a) 2/8/48 (b) Mrs J. B. Cahell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A  
097X

20. DATE OF DEATH Feb. 4, 1948  
(Month, Day, Year) 4:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from August 1947, to Feb. 4 1948.  
I last saw her alive on August 1947; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 1. Cerebral Hemorrhage Duration 1 month  
Due to Atherosclerosis Indefinite  
Due to Hypertension Indefinitely  
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease first contracted? at home PHYSICIAN     
Name of operation none Date     
Major finding     
Finding of autopsy none performed  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred.  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury   

23. Attendant's OWN Signature Aldon Tall, M.D. (M. D. or other)  
and Address Rigby, Ida. Date 2/6 1947  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 1 1948  
DIVISION OF VITAL  
STATISTICS

# CERTIFICATE OF DEATH

STATE OF IDAHO

1948  
State File No. 661  
Local Reg. No. 5  
Reg. Dist. No. 040

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Rigby  
(c) Street Address or R. F. D. No. 1  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 53 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Lewisville  
(d) Street Address or R. F. D. No. 1  
(e) Deceased lived Inside? X Outside? X city or town  
(f) If foreign born, in U. S. 0 yrs. Citizen of U. S.?  
(g) How long had deceased lived in Idaho? 53 years  
(h) Former residence (city, state) Iowa.

3. (a) FULL NAME JANE ELIZABETH WALKER.

3. (b) If veteran, name war X 3. (c) Social Security No. X  
5. Color or White 6. (a) Single, widowed, married, widowed  
4. Sex F.M. race White  
6. (b) Name of husband or wife John 6 (c) Age of husband or wife if alive X years  
7. Date of Birth (Month, Day, Year) October 22, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>3</u>	<u>16</u>	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.  
10. Industry or Business Home Date last worked 1942  
11. Birthplace Council Bluffs, Iowa.  
(City or town) (State or foreign country)

- Father { 12. Name Lewis Vallier.  
13. Birthplace Iowa.  
(City or town) (State or foreign country)

- Mother { 14. Maiden name Elizabeth Graham.  
15. Birthplace Iowa.  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. L. Walker  
and Address Rigby, Idaho.

17. (a) burial (b) Date thereof 2/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewisville, Idaho.

18. Funeral Director's OWN Signature C. B. Oberhell  
and Address Rigby, Idaho.

19. (a) 2/8/48 (b) Mrs. A. B. Oberhell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 7, 1948  
at 2:15 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from June 1942 1942 to 2/7 1948  
I last saw him alive on 2/6 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis Duration 10 years  
Due to Hypertension 12 years  
Due to Atherosclerosis 15 years  
Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease first contracted? at home PHYSICIAN  
Name of operation None Date  
Major finding  
Finding of autopsy none performed  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred None 19 48 City, county, state where violence occurred  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury  
23. Attendant's OWN Signature Dean Tall, M.D. (M. D. or other)  
and Address Rigby, Idaho. Date 2/9 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 16 1948

# CERTIFICATE OF DEATH

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

48 *Asael* 662  
State File No. \_\_\_\_\_  
Local Reg. No. *10*  
Reg. Dist. No. *640*

## 1. PLACE OF DEATH:

- (a) County *Jefferson*  
(b) City or town *Garfield*  
(c) Street Address or R. F. D. No. *1 Rigby*  
(d) Death Occurred Inside? *Outside?* ☒ city or town  
(e) Died in a Home ☒ Hospital Institution *Other place*  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years *2* months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State *Idaho* (b) County *Jefferson*  
(c) City or town *Garfield*  
(d) Street Address or R. F. D. No. *1 Rigby*  
(e) Deceased lived Inside? *Outside?* ☒ city or town  
(f) If foreign born, in U. S. \_\_\_\_\_ yrs. Citizen of U. S.?  
(g) How long had deceased lived in Idaho? *2 Mo.* years  
(h) Former residence (city, state) *None*

## 3. (a) FULL NAME

*KEITH R. CRYSTAL.*

3. (b) If veteran, name war ☒ 3. (c) Social Security No. ☒  
5. Color or 6. (a) Single, widowed, married, divorced *Single*  
4. Sex *Male* race *White*  
6. (b) Name of husband or wife ☒ 6 (c) Age of husband or wife if alive ☒ years  
7. Date of Birth (Month, Day, Year) *Dec. 29, 1947*

AGE	Years	Months	Days	If less than 1 day
	<i>0</i>	<i>1</i>	<i>27</i>	hrs min.

9. Exact Occupation *Babe* Did this work for ☒ yrs.  
10. Industry or Business ☒ Date last worked ☒  
11. Birthplace *Rigby, Idaho.*  
(City or town) (State or foreign country)

- Father { 12. Name *Golden Rex Crystal.*  
13. Birthplace *Garfield, Idaho.*  
(City or town) (State or foreign country)

- Mother { 14. Maiden name *Ona Parish.*  
15. Birthplace *Rigby, Idaho.*  
(City or town) (State or foreign country)

16. Informant's *S. R. Crystal*  
OWN Signature *Rigby, Idaho.* R. # *1*  
and Address

17. (a) *burial* (b) Date thereof *2/28/48*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: *Grant, Idaho.*

18. Funeral Director's *C. B. Eberdell*  
OWN Signature *Rigby, Idaho.*  
and Address

19. (a) *March 12, 48* (b) *Miss C. B. Eberdell*  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *Feb. 25* 19*48*  
at *1:15* o'clock *P.* M.  
21. I HEREBY CERTIFY, That I attended deceased from *Dec. 29* 19*47*, to *Feb. 25* 19*48*  
I last saw him alive on *Feb. 25* 19*48*; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *congenital heart disease* Duration *2 mos.*  
*(Blue Baby since birth)*

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease first contracted? *inches maternity Hospital*  
Name of operation *none* Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy *none performed*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's *Asael Hall, m.d.*  
OWN Signature *Rigby, Idaho.* (M. D. or other)  
and Address *March 2-27* 19*48*  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 1 6 1948

**CERTIFICATE OF VITAL STATISTICS**

**CERTIFICATE OF DEATH**  
STATE OF IDAHO

1948 State File No. **663**  
Local Reg. No. **9**  
Reg. Dist. No. **640**

**1. PLACE OF DEATH:**

- (a) County **Jefferson**  
(b) City or town **Rigby**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ..... Other place ....  
(f) Name Hosp. or Inst. **McKee Mat.** Stayed **2** days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

**2. USUAL RESIDENCE OF DECEASED:** (Always fill in these)

- (a) State **Idaho** (b) County **Jefferson**  
(c) City or town **Rigby**  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) If foreign born, in U. S. .... yrs. Citizen of U. S.? .....  
(g) How long had deceased lived in Idaho? **2 Days** years  
(h) Former residence (city, state) **None.**

**3. (a) FULL NAME**

**DWIGHT BAIR.**

3. (b) If veteran, name war ☒ 3. (c) Social Security No. ☒  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male**  
6. (b) Name of husband or wife ☒ 6 (c) Age of husband or wife if alive ☒ years  
7. Date of Birth (Month, Day, Year) **Feb. 25, 1948**

AGE	Years	Months	Days	If less than 1 day
			<b>2</b>	hrs min.

9. Exact Occupation **Babe** Did this work for ☒ yrs.  
10. Industry or Business ☒ Date last worked **bx**  
11. Birthplace **Rigby, Idaho.**  
(City or town) (State or foreign country)

- Father { 12. Name **Verl Allen Bair.**  
13. Birthplace **Richmond, Utah.**  
(City or town) (State or foreign country)

- Mother { 14. Maiden name **Madge Agnes Harris.**  
15. Birthplace **Sugar City, Idaho.**  
(City or town) (State or foreign country)

16. Informant's **Verl Allen Bair**  
**OWN** Signature and Address **Rigby, Idaho.**  
17. (a) **burial** (b) Date thereof **2/28/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Rigby, Idaho.**

18. Funeral Director's **W. B. Russell**  
**OWN** Signature and Address **Rigby, Idaho.**

19. (a) **3/12/48** (b) **W. B. Russell**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** **February 27** 19 **48**  
(Month, Day, Year)  
at **5:00** o'clock **P.** M.

21. I **HEREBY CERTIFY**, That I attended deceased from **2-25** 19 **48**, to **2-27** 19 **48**.  
I last saw him alive on **2-27** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **atelectasis (pulmonary)** Duration **2 days**

Due to **Prematurity**  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease first contracted? ..... **PHYSICIAN**  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred.  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's **Clifford B. Rigby, M.D.**  
**OWN** Signature and Address **Rigby, Idaho.** Date **3-3-48** 19 **48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 22 1948  
OFFICE OF VITAL

# CERTIFICATE OF DEATH

STATE OF IDAHO

48  
State File No. 664  
Local Reg. No. 13  
Reg. Dist. No. 646

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Rigby  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital. Institution ..... Other place ....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 30 years ..... months ..... days

Note. For a person residing in this county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) If foreign born, in U. S. 45 yrs. Citizen of U. S.? Yes  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Glensferry, Ida

## 3. (a) FULL NAME

TOKICHI MINAMIDE.

3. (b) If veteran, name war ☒ 3. (c) Social Security No. ☒  
5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
4. Sex Male  
6. (b) Name of husband or wife Suye Nishikawa 6 (c) Age of husband or wife if alive ☒ years  
7. Date of Birth (Month, Day, Year) March 11, 1870

AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>11</u>	<u>17</u>	hrs min.

9. Exact Occupation Retired Merchant Did this work for 10 yrs.  
10. Industry or Business Gen. Merchandise Date last worked 1932  
11. Birthplace Kobe, Japan.  
(City or town) (State or foreign country)

12. Name Unknown.  
13. Birthplace Japan.  
(City or town) (State or foreign country)

14. Maiden name Unknown.  
15. Birthplace Japan.  
(City or town) (State or foreign country)

16. Informant's T. Nemoto  
OWN Signature and Address Sugar City, Idaho.

17. (a) burial (b) Date thereof 3/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rigby, Idaho.

18. Funeral Director's C. E. Eckersell  
OWN Signature and Address Rigby, Idaho.

19. (a) 3/18/48 (b) Mrs. A. B. Eckersell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 28 1948  
at 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1947 to Feb 28, 1948  
I last saw him alive on Feb. 15, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
<u>Acute Cardiac Failure</u>	<u>?</u>
Due to <u>Myocarditis</u>	<u>?</u>
Due to <u>Stenosis</u>	<u>?</u>
Other conditions <u>?</u> (Include pregnancy within 3 months of death)	

- Where was disease first contracted? Idaho PHYSICIAN  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred.  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's Clifford B. Rigby, MD  
OWN Signature and Address Rigby, Idaho. (Date, or other) 3/3/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

1048  
State File No. 665  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:  
(a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No. **428-4Av W**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **22** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No. **428 - 4 Av W**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **35** years  
(h) Former residence (city, state) **Oklahoma**

3. (a) FULL NAME **Lawrence J Rice**

3. (b) If veteran, name war **W, War 1**  
3. (c) Social Security No. **518-14-2458**  
5. Color or \_\_\_\_\_  
4. Sex **Male** race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Nevada**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **July 12 1895**

8. AGE	Years	Months	Days	If less than 1 day
	<b>52</b>	<b>7</b>	<b>7</b>	hrs. min.

9. Exact Occupation **Clerk** Did this work for \_\_\_\_\_ yrs

10. Industry or Business **Sport Shop** Date last worked \_\_\_\_\_

11. Birthplace **Dewey Co Oklahoma** (City or town) (State or foreign country)

12. Name **Fred Rice**

13. Birthplace **Cook Co. Ill** (City or town) (State or foreign country)

14. Maiden name **Mirtha Strickland**

15. Birthplace **Danvill, Indiana** (City or town) (State or foreign country)

16. Informant's OWN Signature **Nevada Rice** and Address **Jerome, Idaho**

17. (a) **Burial** (b) Date thereof **Feb 23. 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Jerome, Idaho**

18. Funeral Director's OWN Signature **J R Wiley** and Address **Jerome, Idaho**

19. (a) **2/23/48** (b) **H. H. Snodgrass**  
(Date received and filed) (Registrar's signature)

**094A**  
MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH **Feb, 19.** 19 **48**  
at **9:00** o'clock **P** : M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary + haemorrhage** Duration **immediate**  
**From history & manner of death.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **James E. Strat M.O.** (M D or other)  
and Address **Jerome, Ida** Date **2/23/48**  
(For additional space, use reverse side) **over**

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 24 1948  
Certificate Of Death  
STATE OF IDAHO  
DEPARTMENT OF VITAL STATISTICS

1948  
State File No. 666  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Jerome**  
(b) City or town **Hazelton**  
(c) Street Address or R.F.D. No. **Hazelton**  
(d) Death Occurred **Inside?** ☒ **Outside?** ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Jerome**  
(c) City or town **Hazelton**  
(d) Street Address or R.F.D. No. **Hazelton**  
(e) Deceased lived Inside ☒ Outside ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME **Mr. John H. Wardell**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **519-24-3224**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male** 6. (b) Name of husband or wife if alive years  
7. Date of Birth **July 17th, 1881**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	66	6	20	hrs min.

9. Exact Occupation **Laborer** Did this work for yrs.  
10. Industry or Business **Peoa Utah** Date last worked  
11. Birthplace **Peoa Utah** (City or town) (State or foreign country)

12. Name **George Wardell**  
13. Birthplace **England** (City or town) (State or foreign country)  
14. Maiden name **Elvina Cossey**  
15. Birthplace **South Wales** (City or town) (State or foreign country)

16. Informant's OWN Signature **J. H. Wardell**  
and Address **Hazelton, Idaho**

17. (a) Removal **1/7/48** (b) Date thereof **1/7/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Twin Falls, Idaho**

18. Funeral Director's OWN Signature **Dupont**  
and Address **White M. Dupont, Twin Falls, Ida**

19. (a) **2/5/48** (b) **2/5/48**  
(Date received and filed) (Registrar's signature)

094A  
MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **February 7th, 1948**  
(Month, Day, Year) at **1** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb 7 1948** to **Feb 7 1948**  
I last saw h. alive on **Feb 7 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Thrombosis** Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury

23. Attendant's OWN Signature **Shaffer**  
(M. D. or other)

and Address **Hazelton, Ida** Date **2/9 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 17 1948

# Certificate Of Death

STATE OF IDAHO

## DIVISION OF VITAL

1948  
State File No. 667  
Local Reg. No. 15  
Reg. Dist. No. 120

### 1. PLACE OF DEATH: STATISTICS

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 402 Indiana  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Knight's Stayed 90 days  
(g) Lived in this county 30 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Hayden Lake  
(d) Street Address or R.F.D. No. Rt # 2  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) unknown

### 3. (a) FULL NAME HENRY, James M.

3. (b) If veteran, name war ////// 3. (c) Social Security No. //////  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ////// 6. (c) Age of husband or wife if alive ////// years  
7. Date of Birth (Month, Day, Year) Oct. 14, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>3</u>	<u>21</u>	hrs min.

9. Exact Occupation Blacksmith Did this work for 50 yrs.  
10. Industry or Business G.N.R.R. Date last worked 1930  
11. Birthplace Iowa (City or town) (State or foreign country)

- Mother Father  
12. Name unknown  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature N.B. Mason  
and Address Hayden Lake, Idaho

17. (a) Cremation (b) Date thereof 2-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Spokane, Washington

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) Feb. 11, 1948 (b) Mary E. Hamilton  
(Date received and filed) (Registrar's signature)

### MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb. 7, 1948  
(Month, Day, Year) at 3:00 o'clock A.M.

21. I HEREBY CERTIFY, That I was not deceased from 19 to 19

I last saw h.w. alive on 12-15 1947; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: unknown Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred. 19 City, county, state where violence occurred

Place violence occurred Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Dr. Delaney

and Address Coeur d'Alene (M.D. or other)

Date 2-10-1948

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED** **Certificate Of Death**  
**STATE OF IDAHO**

**FEB 22 1948**

1. **PLACE OF DEATH:** **OF VITAL**  
(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **412 Lake side**  
(d) Death Occurred Inside? **X** Outside? **city or town**  
(e) Died in a Home... **Hospital** **X** Institution... Other place...  
(f) Name Hosp. or Inst. **L.O.B.** Stayed **4** days  
(g) Lived in this county **24** years **months** **days**

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **317 Wallace**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **24** years  
(h) Former residence (city, state) **Colville Wash**

3. (a) **FULL NAME** **RICE JEAN E.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **518-32-0257**  
4. Sex **F.** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Horace G.** 6. (c) Age of husband or wife if alive **51** years  
7. Date of Birth (Month, Day, Year) **April 21, 1898**

8. AGE	Years	Months	Days	If less than 1 day
	49	9	11	hrs min.

9. Exact Occupation **House Wife** Did this work for **28** yrs.  
10. Industry or Business **Own Home** Date last worked **2-348**  
11. Birthplace **Eau Claire Wis.** (City or town) (State or foreign country)

12. Name **W. G. Hartwell**  
13. Birthplace **Milwaukee Wis.** (City or town) (State or foreign country)  
14. Maiden name **Laura Martin**  
15. Birthplace **Stevens Point Wis.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Horace G. Rice**  
and Address **Coeur d'Alene Idaho**

17. (a) **Burial** (b) Date thereof **2-12-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Forest Cmty Cd. Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene Idaho**

19. (a) **Feb 12 1948** (b) **M. D. O.**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** **Feb 9 1948**  
(Month, Day, Year)  
at **9:20** o'clock **P.M.**

21. **I HEREBY CERTIFY**, That I attended deceased from **Feb. 5 1948**, to **Feb. 9 1948**.  
I last saw him alive on **Feb. 9, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Lobar pneumonia** Duration **6 days**

Due to

Due to

Other conditions **Bronchial asthma**  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?

Occurred **19** City, county, state

where violence occurred

Place of Violence: Home **Farm** Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **William T. Wood, M.D.**

(M. D. or other)

and Address **Coeur d'Alene Idaho** Date **2-11-1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-286 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 23 1948

OFFICE OF VITAL

STATISTICS

NON-RESIDENT  
Certificate of Death  
NON-RESIDENT  
STATE OF IDAHO

1948  
State File No. 669  
Local Reg. No. 16  
Reg. Dist. No. 120

1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. CDA Homes  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☒ Other place ☐  
(f) Name Hosp. or Inst. CDA Homes, Stayed 7 days  
(g) Lived in this county 7 years 7 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Montana (b) County Libby  
(c) City or town Libby  
(d) Street Address or R.F.D. No. Libby, Montana  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? Norway  
(g) How long had deceased lived in Idaho? 7 mos years  
(h) Former residence (city, state) Libby, Montana

3. (a) FULL NAME HANS NELSON

3. (b) If veteran, 1 name war 1 3. (c) Social Security No. 516-03-5726

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) April, 24, 1876.

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>9</u>	<u>22</u>	hrs min.

9. Exact Occupation Saw Mill Worker Did this work for lifetime

10. Industry or Business Norway Date last worked 1941

11. Birthplace Norway (City or town) (State or foreign country)

12. Name Nels Juldbranson

13. Birthplace Norway (City or town) (State or foreign country)

14. Maiden name Martha Hanson

15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature Millie R. R. R.

and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 2/17/48. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Forest Cem. Coeur d'Alene

18. Funeral Director's OWN Signature E. R. Carlson

and Address Coeur d'Alene, Idaho

19. (a) Feb 17, 1948 (Date received and filed) (b) Martha Hanson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH (Month, Day, Year) February, 14, 1948 at 8:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from February 14, 1948, to Feb 14, 1948

I last saw him alive on Feb 14, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebral Hemorrhage Duration 4 hrs.

Due to Arteriosclerosis 20 hrs.

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? None

Name of operation None Date None

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None

Occurred None 19 1948 City, county, state where violence occurred None

Place of Violence: Home None Farm None Industry None

Public Place None While at work? None

Means of injury None

22. Attendant's OWN Signature E. R. Carlson M.D. (M. D. or other)

and Address 225 N. 1st St., Coeur d'Alene, Idaho Date Feb 17, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

1948 - 2.1948

STATE OF IDAHO

1948  
State File No. **670**  
Local Reg. No. **21**  
Reg. Dist. No. **120**

1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. Lake View Court  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years 19 months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. Lake View Court  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 19 mos. years  
(h) Former residence (city, state) same

3. (a) FULL NAME JANICE LAVONNE WING

3. (b) If veteran, name war ☐ No. ☐  
5. Color W 6. (a) Single, widowed, married, divorced S  
4. Sex F race W  
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) July, 22, 1946.

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>6</u>	<u>26</u>	hrs min.

9. Exact Occupation ☐ Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace Coeur d'Alene, Idaho.  
(City or town) (State or foreign country)

12. Name Claude Wing  
13. Birthplace Portland, Oregon  
(City or town) (State or foreign country)  
14. Maiden name Virginia Nicolson  
15. Birthplace Carrington, N.D.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Claude S. Wing  
and Address Lakeview Court

17. (a) Burial (b) Date thereof 2/21/48.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery-C.D.A.

18. Funeral Director's OWN Signature J. H. King  
and Address Coeur d'Alene, Idaho.

19. (a) 2-25-48 (b) William T. Wood  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 17, 18, 1948.  
(Month, Day, Year) at 7:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from not at all 1948, to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured Skull Duration

Due to Falling Tree

Due to ☐  
Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? ☐ Homicide? ☐  
Occurred 2-18 1948 City, county, state Coeur d'Alene, Idaho  
Place of Violence: Home ☒ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury Falling Tree

23. Attendant's OWN Signature William T. Wood M.D.  
(M. D. or other) and Address Coeur d'Alene Date 2-21-1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate of Death**  
MAR - 8 1948 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH: **STATISTICS**  
(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. Knights Home  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution X Other place...  
(f) Name Hosp. or Inst. Knights Home Stayed \_\_\_\_\_ days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 14th & Penn Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Salt Lake City Utah.

3. (a) FULL NAME JAMES E SYMONS

3. (b) If veteran, name war X  
3. (c) Social Security No. none  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive Dead years \_\_\_\_\_

7. Date of Birth (Month, Day, Year) June, 20, 1865.

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>8</u>	<u>4</u>	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1934  
11. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)  
Mother Father { 12. Name Unknown  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Spencer Symons  
and Address Rt #1 Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 2/28/48.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cem-Coeur d'Alene

18. Funeral Director's OWN Signature [Signature]  
and Address Coeur d'Alene, Idaho

19. (a) 2-5-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February, 24, 1948 19\_\_\_\_  
(Month, Day, Year) at \_\_\_\_\_ o'clock PM

21. I HEREBY CERTIFY, That I did not see the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw him alive on 2-23 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death general debility + senile decay Duration \_\_\_\_\_  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Coeur d'Alene Date 2-27-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.



1948

672

State File No. \_\_\_\_\_

Local Reg. No. 23Reg. Dist. No. 120

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

MAR - 8 1948

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

## Certificate Of Death

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. North & Indiana  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... X Other place...  
(f) Name Hosp. or Inst. Knights Home Stayed \_\_\_\_\_ days  
(g) Lived in this county 60 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 952 6th. St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) Philadelphia Penn.

## 3. (a) FULL NAME

HOWARD ELY SR.

## 3. (b) If veteran,

name war X

## 3. (c) Social Security

No. X

4. Sex M 5. Color of race W

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Adell

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) November, 1, 1858.

## 8. AGE

Years	Months	Days	If less than 1 day
<u>89</u>	<u>3</u>	<u>25</u>	hrs min.

## 9. Exact Occupation

Lumberman

## Did this

work for life yrs.

## 10. Industry or Business

Date last worked 1930

## 11. Birthplace

Philadelphia, Penn.

(City or town) (State or foreign country)

Mother { 12. Name Unknown, Ely13. Birthplace England

(City or town) (State or foreign country)

14. Maiden name Unknown15. Birthplace Unknown

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Howard E. Elyand Address 952 6th. St. Coeur d'Alene

## 17. (a) Burial

(b) Date thereof 3/1/48.

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Forest Cem-Coeur d'Alene

## 18. Funeral Director's

OWN Signature J. J. Giplingerand Address Coeur d'Alene, Idaho19. (a) 3-5-48

(Date received and filed)

(b) Mary E. Giplinger

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) February, 26, 1948.at 2:00 o'clock P. M.21. I HEREBY CERTIFY, That I signed death from 19 to 19

I last saw him alive on 2-23 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Due to Senility

## Due to \_\_\_\_\_

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_

## Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature C. J. G. G. G.

(M. D. or other)

and Address CD Date 2-27 1948

(For additional space, use reverse side)

08

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
MAR - 2 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. **673**  
Local Reg. No. **18**  
Reg. Dist. No. **120**

**1. PLACE OF DEATH:**

- (a) County Kootenai  
(b) City or town Spirit Lake  
(c) Street Address or R. F. D. No. --  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. Spirit Lake Stayed 21 days  
(g) Lived in this county 29 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Kootenai  
(c) City or town Spirit Lake  
(d) Street Address or R.F.D. No. --  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Montana

**3. (a) FULL NAME** Trasie Mary Langley

3. (b) If veteran, name war -- No. none  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Eugene A. Langley  
6. (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) June 11, 1883

8. AGE	Years	Months	Days	If less than 1 day
	64	7	15	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business -- Date last worked 1/9/48  
11. Birthplace Algonquin Illinois (City or town) (State or foreign country)  
12. Name Wilhelm Henry Toepel  
13. Birthplace Coblentz on the Rhine Germany (City or town) (State or foreign country)  
14. Maiden name Katherine Maria Mertens  
15. Birthplace Garmatz by Lentz Germany (City or town) (State or foreign country)

16. Informant's OWN Signature A.B. Nelson  
and Address Rathdrum, Idaho

17. (a) Burial (b) Date thereof 2/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery, Coeur d'Alene

18. Funeral Director's OWN Signature A.B. Nelson  
and Address Rathdrum, Idaho

19. (a) 2-27-48 (b) Mary J. Hammit  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 046E  
055E

20. DATE OF DEATH (Month, Day, Year) JANUARY 30 1948  
at 8:45 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from MAY 1947 to JANUARY 30 1948  
I last saw her alive on JANUARY 30 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: HEMORRHAGE FROM COLON Duration

CANCER, LEFT  
Due to CARCINOMA WITH GENERALIZED METASTASES

Due to --  
Other conditions -- (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation -- Date --  
Major finding --  
Finding of autopsy --  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? -- Suicide? -- Homicide? --  
Occurred 19 City, county, state where violence occurred --  
Place of Violence: Home -- Farm -- Industry --  
Public Place -- While at work? --

Means of injury --  
23. Attendant's OWN Signature P. C. Fredrickson MD  
and Address Spirit Lake (M. D. or other) Date 2/2 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB - 9 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 674  
Local Reg. No. 12  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Spirit Lake  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Spirit Lake Stayed 3 days  
(g) Lived in this county 4 years 6 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Farragut  
(d) Street Address or R.F.D. No. Dorm 79  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 1/2 years  
(h) Former residence (city, state) Spokane Wash

3. (a) FULL NAME Church, Lula Clark

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Jan 23, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>0</u>	<u>9</u>	hrs min.

9. Exact Occupation House wife Did this work for 50 yrs.  
10. Industry or Business Own Home Date last worked 1938  
11. Birthplace Mayville Mich (City or town) (State or foreign country)

12. Name Arnold Clark  
13. Birthplace Nevada (City or town) (State or foreign country)  
14. Maiden name Sarah C. Ferris  
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's OWN Signature Inez Jones  
and Address 52-A Farragut Idaho  
17. (a) Cremation (b) Date thereof 2-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Spokane Wash

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho  
19. (a) 2-4-48 (b) Marie C. Smith  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 102X

20. DATE OF DEATH (Month, Day, Year) February 2 1948  
at 6:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from January 30, 1948 to February 2, 1948.  
I last saw him alive on February 2, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration \_\_\_\_\_

Due to Hypertension, Sinitis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Lynn C. Dedden MD  
(M. D. or other)  
and Address Spirit Lake Date 2/3 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR - 2 1948 **Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. 675  
Local Reg. No. 19  
Reg. Dist. No. 12

1. PLACE OF DEATH:

(a) County Kootenai  
(b) City or town Rathdrum  
(c) Street Address or R.F.D. No. 2  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 8 years 8 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Kootenai  
(c) City or town Rathdrum  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2/3 years  
(h) Former residence (city, state) Washington

3. (a) FULL NAME

Henry Clay Welch

3. (b) If veteran, name war no No.         
5. Color or        6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) about 1888

8. AGE	Years	Months	Days	If less than 1 day
	60			hrs min.

9. Exact Occupation Laborer Did this work for        yrs.  
10. Industry or Business General Date last worked Jan, 1948  
11. Birthplace Do not know  
(City or town) (State or foreign country)

Mother Father  
12. Name Do not know  
13. Birthplace Do not know  
(City or town) (State or foreign country)  
14. Maiden name Do not know  
15. Birthplace Do not know  
(City or town) (State or foreign country)

16. Informant's OWN Signature A.B. Nelson  
and Address Rathdrum, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-1948  
(Month) (Day) (Year)  
(c) Place Forest Cemetery Coeur d'Alene

18. Funeral Director's OWN Signature A.B. Nelson  
and Address Rathdrum Idaho

19. (a) 2-27-48 (b) Mary A. Hamilton  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 2 / 3 19 48  
at 9:10 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 2/2 19 48, to 2/2 19 48.  
I last saw him alive on 2/2 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: C coronary thrombosis Duration Swelling

Due to Heart angina about 2 yrs.

Due to         
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? home  
Name of operation none Date         
Major finding none  
Finding of autopsy none  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?       

Means of injury         
23. Attendant's OWN Signature A.F. Hamilton  
and Address Coeur d'Alene (M. D. or other) Date 2/5 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN - 2 1948  
**Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

1948 State File No. **676**  
Local Reg. No. **20**  
Reg. Dist. No. **120**

1. PLACE OF DEATH: **Kootenai**  
(a) County .....  
(b) City or town **Post Falls**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in ~~At Home~~ ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. .... Stayed ☐ days  
(g) Lived in this county **27** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Post Falls**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **27** years  
(h) Former residence (city, state) **Spokane, Wash.**

3. (a) FULL NAME **Peter C. Wiecks**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **none**  
5. Color or 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Anna Mary** 6. (c) Age of husband or wife if alive **77** years  
7. Date of Birth (Month, Day, Year) **December 27, 1862**

8. AGE	Years	Months	Days	If less than 1 day
	<b>85</b>	<b>1</b>	<b>6</b>	hrs min.

9. Exact Occupation **Engineer (retired)** Did this work for Life yrs.  
10. Industry or Business **Hartstade** Date last worked **1920**  
11. Birthplace **Hartstade Denmark** (City or town) (State or foreign country)

Mother { 12. Name **Jacob H. Wiecks**  
13. Birthplace **Hartstade Denmark** (City or town) (State or foreign country)  
Father { 14. Maiden name **Mary Ingeborg Petersen**  
15. Birthplace **Hartstade Denmark** (City or town) (State or foreign country)

16. Informant's OWN Signature **John A. Wiecks**  
and Address **Post Falls, Idaho**  
17. (a) **Burial** (b) Date thereof **2/5/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Forest Cemetery, Coeur d'Alene**

18. Funeral Director's OWN Signature **G.B. Nelson**  
and Address **Rathdrum, Idaho**

19. (a) **2-25-48** (b) **Mary E. Smith**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** **137A**

20. DATE OF DEATH (Month, Day, Year) **2/3** 19 **48**  
at **2:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **2/2/1948** to **2/3/1948**  
I last saw him alive on **2/2** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **chronic poisoning** Duration

Due to **prostatic hypertrophy**  
**urinary obstruction**

Due to **senility**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **home**  
Name of operation **none** Date  
Major finding **none**  
Finding of autopsy **none**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state where violence occurred:  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **J.F. Haining M.D.**  
and Address **Coeur d'Alene** Date **2/5** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR - 8 1948

**Certificate Of Death**  
**STATISTICS**  
STATE OF IDAHO

1948  
State File No. 677  
Local Reg. No. 26  
Reg. Dist. No. 120

**1. PLACE OF DEATH:**

(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. Rt #3  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 40 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

(a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. Rt #3  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Penn.

**3. (a) FULL NAME**

NELSON, John Clinton

047D

**3. (b) If veteran,**

name war ////////

**3. (c) Social Security**

No.         

4. Sex M race W 5. Color or 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive          years

7. Date of Birth (Month, Day, Year) May 21, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>9</u>	<u>3</u>	hrs min.

9. Exact Occupation Lumbering Did this work for 25 yrs.

10. Industry or Business Lumber Date last worked 1932

11. Birthplace Clearfield Co., Penn. (City or town) (State or foreign country)

12. Name George A. Nelson

13. Birthplace unknown (City or town) (State or foreign country)

14. Maiden name Anna L Thompson

15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Barbara Ferguson and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 2-27-48 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Forest Cem. Cd'A, Idaho

18. Funeral Director's OWN Signature Don English and Address Coeur d'Alene, Idaho

19. (a) 3-5-48 (b)          (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) 2-24-48 19          at 9:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 6-24 1947, to 2-24 1948  
I last saw him alive on 12-2 1947; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Carcinoma of lung 10 mo.

Due to         

Due to         

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation          Date         

Major finding         

Finding of autopsy         

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?          Suicide?          Homicide?           
Occurred          19          City, county, state where violence occurred         

Place of Violence: Home          Farm          Industry         

Public Place          While at work?         

Means of injury         

23. Attendant's OWN Signature Dr. Barclay M.D.

and Address CdA (M. D. or other) Date 2-25-1948

(For additional space, use reverse side)

608

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 23 1948

# Certificate Of Death

DEPARTMENT OF VITAL STATISTICS OF IDAHO

State File No. **678**  
Local Reg. No. **22**  
Reg. Dist. No. **200**

## 1. PLACE OF DEATH:

- (a) County **Latah**  
(b) City or town **Moscow**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. **Gritman** Stayed **3** days  
(g) Lived in this county **59** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Latah**  
(c) City or town **MOSCOW**  
(d) Street Address or R.F.D. No. **604 W. "A" st.**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **59** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME August M. Johnson

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Tekla** 6. (c) Age of husband or wife if alive **deceased** years  
7. Date of Birth (Month, Day, Year) **May 12, 1865**

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>8</b>	<b>25</b>	hrs min.

9. Exact Occupation **Retired** Did this work for ..... yrs.  
10. Industry or Business **Farming** Date last worked **1935**  
11. Birthplace **Sweden** (City or town) (State or foreign country)

12. Name **Johan Anderson**  
13. Birthplace **Sweden** (City or town) (State or foreign country)  
14. Maiden name **Unk**  
15. Birthplace **Sweden** (City or town) (State or foreign country)

16. Informant's OWN Signature **Alfred R. Johnson**  
and Address **Moscow, Idaho**

17. (a) **Burial** (b) Date thereof **2-10-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Dry Creek**  
18. Funeral Director's OWN Signature **R.B. Short**  
and Address **Moscow, Idaho**

19. (a) **2-10-48** (b) **Matthews**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **February 7, 1948**  
(Month, Day, Year) **7-45** 19.....  
at ..... o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **1-23** 19**46**, to **2-7** 19**48**  
I last saw him alive on **2-6** 19**48**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Comp. myositis** Duration

Due to **Smoking**

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation **None** Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred **2-7** 19..... City, county, state

where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury

23. Attendant's OWN Signature **Matthews M.D.**

and Address **Moscow, Idaho** (M. D. or other)

Date **2/10** 19**48**

(For additional space, use reverse side)

093A

004

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 23 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1218  
Local Reg. No. 23  
Reg. Dist. No. 200

679

## 1. PLACE OF DEATH:

(a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. 631 Elm St  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home? X Hospital? Institution Other place? city or town  
(f) Name Hosp. or Inst. 38 Stayed days  
(g) Lived in this county 38 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Moscow  
(d) Street Address or R.F.D. No. 631 Elm St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) city or town

## 3. (a) FULL NAME Jesse Meador Scott

3. (b) If veteran, name war No 3. (c) Social Security No. 539-16-4075  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mata I. 6. (c) Age of husband or wife if alive 60 years  
7. Date of Birth (Month, Day, Year) July 7, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>7</u>	<u>4</u>	hrs min.

9. Exact Occupation Retired Did this work for 4 yrs.

10. Industry or Business Plumbing Date last worked city or town

11. Birthplace Asotin Washington  
(City or town) (State or foreign country)

12. Name Edson H. Scott

13. Birthplace Wisconsin  
(City or town) (State or foreign country)

14. Maiden name Deetta Meador

15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Geraldine Mursten  
and Address 631 Elm St. Moscow

17. (a) Burial (b) Date thereof 2-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature W.R. Short  
and Address Moscow, Idaho

19. (a) 2-13-48 (b) M. J. Meador  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 11, 1948 19  
(Month, Day, Year) at 12:10 o'clock AM

21. I HEREBY CERTIFY, That I attended deceased from 1-12 1948, to 2/11 1948

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Parkinson's Disease Duration city or town

Due to city or town

Due to city or town

Other conditions city or town  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation none Date city or town

Major finding city or town

Finding of autopsy city or town

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? city or town Suicide? city or town Homicide? city or town

Occurred city or town 19 city or town City, county, state

where violence occurred city or town

Place of Violence: Home city or town Farm city or town Industry city or town

Public Place city or town While at work? city or town

Means of injury city or town

23. Attendant's OWN Signature W. J. Meador M.D.  
and Address Moscow Idaho Date 2/13 1948  
(For additional space, use reverse side)

087C

664



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 20 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

# Certificate Of Death

1948  
State File No. 680  
Local Reg. No. 25  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 1 days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Viola  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Paul LaVerne Williams

3. (b) If veteran, name war WW2 3. (c) Social Security No. 534-18-5315  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Elaine 6. (c) Age of husband or wife if alive 24 years  
7. Date of Birth (Month, Day, Year) November 8, 1923

8. AGE	Years	Months	Days	If less than 1 day
	<u>24</u>	<u>3</u>	<u>5</u>	hrs min.

9. Exact Occupation Logger Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Lumbering Date last worked 2, 12/48  
11. Birthplace Bonnara Ferry, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Lynn G. Williams  
13. Birthplace Hammond, Wisconsin (City or town) (State or foreign country)  
14. Maiden name Emma Robertson  
15. Birthplace Monmouth, Maine (City or town) (State or foreign country)  
16. Informant's OWN Signature Lynn G. Williams and Address Moscow, Idaho  
17. (a) Burial (b) Date thereof 2-16-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho  
18. Funeral Director's OWN Signature H. R. Short and Address Moscow, Idaho  
19. (a) 2-16-48 (b) Martha Jones (Date received and filed) (Registrar's signature)

## \* MEDICAL CERTIFICATE OF DEATH 103X

20. DATE OF DEATH February 13, 1948  
(Month, Day, Year) \_\_\_\_\_ 19\_\_\_\_  
at 9:05 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 12 Feb 1948 to 13 Feb 1948  
I last saw him alive on 13 Feb 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Extradural hematoma - fractured skull Duration 17 hours  
Due to \_\_\_\_\_ 17 hours

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 12 Feb 1948 City, county, state Viola, Latah, Idaho  
where violence occurred Viola, Latah, Idaho  
Place of Violence: Home \_\_\_\_\_ Farm ☒ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? ☒  
Means of injury Caterpillar tipped over on him  
23. Attendant's OWN Signature Clyde Culp, MD (M. D. or other)  
and Address Moscow Date 2-16-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 26 1948  
Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 681  
Local Reg. No. 28  
Reg. Dist. No. 200

1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. 210 East 7th  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county 15 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. 501 S Polk  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state)

3. (a) FULL NAME

Emma Rose Doyle

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced, widowed  
4. Sex F 6. (b) Name of husband or wife Vincent L  
6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) Sept. 2, 1876

8. AGE	Years	Months	Days	If less than 1 day
71	5	16	hrs	min.

9. Exact Occupation At home Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Independent City, Missouri (City or town) (State or foreign country)  
12. Name Redick H. Reynolds  
13. Birthplace Unk (City or town) (State or foreign country)  
14. Maiden name Irene Long  
15. Birthplace Unk (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Arnold Anderson  
and Address MOSCOW, Idaho

17. (a) Burial (b) Date thereof 2-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: MOSCOW, Idaho

18. Funeral Director's OWN Signature H. R. Short  
and Address MOSCOW, Idaho

19. (a) 2-21-48 (b) Martha C. [Signature]  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 102X

20. DATE OF DEATH February 18, 1948  
(Month, Day, Year) 19... at... o'clock... M.

21. I HEREBY CERTIFY, That I attended deceased from 1933 to 2/18/48  
I last saw her alive on 2/15/48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary coronary occlusion  
Duration

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19... City, county, state

where violence occurred

Place of Violence: Home... Farm... Industry

Public Place... While at work?

Means of injury

23. Attendant's OWN Signature Doyle M. Lochr

and Address M. Doyle, Idaho (M.D. or other)

Date 2/21/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR - 2 **Certificate Of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 682  
Local Reg. No. 30  
Reg. Dist. No. 200

1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 1 days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Garfield, Wn.  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Thelma Grace Pflugrad

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced married  
4. Sex F 6. (c) Age of husband or wife if alive 49 years  
6. (b) Name of husband or wife Sam  
7. Date of Birth (Month, Day, Year) January 12, 1899

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>1</u>	<u>10</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Michigan (City or town) (State or foreign country)  
12. Name William Eisenhardt  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Louise Smith  
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Sam Pflugrad  
and Address Rt. 1, Garfield, Wn.

17. (a) Burial (b) Date thereof 2-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature W. R. Short  
and Address Moscow, Idaho

19. (a) Feb 27, 1948 (b) Thelma Pflugrad  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH February 22, 1948 19\_\_\_\_  
(Month, Day, Year) at 12:15 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 2-21 1948, to 2-22 1948.  
I last saw her alive on 1-21 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute myocarditis Duration \_\_\_\_\_

Due to Chronic myocarditis

Due to Chronic nephritis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? None

Name of operation None Date \_\_\_\_\_

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? No Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Thelma Pflugrad M.D.  
and Address Moscow, Idaho Date 2/25 1948.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 26 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 683  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:

(a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. Almond  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Gritman Stayed 5 days  
(g) Lived in this county 35 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Moscow  
(d) Street Address or R.F.D. No. Almond  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state)

3. (a) FULL NAME Clark Butler

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced divorced  
4. Sex M 6. (b) Name of husband or wife Catherine  
6. (c) Age of husband or wife if alive unk years

7. Date of Birth (Month, Day, Year) October 9, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>4</u>	<u>13</u>	hrs min.

9. Exact Occupation Retired Did this work for  yrs.

10. Industry or Business Farming Date last worked

11. Birthplace Luray Missouri  
(City or town) (State or foreign country)

12. Name Daniel Butler

13. Birthplace Mass.  
(City or town) (State or foreign country)

14. Maiden name Martha Stark

15. Birthplace Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Josephine Kuyath

and Address 200 E. Batavia

17. (a) Burial (b) Date thereof 2-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature H.R. Shurt

and Address Moscow, Idaho

19. (a) 2-23-48 (b) Matthew  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083B

20. DATE OF DEATH February 22, 1948  
(Month, Day, Year) at 12:05 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 1948 to 22 Feb 1948  
I last saw him alive on 22 Feb 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Thrombosis Duration 4 days

Due to arterio-sclerosis years

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Clyde Culp, M.D.

and Address Moscow, Idaho (M. D. or other)

Date 23 Feb 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**NON-RESIDENT**  
**Certificate of Death**  
STATE OF IDAHO

1948 State File No. **684**  
Local Reg. No. **20**  
Reg. Dist. No. **200**

**1. PLACE OF DEATH:**

- (a) County Blatah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. Rt. 1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county 3 months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State N. Dakota (b) County...  
(c) City or town Noonan  
(d) Street Address or R.F.D. No...  
(e) Deceased lived Inside? Outside? ... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 3 mo years  
(h) Former residence (city, state)...

**3. (a) FULL NAME Ingeborg Tonette Haarstad**

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Peter S. 6. (c) Age of husband or wife if alive 74 years  
7. Date of Birth (Month, Day, Year) Sept. 24, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>4</u>	<u>8</u>	hrs min.

9. Exact Occupation At home Did this work for... yrs.  
10. Industry or Business Date last worked  
11. Birthplace Norway (City or town) (State or foreign country)

- Mother Father { 12. Name Tonnes Heggland  
13. Birthplace Norway (City or town) (State or foreign country)  
14. Maiden name Norway  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Erling Sandberg  
and Address Moscow, Idaho

17. (a) Removal (b) Date thereof 2-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Noonan, North Dakota

18. Funeral Director's OWN Signature B. E. Aeden  
and Address Moscow, Idaho

19. (a) 2-3-48 (b) matheson  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 055E

20. DATE OF DEATH February 2, 1948  
(Month, Day, Year) at 12:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 12-22-48 to 2-2-48  
I last saw her alive on 12-31-48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Hypostatic pneumonia Duration 1 week  
Due to phlegmon of both breasts with  
Due to generalized metastasis  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? none PHYSICIAN  
Name of operation none Date  
Major finding  
Finding of autopsy none Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred

Place of Violence: Home none Farm none Industry none  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Joseph L. McLean MD  
and Address Moscow, Idaho (M. D. or other) Date 2-3-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 23 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

# Certificate Of Death

1948  
State File No. 685  
Local Reg. No. 24  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. 6 miles North  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place... ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years 3 months 26 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Harvard  
(d) Street Address or R.F.D. No.           
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1/3 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Richard Lauren O'Reilly

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced single  
4. Sex M 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive          years  
7. Date of Birth (Month, Day, Year) October 15, 1947

8. AGE	Years	Months	Days	If less than 1 day
--	3	26	hrs	min.

9. Exact Occupation None Did this work for          yrs.  
10. Industry or Business None Date last worked           
11. Birthplace Moscow Idaho  
(City or town) (State or foreign country)  
Mother Father { 12. Name Richard James O'Reilly  
13. Birthplace Lotlatch Idaho  
(City or town) (State or foreign country)  
14. Maiden name Doris Marie Bailey  
15. Birthplace Christina Montana  
(City or town) (State or foreign country)

16. Informant's OWN Signature Richard J. O'Reilly  
and Address Harvard, Idaho  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-48  
(Month) (Day) (Year)  
(c) Place: Calouse, Wn.  
18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho  
19. (a) 2-13-48 (b) Martha M...  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 2-11-48 19 48  
at 3:45 o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 13 19 47 to 2-11-48  
I last saw him alive on Jan 3 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Sepsis pneumonia  
Septicemia Duration         

Due to           
Due to           
Other conditions Enlarged  
(Include pregnancy within 8 months of death) thyroid

Where was disease contracted?          PHYSICIAN           
Name of operation None Date           
Major finding           
Finding of autopsy as above  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?          Suicide?          Homicide?           
Occurred          19          City, county, state where violence occurred           
Place of Violence: Home          Farm          Industry           
Public Place          While at work?           
Means of injury           
23. Attendant's OWN Signature Joseph R. Johnson  
and Address Harvard, Idaho (M. D. or other)          19 48  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 27 1948  
**Certificate Of Death**  
OF VITAL STATE OF IDAHO

1948-  
State File No. **686**  
Local Reg. No. **26**  
Reg. Dist. No. **200**

1. PLACE OF DEATH:

(a) County Latah  
(b) City or town Potlatch  
(c) Street Address or R.F.D. No. Onaway  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. 25 Stayed days  
(g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Potlatch  
(d) Street Address or R.F.D. No. Onaway  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state)

3. (a) FULL NAME Floyd Nelson Baker

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color, or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jessie E. 6. (c) Age of husband or wife if alive 67 years  
7. Date of Birth (Month, Day, Year) March 8, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>11</u>	<u>8</u>	hrs min.

9. Exact Occupation Retired Did this work for 8 yrs.  
10. Industry or Business Lumber Mill Date last worked 1940  
11. Birthplace Ulysses Penn.  
(City or town) (State or foreign country)

Mother Father { 12. Name Simeon Baker  
13. Birthplace Unk  
(City or town) (State or foreign country)  
14. Maiden name Rocellia Bell  
15. Birthplace Unk  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Claude Rucker  
and Address Colfax Wash R.R. 2

17. (a) Cremation (b) Date thereof 2-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hazen's, Spokane, Wn.

18. Funeral Director's OWN Signature H.R. Shar  
and Address Moscow, Idaho

19. (a) 2-19-48 (b) Martha Moore  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 137A

20. DATE OF DEATH February 16, 1948  
(Month, Day, Year) at 12:05 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from February 16, 1948, to February 16, 1948.  
I last saw him alive on February 16, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 1 hr.

Due to

Due to Chronic Asthma  
Other conditions (Include pregnancy within 3 months of death) Hypertrophy of Prostate

Where was disease contracted? Idaho  
Name of operation none Date

Major finding none performed  
Finding of autopsy none performed

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury Thomas P. Murphy M.D.  
23. Attendant's OWN Signature Thomas P. Murphy M.D.

and Address Potlatch Idaho Date 2-19-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

1948  
FEB 25 1948  
**Certificate Of Death**  
OF VITAL STATE OF IDAHO

1948  
State File No. **687**  
Local Reg. No. **27**  
Reg. Dist. No. **200**

1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Viola  
(c) Street Address or R.F.D. No. Rt. 1  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Viola  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Anna Sophia Weeks

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced married  
4. Sex F 6. (b) Name of husband or wife Charles L. 6. (c) Age of husband or wife if alive 42 years  
7. Date of Birth (Month, Day, Year) December 1, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>2</u>	<u>17</u>	hrs min.

9. Exact Occupation At home Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business worked Date last worked \_\_\_\_\_  
11. Birthplace Norway (City or town) (State or foreign country)  
Mother Father { 12. Name Klement K. Johnson  
13. Birthplace Norway (City or town) (State or foreign country)  
14. Maiden name Aseline F. Jon  
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature + Ole K. Johnson  
and Address Troy, Idaho  
17. (a) Burial (b) Date thereof 2-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho  
18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho  
19. (a) 2-20-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 18, 1948 19\_\_\_\_  
(Month, Day, Year) at 9:55 o'clock A M.  
21. I HEREBY CERTIFY, That I attended deceased from 11-3 1947 to 2-18 1948  
I last saw her alive on 2-23 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinomatosis Duration 1 yr.  
Due to Carcinoma of the Colon 1-3 yrs.  
Due to \_\_\_\_\_  
Other conditions Diabetes and  
(Include pregnancy within 3 months of death) Rheumatic heart Disease  
Where was disease contracted? Unknown  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy Not Done

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature La. R. J. Stephens M.D.  
(M. D. or other)  
and Address Moscow, Idaho Date 2-20-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR - 8 1948

CERTIFICATE OF VITAL

STATE OF IDAHO

State File No. 688  
Local Reg. No. 32  
Reg. Dist. No. 200

1. PLACE OF DEATH:  
(a) County Latah  
(b) City or town Princeton  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Yes Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 44 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State Idaho (b) County Latah  
(c) City or town Princeton  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Yes Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Sarah Maude Guernsey  
3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George D. 6. (c) Age of husband or wife if alive 88 years  
7. Date of Birth (Month, Day, Year) November 15, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>3</u>	<u>10</u>	hrs min.

9. Exact Occupation Housewife Did this work for 64 yrs.  
10. Industry or Business Own Home Date last worked 2-23-48  
11. Birthplace Algoma (City or town) Wis. (State or foreign country)

Father { 12. Name George Grimshaw  
13. Birthplace England (City or town) (State or foreign country)  
Mother { 14. Maiden name Rebecca Carothers  
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature Phil C. Guernsey  
and Address Patlatch, Idaho

17. (a) Removal (b) Date thereof 2-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Palouse, Washington

18. Funeral Director's OWN Signature H. E. Hunsballe  
and Address Palouse, Washington

19. (a) 2-28-48 (b) Matthew Munn  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 095A

20. DATE OF DEATH February 25 1948  
(Month, Day, Year) at 9:25 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1948 to Feb 25, 1948  
I last saw her alive on Feb 22, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial infarction Duration minutes  
Due to Coronary Sclerosis years  
Due to Artery Sclerosis  
Other conditions Auricular fibrillation  
(Include pregnancy within 3 months of death)

Where was disease contracted? Irrelevant PHYSICIAN  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Philip D. Dolabach MD  
and Address Palouse, Wn (M. D.)  
(For additional space, use reverse side) Date Feb 28, 1948

684

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 8 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 689  
Local Reg. No. 34  
Reg. Dist. No. 200

1. PLACE OF DEATH:

(a) County Latah  
(b) City or town Troy  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Troy  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Minn

3. (a) FULL NAME John Simon Friske

3. (b) If veteran, Spanish name war American  
5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex M race W  
6. (b) Name of husband or wife  
7. Date of Birth (Month, Day, Year) May 6, 1869

8. AGE	Years	Months	Days	If less than 1 day
	78	9	20	hrs min.

9. Exact Occupation Laborer Did this work for yrs.  
10. Industry or Business Retired Date last worked 10 yrs

11. Birthplace Herjedalen Sweden  
(City or town) (State or foreign country)  
Simon Olson Friske

12. Name  
13. Birthplace Sweden  
(City or town) (State or foreign country)  
14. Maiden name Karin Olson  
15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ida J. Catlow  
and Address 1825 W 8th Spokane Wn

17. (a) Burial (b) Date thereof 2-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Westdale, Troy, Idaho

18. Funeral Director's OWN Signature H.R. Smith  
and Address Moscow, Idaho

19. (a) 2-28-48 (b) Martha Moore  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 26, 1948  
(Month, Day, Year) at 12:20 o'clock A M

21. I HEREBY CERTIFY, That I attended deceased from 2-3 1948, to 2-3 1948  
I last saw him alive on 2-3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Unknown - Probable  
hypostatic pneumonia  
Due to similitude 5 yrs

Due to Generalized Arteriosclerosis  
Other conditions unknown  
(Include pregnancy within 3 months of death)

Where was disease contracted? unknown  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature John W. Myers  
(M. D. or other)  
and Address Moscow Idaho Date 2-28-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

MAR - 8 1948

CERTIFICATE OF DEATH  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 690  
Local Reg. No. 33  
Reg. Dist. No. 200

1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Princeton  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Yes Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 44 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Princeton  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Yes Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME George Dennis Guernsey

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) September 14, 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>88</u>	<u>5</u>	<u>12</u>	hrs min.

9. Exact Occupation Retired Postmaster Did this work for 35 yrs.  
10. Industry or Business U. S. Postal Service Date last worked 1937  
11. Birthplace Stoopville Ind. (City or town) (State or foreign country)

- Father { 12. Name Justin Guernsey  
13. Birthplace Ind. (City or town) (State or foreign country)  
Mother { 14. Maiden name Catherine Shaftstall  
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Roy C. Guernsey  
and Address Potlatch, Idaho

17. (a) Removal (b) Date thereof 2-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Palouse, Washington

18. Funeral Director's OWN Signature H. E. Bunnell  
and Address Palouse, Washington

19. (a) 2-28-48 (b) Martha Jones  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 26 19 48  
(Month, Day, Year)  
at 9:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1948 to Feb. 25, 1948  
I last saw him alive on Feb. 22, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage  
right, massive Duration 2 days

Due to Arteriosclerosis, cerebral years

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Ind. or out.

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Philip D. Dolsbach M.D.

and Address Palouse, Wash. (M. D. or other) Date Feb. 28, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 1 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

1948  
691  
State File No. \_\_\_\_\_  
Local Reg. No. 690  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF DEATH: *Lehigh Salmon*  
(a) County \_\_\_\_\_  
(b) City or town \_\_\_\_\_  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county *63* years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State *Idaho* (b) County *Lehigh*  
(c) City or town *Salmon*  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? *63* years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME *ORVILLE WRIGHT*  
(b) If veteran, name war *no*  
(c) Social Security No. *no*  
(d) Sex *M* (e) Color or race *W*  
(f) (b) Name of husband or wife *ESTELLE M.* (c) Age of husband or wife if alive *60* years  
(g) Date of Birth (Month, Day, Year) *Dec 6 1883*

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) *Feb 4 1948*  
at *9:15* o'clock *P*. M.  
21. I HEREBY CERTIFY, That I attended deceased from *June 8 1940*, to *2-4 1948*  
I last saw him alive on *2-4 1948*; death is said to have occurred on the date and hour stated above.

8. AGE	Years	Months	Days	If less than 1 day
	<i>64</i>	<i>1</i>	<i>28</i>	hrs min.

9. Exact Occupation *Rancher* Did this work for *life*  
10. Industry or Business \_\_\_\_\_ Date last worked *1933*  
11. Birthplace *NOVELTY, Missouri* (City or town) (State or foreign country)  
12. Name *M. Rodolph Wright*  
13. Birthplace *Hickory, Maryland* (City or town) (State or foreign country)  
14. Maiden name *Minnie*  
15. Birthplace *Novelty, Missouri* (City or town) (State or foreign country)  
16. Informant's OWN Signature *Estelle M. Wright* and Address \_\_\_\_\_  
17. (a) ☒ (Burial) cremation, or removal (b) Date thereof *2-7-48* (Month) (Day) (Year)  
(c) Place: *Salmon, Idaho*  
18. Funeral Director's OWN Signature *Ray McGoldrick* and Address *Salmon*  
19. (a) *Mar 10 1948* (Date received and filed) (b) *Viola E. Johnson* (Registrar's signature)

Immediate Cause of Death: *Coronary Occlusion* Duration *1 hr*  
*Pulmonary tuberculosis* *15 yrs*  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature *J. L. Mueder M.D.* and Address *Salmon, Idaho* Date *2-28-48*  
(For additional space, use reverse side)

1948  
State File No. \_\_\_\_\_  
Local Reg. No. 690  
Reg. Dist. No. \_\_\_\_\_

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY 1 1948  
OF VITAL  
STATE OF IDAHO  
**Certificate Of Death**

1. PLACE OF DEATH:  
(a) County Blaine  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? ☒ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 13 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Blaine  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) Blackfoot

3. (a) FULL NAME MARY BRUGGENKAMP

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race W  
6. (b) Name of husband or wife HENRY  
6. (c) Age of husband or wife if alive 70 years  
7. Date of Birth July 10, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>7</u>	<u>3</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Sister Bay Wis Date last worked 1-1-48  
11. Birthplace Frank (City or town) Spanbauer (State or foreign country) unknown  
12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

16. Informant's OWN Signature Anna Yogan  
and Address \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-48  
(c) Place: May Idaho

18. Funeral Director's OWN Signature Ray McQuinn  
and Address \_\_\_\_\_

19. (a) Mar. 10-1948 (Date received and filed) (b) Vida E. Johnson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 073D

20. DATE OF DEATH 2-13- 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock 9 A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948, to Feb 13 1948.  
I last saw h. alive on \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of pelvis  
Due to metastasis  
Due to secondary anemia  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Frank Yogan  
and Address \_\_\_\_\_ Date Feb 28 1948  
(For additional space, use reverse side)

9dub 489

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 693  
State File No.  
Local Reg. No. 690  
Reg. Dist. No.

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Lemhi  
(b) City or town Baker  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 32 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Baker  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Hillsboro, Ore.

## 3. (a) FULL NAME

Sally Marguerite Miller

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No. ....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife James E. 6. (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year) Oct. 27, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>3</u>	<u>23</u>	hrs min.

9. Exact Occupation Housewife Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Whiterose, Kentucky  
(City or town) (State or foreign country)

12. Name George O'Chennev

13. Birthplace Ord, Nebraska  
(City or town) (State or foreign country)

14. Maiden name Margaret Shell

15. Birthplace Kentucky  
(City or town) (State or foreign country)

16. Informant's OWN Signature James E. Miller  
and Address Baker, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, '48  
(c) Place: Salmon, Idaho (Month) (Day) (Year)

18. Funeral Director's OWN Signature Delbert C. Jones

- and Address Salmon, Idaho

19. (a) Mar 1 - 48 (b) Vida E. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 20 1948  
at 11:50 P M o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from July 1947 to Feb 20 1948

I last saw him alive on Feb 10 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

① Chor. Myocarditis

② Arteriosclerosis

Due to ③ Senility

Other conditions

(Include pregnancy within 6 months of death)

Where was disease contracted? —

Name of operation Date

Major finding

Finding of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred — 19 — City county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Thank Grogging ml

and Address Salmon, Ida. (M. D. or other)

Date 2-21 1948

(For additional space, use reverse side)

489

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

MAR 13 1948

STATE OF IDAHO

1948  
State File No. 694  
Local Reg. No. 690  
Reg. Dist. No.

1. PLACE OF DEATH: DIVISION OF VITAL
- (a) County Lemhi
- (b) City or town Shoup
- (c) Address or R.F.D. No. Gold Hill Mine
- (d) Occurred Inside? Outside? X city or town
- (e) Died in a Home X Hospital Institution Other place
- (f) Hosp. or Inst. Stayed days
- (g) in this county 13 years months days

Note. For person residing in THIS county LESS than 1 year, give FOREIGN residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Lemhi
- (c) City or town Shoup
- (d) Street Address or R.F.D. No. Gold Hill Mine
- (e) Deceased lived Inside? Outside? X city or town
- (f) Citizen of what country? United States
- (g) How long had deceased lived in Idaho? 18 years
- (h) Former residence (city, state) Eureka, Utah

3. (a) FULL NAME JAMES SHEPPARD DAY

3. (a) veteran, (c) Social Security No. 518-16-6904
4. Name war (b) Color or (a) Single, widowed, married, divorced Married
5. Color or race White
6. (b) Name of husband or wife Ella Gertrude (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) Sept. 7, 1887

8. AGE	Years	Months	Days	If less than 1 day
	60	5	21	hrs min.

9. Exact Occupation Mine Foreman Did this work for 40 yrs.
10. Industry or Business Gregor Mines, Inc. Date last worked
11. Birthplace Buena Vista, Colorado (City or town) (State or foreign country)

- Mother Father
12. Name Charles Day
13. Birthplace Canton, Ohio (City or town) (State or foreign country)
14. Maiden name Emma L. Burbridge
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature E. Gertrude Day
- and Address Shoup, Idaho

17. (a) Burial (b) Date thereof 3-3-48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Salmon, Idaho

18. Funeral Director's OWN Signature Robert C. Jones
- and Address Salmon, Idaho

19. (a) Mar-10-1948 (b) Vida Johnson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb. 28 1948
- (Month, Day, Year)
- at 1:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 2-16-1948, to 2-28-1948
- I last saw him alive on 2-23-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gravid Toxemia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
- Occurred 19 City, county, state
- where violence occurred
- Place of Violence: Home Farm Industry
- Public Place While at work?

23. Attendant's OWN Signature J. R. M. D. (M. D. or other)
- and Address Salmon, Idaho Date 3-1-1948
- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 695  
Local Reg. No. 284  
Reg. Dist. No. 732

**1. PLACE OF DEATH:**

- (a) County Lincoln  
(b) City or town Richfield  
(c) Street Address or R. F. D. No. Richfield  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. ----- Stayed ----- days  
(g) Lived in this county 38 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Lincoln  
(c) City or town Richfield  
(d) Street Address or R.F.D. No. Richfield  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Spokane, Wash.

**3. (a) FULL NAME**

Floyd E. Reynolds

**3. (b) If veteran,**

name war no

**3. (c) Social Security**

No. -----

5. Color or race white  
6. (a) Single, widowed, married, divorced married

4. Sex male  
6. (b) Name of husband or wife Dorothy E.  
6. (c) Age of husband or wife if alive 54 years

7. Date of Birth  
(Month, Day, Year) February 11, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>0</u>	<u>5</u>	hrs min.

9. Exact Occupation Rural mail Carrier for 28 yrs. Did this last Date last 2/16/48

10. Industry or Business Civil Service worked 2/16/48

11. Birthplace Jackson Michigan  
(City or town) (State or foreign country)

12. Name Jessie B. Reynolds

13. Birthplace unknown  
(City or town) (State or foreign country)

14. Maiden name Clerissa Whitman

15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Dorothy E. Reynolds

- and Address Richfield, Ida.

17. (a) burial (b) Date thereof 2/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Richfield, Idaho

18. Funeral Director's OWN Signature H.P. Bright

- and Address Gooding, Idaho

19. (a) Feb - 20 48 (b) Myrtle C. Burdett  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH  
(Month, Day, Year) Feb - 16 19 48  
at 4 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw h. did not attend alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Heart Failure instantly

Due to over-exertion 2 hrs

Due to -----

Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature Myrtle C. Burdett

and Address Spokane, Idaho (M. D. or other)

Date 2-20 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1548  
Local Reg. No. 285  
Reg. Dist. No. 430

MAR 12 1948

## 1. PLACE OF DEATH DIVISION OF VITAL

- (a) County Lincoln  
(b) City or town Shoshone  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 27 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lincoln  
(c) City or town Shoshone  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) Pietrich, Ida

## 3. (a) FULL NAME

Cleo Peak

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security \_\_\_\_\_  
4. Sex F race W  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife W. W. Peak  
6. (c) Age of husband or wife if alive 34 years  
7. Date of Birth (Month, Day, Year) Jan - 26 - 1921

8. AGE	Years	Months	Days	If less than 1 day
	<u>27</u>	<u>1</u>	<u>3</u>	hrs min.

9. Exact Occupation housewife Did this work for 10 yrs.  
10. Industry or Business self Date last worked \_\_\_\_\_  
11. Birthplace Shoshone - Idaho (City or town) (State or foreign country)  
Mother { 12. Name Samuel R. Mulliner  
13. Birthplace Sevier Co - Utah (City or town) (State or foreign country)  
14. Maiden name Louise Alma Jackson  
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature J. Lee Carothers  
and Address Shoshone - Idaho  
17. (a) Burial (b) Date thereof Mar - 3 - 48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Shoshone Idaho  
18. Funeral Director's OWN Signature Myrtle C. Burdett  
and Address Shoshone Idaho  
19. (a) 3-3-48 (b) Myrtle C. Burdett  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb - 29 1948  
at 10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1947 to death 19 1947  
I last saw her alive on 2-3-48 19 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Compression of Spinal Cord Duration Instant

Due to Fracture of 8th cervical vertebra Instant

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Normal delivery due Mar 6, 1948

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Feb 29 1948 City, county, state where violence occurred Shoshone, Idaho  
Place of Violence: Home Yes Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Apparently fell against stove  
23. Attendant's OWN Signature Harold A. Halinger, M.D. (M. D. or other)  
and Address Hamlet, Idaho Date 3-3 1948  
(For additional space, use reverse side)

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 697  
Local Reg. No. 7  
Reg. Dist. No. 630

## PLACE OF DEATH:

- (a) County Madison  
(b) City or town Reensburg  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ✓ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Rigby Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 284 West 16th  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

John Hyrum Page

3. (b) If veteran, name war World War II 3. (c) Social Security No. 519-24-2255

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) August 1, 1924

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <u>23</u> | <u>5</u> | <u>20</u> | hrs. min.          |

9. Exact Occupation Day Laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business California Packing Date last worked 2/7/48

11. Birthplace Shelton, Idaho (City or town) (State or foreign country)

12. Name Clemance A. Page

13. Birthplace Bountiful, Utah (City or town) (State or foreign country)

14. Maiden name Cliffie Howard

15. Birthplace Shelton, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Clemance A. Page

- and Address Idaho Falls, Idaho

17. (a) Single (b) Date thereof 2/12/48 (Month) (Day) (Year)

- (c) Place Shelton, Idaho

18. Funeral Director's OWN Signature Jack A. Wood

- and Address Idaho Falls, Idaho

19. (a) 2-19-48 (b) Mrs. H. E. Young (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 9, 1948  
at 5 o'clock 2 M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1948 to Feb. 9, 1948

I last saw him alive on Feb. 9, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Traumatic Injuries from  
Truck accident.

Due to Truck accident

Due to Truck accident

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? No Homicide? No

Occurred Feb. 8, 1948 City, county, state \_\_\_\_\_

where violence occurred Highway 191, North Sugar Creek

Place of Violence: Home ✓ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Yes While at work? No

Means of injury Car struck cement bridge

23. Attendant's OWN Signature H. B. Rigby M.D. (M. D. or other)

and Address Reensburg, Idaho Date 2-18-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 10 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 698  
Local Reg. No. 8  
Reg. Dist. No. 630

1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Reynolds  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Highway Hosp. Stayed \_\_\_\_\_ days  
(g) Lived in this county 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Reynolds  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? Japan  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Ise Okura

3. (b) If veteran, \_\_\_\_\_

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

5. Color of \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_

4. Sex Female race Japanese  
6. (b) Name of husband or wife Hisaoke Okura  
6. (c) Age of husband or wife if alive 77 years

7. Date of Birth (Month, Day, Year) April 3, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>10</u>	<u>10</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

12. Name Mankichi Okura

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

14. Maiden name Yoru Inomata

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Leo Okura

- and Address Route 1 Reynolds, Idaho

17. (a) Burial (b) Date thereof 2/16/48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Reynolds

18. Funeral Director's OWN Signature H. B. E. Young

- and Address Reynolds, Idaho

19. (a) 2-16-48 (b) H. B. E. Young  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb. 12 1948  
(Month, Day, Year)  
at 2:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1948 to Feb. 12 1948  
I last saw her alive on Feb. 12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of Pancreas Duration \_\_\_\_\_

Cancer of Pancreas

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? /

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. B. E. Young

and Address Reynolds, Idaho Date 2-16-48 1948  
(For additional space, use reverse side)

Permit issued to: Kenneth R. Flamm  
Flamm Funeral Home  
Rexburg, Idaho

RECEIVED

45645  
FEB 5 1957

Sent 2-13-57 FEB 13 1957

Division of Vital Statistics

Date

Department of Public Health  
Boise, Idaho

I hereby give authorization for the disinterment of: Ise Okura

NAME OF DECEASED ~~ISE OKURA~~ Ise Okura

DATE OF DEATH February 12, 1948

CAUSE OF DEATH Cancer

ATTENDING PHYSICIAN H.B. Higby M.D.

BURIED IN Rexburg (Rexburg, Idaho) CEMETERY

TO BE REMOVED TO Evergreen (Los Angeles, Calif.) CEMETERY

RELATIONSHIP TO PERSON REQUESTING PERMIT Son

NAME OF LICENSED EMBALMER Kenneth R. Flamm License #E347

REASON FOR DISINTERMENT Moved to Los Angeles, California

Very truly yours,

Yoshiro F. Okura  
Signature of relative or person  
requesting permit.

3537 E 5th Street, Los Angeles 63  
Address California

- \* \* \* \* \*

State of ~~INDIAN~~ CALIF. )  
County of LOS ANGELES ) ss

On this 6th day of FEBRUARY, 1957, before me, ED. H. FUJIMOTO  
a Notary Public in and for the within county and state personally appeared  
YOSHIRO F OKURA known to me (or proved by the oath of \_\_\_\_\_)  
to be the person whose name is subscribed to the foregoing instrument, and acknow-  
ledged to me that he executed the same.

In Witness whereof I have hereunto set my hand and affixed my official seal  
this the day and year first above written.

(Seal)

Ed. H. Fujimoto  
Notary Public, residing at Los Angeles, INDIAN CALIF.  
My commission expires JANUARY 12, 1958

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 11 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **699**  
Local Reg. No. **6**  
Reg. Dist. No. **631**

## 1. PLACE OF DEATH:

- (a) County Jefferson Madison  
(b) City or town Thomson  
(c) Street Address or R. F. D. No. 1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county    years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Thomson  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Mr. Olein Henry Jeppson

085X

## 3. (b) If veteran,

name war   

## 3. (c) Social Security

No.   

## 4. Sex M 5. Color or race W

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Bertha Woods

## 6. (c) Age of husband or wife if alive    years

## 7. Date of Birth (Month, Day, Year)

January 22 - 1898

## 8. AGE

Years 50

Months 0

Days 9

If less than 1 day  
hrs min.

## 9. Exact Occupation

Farm & Pescher

Did this work for    yrs.

## 10. Industry or Business

Date last worked   

## 11. Birthplace

Bingham City, Utah

(City or town) (State or foreign country)

## 12. Name

Charles Olein Jeppson

## 13. Birthplace

Utah

(City or town) (State or foreign country)

## 14. Maiden name

Ruby Lucina Blackburn

## 15. Birthplace

Utah

(City or town) (State or foreign country)

## 16. Informant's

### OWN Signature

Olein Jeppson

### and Address

Thomson, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 3/5/48

### (c) Place:

Thomson, Idaho

## 18. Funeral Director's

### OWN Signature

Do A. Williams

### and Address

Idaho Falls, Idaho

## 19. (a) 2-6-48

(Date received and filed)

(b) Mrs. H. E. Young

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) February 1 1948  
at about 1:00 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from Jan 28 1948 to Jan 28 1948

I last saw h. alive on Jan 28 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

post Pneumonic  
epilepsy

Due to head injury

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation    Date   

Major finding   

Finding of autopsy   

## Duration

10 years

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred 10 years ago 1938 City, county, state Idaho

where violence occurred Thomson, Idaho

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury head injury

## 23. Attendant's

OWN Signature John H. Patton M.D.

and Address Idaho Falls Date 2-4-48

(For additional space, use reverse side)

442

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

FEB 11 1948

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH  
STATE OF IDAHO

State File No. 700  
Local Reg. No. 5  
Reg. Dist. No. 630

1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Reynoldsburg  
(c) ~~Street Address~~ or R. F. D. No. 28  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 2 years 2 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these).

- (a) State Idaho (b) County Madison  
(c) City or town Reynoldsburg  
(d) ~~Street Address~~ or R. F. D. No. 28  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Brenda Nedrow

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Nov. 20, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>2</u>	<u>10</u>	<u>_____</u>	hrs min.

9. Exact Occupation Babe Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Salem, Idaho (City or town) (State or foreign country)  
Mother { 12. Name Paul Nedrow  
13. Birthplace Reynoldsburg, Idaho (City or town) (State or foreign country)  
14. Maiden name Lela Martensen  
15. Birthplace Salem, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Lela Martensen Nedrow  
and Address Reynoldsburg, Idaho  
17. (a) Burial (b) Date thereof Feb 3, 1948 (Month) (Day) (Year)  
(c) Place: Sugar City, Idaho  
18. Funeral Director's OWN Signature Rolland S. Reiser  
and Address Reynoldsburg, Idaho  
19. (a) 2-4-48 (b) Miss A. E. Young (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb 1 1948  
(Month, Day, Year) at 7 o'clock PM  
21. I HEREBY CERTIFY, That I attended deceased from 2-1-48 to 2-1-48  
I last saw him alive on 2-1-48; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Acute - Chronic Pneumonia Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 48 City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Rolland S. Reiser (M. D. or other) \_\_\_\_\_  
and Address Reynoldsburg, Idaho Date 2-4-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 10 1948  
**Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

State File No. 701  
Local Reg. No. 9  
Reg. Dist. No. 631

1. PLACE OF DEATH:
- (a) County Madison  
(b) City or town Rexburg  
(c) Street Address or R.F.D. No. #1  
(d) Death Occured Inside? Outside? # city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 45 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Madison  
(c) City or town Rexburg R.F.D. #1  
(d) Street Address or R.F.D. No. #  
(e) Deceased lived Inside? Outside? # city or town  
(f) Citizen of what country? Japan  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Japan

3. (a) FULL NAME Zenzo Miura
3. (b) If veteran, name war no 3. (c) Social Security No. None
5. Color or 6. (a) Single, widowed, married, divorced Widower
4. Sex Male race Japanese
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 11, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>6</u>	<u>3</u>	hrs min.

9. Exact Occupation Laborer Did this work for 45 yrs.
10. Industry or Business Farm Date last worked 13/48
11. Birthplace Meyagoken, Japan (City or town) (State or foreign country)
12. Name unknown
13. Birthplace Japan (City or town) (State or foreign country)
14. Maiden name unknown
15. Birthplace Japan (City or town) (State or foreign country)
16. Informant's OWN Signature Victor S. Chandler  
and Address Madison Co. Cemetery, Rexburg, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/48 (Month) (Day) (Year)  
(c) Place: Sugger City, Idaho
18. Funeral Director's OWN Signature Roland Reiser  
and Address Rexburg, Idaho
19. (a) 2/18/48 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 14 1948  
at approx 3:AM clock AM

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him dead 11/14 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Severe Bleeding Duration

Due to Wound in Throat

Due to Knife Wound  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? Yes Homicide? Yes  
Occurred Feb. 14 1948 City, county, state where violence occurred Rexburg, R.F.D. #1  
Place of Violence: Home # Farm Industry  
Public Place While at work?  
Means of injury Knife wound inflicted by  
23. Attendant's Son Toomy Miura  
OWN Signature Victor S. Chandler Madison Co. Cemetery, Rexburg, Idaho  
and Address Rexburg, Idaho Date 11/15/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

MAR 10 1948

STATE OF IDAHO

## DIVISION OF VITAL

1948 State File No. **702**  
Local Reg. No. **10**  
Reg. Dist. No. **630**

### 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Salem  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 64 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Salem  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 64 years  
(h) Former residence (city, state) \_\_\_\_\_

### 3. (a) FULL NAME

Martha Ann Ward Jensen

### 3. (b) If veteran,

name war \_\_\_\_\_

### 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Female Race Cauc  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Erastus Jensen  
(c) Age of husband or wife if alive \_\_\_\_\_ years

### 7. Date of Birth

(Month, Day, Year) Oct. 6, 1862

### 8. AGE

Years	Months	Days	If less than 1 day
<u>85</u>	<u>4</u>	<u>20</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Wellsville, Utah (City or town) (State or foreign country)

12. Name George B. Ward

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Martha Monks

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Chas. J. Hilton

- and Address Refring, Idaho

17. (a) Burial (b) Date thereof 3/1/48

- (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Refring

18. Funeral Director's OWN Signature Russell Ottum

- and Address Refring, Idaho

19. (a) 3-1-48 (b) W. H. Young

- (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb. 26 1948  
(Month, Day, Year)  
at 1:15 o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 27 1948 to Feb. 26 1948  
I last saw her alive on Feb. 26 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death

Myocarditis  
after myocardial infarction.  
Due to Senility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. B. Rigby M.D.

and Address 2-28 Date 1948  
(For additional space, use reverse side)

093D

212



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 703  
Local Reg. No. 3  
Reg. Dist. No. 45-0

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town  Rupert   
(c) Street Address or R. F. D. No.  614 - 4th St.   
(d) Death Occurred Inside?   Outside?   city or town  
(e) Died in a Home   Hospital   Institution   Other place    
(f) Name Hosp. or Inst.   Stayed   days  
(g) Lived in this county  25  years   months   days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State  Idaho  (b) County  Minidoka   
(c) City or town  Rupert   
(d) Street Address or R.F.D. No.  614 - 4th St.   
(e) Deceased lived Inside?   Outside?   city or town  
(f) Citizen of what country?  U.S.A.   
(g) How long had deceased lived in Idaho?  25  years  
(h) Former residence (city, state)  Kansas

## 3. (a) FULL NAME

Lester William Weaver

184X

## 3. (b) If veteran,

name war  1st War.

## 3. (c) Social Security

No.  514-457

5. Color. or   (a) Single, widowed, married,  
4. Sex  M  race  white  divorced  married

6. (b) Name of husband or wife  Evelyn  6. (c) Age of husband or wife if  
alive  45  years

7. Date of Birth  
(Month, Day, Year)  June 29 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u> 54 </u>	<u> 7 </u>	<u> 2 </u>	hrs min.

9. Exact Occupation  Labour  Did this work for   yrs.

10. Industry or Business   Date last worked

11. Birthplace  Dexter, Kansas   
(City or town) (State or foreign country)

12. Name  Lester W. Weaver

13. Birthplace  Mary E. Dennis   
(City or town) (State or foreign country)

14. Maiden name  Mary E. Dennis

15. Birthplace    
(City or town) (State or foreign country)

16. Informant's OWN Signature  M. Mrs. Pitt J. Paden

- and Address  Rupert, Idaho

17. (a)  Burial  (b) Date thereof  2-4-48   
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place:  Rupert, Idaho

18. Funeral Director's OWN Signature  Rodney J. Bowman

- and Address  Rupert, Idaho

19. (a)  2-16-48  (b)  E. E. Moore   
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  Feb. 1  19 48   
(Month, Day, Year) at   o'clock   M.

21. I HEREBY CERTIFY, That I attended deceased from   19 , to   19

I last saw h   alive on   19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:   Duration

Sunstroke

Due to  accident

Due to

Other conditions    
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation   Date

Major finding

Finding of autopsy  none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?   Suicide?   Homicide?

Occurred  Feb 1  19 48  City, county, state where violence occurred  Minidoka Co.

Place of Violence: Home   Farm   Industry

Public Place  on Hwy.  While at work?

Means of injury  accident

23. Attendant's OWN Signature  Alan Goodman

and Address  Rupert, Idaho  Date  2-5-48   
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY - 11 1948  
**Certificate Of Death**  
STATE OF IDAHO

1. PLACE OF DEATH: DIVISION OF VITAL  
(a) County Blaine  
(b) City or town Reupert  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside?    city or town \_\_\_\_\_  
(e) Died in a Home    Hospital    Institution    Other place     
(f) Name Hosp. or Inst. General Hosp Stayed 2 days  
(g) Lived in this county    years    months    days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside?    Outside?    city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Edward Taylor  
3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
name war \_\_\_\_\_ No. \_\_\_\_\_  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary Evelyn Taylor 6. (c) Age of husband or wife if alive Deceased years  
7. Date of Birth Sept. 1, 1872  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	75	4	12	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Farming Date last worked retired  
11. Birthplace Borowitz, Utah (City or town) (State or foreign country)

12. Name James Taylor  
13. Birthplace Madara, England (City or town) (State or foreign country)  
14. Maiden name Edith Louise Cattle  
15. Birthplace Madara (City or town) (State or foreign country)

16. Informant's OWN Signature Harry B. Johnson  
and Address Hayden, Idaho

17. (a) Removal (b) Date thereof 2-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burley, Idaho

18. Funeral Director's OWN Signature Wm B M. Cufflach  
and Address Burley, Idaho

19. (a) 2-1-48 (b) W. B. Cufflach  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 093E 094A

20. DATE OF DEATH  
(Month, Day, Year) February 14, 1948  
at 4:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1948, to Feb. 14, 1948  
I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Death coronary arteriosclerosis Duration 4 day

Due to \_\_\_\_\_  
Due to Coronary artery disease  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wm B M. Cufflach  
and Address Feb 14, 1948 (M.D. or other) 19\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 1 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

State File No. 705  
Local Reg. No. 490  
Reg. Dist. No. 490

1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Reupert  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. .... Stayed .... days  
(g) Lived in this county 35 years .... months .... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Reupert  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME

Leora Smith

083A

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
7. Date of Birth (Month, Day, Year) OCT 3 1869  
8. AGE Years 77 Months 4 Days 12 hrs min.

9. Exact Occupation Housewife Did this work for .... yrs.  
10. Industry or Business Taylor Co Date last worked Idaho  
11. Birthplace Idaho (City or town) (State or foreign country)

12. Name Dwight Bernell  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name Catherine Bowman  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Jay L Smith  
and Address Reupert Idaho

17. (a) Burial (b) Date thereof 2-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Reupert Idaho

18. Funeral Director's OWN Signature John Goodman  
and Address Reupert Idaho

19. (a) 3-1-48 (b) AT Blaine  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

097X

20. DATE OF DEATH (Month, Day, Year) Feb 15 1948  
at 11:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 6 1948, to Feb 15 1948  
I last saw h.e.r. alive on Feb 14 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebral hemorrhage

Duration

Due to Arteriosclerosis

Due to Old Age

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Unknown

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature Arthur F Dally MD  
(M. D. or other)  
and Address Reupert Idaho Date 21 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 706  
Local Reg. No. 4  
Reg. Dist. No. 400

RECEIVED

1. PLACE OF DEATH: MAR - 4 1948  
(a) County Minidoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. Rupert  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Rupert Gen. Stayed 1 days  
(g) Lived in this county 13 years 5 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Minidoka  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. Rupert  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Prater Utah

3. (a) FULL NAME Joseph John Giraud  
3. (b) If veteran, name war World War I  
3. (c) Social Security No. 093D  
4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Rose 6. (c) Age of husband or wife if alive 19 years  
7. Date of Birth (Month, Day, Year) Jan 10, 1875  
8. AGE Years 73 Months 9 Days 9 If less than 1 day hrs min.

9. Exact Occupation Shepherd Did this work for 1 yrs.  
10. Industry or Business Chow Date last worked Jan 10, 1948  
11. Birthplace Chow (City or town) (State or foreign country)  
12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)  
16. Informant's OWN Signature August Giraud  
and Address Rupert, Idaho  
17. (a) Burial (b) Date thereof 2-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rupert Idaho  
18. Funeral Director's OWN Signature Alan Goldman  
and Address Rupert, Idaho  
19. (a) 2-1-48 (b) W.B. Blum  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 19 1948  
at 2:30 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from 1-2 1948, to 2-19 1948  
I last saw him alive on 2-17 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Myocarditis Duration 1 year  
Due to ?  
Due to ?  
Other conditions Massive Pneumonia (Include pregnancy within 3 months of death)  
Where was disease contracted? Physician  
Name of operation ? Date ?  
Major finding ?  
Finding of autopsy ?  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ? Suicide? ? Homicide? ?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ? Farm ? Industry ?  
Public Place ? While at work? ?  
Means of injury ?  
23. Attendant's OWN Signature P. J. McElmer  
and Address Rupert, Idaho Date 2-23-1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH

- (a) County Minidoka  
(b) City or town Paul  
(c) Street Address or R.F.D. No. 083A  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 19 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Paul  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Elizabeth Emma King

083A

3. (b) If veteran, name war No.  
3. (c) Social Security No. -

4. Sex F 5. Color or race white  
(a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Daniel  
(c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Sept 6, 1865

8. AGE	Years	Month	Days	If less than 1 day
	<u>82</u>	<u>5</u>	<u>9</u>	hrs min.

9. Exact Occupation - Did this work for years

10. Industry or Business - Date last worked -

11. Birthplace Spanish Fork, Utah  
(City or town) (State or foreign country)

12. Name Alfred Reese

13. Birthplace Idaho  
(City or town) (State or foreign country)

14. Maiden name Emma, Daniel

15. Birthplace Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Henry P. King  
and Address Rupert, Idaho

17. (a) Burial (b) Date thereof 1-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Idaho

18. Funeral Director's OWN Signature Robert M. Mott  
and Address Rupert, Idaho

19. (a) 3-1-48 (b) E. E. Moore  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 15, 1948  
at 1030 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1948 to Feb 14, 1948  
I last saw her alive on Feb 14, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage  
Duration

Due to Arteriosclerosis

Due to Old age

Other conditions Senility  
(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown  
Name of operation None Date

Major finding -

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -  
Occurred 19 City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature Arthur J. Dally M.D.  
(M. D. or other) and Address Rupert, Idaho Date Feb 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

1948  
State File No. 708  
Local Reg. No. 8  
Reg. Dist. No. 450

MAR - 4 1948

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Paul  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Paul  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Nevada

## 3. (a) FULL NAME

Clarence McLean

1646

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. 710

5. Color or race white 6. (a) Single, widowed, married, divorced single

4. Sex M 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Dec 3 1912

8. AGE	Years	Months	Days	If less than 1 day
	<u>35</u>	<u>2</u>	<u>16</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Fallon Nevada (City or town) (State or foreign country)

12. Name Fleming McLean

13. Birthplace West Virginia (City or town) (State or foreign country)

14. Maiden name Virginia O. Thayer

15. Birthplace California (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Charles Smith and Address Rupert Idaho

17. (a) Burial (b) Date thereof 2-25-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Paul Idaho

18. Funeral Director's OWN Signature Rodney R. Jordan and Address Rupert Idaho

19. (a) 2/1/48 (b) W. E. Moore (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 19 1948 at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Bullet through heart

Due to Suicide

Due to \_\_\_\_\_ Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? ☒ Homicide? \_\_\_\_\_

Occurred Feb 19 1948 City, county, state where violence occurred Paul Minidoka

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Suicide

23. Attendant's OWN Signature Alan Goodman and Address Rupert Idaho Date 2-20-48

(For additional space, use reverse side)

500

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 16 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 709  
Local Reg. No. 20  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. ---  
(d) Death Occurred Inside? X Outside? --- city or town  
(e) Died in a Home --- Hospital X Institution --- Other place ---  
(f) Name Hosp. or Inst. St. Joseph Stayed 2 days  
(g) Lived in this county 00 years 00 months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. 611 - 7th St. N.  
(e) Deceased lived Inside? X Outside? --- city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) Ill.

## 3. (a) FULL NAME

Anderson J. Corbin

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex Male Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 59 years  
7. Date of Birth (Month, Day, Year) January 27, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>0</u>	<u>7</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for 56 yrs.  
10. Industry or Business --- Date last worked ---  
11. Birthplace Cornell (City or town) (State or foreign country)

- Mother Father  
12. Name Thomas Corbin  
13. Birthplace Richmond, Va. (City or town) (State or foreign country)  
14. Maiden name Mary xxx Nichols  
15. Birthplace Richmond, Va. (City or town) (State or foreign country)

16. Informant's OWN Signature Mary Corbin and Address Buhl, Idaho

17. (a) Removal- Burial (b) Date thereof 2-5-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Buhl, Idaho

18. Funeral Director's OWN Signature Brower-Wann by R.E. DeB... and Address Lewiston, Idaho

19. (a) Feb. 5, 1948 (b) Donna J. Robert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 4, 1948  
at 10:10 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 2-2-48 to 2-4-48 1948  
I last saw him alive on 2-4-48 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia  
Due to ---

Due to ---  
Other conditions ---  
(Include pregnancy within 3 months of death)

Where was disease contracted? ---  
Name of operation --- Date ---  
Major finding ---  
Finding of autopsy ---

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred --- 19 --- City, county, state where violence occurred ---  
Place of Violence: Home --- Farm --- Industry ---  
Public Place --- While at work? ---  
Means of injury ---

23. Attendant's OWN Signature A. J. White (M. D. or other) and Address Lewiston Date 2-4-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Do not use blue ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to Bureau of Vital Statistics, Boise, Idaho.

Department of Commerce  
Bureau of the Census

FEB 16 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 710  
Local Reg. No. 21  
Reg. Dist. No. 220

## 1. PLACE OF BIRTH:

- (a) County Nez. Perc.  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph's Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years 1 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Thomas L Brink

3. (b) If veteran, name war no 3. (c) Social Security No. 518-24-2981  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Aug 22, 1928

8. AGE	Years	Months	Days	If less than 1 day
	<u>19</u>	<u>6</u>	<u>5</u>	<u>13</u> hrs min.

9. Exact Occupation Labor Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business P.F.I. Date last worked \_\_\_\_\_

11. Birthplace Raymond, S.D. (City or town) (State or foreign country)

12. Name L.G. Brink

13. Birthplace Bradley, S.D. (City or town) (State or foreign country)

14. Maiden name Vera Norton

15. Birthplace Henry, S.D. (City or town) (State or foreign country)

16. Informant's OWN Signature Geo. Brink  
and Address Uniontown, Wash.

17. (a) Burial (b) Date thereof 2-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Normal Hill Cem. Lewiston, Id.  
Vassar-Rawls Funeral Home

18. Funeral Director's OWN Signature by Andrew Vassar  
and Address Lewiston, Idaho

19. (a) Feb 7, 1948 (b) Donna Jean Eckert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb, 5, 1948 19\_\_\_\_  
at 12:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1948 to Feb 5, 1948  
I last saw him alive on Feb 5, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Respiratory failure

Due to Pneumonia

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. Eastman (M. D. or other)  
and Address Lewiston, Id. Date Feb 6, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 16 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 711  
Local Reg. No. 22  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 1407-13 Ave.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 44 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perc  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1407-13 Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Rolla D. Parrott

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Amenda 6. (c) Age of husband or wife if alive 62 years  
7. Date of Birth (Month, Day, Year) February 15, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>11</u>	<u>22</u>	hrs min.

9. Exact Occupation County Assessor Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business worked Date last worked \_\_\_\_\_  
11. Birthplace Jefferson, Missouri (City or town) (State or foreign country)  
Mother Father { 12. Name Charles Parrott  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Alice Fisher  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Amenda Parrott  
and Address 1407-13th. Ave. Lewiston,  
17. (a) Burial (b) Date thereof 2-10-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho  
18. Funeral Director's Brower-Wann Co  
OWN Signature By: H. H. Malcom  
and Address Lewiston, Idaho  
19. (a) Feb. 9, 1948 (b) Douglas Jean Ockert (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 111C

20. DATE OF DEATH February 7 19 48  
(Month, Day, Year) at 6:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from October 14, 1947 to February 7, 1948.  
I last saw h.i.m. alive on January 21, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Pulmonary edema  
Due to myocardial failure  
Due to Coronary sclerosis 7 yrs.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature B. P. Stein M.D.  
(M. D. or other) and Address 207 S. Johnson Date Feb. 9, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 22 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 712  
Local Reg. No. 29  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst St. Joseph's Stayed 1 days  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 7th Ave & 18St  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Wash.

## 3. (a) FULL NAME

Henry O. Teel

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 519-18-9861  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Jan 22, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>0</u>	<u>18</u>	hrs min.

9. Exact Occupation retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Dayton, Wash. (City or town) (State or foreign country)

12. Name W. Teel  
13. Birthplace No Record (City or town) (State or foreign country)  
14. Maiden name Lillian Sutton  
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's OWN Signature Floyd W. Jackson  
and Address Lewiston, Idaho.

17. (a) Burial (b) Date thereof 2/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho.

18. Funeral Director's Vassar-Rawls Funeral Home  
OWN Signature by Andrew H. Vassar  
and Address Lewiston, Idaho.

19. (a) Feb. 17 1948 (b) Donna J. Eckert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 9th, 1948 19  
at 10:06 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from 2-9 1948, to 2-9 1948

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

pt. shot self through head. 2 hrs.  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? 4 Homicide? \_\_\_\_\_  
Occurred Feb 9 1948 City, county, state where violence occurred Home, City of Lewiston  
Place of Violence: Home 2 Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury postal  
23. Attendant's OWN Signature John E. Carson (M. D. or other)  
and Address Lewiston Date 2-13 1948  
(For additional space, use reverse side)

United States  
 Department of Commerce  
 Bureau of the Census

FEB 16 1948

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
 (b) City or town Lewiston  
 (c) Street Address or R.F.D. No. \_\_\_\_\_  
 (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
 (e) Died in a Home? X Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
 (f) Name Hosp. or Inst. St. Joseph Stayed 26 days  
 (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 26 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
 (c) City or town Southwick  
 (d) Street Address or R.F.D. No. 1  
 (e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 50 years  
 (h) Former residence (city, state) Southwick, Idaho

## 3. (a) FULL NAME

Paul Charest

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex white race male

5. Color or

6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Verla

6. (c) Age of husband or wife if alive 38 years

## 7. Date of Birth (Month, Day, Year) October 4, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>4</u>	<u>4</u>	hrs min.

## 9. Exact Occupation farmer Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business Self Date last worked Feb. 1947

## 11. Birthplace Stepan, Wash. (City or town) (State or foreign country)

## 12. Name H. A. Charest

## 13. Birthplace Three Rivers, Canada (City or town) (State or foreign country)

## 14. Maiden name Olivia Maston

## 15. Birthplace Oregon (City or town) (State or foreign country)

## 16. Informant's OWN Signature Verla Charest and Address Southwick, Idaho

## 17. (a) removal (b) Date thereof 2-12-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Southwick, Idaho

## 18. Funeral Director's OWN Signature Wm. V. Vassess and Address Lewiston, Idaho

## 19. (a) Feb. 12, 1948 (b) Donald Jean Ockert (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 073D

## 20. DATE OF DEATH (Month, Day, Year) February 10, 1948 at 6:40 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Dec. 1947 to Feb. 10, 1948 I last saw him alive on Feb. 10, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

General of Coronary

## Duration

8 yrs.

## Due to

Epistaxis

## Due to

anemia

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's OWN Signature Donald D. McRobert and Address Lewiston, Idaho (M. D. or other)

Date 2/10/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 23 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 714  
Local Reg. No. 26  
Reg. Dist. No. 20

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution ..... Other place .....  
(f) Name Hosp. or Inst. St Joseph's Stayed 1 days  
(g) Lived in this county 50 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1527-12th Ave  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

John Thormahlen

## 3. (b) If veteran,

name war W.W.1

## 3. (c) Social Security

No. 519-18-9408

## 4. Sex Male race White

5. Color or 6. (a) Single, widowed, married,  
divorced Married

## 6. (b) Name of husband or wife Olga

6. (c) Age of husband or wife if  
alive 37 years

## 7. Date of Birth (Month, Day, Year)

Jan 22, 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>0</u>	<u>19</u>	hrs min.

## 9. Exact Occupation Carpenter Did this work for ..... yrs.

## 10. Industry or Business ..... Date last worked .....

## 11. Birthplace Boeur'dalene, Idaho (City or town) (State or foreign country)

## 12. Name Fred Thormahlen

## 13. Birthplace Germany (City or town) (State or foreign country)

## 14. Maiden name Grace Strom

## 15. Birthplace Germany (City or town) (State or foreign country)

## 16. Informant's OWN Signature Olga Thormahlen and Address 1527-12th Ave

## 17. (a) Burial (b) Date thereof 2-14-48 (Burial, cremation or removal) (Month) (Day) (Year)

## (c) Place: Lewiston, Ida

## 18. Funeral Director's OWN Signature Andrew G. Vassar by Vassar-Bawls Funeral Home

## and Address Lewiston, Idaho

## 19. (a) Feb 14, 1948 (b) Donna Jean Eckert (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Feb 10 1948 at 9:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Feb 7 1948, to Feb 10 1948

I last saw him alive on Feb 10 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Coronary occlusion Duration

## Due to Coronary arterio-sclerosis

## Due to .....

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted? Lewiston

## Name of operation ..... Date .....

## Major finding .....

## Finding of autopsy Severe coronary arteriosclerosis, infarction

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

## Occurred ..... 19 ..... City, county, state

## where violence occurred

## Place of Violence: Home ..... Farm ..... Industry

## Public Place ..... While at work?

## Means of injury

## 23. Attendant's OWN Signature Ray W. Eastman, M.D. (M. D. or other)

## and Address Lewiston, Ida Date Feb 11, 1948 (For additional space, use reverse side)

1948

State File No. 715

Local Reg. No. 28

Reg. Dist. No. 220

United States

Department of Commerce

Bureau of the Census

FEB 23 1948

DIVISION OF VITAL STATISTICS

## Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County NezPerce  
 (b) City or town Lewiston,  
 (c) Street Address or R.F.D. No. 512 - 5th Ave.  
 (d) Death Occurred Inside? X Outside? city or town  
 (e) Died in a Home? X Hospital Institution Other place city or town  
 (f) Name Hosp. or Inst. Stayed days  
 (g) Lived in this county 50 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida ho (b) County NezPerce  
 (c) City or town Lewiston,  
 (d) Street Address or R.F.D. No. 512- 5th Ave  
 (e) Deceased lived Inside? X Outside? city or town  
 (f) Citizen of what country? US  
 (g) How long had deceased lived in Idaho? 50 years  
 (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Arthur Lewis Millar

3. (b) If veteran, name war World 1 3. (c) Social Security No. None  
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Date of Birth (Month, Day, Year) February 9, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>0</u>	<u>2</u>	hrs min.

9. Exact Occupation Mech. Did this work for 1928- yrs.  
 10. Industry or Business Hardware Date last worked 1928  
 11. Birthplace Lewiston, Ida ho (City or town) (State or foreign country)  
 12. Name William Millar  
 13. Birthplace England (City or town) (State or foreign country)  
 14. Maiden name Bertha Alexander  
 15. Birthplace St. Lewis, Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Lawrence M. Millar  
 and Address Spokane Wn.

17. (a) Burial (b) Date thereof 2/14/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: Lewiston, Idaho

18. Funeral Director's Brower-Wann by B.H. McLean  
 OWN Signature Lewiston, Idaho  
 and Address \_\_\_\_\_

19. (a) Feb 14, 1948 (b) Donna Jean Oskut  
 (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 085X

20. DATE OF DEATH (Month, Day, Year) February 11, 19 48  
 at 4:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 1927 to Dec 1947  
 I last saw h. in alive on Jan 15, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: pinching pneumonia Duration 20 yrs.Due to grand mal seizureDue to \_\_\_\_\_Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_Where was disease contracted? \_\_\_\_\_Name of operation \_\_\_\_\_ Date \_\_\_\_\_Major finding \_\_\_\_\_Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
 Occurred 19 City, county, state \_\_\_\_\_  
 where violence occurred \_\_\_\_\_  
 Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
 Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
 Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John E. Carssow (M. D. or other) Doctor  
 and Address Lewiston Date 2-13-1948

(For additional space, use reverse side)

Dr. J.E. Carssow

515

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
FEB 16 1948  
STATE OF IDAHO

**1. PLACE OF DEATH:**

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 1309-15th Ave.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 9 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1309-15th Ave.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state)

**3. (a) FULL NAME**

AMY L. PALMER

3. (b) If veteran, name war  No.   
5. Color or White 6. (a) Single, widowed, married, divorced married  
4. Sex female race White  
6. (b) Name of husband or wife George W. Palmer 6. (c) Age of husband or wife if alive 73 years  
7. Date of Birth (Month, Day, Year) October 24, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>3</u>	<u>19</u>	hrs min.

9. Exact Occupation housewife Did this work for  yrs.  
10. Industry or Business  Date last worked   
11. Birthplace Archbold, Ohio  
(City or town) (State or foreign country)

12. Name Alex Miller  
13. Birthplace Archbold, Ohio  
(City or town) (State or foreign country)  
14. Maiden name Lottie Felton  
15. Birthplace Archbold, Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Geo. W. Faerme  
and Address Lewiston, Idaho

17. (a) removal (b) Date thereof 2-13-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Calvary, Wyo.

18. Funeral Director's OWN Signature Wm. V. Vassar  
and Address Lewiston, Idaho

19. (a) Feb. 13, 1948 (b) Donna Jean Ockert  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 073D

20. DATE OF DEATH (Month, Day, Year) February 11, 1948  
at 2:30 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from 10/2 19 47 to February 11, 1948  
I last saw her alive on Feb. 10, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Diagnosis of R. H. Allen Duration 8 weeks

Due to Anemia  
Due to Exhaustion  
Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?   
Name of operation  Date   
Major finding   
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred  
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature Donal D. McRae (M. D. or other)  
and Address Lewiston, Idaho Date 2/11/48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

NON-RESIDENT  
Certificate of Death  
STATE OF IDAHO

State File No. 717  
Local Reg. No. 30  
Reg. Dist. No. 220

1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph's Stayed 5 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Spokane  
(c) City or town Spokane  
(d) Street Address or R.F.D. No. 3319 Nevada St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Gwendolyn Adele Hathaway

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year)

July 29, 1947

8. AGE	Years	Months	Days	If less than 1 day
	0	6	16	hrs min.

9. Exact Occupation Infant Did this work for \_\_\_\_\_ yrs.

10. Industry or Business None Date last worked \_\_\_\_\_

11. Birthplace Spokane Washington  
(City or town) (State or foreign country)

12. Name Charles Lee Hathaway

13. Birthplace Big Timber Montana  
(City or town) (State or foreign country)

14. Maiden name Rayma Claire Wolfe

15. Birthplace St. Maries Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Charles Lee Hathaway  
and Address N. 3319 Nevada St., Spokane

17. (a) removal (b) Date thereof 2-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Spokane, Washington

18. Funeral Director's OWN Signature V. Vassar  
and Address Lewiston, Idaho

19. (a) Feb. 18, 1948 (b) Donna Jean Akert  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) February 15 1948  
at 12 o'clock 35 PM.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1948 to Feb. 15 1948

I last saw her alive on Feb. 15 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage 8 days.

Due to hypertension

Due to arteriosclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy As above

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W.H. Pinner M.D.  
(M. D. or other)

and Address Lewiston, Idaho Date 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1048  
Local Reg. No. 32  
Reg. Dist. No. 220

718

## 1. PLACE OF DEATH:

- (a) County Nezperce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occurred Inside? X Outside? ----- city or town  
(e) Died in a Home ----- Hospital X Institution ----- Other place -----  
(f) Name Hosp. or Inst. t. Joseph Stayed ----- days  
(g) Lived in this county 46 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nezperce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 323 Miller St.  
(e) Deceased lived Inside? X Outside? ----- city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME

William Fender

3. (b) If veteran, name war No 3. (c) Social Security No. 519-12-4532  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) Oct. 13, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>4</u>	<u>2</u>	hrs min.

9. Exact Occupation Retired Fountain Did this work for 40 yrs.  
10. Industry or Business Soda Fountain Date last worked 4 years  
11. Birthplace Millville, Calif.  
(City or town) (State or foreign country)

12. Name Jonson Fender  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Nellie A. Park  
and Address Lewiston Idaho

17. (a) Burial (b) Date thereof Feb. 19, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's Brower, Wm  
OWN Signature b-y  
and Address Lewiston, Idaho

19. (a) Feb. 19, 1948 (b) Donna Jean Eckert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 15, 1948  
at 8:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 2-12-48 to 2-15-48  
I last saw him alive on 2-15-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial infarction Duration -----

Due to Mark disease  
Due to Brochomycosis  
Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----  
Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred -----  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature A. J. White  
and Address Lewiston, Idaho Date 2/16/48  
(For additional space, see reverse side)

Dr. A. J. White.

280



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 719  
Local Reg. No. 35  
Reg. Dist. No. 220

MAR - 5-1948

1. PLACE OF DEATH: **DIVISION OF VITAL STATISTICS**  
(a) County Nez Perce  
(b) City or town Lewiston, Idaho  
(c) Street Address or R.F.D. No. 24th & Main  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 52 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 24th & Main  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state)

3. (a) FULL NAME George Frank

3. (b) If veteran, name war  No.   
5. Color or  6. (a) Single, widowed, married, divorced Married  
4. Sex male race White  
6. (b) Name of husband or wife Hope 6. (c) Age of husband or wife if alive 59 years  
7. Date of Birth (Month, Day, Year) Dec 29, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>1</u>	<u>21</u>	hrs min.

9. Exact Occupation Retired Labor Did this work for  yrs.  
10. Industry or Business  Date last worked   
11. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

12. Name no record  
13. Birthplace  (City or town) (State or foreign country)  
14. Maiden name no record  
15. Birthplace  (City or town) (State or foreign country)

16. Informant's OWN Signature Chas Wilson  
and Address Pt 1 Box 375 Lewiston

17. (a) Burial (b) Date thereof 2-23-48 (Month) (Day) (Year)  
(Burial, cremation, removal)  
(c) Place: Lewiston, Ida.

18. Funeral Director's Vassar Rawls Funeral Home  
OWN Signature by Andrew G. Vassar  
and Address Lewiston, Idaho

19. (a) Feb 25, 1948 (b) Donna Jean Eckert (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb. 20, 1948 19 48  
(Month, Day, Year) at 5:15 clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1948 to Feb. 20, 1948  
I last saw him alive on Feb 20, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral accident Duration   
(hemorrhage on right side)  
Due to arteriosclerosis

Due to   
Other conditions  (Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston  
Name of operation  Date   
Major finding   
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's Ray W. Eastman M.D.  
OWN Signature  (M. D. or other)  
and Address Lewiston, Ida Date Feb 25, 1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
STATE OF IDAHO

**1. PLACE OF DEATH:**

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 1812 13th Ave.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place ...  
(f) Name Hosp. or Inst. Home Stayed ... days  
(g) Lived in this county ... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. k 1812 13th Ave  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? ... years  
(h) Former residence (city, state) Washington

3. (a) **FULL NAME** DONNA LEE BELT

3. (b) If veteran, name war None No. None  
5. Color or ... 6. (a) Single, widowed, married, divorced Single  
4. Sex Female race White  
6. (b) Name of husband or wife ... 6. (c) Age of husband or wife if alive ... years  
7. Date of Birth (Month, Day, Year) July 13, 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>7</u>	<u>8</u>	hrs min.

9. Exact Occupation Infant Did this work for ... yrs.  
10. Industry or Business ... Date last worked ...  
11. Birthplace Asotin, Washington  
(City or town) (State or foreign country)  
12. Name Logan Belt  
13. Birthplace Bozeman, Mont.  
(City or town) (State or foreign country)  
14. Maiden name Viola Cass  
15. Birthplace Mont.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Logan Belt  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 2-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's Brower-Wann  
OWN Signature by H.H. Malcom  
and Address Lewiston, Idaho

19. (a) Feb 23, 1948 (b) Donna Lee accu  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** February 21 19 48  
(Month, Day, Year) at 11:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 2-18 1948, to 2-21 1948  
I last saw h.w. alive on 2-21 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Toxemia resp. failure Duration 3 days  
20 phthieria 10 days  
Due to ...  
Due to ...  
Other conditions ...  
(Include pregnancy within 3 months of death)

Where was disease contracted? Pneumonia **PHYSICIAN**  
Name of operation ... Underline the cause to which death should be charged statistically.  
Major finding ...  
Finding of autopsy ...

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...  
Occurred ... 19 ... City, county, state where violence occurred ...  
Place of Violence: Home ... Farm ... Industry ...  
Public Place ... While at work? ...  
Means of injury ...  
23. Attendant's OWN Signature Rx. Layton (M.D. or other)  
and Address ... Date 2-23-48  
(For additional space, use reverse side)

Dr. Layton

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF STATISTICS  
STATE OF IDAHO

1948  
State File No. **721**  
Local Reg. No. **34**  
Reg. Dist. No. **221**

**1. PLACE OF DEATH:**

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 12th & Bryden  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. Nelson Nursing Home Stayed 44 days  
(g) Lived in this county 44 years 44 months 44 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 222 1 st. Ave.  
(e) Deceased lived Inside? ☒ Outside? 44 city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state)

**3. (a) FULL NAME** ORRIE BELL WATSON

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife W. M. Watson 6. (c) Age of husband or wife if alive dec. years  
7. Date of Birth (Month, Day, Year) August 18, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>4</u>	<u>4</u>	hrs min.

9. Exact Occupation House Wife Did this work for  yrs.  
10. Industry or Business  Date last worked   
11. Birthplace Ashley, Ohio  
(City or town) (State or foreign country)

12. Name E. A. Hicks  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Maiden name Martha Johnson  
15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. N. H. Rhodes  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof Feb. 24, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann  
and Address Lewiston, Idaho

19. (a) Feb. 24, 1948 (b) Donna Jean Ockert  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 093D  
084D

20. DATE OF DEATH (Month, Day, Year) February 22, 1948  
at 9:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h.  alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Degenerative heart disease Duration unbr

Due to 2) Psychosis

Due to unclassified 3 yr.

Other conditions (Include pregnancy within 3 months of death) Stability

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature Salvador Pagan  
and Address Clarheta, Wyo. Date 7/22/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 5 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

1048  
State File No. 722  
Local Reg. No. 36  
Reg. Dist. No. 220

1. PLACE OF DEATH: STATISTICS
- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occured Inside? X Outside? ----- city or town  
(e) Died in a Home ----- Hospital ----- Institution ----- Other place X  
(f) Name Hosp. or Inst. Nelson's Nursing Home days  
(g) Lived in this county 19 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. ----- Orchards  
(e) Deceased lived Inside? ----- Outside? X city or town  
(f) Citizen of what country? -----  
(g) How long had deceased lived in Idaho? 77 years  
(h) Former residence (city, state) -----

3. (a) FULL NAME  
FREDERICKA B. ZIMMER

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female 6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) Q August, 31, 1847

8. AGE	Years	Months	Days	If less than 1 day
	<u>100</u>	<u>5</u>	<u>23</u>	hrs min.

9. Exact Occupation House wife Did this work for ----- yrs.  
10. Industry or Business ----- Date last worked -----  
11. Birthplace Wurtenberg Deutch Land, Germany  
(City or town) (State or foreign country)

12. Name ? Brunner  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name ??? Unknown  
15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. R. Jackson  
and Address Libnitz, Ida.  
17. (a) Removal - Burial Date thereof 2-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Boise, Idaho

18. Funeral Director's OWN Signature Brower-Wann  
by H. W. Malcom  
and Address Lewiston, Idaho  
19. (a) Feb. 25, 1948 (b) Donna Jean Ockert  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 24, 1948  
at 4:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 2-23-1948 to 2-23-1948  
I last saw h. alive on 2-23-1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Smility Duration

Due to -----

Due to -----

Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----

Name of operation none Date -----

Major finding -----

Finding of autopsy no autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state

where violence occurred

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature D. M. Lyle

and Address Boise, Ida. Date 2-25-48  
(For additional space, use reverse side)

Dr. Lyle

149

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED NON-RESIDENT  
Certificate Of Death  
MAR - 5 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1048  
State File No. 723  
Local Reg. No. 39  
Reg. Dist. No. 220

1. PLACE OF DEATH:

STATISTICS

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months -1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. 1131-Boston Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? -1 years  
(h) Former residence (city, state) Clarkston, Wash.

3. (a) FULL NAME

William F. Graham

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex male race white

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Gladys

6. (c) Age of husband or wife if alive 57 years

7. Date of Birth

(Month, Day, Year) August 28, 1880

8. AGE	Years	Months	Days	If less than 1 day
	67	5	26	hrs min.

9. Exact Occupation Salesman Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Smith Center, Kansas  
(City or town) (State or foreign country)

Mother Father { 12. Name no record  
13. Birthplace no record  
(City or town) (State or foreign country)

{ 14. Maiden name no record  
15. Birthplace no record  
(City or town) (State or foreign country)

16. Informant's OWN Signature Gladys Graham  
and Address Clarkston, Washington

17. (a) Burial (b) Date thereof 2-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Vincent V. Vassar  
and Address Lewiston, Idaho

19. (a) Feb 27, 1948 (b) Nona Jan Ockert  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) February 24, 1948  
at 4:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 26 1946 to February 24, 1948

I last saw him alive on Feb 23, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Aniastic anemia

Duration 15 mo

Due to Chronic nephritis

Unknown

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? unknown

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 19 City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature W.S. Dougherty

and Address Lewiston, Idaho Date Feb 26 1948

(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED NON-RESIDENT  
Certificate of Death  
MAY - 5 1948  
DIVISION OF VITAL STATE OF IDAHO

1048  
State File No. 724  
Local Reg. No. 41  
Reg. Dist. No. 220

1. PLACE OF DEATH:

STATIONERS

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. - - - - -  
(d) Death Occured Inside? ☒ Outside? - city or town  
(e) Died in a Home - Hospital ☒ Institution - Other place -  
(f) Name Hosp. or Inst. St. Joseph Stayed 10 days  
(g) Lived in this county - years - months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. 15 Ave - East  
(e) Deceased lived Inside? - Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? - years  
(h) Former residence (city, state) - - - - -

3. (a) FULL NAME

James W Crowser

3. (b) If veteran,

name war - -

3. (c) Social Security

No. - - - - -

5. Color or -  
4. Sex M race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie

6. (c) Age of husband or wife if alive 50 years

7. Date of Birth

(Month, Day, Year) September 7, 1872

8. AGE

Years

Months

Days

If less than 1 day

75

5

18

hrs min.

9. Exact

Occupation Farming

Did this

work for Life yrs.

10. Industry or Business

Date last

worked 1940

11. Birthplace

Cambridge, Iowa

(City or town)

(State or foreign country)

12. Name

Orin Crowser

13. Birthplace

No Record

(City or town)

(State or foreign country)

14. Maiden name

Isabella Meacham

15. Birthplace

Michigan

(City or town)

(State or foreign country)

16. Informant's

OWN Signature Mrs. Marie Crowser

and Address Clarkston, Washington

17. (a) Removal

(b) Date thereof 2/27/48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place:

Clarkston, Wash

18. Funeral Director's

OWN Signature W.C. Merchant

and Address Clarkston, Washington

19. (a) Feb 28, 1948

(Date received and filed)

(b) Donna Jean Ockert

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) February 25 1948  
at 7:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from

Feb - 13 1948 to Feb - 25 1948

I last saw him alive on Feb - 25 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Heart failure

Duration

3 days.

Due to

myocardial infarction

12 days.

Due to

Coronary occlusion

12 days.

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation -

Date -

Major finding

Finding of autopsy

myocardial infarction.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's

OWN Signature B.R. Stein MD.

(M. D. or other)

and Address Lewiston, Ida. Date 2-26-48

(For additional space, use reverse side)

652

1948  
State File No. 725  
Local Reg. No. 48  
Reg. Dist. No. 220

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MADE - 1948  
**Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

**PLACE OF DEATH:**

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lapwai  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 62 years  
(h) Former residence (city, state) .....

3. (a) **FULL NAME** William James Wilson

3. (b) If veteran, name war ..... No. ....  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rose  
6. (c) Age of husband or wife if alive 72 years  
7. Date of Birth (Month, Day, Year) Feb. 16, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>0</u>	<u>10</u>	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Saginaw Mich. (City or town) (State or foreign country)  
12. Name Andrew Wilson  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Susan Neil  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature W. J. Wilson  
and Address Lapwai, Idaho  
17. (a) Removal (b) Date thereof 2/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Craigmont, Idaho  
18. Funeral Director's Vassar-Rawls Funeral Home  
OWN Signature by Andrew Vassar  
and Address Lewiston, Idaho  
19. (a) Feb. 28, 1948 (b) Donna Jean Robert  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) Feb 26, 1948 19.....  
at 4:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1948, to Feb 26, 1948  
I last saw him alive on Feb 25, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia Duration .....

Due to secondary hypertension  
following posterior urethra  
Due to bleeding from posterior urethra  
Other conditions cause undetermined  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature 100 Clark M.D.  
and Address Lewiston, Idaho Date 2/27/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY - 5 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

1048  
State File No. 726  
Local Reg. No. 42  
Reg. Dist. No. 220

1. PLACE OF DEATH:

- (a) County NEC PERCE  
(b) City or town LEWISTON  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. ST. JOSEPH Stayed 1 days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDA. (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) WILSON

3. (a) FULL NAME BREDFORD JAMES KINNE

3. (b) If veteran SPANISH name war AMERICAN No. 40  
5. Color or race W. 6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife LYDIA 6. (c) Age of husband or wife if alive 41 years  
7. Date of Birth (Month, Day, Year) JULY 19, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>7</u>	<u>8</u>	hrs min.

9. Exact Occupation RETIRED Did this work for ..... yrs.  
10. Industry or Business Date last worked  
11. Birthplace POINT WATERS NEW BRUNSWICK (City or town) (State or foreign country)

12. Name JOHN KINNE  
13. Birthplace CANADA (City or town) (State or foreign country)  
14. Maiden name MARY ANN DUNN  
15. Birthplace CANADA (City or town) (State or foreign country)

16. Informant's OWN Signature Lydia McKinne and Address OROFINO, IDA.

17. (a) BURIAL (b) Date thereof 3/1/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: LEWISTON, IDA.

18. Funeral Director's OWN Signature Josephine D. Bacharach and Address Orfino, Ida

19. (a) MAY 1 1948 (b) Donna Jean Robert (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JULY 27 19 48  
at 6:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1948 to JULY 27 19 48  
I last saw him alive on JULY 27 19 48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of prostate Duration

Due to Carcinoma of prostate

Due to .....  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation Prostatectomy Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state

where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature R. F. Scott

and Address Lewiston Ida Date 3/28 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 5 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1048  
State File No. 727  
Local Reg. No. 44  
Reg. Dist. No. 220

1. PLACE OF DEATH:

(a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed 25 days  
(g) Lived in this county 5 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Allen Stephens

3. (b) If veteran,

name war none

3. (c) Social Security

No. \_\_\_\_\_

5. Color or white  
6. (a) Single, widowed, married, divorced widowed

4. Sex Male  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 12, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>11</u>	<u>16</u>	hrs min.

9. Exact Occupation retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business farmer Date last worked \_\_\_\_\_

11. Birthplace Missouri  
(City or town) (State or foreign country)

12. Name Joseph Stephens

13. Birthplace Tennessee  
(City or town) (State or foreign country)

14. Maiden name no record

15. Birthplace no record  
(City or town) (State or foreign country)

16. Informant's OWN Signature Robert Stephens  
and Address \_\_\_\_\_

17. (a) removal (b) Date thereof 3-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Clarkston, Washington

18. Funeral Director's OWN Signature Vincent V. Vassar  
and Address Lewiston, Idaho

19. (a) Mar. 2, 1948 (b) Nonna Jean Ockert  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 28, 1948  
at 9:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1948, to Feb 28, 1948  
I last saw him alive on Feb 28, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute cardiac failure Duration \_\_\_\_\_

Due to arteriosclerosis

Due to heart disease

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Not done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 19 City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Loy W. Eastman M.D.  
(M. D. or other) and Address 415 Idaho St. Lewiston, Idaho Date Mar 2, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 16 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 728  
Local Reg. No. 23  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sommerville home stayed 75 days  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Elmer Grant Shellabarger

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced single  
4. Sex male race White  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) 9-20-1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>4</u>	<u>16</u>	hrs min.

9. Exact Occupation retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Stockman Date last worked \_\_\_\_\_  
11. Birthplace Tooy, Ohio (City or town) (State or foreign country)  
12. Name Elmer Shellabarger  
13. Birthplace Union, Ohio (City or town) (State or foreign country)  
14. Maiden name Rebecca Waybright  
15. Birthplace West Milton, Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature from papers on deceased  
and Address Lewiston, Idaho

17. (a) burial (b) Date thereof 2-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Wm. V. Wasson  
and Address Lewiston, Idaho

19. (a) Feb. 9, 1948 (b) Donna J. Robert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 6, 1948  
(Month, Day, Year) at 4:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1948 to Feb 4, 1948  
I last saw him alive on Feb 4, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage  
Due to Arteriosclerosis

Due to \_\_\_\_\_  
Other conditions Essential hypertension  
(Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature L. W. Easton, M.D.  
and Address 415 Edwards St. Lewiston, Idaho  
(For additional space, use reverse side)

PHYSICIAN Underline the cause to which death should be charged statistically.

083A

097X

Lewiston, Idaho. 676

1948

 State File No. **729**  
 Local Reg. No. **34**  
 Reg. Dist. No. **221**

 United States  
 Department of Commerce  
 Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

 FEB 20 1948  
 DIV OF VITAL

## 1. PLACE OF DEATH:

- (a) County NezPerce  
 (b) City or town Webb  
 (c) Street Address or R.F.D. No. -----  
 (d) Death Occurred Inside? ----- Outside? X city or town  
 (e) Died in a Home X Hospital ----- Institution ----- Other place -----  
 (f) Name Hosp. or Inst. ----- Stayed ----- days  
 (g) Lived in this county 63 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
 (c) City or town Webb  
 (d) Street Address or R.F.D. No. -----  
 (e) Deceased lived Inside? ----- Outside? X city or town  
 (f) Citizen of what country? U  
 (g) How long had deceased lived in Idaho? 63 years  
 (h) Former residence (city, state) -----

3. (a) FULL NAME Susan Miller Reuben

3. (b) If veteran, name war No 3. (c) Social Security No. None  
 4. Sex Female 5. Color or race Indian 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Steven 6. (c) Age of husband or wife if alive ----- years  
 7. Date of Birth (Month, Day, Year) Aug. 18, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>5</u>	<u>26</u>	hrs min.

9. Exact Occupation Wife Did this work for ----- yrs.  
 10. Industry or Business ----- Date last worked -----  
 11. Birthplace Pendleton, Oregon  
 (City or town) (State or foreign country)  
 12. Name Miller  
 13. Birthplace -----  
 (City or town) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City or town) (State or foreign country)

 16. Informant's OWN Signature Ben Woods  
 and Address Webb, Idaho

17. (a) Burial (b) Date thereof Feb. 17, 1948  
 (Burial, cremation, removal) (Month) (Day) (Year)  
 (c) Place: Webb, Idaho

 18. Funeral Director's OWN Signature Bro wer Mann  
 and Address Lewiston, IDAHO

19. (a) Feb. 19, 1948 (b) Donna Jean Robert  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

 20. DATE OF DEATH (Month, Day, Year) 2-14 1948  
 at 2 o'clock P M.

 21. I HEREBY CERTIFY, That I attended deceased from ----- 19-----, to ----- 19-----

 I last saw her alive on Feb. 7, 1948; death is said to have occurred on the date and hour stated above.

 Immediate Cause of Death: Smoking Duration -----

 Due to Smoking

 Due to -----  
 Other conditions -----  
 (Include pregnancy within 3 months of death)

 Where was disease contracted? -----

 Name of operation ----- Date -----

 Major finding -----

 Finding of autopsy -----

 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
 Occurred ----- 19----- City, county, state

 where violence occurred -----

 Place of Violence: Home ----- Farm ----- Industry -----

 Public Place ----- While at work? -----

 Means of injury -----

 23. Attendant's OWN Signature R. V. Rogers (M. D. or other) -----

 and Address ----- Date ----- 19-----

(For additional space, use reverse side)

434

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

MAR - 5 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 730

Local Reg. No. 38

Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Arrow  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 79 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Arrow  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 79 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Thomas Types

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

5. Color or Male race Indian  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years

7. Date of Birth  
(Month, Day, Year) Oct 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>5</u>		hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Spalding, Idaho  
(City or town) (State or foreign country)

12. Name No Record

13. Birthplace .....  
(City or town) (State or foreign country)

14. Maiden name No Record

15. Birthplace .....  
(City or town) (State or foreign country)

16. Informant's OWN Signature Philo Types  
and Address Lapwai, Idaho

17. (a) Burial (b) Date thereof 2-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Arrow, Idaho

18. Funeral Director's Vassar-Rawls Funeral Home  
OWN Signature by Andrew Vassar

- and Address Lewiston, Idaho

19. (a) Feb 27 1948 (b) Donna Jean Abbott  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) Feb, 23, 1948 19.....  
at 9:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
19....., to ..... 19.....

I last saw h. .... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: ..... Duration .....

Due to Heart Enlargement

Due to Arteriosclerosis

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature R.V. Rogers 2-19

(M. D. or other)

and Address 4-27-48 Date ..... 19.....

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
FEB 12 1948  
DIV OF VITAL STATE OF IDAHO

1948 731  
State File No. \_\_\_\_\_  
Local Reg. No. 5  
Reg. Dist. No. 530

**1. PLACE OF DEATH:**

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county Life years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

Joseph Hyrum Thomas

**3. (b) If veteran, name war**

No

**3. (c) Social Security No.**

None

**5. Color or race**

Male Whit

**6. (a) Single, widowed, married, divorced**

Married

**6. (b) Name of husband or wife**

Emily Rees

**6. (c) Age of husband or wife if alive**

77 years

**7. Date of Birth (Month, Day, Year)**

September 19 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>4</u>	<u>17</u>	hrs min.

**9. Exact Occupation**

Farming-Stock Did this work for 30 yrs.

**10. Industry or Business**

Own Farm Date last worked 1920

**11. Birthplace**

(City or town) (State or foreign country)

**12. Name**

Frederick W. Thomas

**13. Birthplace**

Wales

**14. Maiden name**

Ruth Price

**15. Birthplace**

Wales

**16. Informant's OWN Signature and Address**

William R. Thomas  
Malad Idaho

**17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)**

Malad Idaho

**18. Funeral Director's OWN Signature and Address**

J. S. Hansen  
Malad Idaho

**19. (a) Date received and filed (b) Registrar's signature**

2-9-1948 J. S. Hansen

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH** (Month, Day, Year) February 5 19 48  
at 9:00 o'clock A. M.

**21. I HEREBY CERTIFY, That I attended deceased from** 19 46 to Feb 5 19 48

I last saw him alive on Feb 3 19 48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

arteriosclerosis  
general debility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

**22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?**

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

**23. Attendant's OWN Signature and Address**

D. H. Mendenhall (M. D. or other)  
Malad Date 2-7-48

(For additional space, use reverse side)

1948  
State File No. 732  
Local Reg. No. 1  
Reg. Dist. No. 530

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
**Certificate Of Death**

FEB 25 1948

DEPARTMENT OF VITAL STATE OF IDAHO

1. PLACE OF DEATH: STATISTICS

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 49 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Eugene Anderson

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male race Wht. divorced Married

6. (b) Name of husband or wife Charlotte Matilda 71 years

7. Date of Birth Henwood  
(Month, Day, Year) April 27 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>9</u>	<u>14</u>	hrs min.

9. Exact Occupation Watermaster Did this work for 19 yrs.

10. Industry or Business Deepcreek Irrigation Date last worked Oct. 47

11. Birthplace Wanship Utah  
(City or town) (State or foreign country)

12. Name Archibald K. Anderson

13. Birthplace Scotland  
(City or town) (State or foreign country)

14. Maiden name Hannah Acomb

15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Eugene H. Anderson

and Address Boise Idaho

17. (a) Burial (b) Date thereof Feb 13 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Malad Idaho

18. Funeral Director's OWN Signature J. B. Bensen

and Address Malad Idaho

19. (a) 2-11-1948 (b) J. B. Bensen  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 10 19 48  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Heart

Due to did not see before death

Due to discharge from

Other conditions nothing  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. B. Bensen

and Address Malad Idaho Date 2-11-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

FEB 25 1948 **Certificate Of Death**

DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

348 733  
State File No. \_\_\_\_\_  
Local Reg. No. 7  
Reg. Dist. No. 530

**1. PLACE OF DEATH:**

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Oneida Stayed 10 days  
(g) Lived in this county 65 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

Arthur Morse

**3. (b) If veteran,**

name war No

**3. (c) Social Security**

No. \_\_\_\_\_

5. Color or Wht  
4. Sex Male race Wht

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charlotte Jones

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year)

January 2 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>1</u>	<u>9</u>	hrs min.

9. Exact Occupation Shepherd Did this work for 50 yrs.

10. Industry or Business Odd Jobs Date last worked 1940

11. Birthplace Pioche Utah  
(City or town) (State or foreign country)

12. Name William B. Morse

13. Birthplace Cardiff Wales  
(City or town) (State or foreign country)

14. Maiden name Jane Morgan

15. Birthplace North Wales  
(City or town) (State or foreign country)

16. Informant's OWN Signature Clloyd A. Morse  
and Address Ogden Utah

17. (a) Burial (b) Date thereof Feb 12 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Malad Idaho

18. Funeral Director's OWN Signature J. S. Sorenson  
and Address Malad Idaho

19. (a) 2-11-1948 (b) J. S. Sorenson  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH February 10 19 48  
(Month, Day, Year) at 4:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1947 to Feb 10 1948

I last saw alive on Feb 9 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Initial regurg. Duration \_\_\_\_\_

Due to old age

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D. H. Mabey (M. D. or other) and Address Malad Date 2-11-1948  
(For additional space, use reverse side)

State File No. \_\_\_\_\_  
Local Reg. No. 9  
Reg. Dist. No. 530

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

**1. PLACE OF DEATH:**

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Oneida Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Bannock  
(c) City or town Downey  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

Dan Weber Penrose

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race Whi. 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) February 22 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>7</u> hrs <u>min.</u>

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Malad City Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Wayne C. Penrose  
13. Birthplace Downey Idaho (City or town) (State or foreign country)  
14. Maiden name Elvera Weber  
15. Birthplace Freedom Wyoming (City or town) (State or foreign country)

16. Informant's OWN Signature Wayne C. Penrose  
and Address Downey Idaho

17. (a) Removal (b) Date thereof Feb 23 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Downey Idaho

18. Funeral Director's OWN Signature John Hanson  
and Address Malad Idaho

19. (a) 2-26-1948 (b) John Hanson  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH February 22 1948  
(Month, Day, Year) at 1:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 22 1948, to Feb 22 1948  
I last saw h/e alive on Feb 22 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

asphyxia  
Due to transverse section of placenta  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John Hanson (M. D. of other) \_\_\_\_\_  
and Address Downey Idaho Date Feb 1948  
(For additional space use reverse side)



1948 735

State File No. \_\_\_\_\_  
Local Reg. No. 5  
Reg. Dist. No. 530

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

FEB 12 1948

STATE OF IDAHO

1. PLACE OF DEATH: Oneida  
(a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. Rt 1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home? Hospital Institution Other place  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county Life years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Dewey William Nicholas

3. (b) If veteran, name war War 1  
3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race Wh  
6. (b) Name of husband or wife Manilla Jenkins 6. (c) Age of husband or wife if alive 48 years  
7. Date of Birth (Month, Day, Year) June 6 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>7</u>	<u>26</u>	hrs min.

9. Exact Occupation Stock-raising Farming Did this work for 30 yrs.  
10. Industry or Business Own Farm Date last worked 2/1/48  
11. Birthplace Malad Idaho (City or town) (State or foreign country)  
Mother { 12. Name William H. Nicholas  
13. Birthplace Brigham Utah (City or town) (State or foreign country)  
14. Maiden name Margaret Evans  
15. Birthplace Wales (City or town) (State or foreign country)

16. Informant's OWN Signature Manilla Nicholas  
and Address Malad Idaho

17. (a) Burial (b) Date thereof Feb. 4 48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Malad Idaho

18. Funeral Director's OWN Signature J. B. Benson  
and Address Malad Idaho

19. (a) Feb. 3, 1948 (b) J. B. Benson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 1 19 48  
(Month, Day, Year) at 1:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
Death occurred before arriving  
I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary thrombosis Duration 2 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature V. P. Garst  
and Address Malad (M. D. or other) Date Feb. 3, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 2 1948  
DIV. OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 736  
Local Reg. No. 8  
Reg. Dist. No. 3-330

## 1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. 109-N. 10th St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 40 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R.F.D. No. 109-N. 10th St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Valentine, Nebr.

## 3. (a) FULL NAME

Curtis Fort Callen

## 3. (b) If veteran,

name war ----- No. -----

## 3. (c) Social Security

5. Color or 6. (a) Single, widowed, married, divorced married

4. Sex male race white  
6. (b) Name of husband or wife Myra E. Callen (c) Age of husband or wife if alive 72 years

7. Date of Birth  
(Month, Day, Year) December 25, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>1</u>	<u>13</u>	hrs min.

9. Exact Occupation Realtor Did this work for 39 yrs.

10. Industry or Business Real Estate Date last worked 2-7-48

11. Birthplace Peoria, Illinois  
(City or town) (State or foreign country)

12. Name James Callen

13. Birthplace unknown  
(City or town) (State or foreign country)

14. Maiden name Kathryn, Haskins

15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Myra E. Callen  
and Address Payette, Idaho

17. (a) Burial (b) Date thereof 2-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Morris Hill Cem. - Boise, Ida.

18. Funeral Director's OWN Signature Gifford R. Shaffer E-344  
and Address London-Shaffer Mortuary  
Payette, Idaho

19. (a) 3/11/1948 (b) jc. Woodward  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) February 8 19 48  
at 10:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 30 1948, to Feb 8 1948.  
I last saw him alive on Feb 7 1948; death is stated to have occurred on the date and hour stated above.

Immediate Cause of Death: acute coronary occlusion Duration Immediate

Due to acute congestive cardiac failure Two weeks

Due to -----  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature Geo. E. Davis, M.D.

and Address Payette, Idaho Date 2-10 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 25 1948

DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **737**  
Local Reg. No. **10**  
Reg. Dist. No. **3-330**

## 1. PLACE OF DEATH:

- (a) County **Payette**  
(b) City or town **Payette**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. **X** Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Carter Nursing Home** **14** days **6** mo.  
(g) Lived in this county **28** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Payette**  
(c) City or town **Payette**  
(d) Street Address or R.F.D. No. **1140-7th Ave. N.**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME **RICHARD LYONS JACOBS**

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** 6. (b) Name of husband or wife **Weltha A. Jacobs** live **79** years  
6. (c) Age of husband or wife if wife **79** years  
7. Date of Birth **July 4, 1870**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>77</b>	<b>7</b>	<b>15</b>	hrs min.

9. Exact Occupation **Idaho Power employee** Did this work for **30** yrs.  
10. Industry or Business **Retired** Date last worked \_\_\_\_\_  
11. Birthplace **Belleville, Illinois**  
(City or town) (State or foreign country)

12. Name **Unknown**  
13. Birthplace **Unknown**  
(City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Byrd W. Shingler**  
and Address **Engle Ore**

17. (a) **Burial** (b) Date thereof **2-21-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Riverside Cem., Payette, Ida.**

18. Funeral Director's OWN Signature **Gifford R. Shaffer E-344**  
and Address **Payette, Idaho**

19. (a) **2/20/48** (b) **J. C. Woodward**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **February 19** 19**48**  
(Month, Day, Year) at **3:15** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **1920** 19\_\_\_\_ to **Feb 12** 19**48**  
I last saw him alive on **Feb 12** 19**48** death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Organic Heart Disease** 10 yr

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **Y. R. Woodward, M.D.**  
and Address **Payette, Idaho** Date **2-20-48**  
(M. D. or other) (Date)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
FEB 1 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. 738  
Local Reg. No. 7  
Reg. Dist. No. 3-23/

1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R.F.D. No. Star Route  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst. --- Stayed -- days  
(g) Lived in this county    years    months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R.F.D. No. Star Route  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 days  
(h) Former residence (city, state) --

3. (a) FULL NAME KEITH ELLIS SCONCE

3. (b) If veteran, name war -- 3. (c) Social Security No. --  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) February 1, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>6</u>	hrs-- min.

9. Exact Occupation Infant Did this work for -- yrs.  
10. Industry or Business Infant Date last worked --  
11. Birthplace Payette, Idaho  
(City or town) (State or foreign country)

12. Name Edd Reator Seonce  
13. Birthplace Worth, Arkansas  
(City or town) (State or foreign country)  
14. Maiden name Mable Marie Halling  
15. Birthplace Lexington, Nebraska  
(City or town) (State or foreign country)

16. Informant's OWN Signature E R Sconce  
and Address Payette, Idaho

17. (a) Burial (b) Date thereof 2-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Riverside Cemetery, Payette

18. Funeral Director's OWN Signature Giffard R. Shaffer  
and Address Payette, Idaho

19. (a) 2/7/48 (b) J C Woodward  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 7 19 48  
(Month, Day, Year) at 6:45 o'clock R. M.

21. I HEREBY CERTIFY, That I attended deceased from 2-7-48 to 2-7-48  
I last saw h. im alive on    19   ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Aspiration pneumonia Duration 2 hrs

Due to     
Due to     
Other conditions (Include pregnancy within 3 months of death)   

Where was disease contracted?    PHYSICIAN     
Name of operation    Date    Underline the cause to which death should be charged statistically.  
Major finding     
Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred   

Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury   

23. Attendant's OWN Signature John J. Kase  
(M. D. or other) and Address Payette, Ida. Date 2/7 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 25 1948

CERTIFICATE OF VITAL

# CERTIFICATE OF DEATH

STATE OF IDAHO

1948  
State File No. 9739  
Local Reg. No. 9331  
Reg. Dist. No. 8-331

## 1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town  
(c) Street Address or R. F. D. No. 2 Pama Idaho  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 4 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town  
(d) Street Address or R. F. D. No. 2 Pama Idaho  
(e) Deceased lived Inside? Outside? city or town  
(f) If foreign born, in U. S. years. Citizen of U. S.?  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state).

3. (a) FULL NAME Minnie Leona Johnson

3. (b) If veteran, name war — 3. (c) Social Security No. —  
5. Color or — 6. (a) Single, widowed, married, —  
4. Sex F race W divorced Married  
6. (b) Name of husband or wife Frank A. 6 (c) Age of husband or wife if alive 62 years  
7. Date of Birth (Month, Day, Year) Jan 10 - 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>1</u>	<u>6</u>	hrs min.

9. Exact Occupation Housewife Did this work for — yrs.  
10. Industry or Business — Date last worked —  
11. Birthplace Michigan (City or town) (State or foreign country)

Father { 12. Name F. M. Jones  
13. Birthplace Michigan (City or town) (State or foreign country)

Mother { 14. Maiden name Mary Byrd  
15. Birthplace Michigan (City or town) (State or foreign country)

16. Informant's OWN Signature Myron A. Johnson  
and Address Payette Idaho R 20 #2

17. (a) Buried (b) Date thereof 2-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Payette Idaho

18. Funeral Director's OWN Signature Myron A. Johnson  
and Address Payette Idaho

19. (a) 21187 1948 (b) John C. Edwards  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 16 1948  
at 2 o'clock P M.

21. I HEREBY CERTIFY. That I attended deceased from Nov 19 47 to Feb 12 19 48.  
I last saw her alive on Feb 15 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Metastatic carcinoma Duration 3 mo. +

Due to C of gall bladder

Due to —  
Other conditions —  
(Include pregnancy within 3 months of death)

Where was disease first contracted? ? PHYSICIAN  
Name of operation Laparotomy Date Nov 47  
Major finding C of gall bladder  
Finding of autopsy —  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred — 19 — City, county, state where violence occurred  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature W. E. Herby M.D. (M. D. or other)  
and Address Payette Idaho Date 2-18 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 13 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. 740  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Power  
(b) City or town American Falls  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Schlitz Men stayed 2 days  
(g) Lived in this county 0 years 0 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Sterling  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state)

3. (a) FULL NAME Charles W. Young

3. (b) If veteran, name war No.  
3. (c) Social Security No.  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bliss Burkeholder 6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth (Month, Day, Year) January 22, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>0</u>	<u>15</u>	hrs min.

9. Exact Occupation Seed grower Did this work for 28 yrs.  
10. Industry or Business Farm Date last worked 1947  
11. Birthplace Georgetown, Ont., Canada  
(City or town) (State or foreign country)

12. Name no data  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name no data  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Bliss B. Young  
and Address Aberdeen, Idaho

17. (a) Rem. & Burial (b) Date thereof 2-11-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Springfield Cemetery

18. Funeral Director's OWN Signature Howard Packham  
and Address Blackfoot, Idaho

19. (a) (Date received and filed) (b) Sore Salting (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 7, 1948  
(Month, Day, Year)  
at 11:05 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 1947 to Feb 7, 1948  
19, to

I last saw him alive on Sept 7, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure due to arteriosclerosis Duration 2 mo.

Due to Diabetes Mellitus 8 yrs.

Due to  
Other conditions Albhamuria  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation none Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature F. J. Thomsen M.D.  
(M. D. or other)

and Address Aberdeen, Ida. Date 2/7 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB 13 1948

STATE OF IDAHO

State File No. 141  
Local Reg. No. 2  
Reg. Dist. No. 500

## 1. PLACE OF DEATH:

- (a) County Pomeroy  
(b) City or town Am. Falls, Ida.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Luke's Stayed 30 days  
(g) Lived in this county 52 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Pomeroy  
(c) City or town Am. Falls, Ida.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state) Logan, Utah

## 3. (a) FULL NAME

Elizabeth Wheeler

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive dead years  
7. Date of Birth (Month, Day, Year) July 9 - 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>7</u>	<u>1</u>	hrs min.

9. Exact Occupation Housework Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1946  
11. Birthplace England (City or town) (State or foreign country)

12. Name Not known  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature George Bourman  
and Address Am. Falls, Ida.

17. (a) Buried (b) Date thereof 2-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Fullerton Cemetery

18. Funeral Director's OWN Signature H. L. Davis  
and Address Am. Falls, Idaho

19. (a) Feb 13 - 1948 (b) Lois Daling  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb 9 1948  
(Month, Day, Year) at 2 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1-1 1948, to 2-9 1948

I last saw her alive on 2-7 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration \_\_\_\_\_

Due to Ch. Fatulent heart

Due to hypertension

Other conditions Ch. Diabetes  
(Include pregnancy within 6 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy As above.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature M. H. Farrell  
(M. D. or other)

and Address Am. Falls, Ida. Date 2-12 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 13 1948  
Certificate Of Death  
STATE OF IDAHO  
OF VITAL

State File No. 742  
Local Reg. No. 3  
Reg. Dist. No. 500

1. PLACE OF DEATH:

- (a) County Power  
(b) City or town Am. Falls, Ida.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 31 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Power  
(c) City or town Am. Falls  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) Chicago

3. (a) FULL NAME

Steve Bilak

3. (b) If veteran, name war

no.

3. (c) Social Security No.

\_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Theresa 6. (c) Age of husband or wife if alive 57 years

7. Date of Birth (Month, Day, Year) Jan. 28 - 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>0</u>	<u>11</u>	hrs min.

9. Exact Occupation farmer Did this work for 30 yrs.

10. Industry or Business farm Date last worked 1943

11. Birthplace Magy School, Hungary (City or town) (State or foreign country)

12. Name Steve Bilak

13. Birthplace Hungary (City or town) (State or foreign country)

14. Maiden name E. Elizabeth Jankovics

15. Birthplace Hungary (City or town) (State or foreign country)

16. Informant's OWN Signature Theresa Bilak and Address Am. Falls, Ida.

17. (a) Burial (b) Date thereof 2-14-48 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Fallsview Cemetery

18. Funeral Director's OWN Signature H. J. Davis and Address Am. Falls, Idaho

19. (a) Feb 13 - 1948 (b) Steve Bilak (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 9, 1948 at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1948, to Feb 9, 1948. I last saw him alive on Feb 9, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Aspiration due to carcinoma of colon Duration 6 wks.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions uremia 3 days  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation Colon resection Date Oct 1947  
Major finding Adenocarcinoma of sigmoid  
Finding of autopsy Adenocarcinoma of sigmoid  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. P. Harms, M.D. (M. D. or other)  
and Address Boise Date 2-10, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 743  
Local Reg. No. 4  
Reg. Dist. No. 500

**1. PLACE OF DEATH:**

- (a) County Power  
(b) City or town Am. Falls, Ida  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Chely mrs Stayed 39 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 39 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Bingham  
(c) City or town Abundance, Ida  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Missouri

**3. (a) FULL NAME**

Sarah (sadie) Christina Wenger

083A

**3. (b) If veteran,**

name war \_\_\_\_\_

**3. (c) Social Security**

No. \_\_\_\_\_

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Jan 28 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>0</u>	<u>16</u>	hrs min.

9. Exact Occupation Housework Did this work for Life yrs.

10. Industry or Business Home Date last worked \_\_\_\_\_

11. Birthplace Versailles, Mo.  
(City or town) (State or foreign country)

12. Name Michael Wenger

13. Birthplace Virginia  
(City or town) (State or foreign country)

14. Maiden name Rosina Wittig

15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. T. Wenger  
and Address Abundance, Idaho

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Homestead Cemetery

18. Funeral Director's OWN Signature J. J. Danie

and Address Am. Falls, Ida

19. (a) Feb 16 - 1948 (b) Gene Dalwig  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

097X

20. DATE OF DEATH (Month, Day, Year) Feb. 14 19 48

at 5:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 5 19 48 to Feb. 14 19 48

I last saw her alive on Feb. 13, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 1 day  
Recurrent.

Due to atherosclerosis and hypertension

Due to \_\_\_\_\_

Other conditions Frontal hemorrhage  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation none Date \_\_\_\_\_

Major finding none

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. L. Harms M.D.

and Address Abundance, Ida Date 2-14 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Power  
(b) City or town Am. Falls  
(c) Street Address or R.F.D. No. 1  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Shelby's Stayed 14 days  
(g) Lived in this county 40 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Power  
(c) City or town Am. Falls, Ida.  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Minnesota

3. (a) FULL NAME Ewald Nelson

3. (b) If veteran, name war — No. —

3. (c) Social Security No. —

4. Sex Male 5. Color, or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) Oct. 12 - 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>4</u>	<u>8</u>	hrs min.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 2/20 1948  
at 3 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 2/19 1948, to 2/20 1948  
I last saw him alive on 2/19 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: General debility incident to Chronic hypertrophic arthritis. Duration Several years

Due to Fracture neck of femur. Left femur.

Due to —

Other conditions (Include pregnancy within 3 months of death) —

Where was disease contracted? —

Name of operation — Date —

Major finding —

Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

9. Exact Occupation Farmer Did this work for 1942 yrs.

10. Industry or Business Farm Date last worked —

11. Birthplace Sweden (City or town) (State or foreign country)

12. Name Samuel Nelson

13. Birthplace Sweden (City or town) (State or foreign country)

14. Maiden name Not Known

15. Birthplace — (City or town) (State or foreign country)

16. Informant's OWN Signature Fred Nelson and Address Am. Falls, Ida.

17. (a) Burial (b) Date thereof 2-23-48 (Month) (Day) (Year)  
(c) Place: Fallenien Cemetery

18. Funeral Director's OWN Signature W. J. Davis and Address Am. Falls, Ida.

19. (a) 24-23-1948 (Date received and filed) (b) Gene Daling (Registrar's signature)

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? — Homicide? —  
Occurred 19 City, county, state where violence occurred Power co.  
Place of Violence: Home X Farm — Industry —  
Public Place — While at work? —  
Means of injury Fell on floor of home.

23. Attendant's OWN Signature W. J. Davis (M. D. or other) —  
and Address Am. Falls, Ida. Date 2/20 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

STATE OF IDAHO

State File No. **745**  
Local Reg. No. **6**  
Reg. Dist. No. **500**

1. PLACE OF DEATH:

- (a) County **Pomer**  
(b) City or town **Am. Falls, Ida**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Schleyman** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Pomer**  
(c) City or town **Am. Falls, Ida**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

**Seth Harley McAlister**

**083A**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security

No. **518-07-2790**

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced **married**

4. Sex **male** race **white**  
6. (b) Name of husband or wife **none** (c) Age of husband or wife if alive **62** years

7. Date of Birth (Month, Day, Year) **July 6, 1872**

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>7</b>	<b>15</b>	hrs min.

9. Exact Occupation **Retired** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Idaho power Co.** Date last worked \_\_\_\_\_

11. Birthplace **Rosburg, Oregon.** (City or town) (State or foreign country)

12. Name **E. A. McAlister.** (City or town) (State or foreign country)

13. Birthplace **Idaho** (City or town) (State or foreign country)

14. Maiden name **Samantha Cornell** (City or town) (State or foreign country)

15. Birthplace **Idaho** (City or town) (State or foreign country)

16. Informant's OWN Signature **Helene McAlister** and Address **Am. Falls, Ida.**

17. (a) **Cremation** (b) Date thereof **2-25-48** (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: **Ogden, Utah.**

18. Funeral Director's OWN Signature **James** and Address **Am. Falls, Ida.**

19. (a) **Feb 25 - 1948** (b) **James** (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Feb. 21** 19 **48**  
at **4:35** o'clock **3:00** M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb. 16** 19 **48**, to **Feb. 21** 19 **48**

I last saw **him** alive on **Feb. 21** 19 **48**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Myocardial infarction** Duration **4 days**

Due to **Chronic Hypertension**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **Myocardial**

23. Attendant's OWN Signature **James** (M. D. or other) and Address **Am. Falls, Ida.** Date **Feb 24** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAR - 8 1948

# Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL

1948  
State File No. 746  
Local Reg. No. 510  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Paiute  
(b) City or town American Falls  
(c) Street Address or R.F.D. No. near Massacre Rocks  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. Madison Hotel  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

Ralph R. Benedict

200A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive years

## 7. Date of Birth

(Month, Day, Year) September 24, 1879

## 8. AGE

Years

Months

Days

If less than 1 day

68

4

29

hrs. min.

## 9. Exact

Occupation machinist

## Did this

work for years

## 10. Industry or

Business

U.S. Naval Air Plant

## Date last

worked 1947

## 11. Birthplace

(City or town)

(State or foreign country)

Nebraska

## 12. Name

David M. Benedict

## 13. Birthplace

(City or town)

(State or foreign country)

Binganton N.Y.

## 14. Maiden name

Elizabeth A. McCormick

## 15. Birthplace

(City or town)

(State or foreign country)

U.S.A.

## 16. Informant's

OWN Signature

Basil Benedict

and Address

Madison Hotel

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 2-26-48

(Month) (Day) (Year)

(c) Place

Mountain View

## 18. Funeral Director's

OWN Signature

Byron B. Dourand

and Address

Pocatello Idaho

## 19. (a) Mar. 1-1948

(Date received and filed)

(b) Jessie J. Farrell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) February 23 19 48

at 3 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19    to 19   

I last saw h.    alive on    19   

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Not Determined Duration

Probable heart failure

Due to Death was sudden

Due to following conditions

Other conditions   

(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

## 23. Attendant's

OWN Signature M. J. Farrell

(M. D. or other)   

and Address Am Falls, Id Date 2/27 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 19 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 747  
Local Reg. No. 11  
Reg. Dist. No. 148

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Grandview stayed 2 days  
(g) Lived in this county 24 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Wilhelmina B. Dorendorf 083A

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_ (a) Single, widowed, married,  
4. Sex Female race White divorced Married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 53 years

7. Date of Birth (Month, Day, Year) January 10, 1903

8. AGE	Years	Months	Days	If less than 1 day
	<u>45</u>	<u>0</u>	<u>23</u>	hrs min.

9. Exact Occupation Home Did this work for 20 yrs.

10. Industry or Business Home Date last worked 1948

11. Birthplace Idaho (City or town) (State or foreign country)

12. Name Charles Blum

13. Birthplace Idaho (City or town) (State or foreign country)

14. Maiden name Ellis

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Mary Dorendorf  
and Address Kellogg Idaho

17. (a) Burial (b) Date thereof 3/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Kellogg Idaho

18. Funeral Director's OWN Signature John J. Fisher  
and Address Kellogg Idaho

19. (a) Feb 24 1948 (Date received and filed) (b) John J. Fisher (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 111C

20. DATE OF DEATH (Month, Day, Year) 2/3 1948

at 11:55 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 3 Feb 1948

I last saw her alive on 3 Feb 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Severe Cerebral Hemorrhage Duration 3 days  
Complicated by Pneumonia 2 days

Due to Cerebral accident 3 days

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? Kellogg

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Gen M. Whitel  
and Address Kellogg Idaho Date Feb 19 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 13 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

State File No. 748  
Local Reg. No. 9  
Reg. Dist. No. 142

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Arco  
(c) Street Address or R. F. D. No. Arco  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Arco Stayed 5 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Arco  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Iver E. Moore

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_ (a) Single, widowed, married,  
4. Sex Male race White divorced Widow  
6. (b) Name of husband or wife Nettie (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October 3, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>4</u>	<u>1</u>	hrs min.

9. Exact Occupation Quarry Did this work for 50 yrs.

10. Industry or Business Quarry Date last worked 1948

11. Birthplace Wisconsin (City or town) (State or foreign country)

12. Name Iver E. Moore

13. Birthplace Arco (City or town) (State or foreign country)

14. Maiden name Moore

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Maurice Moore

and Address Arco Idaho

17. (a) Removal (b) Date thereof 2/13/48 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Arco Idaho

18. Funeral Director's OWN Signature Arco Idaho

and Address Arco Idaho

19. (a) 2/11/48 (b) J. J. Moore (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) 2/4 1948  
at 8 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from January 1948, to 2-4 1948

I last saw h. alive on 19 \_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma Duration \_\_\_\_\_

Due to Implicated Carcinoma of Prostate

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Robert E. Staley

and Address Arco Idaho (M. D. or other) Date 2-6-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB 14 1948

STATE OF IDAHO

State File No. 748 749  
Local Reg. No. 6  
Reg. Dist. No. 140

1. PLACE OF DEATH: Home OF VITAL
- (a) County Boise  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Wallace  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Horseshoe Stayed days  
(g) Lived in this county 18 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Boise  
(c) City or town Burra  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? 18  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME Georgia Castle Jones 049A
3. (b) If veteran, name war No. 3. (c) Social Security No.
4. Sex F 5. Color W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March-12-1894

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>10</u>	<u>24</u>	hrs min.

9. Exact Occupation at home Did this work for yrs.
10. Industry or Business  Date last worked
11. Birthplace Bellevue, Kansas (State or foreign country)
12. Name William Castle  
13. Birthplace Idaho (City or town) (State or foreign country)  
14. Maiden name Castle  
15. Birthplace  (City or town) (State or foreign country)

16. Informant's OWN Signature Richard Jones  
and Address Boise 2nd
17. (a) Burial (b) Date thereof Feb 10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Wallace 2nd
18. Funeral Director's OWN Signature John Bury  
and Address Wallace 2nd
19. (a) Feb 7-48 (b) John Bury  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb 7 6 48  
(Month, Day, Year) at 7 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Feb 6 1948, to Feb 6 1948  
I last saw h. alive on Feb 6 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinomatosis Duration

Due to Ovarian carcinoma

Due to   
Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?  PHYSICIAN   
Name of operation  Date   
Major finding  Underline the cause to which death should be charged statistically.  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury
23. Attendant's OWN Signature Robert F. Henders  
and Address Wallace Date Feb 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 22 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 750  
Local Reg. No. 12  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Hander Stayed 2 days  
(g) Lived in this county ..... years ..... months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. New Mission  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Rita Arlene Riley

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth (Month, Day, Year)

February 5, 1948

## 8. AGE

Years Months Days If less than 1 day  
2 hrs min.

## 9. Exact Occupation

Infant Did this work for - yrs.

## 10. Industry or Business

" Date last worked

## 11. Birthplace

Wallace, Idaho (City or town) (State or foreign country)

## 12. Name

Robert L. Riley

## 13. Birthplace

East Smith Idaho (City or town) (State or foreign country)

## 14. Maiden name

Dorcas Couch

## 15. Birthplace

Little Poudre South Idaho (City or town) (State or foreign country)

## 16. Informant's

### OWN Signature

Glen M. Whitteal

### and Address

Kellogg Idaho

## 17. (a) Removal

Removal (b) Date thereof Feb 12-48

### (Burial, cremation, or removal)

(Month) (Day) (Year)

### (c) Place:

Little Poudre South Idaho

## 18. Funeral Director's

### OWN Signature

Glen M. Whitteal

### and Address

Kellogg Idaho

## 19. (a)

Feb 12-48 (Date received and filed)

## (b)

Glen M. Whitteal (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 2 / 7 1948  
at ..... o'clock ..... M.

## 21. I HEREBY CERTIFY, That I attended deceased from

5 Feb 1948, to 7 Feb 1948  
I last saw her alive on 7 Feb 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

RESPIRATORY FAILURE Duration 1 hr

## Due to

PREMATURITY

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Kellogg

## Name of operation

None

## Date

## Major finding

## Finding of autopsy

None

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred ..... 19 ..... City, county, state

## where violence occurred

Place of Violence: Home ..... Farm ..... Industry

## Public Place

While at work?

## Means of injury

## 23. Attendant's

### OWN Signature

Glen M. Whitteal

### and Address

Kellogg Idaho (M. D. or other) Date 11 Feb 1948

(For additional space, use reverse side)



State File No. 148  
Local Reg. No. 13  
Reg. Dist. No. 141

United States  
Department of Commerce  
Bureau of the Census  
FEB 20 1948  
DIVISION OF VITA STATE OF IDAHO

# Certificate Of Death

1. PLACE OF DEATH:  
(a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hospital \_\_\_\_\_  
(g) Lived in this county 31 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Shoshone  
(c) City or town Wallace Bellevue  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho 31 years  
(h) Former residence (city, state) England

3. (a) FULL NAME William Kemp  
3. (b) If veteran, name war 710  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emily 6. (c) Age of husband or wife if alive 57 years  
7. Date of Birth (Month, Day, Year) Oct 31 - 1888

8. AGE	Years	Months	Days	If less than 1 day
				hrs min.

9. Exact Occupation Miner Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business B.H.D. Date last worked \_\_\_\_\_  
11. Birthplace Cornwall England (City or town) (State or foreign country)  
12. Name Not known  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature William Kemp  
and Address Bellevue  
17. (a) Burial (b) Date thereof Feb 12 1948  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Bellevue  
18. Funeral Director's OWN Signature P. J. Stout  
and Address Bellevue  
19. (a) Feb 13 - 48 (b) John Brown  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) Feb 9 1948  
at 3:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 1 1945 to Feb 9 1948  
I last saw him alive on Feb 9 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure  
Due to Pneumonia Feb 2 to 4  
Due to Arthritis year  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature F. W. Ralph M.D.  
and Address Mullan Idaho Date Feb 11 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 752  
Local Reg. No. 15  
Reg. Dist. No. 140

1. PLACE OF DEATH: (City or town) Shoshone  
(a) County Wallace  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. Wallace  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Wallace Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Shoshone  
(c) City or town Shoshone  
(d) Street Address or R.F.D. No. Shoshone  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME Etta Lorana Hugdahl

3. (b) If veteran, name war No. 013B  
3. (c) Social Security No. 020X  
4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Andy 6. (c) Age of husband or wife if alive 72 years  
7. Date of Birth (Month, Day, Year) Sept 4 - 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>5</u>	<u>8</u>	hrs min.

9. Exact Occupation at Home Did this work for years  
10. Industry or Business at Home Date last worked at Home  
11. Birthplace Mount Pleasant Iowa (City or town) (State or foreign country)  
12. Name Dr. W. Ruben  
13. Birthplace Iowa (City or town) (State or foreign country)  
14. Maiden name Iowa  
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Andy Hugdahl  
and Address Shoshone Idaho  
17. (a) Date received Sept 15-48 (b) Date filed Sept 15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Shoshone Idaho  
18. Funeral Director's OWN Signature John A. Bower  
and Address Wallace Idaho  
19. (a) Date received and filed Sept 13-48 (b) Registrar's signature John A. Bower

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 12 1948  
at 5 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 2-9 1948, to 2-12 1948  
I last saw h alive on 2-11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 2 days

Due to Tuberculosis  
Due to Pulmonary TB  
Other conditions Include pregnancy within 3 months of death

Where was disease contracted? Physician  
Name of operation Underline the cause to which death should be charged statistically.  
Major finding Physician  
Finding of autopsy Physician

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19  
Occurred 19 City, county, state where violence occurred 19  
Place of Violence: Home 19 Farm 19 Industry 19  
Public Place 19 While at work? 19  
Means of injury 19  
23. Attendant's OWN Signature Pauline Doolittle (M. D. or other)  
and Address Wallace Idaho Date 2-13-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States...  
Department of Commerce  
Bureau of the Census

DECEASED  
**Certificate Of Death**  
OF VITAL STATE OF IDAHO

1948  
State File No. 753  
Local Reg. No. 14  
Reg. Dist. No. 140

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace (Black Cloud)  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 45 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho 45 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME

James Benjamin Thomas

174X

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

5. Color W 6. (a) Single, widowed, married, divorced married  
4. Sex M race W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Dec 29, 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u>45</u>	<u>2</u>	<u>24</u>	hrs min.

9. Exact Occupation Miner Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Thomas Coal Mine Date last worked \_\_\_\_\_  
11. Birthplace Wallace Idaho (City or town) (State or foreign country)

- Mother Father  
12. Name Joseph S. Thomas  
13. Birthplace Day Nevada (City or town) (State or foreign country)  
14. Maiden name Phoebe E. Brouner  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. America Pugh  
and Address Wallace, Ida

17. (a) Burial (b) Date thereof Feb 27-48  
(Burial, cremation, or general) (Month) (Day) (Year)  
(c) Place: Wallace Id.

18. Funeral Director's OWN Signature John Power  
and Address Wallace Id.

19. (a) Feb 26-48 (b) John Power  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb 23 1948  
(Month, Day, Year)  
at 1:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
to \_\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Crushed Chest Duration \_\_\_\_\_

Due to more than 24 hours  
Due to 24 hours  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? \_\_\_\_\_  
Occurred Feb 23 1948 City, county, state Idaho  
where violence occurred Thomas mine  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work \_\_\_\_\_  
Means of injury fall from rock

23. Attendant's OWN Signature John Power  
and Address Wallace Id.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
Certificate Of Death  
MAR - 8 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 754  
Local Reg. No. 6  
Reg. Dist. No. 142

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R.F.D. No. Wardway  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital M Institution Other place  
(f) Name Hosp. or Inst. Wardway Stayed 1 days  
(g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. Wardway  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) years

3. (a) FULL NAME

Infant Boy Angel

159X

3. (b) If veteran,

name war

3. (c) Social Security

No. Single

4. Sex M race W  
5. Color or

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or  
wife

6. (c) Age of husband or wife if  
alive years

7. Date of Birth  
(Month, Day, Year)

February 24, 1948

8. AGE

Years Months Days If less than 1 day

5 hrs min.

9. Exact

Occupation Did this work for years

10. Industry or  
Business

Date last  
worked

11. Birthplace

Kellogg Idaho (City or town) (State or foreign country)

Mother {  
Father {

12. Name Donald Angel

13. Birthplace Shoshone, Shoshone (City or town) (State or foreign country)

14. Maiden name Angel

15. Birthplace Kellogg Idaho (City or town) (State or foreign country)

16. Informant's

OWN Signature Marjorie Angel

and Address Kellogg Idaho

17. (a) Burial

(Burial, cremation, or removal) (b) Date thereof 2/28/48 (Month) (Day) (Year)

(c) Place: Kellogg Idaho

18. Funeral Director's

OWN Signature Robert D. Seaman

and Address Kellogg Idaho

19. (a) 3/4/48  
(Date received and filed)

(b) Robert D. Seaman  
(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) 2/24 1948  
at 1 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 2-24 1948 to 2-24 1948

I last saw him alive on 2-24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Crematorium 10 hrs

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Robert D. Seaman

and Address Kellogg Idaho (M. D. or other)

Date 3-5 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

MAR - 8 1948

DEPARTMENT OF VITAL

STATE OF IDAHO

1948  
State File No. **755**  
Local Reg. No. **7**  
Reg. Dist. No. **172**

1. PLACE OF DEATH: **STATISTICS**

- (a) County **Shoshone**  
(b) City or town **Hellego, Ida**  
(c) Street Address or R.F.D. No. **Shoshone, King Star**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home, Hospital, Institution, Other place  
(f) Name Hosp. or **Shoshone** Stayed **24** days  
(g) Lived in this county **years** months **days**

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State  
(b) County  
(c) City or town  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? **years**  
(h) Former residence (city, state)

3. (a) FULL NAME **Wayne Truman Taylor**

3. (b) If veteran name war ☐ No. ☐  
5. Color or **W** race **W**  
6. (a) Single, widowed, married, divorced ☒  
6. (c) Age of husband or wife if alive **years**  
7. Date of Birth (Month, Day, Year) **4. 2. 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>✓</b>	<b>✓</b>	<b>24</b>	hrs min.

9. Exact Occupation **✓** Did this work for **years**  
10. Industry or Business **✓** Date last worked  
11. Birthplace **Hellego, Ida** (City or town) (State or foreign country)

12. Name **Roy B. Taylor**  
13. Birthplace **Hellego, Ida** (City or town) (State or foreign country)  
14. Maiden name **Victoria Megger**  
15. Birthplace **Hellego, Ida** (City or town) (State or foreign country)

16. Informant's OWN Signature **Roy B. Taylor** and Address

17. (a) **Burial** (b) Date thereof **Mar. 1-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Hellego, Ida**

18. Funeral Director's OWN Signature **Hellego, Ida** and Address

19. (a) **3/5/48** (b) **for Swine** (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **2-27-1948** at **6 P** o'clock **8** M.

21. I HEREBY CERTIFY, That I attended deceased from **2-3** **1948**, to **2-27** **1948**. I last saw her alive on **2-27** **1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Aspiration Pneumonia** Duration

Due to **congenital lesion**  
Due to **medication**  
Other conditions **no obstruction**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**  
Name of operation **Underline** Date **the cause to which death should be charged statistically.**  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state  
where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature **R. L. Loring** and Address **Hellego, Ida** (M. D. or other) Date **2-28-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
STATE OF IDAHO  
STATISTICS

048 State File No. 756  
Local Reg. No. 9  
Reg. Dist. No. 142

**1. PLACE OF DEATH:**

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R.F.D. No. St. Rt. Pine Creek  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Wagoner Stayed 3 days  
(g) Lived in this county 8 years 3 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Shoshone  
(c) City or town St. Rt. Pine Creek  
(d) Street Address or R.F.D. No. St. Rt. Pine Creek  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) \_\_\_\_\_

**(a) FULL NAME**

Carl Rickman

094A

**3. (b) If veteran, name war**

War 1

**3. (c) Social Security**

No. 474-01-7420

**5. Color or race**

W

**6. (a) Single, widowed, married, divorced**

married

**6. (b) Name of husband or wife**

Pauline

**6. (c) Age of husband or wife if alive**

43 years

**7. Date of Birth (Month, Day, Year)**

October 23 1896

**8. AGE**

Years 51 Months 4 Days 2 If less than 1 day hrs min.

**9. Exact Occupation**

Salmon Did this work for 1 yrs.

**10. Industry or Business**

Steel Works Date last worked 1947

**11. Birthplace (City or town) (State or foreign country)**

Burnsville, South Dakota

**12. Name**

No Record

**13. Birthplace (City or town) (State or foreign country)**

No Record

**14. Maiden name**

No Record

**15. Birthplace (City or town) (State or foreign country)**

No Record

**16. Informant's OWN Signature**

Mrs. Pauline Rickman

**and Address**

St. Rt. Pine Creek

**17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)**

Burial 3/11/48

**(c) Place:**

Kellogg, Idaho

**18. Funeral Director's OWN Signature**

John J. Gladys

**and Address**

Kellogg, Idaho

**19. (a) (Date received and filed) (b) (Registrar's signature)**

3/8/48 [Signature]

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**

(Month, Day, Year) 2/25 1948

at 12 15 o'clock P M.

**21. I HEREBY CERTIFY, That I attended deceased from**

19 to 19

I last saw h. alive on 19; death is

said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebral embolism Duration 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

**22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?**

Occurred 19 City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

**23. Attendant's OWN Signature**

Robert H. Cordwell, M.D. (M. D. or other)

and Address Kellogg, Idaho Date 2/26 1948

(For additional space, use reverse side)

RECEIVED  
Certificate Of Death

MAR 22 1948

STATE OF IDAHO

DIVISION OF VITALS

State File No. 757  
Local Reg. No. 74  
Reg. Dist. No. 740

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Wallace Stayed \_\_\_\_\_ days  
(g) Lived in this country 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho 250 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME

William Henry Hoover

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. 54-03-5977

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Beatrice 6. (c) Age of husband or wife if alive 57 years

7. Date of Birth

(Month, Day, Year) July - 5 - 1879

8. AGE

Years 68 Months 7 Days 24 hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Accountant Date last worked \_\_\_\_\_

11. Birthplace

(City or town) (State or foreign country)

12. Name Winifred Hoover

13. Birthplace Idaho

14. Maiden name Beatrice

15. Birthplace Idaho

16. Informant's OWN Signature E. H. Hoover

- and Address Wallace Idaho

17. (a) Idaho (b) Date thereof March - 2 - 48

- (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Idaho

18. Funeral Directors OWN Signature John A. Linn

- and Address Wallace Idaho

19. (a) March - 2 - 48 (b) John A. Linn

- (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) July 29 1948  
at \_\_\_\_\_ o'clock 7 M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

2-24 1948, to 2-29 1948

I last saw him alive on 2-29 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebral Hemorrhage Duration 5 days

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Jennie B. Hunter

and Address Wallace Idaho Date 2-3 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

7 Mrs. Edna Salari  
FEB 20 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 758  
Local Reg. No. 10  
Reg. Dist. No. 141

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Blanton  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Cotton Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Mullan  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) Finland.

## 3. (a) FULL NAME

Edna Talvi

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex F 5. Color of W race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Nov-1-1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>3</u>	<u>0</u>	hrs min.

9. Exact Occupation at home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country) Finland

12. Name John Harro

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country) Finland

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country) Finland

16. Informant's OWN Signature Mrs. Jennie Vager

- and Address Mullan Idaho

17. (a) Buried (b) Date thereof Feb 5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Mullan Idaho

18. Funeral Director's OWN Signature John A. Bower

- and Address John A. Bower

19. (a) Feb 3-48 (b) John A. Bower  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 1 1948  
at 5:20 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 30 1948 to Feb 1 1948  
I last saw h. or alive on Jan 30 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Sensitivity

## Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D W Ralph M.D.

and Address Mullan Idaho Date Feb 2 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 22 1948  
DIVISION OF VITAL RECORDS

# Certificate Of Death

STATE OF IDAHO

State File No. 759  
Local Reg. No. 21  
Reg. Dist. No. 141

## 1. PLACE OF DEATH

- (a) County Boise  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? 4 Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? 1 Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boise  
(c) City or town Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Mont.

## 3. (a) FULL NAME

Lucia Allen

## 3. (b) If veteran,

name war \_\_\_\_\_

No. \_\_\_\_\_

## 4. Sex

F

Color or race W.

## 6. (a)

Single, widowed, married, divorced Widowed

## 6. (b) Name of husband or wife

(c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Sept-8-1871

## 8. AGE

Years 76

Months 5

Days 13

hrs \_\_\_\_\_

min. \_\_\_\_\_

## 9. Exact Occupation

At Home

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked \_\_\_\_\_

## 11. Birthplace

Scandinavia

Denmark

## 12. Name

Mrs. Nicholson

## 13. Birthplace

(City or town) \_\_\_\_\_

(State or foreign country) Denmark

## 14. Maiden name

Simark

## 15. Birthplace

(City or town) \_\_\_\_\_

(State or foreign country) \_\_\_\_\_

## 16. Informant's OWN Signature

Russell E. Allen

## and Address

Boise, Idaho

## 17. (a)

(Burial, cremation or removal) \_\_\_\_\_

(b) Date thereof 2/25/48 (Month) (Day) (Year)

## (c) Place

Boysenwood Mont.

## 18. Funeral Director's OWN Signature

John A. Bower

## and Address

Wallace Mont.

## 19. (a)

(Date received and filed) Mar 24-48

## (b)

(Registrar's signature) John A. Bower

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Feb 21 1948

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1-21 1945, to 2-21 1948

I last saw her alive on 2-20 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial infarction

## Duration

24 hrs

Due to general atherosclerosis

10 days

Due to Chloroform anesthesia

3 yrs

Other conditions Emphysema

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

Russell E. Allen

(M. D. or other)

and Address Wallace Mont. Date 2-24-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 1 1948  
STATE OF IDAHO  
DEPARTMENT OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 760  
Local Reg. No. 16  
Reg. Dist. No. 140

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Mullan  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in three)

- (a) State Idaho (b) County Shoshone  
(c) City or town Mullan  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Sophia Anna Kuasinen

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex

F

## 5. Color or race

W

## 6. (a) Single, widowed, married, divorced

Married

## 6. (b) Name of husband or wife

John

## 6. (c) Age of husband or wife if alive

56 years

## 7. Date of Birth

(Month, Day, Year) Dec 11, 1887

## 8. AGE

Years	Months	Days	If less than 1 day
<u>60</u>	<u>21</u>	<u>14</u>	hrs min.

## 9. Exact Occupation

At Home

## Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

None

## Date last worked

## 11. Birthplace

Bell Farshe, S.O.  
(City or town) (State or foreign country)

## 12. Name

Samuel Francis Jones

## 13. Birthplace

Potomac, D.C.  
(City or town) (State or foreign country)

## 14. Maiden name

Samantha Hughes

## 15. Birthplace

Potomac, D.C.  
(City or town) (State or foreign country)

## 16. Informant's

### OWN Signature

Mrs. E. R. Schurz

### and Address

North Dakota

## 17. (a) Burial

## (b) Date thereof

3/1/48

(Burial, cremation, or removal)

## (c) Place:

Mullan Idaho

## 18. Funeral Directors

### OWN Signature

Paul Brown

### and Address

Mullan Idaho

## 19. (a) Date received and filed

## (b) Registrar's signature

John Brown

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) Feb 25 1948  
at 10:15 o'clock A M.

### 21. I HEREBY CERTIFY, That I attended deceased from

Feb 19 1948, to Feb 25 1948.  
I last saw her alive on Feb 25 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Angina Pectoris 5 days

Due to Influenza

Due to Diabetes Mellitus

Other conditions (Include pregnancy within 3 months of death)

### Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

### Major finding

### Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

### 23. Attendant's

### OWN Signature

F. W. Ralph

and Address Mullan

Date Feb 28, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 15 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 761  
Local Reg. No. 1761  
Reg. Dist. No. 141

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town near Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state) Wash?

## 3. (a) FULL NAME

Jack George Kekich

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. 54-7-5179

5. Color White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race \_\_\_\_\_  
6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 36 years  
7. Date of Birth (Month, Day, Year) April 17-1911

8. AGE	Years	Months	Days	If less than 1 day
	<u>36</u>	<u>10</u>	<u>11</u>	hrs min.

9. Exact Occupation Miner Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Salem Mine Date last worked \_\_\_\_\_  
11. Birthplace Monard Wyoming  
(City or town) (State or foreign country)

12. Name Jack Kekich  
13. Birthplace Englewood  
(City or town) (State or foreign country)  
14. Maiden name Englewood  
15. Birthplace Englewood  
(City or town) (State or foreign country)

16. Informant's OWN Signature Elmer Kekich  
and Address Kellogg Idaho

17. (a) March 2-1948 (b) Date thereof March 2-1948  
(Burial, cremation, removal) (Month (Day) (Year))

18. Funeral Director's OWN Signature John A. Over  
and Address Wallace Idaho

19. (a) Feb. 25-48 (b) John A. Over  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4-28 1948  
at \_\_\_\_\_ o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
1948 to \_\_\_\_\_ 1948

I last saw him live on 2-27-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crisped chest Duration \_\_\_\_\_  
to death

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 4-28 1948 City, county, state where violence occurred Shoshone mine  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_  
Means of injury Caught by mine cage

23. Attendant's OWN Signature Elmer Kekich  
and Address Kellogg Idaho

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB - 1948

# Certificate Of Death

STATE OF IDAHO

1948 762  
State File No. \_\_\_\_\_  
Local Reg. No. 241  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Addison West  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. T. F. Co. Gen. Stayed 13 days  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Hansen  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Elko, Nevada

## 3. (a) FULL NAME

Chris Nels Block

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. 530-05-2602

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Widowed

4. Sex Male race White  
6. (b) Name of husband or wife Sarah Jane  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February 17, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>11</u>	<u>15</u>	hrs min.

9. Exact Food Occupation Construction Did this work for 18 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked Sept. 1947

11. Birthplace Sanford, Colorado  
(City or town) (State or foreign country)

12. Name Chris Jensen Block

13. Birthplace Denmark  
(City or town) (State or foreign country)

14. Maiden name Boletta Paulson

15. Birthplace Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Gloria R. Welch  
and Address Hansen, Idaho

17. (a) Burial (b) Date thereof 2/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature James C. Reynolds

- and Address Twin Falls, Idaho

19. (a) 2-4-48 (b) James M. Muley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) February 2, 1948  
at 8:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 8-25-1947 to Feb. 2, 1948

I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Right Heart Failure  
Due to Chronic myocarditis

Due to Hypostatic Pneumonia

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature James C. Reynolds (M. D. or other)

and Address Hansen, Idaho Date 2/3/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 23 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 763  
Local Reg. No. 347  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County TWIN FALLS  
(b) City or town TWIN FALLS  
(c) Street Address or R. F. D. No. 637 3rd Ave West  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 25 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County TWINFALLS  
(c) City or town TWIN FALLS  
(d) Street Address or R.F.D. No. 637 3rd Ave West  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME Mrs. Theresa Maud Ainsworth

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife Joseph Leon Ainsworth 6. (c) Age of husband or wife if deceased Deceased years  
7. Date of Birth (Month, Day, Year) November 3rd 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>3</u>	<u>0</u>	hrs min.

9. Exact Occupation Housewife Did this work for 0 yrs.  
10. Industry or Business None Date last worked None  
11. Birthplace Skelmersdale, Lancastershire, England (City or town) (State or foreign country)

12. Name William Howard  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Elizabeth Pendleton  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature W. H. Phillips  
and Address W. H. Phillips

17. (a) Burial (b) Date thereof 2-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cem. Twin Falls, Idaho

18. Funeral Director's OWN Signature W. H. Phillips  
and Address White Mortuary-Twin Falls, Idaho

19. (a) 2-13-48 (b) Lamine M. Kelly  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 3rd, 1948  
(Month, Day, Year)  
at 10:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 2/3 1948 to 2/3 1948

I last saw h. or alive on 2/3 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocardial Degeneration  
Coronary Disease Duration 12 weeks  
Due to Coronary Disease Nov. 19, 1947

Due to None  
Other conditions None  
Include pregnancy within 3 months of death

Where was disease contracted? Twin Falls, Idaho  
Name of operation None Date None  
Major finding None  
Finding of autopsy Not done  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred None 19 48 City, county, state where violence occurred None  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None

- Means of injury None  
23. Attendant's OWN Signature E. Wood  
and Address Twin Falls, Idaho Date 2/5 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
FEB 1 1948  
STATE OF IDAHO

1948 State File No. 764  
Local Reg. No. 245  
Reg. Dist. No. 460

1. PLACE OF DEATH: **STATISTICS**
- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Addison West  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. T.A. Co. Gen. Stayed 3 days  
(g) Lived in this county 30 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County T. Falls  
(c) City or town Kimberly  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Beersheba Springs Tenn.

3. (a) FULL NAME Emma Gross
3. (b) If veteran, name war  3. (c) Social Security No. 518-24-5180
5. Color or race W 6. (a) Single, widowed, married, divorced Married
4. Sex Female 6. (c) Age of husband or wife if alive 73 years
6. (b) Name of husband or wife Frank
7. Date of Birth (Month, Day, Year) February 26, 1880

8. AGE	Years	Months	Days	If less than 1 day
	67	11	9	hrs min.

9. Exact Occupation Housewife Did this work for  yrs.
10. Industry or Business  Date last worked
11. Birthplace Beersheba Springs, Tenn. (City or town) (State or foreign country)
12. Name James Brown (City or town) (State or foreign country)
13. Birthplace Warren Co., Tenn. (City or town) (State or foreign country)
14. Maiden name Barsha Coppinger (City or town) (State or foreign country)
15. Birthplace Warren Co., Tenn. (City or town) (State or foreign country)

X Informant's OWN Signature Mrs. Marie Krull  
and Address Marysville, California.

17. (a) Burial (b) Date thereof 2/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Reynolds  
and Address Twin Falls, Idaho

19. (a) 2-9-48 (b) Lawrence  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) February 5, 1948  
at 8:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Did not attend to  19   
I last saw her Not seen alive; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Total regression of left kidney associated with pyelonephrosis due to and by ectopic left due to ureter by a stone  
Other conditions  (Include pregnancy within 3 months of death)

Where was disease contracted?  **PHYSICIAN**  
Name of operation  Date  Underline the cause to which death should be charged statistically.  
Major finding   
Finding of autopsy as above

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred 19 City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature J. Woodson Creed, M.D.  
(M. D. or other) and Address Twin Falls, Ida. Date Feb 6, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
FEB 23 1948  
STATE OF IDAHO  
DIVISION OF VITAL

State File No. **765**  
Local Reg. No. **342**  
Reg. Dist. No. **460**

1. PLACE OF DEATH: **Deaths**
- (a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. **T.F.CO. Hosp.**  
(d) Death Occured Inside? **X** Outside? **city or town**  
(e) Died in a Home **Hospital** **X** Institution **Other place**  
(f) Name Hosp. **T.F.CO. Hosp.** **I** days  
(g) Lived in this county **22** years **months** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Kimberly**  
(d) Street Address or R.F.D. No. **Taylor Street**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **22** years  
(h) Former residence (city, state)

3. (a) FULL NAME **Fiscus, John A.**

3. (b) If veteran, name war **none** No. **none**  
5. Color **white** 6. (a) Single, widowed, married, divorced **married**  
4. Sex **male** race **white**  
6. (b) Name of husband or wife **Elizabeth** 6. (c) Age of husband or wife if alive **69** years  
7. Date of Birth (Month, Day, Year) **July 17, 1870**

8. AGE	Years	Months	Days	If less than 1 day
	<b>77</b>	<b>6</b>	<b>18</b>	hrs min.

9. Exact Occupation **farmer retired** Did this for **10** yrs.  
10. Industry or Business **farmer** Date last worked  
11. Birthplace **Aledo, Illinois** (City or town) (State or foreign country)

12. Name **John Fiscus**  
13. Birthplace **Indiana** (City or town) (State or foreign country)  
14. Maiden name **Eliza Latham**  
15. Birthplace **Indiana** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Ella Crow**  
and Address **Mendell**

17. (a) **Burial** (b) Date thereof **2/9/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Smith Mem. F. & G. Co.**

18. Funeral Director's OWN Signature **Wm. J. Stubbins**  
and Address **White Mortuary Twin Falls, Id.**

19. (a) **2-13-48** (b) **Laurie M. Hasky**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** **093D**

20. DATE OF DEATH (Month, Day, Year) **February 5, 1948**  
at **5:00** o'clock **A**. M.

21. I HEREBY CERTIFY, That I attended deceased from **1-3-1947** to **2-5-1948**  
I last saw him alive on **2-5-1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

**Hypostatic Pneumonia**  
Due to **chronic Myocarditis**  
**Chronic Bronchial asthma**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state  
where violence occurred  
Place of Violence: Home **Farm** **Industry**  
Public Place While at work?

- Means of injury  
23. Attendant's OWN Signature **Wm. J. Stubbins** (M. D. or other)  
and Address **Kimberly, Id.** Date **2/7** 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 23 1948  
**Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

State File No. 766  
Local Reg. No. 251  
Reg. Dist. No. 410

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 253 7th Ave. E.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 43 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 253 7th Ave. E.  
(e) ~~Deceased~~ lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) ~~Long~~ had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Hoseburg, Ore.

3. (a) FULL NAME

Alice Alvira Adams

3. (b) If veteran,

name war

3. (c) Social Security

No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edwin H. 6. (c) Age of husband or wife if alive 84 years

7. Date of Birth

(Month, Day, Year) April 7, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>10</u>	<u>3</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Menasha, Wisconsin  
(City or town) (State or foreign country)

12. Name Lawrence Mericle

13. Birthplace Philadelphia, Penn.  
(City or town) (State or foreign country)

14. Maiden name Mary McAvoy

15. Birthplace Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Thomas R. Adams

and Address Cascade, Idaho.

17. (a) Burial (b) Date thereof 2/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Sunset Memorial Park

18. Funeral Director's Reynolds Funeral Home

OWN Signature James C. Reynolds

and Address Twin Falls, Idaho

19. (a) 2-12-48 (b) Boise, Idaho  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) February 10, 1948  
at 11:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. - 1946, to 2/10/ 1948

I last saw her alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Acute Coronary Thrombosis

Due to Generalized Atherosclerosis

Due to Arterial Embolism

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 19 City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D. A. McChesney

and Address Twin Falls, Idaho (M. D. or other) 2/14 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB 23 1948

STATE OF IDAHO

State File No. 767  
Local Reg. No. 352  
Reg. Dist. No. 460

## STATE OF IDAHO

### 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 277 Harrison  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 42 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 277 Harrison  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 62 years  
(h) Former residence (city, state) Cambridge, Ohio

### 3. (a) FULL NAME

George D. Saviers

### 3. (b) If veteran,

name war

### 3. (c) Social Security

No.

### 4. Sex Male race White

### 5. Color or 6. (a) Single, widowed, married, divorced Married

### 6. (b) Name of husband or wife Jenny B.

### 6. (c) Age of husband or wife if alive 63 years

### 7. Date of Birth

(Month, Day, Year) January 6, 1872

### 8. AGE

Years	Months	Days	If less than 1 day
<u>76</u>	<u>1</u>	<u>6</u>	hrs min.

### 9. Exact Occupation

Ret. Newspaper man Did this work for 0 yrs.

### 10. Industry or Business

Date last worked

### 11. Birthplace

Cambridge, Ohio

(City or town) (State or foreign country)

### 12. Name John W. Saviers

### 13. Birthplace Cambridge, Ohio

(City or town) (State or foreign country)

### 14. Maiden name Delilah Todd

### 15. Birthplace Ohio

(City or town) (State or foreign country)

### 16. Informant's

#### OWN Signature

Jenny B. Saviers

and Address Twin Falls, Idaho

### 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 2/16/48

(Month) (Day) (Year)

(c) Place: Sunset Memorial Park

### 18. Funeral Director's Reynolds Funeral Home

#### OWN Signature

James E. Reynolds

and Address Twin Falls, Idaho

### 19. (a) 2-17-48

(Date received and filed)

### (b) James E. Reynolds

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) February 12, 1948  
at 2:15 o'clock 8 A.M.

### 21. I HEREBY CERTIFY, That I attended deceased from

2-15 1948, to 2/12/48 1948

I last saw him alive on 2-12 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Duration

apoplexy  
Cerebrovascular lymphoma disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

### 23. Attendant's

OWN Signature H. Johnson

(M.D. or other)

and Address Twin Falls, Idaho Date 2-14 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
FEB 23 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. **768**  
Local Reg. No. **253**  
Reg. Dist. No. **760**

**1. PLACE OF DEATH:**

- (a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. **302 2nd Ave South**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **27** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Twin Falls**  
(d) Street Address or R.F.D. No. **302 2nd Ave So.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **45** years  
(h) Former residence (city, state) ☐

**3. (a) FULL NAME**  
**GANDIAGA, Frank**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth **February 20, 1886**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>61</b>	<b>11</b>	<b>22</b>	hrs min.

9. Exact Occupation **Retired** Did this work for **40** yrs.  
10. Industry or Business **Sheep Business** Date last worked **1944**  
11. Birthplace **Bollivar, Spain**  
(City or town) (State or foreign country)

12. Name **Unk.**  
13. Birthplace **Spain**  
(City or town) (State or foreign country)  
14. Maiden name **unk.**  
15. Birthplace **Spain**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Rosa Sofia**  
and Address **Twin Falls, Idaho**

17. (a) **Burial** (b) Date thereof **2/16/48**  
(Burial, cremation or removal) (Month, Day, Year)  
(c) Place: **Twin Falls Cem. Twin Falls, Idaho**

18. Funeral Director's OWN Signature **W. H. Stitt**  
and Address **White Mortuary-Twin Falls, Idaho**

19. (a) **2-19-48** (b) **L. J. Sullivan**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **February 12th, 1948**  
(Month, Day, Year)  
at **6:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **2-12-48** 19 **48**, to **2-12-48** 19 **48**.  
I last saw him alive on **2-12-48** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Lung cancer in ca lung** Duration ☐

Due to **no pneumonia** ( ☐ )

Due to ☐  
Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ -19 ☐ City, county, state where violence occurred ☐

Place of Violence: Home ☒ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature **N. J. Shaver**  
and Address **Twin Falls, Idaho**

19 **48** or **2/13 48**  
Date ☐ 19 ☐  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
FEB 23 1948 STATE OF IDAHO

748  
State File No. 769  
Local Reg. No. 206  
Reg. Dist. No. 460

**DIVISION OF VITAL**

**1. PLACE OF DEATH:**

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 301 5th Ave East  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 18 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 301 5th Ave E.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?         
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state)

**3. (a) FULL NAME** McAllister, Mrs. Mary Jane

3. (b) If veteran, name war None 3. (c) Social Security No. none  
5. Color or        6. (a) Single, widowed, married, divorced Widow  
4. Sex Female race white  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) March 5th 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>9</u>	<u>7</u>	hrs min.

9. Exact Occupation Housewife Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Waukon, Iowa (City or town) (State or foreign country)

- Mother Father { 12. Name T. J. Goodykoontz  
13. Birthplace Ind. (City or town) (State or foreign country)  
14. Maiden name Bean  
15. Birthplace Unk. (City or town) (State or foreign country)

16. Informant's OWN Signature Mary J. McAllister  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 2/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Mem. Park Cem.

18. Funeral Director's OWN Signature Wm. H. Phillips  
and Address White Artuary-Twin Falls, Idaho

19. (a) 2-19-48 (b) Wm. H. Phillips  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH February 12 19 48  
(Month, Day, Year)  
at 10:30 P. clock        M.

21. I HEREBY CERTIFY, That I attended deceased from        19       , to        19         
I last saw h.        alive on        19       ; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Heart failure Duration       

Due to arteriosclerosis

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?        Suicide?        Homicide?

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Wm. H. Phillips

and Address Twin Falls, Idaho (M. D. or other)       

Date 2/13 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
FEB 26 1948  
DIVISION OF VITAL STATE OF IDAHO

1948 770  
State File No.  
Local Reg. No. 222  
Reg. Dist. No. 460

1. PLACE OF DEATH:

(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. T.F. County Stayed 3 days  
(g) Lived in this county 19 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. RFD # 3  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) Shelaina, Mo.

3. (a) FULL NAME Robert Kleinkopf

3. (b) If veteran, name war ..... No. ....  
3. (c) Social Security No. ....  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Effie 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) July 14, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>6</u>	<u>29</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....

11. Birthplace Lowell, Iowa  
(City or town) (State or foreign country)

12. Name Unknown Kleinkopf

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Effie Hudson

15. Birthplace Eddyville, Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Howard Blankopf  
and Address 443 Park St. R.R. 3128

17. (a) Burial (b) Date thereof 27 16 / 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Sunset Memorial

18. Funeral Director's OWN Signature James E. Reynolds

and Address Twin Falls, Idaho

19. (a) 2-17-48 (b) James E. Reynolds  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 18, 1948  
(Month, Day, Year) at 2:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 10 1948 to Feb 13 1948  
I last saw him alive on Feb 10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 3 das

Due to Hypertensive heart disease with arteriosclerosis

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature Myrtle Theodora (M. D. or other)  
and Address Idaho Falls Date 2/17/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 771  
Local Reg. No. 254  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. T.F.C.O. HOSP. Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 1/2 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Royal Hotel  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? abt 30 years  
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Price, Marshall J.

3. (b) If veteran, name war World War II 3. (c) Social Security No. 518-30-7894  
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Feb. 15, 1907

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>0</u>	<u>0</u>	hrs min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business L.F. Live Stock Co. Date last worked 2/11/48  
11. Birthplace Oran, Missouri  
(City or town) (State or foreign country)

12. Name Richard Eugene Price  
13. Birthplace Barlow, Kentucky  
(City or town) (State or foreign country)  
14. Maiden name Estella Oliver  
15. Birthplace Oran, Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature M. Price  
and Address Portland, Oregon

17. (a) Burial (b) Date thereof Feb. 19, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park Cemetery

18. Funeral Director's OWN Signature Dr. H. H. Hitt  
and Address White Mortuary - Twin Falls, Idaho

19. (a) 2-17-48 (b) Shane M. Hitt  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 15 1948  
at 4 am o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 11 1948, to Feb 15 1948  
I last saw him alive on Feb 15 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crushing chest injury Duration \_\_\_\_\_

Due to Attack by bull

Due to \_\_\_\_\_  
Other conditions Multiple fractures  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding Collapsed right lung, hemorrhagic left lung, multiple skeletal fractures  
Finding of autopsy Collapsed right lung, hemorrhagic left lung, multiple skeletal fractures

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Feb 11 1948 19 \_\_\_\_\_ City, county, state where violence occurred Twin Falls, Twin Falls, Co.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place yes X While at work? X yes  
Means of injury Attacked by a Holstein bull

23. Attendant's OWN Signature M. Price  
and Address Twin Falls, Idaho M. D. or other \_\_\_\_\_ Date 2/18/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

RECEIVED  
STATE OF IDAHO  
MAR - 4 1948

1948 State File No. **772**  
Local Reg. No. **358**  
Reg. Dist. No. **460**

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 115 Jackson  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home? X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 35 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

DIVISION OF VITAL STATISTICS  
(a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 115 Jackson  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country?     
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state)   

3. (a) FULL NAME William Elliott  
John

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Melissa 6. (c) Age of husband or wife if alive 79 years  
7. Date of Birth (Month, Day, Year) June 9th, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>8</u>	<u>8</u>	hrs min.

9. Exact Occupation Retired Did this work for    yrs.  
10. Industry or Business Carpenter Date last worked     
11. Birthplace Cleveland, Ohio (City or town) (State or foreign country)

12. Name John Elliott  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Matilda Hunt  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Ralph Elliott  
and Address 122 Jackson Twin Falls, Idaho

17. (a) Burial (b) Date thereof 2/20/48 (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: Sunset Mem. Park Cem.

18. Funeral Director's OWN Signature W. H. Hilliard  
and Address White Mortuary-Twin Falls, Idaho

19. (a) 2-25-48 (b) W. H. Hilliard (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 17th 1948  
at 12 Noon o'clock    M.

21. I HEREBY CERTIFY, That I attended deceased from 2-5 19 48, to 2-17 19 48  
I last saw him alive on 2-17 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral apoplexy Duration   

Due to Hypertension and atherosclerosis

Due to     
Other conditions    (Include pregnancy within 3 months of death)

Where was disease contracted?    Date    Name of operation    Major finding    Finding of autopsy    Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
where violence occurred    19    City, county, state  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury   

23. Attendant's OWN Signature W. H. Hilliard  
and Address Twin Falls, Idaho Date 2/18/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

State File No. 773  
Local Reg. No. 371  
Reg. Dist. No. 460

**1. PLACE OF DEATH:**

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Twin Falls Co. Stayed 1 days  
(g) Lived in this county 21 years 8 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Twin Falls  
(c) City or town Castleford  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) None

3. (a) **FULL NAME** Betty June Larragan

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex Female Color White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Luis Larragan 6. (c) Age of husband or wife if alive 24 years  
7. Date of Birth (Month, Day, Year) June 13, 1926

8. AGE	Years	Months	Days	If less than 1 day
	<u>21</u>	<u>8</u>	<u>5</u>	hrs min.

9. Exact Occupation Housewife Did this work for 2 yrs.  
10. Industry or Business None Date last worked X  
11. Birthplace Buhl, Idaho (City or town) (State or foreign country)

Mother Father  
12. Name Jewel Murphy  
13. Birthplace Ohio, Missouri (City or town) (State or foreign country)  
14. Maiden name Emma Kruse  
15. Birthplace Olin, Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Luis Larragan  
and Address Castleford, Ida.

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof Feb. 21, 1948 (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature B. J. Alberton  
and Address Buhl, Idaho

19. (a) 2-5-48 (Date received and filed) (b) Erma Reed (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** (Month, Day, Year) February 18, 1948  
at 4:20 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Feb. 17, 1948, to Feb. 18, 1948  
I last saw her alive on Feb. 18, 1948 death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Uremia Duration 24 hrs

Due to chronic nephrosis 1 yr.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Buhl, Ida.

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Vern H Anderson

and Address Buhl, Ida. Date Feb 20, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. 714  
Local Reg. No. 360  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 111 6th Ave. East  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Clinic Stayed 1 days  
(g) Lived in this county 29 years 1 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 253 9th Ave. Nth.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Cincinnati, Ohio

## 3. (a) FULL NAME

Norma Schaaf Logan

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No. 519-07-8056

5. Color or race White  
6. (a) Single, widowed, married, divorced Married

4. Sex Female  
6. (b) Name of husband or wife Raymond T.  
6. (c) Age of husband or wife if alive 62 years

7. Date of Birth (Month, Day, Year) November 5, 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>3</u>	<u>19</u>	hrs min.

9. Exact Occupation Reg. Nurse Did this work for        yrs.

10. Industry or Business        Date last worked

11. Birthplace Cincinnati, Ohio  
(City or town) (State or foreign country)

12. Name Fred Schaaf

13. Birthplace Alsace-Lorraine  
(City or town) (State or foreign country)

14. Maiden name Anna Distler

15. Birthplace Alsace-Lorraine  
(City or town) (State or foreign country)

16. Informant's OWN Signature: Raymond T. Logan

- and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 2/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature: James C. Reynolds

- and Address Twin Falls, Idaho

19. (a) 2-26-48 (b) David M. July  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 24, 1948  
at 4:45 o'clock 8 A.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1948 to 2/24/48  
I last saw her alive on Feb 24, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral Hemorrhage Duration 26 days

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted? Twin Falls, Idaho

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature: Ellwood R. Ruzma

and Address Twin Falls, Idaho Date 2-24-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate of Death

STATE OF IDAHO  
MAR - 4 1948

1948  
State File No. 775  
Local Reg. No. 362  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. T.F.Co. Hosp.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or T.F.Co. Hosp. Stayed 20 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## DIVISION OF VITAL STATISTICS

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. T.F.Co. Gen'l. Hos.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Raymond Jay Davis

3. (b) If veteran, name war none 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced single  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth February 5th, 1948  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>20</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

12. Name Glen E. Davis  
13. Birthplace Emporia, Kansas  
(City or town) (State or foreign country)  
14. Maiden name Betty Jean Walls  
15. Birthplace Rosemont, Nebr.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Glen E. Davis  
and Address 189 Adams Twin Falls, Idaho

17. (a) Burial (b) Date thereof 2/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park Cem.

18. Funeral Director's OWN Signature Ray H. Hillman  
and Address White Mortuary-Twin Falls,

19. (a) Mar. 2, 1948 (b) Erna Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 25th, 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1948, to Feb 25 1948.  
I last saw h im alive on Feb. 25 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Premature infant  
Due to Cause Undetermined

Due to Premature infant  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Twin Falls, Idaho  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's Signature Glen E. Davis  
and Address Twin Falls, Ida Date 2/26 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

RECEIVED IDAHO

1948  
State File No. 776  
Local Reg. No. 363  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. T.F.Co. Hosp  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. T.F.Co. Gen'l Hosp  
(g) Lived in this county years months 20 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

- Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. T.F.Co. Gen'l  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? Hosp  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME Linda Jean Davis

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Female  
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years  
7. Date of Birth (Month, Day, Year) February 5th, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>20</u>	hrs min.

9. Exact Occupation  Did this work for  yrs.  
10. Industry or Business  Date last worked   
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

12. Name Glen E. Davis  
13. Birthplace Emporia, Kansas (City or town) (State or foreign country)  
14. Maiden name Betty Jean Walls  
15. Birthplace Rosemont, Nebr. (City or town) (State or foreign country)

16. Informant's X OWN Signature Glen E. Davis  
and Address 189 Adams St. Twin Falls, Ida.

17. (a) Burial (b) Date thereof 2/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Mem. Park Cem.

18. Funeral Director's OWN Signature Wm. H. Hiltner  
and Address White Mortuary Twin Falls, Idaho

19. (a) 3-2-48 (b) Erna Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 159X

20. DATE OF DEATH (Month, Day, Year) February 25th 1948  
at  o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 20 1948 to Feb 25 1948.  
I last saw h.er alive on Feb 25 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Diarrhea Duration

Due to Causes Undetermined

Due to Premature infant  
Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted? Twin Falls, Ida. PHYSICIAN Hart  
Name of operation  Date

Major finding   
Finding of autopsy Enteritis, Hemorrhage, hypotatic pneumonia, etc. Underline the cause to which death charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?

Occurred 19 City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?

Means of injury   
23. Attendant's OWN Signature Ellwood Sten  
and Address Twin Falls, Ida. Date 2/26 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate of Death

STATE OF IDAHO  
MAR - 1 1948

DIVISION OF VITAL STATISTICS

1048  
State File No. 777-4  
Local Reg. No. 366  
Reg. Dist. No. 468

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. T.F.Co. Hosp. Stayed 8 days  
(g) Lived in this county 21 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. Rt. 3  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) No. Bend, Neb.

## 3. (a) FULL NAME Thomas Mathew Stubbert

3. (b) If veteran, name war None 3. (c) Social Security No. 519-07-9019  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Bernice Wiggington  
6. (c) Age of husband or wife if 44 years  
7. Date of Birth (Month, Day, Year) October 17, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>4</u>	<u>8</u>	hrs min.

9. Exact Occupation School bus driver Did this work for 6 yrs.  
10. Industry or Business Bus driver Date last worked 2/7/48  
11. Birthplace North Bend, Nebraska  
(City or town) (State or foreign country)  
Mother Father  
12. Name Marshall Stubbert  
13. Birthplace Alton, Illinois  
(City or town) (State or foreign country)  
14. Maiden name Catherine Mayberry  
15. Birthplace North Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature James M. Stubbert  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof Feb. 28, '48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature B. J. Albertson  
and Address Buhl, Idaho

19. (a) 3-1-48 (b) Erna Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb. 25, 1948  
(Month, Day, Year) at 8:10 P M o'clock    M.

21. I HEREBY CERTIFY, That I attended deceased from 2/16 1948, to 2/25 1948  
I last saw h. i. m. alive on 2/25 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

UREMIA

## Duration

1 WEEK

Due to ACUTE EXACERBATION  
CHRONIC NEPHRITIS

Due to STREPTOCOCCIC PNEUMONIA  
Other conditions ANEMIA

(Include pregnancy within 3 months of death)

Where was disease contracted? HOME

Name of operation    Date   

Major finding   

Finding of autopsy   

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature E. J. Smith  
(M. D. or other)     
and Address Buhl, Idaho Date 2/26/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate of Death

RECEIVED

STATE OF IDAHO

MAR - 4 - 1948

DIVISION OF STATE

1948 State File No. 778  
Local Reg. No. 364  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 222 Jackson  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Plb. Co. Hosp. Stayed 8 days  
(g) Lived in this county        years        months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 222 Jackson  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?         
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state)

## 3. (a) FULL NAME JEFF, Diane

3. (b) If veteran, name war None 3. (c) Social Security No. none  
5. Color or race W 6. (a) Single, widowed, married, divorced Single  
4. Sex Fe 6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth February 18, 1948  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	0	0	8	hrs min.

9. Exact Occupation Infant Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

- Mother Father  
12. Name Ruben A. Jeff  
13. Birthplace American Fork, Utah  
(City or town) (State or foreign country)  
14. Maiden name Elna Christopherson  
15. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ruben A. Jeff  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 2/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park Cem.

18. Funeral Director's OWN Signature Wm. H. Hillman  
and Address White Mortuary Twin Falls,

19. (a) 3-2-48 (b) Erna Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 26th 1948  
(Month, Day, Year) at 5:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from February 18, 1948 to February 26, 1948  
I last saw h. alive on February 26, 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Due to Acute Toxicemia Duration 24 hours  
Due to Inguinal Stricture 48 hours  
Other conditions         
(Include pregnancy within 3 months of death)

- Where was disease contracted? Hospital  
Name of operation Autopsy  
Major finding         
Finding of autopsy no findings  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature Erna Reed  
and Address Twin Falls, Idaho (M. D. or other) 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
MAY 10 1948  
DIVISION OF VITAL  
STATE OF IDAHO

1948  
State File No. **779**  
Local Reg. No. **373**  
Reg. Dist. No. **460**

**1. PLACE OF DEATH:**

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. T. Falls Stayed 25 days  
(g) Lived in this county 23 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Oklahoma

**3. (a) FULL NAME**

Mary Melvina Sova

**3. (b) If veteran,**

name war \_\_\_\_\_

**3. (c) Social Security**

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married

4. Sex Female race white  
6. (b) Name of husband or wife Joseph Sova  
6. (c) Age of husband or wife if alive 81 years

7. Date of Birth (Month, Day, Year) March 9, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>11</u>	<u>19</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Winchester, Kans.  
(City or town) (State or foreign country)

12. Name Henry Marshall

13. Birthplace Kansas  
(City or town) (State or foreign country)

14. Maiden name Sarah Farris

15. Birthplace Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature A. M. Sova

and Address Boise R-2

17. (a) Burial (b) Date thereof 3-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J. C. Phillips

and Address \_\_\_\_\_

19. (a) 3-6-48 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH February 28 19 48  
(Month, Day, Year)  
at 6:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 25 1948, to Feb 28 1948

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Duration

Hypostatic Pneumonia - 7 hrs  
Due to \_\_\_\_\_

Due to fractured hip (left)  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Where was disease contracted?**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

**Major finding**

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? YES Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Feb 3, 1948 19\_\_\_\_ City, county, state where violence occurred Twin Falls, Idaho  
Place of Violence: Home YES Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury fall in her room

23. Attendant's OWN Signature M. M. Peterson M.D.  
Twin Falls, Idaho (M. M. Peterson M.D.)  
and Address \_\_\_\_\_ Date March 5, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

FEB 13 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 780  
Local Reg. No. 344  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R. F. D. No. I  
(d) Death Occurred Inside? I Outside? # city or town  
(e) Died in a Home? # Hospital Institution Other place  
(f) Name Hosp. or Inst. none Stayed days  
(g) Lived in this county 10 years ? months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. I  
(e) Deceased lived Inside? ? Outside? # city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) same

## 3. (a) FULL NAME

Raymond D. Pease

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or race W 6. (a) Single, widowed, married, divorced Married  
4. Sex M 6. (b) Name of husband or wife Ruth Brown 6. (c) Age of husband or wife if alive 45 years  
7. Date of Birth (Month, Day, Year) August 27, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>5</u>	<u>6</u>	hrs min.

9. Exact Occupation Farmer Did this work for 1 life yrs.  
10. Industry or Business Farming Date last worked 1/2/48  
11. Birthplace Sylvan Grove, Kansas (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Katie Newcomer  
15. Birthplace ? Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Mr. R. D. Pease  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof 2/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial-Twin Falls

18. Funeral Director's OWN Signature E. J. McBratney  
and Address Buhl, Idaho

19. (a) 2-9-48 (b) L. J. McBratney  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb. 2, 1948  
(Month, Day, Year) at 2:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from DEC 15 1947, to FEB 1 1948  
I last saw h. IM. alive on FEB 1 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

CORONARY OCCLUSION

## Duration

3 DAYS

Due to CORONARY SCLEROSIS

3 YEARS

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? HOME

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ? Farm ? Industry ?  
Public Place ? While at work? ?

Means of injury

23. Attendant's OWN Signature E. J. McBratney M.D.  
(M. D. or other)

and Address Buhl Idaho Date 2/13 1948  
(For additional space, use reverse side)

## 51A7-21163

**1. PLACE OF DEATH:**

(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. Rt. 1,  
(d) Death Occurred Inside ~~Home~~ Outside? xx city or town  
(e) Died in a Home. ~~x~~ Hospital. xx Institution. xx Other place.  
(f) Name Hosp. or Inst. xx Stayed xx days  
(g) Lived in this county 36 years xx months xx days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased:** (Always fill in these)

(a) State. Idaho (b) County. Twin Falls  
(c) City or town. Twin Falls  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside?..... Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Mrs. Isabelle Frantz Miller

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married,  
4. Sex Female race white divorced widow  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife William alive        years  
7. Date of Birth September 8, 1871  
(Month, Day, Year)

## MEDICAL CERTIFICATE OF DEATH 111C

20. DATE OF DEATH February 7th, 1948  
(Month, Day, Year)  
at 5 A. M. of Lock M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
October 1945 to Feb 17 1948  
I last saw her alive on Feb 10 1948; death is  
said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Pulmonary Edema (Myocarditis)	10 days
Due to <u>Myocarditis</u>	5 yrs
Due to <u>Myocarditis</u>	20 yrs
Other conditions <u>Heart</u>	
(Include pregnancy within 3 months of death)	

**Where was disease contracted?**

Name of operation.....	Date.....	Underline
Major finding .....		the cause to
Finding of autopsy .....		which death
		should be
		charged sta-
		tistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
 Occurred..... 19..... City, county, state.....  
 where violence occurred.....  
 Place of Violence: Home..... Farm..... Industry.....  
 Public Place..... While at work?.....

Means of injury \_\_\_\_\_  
23. Attendant's \_\_\_\_\_  
Identifying Signature \_\_\_\_\_

Filer, Idaho Date 2/9/48  
(For additional space, use reverse side)

	Years	Months	Days	If less than 1 day	
8. AGE	76	5	29	hrs	min

9. Exact Occupation Housewife Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Logan County, Illinois

Mother Father { 12. Name William Milton Frantz  
 13. Birthplace Salem, Ind.  
 (City or town) (State or foreign country)  
 14. Maiden name Mary Ann Atterbury  
 15. Birthplace Iowa  
 (City or town) (State or foreign country)

16. Informant's  
OWN Signature *Natty Miller*  
and Address *TW in Falls, Idaho*

17. (a) Burial (b) Date thereof 2/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cem.

18. Funeral Director's  
OWN Signature *[Signature]*  
and Address *White Mortuary-Twin Falls*

19. (a) 2-13-48 (b) Louise M. Duke  
(Date received and filed) (Registrar's signature)

0930

Duration  
10 days

57

20 ym

**PHYSICIAN** Underline the cause to which death should be charged statistically.

other 2/9/48

003

39-28810

United States

Department of Commerce

Bureau of the Census

FEB 23 1948

## Certificate Of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

1948

782

State File No.

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
 (b) City or town Filer  
 (c) Street Address or R.F.D. No. R F D # 2  
 (d) Death Occurred Inside? Outside? X city or town  
 (e) Died in a Home X Hospital Institution Other place  
 (f) Name Hosp. or Inst. Stayed 9 days  
 (g) Lived in this county 9 years 7 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Fall  
 (c) City or town Filer  
 (d) Street Address or R.F.D. No. #2  
 (e) Deceased lived Inside? Outside? X city or town  
 (f) Citizen of what country? U.S.  
 (g) How long had deceased lived in Idaho? Life years  
 (h) Former residence (city, state)

3. (a) FULL NAME Fern Juleen Lutz

3. (b) If veteran, name war No.  
 3. (c) Social Security No.  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive years  
 7. Date of Birth (Month, Day, Year) July 1, 1938

8. AGE	Years	Months	Days	If less than 1 day
	<u>9</u>	<u>7</u>	<u>10</u>	hrs min.

9. Exact Occupation Invalid Did this work for yrs.  
 10. Industry or Business Filer, Idaho Date last worked  
 11. Birthplace Filer, Idaho (City or town) (State or foreign country)  
 12. Name Fred Lutz  
 13. Birthplace Nuckles, Neb. (City or town) (State or foreign country)  
 14. Maiden name Ivella Lierman  
 15. Birthplace ? Minn. (City or town) (State or foreign country)

16. Informant's OWN Signature Inf. Lutz  
 and Address Rt. #12, Filer, Idaho  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14, 1948 (Month) (Day) (Year)  
 (c) Place: Clover Cemetery- Buhl, Idaho  
 18. Funeral Director's OWN Signature G. J. Robertson  
 and Address Buhl, Idaho  
 19. (a) 2-16-48 (Date received and filed) (b) Lucian M. Hulup (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 11, 1948  
 at 12:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from January 20, 1948 to February 11, 1948  
 I last saw her alive on February 11, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Septicemia acute Duration 3 days  
generalized - Shingles  
 Due to congenital debility  
 Due to Birth  
 Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? PHYSICIAN  
 Name of operation Date  
 Major finding Underline the cause to which death should be charged statistically.  
 Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
 Occurred 19 City, county, state where violence occurred  
 Place of Violence: Home Farm Industry  
 Public Place While at work?  
 Means of injury  
 23. Attendant's OWN Signature Max O. Samu MD  
 and Address Filer, Idaho (M. D. or other) Date Feb 14, 1948  
 (For additional space, use reverse side)

590



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. 783  
Local Reg. No. 369  
Reg. Dist. No. 460

**1. PLACE OF DEATH:**

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R.F.D. No. # 1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. None Stayed 0 days  
(g) Lived in this county 0 years 8 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. #1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? 8 Mo. years  
(h) Former residence (city, state) Humbolt, Neb

**3. (a) FULL NAME**

Flora Belle Reeves

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Wm. Reeves 6. (c) Age of husband or wife if alive Deceased years  
7. Date of Birth (Month, Day, Year) March 1, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>11</u>	<u>12</u>	hrs min.

9. Exact Occupation Housekeeping Did this work for Life yrs.  
10. Industry or Business None Date last worked X  
11. Birthplace Muskegon, Iowa  
(City or town) (State or foreign country)

12. Name Jermiah Thayer  
13. Birthplace Unknown, Indiana  
(City or town) (State or foreign country)  
14. Maiden name Rebecca Davis  
15. Birthplace Unknown, Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Jedgar Reeves  
and Address Rt 1, Buhl, Idaho

17. (a) Burial (b) Date thereof Feb 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature D. J. Robertson  
and Address Buhl, Idaho

19. (a) 3-5-48 (b) Enna Reed  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH February 12 1948  
(Month, Day, Year) at 11:15 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 6 1948 to Feb 12 1948  
I last saw her alive on Feb 12 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

- Heart Failure Duration 6 days  
Due to Chronic Myocarditis  
Due to Senility  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? Buhl, Idaho  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred \_\_\_\_\_ 19 \_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wm H Anderson MD  
(M. D. or other) and Address Buhl, Idaho Date 2-13-48  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 1 9 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

784  
State File No. 784  
Local Reg. No. 370  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R.F.D. No. #1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. None Stayed None days  
(g) Lived in this county 7 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. #1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) Kansas

3. (a) FULL

NAME Flossie Mae Ross

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lee Ross 6. (c) Age of husband or wife if alive 61 years  
7. Date of Birth (Month, Day, Year) July 10, 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>7</u>	<u>3</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business None Date last worked X  
11. Birthplace Des Moines, Iowa (City or town) (State or foreign country)  
Mother Father  
12. Name Lee Gardener  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Dora Bell  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Clifford C. Ross  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof Feb 18, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature J. J. Albertson  
and Address Buhl, Idaho

19. (a) March 5, 1948 (b) Erna Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb. 13, 1948  
(Month, Day, Year) at 6:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 11 1948 to Feb 13 1948  
I last saw her alive on Feb 12 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Diabetic coma Duration 24 hrs

Due to Diabetes mellitus 5 yrs

Due to Chronic myocarditis 5 yrs  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Buhl, Ida

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Vern H. Anderson MD  
(M. D. or other) and Address Buhl, Ida Date Feb 28, 1948  
(For additional space, use reverse side)

Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each answer should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# REGISTERED Of Death

MAR 14 1948 IDAHO

## DIVISION OF VITAL STATISTICS

748 785  
State File No. ....  
Local Reg. No. 357  
Reg. Dist. No. 460

### 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Filer  
(c) Street Address or R.F.D. No. R.F.D. #1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. None Stayed No days  
(g) Lived in this county 6 years 1 months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No. #1 X  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) None

### 3. (a) FULL NAME

William Hugh Crawford

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X years  
7. Date of Birth (Month, Day, Year) January 8, 1942

8. AGE	Years	Months	Days	If less than 1 day
	<u>6</u>	<u>1</u>	<u>6</u>	hrs min.

9. Exact Occupation None Did this work for X yrs.  
10. Industry or Business None Date last worked X  
11. Birthplace Buhl, Idaho (City or town) (State or foreign country)

12. Name Frank Crawford  
13. Birthplace Downing, Mo. (City or town) (State or foreign country)  
14. Maiden name Vallice, Goldsbury  
15. Birthplace Memphis, Mo. (City or town) (State or foreign country)

16. Informant's OWN Signature Frank Crawford  
and Address Filer, Route #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17, '48 (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature B. J. Scherbert  
and Address Buhl, Idaho

19. (a) 2-20-48 (Date received and filed) (b) Shane M. Rulif (Registrar's signature)

### MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 14 48  
(Month, Day, Year) at 11:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Skull fracture = laceration of brain substance Duration

Due to Violent means. (falling tree struck him across face & forehead).

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Feb 14 1948 City, county, state where violence occurred Twin Falls County (Marion)  
Place of Violence: Home \_\_\_\_\_ Farm X Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Falling tree

23. Attendant's OWN Signature Max D. Danner M.D.  
and Address Filer, Idaho Date Feb 16 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

RECEIVED  
STATE OF IDAHO  
MAR - 4 1948

10108  
State File No. 786  
Local Reg. No. 259  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Kimberly  
(c) Street Address or R.F.D. No. Rt. #2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 43 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

DIVISION OF VITAL STATISTICS

- Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Kimberly  
(d) Street Address or R.F.D. No. Rt. #2  
(e) Deceased lived Inside? Outside? XX city or town  
(f) Citizen of what country?     
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME SUDWEEKS, Don A.

3. (b) If veteran, name war None 3. (c) Social Security No. 519-18-7581  
5. Color or race W 6. (a) Single, widowed, married, divorced Married  
4. Sex M 6. (b) Name of husband or wife Elvira  
6. (c) Age of husband or wife if alive 60 years  
7. Date of Birth (Month, Day, Year) July 14th, 1886

8. AGE	Years	Months	Days	If less than 1 day
	61	7	4	hrs min.

9. Exact Occupation Retired Did this work for    yrs.  
10. Industry or Business Building Contractor Date last worked     
11. Birthplace Junction, Utah  
(City or town) (State or foreign country)

- Mother { 12. Name Joseph H. Sudweeks  
13. Birthplace Iowa  
(City or town) (State or foreign country)  
14. Maiden name Sarah P. Morrill  
15. Birthplace Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Elvira Sudweeks  
and Address Kimberly, Idaho

17. (a) Burial (b) Date thereof 2/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park Cem.

18. Funeral Director's OWN Signature Aug. H. Tittling  
and Address White Mortuary-Twin Falls, Idaho

19. (a) 2-25-48 (b) Elvira Sudweeks  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 18th, 1948  
(Month, Day, Year) at 7:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1946 to Feb 1948  
I last saw h. im alive on Feb 18 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Edema  
Due to Cancer Prostate & Metastasis to bones & pelvis  
Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?    Date     
Name of operation    Major finding     
Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature Dr. M. C. Cusky  
and Address Twin Falls, Idaho Date 2/19/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 787  
Local Reg. No. 372  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Kimberly  
(c) Street Address or R.F.D. No. R.F.D. # 1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp or Inst    Stayed    days  
(g) Lived in this county 18 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Kimberly  
(d) Street Address or R.F.D. No. R.F.D. # 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? Sweden  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Moore, Idaho

## 3. (a) FULL NAME Erika C. Bjornson

3. (b) If veteran, name war    No.     
5. Color, or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bjorn  
6. (c) Age of husband or wife if alive 76 years  
7. Date of Birth (Month, Day, Year) November 28, 1864

8. AGE	Years	Months	Days	If less than 1 day
83	2	28		hrs min.

9. Exact Occupation Housewife Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Umeo, Sweden (City or town) (State or foreign country)

12. Name Burstadt  
13. Birthplace Sweden (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Bjornson Bjornson  
and Address R.F.D. # 1, Kimberly, Idaho

17. (a) Burial (b) Date thereof March 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director Reynolds Funeral Home  
OWN Signature James C. Reynolds  
and Address Twin Falls, Idaho

19. (a)    (b) Erika Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 26, 1948  
(Month, Day, Year) at 12:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1948 to February 26, 1948  
I last saw her alive on Feb. 26, 1948 death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

	Duration
<u>Coronary Disease</u>	<u>1 yr.</u>
<u>Hypertension</u>	<u>29 yrs.</u>
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy     
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature M. F. Power, M.D. (M. D. or other)  
and Address Twin Falls, Idaho Date Mar. 1948  
(For additional space, use reverse side)

# DISINTERMENT PERMIT

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH  
BOISE, IDAHO

RECEIVED  
JUL 25 1953  
DIVISION OF VITAL  
STATISTICS

APPLICATION HAVING BEEN MADE for the disinterment of the body of Erika C. Bjornson  
now lying buried in Twin Falls Cemetery, in the City or Town of Twin Falls  
County of Twin Falls State of Idaho, who died on the 26 day of February, 1948, Aged 83 years 2 months  
28 days, the cause of death being Coronary disease with hypertension and  
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever;  
or yellow fever as shown by the certificate of death of said deceased, given by  
W. F. Passer, M. D. attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private  
private or railway conveyance  
to another lot Twin Falls Cemetery in the City or Town of Twin Falls County of Twin Falls

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of  
Twin Falls it being understood and provided that nothing herein shall be deemed as contravening or in  
anywise modifying or releasing the Regulations of the Department of public health governing the Transportation of  
Corpses or the requirements for a Transportation permit, and all Transportation companies and Common Carriers will be  
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another  
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The  
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the  
remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic  
lined outer case before removal.

Given under my hand and Seal of the Department of public health at Boise, Idaho,  
permit issued to: this 22 day of July, A.D. 1953.

James C. Reynolds  
Twin Falls, Idaho

W. W. Benson  
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,  
Town or County of Twin Falls State of Idaho, this 22 day of July, 1953.

Removal completed  
July 24th 1953

Twin Falls Cemetery Assn

Form DPH-48019

Supt.

Health officer

Certificate Of Death

STATE OF IDAHO

RECEIVED

MAR - 4 1948

DIVISION OF VITAL STATISTICS

United States  
Department of Commerce  
Bureau of the Census

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Rt. 3  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 35 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 3  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME

Horace A. Pierce

3. (b) If veteran, name war None  
3. (c) Social Security No. None  
5. Color or White  
6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife if Nellie  
6. (c) Age of husband or wife if 61 years  
7. Date of Birth (Month, Day, Year) December 25, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>2</u>	<u>4</u>	hrs min.

9. Exact Occupation Farmer Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Chautauqua, Kansas  
(City or town) (State or foreign country)  
Mother Father { 12. Name David Chas. Pierce  
13. Birthplace Centerville, Indiana  
(City or town) (State or foreign country)  
14. Maiden name Amy M. Dubendorff  
15. Birthplace Michigan  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. H. A. Pierce  
and Address Twin Falls Rt. 3

17. (a) ~~Filer - 1000 - County~~ anywhere of March 3, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Filer 1000 Cemetery

18. Funeral Director's OWN Signature Dep. H. Stettin  
and Address White Mortuary

19. (a) 3-2-48 (b) Erna Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 29, 1948  
at 2:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 2:55 PM 2/29 1948, to 2:55 PM 2/29 1948  
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Failure Duration

Due to         
Due to         
Other conditions         
(Include pregnancy within 3 months of death)  
Where was disease contracted?         
Name of operation none Date         
Major finding         
Finding of autopsy none allowed  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature E. C. Jamison (M. D. or other)  
and Address Twin Falls Date 3-1-1949  
(For additional space, use reverse side)

200A

462

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

FEB 10 1948 CERTIFICATE OF DEATH

DEPARTMENT OF VITAL STATISTICS  
STATE OF IDAHO

1948

789

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Valley  
(b) City or town Stibnite  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Stibnite Hosp. Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 19 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Valley  
(c) City or town Stibnite  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 3 1/2 mos. years  
(h) Former residence (city, state) Seattle, Wash.

3. (a) FULL NAME Rufus Clay McMillan

3. (b) If veteran, name war W. War No I  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or race White  
6. (a) Sex Male  
6. (b) Name of husband or wife Ada E. McMillan  
6. (c) Age of husband or wife if alive 54 years  
7. Date of Birth (Month, Day, Year) Sept. 2, 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>5</u>	<u>0</u>	hrs min.

9. Exact Occupation MUSICIAN Did this work for 33 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked Jan. 24  
11. Birthplace Jack County, Texas (City or town) (State or foreign country)  
Father { 12. Name Samuel J. McMillan  
13. Birthplace Texas (City or town) (State or foreign country)  
Mother { 14. Maiden name Mary J. Morgan  
15. Birthplace Texas (City or town) (State or foreign country)

16. Informant's OWN Signature B. J. Mahoney  
and Address Stibnite Idaho

17. (a) Burial (b) Date thereof Feb. 6, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Morris Hill Cemetery  
Summers Funeral Home.

18. Funeral Director's OWN Signature Clay E. Summers  
and Address Boise, Idaho

19. (a) Feb 6, 1948 (b) Myrtle Gardner  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 55E

20. DATE OF DEATH (Month, Day, Year) Feb. 2 1948  
at 1:17 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from Jan 31 1948 to Feb 2 1948  
Last saw him alive on Feb 2 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Cardiac Failure

Due to Cancer of Stomach 11 yrs.

Due to Intestines

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Due to pre-existence

Where was disease contracted? Stomach PHYSICIAN \_\_\_\_\_

Name of operation Gastrectomy Date Jan 24

Major finding Cancer Underline the cause to which death should be charged statistically.

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Edward H. Price (M.D. or other) \_\_\_\_\_

and Address Stibnite Date Feb 2, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 20 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 790  
Local Reg. No. 114  
Reg. Dist. No. 310

## 1. PLACE OF DEATH:

- (a) County Adams Valley  
(b) City or town McCall  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 9 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Valley  
(c) City or town McCall  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 66 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Claude Frost

## 3. (b) If veteran,

name war None

## 3. (c) Social Security

No. None

## 4. Sex Male race White

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Orla

## 6. (c) Age of husband or wife if alive 66 years

## 7. Date of Birth (Month, Day, Year)

March 19, 1981

## 8. AGE

Years	Months	Days	If less than 1 day
<u>66</u>	<u>10</u>	<u>27</u>	hrs min.

## 9. Exact Occupation

Retired

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Farmer

Date last worked \_\_\_\_\_

## 11. Birthplace

Star, Idaho

(City or town) (State or foreign country)

## 12. Name

William Frost

## 13. Birthplace

Iowa

(City or town) (State or foreign country)

## 14. Maiden name

Sarah Garyan

## 15. Birthplace

Missouri

(City or town) (State or foreign country)

## 16. Informant's

### OWN Signature

William Reinbreier

### and Address

McCall, Idaho

## 17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof 2-16-48  
(Month) (Day) (Year)

### (c) Place:

Lewiston, Ida.

## 18. Funeral Director's

### OWN Signature

E. E. DeBaun

### and Address

Lewiston, Ida.

## 19. (a) Feb 18, 1948

(Date received and filed)

## (b) Myrtle Gaudin

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 2/14 1948  
at 6:30 o'clock 4 M.

## 21. I HEREBY CERTIFY, That I attended deceased from 2/14 1948, to 2/16 1948

I last saw him alive on 2/15 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial infarction

## Duration

## Due to

Streptococcal infection

## 4 days

## Due to

Coronary Arteriosclerosis  
(Include pregnancy within 3 months of death)

## Where was disease contracted? None

## Name of operation

Date \_\_\_\_\_

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

### OWN Signature

P. J. Hawkins

### and Address

McCall, Idaho

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon if filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

CERTIFICATE OF DEATH  
OF VITAL STATE OF IDAHO

State File No. 791  
Local Reg. No. 112  
Reg. Dist. No. 310

1. PLACE OF DEATH:

- (a) County valley  
(b) City or town cascade  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Cascade H. Stayed 50 days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County valley  
(c) City or town Donnelly  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Arkansas

3. (a) FULL NAME

Sarah Maude Tutthill

055E

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) OCT. 19, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>4</u>	<u>6</u>	hrs min.

9. Exact Occupation 0 Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business 0 Date last worked \_\_\_\_\_

11. Birthplace Gallatin Mo.  
(City or town) (State or foreign country)

12. Name John Fletcher McDougal

13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ralph McDougal  
and Address Donnelly, Ida.

17. (a) Burial (b) Date thereof 2-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Cascade Idaho

18. Funeral Director's OWN Signature Charles R. Persons  
and Address Donnelly, Idaho

19. (a) Feb 29, 1948 (b) Myrtle Gardner  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 047D

20. DATE OF DEATH (Month, Day, Year) Feb. 25 1948  
at 10:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 1948, to Feb. 25 1948  
I last saw her alive on Feb. 25 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Anoxia Duration 12 hrs

Due to Metastatic lung 1 1/2 yrs.  
Sarcoma

Due to Sarcoma, left leg. 3 yrs.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_ PHYSICIAN

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. B. Patterson (M. D. or other)

and Address Cascade Id. Date Feb. 25 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

FEB 1 1948

STATE OF IDAHO

1948  
State File No. 792  
Local Reg. No. 9  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Weiser Hosp Stayed 3 days  
(g) Lived in this county 28 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser, Idaho  
(d) Street Address or R.F.D. No. Hotel Weisington  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Evanston, Ill

## 3. (a) FULL NAME Oscar Jerome Bissell

3. (b) If veteran, name war None 3. (c) Social Security No. ....  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Lulu 6. (c) Age of husband or wife if alive 70 years  
7. Date of Birth December 29 1878  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	69	1	4	hrs min.

9. Exact Occupation Retail Clerk Did this work for 28 yrs.  
10. Industry or Business Hardware Dept. Date last worked 2/1/48  
11. Birthplace Custer, Michigan  
(City or town) (State or foreign country)

12. Name Ira R. Bissell  
13. Birthplace Canada  
(City or town) (State or foreign country)  
14. Maiden name Eva Comstock  
15. Birthplace Ypsilanti, Michigan  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Hotel Washington - Weiser

17. (a) Burial (b) Date thereof 2/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature [Signature]  
and Address Northam-Jones, Weiser, Idaho

19. (a) 2/3/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH  
(Month, Day, Year) February 2 19 48  
at 12:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1948 to Feb. 2nd 1948  
I last saw him alive on Feb. 2nd 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration

Due to Chronic Myocarditis  
Engorged Valves

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury [Signature]  
23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Weiser, Idaho Date 2/3/48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

RECEIVED

STATE OF IDAHO

1948 793  
State File No. \_\_\_\_\_  
Local Reg. No. 8  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

FEB 14 1948

- (a) County Washington OF VITAL  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 6 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME David Madison

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
name war \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex Male race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ruperta 6. (c) Age of husband or wife if alive 67 years  
7. Date of Birth (Month, Day, Year) March 15 1868

8. AGE	Years	Months	Days	If less than 1 day
	79	10	21	hrs min.

9. Exact Occupation Retired Rancher Did this work for 50 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1940  
11. Birthplace Mo Utah (City or town) (State or foreign country)

12. Name Ham Madison  
13. Birthplace Denmark (City or town) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Don't know (City or town) (State or foreign country)

16. Informant's OWN Signature R. Madison (If \_\_\_\_\_)  
and Address Weiser, Idaho

17. (a) Burial (b) Date thereof 2/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cemetery Weiser

18. Funeral Director's OWN Signature C. J. [Signature]  
and Address Weiser, Idaho

19. (a) 2/7/48 (b) David H. Shell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 111C

20. DATE OF DEATH (Month, Day, Year) February 6 19 48  
at 5:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 12 1948 to Feb 6 1948  
I last saw him alive on Feb 6 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Greenough's Disease Duration 5 yrs.  
Hypertensive pneumonia  
Due to Renal

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Weiser, Idaho Date 2/7/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 794  
Local Reg. No. 10  
Reg. Dist. No. 10

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. 439 W. Court  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 2 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 439 W. Court  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Missoula Mont.

## 3. (a) FULL NAME Benjamin Franklin Kramer

3. (b) If veteran, name war None  
3. (c) Social Security No. None  
4. Sex Male race White divorced Widowed  
5. Color or White  
6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive years  
7. Date of Birth June 21 1865  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	82	7	17	hrs min.

9. Exact Occupation Retired Railroad Did this work for  yrs.  
10. Industry or Business Worker Date last worked 1935  
11. Birthplace Iona County Michigan  
(City or town) (State or foreign country)

12. Name Don't Know  
13. Birthplace Don't Know (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's OWN Signature B. Kramer  
and Address Weiser, Idaho

17. (a) Removal (b) Date thereof 2/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Missoula Montana

18. Funeral Director's OWN Signature Marie A. Shell  
and Address Weiser, Idaho

19. (a) 2/7/28 (b) Marie A. Shell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 092E

20. DATE OF DEATH  
(Month, Day, Year) February 7 1948  
at 11:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1-15-1948 to 2-7-1948  
I last saw him alive on 2-7-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Disruptive Aneurysm Duration ?

Due to fractured ribs 4 weeks

Due to Asphyxiation  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation None Date None  
Major finding None  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state Weiser, Idaho  
where violence occurred  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None

- Means of injury None  
23. Attendant's OWN Signature F. A. Schmitt M.D.  
(M. D. or other)  
and Address Weiser, Idaho Date 2/7/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **793**  
Local Reg. No. **12**  
Reg. Dist. No. **320**

## 1. PLACE OF DEATH:

- (a) County **Washington**  
(b) City or town **Weiser**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Weiser Hosp.** Stayed **5** days  
(g) Lived in this county **45** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Washington**  
(c) City or town **Weiser**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **45** years  
(h) Former residence (city, state) **Iowa**

## 3. (a) FULL NAME **Henry Lyons**

3. (b) If veteran, name war **\*\*\*\*\*** 3. (c) Social Security No. ....  
5. Color or 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **\*\*\*** 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth **September 28 1857**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>90</b>	<b>4</b>	<b>18</b>	hrs min.

9. Exact Occupation **Retired Rancher** Did this work for **50** yrs.  
10. Industry or Business Date last worked **1935**  
11. Birthplace **Shelby Co. Iowa**  
(City or town) (State or foreign country)

12. Name **Unknown**  
13. Birthplace **Unknown**  
(City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Records of Washington County**  
and Address **Welfare Office. Weiser, Idaho**

17. (a) **Burial** (b) Date thereof **2/17/48**  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: **Shelby Cem. Iowa**

18. Funeral Director's OWN Signature **Northam Jones Weiser, Idaho**  
and Address **Northam Jones Weiser, Idaho**

19. (a) **2/16/48** (b) **W. Jones**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **131B**

20. DATE OF DEATH **February 15** **48**  
(Month, Day, Year) at **4:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb. 20 1948** to **Feb. 15 1948**  
I last saw him alive on **Feb. 15 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Senility** Duration

**Chronic Myocarditis**  
Due to **Chronic Hypertension**

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature **W. Jones**

and Address **Weiser Idaho** Date **2/16/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

Dr. McGrath  
Certificate Of Death  
FEB 22 1948  
STATE OF IDAHO

1948  
State File No. 796  
Local Reg. No. 14  
Reg. Dist. No. 320

1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Weiser Gen. Stayed..... days  
(g) Lived in this county..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Wash.  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Gerald Ward Hemenway

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----  
5. Color or race White 6. (a) Single, widowed, married, divorced -----  
4. Sex Male 6. (b) Name of husband or wife -----  
6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) Nov-30-1942

8. AGE	Years	Months	Days	If less than 1 day
	<u>5</u>	<u>2</u>	<u>21</u>	hrs min.

9. Exact Occupation ----- Did this work for ----- yrs.  
10. Industry or Business ----- Date last worked -----  
11. Birthplace Weiser, Idaho  
(City or town) (State or foreign country)

- Mother Father  
12. Name Joe Hemenway  
13. Birthplace Buncell, Ida  
(City or town) (State or foreign country)  
14. Maiden name Grace Hauntz  
15. Birthplace Midvale, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Joe Hemenway  
and Address Weiser, Idaho

17. (a) Burial (b) Date thereof 2-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest, Weiser

18. Funeral Director's OWN Signature .....  
and Address Weiser, Idaho

19. (a) 2/23/1948 (b) Marie H. Shell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 21 1948  
at 5:45 o'clock P.M.

21. I HEREBY CERTIFY That I attended deceased from Feb 21 1948 to Feb 21 1948  
I last saw him alive on Feb 21 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stroke Duration

Due to Stroke  
of approx 45-50 Body  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted? Physician  
Name of operation. Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ..... Homicide? .....  
Occurred Feb 21 1948 City, county, state where violence occurred

Place of Violence: Home ☒ Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury Burns

23. Attendant's OWN Signature Dr. McGrath (M. D. or other)  
and Address Weiser, Idaho Date 2/23 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

Dr. McGrath  
**Certificate Of Death**

STATE OF IDAHO

348 797  
State File No. 16  
Local Reg. No. 320  
Reg. Dist. No. 320

1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. 446 E. Main  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. EMS Stayed days  
(g) Lived in this county 43 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 446 E. Main  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Penn.

3. (a) FULL NAME DAVID EDGAR JOHNS

3. (b) If veteran, name war name war No. -----  
3. (c) Social Security No. -----  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alice Cora 6. (c) Age of husband or wife if alive 69 years  
7. Date of Birth (Month, Day, Year) May 16, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>9</u>	<u>8</u>	hrs min.

9. Exact Occupation Leather Goods Did this work for life yrs.  
10. Industry or Business worked Date last worked -----  
11. Birthplace Washington, Penn. (City or town) (State or foreign country)

12. Name David Johns  
13. Birthplace Don't Know (City or town) (State or foreign country)  
14. Maiden name Mary Edgar  
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's OWN Signature Dr. Johns  
and Address 1610 N-10th Boise, Ida

17. (a) Burial (b) Date thereof 2/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Weiser

18. Funeral Director's OWN Signature Weiser Idaho  
and Address Weiser Idaho

19. (a) 2/25/48 (b) Thurs. N. Hill  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH (Month, Day, Year) Feb. 24 19 48  
at 10:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 2 - 1948 to Feb 24 1948  
I last saw him alive on Feb 24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Primary Leukemia Duration 2 yrs  
Angina Pectoris  
Chronic Myocarditis

Due to Atherosclerosis  
Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death) -----

Where was disease contracted? ----- PHYSICIAN  
Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state  
where violence occurred -----  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----

Means of injury -----  
23. Attendant's OWN Signature Dr. McGrath M.D. (M. D. or other)  
and Address Weiser, Idaho Date 2/25/48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

1948  
State File No. **798**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser (Rural)  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? X ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State New Mexico (b) County .....  
(c) City or town Gallup  
(d) Street Address or R.F.D. No. Box 469  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**TIM BEVALLY**

3. (b) If veteran, name war XXXXXX No. 525-42-549  
5. Color or Male race Indian  
4. Sex Male race Indian divorced  
6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if alive XXX years  
7. Date of Birth (Month, Day, Year) August 16 1924

8. AGE	Years	Months	Days	If less than 1 day
	<u>23</u>	<u>5</u>	<u>17</u>	hrs min.

9. Exact Occupation Section Worker Did this work for ..... yrs.  
10. Industry or Business Section Worker Date last worked .....  
11. Birthplace Don't Know (City or town) (State or foreign country)

12. Name Don't Know  
13. Birthplace " " (City or town) (State or foreign country)  
14. Maiden name Mary  
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's OWN Signature Al Walter Sheriff  
and Address Weiser Washington Co Idaho

17. (a) Removal (b) Date thereof 2/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Gallup New Mexico

18. Funeral Director's OWN Signature A. S. Jones  
and Address Weiser, Idaho

19. (a) 2/7/48 (b) John W Wright  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 2 1948  
at 1:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. .... alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Subject was run over by train about Duration

ten miles west of this city. Thorough investigation by this office, Sheriff's office and Prosecuting attorneys  
showed no substantial evidence of foul play.  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? XXX Suicide? ..... Homicide? .....  
Occurred 2/2/48 19 ..... county, state  
where violence occurred Rural near Weiser, Idaho  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place RR Rt. of way While at work? No  
Means of injury Run over by train.

23. Attendant's OWN Signature A. S. Jones (Coroner)  
(M. D. or other)  
and Address Weiser, Idaho Date 2/7/48  
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
FEB 1 1948  
DE. VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 799  
Local Reg. No. 322  
Reg. Dist. No. 322

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Midvale  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital Institution Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 38 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Midvale  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Indiana

## 3. (a) FULL NAME Clifford McCaw

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive 76 years  
7. Date of Birth (Month, Day, Year) October 5 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>3</u>	<u>29</u>	hrs min.

9. Exact Occupation Retired Rancher Did this work for 40 yrs.  
10. Industry or Business Date last worked 1945  
11. Birthplace Ladoga Indiana  
(City or town) (State or foreign country)

12. Name James McCaw  
13. Birthplace Indiana  
(City or town) (State or foreign country)  
14. Maiden name Maggie ?  
15. Birthplace Don't know  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. L. W. Hughes  
and Address Midvale, Ida.

17. (a) Burial (b) Date thereof 2/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Midvale Cemetery, Midvale, Idaho

18. Funeral Director's OWN Signature A. Jones  
and Address Northam-Jones, Idaho

19. (a) 2/5/48 (b) Midvale, Ida.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 4 1948  
at 10:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 2/1/48 19, to 2/4/48 19.  
I last saw him alive on 2/1/48 19; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary Occlusion Duration 1 hour.

Due to arteriosclerosis ?  
Chronic Hypertension ?

Due to Senile change.

Other conditions (Include pregnancy within 3 months of death)  
Chronic prostatic hypertrophy.

Where was disease contracted? ?

Name of operation 0 Date 0  
Major finding 0  
Finding of autopsy 0  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature W. H. H. H.  
and Address Cambridge, Idaho (M. D. or other) 2/5/48 19.  
(For additional space, use reverse side)

094A

097X

287

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. 800  
Local Reg. No. 95  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ..... Outside? X city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 40 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME ELIAS FRANKLIN HERNER

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----  
5. Color or ----- 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Susie 6. (c) Age of husband or wife if alive 53 years  
7. Date of Birth (Month, Day, Year) Sept-18-1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>4</u>	<u>9</u>	hrs min.

9. Exact Occupation Rancher Did this work for life yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Dennison Iowa (City or town) (State or foreign country)

12. Name Elias Herner  
13. Birthplace Penn. (City or town) (State or foreign country)  
14. Maiden name Mary Roser  
15. Birthplace Mt. Carol County, Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature Susie Herner and Address Weiser Idaho

17. (a) Burial (b) Date thereof Feb. 27 48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest

18. Funeral Director's OWN Signature ..... and Address Weiser, Idaho

19. (a) 2/25/48 (Date received and filed) (b) Marie X. Shell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb. 24 19 48  
(Month, Day, Year) at 7:00 o'clock P.M.

21. I HEREBY CERTIFY That I attended deceased from Feb 22 48 to Feb 24 48  
I last saw him alive on Feb 24 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Serous thrombosis Duration

Due to Chronic myocarditis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

23. Attendant's OWN Signature MS McShat (M.D. or other)  
and Address Weiser, Idaho Date 2/25/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAR 12 1948  
DEPT. OF HEALTH  
STATISTICS  
**Certificate of Death**  
STATE OF IDAHO

1948  
State File No. **801**  
Local Reg. No. **97**  
Reg. Dist. No. **370**

**1. PLACE OF DEATH:**

- (a) County **ADA**  
(b) City or town **BOISE**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **ST. ALPHONSUS** Stayed **12** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **IDAHO** (b) County **CASSIA**  
(c) City or town **BURLEY**  
(d) Street Address or R.F.D. No. **N. BURTON AVE**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **47** years  
(h) Former residence (city, state) **DAVIE COUNTY, N. C.**

**3. (a) FULL NAME**

**T. BAILEY LEE**

**3. (b) If veteran, name war**

**3. (c) Social Security No.**

5. Color or  
4. Sex **MALE** race **WHITE**

- (b) (a) Single, widowed, married,  
divorced. **MARRIED**

- (b) (b) Name of husband or wife  
**IRENE LEE**

- (b) (c) Age of husband or wife if  
alive **60** years

7. Date of Birth  
(Month, Day, Year) **AUG. 10, 1873**

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <b>74</b> | <b>6</b> | <b>21</b> | hrs. min.          |

9. Exact Occupation **ATTORNEY** Did this work for **54** yrs.

10. Industry or Business \_\_\_\_\_ Date last worked **Feb 1948**

11. Birthplace **DAVIE COUNTY, N. C.**  
(City or town) (State or foreign country)

12. Name **WILLIAM DRAYTON LEE**

13. Birthplace **UNKNOWN**  
(City or town) (State or foreign country)

14. Maiden name **SARAH ANN BAILEY**

15. Birthplace **UNKNOWN**  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature **Irene Lee**  
and Address **Burley 2ds.**

17. (a) **Removal** (b) Date thereof **March 1, 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **Burley**

18. Funeral Director's  
OWN Signature **Walter L. Payne**  
and Address **Burley 2ds.**

19. (a) **3-8-48** (b) **R. Sharp**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH  
(Month, Day, Year) **3-1** 19**48**

- at **4:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **2-14-48**  
to **3-1** 19**48**

I last saw h. **live** alive on **2-3-1** 19**48**;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pneumonia, lobula** Duration **2 days**

Due to **Wanna (Fracture L. hip)** **14**

Due to **Myocardial Infarction** **12 yrs.**

Other conditions **Fracture left hip** **2-14-48**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **In Hospital**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **yes** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **3-1-48** 19**48** City, county, state

where violence occurred **Burley, Cassia, Idaho**

Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? ☒

Means of injury **Slipped on bathroom floor**

23. Attendant's  
OWN Signature **W. L. Payne**

and Address **Burley** Date **3-3-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**RECEIVED** **Certificate of Death**  
**MAR 18 1948**  
**STATE OF IDAHO**

*Parkinson* 798 803  
State File No. 802  
Local Reg. No. 77  
Reg. Dist. No. 370

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1419. Euclid. Ave.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 46 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1419. Euclid Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Buton Allen Mc Manimie.

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. 518.-07-8646

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louella J. 6. (c) Age of husband or wife if alive 66 years

7. Date of Birth (Month, Day, Year) June. 4. 1882.

8. AGE	Years	Months	Days	If less than 1 day
	<u>65.</u>	<u>8.</u>	<u>27.</u>	hrs. min.

9. Exact Occupation Janitor. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Missouri. (City or town) (State or foreign country)

12. Name Marion Allen Mc Manimie. (City or town) (State or foreign country)

13. Birthplace Michigan. (City or town) (State or foreign country)

14. Maiden name Unknown. (City or town) (State or foreign country)

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Louella J. McManimie  
and Address 1419. Euclid Ave. Boise, Idaho.

17. (a) Burial. (b) Date thereof March 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Elmer E. Summers  
and Address Boise, Idaho.

19. (a) 3-4-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) March. 1. 19 48.  
at 6.30. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1-10-48  
to 2-1-48

I last saw him alive on 10-10-48 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Ruptured aorta  
Due to arterio-sclerosis

Due to Syphilis  
Other condition \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

Sudden

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

Where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Parkinson  
(M. D. or other)

and Address \_\_\_\_\_ Date 3-4-48 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**RECEIVED**  
**Certificate of Death**  
**MAR 18 1948**  
**STATE OF IDAHO**

1948  
State File No. **803**  
Local Reg. No. **89**  
Reg. Dist. No. **370**

**1. PLACE OF DEATH:**  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1316 State St  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 31 years ☐ months ☐ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased:** (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1316 State St  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) neb

**3. (a) FULL NAME** Sara Ann Crockford  
**3. (b) If veteran, name war** NO **3. (c) Social Security No.** None  
**4. Sex** Female **5. Color or Race** White  
**6. (b) Name of husband or wife** W.F. Crockford **6. (c) Age of husband or wife if alive** 81 years  
**7. Date of Birth** (Month, Day, Year) Jan. 4th 1870  

<b>8. AGE</b>	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>1</u>	<u>27</u>	hrs. min.

  
**9. Exact Occupation** Housewife **Did this work for** ☐ yrs.  
**10. Industry or Business** ☐ **Date last worked** ☐  
**11. Birthplace** Winnebago Ill. (City or town) (State or foreign country)  
**12. Name** John S. Harris  
**13. Birthplace** Ireland (City or town) (State or foreign country)  
**14. Maiden name** Mary Fox  
**15. Birthplace** Ill. (City or town) (State or foreign country)  
**16. Informant's OWN Signature** Drauco Dorsey  
**and Address** 1409 state st. Boise Idaho  
**17. (a) Burial** (b) Date thereof 3/4/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place St. John's Cemetery  
**18. Funeral Director's OWN Signature** Schreiber McLean  
**and Address** Boise  
**19. (a)** 3-3-48 **(b)** J. M. Sharp  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**  
**20. DATE OF DEATH** (Month, Day, Year) Mar 2 1948  
at 1230 o'clock 2 M.  
**21. I HEREBY CERTIFY**, That I attended deceased from Jan 1943 to Mar 2 1948  
I last saw him alive on Feb 24 1948;  
death is said to have occurred on the date and hour stated above.  
**Immediate Cause of Death:** Cardiac exsanguination **Duration** 1 mo  
**Due to** Reumatis and  
**Due to** Chronic Myocarditis 5 yr  
**Other conditions** (Include pregnancy within 3 months of death)  
**Where was disease contracted?**  
**Name of operation** ☐ **Date** ☐  
**Major finding** ☐  
**Finding of autopsy** ☐  
**22. If death was due to EXTERNAL CAUSES**, also fill in the following:  
**Accident?** ☐ **Suicide?** ☐ **Homicide?** ☐  
**Occurred** ☐ 19 ☐ City, county, state where violence occurred ☐  
**Place of Violence:** Home ☐ Farm ☐ Industry ☐  
**Public Place** ☐ **While at work?** ☐  
**Means of injury** ☐  
**23. Attendant's OWN Signature** J. M. Breston M.D.  
**and Address** Boise Idaho **Date** Mar 3 1948  
(For additional space, use reverse side)

093D

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 18 1948  
Certificate of Death  
DIVISION OF VITAL STATE OF IDAHO  
STATISTICS

State File No. 894  
Local Reg. No. 100  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. 1501 Division St  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 8 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 1501 Div. St  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Claude E. Burnett

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Oct 7th. 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>4</u>	<u>25</u>	hrs. min.

9. Exact Occupation Fisherman Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Lakeview Oregon (City or town) (State or foreign country)

12. Name Unknown (City or town) (State or foreign country)

13. Birthplace France (City or town) (State or foreign country)

14. Maiden name Unknown (City or town) (State or foreign country)

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Clarence Sonson  
and Address 1501 Division St. Boise Ida

17. (a) Burial (b) Date thereof 3/5/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreiber McLean  
and Address Boise

19. (a) 3-4-48 (b) J. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3-2 19 48  
at 10:20 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 2-1-44 to 3-2 19 48

I last saw h. in alive on 1-16 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Thrombosis Duration 15 minutes

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Diabetes mellitus  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. Hollingsworth  
(M. D. or other)

and Address Boise Idaho Date 3-3 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 18 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 805  
Local Reg. No. 98  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes. Stayed 11 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 11 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 Days years  
(h) Former residence (city, state) X

3. (a) FULL NAME

Sheryl Beth Stanton.

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None.

5. Color or  
4. Sex Female Race White

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) February. 21. 1948.

8. AGE	Years	Months	Days	If less than 1 day
			<u>11</u>	hrs. min.

9. Exact Occupation None. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise, Idaho.  
(City or town) (State or foreign country)

12. Name Royal Flavelle Stanton.

13. Birthplace Meridian, Idaho.  
(City or town) (State or foreign country)

14. Maiden name Marjorie Valeta Myers.

15. Birthplace Hermoston, Oregon.  
(City or town) (State or foreign country)

16. Informant's OWN Signature R. Stanton  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof March. 4. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Chas. E. Summers

and Address Boise, Idaho.

19. (a) 3-9-48 (b) A. Sharpe  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March. 3. 19 48.  
(Month, Day, Year) at 3.10. o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from  
Feb. 27. 1948 to Mar. 3 1948  
I last saw h. er alive on Mar. 3 1948

death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Prematurity Duration 11 da.

Due to Delivery at term, preg.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Harmon B. Remaine M.D.  
(M. D. or other)

and Address Boise Date 3/5 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAY 18 1948

# Certificate of Death

## OF VITAL STATE OF IDAHO

Anderson 1048

State File No.

806

Local Reg. No.

Reg. Dist. No.

370

### 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1417 N. 19 St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 48 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1417 N. 19 St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Illinois

### 3. (a) FULL NAME

BERTHA E. MC BIRNEY.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or  
4. Sex Female Race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Frank Mc Birney 6. (c) Age of husband or wife if alive 74 years

7. Date of Birth (Month, Day, Year) October 27 1877

8. AGE	Years	Months	Days	If less than 1 day
<u>70</u>	<u>4</u>	<u>6</u>	<u>hrs.</u>	<u>min.</u>

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Prairie City, Illinois  
(City or town) (State or foreign country)

12. Name Joseph Milton Campbell

13. Birthplace Clarksville, Pa.  
(City or town) (State or foreign country)

14. Maiden name Maggie Melissa Dunbar

15. Birthplace Prairie City, Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. F. Mc Birney  
and Address 1417 N. 19 St.

17. (a) Burial (b) Date thereof March 8 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Chas E Summers  
and Address Boise, Idaho

19. (a) 3-8-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

### MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 3 19 48  
(Month, Day, Year) at 3 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 4 19 48 to Jan 4 19 48

I last saw h. alive on March 2 19 48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration

Due to Arterio Sclerosis

Due to \_\_\_\_\_

Other conditions Had had influenza  
(Include pregnancy within 3 months of death)

for two weeks preceding death

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D. W. Anderson DO  
(M.D. or other)

and Address Boise Idaho March 8 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Boise

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED ready

MAR 18 1948

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 807  
State File No. \_\_\_\_\_  
Local Reg. No. 100  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county 54 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Rt. 1.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

Warren H. Innis

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

## 4. Sex Male race white

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife

Worie

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Aug. 26th 1881

## 8. AGE

Years

Months

Days

If less than 1 day

66

6

9

hrs.

min.

## 9. Exact Occupation

Chiroprapist

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

Emmetsburg Iowa  
(City or town)

(State or foreign country)

## 12. Name

William Henry Innis

## 13. Birthplace

Iowa  
(City or town)

(State or foreign country)

## 14. Maiden name

Ella May Herring

## 15. Birthplace

Minn.  
(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Ella Mae St. Amant

and Address 417 W. Jefferson St. Boise, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 3/8/1948

(Month) (Day) (Year)

(c) Place Morris Hill Cemetery

## 18. Funeral Director's

OWN Signature Schreibman, Lann

and Address Boise

## 19. (a)

(Date received and filed) 3-11-48

## (b)

(Registrar's signature) [Signature]

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 3/8 19 48  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from

3/6 19 48 to 3/8 19 48  
I last saw him alive on 3/3 19 48

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion

## Duration

2 weeks

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature [Signature]

and Address Boise, Idaho

(M. D. or other)

Date 3/9 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 18 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

minus 808  
State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. 376

1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 2003. N. 29 th.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 27 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2003. N. 29 th  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) Colorado

3. (a) FULL NAME Lillian Agnes Critchell.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

5. Color or White. 6. (a) Single, widowed, married, divorced Married.

4. Sex Female. 6. (b) Name of husband or wife Charles Ray Critchell. 6. (c) Age of husband or wife if alive 64. years

7. Date of Birth (Month, Day, Year) June. 5. 1890.

8. AGE	Years	Months	Days	If less than 1 day
	<u>57.</u>	<u>9.</u>	<u>0.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Manhattan, Kansas. (City or town) (State or foreign country)

Father { 12. Name George Taylor.

13. Birthplace England. (City or town) (State or foreign country)

Mother { 14. Maiden name Emma Olson.

15. Birthplace Denmark. (City or town) (State or foreign country)

16. Informant's OWN Signature Lillian Critchell  
and Address 2003 N. 29th St.

17. (a) Burial. (b) Date thereof March. 8. 1948. (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director Chas. E. Summers. OWN Signature \_\_\_\_\_  
and Address Boise, Idaho.

19. (a) 3-9-48 (b) H. Sharpe (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March. 5. 19 48.  
at 5.15. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 4/22 19 48 to 3/5 19 48  
I last saw him alive on 3/4 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 3. years.

Due to Hypertension, malignant - severe  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Frank A. King

and Address 531 East 24th Date March 8/1948  
(For additional space, use reverse side)

083A

102X

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 1 8 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**

1948 **809**  
State File No. \_\_\_\_\_  
Local Reg. No. 33  
Reg. Dist. No. 371

**1. PLACE OF DEATH:**

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 2209 Pacific St.  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 14 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2209 Pacific St.  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) **FULL NAME** John Clifford Evans

3. (b) If veteran, name war none  
5. Color or W race W  
4. Sex M  
6. (b) Name of husband or wife Lucy Evans  
6. (c) Social Security No. 519-12-7502  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) 3/21/1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>11</u>	<u>15</u>	hrs min.

9. Exact Occupation Fireman Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

12. Name Walter Evans  
13. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)  
14. Maiden name Emily Cedarlof  
15. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

16. Informant's **OWN** Signature John Clifford Evans Jr.  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof 3/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Meridian, Idaho

18. Funeral Director's **OWN** Signature McBratney Fowler  
and Address 419 North Ninth St. Boise, Ida.

19. (a) 3-8-48 (b) N. Sharp  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** 6 March 19 48  
(Month, Day, Year) at 4:05 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6 March 19 48 to 10 on 10  
I last saw h. \_\_\_\_\_ alive on dead on arrival; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** Cardiac & Respiratory Failure Duration \_\_\_\_\_

Due to Auto Coronary Occlusion / 2 hrs

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
**PHYSICIAN** Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? 20 Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's **OWN** Signature Max F. Bell, MD  
and Address Boise, Idaho Date March 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 18 1948  
OFFICE OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. **810**  
Local Reg. No. **102**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Luke's Stayed 15 days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Route 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Floyd Oran Blunk

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 4. Sex Male Color or race White

## 6. (b) Name of husband or wife

Evangeline

## 6. (a) Single, widowed, married, divorced

Married

## 6. (c) Age of husband or wife if alive

42 years

## 7. Date of Birth

(Month, Day, Year) December 16, 1903

## 8. AGE

Years

Months

Days

If less than 1 day  
hrs. min.

44

2

24

hrs.

min.

## 9. Exact Occupation

Farmer

Did this work for Many yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

Overton

Nebraska

(City or town)

(State or foreign country)

## 12. Name Sherman Blunk

## 13. Birthplace Bellevue

Kansas

(City or town)

(State or foreign country)

## 14. Maiden name Miller

## 15. Birthplace Ames

Iowa

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

Evangeline M. Blunk  
Route #1 Boise, Idaho

## 17. (a) Burial

(b) Date thereof 3/13/48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery, Nampa, Ida.

## 18. Funeral Director's OWN Signature

ROBINSON-ALSIP CHAPEL

John F. Alsip, Jr.

and Address Nampa, Idaho.

## 19. (a) 3-13-48

(Date received and filed)

## (b)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) March 10, 1948.

at 11:30 o'clock P.M.

## 21. I HEREBY CERTIFY That I attended deceased from

2/18/48 1948 to 3/9/48 1948

I last saw him alive on March 10 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Embolus.

Due to

Fallopian  
perforation

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Sherman Blunk Date 2/9/48

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury

## 23. Attendant's OWN Signature

Chaloupha

and Address Boise, Idaho Date 3/12 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Harvey Smith  
Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 18 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1048  
State File No. 811  
Local Reg. No. 104  
Reg. Dist. No. 370

1. PLACE OF DEATH:  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1115 O'Farrell  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) State of Wash.

3. (a) FULL NAME Fred S. Irwin  
3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charlotte R 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Nov. 4th 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>4</u>	<u>9</u>	hrs. min.

9. Exact Occupation Mining Promoter Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Garfield Washington (City or town) (State or foreign country)  
Father { 12. Name Harvey Irwin  
13. Birthplace Ill. (City or town) (State or foreign country)  
Mother { 14. Maiden name Mina Syran  
15. Birthplace Oregon (City or town) (State or foreign country)  
16. Informant's OWN Signature Mrs. Fred S. Irwin  
and Address 1115 O'Farrell  
17. (a) Buried (b) Date thereof 3/12/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery  
18. Funeral Director's OWN Signature Schreiber McNamee  
and Address Boise  
19. (a) 3-13-48 (b) J. H. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) March 10 1948  
at 6:02 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from Mar. 10 1948 to Mar 10 1948  
I last saw him alive on Mar 10 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Cerebral thrombosis Duration 7 hrs  
Due to Cerebral arteriosclerosis 5 yrs  
Due to \_\_\_\_\_  
Other conditions Generalized arteriosclerosis 10 yrs  
(Include pregnancy within 3 months of death)  
Diabetes Mellitus 2 yrs  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Harvey S. Smith M.D.  
(M.D. or other)  
and Address Boise, Idaho Date Mar 12 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

MAR 26 1948

STATE OF IDAHO

State File No. 812  
Local Reg. No. 187  
Reg. Dist. No. 376

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Luke's Stayed 15 days  
(g) Lived in this county... years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R.F.D. No. 15 South 16th  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Wapato, Wash.

3. (a) FULL NAME Noboru Hironaka

3. (b) If veteran, name war XXX 3. (c) Social Security No. 540-32-5911
4. Sex Male 5. Color or race Japanese 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margie Hironaka 6. (c) Age of husband or wife if alive 24 years
7. Date of Birth (Month, Day, Year) April 8, 1924

8. AGE	Years	Months	Days	If less than 1 day
	<u>23</u>	<u>11</u>	<u>2</u>	hrs min.

9. Exact Occupation Insurance Agent Did this work for ..... yrs.
10. Industry or Business Insurance Date last worked 2-25-48
11. Birthplace Wapato, Washington  
(City or town) (State or foreign country)

12. Name Tadaishi Hironaka
13. Birthplace Japan  
(City or town) (State or foreign country)
14. Maiden name Michi Matsumoto
15. Birthplace Japan  
(City or town) (State or foreign country)

16. Informant's OWN Signature George Hironaka  
and Address Payette, Idaho

17. (a) Removal-Burial (b) Date thereof 3-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Payette, Idaho.

18. Funeral Director's OWN Signature Geo. C. Baschler  
and Address Ontario, Oregon.

19. (a) 3-16-48 (b) X Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 10, 1948  
(Month, Day, Year) at 9:23 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 23 1948 to March 10 1948  
I last saw him alive on March 10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Uremia 3

Due to Chronic glomerulonephritis 16 yrs.

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred .....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... White at work?.....

Means of injury .....

23. Attendant's OWN Signature David L. D.  
(M. D. or other)

and Address Boise, Idaho Date 3/12 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 18 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 813  
Local Reg. No. 101  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 811 N. 24th St  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 54 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 811 N. 24th St  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) 10th

3. (a) FULL NAME Charles B. Steunenber

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lina B

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Oct. 26th 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>4</u>	<u>15</u>	hrs. min.

9. Exact Occupation Federal investigator Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Knoxville Iowa (City or town) (State or foreign country)

12. Name Bernardus Steundenberg (City or town) (State or foreign country)

13. Birthplace Holland (City or town) (State or foreign country)

14. Maiden name Cornelia Keppel (City or town) (State or foreign country)

15. Birthplace Holland (City or town) (State or foreign country)

16. Informant's OWN Signature Lina E Steunenber

and Address 811 N. 24th St. Boise Idaho

17. (a) Burial (b) Date thereof 5/13/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Caldwell Idaho

18. Funeral Director's OWN Signature Schneider McNamee

and Address Boise

19. (a) 3-12-48 (b) J. J. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 10 1948

at 9:15 o'clock A.M.

I HEREBY CERTIFY, That I attended deceased from May 7 1947 to March 11 1948

I last saw him alive on March 11 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Edema Duration 1 hr.

Due to Chronic myocarditis 4 yrs.

Due to decompensation

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Frank A. Jones MD  
(M.D. or other) 3/12 1948  
and Address 521 East 1st St. Boise, Idaho  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 18 1948  
DIVISION OF **Certificate of Death**  
STATE OF IDAHO

Swindle 1948  
814  
State File No. \_\_\_\_\_  
Local Reg. No. 105  
Reg. Dist. No. 370

1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 1 days  
(g) Lived in this county 78 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1614 N. 22. St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 78 years  
(h) Former residence (city, state) X

3. (a) FULL NAME MATTIE COHN STARK.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or White. 6. (a) Single, widowed, married, divorced Widow.  
4. Sex Female. 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March. 11. 1870.

8. AGE	Years	Months	Days	If less than 1 day
	<u>78.</u>	<u>0.</u>	<u>0.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

12. Name Peter Cohn. (City or town) (State or foreign country)

13. Birthplace Germany. (City or town) (State or foreign country)

14. Maiden name Elizabeth Heppner. (City or town) (State or foreign country)

15. Birthplace Germany. (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]

and Address 1324 Warm Springs Ave

17. (a) Burial. (b) Date thereof March 15, 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature [Signature]

and Address Boise, Idaho.

19. (a) 3-15-48 (b) [Signature] (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March. 11. 19 48.  
(Month, Day, Year) at 7.30. o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 3-10- 19 48 to 3-11 19 48  
I last saw him alive on 3-11 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary Occlusion

Due to Myocardial Infarction -

vascular disease

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding Same

Finding of autopsy Same

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature]

and Address Boise Ida Date 3-13 19 48

(For additional space, use reverse side)

0930  
094A

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 26 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 8156  
Local Reg. No. 156  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Lukes Stayed 30 days  
(g) Lived in this county... years ..... months 30 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Reno Nevada

3. (a) FULL NAME CHARLES GRANT GREEN

3. (b) If veteran, name war No. 3. (c) Social Security No. 701-01-4224  
5. Color or 6. (a) Single, widowed, married, divorced Widower  
4. Sex Male race White  
6. (b) Name of husband or wife Rose A. 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) August 28, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>6</u>	<u>12</u>	hrs min.

9. Exact Occupation Carpenter Did this work for 30 yrs.  
10. Industry or Business General carpentering Date last worked 2/1/48  
11. Birthplace Montpelier Idaho (City or town) (State or foreign country)

12. Name Stephen Green  
13. Birthplace Davenport Iowa (City or town) (State or foreign country)  
14. Maiden name Sarah E. Campbell  
15. Birthplace Ogden Utah (City or town) (State or foreign country)

16. Informant's OWN Signature George P Hall  
and Address Mountain Home Idaho

17. (a) Removal (b) Date thereof March 11, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Mountain Home Idaho

18. Funeral Director's OWN Signature Edith J. Byers  
and Address Mountain Home Idaho

19. (a) 3-16-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 047C 055E

20. DATE OF DEATH (Month, Day, Year) March 11, 1948  
at 8:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from February 15, 1948 to March 11, 1948  
I last saw h.i.m. alive on March 11, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchogenic carcinoma of right lung with metastases Duration 2 mos.

Due to .....  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature Ralph Jones, M.D.  
and Address Boise Idaho (M. D. or other) Date 3/15, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 816  
Local Reg. No. 1093  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Alphonsus stayed 3 days  
(g) Lived in this county ..... years ..... months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 3 days years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME Catherine Comer

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or race W 6. (a) Single, widowed, married, divorced Single  
4. Sex F 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) 3/9/48

8. AGE	Years	Months	Days	If less than 1 day
			<u>3</u>	hrs min.

9. Exact Occupation none Did this work for ..... yrs.  
10. Industry or Business none Date last worked .....  
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

12. Name Arnold E. Comer  
13. Birthplace Wilbur, Washington (City or town) (State or foreign country)  
14. Maiden name Hellen L. Elliott  
15. Birthplace Prineville, Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature Arnold E. Comer  
and Address 2005 No 19th St., Boise, Idaho

17. (a) Burial (b) Date thereof 3/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cloverdale Memorial Parke, Boise, Ida.

18. Funeral Director's OWN Signature McBrathney Fowler Chapel  
and Address 419 No. 9th St., Boise, Ida.

19. (a) 3-13-48 (b) X Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 12 19 48  
at 10:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 9 1948, to March 12 19 48  
I last saw h.e.r. alive on March 12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia-Primary Duration 2 days

Due to Tracheo-Esophageal Fistula Congenital  
Due to Esophageal Atresia Congenital  
Other conditions Imperforate Anus Congenital  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation Plastic Date 3/11/48  
Major finding Esoph. Atresia  
Finding of autopsy Tracheo-Esoph. Fistula

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 City, county, state where violence occurred .....  
Place of Violence: Home Farm Industry  
Public Place While at work?

23. Attendant's OWN Signature F L Fletchman  
(M. D. or other)

and Address ..... Date 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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MAR 2 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. **817**  
Local Reg. No. **105**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home Hospital ☒ Institution St Alphonsus Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus Stayed 28 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 28 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Anna M. Clabby

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 10th 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>8</u>	<u>3</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Ohio (City or town) (State or foreign country)

12. Name George Dooley (City or town) (State or foreign country)

13. Birthplace Ohio (City or town) (State or foreign country)

14. Maiden name Margaret McGorry (City or town) (State or foreign country)

15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature J. F. Clabby

and Address Weiser Idaho

17. (a) Removal (b) Date thereof 3/13/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Weiser Idaho

18. Funeral Director's OWN Signature Schreiber McGarry

and Address Boise

19. (a) 3-15-48 (b) J. F. Clabby  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 13 1948

at 10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 14 1948 to March 13 1948

I last saw her alive on March 13 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Carcinoma of Cecum with Local Peritonitis

Due to

Pericarcinoma Pericarcinoma

Due to Chronic Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Duration  
3 years  
2 weeks

Where was disease contracted?

Name of operation Resection of Cecum Date 2/23/48

Major finding Carcinoma of Cecum

Finding of autopsy above

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ralph J. Clabby, M.D.

and Address Boise Idaho Date 3/13 1948

(For additional space, use reverse side)

1525

State File No. 818  
Local Reg. No. 109  
Reg. Dist. No. 320

# Certificate Of Death

United States  
Department of Commerce  
Bureau of the Census

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 2 days  
(g) Lived in this county 54 years 5 months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1521 1/2 No. 13th  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME CARMEL CALVIN WAYMIRE

3. (b) If veteran, name war WW 1 3. (c) Social Security No. 474-30-6434  
5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) 10/9/1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>5</u>	<u>6</u>	hrs min.

9. Exact Occupation Auto Mechanic Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Boise, Idaho  
(City or town) (State or foreign country)

12. Name Clarence H. Waymire  
13. Birthplace Iowa  
(City or town) (State or foreign country)  
14. Maiden name Amanda F. Cox  
15. Birthplace Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Donald H. Waymire  
(a) and Address 2311 Ellis St., Boise, Idaho

17. (a) Burial (b) Date thereof 3/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill, Boise, Idaho

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
(a) and Address 419 No. 9th St., Boise, Ida.

19. (a) 3-18-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH / 113X

20. DATE OF DEATH (Month, Day, Year) March 15 19 48  
at 5:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 3/31 19 45 to 3/15 19 48  
I last saw him alive on 3/14 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis, infarct  
acute Pulmonary Embolism Duration ?

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Shanley D. D. (M. D. or other)  
(a) and Address Boise Date 3/15 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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MAR 26 1948

# Certificate of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 112  
Reg. Dist. No. 370

1. PLACE OF DEATH: DIVISION OF VITAL
- (a) County. Ada
- (b) City or town. Boise
- (c) Street Address or R.F.D. No. Boise City Jail
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town
- (e) Died in a Home. \_\_\_\_\_ Hospital. \_\_\_\_\_ Institution. \_\_\_\_\_ Other place X
- (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
- (g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State. Idaho (b) County. Ada
- (c) City or town. Boise
- (d) Street Address or R.F.D. No. Veterans Hospital
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town
- (f) Citizen of what country? U.D.A.
- (g) How long had deceased lived in Idaho? 1 years
- (h) Former residence (city, state) California

3. (a) FULL NAME Robert Grant Smith

3. (b) If veteran, name war World War # 1
3. (c) Social Security No. 424-16-5867
5. Color or \_\_\_\_\_
6. (a) Single, widowed, married, divorced. Divorced
4. Sex Male race White
6. (b) Name of husband or wife \_\_\_\_\_
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) November. 11. 1895.

8. AGE	Years	Months	Days	If less than 1 day
	<u>52.</u>	<u>4.</u>	<u>4.</u>	hrs. min.

9. Exact Occupation. Laborer Did this work for. \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace North Carolina
- (City or town) (State or foreign country)

12. Name Columbus Wilson Smith

13. Birthplace North Carolina
- (City or town) (State or foreign country)

14. Maiden name. Rose Ann Brooks

15. Birthplace North Carolina
- (City or town) (State or foreign country)

16. Informant's OWN Signature. Mrs David M Hey
- and Address. 3632 Reading Rd. Boise

17. (a) Burial (b) Date thereof March 19, 1948
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place. Morris Hill Cemetery

18. Funeral Director's OWN Signature. Cyde E Summers
- and Address. Boise, Idaho

19. (a) 3-20-48 (b) H. Sharp
- (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March. 15. 19 48.
- at 5 o'clock A.M. saw

21. I HEREBY CERTIFY, That I attended deceased from March. 15. 19 48. to \_\_\_\_\_ 19 \_\_\_\_\_
- I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_
- death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes, Had been ill with ulcers of Stomach. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attention of \_\_\_\_\_ Coroner of \_\_\_\_\_
- OWN Signature. Cyde E Summers (M. D. or other)

and Address. Boise, Idaho Date. Mar. 19, 1948.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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MAR 26 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **820**  
Local Reg. No. **370**  
Reg. Dist. No. **370**

DIVISION OF VITAL

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place....  
(f) Name Hosp. or Inst. **St. Lukes** Stayed **3** days  
(g) Lived in this county **3** years **3** months **3** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Gooding**  
(c) City or town **Bliss**  
(d) Street Address or R.F.D. No. **Bliss**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **38** years  
(h) Former residence (city, state) **Stokke, Norway**

3. (a) FULL NAME **Christian Hansten**
3. (b) If veteran, name war ----- No. -----
5. Color or **male** race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Anna M.** 6. (c) Age of husband or wife if alive **75** years
7. Date of Birth (Month, Day, Year) **Jan. 13, 1864**

8. AGE	Years	Months	Days	If less than 1 day
	<b>84</b>	<b>2</b>	<b>3</b>	hrs min.

9. Exact Occupation **Ranching** Did this work for **life** yrs.
10. Industry or Business Date last worked **1944**
11. Birthplace **Stokke, Norway** (City or town) (State or foreign country)

12. Name **Lars Gjein**
13. Birthplace **Norway** (City or town) (State or foreign country)
14. Maiden name **Andrine Gjein**
15. Birthplace **Norway** (City or town) (State or foreign country)

16. Informant's OWN Signature **John Hansten** and Address **Bliss Idaho**

17. (a) **burial** (b) Date thereof **3/20/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: **Elmwood Cem. Gooding, Idaho**

18. Funeral Director's OWN Signature **H.P. Bright** and Address **Gooding, Idaho**

19. (a) **3-20-48** (b) **H. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Mar 16 1948** at **9:50** o'clock **PM**

21. I HEREBY CERTIFY, That I attended deceased from **Mar 14 1948** to **Mar 16 1948**
- I last saw h. **in** alive on **Mar 15 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial Failure** Duration **2 weeks**

Due to **age chronic myocarditis**

Due to **Chronic Bronchitis** 3 mos

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**

Name of operation **Underline** Date **which cause to**

Major finding **which death should be**

Finding of autopsy **charged statistically.**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐
- Occurred **19** City, county, state **where violence occurred**
- Place of Violence: Home ☐ Farm ☐ Industry ☐
- Public Place ☐ While at work? ☐
- Means of injury **James L. Stewart**

23. Attendant's OWN Signature **James L. Stewart** and Address **Bliss Idaho** Date **Mar 19 1948**
- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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MAR 26 1948

# Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL

Forney 748 821

State File No. ....

Local Reg. No. 110

Reg. Dist. No. 370

1. PLACE OF DEATH: STATISTICS
- (a) County. Ada
- (b) City or town. Boise,
- (c) Street Address or R.F.D. No. X
- (d) Death Occurred Inside? X Outside? city or town
- (e) Died in a Home. Hospital X Institution. Other place.
- (f) Name Hosp. or Inst. St Lukes. Stayed 27 days
- (g) Lived in this county. 29 years. months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State. Idaho. (b) County. Boise.
- (c) City or town. Boise, Idaho City Stage
- (d) Street Address or R.F.D. No. X
- (e) Deceased lived Inside? Outside? X city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 29 years
- (h) Former residence (city, state). Montana.

3. (a) FULL NAME John William Gardner.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
5. Color or White.
4. Sex. Male. race. White.
6. (a) Single, widowed, married, divorced. Single.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive. years

7. Date of Birth August. 12. 1866.

8. AGE	Years	Months	Days	If less than 1 day
	81.	7.	4.	hrs. min.

9. Exact Occupation. Farmer. Did this work for. yrs.

10. Industry or Business. Date last worked.

11. Birthplace. Leando, Iowa.

(City or town) (State or foreign country)

12. Name. John. W. Gardner.

(City or town) (State or foreign country)

13. Birthplace. Selma, Iowa.

(City or town) (State or foreign country)

14. Maiden name. Dorothy Jane Gilbert.

(City or town) (State or foreign country)

15. Birthplace. Selma, Iowa.

(City or town) (State or foreign country)

16. Informant's OWN Signature. and Address.

17. (a) Burial. (b) Date thereof. March. 19. 1948.

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place. Morris Hill Cemetery.

18. Funeral Director's OWN Signature. Summers Funeral Home.

and Address. Boise, Idaho.

19. (a) 3-19-48 (b) Sharp

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March. 16. 1948.

(Month, Day, Year) at 10.30. o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased, from 2-19-48 to 3-16-48.

I last saw him alive on 3-16-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Due to. Chronic

Due to. Auto accident

Other conditions. Fractures. Amputation of etc

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation. Hip by Date. 11-2-48

Major finding.

Finding of autopsy. ✓

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ✓ Suicide? Homicide?

Occurred. 2-14-48 City, county, state

where violence occurred. Ada Co

Place of Violence. Home. Farm. Industry.

Public Place. Highway While at work? No

Means of injury. Struck by Car

23. Attendant's OWN Signature. S. M. Forney MD

(M. D. or other)

and Address. Boise Date. MAR 18 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 2 1949  
DIVISION OF VITAL STATISTICS  
NON-RESIDENT  
Certificate of Death  
STATE OF IDAHO

State File No. 822  
Local Reg. No. 119  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Luke's Stayed 11 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 11 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Malheur  
(c) City or town Ontario  
(d) Street Address or R.F.D. No. 719 N.W. First  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Joseph Hiram Enterkine

3. (b) If veteran, name war XXX 3. (c) Social Security No. 541-07-2851  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife EVA 6. (c) Age of husband or wife if alive 62 years  
7. Date of Birth (Month, Day, Year) 9-5-80

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>6</u>	<u>11</u>	hrs min.

9. Exact Occupation Carpenter Did this work for life yrs.  
10. Industry or Business Construction Date last worked? \_\_\_\_\_  
11. Birthplace Severly, Kansas (City or town) (State or foreign country)

12. Name James J. Enterkine  
13. Birthplace Scotland (City or town) (State or foreign country)  
14. Maiden name Ellen Miller  
15. Birthplace Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature John W Enterkine  
and Address Ontario, Oregon.

17. (a) Removal-Burial (b) Date thereof 3-16-48 (Month) (Day) (Year)  
(c) Place: Ontario, Oregon.

18. Funeral Director's OWN Signature Geo. C Beechler  
and Address Ontario, Oregon.

19. (a) 3-23-48 (b) Sharp (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 16, 1948  
(Month, Day, Year) at 6:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Mar. 5 1948, to March 16 1948  
I last saw him alive on March 16 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure Duration 15 days

Due to Hypertensive Heart Disease 2 yrs.  
Due to Arteriosclerosis 5 yrs.  
Other conditions Hypertension, etc. 1 yr.  
(Include pregnancy within 3 months of death)

Where was disease contracted? unknown  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Raymond Whitehead (M. D. or other)  
and Address Boise, Ida. Date Mar 19 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
MAR 31 1948 STATE OF IDAHO

1948  
State File No. **823**  
Local Reg. No. **140**  
Reg. Dist. No. **370**

**1. PLACE OF DEATH:** DIVISION OF VITAL STATISTICS

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R. F. D. No. 1602 Washington  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 47 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased:** (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1602 Washington  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state)   

**3. (a) FULL NAME** MINNIE ESTELLA DOOLITTLE

**3. (b) If veteran,** name war No  
**3. (c) Social Security** No. None  
**5. Color or**    **6. (a) Single, widowed, married,**  
**race** W **divorced** Widowed  
**4. Sex** F  
**6. (b) Name of husband or**    **6. (c) Age of husband or wife if**  
**wife**    **alive**    years  
**7. Date of Birth** May 20, 1872  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>9</u>	<u>27</u>	hrs min.

**9. Exact Occupation** Retired Teacher **Did this**    yrs.  
**10. Industry or Business**    **Date last worked**     
**11. Birthplace** Dimon, Kansas  
(City or town) (State or foreign country)  
**12. Name** John Oroke  
**13. Birthplace** Unknown  
(City or town) (State or foreign country)  
**14. Maiden name** Mary Frame  
**15. Birthplace** Unknown  
(City or town) (State or foreign country)  
**16. Informant's OWN Signature** Mary E. Doolittle  
**and Address** 1602 Washington - Boise, Idaho  
**17. (a) Burial**    **(b) Date thereof** 3/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place:** Cloverdale, Boise, Idaho  
**18. Funeral Director's OWN Signature** McBratney-Fowler Chapel  
**and Address** 419 No. 9th, Boise, Idaho  
**19. (a) 3-23-48** **(b) 1 share**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH** March 17 1948  
(Month, Day, Year) at 4:20 o'clock A M.  
**21. I HEREBY CERTIFY,** That I attended deceased from 7/23 1945 to March 17 1948.  
I last saw her alive on March 17 1948, death is said to have occurred on the date and hour stated above.  
**Immediate Cause of Death:** Coronary occlusion **Duration**     
**Due to** Coronary sclerosis ?  
**Due to**     
**Other conditions**     
(Include pregnancy within 3 months of death)  
**Where was disease contracted?**     
**Name of operation**    **Date**     
**Major finding**     
**Finding of autopsy**     
**22. If death was due to EXTERNAL CAUSES,** also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury     
**23. Attendant's OWN Signature**    **(M. D. or other)**  
**and Address** Boise **Date** 3/18 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 26 1948  
NON-RESIDENT  
Certificate Of Death  
OF VITAL  
STATE OF IDAHO

State File No. 824  
Local Reg. No. 42  
Reg. Dist. No. 371

1. PLACE OF DEATH: DIVISION 4  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 2509 No. 24th  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county... years 10 months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Utah (b) County...  
(c) City or town Ogden  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 10 months  
(h) Former residence (city, state)

3. (a) FULL NAME ERNEST GEORGE WALKER

3. (b) If veteran, name war No  
3. (c) Social Security No. None  
5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) August 17, 1867

8. AGE	Years	Months	Days	If less than 1 day
80	7	0		hrs min.

9. Exact Occupation Retired Farmer Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Bloomington, Idaho (City or town) (State or foreign country)

12. Name Walter W. Walker  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Sophia Woodcock  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Clara Anderson  
and Address 2509 No. 24th, Boise, Idaho

17. (a) Removal (b) Date thereof 3/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ogden, Utah

18. Funeral Director's Own Signature McBryan-Fowler Chapel  
and Address 419 No. 9th, Boise, Idaho

19. (a) 3-18-48 (b) N. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 0974A 097X

20. DATE OF DEATH March 17 1948  
(Month, Day, Year) at 7:05 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 7-8-1945, to 3-17-1948  
I last saw him alive on 4-17-1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 2 hrs

Due to Hypertension  
Due to Atherosclerosis years  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Date  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature (M. D. or other)  
and Address Date 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 31 1948 Certificate of Death

DIVISION OF VITAL STATE OF IDAHO

1948 State File No. 825  
Local Reg. No. 114  
Reg. Dist. No. 370

1. PLACE OF DEATH: **STATISTICS**  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 412 State Street  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Alphonsus Stayed 10 yrs.  
(g) Lived in this county 10 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (10 yrs) (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 412 State Street  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Deming, N. Mexico

3. (a) FULL NAME Sister Mary Basilissa, C.S.C.

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female Color or race White 5. Color or race White  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Not known here (about 1895)  
8. AGE Years Months Days If less than 1 day  
53? hrs. min.

9. Exact Occupation Patient Did this work for 10 yrs.  
10. Industry or Business Religious Date last worked ?  
11. Birthplace Dowagiac Michigan (City or town) (State or foreign country)

12. Name John (?) Topash  
13. Birthplace ? (City or town) (State or foreign country)  
14. Maiden name Not known by informant  
15. Birthplace ? (City or town) (State or foreign country)

16. Informant's OWN Signature Sister M. Alma Dolores  
and Address St. Alphonsus Hospital

17. (a) Burial (b) Date thereof March 22, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place St. John's Cemetery, Boise

18. Funeral Director's OWN Signature Schreiber McClure  
and Address Boise

19. (a) 3-22-48 (b) J. H. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3-19-1948  
at 11:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1939 to 3-19-1948  
I last saw h. or alive on 3-19-1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Retro-peritoneal hemorrhage Duration ?

Due to Rupture of Abdominal aorta and in a few minutes

Due to Cause unknown

Other conditions: Pulmonary Tuberculosis 10 years  
(Include pregnancy within 3 months of death)

Where was disease contracted? ?  
Name of operation ? Date ?

Major finding: Pulmonary Tuberculosis  
Finding of autopsy Retro-peritoneal Hemorrhage, Rupture  
Underline the cause to which death should be charged statistically

22. If Abdominal EXTERNAL CAUSES, also fill in the following:

Accident? ? Suicide? ? Homicide? ?  
Occurred ? 19 ? City, county, state ?

Place of Violence: Home ? Farm ? Industry ?  
Public Place ? While at work? ?

Means of injury ?

23. Attendant's OWN Signature O. F. Linnell M.D.  
(M. D. or other)  
and Address Boise Idaho Date 3-21-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

MAR 31 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 826  
Local Reg. No. 118  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Lukes Stayed 2 days  
(g) Lived in this county 2 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1510. Grove St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Burns Oregon

## 3. (a) FULL NAME

GEORGE EDGAR FAULDS.

3. (b) If veteran, name war No. No.

3. (c) Social Security No. 542-09-2710

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret S. Faulds

6. (c) Age of husband or wife if alive 38 years

7. Date of Birth (Month, Day, Year) September. 25. 1908.

8. AGE	Years	Months	Days	If less than 1 day
	<u>39</u>	<u>5</u>	<u>25</u>	hrs. min.

9. Exact Occupation Lumber Loader Did this work for  yrs.

10. Industry or Business Vernon Brothers Lumber Co. worked

11. Birthplace Lyons, Kansas.

12. Name John Sherman Faulds. (City or town) (State or foreign country)

13. Birthplace Peebles, Ohio. (City or town) (State or foreign country)

14. Maiden name Olive Diggs.

15. Birthplace Lyons, Kansas. (City or town) (State or foreign country)

16. Informant's OWN Signature Margaret S. Faulds

and Address 1510 Grove St Boise Idaho

17. (a) Burial. (b) Date thereof March 22, 1948 (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clayde E. Summers

and Address Boise, Idaho

19. (a) 3-23-48 (b) Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March. 20. 19 48.  
at 12.15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 3-18 19 48 to 3-20 19 48  
I last saw him alive on 3-20 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Medastinal emphysema 1 day  
Due to gunshot wound of neck with avulsion of trachea 3 day  
Other conditions Emphysema of chest, ribs & back 1 day  
(Include pregnancy within 6 months of death)  
Where was disease contracted? Home  
Name of operation Repair Date 3-18 PHYSICIAN  
Major finding laceration  
Finding of autopsy laceration  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ✓ Suicide? ✓ Homicide? ✓  
Occurred 3-18 19 48 City, county, state Boise, Ada, Idaho  
where violence occurred Boise, Ada, Idaho  
Place of Violence: Home ✓ Farm ✓ Industry ✓  
Public Place ✓ While at work? ✓  
Means of injury Shotgun  
23. Attendant's OWN Signature Clayde E. Summers (M. D. or other)  
and Address Boise Ida Date 3-22 19 48  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

*Rule 501.10*

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

MAR 31 1948

# Certificate of Death

STATE OF IDAHO

1948 **827**  
State File No. **176**  
Local Reg. No. **370**  
Reg. Dist. No.

1. PLACE OF DEATH (City or town, street address or R.F.D. No.)
- (a) County Ada
- (b) City or town Boise
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. St. Alphonsus Stayed 12 days
- (g) Lived in this county 52 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada
- (c) City or town Boise
- (d) Street Address or R.F.D. No. 210 S. 7th St
- (e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 52 years
- (h) Former residence (city, state) Spain

3. (a) FULL NAME John Echevarria

3. (b) If veteran, name war none
3. (c) Social Security No. none
5. Color or race white
4. Sex Male
6. (b) Name of husband or wife \_\_\_\_\_
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Sept. 29th 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>5</u>	<u>21</u>	hrs. min.

9. Exact Occupation Woolgrower Did this work for \_\_\_\_\_ yrs.
10. Industry or Business Retired Date last worked \_\_\_\_\_
11. Birthplace Ybauri Viscaya Spain (City or town) (State or foreign country)
12. Name Visente Echevarria
13. Birthplace Ybaruri Viscaya Spain (City or town) (State or foreign country)
14. Maiden name Josefa Guisobola
15. Birthplace Spain (City or town) (State or foreign country)

16. Informant's OWN Signature Pete G. Echevarria  
and Address 1609 1/2 Main Boise Idaho

17. (a) Burial (b) Date thereof 3/23/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreiber McLean  
and Address Boise

19. (a) 3-23-48 (b) N. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 20 1948  
(Month, Day, Year) at 1:40 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 17 1948, to Mar 20 1948  
I last saw him alive on Mar 19 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac decompensation, chronic Duration 7 wks.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy no autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Robert S. Smith M.D.  
(M. D. or other)

and Address Boise Idaho Date \_\_\_\_\_ 19 \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

*Smithson*  
MAR 31 1948  
DIVISION OF VITAL STATISTICS  
Certificate of Death  
STATE OF IDAHO

1948  
State File No. 828  
Local Reg. No. 46  
Reg. Dist. No. 371

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 4402 Irving St.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 80 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 4402 Irving St  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 80 years  
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Robert Dan Bruno

3. (b) If veteran, name war None 3. (c) Social Security No.         
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fanny Loisa 6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) April 14th 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>11</u>	<u>6</u>	hrs. min.

9. Exact Occupation Farmer Did this work for        yrs.  
10. Industry or Business        Date last worked

11. Birthplace Hamburg Iowa  
(City or town) (State or foreign country)

12. Name Bruno

13. Birthplace Quebec Canada  
(City or town) (State or foreign country)

14. Maiden name Lydia Palmer

15. Birthplace Quebec Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature X Florence Bennett  
and Address 4410 Irving St. Boise Idaho

17. (a) Burial (b) Date thereof 3/24/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreiber McLean  
and Address Boise

19. (a) 3-23-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3 - 20 1948  
at        o'clock 3 P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3 - 16 1948, to 3 - 20 1948.  
I last saw him alive on 3 - 29 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death; Hypostatic Pneumonia Duration       

Due to Arteriosclerosis  
General

Due to Arthritis  
Other conditions Senility  
(Include pregnancy within 8 months of death)

Where was disease contracted?         
Name of operation None Date       

Major finding None  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature C. B. Smithson  
335 Spring Road (or other)  
and Address Boise Date 3-23-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 31 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

829  
State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. 370

1. PLACE OF DEATH:  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Lukes Stayed 19 days  
(g) Lived in this county \_\_\_\_\_ years 10 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1101 N. 22  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 Months  
(h) Former residence (city, state) Missouri

3. (a) FULL NAME JOHN WILLIAM VARVEL

3. (b) If veteran, name war No  
3. (c) Social Security No. None  
5. Color or White  
4. Sex Male race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) September. 8. 1860.

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>6</u>	<u>13</u>	hrs. min.

9. Exact Occupation Retired Lumber Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Dealer Date last worked \_\_\_\_\_

11. Birthplace Oregon, Missouri  
(City or town) (State or foreign country)

Father { 12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)

Mother { 14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant Mrs. Maude V. Mushburn  
OWN Signature \_\_\_\_\_  
and Address 1101 N. 22 Boise Idaho

17. (a) Burial (b) Date thereof March. 23. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery  
18. Funeral Director Clayde E. Summers  
OWN Signature \_\_\_\_\_  
and Address Boise, Idaho

19. (a) 3-23-48 (b) Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March. 21. 1948  
(Month, Day, Year) at 12.20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to death 19 \_\_\_\_\_  
I last saw him alive on March 21 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Carcinoma of Prostate  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation Prostate Date 3-9-48

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's H.B. Jeppesen  
OWN Signature \_\_\_\_\_ (D or other)

and Address Boise Idaho Date 3/22 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**RECEIVED** **Certificate of Death**  
1948  
STATE OF IDAHO

State File No. **830**  
Local Reg. No. **115**  
Reg. Dist. No. **370**

1. PLACE OF DEATH: DIVISION OF VITAL  
(a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **27th & Fairview**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place **X**  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **6** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1206 Bannock**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **6 Years**  
(h) Former residence (city, state) **Nevada**

3. (a) FULL NAME **CLIFFORD CHARLES SOLOMON**

3. (b) If veteran, name war **World War #1**  
3. (c) Social Security No. **530-09-2389**  
5. Color or **White**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Gladys Solomon**  
6. (c) Age of husband or wife if alive **43** years

7. Date of Birth **November 18, 1897**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>50</b>	<b>4</b>	<b>4</b>	hrs. min.

9. Exact Occupation **Truck Driver** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Utah Oil Co.** Date last worked \_\_\_\_\_

11. Birthplace **Kansas**  
(City or town) (State or foreign country)

12. Name **Peter D. Solomon**  
(City or town) (State or foreign country)

13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

14. Maiden name **Mary Brund**  
(City or town) (State or foreign country)

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Gladys Solomon**  
and Address **1206 Bannock Boise, Idaho**

17. (a) Burial (b) Date thereof **3/26/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Morris Hill Cemetery**

18. Funeral Director's OWN Signature **Clyde E. Summers**  
and Address **1205 Bannock Boise, Idaho**

19. (a) **3-23-48** (b) **A. Sharp**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **March 22, 1948**  
(Month, Day, Year) at **Seven** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

**Suicide Carbon Monoxide Poisoning**

Due to **Connected hose to exhaust pipe and placed in cab of**

Due to **truck**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? **yes** Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Clyde E. Summers**

(M. D. or other) **Coroner**

and Address **1205 Bannock** Date **3/23/1948**

**Boise, Idaho** additional space, use reverse side

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **831**  
Local Reg. No. **122**  
Reg. Dist. No. **370**

RECEIVED

MAR 31 1948

1. PLACE OF DEATH: **AD DIVISION OF VITAL**
- (a) County **Ada**
- (b) City or town **Boise**
- (c) Street Address or R.F.D. No. **2118 No. 8th**
- (d) Death Occured Inside? **X** Outside? ..... city or town
- (e) Died in a Home **X** Hospital ..... Institution ..... Other place.....
- (f) Name Hosp. or Inst. .... Stayed ..... days
- (g) Lived in this county **18** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Ada**
- (c) City or town **Boise**
- (d) Street Address or R.F.D. No. **2118 No. 8th**
- (e) Deceased lived Inside? **X** Outside? ..... city or town
- (f) Citizen of what country? **USA**
- (g) How long had deceased lived in Idaho? **18** years
- (h) Former residence (city, state) .....

3. (a) FULL NAME **MILDRED LUCILLE ZEHNER**

3. (b) If veteran, name war **NO** No. **518 09 5982**
5. Color or race **W**
4. Sex **F**
6. (b) Name of husband or wife **George**
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) **March 9, 1914**

8. AGE	Years	Months	Days	If less than 1 day
	<b>34</b>	<b>0</b>	<b>13</b>	hrs min.

9. Exact Occupation **Office Receptionist** Did this work for ..... yrs.
10. Industry or Business **Dr Office** Date last worked .....
11. Birthplace **Portland, Oregon** (City or town) (State or foreign country)

12. Name **James Roberts**
13. Birthplace **Unknown** (City or town) (State or foreign country)
14. Maiden name **Mabel Bailey**
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. P. Zehner**
- and Address **2118 No. 8th**

17. (a) **Burial** (b) Date thereof **3/27/48**
- (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: **Morris Hill Cemetery, Boise, Ida.**

18. Funeral Director's OWN Signature **McBratney Fowler Chapel**
- and Address **419 No. 9th St., Boise, Ida.**

19. (a) **3-26-48** (b) **K Sharp**
- (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 22 1948**
- (Month, Day, Year) at **9:30** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **3-21 1948**, to **3-22 1948**

I last saw her alive on **3-22 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pneumonia Lobar Right Lower lobe** Duration **5 days**

Due to .....  
Other conditions **asthma** .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **J. P. Hamilton** (M. D. or other)  
and Address **Boise, Ida.** Date **3-22-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 9 1948

NON-RESIDENT  
Certificate of Death

STATE OF IDAHO

948  
State File No. 832  
Local Reg. No. 127  
Reg. Dist. No. 376

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Luke's Stayed 38 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 38 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Malheur  
(c) City or town Ontario  
(d) Street Address or R.F.D. No. P.O. Box 567  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? -- years  
(h) Former residence (city, state) ----

3. (a) FULL NAME Janice Sachiko Shigeno

3. (b) If veteran, name war XXX 3. (c) Social Security No. XXX  
5. Color or race Japanese 6. (a) Single, widowed, married, divorced Single  
4. Sex Female  
6. (b) Name of husband or wife XXX 6. (c) Age of husband or wife if alive XXX years  
7. Date of Birth (Month, Day, Year) January 10, 1945

8. AGE	Years	Months	Days	If less than 1 day
	<u>3</u>	<u>2</u>	<u>12</u>	hrs min.

9. Exact Occupation XXX Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business XXX Date last worked \_\_\_\_\_  
11. Birthplace Ontario, Oregon.  
(City or town) (State or foreign country)

12. Name George Shigeno  
13. Birthplace Washington  
(City or town) (State or foreign country)  
14. Maiden name Hagino Nishikawa  
15. Birthplace Gresham, Oregon.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Geo. Shigeno  
and Address Ontario, Oregon

17. (a) Removal-Cremation 3-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Portland, Oregon.

18. Funeral Director's OWN Signature Geo. C. Beeghly  
and Address Ontario, Oregon

19. (a) 4-1-48 (b) J. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 22, 1948  
(Month, Day, Year)  
at 3:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 2/9 1948 to March 22 1948  
I last saw h.c. alive on March 21 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Tuberculosis Meningitis Duration 2 months?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Tuberculosis pneumonia 3 months?  
(Include pregnancy within 3 months of death)

Where was disease contracted? Not known

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy As above

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Robert S. McLean M.D.

and Address 248 N. 1st (M. D. or other) Date 3/26 1948  
(For additional space, use reverse side)

013B

014X

358

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

MAR 31 1948

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 121  
Reg. Dist. No. 370

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County Ada
- (b) City or town Boise
- (c) Street Address or R.F.D. No. X
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. St Alphonsus 6 days
- (g) Lived in this county \_\_\_\_\_ years 1 months 15 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Payette
- (c) City or town Payette
- (d) Street Address or R.F.D. No. \_\_\_\_\_
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 36 years
- (h) Former residence (city, state) Oklahoma

3. (a) FULL NAME MARY LUCINDA DAHARSH.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.
5. Color or White. 6. (a) Single, widowed, married, divorced. Married.
4. Sex Female.
6. (b) Name of husband or wife Raymond Henry Daharsh. 6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) May. 23. 1883.

8. AGE	Years	Months	Days	If less than 1 day
	<u>64.</u>	<u>10.</u>	<u>0.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Hume, Missouri. (City or town) (State or foreign country)
12. Name Garrett Tevebaugh. (City or town) (State or foreign country)
13. Birthplace Paris, Kentucky. (City or town) (State or foreign country)
14. Maiden name Elizabeth Tevebaugh. (City or town) (State or foreign country)
15. Birthplace Paris Kentucky. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Lynn Knight and Address 311 Eiden Dr. Boise Ida.

17. (a) Burial. (b) Date thereof March. 25. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rosedale Cemetery, Payette, Idaho.

18. Funeral Director's OWN Signature Clyde E Summers and Address Boise, Idaho.

19. (a) 3-23-48 (b) Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March. 23. 1948. (Month, Day, Year) at 5.30. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 1 1948 to March 23 1948. I last saw h. er alive on March 22 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Pneumonia Duration 3 weeks  
Due to Chronic infection 2 years

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Paul J. Ward and Address Boise, Ida. Date 3/23/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 9 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 834

Local Reg. No. 124

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. St Lukes Stayed 60 days  
(g) Lived in this county    years 8 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 4  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho 8 Mo. years  
(h) Former residence (city, state) Billings, Mont.

## 3. (a) FULL NAME

JULIA C. ELLINGSON.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or White.  
4. Sex Female

6. (a) Single, widowed, married, divorced Widow.

6. (b) Name of husband or wife   

6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) November. 9. 1870.

8. AGE	Years	Months	Days	If less than 1 day
	<u>77.</u>	<u>4.</u>	<u>15.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for    yrs.

10. Industry or Business    Date last worked   

11. Birthplace Madison, Wisconsin.  
(City or town) (State or foreign country)

12. Name B.M. Toldahl.  
(City or town) (State or foreign country)

13. Birthplace Norway.  
(City or town) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Norway.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Richard C. Ellington  
and Address R.D. No 4, Boise Idaho

17. (a) Burial    (b) Date thereof March. 29. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clayde E. Summers  
and Address Boise, Idaho.

19. (a) 3-31-48 (b) D. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March. 24. 19 48.  
at 8:30. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948 to March 24 1948  
I last saw her alive on March 24 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac Decomposition Duration 2 weeks.

Due to Chronic Myocarditis 3 months

Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state  
where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature M. A. Loeckel M.D.  
(M. D. or other)

and Address Boise Date 3/29 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 9 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **835**  
Local Reg. No. **5**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1717 So. Atlantic  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed \_\_\_\_\_ days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1717 So. Atlantic  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Florence C. Austad

3. (b) If veteran, name war None  
5. Color or race W  
4. Sex F  
6. (b) Name of husband or wife Carl Austad  
7. Date of Birth (Month, Day, Year) 10/20/1896

3. (c) Social Security No. \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>5</u>	<u>7</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Date last worked \_\_\_\_\_  
11. Birthplace St. Paul, Minnesota (City or town) (State or foreign country)

12. Name Peter Flandrick  
13. Birthplace Minh. (City or town) (State or foreign country)  
14. Maiden name Bertha Marasett  
15. Birthplace Minn. (City or town) (State or foreign country)

16. Informant's OWN Signature Carl O. Austad  
and Address 1717 So. Atlantic, Boise

17. (a) Burial (b) Date thereof 3/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cloverdale Memorial Park, Boise, Ida.

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St., Boise, Idaho.

19. (a) 3-31-48 (b) Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 27 19 48  
at 11:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Natural Causes, Had  
Stroke in December, 1947.

Due to No Physician in Attendance

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Coroner  
Boise Idaho (M.D. or other) \_\_\_\_\_

and Address Boise Idaho Date 3/29/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **836**  
Local Reg. No. **135**  
Reg. Dist. No. **37**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R. F. D. No. 714 State G.A.R. Hall  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 30 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2216 Bannock  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) 0950

## 3. (a) FULL NAME

**Richard Henry Kiner**

3. (b) If veteran, name war None  
3. (c) Social Security No. 518 07 4107  
5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ida Kiner  
6. (c) Age of husband or wife if alive 0 years  
7. Date of Birth (Month, Day, Year) 11/19/1880

8. AGE	Years	Months	Days	If less than 1 day
<u>67</u>	<u>4</u>	<u>8</u>	<u>0</u>	hrs min.

9. Exact Occupation Dep. Meat Inspector Did this work for 0 yrs.  
10. Industry or Business 0 Date last worked 0  
11. Birthplace Chicago, Illinois (City or town) (State or foreign country)

12. Name Fred Kiner  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Mary Young  
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Geo. Coon  
and Address 2310 Jefferson

17. (a) Burial (b) Date thereof 3/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cloverdale Memorial Park, Boise, Idaho

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St., Boise, Ida.

19. (a) 3-31-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 27 19 48  
at 10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. 0 alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Cause, dropped dead when he was dancing  
Due to heart attack

Due to 0  
Other conditions 0  
(Include pregnancy within 3 months of death)

Where was disease contracted? 0  
Name of operation 0 Date 0  
Major finding 0  
Finding of autopsy 0  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? 0 Homicide? 0  
Occurred 19 City, county, state  
where violence occurred 0  
Place of Violence: Home 0 Farm 0 Industry 0  
Ida Public Place 0 While at work? 0

- Means of injury 0  
23. Attendant's OWN Signature Coroner of Boise, Idaho  
and Address Boise, Idaho Date 3/31/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 9 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 837  
Local Reg. No. 1948  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. St. Alphonses Stayed 15 days  
(g) Lived in this county... years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town King Hill  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) Kimberly Idaho

## 3. (a) FULL NAME JOHN NEWTON CARNAHAN

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive... years  
7. Date of Birth (Month, Day, Year) July 19, 1932

8. AGE	Years	Months	Days	If less than 1 day
	<u>16</u>	<u>8</u>	<u>8</u>	hrs min.

9. Exact Occupation School-boy Did this work for... yrs.  
10. Industry or Business School Date last worked...  
11. Birthplace Kimberly Idaho (City or town) (State or foreign country)

12. Name Raymond Carnahan  
13. Birthplace Colorado (City or town) (State or foreign country)  
14. Maiden name Ida Callison  
15. Birthplace Ohio Nebraska (City or town) (State or foreign country)

16. Informant's ☒ OWN Signature Ida Carnahan  
and Address King Hill Idaho

17. (a) Removal (b) Date thereof March 27, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Glenn Ferry Idaho

18. Funeral Director's Ida B. Bay  
OWN Signature Ida B. Bay  
and Address Mountain Home Idaho

19. (a) 3-30-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 27 1948  
(Month, Day, Year) at 6:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1948, to March 27 1948  
I last saw h.l.m. alive on March 27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: right ventricular failure Duration 12 hours

Due to diabetic acidosis 2 days

Due to diabetic mellitus 14 years

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ?  
Name of operation... Date...  
Major finding...  
Finding of autopsy...  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred... 19... City, county, state where violence occurred  
Place of Violence: Home... Farm... Industry...  
Public Place... While at work? ...  
Means of injury...

23. Attendant's Robert M. M.D.  
OWN Signature Robert M. M.D. (M. D. or other)  
and Address 2184 1st Ave Date 3/29 1948  
(For additional space, use reverse side)

508



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 9 1948

# Certificate of Death

STATE OF IDAHO

1948 838  
State File No. 126  
Local Reg. No. 370  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1019 N. 10th St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1019 N. 10th St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) 10 yrs

## 3. (a) FULL NAME

Mary C. Skinner

## 3. (b) If veteran, name war

One

## 3. (c) Social Security No.

One

## 4. Sex

Female

## 6. (a) Single, widowed, married, divorced

Widow

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

\_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Feb 1st. 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>89</u>	<u>1</u>	<u>30</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Retired Date last worked \_\_\_\_\_

11. Birthplace Knox Co. Ohio  
(City or town) (State or foreign country)

12. Name Chad McCracken

13. Birthplace Brownsville Penn.  
(City or town) (State or foreign country)

14. Maiden name Addie Lee

15. Birthplace Lawsonville England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Margaret F. Smith  
and Address 1019 N. 10th St. Boise Idaho

17. (a) Burial (b) Date thereof 3/30/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schweitzer McCann

and Address Boise

19. (a) 3-31-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) March 29 1948  
at 8:30 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

March 22 1948 to March 29 1948  
I last saw h. 21 alive on March 22 1948;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Arterial Fibrillation

## Duration

7 days

Due to Chronic Myocarditis

Due to Senility Generalized  
Other conditions Arteriosclerosis  
(Include pregnancy within 8 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

Ralph Jones, M.D.  
(M.D. or other)

and Address Boise Idaho Date 3/30 1948  
(For additional space, use reverse side)

525

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

APR - 5 1948

STATE OF IDAHO

State File No. 839  
Local Reg. No. 12  
Reg. Dist. No. 3

## 1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1315 No. 10th St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 15 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1315 No. 10th St  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Arthur Wellington Clothier

3. (b) If veteran, name war S.A.W. WWI No. 565 10 9721  
5. Color or race W  
4. Sex M  
6. (b) Name of husband or wife Florence  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) 6/12/1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>9</u>	<u>17</u>	hrs min.

9. Exact Occupation Ret. Salesman Did this work for years  
10. Industry or Business worked  
11. Birthplace Hebron Illinois (City or town) (State or foreign country)

12. Name Marshal M. Clothier  
13. Birthplace Mass. (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Florence G. Clothier  
and Address 1315 No. 10th St.

17. (a) Burial (b) Date thereof 4/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill Cemetery, Boise, Ida.

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St., Boise, Ida.

19. (a) 4-1-48 (b) Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) March 29 19 48  
at 4:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 6:00 19 47 to March 29 19 48  
I last saw h. alive on 3/20 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: myocardial infarction Duration 10  
10 days

Due to 10 days  
Due to 1  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

- Means of injury  
23. Attendant's OWN Signature af Bate (M. D. or other)  
and Address 4-1-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr Ward

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

APP-5 1948

STATE OF IDAHO

1948  
State File No. 840  
Local Reg. No. 129  
Reg. Dist. No. 370

## 1. PLACE OF DEATH: Add DIVISION OF VITAL

- (a) County Boise  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 603 S 15th St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 58 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 603 S 15th St  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME Alice Virginia Bay

3. (b) If veteran, name war 1st One 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced widow  
4. Sex Female Race white  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) May 15th. 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>10</u>	<u>16</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Stockton Kansas (City or town) (State or foreign country)  
Father { 12. Name Thomas H. Ivers  
13. Birthplace Athens Co. Ohio (City or town) (State or foreign country)  
Mother { 14. Maiden name Folly Ann Hilt  
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature X Mabel Scott  
and Address 2602 Regan ave

17. (a) Burial (b) Date thereof 4/2/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreiner  
and Address Boise

19. (a) 4-2-48 (b) J. H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 31 1948  
at 3:40 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from Jan 31 1948 to March 31 1948.  
I last saw h. er alive on March 30 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

- Myocardial failure Duration 4 days  
Due to auricular fibrillation 3 months  
Due to Hypertension 5 years  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
Informant's OWN Signature J. H. Sharp  
and Address Boise Date 4-1-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAR 1 8 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 841  
Local Reg. No. 32  
Reg. Dist. No. 371

1. PLACE OF DEATH:
- (a) County. **Ada**
  - (b) City or town. **Boise**
  - (c) Street Address or R.F.D. No.
  - (d) Death Occurred Inside? Outside? **XX** city or town
  - (e) Died in a Home. Hospital **XX** Institution. Other place
  - (f) Name Hosp. or Inst. **V.A. Hospital** Stayed **5** days
  - (g) Lived in this county. years. months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State. **Idaho**
  - (b) County
  - (c) City or town. **Payette**
  - (d) Street Address or R.F.D. No. **Hughs Addition**
  - (e) Deceased lived Inside? Outside? city or town
  - (f) Citizen of what country? **U.S.A.**
  - (g) How long had deceased lived in Idaho? **17 Mo.** years
  - (h) Former residence (city, state) **California**

3. (a) FULL NAME **NICHOLS, Harold E.**
3. (b) If veteran, name war **WW II**
3. (c) Social Security No.
5. Color or
4. Sex **Male** race **White**
6. (b) Name of husband or wife **Gladys Nichols**
6. (c) Age of husband or wife if alive **23** years
7. Date of Birth (Month, Day, Year) **February 17, 1912**

8. AGE	Years	Months	Days	If less than 1 day
	<b>36</b>		<b>16</b>	hrs. min.

9. Exact Occupation. **Carpenter** Did this work for. **10** yrs.
10. Industry or Business. **Building** Date last worked. **Nov. 1947**
11. Birthplace. **Orland, California** (City or town) (State or foreign country)

- Father { 12. Name. **Willard Nichols**
13. Birthplace. **Des Moines, Iowa** (City or town) (State or foreign country)

- Mother { 14. Maiden name. **Margaret Mills**
15. Birthplace. **Harrisville, Missouri** (City or town) (State or foreign country)

16. Informant's OWN Signature. **Records, V.A. Hospital** and Address. **Boise, Idaho**

17. (a) **Removal** (b) Date thereof. **3-3-48** (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place **Payette, Idaho**

18. Funeral Director's OWN Signature. **Jiffard R. Shaffer E-344** and Address. **Payette, Idaho**

19. (a) **3-3-48** (b) **Sharp** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **March 2, 1948** at **12:53** o'clock **p.** M.

21. I HEREBY CERTIFY, That I attended deceased from **February 26, 1948** to **March 2, 1948** I last saw him alive on **March 2, 1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pulmonary Edema** Duration **Terminal**

Due to **Anemia, Severe, Progressive** **Prior to Adm.**  
**Etiology Undetermined**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation. **None** Date.  
Major finding.  
Finding of autopsy. **Confirm Above**

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? Suicide? Homicide?
- Occurred. 19. City, county, state where violence occurred.
- Place of Violence: Home. Farm. Industry.
- Public Place. While at work?
- Means of injury.

23. Attendant's OWN Signature. **J. K. McCLINTIC, M.D., CMO** (M D or other)  
and Address. **VAH, Boise, Idaho** Date **Mar. 3, 1948** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAR 18 1948  
DIVISION OF VITAL STATISTICS  
**Certificate of Death**  
STATE OF IDAHO

1948 842  
State File No. 842  
Local Reg. No. 36  
Reg. Dist. No. 371

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? xx city or town  
(e) Died in a Home ..... Hospital xx Institution ..... Other place .....  
(f) Name Hosp. or Inst. V.A. Hospital Stayed 3 days  
(g) Lived in this county ..... years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? xx Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 22 Years years  
(h) Former residence (city, state) .....

3. (a) FULL NAME BAUSE, William R.

3. (b) If veteran, name war S.A.W.

3. (c) Social Security No. ....

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) August 31, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>6</u>	<u>6</u>	hrs. min.

9. Exact Occupation None Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Indianapolis Indiana  
(City or town) (State or foreign country)

Father { 12. Name .....  
13. Birthplace .....  
(City or town) (State or foreign country)

Mother { 14. Maiden name .....  
15. Birthplace .....  
(City or town) (State or foreign country)

16. Informant's OWN Signature McClintic  
and Address Records, V.A. Hospital  
Boise, Idaho

17. (a) Burial (b) Date thereof 3/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Boise, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address Boise, Idaho

19. (a) 3-11-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 7, 19 48  
at 2:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 4, 19 48 to March 7, 19 48  
I last saw him alive on March 7, 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Coronary Thrombosis Duration Terminal

Due to Cardio-Vascular-Renal Disease Prior to Admn.

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....

Major finding .....  
Finding of autopsy Confirm Above  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state where violence occurred.

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury J. K. McClintic

23. Attendant's OWN Signature J. K. McClintic, M.D., CMO  
(M.D. or other)

and Address V.A. Hosp., Boise, Date Mar. 8, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 18 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 843  
Local Reg. No. 37  
Reg. Dist. No. 371

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? xx city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital xx Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hosp. Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Yellow Pine  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 40 yrs. years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

JACKSON, Orville

3. (b) If veteran, name war

WW I

3. (c) Social Security No.

5. Color or

Sex Male race White

(a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth

(Month, Day, Year) November 13, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>3</u>	<u>25</u>	hrs. min.

9. Exact Occupation Miner Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Walla Walla Washington  
(City or town) (State or foreign country)

Father { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

Mother { 14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, V. A. Hospital  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof 3/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Field of Honor, Boise, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address Boise, Idaho

19. (a) 3-11-48 (b) J. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) March 8, 19 48  
at 3:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 7, 19 48 to March 8, 19 48

I last saw h. in alive on March 8, 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Acute Cardiac Failure, Undetermined Etiology Terminal

Due to Acute severe Gastroenteritis of Undetermined Etiology Prior to Admn.

Due to \_\_\_\_\_  
Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy NO AUTOPSY  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury J. K. McClintic

23. Attendant's OWN Signature J. K. McClintic, M. D., CMO  
(M D or other)

and Address V.A. Hosp., Boise Date March 8 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 18 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. **844**  
Local Reg. No. **35**  
Reg. Dist. No. **371**

1. PLACE OF DEATH:  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ada Co Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1518 Franklin St  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Stanley Desmond Clark

3. (b) If veteran, name war None 3. (c) Social Security No. 518-07-1031

5. Color or White 6. (a) Single, widowed, married, divorced Divorced

4. Sex Male race White 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 18th. 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>10</u>	<u>21</u>	hrs. min.

9. Exact Occupation Barber Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Bloomfield Iowa (City or town) (State or foreign country)

12. Name Orville Clark (City or town) (State or foreign country)

13. Birthplace U.S.A. (City or town) (State or foreign country)

14. Maiden name Unknown (City or town) (State or foreign country)

15. Birthplace Tenn; (City or town) (State or foreign country)

16. Informant's OWN Signature Hal A. Clark and Address 407 No. 11th. Boise Idaho

17. (a) Burial (b) Date thereof 3/11/1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Schreiber McCann and Address Boise

19. (a) 3-11-48 (b) J. J. Sharp (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3-9 1948  
at 7:10 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 12-30 1947, to 3-9 1948

I last saw him alive on 3-9 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Sepsitemia - general Duration 3 hrs.

Due to Phlebitis Bilateral femoral veins

Due to gangrene legs 3 hrs

Other conditions also ascites 3 hrs  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. O. Hamilton and Address Boise Date 3-10 1948  
(M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

MAR 18 1948

# Certificate of Death

DEPARTMENT OF VITAL STATISTICS

STATE OF IDAHO

State File No. **845**  
Local Reg. No. **34**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County. **Ada**  
(b) City or town. **Boise.**  
(c) Street Address or R.F.D. No. **8 Miles East of Boise.**  
(d) Death Occurred Inside? ..... Outside? **X** city or town  
(e) Died in a Home.....Hospital.....Institution.....Other place **X**  
(f) Name Hosp. or Inst. .... Stayed..... days  
(g) Lived in this county **1** years **2** months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Idaho.** (b) County. **Ada**  
(c) City or town. **Boise.**  
(d) Street Address or R.F.D. No. **1709. State St.**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **1 Yr 2 Mo.**  
(h) Former residence (city, state) **Washington.**

## 3. (a) FULL NAME

**Frank. L. Peterson.**

3. (b) If veteran, name war **World War # 1.**

3. (c) Social Security No. **520-12-6523.**

5. Color or **White.**  
4. Sex. **Male.** race

6. (a) Single, widowed, married, divorced. **Married.**

6. (b) Name of husband or wife **Gladys. E. Peterson.**

6. (c) Age of husband or wife if alive **53.** years

7. Date of Birth **October. 18. 1894.**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>53.</b>	<b>4.</b>	<b>21.</b>	hrs. min.

9. Exact Occupation **Carpenter.** Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace **Burlington, Iowa.**

(City or town)

(State or foreign country)

12. Name **Swan Frank Peterson.**

13. Birthplace **Sweden.**

(City or town)

(State or foreign country)

14. Maiden name **Unknown.**

15. Birthplace **Sweden.**

(City or town)

(State or foreign country)

16. Informant's OWN Signature **Gladys E. Peterson**  
and Address. **1709 State St. Boise 2 Idaho**

17. (a) **Burial.** (b) Date thereof **March. 12. 1948.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place. **Cloverdale Memorial Park.**

18. Funeral Director's OWN Signature **Clyde E. Summers**

and Address. **Boise, Idaho.**

19. (a) **3-11-48** (b) **A. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March. 9.** 19 **48.**  
(Month, Day, Year) at **About 2** o'clock **A.M.**

21. I HEREBY CERTIFY, That I **examined** deceased from **March 9.** 19 **48.**  
saw deceased **March 9.** 19 **48.**

I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Suicide. Attached Garden hose to exhaust of Automobile, and placed hose in car with motor running. Carbon Monoxide Poisoning.**

Due to **ill health.**

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide? **Yes** Homicide?.....

Occurred **March. 9.** 19 **48** City, county, state

where violence occurred **At State Park. 8 Miles East of Boise.**

Place of Violence: Home..... Farm..... Industry.....

Public Place..... **X** While at work?.....

Means of injury..... **Coroner of Ada**

23. Attendant's OWN Signature **Clyde E. Summers**

and Address. **Boise, Idaho.** Date. **March. 10. 48.**

(For additional space, use reverse side)

108



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

MAR 18 1948

**Certificate of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. **846**  
Local Reg. No. **38**  
Reg. Dist. No. **371**

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Kuna  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 28 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Kuna  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Oklahoma.

3. (a) FULL NAME **THOMAS FLETCHER WELLS**

3. (b) If veteran, name war

3. (c) Social Security No. None

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive #### years

7. Date of Birth (Month, Day, Year) **Nov. 17, 1852.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>95</b>	<b>3</b>	<b>24</b>	hrs. min.

9. Exact Occupation **Farmer** Did this work for ..... yrs.

10. Industry or Business Date last worked **1940**

11. Birthplace **Chapel Hill, Mo.**  
(City or town) (State or foreign country)

12. Name **Fletcher Wells**

13. Birthplace **Unk.**  
(City or town) (State or foreign country)

14. Maiden name **Sarah Wiley**

15. Birthplace **Unk.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Thomas F Wells**  
and Address **11 Kuna Idaho**

17. (a) **Burial** (b) Date thereof **3/14/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Kuna, Idaho.**

18. Funeral Director's OWN Signature **B W Robinson**  
and Address **Medford, Ore**

19. (a) **3-18-48** (b) **X Sharp**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Mar 14 1948  
at 10:50 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 2/16 1948 to 3/11 1948

I last saw him alive on 3/11 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cornary Insufficiency

Duration

1 yr.

Due to

generalized arteriosclerosis 10 years

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred ..... 19 ..... City, county, state where violence occurred.

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work?

Means of injury

23. Attendant's

OWN Signature **W E Jewel**

(M. D. or other)

and Address **Medford, Ore** Date **Mar 12** 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 18 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 847  
Local Reg. No. 37  
Reg. Dist. No. 371

1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 1.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months 15 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 1.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 74 years  
(h) Former residence (city, state) X

3. (a) FULL NAME

WILLIAM ALMA BYINGTON.

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None.

5. Color or  
4. Sex Male, race White.

6. (a) Single, widowed, married,  
divorced. Married.

6. (b) Name of husband or wife  
Ida. M. Byington.

6. (c) Age of husband or wife if  
alive. 60 years

7. Date of Birth  
(Month, Day, Year) July. 20. 1873.

8. AGE	Years	Months	Days	If less than 1 day
	<u>74.</u>	<u>7.</u>	<u>21.</u>	hrs. min.

9. Exact Occupation Farmer. Did this work for  yrs.

10. Industry or Business Downey, Idaho. Date last worked

11. Birthplace Downey, Idaho.  
(City or town) (State or foreign country)

12. Name Joseph Henry Byington.  
(City or town) (State or foreign country)

13. Birthplace Sheffield, Ohio.  
(City or town) (State or foreign country)

14. Maiden name Nancy Mariah Avery.

15. Birthplace Penn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Harold R. Byington  
and Address 1523 Oak St. Boise, U.

17. (a) Burial. (b) Date thereof March. 15. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello, Idaho.

18. Funeral Director's OWN Signature Chas. E. Summers  
and Address Boise, Idaho.

19. (a) 3-13-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March. 11. 19 48.  
(Month, Day, Year) at 3 o'clock P.M. Myx saw

21. I HEREBY CERTIFY, That I attended deceased from  
March. 11. 19 48. to 19

I last saw h. alive on 19;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes, Been ill Duration  
for years with heart disease.

Due to Dropped dead when working in  
yard.

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attended by Chas. E. Summers Coroner of Ada

OWN Signature Boise, Idaho. Date Mar. 13. 19 48.  
(M. D. or other)

and Address Boise, Idaho. Date Mar. 13. 19 48.

(For additional space, use reverse side)

600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

1948

DEPARTMENT OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 848  
Local Reg. No. 40  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? X ..... city or town  
(e) Died in a Home ..... Hospital X ..... Institution ..... Other place .....  
(f) Name Hospital Ada County Hosp Stayed 2 1/2 yrs.  
(g) Lived in this county 4 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Esmond, So. Dak.

## 3. (a) FULL NAME

CARRIE AMANDA CHRISTIAN

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

None

5. Color or  
4. Sex F race W

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife  
XXX

6. (c) Age of husband or wife if  
alive XXX years

7. Date of Birth  
(Month, Day, Year) Nov. 2, 1856

8. AGE	Years	Months	Days	If less than 1 day
	<u>91</u>	<u>4</u>	<u>12</u>	hrs. min.

9. Exact Occupation At Home Did this work for ..... yrs.

10. Industry or Business ..... Date last worked

11. Birthplace Rockford, Illinois  
(City or town) (State or foreign country)

12. Name Robert Christian

13. Birthplace Isle of Man  
(City or town) (State or foreign country)

14. Maiden name Margaret Quilliam

15. Birthplace Isle of Man  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Mrs. Chester Chapman  
and Address Meridian, Idaho

17. (a) Burial (b) Date thereof 3/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Meridian Cemetary

18. Funeral Director's  
OWN Signature Blk. T. Cooper  
and Address Meridian, Idaho

19. (a) 3-15-48 (b) K. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) March 14, 1948

at 9:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 2-15-47 to 3-14-48

I last saw her alive on 3-14-48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Senility

## Duration

Due to Falling over a year

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred.

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work?

Means of injury .....

23. Attendant's  
OWN Signature D.P. Hamilton

and Address Boise Ida Date 3-15-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

1948

# Certificate of Death

STATE OF IDAHO

State File No. 849  
Local Reg. No. 41  
Reg. Dist. No. 371

1. PLACE OF DEATH: OF VITAL

(a) County Ada

(b) City or town Boise

(c) Street Address or R.F.D. No. \_\_\_\_\_

(d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town \_\_\_\_\_

(e) Died in a Home \_\_\_\_\_ Hospital XX Institution \_\_\_\_\_ Other place \_\_\_\_\_

(f) Name Hosp. or Inst. V.A. Hospital Stayed 35 days

(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Gem

(c) City or town Emmett

(d) Street Address or R.F.D. No. \_\_\_\_\_

(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_

(f) Citizen of what country? U.S.A.

(g) How long had deceased lived in Idaho? 28 years

(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME HYDE, Earl

3. (b) If veteran, name war WW I

3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_

6. (a) Sex Male race White

6. (b) Name of husband or wife Sarah Hyde

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 5, 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>11</u>	<u>11</u>	hrs. min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace (City or town) N. Carolina (State or foreign country)

Father { 12. Name Unknown

13. Birthplace (City or town) " (State or foreign country)

Mother { 14. Maiden name Unknown

15. Birthplace (City or town) " (State or foreign country)

16. Informant's OWN Signature Records, V.A. Hospital, Boise, Idaho and Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 3/17/48 (Month) (Day) (Year)

(c) Place Emmett, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel and Address Boise, Idaho

19. (a) 3/17/48 (b) R. Sharp (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 16, 19 48  
at 11:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from February 10 19 48 to March 16, 19 48  
I last saw him alive on March 16, 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Myocardial Failure Duration Terminal  
DUE TO: Coronary Arteriosclerosis Prior  
with old infarction; Hernia, to  
left ventricle & Adhesive Peri- Admn.  
Due to carditis  
Other conditions Bilateral Hydrothorax  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Confirm Above

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury J. K. McClintic  
23. Attendant's OWN Signature J. K. McClintic, M.D., CMO (M. D. or other)  
and Address VAH, Boise, Idaho Date Mar. 16, 19 48  
(For additional space, use reverse side)

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 26 1948

# Certificate of Death

STATE OF IDAHO

State File No. ....

Local Reg. No. 44

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 13 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) Tenn.

## 3. (a) FULL NAME

WILLIAM ALVA THOMPSON.

3. (b) If veteran, name war No. ....

3. (c) Social Security No. None.

5. Color or race White.  
4. Sex Male.

6. (a) Single, widowed, married, divorced. Married.

6. (b) Name of husband or wife Ella Thompson.

6. (c) Age of husband or wife if alive 57 years

7. Date of Birth (Month, Day, Year) June. 3. 1880.

8. AGE	Years	Months	Days	If less than 1 day
	<u>67.</u>	<u>9.</u>	<u>13.</u>	hrs. min.

9. Exact Occupation Farmer. Did this work for ... yrs.

10. Industry or Business Troy, Tenn. Date last worked ...

11. Birthplace Troy, Tenn. (City or town) (State or foreign country)

12. Name William. M. Thompson. (City or town) (State or foreign country)

13. Birthplace Tenn. (City or town) (State or foreign country)

14. Maiden name Wynith Robinson. (City or town) (State or foreign country)

15. Birthplace Tenn. (City or town) (State or foreign country)

16. Informant's OWN Signature W. D. Thompson and Address Boise, Idaho

17. (a) Burial. (b) Date thereof March. 18. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.  
Summers Funeral Home.

18. Funeral Director's OWN Signature Elyde C. Summers and Address Boise, Idaho

19. (a) 2-20-48 (b) Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March. 16. 19 48.  
(Month, Day, Year) at 5.15. o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 9-29 19 47 to 19 19 48.  
I last saw him alive on 3-15 19 48.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Due to Carcinoma of the liver.

Due to Dilated Myocardium.  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ... Date ...

Major finding ...

Finding of autopsy ...

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ... Suicide? ... Homicide? ...

Occurred ... 19 ... City, county, state

where violence occurred ...

Place of Violence: Home ... Farm ... Industry ...

Public Place ... While at work? ...

Means of injury ...

## 23. Attendant's OWN Signature

... (M. D. or other)

and Address ... Date 3/18 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 26 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **851**  
Local Reg. No. **43**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. R.D. # 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 50 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. R.D. # 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state). Iowa

## 3. (a) FULL NAME

Leaborn Curtis Means.

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
519-01-8323

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced. Widower

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive years

7. Date of Birth  
(Month, Day, Year) November. 26. 1867.

8. AGE	Years	Months	Days	If less than 1 day
	<u>80.</u>	<u>3/</u>	<u>21.</u>	hrs. min.

9. Exact Occupation Retired Construction yrs.

10. Industry or Business Worker. Date last worked

11. Birthplace Prairie City, Iowa.  
(City or town) (State or foreign country)

12. Name John Means.

13. Birthplace South Carolina.  
(City or town) (State or foreign country)

14. Maiden name Matilda Asher.

15. Birthplace North Carolina.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Chas E Summers  
and Address Boise, Idaho

17. (a) Burial. (b) Date thereof Mar. 20. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Star, Idaho.

18. Funeral Director's OWN Signature Chas E Summers  
and Address Boise, Idaho

19. (a) 3-19-48 (b) Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) March. 17. 1948.  
at 2 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
19   to 19  

I last saw h    alive on 19  ;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes, Found dead Duration  
in bed. Had been ill with heart  
Due to disease for the past three years

Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?     
Name of operation    Date   

Major finding     
Finding of autopsy     
PHYSICIAN Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?     
Occurred    19   City, county, state  
where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?   

Means of injury     
23. Attending Physician Chas E Summers Coroner of Ada  
OWN Signature    (M. D. or other)    County.

and Address Boise, Idaho Date    19  

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

MAR 31 1948

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 852

State File No. ....

Local Reg. No. 48

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 4  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 3 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Oklahoma

## 3. (a) FULL NAME

John R. Agee

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex Male Color or race White

## 5. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Robbie

## 6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth (Month, Day, Year) Mar 9 - 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>0</u>	<u>10</u>	hrs. min.

## 9. Exact Occupation Laborer Did this work for ☐ yrs.

## 10. Industry or Business ☐ Date last worked ☐

## 11. Birthplace Corvallon Missouri (City or town) (State or foreign country)

## 12. Name Crowell Agee (City or town) (State or foreign country)

## 13. Birthplace Corvallon Missouri (City or town) (State or foreign country)

## 14. Maiden name Addie Sherman (City or town) (State or foreign country)

## 15. Birthplace Missouri (City or town) (State or foreign country)

## 16. Informant's OWN Signature Family Records and Address By Geo H. Harker

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/48 (Month) (Day) (Year)

## (c) Place Hamper Idaho

## 18. Funeral Director's OWN Signature George H. Harker and Address Hamper Idaho

## 19. (a) 2-27-48 (Date received and filed) (b) X Sharp (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) March 19 1948

## at 10 o'clock 8 M.

## 21. I HEREBY CERTIFY, That I attended deceased from 3-19-1948 to 3-19-1948

I last saw him alive on 3-19-1948.  
Death occurred before arrival of  
death certificate on the date and hour stated above.

## Immediate Cause of Death: Coronary Thrombosis Duration 095B

## Due to Chr. Ht. disease 6 yrs.

## Due to Rheumatic Fever - skull 1 yr.

## Other conditions born diagnosed based on Hst given by family

## (Include pregnancy within 3 months of death)

## Where was disease contracted? Physician

## Name of operation None Date None

## Finding of autopsy Physician

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? ☐ Suicide? ☐ Homicide? ☐

## Occurred Indefinite 19 48 City, county, state

## where violence occurred Indefinite

## Place of Violence: Home ☐ Farm ☐ Industry ☐

## Public Place ☐ While at work? ☐

## Means of injury Physician

## 23. Attendant's OWN Signature C. B. Smithson and Address 335 S. 1st St. Boise Idaho Date 3-24-1948

(For additional space, use reverse side)

614

Informant, Funeral Director, Registrar and Medical Attendant. EACH sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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MAR 31 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 853  
State File No. 47  
Local Reg. No. 371  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place  
(f) Name Hosp. or Inst. Ada County Hospital  
(g) Lived in this county 45 years  months  days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 2  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) South Dakota

## 3. (a) FULL NAME

DAVID OSCAR BAER.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or race White.

4. Sex Male.

6. (a) Single, widowed, married, divorced Widower.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive  years

7. Date of Birth (Month, Day, Year) March. 1. 1864.

8. AGE	Years	Months	Days	If less than 1 day
	<u>84.</u>	<u>0.</u>	<u>20.</u>	hrs. min.

9. Exact Occupation Retired Carpenter Did this work for  yrs.

10. Industry or Business  Date last worked

11. Birthplace Dubuque, Iowa. (City or town) (State or foreign country)

12. Name David Baer. (City or town) (State or foreign country)

13. Birthplace Unknown. (City or town) (State or foreign country)

14. Maiden name Unknown. (City or town) (State or foreign country)

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Farchie D. Baer  
and Address Knappa Falls, Wyo. Box 83

17. (a) Burial. (b) Date thereof March 23, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature W. D. Hamilton  
and Address Boise, Idaho.

19. (a) 3-23-48 (b) Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March. 21. 19 48.  
at 11-50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 3-15 19 48 to 3-21 19 48

I last saw him alive on 3-21 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Stroke - Duration 7 days  
Due to Right Paraplegia

Due to   
Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?

Occurred  19  City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature W. D. Hamilton  
(M. D. or other)

and Address Boise Ida Date 3-22 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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MAR 31 1948

**Certificate of Death**  
STATISTICS  
STATE OF IDAHO

1948 State File No. **854**  
Local Reg. No. **45**  
Reg. Dist. No. **371**

**1. PLACE OF DEATH:**

- (a) County Ada  
(b) City or town Meridian Idaho.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ 5 \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Harrisburg, Neb.

3. (a) FULL NAME WILLIAM LINCOLN LEE

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 519-10-3327  
5. Color or \_\_\_\_\_  
4. Sex M race W  
6. (b) Name of husband or wife Kathryn K.  
6. (c) Age of husband or wife if alive 60 years  
7. Date of Birth (Month, Day, Year) Sept. 22, 1886.

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>5</u>	<u>29</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 35 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1937.  
11. Birthplace Nebraska City, Neb.  
(City or town) (State or foreign country)

- Father { 12. Name Geo. L. Lee  
13. Birthplace Unk. Indiana  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Georgia Graham  
15. Birthplace Unk. Unk.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Wm. L. Lee Jr.  
and Address 404 14th ave. Nampa

17. (a) Burial (b) Date thereof 3-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Kimball, Nebraska.

18. Funeral Director's OWN Signature Blutobis  
and Address Meridian, Idaho.

19. (a) 3-23-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH March 21, 1948.  
(Month, Day, Year) at 4:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 3-14 to 3-21 1948  
I last saw him alive on 3-20 1948;  
death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Intense sclerotic heart disease

**Duration**

- Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature J. M. Thomas  
(M. D. or other)  
and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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MAR 31 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 855  
State File No. 49  
Local Reg. No. 371  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Meridian  
(c) Street Address or R.F.D. No. Route #1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 10 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) New Mexico

## 3. (a) FULL NAME

Mr. Cyrus Metzger

3. (b) If veteran, name war none

3. (c) Social Security No. none

5. Color or

4. Sex male race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl

6. (c) Age of husband or wife if alive 51 years

7. Date of Birth (Month, Day, Year) December 29, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>2</u>	<u>23</u>	hrs. min.

9. Exact Occupation Farmer Did this work for years

10. Industry or Business Farmin Date last worked

11. Birthplace Rossville, Indiana (City or town) (State or foreign country)

12. Name Andrew E. Metzger

13. Birthplace Rossville, Indiana (City or town) (State or foreign country)

14. Maiden name Lydia Skiles

15. Birthplace Augusta, Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Pearl Metzger and Address Meridian, Idaho

17. (a) Burial (b) Date thereof 3/25/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Cemetery

18. Funeral Director's OWN Signature John A. Albright, Jr. and Address Nampa, Idaho

19. (a) 3-27-48 (b) Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 22, 1948

at 7:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 12-26 1947 to 3-22 1948

I last saw him alive on 3-17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Diabetes mellitus

Duration ?

Due to Kidney & Bladder infection 2 mos.

Due to Prostatic Hypertrophy

Other conditions: (Include pregnancy within 3 months of death)

Where was disease contracted? —

Name of operation — Date —

Major finding —

Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature A. B. Halliday, M.D. (M. D. or other)

and Address Nampa, Ida Date 3/23 1948

(For additional space, use reverse side)

A. B. Halliday

095

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 31 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

State File No. **856**  
Local Reg. No. **50**  
Reg. Dist. No. **371**

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital X Institution Other place....  
(f) Name Hosp. or Inst. Adm Co. Hosp stayed        days  
(g) Lived in this county 28 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 918 E. Washington  
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state)

3. (a) FULL NAME CLAUDE BUNDY

3. (b) If veteran, name war none 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lucy 6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) 1/1/1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>2</u>	<u>25</u>	hrs min.

9. Exact Occupation Retired painter Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Warterville, Kansas  
(City or town) (State or foreign country)

12. Name William Bundy  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lucy Bundy  
and Address       

17. (a) Burial (b) Date thereof         
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cloverdale Memorial Park, Boise, Ida

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St., Boise, Ida.

19. (a) 3-27-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 26, 1948  
(Month, Day, Year) at 7:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 2-15-48 to 3-26-48  
I last saw him alive on 3-26-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gradual Decline  
Red rigors  
Due to Septicemia Duration 5 or 6 yrs  
Due to Locomotor ataxia begin Aug. 1941  
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?        Date        PHYSICIAN         
Name of operation        Major finding         
Finding of autopsy         
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?       

Means of injury         
23. Attendant's OWN Signature P. P. Hamilton (M. D. or other)  
and Address Boise, Ida Date 3-26-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 857  
Local Reg. No. 51  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 4.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 48 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 4.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Minnesota.

## 3. (a) FULL NAME

FLORENCE MAE HOOVER.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or Race White.

4. Sex Female

6. (a) Single, widowed, married, divorced. Widow.

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) July. 22. 1874.

8. AGE	Years	Months	Days	If less than 1 day
	<u>73.</u>	<u>8.</u>	<u>7.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for years.

10. Industry or Business Dundas, Minnesota. Date last worked

11. Birthplace Dundas, Minnesota. (City or town) (State or foreign country)

12. Name John Cowden. (City or town) (State or foreign country)

13. Birthplace Antrim, Ireland. (City or town) (State or foreign country)

14. Maiden name Anna Workman. (City or town) (State or foreign country)

15. Birthplace Canada. (City or town) (State or foreign country)

16. Informant's OWN Signature John E. Hoover and Address Boise, Bor 534 Idaho.

17. (a) Burial. (b) Date thereof April. 1. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Clayton E. Summers and Address Boise, Idaho.

19. (a) 3-31-48 (b) J. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March. 29. 19 48. at 6 o'clock A. M.

21. I HEREBY CERTIFY, That I attest deceased from March. 29. 19 48. to saw 19 48.

I last saw h. alive on 19 48. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes, Had been ill with heart Disease for several Months, No Physician had attended her for several weeks. Duration

Due to several Months, No Physician had attended her for several weeks.

Other conditions Was found dead in her bed (Include pregnancy within 3 months of death)

Where was disease contracted? Physician Underline the cause to which death should be charged statistically.

Name of operation Major finding Date Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?

Occurred 19. 48. City, county, state where violence occurred.

Place of Violence: Home Farm Industry Public Place While at work?

Means of injury Coroner of Ada

23. Attendant's OWN Signature Clayton E. Summers (M. D. or other)

and Address Boise, Idaho. Date 3/30 19 48. (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 9 1948

# Certificate of Death

STATE OF IDAHO

State File No. **858**  
Local Reg. No. **53**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Boise Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? **XX** city or town  
(e) Died in a Home.....Hospital **XX** Institution.....Other place.....  
(f) Name Hosp. or Inst. **V.A. Hosp.** Stayed **16** days  
(g) Lived in this county ..... years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **44** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**STEVENSON, George L.**

## 3. (b) If veteran, name war

**WW I**

## 3. (c) Social Security No.

## 5. Color or

**Male** race **White**

## 6. (a) Single, widowed, married, divorced

**Married**

## 6. (b) Name of husband or wife

**Grace Stevenson**

## 6. (c) Age of husband or wife if alive

..... years

## 7. Date of Birth

(Month, Day, Year) **December 7, 1892**

## 8. AGE

Years

Months

Days

If less than 1 day

**55**

**3**

**22**

hrs.

min.

## 9. Exact Occupation

**Farming**

## 10. Industry or Business

..... yrs.

## 11. Birthplace

**Phillipsburg,**

**Missouri**

(City or town)

(State or foreign country)

## 12. Name

**James Stevenson**

## 13. Birthplace

**Unknown**

(City or town)

(State or foreign country)

## 14. Maiden name

**Cora Belle Morris**

## 15. Birthplace

**Unknown**

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

**Records, V.A. Hospital**

## and Address

**Boise, Idaho**

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof **3/31/48**

(Month) (Day) (Year)

## (c) Place

**Field of Honor Boise, Idaho**

## 18. Funeral Director's OWN Signature

**McBratney-Fowler Chapel**

## and Address

**Boise, Idaho**

## 19. (a)

(Date received and filed)

## (b)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **March 29,** 19**48**  
at **12:07** o'clock **A.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**March 13,** 19**48** to **March 29,** 19**48**  
I last saw h. **in** alive on **March 29,** 19**48**;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Bronchopneumonia with Exudative Asphyxia**

Due to **Asthma, Bronchial, Chronic Intrinsic Type with Emphysema,**

Due to **Pulmonary**

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation..... Date.....

## Major finding

Finding of autopsy **Confirm Above**

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work? .....

Means of injury **J. K. McClintic**

## 23. Attendant's OWN Signature

**J. K. McClintic, M.D., CMO**  
(M. D. or other)

and Address **VAH, Boise, Idaho** Date **Mar. 29,** 19**48**

(For additional space, use reverse side)

**107X**

**112X**

**1948**

**March 29,**

**12:07**

**A.**

**March 13,**

**1948**

**March 29,**

**1948**

**March 29,**

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

STATE OF IDAHO

1948 **859**  
State File No. \_\_\_\_\_  
Local Reg. No. **546**  
Reg. Dist. No. **302**

1. PLACE OF DEATH:

- (a) County **Adams**  
(b) City or town **Council**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Council Hosp** Stayed **5** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Washington**  
(c) City or town **Weiser**  
(d) Street Address or R.F.D. No. **14 E. Galloway**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **29** years  
(h) Former residence (city, state) **Alberta, Canada**

3. (a) FULL NAME **LOUISA MARY ANDERSON**

3. (b) If veteran, name war **None** No. **None**  
5. Color or **Female** race **White** divorced **Married**  
6. (b) Name of husband or wife **Edward** 6. (c) Age of husband or wife if alive **75** years  
7. Date of Birth (Month, Day, Year) **April 10 1886**

8. AGE	Years	Months	Days	If less than 1 day
	<b>61</b>	<b>10</b>	<b>25</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **Life** yrs.  
10. Industry or Business **Own Home** Date last worked **1946**  
11. Birthplace **Liverpool, England** (City or town) (State or foreign country)

12. Name **Alfred Proctor**  
13. Birthplace **England** (City or town) (State or foreign country)  
14. Maiden name **Fannie Williams**  
15. Birthplace **Liverpool England** (City or town) (State or foreign country)

16. Informant's OWN Signature **Louise Anderson** (Daughter)  
and Address **14 East Galloway, Weiser, Idaho**

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof **3/5/48** (Month) (Day) (Year)  
(c) Place: **Weiser, Idaho**

18. Funeral Director's OWN Signature **L. T. Jones** #E557  
and Address **Northam Jones, Weiser, Idaho**

19. (a) **3/5/48** (Date received and filed) (b) **Alfred Proctor** (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **046B 095B**

20. DATE OF DEATH (Month, Day, Year) **March 5 1948**  
at **3:50** o'clock **P.** M.  
21. I HEREBY CERTIFY, That I attended deceased from **Feb 29 1948** to **March 5 1948**

I last saw her alive on **2/5/48** 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Carcinoma of Stomach** Duration **4 months**

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions **Pneumonia** (Include pregnancy within 3 months of death) **4 yrs**

Where was disease contracted? **Home**  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding **0**  
Finding of autopsy **0**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred **0** 19\_\_\_\_ City, county, state where violence occurred **0**  
Place of Violence: Home **0** Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Alfred Proctor** (M D. or other)  
and Address **Council, Idaho** Date **3/5/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
MAR 29 1948  
DIVISION OF VITAL STATE OF IDAHO

State File No. **860**  
Local Reg. No. **546**  
Reg. Dist. No. **300**

**1. PLACE OF DEATH:**

- (a) County **Adams**  
(b) City or town **Council**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? **X** Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place **X**  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **6** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Adams**  
(c) City or town **Council**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **60** years  
(h) Former residence (city, state) **Kansas**

**3. (a) FULL NAME Andrew S. Duke**

3. (b) If veteran, name war **None**  
5. Color or **White**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **XXXX**  
6. (c) Age of husband or wife if alive **XXXX** years  
7. Date of Birth **February 15 1880**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>68</b>	<b>0</b>	<b>24</b>	hrs min.

9. Exact Occupation **Retired** Did this work for **Life** yrs.  
10. Industry or Business **Stockman & Farmer** Date last worked **1948**  
11. Birthplace **Valley Falls, Kansas**  
(City or town) (State or foreign country)

12. Name **Charles N. Duke**  
13. Birthplace **Independence, Missouri**  
(City or town) (State or foreign country)  
14. Maiden name **Mattie Harris**  
15. Birthplace **Kearney, Missouri**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Kate Cogburn**  
and Address **St. 4, Boise c/O J.W. Cogburn**

17. (a) **Removal** (b) Date thereof **3/11/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Cascade, Idaho**

18. Funeral Director's OWN Signature **C. Jones**  
and Address **Northam Jones, Weiser, Idaho**

19. (a) **3/11/48** (b) **Alvin H. Hinkley**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **March 10 1948**  
(Month, Day, Year) at **3:30** o'clock **P.** M.  
21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw him **alive** on **3/10/48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Thrombosis - Indistinct**

Due to .....  
Due to **0**  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Indistinct**  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? **0** Suicide? ..... Homicide? .....  
Occurred **0** 19..... City, county, state where violence occurred  
Place of Violence: Home **0** Farm ..... Industry .....  
Public Place **0** While at work? .....  
Means of injury **Indistinct**

23. Attendant's OWN Signature **Alvin H. Hinkley**  
and Address **Council, Idaho** Date **3/11/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

REC-3  
MAR 29 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948 File No. 861  
Local Reg. No. 547  
Reg. Dist. No. 300

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Council  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. Council Stayed 6 days  
(g) Lived in this county..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Adams  
(c) City or town Council, Idaho  
(d) Street Address or R.F.D. No. Star Rt. (Wildhorse)  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) XXXX

3. (a) FULL NAME ANNA JULIA EMERY

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife Claude 6. (c) Age of husband or wife if alive 53 years  
7. Date of Birth (Month, Day, Year) May 26 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u>45</u>	<u>9</u>	<u>25</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Own Home Date last worked 3/10/48  
11. Birthplace Midvale Idaho (City or town) (State or foreign country)  
12. Name John Hopper  
13. Birthplace Missouri (City or town) (State or foreign country)  
14. Maiden name Garland  
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's OWN Signature Claude Emery (Husband)  
and Address Star Route Council, Idaho

17. (a) Burial (b) Date thereof 3/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: I.O.O.F. Council, Idaho.

18. Funeral Director's OWN Signature C. S. Jones #557  
and Address Northam-Jones Chapel, Boise, Idaho.

19. (a) 3/24/48 (b) Ann Emery  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 127A 093D

20. DATE OF DEATH (Month, Day, Year) March 21 1948  
at 4:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3/21/48 to 3/21/48  
I last saw h. alive on 3/21/48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Diabetes Mellitus  
Chronic Venous Thrombosis  
Due to Stroke

Due to .....  
Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Cholecystectomy Date 3/10/48  
Major finding Choleliths  
Finding of autopsy Chronic Myocarditis

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?  
Means of injury .....

23. Attendant's OWN Signature Ann Emery (M D. or other)  
and Address Council, Idaho. Date 3/21/48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Bannock  
(b) City or town Pocatello  
(c) Street Address xxxxxx No. So. Johnson Ave  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place ...  
(f) Name Hosp. or Inst. General Stayed 14 days  
(g) Lived in this county ... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address xxxxxx No. 293 Wayne Ave.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state) ...

3. (a) FULL NAME GEORGE ERASTUS MARLEY

3. (b) If veteran, name war --- 3. (c) Social Security No. 774-10-8427  
5. Color or race white 6. (a) Single, widowed, married, divorced married  
4. Sex male 6. (b) Name of husband or wife Mary E. Marley 6. (c) Age of husband or wife if alive ... years  
7. Date of Birth (Month, Day, Year) November 5, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>3</u>	<u>26</u>	hrs min.

9. Exact Occupation Retired Did this work for 30 yrs.  
10. Industry or Business R. R. Express Date last worked 1945  
11. Birthplace Cannonville, Utah  
(City or town) (State or foreign country)

12. Name Joseph Marley  
13. Birthplace Wales  
(City or town) (State or foreign country)  
14. Maiden name Mary D. Stinger  
15. Birthplace Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mary Ella Marley  
and Address Pocatello, Idaho  
17. (a) burial (b) Date thereof 3/6/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Pocatello, Idaho

18. Funeral Director's OWN Signature James J. Powell  
and Address Pocatello, Idaho  
19. (a) Mar. 3, 1948 (b) James J. Powell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 097X  
20. DATE OF DEATH (Month, Day, Year) March 3 19 48  
at 9:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 1947 to March 3 19 48  
I last saw h.a.m. alive on March 3 19 48 death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death:

Cardiac failure -  
Due to hypertension 7 years  
Due to arteriosclerosis 7 yrs  
Other conditions ...  
(Include pregnancy within 3 months of death)

Where was disease contracted? ...  
Name of operation ... Date ...  
Major finding ...  
Finding of autopsy ...  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ... Suicide? ... Homicide? ...  
Occurred ... 19 ... City, county, state where violence occurred  
Place of Violence: Home ... Farm ... Industry ...  
Public Place ... While at work? ...  
Means of injury ...  
23. Attendant's OWN Signature James J. Powell  
and Address Pocatello, Idaho Date 3/3/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
23 1948

# Certificate Of Death

DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. **863**  
Local Reg. No. **76**  
Reg. Dist. No. **511**

## 1. PLACE OF DEATH:

(a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address **XXXXXX So. Johnson Ave**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **General** Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Blaine**  
(c) City or town **Mackey**  
(d) Street Address or R.F.D. No. ☐  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME **JOE STINSON**

3. (b) If veteran, name war ☐ No. ☐  
5. Color or **white** 6. (a) Single, widowed, married, divorced **single**  
4. Sex **male** race **white**  
6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth (Month, Day, Year) **June 18, 1869**

8. AGE	Years	Months	Days	If less than 1 day
	<b>78</b>	<b>8</b>	<b>13</b>	hrs min.

9. Exact Occupation **Retired** Did this work for ☐ yrs.  
10. Industry or Business **Laborer** Date last worked ☐  
11. Birthplace **No data Nevada** (City or town) (State or foreign country)

12. Name **Eli Stinson**  
13. Birthplace **No data** (City or town) (State or foreign country)  
14. Maiden name **Frances Elvira Meyers**  
15. Birthplace **No data** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Blaine Stinson**  
and Address **113 Pocatello Idaho**  
17. (a) **removal** (b) Date thereof **3/3/48** (Month) (Day) (Year)  
(c) Place: **Arco, Idaho**

18. Funeral Director's OWN Signature **Jessie J. Howell**  
and Address **Pocatello, Idaho**

19. (a) **Mar. 3, 1948** (b) **Jessie J. Howell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **135A**

20. DATE OF DEATH (Month, Day, Year) **March 3, 1948**  
at **4:55** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **2-5-1948** to **Mar. 3, 1948**  
I last saw him alive on **Mar. 3, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Uremia** Duration **4 weeks**

Due to **nephritis** **1 year**

Due to **chronic cystitis** **6 mos.**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ☐ PHYSICIAN  
Name of operation ☐ Underline the cause to which death should be charged statistically.  
Major finding ☐  
Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury ☐  
23. Attendant's OWN Signature **D C Ray**

and Address **Pocatello, Idaho** (M. D. or other) Date **3/3/1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

27 1948

OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 864  
Local Reg. No. 78  
Reg. Dist. No. 510

1. PLACE OF DEATH:  
(a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ✓ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 49 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 551 N. Kinley  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) Livingston Mont.

3. (a) FULL NAME Esther Izora Brown

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced widowed  
4. Sex ♀ race W 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
6. (b) Name of husband or wife Benjamin F.

7. Date of Birth (Month, Day, Year) December 22, 1854  
8. AGE  
Years 93 Months 2 Days 13 If less than 1 day hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Oldtown Maine (City or town) (State or foreign country)

12. Name Edward H. Newbigen (City or town) (State or foreign country)

13. Birthplace U.S.A. (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature E. Brown and Address 551 N. Kinley Ave.

17. (a) Burial (b) Date thereof 3-8-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountain View

18. Funeral Director's OWN Signature Byron B. Daconary and Address Pocatello Idaho

19. (a) Mar. 13, 1948 (b) Jessie S. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March, 5 1948  
at 4 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 3/5 1948 to 3/5 1948  
I last saw h. on alive on 3/4 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Myocardial infarction  
Due to atherosclerosis  
Due to senility  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature B. Daconary (M. D. or other) and Address Pocatello Idaho Date 3/7 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

1948

# Certificate of Death

STATE OF IDAHO

State File No. **865**  
Local Reg. No. **79**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 168 Randolph  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ✓ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 168 Randolph  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Robin Lee Taylor

157E

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or W  
6. Sex M race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March, 2, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>7</u>	hrs. min.

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Pocatello, Id. (City or town) (State or foreign country)

12. Name Wayne Taylor

13. Birthplace Oreston, Idaho (City or town) (State or foreign country)

14. Maiden name Mildred J. Taylor

15. Birthplace Long Beach, Cal. (City or town) (State or foreign country)

16. Informant's OWN Signature Wayne Taylor  
and Address 168 Randolph

17. (a) Burial (b) Date thereof 3-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Dayton, Idaho

18. Funeral Director's OWN Signature Byron B. Leonard  
and Address Pocatello, Idaho

19. (a) 3-12-48 (b) Jessie G. Fawell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March, 9, 1948  
at 8 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 2, 1948 to March 9, 1948  
I last saw him alive on March 7, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Conditioned -  
Due to Probably congenital heart disease

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of Injury \_\_\_\_\_

23. Attendant's OWN Signature Ralph B. Hegsted M.D.

and Address Pocatello, Idaho (City, county, state)

Date March 11, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

948  
State File No. **866**  
Local Reg. No. **81**  
Reg. Dist. No. **511**

RECEIVED  
APR - 2 1948

1. PLACE OF DEATH: DIVISION OF VITAL  
(a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address **XXXXXX So. Johnson Ave**  
(d) Death Occured Inside? **X** Outside? city or town  
(e) Died in a Home Hospital **X** Institution Other place  
(f) Name Hosp. or Inst. **General** Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address **XXXXXX 827 So. Arthur**  
(e) Deceased lived Inside? **X** Outside? city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state)

3. (a) FULL NAME **PAUL ELWOOD RIDER**

3. (b) If veteran, name war --- No. ---  
5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
4. Sex **male**  
6. (b) Name of husband or wife **Eva May Rider** 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) **June 9, 1875**

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>9</b>	<b>1</b>	hrs min.

9. Exact Occupation **Retired** Did this work for yrs.  
10. Industry or Business **Union Pacific R.R.** Date last worked **1940**  
11. Birthplace **Martins Ferry, Ohio** (City or town) (State or foreign country)

Mother Father  
12. Name **George E. Rider**  
13. Birthplace **Martins Ferry, Ohio** (City or town) (State or foreign country)  
14. Maiden name **Julia F. Martin**  
15. Birthplace **New Martinsville, W. Vir.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Eva M. Rider**  
and Address **Pocatello, Idaho**

17. (a) **burial** (b) Date thereof **3/15/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Pocatello, Idaho**

18. Funeral Director's OWN Signature **Jack Henderson**  
and Address **Pocatello, Idaho**

19. (a) **Mar. 12, 1948** (b) **June 2, 1948**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 11, 1948**  
(Month, Day, Year)  
at **11:45** o'clock **A. M.**

21. I HEREBY CERTIFY, That I attended deceased from **1947**, to **Mar. 11, 1948**

I last saw him alive on **Mar. 11, 1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Uremia** Duration

Due to **Carcinoma of Bladder**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **✓**  
Name of operation **Cystectomy** Date **Jan 7** PHYSICIAN  
Major finding **Carcinoma of Bladder** Underline the cause to which death should be charged statistically.  
Finding of autopsy **No Autopsy**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **CO Shoom, M.D.** (M. D. or other)  
and Address **Pocatello, Idaho** **3/11/1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

APR - 2 1948

STATE OF IDAHO

1948  
State File No. **867**  
Local Reg. No. **87**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address ~~XXXXXX~~ **1006 No. 9th Ave**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ~~XXXX~~ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address ~~XXXXXX~~ **1006 No. 9th Ave**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **44** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**MINNIE A. FISHER**

## 3. (b) If veteran,

name war ~~XXXXXX~~

## 3. (c) Social Security

No. ~~XXXXXX~~

5. Color or **female** race **colored**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Fred Fisher**  
6. (c) Age of husband or wife if alive **dead** years

## 7. Date of Birth

(Month, Day, Year) **July 3, 1881**

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>	<b>8</b>	<b>10</b>	hrs min.

9. Exact Occupation **housewife** Did this work for **43** yrs.

10. Industry or Business **Self** Date last worked \_\_\_\_\_

11. Birthplace **New Albany, Indiana**  
(City or town) (State or foreign country)

12. Name **Sidney Alexander**

13. Birthplace **Indiana**  
(City or town) (State or foreign country)

14. Maiden name **Adaline Russell**

15. Birthplace **Indiana**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Jennie A. Moscow**  
and Address **Twin Falls, Idaho**

17. (a) **Burial** (b) Date thereof **3/17/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Pocatello, Idaho**

18. Funeral Director's OWN Signature **Jack Henderson**  
and Address **Pocatello, Idaho**

19. (a) **3/15/48** (b) **Jessie J. Dorell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 13** 19 **48**  
(Month, Day, Year)  
at **high noon** clock **M.**

21. I HEREBY CERTIFY, That I attended deceased from **19** to **March 13, 1948**

I last saw h.e.r. alive on **March 13, 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Decomposition of heart** Duration **3 weeks**

Due to **mitral stenosis** **Several**

Due to \_\_\_\_\_ **years**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **A. M. Newton M.D.**  
(M. D. or other)  
and Address **Pocatello, Idaho** Date **3/15 19 48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **868**  
Local Reg. No. **84**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH: STATISTICS

- (a) County **BANNOCK**  
(b) City or town **POCATELLO**  
(c) Street Address or R.F.D. No. **230 W. BONNIVILLE**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. **-** Stayed **-** days  
(g) Lived in this county **7** years **-** months **-** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **POCATELLO**  
(d) Street Address or R.F.D. No. **230 W. BONNIVILLE**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **7** years  
(h) Former residence (city, state) **UNKNOWN**

## 3. (a) FULL NAME

**WILLIAM MEYER**

## 3. (b) If veteran,

name war **UNKNOWN**

## 3. (c) Social Security

No. **UNKNOWN**

5. Color of **-** 6. (a) Single, widowed, married, divorced **UNKNOWN**

4. Sex **MALE** race **WHITE**

6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years

## 7. Date of Birth

(Month, Day, Year) **JULY 25, 1890**

8. AGE	Years	Months	Days	If less than 1 day
	<b>57</b>	<b>7</b>	<b>19</b>	hrs min.

9. Exact Occupation **TELEGRAMMER** Did this work for **-** yrs.

10. Industry or Business **WESTERN UNION** Date last worked **-**

11. Birthplace **QUINCY ILLINOIS** (City or town) (State or foreign country)

12. Name **JOHN CHRIS MEYER**

13. Birthplace **UNKNOWN** (City or town) (State or foreign country)

14. Maiden name **MARGARET AGNES CASTELL**

15. Birthplace **UNKNOWN** (City or town) (State or foreign country)

16. Informant's OWN Signature **PERSONAL RECORDS: Ray G. Hall**

and Address **POCATELLO, IDAHO**

17. (a) **REMOVAL** (b) Date thereof **3-18-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **DENVER, COLORADO**

18. Funeral Director's OWN Signature **Arthur J. Hall**

and Address **POCATELLO, IDAHO**

19. (a) **MAR 17-1948** (b) **James J. Powell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **MARCH 17, 1948** at **-** o'clock **M.**

21. I HEREBY CERTIFY, That I attended deceased from **19**, to **19**

I last saw h. **-** alive on **19**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Found dead in his Room at Gallatin Hotel**

Due to **Probable Cardiac Failure**

Due to **Alcoholism**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **-** Date **-**

Major finding **-**

Finding of autopsy **-**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred **19** City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **-**

23. Attendant's OWN Signature **Arthur J. Hall** (For additional space, use reverse side)

and Address **POCATELLO, IDAHO** Date **MAR 18, 1948**

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED**  
**Certificate Of Death**  
**APR - 2 1948**  
STATE OF IDAHO

**1. PLACE OF DEATH: DIVISION OF VITAL**

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or ~~XXXXXX~~ **556 So. 6th Ave**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. **38** Stayed **38** days  
(g) Lived in this county **38** years **38** months **38** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or ~~XXXXXX~~ **556 So. 6th Ave**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **38** years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

**FRANK TERRELL HIX**

**3. (b) If veteran,**

name war **---**

**3. (c) Social Security**

No. \_\_\_\_\_

5. Color or **white** 6. (a) Single, widowed, married, divorced **married**  
4. Sex **male** race **white**  
6. (b) Name of husband or wife **Fern C. Hix** 6. (c) Age of husband or wife if alive **38** years

7. Date of Birth (Month, Day, Year) **January 12, 1886**

8. AGE	Years	Months	Days	hrs	min.
	<b>62</b>	<b>2</b>	<b>2</b>		

9. Exact Occupation **Retired** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Conductor, U. P. RR** Date last worked **41**

11. Birthplace **Kansas City Missouri** (City or town) (State or foreign country)

12. Name **Frank S. Hix**

13. Birthplace **Kansas City Missouri** (City or town) (State or foreign country)

14. Maiden name **Mathilda Hobbs**

15. Birthplace **Emporia Kansas** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Fern C. Hix** and Address **Pocatello, Idaho**

17. (a) **Burial** (b) Date thereof **3/17/48** (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Pocatello, Idaho**

18. Funeral Director's OWN Signature **Jessie J. Howell** and Address **Pocatello, Idaho**

19. (a) **Mar. 15, 1948** (b) **Jessie J. Howell** (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **March 14** 19 **48**  
at **5:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **March 14** 19 **48**  
to **March 14** 19 **48**

I last saw him alive on **March 14** 19 **48**; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

**Duration**

**Inanition** **3 mo**

Due to **several paresis** **3 years**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **19** City, county, state

where violence occurred

Place of Violence: **Home** **Farm** **Industry**

Public Place **While at work?**

Means of injury **RP. Howard and**

23. Attendant's OWN Signature **RP. Howard and**

and Address **Pocatello, Idaho** (M. D. or other) **3/15** 19 **48**

(For additional space, use reverse side)



United States  
Department of Commerce  
Bureau of the Census  
**RECEIVED**  
**Certificate Of Death**  
**APR - 2 1948**  
**STATE OF IDAHO**  
**DIVISION OF VITAL**

1. PLACE OF DEATH: **STATISTICAL**  
(a) County **BANNOCK**  
(b) City or town **POCATELLO**  
(c) Street Address or R.F.D. No. **101 S. JOHNSON**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **GENERAL** Stayed **1** days  
(g) Lived in this county **54** years ☐ months ☐ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **POCATELLO**  
(d) Street Address or R.F.D. No. **222 S. 2ND**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **54** years  
(h) Former residence (city, state) **HEBURN, UTAH**

3. (a) FULL NAME **SIMPSON MOLEN JENSEN**

3. (b) If veteran, name war **-**  
3. (c) Social Security No. **519-07-3795**  
5. Color or **-**  
4. Sex **MALE** race **WHITE** divorced **MARRIED**  
6. (b) Name of husband or wife **ESTHER COFFIN** 6. (c) Age of husband or wife if alive **58** years  
7. Date of Birth (Month, Day, Year) **MARCH 5 1884**

8. AGE	Years	Months	Days	If less than 1 day
	<b>64</b>	<b>0</b>	<b>10</b>	hrs min.

9. Exact Occupation **CARPENTER** Did this work for **-** yrs.  
10. Industry or Business **-** Date last worked **DEC. 31, 47**  
11. Birthplace **HEBURN UTAH**  
(City or town) (State or foreign country)

12. Name **MICHAEL JENSEN**  
13. Birthplace **DENMARK**  
(City or town) (State or foreign country)  
14. Maiden name **DORIS HANSEN**  
15. Birthplace **DENMARK**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Sim Jensen**  
and Address **POCATELLO, IDAHO**

17. (a) **BURIAL** (b) Date thereof **3, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **MOUNTAIN VIEW, POCATELLO, IDAHO**

18. Funeral Director's OWN Signature **Arthur M. Hall**  
and Address **POCATELLO, IDAHO**

19. (a) **3-26-48** (b) **Jennie J. Powell**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH 097X**

20. DATE OF DEATH (Month, Day, Year) **MARCH 15 1948**  
at **-** o'clock **M.**

21. I HEREBY CERTIFY, That I attended deceased from **15 March 1948** to **15 March 1948**  
I last saw h. **l.** alive on **15 March 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration **12 hr**

Due to **Arteriosclerosis**  
**General** **10974**

Due to **-**  
Other conditions **-**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **-**  
Name of operation **-** Date **-**  
Major finding **-**  
Finding of autopsy **-**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state where violence occurred **-**  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury **-**

23. Attendant's OWN Signature **Therese Howard MD**  
(M. D. or other)  
and Address **POCATELLO, IDAHO** Date **26 March 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
APR - 21 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **871**  
Local Reg. No. **27**  
Reg. Dist. No. **5.11**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Paradise  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. St. Anthony Stayed 2 days  
(g) Lived in this county 0 years 0 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Clark  
(c) City or town Small  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ✓ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Wayne Garfield Bond

## 3. (b) If veteran, name war None 3. (c) Social Security No. ....

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single  
7. Date of Birth (Month, Day, Year) April 14, 1904  
8. AGE Years 43 Months 11 Days 2 If less than 1 day hrs min.

9. Exact Occupation Rancher Did this work for 25 yrs.  
10. Industry or Business Cattle raising Date last worked  
11. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)  
12. Name James Garfield Bond  
13. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)  
14. Maiden name Edith Jane Sample  
15. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature J. G. Bond and Address Blackfoot, Idaho  
17. (a) Removal (b) Date thereof 3-16-48 (Month) (Day) (Year)  
(c) Place: Blackfoot, Idaho  
18. Funeral Director's OWN Signature Howard Packham and Address Blackfoot, Idaho  
19. (a) Mar. 16, 1948 (b) John J. Farrell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 095C

20. DATE OF DEATH (Month, Day, Year) March 16, 1948 at 2:58 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 19, 1947 to Mar 16, 1948  
I last saw him alive on Mar 15, 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death Duration

Vascular Embolism 4 d

Due to RR. H. Dis 1 yr

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Where was death contracted? Home

Name of operator — Date —

Major finding —

Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature Howard Packham and Address Blackfoot, Idaho (Date or other) Mar 16, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

APR - 2 1948

STATE OF IDAHO

DIVISION OF VITAL

State File No. 872  
Local Reg. No. 88  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 910 N. LINCOLN  
(d) Death Occured Inside? - Outside? - city or town  
(e) Died in a Home ✓ Hospital - Institution - Other place -  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county 42 years - months - days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. 910 N. LINCOLN  
(e) Deceased lived Inside? - Outside? - city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) - UTAH

## 3. (a) FULL NAME

JOSEPH H. TOLMAN

## 3. (b) If veteran,

name war -

## 3. (c) Social Security

No. -

5. Color or 6. (a) Single, widowed, married,  
4. MALE race WHITE divorced MARRIED  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife WATSON alive 76 years

7. Date of Birth (Month, Day, Year) JANUARY 3, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>2</u>	<u>18</u>	hrs min.

9. Exact Occupation RETIRED Did this work for 3 yrs.

10. Industry or Business MAKINIST. U.P.R.R. Date last worked 1945

11. Birthplace BOUNTIFUL UTAH  
(City or town) (State or foreign country)

12. Name JOSEPH H. TOLMAN

13. Birthplace POCATELLO UTAH  
(City or town) (State or foreign country)

14. Maiden name EMMA HOELL WOOD

15. Birthplace - -  
(City or town) (State or foreign country)

16. Informant's OWN Signature Leora Sartor

and Address POCATELLO, IDAHO

17. (a) REMOVAL (b) Date thereof 3-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: STAR VALLEY, WYOMING

18. Funeral Director's OWN Signature Arthur W. Hall

and Address POCATELLO, IDAHO

19. (a) Mar. 24, 1948 (b) James Russell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) MARCH 21 1948  
at 5:05 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 16 1948, to Mar 21 1948.  
I last saw him alive on Mar 16 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary occlusion Duration Instant

Due to Coronary occlusion 1 yr

Due to -

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ✓ Date -

Major finding -

Finding of autopsy -

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature Leora Sartor

and Address POCATELLO, IDAHO Date 3-25-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **973**  
Local Reg. No. **95**  
Reg. Dist. No. **510**

APR 19 1948

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address **XXXXXX So. Johnson Ave**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **General** Stayed ☐ days  
(g) Lived in this county **7** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or ~~XXXXXX~~ **1215 So. 4th**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

**MARION EMOGENE SHAFFER**

## 3. (b) If veteran,

name war **---**

## 3. (c) Social Security

No. ☐

5. Color or **white** 6. (a) Single, widowed, married, divorced **married**  
4. Sex **female** face **white**

6. (b) Name of husband or wife **Joseph Shaffer** 6. (c) Age of husband or wife if alive ☐ dead ☐ years

7. Date of Birth (Month, Day, Year) **April 29, 1904**

8. AGE	Years	Months	Days	hrs	min.
	<b>43</b>	<b>10</b>	<b>21</b>		

9. Exact Occupation **housewife** Did this work for **20** yrs.

10. Industry or Business **Self** Date last worked ☐

11. Birthplace **Saint Paul Minnesota** (City or town) (State or foreign country)

12. Name **Bert Sundae**

13. Birthplace **Norway** (City or town) (State or foreign country)

14. Maiden name **No data**

15. Birthplace ☐ (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. H. G. Clendage**

- and Address **Pocatello, Idaho**

17. (a) **Burial** (b) Date thereof **3/25/48** (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Pocatello, Idaho**

18. Funeral Director's OWN Signature **Jack Henderson**

- and Address **Pocatello, Idaho**

19. **Mar. 22, 1948** (Date received and filed)

**Gene J. Russell** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 21** 19 **48**  
(Month, Day, Year) at **2:30** o'clock **a.** M.

21. I HEREBY CERTIFY, That I attended deceased from **March 21** 19 **48**  
19 ☐ to **March 21** 19 **48**

I last saw her alive on **March 21** 19 **48** death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Uremia** Duration **2 months**

Due to **analphant Hypertension** **5 yrs.**

Due to ☐

Other conditions (Include pregnancy within 3 months of death) ☐

Where was disease contracted? **Home**

Name of operation **none** Date ☐

Major finding ☐

Finding of autopsy **none** PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **19** City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **R.P. Howard**

23. Attendant's OWN Signature **R.P. Howard**

and Address **Pocatello, Idaho** (City, D. or other) **3/22/48**

(For additional space, use reverse side)

RECEIVED

Certificate Of Death

State File No. \_\_\_\_\_  
Local Reg. No. 89  
Reg. Dist. No. 510

United States  
Department of Commerce  
Bureau of the Census

DIVISION OF VITAL STATE OF IDAHO

1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address XXXXXX So. Johnson Ave  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 1 hour  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address XXXXXX 725 W. Lander  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

PERLY CLARENCE McVICKER

094A

3. (b) If veteran, name war No. 1 No. 519-01-3385  
5. Color or 6. (a) Single, widowed, married, married  
4. Sex male race white  
6. (b) Name of husband or wife Mary E. Moffatt 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) January 1, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>2</u>	<u>21</u>	hrs min.

9. Exact Occupation Foreman Did this work for 2 yrs.  
10. Industry or Business Simplot Fertilizer Date last worked 3/20/48  
11. Birthplace Noble County Ohio (City or town) (State or foreign country)

12. Name A. S. McVicker  
13. Birthplace No Data (City or town) (State or foreign country)  
14. Maiden name Graggs  
15. Birthplace No Data (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Pocatello, Idaho

17. (a) Removal (b) Date thereof 3/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Salt Lake City, Utah

18. Funeral Director's OWN Signature [Signature]  
and Address Pocatello, Idaho

19. (a) 3/22/48 (b) Jessie S. Russell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 21 19 48  
at 11:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to March 21 19 48

I last saw h. 1M alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

- Due to Cardiac failure  
Due to Coronary occlusion  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy Occlusion of right coronary artery

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Keith M. Pearson (M. D. or other)  
and Address Pocatello, Ida Date 3/22 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 9 1948

**NON RESIDENT**  
**CERTIFICATE OF DEATH**  
STATE OF IDAHO

1948  
State File No. 92875  
Local Reg. No. 511  
Reg. Dist. No. \_\_\_\_\_

**1. PLACE OF DEATH:**

- (a) County Bannock  
(b) City or town Pocatello, Idaho  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) **FULL NAME** William Gannon Perry

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married,

4. Sex Male race White divorced Married

6. (b) Name of husband or wife Diana H. Perry 6 (c) Age of husband or wife if alive 80 years

7. Date of Birth (Month, Day, Year) Mar. 26, 1860

AGE	Years	Months	Days	If less than 1 day
	<u>88</u>	<u>0</u>	<u>1</u>	hrs min.

9. Exact Occupation Retired Rancher Did this work for 65 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Terre Haute, Indiana  
(City or town) (State or foreign country)

Father { 12. Name William Perry

13. Birthplace Kentucky  
(City or town) (State or foreign country)

Mother { 14. Maiden name Katherine Gannon

15. Birthplace Ireland  
(City or town) (State or foreign country)

16. Informant's **OWN** Signature Stella Perry  
and Address \_\_\_\_\_

17. (a) Removal (b) Date thereof Mar. 28, 1948  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Cokeville, Wyoming

18. Funeral Director's **OWN** Signature Pete Mattheus  
and Address Montpelier, Idaho

19. (a) Mar. 31 - 1948 (b) Jessie S. Lammell  
(Date received and filed) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:** (Always fill in these)

- (a) State Wyoming (b) County Lincoln  
(c) City or town Cokeville  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) If foreign born, in U. S. \_\_\_\_\_ yrs. Citizen of U. S.? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Cokeville, Wyo.

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** (Month, Day, Year) March 27 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1947, to Mar 27 1948  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 1 yr

Due to Thyroid tumor

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease first contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's **OWN** Signature Stella

and Address Pocatello, Ida (M. D. or other) \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

APR 9 1948

1038  
State File No. 9376  
Local Reg. No. 511  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Picadilly  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Anthony Stayed X days  
(g) Lived in this county... years... months X days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Aburdien, Ida  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? 4 Mo. years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Barbara K. Prestidge

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. none

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth (Month, Day, Year)

Nov 8 - 47

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>4</u>	<u>20</u>	hrs min.

9. Exact Occupation none Did this work for - yrs.

10. Industry or Business ..... Date last worked

11. Birthplace American Falls Hospital (City or town) (State or foreign country)

12. Name George James Prestidge

13. Birthplace Aburdien Idaho (City or town) (State or foreign country)

14. Maiden name Leith Ann Prestidge

15. Birthplace Newton Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature George James Prestidge

and Address Aburdien Idaho

17. (a) Burial (b) Date thereof 3-30-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Aburdien, Ida.

18. Funeral Director's OWN Signature H. J. Davis

and Address Am. Falls, Ida.

19. (a) Mar 31-1948 (b) James J. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

157E

20. DATE OF DEATH (Month, Day, Year) 3/28/48 19

at 3:45 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 3/25/48 19, to 3/28/48 19

I last saw her alive on 3/28/48 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Branches pneumonia

## Duration

3 day

Due to U.P.P.s Responding to day

Due to ..... Other conditions Congestive heart failure

(Include pregnancy within 3 months of death)

Tuberculosis of fallopian

Where was disease contracted?

Name of operation ..... Date

Major finding none

Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 City, county, state

where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work? .....

Means of injury

## 23. Attendant's

OWN Signature W. M. G. Dwyer (M. D. or other)

and Address Pocatello Date 3/28/48 (For additional space, use reverse side)

160

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **748 877**  
Local Reg. No. **96**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

(a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address **XXXXXX So. Johnson Ave**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **General** Stayed **60** days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address **XXXXXX 550 No. Harrison**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

**JOHN GORDON**

## 3. (b) If veteran,

name war ---

## 3. (c) Social Security

No. ☐

5. Color or 6. (a) Single, widowed, married,  
4. Sex **male** race **white** divorced **single**

6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife ☐ alive ☐ years

7. Date of Birth **November, 1867**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>80</b>			hrs min.

9. Exact Occupation **Railroad Employee** Did this work for ☐ yrs.

10. Industry or Business **Retired** Date last worked ☐

11. Birthplace **Cedar Rapids, Iowa**  
(City or town) (State or foreign country)

12. Name **No Data**

13. Birthplace **No Data**  
(City or town) (State or foreign country)

14. Maiden name **No Data**

15. Birthplace **No Data**  
(City or town) (State or foreign country)

16. Informant's **Records taken from Hospital**  
OWN Signature

and Address ☐

17. (a) **Burial** (b) Date thereof **4/2/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Pocatello, Idaho**

18. Funeral Director's **J. H. Henderson**  
OWN Signature

and Address **Pocatello, Idaho**

19. (a) **Mar. 30, 1948** (b) **Jessie J. Daniel**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 30 1948**  
(Month, Day, Year)

at **11:35** o'clock **a.** M.

21. I HEREBY CERTIFY, That I attended deceased from **1947** to **Mar. 30 1948**

I last saw him alive on **Mar. 30 1948** death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Due to **Coronary thrombosis**

Due to ☐  
Other conditions **Cardio renal** (Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**

Name of operation **None** Date ☐

Major finding **Edema of lungs**

Finding of autopsy **None**

PHYSICIAN  
Underline cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

Where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **None**

23. Attendant's **H. H. Hughes**  
OWN Signature

and Address **Pocatello, Idaho** Date **3/30 1948**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

748  
State File No. 878  
Local Reg. No. 97  
Reg. Dist. No. 210

1. PLACE OF DEATH: **APR 19 1948**  
(a) County Bannock  
(b) City or town Pocatello  
(c) Street Address XXXXXX 839 So. Harrison  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days 63  
(g) Lived in this county 63 years months days

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address XXXXXX 839 So. Harrison  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) \_\_\_\_\_

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME GEORGE LAWRENCE THOMPSON

3. (b) If veteran, name war --- 3. (c) Social Security No. ---  
5. Color or --- 6. (a) Single, widowed, married, ---  
4. Sex male race white divorced widowed  
6. (b) Name of husband or wife Jennie May Thompson dead 6. (c) Age of husband or wife if years  
7. Date of Birth (Month, Day, Year) September 1, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>7</u>	<u>0</u>	hrs min.

9. Exact Occupation Retired Did this work for --- yrs.  
10. Industry or Business Painter Date last worked ---  
11. Birthplace Birmingham England  
(City or town) (State or foreign country)  
12. Name L.G. Thompson  
13. Birthplace London England  
(City or town) (State or foreign country)  
14. Maiden name No Data  
15. Birthplace ---  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. F.M. Watson  
and Address Pocatello, Idaho  
17. (a) Burial (b) Date thereof 4/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pocatello, Idaho  
18. Funeral Director's OWN Signature Jack Henderson  
and Address Pocatello, Idaho  
19. (a) April 2, 1948 (b) Jessie J. Daniel  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH (Month, Day, Year) March 31 19 48  
at 5:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 21 19 48  
19 March 21 to March 31 19 48

I last saw him alive on March 31 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Probably coronary Duration unknown

Due to Senility  
Other conditions (Include pregnancy within 3 months of death) Senility

Where was disease contracted? Idaho  
Name of operation none Date ---  
Major finding ---  
Finding of autopsy ---

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred --- 19 --- City, county, state ---  
where violence occurred ---  
Place of Violence: Home --- Farm --- Industry ---  
Public Place --- While at work? ---  
Means of injury ---

23. Attendant's OWN Signature J. J. Daniel  
and Address Pocatello, Idaho Date 4/2 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 879  
Local Reg. No. 80  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town LAUA HOT SPRINGS  
(c) Street Address or R. F. D. No. BOYCE HOTEL  
(d) Death Occured Inside? ✓ Outside?    city or town  
(e) Died in a Home    Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 83 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town LAUA HOT SPRINGS  
(d) Street Address or R.F.D. No. BOYCE HOTEL  
(e) Deceased lived Inside? ✓ Outside?    city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 83 years  
(h) Former residence (city, state) UTAH

## 3. (a) FULL NAME

ALBERT MYRON BOYCE

## 3. (b) If veteran,

## 3. (c) Social Security

name war    No.   

5. Color or    6. (a) Single, widowed, married,  
(b) Sex MALE race WHITE divorced WIDOWED

6. (b) Name of husband or    6. (c) Age of husband or wife if  
wife LOU MARLENE MARRAS DIED 1946 years

7. Date of Birth  
(Month, Day, Year) MARCH 16, 1854

8. AGE	Years	Months	Days	If less than 1 day
	<u>93</u>	<u>11</u>	<u>2</u>	hrs min.

9. Exact Occupation CARPENTER CONTRACTOR Did this    yrs.

10. Industry or Business RETIRED Date last worked

11. Birthplace PALMYRA UTAH  
(City or town) (State or foreign country)

12. Name JOHN BOYCE

13. Birthplace FREDRICKSBURG CANADA  
(City or town) (State or foreign country)

14. Maiden name MARY ANN BARLEE

15. Birthplace ELLISBURG NEW YORK  
(City or town) (State or foreign country)

16. Informant's    OWN Signature John Boyce Gibbs

and Address LAUA HOT SPRINGS, IDAHO

17. (a) BURIAL (b) Date thereof 2-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: LAUA HOT SPRINGS, IDAHO

18. Funeral Director's    OWN Signature Arthur M. Hall

and Address POCAHONTO, IDAHO

19. (a) 2-21-48 (b) Jessie J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH  
(Month, Day, Year) FEBRUARY 18 1948  
at 10:55 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from     
January 19 1948, to 2-17-48 19    
I last saw him alive on 2-17 1948; death is  
said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Apoplexy Duration 10 days

Due to Hypertension and   

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?         

Name of operation    Date      

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's    OWN Signature John Boyce Gibbs

and Address LAUA HOT SPRINGS (M. D. or other)

Date 2-18 1948

(For additional causes, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 880  
Local Reg. No. 90  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Lava Hot Springs  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ✓ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Lava Hospital Stayed 185 days  
(g) Lived in this county 43 years 5 months 11 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Lava Hot Springs  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Marguerite Hall Long

048A

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 5. Color or

6. (a) Single, widowed, married, divorced divorced

## 4. Sex FEMALE race WHITE

6. (b) Name of husband or wife Jean Royal Long 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) October 8, 1904

## 8. AGE

Years 43 Months 5 Days 16 if less than 1 day hrs min.

## 9. Exact

Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked \_\_\_\_\_

## 11. Birthplace

Lava Hot Springs Idaho  
(City or town) (State or foreign country)

## 12. Name

Albert W. Hall

## 13. Birthplace

England  
(City or town) (State or foreign country)

## 14. Maiden name

Susan V. Nothine

## 15. Birthplace

Idaho  
(City or town) (State or foreign country)

## 16. Informant's

## OWN Signature

## and Address

Marguerite Hall  
Lava Hot Springs Idaho

## 17. (a) Burial

(Burial, cremation, or removal) (b) Date thereof 3-27-48

(c) Place: Mountain View Cemetery, Idaho

## 18. Funeral Director's

## OWN Signature

## and Address

Arthur Hall  
Peoria, Idaho

## 19. (a) Mar 27 - 1948

(Date received and filed)

## (b)

Jessie J. Farrell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 055E

## 20. DATE OF DEATH

(Month, Day, Year) March 24, 1948  
at 6:30 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

July 17, 1948, to March 24, 1948  
I last saw her alive on March 24, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Adenocarcinoma of Cervix with  
Due to Generalized metastasis

## Duration

3 years

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

## Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place

## While at work?

## Means of injury

## 23. Attendant's

## OWN Signature

Howard J. Galloway  
Lava Hot Springs Idaho

and Address \_\_\_\_\_ Date 3/24/48  
(For use by physician, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
APR - 21 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **881**  
Local Reg. No. **91**  
Reg. Dist. No. **511**

DIVISION OF VITAL

1. PLACE OF DEATH: STATISTICS  
(a) County **Bannock**  
(b) City or town **Lava Hot Springs**  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Lava Hot Springs** Stayed **15** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bannock**  
(c) City or town **Lava Hot Springs**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **Riverdale Utah**

3. (a) FULL NAME **Spencer George Godfrey**

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color of \_\_\_\_\_ 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Margaret Christine** 6. (c) Age of husband or wife if alive **72** years  
7. Date of Birth (Month, Day, Year) **June 13, 1868**

8. AGE	Years	Months	Days	If less than 1 day
	<b>79</b>	<b>9</b>	<b>15</b>	hrs min.

9. Exact Occupation **FARMER** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **RETIRED** Date last worked \_\_\_\_\_  
11. Birthplace **RIVERDALE UTAH** (City or town) (State or foreign country)

12. Name **RICHARD GODFREY**  
13. Birthplace **ENGLAND** (City or town) (State or foreign country)  
14. Maiden name **MARY ANN GEARBE**  
15. Birthplace **ENGLAND** (City or town) (State or foreign country)

16. Informant's OWN Signature **Eileen O'Connell**  
and Address **Pocatello, Idaho**

17. (a) **BURIAL** (b) Date thereof **4-1-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **LAVA HOT SPRINGS, IDAHO**

18. Funeral Director's OWN Signature **Arthur Hall**  
and Address **Pocatello, IDAHO**

19. (a) **3-24-48** (b) **Jan 2. Powell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **March 28, 1948**  
at **5:30** o'clock **A**.M.

21. I HEREBY CERTIFY, That I attended deceased from **March 8, 1948** to **March 28, 1948**  
I last saw him alive on **March 28, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pneumonia** Duration \_\_\_\_\_

Due to **Old Age**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Edward O'Connell**  
and Address **Lava Hot Springs** (M. D. or other) **3/28/48**  
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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APR - 3 1948

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 882

Local Reg. No. 552

Reg. Dist. No.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

- (a) County Blaine  
(b) City or town Montpelier Idaho  
(c) Street Address or R. F. D. No. Blaine  
(d) Death Occurred Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst. Blaine Hospital days  
(g) Lived in this county 5 years 5 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Montpelier Idaho  
(d) Street Address or R. F. D. No. Blaine  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) If foreign born, in U. S. 5 yrs. Citizen of U. S. 5  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) 157 E

3. (a) FULL NAME Bonnie Jean Johnson

3. (b) If veteran, name war No 3. (c) Social Security No. No

5. Color or white 6. (a) Single, widowed married, divorced Single  
4. Sex Female race white  
6. (b) Name of husband or wife alive years

7. Date of Birth (Month, Day, Year) Feb. 26, 1948

8. AGE Years Months Days If less than 1 day  
5 hrs 5 min.

9. Exact Occupation None Did this work for None yrs.

10. Industry or Business None Date last worked None

11. Birthplace Montpelier Idaho  
(City or town) (State or foreign country)

12. Name Dwight H. Johnson

13. Birthplace Georgetown Idaho  
(City or town) (State or foreign country)

14. Maiden name John Hayes

15. Birthplace Georgetown Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Dwight H. Johnson  
and Address Georgetown Idaho

17. (a) Buried (b) Date thereof Feb. 29, 1948  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Georgetown Idaho

18. Funeral Director's OWN Signature Phil Matthews  
and Address Montpelier Idaho

19. (a) 530 148 (b) Phil Matthews  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 26, 1948  
at 7:30 o'clock 7 M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1948, to Feb. 26, 1948.  
I last saw her alive on Feb. 26, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Patent foramen ovale Duration 4 1/2 hrs.

Due to Congenital anomaly

Due to None

Other conditions. None  
(Include pregnancy within 3 months of death)

Where was disease first contracted? None PHYSICIAN

Name of operation None Date None

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None

Occurred None 19 1948 City, county, state where violence occurred.

Place of Violence: Home None Farm None Industry None

Public Place None While at work? None

Means of injury None

23. Attendant's OWN Signature R. B. Lindsay, M.D.  
and Address Montpelier Idaho (M. or other) Date 3-8-48

(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
APR - 2 1948  
CERTIFICATE OF DEATH  
STATE OF IDAHO

7448  
State File No. 883  
Local Reg. No.  
Reg. Dist. No. 50

1. PLACE OF DEATH: (Always fill in these)  
(a) County Boise  
(b) City or town Montpelier Idaho  
(c) Street Address or R. F. D. No.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Boise Stayed days  
(g) Lived in this county years months days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State Idaho (b) County Boise  
(c) City or town Boise Idaho  
(d) Street Address or R. F. D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) If foreign born, in U. S. years Citizen of U. S.?  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME Dennis Arnold Carley

3. (b) If veteran, name war Color or  
3. (c) Social Security No.  
4. Sex Male race White divorced Single  
6. (b) Name of husband or wife alive years  
7. Date of Birth (Month, Day, Year) Mar 22, 1948

AGE	Years	Months	Days	If less than 1 day
				7 hrs min.

9. Exact Occupation None Did this work for years  
10. Industry or Business None Date last worked  
11. Birthplace Montpelier Idaho (City or town) (State or foreign country)

Father { 12. Name Arnold Carley  
13. Birthplace Idaho (City or town) (State or foreign country)

Mother { 14. Maiden name Armena Carley  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Dennell Carley and Address Idaho

17. (a) Personal (b) Date thereof Mar 22 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. Funeral Director's OWN Signature John W. ... and Address Idaho

19. (a) 3-24-48 (b) ...  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Mar 22 1948  
at 8:00 o'clock P. M.

21. HEREBY CERTIFY, That I attended deceased from March 22 1948 to March 22 1948  
I last saw him alive on Mar 22 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death General Weakness Duration 6 1/2 months gestation

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? Hospital PHYSICIAN  
Name of operation None Date  
Major finding Weight 3 lbs  
Finding of autopsy None  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred.  
Place of Violence: Home Farm Industry  
Public Place While at work  
Means of injury

23. Attendant's OWN Signature Spencer ... and Address Idaho (M. D. or other) Date Mar 22 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
APP - 3 1948

CERTIFICATE OF DEATH  
STATE OF IDAHO

1948  
State File No. 884  
Local Reg. No.  
Reg. Dist. No. 52

1. PLACE OF DEATH

- (a) County Blaine  
(b) City or town Paris, Idaho  
(c) Street Address or R. F. D. No.  
(d) Death Occurred Inside? ..... Outside? ..... city or town  
(e) Died in a Home? ..... Hospital? ..... Institution? ..... Other place? .....  
(f) Name Hosp. or Inst. 82 Stayed ..... days  
(g) Lived in this county 82 years ..... months ..... days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Paris, Idaho  
(d) Street Address or R. F. D. No.  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) If foreign born, in U. S. .... yrs. Citizen of U. S.?  
(g) How long had deceased lived in Idaho? 82 years  
(h) Former residence (city, state)

3. (a) FULL NAME

John David Lewis

3. (b) If veteran, name war

No

3. (c) Social Security No.

None

5. Color or (a) Single, widowed, married, divorced, Widowed  
6. Sex Male race white  
(b) Name of husband or wife Lucy Bradley (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year)

Sept 1, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>6</u>	<u>22</u>	hrs min.

9. Exact Occupation Farmer & Stock Did this work for ..... yrs.

10. Industry or Business Raising Date last worked

11. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

12. Name Joseph Lewis

13. Birthplace Wales England (City or town) (State or foreign country)

14. Maiden name Elizabeth Ann King

15. Birthplace Wid. bridge, Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature John Lewis and Address Paris Idaho

17. (a) Removal (b) Date thereof Mar 26 1948 (Month) (Day) (Year)

- (c) Place: Paris Cemetery

18. Funeral Director's OWN Signature W. Matthews and Address 314 Montpelier Idaho

19. (a) 3/28/48 (b) W. Matthews (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Mar 23 1948  
at 12 o'clock A.M.

21. I HEREBY CERTIFY That I attended deceased from March 23, 1948 to March 23, 1948  
I last saw him at Mar 23, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Symptomatic acute Distended Duration Instantly

of heart

Due to Old age

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? Home

Name of operation None Date None

Major finding Dead when first attended

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred.

- Place of Violence: Home? ..... Farm? ..... Industry? .....  
Public Place? ..... While at work? .....  
Means of injury

23. Attendant's OWN Signature Spencer Smith MD

and Address Paris Idaho (M) Mar 23 1948 (other)

(For additional space, use reverse side)

APR 19 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

## Certificate of Death

STATE OF IDAHO

State File No. 885

Local Reg. No.

Reg. Dist. No. 532

## 1. PLACE OF DEATH:

- (a) County... Blair Lake  
 (b) City or town... Paris Idaho  
 (c) Street Address or R.F.D. No. ....  
 (d) Death Occurred Inside? ☒ Outside? ☐ city or town  
 (e) Died in a Home... Hospital... Institution... Other place...  
 (f) Name Hosp. or Inst. .... Stayed... days  
 (g) Lived in this county... 25 years... months... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State... Idaho (b) County... Blair Lake  
 (c) City or town... Montpelier Idaho  
 (d) Street Address or R.F.D. No. ....  
 (e) Deceased lived Inside? ☒ Outside? ☐ city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 25 years  
 (h) Former residence (city, state) .....

## 3. (a) FULL NAME

Helen Gauer

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

## 5. Color or

Female race White6. (a) Single, widowed, married  
divorced. Widowed

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive... years

## 7. Date of Birth

(Month, Day, Year)

May 30 1868

## 8. AGE

Years

Months

Days

If less than 1 day

87101

hrs.

min.

## 9. Exact

Occupation... Housewife

## Did this

work for... yrs.

## 10. Industry or

Business

## Date last

worked

## 11. Birthplace

(City or town)

(State or foreign country)

Germany

## 12. Name

(City or town)

(State or foreign country)

Germany

## 13. Birthplace

(City or town)

(State or foreign country)

Germany

## 14. Maiden name

(City or town)

(State or foreign country)

Unknown

## 15. Birthplace

(City or town)

(State or foreign country)

Unknown

## 16. Informant's

OWN Signature

and Address

Otto J. GauerMenon Idaho

## 17. (a) Burial

(Burial, cremation or removal)

## (b) Date thereof

(Month) (Day) (Year)

April 3 1948

## (c) Place

Burial

Montpelier Idaho

## 18. Funeral Director's

OWN Signature

and Address

John MatthewsMontpelier Idaho

## 19. (a)

(Date received and filed)

## (b)

(Registrar's signature)

11-3-48[Signature]

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

Mar 31 1948

at

o'clock

P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1948 to

Mar 31 1948

I last saw h

alive on

19

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac Vascular  
Renal Disease

Due to

Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Major findings

Finding of autopsy

HomeNoCardiac regularNoPHYSICIAN  
Name of the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred... 19... City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

OWN Signature

and Address

Shirley J. GauerParis IdahoDate Apr 6 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAR 12 1948

STATE OF IDAHO

1948 State File No. 886  
Local Reg. No. 6  
Reg. Dist. No. 130

## 1. PLACE OF DEATH:

DIVISION OF VITAL STATISTICS

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Maries Stayed 21 days  
(g) Lived in this county \_\_\_\_\_ years 5 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Clarkia  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Roy L. McLeod

3. (b) If veteran, name war None  
3. (c) Social Security No. 519-12-4300  
5. Color or race White  
6. (a) Single, widowed, married, divorced Unknown  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Unknown

8. AGE About	Years	Months	Days	If less than 1 day
	61			hrs min.

9. Exact Occupation Trapper Did this work for 40 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1947  
11. Birthplace Unknown (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Ida B. Haulley  
and Address St. Maries, Idaho

17. (a) Burial (b) Date thereof 3-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

19. (a) 3-9-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 4, 1948 19\_\_\_\_  
at 11:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb-15 1948 to Mar-4 1948  
I last saw him alive on Mar-4 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary edema and Cholema Duration ?

Due to Carburetor of the liver ?

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Clarkia  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Bergen A. Rapp  
and Address St. Maries, Idaho Date 9/10/48 1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# **Certificate Of Death**

APR - 3 1948

STATE OF IDAHO

DIVISION OF VITAL

STATISTICS

1. PLACE OF DEATH:
- (a) County Benewah
- (b) City or town St. Maries
- (c) Street Address or R.F.D. No. St. Maries
- (d) Death Occurred Inside? ☒ Outside? ☐ city or town
- (e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐
- (f) Name Hosp. or Inst. St. Maries Stayed 24 days
- (g) Lived in this county 24 years 24 months 24 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Benewah
- (c) City or town St. Maries
- (d) Street Address or R.F.D. No. St. Maries
- (e) Deceased lived Inside? ☒ Outside? ☐ city or town
- (f) Citizen of what country? U. S. A.
- (g) How long had deceased lived in Idaho? 24 years
- (h) Former residence (city, state) 186A

3. (a) FULL NAME Nancy Jane Bogardus
3. (b) If veteran, name war None
3. (c) Social Security No. None
5. Color or race White
4. Sex Female
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife St. Maries
6. (c) Age of husband or wife if alive 24 years
7. Date of Birth (Month, Day, Year) December 23, 1860

8. AGE	Years	Months	Days	If less than 1 day
	87	2	25	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business Home Date last worked 1931
11. Birthplace Oil City, Penn. (City or town) (State or foreign country)

12. Name Aaron Sahms
13. Birthplace Holland (City or town) (State or foreign country)
14. Maiden name unknown
15. Birthplace Holland (City or town) (State or foreign country)

16. Informant's OWN Signature Harry Bogardus
- and Address St. Maries, Idaho

17. (a) Burial (b) Date thereof 3-21-48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wessa
- and Address St. Maries, Idaho

19. (a) 3-31-48 (b) R. E. Wessa (Date received and filed) (Registrar's signature)

## **MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) March 18, 1948 19 48
- at 2:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1948 to Mar 18, 1948
- I last saw her alive on Mar 18, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio-respiratory failure Duration 18 hrs.

Due to Phlebotrombosis L. leg & pelvic veins 4 days

Due to Fall in home

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation Underline Date which death should be charged statistically.

Major finding PHYSICIAN

Finding of autopsy PHYSICIAN

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐
- Occurred Mar 11, 1948 City, county, state St. Maries, Benewah, Ida.
- Place of Violence: Home ☒ Farm ☐ Industry ☐ Public Place ☐ While at work? ☐
- Means of injury Due to infirmity
23. Attendant's OWN Signature R. E. Wessa (M. D. or other)
- and Address St. Maries Date 3/19/1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

APP - 910

STATE OF IDAHO

1948 888  
State File No. \_\_\_\_\_  
Local Reg. No. 8  
Reg. Dist. No. 130

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Platt Stayed 6 days  
(g) Lived in this county 21 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) \_\_\_\_\_

### 3. (a) FULL NAME

Ida W. Warnke

### 3. (b) If veteran,

name war None

### 3. (c) Social Security

No. None

### 4. Sex Female Color or race White

### 6. (a) Single, widowed, married, divorced Married

### 6. (b) Name of husband or wife John

### 6. (c) Age of husband or wife if alive 64 years

### 7. Date of Birth

(Month, Day, Year) March 19, 1884

### 8. AGE

Years	Months	Days	If less than 1 day
<u>64</u>	<u>0</u>	<u>4</u>	hrs min.

### 9. Exact Occupation Housewife

Did this work for 30 yrs.

### 10. Industry or Business Home

Date last worked 10-5-47

### 11. Birthplace Minneapolis, Minn

(City or town) (State or foreign country)

### 12. Name Unknown

### 13. Birthplace Sweden

(City or town) (State or foreign country)

### 14. Maiden name Unknown

### 15. Birthplace Sweden

(City or town) (State or foreign country)

### 16. Informant's

OWN Signature John F. Warnke  
and Address St. Maries, Idaho

### 17. (a) Burial

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: St. Maries, Idaho

### 18. Funeral Director's

OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

### 19. (a) 3-31-48

(Date received and filed)

### (b) R. E. Wessa

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 153X

### 20. DATE OF DEATH

(Month, Day, Year) March 23, 1948  
at 12:35 o'clock A. M.

### 21. I HEREBY CERTIFY, That I attended deceased from

Oct. 1948, to Mar. 23, 1948

I last saw her alive on Mar. 23, 1948 death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Respiratory Failure

### Duration

4 hrs

Due to Metastatic Cancer

Primary Site Unknown

1 yr. +

Due to

Other conditions Lupus erythematosus

(Include pregnancy within 3 months of death)

disseminatus

1 yr.

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

### PHYSICIAN

Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

### 23. Attendant's

OWN Signature R. L. Longenecker

and Address St. Maries, Idaho Date Mar. 24, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 24 1948  
OFFICE OF VITAL STATISTICS  
Certificate of Death  
STATE OF IDAHO

1948  
State File No. 889  
Local Reg. No.  
Reg. Dist. No. 600

1. PLACE OF DEATH:

- (a) County.....Bingham  
(b) City or town.....Blackfoot  
(c) Street Address or R.F.D. No.....  
(d) Death Occurred Inside? ☒ Outside?.....city or town  
(e) Died in a Home.....Hospital ☒ Institution.....Other place.....  
(f) Name Hosp. or Inst. Parsons Hospt. Stayed.....days  
(g) Lived in this county 1 years 7 months 25 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State.....Idaho (b) County.....Jefferson  
(c) City or town.....Rigby  
(d) Street Address or R.F.D. No.....  
(e) Deceased lived Inside? ☒ Outside?.....city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Salem, Utah

3. (a) FULL NAME

Harriet Eliza Killian

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or race.....White  
4. Sex Female

6. (a) Single, widowed, married, divorced.....Widowed

6. (b) Name of husband or wife  
George S. Killian

6. (c) Age of husband or wife if alive.....years

7. Date of Birth (Month, Day, Year) September 25, 1874

- | 8. AGE | Years | Months | Days | If less than 1 day |
|--------|-------|--------|------|--------------------|
|        | 73    | 5      | 21   | hrs. min.          |

9. Exact Occupation.....Housewife Did this work for.....yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace.....Payson, Utah (City or town) (State or foreign country)

12. Name.....George W. Brown

13. Birthplace.....Sanpete Co. Utah (City or town) (State or foreign country)

14. Maiden name.....Ellen Hatch

15. Birthplace.....Payson, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature.....C. Harry L. Killian

- and Address.....Rt # 2 Rigby Idaho.

17. (a) Removal (b) Date thereof 3-19-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place.....Salem, Utah

18. Funeral Director's OWN Signature.....John C. Sandberg

- and Address.....Blackfoot, Idaho.

19. (a) (Date received and filed) (b) (Registrar's signature) M. H. B. P. T. 3-15-48

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 16 1948

- at 10:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 3-11-48 to 1948

- I last saw her alive on 3-11-48 death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Duration

- Due to.....Carcinoma of uterus & vagina in situ.

- Due to.....

- Other conditions.....secondary anemia (Include pregnancy within 3 months of death)

- Where was disease contracted? Date.....

- Name of operation..... Major finding.....

- Finding of autopsy.....

- PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was, due to EXTERNAL CAUSES, also fill in the following:

- Accident?..... Suicide?..... Homicide?.....

- Occurred.....19..... City, county, state

- where violence occurred.....

- Place of Violence: Home..... Farm..... Industry.....

- Public Place..... While at work?.....

- Means of injury.....

23. Attendant's OWN Signature..... J. O. Hampton M.D. and Address..... (City, D. or other) Date 3-17 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to: State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

DIVISION OF VITAL STATE OF IDAHO

# Certificate Of Death

State File No. **890**  
Local Reg. No. **19**  
Reg. Dist. No. **600**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 375 So. Fisher  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 32 years 32 months 32 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 375 So. Fisher  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Lee Curtis Collins

## 3. (b) If veteran, name war

3. (c) Social Security No. 518-07-6034

## 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Gretchen Pope 6. (c) Age of husband or wife if alive 38 years

## 7. Date of Birth (Month, Day, Year) January 28, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>1</u>	<u>29</u>	hrs min.

## 9. Exact Occupation Seed Broker Did this work for 18 yrs.

## 10. Industry or Business Alfalfa Seed Date last worked Jan. '48

## 11. Birthplace Lathrop, Missouri (City or town) (State or foreign country)

## 12. Name Frank Collins

## 13. Birthplace Missouri City, Missouri (City or town) (State or foreign country)

## 14. Maiden name Mary Frances Evans

## 15. Birthplace Haynesville, Missouri (City or town) (State or foreign country)

## 16. Informant's OWN Signature Jahn P. Collins

## and Address Blackfoot, Idaho

## 17. (a) Burial (b) Date thereof 3/30/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Grove City Cem. Blf't., Ida.

## 18. Funeral Director's OWN Signature Seward Packham

## and Address Blackfoot, Idaho

## 19. (a) 3-24-48 (b) W. H. H. E. H. E. H. E. (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) March 27, 1948 at 7:05 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 13 Nov 1947 to 15 March 1948 I last saw him alive on 15 March 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Coronary Occlusion Duration

## Due to Coronary Occlusion

## Due to Coronary Occlusion

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation None Date

## Major finding None

## Finding of autopsy None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐

## Occurred 19 City, county, state

## where violence occurred Home Farm Industry

## Place of Violence: Home Farm Industry

## Public Place While at work?

## Means of injury None

## 23. Attendant's OWN Signature Kenneth A. Mac Innis

## and Address Blf't., Ida. (M. D. or other)

## Date 29/3 1948

## (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 7 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **891**  
Local Reg. No. **16**  
Reg. Dist. No. **600**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 659 So. Ash  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Parsons H. Stayed 2 days  
(g) Lived in this county 64 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 824 E. Bridge  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 64 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Marcus Mester

3. (b) If veteran, name war        3. (c) Social Security No.         
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) January 1, 1867

8. AGE	Years	Months	Days	If less than 1 day
	81	2	29	hrs min.

9. Exact Occupation Carpenter Did this work for 42 yrs.  
10. Industry or Business Building Date last worked 1947  
11. Birthplace Rendsburg, Germany  
(City or town) (State or foreign country)

12. Name no data available  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name no data available  
15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Austin Staver  
and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 4/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grove City Cemetery, Blft.

18. Funeral Director's OWN Signature Howard Pickham  
and Address Blackfoot, Idaho

19. (a) 4-1-48 (b) Marshall C. Parice  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 30, 1948  
(Month, Day, Year) at        o'clock        M.

21. I HEREBY CERTIFY, That I attended deceased from        19      , to        19      .

I last saw h.        alive on        19      ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 6 hrs.

- Due to Myocardial infarction  
Due to arteriosclerosis  
Other conditions spinal  
(Include pregnant within 3 months of death)

- Where was disease contracted?        PHYSICIAN         
Name of operation        Date         
Major finding         
Finding of autopsy         
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19       City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?

- Means of injury         
23. Attendant's OWN Signature G. O. Thompson  
and Address Blft. Ida. (M. D. or other)         
(For additional space, use reverse side) Date 4-1-1948

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 1 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

10A8  
State File No. **892**  
Local Reg. No. **4**  
Reg. Dist. No. **601**

1. PLACE OF DEATH: **STATISTICS**
- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R. F. D. No. Box 390  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital    Institution X Other place     
(f) Name Hosp. or Inst. St. Hosptl So. Stayed 4202 days  
(g) Lived in this county 11 years 6 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho?    years  
(h) Former residence (city, state) Nampa, Idaho

3. (a) FULL NAME Newton A. Kirtley

3. (b) If veteran, name war    No.     
5. Color or    6. (a) Single, widowed, married, divorced     
4. Sex M race W  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) Dec. 15, 1868

8. AGE	Years	Months	Days	If less than 1 day
	79	2	21	hrs min.

9. Exact Occupation    Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Clarksville, Ark.  
(City or town) (State or foreign country)

- Mother { 12. Name     
Father { 13. Birthplace     
(City or town) (State or foreign country)  
14. Maiden name     
15. Birthplace     
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, St. Hospital So.  
and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 3-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place State Gen. & Black foot

18. Funeral Director's OWN Signature J. J. Yancy  
and Address Blackfoot, Box 390

19. (a) Mar. 8 - 11 (b) Mrs. Helen E. Fawcett  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Mar. 6, 1948  
at 10:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1945, to Mar. 6, 1948.  
I last saw him alive on Mar. 6, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 4 days

Due to   

Due to   

Other conditions (Include pregnancy within 3 months of death)   

Where was disease contracted?    PHYSICIAN   

Name of operation    Date    Underline the cause to which death should be charged statistically.

Major finding     
Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature H. K. Brown, M.D. (M. D. or other)  
and Address Blackfoot, Idaho Date 3-6-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 2 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **893**  
Local Reg. No. **1**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Basalt  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Basalt  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Sonja Brown

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 4. Sex Female race White

## 5. Color or (a) Single, widowed, married, divorced Child

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) July 20, 1937

8. AGE	Years	Months	Days	If less than 1 day
	<u>10</u>	<u>7</u>	<u>15</u>	hrs min.

## 9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

## 12. Name Austin S. Brown (City or town) (State or foreign country)

## 13. Birthplace Pleasantgreen, Utah (City or town) (State or foreign country)

## 14. Maiden name Elida Berg

## 15. Birthplace Basalt (City or town) (State or foreign country)

## 16. Informant's OWN Signature Austin Brown and Address Basalt

## 17. (a) Burial (b) Date thereof Mar. 10, 48 (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: Basalt

## 18. Funeral Director's OWN Signature L. M. Nader and Address Shelley, Idaho

## 19. (a) Mar 10-1948 (b) L. M. Nader E. L. Nader (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Dec 6, 1948 19 \_\_\_\_\_ at 8:55 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 9-4-1946, to 3-6-1948 19 48 I last saw h. er alive on 3-6-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Heart Failure

Due to Chronic Cardiac asthma

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Edwin Cutler M.D.

(M. D. or other)

and Address Basalt, Ida Date 3-10-1948

(For additional space, use reverse side)



State File No. ....

Local Reg. No. 5

Reg. Dist. No. 601

United States  
Department of Commerce  
Bureau of the Census

## Certificate Of Death

DIVISION OF VITAL STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☒ Other place  
(f) Name Hosp. or Inst. St. Hospt. So Stayed 345 days  
(g) Lived in this county 11 years 11 months 25 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Wilbur J. Tate

3. (b) If veteran, name war                      No.                       
5. Color                      6. (a) Single, widowed, married, divorced                       
4. Sex M. race W.  
6. (b) Name of husband or wife                      6. (c) Age of husband or wife if alive                      years  
7. Date of Birth (Month, Day, Year) Sept. 29, 1875.

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>5</u>	<u>8</u>	hrs min.

9. Exact Occupation                      Did this work for                      yrs.  
10. Industry or Business                      Date last worked                       
11. Birthplace Tionesta, Penn.  
(City or town) (State or foreign country)

- Mother { 12. Name Miles W. Tate  
13. Birthplace Clearfield, Co. Penn.  
(City or town) (State or foreign country)  
14. Maiden name Mary K. McGee  
15. Birthplace Clearfield Co. Penn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospt. So.  
and Address Blackfoot, Idaho

17. (a) Removal (b) Date thereof 3/8/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Boise Idaho

18. Funeral Director's OWN Signature E. J. Reck  
and Address Blackfoot Idaho

19. (a) Mar. 8 - 48 (b) Boise Idaho  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Mar. 7, 1948.  
at 10:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1947. to Mar. 7, 1948.  
I last saw him alive on Mar. 7, 1948.; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Cardiovascular disease Duration unk

Due to                     

Due to                     

Other conditions (Include pregnancy within 3 months of death)                     

Where was disease contracted?                     

Name of operation                      Date                     

Major finding                     

Finding of autopsy                     

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?                       
Occurred                      19                      City, county, state where violence occurred                       
Place of Violence: Home                      Farm                      Industry                       
Public Place                      While at work?                       
Means of injury

23. Attendant's OWN Signature H. H. Brown, M.D. (M. D. or other)  
and Address Blackfoot, Idaho Date 3-8-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 18 1948 **Certificate of Death**  
DIVISION OF VITAL STATISTICS STATE OF IDAHO

1948 895  
State File No. \_\_\_\_\_  
Local Reg. No. 6  
Reg. Dist. No. 601

1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Pingree  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 42 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Pingree  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Portage, Utah

3. (a) FULL NAME Hannah Sarah Paul

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female  
6. (b) Name of husband or wife LeRoy Howell - W. T. Paul 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 9, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>10</u>	<u>1</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Portage, Utah Date last worked \_\_\_\_\_

11. Birthplace Portage, Utah (City or town) (State or foreign country)

Father { 12. Name James John

13. Birthplace Wales (City or town) (State or foreign country)

Mother { 14. Maiden name Mary James

15. Birthplace Wales (City or town) (State or foreign country)

16. Informant's OWN Signature John C. Sandberg

and Address Pingree, Idaho

17. (a) Burial (b) Date thereof 3 - 13 - 48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Portage, Utah

18. Funeral Director's OWN Signature John C. Sandberg

and Address Blackfoot, Idaho

19. (a) 3-11-48 (b) Patricia E. Patricia

(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 10, 1948  
at 7:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 11 - 11 1948 to 11 - 27 1948

I last saw him alive on 11 - 27 - 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction Duration \_\_\_\_\_

was last seen in Nov. 1948  
was not in attendance at time of death.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Robert M. D.

(M.D. or other)

and Address Portage, Idaho Date 3-11 1948

(For additional space, use reverse side)

095C

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK INK or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 896  
State File No. \_\_\_\_\_  
Local Reg. No. 9  
Reg. Dist. No. 601

- 1. PLACE OF DEATH.** DIVISION OF VITAL STATISTICS
- (a) County Bingham  
(b) City or town Basalt  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 45 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

- 2. Usual Residence of Deceased:** (Always fill in these)
- (a) State Idaho (b) County Bingham  
(c) City or town Basalt  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Utah

- 3. (a) FULL NAME** Frank Verner Christensen

- 3. (b) If veteran,** name war War I **3. (c) Social Security** No. 518-18-2562

- 5. Color or** White **6. (a) Single, widowed, married,** Married  
**4. Sex** Male **race** White

- 6. (b) Name of husband or** Pearl Christensen **6. (c) Age of husband or wife if**    years  
**wife**    **alive**

- 7. Date of Birth** (Month, Day, Year) March 18 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>11</u>	<u>29</u>	hrs min.

- 9. Exact** Farmer **Did this**    yrs.  
**Occupation**    **work for**

- 10. Industry or**    **Date last**     
**Business**    **worked**

- 11. Birthplace** Hyrum Utah  
(City or town) (State or foreign country)

- 12. Name** Andrew Christensen

- 13. Birthplace** Hyrum Utah  
(City or town) (State or foreign country)

- 14. Maiden name** Adeline Wilson

- 15. Birthplace** Hyrum Utah  
(City or town) (State or foreign country)

- 16. Informant's**     
**OWN Signature**

- and Address**

- 17. (a) Burial, cremation, or removal** Burial **(b) Date thereof**     
(Month) (Day) (Year)

- 18. Funeral Director's**     
**OWN Signature**

- and Address**

- 19. (a) Mar. 20, 1948**    **(b) Registrar's signature**     
(Date received and filed)

## MEDICAL CERTIFICATE OF DEATH

- 20. DATE OF DEATH** (Month, Day, Year) 3-17 1948  
at 5:00 o'clock    M.

- 21. I HEREBY CERTIFY,** That I attended deceased from    19   to    19

I last saw him alive 3-17-1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**    **Duration**   

A Knife on Razor  
Wound on back side of neck  
**Due to** Self Inflicted

Acute mania  
**Due to** Undiagnosed brain lesion

**Other conditions**     
(Include pregnancy within 3 months of death)

**Where was disease contracted?**   

**Name of operation**    **Date**   

**Major finding**   

**Finding of autopsy**   

- 22. If death was due to EXTERNAL CAUSES,** also fill in the following: Accident?    Suicide? X Homicide?

Occurred 3-17-1948 City, county, state   

where violence occurred   

Place of Violence: Home X Farm    Industry   

Public Place    While at work?   

Means of injury Razor

- 23. Attendant's**     
**OWN Signature** Edwin Cutler M.D. (M. D. or other)  
**and Address** Basalt, Idaho **Date** 3-19, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 28-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

27 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 897  
Local Reg. No. 10  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Benjamin; County  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 390 Box  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution X Other place     
(f) Name Hosp. or Inst. State Hospital Stayed 1156 days  
(g) Lived in this county 3 years 2 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Robert Idaho (b) County Premont  
(c) City or town Idaho  
(d) Street Address or R.F.D. No. Star Route  
(e) Deceased lived Inside?    Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Emma Maria Cleveland

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Female race White  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

## 7. Date of Birth (Month, Day, Year)

1/2/22

8. AGE	Years	Months	Days	If less than 1 day
	<u>26</u>	<u>3</u>	<u>20</u>	hrs min.

9. Exact Occupation    Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Idaho (City or town) (State or foreign country)

12. Name George Holbrook  
13. Birthplace Idaho (City or town) (State or foreign country)  
14. Maiden name Etta Pearl Hawker  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital South  
and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 3/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Amma Idaho

18. Funeral Director's OWN Signature     
and Address

19. (a) 3/23-48 (Date received and filed)  
(b)    (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3/20/1948 19     
at 10:45 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1945 to Mar. 20, 1948.  
I last saw her alive on Mar. 20, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

cardiac decomposition 2 days

Due to   

Due to   

Other conditions (Include pregnancy within 3 months of death)   

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?

Means of injury   

23. Attendant's OWN Signature W. H. Brown M.D. (M. D. or other)  
and Address Blackfoot, Idaho Date 3-20-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 898  
Local Reg. No. 12  
Reg. Dist. No. 601

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Firth  
(c) Street Address or R.F.D. No. Rt #1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 35 years ? months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Firth  
(d) Street Address or R.F.D. No. Rt #1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? Sweden  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Miles City, Mont.

### 3. (a) FULL NAME

JOHN AUGUST LINDQUIST

3. (b) If veteran, name war No

3. (c) Social Security No. 541-22-2094

5. Color or White  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) August 7, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>7</u>	<u>16</u>	hrs. min.

9. Exact Occupation Painter Did this work for 15 yrs.

10. Industry or Business Self Date last worked Oct. 1947

11. Birthplace Mamm, Sweden (City or town) (State or foreign country)

12. Name C.B. Lindquist

13. Birthplace Sweden (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature W.H. Cederberg

and Address Rt #1 Firth, Idaho

17. (a) Burial (b) Date thereof 3/26/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Riverview Cemetery, Firth, Idaho

18. Funeral Director's OWN Signature Orland C. Buck

and Address Idaho Falls, Idaho

19. (a) 3-26-1948 (b) Michael P. Sater (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 23, 1948  
at 8:10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1948, to Mar. 23 1948

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Vascular Duration 6 yrs.  
Heart disease

Due to Other conditions

Due to Other conditions

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature C. E. Erickson M.D. (M. D. or other)

and Address Idaho Falls Date 3-23-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **899**  
Local Reg. No. **1**  
Reg. Dist. No. **602**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town 7 mi. N. Arden  
(c) Street Address or R.F.D. No. 1  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home? X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 2 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town 7 mi. N. Arden  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Lamar, Kans

## 3. (a) FULL NAME

Lewis L. Burgess

083A

## 3. (b) If veteran, name war

## 3. (c) Social Security No. 512-26-0438

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

## 7. Date of Birth (Month, Day, Year) July 13, 1883-

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>8</u>	<u>11</u>	hrs min.

## 9. Exact Occupation Laborer - farm Did this work for    yrs.

## 10. Industry or Business Farm Date last worked

## 11. Birthplace Lamar, Kansas (City or town) (State or foreign country)

## 12. Name Thomas Burgess

## 13. Birthplace New York State (City or town) (State or foreign country)

## 14. Maiden name Lidia Ann Schemm

## 15. Birthplace Wichita, Kansas (City or town) (State or foreign country)

## 16. Informant's OWN Signature William Burgess and Address Rt. 1, Arden, Ida

## 17. (a) None (b) Date thereof    (c) Place: Lamar, Kansas

## 18. Funeral Director's OWN Signature H. J. Davis and Address Am. Falls, Idaho

## 19. (a) 3-24-48 (b) H. J. Davis

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

## 20. DATE OF DEATH (Month, Day, Year) March 24, 1948 at 4:10 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1948, to Mar. 23, 1948. I last saw him alive on Mar. 23, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Subsantial Hemorrhage Duration 36 h.

## Due to hypertension & arteriosclerosis 2 years

## Due to

## Other conditions Reproductive system (Include pregnancy within 3 months of death)

## Where was disease contracted? Idaho

## Name of operation none Date

## Major finding none

## Finding of autopsy none

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

## Occurred    19    City, county, state

## where violence occurred

## Place of Violence: Home    Farm    Industry

## Public Place    While at work?

## Means of injury

## 23. Attendant's OWN Signature H. J. Davis M.D. and Address Arden, Idaho Data 3-24-1948 (For additional space, use reverse side)

099

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 7 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **900**  
Local Reg. No. **1**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

- (a) County **Bingham**  
(b) City or town **Basalt**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **47** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Basalt**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **47** years  
(h) Former residence (city, state) **MISS.**

## 3. (a) FULL NAME

**JOHN C. QUINN.**

## 3. (b) If veteran,

name war ☒

## 3. (c) Social Security

No. ☒

## 4. Sex **male** race **White**

## 5. Color or race **White**

## 6. (a) Single, widowed, married, divorced **divorced**

## 6. (b) Name of husband or wife **X**

## 6. (c) Age of husband or wife if alive ☒ years

## 7. Date of Birth **Jan. 30, 1871**

## 8. AGE

## 9. Exact Occupation **Gardner**

## 10. Industry or Business **Truck garden**

## 11. Birthplace **Mississippi.**

## 12. Name **William Green Quinn.**

## 13. Birthplace **Alabama.**

## 14. Maiden name **Susian caroline Dotson.**

## 15. Birthplace **Mississippi.**

## 16. Informant's OWN Signature **W. H. Quinn**

## 17. (a) **burial** (b) Date thereof **4/1/48**

## 18. Funeral Director's OWN Signature **Rigby, Idaho.**

## 19. (a) **4-1-48** (b) Registrar's signature **Mrs. Helen E. Quinn**

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH **March 28 1948**

## at **8:00** o'clock **A** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h. **alive on** **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Probable Cerebral Hemorrhage.** Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred **19** City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature **H. R. Boies Caromer**

and Address **\_\_\_\_\_** Date **19**

083A

613

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **901**  
Local Reg. No. **14**  
Reg. Dist. No. **601**

## DIVISION OF VITALS

1. PLACE OF DEATH: **State**  
(a) County **Bingham**  
(b) City or town **Blackfoot**  
(c) Street Address or R. F. D. No. **2**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **54** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bingham**  
(c) City or town **Blackfoot Rt. #2**  
(d) Street Address or R.F.D. No. ☐  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **54** years  
(h) Former residence (city, state) ☐

3. (a) FULL NAME **Phoebe Elizabeth Adams Clark**

3. (b) If veteran, name war ☐ No. ☐  
3. (c) Social Security No. ☐  
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Thomas N. Clark** 6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth (Month, Day, Year) **March 22, 1867**

8. AGE	Years	Months	Days	If less than 1 day
	<b>81</b>	<b>0</b>	<b>7</b>	hrs min.

9. Exact Occupation **Ret. Housewife** Did this work for ☐ yrs.  
10. Industry or Business **at home** Date last worked ☐  
11. Birthplace **Richmond, Utah** (City or town) (State or foreign country)

- Mother { 12. Name **Ferry Samuel Adams**  
13. Birthplace **Northampton, ENGLAND** (City or town) (State or foreign country)  
14. Maiden name **SARAH WIGGINS**  
15. Birthplace **ILLINOIS** (City or town) (State or foreign country)

16. Informant's OWN Signature **Rosey Clark**  
and Address **Blackfoot, Idaho**

17. (a) **Burial** (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Moreland, Idaho**

18. Funeral Director's OWN Signature **Howard Packham**  
and Address **Blackfoot, Idaho**

19. (a) **3-29-48** (Date received and filed) (b) **Mon. M. S. S. S.** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 29, 1948**  
(Month, Day, Year) at **5:05** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **3-24** 1948, to **3-28** 1948  
I last saw him alive on **3-25** 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: **Cerebral Laceration with hemorrhage** Duration **6 mo**  
Due to **gum disease**  
Due to ☐  
Other conditions (Include pregnancy within 3 months of death) ☐

- Where was disease contracted? ☐  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred ☐  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature **J. O. Humphreys**  
and Address **Blackfoot, Idaho** Date **3-29** 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 9 1948

# Certificate of Death

STATE OF IDAHO

348 902  
State File No. ....  
Local Reg. No. 2  
Reg. Dist. No. 602

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Aberdeen  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? Yes Outside? ..... city or town  
(e) Died in a Home? No Hospital? ..... Institution? ..... Other place? .....  
(f) Name Hosp. or Inst. .... Stayed? ..... days  
(g) Lived in this county? ..... years ..... months None days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Aberdeen, Idaho  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Yes Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? None years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME Stanley Richard Haugen

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced? \*\*\*\*  
4. Sex Male race white  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive None years

7. Date of Birth March 30, 1948  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
				<u>4 hrs. 30 min.</u>

9. Exact Occupation Infant Did this work for? ..... yrs.  
10. Industry or Business None Date last worked? .....  
11. Birthplace Aberdeen Idaho  
(City or town) (State or foreign country)  
Father { 12. Name Richard Roland Haugen  
13. Birthplace Sumner, Washington  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Mary Louise Feld  
15. Birthplace American Falls, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Dick Haugen  
and Address Aberdeen, Idaho  
17. (a) Burial (b) Date thereof April 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Aberdeen Cemetry

18. Funeral Director's OWN Signature Mrs Dick Haugen  
and Address Aberdeen, Idaho

19. (a) 3-30-48 (b) G. L. Harms  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 30 19 48  
(Month, Day, Year) at 8:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar. 30 1948, to Mar. 30 1948.  
I last saw him alive on Mar. 30 1948.  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Prematurity (6 1/2 Months) Duration 4 1/2 h

Due to Cause not determined

Due to .....

Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation None Date .....

Major finding None

Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature G. L. Harms, M.D.  
(M.D. or other) and Address Aberdeen, Idaho Date 3-30 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 9 1948

# Certificate of Death

STATE OF IDAHO

State File No. 903

Local Reg. No. 3

Reg. Dist. No. 602

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Aberdeen  
(c) Street Address or R.F.D. No. Yes  
(d) Death Occurred Inside? Yes Outside? --- city or town  
(e) Died in a Home \* Hospital --- Institution --- Other place ---  
(f) Name Hosp. or Inst. --- Stayed --- days  
(g) Lived in this county --- years --- months No days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Aberdeen,  
(d) Street Address or R.F.D. No. ---  
(e) Deceased lived Inside? Yes Outside? --- city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? None years  
(h) Former residence (city, state) ---

3. (a) FULL NAME Linda Joy Haugen

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or white 6. (a) Single, widowed, married, divorced ---  
4. Sex female 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive --- years

7. Date of Birth (Month, Day, Year) March 30, 1948

8. AGE	Years	Months	Days	If less than 1 day
				8 hrs. min.

9. Exact Occupation Infant Did this work for --- yrs.  
10. Industry or Business None Date last worked ---  
11. Birthplace Aberdeen Idaho (City or town) (State or foreign country)

12. Name Richard Roland Haugen  
13. Birthplace Sumner, Washington (City or town) (State or foreign country)  
14. Maiden name Mary Louise Feld  
15. Birthplace American Falls, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Dick Haugen  
and Address Aberdeen, Idaho

17. (a) Burial (b) Date thereof April 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Aberdeen Cemetery

18. Funeral Director's OWN Signature Mrs. Dick Haugen  
and Address Aberdeen, Idaho

19. (a) 3-30-48 (b) H. L. Harms  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 30 1948  
at 12:00 o'clock Noon M.

21. I HEREBY CERTIFY, That I attended deceased from Mar. 30 1948 to Mar. 30 1948.  
I last saw her alive on March 30 1948.  
Death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Exhaustion Duration 7 h

Due to Prematurity (6 1/4 Mo)

Due to unknown

Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation None Date ---

Major finding None

Finding of autopsy None

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? --- Suicide? --- Homicide? ---

Occurred --- 19 --- City, county, state  
where violence occurred ---

Place of Violence: Home --- Farm --- Industry ---

Public Place --- While at work? ---

Means of injury ---

23. Attendant's OWN Signature H. L. Harms M.D.  
(M. D. or other)  
and Address Aberdeen, Idaho Date 3-30 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 904  
Local Reg. No. 124  
Reg. Dist. No. 410

## DIVISION OF VITAL

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Blaine**  
(b) City or town **Hailey**  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Chenical** Stayed ☐ days  
(g) Lived in this county **30** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Blaine**  
(c) City or town **Hailey**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state)

3. (a) FULL NAME **John Edward Markey**

3. (b) If veteran, **no** name war **no** No. **none**  
3. (c) Social Security  
5. Color or **white** 6. (a) Single, widowed, married, divorced **single**  
4. Sex **male** race **white**  
6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) **May 13, 1868**

8. AGE	Years	Months	Days	If less than 1 day
	<b>79</b>	<b>9</b>	<b>28</b>	hrs min.

9. Exact Occupation **Retired** Did this work for **60** yrs.  
10. Industry or Business **Farmer** Date last worked  
11. Birthplace **Elkhorn - Wisconsin** (City or town) (State or foreign country)

Mother { 12. Name **John Markey**  
13. Birthplace **unknown** (City or town) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Rich Fleming**  
and Address **Hailey - Idaho**

17. (a) **Burial** (b) Date thereof **3-14-48** (Month) (Day) (Year)  
(c) Place: **Hailey, Idaho**

18. Funeral Director's OWN Signature **John Huns**  
and Address **Hailey, Idaho**

19. (a) **3-31-48** (Date received and filed) (b) **Robert H. Wright** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 12, 1948**  
(Month, Day, Year)  
at **9:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **3/5** 1948, to **3-12** 1948  
I last saw him alive on **3-3-48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic Myocarditis** Duration **6-0**  
**Longtime failure.**

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation **None** Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury  
23. Attendant's OWN Signature **E.W. Fox** (M. D. or other)  
and Address **Hailey, Idaho** Date **3/30/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
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Bureau of the Census

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DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. **905**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

**1. PLACE OF DEATH:**

- (a) County Blaine  
(b) City or town Carey  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. none Stayed \_\_\_\_\_ days  
(g) Lived in this county 33 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)-**

- (a) State Idaho (b) County Blaine  
(c) City or town Carey  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Spanish Fork Utah

**3. (a) FULL NAME**

Joseph Lyrum Patterson

094A

3. (b) If veteran, name war none 3. (c) Social Security No. no  
4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Ethel 6. (c) Age of husband or wife if alive 68 years  
7. Date of Birth (Month, Day, Year) January 20-1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>1</u>	<u>29</u>	hrs min.

9. Exact Occupation Farmer and Real Estate Did this work for life yrs.  
10. Industry or Business Farm Date last worked March 18-1948  
11. Birthplace Spanish Fork - Utah (City or town) (State or foreign country)  
Mother Father { 12. Name Joseph Randall Paterson  
13. Birthplace Dumfries Scotland (City or town) (State or foreign country)  
14. Maiden name Agnes Measom  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Frank Patterson  
and Address Provo, Utah

17. (a) Burial (b) Date thereof March 22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Carey Cemetery - Carey, Ida.

18. Funeral Director's OWN Signature Betty J. Marvel F.D. #19  
and Address Arco, Idaho

19. (a) \_\_\_\_\_ (b) Robert H. Wright  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH March 19 1948  
(Month, Day, Year)  
at Around 6:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Coronary Occlusion  
Died in his sleep

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? Home  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Betty J. Marvel  
and Address Arco, Idaho Date 3/19/48  
(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 906  
Local Reg. No. 13  
Reg. Dist. No. 410

## DIVISION OF VITAL STATISTICS

### 1. PLACE OF DEATH

- (a) County Blaine  
(b) City or town Sun Valley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sun Valley Stayed 1 days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Hailey  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? Y city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 1/2 years  
(h) Former residence (city, state) H. London

### 3. (a) FULL NAME

Annie

Daniell

083A

### 3. (b) If veteran,

name war \_\_\_\_\_

### 3. (c) Social Security

No. \_\_\_\_\_

5. Color or female race w  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife John  
(c) Age of husband or wife if alive 67 years

7. Date of Birth (Month, Day, Year) March 20, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>0</u>	<u>6</u>	hrs min.

9. Exact Occupation housewife Did this work for 40 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 3-25-48

11. Birthplace Harrison Co. Georgia (City or town) (State or foreign country)

12. Name Bud Hicks

13. Birthplace Georgia (City or town) (State or foreign country)

14. Maiden name Lucinda Reed

15. Birthplace Georgia (City or town) (State or foreign country)

16. Informant's OWN Signature J. Vanieil

and Address Hailey, Idaho

17. (a) burial (b) Date thereof 3-29-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Hailey, Idaho

18. Funeral Director's OWN Signature Robert H. Wright

and Address Hailey, Idaho

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 26 1948  
at \_\_\_\_\_ o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 2/27 1948, to 3-26 1948  
I last saw h. pr alive on 3-26 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Central Accident few minutes

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John R. Moritz

and Address Sun Valley (M. D. or other) 2/26 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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STATE OF IDAHO

1948  
State File No. **907**  
Local Reg. No. **14**  
Reg. Dist. No. **410**

**1. PLACE OF DEATH - STATISTICS**

- (a) County **Blaine**  
(b) City or town **Sun Valley**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **S.V.** Stayed **10** days  
(g) Lived in this county **9** years **7** months **7** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Blaine**  
(c) City or town **Gannett, Idaho**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **11** years  
(h) Former residence (city, state) **Dallas, Tex.**

**3. (a) FULL NAME**

**Charles Indrueiss**

**093E**

3. (b) If veteran, name war ☒ No. ☒  
5. Color or **m.** race **w.**  
6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife ☒ 6. (c) Age of husband or wife if alive ☒ years  
7. Date of Birth (Month, Day, Year) **Aug. 26, 1871**

8. AGE	Years	Months	Days	If less than 1 day
	<b>76</b>	<b>7</b>	<b>1</b>	hrs min.

9. Exact Occupation **taxi owner** Did this work for **9** yrs.  
10. Industry or Business **taxi** Date last worked **3-17-48**  
11. Birthplace **Bavaria, Germany**  
(City or town) (State or foreign country)

- Mother Father  
12. Name **Germany**  
13. Birthplace **Germany**  
(City or town) (State or foreign country)  
14. Maiden name **Germany**  
15. Birthplace **Germany**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **C. D. Sheehan**  
and Address **Hailey, Idaho**

17. (a) **burial** (b) Date thereof **3-30-48**  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: **Hailey, Idaho**

18. Funeral Director's OWN Signature **Lenard Harris**  
and Address **Hailey, Idaho**

19. (a) **3-31-48** (b) **Robert H. Wright**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **Mar. 27** 19 **48**  
at **7** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **3/17** 19 **48**, to **3/27** 19 **48**  
I last saw him alive on **3/17** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary heart failure** Duration **10 days**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury **John R. Monty M.D.**

23. Attendant's OWN Signature **John R. Monty M.D.**  
and Address **Sun Valley** (M. D. or Dep.) Date **3/27/48**  
(For additional space, use reverse side)

United States  
 Department of Commerce  
 Bureau of the Census  
**Certificate Of Death**  
 STATE OF IDAHO

**1. PLACE OF DEATH**

- (a) County Boise  
 (b) City or town 44 Horse Shoe Bend  
 (c) Street Address or R. F. D. No. \_\_\_\_\_  
 (d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
 (e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
 (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
 (g) Lived in this county \_\_\_\_\_ years 8 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Boise  
 (c) City or town 44 Horse Shoe Bend  
 (d) Street Address or R.F.D. No. at Montrose  
 (e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 8 months  
 (h) Former residence (city, state) Nyssa, Ore.

3. (a) FULL NAME Martini Christian Mittelsteadt

3. (b) If veteran, name war No 3. (c) Social Security No. 578-24-8910  
 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 4. Sex Male  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Date of Birth Dec. 18<sup>th</sup> 1927  
 (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>20</u>	<u>2</u>	<u>22</u>	hrs min.

9. Exact Occupation Logger Did this work for 8 months.  
 10. Industry or Business Logging Date last worked Five days before death  
 11. Birthplace Reupert Idaho  
 (City or town) (State or foreign country)

12. Name W.C. Mittelsteadt  
 13. Birthplace Codg Pole Nebraska  
 (City or town) (State or foreign country)  
 14. Maiden name Madeline Kung  
 15. Birthplace Beru Idaho  
 (City or town) (State or foreign country)

16. Informant's OWN Signature Virgil J. Mittelsteadt  
 and Address Montrose

17. (a) Buried (b) Date thereof 3-13-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: Emmett Idaho

18. Funeral Director's OWN Signature Emmett J. Persons  
 and Address Emmett

19. (a) 3-10-48 (b) me E.S. Peterson  
 (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH March 9<sup>th</sup> 1948  
 (Month, Day, Year)  
 at noon o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
 \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured Skull  
Brushed Chest  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
 Major finding \_\_\_\_\_  
 Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
 Occurred March 9<sup>th</sup> 1948 City, county, state where violence occurred Shapen Creek H.S. Bend Boise  
 Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry X  
 Public Place \_\_\_\_\_ While at work? X  
 Means of injury Rolling Log

23. Attendant's OWN Signature Donald John Miller  
 and Address Idaho City (M. D. or other) coroner  
 Date March 19 1948  
 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **909**  
Local Reg. No. **30**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R. F. D. No. **514 N. Second**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home, Hospital, Institution, Other place  
(f) Name Hosp. or **Community** Stayed **2** days  
(g) Lived in this county **0** years **5** months **2** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Ponderay**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **5 mo.** years  
(h) Former residence (city, state) **Washington**

## 3. (a) FULL NAME ALICE MAY KELSEY

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Female** 6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive **14** years  
7. Date of Birth **September 23, 1874**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>73</b>	<b>5</b>	<b>22</b>	hrs min.

9. Exact Occupation **Housekeeper** Did this work for **life** yrs.  
10. Industry or Business **Home** Date last worked **3-12-48**  
11. Birthplace **Reno County, Kansas**  
(City or town) (State or foreign country)

12. Name **Wallace Robert Kelsey**  
13. Birthplace **New York, New York**  
(City or town) (State or foreign country)  
14. Maiden name **Elizabeth Bailey**  
15. Birthplace **Brungham, England**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Robert Kelsey**  
and Address **Ponderay, Idaho. RFD 1**

17. (a) **Cremation** (b) Date thereon **Mar 17, 1948**  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: **Spokane, Washington.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO.**

19. **MAR 17 1948** (b) **Lawrence Dean**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 15, 1948** 19  
(Month, Day, Year) at **2:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb 1** 1948 to **Mar 15** 1948  
I last saw him alive on **Mar 14** 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic myocardial infarction** Duration **1 yr**

Due to **Arterio Sclerotic** 5 yrs.

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **Wm F. Taylor M.D.**  
(M. D. or other)  
and Address **Sandpoint, Ida** Date **3-17 1948**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. 910  
Local Reg. No. 311  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R. F. D. No. 807 Oak Street  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. 43 Stayed 43 days  
(g) Lived in this county 43 years 43 months 43 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 807 Oak St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) 094A

## 3. (a) FULL NAME GEORGE AARON PERKS

3. (b) If veteran, name war None 3. (c) Social Security No. 519-12-8396  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Mary Ellen 6. (c) Age of husband or wife if alive 66 years  
7. Date of Birth MARCH 24, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>0</u>	<u>0</u>	hrs min.

9. Exact Occupation Custodian Did this work for 35 yrs.  
10. Industry or Business Building Date last worked Dec. 1947  
11. Birthplace Butte, Montana (City or town) (State or foreign country)

12. Name William Perks  
13. Birthplace Sheffield, England (City or town) (State or foreign country)  
14. Maiden name Ann Young  
15. Birthplace Bristol, England (City or town) (State or foreign country)

16. Informant's OWN Signature Floyd R. Perks  
and Address 215 Forest Ave. Sandpoint, Idaho

17. (a) Burial (b) Date thereof Mar. 29, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO

19. March 27, 1948 (b) Lawrence C. Moon  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 24th 1948  
(Month, Day, Year) at 9:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1948 to March 24, 1948  
I last saw him alive on March 24, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 3 days

Due to arteriosclerosis 20 years

Due to arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Public  
Name of operation none Date March 24, 1948  
Major finding arteriosclerosis  
Finding of autopsy arteriosclerosis

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Accrued 19 City, county, state

where violence occurred None  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's OWN Signature Dec. D. Cornell, M.D.  
(M. D. or other)  
and Address Sandpoint, Idaho Date March 25, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 19 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. **911**  
Local Reg. No. **38**  
Reg. Dist. No. **110**

1. PLACE OF DEATH: Bonner co, Twin Creeks  
(a) County Sanders Near Cabinet  
(b) City or town Heron, Montana  
(c) Street Address or R.F.D. No. Clark Fork River  
(d) Death Occured Inside?..... Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Montana (b) County Sanders  
(c) City or town Heron  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside?..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) Heron, Montana

3. (a) FULL NAME Dale Robert Irenn

3. (b) If veteran, name war World II No. 264-12-0711  
5. Color or .....  
6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife ..... (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) May 10, 1921

8. AGE	Years	Months	Days	If less than 1 day
	<u>26</u>	<u>8</u>	<u>27</u>	hrs min.

9. Exact Occupation Base Ball Player Did this work for 1 yrs.  
10. Industry or Business League Base Ball Date last worked 2-14-48  
11. Birthplace Dixon, Montana  
(City or town) (State or foreign country)

- Mother Father  
12. Name Oscar Dale Irenn  
13. Birthplace Evansville, Indiana  
(City or town) (State or foreign country)  
14. Maiden name Eva Bailey  
15. Birthplace Valley City, N. Dakota  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Heron, Montana

17. (a) Burial (b) Date thereof Apr. 5, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Heron, Montana

18. Funeral Director's OWN Signature [Signature]  
and Address SANDPOINT, IDAHO

19. (a) Apr. 5, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 15<sup>th</sup> 1948  
at 12:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
19....., to ..... 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental Drowning Duration

Due to overturning of boat

Due to Body recovered in Clark Fork River, Twin Creeks near Cabinet, Idaho, April 3, 1948.  
(Include pregnancy within 8 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy none. Per-seamed! PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes, Suicide? no, Homicide? no  
Occurred Feb 15, 1948 19 48 City, county, state where violence occurred Heron, Sanders Co, Montana  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place yes While at work? no  
Means of injury Overturning of boat in river

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Sandpoint, Idaho Date Apr. 5, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MADE 2 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. 912  
Local Reg. No. 4-48  
Reg. Dist. No. 112

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Priest River, Idaho  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 28 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Priest River  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? America  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Sprague, Wash.

## 3. (a) FULL

NAME Frank F. Hoffman

3. (b) If veteran, W.W.R. name war No. 1  
5. Color or race White  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Hulda  
(c) Age of husband or wife if alive 53 years  
7. Date of Birth (Month, Day, Year) December 8, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>2</u>	<u>26</u>	<u>1</u> hrs <u>30</u> min.

9. Exact Occupation Druggist Did this work for 28 yrs.  
10. Industry or Business Drug Store Date last worked ?  
11. Birthplace Sprague, Washington  
(City or town) (State or foreign country)

12. Name Charles Hoffman  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name Agatha Schruler  
15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Frank F. Hoffman  
and Address Priest River, Idaho

17. (a) removal (b) Date thereof 3/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sprague, Washington

18. Funeral Director's OWN Signature Leslie J. Stauffer  
and Address Sandpoint, Idaho

19. 3/5/48 (b) H. W. March  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 4 1948  
(Month, Day, Year)  
at 1:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 15 1947, to Mar 4 1948  
I last saw him alive on March 3, 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Tuber culosis pulmonis Duration 10 years

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work .....

Means of injury .....

23. Attendant's OWN Signature Leslie J. Stauffer M.D.

and Address Priest River, Idaho Date 3-4-48 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 26 1948  
OF VITAL  
STATE OF IDAHO

1948  
State File No. 913  
Local Reg. No. 29  
Reg. Dist. No. 110

1. PLACE OF DEATH:

- (a) County Bonner County  
(b) City or town Spirit Lake  
(c) Street Address or R. F. D. No. --  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 3 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Benton  
(c) City or town Corvallis  
(d) Street Address or R.F.D. No. 1042 S. 10th St.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 Months  
(h) Former residence (city, state) Corvallis Oregon

3. (a) FULL NAME

Albert Lindon Monday

3. (b) If veteran,

name war World War No. 541-24-1638

5. Color or 11 6. (a) Single, widowed, married, divorced Widowed

4. Sex Male race White

6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive ? years

7. Date of Birth March 5, 1927  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>21</u>	<u>0</u>	<u>0</u>	hrs min.

9. Exact Occupation Truck Driver Did this work for 2 yrs.

10. Industry or Business work last 2/29/48

11. Birthplace Worth County Missouri  
(City or town) (State or foreign country)

12. Name Fred Monday

13. Birthplace Worth County Missouri  
(City or town) (State or foreign country)

14. Maiden name Muriel Calhoun

15. Birthplace Worth County Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lawrence C. Eggen

and Address Spirit Lake, Idaho

17. (a) Burial (b) Date thereof 3/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Greenwood Cemetery, Spirit Lake

18. Funeral Director's OWN Signature A.B. Nelson

and Address Rathdrum, Idaho

19. (a) March 9, 1948 (b) Lawrence C. Eggen  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 5 19 48  
(Month, Day, Year)

at 12:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Skull Fracture - left side.

Duration

Due to Auto Accident.

Due to Auto overturned on curve.

Other conditions down embankment.  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? — Homicide? —

Occurred March 5, 1948 City, county, state

where violence occurred 1 mile North Spirit Lake, Idaho

Place of Violence: Home — Farm Highway #41

Public Place yes While at work? no

Means of injury Auto over embankment

23. Attendant's

OWN Signature Lawrence C. Eggen Coroner

and Address Spirit Lake, Idaho Date Mar. 8 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 18 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **2814**  
Local Reg. No. **1**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Cocolalla**  
(c) Street Address or R.F.D. No. **1**  
(d) Death Occured Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Stalaker** Stayed **6** days  
(g) Lived in this county **3** years **6** months **1** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Cocolalla**  
(d) Street Address or R.F.D. No. **1**  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **3 1/2** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME **ERMA LOUISE KIRCHER**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **Female** 5. Color or Face **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years  
7. Date of Birth (Month, Day, Year) **September 23, 1932**

8. AGE	Years	Months	Days	If less than 1 day
	<b>15</b>	<b>6</b>	<b>14</b>	hrs min.

9. Exact Occupation **Student** Did this work for **1** yrs.  
10. Industry **High School** Date last worked **Dec. 1946**  
11. Birthplace **Haven, Kansas.** (City or town) (State or foreign country)

12. Name **Ben Kircher**  
13. Birthplace **Strosburg, Kansas.** (City or town) (State or foreign country)  
14. Maiden name **Erma Tice**  
15. Birthplace **Longton, Kansas.** (City or town) (State or foreign country)

16. Informant's OWN Signature **W. A. Stalaker**  
and Address **Cocolalla, Idaho.**

17. (a) **Burial** (b) Date thereof **Mar. 10, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO.**

19. (a) **Mar. 10, 1948** (b) **James H. Moon**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 8th** 19 **48**  
(Month, Day, Year) at **7:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 9** 19 **48**, to **Mar 8** 19 **48**.  
I last saw her alive on **Mar 8** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Sarcoma (giant cell)** Duration **14 Mo**

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy **Sarcoma & Metastasis**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state  
where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature **EBM**  
and Address **Sandpoint, Ida.** Date **3/10** 19 **48**  
(For additional space, use reverse side)

United States  
 Department of Commerce  
 Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

**APR 12 1948**

1. PLACE OF DEATH:

(a) County **Bonner**  
 (b) City or town **Colburn**  
 (c) Street Address or R.F.D. No. **Rural**  
 (d) Death Occured Inside? Outside? **X** city or town  
 (e) Died in a Home **X** Hospital Institution Other place  
 (f) Name Hosp. or Inst. Stayed \_\_\_\_\_ days  
 (g) Lived in this county **26** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Bonner**  
 (c) City or town **Colburn**  
 (d) Street Address or R.F.D. No. **Rural**  
 (e) Deceased lived Inside? Outside? **X** city or town  
 (f) Citizen of what country? **U.S.A.**  
 (g) How long had deceased lived in Idaho? **26** years  
 (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **MARY ROSMOND CRYSTAL**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
 4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Frederick** 6. (c) Age of husband or wife if alive **77** years  
 7. Date of Birth (Month, Day, Year) **July 8, 1871**

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>8</b>	<b>18</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **life** yrs.  
 10. Industry or Business **Own Home** Date last worked **1948**  
 11. Birthplace **Rulo, Nebraska.** (City or town) (State or foreign country)  
 12. Name **Ambros Sanguinette**  
 13. Birthplace **St. Louis, Missouri.** (City or town) (State or foreign country)  
 14. Maiden name **Mary Ratagan**  
 15. Birthplace **Rulo, Nebraska.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Earl Crystal**  
 and Address **Footlehan 185 Idaho**

17. (a) **Burial** (b) Date thereof **Mar. 31, 1948**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: **Sandpoint, Idaho**

18. Funeral Director **MOON MORTUARY**  
 OWN Signature **SANDPOINT, IDAHO**  
 and Address

19. **Mar. 31, 1948** (b) **Laurence E. Moon**  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **093D 033B**

20. DATE OF DEATH (Month, Day, Year) **March 26th, 1948**  
 at **8:00** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **March 26, 1948 to March 26, 1948**  
 I last saw h. **deceased last seen** 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic myocarditis** Duration **6 mo**  
 Due to \_\_\_\_\_

Due to **Arteriosclerosis** **5 yrs**  
 Other conditions (Include pregnancy within 3 months of death) **Myocarditis** **7 da**

Where was disease contracted? **PHYSICIAN**  
 Name of operation \_\_\_\_\_ Date \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
 Major finding \_\_\_\_\_  
 Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
 Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
 Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
 Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
 Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Wm. F. Taylor MD** (a. D. or other)  
 and Address **Sandpoint, Ida.** Date **3-31-1948**  
 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

7048  
State File No. **916**  
Local Reg. No. **34**  
Reg. Dist. No. **110**

APR 12 1948

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **R.F.D. 1**  
(d) Death Occured Inside?..... Outside? **X** city or town  
(e) Died in a Home **X** Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **40** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **R.F.D. 1**  
(e) Deceased lived Inside?..... Outside? **X** city or town  
(f) Citizen of what country? **Sweden**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**JOHAN HERMAN LUND**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or **None** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Maria Matilda** 6. (c) Age of husband or wife if alive **72** years  
7. Date of Birth (Month, Day, Year) **August 24, 1873**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>7</b>	<b>4</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for **59** yrs.  
10. Industry or Business **Own Farm** Date last worked **1947**  
11. Birthplace **Over Tornio, Sweden**  
(City or town) (State or foreign country)

12. Name **Johan Lund**  
13. Birthplace **Sweden**  
(City or town) (State or foreign country)  
14. Maiden name **Eva Sophia Vemberg**  
15. Birthplace **Sweden**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Lempi Jeanne Lund**  
and Address **R.F.D. 1 Box 143 Sandpoint, Ida**

17. (a) **Burial** (b) Date thereof **April 1, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO**

19. **April 1, 1948**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 28th 1948**  
(Month, Day, Year) at **4:20** o'clock **P.**. M.

21. I HEREBY CERTIFY, That I attended deceased from **March 30 1947**, to **March 28 1948**  
I last saw him alive on **March 28 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Thrombosis** Duration **8 days**

Due to **arteriosclerosis** **15 years**

Due to **none**  
Other conditions **none**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Public**  
Name of operation **none** Date ....  
Major finding ....  
Finding of autopsy **none done**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury .....

23. Attendant's OWN Signature **Wale D. Cornell, M.D.**  
(M. D. or other)  
and Address **Sandpoint, Ida** Date **April 1 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **917**  
Local Reg. No. **35**  
Reg. Dist. No. **110**

APR 12 1948

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **R.F.D. 1**  
(d) Death Occured Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **18** years **18** months **18** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **R.F.D. 1**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **18** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME **FRANKLIN JEWEL CRABTREE**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **477-22-1277**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **18** years  
7. Date of Birth **June 11, 1867**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>80</b>	<b>9</b>	<b>20</b>	hrs min.

9. Exact Occupation **Laborer** Did this work for **Many yrs.**  
10. Industry or Business **Odd Jobs** Date last worked **1942**  
11. Birthplace **Big Prairie, Michigan.**  
(City or town) (State or foreign country)

12. Name **James Jewel Crabtree**  
13. Birthplace **New York, N. Y.**  
(City or town) (State or foreign country)  
14. Maiden name **Mary Jane Darragh**  
15. Birthplace **County Tyrone, Ireland.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Wm H Crabtree**  
and Address **Big Prairie, Michigan**

17. (a) **Burial** (b) Date thereof **April 3, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO**

19. (a) **April 13, 1948** (b) **Franklin Jewel Crabtree**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **083A 097X**

20. DATE OF DEATH **March 31st.** 19 **48**  
(Month, Day, Year) at **4:10** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Nov 11** 19 **47**, to **Mar 31** 19 **48**.  
I last saw him alive on **Mar 29** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration **2da**

Due to **Arterio Sclerosis**

Due to **Senility**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation. Date.

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** **City, county, state** where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature **BEHRNDT**

and Address **Sandpoint, Ida** Date **1948**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

APR 13 1948

STATE OF IDAHO

State File No. **918**  
Local Reg. No. **39**  
Reg. Dist. No. **61D**

1. PLACE OF DEATH:
- (a) County **Bonneville**
  - (b) City or town **Idaho Falls**
  - (c) Street Address or R.F.D. No. **Memorial ch.**
  - (d) Death Occurred Inside? ☒ Outside? ☐ city or town
  - (e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐
  - (f) Name Hosp. or Inst. **L.H. Inf.** Stayed ☐ days
  - (g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Bonneville**
  - (c) City or town **Idaho**
  - (d) Street Address or R.F.D. No. ☐
  - (e) Deceased lived Inside? ☒ Outside? ☐ city or town
  - (f) Citizen of what country? ☐
  - (g) How long had deceased lived in Idaho? ☐ years
  - (h) Former residence (city, state) ☐

3. (a) FULL NAME **Brenda Ann Haderlie**
3. (b) If veteran, name war ☐ 3. (c) Social Security No. ☐
4. Sex **F** 5. Color or race **W** 6. (a) Single ☒ widowed, married, divorced ☐
6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive ☐ years
7. Date of Birth (Month, Day, Year) **January 29, 1948**
- | 8. AGE | Years | Months | Days | If less than 1 day |
|--------|-------|--------|------|--------------------|
|        |       |        |      | 15-hrs. min.       |
9. Exact Occupation **none** Did this work for ☐ yrs.
10. Industry or Business ☐ Date last worked ☐
11. Birthplace **Idaho Falls, Idaho** (City or town) (State or foreign country)
- Father { 12. Name **Frank W. Haderlie**  
13. Birthplace **Idaho** (City or town) (State or foreign country)
- Mother { 14. Maiden name **Loris Ruppinger**  
15. Birthplace **Idaho** (City or town) (State or foreign country)
16. Informant's OWN Signature **Frank W. Haderlie**  
and Address **Idaho Falls, Idaho**
17. (a) **Burial** (b) Date thereof **2/2/48** (Burial, cremation or removal) (Month) (Day) (Year)
- (c) Place **Idaho**
18. Funeral Director's OWN Signature **Jack A. Wood**  
and Address **Idaho Falls, Idaho**
19. (a) **3/11/48** (b) **Anna Bridges** (Date received and filed) (Registrar's signature)

- MEDICAL CERTIFICATE OF DEATH
20. DATE OF DEATH (Month, Day, Year) **January 30, 1948** at **2-30** o'clock **P.**M.
21. I HEREBY CERTIFY That I attended deceased from **Jan. 29, 1948** to **Jan. 30, 1948** I last saw him alive on **Jan. 30, 1948** death is said to have occurred on the date and hour stated above.
- Immediate Cause of Death: **Pneumonia** Duration **12 hrs.**
- Due to **Asphyxia, and sublethal infection**
- Due to **ins. malaise**
- Other conditions (Include pregnancy within 3 months of death) ☐
- Where was disease contracted? ☐
- Name of operation **none** Date ☐
- Major finding ☐
- Finding of autopsy ☐
- PHYSICIAN Underline the cause to which death should be charged statistically
22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? ☐ Suicide? ☐ Homicide? ☐
- Occurred ☐ 19 ☐ City, county, state where violence occurred ☐
- Place of Violence: Home ☐ Farm ☐ Industry ☐
- Public Place ☐ While at work? ☐
- Means of injury ☐
23. Attendant's OWN Signature **John D. Mellor, M.D.**  
and Address **Idaho Falls, Idaho** Date **Jan. 30, 1948** (For additional use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. **919**  
Local Reg. No. **40**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County **Bonneville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **Memorial Ave.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **2-10-5 Hosp.** Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jefferson**  
(c) City or town **Lewisville**  
(d) Street Address or R.F.D. No. ☐  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

**Beverly Ray Jones**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex **7** 5. Color or race **W.**

6. (a) ☒ Single ☐ widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth  
(Month, Day, Year)

**January 30, 1948**

8. AGE	Years	Months	Days	If less than 1 day
				<b>15</b> hrs. min.

9. Exact Occupation **none** Did this work for ☐ yrs.

10. Industry or Business ☐ Date last worked ☐

11. Birthplace **Idaho Falls, Idaho**  
(City or town) (State or foreign country)

12. Name **Alton S. Jones**

13. Birthplace **Idaho Falls, Idaho**  
(City or town) (State or foreign country)

14. Maiden name **Margaret Walker**

15. Birthplace **Lewisville, Idaho**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Alton S. Jones**

and Address **Lewisville, Idaho**

17. (a) **Burial** (b) Date thereof **2/3/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Lewisville, Idaho**

18. Funeral Director's OWN Signature **Jack E. Wood**

and Address **Idaho Falls, Idaho**

19. (a) **3/11/1948** (b) **Anna Bulger**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **January 31, 1948**

at **8-45** o'clock **P.**M.

## 21. I HEREBY CERTIFY that I attended deceased from

**31 Jan 1948** to **31 Jan 1948**

I last saw him alive on **31 Jan 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**(Prematurity)**  
Due to **failure of Respiratory system**  
Due to **underdevelopment of Respiratory system**  
Other conditions **(Include pregnancy within 3 months of death)**

Duration **12 hrs.**

## Where was disease contracted?

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

## 23. Attendant's

OWN Signature **Joseph M. Hatch MD.**

and Address **Idaho Falls, Idaho** (M. D. or other)

Date **2-5** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers at unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
APR 13 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 920  
Local Reg. No. 41  
Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial ch.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. U.S. Hosp. Stayed        days  
(g) Lived in this county        years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Larry Reed Rutter

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or w  
4. Sex m race w

6. (a) Single widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) January 31, 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>7</u> hrs. min.

9. Exact Occupation none Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

12. Name Larry R. Rutter (City or town) (State or foreign country)

13. Birthplace Mississippi (City or town) (State or foreign country)

14. Maiden name Helma Jean Rumble (City or town) (State or foreign country)

15. Birthplace Washington (City or town) (State or foreign country)

16. Informant's OWN Signature Larry R. Rutter

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 2/2/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Jack A. Wood

and Address Idaho Falls, Idaho

19. (a) 3/11/48 (b) Anna Bridges (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 31, 1948  
at 2-30 o'clock P.M.

21. I HEREBY CERTIFY that I attended deceased from Jan 31, 1948 to Jan 31, 1948

I last saw him alive on        19        death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration       

Due to Birth injury

Due to transverse aorta

Other conditions (Include pregnancy within 3 months of death)       

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Dr. J. H. Baker M.D. (M.D. or other) and Address Idaho Falls, Idaho Date 2-5-48 19 48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

Certificate of Death

STATE OF IDAHO

State File No. 921  
Local Reg. No. 42  
Reg. Dist. No. 60

1. PLACE OF DEATH:
- (a) County Bonnerille
  - (b) City or town Idaho Falls
  - (c) Street Address or R.F.D. No. Memorial ch.
  - (d) Death Occurred Inside? Outside? city or town
  - (e) Died in a Home Hospital Institution Other place
  - (f) Name Hosp. or Inst. U.S. Hosp. Stayed days
  - (g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho
  - (b) County Bonnerille
  - (c) City or town Idaho Falls
  - (d) Street Address or R.F.D. No. 257- Hill St.
  - (e) Deceased lived Inside? Outside? city or town
  - (f) Citizen of what country? U.S.A.
  - (g) How long had deceased lived in Idaho? years
  - (h) Former residence (city, state) years

3. (a) FULL NAME Frederick Davis

3. (b) If veteran, name war years
3. (c) Social Security No. 159X
5. Color or W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife U.S. Hosp.
6. (c) Age of husband or wife if alive years
7. Date of Birth February 1, 1948
- | AGE | Years | Months | Days | If less than 1 day |
|-----|-------|--------|------|--------------------|
|     |       |        |      | 3 hrs. min.        |

9. Exact Occupation none Did this work for years
10. Industry or Business Idaho Falls, Idaho Date last worked Idaho
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
12. Name Alfred F. Davis
13. Birthplace West Virginia (City or town) (State or foreign country)
14. Maiden name Anna Vance
15. Birthplace Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Alfred F. Davis  
and Address Idaho Falls, Idaho
17. (a) Burial (b) Date thereof 2/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place Idaho Falls, Idaho
18. Funeral Director's OWN Signature Jack A. Wood  
and Address Idaho Falls, Idaho
19. (a) 3/11/48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

- MEDICAL CERTIFICATE OF DEATH
20. DATE OF DEATH February 1, 1948
21. I HEREBY CERTIFY, That I attended deceased from Feb 1 - 3 hours at Idaho Falls o'clock MD Feb 1 - 1948
- I last saw h. in alive on Feb 1 - 1948
- death is said to have occurred on the date and hour stated above.
- Immediate Cause of Death: Pneumonia Duration 6 weeks
- Due to Pneumonia
- Due to circulatory & respiratory failure
- Other conditions at autopsy
- Where was disease contracted? Idaho Falls, Idaho
- Name of operation Idaho Falls, Idaho Date Feb 1, 1948
- Major finding Idaho Falls, Idaho
- Finding of autopsy Idaho Falls, Idaho
22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? Idaho Falls, Idaho Suicide? Idaho Falls, Idaho Homicide? Idaho Falls, Idaho
- Occurred Idaho Falls, Idaho City, county, state
- where violence occurred Idaho Falls, Idaho
- Place of Violence: Home Idaho Falls, Idaho Farm Idaho Falls, Idaho Industry Idaho Falls, Idaho
- Public Place Idaho Falls, Idaho While at work? Idaho Falls, Idaho
- Means of injury Idaho Falls, Idaho
23. Attendant's OWN Signature John O. Mello  
and Address Idaho Falls, Idaho Date Feb 1, 1948

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. **922**  
Local Reg. No. **66**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Dr.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. L.P.S. Hosp. Stayed 1 1/2 days  
(g) Lived in this county years months 1 1/2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Rt #1  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Vaughn Arvel Cooper

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) September 26, 1944

8. AGE	Years	Months	Days	If less than 1 day
	<u>3</u>	<u>4</u>	<u>13</u>	hrs. min.

9. Exact Occupation Child Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

12. Name Arvel B. Cooper

13. Birthplace Idaho (City or town) (State or foreign country)

14. Maiden name Arvel B. Wheeler

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Arvel B. Cooper

and Address Route 1, Idaho Falls, Ida.

17. (a) Burial (b) Date thereof 2/11/48 (month) (Day) (Year)

(c) Place Shelton, Idaho

18. Funeral Director's OWN Signature Jack A. Wood

and Address Idaho Falls, Idaho

19. (a) 4/7/48 (b) Anna Bridges (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 9 1948  
at 3:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 1947 to 2/9 1948

I last saw him alive on 2/8 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 1. Chronic Myocarditis Duration 2 years

Due to Congenital Heart Disease 4 years

Other conditions Hydrocephalus 4 years  
(Include pregnancy within 3 months of death)

Due to Congenital Spina Bifida 4 years

Where was disease contracted? Before birth

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none performed

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Reid Tall, M.D. (M. D. or other)  
and Address Idaho Date 3/11 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce APR 13 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 923  
Local Reg. No. 27  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R. F. D. No. Yellowstone Hi-Way  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years 4 months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Park Road  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Spanish Fork, Utah

## 3. (a) FULL NAME

WILLIAM J. BRADFORD

3. (b) If veteran, name war World II  
3. (c) Social Security No. 519-10-1355  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) May 25, 1911

8. AGE	Years	Months	Days	If less than 1 day
	<u>36</u>	<u>8</u>	<u>25</u>	hrs min.

9. Exact Occupation Laborer Did this work for 20 yrs.  
10. Industry or Business Farm Date last worked 2/20/48  
11. Birthplace Spanish Fork, Utah  
(City or town) (State or foreign country)

12. Name Neil G. Bradford  
13. Birthplace Spanish Fork, Utah  
(City or town) (State or foreign country)  
14. Maiden name Mary Barnes  
15. Birthplace Hartford Tennessee  
(City or town) (State or foreign country)

16. Informant's OWN Signature Max V. Bradford  
and Address Spanish Fork, Utah

17. (a) Removal \_\_\_\_\_ (b) Date thereof Feb. 21, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Spanish Fork, Utah

18. Funeral Director's OWN Signature Orlando C. Burr  
and Address Idaho Falls, Idaho

19. (a) 2/21/1948 (b) Luma Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 20 1948  
at 7:05 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Severe Internal injuries  
Fallen Neck - etc.

Due to Chain Car Collision

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Feb 20 - 1948 City, county, state where violence occurred Idaho Falls, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Railroad While at work? Yes

Means of injury Train Collision

23. Attendant's OWN Signature Dr. A. Williams (Coroner)

and Address Idaho Falls (M. D. or other) Date 2/21 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 13 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 524  
Local Reg. No. 92  
Reg. Dist. No. 6/0

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 2 days  
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Roberts  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Richland, Nebraska

## 3. (a) FULL NAME

WILLIAM STIBAL

## 3. (b) If veteran,

name war None

## 3. (c) Social Security

No. None

5. Color or White  
6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White

6. (b) Name of husband or wife Bessie Agnes Strnad  
6. (c) Age of husband or wife if deceased live years

7. Date of Birth (Month, Day, Year) February 20, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>0</u>	<u>5</u>	hrs min.

9. Exact Occupation Rancher Did this work for 43 yrs.

10. Industry or Business Self employed Date last worked 10/1/47

11. Birthplace Richland, Nebraska  
(City or town) (State or foreign country)

12. Name John Stibal

13. Birthplace Bohemia  
(City or town) (State or foreign country)

14. Maiden name Moural

15. Birthplace Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. W. Stibal  
and Address Roberts, Idaho

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

- (c) Place: Rose Gill Cem., Idaho Falls, Ida.

18. Funeral Director's OWN Signature Oeland & Co.

- and Address Idaho Falls, Idaho

19. (a) 3/19/48 (b) Anna Budja  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 111C

20. DATE OF DEATH February 25 19 48  
(Month, Day, Year)  
at 2:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-28 19 47, to 2-25 19 48  
I last saw h.i.m. alive on 2-25 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac Decompensation Duration 3 days

Due to Pulmonary edema 2 days

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation..... Date.....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury .....

23. Attendant's OWN Signature H. B. Woolley M.D.  
and Address Idaho Falls, Idaho (M.D. or other) Date 2-27 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. 925  
Local Reg. No. 44  
Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 1055 Jefferson  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 1055 Jefferson  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

James William Lindsey

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex M race W

## 5. Color or

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Emma J. Lindsey

## 6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth (Month, Day, Year) October 1, 1870

8. AGE	Years	Months	Days	If less than 1 day
<u>77</u>	<u>5</u>	<u>1</u>		hrs. min.

## 9. Exact Occupation Retired Farmer Did this work for ☐ yrs.

## 10. Industry or Business Idaho Date last worked ☐

## 11. Birthplace Idaho (City or town) Idaho (State or foreign country)

## 12. Name James William Lindsey

## 13. Birthplace La Grange, Georgia (City or town) Georgia (State or foreign country)

## 14. Maiden name Josephine Popford

## 15. Birthplace Borholm Denmark (City or town) Denmark (State or foreign country)

## 16. Informant's OWN Signature Clark S. Clark

## and Address P.O. 3 Idaho Falls, Ida

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8, 1948 (Month) (Day) (Year)

## (c) Place Ammon, Idaho

## 18. Funeral Director's OWN Signature W. A. Wood

## and Address Idaho Falls, Idaho

## 19. (a) 3/8/48 (Date received and filed) (b) Anna Bridges (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) March 2, 1948

## at 9-10 o'clock a M.

## 21. WHEREBY CERTIFY that deceased from Mar. 2 - 1948 to Mar. 2 - 1948

## I last saw him alive on Mar. 2 - 1948

## death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Ischemic Heart Disease Duration 12

## Due to hypertension

## possible ulceration of

## Due to cerebral hemorrhage

## Other conditions with resultant p.d.

## (Include pregnancy within 2 months of death)

## Where was disease contracted? alcohol

## Name of operation None Date None

## Major finding None

## Finding of autopsy None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? ☐ Suicide? ☐ Homicide? ☐

## Occurred ☐ 19 ☐ City, county, state

## where violence occurred ☐

## Place of Violence: Home ☐ Farm ☐ Industry ☐

## Public Place ☐ While at work? ☐

## Means of injury None

## 23. Attendant's OWN Signature John Q. Mellor

## and Address Idaho Falls, Idaho (M. D. or other) Mar 3, 1948

## Date Mar 3, 1948

## (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. **926**  
Local Reg. No. **49**  
Reg. Dist. No. **61D**

**1. PLACE OF DEATH:**

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Sacred Heart Stayed 49 days  
(g) Lived in this county 43 years 0 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Route #4  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Creston, Nebraska

**3. (a) FULL NAME**

**ROY DIXON**

**3. (b) If veteran,**

name war None

**3. (c) Social Security**

No. None

4. Sex Male race White

5. Color or 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie Fullenwider 6. (c) Age of husband or wife if alive 53 years

7. Date of Birth (Month, Day, Year) October 12, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>4</u>	<u>21</u>	hrs min.

9. Exact Occupation Farmer Did this work for 40 yrs.

10. Industry or Business Self Employed Date last worked Apr. 1946

11. Birthplace Creston, Nebraska  
(City or town) (State or foreign country)

12. Name Ellsworth Dixon

13. Birthplace Illinois  
(City or town) (State or foreign country)

14. Maiden name Rosia Andrus

15. Birthplace Lincoln County, Virginia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Annie Dixon  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereon March 7, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Orlando Buck  
and Address Idaho Falls, Idaho

19. (a) 3/15/48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**

(Month, Day, Year) March 3 1948  
at 4:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw him alive on 2/2 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Duration

Cerebral Palsy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. P. Soderquist M.D.

and Address Idaho Falls, Idaho Date 3/10/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# Certificate of Death

STATE OF IDAHO

048  
State File No. 927  
Local Reg. No. 36  
Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Leads Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.S. H. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Charles Parker

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or M race W

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) March 3, 1948

## 8. AGE

Years

Months

Days

If less than 1 day

6 hrs. min.

## 9. Exact Occupation

Infant

## Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or Business

## Date last

worked \_\_\_\_\_

## 11. Birthplace

(City or town)

(State or foreign country)

## 12. Name

John Bern Parker

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

Evelyn Peterson

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature \_\_\_\_\_

and Address \_\_\_\_\_

## 17. (a)

(Burial, cremation, or removal)

## (b) Date thereof

(Month) (Day) (Year)

## (c) Place

Leads Falls, Idaho

## 18. Funeral Director's

OWN Signature \_\_\_\_\_

and Address \_\_\_\_\_

## 19. (a)

(Date received and filed)

## (b)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) March 3 1948  
at 11:20 o'clock 1 M.

## 21. I HEREBY CERTIFY, That I attended deceased from

3-3 1948 to 3-3 1948  
I last saw him alive on 3-3 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Prematurity  
6 1/2 mo premature

## Duration

6 hrs

## Due to

## Due to

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's

OWN Signature \_\_\_\_\_

and Address \_\_\_\_\_

Joseph M. Rath MD  
(M. D. or other)

Leads Falls, Idaho Date 5 March 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. **928**  
Local Reg. No. **37**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH

- (a) County Donnerville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Layward Coburn  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county    years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State    (b) County     
(c) City or town     
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside?    Outside?    city or town  
(f) Citizen of what country?     
(g) How long had deceased lived in Idaho?    years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Henry Scott Carter

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) December 3, 1947

8. AGE	Years	Months	Days	If less than 1 day
		<u>3</u>	<u>1</u>	hrs. min.

9. Exact Occupation Infant Did this work for    yrs.

10. Industry or Business    Date last worked   

11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

12. Name Howard Bentley Carter

13. Birthplace Chester, Idaho (City or town) (State or foreign country)

14. Maiden name Elvie De Vries Jensen

15. Birthplace Richfield, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Howard Carter

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 3/6/48 (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Dis A. Williams

and Address Idaho Falls, Idaho

19. (a) 3-11-48 (b) Dorothy Bridges (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 4, 1948

21. I HEREBY CERTIFY, That I attended deceased from about 5 o'clock P.M. to    o'clock   M.

I last saw h.    alive on    19    ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Branchopneumonia Duration   

Due to Neglect

Due to   

Other conditions    (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation None Date   

Major finding   

Finding of autopsy   

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state where violence occurred.

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Dr. Paul and (M. D. or other)

and Address    Date    19    (For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

## Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 1 days  
(g) Lived in this county 0 years 7 months 26 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

CLAUDIA MADSEN

3. (b) If veteran, name war None  
3. (c) Social Security No. N one  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife N. one  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) September 23, 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>5</u>	<u>14</u>	hrs min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Rigby Idaho (City or town) (State or foreign country)

12. Name Nile Baxter Madsen  
13. Birthplace Rigby Idaho (City or town) (State or foreign country)  
14. Maiden name Wilma Janet Chapman  
15. Birthplace Rigby Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Nile B. Madsen  
and Address Idaho Falls, Idaho

17. (a) Removal (b) Date thereof Mar. 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rigby, Idaho

18. Funeral Director's OWN Signature Orland C. Buck  
and Address Idaho Falls, Idaho

19. 3/10/1948 (Date received and filed) (b) Anna Bridges (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 7, 1948  
at 8:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 5, 1948 to March 7, 1948  
I last saw her alive on March 7, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Tracheitis  
acute bronchitis Duration 6 days

- Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation Tracheotomy Date March 7, 1948  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Orland C. Buck (M. D. or other)  
and Address Idaho Falls, Ida. Date 19  
(For additional space, use reverse side)

State File No. **930**  
 Local Reg. No. **54**  
 Reg. Dist. No. **610**

United States  
 Department of Commerce  
 Bureau of the Census

# Certificate Of Death

APR 13 1948

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Bonnaville  
 (b) City or town Idaho Falls.  
 (c) Street Address or R.F.D. No. ....  
 (d) Death Occured Inside? X Outside? ..... city or town  
 (e) Died in a Home... Hospital... Institution... Other place X  
 (f) Name Hosp. or Inst. .... Stayed ..... days  
 (g) Lived in this county 2 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonnaville  
 (c) City or town Idaho Falls,  
 (d) Street Address or R.F.D. No. 450 E. Garfield  
 (e) Deceased lived Inside? x Outside? ..... city or town  
 (f) Citizen of what country? U.S.  
 (g) How long had deceased lived in Idaho? 38 years  
 (h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Vero Hans Johnson

## 3. (b) If veteran,

name war None

## 3. (c) Social Security

No. ....

## 5. Color or 6. (a) Single, widowed, married,

White divorced Married

## 4. Sex Male race White

## 6. (b) Name of husband or 6. (c) Age of husband or wife if

wife Hazel Whitmill alive ..... years

## 7. Date of Birth (Month, Day, Year) Sept. 6, 1909

8. AGE	Years	Months	Days	If less than 1 day
	<u>38</u>	<u>6</u>	<u>1</u>	hrs min.

## 9. Exact Occupation Laborer Did this work for ..... yrs.

## 10. Industry or Business Date last worked

## 11. Birthplace Basalt, Idaho (City or town) (State or foreign country)

## 12. Name Hans A. Johnson

## 13. Birthplace Ovid, Idaho (City or town) (State or foreign country)

## 14. Maiden name Dora Hymas

## 15. Birthplace Liberty, Idaho (City or town) (State or foreign country)

## 16. Informant's OWN Signature

and Address Shelley, Box 441 Idaho

## 17. (a) Burial (b) Date thereof 5-11-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature

and Address Shelley, Idaho

## 19. (a) 3/22/48 (b) Anna Bridges (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) March 7, 1948

at 1:00 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Duration

Skull Fracture and Hemorrhage

Due to Fall from Pedestrian Accident

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy Cerebral Hemorrhage due to fracture

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? Homicide?

Occurred Mar 7 1948 City, county, state where violence occurred Idaho Falls

Place of Violence: Home Farm Industry

Public Place Highway While at work?

Means of injury See above

## 23. Attendant's OWN Signature

and Address Idaho Falls Date 3/8 1948 (For additional space, use reverse side)

1700 083A

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics APR 13 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 931  
Local Reg. No. 63  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Dr.  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ✓ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. 2-4-5 Hosp. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 384 - E. 13 -  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

William Alexander Cawther

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

519-09-2580

## 4. Sex M 5. Color or race W

## 6. (a) Single, widowed, married, divorced ✓

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive 56 years

## 7. Date of Birth (Month, Day, Year) October 24, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>5</u>	<u>14</u>	hrs. min.

## 9. Exact Occupation Manager Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business Biggs Paper Co. Did he last work for \_\_\_\_\_

## 11. Birthplace Idaho Falls, Utah (City or town) (State or foreign country)

## 12. Name Shepherd Cawther

## 13. Birthplace England (City or town) (State or foreign country)

## 14. Maiden name Mary Ann

## 15. Birthplace England (City or town) (State or foreign country)

## 16. Informant's OWN Signature Will Cawther

## and Address Idaho Falls, Idaho

## 17. (a) Burial (b) Date thereof 3/11/48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Opik A. Wood

## and Address Idaho Falls, Idaho

## 19. (a) 4/7/48 (b) Luna Budgen (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) March 8, 1948

## 21. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1948 to Mar. 8, 1948.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Myocardial Infarction Duration 2 yrs.

Due to \_\_\_\_\_

Due to Chl. Heart Disease

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) 2 yrs.

Where was disease contracted? \_\_\_\_\_

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy As above

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury As above

## 23. Attendant's OWN Signature J. F. [Signature] (M. D. or other) 12 19 48

and Address \_\_\_\_\_ Date \_\_\_\_\_ (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. **932**  
Local Reg. No. **50**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital. ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 1 days  
(g) Lived in this county 0 years 0 months 6 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Firth  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Eaton, Colorado

## 3. (a) FULL NAME

John Arthur Rogers

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

## 5. Color or

White

## 4. Sex Male race White

## 6. (b) Name of husband or wife

## 6. (a) Single, widowed, married, divorced Divorced

## 6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth (Month, Day, Year)

November 11, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>3</u>	<u>27</u>	hrs. min.

## 9. Exact Occupation Farmer Did this work for 10 yrs.

## 10. Industry or Business Self employed Date last worked March 1947

## 11. Birthplace Phillipsburg, Pennsylvania (City or town) (State or foreign country)

## 12. Name Richard John Rogers

## 13. Birthplace Michigan (City or town) (State or foreign country)

## 14. Maiden name Catherine Lawery

## 15. Birthplace England (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs Rex Feltman and Address 251-1123 St.

## 17. (a) Burial (b) Date thereof March 11, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Idaho Falls, Idaho, Rose Hill Cem.

## 18. Funeral Director's OWN Signature Orland C. Buck

## and Address Idaho Falls, Idaho

## 19. (a) 3/15/1948 (b) Anna B. Jones (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) March 8 1948 at 11:20 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from March 2 1948 to March 8 1948 I last saw him alive on March 8 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral

Duration 6 mo

## Due to Neurosyphilis

## Due to ..... Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation..... Date.....

## Major finding.....

## Finding of autopsy.....

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident?..... Suicide?..... Homicide?.....

## Occurred..... 19..... City, county, state where violence occurred.....

## Place of Violence: Home..... Farm..... Industry.....

## Public Place..... While at work?.....

## Means of injury.....

## 23. Attendant's OWN Signature HB Gentry

## and Address Idaho Falls Date 3/13/1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 933  
Local Reg. No. 46  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Ch.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. U.S. Inf. Stayed        days  
(g) Lived in this county        years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in three)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 678 Cleveland  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Colorado

## 3. (a) FULL NAME

Grace B. Wareham

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed married, divorced

6. (b) Name of husband or wife Oscar H. Wareham

6. (c) Age of husband or wife if alive 61 years

7. Date of Birth (Month, Day, Year) June 27, 1890

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <u>57</u> | <u>8</u> | <u>13</u> | hrs. min.          |

9. Exact Occupation Housewife Did this work for        yrs.

10. Industry or Business        Date last worked

11. Birthplace Elkhart, Kansas (City or town) (State or foreign country)

12. Name Morris John Cannon

13. Birthplace Indiana (City or town) (State or foreign country)

14. Maiden name Minnie Freeman

15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Oscar H. Wareham

- and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 3/13/48 (Month) (Day) (Year)

- (c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Jack A. Wood

- and Address Idaho Falls, Idaho

19. (a) 3/11/48 (b) Anna Rulger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) March 10 19 48  
at 5 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from Feb. 2 19 48, to March 10 19 48.

I last saw him alive on Mar. 9 19 48.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cancer of uterus  
with metastases

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation        Date       

Major finding       

Finding of autopsy       

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

## 23. Attendant's OWN Signature E. E. Erickson M.D.

and Address Idaho Falls, Idaho Date 3-12 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. **934**  
Local Reg. No. **47**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County **Bonnerville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **Memorial Drive**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **L.D.S.** Stayed **1** days  
(g) Lived in this county **15** years **8** months **1** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Clark**  
(c) City or town **Humphrey**  
(d) Street Address or R.F.D. No. **U.S.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **45** years  
(h) Former residence (city, state) **Morgan City, Utah**

## 3. (a) FULL NAME

**Charles Isaac Stevens**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

**722-18-1764**

4. Sex **M.** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Paul L. Stevens**

6. (c) Age of husband or wife if alive **61** years

7. Date of Birth (Month, Day, Year) **April 18, 1880**

8. AGE	Years	Months	Days	If less than 1 day
	<b>67</b>	<b>10</b>	<b>23</b>	hrs. min.

9. Exact Occupation **Day Laborer** Did this work for **126** yrs.

10. Industry or Business **Coal** Date last worked **3-11-48**

11. Birthplace **Coalville, Utah** (City or town) (State or foreign country)

12. Name **Charles Russell Stevens** (City or town) (State or foreign country)

13. Birthplace **Coalville, Utah** (City or town) (State or foreign country)

14. Maiden name **Sarah Elizabeth Morris** (City or town) (State or foreign country)

15. Birthplace **Morgan, Utah** (City or town) (State or foreign country)

16. Informant's OWN Signature **George Golden Stevens** and Address **Humphrey, Idaho**

17. (a) **Burial** (Burial, cremation or removal) (b) Date thereof **3/15/48** (Month) (Day) (Year)

(c) Place **Rehburg, Idaho**

18. Funeral Director's OWN Signature **Jack E. Wood** and Address **Idaho Falls, Idaho**

19. (a) **3/15/48** (Date received and filed) (b) **Anna Budger** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## DATE OF DEATH

(Month, Day, Year) **March 11, 1948**

at **2:55** o'clock **2** M.

21. I HEREBY CERTIFY, That I attended deceased from **March 10, 1948** to **March 11, 1948**

I last saw him alive on **March 11, 1948**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Acute hemorrhagic pancreatitis** Duration **2**

Due to **obstruction of the common bile duct** **1**

Due to **cholelithiasis** **?**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **at home**

Name of operation **Hepatic** Date **3-11-48**

Major finding **same**

Finding of autopsy **3-13-48 - acute pancreatitis**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **1948** City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **at home**

23. Attendant's OWN Signature **Al Lunsal** (M. D. or other) and Address **Dubois, Ida** Date **3-13-1948** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 1 2 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **48 935**  
Local Reg. No. **51**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County **Bonneville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **L.D.S. Hosp.** Stayed **19** days  
(g) Lived in this county **62** years **0** months **23** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonneville**  
(c) City or town **Idaho Falls**  
(d) Street Address or R.F.D. No. **230 Corner Avenue**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **62** years  
(h) Former residence (city, state) **Boulder, Colorado**

## 3. (a) FULL NAME

**WILLIAM DeLOSS ROGERS**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **519-07-2581**

5. Color or **White**  
4. Sex **Male** race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Minnie Boyse Rogers**

6. (c) Age of husband or wife if alive **64** years

7. Date of Birth **May 29, 1873**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>9</b>	<b>14</b>	hrs. min.

9. Exact Occupation **General Contractor** Did this work for **54** yrs.

10. Industry or Business **Construction** Date last worked **Jan. 1943**

11. Birthplace **New York** (City or town) **New York** (State or foreign country)

12. Name **Harvey LeRoy Rogers**

13. Birthplace **Union** **New York** (City or town) (State or foreign country)

14. Maiden name **Mary Jane Davis**

15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's **OWN** Signature **Minnie B. Rogers**

and Address **Idaho Falls, Idaho**

17. (a) **Burial** (b) Date thereof **March 16, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Idaho Falls, Idaho, Rose Hill Cem.**

18. Funeral Director's **OWN** Signature **Orland G. Buck**

and Address **Idaho Falls, Idaho**

19. (a) **3/16/1948** (b) **Anna Bridges**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 13** 19 **48**  
(Month, Day, Year) at **2:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Mon!** 19 **48** to **Mon! 13** 19 **48**

I last saw h. **in** alive on **Mon! 13** 19 **48**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic Myocarditis** Duration **Several years**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to **EXTERNAL CAUSES**, also fill in the following:

Accident? \_\_\_\_\_ Suicida? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's **OWN** Signature **Orland G. Buck** (M. D. or other)

and Address **Idaho Falls, Idaho** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as fully as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 13 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **936**  
Local Reg. No. **56**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Boniville  
(b) City or town Idaho Falls,  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. I.D.S. H. Stayed 1 days  
(g) Lived in this county 33 years 33 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Shelley,  
(d) Street Address or R.F.D. No. #2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Rose Effie Elsey

## 3. (b) If veteran,

name war None

## 3. (c) Social Security

No. None

## 5. Color or

6. (a) Single, widowed, married, divorced Married

## 4. Sex Female race White

6. (b) Name of husband or wife Walter  
6. (c) Age of husband or wife if alive 61 years

## 7. Date of Birth

(Month, Day, Year) Nov. 11- 1882

## 8. AGE

Years

65

Months

4

Days

2

If less than 1 day

hrs min.

## 9. Exact

Occupation Housewife Did this work for        yrs.

## 10. Industry or Business

None

Date last worked

## 11. Birthplace

(City or town)

(State or foreign country)

12. Name James Benjamin Rolph

13. Birthplace Virginia

(City or town)

(State or foreign country)

14. Maiden name Sarah Smithers

15. Birthplace Penn

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature R. M. Elsey

and Address Shelley, R#2

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 3-17-48

(c) Place: Hill Crest Cemetery At Shelley

## 18. Funeral Director's

OWN Signature M. Walden

and Address Shelley, Idaho

## 19. (a) 3/24/48

(Date received and filed)

(b) Anna Budger

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 3-13-

19 48

at 3:00 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19, to 19

I last saw her alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary thrombosis

Duration

## Due to

Coronary arteriosclerosis

## Due to

generalized arteriosclerosis

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation        Date       

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

## Means of injury

## 23. Attendant's

OWN Signature John H. Hatcher M.

and Address Shelley, Idaho Date 3-20-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. **937**  
Local Reg. No. **58**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 61 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 61 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mrs Emma Jane Nixon

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race W

6. (b) Name of husband or wife Thomas Nixon

7. Date of Birth (Month, Day, Year) March 11 - 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>0</u>	<u>2</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Cambridge, England  
(City or town) (State or foreign country)

12. Name John B. Catnall

13. Birthplace England  
(City or town) (State or foreign country)

14. Maiden name Susan A. Nixon

15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Roy Nixon

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 3/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Geo A. Williams

and Address Idaho Falls, Idaho

19. (a) 3/27/48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 13 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock 8 M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 1947 to 13 March 1948

I last saw him alive on 10 March 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Stroke Duration \_\_\_\_\_

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D. Richard Paul  
(M. D. or other) and Address Idaho Falls, Idaho Date 22 Apr 48  
(For additional page, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. **938**  
Local Reg. No. **67**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Star Route  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home? Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Star Route  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Frank Cleverley

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W  
6. (b) Name of husband or wife Sarah Jane Cleverley 6. (g) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) July 28, 1848

8. AGE	Years	Months	Days	If less than 1 day
	<u>99</u>	<u>7</u>	<u>16</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace England (City or town) (State or foreign country)  
12. Name James Cleverley  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Maude Ellen Alexander  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature George F. Cleverley  
and Address Idaho Falls, Idaho  
17. (a) (Burial, cremation or removal) (b) Date thereof 3/17/48  
(c) Place Shelton, Idaho  
18. Funeral Director's OWN Signature Jack A. Wood  
and Address Idaho Falls, Idaho  
19. (a) 4/7/48 (b) Rena Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 14 1948  
at 9 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from August 1947 to March 14 1948  
I last saw him alive on November 1947  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Duration  
myocarditis, chronic 10 yrs.  
Due to Hypertension 10 yrs.  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted? at home  
Name of operation none Date  
Major finding  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature Israel Tall, m.d.  
and Address Idaho Falls, Idaho Date 3-17 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. **939**  
Local Reg. No. **61**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 678 Cleveland  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 37 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 678 Cleveland  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state)? Colorado

## 3. (a) FULL NAME

Morris John Carman

162B

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Menzie J. Carman

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) June 7, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>8</u>	<u>7</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for ☐ yrs.

10. Industry or Business Hebron, Indiana Date last worked ☐

11. Birthplace Hebron, Indiana (City or town) (State or foreign country)

12. Name Charles Carman

13. Birthplace New York (City or town) (State or foreign country)

14. Maiden name Cornelia

15. Birthplace not known (City or town) (State or foreign country)

16. Informant's OWN Signature Mr. Elma C. Farmer

and Address Idaho Falls, Montana

17. (a) Buried (b) Date thereof March 16, 1948 (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Jack A. Wood

and Address Idaho Falls, Idaho

19. (a) 3/27/48 (b) Anna Bulger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) March 14 1948  
at 8 o'clock A.M.

### 21. I HEREBY CERTIFY, That I attended deceased from March 7 1948 to March 7 1948

I last saw him alive on March 7 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Similarity Duration

Due to ☐

Due to ☐

Other conditions ☐

(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

### 23. Attendant's OWN Signature Milton T. Rees MD

and Address Idaho Falls, Ida Date March 22, 1948

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. 940  
Local Reg. No. 48  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 498 N. Ridge Ave.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. None Stayed 1 days  
(g) Lived in this county 1 years 4 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 498 N. Ridge Avenue  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Los Angeles, Calif.

## 3. (a) FULL NAME

MARGARET MARIA ANDREWS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward L. Andrews

6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) November 11, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>4</u>	<u>3</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 64 yrs.

10. Industry or Business At home Date last worked 2/21/48

11. Birthplace Atlantus, Gentry Co., Missouri  
(City or town) (State or foreign country)

Father { 12. Name Green Cooper

13. Birthplace Indiana  
(City or town) (State or foreign country)

Mother { 14. Maiden name Unknown

15. Birthplace Virginia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. North D. Wright  
and Address 498 N. Ridge Ave.

17. (a) Removal (b) Date thereof Mar. 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Los Angeles, California

18. Funeral Director's OWN Signature Oeland & Buck

and Address Idaho Falls, Idaho

19. (a) 3/15/1948 (b) Anna A. Bridger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 14 1948  
(Month, Day, Year)

at Abt. 3:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 10 1948 to March 14 1948

I last saw h. alive on Mar. 13 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Thrombosis  
Renal disease Duration 5 yrs.

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature E. C. Erickson M.D.

and Address Idaho Falls, Ida. Date 3-15-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record, typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948 **Certificate of Death**

STATE OF IDAHO

State File No. **941**  
Local Reg. No. **68**  
Reg. Dist. No. **610**

1. PLACE OF DEATH
- (a) County **Bonneville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **560 - N. St.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Bonneville**  
(c) City or town **Idaho Falls**  
(d) Street Address or R.F.D. No. **560 - N. St.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **60** years  
(h) Former residence (city, state) **Utah**

3. (a) FULL NAME **Emma Naomi Tracy Ritchie**

3. (b) If veteran, name war 3. (c) Social Security No. **131B**

4. Sex **F** 5. Color or race **W** 6. (a) Single ☐ widowed ☒ married, divorced ☐

6. (b) Name of husband or wife **Benjamin Ritchie** 6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth **May 6, 1870**  
(Month, Day, Year)

- | 8. AGE | Years     | Months    | Days     | If less than 1 day |
|--------|-----------|-----------|----------|--------------------|
|        | <b>73</b> | <b>10</b> | <b>9</b> | hrs. min.          |

9. Exact Occupation **Housewife** Did this work for ☐ yrs.

10. Industry or Business **Ogden, Utah** Date last worked ☐

11. Birthplace **Ogden, Utah** (City or town) (State or foreign country)

12. Name **Helon N. Tracy** (City or town) (State or foreign country)

13. Birthplace **United States** (City or town) (State or foreign country)

14. Maiden name **Emma Mary Rindett** (City or town) (State or foreign country)

15. Birthplace **United States** (City or town) (State or foreign country)

16. Informant's OWN Signature **George A. Robinson**  
and Address **118 E. Ramona Ave. City**

17. (a) **Burial** (b) Date thereof **3/19/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **Idaho**

18. Funeral Director's OWN Signature **Jack A. Wood**  
and Address **Idaho Falls, Idaho**

19. (a) **4-11-48** (b) **Anna Budget**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **092C**

20. DATE OF DEATH **March 15 - 1948**  
(Month, Day, Year) at **6 P.M.** o'clock **M.**

21. I HEREBY CERTIFY That I attended deceased from **May 5, 1947** to **Mar. 15, 1948**

- I last saw **her** alive on **Mar. 15 - 1948**  
death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: **Chronic rheumatic** Duration ☐  
**secondary to myocarditis**

- Due to **Chronic Nephritis**

- Due to **Chronic Nephritis**

- Other condition **Chronic Nephritis**  
(Include pregnancy within 3 months of death)

- Where was disease contracted? **Indef.**

- Name of operation **Indef.**

- Major finding **Indef.**

- Finding of autopsy **Indef.**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? ☐ Suicide? ☐ Homicide? ☐

- Occurred ☐ 19 ☐ City, county, state where violence occurred

- Place of Violence: Home ☐ Farm ☐ Industry ☐

- Public Place ☐ While at work? ☐

- Means of injury **Indef.**

23. Attendant's OWN Signature **John C. McElm**  
**Idaho Falls, Idaho** (M.D. or other) **Mar 15, 1948**  
and Address **Idaho Falls, Idaho** Date **Mar 15, 1948**  
(For additional use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

APR 13 1948

STATE OF IDAHO

State File No. **942**  
Local Reg. No. **5-9**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Jerome Falls  
(c) Street Address or R.F.D. No. 458 - 1st  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Jerome Stayed 6 days  
(g) Lived in this county 65 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. 458 - 1st  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Mr. Thomas A. Nixon

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Jane Gattrell

6. (c) Age of husband or wife if alive dec. years

7. Date of Birth (Month, Day, Year) September 21 - 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>2</u>	<u>25</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 0 yrs.

10. Industry or Business Handship Date last worked England

11. Birthplace England (City or town) (State or foreign country)

12. Name Thomas A. Nixon

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Harriet Rushton

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Earl B. Nixon

and Address Jerome Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/48 (Month) (Day) (Year)

(c) Place Jerome Falls, Idaho

18. Funeral Director's OWN Signature Go A. Williams

and Address Jerome Falls, Idaho

19. (a) 3/27/48 (Date received and filed) (b) Anna Bulger (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) March 16 1948

at 16 o'clock 16 M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 1947 to 16 Mar 1948

I last saw him alive on 16 Mar 1948. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Septicemia Duration 137B

Due to Prostatitis

Due to Prostatitis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Suprapubic cystostomy Date 16 Mar 48

Major finding Suprapubic cystostomy Underline the cause to which death should be charged statistically

Finding of autopsy Suprapubic cystostomy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state Jerome Falls, Idaho

where violence occurred Jerome Falls, Idaho

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Shane Bldg.

23. Attendant's OWN Signature Richard Paul Date 22 Mar 48

and Address Jerome Falls, Idaho (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. **943**  
Local Reg. No. **60**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Donnville  
(b) City or town Chesh Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. LDS Stayed 4 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Mo. (b) County \_\_\_\_\_  
(c) City or town Omaha  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mrs. Hattie Richards

120A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex 2 5. Color or race W.  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

November 22, 1882

## 8. AGE

Years	Months	Days	If less than 1 day
<u>64</u>	<u>3</u>	<u>24</u>	hrs. min.

## 9. Exact Occupation

Housewife Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

\_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace

(City or town) Low (State or foreign country) Iowa

## 12. Name

Reason Lyons

## 13. Birthplace

(City or town) U.S.A. (State or foreign country) U.S.A.

## 14. Maiden name

Stape

## 15. Birthplace

(City or town) \_\_\_\_\_ (State or foreign country) U.S.A.

## 16. Informant's OWN Signature

Mrs. Bertha Rich

## 17. (a) (b) Date thereof

(Burial, cremation or removal) Chesh Falls, Ida (Month) (Day) (Year) 3/19/48

## 18. Funeral Director's OWN Signature

Ed G. McLean

## 19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

Chesh Falls, Ida

## 20. DATE OF DEATH

(Month, Day, Year) March 16, 1948

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

## 21. I HEREBY CERTIFY, That I attended deceased from

at 6:30 o'clock PM on Feb 16 1948

## Immediate Cause of Death:

Pneumonia

## Due to

Undetermined

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_ Major finding \_\_\_\_\_ Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_ where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Richard Paul (M. D. or other) \_\_\_\_\_ and Address Chesh Falls, Ida Date 22 Apr 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 13 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **944**  
Local Reg. No. **55**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Bonanza  
(b) City or town Idaho Falls  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Idaho Stayed... days  
(g) Lived in this county... years... months... /... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Shelley  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 79 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Samuel Sudbury Humpherys.

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Ida May Smoot  
6. (c) Age of husband or wife if live 76 years  
7. Date of Birth (Month, Day, Year) Feb. 5 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>1</u>	<u>12</u>	hrs min.

9. Exact Occupation RETIRED FARMER Did this work for... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Paris Idaho (City or town) (State or foreign country)  
12. Name John James Humpherys  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Mary Ann Smith  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Earl Humpherys  
and Address Frank Idaho

17. (a) Burial (b) Date thereof 3-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hill Crest Cemetery

18. Funeral Director's OWN Signature L M Nalder  
and Address Shelley Idaho

19. (a) 3/22/48 (b) Luna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 17, 1948  
at 5:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 7-4 1948 to 3-17 1948  
I last saw him alive on 3-17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Failure Duration 1 day

Due to Arterio sclerosis 10 yrs

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? Idaho

Name of operation ..... Date .....

Major finding .....

Finding of autopsy ..... **PHYSICIAN** Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature David H. Smith, M.D.  
and Address Shelley Idaho Date 3-19 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **945**  
Local Reg. No. **53**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH

- (a) County **Kootenai**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **Memorial Ave.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **Idaho Falls** Stayed **3** days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Shelly**  
(d) Street Address or R.F.D. No. **1**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

**Lloyd Keith Albert**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex **M** 5. Color or race

## 6. (a) Single ☒ widowed, married, divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth (Month, Day, Year)

**June 26, 1947**

8. AGE	Years	Months	Days	If less than 1 day
	<b>8</b>	<b>22</b>		hrs. min.

## 9. Exact Occupation **none** Did this work for ☐ yrs.

## 10. Industry or Business **Shelly Idaho** Date last worked

## 11. Birthplace **Shelly Idaho** (City or town) (State or foreign country)

## 12. Name **Howard H. Albert** (City or town) (State or foreign country)

## 13. Birthplace **Burlington Iowa** (City or town) (State or foreign country)

## 14. Maiden name **Walter Carmichael** (City or town) (State or foreign country)

## 15. Birthplace **Conway Arkansas** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Howard H. Albert**

## and Address **Shelly, Idaho**

## 17. (a) Date thereof **3/20/48** (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature **Jack A. Woolf**

## and Address **Idaho Falls, Idaho**

## 19. (a) **3/20/48** (Date received and filed) (b) **Anna Bridge** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) **March 18, 1948** at **6-05** o'clock **A.**M.

## 21. I HEREBY CERTIFY That I attended deceased from **March 18, 1948** to **March 18, 1948** I last saw him alive on **March 18, 1948** death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: **Pneumonia** Duration

## Due to

## Due to

## Other conditions **Marked dehydration** (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation Date

## Major finding

## Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? ☐ Suicide? ☐ Homicide? ☐

## Occurred ☐ 19 ☐ City, county, state

## where violence occurred

## Place of Violence: Home ☐ Farm ☐ Industry ☐

## Public Place ☐ While at work? ☐

## Means of injury

## 23. Attendant's OWN Signature **Milton T. Rees M.D.**

## and Address **Idaho Falls, Idaho** (M.D. or other)

## Date **March 18, 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 13 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **946**  
Local Reg. No. **62**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Bonhiville  
(b) City or town Idaho Falls,  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Shelley  
(d) Street Address or R.F.D. No. R.F.D. No 2  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME Edwin Tore Miller

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Mary A. Leek 6. (c) Age of husband or wife if alive 63 years  
7. Date of Birth (Month, Day, Year) Feb. 28, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>0</u>	<u>22</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Annabelle Utah (City or town) (State or foreign country)

12. Name Charles Millar  
13. Birthplace Onslow Norway (City or town) (State or foreign country)  
14. Maiden name Isabell Thurston  
15. Birthplace Council Bluffs Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Edwin J Miller  
and Address Shelley, R#2

17. (a) Burial (b) Date thereof 3-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Goshen Cemetery

18. Funeral Director's OWN Signature Shelley Idaho  
and Address \_\_\_\_\_

19. (a) 3/27/1948 (b) Ana Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 22, 1948  
at 12:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 10-28-47 to March 22, 1948  
I last saw him alive on March 22, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of the Liver Duration 6 months

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Millon T. Rees M.D.  
and Address Idaho Falls, Idaho (M. D. or other) 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. **788 947**  
Local Reg. No. **57**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH

- (a) County Connerville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Dr.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. h. J. S. H. Stayed days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Connerville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 416-4 a  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Fred C. Poole

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race Male

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) March 21, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>2</u>	hrs. min.

9. Exact Occupation Infant Did this work for years

10. Industry or Business Idaho Falls Date last worked Idaho

11. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

12. Name Robert C. Poole

13. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

14. Maiden name Lyla Erickson

15. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Harry L. Poole

and Address 416 4th St Idaho Falls

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 3/25/48 (Month) (Day) (Year)

(c) Place Idaho Falls

18. Funeral Director's OWN Signature Jack A. Wood

and Address Idaho Falls

19. (a) 3/25/48 (Date received and filed) (b) Anna Bridges (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 23 1948  
at 9 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from 3-21 1948, to 3-23 1948

I last saw h. am alive on 3-23 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 24 hr

Due to cause unknown - normal delivery -

Due to

Other conditions  (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?

Occurred  19  City, county, state where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature A. B. Buckley m. s. (M. T. or other)  
and Address Idaho Falls Date 4/6 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 948  
Local Reg. No. 71  
Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Dr  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. U.S. Hosp. Stayed        days  
(g) Lived in this county        years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 821-J.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Annie Greenwood Furniss

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex F 5. Color or race W

## 6. (a) Single, widowed, married divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive        years

## 7. Date of Birth (Month, Day, Year)

June 8, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>9</u>	<u>17</u>	hrs. min.

## 9. Exact Occupation Housewife Did this work for        yrs.

## 10. Industry or Business Glasgow, England Date last worked

## 11. Birthplace Glasgow, England (City or town) (State or foreign country)

## 12. Name John W. Greenwood (City or town) (State or foreign country)

## 13. Birthplace England (City or town) (State or foreign country)

## 14. Maiden name Elizabeth Barker (City or town) (State or foreign country)

## 15. Birthplace England (City or town) (State or foreign country)

## 16. Informant's OWN Signature Edwin J. Furniss and Address Idaho Falls, Idaho

## 17. (a) Burial (b) Date thereof 3/29/48 (Month) (Day) (Year)

## (c) Place Idaho Falls - Rose Hill

## 18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho

## 19. (a) 4/17/48 (b) Ana Budger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) March 25 19 48  
at 1-15 P o'clock        M.

## 21. I HEREBY CERTIFY, That I attended deceased from Dec 19 45 to March 25 19 48

I last saw him alive on March 25 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

(1) Bronchial Pneumonia Duration 1 wk  
(2) Bronchietome 10 years

Due to       

Due to       

Other conditions Malnutrition severe  
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

## 23. Attendant's OWN Signature J. E. Ruge & Son

and Address Idaho Falls Date 3/30 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

APR 13 1948

State File No. 948 949  
Local Reg. No. 63  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Edaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County \_\_\_\_\_  
(c) City or town Montpelier  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mr. Burns Erickson

094A

## 3. (b) If veteran, name war

World War I

## 3. (c) Social Security No.

## 5. Color or

W

## 4. Sex

M

## 6. (b) Name of husband or wife

## 6. (a) Single, widowed, married, divorced

Single

## 6. (c) Age of husband or wife if alive

\_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) February 8, 1896

## 8. AGE

Years

Months

Days

If less than 1 day

53

1

24

hrs. min.

## 9. Exact Occupation

Laborer

## Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

(City or town)

(State or foreign country)

## 12. Name

Magnus Erickson

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

Elizabeth Swensen

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

W. A. Erickson

## and Address

Edaho Falls, Idaho

## 17. (a) (Burial, cremation, or removal)

Funeral

(b) Date thereof 3/28/48

## (c) Place

Montpelier, Idaho

## 18. Funeral Director's OWN Signature

Geo A. Williams

## and Address

Edaho Falls, Idaho

## 19. (a)

3/31/48

(b)

Lenna Budger

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) March 27 1948

at about 2:00 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

Geo A. Williams (Coroner)

and Address Edaho Falls, Idaho Date 3/28 1948

(M. D. or other)

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 950  
Local Reg. No. 72  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. L.H.S. Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 521 - Pomex  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Blanche Leggroan

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race Black  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Edward Leggroan (c) Age of husband or wife if alive 67 years  
7. Date of Birth (Month, Day, Year) January 7, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>2</u>	<u>23</u>	hrs. min.

9. Exact Occupation Housewife Did this work for ☐ yrs.  
10. Industry or Business Murray, Utah Date last worked ☐  
11. Birthplace Murray, Utah (City or town) (State or foreign country)  
12. Name Abraham Flake  
13. Birthplace Utah (City or town) (State or foreign country)  
14. Maiden name Mary Ann Steele  
15. Birthplace Kentucky (City or town) (State or foreign country)  
16. Informant's OWN Signature Ed Leggroan  
and Address Idaho Falls, Idaho  
17. (a) Funeral (b) Date thereof 3/2/48  
(Burial, cremation or removal) (Month) (Year)  
(c) Place Idaho Falls, Rose Hill Cemetery  
18. Funeral Director's OWN Signature Jack A. Wood  
and Address Idaho Falls, Idaho  
19. (a) 4-7-48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 30 19 48  
at 3 o'clock P. M.  
21. I HEREBY CERTIFY that I attended deceased from March 1-47 19 47 to March 30 19 48

I last saw h. ☐ alive on ☐ 19 48  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death:

Chronic Cholelithiasis Duration 1 year  
Due to hypertension Many  
Due to Ch. Hepatitis years  
Other conditions Many  
(Include pregnancy within 3 months of death) year

Where was disease contracted? Cholelithiasis  
Name of operation Cholelithotomy Date March 30, 1948  
Major finding Cholelithiasis  
Finding of autopsy Cholelithiasis

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 48 City, county, state Idaho Falls, Idaho  
where violence occurred ☐  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐  
23. Attendant's OWN Signature Ellen Clues  
(M. D. or other)  
and Address ☐ Date ☐ 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. **951**  
Local Reg. No. **45**  
Reg. Dist. No. **611**

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. RT # 2  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. RT # 2  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) Logan, Utah

## 3. (a) FULL NAME

Abraham Gneiting

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Gneiting

6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth (Month, Day, Year)

1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>			hrs. min.

9. Exact Occupation Farmer Did this work for ☐ yrs.

10. Industry or Business Lugenhofen Germany Date last worked ☐

11. Birthplace Lugenhofen Germany (City or town) (State or foreign country)

12. Name Abraham Gneiting

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name Catherine

15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Thos Gneiting and Address Idaho Falls Idaho

17. (a) Burial (b) Date thereof 3/8/48 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place Grant, Idaho

18. Funeral Director's OWN Signature Joseph A. Wood and Address Idaho Falls Idaho

19. (a) 3/10/48 (b) Anna A. Bulger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 4 1948  
at 9 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1948 to Mar. 4 1948

I last saw him alive on Mar. 3 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardio-Vascular Renal  
relaxation

## Duration

10 yrs.

Due to ☐

Due to ☐

Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature E. C. Erickson M.D. (M. D. or other)

and Address Idaho Falls Date 3-10 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 952  
Local Reg. No. 69  
Reg. Dist. No. 611

## 1. PLACE OF DEATH:

- (a) County..... Bonneville  
(b) City or town..... Idaho Falls  
(c) Street Address or R.F.D. No. St 72  
(d) Death Occurred Inside? ☒ Outside?..... city or town  
(e) Died in a Home? ☒ Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. .... Stayed..... days  
(g) Lived in this county..... years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside?..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Lucinda Elizabeth Robinson Sargent 083A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex F 5. Color or race W

## 6. (a) Single ☒ widowed ☒ married, divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive..... years

## 7. Date of Birth (Month, Day, Year)

January 7, 1872

## 8. AGE

Years

Months

Days

If less than 1 day

76

2

11

hrs. min.

## 9. Exact Occupation

Housewife

Did this work for..... yrs.

## 10. Industry or Business

Idaho Falls, Idaho

Date last worked

## 11. Birthplace

Idaho Falls, Idaho (City or town) (State or foreign country)

## 12. Name

Joseph Gardner

## 13. Birthplace

United States (City or town) (State or foreign country)

## 14. Maiden name

Mary Williams

## 15. Birthplace

United States (City or town) (State or foreign country)

## 16. Informant's OWN Signature

Mrs Pearl W. Rasmussen

## 17. (a) Burial, cremation or removal

Idaho Falls, Idaho

## 17. (b) Date thereof

3/22/48 (Month) (Day) (Year)

## 17. (c) Place

Idaho Falls, Idaho

## 18. Funeral Director's OWN Signature

Jack A. Wood

## 19. (a) Date received and filed

4/7/48

## 19. (b) Registrar's signature

Anna Budger

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

March 18

1948

at 4-20 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from.....

19..... to..... 19.....

I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral hemorrhage

## Duration

## Due to

malignant hypertension

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

## Date

## Major finding

## Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

## Means of injury

## 23. Attendant's OWN Signature

Milton T. Rees, M.D.

## and Address

Idaho Falls, Idaho (City or town) (State or foreign country)

Date March 18, 1948

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
Certificate Of Death

1948  
State File No. 953  
Local Reg. No. 7-48  
Reg. Dist. No. 100

1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonniers Ferry  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? XX Outside? XX city or town  
(e) Died in a Home XX Hospital XX Institution XX Other place XX  
(f) Name Hosp. or Inst. .... Stayed XX days  
(g) Lived in this county 16 years XX months XX days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Bonniers Ferry  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? XX Outside? XX city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? XX years  
(h) Former residence (city, state) Coeur d'Alene Idaho

3. (a) FULL NAME

Gertrude Kruegel

3. (b) If veteran,

name war No

3. (c) Social Security

No. No

4. Sex Fem. race White  
5. Color or No (a) Single, widowed, married, divorced wid.  
6. (b) Name of husband or wife Edward A. (c) Age of husband or wife if alive Dec. years

7. Date of Birth  
(Month, Day, Year) Jan. 31, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>1</u>	<u>13</u>	hrs min.

9. Exact Occupation Housewife Did this work for 60 yrs.

10. Industry or Business at home Date last worked 3.14.48

11. Birthplace Winona Minn.  
(City or town) (State or foreign country)

12. Name Joe Vann

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Mary unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ida May Kruegel  
and Address Bonniers Ferry, Idaho

17. (a) Removal (b) Date thereof 3/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Spokane, Wash.

18. Funeral Director's OWN Signature Frank Moore

- and Address Bonniers Ferry, Idaho

19. (a) 3/19/48 (b) Carl Bonnell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH  
(Month, Day, Year) March 14th 19 48  
at 3:10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from March 14, 1948, to March 14, 1948  
I last saw him alive on 3/14 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

cardiac failure

Duration

- Due to acute myocarditis year

- Due to senility

- Other conditions  
(Include pregnancy within 8 months of death)

- Where was disease contracted?

- Name of operation None Date None

- Major finding None

- Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? XX Suicide? XX Homicide? XX

- Occurred XX 19 XX City, county, state where violence occurred

- Place of Violence: Home XX Farm XX Industry XX

- Public Place XX While at work? XX

- Means of injury XX

23. Attendant's OWN Signature Ida May Kruegel

- and Address Bonniers Ferry, Idaho Date 3/19 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 954  
Local Reg. No. 8-48  
Reg. Dist. No. 100

## 1. PLACE OF DEATH:

- MAR 22 1948  
DIVISION OF VITAL  
BOUNDARY FILES
- (a) County Boundary Files  
(b) City or town Bonniers Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? XX Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Bound. Co. Stayed 1 days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bound.  
(c) City or town Bonniers Ferry  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Houston Mo.

## 3. (a) FULL NAME

Thomas B. Farris

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. No.

5. Color or

6. (a) Single, widowed, married,

4. Sex Male race White

divorced Wid.

6. (b) Name of husband or wife Ada

6. (c) Age of husband or wife if alive Dec. years

7. Date of Birth  
(Month, Day, Year)

3/21/1870

## 8. AGE

Years  
77

Months  
11

Days  
25

If less than 1 day  
hrs min.

## 9. Exact

Occupation Ret. Carpenter work for 50 yrs.

## 10. Industry or

Business at large Date last worked 1936

## 11. Birthplace

Houston, Mo.

(City or town)

(State or foreign country)

## 12. Name John Farris

## 13. Birthplace

Unknown

(City or town) (State or foreign country)

## 14. Maiden name

Minerva

Unknown

## 15. Birthplace

Unknown

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Nester Aranzus

and Address 5008 N. Stone, Spokane Wn.

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

3/19/48

(Month) (Day) (Year)

(c) Place: Bonniers Ferry, Idaho

## 18. Funeral Director's

OWN Signature Paul Moore

and Address Bonniers Ferry, Idaho

## 19. (a) 3/16/48

(Date received and filed)

## (b) Paul Moore

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 1620

## 20. DATE OF DEATH

(Month, Day, Year) March 16th. 1948  
at 8:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Jan 46 1946, to March 16 1948  
I last saw him alive on March 15 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chronic Myocardial degeneration

## Duration

4 years

## Due to

## Due to

Other conditions Semility  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's

OWN Signature Paul Moore

(M. D. or other)

and Address Bonniers Ferry Date 3/16 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County Boundary  
(b) City or town Bonnerr's Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? XX city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Boundary  
(c) City or town Bonnerr's Ferry  
(d) Street Address or R.F.D. No. Star Route  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Marathon City Wis.

3. (a) FULL NAME Mary Wendel  
3. (b) If veteran, name war No  
3. (c) Social Security No. No  
5. Color or No  
6. (a) Single, widowed, married, divorced wid.  
4. Sex Fem. race White  
6. (b) Name of husband or wife Henry  
6. (c) Age of husband or wife if alive Dec. years  
7. Date of Birth (Month, Day, Year) 2/27/1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>0</u>	<u>28</u>	hrs min.

9. Exact Occupation Housewife Did this work for 55 yrs.  
10. Industry or Business at home Date last worked 10/15  
11. Birthplace Marathon City, Wis.  
(City or town) (State or foreign country)  
12. Name Albert Goldback  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name Mary unknown  
15. Birthplace Wis.  
(City or town) (State or foreign country)  
16. Informant's OWN Signature Mary Chisholm  
and Address Bonnerr's Ferry Idaho  
17. (a) Burial (b) Date thereof 3/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bonnerr's Ferry Idaho  
18. Funeral Director's OWN Signature Paul Morge  
and Address Bonnerr's Ferry, Idaho  
19. (a) 3-27-48 (b) Paul Morge  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH March 25th. 1948  
(Month, Day, Year) at 7:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from January 1947 to Mar 25 1948  
I last saw h alive on Mar 24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocardial Degeneration Duration 4 years.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Paul Morge M.D. (M. D. or other)  
and Address Bonnerr's Ferry Date 3/27 1948  
(For additional space, use reverse side)

State File No. \_\_\_\_\_  
 Local Reg. No. 10-48  
 Reg. Dist. No. 100

United States  
 Department of Commerce  
 Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

APR 8 1948

## 1. PLACE OF DEATH:

- (a) County Boundary  
 (b) City or town Bonniers Ferry  
 (c) Street Address or R.F.D. No. \_\_\_\_\_  
 (d) Death Occured Inside? XX Outside? \_\_\_\_\_ city or town  
 (e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. Bound. Co. Stayed 1 days  
 (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
 (c) City or town \_\_\_\_\_  
 (d) Street Address or R.F.D. No. \_\_\_\_\_  
 (e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
 (f) Citizen of what country? \_\_\_\_\_  
 (g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
 (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Infant Carl Eugene Dirks

3. (b) If veteran, name war No 3. (c) Social Security No. No  
 5. Color or White 6. (a) Single, widowed, married, divorced Infant  
 4. Sex Male race White  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Date of Birth (Month, Day, Year) 3/31/1948 March 29th.

8. AGE	Years	Months	Days	If less than 1 day
				<u>9</u> hrs <u>40</u> min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
 11. Birthplace Bonniers Ferry, Idaho  
 (City or town) (State or foreign country)

12. Name Noah K. Dirks  
 13. Birthplace Cal.  
 (City or town) (State or foreign country)  
 14. Maiden name Martha Mae Butts  
 15. Birthplace Kan.  
 (City or town) (State or foreign country)

16. Informant's OWN Signature Martha Dirks  
 and Address Copeland 2d St

17. (a) \_\_\_\_\_ (b) Date thereof 3/31/48  
 (Burial, cremation or removal) (Month) (Day) (Year)  
 (c) Place: Bonniers Ferry, Idaho

18. Funeral Director's OWN Signature Frank Morgan  
 and Address Bonniers Ferry, Idaho

19. (a) 3/31/48 (b) Frank Morgan  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 30th. 1948  
 at 12:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 29 1948, to March 30 1948.  
 I last saw him alive on March 29 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Respiratory Failure

Due to cause undetermined

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
 Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
 Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
 Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Paul Bonace m.d.  
 and Address Bonniers Ferry (M. D. or other) Date 3/31/1948  
 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 8 1948

# Certificate Of Death

STATE OF IDAHO

1948 957  
State File No. \_\_\_\_\_  
Local Reg. No. 11-48  
Reg. Dist. No. 100

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonnars Ferry, Idaho.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? XX Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 36 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Bonnars Ferry, Idaho.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? XX Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) Rathdrum, Idaho

3. (a) FULL NAME Mary A. Wright

3. (b) If veteran, name war No No. No No. No  
5. Color or White 6. (a) Single, widowed, married, divorced Wid.  
4. Sex Fem. race White  
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive Dec. years  
7. Date of Birth (Month, Day, Year) 12/3/1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>3</u>	<u>28</u>	hrs min.

9. Exact Occupation Loan Business Retired Did this work for 10 yrs.  
10. Industry or Business Wright Inv. Co. Date last worked 11/3/47  
11. Birthplace Marysville, Mo. (City or town) (State or foreign country)

- Mother { 12. Name J. Hugh Allen  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown Best  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature OTIS C. Wright  
and Address Hayden Lake, Idaho.

17. (a) Removal 4/3/48 (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rathdrum, Idaho.

18. Funeral Director's OWN Signature Hub Morse  
and Address Bonnars Ferry, Idaho

19. (a) 4-2-48 (b) R. Bonnell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D 162B

20. DATE OF DEATH (Month, Day, Year) March 31st, 1948  
at 12 o'clock NOON M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 1 1948, to March 31 1948.  
I last saw him alive on March 31 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Failure Duration

Due to Abn. myocarditis Angina

Due to Arteriosclerosis  
Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Edith D. ... (M. D. or other)  
and Address Bonnars Ferry Date 4/2 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 21 1948  
Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 958  
Local Reg. No. 82  
Reg. Dist. No. 362

1. PLACE OF DEATH: DIVISION OF VITALS
- (a) County Canyon  
(b) City or town Blanca  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Institution Idaho State Stayed 2 days  
(g) Lived in this county 11 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Blanca  
(d) Street Address or R.F.D. No. 419 - Garland  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Oklahoma

3. (a) FULL NAME Charles E. Barham

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 27th 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>8</u>	<u>12</u>	hrs min.

9. Exact Occupation Laborer Did this work for 30 yrs.  
10. Industry or Business OPE Ice Plant Date last worked \_\_\_\_\_  
11. Birthplace Illinois (City or town) (State or foreign country)

12. Name Bill Barham  
13. Birthplace Tennessee (City or town) (State or foreign country)  
14. Maiden name Mary Sandrine  
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address Blanca, N. H. Hally

17. (a) Burial (b) Date thereof 2/11/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Blanca Idaho

18. Funeral Director's OWN Signature Lyda Rodgers  
and Address Blanca Idaho

19. (a) Mar. 30 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) Feb 8th 1948  
at 8 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 20 1948 to Feb 8 1948  
I last saw him alive on Feb 8 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Myocardial Failure Duration \_\_\_\_\_  
(Chronic Myocarditis)

Due to Chronic Myocarditis  
Due to Chronic Myocarditis  
Other conditions Post-operative shock  
(Include pregnancy within 6 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation Prostatectomy Date \_\_\_\_\_  
Major finding Prostate  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. R. Mangum  
(M. D. or other)  
and Address Blanca Date 2-10 1948  
(For additional space, use reverse side)

J. R. Mangum

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
MAR - 9 1948

RECEIVED

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL

1. PLACE OF DEATH: STATISTICS  
(a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 1807 4th St. So.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 44 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 1807 4th St. So.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Mr. Carl Leon Mullins

3. (b) If veteran, name war none 3. (c) Social Security No. 712-05-3314

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced married

4. Sex male race white 6. (b) Name of husband XXXX 6. (c) Age of husband or wife if alive 54 years

7. Date of Birth (Month, Day, Year) January 15, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>1</u>	<u>16</u>	hrs. min.

9. Exact Occupation Retired Engineer Did this work for 45 yrs.

10. Industry or Business Railroad Date last worked June 47

11. Birthplace Acton, Indiana (City or town) (State or foreign country)

12. Name Frank P. Mullins

13. Birthplace Unobtainable (City or town) (State or foreign country)

14. Maiden name Emma

15. Birthplace Unobtainable (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Cora Mullins and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 3/4/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Cemetery

18. Funeral Director's OWN Signature John F. Alsip, Jr. and Address Nampa, Idaho

19. (a) Mar. 4 - 1948 (b) Lyla Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 1, 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from 3/1 1948 to 3/1 1948

I last saw him alive on 3/1 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Respiratory failure Duration 4 hrs

Due to Cardiac failure not known

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. L. Rodgers (M. D. or other) and Address Nampa, Idaho Date 3/4 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. L. Rodgers

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK should typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR - 9 1948 **Certificate of Death**  
DIVISION OF VITAL STATE OF IDAHO

1948 960  
State File No. ....  
Local Reg. No. 63  
Reg. Dist. No. 363

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home ..... Hospital X Institution ..... Other place .....  
(f) Name Hosp. or Inst. Samaritan Stayed 4 days  
(g) Lived in this county 26 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #4  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

Mr. George Stredder

3. (b) If veteran, name war None

3. (c) Social Security No. none

5. Color or

4. Sex male race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth

(Month, Day, Year) April 17, 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>10</u>	<u>15</u>	hrs. min.

9. Exact Occupation Farmer Did this work for life yrs.

10. Industry or Business Farming Date last worked 2/27/48

11. Birthplace Roseberry, Idaho  
(City or town) (State or foreign country)

Father { 12. Name John S. Stredder

13. Birthplace England  
(City or town) (State or foreign country)

Mother { 14. Maiden name Emma Tayson

15. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature John J. Stredder  
and Address Weiser, Idaho

17. (a) Burial (b) Date thereof 3/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kohlerlewn Cemetery

18. Funeral Director's Robinson-Alsip Chapel  
OWN Signature John J. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) Mar. 4 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) March 2, 1948  
at 3:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from

Feb. 27 1948, to Mar. 2 1948  
I last saw him alive on Mar. 1 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Double Pneumonia

Duration

Due to .....

Due to .....

Other conditions Epilepsy  
(Include pregnancy within 3 months of death)

Where was disease contracted? home

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state  
where violence occurred.

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's

OWN Signature W. C. Holte M.D.  
(M. D. or other)  
and Address Nampa, Idaho Date 3/2 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **961**  
Local Reg. No. **78**  
Reg. Dist. No. **362**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 804-11th Ave S  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 2 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 804-11th Ave S  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

Paulette La Lande

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) Feb 15 - 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>2</u>	<u>1</u>	<u>21</u>	hrs. min.

9. Exact Occupation ☐ Did this work for ☐ yrs.

10. Industry or Business ☐ Date last worked ☐

11. Birthplace Nampa Idaho (City or town) (State or foreign country)

12. Name Eugene La Lande (City or town) (State or foreign country)

13. Birthplace Nampa Idaho (City or town) (State or foreign country)

14. Maiden name Lorelle Dalton

15. Birthplace North Powder Ore (City or town) (State or foreign country)

16. Informant's OWN Signature ☐

and Address ☐

17. (a) Burial (b) Date thereof 3/8/48 (Month) (Day) (Year)

(c) Place Nampa Idaho

18. Funeral Director's OWN Signature L. H. Walker

and Address Nampa Idaho

19. (a) Mar. 29 - 1948 (Date received and filed) L. H. Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 5 1948  
(Month, Day, Year)  
at 12:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 15 1948 to Mar 5 1948

I last saw h. u alive on Mar 5 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Myocarditis Duration 12 hr

Due to Acute Bronchial asthma 12 hr

Due to Chronic Asthma 1 1/2 yrs

Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation ☐ Date ☐

Major finding ☐  
Finding of autopsy ☒

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature L. H. Rodgers (M. D. or other)

and Address Nampa Date 3-8 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

9048  
State File No. 962  
Local Reg. No. 69  
Reg. Dist. No. 363

1. PLACE OF DEATH (City or town, street address or R.F.D. No., death occurred inside? Outside? city or town, died in a home, hospital, institution, other place, name hosp. or inst., stayed, days, lived in this county, years, months, days)
2. Usual Residence of Deceased: (Always fill in these)  
(a) State (b) County  
(c) City or town  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME  
(b) If veteran, name war  
(c) Social Security No.  
(d) Sex Color or race  
(e) Single, widowed, married, divorced  
(f) Name of husband or wife  
(g) Age of husband or wife if alive, years  
(h) Date of Birth (Month, Day, Year)

AGE	Years	Months	Days	If less than 1 day
	30			hrs. min.

9. Exact Occupation  
10. Industry or Business  
11. Birthplace (City or town) (State or foreign country)

12. Name  
13. Birthplace (City or town) (State or foreign country)

14. Maiden name  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature and Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place

18. Funeral Director's OWN Signature and Address

19. (a) Date received and filed (b) Registrar's signature

20. DATE OF DEATH (Month, Day, Year) at o'clock M.  
21. I HEREBY CERTIFY, That I attended deceased from death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration  
Due to: Cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature (M. D. or other) and Address Date

and Address Date

and Address Date

and Address Date

and Address Date

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED NON-RESIDENT  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

1948 963  
State File No.  
Local Reg. No. 72  
Reg. Dist. No. 363

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Mercy Stayed..... days  
(g) Lived in this county..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Montana (b) County.....  
(c) City or town Big Timber  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside?..... Outside?..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

James Wilson

3. (b) If veteran,

name war.....

3. (c) Social Security

No. ....

4. Sex M race W divorced M  
5. Color or .....  
6. (a) Single, widowed, married, .....  
6. (b) Name of husband or wife Elva L. Wilson (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) May 20-1887

8. AGE	Years	Months	Days	If less than 1 day
	60	9	18	hrs min.

9. Exact Occupation Sheep Shearer & Did this work for..... yrs.

10. Industry or Business Logger Date last worked.....

11. Birthplace Bismarck, South Dakota (City or town) (State or foreign country)

12. Name.....

13. Birthplace..... (City or town) (State or foreign country)

14. Maiden name Geo Anna Mason

15. Birthplace Tennessee (City or town) (State or foreign country)

16. Informant's OWN Signature Elva L. Wilson

- and Address 428 No. Louise, Glendale, Cal.

17. (a) Burial (b) Date thereof 3-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dakan Chapel

- and Address Caldwell, Idaho

19. (a) Mar. 15-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 8 19 48  
at 5:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from.....  
19....., to..... 19.....

I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Coronary Occlusion

Due to Myocardial Infarction

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

1. Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature Joan S. M.D.

and Address Nampa, Idaho Date 3-11-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAR 22 1948

# Certificate of Death

STATE OF IDAHO

1048  
State File No. 964  
Local Reg. No. 77  
Reg. Dist. No. 362

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Hampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Murray Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hampa  
(d) Street Address or R.F.D. No. 1224 - 2nd St. No.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Infant Aguando

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Male 5. Color or race H

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Mar 9th 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>0</u>	hrs. <u>15</u> min.

9. Exact Occupation ☒ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Hampa Idaho (City or town) (State or foreign country)

12. Name Daniel Aguando

13. Birthplace Mexico (City or town) (State or foreign country)

14. Maiden name Soma Aguando

15. Birthplace New Mexico (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records

and Address Hampa Idaho

17. (a) Burial (b) Date thereof 3/11/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Hampa Idaho

18. Funeral Director's OWN Signature George H. Nalder

and Address Hampa Idaho

19. (a) Mar. 29-1948 (b) Lida Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 9th 1948

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from birth 3/9 19 48 to 3/9 19 48

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxiation Duration 159X

Due to Prematurity (6 mo. gestation) 161A

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. R. Mangum

and Address Hampa Idaho (M or other) 19 \_\_\_\_\_

(For additional space, use reverse side)

J. R. Mangum

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 22 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 965  
State File No. \_\_\_\_\_  
Local Reg. No. 70  
Reg. Dist. No. 362

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 18 days  
(g) Lived in this county 8 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 504 Nectarine  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Yuma, Colo.

3. (a) FULL NAME Mr. John W. Slover

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or \_\_\_\_\_  
4. Sex male race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February 7, 1864

8. AGE	Years	Months	Days	If less than 1 day
	84	1	4	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Rancher Date last worked \_\_\_\_\_  
11. Birthplace Mercer County, Missouri (City or town) (State or foreign country)

12. Name Jack Slover  
13. Birthplace Tennessee (City or town) (State or foreign country)  
14. Maiden name Unobtainable  
15. Birthplace Unobtainable (City or town) (State or foreign country)

16. Informant's OWN Signature J. J. Slover  
and Address Nampa, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/15/48 (Month) (Day) (Year)  
(c) Place Osceola, Iowa

18. Funeral Director's Robinson-Alsop Chapel  
OWN Signature John J. Alsop, Jr.  
and Address Nampa, Idaho

19. (a) Mar. 13-1948 (Date received and filed) (b) Lyla Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 11, 1948  
at 3:00 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him him alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Uremia Duration 3 wks

Due to Cerebral renal disease 1 yr.

Due to Chronic nephritis 1 yr.

Other conditions Practically asymptomatic  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Samuel H. Hesch (M. D. or other)  
and Address Nampa, Idaho Date 3-12-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

MAR 30 1948

STATE OF IDAHO

1948 966  
State File No. 79 80  
Local Reg. No. 363  
Reg. Dist. No.

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County Canyon
- (b) City or town Hampa
- (c) Street Address or R.F.D. No. 9903-11th Ave. S.
- (d) Death Occurred Inside? ☒ Outside? ☐ city or town
- (e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐
- (f) Name Hosp. or Inst. Centers Stayed 2 yrs. days
- (g) Lived in this county 2 years 2 months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Chamon
- (c) City or town King Hill
- (d) Street Address or R.F.D. No.
- (e) Deceased lived Inside? ☒ Outside? ☐ city or town
- (f) Citizen of what country? U. S. A.
- (g) How long had deceased lived in Idaho? Life years
- (h) Former residence (city, state)

3. (a) FULL NAME Joseph Woods
3. (b) If veteran, name war  3. (c) Social Security No.
5. Color or race White
4. Sex Male
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years

7. Date of Birth (Month, Day, Year) Unknown
- | 8. AGE | Years     | Months | Days | If less than 1 day |
|--------|-----------|--------|------|--------------------|
|        | <u>69</u> |        |      | hrs. min.          |

9. Exact Occupation Former Did this work for  yrs.
10. Industry or Business  Date last worked
11. Birthplace Idaho (City or town) (State or foreign country)

12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records
- and Address Box 222, N. Walker

17. (a) Buried (Burial, cremation or removal) (b) Date thereof 3/18/48 (Month) (Day) (Year)
- (c) Place Hampa Idaho
18. Funeral Director's OWN Signature George H. Walker
- and Address Hampa Idaho
19. (a) Mar. 27, 1948 (Date received and filed) (b) Lida Rodgers (Registrar's signature)

20. DATE OF DEATH (Month, Day, Year) March 14th 1948
- at 1 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from  19 to Mar. 14 1948
- I last saw h. alive on Mar. 13 1948; death is said to have occurred on the date and hour stated above.
- Immediate Cause of Death: Cerebral thrombosis Duration 2 days
- Due to
- Due to
- Other conditions Burn 2° Centers (Include pregnancy within 3 months of death)
- right side
- Where was disease contracted?
- Name of operation  Date
- Major finding
- Finding of autopsy
22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident?  Suicide?  Homicide?
- Occurred  19 City, county, state where violence occurred
- Place of Violence: Home  Farm  Industry
- Public Place  While at work?
- Means of injury
23. Attendant's OWN Signature F. D. Kachue, Jr. D. (M. D. or other)
- and Address Hampa Ida Date 3-15 1948 (For additional space, use reverse side)

Kachue

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 22 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 967  
Local Reg. No. 74  
Reg. Dist. No. 363

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed 4 days  
(g) Lived in this county \_\_\_\_\_ years 6 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Melba  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 mo. years  
(h) Former residence (city, state) Minneapolis Minnesota

## 3. (a) FULL NAME

Ernest Vogelsson

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race White  
4. Sex Male  
(b) Name of husband or wife \_\_\_\_\_  
(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Jan. 18 - 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>2</u>	<u>29</u>	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Bluff Landing Wisconsin (City or town) (State or foreign country)

12. Name Joseph Vogelsson

13. Birthplace Switzerland (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records

and Address By George H. Halper

17. (a) Removal (b) Date thereof 3/18/48 (Month) (Day) (Year)

(c) Place Minneapolis Minnesota

18. Funeral Director's OWN Signature George H. Halper

and Address Nampa Idaho

19. (a) Mar. 18 - 1948 (b) Lida Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 16 - 1948  
at 8:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Mar. 8 - 1948 to Mar. 16 - 1948  
I last saw him alive on Mar. 16 - 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Exhaustion from infection in lgt. leg.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions myocarditis  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Mar. 8 - 1948 City, county, state

where violence occurred Canyon Co., Idaho

Place of Violence: Home ☒ Farm ☒ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Cut rt. leg on disc

## 23. Attendant's

OWN Signature Samuel M. Wray

and Address Nampa, Id. Date 3-17-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. **968**  
Local Reg. No. **83**  
Reg. Dist. No. **363**

APR 8 1948

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hamapo  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed 6 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 6 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County \_\_\_\_\_  
(c) City or town Hamapo  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

Andrew Criscuolo

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

521-24-9457

## 4. Sex Male Color or race W.

## 5. Color or race W.

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

Unknown

AGE	Years	Months	Days	If less than 1 day
<u>50</u>				hrs. min.

## 9. Exact Occupation Carpenter Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

## 12. Name \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

## 13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

## 14. Maiden name \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

## 15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

## 16. Informant's OWN Signature Hospital Records and Address By Geo. H. Walker

## 17. (a) Burial (b) Date thereof 3/22/48 (Month) (Day) (Year)

## (c) Place Hamapo Idaho

## 18. Funeral Director's OWN Signature George H. Walker and Address Hamapo Idaho

## 19. (a) Mar. 30 1948 (b) Lyla Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) March 16th 1948 at 5 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 3-12-1948 to 3-16-1948

I last saw him alive on 3-16-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Uremia

Duration 4 days

Due to Total anuria

4 days

Due to Renal calculi

4 days

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Gerald E. Kreche M.D. (M. D. or other)

and Address Hamapo, Idaho Date 3-22-1948 (For additional space, use reverse side)

H. Kreche

533

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

APR 8 1948

State File No. **969**  
Local Reg. No. **84**  
Reg. Dist. No. **363**

## 1. PLACE OF DEATH:

- (a) County **Canyon**  
(b) City or town **Nampa**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Mercy** Stayed ..... days  
(g) Lived in this county..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Canyon**  
(c) City or town **Caldwell**  
(d) Street Address or R.F.D. No. **715 No. Kimball**  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**Baby Girl Wiggins**

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

4. Sex **F** 5. Color or **W** race.....  
6. (b) Name of husband or wife .....

6. (a) Single, widowed, married, divorced **-**  
6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth (Month, Day, Year)

**March 22-1948**

8. AGE	Years	Months	Days	If less than 1 day
	-	-	-	24 hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace **Nampa, Idaho**  
(City or town) (State or foreign country)

12. Name **Clarence Wiggins**  
(City or town) (State or foreign country)

13. Birthplace **Washington**  
(City or town) (State or foreign country)

14. Maiden name **Rita Golphenee**  
(City or town) (State or foreign country)

15. Birthplace **Montana**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Lyda Rodgers**  
and Address **715 N. Kimball**

17. (a) **Burial** (b) Date thereof **Mar. 27-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Canyon Hill**  
**Peckham Oakan Chapel**

18. Funeral Director's OWN Signature **Peckham**  
and Address **Caldwell, Idaho**

19. (a) **April 1-1948** (b) **Lyda Rodgers**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 23** 19 **48**  
(Month, Day, Year) at ..... o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **7-22** 19 **48**, to **7-23** 19 **48**  
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **respiratory** Duration .....

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

- Occurred ..... 19..... City, county, state

- where violence occurred .....

- Place of Violence: Home..... Farm..... Industry.....

- Public Place..... While at work? .....

- Means of injury .....

23. Attendant's OWN Signature **Lyda Rodgers** (M. D. or other)

- and Address **Caldwell** Date **3-24** 19 **48**

- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

MAR 30 1948

# Certificate of Death

1948

970

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

## DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 75  
Reg. Dist. No. 363

### 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 3 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #5  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

### 3. (a) FULL NAME

Rev. David Betts

3. (b) If veteran, name war \_\_\_\_\_  
none

3. (c) Social Security No. \_\_\_\_\_  
none

5. Color or \_\_\_\_\_  
4. Sex male race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December 15, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>3</u>	<u>8</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Retired Date last worked \_\_\_\_\_

11. Birthplace Delphi, Indiana (City or town) (State or foreign country)

12. Name Isaac Betts

13. Birthplace Unobtainable (City or town) (State or foreign country)

14. Maiden name Unobtainable

15. Birthplace Unobtainable (City or town) (State or foreign country)

16. Informant's OWN Signature Justin Eiler and Address Nampa, Idaho R 1

17. (a) Burial (b) Date thereof 3/27/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

18. Funeral Director Robinson-Alsip Chapel OWN Signature John S. Alsip, Jr. and Address Nampa, Idaho

19. (a) Mar 25-1947 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

### MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 23, 1948  
at 9:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 3-21-1948 to 3-23-1948

I last saw him alive on 3-23-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Coronary embolus

Due to Gastric ulcers

Due to Arterio sclerosis

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Amuel Wraymond (M.D. or other)

and Address Nampa, Idaho Date 3-24-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

MAR 30 1948

# Certificate of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 82  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in Home Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. St. Samaritan Stayed 4 days  
(g) Lived in this county 16 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 220 Ivy St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) Ashland, Oregon

## 3. (a) FULL NAME

Miss Veryl Burnett

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

## 5. Color or

Sex female race white

## 6. (b) Name of husband or wife

## 6. (a) Single, widowed, married, divorced

Single

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth

(Month, Day, Year) May 27, 1909

8. AGE	Years	Months	Days	If less than 1 day
	<u>38</u>	<u>9</u>	<u>29</u>	hrs. min.

## 9. Exact Occupation

Teacher

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Teaching

Date last worked \_\_\_\_\_

## 11. Birthplace

Ashland, Oregon

(City or town) (State or foreign country)

## 12. Name

John S. Burnett

## 13. Birthplace

Iowa

(City or town) (State or foreign country)

## 14. Maiden name

Fleeta Smith

## 15. Birthplace

Monroe, Oregon

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature John S. Burnett

and Address 7322 SE 29th Portland, Ore.

## 17. (a) Burial (Burial, cremation, or removal)

Burial

(b) Date thereof 3/29/48 (Month) (Day) (Year)

## (c) Place

Kohlerlawn Cemetery

## 18. Funeral Director's

OWN Signature John J. Alsop, Jr.

and Address Nampa, Idaho

## 19. (a) Date received and filed

Mar. 29 1948

(b) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) March 26, 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from

May 29, 1945 to Mar. 26, 1948  
I last saw h. er alive on March 26, 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart failure

## Duration

## Due to

metastatic Adeno-  
carcinoma

## Due to

Pressure on heart

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Heart resection Date 3-45

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

Where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's

OWN Signature John E. Youngman

(M. D. or other)

and Address Nampa, Idaho Date 3/29, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 972  
Local Reg. No. 91  
Reg. Dist. No. 363

APR 15 1948

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hamapo  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home? ☒ Hospital? ☒ Institution? ☒ Other place? ☒  
(f) Name Hosp. or Inst. Carlins Stayed 6 days  
(g) Lived in this county 6 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Clatsop  
(c) City or town Atlanta  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

Frank Buck

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race H  
4. Sex Male  
6. (b) Name of husband or wife

6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth (Month, Day, Year)

1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>			hrs. min.

9. Exact Occupation Miner Did this work for ..... yrs.

10. Industry or Business Date last worked

11. Birthplace Unknown (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records

- and Address By Dr. H. Walker

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/48 (Month) (Day) (Year)

- (c) Place Hamapo Idaho

18. Funeral Director's OWN Signature George H. Walker

- and Address Hamapo Idaho

19. (a) April 10 - 1948 (Date received and filed) (b) Lyla Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 29th 1948  
at 2 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar. 1 1948 to Mar. 29 1948  
I last saw him alive on Mar. 27 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Hypostatic Pneumonia Duration 3 days

Due to Influenza 7 days

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature F. D. Kachne, M.D.

and Address Hamapo Ida Date Apr 5 1948

(For additional space, use reverse side)

Kachne

491

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 973  
Local Reg. No. 37  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 1509 So. 9th St.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Memorial Park days  
(g) Lived in this county 43 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 1509 So. 9th St.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) 093D

## 3. (a) FULL NAME

Allen Lee Murphy

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M race W divorced M  
5. Color or W (a) Single, widowed, married,  
6. (b) Name of husband or wife Mary J. Murphy (c) Age of husband or wife if live years

## 7. Date of Birth (Month, Day, Year) January 10-1864

8. AGE	Years	Months	Days	If less than 1 day
<u>84</u>	<u>1</u>	<u>4</u>	<u>hrs</u>	<u>min.</u>

## 9. Exact Occupation Realtor Did this work for years

## 10. Industry or Business worked Date last worked

## 11. Birthplace West Virginia (City or town) (State or foreign country)

## 12. Name Eugene W. Murphy

## 13. Birthplace West Virginia (City or town) (State or foreign country)

## 14. Maiden name Mary Gagnor

## 15. Birthplace Norfolk, Virginia (City or town) (State or foreign country)

## 16. Informant's OWN Signature E. W. Murphy and Address 1721 7th St. Boise, Idaho

## 17. (a) Burial (b) Date thereof 3-4-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Canyon Hill

## 18. Funeral Director's OWN Signature Peckham-Dakan Chapel and Address Caldwell, Idaho

## 19. (a) 3-8-48 (b) Agnes M. Denman (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 094A

## 20. DATE OF DEATH (Month, Day, Year) March 2 19 48 at 8:00 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from Oct 1 19 47, to March 2 19 48 I last saw him alive on March 1 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Coronary Thrombosis Duration 5 days

## Due to Atherosclerotic Cardiovascular disease 20 yrs.

## Due to None

## Other conditions None (Include pregnancy within 3 months of death)

## Where was disease contracted? None

## Name of operation None Date None

## Major finding None

## Finding of autopsy None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None

## Occurred 19 City, county, state where violence occurred

## Place of Violence: Home None Farm None Industry None

## Public Place None While at work? None

## Means of injury None

## 23. Attendant's OWN Signature S. D. Singson M.D. (M. D. or other)

## and Address Caldwell Date 3 Mar 19 48

## (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 1 1948  
OFFICE OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. 974  
Local Reg. No. 40  
Reg. Dist. No. 360

1. PLACE OF DEATH: D. Visitation  
(a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home Hospital Institution Other place...  
(f) Name Hosp. or Inst. Sanitarium Stayed... days  
(g) Lived in this county... years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Wilder  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME John Leslie Eidemiller

3. (b) If veteran, name war, No. 519-09-0684

5. Color or race W  
4. Sex M 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive... years

7. Date of Birth (Month, Day, Year) January 21-1912

8. AGE	Years	Months	Days	If less than 1 day
	36	1	12	hrs min.

9. Exact Occupation Farming Did this work for... yrs.

10. Industry or Business Caldwell, Idaho Date last worked

11. Birthplace Caldwell, Idaho (City or town) (State or foreign country)

12. Name Raymond Eidemiller

13. Birthplace Ohio (City or town) (State or foreign country)

14. Maiden name Alice Jay

15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Raymond Eidemiller  
and Address Wilder, Idaho

17. (a) Burial (b) Date thereof 3-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Wilder

18. Funeral Director's OWN Signature Peckham Dakan Chapen

- and Address Caldwell, Idaho

19. (a) 3-9-48 (b) Agnes Denman  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 3 19 48  
(Month, Day, Year)  
at 9:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from March 3 1948 to March 3 1948  
I last saw h. alive on March 3 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death Barbitol Poisoning Duration about 12 hours

- Due to Believed to have taken 8 Carbinol Caps.

- Due to Falling asleep after

- Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? Unknown

- Name of operation none Date

- Major finding

- Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide Yes Homicide?

- Occurred 19 City, county, state where violence occurred

- Place of Violence: Home ☐ Farm ☐ Industry ☐

- Public Place ☐ While at work?

- Means of injury

23. Attendant's OWN Signature J. H. Hays

- and Address Caldwell, Idaho Date 3/5/48

(For additional space, use reverse)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 42  
Reg. Dist. No. 360

1. PLACE OF DEATH: Canyon
- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. Boise & Elgin  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Boise & Elgin  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Mrs. Sarah Crew

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race W  
4. Sex F  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 3-1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>11</u>	<u>1</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Douglas Co., Missouri  
(City or town) (State or foreign country)

12. Name Shelt Alsop  
13. Birthplace Missouri  
(City or town) (State or foreign country)  
14. Maiden name Nancy Coates  
15. Birthplace Douglas Co., Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature James O. Blum  
and Address Hailey, Idaho

17. (a) Burial (b) Date thereof 3-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Heckham Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 3-14-48 (b) Reginald L. Lerman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 4 1948  
(Month, Day, Year) at 3:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1948, to Mar. 4 1948.  
I last saw her alive on March 1 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute dilatation and congestive heart failure  
Sponepites and Bronchitis  
Due to Senility  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Earl Warner  
(M. D. or other) and Address Caldwell, Idaho Date 3/9/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

MAR 22 1948

DEPARTMENT OF VITAL

STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 41  
Reg. Dist. No. 960

1. PLACE OF DEATH: Canyon
- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 406 N. Kimball  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Simmonds Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 406 N. Kimball  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Clara Holbrook

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Benjamin Walten  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 22-1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>8</u>	<u>14</u>	hrs min.

9. Exact Occupation Housekeeping Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Carlton, Nevada  
(City or town) (State or foreign country)  
12. Name George Houck  
13. Birthplace Not Known  
(City or town) (State or foreign country)  
14. Maiden name Abbie Williams  
15. Birthplace Wyoming  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ruth Erns  
and Address 1609 Blaine St., Caldwell

17. (a) Burial (b) Date thereof 3-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 3-14-48 (b) Agnes Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 102X

20. DATE OF DEATH March 6 19 48  
(Month, Day, Year) at 5:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 1 19 48 to Mar 6 19 48  
I last saw her alive on Mar 6 19 48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 2 wks

Due to Chronic Hypertension 20 yrs.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Peckham Dakan Chapel (M. D. or other)  
and Address Caldwell, Idaho Date 3-9 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 22 1947  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

State File No. **977**  
Local Reg. No. **43**  
Reg. Dist. No. **360**

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Sanitarium Stayed days  
(g) Lived in this county 38 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 1822 Dearborn St  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state)

3. (a) FULL NAME Prof. Orma J. Smith

3. (b) If veteran, name war                      No.                       
5. Color of                      6. (a) Single, widowed, married, divorced M  
4. Sex M race W  
6. (b) Name of husband or wife Ora V. Smith 6. (c) Age of husband or wife if alive                      years  
7. Date of Birth (Month, Day, Year) May 3-1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>10</u>	<u>8</u>	hrs min.

9. Exact Occupation Professor-Natural Sciences Did this work for                      yrs.

10. Industry or Business College of Idaho Date last worked                     

11. Birthplace Ohio (City or town) (State or foreign country)

12. Name William Albert Smith

13. Birthplace                      (City or town) (State or foreign country)

14. Maiden name Keziah Thomas

15. Birthplace                      (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Ora V. Smith  
and Address 1822 Dearborn Caldwell

17. (a) Burial (b) Date thereof 3-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Bakan Chapel

and Address Caldwell, Idaho

19. (a) 3-17-48 (b) Quinn Denman  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 11 19 48  
at                      o'clock                      M.

21. I HEREBY CERTIFY, That I attended deceased from March 10, 1948 to March 11, 1948  
I last saw him alive on March 10, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 1 day

Due to                     

Due to                     

Other conditions (Include pregnancy within 3 months of death)                     

Where was disease contracted? Eng Co.

Name of operation                      Date                     

Major finding                     

Finding of autopsy                     

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?                     

Occurred 19 City, county, state                     

where violence occurred                     

Place of Violence: Home                      Farm                      Industry                     

Public Place                      While at work?                     

Means of injury                     

23. Attendant's OWN Signature                      Date                       
and Address Caldwell, Idaho Date                       
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 20 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. \_\_\_\_\_  
Local Reg. No. 49  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Memorial Park days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 408 Dearborn  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Raymond Arthur Frint

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
(b) Name of husband or wife Eunice Fern alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March 4-1902

8. AGE	Years	Months	Days	If less than 1 day
	46	0	15	hrs min.

9. Exact Occupation Electrician Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Chicago, Illinois (City or town) (State or foreign country)

- Mother Father  
12. Name Not Known  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Eunice Fern Frint  
and Address 408 Dearborn St., Caldwell

17. (a) Burial (b) Date thereof 3-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 9-29-48 (b) Regina Dorman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 107X

20. DATE OF DEATH March 19 1948  
(Month, Day, Year) \_\_\_\_\_  
at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1 March 1948, to 19 Mar 1948.  
I last saw him alive on 19 Mar 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 3 days

Due to tracheo-bronchial pneumonia 3 days

Due to carcinoma of ?

Other conditions aspirator  
(Include pregnancy within 9 months of death)

Where was disease contracted? Caldwell

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy not done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature S. D. Simpson (M. D. or other)

and Address Caldwell Date 20 Mar 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **979**  
Local Reg. No. **55**  
Reg. Dist. No. **360**

RECEIVED

APR - 5 1948

1. PLACE OF DEATH: DIVISION OF VITAL
- (a) County **Canyon**  
(b) City or town **Caldwell**  
(c) Street Address or R.F.D. No. **2023 Arthur St.**  
(d) Death Occured Inside? **X** Outside? **X** city or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place **X**  
(f) Name Hosp. or Inst. **X** Stayed **X** days  
(g) Lived in this county **6** years **6** months **6** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Canyon**  
(c) City or town **Caldwell**  
(d) Street Address or R.F.D. No. **2023 Arthur St.**  
(e) Deceased lived Inside? **X** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **6** years  
(h) Former residence (city, state) **California**

3. (a) FULL NAME **Nancy Jane Sturgeon**

3. (b) If veteran, name war **No.**  
3. (c) Social Security No. **No.**  
5. Color or **W** 6. (a) Single, widowed, married, divorced **W**  
4. Sex **F** race **W**  
6. (b) Name of husband or wife **alive** years  
7. Date of Birth (Month, Day, Year) **December 5-1860**

8. AGE	Years	Months	Days	If less than 1 day
	<b>87</b>	<b>3</b>	<b>16</b>	hrs min.

9. Exact Occupation **Housekeeping** Did this work for  **yrs.**  
10. Industry or Business **worked** Date last worked **worked**  
11. Birthplace **Rising Sun, Indiana** (City or town) (State or foreign country)

12. Name **George Dibble**  
13. Birthplace **Rising Sun, Indiana** (City or town) (State or foreign country)  
14. Maiden name **Rising Sun, Indiana**  
15. Birthplace **Rising Sun, Indiana** (City or town) (State or foreign country)

16. Informant's OWN Signature **William E. Peckham**  
and Address **2023 Arthur St., Caldwell**

17. (a) Burial (b) Date thereof **3-24-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Canyon Hill**

18. Funeral Director's OWN Signature **Peckham-Pekan Napier**  
and Address **Caldwell, Idaho**

19. (a) **4-2-48** (b) **April 2, 1948**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 21** 19 **48**  
(Month, Day, Year)  
at **between 5-8 o'clock A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **19**, to **19**

I last saw h. **alive on** **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Probably Coronary Occlusion** Duration **Sudden**

Due to **Atherosclerosis**  
**Old age**

Due to **Other conditions**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**  
Name of operation **Date**  
Major finding **Underline the cause to which death should be charged statistically.**  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **Swicide?** **Homicide?**  
Occurred **19** City, county, state

where violence occurred  
Place of Violence: Home **Farm** **Industry**  
Public Place **While at work?**

Means of injury **Attendant's OWN Signature** **Peckham P.D.**  
(M. D. or other)

and Address **Nampa** Date **3/30 1948**  
(For additional space, use reverse slide)

Informant, Funeral Director, Registrar and Medical Attendant, EACH sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **980**  
Local Reg. No. **360**  
Reg. Dist. No. **360**

## 1. PLACE OF DEATH:

- (a) County **Canyon**  
(b) City or town **Caldwell**  
(c) Street Address or R.F.D. No. **2205 College Ave.**  
(d) Death Occured Inside? **X** Outside? **city or town**  
(e) Died in a Home **Hospital** Institution **Other place**  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **31** years **months** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Canyon**  
(c) City or town **Caldwell**  
(d) Street Address or R.F.D. No. **2205 College Ave.**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **31** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Ervin Harvey Temple

3. (b) If veteran, name war No.  
5. Color or W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife **Pearl Temple** 6. (c) Age of husband or wife if alive **years**  
7. Date of Birth (Month, Day, Year) **March 17-1895**

8. AGE	Years	Months	Days	If less than 1 day
	<b>53</b>	<b>0</b>	<b>6</b>	hrs min.

9. Exact Occupation **Carpenter** Did this work for  **yrs.**  
10. Industry or Business **worked** Date last worked  
11. Birthplace **Hartville, Missouri** (City or town) (State or foreign country)

12. Name **D.E. Temple**  
13. Birthplace **Hartville, Missouri** (City or town) (State or foreign country)  
14. Maiden name **Martha Jones**  
15. Birthplace **Missouri** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Jessie Cole**  
and Address **1102 Arthur St., Caldwell**

17. (a) **Burial** (b) Date thereof **3-26-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Star, Idaho**

18. Funeral Director's OWN Signature **Peckham-Pekan Chapel**  
and Address **Caldwell, Idaho**

19. (a) **3-27-48** (b) **Agnes M. Denman**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 23** 19 **48**  
(Month, Day, Year) at **11:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **at time of death only Mar 23 19 48**  
I last saw him **Mar 23 19 48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial failure** Duration **hrs.**

Due to **Dilated heart**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**  
Name of operation **Date** Underline the cause to which death should be charged statistically.  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **Swicide?** **Homicide?**  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home **Farm** **Industry**  
Public Place **While at work?**

- Means of injury  
23. Attendant's OWN Signature **E. L. Munn**  
and Address **Caldwell** (M. D. or other) **3/25 19 48**  
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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APP-5 1948

# Certificate Of Death

STATE OF IDAHO

DIVISION OF VITAL

1948 981

State File No. \_\_\_\_\_  
Local Reg. No. 54  
Reg. Dist. No. 360

1. PLACE OF DEATH: **STATISTICS**
- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 1023 Cleveland  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 41 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 1023 Cleveland  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME John Estes Orr

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 29-1858

8. AGE	Years	Months	Days	If less than 1 day
	<u>89</u>	<u>4</u>	<u>27</u>	hrs min.

9. Exact Occupation Rancher Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Grants Pass, Oregon (City or town) (State or foreign country)

12. Name John H. Orr  
13. Birthplace Arkansas (City or town) (State or foreign country)  
14. Maiden name Estes  
15. Birthplace Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature Mr. Martin Jensen  
and Address 1023 Cleveland Blvd., Caldwell

17. (a) Burial (b) Date thereof 3-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Lockman-Baker Chapel  
and Address Caldwell, Idaho

19. (a) 4-2-48 (b) Agnes Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 26 19 48  
(Month, Day, Year) at 10:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Mar. 19 1948, to Mar. 26 1948.  
I last saw him alive on Mar. 26 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio vascular disease Duration for years

Due to Senility

Due to \_\_\_\_\_  
Other conditions Had a fall on Posterior  
(Include pregnancy within 3 months of death)  
left Chest and blow on left Chest 1WK

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Carl W. Warner (M. D. or other)  
and Address Caldwell, Idaho Date 3/29/1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **982**  
Local Reg. No. **55-**  
Reg. Dist. No. **960**

**APR 12 1948**

## 1. PLACE OF DEATH:

- (a) County **Canyon**  
(b) City or town **Caldwell**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? **X** Outside? ..... city or town  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Inst. **Sanitarium** Stayed ..... days  
(g) Lived in this county **3** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Canyon**  
(c) City or town **Parma** .....  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **3** years  
(h) Former residence (city, state) **Colorado**

## 3. (a) FULL NAME

**Margaret Amanda Cole**

**0930**

3. (b) If veteran, name war ..... No. ....  
5. Color or race **W**  
6. (a) Single, widowed, married, divorced **W**  
6. (b) Name of husband or wife **John D. Cole**  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **Januaru 6-1868**

8. AGE	Years	Months	Days	If less than 1 day
	<b>80</b>	<b>2</b>	<b>23</b>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **Sheldon, Illinois**  
(City or town) (State or foreign country)

12. Name .....  
13. Birthplace .....  
(City or town) (State or foreign country)  
14. Maiden name .....  
15. Birthplace .....  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Bernice Phelps**  
and Address **Parma, Idaho**

17. (a) **Removal** (b) Date thereof **3-31-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Mason City, Nebraska**

18. Funeral Director's OWN Signature **Peckham-Dakan Chapel**  
and Address **Caldwell, Idaho**

19. (a) **4-5-48** (b) **Agustin Demman**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 29** 19 **48**  
(Month, Day, Year)  
at **3:00** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from **12 Mar 1948**, to **29 Mar 1948**  
I last saw **her** alive on **29 Mar 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic myocarditis** Duration **6 yrs**

Due to **hypertension** - **5 yrs**  
**arteriosclerosis**

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state  
where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature **W. P. Handford**  
and Address **Caldwell, Idaho** (M.D. or other) Date **4/4/48**  
(For additional space, use reverse side)

**480**

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR - 10 1948  
Certificate of Death

DIVISION OF VITAL STATE OF IDAHO

1948 983  
State File No. \_\_\_\_\_  
Local Reg. No. 68  
Reg. Dist. No. 363

1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Melba  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Melba  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Arkansas

3. (a) FULL NAME

James A. Messick

013B

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Aug 2 - 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>6</u>	<u>2</u>	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Mountain Home Arkansas (City or town) (State or foreign country)

12. Name James Messick (City or town) (State or foreign country)

13. Birthplace Tennessee (City or town) (State or foreign country)

14. Maiden name Mattie Young

15. Birthplace Tennessee (City or town) (State or foreign country)

16. Informant's OWN Signature M. J. Messick

and Address Keona Idaho

17. (a) Removal (b) Date thereof 3/7/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountain Home Arkansas

18. Funeral Director's OWN Signature George H. Walker

and Address Nampa Idaho

19. (a) Mar. 8 - 1948 (b) Lida Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 4 1948  
at 5 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Tuberculosis Duration 2 to 4 yrs

Due to Complicated by Laryngeal T. b. 1 Year

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Joseph M. D.

and Address Nampa Date 3/6 1948  
(For additional space, use reverse side)

Saltzer

226

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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MAR 29 1948

United States  
Department of Commerce  
Bureau of the Census

DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. 984  
Local Reg. No. 48  
Reg. Dist. No. 961

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. Route #1  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. X Stayed X days  
(g) Lived in this county X years X months X days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Oklahoma

3. (a) FULL NAME

Charles Edward Beers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M race W  
5. Color or divorced M  
6. (b) Name of husband or wife Delilah  
6. (c) Age of husband or wife if alive X years

7. Date of Birth (Month, Day, Year) September 3-1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>6</u>	<u>11</u>	hrs min.

9. Exact Occupation Farmer Did this work for X yrs.

10. Industry or Business worked Date last worked

11. Birthplace Glasgow, Kansas (City or town) (State or foreign country)

12. Name George W. Beers

13. Birthplace Ontario Co., New York (City or town) (State or foreign country)

14. Maiden name Esther Johnson

15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's OWN Signature Ray S. Wilcox

and Address 2103 College Ave.

17. (a) Burial (b) Date thereof 3-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Caldwell, Idaho

18. Funeral Director's OWN Signature Rockham-Daken Chapel

and Address Caldwell, Idaho

19. (a) 3-22-48 (b) Ray S. Wilcox  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 099X

20. DATE OF DEATH March 14 19 48  
(Month, Day, Year) at 11:55 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jul 19 45, to Mar 14, 1948  
I last saw him alive on March 14, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Cardiac Mitral Duration

tions Due to Cardio-vascular 1 wk

disease Due to Chronic disease 3 yrs

Other conditions Myocardial infarction 3 da  
(Include pregnancy within 3 months of death)

acute Where was disease contracted? PHYSICIAN

Name of operation Underline Date which death

Major finding should be

Finding of autopsy charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? X Homicide? X

Occurred 19 City, county, state

where violence occurred Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Carl Warner

23. Attendant's OWN Signature Carl Warner

and Address Caldwell, Idaho Date Mar 17, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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MAR 29 1948

# Certificate Of Death

STATE OF IDAHO

1948

985

State File No. ....

Local Reg. No. 47

Reg. Dist. No. 361

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. Route #3  
(d) Death Occured Inside? X Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 17 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #3  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state) .....

### 3. (a) FULL NAME

Frank Tetrick

### 3. (b) If veteran,

name war .....

### 3. (c) Social Security

No. ....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Bessie Tetrick 6. (c) Age of husband or wife if alive live years

7. Date of Birth (Month, Day, Year) August 7-1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>7</u>	<u>8</u>	hrs min.

9. Exact Occupation Farmer Did this work for ... yrs.

10. Industry or Business worked Date last worked

11. Birthplace Dora, Ozark Co., Missouri (City or town) (State or foreign country)

12. Name Henry Tetrick (City or town) (State or foreign country)

13. Birthplace Illinois (City or town) (State or foreign country)

14. Maiden name Sarah Jane Upshaw (City or town) (State or foreign country)

15. Birthplace DeMo, Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Bessie Tetrick and Address Rt. #3, Caldwell, Idaho

17. (a) Burial (b) Date thereof 3-18-48 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Caldwell, Idaho Peckham-Baker Chapel

18. Funeral Director's OWN Signature [Signature] and Address Caldwell, Idaho

19. (a) 3-22-48 (b) [Signature] (Date received and filed) (Registrar's signature)

### MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 15 1948  
at 10:20 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1946 to 15 Mar 1948.  
I last saw him alive on 12 Mar 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertensive pneumonia Duration 4 days

Due to Hemiplegia 2 yrs

Due to Hypertension Cardio- 10 yrs

Other conditions vascular disease  
(Include pregnancy within 3 months of death)

Where was disease contracted? Caldwell Name of operation none Date

Major finding none

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ... Suicide? ... Homicide? ...  
Occurred ... 19 ... City, county, state

where violence occurred

Place of Violence: Home ... Farm ... Industry ...  
Public Place ... While at work? ...

Means of injury ...

23. Attendant's OWN Signature [Signature] (M. D. or other) and Address Caldwell Date 18 Mar 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 986  
Local Reg. No. 46  
Reg. Dist. No. 361

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Wilder  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State New Mexico (b) County Guadalupe  
(c) City or town Delia  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 4 days years  
(h) Former residence (city, state) New Mexico

## 3. (a) FULL NAME

Rubin May Perea

108X

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race Mexican  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
(b) Name of husband or wife \_\_\_\_\_  
(c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

Jan - 10 - 1948

8. AGE	Years	Months	Days	If less than 1 day
-	2	7	hrs	min.

## 9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Las Vegas New Mexico (City or town) (State or foreign country)

## 12. Name Jacob Perea

## 13. Birthplace Delia, New Mexico (City or town) (State or foreign country)

## 14. Maiden name Dominga Olguin

## 15. Birthplace Delia, New Mexico (City or town) (State or foreign country)

## 16. Informant's OWN Signature Jacob Perea and Address Wilder Idaho

## 17. (a) Removal (b) Date thereof 3-18-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Calvin L. Perea and Address Wilder Idaho

## 19. (a) 3-18-48 (b) Edmund Denman (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 10. DATE OF DEATH March 17 1948 (Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from Mar 16 1948 to Mar 16 1948 I last saw him alive on Mar 16 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Lobar Pneumonia

## Duration

## Due to

## Due to

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's OWN Signature William J. Kelly, M.D. and Address San Jose, Calif. Date 3-17 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 30 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 987  
Local Reg. No. 76  
Reg. Dist. No. 263

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Route #1  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 28 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Belt, Montana

## 3. (a) FULL NAME

Mr. James Wood Guinn

3. (b) If veteran, name war none

3. (c) Social Security No. none

5. Color or white  
4. Sex male race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Laura A.

6. (c) Age of husband or wife if alive 65 years

7. Date of Birth (Month, Day, Year) December 25, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>2</u>	<u>20</u>	hrs. min.

9. Exact Occupation Farmer Did this work for  yrs.

10. Industry or Business Retired Date last worked  yrs.

11. Birthplace California, Missouri (City or town) (State or foreign country)

12. Name James W. Guinn

13. Birthplace Unobtainable (City or town) (State or foreign country)

14. Maiden name Elizabeth Knave

15. Birthplace Unobtainable (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Lela Slansky and Address P.O. Nampa, Idaho

17. (a) burial (b) Date thereof 3/23/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Canyon Hill Cemetery Caldwell

18. Funeral Director's OWN Signature John F. Alsup, Jr. and Address Nampa, Idaho

19. (a) Mar 25-1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 20, 1948

at 11:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3/19 1948 to 3/20 1948

I last saw him alive on 3/20 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary artery disease  
Cardiac decompensation

Duration 3 days

Due to

Due to

Other conditions Paralysis theory (Include pregnancy within 3 months of death) cause undetermined

10 yrs.

Where was disease contracted?

Name of operation   Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?   Suicide?   Homicide?

Occurred   19   City, county, state where violence occurred

Place of Violence: Home   Farm   Industry

Public Place   While at work?

Means of injury

23. Attendant's OWN Signature W.B. Rose (Dad) (M. D. or other)

and Address Nampa, Ida Date 3/23 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 30 1948  
DIVISION OF VITAL STATISTICS  
**Certificate of Death**  
STATE OF IDAHO

1948  
State File No. 988  
Local Reg. No. 79  
Reg. Dist. No. 363

1. PLACE OF DEATH **Canyon**

- (a) County.....  
(b) City or town..... **Nampa**  
(c) Street Address or R.F.D. No.....  
(d) Death Occurred Inside?..... Outside? ☒ city or town  
(e) Died in a Home..... Hospital..... Institution..... ☒ Other place.....  
(f) Name Hosp. or Inst. **Sta Sch & Colony** days  
(g) Lived in this county **30** years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State..... **Idaho** (b) County..... **Canyon**  
(c) City or town..... **Nampa**  
(d) Street Address or R.F.D. No..... **Box 531**  
(e) Deceased lived Inside?..... Outside? ☒ city or town  
(f) Citizen of what country?..... **USA**  
(g) How long had deceased lived in Idaho?..... **Life** years  
(h) Former residence (city, state)..... **Bonneville Co**

3. (a) FULL NAME **ROBERT CAMERON**

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or  
4. Sex. **Male** race..... **Wh**

6. (a) Single, widowed, married,  
divorced.....

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive..... years

7. Date of Birth  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>			hrs. min.

9. Exact Occupation..... Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace..... **Idaho**  
(City or town) (State or foreign country)

12. Name..... **Relative, Harry Cameron, Bonneville Co**

13. Birthplace.....  
(City or town) (State or foreign country)

14. Maiden name.....

15. Birthplace.....  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Pearl D. Siebert** Secy  
and Address **State School & Colony, Nampa, Ida**

17. (a) **Burial** (b) Date thereof **3/26/48**  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place..... **Nampa Idaho**

18. Funeral Director's OWN Signature **George H. Walker**  
and Address **Nampa Idaho**

19. (a) **Mar. 29 1948** (b) **Lida Rodgers**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 22nd 1948**  
(Month, Day, Year) 19  
at **1:15** o'clock **A** M.

21. I HEREBY CERTIFY That I attended deceased from  
**Mar 22nd 1948** 19 to **Mar 22 1948** 19  
I last saw him alive on **Mar 22nd 1948** 19

death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Acute Coronary Occlusion** Duration **Instant**

~~more~~ **30 yrs at Institution with**  
**no complaint whatever. Low Grade Imbecile**

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....  
Name of operation..... Date.....  
Major finding.....  
Finding of autopsy.....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state  
where violence occurred.....  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....

Means of injury.....  
23. Attendant's OWN Signature **H. W. Wentworth MD**  
**Nampa Ida** Date **3/22 48**  
and Address.....  
(For additional space, use reverse side)

NOTE: This is all the information we have. **State School Colony** 275

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 989  
Local Reg. No. 87  
Reg. Dist. No. 369

RECEIVED  
MAR 30 1948

1. PLACE OF DEATH: DIVISION OF VITAL  
(a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Box 531  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution X Other place  
(f) Name Hosp. or Inst. Sta Sch & Col Stayed        days  
(g) Lived in this county        years 5 months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County County  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Box 531  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Roswell, Idaho

3. (a) FULL NAME RICHARD EMEHISER

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or Wh 6. (a) Single, widowed, married, divorced single  
4. Sex Male race Wh 6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) January 16, 1916  
8. AGE Years Months Days If less than day  
31 3 10 hrs. min.

9. Exact Occupation        Did this work for        yrs.  
10. Industry or Business        Date last worked

11. Birthplace Roswell, Idaho  
(City or town) (State or foreign country)

- Father { 12. Name Frank Emehisier  
13. Birthplace Indiana  
(City or town) (State or foreign country)

- Mother { 14. Maiden name Emma Critzer  
15. Birthplace Texas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Wm E Emehisier  
and Address Canyon & Helen, Idaho

17. (a) Burial (b) Date thereof 3/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Kollerlson Cemetery

18. Funeral Director's OWN Signature John F. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) Mar. 29-1948 (b) Lyla Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 26th 1948 19         
at 7 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 9th 19 47 to March 26th 19 48.  
I last saw h. in alive on March 26th 19 48.  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Acute Gastro Enteritis

Duration  
1 hour

Due to Interstitial Brights came in with it Oct 9th 1947

Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?        Suicide?        Homicide?

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature H. W. Wintworth M.D.  
(M. D. or other)

and Address Box 531, Nampa, Idaho Mar 26th 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

APR - 5 1948 **Certificate Of Death**

DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948 990  
State File No. \_\_\_\_\_  
Local Reg. No. 52  
Reg. Dist. No. 36/1

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Karcher Road  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 1523 Oak St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Oregon

3. (a) FULL NAME

Jesse Gordon Schmidt

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. 518-26-8636

4. Sex Male 5. Color or  
race W

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or  
wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) April 15-1926

8. AGE	Years	Months	Days	If less than 1 day
	<u>21</u>	<u>11</u>	<u>13</u>	hrs min.

9. Exact Occupation Mechanic Did this  
work for \_\_\_\_\_ yrs.

10. Industry or Business Caldwell Auto Supply Co. Date last  
worked \_\_\_\_\_

11. Birthplace Monmouth, Oregon  
(City or town) (State or foreign country)

12. Name John A. Schmidt

13. Birthplace North Dakota  
(City or town) (State or foreign country)

14. Maiden name Margaret Newfield

15. Birthplace Minnesota  
(City or town) (State or foreign country)

16. Informant's OWN Signature John A. Schmidt

and Address 1523 Oak St., Caldwell

17. (a) Burial (b) Date thereof 4-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Bakan Chapel

and Address Caldwell, Idaho

19. (a) 4-1-48 (b) Agnes M. Dinman  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 28 19 48  
(Month, Day, Year) at 8:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration

Concussion - Crushed  
Chest - Internal injuries  
Due to 2 Auto accidents -  
Head on collisions.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None.

22. If death was due to EXTERNAL CAUSES, also fill in the fol-  
lowing: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred March 28 19 48 City, county, state

where violence occurred Near Norton Id.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Karcher Rd While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature Wm D. Galley

and Address Nampa, Idaho Date 3/30 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 12 1948

# Certificate Of Death

STATE OF IDAHO

0485 991  
State File No. \_\_\_\_\_  
Local Reg. No. 56  
Reg. Dist. No. 361

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Middleton  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 74 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Middleton  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 74 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Anna Alchenberger

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or race F W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) December 9-1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>3</u>	<u>20</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Kalnach, Switzerland  
(City or town) (State or foreign country)

12. Name Jacob Alchenberger

13. Birthplace Switzerland  
(City or town) (State or foreign country)

14. Maiden name Magdalena Plowhead

15. Birthplace Kalnach, Switzerland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Jacob Alchenberger  
and Address Middleton, Idaho

17. (a) Burial (b) Date thereof 4-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Middleton, Idaho

18. Funeral Director's OWN Signature Edmund J. Dickman  
and Address Caldwell, Idaho

19. (a) 4-7-48 (b) Agnes M. Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 29 19 48  
(Month, Day, Year) \_\_\_\_\_ at \_\_\_\_\_ o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 15 19 48 to Mar 29 19 48  
I last saw her alive on Mar 26 19 48, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Broncho pneumonia Duration 2 wks

Due to Cancer of uterus

Due to \_\_\_\_\_

Other conditions See Anemia  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation None Date \_\_\_\_\_

Major finding "Fixed" pelvis -

Finding of autopsy metastases of uterine

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature Edward F. Distler MD  
and Address 1205 S. Kimball (D. or other) Mar 29 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 15 1948

# Certificate of Death

STATE OF IDAHO

1048 992  
State File No. ....  
Local Reg. No. 86-  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Box 531  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution X Other place  
(f) Name Hosp. or Inst. Sta. Sch. & Colony days  
(g) Lived in this county 24 years 5 months 5 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa, Idaho  
(d) Street Address or R.F.D. No. Box 531  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Pocatello, Idaho

## 3. (a) FULL NAME

MELVIN HUFFAKER

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive years

7. Date of Birth  
(Month, Day, Year)

September 18th 1906

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>6</u>	<u>11</u>	hrs. min.

9. Exact Occupation Farmer Did this work for years

10. Industry or Business Farmer Date last worked

11. Birthplace Willow Creek, Idaho  
(City or town) (State or foreign country)

12. Name Farmer

13. Birthplace Farmer  
(City or town) (State or foreign country)

14. Maiden name Millie Anne Higley

15. Birthplace Willow Creek, Idaho  
(City or town) (State or foreign country)

16. Informant's Hospital Records

OWN Signature State School & Colony

and Address State School & Colony

17. (a) Burial (b) Date thereof 3/31/48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Nampa Idaho

18. Funeral Director's George H. Harker

OWN Signature Nampa Idaho

and Address Nampa Idaho

19. (a) April 5-1948 (b) Lyla Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 29th 1948  
(Month, Day, Year) 19  
at 5:15 AM clock M.

21. I HEREBY CERTIFY That I attended deceased from  
Mar 22nd 1948 19 to Mar 29th 1948

I last saw h. im alive on Mar 29th 1948 19;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart Attack

Duration  
Sudden

Due to Coronary Occlusion

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's H. W. Wentworth M.D.

OWN Signature (M. D. or other)

and Address Nampa, Idaho Date Mar 29th 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County CARLEOU  
(b) City or town Soda Springs, Ida.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. CARLEOU CO Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Caribou  
(c) City or town Soda Springs,  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 hrs  
(h) Former residence (city, state) \_\_\_\_\_ O

3. (a) FULL NAME ALICE MARIE WRIGHT

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years

7. Date of Birth (Month, Day, Year) MARCH 3, 48

8. AGE	Years	Months	Days	If less than 1 day
				<u>4</u> hrs <u>45</u> min.

9. Exact Occupation WIFE Did this work for 0 yrs.

10. Industry or Business 0 Date last worked 0

11. Birthplace SODA SPRINGS, IDA.  
(City or town) (State or foreign country)

12. Name MAURICE WRIGHT  
13. Birthplace THATCHER, IDA.  
(City or town) (State or foreign country)

14. Maiden name ALICE BARTLOME  
15. Birthplace THATCHER, IDA.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Maurice Wright  
and Address Thatcher, Ida.

17. (a) BURIAL (b) Date thereof 3/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: THATCHER, IDAHO

18. Funeral Director's OWN Signature E. S. Whitman  
and Address Soda Springs, Idaho

19. (a) (Date received and filed) (b) Annie L. Merrill (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 159X 161A

20. DATE OF DEATH (Month, Day, Year) March 3, 48 19\_\_\_\_  
at 5 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 3 1948, to Mar 3 1948  
I last saw her alive on Mar 3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Atalectasis - Pulmonary Duration 4 hrs. 45 min.

Due to Prematurity

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Charles Johnson (M. D. or other)  
and Address Gray, Ida Date 3/3 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NON-RESIDENT  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 994  
Local Reg. No. 77  
Reg. Dist. No. 520-521

1. PLACE OF DEATH:

- (a) County CARLETON  
(b) City or town SODA SPRINGS, Idaho.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? 0 Outside? 0 city or town  
(e) Died in a Home 0 Hospital 0 Institution 0 Other place 0  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed 0 days  
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State WASHINGTON (b) County KING  
(c) City or town SEATTLE  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? 0 Outside? 0 city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) SEATTLE

3. (a) FULL NAME

MARGUERITE DIKELAN

3. (b) If veteran,

name war 0

3. (c) Social Security

No. 0

5. Color or WHITE (a) Single, widowed, married, divorced WIDOW  
4. Sex FEMALE Race WHITE

6. (b) Name of husband or wife W.A. DILLON (c) Age of husband or wife if alive 0 years

7. Date of Birth (Month, Day, Year) JUNE 14, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>8</u>	<u>29</u>	hrs min.

9. Exact Occupation HOUSE WIFE Did this work for 40 yrs.

10. Industry or Business HOUSE KEEPING Date last worked 3/1/48

11. Birthplace POTTSVILLE, PENN. (City or town) (State or foreign country)

12. Name JOHN W. REES

13. Birthplace PENN. (City or town) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature E. J. Whitman and Address SUTHERLAND, ILL.

17. (a) REMOVAL (b) Date thereof 3/15/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: SEATTLE, WASHINGTON.

18. Funeral Director's OWN Signature E. J. Whitman and Address SODA SPRINGS, IDAHO.

19. (a) March 15, 1948 (b) Archie C. Merrill (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) MARCH 13, 1948 19  
at 10.45 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 19 to March 13, 1948

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Organic Heart Disease - She was Dead Duration

Due to When I saw her on previous time

Due to Washington

Other conditions if any (Include pregnancy within 3 months of death)

Where was disease contracted? Seattle, WA

Name of operation none Date 1948

Major finding none

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? 0 Homicide? 0

Occurred 19 City, county, state where violence occurred

Place of Violence: Home 0 Farm 0 Industry 0  
Public Place 0 Train #18, B.P. & N. Co Wells at Soda Springs

Means of injury 0

23. Attendant's OWN Signature Archie C. Merrill (M. D. or other)

and Address SODA SPRINGS Date 3-25-1948 (For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**CERTIFICATE OF DEATH**  
STATE OF IDAHO

State File No. **995**  
Local Reg. No. **78**  
Reg. Dist. No. **520-521**

**1. PLACE OF DEATH:**

- (a) County Carson County  
(b) City or town Santa Springs, Ida.  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ City or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Santa Springs Hospital Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. USUAL RESIDENCE OF DECEASED:** (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Montpelier, Idaho  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ City or town \_\_\_\_\_  
(f) If foreign born, in U. S. \_\_\_\_\_ yrs. Citizen of U. S.? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Dennis Smith Ashley

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Nov. 7, 1935

8. AGE	Years	Months	Days	If less than 1 day
	<u>12</u>	<u>4</u>	<u>7</u>	hrs min.

9. Exact Occupation going to school Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Montpelier, Idaho (City or town) (State or foreign country)

12. Name William F. Ashley (City or town) (State or foreign country)

13. Birthplace Paris, Idaho (City or town) (State or foreign country)

14. Maiden name Dorice Smith (City or town) (State or foreign country)

15. Birthplace Carson, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature William F. Ashley and Address Montpelier, Idaho

17. (a) Removal (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof March 14, 1948 (Day) (Year)

(c) Place: Montpelier, Idaho

18. Funeral Director's OWN Signature W. Matthews and Address Montpelier, Idaho

19. (a) (Date received and filed) \_\_\_\_\_ (b) Arnell C. Merrill (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) Mar 14 1948  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to March 14, 1948

I last saw him alive on March 14, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Depressed skull fracture - multiple lacerations 30"

Due to Automobile collision

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease first contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? No Homicide? No

Occurred March 14, 1948 City, county, state where violence occurred Highway 30 mi. Carson Co.

Place of Violence: Home? No Farm? No Industry? No

Public Place? Highway While at work? No

Means of injury Automobile collision

23. Attendant's OWN Signature Russell Zigler and Address Santa Springs, Idaho (M. D. or other) Date 3/16/48  
(For additional space, reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 24 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 996  
Local Reg. No. 79  
Reg. Dist. No. 520.521

1. PLACE OF DEATH: STATISTIC  
(a) County CARLEON  
(b) City or town Soda Springs, Idaho.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. CARLEON CO Stayed 3 days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State IDAHO (b) County CARLEON  
(c) City or town WAYAN, IDAHO  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? FINLAND  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) FINLAND

3. (a) FULL NAME MATT OBERG

3. (b) If veteran, name war 0 3. (c) Social Security No. 0  
5. Color or WHITE 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex MALE race WHITE  
6. (b) Name of husband or wife EULDA 6. (c) Age of husband or wife if alive 48 years  
7. Date of Birth (Month, Day, Year) OCTOBER 22, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>4</u>	<u>20</u>	hrs

9. Exact Occupation FARMER Did this work for 38 yrs.  
10. Industry or Business FARMING Date last worked 3/10/48  
11. Birthplace PORTO, FINLAND  
(City or town) (State or foreign country)

12. Name MATT OBERG  
13. Birthplace FINLAND  
(City or town) (State or foreign country)  
14. Maiden name LENA ACKA  
15. Birthplace FINLAND  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address WAYAN, IDAHO.

17. (a) BURIAL (b) Date thereof 3/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Soda Springs, Idaho

18. Funeral Director's OWN Signature E. S. Whitman  
and Address Soda Springs, Idaho

19. (a) 3-20-48 (b) Willie C. Merrill  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 103X

20. DATE OF DEATH (Month, Day, Year) 3-13-48 19\_\_\_\_  
at 7:10 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 3-13 1948, to 3-17 1948

I last saw him alive on 3-13 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gastric hemorrhage Duration 3 days

Due to Carcinoma of stomach ?

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 8 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] (M. D. or other)

and Address \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 22 1948

# CERTIFICATE OF DEATH

STATE OF IDAHO

1948  
State File No. **997**  
Local Reg. No. **80**  
Reg. Dist. No. **520-521**

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Caribou  
(b) City or town Soda Springs Idaho  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. Caribou County Hosp. Stayed 7 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Payson  
(c) City or town Montpelier Idaho  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) If foreign born, in U. S. \_\_\_\_\_ yrs. Citizen of U. S.? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 73 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

John Riley Hayes

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male race White divorced Unknown  
5. Color or \_\_\_\_\_ (a) Single, widowed, married,  
6. (b) Name of husband or \_\_\_\_\_ 6 (c) Age of husband or wife if  
wife Marjorie C. Hayes alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Oct 3 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>5</u>	<u>15</u>	hrs min.

9. Exact Occupation Farming Did this work for 60 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Farmington, Utah (City or town) (State or foreign country)

12. Name Alfred Hayes

13. Birthplace Mass. Ill. (City or town) (State or foreign country)

14. Maiden name Anneline Thomas

15. Birthplace Massouri (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Charles Stucki

- and Address Montpelier Idaho

17. (a) Removal (b) Date thereof Mar 22 1948  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Longtown Cemetery

18. Funeral Director's OWN Signature Phil Matthews

- and Address Montpelier Idaho

19. (a) 3-20-48 (b) W. A. Murrell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 18 1948  
at 4:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 12 March 1948, to 18 March 1948.  
I last saw him alive on 17 March 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Uremia + Cardiac Failure

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease first contracted? Idaho PHYSICIAN \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Russell Sigurd, Jr. M.D.

and Address Montpelier Idaho Date 22 Mar 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
**Certificate of Death**  
MAR 29 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 998  
Local Reg. No. 29  
Reg. Dist. No. 470

1. PLACE OF DEATH:  
(a) County **Cassia**  
(b) City or town **Burley**  
(c) Street Address or R.F.D. No. **So. Overland Ave.**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **----** Stayed \_\_\_\_\_ days  
(g) Lived in this county **37** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Cassia**  
(c) City or town **Burley**  
(d) Street Address or R.F.D. No. **So. Overland Ave.**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **37** years  
(h) Former residence (city, state) **Brigham City, Utah**

3. (a) FULL NAME **Bessie Richards Fisher**

3. (b) If veteran, name war **--** 3. (c) Social Security No. **--**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Female** 6. (b) Name of husband or wife **Fred T. Fisher** 6. (c) Age of husband or wife if alive **66-** years

7. Date of Birth (Month, Day, Year) **May 21, 1883**

AGE	Years	Months	Days	If less than 1 day
<b>64</b>	<b>9</b>	<b>27</b>	<b>hrs.</b>	<b>min.</b>

9. Exact Occupation **Housewife** Did this work for **40** yrs.  
10. Industry or Business **----** Date last worked **--**

11. Birthplace **Brigham City, Utah**  
(City or town) (State or foreign country)

Father { 12. Name **Reese Richards**  
13. Birthplace **Wales**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Cathryne Ottson**  
15. Birthplace **Denmark**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. M.E. Smith**  
and Address **Burial**

17. (a) **Burial** (b) Date thereof **March 22, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Burley, Idaho**

18. Funeral Director's OWN Signature **Edmund M. Edwards**  
and Address **Burley, Idaho**

19. (a) **3-25-48** (b) **G.P. Valen**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) **March 18** 19**48**  
at **9:00** o'clock **A. M.**

21. I HEREBY CERTIFY, That I attended deceased from **March 10** 19**48** to **March 18** 19**48**  
I last saw h. **er** alive on **March 17** 19**48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac Failure, Acute.** Duration

Due to **Chronic Asthma and Arteriosclerosis**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **James P. Fisher M.D.**  
(D or other)  
and Address **Burley, Idaho** Date **March 24** 19**48**  
(Use additional space, use reverse side)

097X

112X

PHYSICIAN  
Underline  
cause to which  
death should  
be charged  
statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 8 1948 **Certificate of Death**

STATE OF IDAHO

1048  
State File No. **999**  
Local Reg. No. **30**  
Reg. Dist. No. **470**

1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley Idaho  
(c) Street Address or R.F.D. No. 338 No overland  
(d) Death Occurred Inside? yes Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? yes Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley Idaho  
(d) Street Address or R.F.D. No. 330 East first street  
(e) Deceased lived Inside? yes Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? Cassia  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Minneapolis

3. (a) FULL NAME

Edward John Starkey

162B

3. (b) If veteran, name war

No

3. (c) Social Security No.

None

4. Sex MALE Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Date of Birth

(Month, Day, Year) August 12<sup>th</sup> 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>7</u>	<u>10</u>	hrs. min.

9. Exact Occupation Carpenter Did this work for 30 yrs.

10. Industry or Business No Data Date last worked 1937

11. Birthplace No Data (City or town) Germany (State or foreign country)

12. Name No Data

13. Birthplace No Data (City or town) (State or foreign country)

14. Maiden name No Data

15. Birthplace No Data (City or town) (State or foreign country)

16. Informant's OWN Signature James Leonard Salmon and Address Burley Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-48 (Month) (Day) (Year)

(c) Place Phant Vier Cemetery

18. Funeral Director's OWN Signature Vern B. McCulloch and Address Burley Idaho

19. (a) 3-29-48 (Date received and filed) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) March 23 - 19 48  
at 10:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 12 MARCH

19 48, to 23 MARCH 19 48  
I last saw h. 1 M alive on 22 MARCH 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

SENILITY

Duration

Due to

Due to

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation NONE Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy NONE

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Sherman R. Hardy MD

(M. D. or other)  
and Address BURLEY IDAHO Date 25 MARCH 19 48  
(For additional space, use reverse side)

148  
State File No. 1000  
Local Reg. No. 31  
Reg. Dist. No. 470

United States  
Department of Commerce  
Bureau of the Census

APR 8 1948

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Cottage Hosp. Stayed 1 days  
(g) Lived in this county 0 years 10 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Burley  
(d) Street Address or R.F.D. No. Rt. 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Buhl, Idaho

3. (a) FULL NAME Frankie Grace Davis

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Andrew Davis 6. (c) Age of husband or wife if alive 58 years  
7. Date of Birth (Month, Day, Year) January 18, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>1</u>	<u>10</u>	hrs min.

9. Exact Occupation Housewife Did this work for 37 yrs.  
10. Industry or Business None Date last worked ☒  
11. Birthplace Greenwood, Nebraska (City or town) (State or foreign country)  
Mother Father { 12. Name Thomas F. Carnes  
13. Birthplace Kentucky (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Ray Davis  
and Address Burley, Idaho  
17. (a) Burial (b) Date thereof Mar. 31, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery  
18. Funeral Director's OWN Signature B. J. Albertson  
and Address Buhl, Idaho  
19. (a) 3-31-48 (b) B. J. Albertson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 28 19 48  
(Month, Day, Year) at 2:14 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 3-27 19 48, to 3-28 19 48  
I last saw her alive on 3-27 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 15 hr.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Ray Davis (M. D. or other)  
and Address Burley Date 3-31-48  
(For additional space, use reverse side)

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 8 1948

# Certificate of Death

STATE OF IDAHO

State File No. ....  
Local Reg. No. 32  
Reg. Dist. No. 470

1. PLACE OF DEATH:
- (a) County Cassia
  - (b) City or town Burley
  - (c) Street Address or R.F.D. No. ....
  - (d) Death Occurred Inside? ☒ Outside? ☐ city or town
  - (e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place
  - (f) Name Hosp. or Inst. Cottage Hosp. Stayed 1 1/2 days
  - (g) Lived in this county 37 years 37 months 37 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in three)
- (a) State Idaho (b) County Cassia
  - (c) City or town Burley
  - (d) Street Address or R.F.D. No. 147 No. Elba
  - (e) Deceased lived Inside? ☒ Outside? ☐ city or town
  - (f) Citizen of what country? U.S.A.
  - (g) How long had deceased lived in Idaho? 37 years
  - (h) Former residence (city, state) Missouri

3. (a) FULL NAME James Franklin Donaldson

3. (b) If veteran, name war .....
3. (c) Social Security No. ....
4. Sex Male Color or race White
5. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive 37 years

7. Date of Birth (Month, Day, Year) Feb. 16, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>1</u>	<u>13</u>	hrs. min.

9. Exact Occupation Laborer Did this work for 25 yrs.
10. Industry or Business Scandia, Kansas Date last worked Aug. 1947
11. Birthplace Scandia, Kansas (City or town) (State or foreign country)

12. Name James Franklin Donaldson
13. Birthplace Unknown (City or town) (State or foreign country)
14. Maiden name Ellie Frances Laughlin
15. Birthplace Wisconsin (City or town) (State or foreign country)

16. Informant's OWN Signature A. Coleman

and Address 251 So Normal, Burley, Idaho

17. (a) Burial (b) Date thereof 4-1-48 (Month) (Day) (Year)
- (c) Place Pleasant View Cemetery, Burley, Idaho

18. Funeral Director's OWN Signature Wm. B. McCallister

and Address Burley, Idaho

19. (a) 4-1-48 (b) B. A. Wilson (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH March 30 1948  
(Month, Day, Year) at 3 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 28 March 48 to 30 March 48  
I last saw him alive on 29 March 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Duration 5 yrs

Due to Smoking, food, + Diet  
Due to old age  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation None Date .....

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? ☐ Suicide? ☐ Homicide? ☐
- Occurred March 30, 1948 City, county, state Burley, Cassia, Idaho
- where violence occurred .....
- Place of Violence: Home ☐ Farm ☐ Industry ☐
- Public Place ☐ While at work? ☐
- Means of injury None

23. Attendant's OWN Signature Wm. B. McCallister

and Address Burley, Idaho Date 3 March 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAR 29 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
**Certificate of Death**

1948  
State File No. 1002  
Local Reg. No. 27  
Reg. Dist. No. 470

1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. ---  
(d) Death Occurred Inside? --- Outside? X city or town  
(e) Died in a Home X Hospital --- Institution --- Other place ---  
(f) Name Hosp. or Inst. --- Stayed --- days  
(g) Lived in this county 31 years --- months --- days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. ---  
(e) Deceased lived Inside? --- Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) Springfield, Ill.

3. (a) FULL NAME

Maurice Edward Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dorothy Fisher Smith 6. (c) Age of husband or wife if alive 34 years

7. Date of Birth (Month, Day, Year) August 9, 1909

8. AGE	Years	Months	Days	If less than 1 day
	<u>38</u>	<u>7</u>	<u>11</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 20 yrs.

10. Industry or Business 66--- Date last worked Oct. 1947

11. Birthplace Springfield, Illinois (City or town) (State or foreign country)

12. Name James A. Smith (City or town) (State or foreign country)

13. Birthplace Georgia (City or town) (State or foreign country)

14. Maiden name Bertha Knudsen (City or town) (State or foreign country)

15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Mr. M. E. Smith and Address Burley

17. (a) Burial (b) Date thereof Mar. 23, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Burley, Idaho

18. Funeral Director's OWN Signature John M. Edwards and Address Burley, Idaho

19. (a) 3-23-48 (b) B. M. Nelson (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 20 19 48  
at 7 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 17 19 47 to March 30 19 48  
I last saw him alive on March 19 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Lymphogranulomatosis Duration 14 mo.

Due to ---

Due to ---

Other conditions ---

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation Prostatectomy Date Aug. 1947

Major findings Lymphogranulomatosis

Finding of autopsy Not done

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? --- Suicide? --- Homicide? ---

Occurred --- 19 --- City, county, state

where violence occurred ---

Place of Violence: Home --- Farm --- Industry ---

Public Place --- While at work? ---

Means of injury ---

23. Attendant's OWN Signature John M. Davis M.D.

and Address Burley, Idaho Date March 23, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 8

1948

# Certificate of Death

STATE OF IDAHO

State File No. 1003  
Local Reg. No. 33  
Reg. Dist. No. 471

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Recla  
(c) Street Address or R.F.D. No. Recla  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 32 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Matta  
(d) Street Address or R.F.D. No. Matta  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 82 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Charles Holbrook Shaw

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Doray

6. (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year) June-16-1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>9</u>	<u>13</u>	hrs. min.

9. Exact Occupation Farmer Did this work for ☐ yrs.

10. Industry or Business Self Date last worked Sept. 1947

11. Birthplace Paradise (City or town) Utah (State or foreign country)

12. Name John H. Shaw

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Elizabeth Holbrook

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Amy O. Shaw  
and Address 328 Sunset Drive Pullman Wash.

17. (a) Removal (b) Date thereof Apr 2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Paradise - 90th

18. Funeral Director's OWN Signature Vernon M. Gallagher  
and Address Buyer Idaho

19. (a) 4-1-48 (b) Buttman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March-30-1948  
at 12:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from MAY 22 1947 to MARCH 30 1948  
I last saw him alive on 13 MARCH 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: MYOCARDITIS Duration 10 YRS.

Due to ATHEROSCLEROSIS 10 YRS.

Due to 2 Re Left Fibrosis

Other conditions Pneumonia - 13. 1947 (Include pregnancy within 3 months of death)

Where was disease contracted? 1 yr.

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Chop

23. Attendant's OWN Signature Buyer Idaho  
and Address Buyer Idaho Date 4-1-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
2 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1004  
Local Reg. No. 24  
Reg. Dist. No. 210

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town PIERCE  
(c) Street Address or R.F.D. No. 20 MI. NORTH  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home. ☒ Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town PIERCE  
(d) Street Address or R.F.D. No. 20 MI. NORTH  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

### 3. (a) FULL NAME

JOHN BAKER

### 3. (b) If veteran,

name war NO

### 3. (c) Social Security

No. NONE

4. Sex MALE race WHITE  
5. Color or 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) APRIL 22, 1881

8. AGE	Years	Months	Days	If less than 1 day
	66	10	13	hrs min.

9. Exact Occupation MINER Did this work for LIFE yrs.  
10. Industry or Business SELF Date last worked UNKNOWN  
11. Birthplace CHIPPEWA FALLS, WISCONSIN (City or town) (State of foreign country)

12. Name UNKNOWN  
13. Birthplace UNKNOWN (City or town) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature POTLATCH FORESTS RECORDS and Address OROFINO, IDAHO

17. (a) BURIAL (b) Date thereof MAR. 7, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: 20 MI. NORTH PIERCE, IDAHO

18. Funeral Director's OWN Signature BLAKE FUNERAL HOME and Address OROFINO, IDAHO

19. (a) 3/7/48 (b) J. E. Fairley (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH MARCH 6 19 48  
(Month, Day, Year) at 7:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from \*\*\*\*\* 19 \*\* to \*\*\*\*\* 19 \*\*  
I last saw h \*\* alive on \*\*\*\*\* 19 \*\*, death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

PNEUMONIA

Duration 3 days

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home. Farm. Industry.  
Public Place. While at work?  
Means of injury

23. Attendant's OWN Signature J. E. Fairley and Address Orofino, Idaho Date 3/7/48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. **1005**  
Local Reg. No. **28**  
Reg. Dist. No. **210**

## 1. PLACE OF DEATH:

- (a) County **Blaine**  
(b) City or town **Orofino**  
(c) Street Address or R.F.D. No. **3**  
(d) Death Occured Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place  
(f) Name Hosp. or Inst. **St. Mary's** Stayed **40** days  
(g) Lived in this county **10** years **10** months **10** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Key Perce**  
(c) City or town **Lewiston**  
(d) Street Address or R.F.D. No. **131A**  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **Lewiston**

## 3. (a) FULL NAME

**Frank Joseph Badendein**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive **40** years  
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>82</b>			hrs min.

9. Exact Occupation **Laborer** Did this work for **40** yrs.  
10. Industry or Business **Laborer** Date last worked **3-7-48**  
11. Birthplace **W. Wisconsin** (City or town) (State or foreign country)

12. Name **Germany**  
13. Birthplace **Germany** (City or town) (State or foreign country)  
14. Maiden name **Germany**  
15. Birthplace **Germany** (City or town) (State or foreign country)

16. Informant's OWN Signature **E. F. Berryman**  
and Address **Orofino, Ida.**

17. (a) **Buried** (b) Date thereof **3-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Lewiston, Idaho**

18. Funeral Director's OWN Signature **U. Vassar**  
and Address **Lewiston, Idaho**

19. (a) **3/8/48** (b) **J. H. Hawley**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Mar 7 1948**  
at **12** o'clock **2:00 P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **2-26-48** to **3-7-48**  
I last saw him alive on **3-7-48**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**chronic cardiac renal disease**  
Due to **senility**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation **None** Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred **19** City, county, state where violence occurred

Place of Violence: Home ☒ Farm ☒ Industry ☒  
Public Place ☒ While at work?

Means of injury **Heart**  
23. Attendant's OWN Signature **E. F. Berryman**

and Address **Orofino, Idaho** Date **3-7-48**  
(For additional space, use reverse side)

014



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1006  
Local Reg. No. 23  
Reg. Dist. No. 210

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDA. (b) County CLEARWATER  
(c) City or town SOUTH WICK  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) NEBRASKA

3. (a) FULL NAME William Andrew GOWGER

3. (b) If veteran, name war NO 3. (c) Social Security No. 519-28-9142  
5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife BESSIE 6. (c) Age of husband or wife if alive 63 years  
7. Date of Birth (Month, Day, Year) JAN. 1, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>2</u>	<u>8</u>	hrs min.

9. Exact Occupation Sawmill Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1943  
11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

12. Name David Gowger  
13. Birthplace UNKNOWN (City or town) \_\_\_\_\_ (State or foreign country)  
14. Maiden name MARILLA HARRISON  
15. Birthplace UNKNOWN (City or town) \_\_\_\_\_ (State or foreign country)

16. Informant's OWN Signature Pearl Hadden and Address OROFINO, IDAHO

17. (a) BURIAL (b) Date thereof MAR. 12 '48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: SOUTH WICK, I.D.A., CEMETERY

18. Funeral Director's OWN Signature John D. Buchanan and Address OROFINO, IDAHO

19. (a) 3/11/48 (b) John E. Fairley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 8 1948  
(Month, Day, Year)  
at 4:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948, to March 8 1948  
I last saw him alive on Feb. 28 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary heart disease  
(thrombosis)

Duration

few min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Abraham M.D. and Address Orofino Idaho Date 3-11 1948  
(M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 23 1948  
Certificate Of Death  
STATE OF IDAHO

State File No. 1007  
Local Reg. No. 27  
Reg. Dist. No. 210

1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Orofino  
(c) Street Address or R.F.D. No. P.O. Box 672  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. Mary's Stayed 27 days  
(g) Lived in this county 2 years 6 months 27 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Clearwater  
(c) City or town Orofino  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? Unknown  
(g) How long had deceased lived in Idaho?  years  
(h) Former residence (city, state)

3. (a) FULL NAME

Harry Frederick Lark

162A

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W  
6. (b) Name of husband or wife Minne  
7. Date of Birth (Month, Day, Year) Apr. 4 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>11</u>	<u>10</u>	hrs min.

9. Exact Occupation Retired farmer Did this work for  yrs.  
10. Industry or Business  Date last worked   
11. Birthplace Mecklenburg, Germany

12. Name George Lark  
13. Birthplace Mecklenburg, Ger.  
14. Maiden name Caroline Jakske  
15. Birthplace Mecklenburg, Germany

16. Informant's OWN Signature E. L. Berryman  
and Address Orofino, Idaho

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 3/14/48  
(c) Place: SPOKANE, WASHINGTON

18. Funeral Director's OWN Signature Blake Funeral Home  
and Address Orofino, Idaho

19. (a) 3/14/48 (Date received and filed) (b) Joel E. Hawley (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Mar 14 1948  
at 4:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 8-18 1945, to 3-14 1948.  
I last saw him alive on 3-14 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility with senile dementia Duration 2 1/2 yrs.

Due to   
Due to   
Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?   
Name of operation  Date   
Major finding   
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature E. L. Berryman  
and Address Orofino, Idaho Date 3-14-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
APR 12 1948

# Certificate Of Death

STATE OF IDAHO

File No. **1008**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH

- (a) County Clearwater  
(b) City or town Orofino  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Hosp. No. Stayed 400 days  
(g) Lived in this county 10 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? ?  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

William Haapa

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. 539-07-2829

## 4. Sex M race W

5. Color or

## 6. (a) Single, widowed, married,

divorced single

## 6. (b) Name of husband or

wife .....

## 6. (c) Age of husband or wife if

alive ..... years

## 7. Date of Birth

(Month, Day, Year) May 10 1895

## 8. AGE

Years

Months

Days

If less than 1 day

52

10

18

hrs

min.

## 9. Exact

Occupation Formerly miner

Did this

work for

..... yrs.

## 10. Industry or

Business

Date last

worked

## 11. Birthplace

(City or town)

(State or foreign country)

Finland

Finland

## 12. Name ?

Haapala

## 13. Birthplace

(City or town)

(State or foreign country)

Finland

Finland

## 14. Maiden name

## 15. Birthplace

(City or town)

(State or foreign country)

Finland

Finland

## 16. Informant's

OWN Signature E. L. Berry

and Address Orofino, Ida

## 17. (a) BURIAL

(Burial, cremation, or removal)

(b) Date thereof

MAR. 30/48

(Month) (Day) (Year)

## 18. Funeral Director's

OWN Signature Blake Funeral Home

and Address Orofino, Idaho

## 19. (a) 3/30/47

(Date received and filed)

(b) Joel C. Sawley

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Nov 28 1948

at 3:25 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

2-17 1948, to 3-28 1948

I last saw him alive on 3-27 1948; death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia

Duration

2 wks

Due to Pulmonary Th.

and Sclerosis

7 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline

the cause to

which death

should be

charged sta-

tistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the fol-

lowing: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry

Public Place

While at work?

Means of injury

## 23. Attendant's

OWN Signature E. L. Berry

and Address Orofino, Ida

(For additional space, use reverse side)

014

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink on BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY 10 1948  
CERTIFICATE OF DEATH  
STATE OF IDAHO

1009  
State File No. \_\_\_\_\_  
Local Reg. No. 298  
Reg. Dist. No. 682

1. PLACE OF DEATH:

- (a) County Custer  
(b) City or town Challis  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 8 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Custer  
(c) City or town Challis  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME George Henry Detrick

013B

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife Theola Detrick 6. (c) Age of husband or wife if alive 24 years  
7. Date of Birth (Month, Day, Year) 3-15-10

8. AGE	Years	Months	Days	If less than 1 day
	<u>37</u>	<u>11</u>	<u>19</u>	hrs min.

9. Exact Occupation Newsstand prop. Did this work for 1 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1-12-48  
11. Birthplace Philadelphia, Penn. (City or town) (State or foreign country)  
Father { 12. Name Paul W. Detrick  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
Mother { 14. Maiden name Bessie Lottie  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Theresa Detrick  
and Address Challis, Idaho  
17. (a) Burial (b) Date thereof Mar. 7, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: \_\_\_\_\_  
18. Funeral Director's OWN Signature Ray McFadden  
and Address Salmon  
19. (a) Mar. 8, 1948 (b) Clara M. Kenney  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3-4-48 19\_\_\_\_  
at 9:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 2-12-48 19\_\_\_\_, to 3-4-48 19\_\_\_\_  
I last saw him alive on 3-4-48 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Tuberculosis, pulmonary Duration Approx. 15 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

On shipboard in Pacific

Where was disease contracted? China

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Albert J. J. J.

and Address Challis, Idaho (M.D. or other) Date 3-4-48

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
**RECEIVED**  
STATE OF IDAHO  
APR - 1 1948

1. PLACE OF DEATH: **DIVISION OF VITAL**  
(a) County **Custer**  
(b) City or town **MacKay**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **67** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Buster**  
(c) City or town **MacKay**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) **Nea**

3. (a) FULL NAME **Samuel Martin Miller**

3. (b) If veteran, name war **no**  
3. (c) Social Security No. **None**  
5. Color or race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced **Mar**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive **68** years

7. Date of Birth (Month, Day, Year) **April 18 - 1866**

8. AGE	Years	Months	Days	If less than 1 day
	<b>81</b>	<b>11</b>	<b>8</b>	hrs min.

9. Exact Occupation **Rancher** Did this work for **16** yrs.  
10. Industry or Business **Ranch** Date last worked **1-48**  
11. Birthplace **Nea** (City or town) (State or foreign country)

12. Name **Nathaniel Martin**  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name **Susan R. Noble**  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature **Jimmy Miller**  
and Address **San Francisco Calif**

17. (a) **Burial** (b) Date thereof **3/28/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **MacKay**

18. Funeral Director's OWN Signature **J. H. Miller**  
and Address **28. MacKay**

19. (a) **3-29-48** (b) **Admiffett**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **March 25 1948**  
at \_\_\_\_\_ o'clock **4** M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb 5 1948** to **March 20 1948**  
I last saw him alive on **March 24 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Senility** Duration **?**

Due to **old age**

Due to \_\_\_\_\_  
Other conditions **Myocarditis** (Include pregnancy within 3 months of death) **10 yrs?**

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **St. Mussy**  
and Address **MacKay** (At D or other) **March 24 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED - Certificate Of Death

APR - 5 1948

STATE OF IDAHO

1948  
State File No. 1011  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- CUSTER DIVISION OF VITAL STATISTICS
- (a) County CUSTER  
(b) City or town MACKAY  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 55 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CUSTER  
(c) City or town MACKAY  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

ARCH HOWELL

## 3. (b) If veteran, name war

NO

## 3. (c) Social Security

No. 518-12-8568A

## 4. Sex

MALE

## 5. Color or race

WHITE

## 6. (a) Single, widowed, married, divorced

MARRIED

## 6. (b) Name of husband or wife

ETHEL

## 6. (c) Age of husband or wife if alive

15 years

## 7. Date of Birth

(Month, Day, Year) JULY 17, 1870

8. AGE	Years	Months	Days	If less than 1 day
77	8	14	hrs	min.

## 9. Exact Occupation

general

## Did this work for yrs.

life

## 10. Industry or Business

ranch

## Date last worked

life

## 11. Birthplace

CLIFFTON

IDAHO

(City or town) (State or foreign country)

## 12. Name

WILLIAM JASPER HOWELL

## 13. Birthplace

TENN.

(City or town) (State or foreign country)

## 14. Maiden name

LIDYA ANN BEBEE

## 15. Birthplace

ERIE COUNTY NEW YORK

(City or town) (State or foreign country)

## 16. Informant's

### OWN Signature

Ethel Howell

### and Address

MACKAY, IDAHO

## 17. (a) BURIAL

(b) Date thereof 4/2/48

(Burial, cremation or removal) em. Mackay, Idaho

### (c) Place:

## 18. Funeral Director's

### OWN Signature

J.B. Marvel #352

### and Address

Arco, Idaho

## 19. (a) 4-2-48

## (b) [Signature]

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

MARCH 31

48

(Month, Day, Year) at 2:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Feb. 15, 1948, to March 31, 1948

I last saw him alive on March 31, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial Infarction

## Duration

3 days

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted? home

## Name of operation Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

## where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

## Means of injury

## 23. Attendant's

### OWN Signature

J.B. Marvel #352

and Address Mackay (M. D. or other)

(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAR 2  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 1012  
Local Reg. No. 19  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony, Idaho  
(c) Street Address or R.F.D. No. 126 S. Bridge  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. St. A. Hosp Stayed 1 days  
(g) Lived in this county 33 years     months     days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Newdale  
(d) Street Address or R.F.D. No.      
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state)

3. (a) FULL NAME JOHN HENRY MURRI

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White 6. (b) Name of husband or wife Luella Panter  
6. (c) Age of husband or wife if alive 54 years

7. Date of Birth (Month, Day, Year) December 13, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>2</u>	<u>29</u>	hrs. min.

9. Exact Occupation Farmer Did this work for     yrs.  
10. Industry or Business Own Farm Date last worked

11. Birthplace Midway, Utah  
(City or town) (State or foreign country)

12. Name John Murri

13. Birthplace Bern, Switzerland  
(City or town) (State or foreign country)

14. Maiden name Mary Anna Hasler

15. Birthplace Bern, Switzerland  
(City or town) (State or foreign country)

16. Informant's Lyndford Murri

OWN Signature Newdale, Idaho

and Address    

17. (a) Burial (b) Date thereof March 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Wilford, Idaho

18. Funeral Director's M. J. Hansen

OWN Signature St. Anthony, Idaho

and Address    

19. (a) March 12, 1948 (b) M. J. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 12 1948  
(Month, Day, Year) at 11:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from     19    to     19   

I last saw h.     alive on     19    death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis Duration    

Due to    

Due to    

Other conditions    

(Include pregnancy within 3 months of death)

Where was disease contracted?    

Name of operation     Date    

Major finding    

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?     Suicide?     Homicide?    

Occurred     19    City, county, state

where violence occurred    

Place of Violence: Home     Farm     Industry    

Public Place     While at work?    

Means of injury    

23. Attendant's M. J. Riehl

OWN Signature Repling (M. D. or other)    

and Address     Date     19   

(For additional space, use reverse side)

48-4264

State File No. **1013**  
 Local Reg. No. **22**  
 Reg. Dist. No. **650**

Federal Security Agency  
 United States Public Health Service  
 National Office of Vital Statistics

**APR 8 1948** STATE OF IDAHO

# Certificate of Death

## 1. PLACE OF DEATH:

- (a) County **Fremont**  
 (b) City or town **St. Anthony**  
 (c) Street Address or R.F.D. No. **126 So. Bridge**  
 (d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
 (e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. **St. A.** Stayed **2** days  
 (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Fremont**  
 (c) City or town **St. Anthony**  
 (d) Street Address or R.F.D. No. \_\_\_\_\_  
 (e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
 (f) Citizen of what country? **U. S.**  
 (g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
 (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **DONALD NICHOLAS VANDER LINDEN**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**  
 4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth **March 16, 1948**  
 (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>2</b>	hrs. min.

9. Exact Occupation **None** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **St. Anthony, Idaho** Date last worked \_\_\_\_\_

11. Birthplace **St. Anthony, Idaho**  
 (City or town) (State or foreign country)

12. Name **Donald F. VanderLinden**

13. Birthplace **Murray, Iowa**  
 (City or town) (State or foreign country)

14. Maiden name **Ruth Broadhurst**

15. Birthplace **St. Anthony, Idaho**  
 (City or town) (State or foreign country)

16. Informant's OWN Signature **Donald F. VanderLinden**

and Address **St. Anthony, Idaho**

17. (a) **Burial** (b) Date thereof **2-19-48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **St. Anthony, Idaho**

18. Funeral Director's OWN Signature **Mal Hansen**

and Address **St. Anthony, Idaho**

19. (a) **March 19, 1948** (b) **Mal Hansen**  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 18, 1948**  
 (Month, Day, Year) at **12:50** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **March 16, 1948** to **March 18, 1948**  
 I last saw **him** alive on **March 18, 1948**  
 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Prenatal** Duration **7 Months**

Due to **Placenta Previa** **2 months**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
 Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **E. L. Soule MD**

and Address **St. Anthony** Date **3/18/1948**  
 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 1014  
Local Reg. No. 17  
Reg. Dist. No. 657

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town Parker  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Parker  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 78 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

LEONA ADAMS LAUDER HATHAWAY

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None.

5. Color or

4. Sex Female race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
William H. Hathaway

6. (c) Age of husband or wife if  
alive 72 years

7. Date of Birth  
(Month, Day, Year) March 22, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>11</u>	<u>17</u>	hrs. min.

9. Exact Occupation Retired Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Flowersville, Tennessee  
(City or town) (State or foreign country)

12. Name William Joseph Adams

13. Birthplace Tennessee  
(City or town) (State or foreign country)

14. Maiden name Mary Morrison

15. Birthplace Tennessee  
(City or town) (State or foreign country)

16. Informant's OWN Signature W H Hathaway  
and Address Parker, Idaho

17. (a) Burial (b) Date thereof March 12, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Parker, Idaho

18. Funeral Director's OWN Signature Mrs Hansen  
and Address St. Anthony, Idaho

19. (a) Mar., 12, 1948 (b) Mrs Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 3 9  
(Month, Day, Year) 19 48  
at 2:35 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from 19 40 to 3 9 19 48

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral Haemorrhage Duration 1 day

Due to Hypertension 6 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature M. Anthony (M. D. or other) 3/10/48

and Address \_\_\_\_\_ Date \_\_\_\_\_  
(For additional space, see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

1818 1948  
OFFICE OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 1015  
Local Reg. No. 18  
Reg. Dist. No. 651

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 33 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho 33 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME RUTH ELLA OAKDEN BUTLER

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. None.  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White 6. (c) Age of husband or wife if alive 55 years  
6. (b) Name of husband or wife Harry Butler

7. Date of Birth December 10, 1881  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>3</u>	<u>4</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Cottonwood, Utah  
(City or town) (State or foreign country)

12. Name Robert Oakden  
(City or town) (State or foreign country)

13. Birthplace Spain  
(City or town) (State or foreign country)

14. Maiden name Rella Green  
(City or town) (State or foreign country)

15. Birthplace Cottonwood, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Harry Butler

and Address St. Anthony, Idaho

17. (a) Burial (b) Date thereof March 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Parker, Idaho

18. Funeral Director's OWN Signature M. S. Hansen

and Address St. Anthony, Idaho

19. (a) March 16, 1948 (b) M. S. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 14, 1948  
(Month, Day, Year) at 6 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 12, 1948 to March 12, 1948  
I last saw her alive on March 12, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Myocardial Infarction  
Due to Chronic Myocarditis  
Due to Dehydration  
Other conditions Edema + Pericarditis  
(Include pregnancy within 3 months of death)

## Duration

4 days  
1 yr.?  
4 yrs

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendants OWN Signature

E. L. Soule (M. D. or other)

and Address St. Anthony Date 3/15, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 12 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1016**  
Local Reg. No. **22**  
Reg. Dist. No. **65**

## 1. PLACE OF DEATH:

- (a) County **Fremont.**  
(b) City or town **Ashton.**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital Institution Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county. **31** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Fremont.**  
(c) City or town **Ashton.**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **31** years  
(h) Former residence (city, state) **MO.**

## 3. (a) FULL NAME William, Robert, Hunt.

3. (b) If veteran, name war ..... No. ....  
5. Color or 6. (a) Single, widowed, married,  
Sex **Male** race **White** divorced **married**  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife **Minerva. Hunt.** alive **83** years  
7. Date of Birth  
(Month, Day, Year) **March. 8th 1863.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>85</b>	<b>-</b>	<b>23</b>	hrs min.

9. Exact Occupation **Retired Farmer.** Did this work for ..... yrs.  
10. Industry or Business Date last worked .....  
11. Birthplace **MO.**  
(City or town) (State or foreign country)

12. Name **William. Hunt.**  
13. Birthplace **North Carolina.**  
(City or town) (State or foreign country)  
14. Maiden name **Fricilla. Covey.**  
15. Birthplace **Tenn.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **E. A. Hunt.**  
and Address **Ashton Idaho.**

17. (a) **burial.** (b) Date thereof **4/5th 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Boise Idaho.**

18. Funeral Director's OWN Signature **Louis Kiser**  
and Address **Ashton Idaho.**

19. (a) **Apr 5 1948** (b) **Mat Hansen**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 111C

20. DATE OF DEATH **March. 31st 1948**  
(Month, Day, Year) at **3** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec 3 1947** to **March 31 1948**  
I last saw him alive on **March 31 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Hypostatic pneumonia** Duration **1 day.**

Due to **Carcinoma Esur**

Due to .....  
Other conditions **Hypertension.**  
(Include pregnancy within 8 months of death)

Where was disease contracted? **Idaho.**  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state

where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature **John W. Meyer**

and Address **Ashton Idaho.** Date **4-22 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

MAR 1 - 1948

STATE OF IDAHO

State File No. **1017**  
Local Reg. No. **340**  
Reg. Dist. No. **341**

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. Riverside Drive  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 40 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. Riverside Drive  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Nevada

## 3. (a) FULL NAME STEPHEN SAMUEL BALLENGER

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or race M W 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Date of Birth (Month, Day, Year) March 9 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>0</u>	<u>1</u>	hrs min.

9. Exact Occupation Farmer Did this work for 40 yrs.  
10. Industry or Business Farm Date last worked Mar 10-48  
11. Birthplace Unknown (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Steven S. Ballenger  
and Address 3462 1/2 Arroyo - Sec 2 - T33N R31E

17. (a) Burial (b) Date thereof 3-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Boise, Idaho

18. Funeral Director's OWN Signature Flahiff Chapel  
and Address Emmett, Idaho

19. (a) 3-12-48 (b) Chas Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 10 19 48  
at 0 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: I was killed after death Duration

Due to accidental burn  
was burning weeds along ditch

Due to Cough have felt since

Other conditions chronic death  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation Underline

Major finding the cause to

Finding of autopsy which death

should be

charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred 3-10-48 19 48 City, county, state

where violence occurred Emmett, Idaho

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☐ While at work? ☒

Means of injury Burned

23. Attendant's OWN Signature J. F. Reynolds

and Address Emmett, Idaho Date 3-12-48 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED** **Certificate Of Death**  
**APR - 5 1948** **STATE OF IDAHO**

19  
State File No. **1018**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF DEATH:** **DIVISION OF VITAL**  
**Gem** **STATISTICS**  
(a) County **Gem**  
(b) City or town **Emmett**  
(c) Street Address or R.F.D. No. **728 S. Hays**  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Mary Secor** Stayed **1** days  
(g) Lived in this county **30** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Gem**  
(c) City or town **Emmett**  
(d) Street Address or R.F.D. No. **728 S. Hays**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **Oklahoma**

3. (a) **FULL NAME** **ANNABELL HOGAN**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**  
5. Color or race **F** **W** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **Nov 10, 1872**

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>4</b>	<b>1</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Home** Date last worked \_\_\_\_\_  
11. Birthplace **Polk County, Iowa** (City or town) (State or foreign country)

12. Name **John Surber**  
13. Birthplace **Jefferson Co. Indiana** (City or town) (State or foreign country)  
14. Maiden name **Susannah Swafford**  
15. Birthplace **Wayne Co. Indiana** (City or town) (State or foreign country)

16. Informant's OWN Signature **Louis E. Hogan** and Address **Arco Idaho**

17. (a) **Burial** (b) Date thereof **3-16-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Emmett, Idaho**

18. Funeral Director's OWN Signature **James R. Persons** and Address **Emmett, Idaho**

19. (a) **3/3/48** (b) **Chas F. Lahey** (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** (Month, Day, Year) **March 11** 19 **48**  
at **about 3 P.M.** o'clock **M.**

21. I HEREBY CERTIFY, That I attended deceased from **March 8** to **March 11** 19 **48**  
I last saw her alive on **March 11** 19 **48**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Occlusion** Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **J. L. Reynolds** and Address **Emmett Idaho** (Date **3-17** 19 **48**)  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

RECEIVED

APR - 5 1948

1. PLACE OF DEATH OF VITAL
- (a) County D. Adams  
(b) City or town Emmett  
(c) Street Address or R. F. D. No. 2  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Mary Dear Stayed 2 days  
(g) Lived in this county 2 years 2 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Lam  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Wyoming

3. (a) FULL NAME Byron Scott Mansfield
3. (b) If veteran, name war no No. \_\_\_\_\_
3. (c) Social Security No. \_\_\_\_\_
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Florence
6. (c) Age of husband or wife if alive 33 years
7. Date of Birth (Month, Day, Year) Dec 3 1910

8. AGE	Years	Months	Days	If less than 1 day
	<u>37</u>	<u>3</u>	<u>11</u>	hrs min.

9. Exact Occupation Farmer Did this work for 20 yrs.
10. Industry or Business Farm Date last worked 3-12-48
11. Birthplace Oakley Kansas (City or town) (State or foreign country)
12. Name Robert Scott Mansfield
13. Birthplace Idaho (City or town) (State or foreign country)
14. Maiden name Mary E Andrews
15. Birthplace Idaho Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature Jerry Mansfield and Address 123 East Main St
17. (a) Human (b) Date thereof 3-14-48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Wagon, Idaho
18. Funeral Director's OWN Signature Charles H. Peters and Address Emmett Idaho
19. (a) 4/3/48 (b) Chas H. Peters (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 17 March 1948
- at 4 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 12 Feb 1948, to date of death 17 March 1948

I last saw him alive on 14 March 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary edema Duration 24 hrs

Due to Cardiac decompensation 4 days

Due to Chronic glomerulonephritis 6 years

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ✓

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding None

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred
- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_
- Means of injury \_\_\_\_\_
23. Attendant's OWN Signature R. A. Brodwin (M. D. or other) and Address Emmett Idaho Date 15 March 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

# Certificate Of Death

APR - 5 1948

STATE OF IDAHO

1948 State File No. **1020**  
Local Reg. No. **340**  
Reg. Dist. No. **341**

## 1. PLACE OF DEATH

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 414 West 2nd  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 20 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 217 West Boise  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) California

## 3. (a) FULL NAME

JACOB THOMAS CLARK

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. 518-07-4517

4. Sex M 5. Color of race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel

6. (c) Age of husband or wife if alive 60 years

7. Date of Birth (Month, Day, Year) January 15, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>2</u>	<u>8</u>	hrs min.

9. Exact Occupation night Watchman Did this work for 1 yrs.

10. Industry or Business Dehydrating Plant Date last worked 3/22/48

11. Birthplace Bolivar (City or town) Missouri (State or foreign country)

12. Name Samuel Clark

13. Birthplace Knox Co., Missouri (City or town) (State or foreign country)

14. Maiden name Lydia Raggsdale

15. Birthplace Knox Co., Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Vernon Clark

and Address 614 Park, Emmett, Idaho

17. (a) Burial (b) Date thereof 3/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Flahiff Chapel

and Address Emmett, Idaho

19. (a) 4/3/48 (b) Chas Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 23, 1948 19  
at 5:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 8:20 1946, to 3:20 1948  
I last saw him alive on 10/31 1946; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Angina Pectoris & Coronary Occlusion  
Due to Chronic Hypertension & Myocardial Degeneration  
Due to Arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? At home  
Name of operation None Date None  
Major finding None  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state where violence occurred None  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's OWN Signature Chas Flahiff (M.D. or other)  
and Address Emmett, Idaho Date 3.26.1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

RECEIVED

STATE OF IDAHO

State File No. 1021  
Local Reg. No. 340  
Reg. Dist. No. 341

1. PLACE OF DEATH: DEATH OF VITAL
- (a) County Idaho  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 2  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 9 years 9 months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Idaho  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. #2  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? England  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Albion, Ala

3. (a) FULL NAME Richard Houghton

3. (b) If veteran, name war no No. no  
5. Color or 6. (a) Single, widowed, married, divorced single  
4. Sex M race W  
6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Oct 7 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>5</u>	<u>3</u>	hrs min.

9. Exact Occupation mine Did this work for 50 yrs.  
10. Industry or Business mine Date last worked Aug 1947  
11. Birthplace Leicester Co. England (City or town) (State or foreign country)

- Mother Father { 12. Name unknown  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature E. J. McElh  
and Address Emmett, Idaho

17. (a) Burial (b) Date thereof 3-12-48 (Month) (Day) (Year)  
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Cliff R. Persons  
and Address Emmett, Idaho

19. (a) 3-10-48 (b) Chas. Flahiff (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 10 1948  
at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 8 to Mar 9 1948  
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature J. C. Reynolds (M. D. or other)

and Address Emmett, Idaho Date 3-12-48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

STATE OF IDAHO

1948  
State File No. **1022**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF DEATH: DIVISION OF VITAL
- (a) County Idaho  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. Rt 2  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 2 years 2 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Idaho  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. Rt 2  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME Lee Edward Dickman 009X

3. (b) If veteran, name war No No. No  
5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife alive years  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) April 27, 1945

8. AGE  
Years 2 Months 10 Days 18 If less than 1 day hrs min.

9. Exact Occupation Child Did this work for years

10. Industry or Business worked Date last worked

11. Birthplace Emmett, Idaho (City or town) (State or foreign country)

12. Name Joe Dickman

13. Birthplace Rodgersville, Tenn (City or town) (State or foreign country)

14. Maiden name Bessie Dickman

15. Birthplace Emmett, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Joe Dickman and Address Emmett, Idaho

17. (a) Buried (b) Date thereof 3-18-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Shirley Chase and Address Emmett, Idaho

19. (a) 4/3/48 (b) Chas. Flahiff (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **107X**

20. DATE OF DEATH (Month, Day, Year) March 15 1948 at o'clock a.M.

21. I HEREBY CERTIFY, That I attended deceased from 10-12-46 1946, to 3-15 1948

I last saw him alive on 3-14-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchopneumonia Duration 1 week

Due to whooping cough 2 weeks

Due to —

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation — Date —

Major finding —

Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state where violence occurred

Place of Violence: Home — Farm — Industry — Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature Shirley Chase (M. D. or other)

and Address Emmett Date 3-18-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
APR - 5 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1023  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Emmett  
(b) City or town Emmett  
(c) Street Address or R. F. D. No. St. II  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home? Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 43 years 43 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Emmett  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. St II  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U S A  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

John Cyrus Dewey 093D

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or No  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife alive  
6. (c) Age of husband or wife if years

## 7. Date of Birth (Month, Day, Year)

April 12, 1859

8. AGE	Years	Months	Days	If less than 1 day
				hrs min.

## 9. Exact Occupation

Retiree Did this work for 60 yrs.

## 10. Industry or Business

Farmer Date last worked 1945

## 11. Birthplace

Beautiful Utah (City or town) (State or foreign country)

## 12. Name

John C. Dewey

## 13. Birthplace

Stockton, England (City or town) (State or foreign country)

## 14. Maiden name

Priscilla Eliza Allen

## 15. Birthplace

Calgary, Alberta, Canada (City or town) (State or foreign country)

## 16. Informant's OWN Signature

Mr. J. V. Naughton

## and Address

Lat Lake City, Utah

## 17. (a) Burial (b) Date thereof

Emmett, Idaho (Month) (Day) (Year) 3-23-48

## 18. Funeral Director's OWN Signature

Emmett, Idaho

## and Address

Emmett, Idaho

## 19. (a) Date received and filed (b) Registrar's signature

4/3/48 (Date received and filed) Chas. Flaherty (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

March 2, 1948 at 4:00 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

July 1947 19, to Date of death

I last saw him alive on 20 June 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Coronary Duration 12 hrs

decompensation

Due to arteriosclerosis 10 yrs

Due to heart disease

Due to senility

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation PHYSICIAN Date Underline

Major finding the cause to which death should be charged statistically.

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature

R. P. Goodwin, M.D. (M. D. or other) and Address Emmett, Idaho Date 3-22-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECORD  
APR - 1 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1024  
Local Reg. No. 1317  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R.F.D. No. 225 Colo. St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ----- Stayed --- days  
(g) Lived in this county 28 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. 225 Colo. St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Midville, Utah

## 3. (a) FULL NAME

Harry G. Jenkins

## 3. (b) If veteran,

name war ----

## 3. (c) Social Security

No. 519-28-5225

## 4. Sex male Color, or race white

## 6. (b) Name of husband or wife Katherine

## 6. (a) Single, widowed, married, divorced married

## 6. (c) Age of husband or wife if alive 31 years

## 7. Date of Birth

(Month, Day, Year) June 27, 1917

## 8. AGE

Years	Months	Days	If less than 1 day
<u>30</u>	<u>7</u>	<u>29</u>	hrs min.

## 9. Exact

Occupation Bank Clerk Did this work for 1 yrs.

## 10. Industry or Business

Date last worked Aug. 1947

## 11. Birthplace Midville, Utah

(City or town) (State or foreign country)

## 12. Name George W. Jenkins

## 13. Birthplace Midville, Utah

(City or town) (State or foreign country)

## 14. Maiden name Oral Wheeler

## 15. Birthplace South Jordan, Utah

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Katherine Jenkins  
and Address Gooding, Idaho

## 17. (a) burial

(Burial, cremation, or removal) (b) Date thereof 2/28/48

(c) Place: Elmwood Cem. Gooding, Idaho

## 18. Funeral Director's

OWN Signature H. P. Bright  
and Address Gooding, Idaho

## 19. (a) 3-18-48

(Date received and filed) (b) J. H. Henry (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Feb. 25, 1948  
at 6:45 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

9-13-45 1945, to death 1948

I last saw him alive on 2-23 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Fracture of Hypertensive Brain 7 yrs  
Due to Essential hypertension  
of lumbar spine

Due to -----

Other conditions -----

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ----- Date -----

## Major finding

Finding of autopsy metastases to left lung (Dr. J. V. Creed)

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ----- 19 ----- City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury -----

## 23. Attendant's

OWN Signature Harold G. Halvinger MD

and Address Handell, Idaho Date 3-17 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MADE BY  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

State File No. 1025  
Local Reg. No. 1316  
Reg. Dist. No. 420

1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R.F.D. No. 2nd & Mont.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed --- days  
(g) Lived in this county --- years 4 months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. 2nd & Mont.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 4 Mo. years  
(h) Former residence (city, state)

3. (a) FULL NAME

Terry Lee Buck

3. (b) If veteran,

name war -----

3. (c) Social Security

No. -----

5. Color or  
4. Sex male race white

6. (a) Single, widowed, married,  
divorced -----

6. (b) Name of husband or  
wife -----

6. (c) Age of husband or wife if  
alive ----- years

7. Date of Birth

(Month, Day, Year) October 27, 1947

8. AGE

Years

Months

Days

If less than 1 day

---

4

7

hrs

min.

9. Exact

Occupation -----

Did this

work for --- yrs.

10. Industry or

Business -----

Date last

worked -----

11. Birthplace

Gooding, Idaho  
(City or town) (State or foreign country)

12. Name

R.H. Buck

13. Birthplace

Everett, Washington  
(City or town) (State or foreign country)

14. Maiden name

Charmian Jacobinson

15. Birthplace

Canada  
(City or town) (State or foreign country)

16. Informant's

OWN Signature

R.H. Buck

and Address

Boise, Idaho

17. (a) burial

(b) Date thereof 3/8/48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place:

Elmwood Cem. Gooding, Idaho

18. Funeral Director's

OWN Signature

H.F. Bright  
Gooding, Idaho

and Address

Gooding, Idaho

19. (a) 3-9-48

(b)

J.A. Connell

(Date received and filed)

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year)

March 7

19 48

at 1:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from

Oct 27, 1947 to Nov 4, 1947

I last saw him alive on Nov 4, 1947; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Accidental mechanical

Duration

Due to skull found dead in bed, face down

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒

Occurred 3/7, 1948 City, county state

where violence occurred Gooding Gooding Idaho

Place of Violence: Home ☒ Farm ☒ Industry ☒

Public Place ☒ Where at work?

Means of injury Knife was stuck face down in

23. Attendant's

OWN Signature

J.A. Connell

and Address

Gooding

Date 3/9 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1206  
Local Reg. No. 1319  
Reg. Dist. No. 420

1. PLACE OF DEATH
- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R.F.D. No. 230 Michigan  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 12 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. 230 Michigan  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Golden City, Missouri

3. (a) FULL NAME Effie Elnora Jones

3. (b) If veteran, name war    No.

5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife J.A. Jones 6. (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) Jan. 10, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>2</u>	<u>11</u>	hrs min.

9. Exact Occupation housewife Did this work for life yrs.

10. Industry or Business Invalid Date last worked 1945

11. Birthplace South Greenfield, Missouri  
(City or town) (State or foreign country)

12. Name Seyburn Copeland

13. Birthplace Arkansas  
(City or town) (State or foreign country)

14. Maiden name Matilda Williams

15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature J A Jones

- and Address Gooding, Idaho

17. (a) burial (b) Date thereof 3/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's OWN Signature HP Bright

- and Address Gooding, Idaho

19. (a) 3-24-48 (b) J A Lumsden  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 21 1948  
(Month, Day, Year) at 4:05 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 17 - 1948 to Mar 21 - 1948

I last saw her alive on 3-17-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: atheroma (General) Duration

Due to Chronic Rheumatism

Due to Senility

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy     
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred    19    City, county, state

where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature J A Lumsden

and Address Gooding Date 3/24/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1027  
Local Reg. No. 1315  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) ~~Street Address~~ or R. F. D. No. 3  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. ----- Stayed ----- days  
(g) Lived in this county years 4 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. Buhl  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state) Springdale, Arkansas.

## 3. (a) FULL NAME

Leonard Gane Short

## 3. (b) If veteran,

name war -----

## 3. (c) Social Security

No. -----

5. Color or race white  
4. Sex male  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Roxie  
6. (c) Age of husband or wife if alive 49 years

## 7. Date of Birth

(Month, Day, Year) Aug. 5, 1896

## 8. AGE

Years	Months	Days	If less than 1 day
<u>51</u>	<u>6</u>	<u>28</u>	hrs min.

9. Exact Occupation farming Did this work for life yrs.

10. Industry or Business ----- Date last worked 1946

11. Birthplace ----- Texas  
(City or town) (State or foreign country)

12. Name Jacob E. Short

13. Birthplace ----- Missouri  
(City or town) (State or foreign country)

14. Maiden name Mary Flowers

15. Birthplace ----- Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Raymond L. Short  
and Address Gooding Idaho

17. (a) burial (b) Date thereof 3/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's OWN Signature W.P. Bright  
and Address Gooding, Idaho

19. (a) 3-8-48 (b) J.H. Council  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 4 1948  
at 6:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948 to Mar 4 1948

I last saw him alive on Mar 4 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: pulmonary tuberculosis Duration ?

Due to -----

Due to -----

Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? ?

Name of operation ----- Date -----

Major finding -----

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred ----- 19 ----- City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature J.H. Council

and Address Gooding Idaho Date 3-8-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

948

# Certificate Of Death

STATE OF IDAHO

948  
State File No. 1028  
Local Reg. No. 81  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R. F. D. No. Main St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. St. Valentines Stayed 14 days  
(g) Lived in this county 29 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Hagerman  
(d) Street Address or R.F.D. No. Hagerman  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Spokane, Wash.

## 3. (a) FULL NAME

Gustave Conrad

3. (b) If veteran, name war ----- 3. (c) Social Security No. 518-07-2844  
5. Color or race white 6. (a) Single, widowed, married, divorced married  
4. Sex male 6. (b) Name of husband or wife Louise 6. (c) Age of husband or wife if alive 48 years  
7. Date of Birth (Month, Day, Year) March 13, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>11</u>	<u>28</u>	hrs min.

9. Exact Occupation Electrical Linman Did this work for 37 yrs.  
10. Industry or Business Retired Date last worked 1945  
11. Birthplace Southern Russia (City or town) (State or foreign country)

12. Name Jacob Conrad  
13. Birthplace Russia (City or town) (State or foreign country)  
14. Maiden name Rosina Lutz  
15. Birthplace Russia (City or town) (State or foreign country)

16. Informant's OWN Signature Louise B. Conrad and Address Hagerman, Idaho

17. (a) burial (b) Date thereof 3/15/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hagerman, Idaho

18. Funeral Director's OWN Signature H.P. Bright and Address Gooding, Idaho

19. (a) 3/18/48 (Date received and filed) (b) Sister M. Rose O.B. (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH (Month, Day, Year) March 12 1948  
at 1130 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 3/23/48 1948 to death 1948  
I last saw him alive on 3/11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertensive Brain Duration 4 days

Due to Cerebral Hemorrhage 18 days

Due to Hypertension 10 yrs  
Other conditions Arteriosclerosis 10 yrs  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Harold H. Holmberg, M.D. (M. D. or other)  
and Address Wendell, Ida Date 3-18-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

# Certificate Of Death

APR - 1 1948

STATE OF IDAHO

1948  
State File No. 1029  
Local Reg. No. 1318  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Bliss  
(c) ~~Street Address~~ or R. F. D. No. RR  
(d) Death Occured Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ----- Stayed --- days  
(g) Lived in this county 47 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Bliss  
(d) ~~Street Address~~ or R.F.D. No. -----  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 63 years  
(h) Former residence (city, state) Millwalkee, Wis.

## 3. (a) FULL NAME

Charles Edward Hobbey

## 3. (b) If veteran,

name war ----

## 3. (c) Social Security

No. -----

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ida May 6. (c) Age of husband or wife if alive 63 years  
7. Date of Birth (Month, Day, Year) April 23, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>10</u>	<u>27</u>	hrs min.

9. Exact Occupation farmer Did this work for 11 yrs.  
10. Industry or Business ----- Date last worked 3/21/48  
11. Birthplace Milwalkee, Wisconsin  
(City or town) (State or foreign country)

12. Name Joseph Hobbey  
13. Birthplace ----- England  
(City or town) (State or foreign country)  
14. Maiden name Maria Hutchinson  
15. Birthplace Herrisburg, Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature Leo M. Hobbey  
and Address Bliss Idaho

17. (a) burial (b) Date thereof 3/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's OWN Signature H. P. Bright  
and Address Gooding, Idaho

19. (a) 3-24-48 (b) J. H. H. H.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Mar 21 19 48  
at ----- o'clock ----- M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 -----, to 19 -----  
I last saw h. ----- alive on 19 -----; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Sudden death  
Due to Chronic heart failure  
Due to Serum  
Other conditions -----  
(Include pregnancy within 3 months of death)

## Duration

## Where was disease contracted?

Name of operation ----- Date -----

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ----- 19 ----- City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury -----

23. Attendant's OWN Signature J. H. H. H.  
and Address Gooding, Idaho Date 3-24-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Certificate Of Death  
STATE OF IDAHO

1. PLACE OF DEATH:  
(a) County Jerome  
(b) City or town Wendell  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. St. Valentines 4 days  
(g) Lived in this county 50 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County T. Falls  
(c) City or town Three Creek  
(d) Street Address or R.F.D. No. RFD  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Nevada

3. (a) FULL NAME Clara Parsons

3. (b) If veteran, name war No.  
5. Color or 6. (a) Single, widowed, married, divorced married  
4. Sex Female race White  
6. (b) Name of husband or wife W. F. Parsons 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) September 22, 1896

8. AGE	Years	Months	Days	If less than 1 day
	52	5	30	hrs min.

9. Exact Occupation Housewife Did this work for yrs.  
10. Industry or Business Home Date last worked  
11. Birthplace Clover Valley, Nev. (City or town) (State or foreign country)  
Mother Father { 12. Name Charles Hamilton  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Leta Hamilton  
15. Birthplace Unknown (City or town) (State or foreign country)  
16. Informant's OWN Signature W F Parsons and Address Three Creek, Idaho  
17. (a) Burial (b) Date thereof 3-27-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park - T.  
18. Funeral Director's OWN Signature J. C. Phillips and Address Twin Falls, Idaho  
19. (a) 4/6/48 (Date received and filed) Doctor M. G. O'Brien (Registrar's signature)

117A  
MEDICAL CERTIFICATE OF DEATH 103X  
20. DATE OF DEATH March 23 19 48  
(Month, Day, Year) at 3:40 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from 3/19/48 to 3/23/48  
I last saw her alive on 3/23/48; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Hemorrhage Duration 5 days  
Due to Bleeding Gastric Ulcer 6 mo  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature Harold E. Holmanger M.D. (M. D. or other)  
and Address Wendell, Idaho Date 4-6-1948 (For additional space, use reverse side)

1. PLACE OF DEATH: STATE, Idaho  
(a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. #2  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 11 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Gooding  
(c) City or town Wendell  
(d) Street Address or R.F.D. No. #2  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Pleasant Grove, Utah

3. (a) FULL NAME Alma James O'Leary

3. (b) If veteran, name war No  
5. Color or race W  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife Elisabeth  
6. (c) Age of husband or wife if alive years  
7. Date of Birth Nov. 20-1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>4</u>	<u>5</u>	hrs min.

9. Exact Occupation farmer Did this work for 40 yrs.  
10. Industry or Business " Date last worked 4-3-33  
11. Birthplace Pleasant Grove, Utah (City or town) (State or foreign country)  
Mother Father  
12. Name Unknown  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace (City or town) (State or foreign country)  
16. Informant's OWN Signature Lyle Spencer  
and Address Wendell Idaho  
17. (a) removal (b) Date thereof 3-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pleasant Grove, Utah  
18. Funeral Director's OWN Signature Lyle Spencer  
and Address Wendell Idaho  
19. (a) 3-27-48 (b) Wendell M. Rasmussen  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3-25-48 19 48  
at 5:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 12-15-41 19 41, to 3-25-48 19 48  
I last saw him alive on 3-19-48 19 48; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Coronary occlusion Duration 1 wk.

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature P. H. Leher, M.D. (M. D. or other)  
and Address Jerome Date 3-25-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce **APR 9 1948**  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1032**  
Local Reg. No. **1320**  
Reg. Dist. No. **420**

## 1. PLACE OF DEATH:

- (a) County **Gooding**  
(b) City or town **Hagerman**  
(c) Street Address or R. F. D. No. **Hagerman**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **-----** Stayed **-----** days  
(g) Lived in this county **2** years **6** months **-----** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Gooding**  
(c) City or town **Hagerman**  
(d) Street Address or R.F.D. No. **Hagerman**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **10** years  
(h) Former residence (city, state) **Seattle, Wash.**

## 3. (a) FULL NAME

**Jennie Jane Mosher**

## 3. (b) If veteran,

name war **-----**

## 3. (c) Social Security

No. **-----**

4. Sex **female** Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **William H.**

6. (c) Age of husband or wife if alive **55** years

## 7. Date of Birth

(Month, Day, Year) **July 21, 1892**

## 8. AGE

Years	Months	Days	If less than 1 day
<b>55</b>	<b>8</b>	<b>6</b>	hrs min.

## 9. Exact

Occupation **housewife**

## Did this

work for **life** yrs.

## 10. Industry or Business

## Date last

worked **May, 1947**

## 11. Birthplace

**Galena, Kansas**

(City or town) (State or foreign country)

## 12. Name

**Anthone Shira**

## 13. Birthplace

**Loudenvill, Ohio**

(City or town) (State or foreign country)

## 14. Maiden name

**Blanche Garner**

## 15. Birthplace

**Debucho, Iowa**

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature **William H. Mosher**

and Address **Hagerman, Idaho**

## 17. (a) **burial**

(Burial, cremation, or removal)

## (b) Date thereof **3/29/48**

(Month) (Day) (Year)

## (c) Place:

**Hagerman, Idaho**

## 18. Funeral Director's

OWN Signature **H. F. Bright**

and Address **Gooding, Idaho**

## 19. (a) **3-30-48**

(Date received and filed)

## (b)

**[Signature]**  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **March 27** 19 **48**  
at **2:45** o'clock **A. M.**

## 21. I HEREBY CERTIFY, That I attended deceased from **3-4-48** 19 **to death** 19 **-----**

I last saw **deceased** alive on **-----** 19 **-----**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Cancer of ovaries**

## Duration

**1-2 yrs**

## Due to

## Due to

Other conditions **Mitotases to abdomen**  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation **-----**

Date **-----**

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **-----** 19 **-----** City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

## Means of injury

## 23. Attendant's

OWN Signature **Harold L. Solinger MD**

and Address **Undell, Idaho** Date **3/30** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 9 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1033**  
Local Reg. No. **1321**  
Reg. Dist. No. **420**

## 1. PLACE OF DEATH:

- (a) County **Gooding**  
(b) City or town **Gooding**  
(c) ~~Street Address~~ or R. F. D. No. **3**  
(d) Death Occured Inside? Outside? **X** city or town  
(e) Died in a Home **X** Hospital Institution Other place  
(f) Name Hosp. or Inst. **-----** Stayed **---** days  
(g) Lived in this county **3** years **---** months **---** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Gooding**  
(c) City or town **Gooding**  
(d) ~~Street Address~~ or R.F.D. No. **3**  
(e) Deceased lived Inside? Outside? **X** city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **3** years  
(h) Former residence (city, state) **Grenola, Kansas**

## 3. (a) FULL NAME

**Mary Ann Esbaugh**

## 3. (b) If veteran,

name war **-----**

## 3. (c) Social Security

No. **-----**

5. Color or **female** race **white**

6. (b) Name of husband or wife **John M.**

6. (a) Single, widowed, married, divorced **widowed**  
6. (c) Age of husband or wife if alive **deceased** years

## 7. Date of Birth

(Month, Day, Year) **April 28, 1862**

## 8. AGE

Years

Months

Days

If less than 1 day

**85**

**10**

**28**

hrs

min.

## 9. Exact

Occupation **housewife**

Did this

work for **life** yrs.

## 10. Industry or

Business

Date last

worked **1945**

## 11. Birthplace

**Spring Hill, Kansas**

(City or town)

(State or foreign country)

## 12. Name

**Sylas P. Gibson**

## 13. Birthplace

**unknown**

(City or town)

(State or foreign country)

## 14. Maiden name

**unknown**

## 15. Birthplace

**unknown**

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature **L. P. Esbaugh**

and Address **Junlock, Calif.**

## 17. (a) **removal**

(Burial, cremation, or removal)

(b) Date thereof **3/28/48**

(Month) (Day) (Year)

(c) Place: **Grenola, Kansas**

## 18. Funeral Director's

OWN Signature **H. P. Bright**

and Address **Gooding, Idaho**

## 19. (a) **3-27-48**

(Date received and filed)

## (b)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **March 27**

**1948**

at **3:30** o'clock **A. M.**

## 21. I HEREBY CERTIFY, That I attended deceased from

**Mar 17 1948** to **Mar 27 1948**

I last saw her alive on **Mar 21 - 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

**Cerebral hemorrhage**

Due to

Due to

Other conditions **arterio sclerosis**  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred **19** City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

OWN Signature **J. H. Cronmell**

and Address **Junlock, Idaho** Date **3/27 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

APR 8 1948

STATE OF IDAHO

State File No. **1034**  
Local Reg. No. **83**  
Reg. Dist. No. **421**

## 1. PLACE OF DEATH:

- (a) County Boone  
(b) City or town Wendell  
(c) Street Address or R. F. D. No. —  
(d) Death Occured Inside? ✓ Outside? — city or town  
(e) Died in a Home — Hospital — Institution — Other place —  
(f) Name Hosp. or Inst. St. Valentine Stayed 7 days  
(g) Lived in this county — years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boone  
(c) City or town Boone  
(d) Street Address or R.F.D. No. rural  
(e) Deceased lived Inside? ✓ Outside? — city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) Boone, Neb.

## 3. (a) FULL NAME

John Thomas Simon

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife E. E. Simon  
6. (c) Age of husband or wife if alive 52 years  
7. Date of Birth (Month, Day, Year) April 12, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>11</u>	<u>15</u>	— hrs min.

## 9. Exact Occupation Mgt. Pumping Sta. Did this work for — yrs.

## 10. Industry or Business Wendell Co. Date last worked —

## 11. Birthplace Wendell, Idaho (City or town) (State or foreign country)

## 12. Name John H. Simon

## 13. Birthplace Wales, England (City or town) (State or foreign country)

## 14. Maiden name Maggie Simon

## 15. Birthplace Boone, Idaho (City or town) (State or foreign country)

## 16. Informant's OWN Signature William J. Eisinger and Address Boone, Idaho

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/48 (Month) (Day) (Year)

## (c) Place: Boone Cemetery

## 18. Funeral Director's OWN Signature James E. Eisinger and Address Boone, Idaho

## 19. (a) 3/31/48 (Date received and filed) (b) Walter R. Rose, OSB (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) March 27, 1948 at 2:15 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 3/19, 1948, to 3/27, 1948. I last saw him alive on 3/26, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Hemorrhage from Duration 7 weeks

## Due to Bleeding Duodenal ulcer 5 yrs

## Due to —

## Other conditions — (Include pregnancy within 3 months of death)

## Where was disease contracted? —

## Name of operation — Date —

## Major finding —

## Finding of autopsy —

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —

## Occurred — 19 — City, county, state

## where violence occurred

## Place of Violence: Home — Farm — Industry —

## Public Place — While at work? —

## Means of injury —

## 23. Attendant's OWN Signature James E. Eisinger M.D. and Address Boone, Idaho (M. D. or other) Date April 1, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 6 1948

# Certificate Of Death

STATE OF IDAHO

948 State File No. 10355  
Local Reg. No. 5  
Reg. Dist. No. 242

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital? ☒ Institution... Other place...  
(f) Name Hosp. or Inst. of C Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Pamela Kay Denham

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Single  
4. Sex Female race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February 29, 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>18 hrs 25 min.</u>

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Cottonwood, Idaho (City or town) (State or foreign country)

- Mother Father  
12. Name George Denham  
13. Birthplace Grangeville, Idaho (City or town) (State or foreign country)  
14. Maiden name Joan Denham  
15. Birthplace Bellevue, Minn. (City or town) (State or foreign country)

16. Informant's OWN Signature George Denham  
and Address Grangeville Idaho

17. (a) Burial (b) Date thereof 3/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Grangeville Ida

18. Funeral Director's OWN Signature John Riley  
and Address Grangeville Ida

19. (a) Mar 1, 1948 (b) W. J. Orr, M.D.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 1 1948  
(Month, Day, Year) at 10:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 29 1948, to Mar 1 1948.  
I last saw her alive on Mar 1 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prenatal poisoning Duration \_\_\_\_\_

Due to Toxemia of Maternity 1 Mon.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. J. Orr, M.D. (M. D. or other)  
and Address Cottonwood, Ida Date Mar 1, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in own handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

MAR 1 1948

CERTIFICATE OF DEATH  
DIVISION OF VITAL  
STATE OF IDAHO

048 1036  
State File No.  
Local Reg. No. 18  
Reg. Dist. No. 240

1. PLACE OF DEATH: Idaho  
(a) County Grangeville  
(b) City or town Grangeville  
(c) Street Address or R. F. D. No.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst General Stayed 3 days  
(g) Lived in this county 57 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R. F. D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 57 years  
(h) Former residence (city, state) Sweden

3. (a) FULL NAME Oscar Asker

3. (b) If veteran, name war No 3. (c) Social Security No  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Belle 6. (c) Age of husband or wife if alive 66 years  
7. Date of Birth (Month, Day, Year) Dec 1- 1872

8. AGE	Years	Months	Days	If less than 1 day
	75	3	8	hrs min.

9. Exact Occupation Farmer Did this work for 1930 yrs.  
10. Industry or Business Diversified Date last worked Sweden  
11. Birthplace (City or town) (State or foreign country)

12. Name Jons Asker  
13. Birthplace Sweden  
14. Maiden name Mary Melquist  
15. Birthplace Sweden

16. Informant's OWN Signature John Asker  
and Address Grangeville, Idaho

17. (a) Burial, cremation or removal (b) Date thereof 3-11-48  
(c) Place Grangeville, Idaho  
18. Funeral Director's OWN Signature J. J. McLaughlin  
and Address Grangeville, Idaho  
19. (a) March 10, 1948 (b) Emma Cane

(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 9 1948  
(Month Day Year)  
at 6:20 o'clock A.M.  
21. I HEREBY CERTIFY That I attended deceased from 5 March 1948 to 9 March 1948  
I last saw him alive on 9 March 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary edema Duration 2 days  
Due to Pneumonia 4 days  
Due to arteriosclerotic senility  
Other conditions  
(Include pregnancy within 8 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature Emma Cane (M. D. or other)  
and Address Grangeville, Idaho Date 10 March 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
**Certificate Of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. **1037**  
Local Reg. No. **26**  
Reg. Dist. No. **210**

**1. PLACE OF DEATH:**

- (a) County IDAHO  
(b) City or town CLEARWATER  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. ST. HOSP. NO Stayed \_\_\_\_\_ days  
(g) Lived in this county 4 years \_\_\_\_\_ months 25 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

ELMO BROOKING

**3. (b) If veteran,**

name war NO

**3. (c) Social Security**

No. 518-18-9408

**5. Color or** (a) Single, widowed, married, divorced MARRIED

**6. (b) Name of husband or wife** WILMA A. BLODOWSKI 32 years

**7. Date of Birth** (Month, Day, Year) JANUARY 10, 1915

8. AGE	Years	Months	Days	If less than 1 day
	<u>33</u>	<u>2</u>		hrs min.

**9. Exact Occupation** CLERK Did this work for LIFE yrs.

**10. Industry or Business** BOOKKEEPING Date last worked DEC. 30/42

**11. Birthplace** CORNTOWNE KENTUCKY (City or town) (State or foreign country)

**12. Name** JAMES T. BROOKING

**13. Birthplace** UNKNOWN (City or town) (State or foreign country)

**14. Maiden name** EFFIE MOYER

**15. Birthplace** UNKNOWN (City or town) (State or foreign country)

**16. Informant's** Wilma Brooking

**OWN Signature** 119664 Idaho Ave. West Los Angeles

**and Address** 119664 Idaho Ave. West Los Angeles

**17. (a) REMOVAL** (b) Date thereof MARCH 12/48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: BROOKSVILLE, KENTUCKY

**18. Funeral Director's** BLAKE FUNERAL HOME

**OWN Signature** OROFINO, IDAHO

**and Address** OROFINO, IDAHO

**19. (a)** 3/12/48 (b) gail D. Bailey

(Date received and filed)

(Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH** (Month, Day, Year) MARCH 10 1948

at 4:00 o'clock A: M.

**21. I HEREBY CERTIFY**, That I attended deceased from 2-14-44 19 to 3-10 1948

I last saw him alive on 3-9 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: MENTAL AND PHYSICAL DETERIORATION WITH MALNUTRITION

Due to SCHIZOPHRENIA MIXED TYPE 4 Yrs.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation Underline the cause to which death should be charged statistically.

Major finding PHYSICIAN

Finding of autopsy PHYSICIAN

**22. If death was due to EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

**23. Attendant's** J. L. Barry

**OWN Signature** OROFINO, IDAHO

**and Address** OROFINO, IDAHO

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1038**  
Local Reg. No. **19**  
Reg. Dist. No. **240**

## DIVISION OF VITAL

1. PLACE OF DEATH: **Idaho**  
(a) County **Idaho**  
(b) City or town **Grangeville**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? **Outside?** city or town  
(e) Died in a Home **Hospital** Institution Other place  
(f) Name Hosp. or Inst. **General** Stayed **5** days  
(g) Lived in this county **40** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Id** (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **Outside?** city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **William Henry Badgero-**

3. (b) If veteran, **No** name war \_\_\_\_\_  
3. (c) Social Security No. **No**  
4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Annie Jane**  
6. (c) Age of husband or wife if alive **79** years  
7. Date of Birth (Month, Day, Year) **April 12 - 1863**

8. AGE	Years	Months	Days	If less than 1 day
	<b>84</b>	<b>10</b>	<b>27</b>	hrs min.

9. Exact Occupation **Merchant** Did this work for **20** yrs.  
10. Industry or Business **Retail** Date last worked **1927**  
11. Birthplace **Ontario - Canada**  
(City or town) (State or foreign country)

12. Name **Badgero-**  
13. Birthplace **not known**  
(City or town) (State or foreign country)  
14. Maiden name **not known**  
15. Birthplace **not known**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **J.E. Murphy**  
and Address **1514 Bellevue Ave. Seattle 22**

17. (a) **Burial** (b) Date thereof **3-13-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Grangeville, Idaho**

18. Funeral Director's OWN Signature \_\_\_\_\_  
and Address **Grangeville - Idaho**

19. (a) **Mar. 12, 1948** (b) **Ida. Conc**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March - 10, 1948**  
(Month, Day, Year) at **11:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Mar 6** 1948, to **Mar 10** 1948.  
I last saw him alive on **Mar 10** 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to **Semioty**

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **J.D. Shinnick Jr. D.**  
(M. D. or other)  
and Address **Grangeville** Date **Mar 12, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

MAR 19 1948

STATE OF IDAHO

State File No. 1039  
Local Reg. No. 20  
Reg. Dist. No. 240

**1. PLACE OF DEATH:** Idaho  
(a) County Grangeville  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. General  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. General Stayed 6 days  
(g) Lived in this county 23 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**  
(a) State Idaho (b) County Idaho  
(c) City or town Whitebird  
(d) Street Address or R.F.D. No. General  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) Oregon

**3. (a) FULL NAME** Ben Herbert Walters 045D

**3. (b) If veteran,** No **3. (c) Social Security** No  
name war. No.  
**4. Sex** M **5. Color or** W  
race W  
**6. (a) Name of husband or** Married  
wife Hattie **6. (c) Age of husband or wife if**  
alive 51 years  
**7. Date of Birth** May 23 1900.  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>9</u>	<u>19</u>	hrs min.

**9. Exact Occupation** Stockman **Did this** Life  
**10. Industry or Business** Live Stock **Date last** date  
**11. Birthplace** Ellensburg Wash  
(City or town) (State or foreign country)

**12. Name** Hubert Walters  
**13. Birthplace** Indian  
(City or town) (State or foreign country)  
**14. Maiden name** Evangelia Hicks  
**15. Birthplace** Indiana  
(City or town) (State or foreign country)

**16. Informant's OWN Signature** Hattie Walters  
**and Address** Whitebird - Idaho

**17. (a) Place** Whitebird - Idaho **(b) Date thereof** 3-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

**18. Funeral Director's OWN Signature** W. H. Hutton  
**and Address** Grangeville Id.

**19. (a) Received and filed** March 13, 1948 **(b) Registrar's signature** Emma Cone

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH** March 12 1948  
(Month, Day, Year) at 9:55 o'clock P M.

**21. I HEREBY CERTIFY, That I attended deceased from** 1 March 1948, to 12 March 1948  
I last saw him alive on 12 March 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** melanin +  
Toxemia

**Due to** Carcinoma of Jaw, r.g.t. **Duration** 1 week

**Due to** Other conditions  
(Include pregnancy within 3 months of death)

**Where was disease contracted?** PHYSICIAN  
**Name of operation** Underline **Date** the cause to  
**Major finding** which death  
**Finding of autopsy** should be  
charged statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following:** Accident? Swicide? Homicide?  
Occurred 19 City, county, state

**where violence occurred** Place of Violence: Home Farm Industry  
Public Place While at work?

**Means of injury** Donal Kallum  
**23. Attendant's OWN Signature** Donal Kallum  
(M. D. or other)

**and Address** Grangeville **Date** 2 March 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1040**  
Local Reg. No. **6**  
Reg. Dist. No. **242**

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed 2 days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Cottonwood  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Neuterville Ida

## 3. (a) FULL NAME

Edith L. Nuthman

126X

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John  
6. (c) Age of husband or wife if alive 33 years

## 7. Date of Birth

(Month, Day, Year) June 27, 1917

## 8. AGE

Years	Months	Days	If less than 1 day
<u>30</u>	<u>8</u>	<u>23</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Pierce Nebraska (City or town) (State or foreign country)

12. Name Paul Schneider

13. Birthplace Nebraska (City or town) (State or foreign country)

14. Maiden name Cecilia Hemming

15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's OWN Signature John H. Nuthman and Address Ferdinand Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/48 (Month) (Day) (Year)

- (c) Place Neuterville Ida

18. Funeral Director's OWN Signature Glenn A. King and Address Neuterville Ida

19. (a) 3-22-1948 (Date received and filed) (b) W. J. Orr M.D. (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 20 1948  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 19 1948, to March 20 1948.  
I last saw her alive on Mar 20 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Respiratory Paralysis Duration 15 minutes

Due to During Cholecystectomy 45 minutes

Due to Post Cholecystectomy shock 72 hrs.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation Cholecystectomy Date 3-20-48

Major finding Post Cholecystectomy shock

Finding of autopsy No blood

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. J. Orr M.D. (M. D. or other)

and Address Cottonwood Ida Date 3-22-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1041**  
Local Reg. No. **7**  
Reg. Dist. No. **242**

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R. F. D. No. ✓  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Och Hosp Stayed 1 days  
(g) Lived in this county 29 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Cottonwood  
(d) Street Address or R.F.D. No. ✓  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Cottonwood

## 3. (a) FULL NAME

Virgil J. Jensen

1750

## 3. (b) If veteran,

name war W. II

## 3. (c) Social Security

No. 510-30-8442

## 5. Color or

Sex M race W

## 6. (a) Single, widowed, married,

divorced Single

## 6. (b) Name of husband or

wife

## 6. (c) Age of husband or wife if

alive years

## 7. Date of Birth

(Month, Day, Year) March 27, 1919

8. AGE	Years	Months	Days	If less than 1 day
	<u>29</u>	<u>11</u>	<u>29</u>	hrs min.

## 9. Exact Occupation

Laborer Did this work for yrs.

## 10. Industry or Business

Date last worked 3/26/48

## 11. Birthplace

Cottonwood Idaho (City or town) (State or foreign country)

## 12. Name

Jake Jensen

## 13. Birthplace

W.S. (City or town) (State or foreign country)

## 14. Maiden name

Katherine Forsman

## 15. Birthplace

Idaho (City or town) (State or foreign country)

## 16. Informant's OWN Signature

Jake Jensen

## 17. (a) Burial

(Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature

Georgeville Ida

## 19. (a) Date received and filed

Mar. 27, 1948 (b) J. W. J. O. M. D. L. W. J. (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) March 26 1948

at 9:00 o'clock M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Mar. 24 1948, to March 26 1948

I last saw him alive on March 26, 1948; death is

said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Basal Throat Duration 9 hrs.

Due to Accidental Injury

Due to Falling tree

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation None Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the fol-

lowing: Accident? Yes Suicide? Homicide?

Occurred March 26 1948 City, county, state

where violence occurred Cottonwood, Idaho

Place of Violence: Home ✓ Farm ✓ Industry

Public Place While at work? U.S.

Means of injury Struck by falling tree

## 23. Attendant's OWN Signature

Edw. J. O. M. D.

and Address Cottonwood, Ida Date 3-27-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 16 1948

# CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. **1043**  
Local Reg. No. **12**  
Reg. Dist. No. **640**

## 1. PLACE OF DEATH:

Statistics

- Jefferson  
(a) County .....  
(b) City or town. **Lewisville**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital Institution ..... Other place ....  
(f) Name Hosp. or Inst. .... Stayed. .... days  
(g) Lived in this county **15** years. .... months. .... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- Idaho  
(a) State. .... (b) County. **Jefferson**  
(c) City or town. **Lewisville**  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) If foreign born, in U. S. .... yrs. Citizen of U. S.? .....  
(g) How long had deceased lived in Idaho? **42** years  
(h) Former residence (city, state) **Osgood, Ida.**

## 3. (a) FULL NAME

**MABLE SHEPPARD.**

3. (b) If veteran, name war. ☒ 3. (c) Social Security No. ☒  
5. Color or 6. (a) Single, widowed, married, divorced **Married**  
4. Sex. **F.M.** race **White**  
6. (b) Name of husband or wife. **John Archie** 6 (c) Age of husband or wife if alive **53** years  
7. Date of Birth (Month, Day, Year) **Oct. 7, 1905**

AGE	Years	Months	Days	If less than 1 day
	<b>42</b>	<b>5</b>	<b>0</b>	hrs min.

9. Exact Occupation. **Housewife** Did this work for **life** yrs.  
10. Industry or Business **Home** Date last worked **Dec. 1947**  
11. Birthplace **Lewisville, Idaho.**  
(City or town) (State or foreign country)

- Father { 12. Name **Reuben Miller Casper.**  
13. Birthplace **Utah.**  
(City or town) (State or foreign country)

- Mother { 14. Maiden name **Elizabeth Allen.**  
15. Birthplace **Utah.**  
(City or town) (State or foreign country)

16. Informant's ☒ OWN Signature **M. A. Sheppard.**  
and Address **Lewisville, Idaho.**

17. (a) **burial** (b) Date thereof **3/10/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Ashton, Idaho.**

18. Funeral Director's **C. Beckersell**  
OWN Signature **Rigby, Idaho.**  
and Address

19. (a) **3/12/48** (b) **Mrs. A. Beckersell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

**131A**

20. DATE OF DEATH **March 7, 1948**  
(Month, Day, Year) at **3:55** o'clock **A**. M.  
21. I HEREBY CERTIFY, That I attended deceased from **October 20, 1937**, to **March 7, 1948**.  
I last saw her alive on **March 6, 1948**; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Duration  
**1. Hypertensive Pneumonia** **3 days**  
Due to **2. Hypertension - Myocarditis** **3 years**  
Due to **3. Chronic Nephritis** **3 years**  
Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease first contracted? **at home** PHYSICIAN  
Name of operation **Cesarian Section** Date **8/10/44**  
Major finding **1. placental 2. hemorrhage**  
Finding of autopsy. **none performed**  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred.....19..... City, county, state where violence occurred.  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury.....

23. Attendant's **O. Edon Tall, M.D.**  
OWN Signature **Rigby, Idaho.** (M. D. or other)  
and Address **3/10/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 20 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

15. State File No. **1044**  
Local Reg. No. **64**  
Reg. Dist. No. **640**

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Perreton  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Utah (b) County \_\_\_\_\_  
(c) City or town Hyrum  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mr. Jens Christian Andersen

055E

## 3. (b) If veteran, name was

## 3. (c) Social Security No.

4. Sex M. Color or race W

5. Color or race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Cora Andersen

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) January 24, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>2</u>	<u>4</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Slotehighby Lord, Denmark (City or town) (State or foreign country)

12. Name Jens Andersen (City or town) (State or foreign country)

13. Birthplace Denmark (City or town) (State or foreign country)

14. Maiden name Mattie Marie Christensen (City or town) (State or foreign country)

15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs E M Gibbs

- and Address Perreton, Idaho

17. (a) Remove (b) Date thereof 3/16/48 (Month) (Day) (Year)

- (c) Place Hyrum, Utah

18. Funeral Director's OWN Signature Dr A Williams

- and Address Perreton, Idaho

19. (a) April 2 1948 (b) Mrs A B Schell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 15 19 48

- at 4:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 6-13 19 47 to 13-19 19 47

- I last saw him alive on 11-19 19 48

- death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Coronary thrombosis Duration \_\_\_\_\_

- Due to Primary left wrist

- Due to \_\_\_\_\_

- Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

- Where was disease contracted? Amputation left forearm

- Name of operation \_\_\_\_\_ Date 10-7-47

- Major finding \_\_\_\_\_

- Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

- where violence occurred \_\_\_\_\_

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H P Ray, M.D.

- and Address Salvo, Idaho Date 3-26 19 48

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 20 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1045**  
Local Reg. No. **15**  
Reg. Dist. No. **640**

## 1. PLACE OF DEATH:

- (a) County **Jefferson**  
(b) City or town **Lewisville**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. **None** Stayed ..... days  
(g) Lived in this county **40** years **1** months **?** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jefferson**  
(c) City or town **Lewisville**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **Murray, Utah**

## 3. (a) FULL NAME

**MATILDA LINDSTROM**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Female** race **White** 6. (b) Name of husband or wife **John Alfred Lindstrom** 6. (c) Age of husband or wife if alive **deceased** years  
7. Date of Birth (Month, Day, Year) **June 8, 1863**

8. AGE	Years	Months	Days	If less than 1 day
	<b>84</b>	<b>9</b>	<b>19</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **70** yrs.  
10. Industry or Business **At home** Date last worked **3/26/48**  
11. Birthplace **Södermanland Sweden** (City or town) (State or foreign country)  
Father { 12. Name **Eric Walters**  
13. Birthplace **Södermanland Sweden** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Caroline Savstrom**  
15. Birthplace **Södermanland Sweden** (City or town) (State or foreign country)  
16. Informant's OWN Signature **Jackrey G. Lindstrom** and Address **Lewisville, Idaho**  
17. (a) **Burial** (b) Date thereof **March 31, 1948** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Lewisville, Idaho**  
18. Funeral Director's OWN Signature **Orland C. Buck** and Address **Idaho Falls, Idaho**  
19. (a) **April 10 1948** (b) **Mrs A. B. Jensen** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **March 27** 19 **48**  
at **Abt. 4:00** o'clock **A.** M.  
21. I HEREBY CERTIFY, That I attended deceased from **never attended her** to **1948**  
I last saw her alive on **1948** death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **1. Chronic Myocarditis** Duration **Indef.**  
Due to **Hypertension**  
Due to **Senility**  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted? **at home**  
Name of operation **none** Date  
Major finding  
Finding of autopsy **none performed**  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred.  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury  
23. Attendant's OWN Signature **Redon Tall M. D.** (M. D. or other)  
and Address **Regley Sta** Date **3/31** 19 **48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 2 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **1046**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. **440**

## 1. PLACE OF DEATH:

- (a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No. **200 Ave C**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **26** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No. **200 Ave C**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **26** years  
(h) Former residence (city, state) **Artusville, N. Dak**

## 3. (a) FULL NAME **Myrta Luella Kennedy**

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race **Female White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Fred** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **Oct, 4. 1873**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>4</b>	<b>23</b>	hrs min.

9. Exact Occupation **At Home** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Morrison Illinois** (City or town) (State or foreign country)

12. Name **Joseph S. Upton**  
13. Birthplace **Morrison, Illinois** (City or town) (State or foreign country)  
14. Maiden name **Augusta A Rockwell**  
15. Birthplace **Morrison Illinois** (City or town) (State or foreign country)

16. Informant's OWN Signature **E. R. Kennedy**  
and Address **Jerome, Idaho**

17. (a) **Burial** (b) Date thereof **March 1, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Jerome, Idaho**

18. Funeral Director's OWN Signature **J. R. Wiley**  
and Address **Jerome, Idaho**

19. (a) **File 28** (b) **John Kennedy**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Feb 27 1948**  
(Month, Day, Year) **Feb 27** 19 **48**  
at **2:30** o'clock **P. M.**

21. I HEREBY CERTIFY, That I attended deceased from **July 25 1945** to **Feb 27 1948**  
I last saw him alive on **Feb 27 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pulmonary Tuberculosis** Duration **3 yrs.**

- Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

- where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Robert C. Matson MD.**  
(M. D. or other)  
and Address **Jerome Ida** Date **2-28 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1047  
Local Reg. No.  
Reg. Dist. No. 440

1. PLACE OF DEATH: **Jerome** **MAILED 2 1 1948**  
(a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No. **Crystal Aut. Ct.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. **none** Stayed **none** days  
(g) Lived in this county **1** years **1** months **1** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No. **Crystal Aut. Ct.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **1** years  
(h) Former residence (city, state) **Salt Lake City, U.**

3. (a) FULL NAME **CELESTIA URSULA WADE**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**  
5. Color or **W** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **F** race **W** 6. (c) Age of husband or wife if alive **deceased** years  
7. Date of Birth (Month, Day, Year) **March 20, 1858**

8. AGE	Years	Months	Days	If less than 1 day
	<b>89</b>	<b>11</b>	<b>15</b>	hrs min.

9. Exact Occupation **housewife** Did this work for **73** yrs.  
10. Industry or Business **retired** Date last worked **1947**  
11. Birthplace **Beaver City, Utah** (City or town) (State or foreign country)

12. Name **James Twitchell**  
13. Birthplace **Illinois** (City or town) (State or foreign country)  
14. Maiden name **Margaret Moore**  
15. Birthplace **Illinois** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Reva Bacon**  
and Address **Jerome, Idaho** **3/7/48**

17. (a) **removal** (b) Date thereof **3/7/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Salt Lake City, Utah**

18. Funeral Director's OWN Signature **Le Roy Brown**  
and Address **Jerome, Idaho**

19. (a) **Mar 6 - 48** (b) **H. M. Reynolds**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 5, 1948**  
(Month, Day, Year) at **9** o'clock **P. M.**

21. I HEREBY CERTIFY, That I attended deceased from **Mar 3, 1948** to **Mar 5, 1948**  
I last saw h<sup>er</sup> alive on **Mar 4, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Nephrolithiasis** Duration **5 yrs**

Due to **nephrolithiasis** **45 yrs.**

Due to **none**  
Other conditions **none**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **none**  
Name of operation **none** Date **none**  
Major finding **none**  
Finding of autopsy **none**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **none** Suicide? **none** Homicide? **none**  
Occurred **19** City, county, state where violence occurred **Jerome, Idaho**  
Place of Violence: Home **none** Farm **none** Industry **none**  
Public Place **none** While at work? **none**  
Means of injury **none**

23. Attendant's OWN Signature **Reuben C. Matson M.D.**  
(M. D. or other) and Address **Jerome, Idaho** Date **3-6-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

REC-241  
MAR 24 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **1048**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. **440**

## 1. PLACE OF DEATH:

- (a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R. F. D. No. **619 E. Ave "B"**  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **38** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No. **619 E. Ave "B"**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **38** years  
(h) Former residence (city, state) **Tacoma, Wn.**

## 3. (a) FULL NAME **DOSIA BELLE MAY**

3. (b) If veteran, name war **NO** No. **none**  
5. Color of **F** race **W**  
6. (b) Name of husband or wife **Joe**  
6. (c) Age of husband or wife if alive **74** years  
7. Date of Birth (Month, Day, Year) **May 13, 1873**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>9</b>	<b>25</b>	hrs min.

9. Exact Occupation **housewife** Did this work for **53** yrs.  
10. Industry or Business **housewife** Date last worked **12/24/47**  
11. Birthplace **Chapel, Ga.** No. **Carolina**  
(City or town) (State or foreign country)

12. Name **W. W. Messick**  
13. Birthplace **No. Carolina**  
(City or town) (State or foreign country)  
14. Maiden name **Anna Buchanan**  
15. Birthplace **No. Carolina**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **JH May**  
and Address **Jerome, Idaho**

17. (a) **Cremation** (b) Date thereof **3/12/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Salt Lake City, Utah**

18. Funeral Director's OWN Signature **Le Roy H. Mazin**  
and Address **Jerome, Idaho**

19. (a) **3/10/48** (b) **W. W. Messick**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **094A**

20. DATE OF DEATH **March 8, 1948**  
(Month, Day, Year)  
at **9:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **6-11-1947**, to **Mar 8, 1948**  
I last saw h.m. alive on **Mar 8, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocarditis** Duration **2 mos.**

Due to **Coronary Thrombosis** **2 1/2 mos.**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Reuben C. Matson M.D.**  
(M. D. or other)  
and Address **Jerome, Ida** Date **3-9-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1049  
Local Reg. No.  
Reg. Dist. No. 440

## 1. PLACE OF DEATH:

- (a) County .....  
(b) City or town .....  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years 5 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Washington, Minn.

## 3. (a) FULL NAME

Ada Allison

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. none

## 4. Sex F race W

5. Color or

## 6. (a) Single, widowed, married,

divorced Widowed

## 6. (b) Name of husband or

wife Charles

## 6. (c) Age of husband or wife if

alive de years

## 7. Date of Birth

(Month, Day, Year) May 16, 1869

## 8. AGE

Years 78

Months 9

Days 24

If less than 1 day

hrs min.

## 9. Exact

Occupation housewife

## Did this

work for 60 yrs.

## 10. Industry or

Business retired

## Date last

worked

## 11. Birthplace

Clinton, Iowa

(City or town) (State or foreign country)

## 12. Name

Charles W. Keys

## 13. Birthplace

Canton, Mo.

(City or town) (State or foreign country)

## 14. Maiden name

Angeline M. Rogers

## 15. Birthplace

unknown

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Anna G. McReynolds

and Address Idaho

## 17. (a) buried (b) Date thereof 3/13/48

(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Caldwell, Idaho

## 18. Funeral Director's

OWN Signature James J. Rogers

and Address Idaho

## 19. (a) March 13 (b) W. H. McReynolds

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) March 10, 1948

at 7:05 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Febr 1 1948, to 3-10 1948

I last saw her alive on 3-7 1948; death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocarditis

## Duration

3-4 yrs.

Due to Cerebral Hemorrhage 3 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Major finding

Finding of autopsy

## PHYSICIAN

Underline

the cause to

which death

should be

charged sta-

tistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the fol-

lowing: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

OWN Signature Reuben C. Matson

and Address Jerome, Idaho Date 3-11 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1051**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. **440**

## 1. PLACE OF DEATH:

- (a) County Jerome  
(b) City or town Jerome  
(c) Street Address or R.F.D. No. 6 mi. So. Jerome  
(d) Death Occured Inside? \_\_\_\_\_ Outside? city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ✓  
(f) Name Hosp. or Inst. none Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Term Falls  
(c) City or town Term Falls  
(d) Street Address or R.F.D. No. State Institute  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Phoenix, Ariz.

## 3. (a) FULL NAME

Wesley Edward Durren

## 3. (b) If veteran,

name war \_\_\_\_\_ No. \_\_\_\_\_

## (c) Social Security

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced divorced  
4. Sex m race w  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

September 26, 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>6</u>	<u>4</u>	— hrs min.

## 9. Exact Occupation

Grower Did this work for 5 yrs.

## 10. Industry or Business

farmer Date last worked 1947

## 11. Birthplace

Westbury, New York  
(City or town) (State or foreign country)

## 12. Name

Edward Durren

## 13. Birthplace

London, England  
(City or town) (State or foreign country)

## 14. Maiden name

Margaret Durren

## 15. Birthplace

Chelmsford, England  
(City or town) (State or foreign country)

## 16. Informant's OWN Signature

Helen Pringle

## and Address

Term Falls, Ida

## 17. (a) removal (Burial, cremation, or removal)

removal (b) Date thereof 4/1/48  
(Month) (Day) (Year)

## (c) Place:

New York City, N.Y.

## 18. Funeral Director's OWN Signature

John J. Pringle

## and Address

Jerome, Idaho

## 19. (a) (Date received and filed)

April 12, 1948 (b) (Registrar's signature) [Signature]

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

March 30, 1948  
at 10:20 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him alive on never 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

fractured cervical vertebrae

Due to injury

Due to auto accident

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Highway While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

H. H. Leher, Jr. (M. D. or other)

and Address Jerome Date 3-31-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 8 1948  
NON-RESIDENT  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1045  
State File No. 1052  
Local Reg. No. 25  
Reg. Dist. No. 12C

1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Lake City Stayed 1 days  
(g) Lived in this county 0 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Multnomah  
(c) City or town Portland  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) same

3. (a) FULL NAME NEIL LELAND MIDDAGH

3. (b) If veteran, A name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male race White 5. Color or \_\_\_\_\_  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) July, 13, 1930.

8. AGE	Years	Months	Days	If less than 1 day
	17	7	19	hrs min.

9. Exact Occupation Photographer Did this work for 1 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 3/1/48.  
11. Birthplace Centralia, Washington. (City or town) (State or foreign country)  
12. Name Abram Middaugh  
13. Birthplace Polo County, Missouri (City or town) (State or foreign country)  
14. Maiden name Hattie I. Modrall  
15. Birthplace Pamona, Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Sharon A. Middaugh  
and Address 2525 N.E. Glisan St. Portland,

17. (a) Removal 3/3/48. (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Portland, Oregon

18. Funeral Director's OWN Signature [Signature]  
and Address Coeur d'Alene, Idaho

19. (a) 3-5-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 170C 083A

20. DATE OF DEATH (Month, Day, Year) March, 2, 1948. 19\_\_\_\_  
at 2:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 2-2 1948, to 2PM 2-2 1948.  
I last saw him alive on 3-2 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CONCUSSION & EXTENSIVE BRAIN HEMORRHAGE Duration 7-Hrs

Due to EXTERNAL TRAUMA (AUTO ACCIDENT)

Due to CRUSHED PELVIS  
Other conditions PULMONARY HEMORRHAGE  
(Include pregnancy within 8 months of death)

Where was disease contracted? AUTO ACCIDENT  
Name of operation NONE Date 3-2-48  
Major finding \_\_\_\_\_  
Finding of autopsy NONE  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? 0 Homicide? 0  
Caused 3-2 1948 City, county, state where violence occurred KOOTENAI Co. IDA  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury AUTO ACCIDENT

23. Attendant's OWN Signature James W. Hawkins MD  
and Address Coeur d'Alene Date 3-4-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 15 1948  
Certificate Of Death

DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. 1053  
Local Reg. No. 30  
Reg. Dist. No. 120

1. PLACE OF DEATH: State
- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 1309 Montana  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 17 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 1309 Montana  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state) Montana

3. (a) FULL NAME THOMAS, Jacob H.

3. (b) If veteran, name war //////// 3. (c) Social Security No. ////////
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fannie 6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) Sept 8, 1863

8. AGE	Years	Months	Days	If less than 1 day
	84	5	24	hrs min.

9. Exact Occupation Farmer Did this work for 50 yrs.
10. Industry or Business Own Farm Date last worked 1935
11. Birthplace Louisville, Kentucky (City or town) (State or foreign country)

12. Name Frank Thomas
13. Birthplace England (City or town) (State or foreign country)
14. Maiden name Eva Cassler
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs J. W. Jackson  
and Address Coeur d'Alene, Idaho

17. (a) burial (b) Date thereof 3-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cem. Cd'A, Idaho

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) 3-11-48 (b) Mary E. Sumner  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 3-2-48 19 48  
(Month, Day, Year) 3-2-48 at 1:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 14 1948 to Mar 2 1948  
I last saw him alive on Feb 22 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chr. Myocarditis Duration 2-4 yrs.

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation none Date

Major finding none

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? none Suicide? none Homicide? none

Occurred 19 City, county, state where violence occurred

Place of Violence: Home none Farm none Industry none  
Public Place none While at work? none

Means of injury none

23. Attendant's OWN Signature P. F. Harrison  
and Address Coeur d'Alene (City, D. or other) Date 3-11-48 19 48  
(For additional space, use reverse side)

093D  
162B

PHYSICIAN  
Underline the cause to which death should be charged statistically.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
Certificate Of Death  
MAR - 8 1948  
DIVISION OF VITAL  
STATE OF IDAHO

1948  
State File No. 1054  
Local Reg. No. 24  
Reg. Dist. No. 120

1. PLACE OF DEATH:  
(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital Institution... Other place...  
(f) Name Hosp. or Inst. Knights Home Stayed \_\_\_\_\_ days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME HARRY HOHN KNAPTON  
3. (b) If veteran, name war None  
3. (c) Social Security No. None  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Separated  
6. (b) Name of husband or wife Anna  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) December 26, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>2</u>	<u>7</u>	hrs min.

9. Exact Occupation Contractor Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace London, England (City or town) (State or foreign country)  
Mother Father { 12. Name Meschak Knaption  
13. Birthplace London England (City or town) (State or foreign country)  
14. Maiden name Mary Tripp  
15. Birthplace London England (City or town) (State or foreign country)  
16. Informant's OWN Signature Kenneth Knaption and Address Columbia Falls, Montana  
17. (a) Removal (b) Date thereof 3/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bernicia, Minnesota  
18. Funeral Director's OWN Signature R. Chiplinger and Address Coeur d'Alene, Idaho  
19. (a) 3-5-48 (b) Mary E. Knaption  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH March 2 1948  
(Month, Day, Year)  
at 9:45 o'clock A.M.  
21. I HEREBY CERTIFY, That I did not attend.  
I last saw him alive on 2-23 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: coronary apoplexy  
Due to ant. sclerosis  
Other conditions \_\_\_\_\_ (Include pregnancy within 8 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Per Barclay (M. D. or other) and Address Cand. Olsen Date 3-5-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 8 1948  
NON-RESIDENT  
Certificate Of Death  
DIVISION OF VITAL  
STATISTICS  
STATE OF IDAHO

1948  
State File No. 1055  
Local Reg. No. 22  
Reg. Dist. No. 120

1. PLACE OF DEATH:

(a) County Kootenai  
(b) City or town Coeur d' Alene  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Lake City Stayed ..... days  
(g) Lived in this county 41 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Wisconsin (b) County Sawyer  
(c) City or town Hayward  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

CHARLES ANTON ANDERSON

3. (b) If veteran,

name war No

3. (c) Social Security

No. ....

4. Sex M 5. Color of W race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Egan

6. (c) Age of husband or wife if alive 69 years

7. Date of Birth

(Month, Day, Year) March 11, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>11</u>	<u>22</u>	hrs min.

9. Exact Occupation Filer Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Sweden (City or town) (State or foreign country)

12. Name Nels Anderson

13. Birthplace Sweden (City or town) (State or foreign country)

14. Maiden name Inga Breta Anderson

15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Arthur E. Anderson  
and Address 1121 5th St.

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 3/6/48 (Month) (Day) (Year)

(c) Place: Springfield Cemetery

18. Funeral Director's OWN Signature [Signature]  
and Address 9-548

19. (a) 9-548 (Date received and filed) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 3, 19 48  
at 10:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 1-10 19 47 to 3-3 19 48

I last saw him alive on 3-3 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute myocardial failure Duration 18 days

Due to Chronic hypertension 2 years

Due to .....

Other conditions angina pectoris, uraemia  
(Include pregnancy within 8 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....  
Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature William T. Hod M.D.  
and Address Coeur d'Alene, ID (M. D. or other) Date 3-5 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

# Certificate Of Death

MAR 22 1948

STATE OF IDAHO

State File No. **1056**  
Local Reg. No. **31**  
Reg. Dist. No. **120**

1. PLACE OF DEATH: **DIVISION OF VITAL**  
(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **412 Lakeside**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **L.C. Gen** Stayed **3** days  
(g) Lived in this county **15** years **15** months **15** days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Post Falls**  
(d) Street Address or R.F.D. No. **Box 82**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **Inkum Ida.**

3. (a) FULL NAME **MATHIS BENJIMAN HARRISON**

3. (b) If veteran, name war **W.W.I** 3. (c) Social Security No. **None**  
4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Divoreed**  
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **30** years

7. Date of Birth (Month, Day, Year) **June 12, 1889**

8. AGE	Years	Months	Days	If less than 1 day
<b>58</b>	<b>8</b>	<b>21</b>	<b>hrs</b>	<b>min.</b>

9. Exact Occupation **Farmer** Did this work for **30** yrs.

10. Industry or Business **Own Farm** Date last worked **3-1-48**

11. Birthplace **Tenn.** (City or town) (State or foreign country)

12. Name **John Mathis** (City or town) (State or foreign country)

13. Birthplace **Unknown** (City or town) (State or foreign country)

14. Maiden name **Unknown** (City or town) (State or foreign country)

15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Calvin Mathis** and Address **Pocatello Idaho**

17. (a) Burial (b) Date thereof **3-11-48** (Month) (Day) (Year)

(c) Place: **Forest Cemty Cda. Idaho**

18. Funeral Director's OWN Signature **Don English** and Address **Coeur d'Alene Idaho**

19. (a) **3-18-48** (b) **Monica Mathis** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **March 3, 1948** at **6:30** o'clock **PM**

21. I HEREBY CERTIFY, That I attended deceased from **Feb 25, 1948**, to **March 3, 1948**. I last saw him alive on **March 3, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Thrombosis** Duration **3**

Due to **Coronary Arteriosclerosis** 10 days.

Due to **None** Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **None** Name of operation **None** Date **None** Major finding **None** Finding of autopsy **None** PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐ Occurred **19** City, county, state where violence occurred **Forest Cemty Cda. Idaho** Place of Violence: Home ☐ Farm ☐ Industry ☐ Public Place ☐ While at work? ☐ Means of injury **None**

23. Attendant's OWN Signature **E.R. Carlson M.D.** and Address **Coeur d'Alene Idaho** (M. D. or other) Date **3/11/1948** (For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
MAR 22 1948  
STATE OF IDAHO

State File No. **1057**  
Local Reg. No. **35**  
Reg. Dist. No. **120**

**1. PLACE OF DEATH: STATISTICS**

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 67 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Kootenai  
(c) City or town Rathdrum  
(d) Street Address or R.F.D. No. --  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 63 years  
(h) Former residence (city, state) Missouri

**3. (a) FULL NAME** General R. Malanya

3. (b) If veteran, name war \_\_\_\_\_ No. none  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) December 24, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>2</u>	<u>11</u>	hrs min.

9. Exact Occupation Painter Did this work for 30 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1930  
11. Birthplace Do not know Texas  
(City or town) (State or foreign country)  
12. Name Do not know Malanya  
13. Birthplace Do not know Ireland  
(City or town) (State or foreign country)  
14. Maiden name Sarah Jane Do not know  
15. Birthplace Do not know  
(City or town) (State or foreign country)

16. Informant's OWN Signature G. B. Nelson  
and Address Rathdrum, Idaho

17. (a) Burial (b) Date thereof 3/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pine Grove Cemetery, Rathdrum

18. Funeral Director's OWN Signature G. B. Nelson  
and Address Rathdrum, Idaho

19. (a) 3-18-48 (b) Myrtle E. Hamilton  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) March 4 1948  
at 6:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1933 1934 to 3-4 1948  
I last saw him alive on 3-12 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Hypertrophy  
Due to \_\_\_\_\_

Due to Arthritis  
Other conditions Stroke (slight)  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury F.F. Hammer  
23. Attendant's OWN Signature W. F. Hamilton  
and Address Coeur d'Alene (M. D. or other) 3-18 1948  
(For additional space, use reverse side)

Cause am not no manipulation

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

# Certificate Of Death

MAR 15 1948

STATE OF IDAHO

1948 1058  
State File No.  
Local Reg. No. 28  
Reg. Dist. No. 120

1. PLACE OF DEATH DIVISION OF VITAL STATISTICS  
(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 402 Indiana  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. Knights Stayed 1 yrs  
(g) Lived in this county 15 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 402 Indiana  
(e) Deceased lived Inside?    Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Chewelah Wash

3. (a) FULL NAME RUTHVEN John B.  
3. (b) If veteran, name war None 3. (c) Social Security No. 518-03-7122  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) Aug. 29, 1875

8. AGE	Years	Months	Days	If less than 1 day
	72	6	3	hrs min.

9. Exact Occupation Plasterer Did this work for 40 yrs.  
10. Industry Business Private Contractor Date last worked 1943  
11. Birthplace Unknown (City or town) (State or foreign country)

- Mother Father { 12. Name John Ruthven  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Aurella Bellmore  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature John A. Ruthven by De  
and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 3-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemty Cda. Idaho

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) 3-11-48 (b)     
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3-4-48 19     
at 1:00 o'clock AM  
21. I HEREBY CERTIFY, That John B. Ruthven died on 3-4-48 at 1:00 o'clock AM in Idaho at Coeur d'Alene 19    to    19

I last saw him alive on 2-23 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: senile degeneration Duration   

Due to   

Due to     
Other conditions 2nd degree burns 2 mch  
(Include pregnancy within 3 months of death) shoulders arms

Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy     
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide?    Homicide?     
Occurred about 2-19-48 19    City, county, state Coeur d'Alene  
where violence occurred Coeur d'Alene  
Place of Violence: Home X Farm    Industry     
Public Place    While at work?     
Means of injury tried to crawl in furnace  
23. Attendant's OWN Signature Don English (M. D. or other) MD  
and Address Coeur d'Alene Date 2-5 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 1 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. **1059**  
Local Reg. No. **28**  
Reg. Dist. No. **120**

**1. PLACE OF DEATH:**

(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **1500 E. Lakeshore**  
(d) Death Occurred Inside? **X** Outside? **city or town**  
(e) Died in a Home **X** Hospital **Institution** Other place  
(f) Name Hosp. or Inst. Stayed **days**  
(g) Lived in this county **28** years **months** **days**

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **1500 E. Lakeshore**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **28** years  
(h) Former residence (city, state) **Portland Ore.**

**3. (a) FULL NAME**

**ERICKSON HILMA CHRISTINE**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **F** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **F** 6. (c) Age of husband or wife if alive **56** years  
(b) Name of husband or wife **Einar**  
7. Date of Birth (Month, Day, Year) **May 18 1891**

8. AGE	Years	Months	Days	If less than 1 day
	56	9	17	hrs min.

9. Exact Occupation **House Wife** Did this work for **28** yrs.  
10. Industry or Business **Own Home** Date last worked **1-1-48**  
11. Birthplace **Pitea Sweden** (City or town) (State or foreign country)  
12. Name **Nells Olund** (City or town) (State or foreign country)  
13. Birthplace **Sweden** (City or town) (State or foreign country)  
14. Maiden name **Emma Fredrickson** (City or town) (State or foreign country)  
15. Birthplace **Sweden** (City or town) (State or foreign country)

16. Informant's OWN Signature **B.E. Erickson**  
and Address **Coeur d'Alene Idaho**

17. (a) **Burial** (b) Date thereof **3-8-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Forest Cemty CoId. Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene, Idaho**

19. (a) **3-11-48** (b) **Mary J. Smith**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** **074A 093E**

20. DATE OF DEATH (Month, Day, Year) **3-5-48** 19. **10:00** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **9-11 1945** to **3-5 1948**  
I last saw her alive on **3-5-1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial insufficiency** Duration **14 hrs.**

Due to **myelogenous leukemia** **3 yrs.**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation **PHYSICIAN** Date  
Major finding Underline the cause to which death should be charged statistically.  
Finding of autopsy

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state where violence occurred  
Place of Violence: **Home** **Farm** **Industry**  
Public Place While at work?

23. Attendant's OWN Signature **Dr. D. J. Doolay MD**  
and Address **Coeur d'Alene** (M. D. or other) Date **3-5 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 22 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. **1060**  
Local Reg. No. **34**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH, DIVISION OF VITAL

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? Y Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Y Hospital Y Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Lake City Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Wallace, Ida.

## 3. (a) FULL NAME EMMA ZENOBIA PULASKI

3. (b) If veteran, name war No  
3. (c) Social Security No. No  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Edward C.  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Nov. 4, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>4</u>	<u>7</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Detroit, Michigan  
(City or town) (State or foreign country)  
Mother { 12. Name Unknown Dickinson  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mr Arthur Rahst  
and Address Wallace Ida - Box 872

17. (a) Burial (b) Date thereof 3/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery

18. Funeral Director's OWN Signature J. J. Siplinger  
and Address Coeur d'Alene, Ida.

19. (a) 3-18-48 (b) Marjorie Samerton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 11, 1948  
at 10:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from March 8, 1948, to March 11, 1948.  
I last saw h.e. alive on March 11, 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral thrombosis Duration 4 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. R. Simon M.D.

(M. D. or other)

and Address Coeur d'Alene Date 3-15-1948

(For additional space, use reverse side)

083A

568

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 22 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1061**  
Local Reg. No. **33**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d' Alene  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Home Hospitals Stayed \_\_\_\_\_ days  
(g) Lived in this county 14 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d' Alene  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) Wallace, Idaho

## 3. (a) FULL NAME CHARLOTTE PLUMMER

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife Paul 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) May 26, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>9</u>	<u>17</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Springfield, Missouri  
(City or town) (State or foreign country)

- Mother { 12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature J.R. Edwards  
and Address 3728-21 Oak St. Sand

17. (a) Burial (b) Date thereof 3/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery

18. Funeral Director's OWN Signature J. G. Riplinger  
and Address Coeur d' Alene, Idaho

19. (a) 3-18-48 (b) Mary C. Plummer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 13, 1948  
at 5:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 20, 1947 to March 13, 1948  
I last saw him alive on May 8, 1947; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Cancer (Cachexia) 6 yrs.  
Co. of Colon 1 yr.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. Plummer MD.  
(M. D. or other)  
and Address Coeur d' Alene Date 3-15 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
APR - 5 1948  
Certificate Of Death  
STATE OF IDAHO  
DIVISION OF VITAL

1948  
State File No. 1062  
Local Reg. No. 44  
Reg. Dist. No. 120

1. PLACE OF DEATH: **STATISTICS**
- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. Marine Rt  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 36 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. Marine Rt.  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Longmont Colo.

3. (a) FULL NAME GANO HERBERT L.

3. (b) If veteran, name war None 3. (c) Social Security No. none  
5. Color or race W 6. (a) Single, widowed, married, divorced Married  
4. Sex M 6. (c) Age of husband or wife if alive 79 years  
6. (b) Name of husband or wife Gertrude  
7. Date of Birth (Month, Day, Year) May 1, 1867

8. AGE	Years	Months	Days	If less than 1 day
	80	10	13	hrs min.

9. Exact Occupation Farmer Did this work for 36 yrs.  
10. Industry or Business Own Farm Date last worked 1940  
11. Birthplace Olathe Kan. (City or town) (State or foreign country)  
Mother Father { 12. Name Louis Gano  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Maiden name Hanna Adams  
15. Birthplace Mich (City or town) (State or foreign country)

16. Informant's OWN Signature Gertrude M Gano  
and Address Marine Rt Coeur d'Alene Ida.

17. (a) Burial (b) Date thereof 3-18-48  
(Burial, exhumation, or removal) (Month) (Day) (Year)  
(c) Place Forest Centy Cda. Idaho

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) 3-21-48 (b) W. R. Hamilton  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH 3-14-48  
(Month, Day, Year) 4:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from January 1947 to 3/1/48  
I last saw him alive on Feb 11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral accident Duration terminal  
Due to Cerebral and general arteriosclerosis 10 yrs.  
Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation — Date —  
Major finding —  
Finding of autopsy —  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred 19 City, county, state where violence occurred —  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature W. R. Hamilton (M. D. or other)  
and Address Coeur d'Alene Date 3/9/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 22 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **1063**  
Local Reg. No. **32**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **CdA. Homes**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☒ Other place  
(f) Name Hosp. or Inst. **CdA. Homes** Stayed **4** yrs  
(g) Lived in this county **4** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **CdA. Homes**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **4** years  
(h) Former residence (city, state) **Lewistown Mont**

## 3. (a) FULL NAME

**JENKINS MARY B.**

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**  
5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) **Dec 7, 1863**

8. AGE	Years	Months	Days	If less than 1 day
	<b>84</b>	<b>3</b>	<b>7</b>	hrs min.

9. Exact Occupation **House Wife** Did this work for **50** yrs.

10. Industry or Business **Own Home** Date last worked **1944**

11. Birthplace **Champaign Co. Ill.** (City or town) (State or foreign country)

12. Name **Henry Bear**

13. Birthplace **Switzerland** (City or town) (State or foreign country)

14. Maiden name **Elizabeth Hilke**

15. Birthplace **Germany** (City or town) (State or foreign country)

16. Informant's OWN Signature **Katharine B. Drew**

and Address **1167 Oxford St. Berkeley**

17. (a) **Burial** (b) Date thereof **3-18-48** (c) Place: **Forest Cmty CdA. Idaho**

18. Funeral Director's OWN Signature **Don English**

and Address **Coeur d'Alene, Idaho**

19. (a) **3-18-48** (b) **Mary Hamilton**

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **March 14, 1948** at **9:00** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **Did not** 19, to 19.

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **probable Cerebral Embolism** Duration **Immediate**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **William T. Wood, M.D., Coroner**

and Address **C.D.A. Idaho** (M. D. or other)

Date **3-17-1948** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 27 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1064  
Local Reg. No. 39  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 1324 Lksde  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. New Home Hosp. Stayed 1 days  
(g) Lived in this county 30 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 8-2 Mullan  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME RASOR, Joseph

3. (b) If veteran, name war ///////// No. /////////  
5. Color or 6. (a) Single, widowed, married, divorced Widowed  
4. Sex M race W  
6. (b) Name of husband or wife ///////// 6. (c) Age of husband or wife if alive ///////// years  
7. Date of Birth (Month, Day, Year) Dec. 9, 1868

8. AGE	Years	Months	Days	If less than 1 day
	80	3	10	hrs min.

9. Exact Occupation Lumbering Did this work for 40 yrs.  
10. Industry or Business Lumbering Date last worked 1935  
11. Birthplace Fredricksburg, Mo. (City or town) (State or foreign country)

12. Name Peter Rasor  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Maiden name Emily Witt  
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Edwin Dade  
and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 3-22-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cem. Cd'A, Idaho

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) 3-25-48 (b) Martha Lamm (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 3-19-48 19...  
(Month, Day, Year) at 9:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 15 1948 to Mar 11 1948  
I last saw him alive on March 18 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Hypertensive Pneumonia Duration Today

Due to Arteriosclerosis heart disease 5 years

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? ---  
Name of operation --- Date ---  
Major finding ---  
Finding of autopsy ---

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred --- 19... City, county, state where violence occurred  
Place of Violence: Home --- Farm --- Industry ---  
Public Place --- While at work? ---  
Means of injury ---

23. Attendant's OWN Signature ED Calum MR (M. D. or other)  
and Address Coeur d'Alene Date March 22 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
MAR 27 1948  
STATE OF IDAHO

1948  
State File No. **1065**  
Local Reg. No. **2**  
Reg. Dist. No. **5**

**1. PLACE OF DEATH:**

- (a) County Kootenai  
(b) City or town Coeur d' Alene  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Home Hospital Stayed 12 days  
(g) Lived in this county 43 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d' Alene  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Lyndon Kansas

**3. (a) FULL NAME** ANDREW ALLEN SPACE

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White  
6. (b) Name of husband or wife Rosa Ellen 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) January 17, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>2</u>	<u>13</u>	hrs min.

9. Exact Occupation Millworker Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1932  
11. Birthplace New Bethdem, Penn.  
(City or town) (State or foreign country)

- Mother Father  
12. Name Allen Space  
13. Birthplace German Town, New Jersey  
(City or town) (State or foreign country)  
14. Maiden name Mary Mercer  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mollie A. Erickson  
and Address 1214 Edg. ave.  
17. (a) Burial (b) Date thereof 3/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery

18. Funeral Director's OWN Signature J. L. Ciplinger  
and Address Coeur d' Alene, Idaho

19. (a) 3-2-48 (b) Mary A. Hamilton  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH March 20, 1948  
(Month, Day, Year) at 11:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 28 1948 to Mar 20 1948  
I last saw him alive on Mar 17, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chr. myocarditis Duration 2 w

Due to Serility

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. F. Haring, M.D.  
and Address Coeur d' Alene Date 3/22/48  
(M. D. or other)  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

MAR 27 1948

STATE OF IDAHO

1. PLACE OF DEATH: DIVISION OF VITAL

(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 14th & Lakeside  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. Home Hosp Stayed 2 Yrs  
(g) Lived in this county 2 years months days

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 14th & Lakeside  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.A.S.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state)

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME SARAH ELENOR BISHOP

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Date of Birth (Month, Day, Year) Jan 20 1857

8. AGE	Years	Months	Days	If less than 1 day
	<u>91</u>	<u>1</u>	<u>2</u>	hrs min.

9. Exact Occupation House Wife Did this work for None yrs.

10. Industry or Business Own Home Date last worked None

11. Birthplace Virginia (City or town) (State or foreign country)

12. Name Andrew J. Cole (City or town) (State or foreign country)

13. Birthplace Virginia (City or town) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's OWN Signature Information by Family and Address None

17. (a) Removal (b) Date thereof Mar 22 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Opportunity Wm Thornhills

18. Funeral Directors OWN Signature Harold B Thornhill and Address Spokane Wash

19. (a) 3-22-48 (b) Harold B Thornhill  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH (Month, Day, Year) March 22 19 48  
at 4:30 o'clock AM

21. I HEREBY CERTIFY, That I attended deceased from July 1940, to March 22 19 48  
I last saw h alive on March 21 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 3-16-48  
Old Age

Due to None

Due to None

Other conditions (Include pregnancy within 3 months of death) None

Where was disease contracted? None

Name of operation None Date None

Major finding None

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred None 19 None City, county, state

where violence occurred None

Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None

Means of injury None

23. Attendant's OWN Signature Harold B Thornhill and Address Spokane Wash  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
APR - 5 1949 STATE OF IDAHO

State File No. 1067  
Local Reg. No. 42  
Reg. Dist. No. 120

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH: **STATISTICS**  
(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 1015 Gov. way  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days 38  
(g) Lived in this county 38 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 1015 Gov. way  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years 11 mos.  
(h) Former residence (city, state) Wis.

3. (a) FULL NAME COOK DONALD JAMES  
(b) If veteran, None name war None  
(c) Social Security No. None  
(d) Sex M race W  
(e) Color or W  
(f) Single, widowed, married, divorced Single  
(g) (b) Name of husband or wife alive years May 5, 1866  
(h) Date of Birth (Month, Day, Year) May 5, 1866

8. AGE	Years	Months	Days	If less than 1 day
	81	10	8	hrs min.

9. Exact Occupation Mill Worker Did this work for 50 yrs.  
10. Industry or Business Mills Date last worked 1936  
11. Birthplace New Brunswick Canada (City or town) (State or foreign country)  
12. Name Archibald Cook  
13. Birthplace New Brunswick Canada (City or town) (State or foreign country)  
14. Maiden name Isabelle Cook  
15. Birthplace New Brunswick Canada (City or town) (State or foreign country)

16. Informant's OWN Signature C.A. Cook and Address Seattle Wash

17. (a) Burial (b) Date thereof 3-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemty Cda. Idaho

18. Funeral Director's OWN Signature Don English and Address Coeur d'Alene Idaho

19. (a) 3-31-48 (b) MDP  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 107X

20. DATE OF DEATH (Month, Day, Year) Mar. 23 19 48  
at 12:25 o'clock AM

21. I HEREBY CERTIFY, That I attended deceased from July 19 45, to Mar 23 19 48  
I last saw hair alive on Mar 22 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Broncho pneumonia Duration 2 days

Due to Asphyxia

Other conditions (Include pregnancy within 3 months of death) Asphyxia

Where was disease contracted? Physician  
Name of operation Underline Date 1948  
Major finding Physician  
Finding of autopsy Physician

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state Idaho  
where violence occurred City  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's OWN Signature R.H. Banker MD and Address Coeur d'Alene Idaho Date 3-25-1948  
(M.D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

APP - 5 1948

STATE OF IDAHO

1948  
State File No. **1068**  
Local Reg. No. **45**  
Reg. Dist. No. **100**

## 1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 317-N. Fourth  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Lake City Stayed 2 days  
(g) Lived in this county 3 years 3 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 317-N. Fourth  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Tampa, Florida

## 3. (a) FULL NAME GEORGE FRANKLIN HOMER

3. (b) If veteran, No No 3. (c) Social Security No. 261-38-520  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lillie 6. (c) Age of husband or wife if alive 36 years  
7. Date of Birth (Month, Day, Year) August 1, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>7</u>	<u>23</u>	hrs min.

9. Exact Occupation Barber Did this work for 50 yrs.  
10. Industry or Business worked Date last worked  
11. Birthplace State Center, Iowa (City or town) (State or foreign country)

12. Name Unknown Homer  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Lillie M. Homer  
and Address Burial

17. (a) Burial (b) Date thereof 3/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery

18. Funeral Director's OWN Signature J. J. Riplinger  
and Address Coeur d'Alene, Idaho

19. (a) 3-26-48 (b) Muriel M. Smith  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 045A

20. DATE OF DEATH (Month, Day, Year) March 24 19 48  
at 4:10 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 1-8 1946, to 3-24 1948  
I last saw him alive on 3-23 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 4 days

Due to Hypertension + Cerebral arteriosclerosis

Due to Squamous cell carcinoma, l.p.  
Other conditions Squamous cell carcinoma, l.p.  
(Include pregnancy within 8 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline Date the cause to which death should be charged statistically.

Major finding PHYSICIAN  
Finding of autopsy Underline

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? No Suicide? No Homicide? No  
Occurred 19 City, county, state Idaho  
where violence occurred Idaho  
Place of Violence: Home No Farm No Industry No  
Public Place No While at work? No  
Means of injury No

23. Attendant's OWN Signature H. B. Hughes M.D.  
and Address Coeur d'Alene, Idaho Date 3-26-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

APR - 5 1948 STATE OF IDAHO

1948 File No. **1069**  
Local Reg. No. **41**  
Reg. Dist. No. **120**

- 1. PLACE OF DEATH:** DIVISION OF VITAL STATISTICS
- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Iksde ave  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. ICG hosp Stayed 2 days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

- 2. Usual Residence of Deceased:** (Always fill in these)
- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 4th & Homstead  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Nebraska

- 3. (a) FULL NAME** BORNE, Charles

- 3. (b) If veteran,** name war        **3. (c) Social Security** No.         
**4. Sex** M **5. Color or** W **6. (a) Single, widowed, married,** Widowed  
**6. (b) Name of husband or**        **6. (c) Age of husband or wife if**         
**wife**        **alive**        years  
**7. Date of Birth** Jan. 1, 1882  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	86	2	23	hrs min.

- 9. Exact Occupation** Farmer **Did this work for** 45 yrs.  
**10. Industry or Business** Own Farms **Date last worked** 1935  
**11. Birthplace** Warsaw, Illihois  
(City or town) (State or foreign country)

- 12. Name** Unknown  
**13. Birthplace** unknown  
(City or town) (State or foreign country)  
**14. Maiden name** unknown  
**15. Birthplace** unknown  
(City or town) (State or foreign country)

- 16. Informant's OWN Signature** Carl Leonard Borne  
**and Address** Spokane, Washington

- 17. (a) Burial**        **(b) Date thereof** 3-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place:** Forest Cem. Cd'A, Idaho

- 18. Funeral Director's OWN Signature** Don English  
**and Address** Coeur d'Alene, Idaho

- 19. (a)** 3-31-48 **(b)** Mary E. Smith  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A 097X

- 20. DATE OF DEATH** 3-24-48 **19**  
(Month, Day, Year) 3:15 o'clock P M.

- 21. I HEREBY CERTIFY,** That I attended deceased from Mar 22 1948, to Mar 24 1948  
I last saw        alive on Mar 23 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** Cerebral anaplexy **Duration** 3 days

**Due to** Anterior choroid

**Due to**       

**Other conditions**         
(Include pregnancy within 8 months of death)

**Where was disease contracted?**       

**Name of operation**        **Date**       

**Major finding**       

**Finding of autopsy**       

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

- 22. If death was due to EXTERNAL CAUSES,** also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

- 23. Attendant's OWN Signature** R. H. Banks, M.D. **(M. D. of other)**  
**and Address** Coeur d'Alene **Date** 3-26-48 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-266 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1070  
Local Reg. No. 17  
Reg. Dist. No. 120

1. PLACE OF DEATH: APP-51077  
Kootenai OF VITAL  
(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 609 Garden  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days 35  
(g) Lived in this county 35 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 609 Garden  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Spokane, Wn.

3. (a) FULL NAME SHIREMAN, Orton J.

3. (b) If veteran, name war ////// 3. (c) Social Security No. //////  
5. Color or W 6. (a) Single, widowed, married, divorced Married  
4. Sex M race W 6. (c) Age of husband or wife if alive 63 years  
7. Date of Birth (Month, Day, Year) Jan. 15, 1880

3. AGE	Years	Months	Days	If less than 1 day
	68	1	10	hrs min.

9. Exact Occupation Merchant Did this work for 40 yrs.  
10. Industry or Business Own Store Date last worked 10-1-46  
11. Birthplace Carey, Ohio (City or town) (State or foreign country)

12. Name John Shireman  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Katherine Wonder  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Catherine Targen and Address Coeur d'Alene, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-48 (Month) (Day) (Year)  
(c) Place Forest Cem. Cd'A, Idaho

18. Funeral Director's OWN Signature Don English and Address Coeur d'Alene, Idaho

19. (a) 3-31-48 (Date received and filed) (b) James W. Hawkes (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3-25-48 19 48  
at 1:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1948, to March 25, 1948.  
I last saw him alive on March 24, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Terminal Heart Failure and Cachexia Duration 1 week

Due to Carcinoma Transverse Colon 10 Months

Due to Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Unknown  
Name of operation Enterostomy Date Sept 48  
Major finding Carcinoma Colon  
Finding of autopsy - None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19  
Occurred 19 City, county, state Idaho  
where violence occurred 19 City, county, state Idaho  
Place of Violence: Home 19 Farm 19 Industry 19  
Public Place 19 While at work? 19

Means of injury 19  
23. Attendant's OWN Signature James W. Hawkes (M. D. or other)  
and Address Idaho Date 3-26-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

NON RESIDENT

# Certificate of Death

1948 State File No. 1011 1078

Local Reg. No. 47

Reg. Dist. No. 120771

Amended May 3, 1948 STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 2108 Gov Way  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 8 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash. (b) County Garfield  
(c) City or town Pomeroy  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 mo. years  
(h) Former residence (city, state) Pomeroy, Wash.

## 3. (a) FULL NAME PETRUSKY ANNA

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or \_\_\_\_\_  
4. Sex F race Wht.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 15, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>9</u>	<u>12</u>	hrs. min.

9. Exact Occupation House wife Did this work for 50 yrs.  
10. Industry or Business Own Home Date last worked Dec. 1947

11. Birthplace Austria (City or town) (State or foreign country)

Father { 12. Name Voytila

13. Birthplace Autrai (City or town) (State or foreign country)

Mother { 14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Wm. Oswald  
and Address Coeur d'Alene, Ida.

17. (a) Removal (b) Date thereof 3/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Pomeroy, Wn.

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Ida.

19. (a) 3/31/48 (b) Mary E. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Mar 27 1948  
at 1:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 1947, to 3/27 1948  
I last saw him alive on Mar 24 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Opoplexy Duration 1 day

Due to Anterioschenoses

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature R.H. Banker, M.D.

Coeur d'Alene, Ida. Date 3/30 1948

(For additional space, use reverse side)

432

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1071  
Local Reg. No. 47  
Reg. Dist. No. 120

## 1. PLACE OF DEATH

- (a) County Blaine  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 2108 Gov Way  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 8 years 8 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash (b) County Garfield  
(c) City or town Pomeroy  
(d) Street Address or R.F.D. No. U.S.A.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 Mo. years  
(h) Former residence (city, state) Pomeroy Wash

## 3. (a) FULL NAME

PETRUSKY ANNA

## 3. (b) If veteran,

name war None

## 3. (c) Social Security

No. None

4. Sex F race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

## 7. Date of Birth

(Month, Day, Year) June 15, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>9</u>	<u>12</u>	hrs min.

9. Exact Occupation House Wife Did this work for 50 yrs.

10. Industry or Business Own Home Date last worked Dec 1947

11. Birthplace Austria (City or town) (State or foreign country)

12. Name Voytila

13. Birthplace Autrai (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Wm Oswald

and Address Coeur d'Alene Idaho

17. (a) Removal (b) Date thereof 3-27-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Pomeroy Wash

18. Funeral Director's OWN Signature Don English

and Address Coeur d'Alene Idaho

19. (a) 3-31-48 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

## 20. DATE OF DEATH

(Month, Day, Year) Mar 27 19 48  
at 1:30 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Aug 19 47, to 3-27 19 48

I last saw her alive on Mar 24 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral apoplexy Duration 1 day

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature

R H Barker MD

and Address Coeur d'Alene Idaho Date 3-30-48

(For additional space, use reverse side)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. Death 1071  
County of Kootenai } Date Filed April 27, 1948

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)  
for Anna Petrusky who Died on Mar 27, 1948  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Coeur d'Alene, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Caughlin Record prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name," "Birth Date," "Cause of Death," Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
Date of birth	June 15, 1948	June 15, 1876
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 27th day of  
April 1948

Signed [Signature]  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Coeur d'Alene, Ida.  
My commission expires Nov. 15, 1949  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
APR - 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1072  
Local Reg. No. 48  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 14 Lakeside  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Home Stayed 15 days  
(g) Lived in this county 9 years 9 months 15 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Utah (b) County Kootenai  
(c) City or town Ogden  
(d) Street Address or R.F.D. No.                       
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 9 Mo 9 years  
(h) Former residence (city, state) Ogden Utah

## 3. (a) FULL NAME

SARGENT WILLIAM NOAH

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife                     

6. (c) Age of husband or wife if alive                      years

7. Date of Birth (Month, Day, Year)

Nov 1, 1858

8. AGE	Years	Months	Days	If less than 1 day
	<u>89</u>	<u>4</u>	<u>10</u>	hrs min.

9. Exact Occupation Laborer Did this work for 60 yrs.

10. Industry or Business Common Labor Date last worked 1928

11. Birthplace W. Va. (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Un kown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Paul W. Sargent

and Address Salt Lake City Utah

17. (a) Burial (b) Date thereof 3-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Forest City Cda. Idaho

18. Funeral Director's OWN Signature Dan English

and Address Co ur d'Alene, Idaho

19. (a) 3-31-48 (b)                       
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) Mar 27 1948  
at 2:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from March 15 1948, to March 27 1948  
I last saw him alive on March 27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute decomposition heart Duration 5 days  
Chronic infection 3 weeks

Due to                     

Due to                     

Other conditions                       
(Include pregnancy within 3 months of death)

Where was disease contracted?                      PHYSICIAN

Name of operation                      Date                      Underline

Major finding                      the cause to

Finding of autopsy                      which death

                     should be

                     charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?                     

Occurred                      19                      City, county, state

where violence occurred                     

Place of Violence: Home                      Farm                      Industry                     

Public Place                      While at work?                     

Means of injury                     

23. Attendant's OWN Signature                      (M. D. or other)

and Address Co ur d'Alene, Ida Date 3-30 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

Amd. May 3, 1948 STATE OF IDAHO

1948

State File No. 1073

Local Reg. No. 51

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. Country  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 12 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 904 N. 15th St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) Ford, Wash.

3. (a) FULL NAME DEAN PATRUCK BALDWIN

173X

3. (b) If veteran, name war W.W. #2 3. (c) Social Security No. 518-22-9903  
5. Color or 6. (a) Single, widowed, married, divorced Marr.  
4. Sex M race W  
6. (b) Name of husband or wife La Vada 6. (c) Age of husband or wife if alive 20 years  
7. Date of Birth (Month, Day, Year) Mar. 17, 1923

8. AGE	Years	Months	Days	If less than 1 day
	<u>25</u>	<u>0</u>	<u>12</u>	hrs. min.

9. Exact Occupation Truck Driver Did this work for 3/29/48  
10. Industry or Business Ford, Wn. Date last worked worked  
11. Birthplace Ford, Wn. (City or town) (State or foreign country)  
Father { 12. Name Earl Baldwin  
13. Birthplace Ford, Wn. (City or town) (State or foreign country)  
Mother { 14. Maiden name Alta Jarvis  
15. Birthplace Valley, Wn (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. La Vada Baldwin  
and Address 904 N. 15th Coeur d'Alene  
17. (a) Burial (b) Date thereof 4/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Forest Cemetery, C d A, Ida.  
18. Funeral Director's OWN Signature J.G. Riplinger  
and Address Coeur d'Alene, Ida.  
19. (a) 4/8/48 (b) Mary Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Mar. 30, 1948 19 at 6 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Multiple Fractures Duration Immediate

Due to Jump from airplane

Due to Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Physician

Name of operation Major finding Underline the cause to which death should be charged statistically.

Finding of autopsy Physician

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? Homicide?

Occurred 3/30 19 48 City, county, state

where violence occurred Kootenai, Ida.

Place of Violence: Home Farm Industry Public Place

Yes While at work?

Means of injury Jump from falling plane

## 23. Attendant's OWN Signature Wm. T. Wood, M.D.

(M. D. or other) and Address Coeur d'Alene Date 3/31 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

APR 12 1948

STATE OF IDAHO

State File No. **1073**  
Local Reg. No. **51**  
Reg. Dist. No. **124**

## 1. PLACE OF DEATH:

- (a) County KOOTENAI  
(b) City or town COEUR D'ALENE  
(c) Street Address or R.F.D. No. COUNTRY  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 12 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County KOOTENAI  
(c) City or town COEUR D'ALENE  
(d) Street Address or R.F.D. No. 904 N. 15TH. ST.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) FORD, WASHINGTON.

## 3. (a) FULL NAME

DEAN PATRICK BALDWIN

3. (b) If veteran, name war W.W. #2 3. (c) Social Security No. 518-22-9903  
5. Color or 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex MALE race WHITE  
6. (b) Name of husband or wife LA VADA 6. (c) Age of husband or wife if alive 20 years  
7. Date of Birth (Month, Day, Year) MARCH, 17, 1923.

8. AGE	Years	Months	Days	If less than 1 day
	25	0	12	hrs min.

9. Exact Occupation TRUCK DRIVER Did this work for 3/29/48  
10. Industry or Business Date last worked  
11. Birthplace FORD, WASHINGTON  
(City or town) (State or foreign country)

12. Name EARL BALDWIN  
13. Birthplace FORD, WASHINGTON  
(City or town) (State or foreign country)  
14. Maiden name ALTA JARVIS  
15. Birthplace VALLEY, WASHINGTON  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs La Vada Baldwin  
and Address 904 N. 15TH. COEUR D'ALENE

17. (a) BURIAL (b) Date thereof 4/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: FOREST CEMETERY COEUR D'ALENE

18. Funeral Director's OWN Signature J. L. Riplinger  
and Address COEUR D'ALENE, IDAHO

19. (a) 4-8-48 (b) Martha J. Smith  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) MARCH, 29, 1948. 19  
at 6:00 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Multiple Fractures Duration Immediate

Due to Jump from airplane

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? No Homicide? No  
Occurred 3-30-48 City, county, state Kootenai, Idaho  
Place of Violence: Home Yes Farm No Industry No  
Public Place Yes While at work? No  
Means of injury Jumped from falling plane  
23. Attendant's OWN Signature William T. Wood Coroner  
(M. D. or other)  
and Address Coeur d'Alene, Idaho Date 3-31-48  
(For additional space, use reverse side)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Kootenai } ss. Certificate No. 1073  
Date Filed death

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(Birth or Death)  
for Dean Patrick Baldwin who died on March 30, 1948  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Coeur d'Alene, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Date of death

March 29, 1948

March 30, 1948

Subscribed and sworn to before me this 27th day of April, 1948

Notary Public, residing at Coeur d'Alene  
My commission expires 12/1/49  
(Seal)

Signed [Signature]  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

244 N. 4th Coeur d'Alene Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)



United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1. PLACE OF DEATH: **AD - 1074**  
(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **924 5th St**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) ☐ in this county **12** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **924 5th St**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **12** years  
(h) Former residence (city, state) **S.D.**

3. (a) FULL NAME **ZOOK EIMER DUANE**  
(b) If veteran, name war **None**  
(c) Social Security No. **518-16-3360**  
(d) Sex **M** 5. Color or race **W**  
(e) Single, widowed, married, divorced **Married**  
(f) (b) Name of husband or wife **Edna**  
(g) (c) Age of husband or wife if alive **56** years  
(h) Date of Birth (Month, Day, Year) **May 18, 1884**

8. AGE	Years	Months	Days	If less than 1 day
	63	10	11	hrs min.

9. Exact Occupation **Rancher** Did this work for **50** yrs.  
10. Industry or Business **Own Farm** Date last worked **11-15-47**  
11. Birthplace **Newton Wis.** (City or town) (State or foreign country)

12. Name **Jasper Zook**  
13. Birthplace **Dallin Pa.** (City or town) (State or foreign country)  
14. Maiden name **Dallin Noble**  
15. Birthplace **Wis.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Edna M. Zook**  
and Address **Coeur d'Alene, Idaho**

17. (a) Burial (b) Date thereof **4-1-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Post Falls Cemty Post Falls Ida**

18. Funeral Director's OWN Signature **Wm English**  
and Address **Coeur d'Alene Idaho**

19. (a) **3-31-48** (b) **Wm English**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Mar 29 1948**  
at **10:00** o'clock **AM**

21. I HEREBY CERTIFY, That I attended deceased from **Oct 1947** to **March 29 1948**  
I last saw him alive on **March 26 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic myocarditis with decompensation**  
Duration **10 years 3 months**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **Hamilton A. Greenwood M.D.**  
and Address **Coeur d'Alene Idaho** Date **3-30 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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APR - 5 1948

DIVISION OF VITAL

# CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. **1075**  
Local Reg. No. **46**  
Reg. Dist. No. **128**

1. PLACE OF DEATH: **DIVISION OF VITAL**
- (a) County **KOOTENIA**  
(b) City or town **COEUR D'ALENE**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital **X** Institution ..... Other place ....  
(f) Name Hosp. or Inst. **GENERAL** Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- (a) State **IDAHO** (b) County **KOOTENIA**  
(c) City or town **COEUR D'ALENE**  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) If foreign born, in U. S. .... yrs. Citizen of U. S. ?  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **GEORGE HUNGATE**
3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**
5. Color or 6. (a) Single, widowed, married,  
4. Sex **MALE** race **WHITE** divorced **WIDOWED**  
6. (b) Name of husband or 6 (c) Age of husband or wife if  
wife **CLARA** alive ..... years

7. Date of Birth (Month, Day, Year) **MARCH 28th 1866**

8. AGE	Years	Months	Days	If less than 1 day
	82	0	5	hrs min.

9. Exact Occupation **RETIRED** Did this work for ..... yrs.

10. Industry or Business **RAILWAY** Date last worked .....

11. Birthplace **ILL.** (City or town) (State or foreign country)

12. Name **(UNOBTAINABLE)**

13. Birthplace **(UNOBTAINABLE)** (City or town) (State or foreign country)

14. Maiden name **(UNOBTAINABLE)**

15. Birthplace **(UNOBTAINABLE)** (City or town) (State or foreign country)

16. Informant's OWN Signature **FAMILY RECORD** and Address **SPOKANE, WASHINGTON**

17. (a) **REMOVAL** (Burial, cremation, or removal) (b) Date thereof **MAR. 29th/48** (Month) (Day) (Year)

- (c) Place: **SPOKANE, WASHINGTON**

18. Funeral Director's OWN Signature **David B. Monnier** and Address **SPOKANE, WASHINGTON**

19. (a) **3-31-48** (Date received and filed) (b) **Martha J. Smith** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **MARCH 28th 1948** 19..... at **9:45** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **March 28** 19**48**, to **March 28** 19**48**. I last saw **him** alive on **March 28** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration **8 days**

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease first contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? ..... Occurred **19** City, county, state where violence occurred. Place of Violence: **Home** Farm ..... Industry ..... Public Place ..... While at work? ..... Means of injury .....

23. Attendant's OWN Signature **E. Pluhra M.D.** (M. D. or other)

and Address **Con. 200** Date **3-28-1948** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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APR - 5 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

State File No. 1076  
Local Reg. No. 43  
Reg. Dist. No. 121

1. PLACE OF DEATH:

(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lakeside  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. L.C.G. Stayed 3 days  
(g) Lived in this county 41 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 309 N.18th  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Grandforks B.C.

3. (a) FULL NAME DENNIS IDA LOUISE

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Oct 22 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>5</u>	<u>8</u>	hrs min.

9. Exact Occupation House Wife Did this work for 50 yrs.  
10. Industry or Business Own Home Date last worked 1947  
11. Birthplace Melrose Wis. (City or town) (State or foreign country)  
12. Name Ole L. Lossvold  
13. Birthplace Norway (City or town) (State or foreign country)  
14. Maiden name Lizza Peterson  
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature B. J. Dennis  
and Address Coeur d'Alene Idaho Rt#1  
17. (a) Burial (b) Date thereof 4-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Forest Centry Cd. Idaho  
18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene Idaho  
19. (a) 3-31-48 (b) W. J. C. [Signature]  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Mar 30 1948  
at 7:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 27 1948 to Mar 30 1948  
I last saw him alive on Mar 30 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac decompensation Duration 10 day

Due to Arteriosclerotic heart disease

Due to Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Not done  
Name of operation Not done  
Major finding Not done  
Finding of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Not done Suicide? Not done Homicide? Not done  
Occurred 19 City, county, state where violence occurred Not done  
Place of Violence: Home Not done Farm Not done Industry Not done  
Public Place Not done While at work? Not done  
Means of injury Not done

23. Attendant's OWN Signature W. J. C. [Signature] (M. D. or other)  
and Address 609 Sherman Date Mar 31 1948  
(For additional space, use reverse side)

Registrar, Funeral Director, and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 19 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1077  
Local Reg. No. 50  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R. F. D. No. 14th & Lakeside  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place city or town  
(f) Name Hosp. or Inst. Home Stayed 32 days  
(g) Lived in this county 32 years 32 months 32 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 1006 Elm St  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Spokane Wash

## 3. (a) FULL NAME ALLMAN ADDIE LINCOLN

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Jan 8 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>2</u>	<u>23</u>	hrs min.

9. Exact Occupation House Wife Did this work for 60 yrs.  
10. Industry or Business Own Home Date last worked 3-11-47  
11. Birthplace Hedrick Iowa (City or town) (State or foreign country)

12. Name John Slacks  
13. Birthplace Ill. (City or town) (State or foreign country)  
14. Maiden name Ross  
15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's OWN Signature Wm Bessie Henderson  
and Address Coeur d'Alene Idaho

17. (a) Burial (b) Date thereof 4-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemtry Cda. Idaho

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene Idaho

19. (a) April 15, 1948 (b) Wm Bessie Henderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Mar 31 1948  
at 10:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 1947 to May 31 1948  
I last saw her alive on 3/30/48 1948, death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Heart failure Duration 3/1/48  
Due to slight stroke (brain)  
ischemic  
Due to Senility  
Other conditions Senility  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation None Date None  
Major finding None  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state Idaho  
where violence occurred Home  
Place of Violence: Home Home Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's OWN Signature Wm Bessie Henderson  
and Address Coeur d'Alene Idaho (M. D. or other) None  
Date 4/2 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAR 22 1948

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 1078  
Local Reg. No. 37  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Spirit Lake  
(c) Street Address or R. F. D. No. --  
(d) Death Occured Inside? X Outside? -- city or town  
(e) Died in a Home -- Hospital X Institution -- Other place --  
(f) Name Hosp. or Inst. Spirit Lake Stayed 5 days  
(g) Lived in this county 21 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Spirit Lake  
(d) Street Address or R.F.D. No. --  
(e) Deceased lived Inside? X Outside? -- city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) Spokane, Wash.

## 3. (a) FULL NAME

Clarence T. Godfrey

## 3. (b) If veteran, name war no

## 3. (c) Social Security No. 518-16-2674

5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mae Godfrey  
6. (c) Age of husband or wife if alive 74 years

## 7. Date of Birth (Month, Day, Year) December 25, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>2</u>	<u>7</u>	hrs min.

## 9. Exact Occupation Millworker Did this work for 30 yrs.

## 10. Industry or Business (Retired) Date last worked 3/1946

## 11. Birthplace Dong Lu Lac Wisconsin (City or town) (State or foreign country)

## 12. Name Thomas Godfrey

## 13. Birthplace Glasco Scotland (City or town) (State or foreign country)

## 14. Maiden name Do not know

## 15. Birthplace Glasco Scotland (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs. Mae Godfrey and Address Spirit Lake, Idaho

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/48 (Month) (Day) (Year)

## (c) Place: Greenwood Cemetery, Spirit Lake

## 18. Funeral Director's OWN Signature A. B. Nelson and Address Ketchum, Idaho

## 19. (a) 3-15-48 (Date received and filed) (b) [Signature] (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) 3/2 1948 at 4:55 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from MARCH 1947 to MARCH 2 1948

I last saw him alive on MARCH 2, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: CORONARY HEART DISEASE Duration

## ARTERIO-SCLEROTIC, DIABETES

## Due to --

## Due to --

## Other conditions -- (Include pregnancy within 3 months of death)

## Where was disease contracted? -- Name of operation -- Date --

## Major finding --

## Finding of autopsy --

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? -- Suicide? -- Homicide? --

## Occurred -- 19 -- City, county, state

## where violence occurred --

## Place of Violence: Home -- Farm -- Industry --

## Public Place -- While at work? --

## Means of injury --

## 23. Attendant's OWN Signature [Signature] (M. D. or other) and Address Spirit Lake Date 3/6 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 22 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1079**  
Local Reg. No. **39**  
Reg. Dist. No. **121**

## 1. PLACE OF DEATH: LOCATION OF VITAL

- (a) County **Kootenai**  
(b) City or town **Spirit Lake**  
(c) Street Address or R.F.D. No. **--**  
(d) Death Occured Inside? **X** Outside? **--** city or town  
(e) Died in a Home **--** Hospital **X** Institution **--** Other place **--**  
(f) Name Hosp. or Inst. **Spirit Lake** Stayed **--** days  
(g) Lived in this county **33** years **--** months **--** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Mathdram**  
(d) Street Address or R.F.D. No. **--**  
(e) Deceased lived Inside? **X** Outside? **--** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **33** years  
(h) Former residence (city, state) **Spokane, Wash.**

## 3. (a) FULL NAME **Albert Charlton**

3. (b) If veteran, **--** name war **--** No. **none**  
5. Color, or **White** 6. (a) Single, widowed, married, divorced **widowed**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Louise Charlton** 6. (c) Age of husband or wife if live **--** years  
7. Date of Birth (Month, Day, Year) **Do not know 1873**

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>-</b>	<b>-</b>	hrs min.

9. Exact Occupation **Laborer** Did this work for **--** yrs.  
10. Industry or Business **--** Date last worked **1940?**

11. Birthplace **Coventry, England**  
(City or town) (State or foreign country)

- Mother Father { 12. Name **Charles Charlton**  
13. Birthplace **Do not know England**  
(City or town) (State or foreign country)  
14. Maiden name **Do not know**  
15. Birthplace **Do not know**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **George E. Rodes**  
and Address **Spokane, Wash.**

17. (a) **Burial** (b) Date thereof **3/10/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Forest Cemetery Coeur d'Alene**

18. Funeral Director's OWN Signature **A. B. Nelson**  
and Address **Mathdram Idaho**

19. (a) **3-18-48** (b) **Mary Hamilton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 7, 1948**  
(Month, Day, Year) at **3:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19** years

I last saw h..... alive on **19**.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Hypertensive Heart Disease** Duration **YRS.**

Due to **Arteriosclerosis, general** **YRS.**

Due to **--**  
Other conditions **--**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **--** PHYSICIAN  
Name of operation **--** Date **--** Underline  
Major finding **--** the cause to  
Finding of autopsy **--** which death  
should be  
charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **--** Suicide? **--** Homicide? **--**  
Occurred **19** City, county, state  
where violence occurred **--**  
Place of Violence: Home **--** Farm **--** Industry **--**  
Public Place **--** While at work? **--**

- Means of injury **--**  
23. Attendant's OWN Signature **Leon C. Dedrickson M.D.**  
(M. D. or other)  
and Address **Spirit Lake** Date **3/10 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1080  
Local Reg. No. 82  
Reg. Dist. No. 180

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Spirit Lake  
(c) Street Address or R.F.D. No. --  
(d) Death Occured Inside? X Outside? -- city or town  
(e) Died in a Home Hospital Institution 20 Other place  
(f) Name Hosp. or Inst. Spirit Lake stayed -- days  
(g) Lived in this county 45 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Kathdrum  
(d) Street Address or R.F.D. No. --  
(e) Deceased lived Inside? X Outside? -- city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Lansing, Iowa.

## 3. (a) FULL NAME

Charlie Wendler

## 3. (b) If veteran,

name war --

## 3. (c) Social Security

No. 518-16-8497

5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed

4. Sex Male  
6. (b) Name of husband or wife Luella S. Wendler  
6. (c) Age of husband or wife if alive -- years

7. Date of Birth April 12, 1877  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>11</u>	<u>16</u>	hrs min.

9. Exact Occupation Farmer (Retired) Did this work for 45 yrs.

10. Industry or Business -- Date last worked --

11. Birthplace -- (City or town) (State or foreign country)

12. Name John Wendler

13. Birthplace Do not know Germany (City or town) (State or foreign country)

14. Maiden name Rosalie Ringenback

15. Birthplace Do not know Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Charles F. Wendler

- and Address Kathdrum, Idaho

17. (a) Burial (b) Date thereof 4/1/1948

- (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Forest Cemetery, Coeur d'Alene

18. Funeral Director's OWN Signature A. B. Nelson

- and Address Kathdrum, Idaho

19. (a) 4-8-48 (b) [Signature]

- (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 3/28 19 48  
(Month, Day, Year) at 11:05 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from January 1948 to March 28 1948

I last saw him alive on March 28 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Arteriosclerosis Duration Years

Due to --

Due to --

Other conditions -- (Include pregnancy within 3 months of death)

Where was disease contracted? --

Name of operation -- Date --

Major finding --

Finding of autopsy --

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? -- Suicide? -- Homicide? --

Occurred 19 City, county, state

where violence occurred --

Place of Violence: Home -- Farm -- Industry --

Means of injury -- While at work? --

23. Attendant's OWN Signature Lynn C. Fredinham MD.

and Address Spirit Lake (M. D. or other)

Date 3/28 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 17 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 1081  
Local Reg. No. 36  
Reg. Dist. No. 200

1. PLACE OF DEATH:

(a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed 8 hrs days  
(g) Lived in this county years months 8 hrs days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. Carroll Apt  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state)

3. (a) FULL NAME Baby Phoenix

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) March 2, 1948

8. AGE	Years	Months	Days	If less than 1 day
	---	---	---	8 hrs min.

9. Exact Occupation None Did this work for yrs.  
10. Industry or Business None Date last worked  
11. Birthplace Moscow Idaho (City or town) (State or foreign country)

12. Name John J. Phoenix  
13. Birthplace Greenborough N. Carolina (City or town) (State or foreign country)  
14. Maiden name Clara Wells  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature John J. Phoenix  
and Address Moscow, Idaho

17. (a) Burial (b) Date thereof 3-5-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho

19. (a) 3-5-48 (b) Lewis E. Anderson (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 2, 1948  
(Month, Day, Year) at 1:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3-2-48 to 3-3-48  
I last saw him alive on 3-2-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity  
Due to abrupt to placenta  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work  
Means of injury

23. Attendant's OWN Signature Joseph R. Anderson M.D.  
and Address (Moscow) Idaho (M. D. or other) Date 3-9-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR - 8 1948 **Certificate Of Death**  
DIVISION OF VITAL STATISTICS STATE OF IDAHO

1948  
State File No. **1082**  
Local Reg. No. **35**  
Reg. Dist. No. **200**

1. PLACE OF DEATH:

(a) County **Latah**  
(b) City or town **MOSCOW**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Gritman** Stayed **6** days  
(g) Lived in this county **27** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Latah**  
(c) City or town **MOSCOW**  
(d) Street Address or R.F.D. No. **520 East D**  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **27** years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **Joseph wesley Barton**

3. (b) If veteran, **NO** 3. (c) Social Security No. **None**  
name war .....  
4. Sex **M** 5. Color or race **W**  
6. (b) Name of husband or wife **Hannah** 6. (a) Single, widowed, married, divorced **Married**  
7. Date of Birth **April 28, 1881** 6. (c) Age of husband or wife if alive ..... years  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>	<b>10</b>	<b>5</b>	hrs min.

9. Exact Occupation **Prof. of Psych** Did this work for **32** yrs.  
10. Industry or Business **U. of I.** Date last worked **Nov. 47**  
11. Birthplace **Greenville Utah**  
(City or town) (State or foreign country)

12. Name **Joseph Alma Barton**  
13. Birthplace **Illinois**  
(City or town) (State or foreign country)  
14. Maiden name **Sarah Mariah Horton**  
15. Birthplace **Cedar City, Utah**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Daniel E. Warren**  
and Address **621 East 33rd, Moscow, Idaho**

17. (a) **Cremation** (b) Date thereof **3-6-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Hazen-Jaeger Spokane, wn.**

18. Funeral Director's OWN Signature **A.P. Short**  
and Address **MOSCOW, Idaho**

19. (a) **3-5-48** (b) **Matthew**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 3, 1948**  
(Month, Day, Year) at **3:15** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **Oct. 15, 1948** to **March 3, 1948**  
I last saw him alive on **March 3, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Pyelonephritis & Uremia**

Duration  
**7 days**

Due to **Metastatic Ca.**

Due to **Ca. of Prostate**

Other conditions **Diabetes**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Moscow**

Name of operation **Prostatectomy** Date **1948**

Major finding **Ca. of Prostate**

Finding of autopsy **Not done**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred. .... 19.... City, county, state where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature **Lakely Stephens**

and Address **Box 5 Moscow** (M.D. or other) Date **3-5-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 17 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 1083  
Local Reg. No. 37  
Reg. Dist. No. 200

1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Critman Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Moscow  
(d) Street Address or R.F.D. No. 324 S. Monroe  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Bess Ann Wald

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Mar 3, 1948

8. AGE	Years	Months	Days	If less than 1 day
---	---	---	---	0 hrs 3 min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business None Date last worked \_\_\_\_\_  
11. Birthplace Moscow Idaho (City or town) (State or foreign country)

- Mother { 12. Name George J. Wald  
13. Birthplace Brooklyn New York (City or town) (State or foreign country)  
14. Maiden name Phyllis Margaret Low  
15. Birthplace South Africa (City or town) (State or foreign country)

16. Informant's OWN Signature George J. Wald  
and Address Moscow, Idaho

17. (a) Burial (b) Date thereof 5 3-6-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature H.R. Short  
and Address Moscow, Idaho

19. (a) 3-6-48 (b) Leis E. Anderson (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 3, 1948 19\_\_\_\_  
(Month, Day, Year) at 2:53 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 3/2 1948, to 3/3 1948.  
I last saw her alive on 3/3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Infantile pneumonia Duration \_\_\_\_\_  
3 min.

Due to Not known

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wm. D. Anderson M.D.  
and Address Moscow, Idaho (M.D. or other) Date 3/12 1948.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

MAR 17 1948 STATE OF IDAHO

State File No. **1084**  
Local Reg. No. **38**  
Reg. Dist. No. **200**

## 1. PLACE OF DEATH:

- (a) County **Latah**  
(b) City or town **Moscow**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Gritman** Stayed **2** days  
(g) Lived in this county **36** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Latah**  
(c) City or town **Moscow**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **36** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME **Anna Pool**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**  
5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**  
4. Sex **F** 6. (b) Name of husband or wife **Isaac** 6. (c) Age of husband or wife if alive **deceased** years  
7. Date of Birth (Month, Day, Year) **September 9, 1875**

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>5</b>	<b>28</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Douds** Date last worked \_\_\_\_\_  
11. Birthplace **Iowa** (City or town) (State or foreign country)  
Mother { 12. Name **George Seitz**  
13. Birthplace **Penn.** (City or town) (State or foreign country)  
14. Maiden name **Sarah Greasey**  
15. Birthplace **Penn** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Walter Brood**  
and Address **407 N. Washington, Moscow**

17. (a) **Burial** (b) Date thereof **3-10-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Palouse, Washington**

18. Funeral Director's OWN Signature **H. R. Short**  
and Address **Moscow, Idaho**

19. (a) **3/9/48** (b) **Edw. B. Anderson**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 6, 1948**  
(Month, Day, Year) at **7:50** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **11-20** 19 **47**, to **3-6** 19 **48**  
I last saw her alive on **3-6** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Broncho pneumonia** Duration **2 days**

Due to **Ca. of the Rectum**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? **Unknown**  
Name of operation **Name** Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **L. R. Stephens** (M. D. or other)  
and Address **Box 5 Moscow** Date **3-8** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 17 1948  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH  
STATE OF IDAHO

1948 1085  
State File No. \_\_\_\_\_  
Local Reg. No. 39  
Reg. Dist. No. 200

1. PLACE OF DEATH:
- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Yes Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Critman Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- (a) State Idaho (b) County Latah  
(c) City or town Potlatch  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? Yes city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Philip Edward Larson

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or None 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March 8, 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>1</u> hrs <u>15</u> min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business None Date last worked \_\_\_\_\_  
11. Birthplace Moscow Idaho  
(City or town) (State or foreign country)  
Father { 12. Name Edwin P. Larson  
13. Birthplace Potlatch, Idaho  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Patricia Ann McManama  
15. Birthplace Potlatch, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ma. John Mc Manama  
and Address Potlatch, Idaho  
17. (a) Burial (b) Date thereof 3-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Task Creek Cemetery, Potlatch, Ida  
18. Funeral Director's OWN Signature H. E. Fennell  
and Address Palouse, Washington  
19. (a) 3-9-48 (b) L. E. Anderson  
(Date received and filed) (Registrar's signature)

159X  
MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 8 19 48  
(Month, Day, Year) at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 3-8 19 48 to 3-8 19 48  
I last saw him alive on 3-8 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 2 hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature L. R. Stephens  
and Address Moscow, Idaho (M. D. or other) 3-8 19 48  
(For additional space, use reverse side)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
**NON-RESIDENT**  
**CERTIFICATE OF DEATH**  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

1948 1086  
State File No. \_\_\_\_\_  
Local Reg. No. 40  
Reg. Dist. No. 200

1. PLACE OF DEATH:  
(a) County Latah  
(b) City or town Moscow  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Yes Outside? \_\_\_\_\_ city or town  
(e) Died in a Home-- Hospital X Institution-- Other place--  
(f) Name Hosp. or Inst. Critman Stayed 15 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 15 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State Washington (b) County Whitman  
(c) City or town Palouse  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Yes Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Swan Olson

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March 15, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>11</u>	<u>23</u>	hrs min.

9. Exact Occupation Farmer Did this work for 40 yrs.  
10. Industry or Business Retired farmer Date last worked 1925

11. Birthplace Sweden  
(City or town) (State or foreign country)

- Father { 12. Name Olaf Johnson  
13. Birthplace Sweden  
(City or town) (State or foreign country)

- Mother { 14. Maiden name Unknown  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Fred C. Olson  
and Address Palouse, WA

17. (a) Removal (b) Date thereof 3-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Palouse, Washington

18. Funeral Director's OWN Signature H. W. Weber  
and Address Palouse, Washington

19. (a) 3-9-48 (b) Lois E. Anderson  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 111C

20. DATE OF DEATH (Month, Day, Year) March 8, 1948  
at 12:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1948 to March 8, 1948  
I last saw him alive on March 8, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Edema Duration 1 day

Due to Senility  
Malnutrition  
Due to Acute Myocardial Insufficiency  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. W. Weber, M.D.  
and Address Palouse, WA Date Mar 9, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

MAR 24 1948

STATE OF IDAHO

State File No. 1087  
Local Reg. No. 200  
Reg. Dist. No. 200

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County Latah
- (b) City or town MOSCOW
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. Gritman Stayed 1 days
- (g) Lived in this county 17 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Latah
- (c) City or town MOSCOW
- (d) Street Address or R.F.D. No. 1102 E. 6th
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? U.S.
- (g) How long had deceased lived in Idaho? 17 years
- (h) Former residence (city, state) Tacoma, Wn.

3. (a) FULL NAME Allan C. Lemon

3. (b) If veteran, name war No
3. (c) Social Security No. None
5. Color or \_\_\_\_\_
6. (a) Single, widowed, married, divorced married
4. Sex M race W
6. (b) Name of husband or wife Frankie Irene
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) January 23, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>1</u>	<u>20</u>	hrs min.

9. Exact Occupation Psychology Inst. Did this work for 17 yrs.
10. Industry or Business U. of I. Date last worked Mar. 48
11. Birthplace Akron Iowa (City or town) (State or foreign country)
12. Name Erastus Lemon
13. Birthplace Niagara Canada (City or town) (State or foreign country)
14. Maiden name Catherine Emmett
15. Birthplace Niagara Canada (City or town) (State or foreign country)
16. Informant's OWN Signature E. C. Lemon and Address Borow, Calif.
17. (a) Cremation (b) Date thereof 3-16-48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Hazen's Spokane, Wn.
18. Funeral Director's OWN Signature H. R. Shatt and Address Moscow, Idaho
19. (a) 3-15-48 (b) Tim Anderson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 13, 1948 19 \_\_\_\_\_
- (Month, Day, Year)
- at 6:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1944 to 3-13 19 48
- I last saw him alive on 3-13 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Corning Thrombosis Duration 2 hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation a Date \_\_\_\_\_

Major finding a

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_
- where violence occurred \_\_\_\_\_
- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_
- Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Edna N. Dumm (M. D. or other) and Address Moscow Idaho Date 3-18 19 48
- (For additional space, use reverse side)

068

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1088**  
Local Reg. No. **45**  
Reg. Dist. No. **200**

APR 9 1948

## 1. PLACE OF DEATH:

- (a) County **Latah**  
(b) City or town **MOSCOW**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Gritman** Stayed **8** days  
(g) Lived in this county **70** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Latah**  
(c) City or town **MOSCOW**  
(d) Street Address or R.F.D. No. **524 W. 6th**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **70** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME **Marietta E. Hodges**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**  
4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **F. M.** 6. (c) Age of husband or wife if alive **deceased** years  
7. Date of Birth (Month, Day, Year) **August 8, 1866**

8. AGE	Years	Months	Days	If less than 1 day
	<b>81</b>	<b>7</b>	<b>12</b>	hrs min.

9. Exact Occupation **At home** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Kalamazoo Michigan** (City or town) (State or foreign country)  
Mother Father { 12. Name **Jacob Swikert**  
13. Birthplace **Cleveland Ohio** (City or town) (State or foreign country)  
14. Maiden name **Susannah Havens**  
15. Birthplace **Leondas Michigan** (City or town) (State or foreign country)

16. Informant's OWN Signature **Walter C. Boland**  
and Address **Pasadena, California**  
17. (a) **Burial** (b) Date thereof **3-22-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Moscow, Idaho**  
18. Funeral Director's OWN Signature **H.R. Short**  
and Address **Moscow, Idaho**  
19. (a) **3-22-48** (b) **Lois E. Anderson** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 20, 1948** 19\_\_\_\_  
(Month, Day, Year) at **1:00** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **3-22-48** to **3-28-48**  
I last saw him alive on **3-19-48**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic myocarditis with decompensation**  
Due to **Hypostatic pneumonia**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **chronic choleliths.**

Where was disease contracted? \_\_\_\_\_  
Name of operation **none** Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **none**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Joseph G. Wilson**  
and Address **Moscow, Idaho** (M. D. or other) Date **3-27-48**  
(For additional space, use reverse side)

093D

127A

PHYSICIAN Underline the cause to which death should be charged statistically.

354

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR - 1 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948 1089  
State File No. \_\_\_\_\_  
Local Reg. No. 44  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Gritman Stayed 1 days  
(g) Lived in this county 48 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Kendrick  
(d) Street Address or R.F.D. No. Rt. 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) S. Dakota

## 3. (a) FULL NAME

Carrie Sneve

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Hans H. 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) September 19, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>6</u>	<u>1</u>	hrs min.

9. Exact Occupation At home Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Opdal Norway  
(City or town) (State or foreign country)

- Mother Father  
12. Name Erick Lien  
13. Birthplace Norway  
(City or town) (State or foreign country)  
14. Maiden name Marit Rodway  
15. Birthplace Norway  
(City or town) (State or foreign country)

16. Informant's OWN Signature Stanley Snive  
and Address Genesee, Idaho

17. (a) Burial (b) Date thereof 3-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Big Bear Ridge Lutheran

18. Funeral Director's OWN Signature H.R. Stark  
and Address MOSCOW, Idaho

19. (a) 3-24-48 (b) Leis E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A 097X

20. DATE OF DEATH (Month, Day, Year) March 20, 1948 19\_\_\_\_  
at 8:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 2-20-48 to 3-20-48  
I last saw her alive on 3-20-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary thrombosis Duration 3-20-48

Due to Coronary arteriosclerosis with hypertension  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Joseph Thelsson MD  
and Address Moscow, Idaho Date 3-27-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 9 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 1090  
Local Reg. No. 47  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place....  
(f) Name Hosp. or Inst. Gritman Stayed 7 days  
(g) Lived in this county 15 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County .....  
(c) City or town Wawawai (2 yrs)  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Irven Johnson

3. (b) If veteran, name war WW 1  
3. (c) Social Security No. 519-26-0446  
4. Sex M 5. Color or W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ellen 6. (c) Age of husband or wife if alive 49 years  
7. Date of Birth (Month, Day, Year) August 10, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>6</u>	<u>17</u>	hrs min.

9. Exact Occupation Farming Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked 3/48  
11. Birthplace Alberta Canada  
(City or town) (State or foreign country)

12. Name Christopher C. Johnson  
13. Birthplace Oregon  
(City or town) (State or foreign country)  
14. Maiden name Martha A Land  
15. Birthplace Madison County, Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature May R. L. Tucker  
and Address Allam Oregon

17. (a) Burial (b) Date thereof 3-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho

19. (a) 3-30-48 (b) Lois E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 27, 1948 19  
at 9:45 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 3/20 1948, to 3/27 1948  
I last saw him alive on 3/27 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Myocardial infarction  
Due to Myocardial infarction

Due to Coronary  
Other conditions Myocardial infarction  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation Resection of small intestine  
Date of operation 3/20/48  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred Acc 19..... City, county, state where violence occurred .....  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury Gun

23. Attendant's OWN Signature Thurman M. D.  
(M. D. or other)  
and Address Moscow Idaho Date 3/20 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**FIVE** **Certificate Of Death**  
1948  
**OF VITAL**  
STATE OF IDAHO

1048  
State File No. **1091**  
Local Reg. No. **Kol**  
Reg. Dist. No. **200**

**1. PLACE OF DEATH:**

- (a) County Latah  
(b) City or town Juliaetta  
(c) Street Address or R.F.D. No. Fix Ridge  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 36 years 36 months 36 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Latah  
(c) City or town Juliaetta  
(d) Street Address or R.F.D. No.           
(e) Deceased lived Inside? ☒ Outside?          city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state)

**3. (a) FULL NAME Clifford Harold Nelson**

3. (b) If veteran, name war None 3. (c) Social Security No. 518-22-6138  
5. Color or race W 6. (a) Single, widowed, married, divorced Married  
4. Sex M 6. (b) Name of husband or wife Lura 6. (c) Age of husband or wife if alive 30 years  
7. Date of Birth (Month, Day, Year) December 29, 1911

8. AGE	Years	Months	Days	If less than 1 day
	<u>36</u>	<u>2</u>	<u>14</u>	hrs min.

9. Exact Occupation Mechanic Did this work for 13 yrs.  
10. Industry or Business Own Garage Date last worked Mar. 48  
11. Birthplace Moscow Idaho  
(City or town) (State or foreign country)

- Mother { 12. Name Charles T. Nelson  
13. Birthplace Minn.  
(City or town) (State or foreign country)  
14. Maiden name Edith Schedin  
15. Birthplace Minn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lura Nelson  
and Address Juliaetta Idaho

17. (a) Burial (b) Date thereof 3-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho

19. (a) 3-16-48 (b) Lin E. Anderson  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH March 13, 1948  
(Month, Day, Year) about 11:00 PM M.          19           
at          o'clock

21. I HEREBY CERTIFY, That I attended deceased from          19         , to          19

I last saw h.          alive on          19         ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Asphyxiation

Duration

Due to Carbon Monoxide gas

Due to Exhaust from car

Other conditions           
(Include pregnancy within 3 months of death)

Where was disease contracted?         

Name of operation          Date         

Major finding         

Finding of autopsy         

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide?          Homicide?

Occurred March 13 19 48 City, county, state Juliaetta, Latah, Ida

where violence occurred         

Place of Violence: Home          Farm          Industry         

Public Place County road While at work?         

Means of injury LEFT CAR RUNNING WHILE REPAIRING

23. Attendant's OWN Signature H. R. Short  
and Address Moscow (M. D. or other         )  
Date 3-16-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR - 1 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. **1092**  
Local Reg. No. **46**  
Reg. Dist. No. **200**

**1. PLACE OF DEATH:**

(a) County **Latah**  
(b) City or town **MOSCOW**  
(c) Street Address or R.F.D. No. **Rt. 4**  
(d) Death Occured Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **years** months **days**

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

(a) State **Idaho** (b) County **Latah**  
(c) City or town **MOSCOW**  
(d) Street Address or R.F.D. No. **Rt. 4**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **years**  
(h) Former residence (city, state) **years**

**3. (a) FULL NAME** **Preston T. Moody**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **unk**  
5. Color or **No. unk**  
4. Sex **M** race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Marion** 6. (c) Age of husband or wife if alive **years**  
7. Date of Birth (Month, Day, Year) **October 16, 1893**

8. AGE	Years	Months	Days	If less than 1 day
	<b>54</b>	<b>5</b>	<b>5</b>	hrs min.

9. Exact Occupation **Mechanic, Farmer** Did this work for **years**  
10. Industry or Business **Farming** Date last worked **3/48**  
11. Birthplace **Blowing Rock, N. Carolina** (City or town) (State or foreign country)  
12. Name **Elijah C. Moody**  
13. Birthplace **Cove Creek, N. Carolina** (City or town) (State or foreign country)  
14. Maiden name **Nancy J. Tugman**  
15. Birthplace **North Carolina** (City or town) (State or foreign country)

16. Informant's OWN Signature **Carolyn M. Hammer and**  
and Address **Kennedy, Idaho**  
17. (a) **Burial** (b) Date thereof **3-27-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **MOSCOW, Idaho**  
18. Funeral Director's OWN Signature **H. R. Short**  
and Address **MOSCOW, Idaho**  
19. (a) **3-27-48** (b) **Leila L. Anderson**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH** (Month, Day, Year) **March 21, 1948** 19  
at **12:30** o'clock **P.** M.

**21. I HEREBY CERTIFY**, That I attended deceased from **10-15-1940** to **3-21-1948**

I last saw him alive on **last year**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Crown aneurysm** Duration **3 years**

Due to **Crown aneurysm**

Due to **Crown aneurysm**

Other conditions **fasted entire life**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **none**

Name of operation **none** Date **none**

Major finding **none**

Finding of autopsy **none**

**22. If death was due to EXTERNAL CAUSES**, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred ☐  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury **Joseph J. Wilson MD**

**23. Attendant's** OWN Signature **Joseph J. Wilson MD**  
and Address **MOSCOW, Idaho** Date **3-27-48** 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICK 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
APR 12 1948

**Certificate Of Death**  
STATE OF IDAHO

State File No. **1093**  
Local Reg. No. **690**  
Reg. Dist. No. ....

1. PLACE OF DEATH: *Lemhi Salmon*
- (a) County .....
  - (b) City or town .....
  - (c) Street Address or R.F.D. No. ....
  - (d) Death Occurred Inside? ☒ Outside? ☐ city or town .....
  - (e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐ .....
  - (f) Name Hosp. or Inst. *GOSGIN* Stayed *9* days
  - (g) Lived in this county *1* years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State *Idaho* (b) County *Lemhi*
  - (c) City or town *Salmon*
  - (d) Street Address or R.F.D. No. ....
  - (e) Deceased lived Inside? ☒ Outside? ☐ city or town .....
  - (f) Citizen of what country? .....
  - (g) How long had deceased lived in Idaho? *34* years
  - (h) Former residence (city, state) *SALT LAKE CITY*

3. (a) FULL NAME *WILLIAM NEWMAN PATTEN 1750*

3. (b) If veteran, name war *No.* 3. (c) Social Security No. ....
5. Color or *No.* 6. (a) Single, widowed *married* divorced
4. Sex *M* race *W.*
6. (b) Name of husband or wife *DURELL PATTEN* alive *41* years
6. (c) Age of husband or wife if
7. Date of Birth *May 31, 1877*
- (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<i>70</i>	<i>9</i>	<i>10</i>	hrs min.

9. Exact Occupation *Farming* Did this work for *Life* yrs.
10. Industry or Business *Rockville, Utah* Date last worked *3-2-48*
11. Birthplace *Rockville, Utah* (City or town) (State or foreign country)
12. Name *DAVID WYMAN PATTEN*
13. Birthplace *SARAH R.C. BROWN* (City or town) (State or foreign country)
14. Maiden name *SARAH R.C. BROWN*
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature *John Patten* and Address *Salmon, Ida*

17. (a) (Burial, cremation, or removal) Date thereof *3-15-48* (Month) (Day) (Year)
- (c) Place: *MOORE, IDAHO*

18. Funeral Director's OWN Signature *Ray McFadden* and Address *SALMON*

19. (a) *April 7-48* (Date received and filed) (b) *Violet Johnson* (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) *3-11-48* 19 *48*  
at *11:50* o'clock *A* M.

21. I HEREBY CERTIFY, That I attended deceased from *Mar 3* 19*48*, to *Mar 11* 19*48*.  
I last saw h. alive on *Mar 11* 19*48*; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Acute cardiac failure* Duration

2. Due to *Fracture 10<sup>th</sup> rib* *Unsucl* *Vertical*

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy *=*

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? *yes* Homicide? *no*  
Occurred *19* City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☒  
Means of injury *fell from barn*

23. Attendant's OWN Signature *John Patten* (M. D. or other) and Address *Salmon* Date *Mar 15* 19 *48*  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1094  
Local Reg. No. 670  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Salmon  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. SILVER H  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. SILVER H Stayed 150 days  
(g) Lived in this county 5 years 5 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Challis  
(c) City or town Challis  
(d) Street Address or R.F.D. No. 18  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? SENECA, MO.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) SENECA, MO.

## 3. (a) FULL NAME

NEWTON WILLIAM COBBLE 083A

3. (b) If veteran, name war no. 3. (c) Social Security No. 556-18-6238  
5. Color or MALE race W 6. (a) Single widowed married, divorced  
6. (b) Name of husband or wife ALICE BECK 6. (c) Age of husband or wife if alive ✓ years  
7. Date of Birth Jan 27 1875  
(Month, Day, Year)

8. AGE Years 73 Months 1 Days 16 If less than 1 day hrs min.

9. Exact Occupation Farmer Did this work for Life years  
10. Industry or Business Life Date last worked 1942  
11. Birthplace PIERCE CITY, MO. (City or town) (State or foreign country)

12. Name James Cobble  
13. Birthplace Mo. (City or town) (State or foreign country)  
14. Maiden name Nancy Ann Gardner  
15. Birthplace Mo. (City or town) (State or foreign country)

16. Informant's OWN Signature Ruth Russell  
and Address Challis, Idaho

17. (a) (Burial, cremation, or removal of remains) Challis, Idaho (b) Date thereof 3-17-48  
(c) Place: Challis, Idaho

18. Funeral Director's OWN Signature Ray M. Goldrick  
and Address Salmon

19. (a) April 7, 1948 (b) Viola E. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3-13-48 19 48  
at 10:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 13 1948 to Mar 13 1948  
I last saw him alive on Mar 13 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary heart disease  
Due to atherosclerosis  
Due to senility  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline the cause to which death should be charged statistically.  
Major finding —  
Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature John R. Young  
and Address Challis, Idaho Date May 5 1948  
(For additional space, use reverse)

United States

Department of Commerce

Bureau of the Census APR 12 1948

## CERTIFICATE OF DEATH

STATE OF IDAHO

Local Registrar's Duplicate

Local Reg. No. 670

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Lemhi  
 (b) City or town May  
 (c) Street Address or R. F. D. No. ✓  
 (d) Death Occurred Inside? ✓ Outside? ✓ city or town ✓  
 (e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓  
 (f) Name Hosp. or Inst. none Stayed ✓ days ✓  
 (g) Lived in this county 6 years ✓ months ✓ days ✓

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
 (c) City or town May  
 (d) Street Address or R. F. D. No. ✓  
 (e) Deceased lived Inside? ✓ Outside? ✓ city or town ✓  
 (f) Citizen of what country? U. S. A.  
 (g) How long had deceased lived in Idaho? 70 years  
 (h) Former residence (city, state) England

## 3. (a) FULL NAME

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color W. 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive ✓ years ✓

7. Date of Birth (Month, Day, Year) July 13 - 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>8</u>	<u>2</u>	hrs. min.

9. Exact Occupation retired Did this work for life yrs.

10. Industry or Business farmer Date last worked 1941

11. Birthplace Burkeshire England (City or town) (State or foreign country)

12. Name James Gilbert

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name ✓

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature George F. Gilbert

- and Address Leslie Idaho

17. (a) Burial (b) Date thereof March 19 - 1948  
 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place Leslie - Custer County - Idaho

18. Funeral Director's OWN Signature Betty J. Marvel

- and Address Funeral Director # FDI9

19. (a) April 7, 1948 (b) Viola G. Johnson  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) March 15, 1948  
 at 9:10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948 to Mar 18, 1948  
 I last saw him alive on Jan 18, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

1. Chronic myocarditis Duration

Due to 2. Chr. Glomerular Nephritis

Due to Lemhi

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Physician

Name of operation Major finding Underline the cause to which death should be charged statistically.

Finding of autopsy ✓

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓  
 Occurred ✓, 19 ✓ City, county, state ✓

where violence occurred ✓

Place of Violence: Home ✓ Farm ✓ Industry ✓

Public Place ✓ While at work? ✓

Means of injury ✓

23. Attendant's OWN Signature John H. Johnson M.D.  
 and Address Idaho Date Mar 23, 1948  
 (For additional space, use reverse side)

Idaho 419

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1096**  
Local Reg. No. **690**  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Lehigh  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county 20 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State ..... (b) County .....  
(c) City or town .....  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

GEORGE W. MILLER

3. (b) If veteran, name war # One 3. (c) Social Security No. new  
5. Color or race M W 6. (a) Single, widowed, married, divorced .....  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) June 11, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>9</u>	<u>6</u>	hrs min.

9. Exact Occupation Bar-tender Did this work for Life yrs.  
10. Industry or Business Cook Date last worked .....  
11. Birthplace Kansas City, Mo. (City or town) (State or foreign country)

12. Name .....  
13. Birthplace ..... (City or town) (State or foreign country)  
14. Maiden name .....  
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's OWN Signature Kenneth Klingler  
and Address Salmon, Idaho

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 3-27-48 (Month) (Day) (Year)  
(c) Place: Salmon, Idaho

18. Funeral Director's OWN Signature Ray Mc Goldrick  
and Address Salmon

19. (a) April 13, 1948 (Date received and filed) (b) Viola E. Johnson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) MARCH 17 1948  
at 7:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h. .... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: ..... Duration

Strangulation  
Due to Self-inflicted

Due to Hanging  
Other conditions ..... (Include pregnancy within 9 months of death)

Where was disease contracted? ..... PHYSICIAN  
Name of operation ..... Date .....

Major finding .....  
Finding of autopsy ..... Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 3-17- 1948 City, county, state  
where violence occurred Cougar Point  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place yes While at work? No.  
Means of injury Hanging

23. Attendant's OWN Signature Ray Mc Goldrick  
and Address Corona (M. D. or other) Date 3-24-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce **APR 12 1948**  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1097**  
Local Reg. No. **690**  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. Goggins Hosp.  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Goggins Stayed dead days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Custer  
(c) City or town Challis  
(d) Street Address or R.F.D. No. Bear Creek  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 6 mos. years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

REBECCA ANN YOUNG

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or race White 6. (a) Single, widowed, married, divorced X  
4. Sex Female

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) September 27, 1947

8. AGE	Years	Months	Days	If less than 1 day
		<u>6</u>	<u>3</u>	hrs min.

9. Exact Occupation X Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Date last worked \_\_\_\_\_

11. Birthplace Challis Custer Idaho  
(City or town) (State or foreign country)

12. Name Donald Norman Young

13. Birthplace Huntington, Utah  
(City or town) (State or foreign country)

14. Maiden name Dolly Adrienne Parsons

15. Birthplace Blackfoot, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Donald Norman Young

- and Address Challis, Idaho

17. (a) Burial (b) Date thereof 4-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Challis, Idaho

18. Funeral Director's OWN Signature Albert C. Jones

- and Address Salmon, Idaho

19. (a) April 7-1948 (b) Vick E. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 30 1948  
(Month, Day, Year)  
at 3:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3-29-48 1948, to 3-30-48 1948.

I last saw h.e.t. alive on 3-30-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia, bronchial, bilateral Duration 1 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Challis

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Albert C. Jones M.D.  
(M. D. or other)

and Address Challis Date 4-3-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1098**  
Local Reg. No. **2**  
Reg. Dist. No. **232**

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County **Lewis**  
(b) City or town **Craigmont**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **50** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Lewis**  
(c) City or town **Craigmont**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **GEORGE RICHARD BIRCHARD**

3. (b) If veteran, name war \*\*\*\*\* No. **None**  
5. Color or 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **male** race **White**  
6. (b) Name of husband or wife **Gertrude Birchard** 6. (c) Age of husband or wife if **81** years  
7. Date of Birth **October 4 1876**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>71</b>	<b>5</b>	<b>0</b>	hrs min.

9. Exact Occupation **Carpenter** Did this work for **life** yrs.  
10. Industry or Business **General building** Date last worked **1940**  
11. Birthplace **Rodchester, Vermont**  
(City or town) (State or foreign country)

12. Name **WILLARD BIRCHARD**  
13. Birthplace **Leicester, Vt.**  
(City or town) (State or foreign country)  
14. Maiden name **JULIANA HOLDEN**  
15. Birthplace **Leicester, Vt.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Howard Pollock**  
and Address **Craigmont, Idaho.**

17. (a) **Burial** (b) Date thereof **3-6-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Craigmont, Idaho.**

18. Funeral Director's OWN Signature \_\_\_\_\_  
and Address **Craigmont, Idaho.**

19. (a) **3-5-48** (b) \_\_\_\_\_  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **March 4 1948**  
at **5:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **3-4** 1948, to **3-4** 1948

I last saw h. alive on **3-4** 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pneumonia - Broncho.** Duration **3 days**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **K. H. Collins** M.D.

and Address **Craigmont, Ida.** Date **3-5 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
MAR 12 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. **1099**  
Local Reg. No. **286**  
Reg. Dist. No. **430**

1. PLACE OF DEATH:  
(a) County Lincoln  
(b) City or town near Shoshone  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 27 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Blaine  
(c) City or town Pitchman  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Shoshone Idaho

3. (a) FULL NAME Samuel Herman La Grange  
3. (b) If veteran, name war W.W.II 3. (c) Social Security No. 519-05-4479  
4. Sex M 5. Color or race W  
6. (b) Name of husband or wife Maecel 6. (c) Age of husband or wife if alive 22 years  
7. Date of Birth (Month, Day, Year) Jan - 31 - 1919  
8. AGE  

Years	Months	Days	If less than 1 day
<u>29</u>	<u>1</u>	<u>6</u>	hrs min.

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) March 6 1948  
at about 4 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from 19  
did not attend  
I last saw him alive on 19; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Acute respiratory & cardiac failure Duration Instant  
shock & active crushed  
Due to chest comp. frac. of left femur  
Due to auto accident  
Other conditions perhaps sleep  
(Include pregnancy within 3 months of death)

9. Exact Occupation Mar. Bowling alley Did this work for 1 1/2 yrs.  
10. Industry or Business Sun Valley Lodge Date last worked March 5  
11. Birthplace Detroit Mich (City or town) (State or foreign country)  
12. Name Girish La Grange  
13. Birthplace Pinneil - Iowa (City or town) (State or foreign country)  
14. Maiden name Ellen Hughes  
15. Birthplace St. Vernon Wash (City or town) (State or foreign country)  
16. Informant's OWN Signature S. La Grange  
and Address Pitchman Idaho  
17. (a) Burial (b) Date thereof Mar - 9 - 48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Shoshone - Idaho  
18. Funeral Director's OWN Signature Myrtle C. Burdett  
and Address Shoshone Idaho  
19. (a) 2-8-48 (b) Myrtle C. Burdett  
(Date received and filed) (Registrar's signature)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Mar - 6 - 1948 City, county, state where violence occurred 6.2 mi. north of Shoshone  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry Highway  
Public Place X While at work? Y  
Means of injury multiple injuries  
23. Attendant's OWN Signature Myrtle C. Burdett  
and Address Mar 8 - 48 Shoshone Idaho  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
APR 12 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1100  
Local Reg. No. 11  
Reg. Dist. No. 631

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Hillbush  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ..... Outside? X ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 42 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Hillbush  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Mary Ann Felt Hendricks

093D

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

5. Color or race Cauc  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Josiah Hendricks  
6. (c) Age of husband or wife if alive ..... years

7. Date of Birth  
(Month, Day, Year) Aug. 20, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>6</u>	<u>21</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Huntsville, Utah  
(City or town) (State or foreign country)

12. Name Ludrick Felt

13. Birthplace Sweden  
(City or town) (State or foreign country)

14. Maiden name Anna Margaret Danielson

15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lucretia Hallmark  
and Address Dubois Ida

17. (a) Burial (b) Date thereof 3/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Helburg

18. Funeral Director's OWN Signature Russell Klammer  
and Address Helburg Idaho

19. (a) 3-15-48 (b) Mrs. H. E. Young  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Mar. 10 1948  
(Month, Day, Year)  
at 4:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from June 10 1947, to Mar. 10 1948  
I last saw h.e.t. alive on Mar. 10 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chronic Myocarditis

Duration

Due to .....

Due to .....

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding

Finding of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature M. F. Rigby MD  
(M.D. or other)

and Address Helburg Idaho Date Mar. 10 1948  
(For additional space, use reverse side)

APR 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1101  
Local Reg. No. 12  
Reg. Dist. No. 631

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Salem  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 62 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Salem  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 62 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Augustus Weber Belnap

162B

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male 5. Color or race Cauc  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Bead  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 25, 1860

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>11</u>	<u>20</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Farmer Date last worked \_\_\_\_\_

11. Birthplace Idaho, Wash  
(City or town) (State or foreign country)

12. Name Gilbert Belnap

13. Birthplace Fort Hope, Canada  
(City or town) (State or foreign country)

14. Maiden name Adaline Knight

15. Birthplace Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature A. W. Belnap  
and Address Box 2, Idaho

17. (a) Burial (b) Date thereof 3/12/48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Wilford

18. Funeral Director's OWN Signature Russell Hamm  
and Address Redburg

19. (a) 3-17-48 (b) Mr H E Young  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 15 1948  
at 7:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar. 1 1948, to March 15 1948  
I last saw h. a. alive on March 15 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Senility

## Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature M. J. Rigby MD  
and Address Redburg (Date) Mar 15 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be entered completely as possible. State unknown as unknown only after a careful investigation. Use BLACK ink or BLACK ink and red writer ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1102**  
Local Reg. No. **12**  
Reg. Dist. No. **450**

1. PLACE OF DEATH:  
(a) County **Minidoka**  
(b) City or town **Rupert**  
(c) Street Address or R.F.D. No. **523 J**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **4** years ☐ months ☐ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Minidoka**  
(c) City or town **Rupert**  
(d) Street Address or R.F.D. No. **523 J**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **US**  
(g) How long had deceased lived in Idaho? **42** years  
(h) Former residence (city, state) **Massachusetts**

3. (a) FULL NAME **Harriet Louise Kenagy**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **720**

4. Sex **F** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **John B.** 6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) **Sept 16 1864**

AGE	Years	Months	Days	If less than 1 day
	<b>83</b>	<b>5</b>	<b>5</b>	hrs min.

9. Exact Occupation **housewife** Did this work for ☐ yrs.

10. Industry or Business **unknown** Date last worked ☐

11. Birthplace **Shaversville Ohio** (City or town) (State or foreign country)

12. Name **Walter Sliffe**

13. Birthplace **unknown** (City or town) (State or foreign country)

14. Maiden name **Walter**

15. Birthplace **unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Louise Colbert**

and Address **Rupert Idaho**

(a) **Burial** (b) Date thereof **3-25-48** (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: **Rupert Idaho**

18. Funeral Director's OWN Signature **Rodney Brandon**

and Address **Rupert Idaho**

19. (a) **3-27-48** (b) **W. E. Sliffe** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH (Month, Day, Year) **Feb 21 1948**

at **10:03** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 1948** to **Feb 21 1948**

I last saw her alive on **Feb 21 1948**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocarditis** Duration

Due to **arteriosclerosis**

Due to **age**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**

Name of operation ☐ Date ☐ Underline the cause to which death should be charged statistically.

Major finding ☐

Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature **J. H. Kenagy** (M. D. or other)

and Address **Rupert** Date **3-26-48** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL

RECEIVED  
MAR 30 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1103  
Local Reg. No. 12  
Reg. Dist. No. 150

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Reupert  
(c) Street Address or R.F.D. No. 1  
(d) Death Occured Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home... Hospital ✓ Institution... Other place...  
(f) Name Hosp. or Inst. Reupert Stayed 1 days  
(g) Lived in this county 34 years 1 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Paul  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Tex. ex.

## 3. (a) FULL NAME

Andrew Vollmer

094A

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or white  
6. (a) Single, widowed, married, divorced married  
4. Sex M race white  
6. (b) Name of husband or wife Regina  
6. (c) Age of husband or wife if alive 60 years  
7. Date of Birth March 29 1879  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>11</u>	<u>25</u>	hrs min.

9. Exact Occupation Farmer Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Russia  
(City or town) (State or foreign country)

12. Name Frank Vollmer  
13. Birthplace Russia  
(City or town) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace         
(City or town) (State or foreign country)

16. Informant's OWN Signature Herbert Dockett  
and Address Paul Idaho

17. (a) Ammon (b) Date thereof 3-29-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ammon Fall Idaho

18. Funeral Director's OWN Signature Robert L. Dockett  
and Address Reupert Idaho

19. (a) 3-27-48 (b) Ex. Ex. Ex.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 033B

20. DATE OF DEATH  
(Month, Day, Year) March 24 1948  
at 11 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 24 1948 to March 24 1948  
I last saw h.a.m. alive on March 24 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Thrombosis

## Duration

Due to Arterioley Sclerosis

Due to old Age

Other conditions Influenza  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation        Date       

## Major finding

Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?

## Means of injury

23. Attendant's OWN Signature Arthur S. Dally M.D.  
(M. D. or other) 21  
and Address Reupert Idaho Date March 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 30 1948  
DIVISION OF VITAL

**Certificate Of Death**  
STATE OF IDAHO

E  
State File No. **1104**  
Local Reg. No. **14**  
Reg. Dist. No. **450**

1. **PLACE OF DEATH:**  
(a) County Mindoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. 2  
(d) Death Occured Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 43 years 4 months 3 days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)  
(a) State Idaho (b) County Mindoka  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Ohio

3. (a) **FULL NAME** Edgar James Andrews

3. (b) If veteran, name war no 3. (c) Social Security No. 220  
5. Color of white 6. (a) Single, widowed, married, divorced married  
4. Sex M race white  
6. (b) Name of husband or wife Estelle 6. (c) Age of husband or wife if alive 68 years  
7. Date of Birth (Month, Day, Year) Aug 19, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>6</u>	<u>21</u>	hrs min.

9. Exact Occupation Farmer Did this work for 4 yrs.  
10. Industry or Business Farmer Date last worked Aug 19, 1948  
11. Birthplace Carter Bend Ohio  
(City or town) (State or foreign country)

12. Name Carter E. Andrews  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Maiden name Mary Ellen Litten  
15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature J W Andrews  
and Address Stanton, Oregon

17. (a) Burial (b) Date thereof 3-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rupert Idaho

18. Funeral Director's OWN Signature Robert E. Anderson  
and Address Rupert Idaho

19. (a) 3-29-48 (b) W E Moore  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH**  
(Month, Day, Year) March 15, 1948  
at 10:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1946, to 3-10-48  
I last saw him alive on 3-4 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of colon Duration 5 yrs.

Due to ?  
Due to ?  
Other conditions ?  
(Include pregnancy within 3 months of death)

Where was disease contracted? ?  
Name of operation ? Date ?  
Major finding ?  
Finding of autopsy ?  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ? Suicide? ? Homicide? ?  
Occurred ? 19 ? City, county, state where violence occurred ?  
Place of Violence: Home ? Farm ? Industry ?  
Public Place ? While at work? ?  
Means of injury ?

23. Attendant's OWN Signature W E Moore  
and Address Rupert (M. D. or other) Date 3-29-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 9 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1105  
Local Reg. No. 287  
Reg. Dist. No. 430

1. PLACE OF DEATH:

(a) County Minidoka  
(b) City or town Wapi - Idaho  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home. Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ch. Hall Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Fremont  
(c) City or town Ashton  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Peter James Riley

200A

3. (b) If veteran, name war \_\_\_\_\_ No. 519-26-3119  
5. Color or \_\_\_\_\_ (a) Single, widowed, married, divorced married  
4. Sex M race W  
6. (b) Name of husband or wife Johna Uststrand (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth Aug. 29 - 1898  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>5</u>	<u>26</u>	hrs min.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 24 1948  
at 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from did not attend 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on 19\_\_\_\_; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Heart failure Duration \_\_\_\_\_

Due to chronic condition 1 yr  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) according to testimony of  
Where was disease contracted? hypertension PHYSICIAN \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

9. Exact Occupation Retired businessman Did this \_\_\_\_\_ yrs.  
10. Industry or Business Restaurant Date last worked Dec. '47  
11. Birthplace Butte - Montana (City or town) (State or foreign country)  
Mother Father { 12. Name Thomas Riley  
13. Birthplace Eagle River - Michigan (City or town) (State or foreign country)  
14. Maiden name Almyne Kellie  
15. Birthplace Wesphalen Germany (City or town) (State or foreign country)  
16. Informant's OWN Signature E. Reseman and Address Ashton - Idaho  
17. (a) Removal (b) Date thereof Feb. 25 - 48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ashton - Idaho  
18. Funeral Director's OWN Signature Myrtle C. Burdett and Address Shoshone - Idaho  
19. (a) Feb. 25 - 48 (b) Myrtle C. Burdett (Date received and filed) (Registrar's signature)

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred On U.P. Stream near, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Myrtle C. Burdett (M. D. or other) Owner  
and Address Shoshone Ida Date Feb. 24 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED **Certificate of Death**  
MAR 30 1948  
STATE OF IDAHO

1948  
State File No. 1106  
Local Reg. No. 119  
Reg. Dist. No. 450

1. PLACE OF DEATH: DIVISION OF VITAL  
(a) County. **Minadoka**  
(b) City or town. **Heyburn**  
(c) Street Address or R.F.D. No. ---  
(d) Death Occurred Inside? **X** Outside? --- city or town  
(e) Died in a Home. --- Hospital. --- Institution. --- Other place. **X**  
(f) Name Hosp. or Inst. --- Stayed. --- days  
(g) Lived in this county. **17** years --- months --- days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. **Idaho** (b) County. **Minadoka**  
(c) City or town. **Heyburn**  
(d) Street Address or R.F.D. No. ---  
(e) Deceased lived Inside? --- Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **17** years  
(h) Former residence (city, state) ---

3. (a) FULL NAME **John Bruce Nelson**  
3. (b) If veteran, name war --- 3. (c) Social Security No. **None**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Single**  
6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years  
7. Date of Birth (Month, Day, Year) **July 5, 1931**  
8. AGE  

Years	Months	Days	If less than 1 day
<b>16</b>	<b>9</b>	<b>13</b>	hrs. min.

  
9. Exact Occupation. **Student** Did this work for. --- yrs.  
10. Industry or Business. --- Date last worked ---  
11. Birthplace. **Emerson, Idaho** (City or town) (State or foreign country)  
Father { 12. Name. **Walter E. Nelson**  
13. Birthplace. **Boise, Idaho** (City or town) (State or foreign country)  
Mother { 14. Maiden name. **Ethel Nelson**  
15. Birthplace. **Mc Cune, Kansas** (City or town) (State or foreign country)  
16. Informant's OWN Signature. **Walter E. Nelson**  
and Address. **Heyburn, Idaho**  
17. (a) **Burial** (b) Date thereof. **Mar. 21, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place. **Riverside Cemetery, Heyburn, Ida.**  
18. Funeral Director's OWN Signature. **Alan P. Goodman**  
and Address. **Boise, Idaho**  
19. (a) **3-20-48** (b) **M. E. Moore**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) **March 18, 1948**  
at **4:45** o'clock **P.** M.  
21. I HEREBY CERTIFY, That I attended deceased from --- 19 --- to --- 19 ---  
I last saw h. --- alive on --- 19 ---; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **External injury**  
**auto accident**  
Duration  
Due to ---  
Due to ---  
Other conditions. ---  
(Include pregnancy within 3 months of death)  
Where was disease contracted? ---  
Name of operation. --- Date. ---  
Major finding. ---  
Finding of autopsy. ---  
PHYSICIAN Underline the cause to which death should be charged statistically  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? **X** Suicide? --- Homicide? ---  
Occurred. **March 18, 1948** City, county, state where violence occurred. ---  
Place of Violence: Home. --- Farm. --- Industry. ---  
Public Place. **Highway** While at work? ---  
Means of injury. **Auto accident**  
23. Attendant's OWN Signature. **Alan Goodman**  
(M. D. or other **Physician**)  
and Address. **Rupert** Date **3-19-48**  
(For additional space, use reverse side)

500

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 22 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 1107  
Local Reg. No. 37  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occured Inside? X Outside? ----- city or town  
(e) Died in a Home ----- Hospital X Institution ----- Other place -----  
(f) Name Hosp. or Inst. St. Joseph Stayed ----- days  
(g) Lived in this county 36 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 423 18th St.  
(e) Deceased lived Inside? X Outside? ----- city or town  
(f) Citizen of what country? Us  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME

AUSTIN HANSON

3. (b) If veteran, name was No

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ellen

6. (c) Age of husband or wife if alive ----- years

7. Date of Birth (Month, Day, Year) May 7, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>8</u>	<u>17</u>	hrs min.

9. Exact Occupation Engineer Did this work for 50 yrs.

10. Industry or Business Railroad Date last worked 5-7-35

11. Birthplace Hiram, Maine  
(City or town) (State or foreign country)

12. Name Edward K. Hanson

13. Birthplace Hiram, Maine  
(City or town) (State or foreign country)

14. Maiden name Almeda - Richardson

15. Birthplace -----  
(City or town) (State or foreign country)

16. Informant's OWN Signature Chaplin Blakemore

and Address 423 18th St. Lewiston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-48  
(Month) (Day) (Year)

(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower - Wann

and Address Lewiston, Idaho

19. (a) Mar 8, 1948 (b) Donna J. Eckert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 24, 1948  
at 11:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 1940, to Feb 24, 191948

I last saw him alive on Feb 24, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Nephritis Duration 6 wks.

Due to Cardiovascular Disease 24 yrs.

Due to -----

Other conditions (Include pregnancy within 3 months of death) -----

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature John & Carssow

and Address Lewiston Idaho Date 3-4 1948

(For additional space, use reverse slide)

Dr. Carssow

515

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR - 5 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

1048  
State File No. 1108  
Local Reg. No. 43  
Reg. Dist. No. 220

1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 7 months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. Rt 2 Box 710  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 7 Mo. years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME STEVEN JOHN Mc HONE

157M

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ (a) Single, widowed, married,  
4. Sex Masc. race white divorced single  
6. (b) Name of husband or \_\_\_\_\_ (c) Age of husband or wife if  
wife \_\_\_\_\_ alive \_\_\_\_\_ years  
7. Date of Birth July 17, 1947  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>-</u>	<u>7</u>	<u>12</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Lewiston Idaho  
(City or town) (State or foreign country)

12. Name Charles M. McHone  
13. Birthplace Kooskia, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Ruth Hagen  
15. Birthplace Kooskia Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Charles M. McHone  
and Address Kooskia Idaho

17. (a) removal (b) Date thereof Mar. 1 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Kooskia, Idaho

18. Funeral Director's OWN Signature W. C. Merchant  
and Address Blackston, Wash

19. (a) Mar. 1, 1948 (b) Donna Jean Ockert  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 3-1- 1948  
(Month, Day, Year) at 6-30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from birth 1947, to 3-1- 1948  
I last saw him alive on 3-1 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: undetermined Duration \_\_\_\_\_  
transportation  
Due to Colon

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? home  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy as above

PHYSICIAN  
Underline the cause to which death is attributed statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. C. Merchant  
and Address Blackston, Wash Date 3-1- 1948  
(For additional space, use reverse side)

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United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1109**  
Local Reg. No. **45**  
Reg. Dist. No. **221**

## 1. PLACE OF DEATH:

- (a) County **Nez Perce**  
(b) City or town **Lewiston Orchard**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **56** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **NezPerce**  
(c) City or town **Lewiston**  
(d) Street Address or R.F.D. No. **Route # 2**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? **US**  
(g) How long had deceased lived in Idaho? **56** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL

NAME **Lee McCrery**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Male** 6. (b) Name of husband or wife **Nancy** 6. (c) Age of husband or wife if alive **dec.** years  
7. Date of Birth (Month, Day, Year) **January 31, 1873**

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>1</b>	<b>1</b>	hrs min.

9. Exact Occupation **Retired Farmer** Did this work for **56** yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Neb.** (City or town) (State or foreign country)

12. Name **Robert McCrery**  
13. Birthplace **Unknown** (City or town) (State or foreign country)  
14. Maiden name **Emily Clark**  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Robert E. Sumpter**  
and Address **Lewiston, Idaho**

17. (a) **Burial** (b) Date thereof **3-4-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Lewiston, Idaho**

18. Funeral Director's OWN Signature **Brower-Wann / T.H. Malcom**  
and Address **Lewiston, Idaho**

19. (a) **Mar 3, 1948** (b) **Donna Jean Ockert**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **March 1, 1948**  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Heart attack**  
**Died in his sleep**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Andrew A. Vassar**  
and Address **Lewiston, Ida.** (M.D. or other) \_\_\_\_\_

Date **3/2/48**  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
MAR 22 1948  
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. **1110**  
Local Reg. No. **49**  
Reg. Dist. No. **220**

**1. PLACE OF DEATH:**

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 148-25th St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days days  
(g) Lived in this county 28 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 148-25th St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state)

**3. (a) FULL NAME**

Amelia Josephine LaVoie

**3. (b) If veteran,**

name war                     

**3. (c) Social Security**

No.                     

**4. Sex female race white**

5. Color or divorced widowed

**6. (b) Name of husband or wife Alphonse**

6. (c) Age of husband or wife if alive                      years

**7. Date of Birth (Month, Day, Year)**

December 20, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>2</u>	<u>13</u>	hrs min.

9. Exact Occupation Housewife Did this work for                      yrs.

10. Industry or Business Colby Date last worked                     

11. Birthplace Rushley Wisconsin (City or town) (State or foreign country)

12. Name Isaac DesChamps

13. Birthplace Montreal Canada (City or town) (State or foreign country)

14. Maiden name Anne Anderson

15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature Vincent J. LaVoie

and Address Lewiston, Idaho

17. (a) burial (b) Date thereof 3/8/48 (Month) (Day) (Year)

(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Vincent V. Vassar

and Address Lewiston, Idaho

19. (a) Mar 12, 1948 (b) Donna J. Eckert (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) March 3, 1948  
at 6:00 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from March 1, 1948, to March 2, 1948.  
I last saw h. e. r. alive on March 1, 1948. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:                      Duration                     

Due to                       
                    

Due to                       
                    

Other conditions (Include pregnancy within 3 months of death)                     

Where was disease contracted?                     

Name of operation                      Date                     

Major finding                     

Finding of autopsy                     

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?                       
Occurred 19 City, county, state                     

where violence occurred                     

Place of Violence: Home                      Farm                      Industry                     

Public Place                      While at work?                     

Means of injury                     

23. Attendant's OWN Signature                      (M. D. or other)

and Address                      Date Mar 1948

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

MAR 22  
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH: **STATE**
- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph's Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 5 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1707-G St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 Mo. years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Patricia Mae Hyde
3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Oct, 8, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>54</u>	<u>(27X)</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Lewiston, Idaho (City or town) (State of foreign country)  
Mother Father { 12. Name William Hyde  
13. Birthplace Neb. (City or town) (State or foreign country)  
14. Maiden name Rose Krick  
15. Birthplace Genesee, Idaho (City or town) (State or foreign country)  
16. Informant's OWN Signature Mrs. William Hyde and Address Lewiston, Idaho  
17. (a) Burial (b) Date thereof 3-9-48 (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho  
18. Funeral Director's Vassar-Rawls Funeral Home OWN Signature Andrew Vassar and Address Lewiston, Idaho  
19. (a) Mar 10, 1948 (b) Donna Jean Ockert (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March, 1948 at 12:30 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from March 1948 to March 1948.  
I last saw him, alive on March 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Respiratory Failure Duration \_\_\_\_\_  
Due to Encephalitis  
Due to \_\_\_\_\_  
Other conditions none (Include pregnancy within 3 months of death)  
Where was disease contracted? At home  
Name of operation none Date \_\_\_\_\_  
Major finding Encephalitis  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Joseph C. Sweeney (M. D. or other)  
and Address 701 1st St. Date 3/6 1948 (For additional space, use reverse side)

080B

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

APR - 5 1948

STATE OF IDAHO

1948 State File No. 1112  
Local Reg. No. 47  
Reg. Dist. No. 220

## 1. PLACE OF DEATH: DIVISION OF VITAL

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 23  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph's Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Spokane  
(c) City or town Spokane  
(d) Street Address or R.F.D. No. 435 W. Buckeye  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

William Walter Hobbs

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

5. Color or White  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl N.

6. (c) Age of husband or wife if alive 65 years

7. Date of Birth (Month, Day, Year) September 9, 1869

8. AGE	Years	Months	Days	If less than 1 day
	78	5	29	hrs. min.

9. Exact Occupation Salesman Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Milton Nursery Date last worked \_\_\_\_\_

11. Birthplace (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name Josephus Hobbs

13. Birthplace (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Mary Jones

15. Birthplace (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Mrs. W. W. Hobbs  
and Address W. 438 Buckeye Ave., Spokane

17. (a) Removal (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 3-8-48 (Month) (Day) (Year)

(c) Place Spokane, Washington

18. Funeral Director's OWN Signature Hazen & Seeger  
and Address N. 1306 Monroe St., Spokane, Wn.

19. (a) Mar. 29, 1948 (Date received and filed) (b) Donna Jean Abbott (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 8, 1948

at 6 o'clock AM.

21. I HEREBY CERTIFY, That I attended deceased from 3-6-48 to 3-8-48

I last saw him alive on 3-8-48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Septic infection Duration \_\_\_\_\_

Due to Cholecystitis

Due to Cholelithiasis

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy no autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. M. Pike

and Address Spokane Date 3-25-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
MAR 22 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 1113  
Local Reg. No. 32  
Reg. Dist. No. 220

1. PLACE OF DEATH: **STATISTICS**  
(a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph's Stayed 5 days  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) Wash.

3. (a) FULL NAME Mrs. Madie Morris  
3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or race White  
4. Sex Female  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Jan. 1, 1889  
8. AGE  

Years	Months	Days	If less than 1 day
<u>59</u>	<u>12</u>	<u>28</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Knox Co. Missouri  
(City or town) (State or foreign country)  
Mother Father { 12. Name John M. Childers  
13. Birthplace Miss.  
(City or town) (State or foreign country)  
14. Maiden name Mary Farance  
15. Birthplace Ill  
(City or town) (State or foreign country)  
16. Informant's OWN Signature Jerald W. Morris  
and Address Clarkston, Wash.  
17. (a) Removal \_\_\_\_\_ (b) Date thereof 3-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pomeroy, Wash.  
18. Funeral Director's Vassar-Bawls Funeral Home  
OWN Signature by Andrew Glavin  
and Address Lewiston, Idaho  
19. (a) Mar. 12, 1948 (b) Donna Jean O'Chent  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 094A  
20. DATE OF DEATH March 9, 1948  
(Month, Day, Year) at 10:25 o'clock P M.  
21. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1948, to March 9, 1948  
I last saw her alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Coronary occlusion Duration \_\_\_\_\_  
Due to Coronary arterio-sclerosis  
Due to \_\_\_\_\_  
Other conditions Dilated, hypertrophied  
(Include pregnancy within 3 months of death)  
Where was disease contracted? Lewiston  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy None  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Ray W. Eastwood, M.D.  
(M. D. or other)  
and Address 415 N. Myrtle Date Mar. 12, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1114**  
Local Reg. No. **57**  
Reg. Dist. No. **221**

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Summerville Home 6 days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Edwin G. Rencenberger

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or race White  
4. Sex Male

6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

6. (b) Name of husband or wife \_\_\_\_\_

## 7. Date of Birth (Month, Day, Year)

Feb, 29, 1860

## 8. AGE

Years 88

Months 0

Days 29

If less than 1 day  
hrs min.

9. Exact Occupation Telegraph Operator Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Retired Date last worked \_\_\_\_\_

11. Birthplace Wabsh Ind.  
(City or town) (State or foreign country)

12. Name Robert Rencenberger

13. Birthplace Springfield, Penn.  
(City or town) (State or foreign country)

14. Maiden name Ruth Gordon

15. Birthplace no record  
(City or town) (State or foreign country)

16. Informant's OWN Signature R.F. Vassar  
and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 3-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Arthur P. Vassar  
and Address Lewiston Idaho

19. (a) Mar. 12, 1948 (b) Donna J. Robert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) March 10, 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Feb. 25 1948 to Feb 25 1948  
I last saw him alive on Feb 25 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration \_\_\_\_\_

Due to Coronary arteries -

Due to atherosclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ray W. Eastman M.D.  
(M. D. or other)  
and Address 415 Main St. Date Mar 12 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as fully as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 22 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

State File No. **1115**  
Local Reg. No. **51-A**  
Reg. Dist. No. **220**

**1. PLACE OF DEATH:**

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed 17 days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 802- 10th Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

Ruth Farmer

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife George E. 6. (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) October 6, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>5</u>	<u>5</u>	hrs min.

9. Exact Occupation House Wife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Manchester, England  
(City or town) (State or foreign country)

12. Name Bill  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's X Ruth Farmer  
OWN Signature  
and Address Lewiston, Idaho

17. (a) Cremation (b) Date thereof 3-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: L Spokane, Washington

18. Funeral Director's Brower-Wann by H.H. Malcom  
OWN Signature  
and Address Lewiston, Idaho

19. (a) Mar. 15, 1948 (b) Donna Jean Ockert  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 107X

20. DATE OF DEATH (Month, Day, Year) March 11, 1948  
at 2:25 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 3-11-48

I last saw her alive on 3-11-48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Supertensive cardiac disease Duration \_\_\_\_\_

Due to Branchiopneumonia

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's A. J. White, M.D.  
OWN Signature (M. D. or other)

and Address Lewiston Date 3-12-48  
(For additional space, use reverse side)

Dr. A. J. White

280

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 22 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 1116  
Local Reg. No. 52  
Reg. Dist. No. 220

1. PLACE OF DEATH:  
NezPerce  
(a) County  
(b) City or town Lewiston, Idaho  
(c) Street Address or R.F.D. No. 516 20th St.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home? ☒ Hospital? Institution? Other place  
(f) Name Hosp. or Inst. Home Stayed days  
(g) Lived in this county 6 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County NezPerce  
(c) City or town Lewiston,  
(d) Street Address or R.F.D. No. 516 20th St.N.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state)

3. (a) FULL NAME Rufus Ray Crum  
3. (b) If veteran, name war No  
3. (c) Social Security No. 518-12-3711  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married divorced Married  
6. (b) Name of husband or wife Maude 6. (c) Age of husband or wife if alive 57 years  
7. Date of Birth (Month, Day, Year) June 3, 1883

8. AGE	Years	Months	Days	If less than 1 day
	64	09	9	hrs min.

9. Exact Occupation Clerk Did this work for 3 yrs.  
10. Industry or Business Date last worked  
11. Birthplace CLAYTON, NEBRASKA (City or town) (State or foreign country)  
12. Name Eugene Crum (City or town) (State or foreign country)  
13. Birthplace Pennsylvania (City or town) (State or foreign country)  
14. Maiden name Elizabeth Allen (City or town) (State or foreign country)  
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's ☒ OWN Signature Betty Brumthall and Address Lewiston, Idaho  
17. (a) Burial (b) Date thereof 3-15-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho  
18. Funeral Director's Brown-Wann by OWN Signature and Address Lewiston, Idaho  
19. (a) Mar 15, 1948 (b) Donna Jean Ockert (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 095C 094A

20. DATE OF DEATH (Month, Day, Year) 3/12 1948  
at 12:30 o'clock midnight

21. I HEREBY CERTIFY, That I attended deceased from 2/2 1946, to 3/12 1948  
I last saw him alive on 3/12/48 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis  
Due to Cholelithiasis  
Due to Hypertension  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted? Home  
Name of operation None Date  
Major finding None  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature Donald D. McRoberts and Address Lewiston, Idaho (M. D. or other) Date 3/13 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 22 1948  
DIVISION OF VITAL

NON-RESIDENT  
Certificate of Death

STATE OF IDAHO

State File No. 1117  
Local Reg. No. 53  
Reg. Dist. No. 220

1. PLACE OF DEATH: STATISTICS
- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed 3 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Washington (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. 1220 Elm  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Vera May Davis

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex female race white  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) August 18, 1914

8. AGE	Years	Months	Days	If less than 1 day
	<u>33</u>	<u>6</u>	<u>29</u>	hrs min.

9. Exact Occupation Welfare Administrator Did this work for 8 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 3/5/47  
11. Birthplace Villa Grove, Ill. (City or town) (State or foreign country)  
Mother { 12. Name S. A. Davis  
13. Birthplace Winchester, Tenn. (City or town) (State or foreign country)  
14. Maiden name Lorena Wallace  
15. Birthplace Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature Charles T. Evans  
and Address Bethel R. 1, Box 233  
17. (a) 3/18/48 (b) Date thereof Burial  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: YAKIMA, WASHINGTON  
18. Funeral Director's OWN Signature W.C. Merchant  
and Address Clarkston, Wash.  
19. (a) Mar 18, 1948 (b) Donna Jean Ockert  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3-17-48 19  
at 4:30 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from 3-12-48 19  
to 3-17-48 19

I last saw her alive on 3-17-48 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Subar Pneumonia 5 days.  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature H. Rouse m. D.  
and Address Jennison, Idaho Date 3-17-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 22 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 1118  
Local Reg. No. 54  
Reg. Dist. No. 220

1. PLACE OF DEATH:

(a) County NezPerce  
(b) City or town Lewiston,  
(c) Street Address or R.F.D. No. 329 Adams St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 28 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County NezPerce  
(c) City or town Lewiston,  
(d) Street Address or R.F.D. No. 329 Adams  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME ARTHUR REUBEN PINCH

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Maude E. 6. (c) Age of husband or wife if alive 55 years  
7. Date of Birth (Month, Day, Year) July 8, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>8</u>	<u>9</u>	hrs min.

9. Exact Occupation Retired Business Man Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Pountian & Tabacco Date last worked \_\_\_\_\_  
11. Birthplace Drango, Iowa (City or town) (State or foreign country)

Mother { 12. Name Reuben Pinch  
Father { 13. Birthplace Manchester, England (City or town) (State or foreign country)  
14. Maiden name Sidney Mitts  
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Mauda E. Pinch  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 3-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's Brower-Wann by B.H. Mahon  
OWN Signature Lewiston, Idaho  
and Address Lewiston, Idaho

19. (a) Mar 20, 1948 (b) Donna Jean Eckert  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A  
097X

20. DATE OF DEATH March 17, 191948  
(Month, Day, Year) at 6:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from March 16 1948, to March 17 1948  
I last saw him alive on March 17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 24 hours  
(Hemiplegia) about

Due to arterio-sclerosis 4 yrs  
& Hypertension

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? X PHYSICIAN  
Name of operation X Date \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Major finding \_\_\_\_\_  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. L. White M.D. (M. D. or other)  
and Address Lewiston, Id. Date 3-19-1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

# Certificate Of Death

STATE OF IDAHO

State File No. 1119  
Local Reg. No. 60  
Reg. Dist. No. 250

## 1. PLACE OF DEATH:

- (a) County Hez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. 706-5 Ave  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 63 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Hez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 706-5 Ave  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A  
(g) How long had deceased lived in Idaho? 63 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

Fannie Philipi

## 3. (b) If veteran,

name war ☐

## 3. (c) Social Security

No. ☐

5. Color or 6. (a) Single, widowed, married,  
4. Sex female race white divorced widowed  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife ☐ alive ☐ years  
7. Date of Birth  
(Month, Day, Year) 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>			hrs min.

9. Exact Occupation ☐ Did this work for ☐ yrs.

10. Industry or Business ☐ Date last worked ☐

11. Birthplace Bohemia  
(City or town) (State or foreign country)

12. Name Mathias Rodney

13. Birthplace Bohemia  
(City or town) (State or foreign country)

14. Maiden name Frances Mickelas

15. Birthplace Bohemia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Let's Gibens

and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 3-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Vincent V. Vassar

and Address Lewiston, Idaho

19. (a) Mar. 22, 1948 (b) Donna Jean Abbott  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 102X

20. DATE OF DEATH  
(Month, Day, Year) 3-17 1948  
at 9:50 a.m. o'clock a.m.

21. I HEREBY CERTIFY, That I attended deceased from 1937  
19  , to 3-17 1948  
I last saw her alive on 3-17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration one week

Due to Hypertension one year

Due to ☐  
Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury ☐  
23. Attendant's OWN Signature John E. Carson (M. D. or other)  
and Address Lewiston, Idaho Date 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 29 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1120**  
Local Reg. No. **55**  
Reg. Dist. No. **220**

## 1. PLACE OF DEATH:

- (a) County Neg. Price  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph's Stayed 10 days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Neg. Price  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Seamon B. Mill

## 3. (b) If veteran, \_\_\_\_\_

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married,  
Sex M race W divorced Widowed

6. (b) Name of husband or \_\_\_\_\_  
wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Feb. 8 1875

## 8. AGE

Years	Months	Days	If less than 1 day
<u>75</u>	<u>1</u>	<u>11</u>	hrs min.

## 9. Exact

Occupation Retired Did this work for \_\_\_\_\_ yrs.

## 10. Industry or

Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace

Galmar, Wisconsin  
(City or town) (State or foreign country)

## 12. Name

Richard Mill

## 13. Birthplace

Richard Mill  
(City or town) (State or foreign country)

## 14. Maiden name

No Record

## 15. Birthplace

No Record  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Jay B. Mill

and Address \_\_\_\_\_

## 17. (a) removal

(Burial, cremation or removal) \_\_\_\_\_

(c) Place: Carson, Idaho

## 18. Funeral Director's

OWN Signature Andrew G. Kasper

and Address Lewiston, Idaho

## 19. (a) MAR 22 1948

(Date received and filed)

## (b) Donna Jean Ockert

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

## 20. DATE OF DEATH

(Month, Day, Year) March 19 1948  
at 8:00 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

March 10 1948 to March 19 1948  
I last saw h. h. m. alive on March 19 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebro-vascular accident Duration \_\_\_\_\_

## Due to

Hemorrhage

## Due to

Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Heart disease & coronary thrombosis

## Where was disease contracted? Home

Name of operation none Date \_\_\_\_\_

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's

OWN Signature John W. Finley, M.D.

and Address 412 - 4th Ave Date 3-22 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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APP - 5 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1121**  
Local Reg. No. **6**  
Reg. Dist. No. **220**

## DIVISION OF VITAL

### 1. PLACE OF DEATH: STATISTICS

- (a) County **Nez Perce**  
(b) City or town **Lewiston**  
(c) Street Address or R.F.D. No. **1122 12 Ave**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **5** years **5** months **5** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Latah**  
(c) City or town **Deary**  
(d) Street Address or R.F.D. No. **U.S.A.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **55** years  
(h) Former residence (city, state)

### 3. (a) FULL NAME **Lillian Ferguson**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **518-20-6475**  
5. Color or **None** 6. (a) Single, widowed, married, divorced **divorced**  
4. Sex **F** race **W** 6. (b) Name of husband or wife **alive** years  
6. (c) Age of husband or wife if alive **years**  
7. Date of Birth **January 9, 1884**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>64</b>	<b>2</b>	<b>14</b>	hrs min.

9. Exact Occupation **School teacher** Did this work for **40** yrs.  
10. Industry or Business **Public Schools** Date last worked **Sept. 46**  
11. Birthplace **Rochester Minn.**  
(City or town) (State or foreign country)

12. Name **John Frederick Beyer**  
13. Birthplace **Germany**  
(City or town) (State or foreign country)  
14. Maiden name **Albertina Shornstein**  
15. Birthplace **Germany**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Wm. L. Lermitt** and Address **Lewiston, Idaho**

17. (a) **Removal** (b) Date thereof **3-23-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **MOSCOW, Idaho**

18. Funeral Director's OWN Signature **A. E. Allen** and Address **MOSCOW, Idaho**

19. (a) **Mar. 29, 1948** (b) **Donna J. Robert**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 23, 1948**  
(Month, Day, Year) at **11:20** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **Oct 13, 1946** to **March 23, 1948**  
I last saw him alive on **Mar 22, 1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Amputation** Duration

- Due to **metastatic Ca through brain**  
Due to **Ca of prostate**  
Other conditions **etc.**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**  
Name of operation **Underline the cause to which death should be charged statistically.**  
Major finding **etc.**  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature **Paul G. Humphrey** and Address **Lewiston, Idaho** Date **Mar 27, 1948**  
(M. D. or other) (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
APP - 5 1943  
Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 1122  
Local Reg. No. 6  
Reg. Dist. No. 220

1. PLACE OF DEATH:

- (a) County Hez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Hez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1028 - 8 St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Joseph Sannie

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Louisa  
6. (c) Age of husband or wife if alive 62 years  
7. Date of Birth (Month, Day, Year) 7-14-1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>78</u>	<u>9</u>	hrs min.

9. Exact Occupation Janitor Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace France (City or town) (State or foreign country)

12. Name Anthony Sannie  
13. Birthplace France (City or town) (State or foreign country)  
14. Maiden name no record  
15. Birthplace France (City or town) (State or foreign country)

16. Informant's OWN Signature James J. Delaney  
and Address 663 S. Oak Mallard Ave

17. (a) Buried (b) Date thereof 3-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Vincent V. Vassar  
and Address Lewiston, Idaho

19. (a) MAR 29 1948 (b) Donna Jean Ockert  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 107X

20. DATE OF DEATH (Month, Day, Year) 3-23 1948  
at 8:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to hypertensive cardio-vascular disease

Due to \_\_\_\_\_  
Other conditions Bronchopneumonia  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. J. White, M.D.  
(M. D. or other)  
and Address Lewiston Date 3-25-1948  
(For additional space, use reverse side)

State File No. \_\_\_\_\_  
Local Reg. No. 58  
Reg. Dist. No. 220

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1. PLACE OF DEATH:
- (a) County NezPerce
  - (b) City or town Lewiston
  - (c) Street Address or R.F.D. No. \_\_\_\_\_
  - (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town
  - (e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_
  - (f) Name Hosp. or Inst. St. Joseph Stayed \_\_\_\_\_ days
  - (g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County NezPerce
  - (c) City or town Lewiston
  - (d) Street Address or R.F.D. No. 1302 12th St.
  - (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town
  - (f) Citizen of what country? US
  - (g) How long had deceased lived in Idaho? 36 years
  - (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME William Archibald Robinson

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Selma
6. (c) Age of husband or wife if alive 36 years
7. Date of Birth (Month, Day, Year) Sept. 6, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>4</u>	<u>18</u>	hrs min.

9. Exact Occupation Retired Eletrican Did this work for 25 yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Manistque, Mich.  
(City or town) (State or foreign country)
12. Name John Thomas Robinson
13. Birthplace Glenn Robinson, Canada  
(City or town) (State or foreign country)
14. Maiden name Sarah Campbell
15. Birthplace Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 3-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by K.H. Malcom  
and Address Lewiston, Idaho

19. (a) Mar. 29, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 24 1948  
at 8:20 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_ to March 24, 1948

I last saw him alive on March 24 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Apoplexy Duration 3/20/48

Due to Hypertension unknown

Due to Essential unknown

Other conditions mitral Stenosis  
(Include pregnancy within 9 months of death)

Where was disease contracted? At home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred none

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury none

23. Attendant's OWN Signature [Signature]

and Address 12011115 Date 3/29/48  
(For additional space, use reverse side)

Dr. J. Baldeck

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 12 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1124  
Local Reg. No. 67  
Reg. Dist. No. 220

1. PLACE OF DEATH: Nezperce  
(a) County Nezperce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed 83 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Lewis  
(c) City or town Kamiah  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 57 years  
(h) Former residence (city, state) Nash

3. (a) FULL NAME Charley R. Sink

3. (b) If veteran, ☒ name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Feb. 12 - 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>1</u>	<u>12</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Diversified Date last worked 1946  
11. Birthplace Lone Jack (City or town) (State or foreign country) Mo.

12. Name Thomas F. Sink  
13. Birthplace Va. (City or town) (State or foreign country)  
14. Maiden name Mary Shawhan  
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Gladys Hunslow  
and Address Kamiah Idaho

17. (a) Burial, cremation, or removal Burial (b) Date thereof 3-27-48  
(c) Place: Hopewell - Kamiah - Idaho

18. Funeral Director's OWN Signature W. J. Johnson  
and Address Grangeville, Idaho

19. (a) April 1, 1948 (b) Donna Jean Debert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 24 1948  
(Month, Day, Year) at 7:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from January 3 1948, to March 24 1948  
I last saw him alive on March 24 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Emaciation, & debility Duration over 83 days

Due to Multiple myeloma over 83 days

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation Amputation Date 2-3-48 PHYSICIAN Underline the cause to which death should be charged statistically.  
Major finding Gangrene  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature B. R. Stein M.D.  
(M. D. or other) and Address Lewiston, Ida. Date March 31 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

APR - 5 1948

STATE OF IDAHO

State File No. 1125  
Local Reg. No. 63  
Reg. Dist. No. 220

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

Station 1111

- (a) County NezPerce  
(b) City or town Lewiston,  
(c) Street Address or R.F.D. No. ----  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Joseph Stayed ----- days  
(g) Lived in this county 1 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston,  
(d) Street Address or R.F.D. No. Rt. 2 box 777  
(e) Deceased lived Inside? ----- Outside? X city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Neb.

### 3. (a) FULL NAME

Carole Jean Showers

### 3. (b) If veteran,

name war No

### 3. (c) Social Security

No. 519-30-8867

5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 21 years

7. Date of Birth (Month, Day, Year) July 21, 1932

8. AGE	Years	Months	Days	If less than 1 day
	<u>15</u>	<u>8</u>	<u>7</u>	hrs min.

9. Exact Occupation Wife Did this work for 2 Weeks

10. Industry or Business ----- Date last worked -----

11. Birthplace Omaha, Neb. (City or town) (State or foreign country)

12. Name Herman Henry Mordlin

13. Birthplace Omaha, Neb. (City or town) (State or foreign country)

14. Maiden name Lois Day

15. Birthplace Kelso, Wash. (City or town) (State or foreign country)

16. Informant's Lois Mordlin OWN Signature and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 3-29-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's Brower-Wann by R.E. Weir OWN Signature and Address Lewiston, Idaho

19. (a) Mar. 29, 1948 (b) Carole Jean Showers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 28, 19 48  
at 1:15 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1948 to Mar 28, 1948.  
I last saw h.s. alive on Mar 28, 1948 death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Myocardial Infarction Duration 48 hrs.

Due to Myocardial Infarction

Due to -----

Other conditions ----- (Include pregnancy within 3 months of death)

Where was disease contracted? Unknown

Name of operation none Date -----

Major finding -----

Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state

where violence occurred

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's Eugene B. Buehler OWN Signature (M. D. or other)

and Address 1100 Main Date March 1948

(For additional space, use reverse side)

E. Baldeck

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1126  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Owyhee  
(b) City or town Murphy  
(c) Street Address or R.F.D. No. Joyce Ranch  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 620 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Owyhee  
(c) City or town Murphy  
(d) Street Address or R.F.D. No. Joyce Ranch  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 620 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Mr. Ed Paul

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or white 6. (a) Single, widowed, married, divorced single  
4. Sex male race white 6. (c) Age of husband or wife if alive years  
6. (b) Name of husband or wife

7. Date of Birth (Month, Day, Year) March 10, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>			hrs. min.

9. Exact Occupation Farmer Did this work for 1622 yrs.  
10. Industry or Business Farming Date last worked 3/11/48  
11. Birthplace Silver Springs State (City or town) (State or foreign country)

12. Name Unobtainable, Paul  
13. Birthplace Unobtainable (City or town) (State or foreign country)

14. Maiden name Unobtainable  
15. Birthplace Unobtainable (City or town) (State or foreign country)

16. Informant's OWN Signature N.E. Kettle  
and Address Murphy, Idaho

17. (a) Burial (b) Date thereof 3/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature John F. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) 3-26-48 (b) John F. Alsip, Jr.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 11, 1948  
at 12:45 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from 3-11-1948 to 3-11-1948

I last saw him alive on March 11, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure Duration

Due to

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Major finding Date  
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Swicide? Homicide?  
Occurred March 11, 1948 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature W. A. Lewis, Acting Coroner  
(M. D. or other)  
and Address Murphy, Idaho Date Mar. 14, 1948  
(If additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 31 1948  
STATE OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1127  
Local Reg. No. 11  
Reg. Dist. No. 3-330

## 1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R.F.D. No. 929- 3rd Ave. S.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ----- Stayed ----- days  
(g) Lived in this county 66 years 9 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R.F.D. No. 929- 3rd Ave. S.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 66 years  
(h) Former residence (city, state) Germany

## 3. (a) FULL NAME Christine Anna Asmussen Young

3. (b) If veteran, name war ----- No. -----  
3. (c) Social Security

5. Color or 6. (a) Single, widowed, married, divorced widowed  
4. Sex female race white  
6. (b) Name of husband or wife Lee Young 6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) February 12, 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>89</u>	<u>1</u>	<u>5</u>	hrs min.

9. Exact Occupation Housewife Did this work for 55 yrs.

10. Industry or Business Home Date last worked -----

11. Birthplace Copel, Slaswig Holstein, Germany (City or town) (State or foreign country)

12. Name Erich Asmussen

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature August Young and Address Boise, Idaho

17. (a) burial (b) Date thereof 3-19-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Riverside Cem-Payette, Idaho

18. Funeral Director's OWN Signature Gifford R. Shaffer E-344 and Address Payette, Idaho

19. (a) 3/18/48 (b) J. Woodward (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 17 19 48  
at 12:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1946 to March 17 19 48  
I last saw h. or alive on March 15 19 48, death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral Vascular  
hemorrhage Duration 4 Days

Due to simultaneous

Due to -----

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred 19 City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature Michael J. Woodward (M D. or other)

and Address Payette, Idaho Date 3-18 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 14 1948

# Certificate of Death

STATE OF IDAHO

1048  
State File No. 1128  
Local Reg. No. 15  
Reg. Dist. No. 3-33/

## 1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town New Plymouth  
(c) Street Address or R.F.D. No. Route 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 2 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town New Plymouth  
(d) Street Address or R.F.D. No. Route 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state)

3. (a) FULL NAME Charles Nelson Trefren

3. (b) If veteran, name war Spanish American 3. (c) Social Security No.       

5. Color or        6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White

6. (b) Name of husband or wife Myrtle Harriett Trefren 6. (c) Age of husband or wife if alive 58 years

7. Date of Birth (Month, Day, Year) February 18, 1883.

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>1</u>	<u>14</u>	hrs. min.

9. Exact Occupation Farmer Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace North Loop, Nebraska.  
(City or town) (State or foreign country)

12. Name George F Trefren

13. Birthplace Boston, Mass.  
(City or town) (State or foreign country)

14. Maiden name Sarah Sandusky

15. Birthplace Kentucky.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Raymond Trefren  
and Address Payette, Idaho

17. (a) Burial (Burial, cremation, or removal) by Rev. J. J. Edwards (b) Date thereof 3/26/48  
(Month) (Day) (Year)

(c) Place Cloverdale Cemetery

18. Funeral Director's OWN Signature John J. Alsip Jr.  
and Address Nampa, Idaho

19. (a) 3/30/1948 (b) J. J. Edwards  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 22, 1948 19 48  
at 4:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Mar. 18 19 48, to Mar. 22 19 48  
I last saw him alive on Mar. 22, 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Carcinoma of stomach Duration Unknown

Due to Chronic gastric ulcer 20 yrs.

Due to Metastases to brain 3 months  
Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation        Date         
Major finding         
Finding of autopsy         
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19 48 City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Geo E. Davis, M.D.  
(M. D. or other)         
and Address New Plymouth, Idaho Date Mar. 24, 1948  
(For additional space, use reverse side)

1948  
State File No. 1129  
Local Reg. No. 129  
Reg. Dist. No. 3-330

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 31 1948

# Certificate Of Death

STATE OF IDAHO

DIVISION OF VITAL

## 1. PLACE OF DEATH

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R.F.D. No. 205 S. 8th St.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 58 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R.F.D. No. 205 S. 8th St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U S A  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) --

## 3. (a) FULL NAME VINCENT GEORGE SHURTLEFF

3. (b) If veteran, name war -- 3. (c) Social Security No. --  
5. Color or 6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Sadie Shurtleff 6. (c) Age of husband or wife if alive 54 years  
7. Date of Birth (Month, Day, Year) October 20, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>5</u>	<u>4</u>	hrs min.

9. Exact Occupation Garage-service Station Did this work for 29 yrs.  
10. Industry or Business ----- Date last worked -----  
11. Birthplace Payette, Payette County, Ida.  
(City or town) (State or foreign country)  
12. Name George W. Shurtleff  
13. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)  
14. Maiden name Alice E. Cook  
15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature George A. Shurtleff  
and Address Payette, Idaho

17. (a) Burial (b) Date thereof 3/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Riverside Cemetery, Payette, Idaho

18. Funeral Director's OWN Signature Gifford R. Shaffer E-344  
and Address Payette, Idaho

19. (a) 3/25/1948 (b) J. Woodward  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 047D 055E

20. DATE OF DEATH (Month, Day, Year) March 24, 1948 19  
at 5:05 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from August 1946 to March 24, 1948  
I last saw him alive on March 24, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Lympho sarcoma, metastatic Duration with metastasis  
Due to with metastasis

Due to -----  
Other conditions (Include pregnancy within 3 months of death) -----

Where was disease contracted? ----- PHYSICIAN -----  
Name of operation ----- Date ----- Underline the cause to which death should be charged statistically.  
Major finding -----  
Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred 19 City, county, state -----  
where violence occurred -----  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----

Means of injury -----  
23. Attendant's OWN Signature R. Woodward (M. D. or other)  
and Address Payette, Idaho Date 3-25-48  
(For additional space, use reverse side)



United States

Department of Commerce APR 14 1948

Bureau of the Census

## CERTIFICATE OF DEATH

STATE OF IDAHO

1948

1130

Local Registrar's Duplicate

Local Reg. No. 18

Reg. Dist. No. 3-330

## 1. PLACE OF DEATH:

- (a) County Payette  
 (b) City or town Payette  
 (c) Street Address or R. F. D. No. 622 N. 8th St.  
 (d) Death Occurred Inside? ☒ Outside? ☐ city or town  
 (e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
 (f) Name Hosp. or Inst. ----- Stayed --- days  
 (g) Lived in this county 45 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME SAMUEL JEREMIAH KENEPP

3. (b) If veteran, name war -- 3. (c) Social Security No. 540-16-6706

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Kathryn K. Kenepp 6. (c) Age of husband or wife deceased years

7. Date of Birth (Month, Day, Year) October 8, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>5</u>	<u>19</u>	hrs. min.

9. Exact Occupation Minister Did this work for -- yrs.

10. Industry or Business Retired Date last worked 1946

11. Birthplace Pennsylvania (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Byron G. Shurtliff  
and Address 622 N. 8th St., Payette, Ida.

17. (a) Burial (b) Date thereof 3/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Riverside Cemetery, Payette, Ida.

18. Funeral Director's OWN Signature Giffard R. Shaffer  
and Address Payette, Idaho

19. (a) 3/30/1948 (b) J. C. Woodward  
(Date, received and filed) (Registrar's signature)

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
 (c) City or town Payette  
 (d) Street Address or R. F. D. No. 622 N. 8th St.  
 (e) Deceased lived Inside? ☒ Outside? ☐ city or town  
 (f) Citizen of what country? USA  
 (g) How long had deceased lived in Idaho? 45 years  
 (h) Former residence (city, state) -----

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 27, 1948  
at 10:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from -----, 1948, to -----, 1948

I last saw h..... alive on -----, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial failure Duration 3 days

Due to Coronary Occlusion 5 days

Due to -----

Other conditions Skull fracture

(Include pregnancy within 3 months of death)

accident 5 mos. ago.

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred Oct. 24, 1947, 1948 City, county, state

where violence occurred Highway, Ada, Idaho

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Car accident

Attendant's OWN Signature John J. Kaiser M.D.

and Address Payette (M. D. or other) Date 3/29/48, 1948

(For additional space, use reverse side)

APR 14 1948

CERTIFICATE OF DEATH  
STATE OF IDAHO

1948 1131  
Local Registrar's Duplicate  
Local Reg. No. 14  
Reg. Dist. No. 3-330

1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. 1520 Center Ave.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. 79 Stayed -- days  
(g) Lived in this country 79 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. 1520 Center Ave.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 79 years  
(h) Former residence (city, state) ---

3. (a) FULL NAME ELIZABETH M. APPLIGATE

3. (b) If veteran, name war -- 3. (c) Social Security No. --  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife John Appligate 6. (c) Age of husband or wife if alive 84 years  
7. Date of Birth (Month, Day, Year) November 10, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>4</u>	<u>19</u>	hrs. min.

9. Exact Occupation Housewife Did this work for -- yrs.  
10. Industry or Business Home Date last worked --  
11. Birthplace Winoma, Mississippi (City or town) (State or foreign country)

12. Name Samuel W. King  
13. Birthplace Mississippi (City or town) (State or foreign country)  
14. Maiden name Elizabeth Ruff  
15. Birthplace Tennessee (City or town) (State or foreign country)

16. Informant's OWN Signature Son appligate  
and Address Payette, Idaho

17. (a) Burial (b) Date thereof 3/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Kennedy Applegate Cemetery  
New Plymouth Idaho

18. Funeral Director's OWN Signature Jeffery R. Shaffer E-244  
and Address Payette, Idaho

19. (a) 3/30/1948 (b) J. Woodward  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 29, 1948  
(Month, Day, Year) at 12:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1910, 19---, to Mar 29/48, 19---  
I last saw h. --- alive on ---, 19---; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cardio-Vascular disease

Due to ---

Due to Senility

Other conditions ---

(Include pregnancy within 3 months of death)

Where was disease contracted? ---

Name of operation --- Date ---

Major finding ---

Finding of autopsy ---

Duration

Physician

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred ---, 19--- City, county, state

where violence occurred ---

Place of Violence: Home --- Farm --- Industry ---

Public Place --- While at work? ---

Means of injury ---

23. Attendant's OWN Signature Dr. J. R. Woodward

(M. D. or other) and Address Payette, Ida. Date 3/30/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY 1 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1132  
Local Reg. No. 7  
Reg. Dist. No. 500

1. PLACE OF DEATH: Place of Death
- (a) County Power  
(b) City or town Am. Falls, Ida.  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Mary's Stayed 11 days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bingham  
(c) City or town Ham. Is. Bingham, Ida.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Nebraska

3. (a) FULL NAME Peter Bartholoma Sr.

3. (b) If veteran, name war No 3. (c) Social Security No. None
5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
4. Sex Male 6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) August 18, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>6</u>	<u>18</u>	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business Farm Date last worked \_\_\_\_\_
11. Birthplace Orator, Russia (City or town) (State or foreign country)
12. Name Jacob Bartholoma
13. Birthplace Russia (City or town) (State or foreign country)
14. Maiden name Anna Maria Aschenbrenner
15. Birthplace Russia (City or town) (State or foreign country)

16. Informant's OWN Signature Leo Heer and Address Bozeman, Ida.
17. (a) Burial (b) Date thereof 3-9-48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Fallenius, Cemetery
18. Funeral Director's OWN Signature H. J. Davis and Address Am. Falls, Idaho
19. (a) Mar 9 - 1948 (b) Boone D. King (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) March 6 1948  
at 9:45 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from Oct 1940, to Mar 6 1948

I last saw h. live alive on Mar 6 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure Duration 2 wks

Due to Chronic myocarditis 3 yrs

Due to arteriosclerosis 4 yrs

Other conditions hypertension of blood  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred
- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_
- Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. J. Davis, MD (M. D. or other)  
and Address Bozeman, Idaho Date 3-6 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 28-296 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECORD **Certificate Of Death**

MAR 25 1948

STATE OF IDAHO

1948 State File No. **1133**  
Local Reg. No. **8**  
Reg. Dist. No. **500**

1. PLACE OF DEATH:

- (a) County Powai  
(b) City or town Am. Falls, Ida  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 37 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Powai  
(c) City or town Am. Falls, Ida  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) N. Dakota

3. (a) FULL NAME

Carl Bauer

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male race White  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ratie  
6. (c) Age of husband or wife if alive 64 years

7. Date of Birth (Month, Day, Year) Sept 23, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>5</u>	<u>26</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for 48 yrs.

10. Industry or Business farm Date last worked \_\_\_\_\_

11. Birthplace So. Russia  
(City or town) (State or foreign country)

12. Name John Bauer

13. Birthplace Russia  
(City or town) (State or foreign country)

14. Maiden name Ratie Jungert

15. Birthplace Russia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Emil C. Bauer  
and Address Am. Falls, Ida.

17. (a) Burial (b) Date thereof 3-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Fallenius Cemetery

18. Funeral Director's OWN Signature H. J. Davis  
and Address Am. Falls, Ida.

19. (a) March 22-1948 (b) John Davis  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3-19 1948  
at 1:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 3-19 1948  
I last saw him alive on 3-19 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. L. Murray m.d.

and Address Amer. Falls, Ida. (M. D. or other) 3/20/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
APR - 3 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

State File No. 1134  
Local Reg. No. 9  
Reg. Dist. No. 500

1. PLACE OF DEATH:

- (a) County Power  
(b) City or town Am. Falls  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Shelly M. Stayed 17 days  
(g) Lived in this county 64 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Power  
(c) City or town Am. Falls, Ida.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME

Isaac Thorne

3. (b) If veteran, \_\_\_\_\_

3. (c) Social Security

name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
(a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise 6. (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) July 21, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>8</u>	<u>0</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Montpelier, Ida.  
(City or town) (State or foreign country)

12. Name Isaac Thorne Sr.

13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

14. Maiden name Elsbeth Walker

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. G. S. Watts

and Address Am. Falls, Idaho

17. (a) Buried (b) Date thereof 3-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Racheland, Ida.

18. Funeral Director's OWN Signature H. J. Davis

and Address Am. Falls, Ida.

19. (a) Mar. 26-1948 (b) Ernie Bakung  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 137A

20. DATE OF DEATH (Month, Day, Year) March 21 19 48  
at 5:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 \_\_\_\_\_ to Mar. 21, 1948

I last saw him alive on Mar. 20, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Taken from Duration 4 mo.

myocardial infarction

Due to arteriosclerosis 34

Due to \_\_\_\_\_

Other conditions Prostatic enlargement

(Include pregnancy within 3 months of death)

c. selection caused by heart

Where was disease contracted? Idaho PHYSICIAN

Name of operation Cystitis Date 3-1-48 Underline the cause to which death is attributed

Major finding enlarged prostate should be charged statistically.

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature P. J. James M.D. (M. D. or other)  
and Address Abundant, Ida. Date 3-31-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

APR 7 1948

STATE OF IDAHO

1948 State File No. 1135

Local Reg. No. 10

Reg. Dist. No. 500

## 1. PLACE OF DEATH:

- (a) County Power  
(b) City or town Am. Falls, Ida  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home? X Hospital? ..... Institution? ..... Other place? .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 30 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Power  
(c) City or town Am. Falls, Ida.  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) S. Dakota.

## 3. (a) FULL NAME

Pauline Dormier Musch

094A

3. (b) If veteran, name war no 3. (c) Social Security No. none  
5. Color or race white 6. (a) Single, widowed, married, divorced married  
4. Sex female 6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 59 years  
7. Date of Birth (Month, Day, Year) Aug. 5 - 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>7</u>	<u>26</u>	hrs min.

9. Exact Occupation Household Did this work for ..... yrs.  
10. Industry or Business Home Date last worked 3-31-48  
11. Birthplace S. Dakota (City or town) (State or foreign country)  
12. Name John Dormier  
13. Birthplace Russia (City or town) (State or foreign country)  
14. Maiden name Katie Barrett  
15. Birthplace Russia (City or town) (State or foreign country)

16. Informant's OWN Signature John Musch  
and Address Am. Falls, Idaho

17. (a) Buried (b) Date thereof Apr. 5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Abundon, Idaho

18. Funeral Director's OWN Signature T. J. Davis  
and Address Am. Falls, Ida

19. (a) April 5-1948 (b) Boone Saling  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3-31 1948  
at 11:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3-31 1948, to 3-31 1948.

I last saw her alive on 3-31 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Coronary Occlusion  
Due to .....

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature J. L. Murray M.D.  
and Address Am. Falls, Idaho (M. D. or other) 4/2 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

MAR 13 1948

STATE OF IDAHO

State File No. **1136**  
Local Reg. No. **2**  
Reg. Dist. No. **172**

1. PLACE OF DEATH **STATISTICS**
- (a) County **Shoshone**  
(b) City or town **Wallace**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. **Home** Stayed **1** days  
(g) Lived in this county..... years ..... months **1** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Shoshone**  
(c) City or town **Kellays**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **Steven Glenn Kifer**

3. (b) If veteran, name war ..... No. ....  
5. Color or 6. (a) Single, widowed, married,  
Sex **M** race **W** divorced **Single**  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife ..... alive ..... years

7. Date of Birth (Month, Day, Year) **March 2, 1948**

8. AGE	Years	Months	Days	If less than 1 day
				<b>5</b> hrs min.

9. Exact Occupation **Infant** Did this work for - yrs.  
10. Industry or Business **"** Date last worked  
11. Birthplace **Wallace Idaho** (City or town) (State or foreign country)

12. Name **Steven Kifer**  
13. Birthplace **Big Horn Montana** (City or town) (State or foreign country)  
14. Maiden name **Ann Cunningham**  
15. Birthplace **no record** (City or town) (State or foreign country)

16. Informant's OWN Signature **Larry Kifer**  
and Address **Kellays Idaho**

17. (a) **Burial** (b) Date thereof **3/10/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Kellays Idaho**

18. Funeral Director's OWN Signature **Glenn M. White**  
and Address **Kellays Idaho**

19. (a) **3/8/48** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **3/2/1948**  
at **11** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **2** **Mar** 1948, to **2 Mar** 1948  
I last saw h. **alive** on **2 Mar** 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to **PREMATURITY**  
**Only 5 1/2 months in life**  
Due to .....  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Kellays**  
Name of operation **None** Date .....  
Major finding .....  
Finding of autopsy **None**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred. 19..... City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place. While at work?  
Means of injury

23. Attendant's OWN Signature **Glenn M. White** (M. D. or other)  
and Address **Kellays Idaho** Date **5 Mar 48**  
(For additional space, use reverse)

Informant, Funeral Director, Registrar, and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. **1137**  
Local Reg. No. **1**  
Reg. Dist. No. **1A**

**1. PLACE OF DEATH:**

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R.F.D. No. 17  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Wardlaw Stayed 17 days  
(g) Lived in this county 2 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. 17  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

Thomas H Kifer

046B

**3. (b) If veteran,**

name war \_\_\_\_\_

**3. (c) Social Security**

No. 518-16-8134

**5. Color or**

race W

**6. (a) Single, widowed, married,**

divorced married

**4. Sex M**

race W

**6. (b) Name of husband or**

wife Edna

**6. (c) Age of husband or wife if**

alive 49 years

**7. Date of Birth**

(Month, Day, Year) March 21, 1893

**8. AGE**

Years 54 Months 11 Days 14 hrs min.

**9. Exact**

Occupation Smelter Worker Did this work for 2 yrs.

**10. Industry or**

Business Smelting Date last worked 3/9/48

**11. Birthplace**

(City or town) (State or foreign country)

12. Name No Record

13. Birthplace No Record

(City or town) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record

(City or town) (State or foreign country)

**16. Deceased's**

OWN Signature Thomas H Kifer

and Address Kellogg Idaho

**17. (a) Burial, cremation, or removal**

(b) Date thereof 3/17/48

(c) Place: Kellogg Idaho

**18. Funeral Director's**

OWN Signature Edna Kifer

and Address Kellogg Idaho

**19. (a)**

(Date received and filed) 3/18/48 (Registrar's signature) J. H. Stone

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**

(Month, Day, Year) 3/5 1948

at 11 o'clock M.

**21. I HEREBY CERTIFY, That I attended deceased from**

Feb 20 1948, to Mar 5 1948

I last saw him alive on Mar 5 1948; death is

said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Mus carcinoma Stomach Duration 2-3 Mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation Autopsy Date 3/1/48

Major finding Extensive Ca Stomach

Finding of autopsy \_\_\_\_\_

**22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_**

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

**23. Attendant's**

OWN Signature Edna Kifer MD

(M.D. or other)

and Address Kellogg Idaho Date 3-6 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death 1942

STATE OF IDAHO DEPARTMENT OF VITAL STATISTICS

State File No. **1138**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. **140**

## 1. PLACE OF DEATH

- (a) County **Shoshone**  
(b) City or town **Wallace**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County \_\_\_\_\_  
(c) City or town **Wallace**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? **60** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**Henry John Stewart**

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex

**Male**

Color **White**  
Race **White**

5. Color \_\_\_\_\_  
6. (a) Single, widowed, married, divorced **Widowed**

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

**Apr. 6 - 1874**

## 8. AGE

Years **73**

Months **11**

Days **0**

If less than 1 day \_\_\_\_\_ hrs \_\_\_\_\_ min.

## 9. Exact Occupation

**Retired**

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

**Millman**

Date last worked \_\_\_\_\_

## 11. Birthplace

(City or town) **London**

(State or foreign country) **England**

## 12. Name

\_\_\_\_\_

## 13. Birthplace

(City or town) **London**

(State or foreign country) **England**

## 14. Maiden name

\_\_\_\_\_

## 15. Birthplace

(City or town) \_\_\_\_\_

(State or foreign country) \_\_\_\_\_

## 16. Informant's OWN Signature

**Edith J. Boyle**

## 17. (a) Date thereof

**May 1 - 48**

## 17. (b) Date thereof

(Month) (Day) (Year)

## 17. (c) Place:

**Wallace Idaho**

## 18. Funeral Director's OWN Signature

**John J. Jones**

## 18. and Address

**Wallace Idaho**

## 19. (a) Date received and filed

**May 8 - 48**

## 19. (b)

(Registrar's signature) **John A. Brown**

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **March 6** 19**48**  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**March 4 - 1948 to March 6 - 1948**

I last saw him alive on **March 6 - 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Underlie \_\_\_\_\_

Major cause of death \_\_\_\_\_

Findings of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

**John J. Jones**

and Address \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. **1139**  
Local Reg. No. **11**  
Reg. Dist. No. **142**

**1. PLACE OF DEATH:**

- (a) County Shoshone  
(b) City or town Pellogo  
(c) Street Address or R. F. D. Decker King  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 9 years 9 months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State..... (b) County.....  
(c) City or town.....  
(d) Street Address or R.F.D. No.....  
(e) Deceased lived Inside?.....Outside?.....city or town  
(f) Citizen of what country?.....  
(g) How long had deceased lived in Idaho?.....years  
(h) Former residence (city, state).....

**3. (a) FULL NAME**

Dennis Keith Bingham

064X

**3. (b) If veteran,**

name war -

**3. (c) Social Security**

No. -

5. Color or race M.

6. (a) Single, widowed, married, divorced -

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive - years

**7. Date of Birth**

(Month, Day, Year) 1947 July 13

**8. AGE**

Years 7 Months 22 Days 22 If less than 1 day hrs min.

9. Exact Occupation - Did this work for - yrs.

10. Industry or Business - Date last worked -

11. Birthplace Pellogo, Id. (City or town) (State or foreign country)

12. Name Guy Bingham

13. Birthplace Pellogo, Id. (City or town) (State or foreign country)

14. Maiden name Signer Bingham

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Guy Bingham

and Address Pellogo, Id.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 11-48 (Month) (Day) (Year)

(c) Place: Pellogo, Id.

18. Funeral Director's OWN Signature P. D. Stout

and Address Pellogo, Id.

19. (a) 3/10/48 (Date received and filed) (b) John B. Bingham (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 161C

- 20. DATE OF DEATH** (Month, Day, Year) Mar 9 1948

at - o'clock M.

- 21. I HEREBY CERTIFY,** That I attended deceased from - 19-, to - 19-

I last saw h..... alive on - 19-; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Duration

Long time

Due to

Due to

Other conditions intermediate  
(Include pregnancy within 3 months of death)

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autopsy -

PHYSICIAN

Underline the cause to which death should be charged statistically.

- 22. If death was due to EXTERNAL CAUSES,** also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred - 19- City, county, state

where violence occurred -

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury -

- 23. Attendant's OWN Signature** H. C. Nowell

and Address - (M. D. or other) - 19-  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAR 22 1948

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **1140**  
Local Reg. No. **124**  
Reg. Dist. No. **140**

1. PLACE OF DEATH  
(a) County **Shoshone**  
(b) City or town **Wallace**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Providence** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **Lucora Rose Whittum**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex **F.** 5. Color **W.** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **March 12 1948**  
8. AGE  
Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than 1 day \_\_\_\_\_ hrs. \_\_\_\_\_ min. **12**

9. Exact Occupation **None** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Wadsworth, Idaho** (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name **Roy Whittum** (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

13. Birthplace **Missoula, Mont.** (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name **Volusia Thornton** (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

15. Birthplace **Olympia, Wash.** (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature **Roy Whittum** and Address **Osborne, Idaho**

17. (a) **Burial** (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof **3-17-48** (Month) (Day) (Year)

(c) Place **Green Valley, Ida**

18. Funeral Director's OWN Signature **John Brown** and Address **Wallace, Idaho**

19. (a) **3-18-48** (Date received and filed) (b) **J. Schaefer** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **March 12 1948**  
at **10:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **3-12-48** to **3-12-48**.  
I last saw her alive on **3-12-48**.  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Pneumonia** Duration **Hours**

Due to **Pneumonia**

Due to **3 WKS.**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **Shot**

23. Attendant's OWN Signature **John Brown** and Address **Wallace, Idaho** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1141  
Local Reg. No. 16  
Reg. Dist. No. 48

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Killing  
(c) Street Address or R.F.D. No.   
(d) Death Occurred Inside? X Outside?  city or town  
(e) Died in a Home  Hospital X Institution  Other place   
(f) Name Hosp. or Inst. Wardner Stayed 1 days  
(g) Lived in this county 1 years 6 months  days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Warner  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? X Outside?  city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1 1/2 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Glenn E Good

1700

## 3. (b) If veteran,

name war World War II

## 3. (c) Social Security

No.

## 5. Color or

(a) Single, widowed, married, divorced Married

4. Sex M race

6. (b) Name of husband or wife Glenn

(c) Age of husband or wife if alive 31 years

## 7. Date of Birth

(Month, Day, Year) August 12 1911

## 8. AGE

Years	Months	Days	If less than 1 day
<u>36</u>	<u>7</u>	<u>2</u>	hrs min.

## 9. Exact

Occupation Construction Did this work for 1 1/2 yrs.

10. Industry or Business Construction

Date last worked 3/48

## 11. Birthplace

(City or town) (State or foreign country)

## 12. Name

Ernest John Good

## 13. Birthplace

(City or town) (State or foreign country) Montana

## 14. Maiden name

No Record

## 15. Birthplace

(City or town) (State or foreign country) No Record

## 16. Informant's

OWN Signature Theresa Good

and Address Shoshone, Idaho

## 17. (a)

(Burial, cremation, or removal) General (b) Date thereof 4/13/48 (Month) (Day) (Year)

(c) Place: General

## 18. Funeral Director's

OWN Signature Theresa Good

and Address Shoshone, Idaho

## 19. (a)

(Date received and filed) 4/13/48 (b) Theresa Good (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 3/14 19 48  
at 3:30 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Heart Attack Duration 2 hrs

Due to Heart Attack

Due to Heart Attack

Other conditions None

(Include pregnancy within 6 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide?  Homicide?

Occurred 3/14 19 48 City, county, state

where violence occurred Shoshone, Idaho

Place of Violence: Home X Farm  Industry

Public Place  While at work?

Means of injury Heart Attack

## 23. Attendant's

OWN Signature Theresa Good

and Address Shoshone, Idaho

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

APR 12 1948 STATE OF IDAHO

State File No. **1142**  
Local Reg. No. **18**  
Reg. Dist. No. **142**

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R.F.D. No. 18 Railroad  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Wardman Stayed 1 days  
(g) Lived in this county 1 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. 18 Railroad  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Ruby M Behner

0967

3. (b) If veteran, name war - No. -  
5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Fred  
6. (c) Age of husband or wife if alive 42 years  
7. Date of Birth (Month, Day, Year) August 4 1922

8. AGE	Years	Months	Days	If less than 1 day
	<u>25</u>	<u>7</u>	<u>18</u>	hrs min.

9. Exact Occupation Home Did this work for 4 yrs.  
10. Industry or Business Home Date last worked 1948  
11. Birthplace Coate Idaho (City or town) (State or foreign country)

12. Name Louise Maoney  
13. Birthplace Missouri (City or town) (State or foreign country)  
14. Maiden name Stella Wilson  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Ruby Behner  
and Address Kellogg Idaho

17. (a) Burial (b) Date thereof 3/25/48  
(Burial, cremation, or reinterment) (Month) (Day) (Year)  
(c) Place: Kellogg Idaho

18. Funeral Director's OWN Signature John M. Glash  
and Address Kellogg Idaho

19. (a) 4/17/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3/22 1948  
at 6 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3-22-1948 to 3-22-1948  
I last saw h.a. alive on 3-22-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ruptured cerebral aneurysm Duration 3-4 days

Due to aneurysm

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Kellogg

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred 19 City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature Elmer McLoskey (M. D. or other)  
and Address Kellogg Idaho Date 4-5 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink of BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
Certificate Of Death  
APR - 3 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948 State File No. 1143  
Local Reg. No. 17  
Reg. Dist. No. 143

1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R.F.D. No. 219 E. Pine  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp St. Mary's Hosp Stayed 21 years  
(g) Lived in this county 7 years 4 months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. 219 E. Pine  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? Canada  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Canada

3. (a) FULL NAME

Thomas Martin Evans

3. (b) If veteran,

name war 1

3. (c) Social Security

No. None

5. Color or race W.

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife L

6. (c) Age of husband or wife if alive 4 years

7. Date of Birth

(Month, Day, Year) Oct 26 - 1867

8. AGE

Years	Months	Days	If less than 1 day
<u>80</u>	<u>4</u>	<u>27</u>	hrs min.

9. Exact Occupation

Farmer Did this work for 21 yrs.

10. Industry or Business

Farming Date last Retired

11. Birthplace

(City or town) Bozeman (State or foreign country) Montana

12. Name

John M. Evans

13. Birthplace

(City or town) England (State or foreign country) England

14. Maiden name

Harlock

15. Birthplace

(City or town) England (State or foreign country) England

16. Informant's

OWN Signature

F. M. Evans

and Address

Kellogg, Ida

17. (a) Cremation (b) Date thereof (Month) (Day) (Year) 3 27 - 48

(c) Place:

Opal

18. Funeral Director's

OWN Signature

P. J. Stout

and Address

Kellogg, Ida

19. (a) 3/30/48 (b) Id. Evans

(Date received and filed)

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) 3-24 1948  
at 8:30 o'clock 6 M.

21. I HEREBY CERTIFY, That I attended deceased from

3-23 1948, to 3-24 1948.

I last saw him alive on 3-24 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary Infarction

Due to

Renal

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home 3 Farm 3 Industry 3

Public Place

While at work?

Means of injury

23. Attendant's

OWN Signature

John E. Foley (M. D. or other)  
and Address Kellogg, Idaho Date 3-29-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
APR - 3 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

1046

State File No. 1144  
Local Reg. No. 15  
Reg. Dist. No. 142

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Western Stayed 7 days  
(g) Lived in this county 7 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

William H Barton

094A

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex M race W

5. Color or

6. (a) Single, widowed, married, divorced unmarried

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year)

January 2, 1860

8. AGE

Years 88

Months 2

Days 23

If less than 1 day  
hrs min.

9. Exact Occupation

Retired Carpenter for 40 yrs.

10. Industry or Business

Retired

11. Birthplace

Salt Lake City, Utah

12. Name

William H Barton

13. Birthplace

England

14. Maiden name

Elizabeth Barton

15. Birthplace

England

16. Informant's

OWN Signature

Ralph Buzzell

and Address

South 1st, Kellogg

17. (a)

Removed

(b)

Date thereof 3/27/48

(c) Place:

Polson, Montana

18. Funeral Director's

OWN Signature

James H. Hark

and Address

1000 N. Main

19. (a)

3/27/48

(Date received and filed)

(b)

W. H. Hark

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

097X

20. DATE OF DEATH

(Month, Day, Year) 3/25 1948

at 4 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from

3-20- 1948, to 3-25 1948

I last saw him alive on 3-25- 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary occlusion

Duration

1 week

Due to

arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_

While at work? \_\_\_\_\_

Means of injury

23. Attendant's

OWN Signature

Elmer McEliffery MD

and Address

Kellogg

(Date received and filed)

3-27-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1145  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Waller Stayed \_\_\_\_\_ days  
(g) Lived in this county 7 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☐ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Wash.

## 3. (a) FULL NAME

Grove Brock

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex

7 W

Color W

## 6. (a) Single, widowed, married, divorced

Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

\_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

July 29, 1880

## 8. AGE

Years 67

Months 6

Days 2

If less than 1 day  
hrs min.

## 9. Exact Occupation

Retired

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

School Teacher

Date last worked \_\_\_\_\_

## 11. Birthplace

Ingalls, Mich.

(City or town) (State or foreign country)

## 12. Name

E. D. Brock

## 13. Birthplace

Canada  
(City or town) (State or foreign country)

## 14. Maiden name

Anna Brock

## 15. Birthplace

Verona, N.J.  
(City or town) (State or foreign country)

## 16. Informant's

### OWN Signature

Frank A. Brock

and Address Wallace, Idaho

## 17. (a)

(Burial, cremation, or removal)

(b) Date thereof Apr 7-48  
(Month) (Day) (Year)

## (c) Place:

Buried at funeral home

## 18. Funeral Director's

### OWN Signature

John Brock

and Address Wallace, Idaho

## 19. (a)

Date received and filed Apr 1-48

## (b)

(Registrar's signature) John Brock

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) March 30 1948  
at 2:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

12-30-47 1947, to 3-31-48 1948

I last saw h. or alive on 3-30-48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Obstructive Jaundice

## Due to

Carcinomatosis

Due to Carcinoma left Breast

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

## Finding of autopsy

## Duration

3 mo

3 mo

2 yr.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's

### OWN Signature

J. E. Bonebrake

and Address Wallace, Idaho Date 4-1-48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
1948  
STATE OF IDAHO  
OF VITAL

1010 State File No. **1146**  
Local Reg. No. **5**  
Reg. Dist. No. **142**

**1. PLACE OF DEATH**

- (a) County **Shoshone**  
(b) City or town **Smelterville**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? **Y** Outside? ..... city or town  
(e) Died in a Home **X** Hospital ..... Institution ..... Other place....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years **X** months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Shoshone**  
(c) City or town **Smelterville**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **Y** Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **46** years  
(h) Former residence (city, state) **Cayenne Idaho**

**3. (a) FULL NAME**

**Elias H Blackney**

**093D**

**3. (b) If veteran,**

name war -

**3. (c) Social Security**

No. ....

5. Color or race **W**  
6. (a) Single, widowed, married, divorced **married**  
4. Sex **M**  
6. (b) Name of husband or wife **Mary**  
6. (c) Age of husband or wife if alive **59** years

7. Date of Birth (Month, Day, Year) **February 27, 1875**

8. AGE	Years	Months	Days	If less than 1 day
	<b>73</b>	<b>0</b>	<b>4</b>	hrs min.

9. Exact Occupation **Retired** Did this work for ..... yrs.

10. Industry or Business **Brick & Lime Co** Date last worked **1947**

11. Birthplace **New Brunswick, N.J.** (City or town) (State or foreign country)

12. Name **Elias Blackney**

13. Birthplace **New Brunswick, N.J.** (City or town) (State or foreign country)

14. Maiden name **Daniel Harrison**

15. Birthplace **New Brunswick, N.J.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Ann Lapins, Katelyn** and Address **Smelterville, Idaho**

17. (a) **Funeral** (b) Date thereof **3/5/48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Crematorium**

18. Funeral Director's OWN Signature **Robert M. Glaser** and Address **Idaho Falls, Idaho**

19. (a) **3/7/48** (b) **John D. Dine** (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **3/1** 19 **48**  
at **3:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **1945** 19 **3-1** 19 **48**  
I last saw him alive on **Feb. 14, 1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

**Acute Dilatation of Heart**

Due to **6 chronic myocardite**

Due to **6 compensation**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **Robert E. Green**

and Address **Idaho Falls, Idaho** (M. D. or other) Date **3-5** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAR 15 1948 STATE OF IDAHO

1948  
State File No. 1147  
Local Reg. No. 18  
Reg. Dist. No. 41

## DIVISION OF VITALS

1. PLACE OF DEATH: *Shoshone*  
(a) County *Shoshone*  
(b) City or town *Idaho*  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? *✓* Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. *St. Joseph* Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State *Idaho* (b) County *Shoshone*  
(c) City or town *Wallace*  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? *940* years  
(h) Former residence (city, state) *Idaho*

3. (a) FULL NAME *Dave Fennerton*  
3. (b) If veteran, name war ..... No. ....  
3. (c) Social Security No. ....  
4. Sex *Man* 5. Color of skin *White*  
6. (a) Single, widowed, married, divorced *✓*  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	78			hrs min.

9. Exact Occupation *Retired* Did this work for ..... yrs.  
10. Industry or Business *Banker* Date last worked .....  
11. Birthplace *Idaho* (City or town) (State or foreign country)

- Mother { 12. Name .....  
13. Birthplace ..... (City or town) (State or foreign country)  
14. Maiden name .....  
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's OWN Signature *John A. Brown* Hosp. Recd. *Wallace Idaho*  
and Address *Mar - 9 - 48*

17. (a) *Burial* (b) Date thereof *Mar - 9 - 48*  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: *Wallace Idaho*  
18. Funeral Director's OWN Signature *John A. Brown*  
and Address *Wallace Idaho*

19. (a) *Mar 3-48* (b) *John A. Brown*  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *Mar 3* 1948  
at ..... o'clock *2* M.

21. I HEREBY CERTIFY, That I attended deceased from *April 7* 1947, to *Mar 2* 1948  
I last saw him alive on *Mar 1* 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Sensility* Duration

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature *F. W. Ralph MD*  
and Address *Mullan Idaho* Date *Mar 3-1948*  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAR 15 1948

STATE OF IDAHO

State File No. 1148  
Local Reg. No. 14  
Reg. Dist. No. 140

1. PLACE OF DEATH: Division of Vital Statistics
- (a) County Shoshone  
(b) City or town Silverton  
(c) Street Address or R.F.D. No. Ortop  
(d) Death Occured Inside? ✓ Outside? city or town  
(e) Died in a Home ✓ Hospital ✓ Institution Other place  
(f) Name Hosp. or Inst. Ortop Stayed days  
(g) Lived in this county 13 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Shoshone  
(c) City or town Mullan  
(d) Street Address or R.F.D. No. 13  
(e) Deceased lived Inside? ✓ Outside? city or town  
(f) Citizen of what country? 13  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) 052B

3. (a) FULL NAME Albert Russell Winchester

3. (b) If veteran, name war No.  
3. (c) Social Security No. Married  
4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lilla 6. (c) Age of husband or wife if alive 77 years  
7. Date of Birth (Month, Day, Year) April 4 - 1870

8. AGE Years Months Days If less than 1 day  
77 11 0 hrs min.

9. Exact Occupation Blacksmith Did this work for  yrs.  
10. Industry or Business Blacksmith Date last worked worked  
11. Birthplace Richmond, Wis. (City or town) (State or foreign country)

12. Name Russell Winchester  
13. Birthplace Bozington (City or town) (State or foreign country)  
14. Maiden name Bozington  
15. Birthplace Bozington (City or town) (State or foreign country)

16. Informant's OWN Signature R. A. Winchester  
and Address Shoshone, Idaho

17. (a) Burial (b) Date thereof Mar 7 - 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mullan, Idaho

18. Funeral Director's OWN Signature John A. River  
and Address Walker, Idaho

19. (a) Mar 6 - 48 (b) John A. River  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Mar 4 1948  
at 4:35 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 15 1948 to Mar 4 1948  
I last saw him alive on Mar 3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Bladder Duration ?

Due to Due to  
Due to Due to  
Other conditions Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline Date which cause to  
Major finding which death  
Finding of autopsy should be  
charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ✓ Farm ✓ Industry ✓  
Public Place ✓ While at work? ✓  
Means of injury ✓

23. Attendant's OWN Signature W. W. Rolfe  
and Address Mullan, Idaho Date Mar 5 - 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

MAR 22 1948

# Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL

State File No. **1149**  
Local Reg. No. **23**  
Reg. Dist. No. **140**

1. PLACE OF DEATH **Shoshone**
- (a) County **Shoshone**
- (b) City or town **Mullan**
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
- (g) Lived in this county **36** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Shoshone**
- (c) City or town **Mullan**
- (d) Street Address or R.F.D. No. \_\_\_\_\_
- (e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? \_\_\_\_\_
- (g) How long had deceased lived in Idaho? \_\_\_\_\_ years
- (h) Former residence (city, state) **Dugan**

3. (a) FULL NAME **Mary Elizabeth Kennedy**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth **Feb 14, 1868**

- | 8. AGE | Years     | Months   | Days     | If less than 1 day |
|--------|-----------|----------|----------|--------------------|
|        | <b>78</b> | <b>1</b> | <b>2</b> | hrs. min.          |

9. Exact Occupation **At Home** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Upperville, Calif.** (City or town) (State or foreign country)

- Father { 12. Name **Joseph Tom Storman**

13. Birthplace **Ireland** (City or town) (State or foreign country)

- Mother { 14. Maiden name **Josephine Storman**

15. Birthplace **Ireland** (City or town) (State or foreign country)

16. Informant's OWN Signature **John Kennedy**

- and Address **Mullan, Idaho**

17. (a) **Burial** (b) Date thereof **March 16-48**

- (c) Place **Mullan, Idaho**

18. Funeral Director's OWN Signature **John A. Bever**

- and Address **Watauga, Idaho**

19. (a) **March 14-48** (b) **John A. Bever**

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 12, 1948**
- (Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Stroke** Duration **13-4 hr**

Due to **Arteriosclerosis**

Other conditions **Arteriosclerosis**

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **Stroke**

23. Attendant's OWN Signature **John A. Bever**

and Address **Watauga, Idaho**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAR 22 1948  
Certificate of Death  
DIVISION OF VITAL STATE OF IDAHO

State File No. 1150  
Local Reg. No. 25  
Reg. Dist. No. 141

1. PLACE OF DEATH:  
(a) County Shoshone  
(b) City or town Mullan  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Shoshone  
(c) City or town Mullan  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Mont.

3. (a) FULL NAME Anna Erickson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F Color W race W

6. (a) Single, widowed, married divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Nov-11-1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>4</u>	<u>4</u>	hrs. min.

9. Exact Occupation at Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace (City or town) Finland (State or foreign country) \_\_\_\_\_

Father { 12. Name John Long

13. Birthplace (City or town) Suomen (State or foreign country) \_\_\_\_\_

Mother { 14. Maiden name Suomen

15. Birthplace (City or town) Suomen (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Ray Erickson and Address Mullan Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-18-48 (Month) (Day) (Year)

(c) Place Mullan Idaho

18. Funeral Director's OWN Signature Phoebe Walker and Address Idaho

19. (a) Mar 16-48 (Date received and filed) (b) Phoebe Walker (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 15 1948  
at 2 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 3-5-48 1948 to 3-15-48 1948.  
I last saw her alive on 3-14-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Failure Duration 2 days

Due to Carcinoma of Stomach 2 Months

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Lewis B. Hunter (M. D. or other)

and Address Wallace Idaho Date 3-16 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 1151  
Local Reg. No. 26  
Reg. Dist. No. 141

1. PLACE OF DEATH:  
(a) County Shoshone  
(b) City or town Woodland Park  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in the)  
(a) State Idaho (b) County Shoshone  
(c) City or town Woodland Park  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Wash.

3. (a) FULL NAME Earl Robert Busch

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 49 years

7. Date of Birth (Month, Day, Year) March 5 - 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>0</u>	<u>11</u>	hrs. min.

9. Exact Occupation Substation Tender Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Washington Water Power Date last worked \_\_\_\_\_

11. Birthplace Reynolds Ore (City or town) (State or foreign country)

Father { 12. Name Not Known

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

Mother { 14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Henry A. Busch and Address Wood

17. (a) Funeral (b) Date thereof March 19-48 (Month) (Day) (Year)

(c) Place Home

18. Funeral Director's OWN Signature John A. Baker and Address Washoe Idaho

19. (a) March 17 - 48 (Date received and filed) (b) John A. Baker (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 16 1948  
(Month, Day, Year)  
at \_\_\_\_\_ o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1948 to \_\_\_\_\_ 1948

I last saw him alive on 3/16 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Myocardial Infarction  
Coronary Artery Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☒ Homicide? ☒

Occurred 3/16 1948 City, county, state Woodland Park Shoshone Idaho

where violence occurred \_\_\_\_\_

Place of Violence: Home? ☒ Farm? ☒ Industry? ☒

Public Place? ☒ While at work? ☒

Means of injury Heart attack

23. Attending Physician's OWN Signature John A. Baker (M.D. or other)

and Address Washoe Idaho (For additional space, use reverse side) 3/16 1948

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
Certificate Of Death

APR 1 1948

STATE OF IDAHO

State File No. 1152  
Local Reg. No. 13  
Reg. Dist. No. 142

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed        days  
(g) Lived in this county 26 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida (b) County Shoshone  
(c) City or town Kellogg Ida  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) June Wash

3. (a) FULL NAME

Orval Bernard Kenyon

3. (b) If veteran,

name war NO

3. (c) Social Security

No. 578-23-3519

5. Color M

race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Viola

6. (c) Age of husband or wife if alive 38 years

7. Date of Birth

(Month, Day, Year) Apr 7-1905

8. AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>10</u>	<u>24</u>	hrs min.

9. Exact Occupation Mode worker Did this work for 10 yrs.

10. Industry or Business Logging Date last worked

11. Birthplace Stanpoint Ida (City or town) (State or foreign country)

12. Name Orval Kenyon

13. Birthplace Idaho (City or town) (State or foreign country)

14. Maiden name Orval

15. Birthplace Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature Viola L. Kenyon and Address

17. (a) Buried (b) Date thereof 3/20/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Kellogg Ida

18. Funeral Director's OWN Signature R. A. Stout and Address Kellogg Ida

19. (a) 3/14/48 (b) Johnnie (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Mar 17 1948

at        o'clock        M.

21. I HEREBY CERTIFY, That I attended deceased from 19        to 19       

I last saw him alive on 3/17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crushed heart Duration

He had a heart attack

He had a heart attack

He had a heart attack

He had a heart attack

He had a heart attack

He had a heart attack

He had a heart attack

He had a heart attack

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While working       

Means of injury       

23. Attending Physician's OWN Signature        and Address        (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH: Statistics  
(a) County Shoshone  
(b) City or town Liberton  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Shoshone  
(c) City or town Wallen  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Henry Lolanda  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 518-03-9622  
4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Oct-14-1875

8. AGE	Years <u>72</u>	Months <u>3</u>	Days <u>11</u>	If less than 1 day hrs min.
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9. Exact Occupation Miner Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Ontario Canada (City or town) (State or foreign country)  
Mother { 12. Name Not known  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
Father { 14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
16. Informant's OWN Signature John A. Bower Howdy Record  
and Address Wallen Idaho  
17. (a) Buried (b) Date thereof March 24 1948  
(Burial, cremation, or other) (Month) (Day) (Year)  
(c) Place: Wallen Idaho  
18. Funeral Director's OWN Signature John A. Bower  
and Address Wallen Idaho  
19. (a) March 26 - 1948 (b) John A. Bower  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 112X  
20. DATE OF DEATH (Month, Day, Year) March 25 - 1948  
at 10:00 o'clock A M.  
21. I HEREBY CERTIFY, That I attended deceased from Mar 14 1948, to Mar 25 1948  
I last saw him alive on Mar 24 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Pneumonia Duration \_\_\_\_\_  
Due to Asthma  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature W. Ralph (M. D. or other)  
and Address Wallen Idaho Date Mar 24 1948  
(For additional space, use reverse side)



State File No. 1154  
Local Reg. No. 1954  
Reg. Dist. No. 66

## DIVISION OF VITAL

(a) County Shoshone  
(b) City or town Mullan  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 45 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give  
FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Blaine

(c) City or town \_\_\_\_\_

(d) Street Address or R.F.D. No. \_\_\_\_\_

(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_

(f) Citizen of what country? \_\_\_\_\_

(g) How long had deceased lived in Idaho? 45 years

(h) Former residence (city, state) none

3. (a) **FULL NAME** Jamie Blake Wilcox

3. (b) If veteran name war.....

3. (c) Social Security No. ....

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marjorie 6. (c) Age of husband or wife if alive 71 years

7. Date of Birth (Month, Day, Year) Aug-10-1981

	Years	Months	Days	If less than 1 day
8. AGE	66	7	15	hrs min.

9. Exact Occupation *Insurance Agent* Did this work for \_\_\_\_\_ yrs.

10. Industry or Business *City, Blue.* Date last worked \_\_\_\_\_

11. Birthplace *Northfield, Minn.* (City or town) (State or foreign country)

Mother Father { 12. Name *Frank Wilson*

13. Birthplace *Frank, Wis.* (City or town) (State or foreign country)

14. Maiden name *Emily Wilson*

15. Birthplace *Vermont.* (City or town) (State or foreign country)

16. Informant's  
OWN Signature *Margaret Wick*  
and Address *William Z. Wick*

17. (a) *Burial* (b) Date there of *May 29-48*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: *William Z. Wick*

18. Funeral Director's  
OWN Signature *Johna River*  
and Address *Walter Z. Wick*

19. (a) *Mar 27-48* (b) *Johna River*  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 25 1948  
(Month, Day, Year)  
at 11:50 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
*Dec* 19*47*, to *March 25*, 19*48*  
 I last saw him alive on *March 25*, 19*48*, death is  
 said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Crossing live	203
Due to	

Due to .....

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding	the cause to
---------------	--------------

Finding of autopsy	which death should be
--------------------	-----------------------

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
 Occurred..... 19..... City, county, state  
 where violence occurred .....  
 Place of Violence: Home..... Farm..... Industry.....  
 Public Place..... While at work?.....

Means of injury .....

23. Attendant's  
OWN Signature R W Ralph MD (3. D. or other)  
and Address Nullen Date Mar 27 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 24 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 1155  
Local Reg. No. 361  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. T.F. County Stayed ..... days  
(g) Lived in this county 33 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Provo, Utah

## 3. (a) FULL NAME

Joseph Walter Smith

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
(b) Name of husband or wife .....  
(c) Age of husband or wife if alive ..... years

7. Date of Birth  
(Month, Day, Year) April 1, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>10</u>	<u>15</u>	hrs min.

9. Exact Occupation Laborer Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Glasco, Scotland  
(City or town) (State or foreign country)

12. Name George Smith

13. Birthplace Scotland  
(City or town) (State or foreign country)

14. Maiden name Agnes Work

15. Birthplace Scotland  
(City or town) (State or foreign country)

16. Informant's OWN Signature K.R. Ballantyne  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 2/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Twin Falls Cemetery

18. Funeral Director's Reynolds Funeral Home

OWN Signature James E. Reynolds  
and Address Twin Falls, Idaho

19. (a) [Signature] (b) Edna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH February 16, 19 48  
(Month, Day, Year) at 5:00 o'clock AM

21. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1947 to Feb. 16, 1948  
I last saw him alive on 2-15-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of Rectum Duration .....

Due to .....

Due to .....

Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? Not known

Name of operation None Date .....

Major finding .....

Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred ..... 19 ..... City, county, state where violence occurred

Place of Violence: Home ☒ Farm ☒ Industry ☒

Public Place ☒ While at work? ☒

Means of injury .....

23. Attendant's OWN Signature J. T. Winkley  
(M/D. or other)

and Address Twin Falls, Idaho 2-17-1948

(For additional space, use reverse side)

046D

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 10 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 1156  
Local Reg. No. 364  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 264 W. Filer Ave.  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 11 years 11 months 11 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 264 W. Filer Ave.  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Denver, Colo.

3. (a) FULL NAME

William C. Harbour

3. (b) If veteran,  
name war

3. (c) Social Security  
No. 518-14-2622

5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie S.  
6. (c) Age of husband or wife if alive 62 years

7. Date of Birth  
(Month, Day, Year) November 9, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>3</u>	<u>23</u>	hrs min.

9. Exact Occupation Painter Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace AVOCER, IOWA  
(City or town) (State or foreign country)

12. Name Thomas Harbour  
(City or town) (State or foreign country)

13. Birthplace Ohio  
(City or town) (State or foreign country)

14. Maiden name Mary Coffman  
(City or town) (State or foreign country)

15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Minnie S. Harbour  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof March 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Twin Falls Cemetery  
18. Funeral Director's OWN Signature James E. Reynolds  
and Address Twin Falls, Idaho

19. (a) 3-4-48 (b) Edna Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 2, 1948 19  
(Month, Day, Year)  
at 8:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from March 2, 1948  
Did not see alive to March 2, 1948  
I last saw him alive on March 2, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchogenic Carcinoma  
with metastasis to lungs  
and pericarditis  
Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?         
Name of operation        Date         
Major finding         
Finding of autopsy See above  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred 19 City, county, state         
where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury       

23. Attendant's OWN Signature J. Woodson Creed, M.D.  
and Address Twin Falls County Hospital (M. D. or other)  
Date March 3, 1948  
(For additional space, use reverse side)

047C

685

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 10 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 1157  
Local Reg. No. 368  
Reg. Dist. No. 460

1. PLACE OF DEATH: STATISTICS  
(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 1437 4th Ave East  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 1437 4th Ave East  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) years

3. (a) FULL NAME WAKEM, John B.  
3. (b) If veteran, name war None  
3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Linnie E. 6. (c) Age of husband or wife if alive 63 years  
7. Date of Birth (Month, Day, Year) July 1, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>8</u>	<u>2</u>	hrs min.

9. Exact Occupation Retired Did this work for years  
10. Industry or Business Minister Date last worked 1941  
11. Birthplace Mt. Lebanon, Syria (City or town) (State or foreign country)  
Mother Father { 12. Name Unknown Wakem  
13. Birthplace Syria (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Syria (City or town) (State or foreign country)  
16. Informant's OWN Signature Dale Wakem  
and Address Twin Falls, Idaho  
17. (a) Burial (b) Date thereof 3/5 /48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Mem. Park Cem.  
18. Funeral Director's OWN Signature W. H. Tillman  
and Address White Mortuary-Twin Falls, Idaho  
19. (a) (Date received and filed) (b) Erma Reed (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) March 3rd, 1948 19 48  
at 5:30 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from 1946 to March 1948  
I last saw h. 1m alive on 20 Feb 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Cardiac failure acute Duration 5 yrs  
Due to Myocarditis  
Due to none  
Other conditions none (Include pregnancy within 3 months of death)  
Where was disease contracted? ?  
Name of operation None Date ?  
Major finding None  
Finding of autopsy ?  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ? Suicide? ? Homicide? ?  
Occurred 19 City, county, state ?  
where violence occurred ?  
Place of Violence: Home ? Farm ? Industry ?  
Public Place ? While at work? ?  
Means of injury ?  
23. Attendant's OWN Signature Malcolm Sauer  
and Address Twin Falls, Idaho Date 3/3 1948  
(For additional space, use reverse side)

438

**Certificate Of Death**

STATE OF IDAHO

State File No. **1158**  
Local Reg. No. **376**  
Reg. Dist. No. **460**

**1. PLACE OF DEATH:**

- (a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Falls** Stayed **3** days  
(g) Lived in this county **3** years **3** months **3** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Filer**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **3** days  
(h) Former residence (city, state) .....

**3. (a) FULL NAME**

**Margie Loughlin**

**3. (b) If veteran,**

name war

**3. (c) Social Security**

No. ....

5. Color or 6. (a) Single, widowed, married,  
Sex **Female** race **White** divorced **Single**

6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife **31** years **31** years

7. Date of Birth **March 4, 1948**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
			<b>3</b>	hrs min.

9. Exact Occupation Did this work for **3** yrs.

10. Industry or Business Date last worked

11. Birthplace **Twin Falls, Idaho**  
(City or town) (State or foreign country)

12. Name **Earl Loughlin**

13. Birthplace **Missouri**  
(City or town) (State or foreign country)

14. Maiden name **Annabelle Farr**

15. Birthplace **Oklahoma**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Earl Lou Loughlin**

- and Address **Filer**

17. (a) **Burial** (b) Date thereof **3-9-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Filer, Idaho**

18. Funeral Director's OWN Signature **S. C. Phillips**

- and Address **Twin Falls, Idaho**

19. (a) **3-16-48** (b) **Erna B. Reed**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **March 7** 19 **48**  
(Month, Day, Year)  
at **7:00** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **3/4** 19 **48** to **3/7** 19 **48**  
I last saw her alive on **3/6** 19 **48**; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

**Coronary Arteriosclerosis**

**Duration**

**3 days**

Due to **Berth Injury**

**3 days**

Due to **Break pneumonia**

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **19** City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **John L. Loughlin**

23. Attendant's OWN Signature **John L. Loughlin**  
(M. D. or other)

and Address **Filer, Idaho** Date **3/10 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 1 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 1159  
Local Reg. No. 374  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 210 Washington  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 1 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 210 Washington  
(e) Deceased lived Inside ☒ Outside? ☐ city or town  
(f) Citizen of what country? ☐  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Colo.

3. (a) FULL NAME Johnson, Henry C.

3. (b) If veteran, name war none  
3. (c) Social Security No. 521-04-7438  
4. Sex male 5. Color or race w  
6. (a) Single, widowed, married, divorced unknown  
6. (b) Name of husband or wife ☐  
6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth February 27, 1900  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>48</u>	<u>0</u>	<u>10</u>	hrs min.

9. Exact Occupation Plumber Did this work for ☐ yrs.  
10. Industry or Business worked Date last worked ☐  
11. Birthplace Keatsville, Missouri  
(City or town) (State or foreign country)

12. Name Harmon Johnson  
13. Birthplace Missouri  
(City or town) (State or foreign country)  
14. Maiden name Katie Unknown  
15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Byron Blomquist  
and Address Pocatello Idaho

17. (a) Removal (b) Date thereof 3/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pocatello, Idaho

18. Funeral Director's OWN Signature W. H. Hillman  
and Address White Mortuary-Twin Falls, Idaho

19. (a) 3-9-48 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 8 1948  
(Month, Day, Year)  
at 7:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 8 to March 8 1948.  
I last saw h. March 8 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gun shot wounds head & left chest Duration 10 min.  
Due to ☐

Due to ☐  
Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy same  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☒ Homicide? ☐  
Occurred March 8 1948 City, county, state Twin Falls, Idaho  
where violence occurred privately, twin falls, id.  
Place of Violence: Home ☒ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury 22 long bullet

23. Attendant's OWN Signature W. H. Hillman (M. D. or other)  
and Address Pocatello Date 3-8-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 22 1948  
OFFICE OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1160  
Local Reg. No. 375  
Reg. Dist. No. 460

1. PLACE OF DEATH:
- County **Twin Falls**
  - City or town **Twin Falls**
  - Street Address or R.F.D. No. **T. F. County Gen'l. Hosp.**
  - Death Occurred Inside? ☒ Outside? ☐ city or town
  - Died in a Home ☐ Hospital ☒ Institution ☐ Other place
  - Name Hosp. **T. F. CO. GEN'L. Hosp.** days
  - Lived in this county **20** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

- 2 Usual Residence of Deceased: (Always fill in these)
- State **Idaho** (b) County **Twin Falls**
  - City or town **Twin Falls**
  - Street Address or R.F.D. No. **1316 Addison Ave. East**
  - Deceased lived Inside? ☒ Outside? ☐ city or town
  - Citizen of what country?
  - How long had deceased lived in Idaho? **20** years
  - Former residence (city, state)

3. (a) FULL NAME **GULLEY, Robert Franklin**

3. (b) If veteran, name war No. 3. (c) Social Security No. 5. Color or 6. (a) Single, widowed, married, divorced **married**
4. Sex **Male** race **White**
6. (b) Name of husband or wife **Hattie** 6. (c) Age of husband or wife if alive years
7. Date of Birth **March 9th, 1887**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>61</b>	<b>0</b>	<b>2</b>	hrs min.

9. Exact Occupation **Sheepman** Did this work for **40** yrs.
10. Industry or Business **own business** Date last worked
11. Birthplace **Fayetteville, Arkansas**  
(City or town) (State or foreign country)

12. Name **Alvis A. Gulley**
13. Birthplace **Tenn.**  
(City or town) (State or foreign country)
14. Maiden name **Martha Anderson**
15. Birthplace **Fayetteville, Arkansas**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs H. J. Gulley**  
and Address **1316 Addison Ave E. Twin Falls, Idaho**
17. (a) **Burial** (b) Date thereof **3/13/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: **Sunset Memorial Park Com.**

18. Funeral Director's OWN Signature **Wm. A. Phillips**  
and Address **White Mortuary, Twin Falls, Idaho**
19. (a) **3-15-48** (b) **Ema B. Reed**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **MARCH 11, 1948** 19  
(Month, Day, Year) at **7:15** o'clock **A.** M.
21. I HEREBY CERTIFY, That I attended deceased from **19**, to **March 11, 1948**  
I last saw h. **im** alive on **Mar. 11, 1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Acute exacerbation of a Chronic myelogenous Leukemia** Duration **5 yrs**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? 19 City, county, state where violence occurred
- Place of Violence: Home Farm Industry
- Public Place While at work?
- Means of injury
23. Attendant's OWN Signature **Joseph W. Marshall, M.D.**  
and Address **Twin Falls, Idaho** Date **3/12/48**  
(For conditions of death, see instructions on back)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAR 24 1948

STATE OF IDAHO

State File No. 1161  
Local Reg. No. 281  
Reg. Dist. No. 460

1. PLACE OF DEATH: STATISTICS
- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. T. Falls Stayed 15 days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 143 Ash St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Minnesota

3. (a) FULL NAME Frank August Holmgren

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or race White  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Hilda Holmgren  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) July 1, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>8</u>	<u>13</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Stockholm, Sweden (City or town) (State or foreign country)

- Mother Father  
12. Name -- Holmgren  
13. Birthplace Sweden (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature W. Holmgren  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 3-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature J. C. Phillips  
and Address Twin Falls, Idaho

19. (a) 3-22-48 (b) Emma B Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 13 1948  
at 1:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1947, to March 13, 1948  
I last saw him alive on March 13, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration 1 week

Due to Carcinoma prostate 3 years

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Harwood L. Stover  
and Address Twin Falls, Idaho (M. D. or other) Date 3-14 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK INK or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
MAR 24 1948 STATE OF IDAHO

1948 State File No. 1162  
Local Reg. No. 38  
Reg. Dist. No. 460

1. PLACE OF DEATH: **PLACE OF VITAL**  
(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. T. Falls Stayed 1 days  
(g) Lived in this county 18 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County T. Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. RFD #1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Nebraska

3. (a) FULL NAME Mabel A. Wilkerson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 519-14-7504  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Eugene Wilkerson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) July 30, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>7</u>	<u>16</u>	hrs min.

9. Exact Occupation School Teacher Did this work for 11 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 3-15-48  
11. Birthplace Milford, Neb. (City or town) (State or foreign country)

12. Name John F. Gormley  
13. Birthplace New Castle, Pa. (City or town) (State or foreign country)  
14. Maiden name Mary E. Hotchkiss  
15. Birthplace Erie, Pa. (City or town) (State or foreign country)

16. Informant's OWN Signature John F. Gormley  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 3-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature J. Phillips  
and Address Twin Falls, Idaho

19. (a) 3-22-48 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) March 16 19 48  
at 8:05 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 28-48, to March 16 48

I last saw her alive on March 16; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Cerebral Hemorrhage  
Hypertension

Due to Chronic nephritis  
Other conditions Chronic myocarditis  
(Include pregnancy, within 9 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Erna B. Reed  
and Address Twin Falls, Idaho Date 3/19 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

# Certificate Of Death

STATE OF IDAHO

State File No. 1163  
Local Reg. No. 588  
Reg. Dist. No. 460

MAR 24 1948

## 1. PLACE OF DEATH DIVISION OF VITAL

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Addison W.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. T.F. Co. Gen Stayed 0 days  
(g) Lived in this county 2 years 2 months 23 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 424 3rd Ave. W.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Charles Arthur Brooke

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year)

December 23, 1945

8. AGE	Years	Months	Days	If less than 1 day
<u>2</u>	<u>2</u>	<u>23</u>	<u>hrs</u>	<u>min.</u>

9. Exact Occupation Infant Did this work for  yrs.  
10. Industry or Business worked Date last worked  
11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

12. Name Glenn Brooke  
13. Birthplace Galesburg, Illinois  
(City or town) (State or foreign country)  
14. Maiden name Shirlee Hoggle  
15. Birthplace Knox, Indiana  
(City or town) (State or foreign country)

16. Informant's OWN Signature Glenn Brooke  
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/48  
(Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature James C. Reynolds  
and Address Twin Falls, Idaho

19. (a) 2-20-48 (b) Emm B Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) March 16, 1948  
at 11:00 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Did not see alive 1948  
I last saw him on 3/16/ 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Crush injury to chest  
Due to falling

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred March 16, 1948 City, county, state  
where violence occurred negligence  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury falling  
23. Attendant's OWN Signature James C. Reynolds

and Address Twin Falls, Idaho Date 3-19-48  
(For additional space, use reverse side)

1948 1164  
State File No. \_\_\_\_\_  
Local Reg. No. 386  
Reg. Dist. No. 460

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

MAR 30 1948

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls Co. Gen'l. Hosp.  
(c) Street Address or R.F.D. No. T.F.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. T.F. Co. Hosp. days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. F. Labor Camp  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country Honolulu, Hawaii  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Portland, Oregon

## 3. (a) FULL NAME

Tanaka, Tosheko (Mrs. James K. Tanaka)

020X

3. (b) If veteran, name war none No. none  
5. Color or 6. (a) Single, widowed, married, divorced married  
4. Sex Female Japanese  
6. (b) Name of husband or wife if James K. (c) Age of husband or wife if 42 years  
7. Date of Birth (Month, Day, Year) October 8, 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>39</u>	<u>5</u>	<u>9</u>	hrs min.

9. Exact Occupation House wife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Honolulu, Hawaii (City or town) (State or foreign country)  
Mother Father { 12. Name Kishijiro Yamagata  
13. Birthplace Japan (City or town) (State or foreign country)  
14. Maiden name Tsuru Yamagata  
15. Birthplace Japan (City or town) (State or foreign country)

16. Informant's OWN Signature James K. Tanaka  
and Address Twin Falls, Idaho  
17. (a) Removal (b) Date thereof 3/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Salt Lake City, Utah  
18. Funeral Director's OWN Signature Aug. W. Little  
and Address White Mortuary-Twin Falls  
19. (a) March 26, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

022A

20. DATE OF DEATH (Month, Day, Year) March 17, 1948  
at 2:40 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 3-1-48 19, to 3-17-48 19

I last saw her alive on \_\_\_\_\_ 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Miliary Tuberculosis 2 mos

Due to Primary Tuberculosis in 2 mos

Due to ulcers

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding As above  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19. City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's Signature Joseph W. Marshall, M.D.  
(M. D. or other)

and Address \_\_\_\_\_ Date \_\_\_\_\_ 19.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
APR - 5 1948  
STATE OF IDAHO

State File No. 1165  
Local Reg. No. 389  
Reg. Dist. No. 460

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. T. Falls Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County T. Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No 523-5th West  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Illinois

3. (a) FULL NAME Howard J. Armstrong

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced married  
4. Sex Male race White  
6. (b) Name of husband or wife Della Armstrong 6. (c) Age of husband or wife if alive 57 years  
7. Date of Birth (Month, Day, Year) September 6, 1884

8. AGE	Years	Months	Days	If less than 1 day
	63	6	12	hrs min.

9. Exact Occupation Retired Farmer Did this work for 40 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1945

11. Birthplace Illinois  
(City or town) (State or foreign country)

Mother Father { 12. Name Robert Armstrong  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Robert A. Armstrong  
and Address Filer, Idaho

17. (a) Burial (b) Date thereof 3-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature [Signature]  
and Address Twin Falls, Idaho

19. (a) 3-30-48 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 18, 1948 19\_\_\_\_  
at 2:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1940 to 18 March 1948  
I last saw him alive on 18 March 1948. Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cardiac failure Duration 2 wks  
Due to Myocarditis 8 yrs  
Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Malcolm Sawyer MD  
(M. D. or other) and Address Twin Falls, Idaho Date 22/3/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1166  
Local Reg. No. 384  
Reg. Dist. No. 460

1. PLACE OF DEATH: D. VISION OF VITAL
- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. XXXXXXXXXX  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. T.F.Co.Hosp. Stayed 1 days  
(g) Lived in this county 39 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 241 4th Ave.E.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Mrs. Mary Hansen

3. (b) If veteran, name war None No. None  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female  
6. (b) Name of husband or wife H. N. Hansen 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) March 24, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>11</u>	<u>25</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Denmark  
(City or town) (State or foreign country)

12. Name Unk.  
13. Birthplace Denmark  
(City or town) (State or foreign country)  
14. Maiden name Unk.  
15. Birthplace Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature Erna X. Leth.  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof 3-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature W. U. Phillips  
and Address White Mortuary Twin Falls, Idaho

19. (a) March 26, 1948 (b) Erna S. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 19, 19 48  
(Month, Day, Year)  
at 1:10 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from March 17 19 48 to March 19 19 48  
I last saw h. or alive on March 19 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinomatosis Duration 1 yr

Due to Primary Ca of liver

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature W. U. Phillips (M. D. or other)  
and Address Twin Falls, Ida Date 3/22/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
MAR 30 1948  
STATE OF IDAHO

948  
State File No. **1167**  
Local Reg. No. **383**  
Reg. Dist. No. **460**

1. PLACE OF DEATH: DIVISION OF VITAL
- (a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. **404 2nd Ave. E.**  
(d) Death Occured Inside? **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. **XXXXXXXXXX** Stayed ..... days  
(g) Lived in this county **40** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Twin Falls**  
(d) Street Address or R.F.D. No. **404 2nd Ave. E.**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **YARBROUGH, Mrs. Elizabeth Jane**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Female** 6. (b) Name of husband or wife **Charles** 6. (c) Age of husband or wife if alive **deceased** years  
7. Date of Birth (Month, Day, Year) **December 25, 1863**

8. AGE	Years	Months	Days	If less than 1 day
	<b>84</b>	<b>2</b>	<b>24</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **Grayson County, Texas**  
(City or town) (State or foreign country)

12. Name **George Rice**  
13. Birthplace **Unk.**  
(City or town) (State or foreign country)  
14. Maiden name **Unk.**  
15. Birthplace **Unk.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **E. J. Yarbrough**  
and Address **Twin Falls, Idaho**

17. (a) **Burial** (b) Date thereof **3-22-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Twin Falls Cemetery**

18. Funeral Director's OWN Signature **White Mortuary**  
and Address **Twin Falls, Idaho**

19. (a) **March 26, 1948** (b) **Erna B. Reed**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 19, 1948**  
(Month, Day, Year) at **3:00** o'clock **P. M.**

21. I HEREBY CERTIFY, That I attended deceased from **1-7** 19 **48**, to **3-19** 19 **48**

I last saw h. or alive on **3-19** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Pr. CA 2 brain**

Duration

Due to **Senility**

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding **brain**

Finding of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **H. J. Yarbrough** (M. D. or other)  
and Address **Twin Falls, Idaho** Date **3-22-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
MAR 30 1948  
DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. **1168**  
Local Reg. No. **387**  
Reg. Dist. No. **460**

**1. PLACE OF DEATH:**

- (a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **T.F. Co. Hospital** **45** days  
(g) Lived in this county **24** years **0** months **0** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Buhl**  
(d) Street Address or R.F.D. No. **Rt. # 4**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **36** years  
(h) Former residence (city, state) **Greenville, Ohio**

**3. (a) FULL**

**NAME Frank F. Hagedorn**

**3. (b) If veteran,**

name war **None**

**3. (c) Social Security**

No **519-22-2121**

**4. Sex** **Male** **5. Color, or**  
**race** **White**

**6. (a) Single, widowed, married,**  
**divorced** **Married**

**6. (b) Name of husband or**  
**wife** **Amy Emmons**

**6. (c) Age of husband or wife if**  
**alive** **56** years

**7. Date of Birth**  
(Month, Day, Year) **June 3, 1882**

8. AGE	Years	Months	Days	If less than 1 day
	<b>65</b>	<b>9</b>	<b>21</b>	hrs min.

**9. Exact Occupation** **Farmer** **Did this**  
**work for** **35** yrs.

**10. Industry or Business** **Farmer** **Date last**  
**worked** **1944**

**11. Birthplace** **Greenville, Ohio**  
(City or town) (State or foreign country)

**12. Name** **Conrad Hagedorn**

**13. Birthplace** **Germany**  
(City or town) (State or foreign country)

**14. Maiden name** **Justine Rismiller**

**15. Birthplace** **Germany**  
(City or town) (State or foreign country)

**16. Informant's**  
**OWN Signature** **Ray Hagedorn**

**and Address** **Buhl, Idaho, Rt. 4**

**17. (a) Burial** **(b) Date thereof** **Mar. 27, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place:** **Sunset Memorial Cemetery, Twin Falls**

**18. Funeral Director's**  
**OWN Signature** **B. J. Albertson**

**and Address** **Buhl, Idaho**

**19. (a) March 29, 1948** **(b) Cora B. Reed**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH** **March 24** **1948**  
(Month, Day, Year) **19** **48**  
at **TWO** o'clock **P.M.**

**21. I HEREBY CERTIFY, That I attended deceased from**  
**Feb 10, 1948, to Mar. 24, 1948**  
I last saw him alive on **Mar. 24, 1948** death is  
said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

**lung abscess**  
**due to Left Lobar pneumonia**  
**7 gastric, interbrochatic**  
**Due to right femur.**  
**Other conditions**  
(Include pregnancy within 3 months of death)

**Duration**

**3 weeks**

**Where was disease contracted?** **Buhl, Idaho**

**Name of operation** **Date**

**Major finding**

**Finding of autopsy**

**Underline**  
**the cause to**  
**which death**  
**should be**  
**charged sta-**  
**tistically.**

**22. If death was due to EXTERNAL CAUSES, also fill in the fol-**  
**lowing: Accident? ☒ Suicide? ☐ Homicide? ☐**

**Occurred** **Feb 10, 1948** **City, county, state**  
**where violence occurred** **Buhl, Idaho**

**Place of Violence: Home ☒ Farm ☐ Industry ☐**

**Public Place ☐ While at work? ☐**

**Means of injury** **Fall, slipped & fell**

**23. Attendant's**  
**OWN Signature** **V. H. Anderson M.D.**

**and Address** **Buhl, Idaho** **Date** **3-24-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
APR - 5 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1169  
Local Reg. No. 388  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. T. Falls Stayed 2 days  
(g) Lived in this county 21 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Kimberly  
(d) Street Address or R.F.D. No. RFD #1  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

Andrew Zeh Megrue

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

5. Color or 6. (a) Single, widowed, married,  
Sex Male race White divorced married

6. (b) Name of husband or wife Emma Megrue 6. (c) Age of husband or wife if alive 70 years

7. Date of Birth (Month, Day, Year) September 21, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>6</u>	<u>5</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for 13 yrs.

10. Industry or Business ..... Date last worked 1945

11. Birthplace Walnut, Ill. (City or town) (State or foreign country)

12. Name Joseph F. Megrue

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Elizabeth Zee

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature E. C. Megrue

and Address Kimberly, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: Harvard, Nebraska

18. Funeral Director's OWN Signature J. C. Phillips

and Address Twin Falls, Idaho

19. (a) March 30, 1948 (b) Emma B. Reed (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 26 19 48  
at 1:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 24, 1948, to March 26, 1948.  
I last saw him alive on March 26, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

cerebral hemorrhage 2 days

Due to Had had 2 previous attacks

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

## Where was disease contracted?

Name of operation ..... Date .....

## Major finding

Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work?

Means of injury .....

23. Attendant's OWN Signature Wm. F. Parker, M.D.

and Address Twin Falls, Id. Date 30 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

APR - 5 1948 STATE OF IDAHO

State File No. 1170  
Local Reg. No. 392  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls, Idaho  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. T.F.Co.Gen. Hosp  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. T.F.Co.Gen. Stayed    days  
(g) Lived in this county    years 2 months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Kimberly  
(d) Street Address or R.F.D. No. Rt. #2  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country?     
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Gibbs, Thomas

3. (b) If veteran, name war no 3. (c) Social Security No. none  
5. Color or 6. (a) Single, widowed, married, divorced widowed  
4. Sex male race white  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years  
7. Date of Birth Unknown  
(Month, Day, Year) About 64 years

8. AGE	Years	Months	Days	If less than 1 day
				hrs min.

9. Exact Occupation Farm laborer Did this work for 30 yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Oregon City, Oregon  
(City or town) (State or foreign country)

- Mother { 12. Name Unknown  
13. Birthplace #  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace "  
(City or town) (State or foreign country)

16. Informant's OWN Signature R A Bean  
and Address Rt. #2 Kimberly, Idaho

17. (a) burial (b) Date thereof 3-30-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's White Mortuary  
OWN Signature Ella M. White E-249  
and Address Twin Falls, Idaho

19. (a) April 2, 1948 (b) Emm B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 27 1948  
(Month, Day, Year) at 5:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3-1-20 1947, to 3-27-1948 1948.  
I last saw him alive on 3-27-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration 1 mo

Due to Cardio-vascular-renal disease - hypertension and  
Due to renal failure 1 year  
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?    PHYSICIAN  
Name of operation    Date     
Major finding    Underline the cause to which death should be charged statistically.  
Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature J L Stove  
(M. D. or other) and Address Twin Falls, Ida Date 3-28-1948  
(For additional space, use reverse side)

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Certificate Of Death

STATE OF IDAHO

State File No. 1171  
Local Reg. No. 393  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls Co. Gen. Hosp  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. T.F. Co. Gen. stayed 2 days  
(g) Lived in this county 18 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 266 Pierce  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME SAUR, George Lawrence

3. (b) If veteran, name war ..... 3. (c) Social Security No. 519-07-8285  
4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lottie 6. (c) Age of husband or wife if alive 51 years  
7. Date of Birth (Month, Day, Year) June 27, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>9</u>	<u>1</u>	hrs min.

9. Exact Occupation Foreman Auto machinist Did this work for 17 yrs.  
10. Industry Auto machinist Date last worked 12-15-47  
11. Birthplace Richmond, Iowa (City or town) (State or foreign country)  
12. Name Charles Saur  
13. Birthplace Iowa (City or town) (State or foreign country)  
14. Maiden name Mary Escher Iowa  
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Lottie Saur  
and Address 266 Pierce Twin Falls Ida.

17. (a) burial (b) Date thereof 3-30-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park  
18. Funeral Director's OWN Signature Ella M. White E-249  
and Address Twin Falls, Idaho.

19. (a) April 2, 1948 (b) Ema B Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 28, 1948  
at 2:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 9 Jan. 1948, to March 28, 1948.  
I last saw him alive on March 28, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma Liver Duration 3 months

- Due to .....  
Due to .....  
Other conditions None (Include pregnancy within 3 months of death)  
Where was disease contracted? None  
Name of operation Examination of liver  
Major finding Ch of liver  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Charles B. Baymer  
and Address Twin Falls, Ida. Date 3-3, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1172  
Local Reg. No. 396  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 331 2nd Ave. W.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 21 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 331 2nd Ave. W.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) W. Va.

## 3. (a) FULL NAME Washington Franklin Phibbs

3. (b) If veteran, name war No. 3. (c) Social Security No. 712091327  
5. Color or race white 6. (a) Single, widowed, married, divorced married  
4. Sex Male 6. (b) Name of husband or wife Susan E. Phibbs 6. (c) Age of husband or wife if alive 68 years  
7. Date of Birth (Month, Day, Year) December 17, 1884

8. AGE	Years	Months	Days	If less than 1 day
	63	3	12	hrs min.

9. Exact Occupation Retired Did this work for        yrs.  
10. Industry or Business Railroad Date last worked 1946  
11. Birthplace Carroll County, Va. (City or town) (State or foreign country)

12. Name James Phibbs  
13. Birthplace Virginia (City or town) (State or foreign country)  
14. Maiden name Mary E. Rolt  
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Howard F. Phibbs and Address Boise, Idaho

17. (a) Burial (b) Date thereof 4-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J. H. Phillips and Address Twin Falls, Idaho

19. (a) April 6, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 29 19 48  
at 4:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1936 to 3-29-1948

I last saw h. W. H. Phibbs; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Resection of Heart Duration

Due to Resection of Heart

Due to Heart  
Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease contracted? At home

Name of operation None Date 3-29-48

Major finding None  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred 19 City, county, state

where violence occurred Home  
Place of Violence: Home ✓ Farm ✓ Public Place ✓

Public Place ✓ What at work? ✓

Means of injury Heart

23. Attendant's OWN Signature J. H. Phillips and Address Twin Falls Date 3-31-1948  
(M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

State File No. 1173  
Local Reg. No. 394  
Reg. Dist. No. 460

**1. PLACE OF DEATH:**

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. M.F.Co.Gen. Hosp  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital Institution. Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. M.F.Co.Gen.Stayed days \_\_\_\_\_  
(g) Lived in this county 0 years 0 months 10 days 5 min

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Gen. Del.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) **FULL NAME** BEVERLY, Linda Sue

3. (b) If veteran, name war no 3. (c) Social Security No. no  
5. Color or white 6. (a) Single, widowed, married, divorced single  
4. Sex Female  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March 29, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>10 hrs 05 min.</u>

9. Exact Occupation Infant Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

12. Name Egbert Beverly  
13. Birthplace Aekansas  
(City or town) (State or foreign country)  
14. Maiden name Neoma K. Clawson  
15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature James Beverly  
and Address Twin Falls, Ida. Gen. Del.

17. (a) burial (b) Date thereof 4-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetary

18. Funeral Director's OWN Signature Ella M. White E-249  
and Address Twin Falls, Idaho.

19. (a) April 2, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** March 29, 1948  
(Month, Day, Year) at 1:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1948, to 3-29- 1948  
I last saw her alive on 3-29- 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Prematurity  
5 mo.

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dean H. Appleck

(M. D. or other)

and Address Twin Falls, Idaho Date 3-29 1948  
(For additional space, use reverse side)

1948  
State File No. 1174  
Local Reg. No. 377  
Reg. Dist. No. 460

United States  
Department of Commerce  
Bureau of the Census

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MAR 22 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County Twin Falls  
(b) City or town Filer  
(c) Street Address or R.F.D. No. RFD #2  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 34 years 34 months 34 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County T. Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No. RFD #2  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) B. Columbia

3. (a) FULL NAME Arie Wilhelm DeVisser

3. (b) If veteran, name war No. 3. (c) Social Security No. No.  
5. Color or race White 6. (a) Single, widowed, married, divorced married  
4. Sex Male 6. (b) Name of husband or wife Janet DeVisser 6. (c) Age of husband or wife if alive 73 years  
7. Date of Birth (Month, Day, Year) August 19, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>6</u>	<u>19</u>	hrs min.

9. Exact Occupation Farmer Did this work for 34 yrs.  
10. Industry or Business worked Date last worked  
11. Birthplace Apeldoorn, Holland (City or town) (State or foreign country)

12. Name Jan H. DeVisser  
13. Birthplace Holland (City or town) (State or foreign country)  
14. Maiden name Tounisie Lam  
15. Birthplace Holland (City or town) (State or foreign country)

16. Informant's OWN Signature C. J. DeVisser  
and Address Filer, Idaho

17. (a) Burial (b) Date thereof 3-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J. C. Phillips  
and Address Twin Falls, Idaho

19. (a) 3-16-48 (b) Erna B. Paul  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 131A

20. DATE OF DEATH March 9 19 48  
(Month, Day, Year) at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 4, 1948 to March 9, 1948  
I last saw him alive on March 8, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: nephritis, chronic Duration 1 year  
uremia 1 month

Due to hypertension Cardio  
Vascular Disease 5 years

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature Max A. Barber M.D.  
and Address Filer, Idaho (M. D. or other) Date March 11, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1175  
Local Reg. No. 378  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R.F.D. No. 129 So. 8th  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. None Stayed No days  
(g) Lived in this county 25 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. 129 So. 8th  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME James William Gillam

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Date of Birth (Month, Day, Year) May 24, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>9</u>	<u>18</u>	hrs min.

9. Exact Occupation Powder man Did this work for 25 yrs.  
10. Industry or Business None Date last worked Unknown  
11. Birthplace Louisville, Kansas (City or town) (State or foreign country)

- Mother Father  
12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature A. P. Steinhilber  
and Address Buhl, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 16, 1948  
(c) Place: County Cemetery, Filer, Ida.

18. Funeral Director's OWN Signature B. J. Albertson  
and Address Buhl, Ida.

19. (a) 3-17-48 (Date received and filed) (b) Erna B. Reed (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 12 48  
(Month, Day, Year) 19. about 7 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from about 1947 to 1948

I last saw him live 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial infarction Duration

Due to Myocardial infarction

Due to Myocardial infarction

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation None Date None PHYSICIAN

Major finding None Underline

Finding of autopsy None the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☐

Occurred 3-12-48 1948 City, county, state Buhl, Twin Falls, Ida.

where violence occurred Buhl, Idaho, Ida.

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Running with car

23. Attendant's OWN Signature Erna B. Reed (M. D. or other)

and Address Buhl, Ida. Date 3-15-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 22 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **1176**  
Local Reg. No. **379**  
Reg. Dist. No. **460**

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R.F.D. No. 4  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital None Institution Other place  
(f) Name Hosp. or Inst. None Stayed No days  
(g) Lived in this county 37 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. 4  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Cripple Creek, Col

## 3. (a) FULL NAME

Elmer Jerome Shaub

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color, or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Eliza 6. (c) Age of husband or wife if alive 70 years  
7. Date of Birth (Month, Day, Year) December 14, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>3</u>	<u>1</u>	hrs min.

9. Exact Occupation Farmer Did this work for 27 yrs.  
10. Industry or Business Farming Date last worked Oct, '47  
11. Birthplace Cripple Creek, Colorado (City or town) (State or foreign country)  
Mother { 12. Name Jerome R. Shaub  
13. Birthplace Newark, Ohio (City or town) (State or foreign country)  
14. Maiden name Rhoda Goddard  
15. Birthplace Alexandria, Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Neil Shaub  
and Address Rt. 4, Buhl, Idaho

17. (a) Burial (b) Date thereof Mar. 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Buhl City Cemetary

18. Funeral Director's OWN Signature B. J. Albertson  
and Address Buhl, Idaho

19. (a) (b) (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 15 19 48  
(Month, Day, Year)  
at 12:45 A.M. o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1947 to Mar. 15, 1948  
I last saw him alive on Nov. 15, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Failure Duration 2 wks

Due to Hypertensive Arterio-sclerotic Heart Disease years.  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Buhl, Ida  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Vern H. Anderson, M.D.  
(M. D. or other)  
and Address Buhl, Ida Date 3-16-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 30 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **1177**  
Local Reg. No. **385**  
Reg. Dist. No. **460**

## 1. PLACE OF DEATH:

- (a) County **Twin Falls**  
(b) City or town **Kimberly**  
(c) Street Address or R.F.D. No. **Taylor Ave.**  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. **XXXXXXXXXX** Stayed ..... days  
(g) Lived in this county **39** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Kimberly**  
(d) Street Address or R.F.D. No. **Taylor Ave.**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **39** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME **COPPINGER, Wiley Murphy**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** 6. (b) Name of husband or wife **Mable** 6. (c) Age of husband or wife if alive **67** years  
7. Date of Birth (Month, Day, Year) **January 4, 1870**

8. AGE	Years	Months	Days	If less than 1 day
	<b>78</b>	<b>2</b>	<b>15</b>	hrs min.

9. Exact Occupation **Plasterer** Did this work for ..... yrs.  
10. Industry or Business **Retired** Date last worked .....  
11. Birthplace **Warren County, Tenn.**  
(City or town) (State or foreign country)  
Mother Father  
12. Name **David Coppinger**  
13. Birthplace **Unk.**  
(City or town) (State or foreign country)  
14. Maiden name **Mollie Purdin**  
15. Birthplace **Unk.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Engine Coppinger**  
and Address **Ketchum, Idaho**

17. (a) **Burial** (b) Date thereof **3-22-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sunset Memorial Park Cem.**

18. Funeral Director's OWN Signature **White Mortuary**  
and Address **Twin Falls, Idaho**

19. (a) **March 26, 1948** (b) **Erna B. Reed**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **March 19, 1948**  
at **1:00** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from .....  
19....., to ..... 19.....

I last saw h. **1m** alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac failure** Duration **1 week**

Due to **Arteriosclerosis** **10 year**

Due to **Smoking**  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury **H. H. Stow**

23. Attendant's OWN Signature **H. H. Stow** (M. D. or other)  
and Address **Twin Falls, Idaho** Date **3-22-48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
APR - 5 1948  
OFFICE OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. 1178  
Local Reg. No. 378  
Reg. Dist. No. 468

**1. PLACE OF DEATH:**

- (a) County Twin Falls  
(b) City or town Filer  
(c) Street Address or R.F.D. No. 2  
(d) Death Occured Inside?..... Outside?..... ☒ city or town  
(e) Died in a Home..... ☒ Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county 0 years 1 months 15 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County T. Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside?..... Outside?..... ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) none

**3. (a) FULL NAME**

Sharon Lee Jensen

**3. (b) If veteran,**

name war.....

**3. (c) Social Security**

No. ....

5. Color or race White  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years

7. Date of Birth  
(Month, Day, Year) February 14, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>1</u>	<u>15</u>	hrs min.

9. Exact Occupation Infant Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

12. Name Donald H. Jensen

13. Birthplace Eden, Idaho  
(City or town) (State or foreign country)

14. Maiden name Ester Pearl Martin

15. Birthplace Cedar Ridge, Colo.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Donald H. Jensen  
and Address Filer, Ida. R.R. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/48  
(Month) (Day) (Year)

- (c) Place: Sunset Mem. Park

18. Funeral Director's OWN Signature James C. Reynolds  
and Address Twin Falls, Idaho

19. (a) April 1, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH  
(Month, Day, Year) March 29, 1948  
about 3:00 o'clock 4 M.

21. I HEREBY CERTIFY That I attended deceased from  
Did not attend or see alive

I last saw her her on 3/29/ 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:..... Duration.....

Infantile death

Due to probable enlarged

Due to thyroid 6 wks.

Other conditions.....

(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy enlarged  
thyroid

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature Erna B. Reed

and Address Twin Falls, Ida Date 3/29/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1179  
Local Reg. No. 391  
Reg. Dist. No. 468

1. PLACE OF DEATH: **APP - 51042**  
(a) County Twin Falls  
(b) City or town Blattler  
(c) Street Address or R.F.D. No. RFD. # 2  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 34 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Filar  
(d) Street Address or R.F.D. No. RFD. # 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Fonda, Iowa

3. (a) FULL NAME Susan Loretta Leece  
3. (b) If veteran, name war    No.     
3. (c) Social Security No.     
5. Color or    6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife Samuel 6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) September 5, 1948

8. AGE	Years	Months	Days	If less than 1 day
	78	6	26	hrs min.

9. Exact Occupation Housewife Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Alma, Wisconsin  
(City or town) (State or foreign country)

12. Name James Benston  
13. Birthplace Scotland  
(City or town) (State or foreign country)  
14. Maiden name Larry Richmond  
15. Birthplace Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Orrin A. Fuller  
and Address 840 Ash St. Twin Falls

17. (a) Burial (b) Date thereof 4/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery  
18. Funeral Director's OWN Signature James C. Reynolds  
and Address Twin Falls, Idaho  
19. (a) April 1, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 31, 1948  
at 2:50 o'clock AM  
21. I HEREBY CERTIFY, That I attended deceased from Jan 1947 to March 31, 1948

I last saw h.e.r. alive on    19   ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 4 days

Due to arteriosclerosis 10 yrs.

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?    PHYSICIAN  
Name of operation    Date     
Major finding     
Finding of autopsy     
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury     
23. Attendant's OWN Signature Officer (M. D. or other)  
and Address Twin Falls Date 3-31-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 31 1948  
DIVISION OF VITAL  
STATISTICS

CERTIFICATE OF DEATH  
STATE OF IDAHO

1948  
State File No. 1180  
Local Reg. No. 116  
Reg. Dist. No. 3/8

1. PLACE OF DEATH:

- (a) County Valley  
(b) City or town Cascade  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home-- Hospital X Institution-- Other place--  
(f) Name Hosp. or Inst. Cascade Hosp Stayed 3 days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Valley  
(c) City or town Cascade  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Manassas, Va.

3. (a) FULL NAME MARY CRAIG

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Dec 10 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>3</u>	<u>7</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Peterborough Ontario Canada  
(City or town) (State or foreign country)

12. Name Thomas Cathcart

13. Birthplace Peterborough Ont. Canada  
(City or town) (State or foreign country)

14. Maiden name Catherine Goods

15. Birthplace Peterborough Ont. Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Kathryn W. Heman  
and Address Cascade Idaho

17. (a) Burial (b) Date thereof May 20 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Wm. B. Patterson  
and Address Cascade Idaho

19. (a) May 23 1948 (b) Wm. B. Patterson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 17 1948  
at 8:55 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from March 14 1948 to March 17 1948  
I last saw her alive on March 17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral apoplexy Duration 3 days

Due to hypertension Yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. B. Patterson M.D.  
(M. D. or other)

and Address Cascade Date May 17 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

State File No. **1181**  
Local Reg. No. **18**  
Reg. Dist. No.

DEPARTMENT OF VITAL STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County **Washington**  
(b) City or town **Weiser**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place...  
(f) Name Hosp. or Inst. **Weiser Hosp.** Stayed **4** days  
(g) Lived in this county **1** years **1** months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Washington**  
(c) City or town **Weiser, Idaho**  
(d) Street Address or R.F.D. No. **R.F.D.**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **1** years  
(h) Former residence (city, state) **Red wood Falls Minn**

## 3. (a) FULL NAME **John Byron Whittet**

3. (b) If veteran, name war **None**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **xx**  
6. (c) Age of husband or wife if alive **xx** years  
7. Date of Birth (Month, Day, Year) **February 2 1871**

8. AGE	Years	Months	Days	If less than 1 day
	<b>77</b>	<b>0</b>	<b>27</b>	hrs min.

9. Exact Occupation **Retired Farmer** Did this work for **1** life yrs.  
10. Industry or Business Date last worked **1945**  
11. Birthplace **Fort Atchinson Wisconsin**  
(City or town) (State or foreign country)

- Mother { 12. Name **D.W. Whittet**  
Father { 13. Birthplace **Perth Scotland**  
(City or town) (State or foreign country)  
14. Maiden name **Mary Alice Bunting**  
15. Birthplace **Wisconsin**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **[Signature]**  
and Address **[Address]**

17. (a) **Removal** (b) Date thereof **3/3/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Redwood, Falls Minnesota**

18. Funeral Director's OWN Signature **[Signature]**  
and Address **Northam Jones, Weiser, Idaho**

19. (a) **3/2/48** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **093D**

## 20. DATE OF DEATH

(Month, Day, Year) **March 1 1948**  
at **7:00** clock **A** M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**FEB 22 1948** to **MARCH 12 1948**

I last saw him alive on **MARCH 12 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic Myocarditis** Duration

Due to **Hypertension**

Due to **Chronic Nephritis**

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **[Signature]**

and Address **Weiser, Idaho** Date **3/2/48** 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1182  
Local Reg. No. 79  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R. F. D. No. 939 E. Liberty  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 30 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser, Idaho  
(d) Street Address or R.F.D. No. 939 E. Liberty  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Henry Rassmussen

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or Male race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 73 years  
7. Date of Birth (Month, Day, Year) July 27 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>7</u>	<u>8</u>	hrs min.

9. Exact Occupation Retired Rancher Did this work for life yrs.  
10. Industry or Business Date last worked 1937  
11. Birthplace Norway (City or town) (State or foreign country)

- Mother { 12. Name Don't Know  
Father { 13. Birthplace Don't Know (City or town) (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's OWN Signature R. J. Jones  
and Address 939 E. Liberty - Weiser, Idaho

17. (a) Burial (b) Date thereof 3/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature R. J. Jones  
and Address Northam Jones, Weiser, Idaho

19. (a) 3/6/48 (b) Marie P. Shell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 094A 097X

20. DATE OF DEATH (Month, Day, Year) March 5 19 40  
at 1:00 o'clock P.M.

21. I HEREBY CERTIFY That I attended deceased from March 5 - 1948, to March 5, 1948  
I last saw him alive on March 5, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction 5 hrs.

Due to Generalized Atherosclerosis  
Semifertility

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury MS Muefeethand  
23. Attendant's OWN Signature MS Muefeethand (M. D. or other)  
and Address Weiser, Idaho Date 3/6/48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAR 17 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1183**  
Local Reg. No. **20**  
Reg. Dist. No. **320**

## 1. PLACE OF DEATH:

- (a) County **Washington**  
(b) City or town **Weiser**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Weiser Hosp** Stayed **6** days  
(g) Lived in this county ..... years ..... months **6** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Oregon** (b) County **Jefferson**  
(c) City or town **Halfway**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho **6 days** years  
(h) Former residence (city, state) **Cornucopia, Ore.**

3. (a) FULL NAME **Alton Davis Randall**

3. (b) If veteran, name war **W.W. #1** No. **None**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Pearl E.** 6. (c) Age of husband or wife if alive **57** years  
7. Date of Birth (Month, Day, Year) **January 28, 1884**

8. AGE	Years	Months	Days	If less than 1 day
	<b>64</b>	<b>1</b>	<b>14</b>	hrs min.

9. Exact Occupation **Service Station** Did this work for **4** yrs.  
10. Industry or Business **Owner** Date last worked **1947**  
11. Birthplace **Blockow Missouri** (City or town) (State or foreign country)

12. Name **W.G. Randall**  
13. Birthplace **Unknown** (City or town) (State or foreign country)  
14. Maiden name **Sarah Davis**  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Alton Randall** and Address **Halfway, Oregon**

17. (a) **Removal** (b) Date thereof **3/18/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Halfway, Oregon**

18. Funeral Director's OWN Signature **C. S. Jones** and Address **Northam-Jones, Weiser, Idaho**

19. (a) **3/15/48** (b) **Muriel Shell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **111 C**

20. DATE OF DEATH (Month, Day, Year) **March 14, 1948**  
at **6:35** o'clock **A** M

21. I HEREBY CERTIFY, That I attended deceased from **March 8, 1948** to **March 14, 1948**  
I last saw him alive on **March 14, 1948**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Severe Arterial Hemorrhage** Duration **3 weeks**  
**Hypostatic Pneumonia**  
Due to **1/4 pertussis**

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature **M. McShane** (M D or other)

and Address **Weiser, Idaho** Date **3/15/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. **1184**  
Local Reg. No. **21**  
Reg. Dist. No. **320**

**1. PLACE OF DEATH:**

- (a) County **Washington**  
(b) City or town **Weiser**  
(c) Street Address or R.F.D. No. ~~XXXXXX~~  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Weiser Hosp.** Stayed **2** days  
(g) Lived in this county **14** years **14** months **14** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Washington**  
(c) City or town **Weiser**  
(d) Street Address or R.F.D. No. **Rt. #4**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **14** years  
(h) Former residence (city, state) **St. Louis, Mo.**

**3. (a) FULL NAME** **VERNON RUSSELL WILLIAMS**

3. (b) If veteran, name war **W.W.#1** 3. (c) Social Security No. **None known**  
5. Color or **Black** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male** race **Black**  
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years  
7. Date of Birth **July 4 1895**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>52</b>	<b>8</b>	<b>15</b>	hrs min.

9. Exact Occupation **Ranch Hand** Did this work for **11** yrs.  
10. Industry or Business **Cattle Ranch** Date last worked **1947**  
11. Birthplace **Gallatin, Missouri**  
(City or town) (State or foreign country)

12. Name **Don't Know**  
13. Birthplace **Don't Know**  
(City or town) (State or foreign country)  
14. Maiden name **Don't Know**  
15. Birthplace **Don't Know**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Chet Thorson (Friend)**  
and Address **R.F.D. #4 Weiser, Idaho.**

17. (a) **Burial** (b) Date thereof **3/22/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Hillcrest Cem. Weiser, Idaho.**

18. Funeral Director's OWN Signature **A. J. Jones #557**  
and Address **Northam-Jones Chapel, Weiser, Idaho**

19. (a) **3/19/48** (b) **Marie N. Shelt**  
(Date Received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **March 19 1948**  
(Month, Day, Year) at **3:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb. 20th 1948** to **March 19th 1948**  
I last saw him alive on **March 19 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic Myocarditis**  
**Hypertension**  
Due to **Chronic Hypertension**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **M. McElrath M.D.**  
(M.D. or other) and Address **Weiser, Idaho** Date **3/19 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1185**  
Local Reg. No. **24**  
Reg. Dist. No. **320**

## 1. PLACE OF DEATH

- (a) County **Washington**  
(b) City or town **Weiser**  
(c) Street Address or R.F.D. No. **622 E. 5th St.**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **8** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Washington**  
(c) City or town **Weiser**  
(d) Street Address or R.F.D. No. **622 E. 5th St.**  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **60** years  
(h) Former residence (city, state) **Lake View, Ore.**

## 3. (a) FULL NAME **MATTIE ELLEN WICKLUND**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Elmer** 6. (c) Age of husband or wife if alive **65** years  
7. Date of Birth (Month, Day, Year) **January 16 1884**

8. AGE	Years	Months	Days	If less than 1 day
	<b>64</b>	<b>2</b>	<b>10</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **Life** yrs.  
10. Industry or Business **Own Home** Date last worked **1947**  
11. Birthplace **North Powder, Oregon.**  
(City or town) (State or foreign country)

12. Name **James Brown Houston**  
13. Birthplace **North Powder, Oregon.**  
(City or town) (State or foreign country)  
14. Maiden name **Mary Ellen Kinzer**  
15. Birthplace **Des Moines, Iowa**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Lana E. Wicklund (Sister)**  
and Address **747 6th W. Weiser, Idaho.**

17. (a) **Burial** (b) Date thereof **3/29/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Hillcrest Cem. Weiser, Idaho.**

18. Funeral Director's OWN Signature **E. S. Jones #E357**  
and Address **Northam Jones Chapel. Weiser, Idaho.**

19. (a) **3/26/48** (b) **Marian Shell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **March 26 1948**  
(Month, Day, Year) **March 26** 19**48**  
at **12:25** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Sept 1884** to **March 26 1948**  
I last saw him alive on **March 26 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Subarachnoid Hemorrhage** Duration

Due to **Chronic Myocardial Disease**  
**Arteriosclerosis of the Heart**

Due to **Other conditions**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**  
Name of operation **Date** Underline the cause to which death should be charged statistically.  
Major finding **Finding of autopsy**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury **Attendant's OWN Signature**  
**M. S. Jones**

and Address **Weiser, Idaho** Date **3/26/1948**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1186**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County **Washington**  
(b) City or town **Weiser**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Inst. **Weiser** Stayed **4** days  
(g) Lived in this county **40** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Washington**  
(c) City or town **Weiser**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **Illinois**

## 3. (a) FULL NAME **Frank Mandrell**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **565-50-6809**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
4. **Male** 6. (b) Name of husband or wife **Maudie** 6. (c) Age of husband or wife if alive **XXXX** years  
7. Date of Birth (Month, Day, Year) **April 14 1874**

8. AGE	Years	Months	Days	If less than 1 day
	<b>73</b>	<b>11</b>	<b>17</b>	hrs min.

9. Exact Occupation **Retired** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Railroad** Date last worked **1939**  
11. Birthplace **Mount Vernon Illinois** (City or town) (State or foreign country)

- Mother Father { 12. Name **Don't Know**  
13. Birthplace **Don't Know** (City or town) (State or foreign country)  
14. Maiden name **Don't Know**  
15. Birthplace **Don't Know** (City or town) (State or foreign country)

16. Informant's OWN Signature **Records of Washington County**  
and Address **Welfare Office, Weiser, Idaho**

17. (a) **Burial** (b) Date thereof **4/2/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Hillcrest Cemetery, Weiser, Idaho**

18. Funeral Director's OWN Signature **C. S. Jones**  
and Address **Northam Jones, Weiser, Idaho**

19. (a) **4/1/48** (b) **Marie Thornton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **March 31** 19 **48**  
at **7:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **March 27** 19 **48** to **March 31** 19 **48**

I last saw him alive on **March 31** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Chronic Myocarditis**  
**Coronary Sclerosis**  
Due to **Hypertension**  
Due to **Chronic Alcoholism**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Marie Thornton**  
and Address **Weiser, Idaho** Date **4/1/48** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO, DEPT. OF VITAL STATISTICS

48  
State File No. 1187  
Local Reg. No. 22  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R. F. D. No. Route #1  
(d) Death Occured Inside? XX Outside? XX city or town  
(e) Died in a Home X Hospital XX Institution XX Other place XX  
(f) Name Hosp. or Inst. XX Stayed XX days  
(g) Lived in this county 16 years XX months XX days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? XX Outside? XX city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) Shell City, Mo.

## 3. (a) FULL NAME CATHERINE MABEL BAKER

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female 6. (b) Name of husband or wife Geo. A. (Dec'd) 6. (c) Age of husband or wife if alive XX years  
7. Date of Birth (Month, Day, Year) April 11 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>11</u>	<u>8</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Own Home Date last worked 1944  
11. Birthplace Kahoka, Missouri (City or town) (State or foreign country)

12. Name John M. Shepperson  
13. Birthplace Lincolnshire, England (City or town) (State or foreign country)  
14. Maiden name Sarah Jane Boyer  
15. Birthplace Zanesville, Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Ruth Baker (Daug.)  
and Address Route #1 Weiser, Idaho.

17. (a) Burial (b) Date thereof 3/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho.

18. Funeral Director's OWN Signature [Signature] # 5357  
and Address Northam-Jones Chapel. Weiser, Idaho

19. (a) 3/19/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 19 19 48  
at 5:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 26th 1948 to March 19, 1948  
I last saw her alive on March 19, 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Due to Septicemic Pneumonia  
Chronic Myocarditis  
Due to XX  
Other conditions (Include pregnancy within 3 months of death) XX

## Where was disease contracted?

- Name of operation XX Date XX  
Major finding XX  
Finding of autopsy XX

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? XX Suicide? XX Homicide? XX  
Occurred XX 19 XX City, county, state where violence occurred XX  
Place of Violence: Home XX Farm XX Industry XX  
Public Place XX While at work? XX  
Means of injury XX

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Weiser, Idaho Date 3/19 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
APR - 1 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1188  
Local Reg. No. 23  
Reg. Dist. No. 220

1. PLACE OF DEATH:
- (a) County Washington
  - (b) City or town Weiser
  - (c) Street Address or R. F. D. No. Route #1
  - (d) Death Occured Inside?..... Outside? X city or town
  - (e) Died in a Home..... Hospital..... Institution..... Other place.....
  - (f) Name Hosp. or Inst. None Stayed..... days
  - (g) Lived in this county. 1 years..... months..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho
  - (b) County Washington
  - (c) City or town Weiser
  - (d) Street Address or R.F.D. No. Route #1
  - (e) Deceased lived Inside?..... Outside? X city or town
  - (f) Citizen of what country? U.S.A.
  - (g) How long had deceased lived in Idaho? 34 years
  - (h) Former residence (city, state) Moore, Idaho

3. (a) FULL NAME RUTH B. JENSEN
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Moore
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) April 25 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>10</u>	<u>26</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Own Home Date last worked.....
11. Birthplace Menden Utah (City or town) (State or foreign country)
12. Name Harlow F. Bassett
13. Birthplace Providence Utah (City or town) (State or foreign country)
14. Maiden name Rachel Rowan
15. Birthplace Menden Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Betty Cron

and Address Moore, Idaho Box # 12

17. (a) Burial (b) Date thereof 3/24/48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Hillcrest Cem. Weiser, Idaho.

18. Funeral Director's OWN Signature P. S. Jones # 8357

and Address Northam-Jones Chapel, Weiser, Idaho.

19. (a) 3/22/48 (Date received and filed)
- (b) Minnie H. Shell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 21 1948
- at 5:25 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 27 February 1948, to 21 March 1948

I last saw her alive on 6 March 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 1 month

Due to Hypertension

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Where was disease contracted? Idaho

Name of operation none Date.....

Major finding.....

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....
- Occurred..... 19..... City, county, state where violence occurred
- Place of Violence: Home..... Farm..... Industry.....
- Public Place..... While at work?.....
- Means of injury.....

23. Attendant's OWN Signature W. H. Haucher (M. D. or other)

and Address Weiser, Idaho Date 3/22 1948

(For additional space, use reverse side)

083A

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 9 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1189**  
Local Reg. No. **34**  
Reg. Dist. No. **271**

## 1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1811 1/2 Warm Springs  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 1 years 2 months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1227 Colorado ST.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho 1-2-3 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Charon Rose Barnes.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or  
4. Sex Female Race White

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive years

7. Date of Birth  
(Month, Day, Year) January. 28. 1947.

8. AGE	Years	Months	Days	If less than 1 day
	<u>1.</u>	<u>2.</u>	<u>3.</u>	hrs. min.

9. Exact Occupation None. Did this work for  yrs.

10. Industry or Business Boise, Idaho. Date last worked

11. Birthplace Boise, Idaho.  
(City or town) (State or foreign country)

12. Name Richard Wayne Barnes.

13. Birthplace Lewiston, Idaho.  
(City or town) (State or foreign country)

14. Maiden name Elma Henley.

15. Birthplace Grangeville, Idaho.  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature R. A. Barnes  
and Address Box 4 Boise

17. (a) Burial. (b) Date thereof April. 3. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's Summers Funeral Home  
OWN Signature Clyde E. Summers

and Address Boise, Idaho.

19. (a) 4-3-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) April. 1. 1948.  
at 3.30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from  
April. 1. 1948. to 19

I last saw h. alive on 19;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Burned to death in Automobile.  
Was in Automobile and Automobile  
Due caught fire and burned to death.

Due to ( ACCIDENTAL )

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes. Suicide? Homicide?

Occurred April. 1. 1948. city, county, state

where violence occurred at Residence 1811 1/2

Place of violence Warm Springs Avenue. Industry

Public Place While at work?

Means of injury

23. Attended Clyde E. Summers Coroner of  
OWN Boise, Idaho. Ada County.

(M. D. or other)  
and Address Boise, Idaho. Date April. 1. 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK recorder typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1199**  
Local Reg. No. **733**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 712 1/2 Idaho St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 712 1/2 Idaho St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Missoula, Montana

## 3. (a) FULL NAME

BERT OSCAR CHAPMAN.

## 3. (b) If veteran, name war

NO.

## 3. (c) Social Security No.

516-09-5050.

## 5. Color or

Sex Male race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

January, 1, 1891.

## 8. AGE

Years

Months

Days

If less than 1 day

56 → 56.

4.

0.

hrs.

min.

## 9. Exact

Occupation

Automobile Mechanic.

Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business

Fletcher Oil Company

Date last

worked \_\_\_\_\_

## 11. Birthplace

Kansas

Kansas

(City or town)

(State or foreign country)

## 12. Name

Fred Chapman

## 13. Birthplace

Unknown.

(City or town)

(State or foreign country)

## 14. Maiden name

Elizabeth.

## 15. Birthplace

Unknown.

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

LaVonne Mackson

and Address

809 S. Valance - Halls Falls, Wn.

## 17. (a) Removal

(Burial, cremation, or removal)

## (b) Date thereof

April, 2, 1948.

(c) Place

Dillon, Montana.

## 18. Funeral Director's

OWN Signature

Chas. E. Summers

and Address

Boise, Idaho

## 19. (a)

(Date received and filed)

4-8-48

## (b)

(Registrar's signature)

A. Sharp

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April, 1, 1948.

at \_\_\_\_\_

2 o'clock

A.M.

Boise

## 21. I HEREBY CERTIFY, That I ~~was~~ deceased from

April, 1, 1948.

to \_\_\_\_\_

19

1948.

I ~~was~~ was deceased on April, 1, 1948.

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Suicide, Hung himself

with rope from a wall water pipe,

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? Yes Homicide? \_\_\_\_\_

Occurred April, 1, 1948. City, county, state

where violence occurred in his room, 712 1/2

Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant

OWN Signature

Chas. E. Summers Coroner of Ada

(M. D. or other)

and Address

Boise, Idaho Date 4/1, 1948.

(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 15 1948

# Certificate of Death

STATE OF IDAHO

1948  
State Reg. No. 1191  
Local Reg. No. 1325  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 809 N. 17th St.  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 36 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 809 N. 17 St  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Oklahoma

## 3. (a) FULL NAME Jess Dunn

3. (b) If veteran, name war None 3. (c) Social Security No. 519-18-7491  
4. Sex Male Color or race White 5. (a) Single, widowed, married, divorced widower  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Feb. 13th 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>1</u>	<u>18</u>	hrs. min.

9. Exact Occupation Real Estate And Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Insurance Agent Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

12. Name William Dunn (City or town) (State or foreign country)

13. Birthplace U.S.A. (City or town) (State or foreign country)

14. Maiden name Mary Higgins (City or town) (State or foreign country)

15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's OWN Signature Jessie Dunn M. Carter

and Address Soda Springs Idaho

17. (a) Burial (b) Date thereof 4/5/1948

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Shirley McGowan

and Address Boise

19. (a) 4-5-48 (b) J. T. McGowan

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4-1-48 1948  
at 12:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1940 1948  
I last saw him alive on April 1 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chronic Rheumatic Myocarditis 1940  
Due to Ischemia

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. T. McGowan

and Address Boise Date 4-3 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. EACH item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce APR 15 1948  
Bureau of the Census

**Certificate Of Death**  
STATE OF IDAHO

State File No. 7192  
Local Reg. No. 737  
Reg. Dist. No. 376

**1. PLACE OF DEATH:**

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 21 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) Sterling, Colo.

**3. (a) FULL NAME**

GROVER E. MOLLOHAN

**3. (b) If veteran,**

name war \_\_\_\_\_

**3. (c) Social Security**

No. \_\_\_\_\_

**4. Sex M race W**

5. Color or \_\_\_\_\_

6. (a) Single, widowed, married, divorced married

**6. (b) Name of husband or wife Blanche**

6. (c) Age of husband or wife if alive 57 years

**7. Date of Birth (Month, Day, Year)**

Nov 12, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>4</u>	<u>20</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Farm Date last worked \_\_\_\_\_

11. Birthplace Servia, West Va  
(City or town) (State or foreign country)

12. Name Cortez Mollohan

13. Birthplace West Va.  
(City or town) (State or foreign country)

14. Maiden name Mary Elizabeth Hamric

15. Birthplace West Va.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Blanche Mollohan

and Address RR #1, Emmett, Idaho

17. (a) Burial (b) Date thereof 4/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Emmett, Idaho

18. Funeral Director's Cliff Chapel

OWN Signature Cliff Chapel

and Address Emmett, Idaho

19. (a) 4-9-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**

(Month, Day, Year) April 2 19 48  
at 7:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19 \_\_\_\_\_, to death 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Pneumonia Duration 4 days  
Septicemia

Due to Urinary Tract infection

Due to Prostatic obstruction

Other conditions cardiac failure  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. B. Jeppesen

and Address Boise (M. D. or other) \_\_\_\_\_

Date 4/7 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

APR 10 1948

STATE OF IDAHO

1948  
State File No. 1193  
Local Reg. No. 135  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. 2819. Crescent Rim.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 70 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 2819. Crescent Rim  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 70 years  
(h) Former residence (city, state). X

## 3. (a) FULL NAME

Edwin Henry Peasley.

## 3. (b) If veteran, name war No.

3. (c) Social Security No. 519-14-8865.

## 4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Widower.

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) July. 28. 1867.

8. AGE	Years	Months	Days	If less than 1 day
	<u>80.</u>	<u>8.</u>	<u>4.</u>	hrs. min.

## 9. Exact Occupation. Real Estate. Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business. \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Boise, Idaho.

(City or town) (State or foreign country)

## 12. Name Stephen. L. Peasley.

## 13. Birthplace Maine. (City or town) (State or foreign country)

## 14. Maiden name Mary Basil.

## 15. Birthplace Iowa. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Sophia E. Peasley and Address 20 Peasley

## 17. (a) Burial. (b) Date thereof April. 5. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Morris Hill Cemetery.

## 18. Funeral Director's OWN Signature Clyde E. Summers and Address Boise, Idaho.

## 19. (a) 4-9-48 (b) A. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) April. 2. 1948.

at 10.30. o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from Feb-248 19\_\_\_\_ to 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion - sudden death Duration \_\_\_\_\_

Due to Chronic Myocarditis \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Dr. H. H. H. md

and Address Boise, Idaho Date 4/7 1948 (For additional space, use reverse side)

093D  
094A

PHYSICIAN Underline the cause to which death should be charged statistically



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 9 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1194**  
Local Reg. No. **58**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1826 Kerr St.  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 19 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1826 Kerr St  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME William Wister Harmon

3. (b) If veteran, name war 10 3. (c) Social Security No. 518-09-1543  
4. Sex Male race White 5. Color or White  
6. (b) Name of husband or wife Elma 6. (a) Single, widowed, married, divorced married  
6. (c) Age of husband or wife if alive 65 years

7. Date of Birth (Month, Day, Year) May 29th. 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>10</u>	<u>3</u>	hrs. min.

9. Exact Occupation Electrician Did this work for  yrs.  
10. Industry or Business Western Union Date last worked    
11. Birthplace Provo Utah (City or town) (State or foreign country)

12. Name William W. Harmon (City or town) (State or foreign country)  
13. Birthplace State of New York (City or town) (State or foreign country)

14. Maiden name Josephine Neilson (City or town) (State or foreign country)  
15. Birthplace Copenhagen Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature W. Harmon and Address Boise Idaho

17. (a) Burial (b) Date thereof 4/5/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Schreiber McLean and Address Boise

19. (a) 4-7-48 (b) J. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 2 19 48  
at 9:45 o'clock P. M.  
21. I HEREBY CERTIFY That I attended deceased from March 15 19 48 to April 2 19 48  
I last saw him alive on April 2 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary heart disease Duration 1 day  
Due to Hypertension 1 year

Due to    
Other conditions    
(Include pregnancy within 3 months of death)

Where was disease contracted?    
Name of operation   Date    
Major finding    
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?   Suicide?   Homicide?    
Occurred   19   City, county, state where violence occurred    
Place of Violence: Home   Farm   Industry    
Public Place   While at work?

Means of injury    
23. Attendant's OWN Signature Loise B. Hardin (M. D. or other)  
and Address Boise Idaho Date 4-5-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

*Dr. Penderster*

*Eastman*

APR 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. *1195*

Local Reg. No. *132*

Reg. Dist. No. *3*

## 1. PLACE OF DEATH:

- (a) County *Ada*  
(b) City or town *Boise*  
(c) Street Address or R.F.D. No. *403 N. 23. St*  
(d) Death Occurred Inside? *X* Outside? \_\_\_\_\_ city or town  
(e) Died in a Home *X* Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county *20* years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State *Idaho* (b) County *Ada*  
(c) City or town *Boise*  
(d) Street Address or R.F.D. No. *1311 N. Jeff. St*  
(e) Deceased lived Inside? *X* Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? *U.S.A.*  
(g) How long had deceased lived in Idaho? *43* years  
(h) Former residence (city, state) *Montana*

## 3. (a) FULL NAME Thomas Charles Macauley

3. (b) If veteran, name war *None* 3. (c) Social Security No. *518-07-1082*  
4. Sex *Male* 5. Color or race *white* 6. (a) Single, widowed, married, divorced *Divorced*  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) *Oct. 24th 1881*

8. AGE	Years	Months	Days	If less than 1 day
	<i>66</i>	<i>5</i>	<i>8</i>	hrs. min.

9. Exact Occupation *Manager. Monroe* Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business *Calculating Machine Co* Date last worked \_\_\_\_\_  
11. Birthplace *Omaha Nebraska* (City or town) (State or foreign country)

- Father { 12. Name *John Macauley*  
13. Birthplace *Ireland* (City or town) (State or foreign country)  
Mother { 14. Maiden name *Susan McTaggart*  
15. Birthplace *Ireland* (City or town) (State or foreign country)

16. Informant's OWN Signature *J. H. Macauley*  
and Address *Salt Lake City Utah*

17. (a) *Removal* (b) Date thereof *4/6/1948*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place *Twin Falls Idaho*

18. Funeral Director's OWN Signature *Behrman McCann*  
and Address *Boise*

19. (a) *4-5-48* (b) *J. H. Sharp*  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *April 2nd 1948*  
at *7* o'clock *P* M.  
21. I HEREBY CERTIFY, That I attended deceased from *10/22* 19*40*, to *4/2* 19*48*  
I last saw h. alive on \_\_\_\_\_ 19\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

*Coronary occlusion* Duration *immediate*  
Due to *Coronary sclerosis* ?  
Due to *Dissecting Aneurysm* ?  
Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature *Dr. Penderster M.D.*  
and Address *Boise* Date *4/5* 19*48*  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 15 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1196  
Local Reg. No. 136  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home X Hospital X Institution    Other place     
(f) Name Hosp. or Inst. St. Lukes Stayed 21 days  
(g) Lived in this county 38 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. R.D. # 2  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME WALTER CLAYTON ANDREW,

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or Male race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) October. 11. 1875.

8. AGE	Years	Months	Days	If less than 1 day
	<u>72.</u>	<u>5.</u>	<u>23.</u>	hrs. min.

9. Exact Occupation Farmer. Did this work for    yrs.  
10. Industry or Business    Date last worked

11. Birthplace Vermont, (City or town) (State or foreign country)

12. Name Wesley R. Andrew.

13. Birthplace Vermont. (City or town) (State or foreign country)

14. Maiden name Mary Buttum.

15. Birthplace Vermont. (City or town) (State or foreign country)

16. Informant's OWN Signature Maurice B. Andrew  
and Address 1200-9th St., Sacramento, Cal

17. (a) Removal    (b) Date thereof April. 7. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Tilden, Nebraska.

18. Funeral Director's OWN Signature Blyde E. Summers  
and Address Boise, Idaho.

19. (a) 4-9-48 (b) W. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April. 4. 19 48.  
at 4.30. o'clock A. M.

21. I HEREBY CERTIFY That I attended deceased from 3-14-48 19    to 4-4-48 19     
I last saw him alive on 4-3-48 19   ;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

acute myocardial failure Duration 12 hrs

Due to Cocaine Phrenitis

Due to Coronary Arteriosclerosis Primary in 3rd month of pregnancy  
Obstruction of coronary arteries  
(Include pregnancy within 3 months of death)

Stroke & Myocarditis

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature John T. Brumm  
(M. D. or other)

and Address Meridian Date 4-7 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census APR 24 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1197**  
Local Reg. No. **143**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Lukes Stayed 6 days  
(g) Lived in this county 5 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Grandview Idaho

## 3. (a) FULL NAME JOHN EDWARD WEAVER

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Blanche 6. (c) Age of husband or wife if alive 70 years  
7. Date of Birth (Month, Day, Year) August 16, 1869

8. AGE	Years	Months	Days	If less than 1 day
	79	7	20	hrs min.

9. Exact Occupation Retired Businessman Did this work for 40 yrs.  
10. Industry or Business Mining-Farming Date last worked 8/1/47  
11. Birthplace Urbana Ohio (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Maiden name Mary Guggenheim  
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Wanda L. Weaver  
and Address Boise Idaho

17. (a) Removal (b) Date thereof April 6, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Mountain Home Idaho

18. Funeral Director's OWN Signature J. G. Ray  
and Address Mountain Home Idaho

19. (a) 4-13-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4/5 1948  
at 2:28 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 6/12 1947 to 4/5 1948  
I last saw him alive on 4/5 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration

Due to arteriosclerosis

Due to heart failure

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Wanda L. Weaver (M. D. or other)

and Address Boise Date 4/12 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 15 1948

# Certificate of Death

STATE OF IDAHO

Ordinances

State File No. **1198**  
Local Reg. No. **134**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus \_\_\_\_\_ days  
(g) Lived in this county 46 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1508 N. 8 th.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Michigan

## 3. (a) FULL NAME

**CHARLES BRINK KLINGENSMITH**

## 3. (b) If veteran, name war No.

3. (c) Social Security No. 528-01-1722

## 4. Sex Male race White

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Agnes A.

6. (c) Age of husband or wife if alive 55 years

## 7. Date of Birth April 8, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>11</u>	<u>29</u>	hrs. min.

## 9. Exact Occupation Westinghouse Electric Did this \_\_\_\_\_ yrs.

## 10. Industry or Business Supply Company Date last worked \_\_\_\_\_

## 11. Birthplace Pequaming, Michigan

## 12. Name Harry E. Klingensmith

## 13. Birthplace Kitanning, Penn.

## 14. Maiden name Annetta R. Biggs

## 15. Birthplace Montpelier, Indiana

## 16. Informant's OWN Signature Agnes Klingensmith

## 17. (a) Burial (b) Date thereof April 9, 1948

## 18. Funeral Director's OWN Signature Charles E. Summers

## 19. (a) 4-9-48 (b) Sharp

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH April 7, 1948

## 21. I HEREBY CERTIFY, That I attended deceased from 5/22-1944 to 4/8/48

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Charles E. Summers

## and Address Boise, Idaho Date 4/8, 1948

## (For additional space, use reverse side)

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

051B  
055B

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 15 1948 **Certificate of Death**  
STATE OF IDAHO

R Jones 248  
State File No. **1199**  
Local Reg. No. **59**  
Reg. Dist. No. **371**

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 411. Vista Ave.  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 4 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 411. Vista Ave.  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Montana

3. (a) FULL NAME

Samuel Sanderson.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Married.

6. (b) Name of husband or wife  
Julia M. Sanderson.

6. (c) Age of husband or wife if  
alive 68 years

7. Date of Birth  
(Month, Day, Year) May. 11. 1859.

8. AGE	Years	Months	Days	If less than 1 day
	<u>88.</u>	<u>10.</u>	<u>26.</u>	hrs. min.

9. Exact Occupation Apartment House Did this work for work for yrs.

10. Industry or Business Owner. Date last worked

11. Birthplace Rushford, Minnesota.  
(City or town) (State or foreign country)

Father { 12. Name John Sanderson.

13. Birthplace Norway.  
(City or town) (State or foreign country)

Mother { 14. Maiden name Norway.

15. Birthplace Norway.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Julia M. Sanderson

and Address 411 - Vista Ave. Boise Ida

17. (a) BURIAL Date of April 10. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St Johns Cemetery

18. Funeral Director's OWN Signature Charles E. Sanderson

and Address Boise, Idaho.

19. (a) 4-9-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) April. 7. 19 48.  
at 10.30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
Sept 1 19 46 to April 7 19 48  
I last saw him alive on April 7 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Myocardial Infarction  
Thrombosis  
Due to Coronary vascular Renal  
Disease with Hypertension

Due to Arteriosclerosis

Other conditions  
(Include pregnancy within 3 months of death)

Fracture neck of femur, 4y

Where was disease contracted?

Name of operation None Date None

Major finding None

Finding of autopsy None

Duration  
3 weeks  
2 weeks  
2 years

10 days

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? None Homicide? None

Occurred March 27, 1948 19 48 City, county, state

where violence occurred Boise, Ada co., Idaho

Place of Violence: Home ☒ Farm None Industry None

Public Place None While at work? None

Means of injury Fell from bed

23. Attendant's OWN Signature Paul Jones M.D.

and Address Boise, Idaho Date Apr 9 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1200**  
Local Reg. No. **138**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Lukes** Stayed \_\_\_\_\_ days  
(g) Lived in this county **60** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Meridian**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **60** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME **Frank Corker Nourse**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or **White**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Rosalie Nourse**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth **Aug. 6th 1887**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
<b>60</b>	<b>8</b>	<b>0</b>	<b>0</b>	hrs. min.

9. Exact Occupation **Real Estate** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Dealer** Date last worked \_\_\_\_\_

11. Birthplace **Boise Idaho**  
(City or town) (State or foreign country)

12. Name **Frank A. Nourse**  
(City or town) (State or foreign country)

13. Birthplace **Moline Ill.**  
(City or town) (State or foreign country)

14. Maiden name **Frances Corker**  
(City or town) (State or foreign country)

15. Birthplace **Ill**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Rosalie A. Nourse**  
and Address **Meridian Ill**

17. (a) **Burial** (b) Date thereof **4/10/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **St. John's Cemetery**

18. Funeral Director's OWN Signature **Schreiber McLean**  
and Address **Boise**

19. (a) **4-9-48** (b) **J. J. McLean**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **4-7-48** 19**48**  
(Month, Day, Year) at **10:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **4-6-48** to **4-7-48**  
I last saw him alive on **4-7-48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Puncture** Duration  
**Wage**

Due to **hypertension +**  
Due to **apoplexy**  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **For Mr. Thomas**  
(M. D. or other)  
and Address **Meridian** Date **4-9-48** 19**48**  
(If additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
APR 15 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. 1201  
Local Reg. No. 1201  
Reg. Dist. No. 57B

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Lukes Stayed 15 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 15 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington County \_\_\_\_\_  
(c) City or town Moclips  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) Washington

## 3. (a) FULL

NAME ROBERT WALTER BARBER.

3. (b) If veteran, name war  
No. \_\_\_\_\_

3. (c) Social Security No.  
518-07-8738

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Jane Selina

6. (c) Age of husband or wife if  
alive 67 years

7. Date of Birth  
(Month, Day, Year) November. 22. 1879.

8. AGE	Years	Months	Days	If less than 1 day
	<u>68.</u>	<u>4.</u>	<u>16.</u>	hrs. min.

9. Exact Occupation Retired, Boise Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Water Company Employee. Date last \_\_\_\_\_

11. Birthplace Squaw Creek, Idaho.  
(City or town) (State or foreign country)

12. Name Robert Barber.

13. Birthplace Maine.  
(City or town) (State or foreign country)

14. Maiden name Charlotte Richter.

15. Birthplace Germany.  
(City or town) (State or foreign country)

16. Informant's Selma Barber  
OWN Signature \_\_\_\_\_  
and Address 1215 Euclid St.

17. (a) Burial. (b) Date thereof April. 10. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloyerdale Memorial Park.

18. Funeral Director's Chas. E. Summers  
OWN Signature \_\_\_\_\_  
and Address Boise, Idaho.

19. (a) 4-9-48 (b) R. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) April. 8. 19 48.  
at 10.35. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 3-13-48  
\_\_\_\_\_ 19 \_\_\_\_\_ to 4-8- 19 48

I last saw him alive on 4-8- 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Hypostatic Duration 6 da

Due to Cerebral Hemorrhage 20 da

Due to Arteriosclerosis Gen ?

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's C.B. Lindhor m.D.  
OWN Signature \_\_\_\_\_ (M.D. or other)  
and Address Boise Idaho Date 4-8-1948  
(For additional space, use reverse side)

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

APR 24 1948

STATE OF IDAHO

1948  
Supplement 1202  
State File No. 141  
Local Reg. No. 370  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 22 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 22 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town New Plymouth  
(d) Street Address or R.F.D. No. R.D. # 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

EARNEST JUNE FARRELL.

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None.

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Augusta Mae Farrell

6. (c) Age of husband or wife if  
alive 60 years

7. Date of Birth  
(Month, Day, Year) January. 13. 1880.

8. AGE	Years	Months	Days	If less than 1 day
	<u>68.</u>	<u>2.</u>	<u>27.</u>	hrs. min.

9. Exact Occupation Building Contractor Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Lovelawn, Missouri  
(City or town) (State or foreign country)

12. Name Samuel Farrell

13. Birthplace Kentucky  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Art V. Farrell  
and Address 2721 - Rosehill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April. 13. 1948  
(Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's  
OWN Signature Clayde E. Summers  
and Address Boise, Idaho

19. (a) 4-13-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) April. 10. 1948.  
at 11.30. o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from  
\_\_\_\_\_ 1948, to death 19\_\_\_\_  
I last saw him alive on 4/10/48 19\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pulmonary Emboli Duration 7 day

Due to Carcinoma of Bladder ?

Due to \_\_\_\_\_  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation Resection Date 3/2/48

Major finding 7 tumors  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state  
where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's  
OWN Signature W. B. Jeppesen MD  
(M.D. or other)

and Address Boise Idaho Date 4/12 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 24 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1203  
Local Reg. No. 144  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **X**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St Alphonsus** Stayed \_\_\_\_\_ days  
(g) Lived in this county **40** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1615 Idaho St**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **Missouri**

## 3. (a) FULL NAME **David L. Folk**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **Dec. 27th. 1856**

8. AGE	Years	Months	Days	If less than 1 day
	<b>91</b>	<b>3</b>	<b>16</b>	hrs. min.

9. Exact Occupation **Cabinet Maker** Did this work for **50** yrs.  
10. Industry or Business **Columbus Ohio** Date last worked **1928**

11. Birthplace (City or town) (State or foreign country)

12. Name **William Folk** 13. Birthplace **Penn:**

14. Maiden name **Susanne Wise** 15. Birthplace **Ohio**

16. Informant's OWN Signature **James C. Folk** and Address **1615 Idaho St. Boise Idaho**

17. (a) **Burial** (b) Date thereof **4-16-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Morris Hill Cemetery**

18. Funeral Director's OWN Signature **Schreiber** and Address **Boise.**

19. (a) **4-13-48** (b) **J. D. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **4-13-48**  
at **4:25** o'clock **9.** M.

21. I HEREBY CERTIFY, That I attended deceased from **4-10** 19 **48**, to **4-13** 19 **48**  
I last saw h. **mi** alive on **4-12** 19 **48**;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Coronary heart failure** Duration **3 wk**

Due to **Arterio-sclerotic heart disease** **Unknown**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy **None**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **O. J. Swinell M.D.**  
(M. D. or other)

and Address **Boise Idaho** Date **4-13** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

APR 24 1948

STATE OF IDAHO

1948 State File No. 1204  
Local Reg. No. 14  
Reg. Dist. No. 57C

## 1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus Stayed \_\_\_\_\_ days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Rt. 2:  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) So. Dakota

3. (a) FULL NAME Frank E. Kelsey

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male race White

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sallie Kelsey

6. (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) May 12th 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>11</u>	<u>2</u>	hrs. min.

9. Exact Occupation Well Driller Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Milbank So. Dakota  
(City or town) (State or foreign country)

12. Name Unknown

13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ralph McAdams  
and Address Boise Idaho

17. (a) Burial (b) Date thereof 4/19/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Meridian Idaho

18. Funeral Director's OWN Signature Schreiber McLean  
and Address Boise

19. (a) 4 19-48 (b) J.S. McLean  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4-14-48  
at 12 Noon M.

21. I HEREBY CERTIFY, That I attended deceased from 4-5-48 to 4-14-48  
I last saw him alive on 4-14-48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death.)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature Frank A. Tuttle

and Address Boise Id Date 4/16-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 23 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1205  
Local Reg. No. 145  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1819. N. 15 th St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1819. N. 15 th St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Ogden, Utah

## 3. (a) FULL NAME

Ray Thomas Miller

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 519-03-5005

5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White 6. (c) Age of husband or wife if alive 55 years  
6. (b) Name of husband or wife Matilda Miller

7. Date of Birth June. 23. 1892.  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>55.</u>	<u>9.</u>	<u>21.</u>	hrs. min.

9. Exact Occupation Cook Did this work for 26 yrs.

10. Industry or Business Royal Cafe Date last worked Apr. 13. 1948

11. Birthplace Roswell, New Mexico  
(City or town) (State or foreign country)

12. Name Monta Zuma Miller

13. Birthplace Kirkville, Missouri  
(City or town) (State or foreign country)

14. Maiden name Annie Bowman

15. Birthplace Roswell, New Mexico  
(City or town) (State or foreign country)

16. Informant's OWN Signature Matilda Miller

- and Address 1819. N. 15 th St, Boise, Idaho

17. (a) Burial. (b) Date thereof April. 17. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Cloverdale Memorial Park

18. Funeral Director's Summers Funeral Home  
OWN Signature Clyde E. Summers

- and Address Boise, Idaho

19. (a) 4-16-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) April 14 1948  
at about 5:00 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from 9 Sept 1947 to 20 Sept 1947

I last saw h. him alive on about Oct 1 1947;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary occlusion Duration Terminal

Due to Arterio sclerotic Heart Disease

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

### Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

Where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature Max H. Bell MD  
(M. D. or other)

and Address Boise, Idaho Date April 16 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 29 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1206**  
Local Reg. No. **149**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1203 E. Washington  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 10 years 10 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1203 E. Washington  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME JOSEPH FREDRICK THOMPSON

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_  
5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
4. Sex M 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) 11/22/1858

8. AGE	Years	Months	Days	If less than 1 day
	<u>89</u>	<u>4</u>	<u>25</u>	hrs min.

9. Exact Occupation Ret. Miner & Rancher Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Provo, Utah (City or town) (State or foreign country)

12. Name Joseph A. Thompson  
13. Birthplace New York, New York (City or town) (State or foreign country)  
14. Maiden name Sarah Cook  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Bertha Schooler  
and Address 1203 E. Washington, Boise, Ida.

17. (a) Burial (b) Date thereof 4-20-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cloverdale Memorial Park, Boise, Ida.

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St. Boise, Ida.

19. (a) 4-20-48 (b) A. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 17 1948  
at 1:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from about 1935 to death 1948  
I last saw him alive on April 15 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage Duration 2 wks.  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Prostatic obstruction  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J.B. Jappesen (M. D. or other)  
and Address Boise, Idaho Date 4-19 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 29 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1207**  
Local Reg. No. **152**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 409. W. Jefferson.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years 6 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 409. W. Jefferson.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 Mo. years  
(h) Former residence (city, state) California.

## 3. (a) FULL NAME

JAMES NORMAN KIELDSSEN.

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. 560-03-0096

5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Ynez. W. Kielsen.

6. (c) Age of husband or wife if alive 39 years

7. Date of Birth (Month, Day, Year) December. 5. 1904.

8. AGE	Years	Months	Days	If less than 1 day
	<u>43.</u>	<u>4.</u>	<u>12.</u>	hrs. min.

9. Exact Occupation Owner of Murrays Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Curb Service. Date last worked \_\_\_\_\_

11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

12. Name Louis. P. Kielsen.

13. Birthplace Denmark. (City or town) (State or foreign country)

14. Maiden name Mary Raaen.

15. Birthplace Norway. (City or town) (State or foreign country)

16. Informant's OWN Signature Lucy K. Norville and Address 409 Jefferson St Boise

17. (a) Burial. (b) Date thereof April. 20. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Boise Mausoleum.

18. Funeral Director's OWN Signature Clyde E. Summers and Address Boise, Idaho.

19. (a) 4-21-48 (b) D. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April. 17. 19 48.

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from 4/20 1948 to April 17 1948

I last saw h. in alive on 3/16 3/5 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pain of Stomach Duration 1 year

with abd. Peritonitis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? Boise

Name of operation Exploration Date 4/20/48

Major finding Pain of Stomach Peritonitis

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Everett H. Jones (M. D. or other) Boise

and Address Boise Date 4/20 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 29 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1208**  
Local Reg. No. **150**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county 56 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1703. Gourley St.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

Charles Hervey Eagleson.

## 3. (b) If veteran, name war

No.

## 3. (c) Social Security No.

None.

5. Color or \_\_\_\_\_  
4. Sex Male race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Craig Eagleson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June. 12. 1876.

8. AGE	Years	Months	Days	If less than 1 day
	<u>71.</u>	<u>10.</u>	<u>6.</u>	hrs. min.

9. Exact Occupation Civil Engineer. Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Jefferson Iowa. (City or town) (State or foreign country)

12. Name Andrew. H. Eagleson.

13. Birthplace Cadiz, Ohio. (City or town) (State or foreign country)

14. Maiden name Martha Kerr.

15. Birthplace Cadiz, Ohio. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Mary C Eagleson  
and Address 1703 Gourley Boise Idaho

17. (a) Burial. (b) Date thereof April. 20. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Chas E Summers  
and Address Boise, Idaho.

19. (a) 4-20-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April. 18. 19 48.  
at 6 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1 1947, to Apr 18 1948  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Exhaustion & dehydration 4 hrs.

Due to Carcinoma of Prostate

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Ada County

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature T. M. Brayton  
(M. D. or other) Boise Idaho Date Apr 20 1948  
and Address \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

*Dillenger*  
Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 1209  
State File No. ....  
Local Reg. No. 159  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. St Alphonsus ..... days  
(g) Lived in this county 28 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1718 Harrison Blv  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Michigan

3. (a) FULL NAME Charles P. Charrier

3. (b) If veteran, name war None 3. (c) Social Security No. None

5. Color or Male race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) March 3 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>1</u>	<u>15</u>	hrs. min.

9. Exact Occupation Dentist Did this work for ..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace Calumet Michigan  
(City or town) (State or foreign country)

12. Name John Charrier

13. Birthplace Montreal Canada  
(City or town) (State or foreign country)

14. Maiden name Demeris Sampson

15. Birthplace Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature C. Charrier

and Address 1718 Harrison Blvd.

17. (a) Burial (b) Date thereof 4/21/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreiber McLean

and Address Boise

19. (a) 4-21-48 (b) J. J. McLean  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4-18-1948

at 3 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 4-1 1948 to 4-18 1948

I last saw him alive on 4-18 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertensive Pulmonary Duration

Due to Surgery Gastric Resection

Due to P.H. Stomach

Other conditions.....

(Include pregnancy within 3 months of death)

Where was disease contracted? Boise

Name of operator Physician Date 4-4-48

Major finding C.A. Stomach

Finding of autopsy Path findings

Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

Attendant's OWN Signature Fred. A. Dillenger

and Address Boise Date 4-20-48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 21 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1210  
Local Reg. No. 148  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1411 Colorado St  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1411 Colorado  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Penn;

## 3. (a) FULL NAME Rita B Donick

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

5. Color or  
4. Sex Female race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Michael

6. (c) Age of husband or wife if alive 32 years

7. Date of Birth  
(Month, Day, Year) April 18th. 1919

8. AGE	Years	Months	Days	If less than 1 day
	<u>29</u>	<u>0</u>	<u>1</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Erie Penn:  
(City or town) (State or foreign country)

12. Name William Hafensteiner

13. Birthplace U.S.A.  
(City or town) (State or foreign country)

14. Maiden name Rose Mrazes

15. Birthplace Erie Penn  
(City or town) (State or foreign country)

16. Informant's OWN Signature Michael Donick  
and Address 1411 Colorado St. Boise Idaho

17. (a) Removal (b) Date thereof 4/20/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Erie Penn:

18. Funeral Director's OWN Signature Schreibert McLean  
and Address Boise

19. (a) 4-19-48 (b) N. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) April 19 1948  
at 7:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 16 1946, to April 19 1948.  
last saw her alive on April 18 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Multiple Myeloma  
complicated by infection and  
carcinoma.

## Duration

8 years

Due to \_\_\_\_\_

1 1/2 days

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature Ralph A. Jones, M.D.

and Address Boise Idaho (M.D. or other) Date Apr 19 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 29 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1211**  
Local Reg. No. **154**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1313 Denver St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 40 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1313 Denver St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME FRANCES PAULINE REED

3. (b) If veteran, name war no No. None  
5. Color or        6. (a) Single, widowed, married, divorced Married  
4. Sex F race W  
6. (b) Name of husband or wife Frank N. Reed 6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) 1/26/1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>2</u>	<u>23</u>	hrs min.

9. Exact Occupation Housewife Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Haydenville, Ohio  
(City or town) (State or foreign country)

12. Name William Wolfe  
13. Birthplace Deavertown, Ohio  
(City or town) (State or foreign country)  
14. Maiden name Mary J. Parker  
15. Birthplace Virginia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Frances Reed  
and Address 1313 Denver St., Boise, Idaho

17. (a) Burial (b) Date thereof 4/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill Cemetery, Boise, Ida.

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St., Boise, Idaho

19. (a)        (b)         
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 19 1948  
at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 17 1948, to April 19 1948  
I last saw her alive on April 17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Branchiopneumonia Duration         
(Primary)

Due to         
Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?        Date         
Name of operation        Major finding         
Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature Mary Cavanaugh, M.D.  
(M.D. or other)  
and Address Good Hope, Bix Date 4-22-1948  
(For additional space, use reverse side)

*c. aloupka*

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

APR 29 1948

STATE OF IDAHO

State File No. **1212**  
Local Reg. No. **155**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **1515 Jefferson St**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years **3** months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Boise**  
(c) City or town **Placerville**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A**  
(g) How long had deceased lived in Idaho? **72** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**Frank Ranft**

## 3. (b) If veteran, name war

**None**

## 3. (c) Social Security No.

**None**

## 4. Sex **Male** Color or race **White**

## 6. (a) Single, widowed, married, divorced **Married**

## 6. (b) Name of husband or wife **Mary**

## 6. (c) Age of husband or wife if alive **68** years

## 7. Date of Birth (Month, Day, Year) **July 26th 1875**

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>8</b>	<b>23</b>	hrs. min.

## 9. Exact Occupation **Farmer** Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace **Granite Creek Idaho** (City or town) (State or foreign country)

## 12. Name **Philip Ranft** (City or town) (State or foreign country)

## 13. Birthplace **Germany** (City or town) (State or foreign country)

## 14. Maiden name **Catherine Kuhl** (City or town) (State or foreign country)

## 15. Birthplace **Germany** (City or town) (State or foreign country)

## 16. Informant's **OWN** Signature **Elizabeth Chertine** and Address **1515 Jefferson**

## 17. (a) **Burial** (b) Date thereof **4/22/1948** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place **Morris Hill Cemetery**

## 18. Funeral Director's **Schweizer McMane** OWN Signature and Address **Boise**

## 19. (a) **4-22-48** (b) **N. Shaye** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH **April 19 48** (Month, Day, Year)

## 21. I HEREBY CERTIFY, That I attended deceased from **Feb 20 48** at **11 m** o'clock **M**

## I last saw him alive on **April 16 1948** death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Duration

## **Carcinoma of recto sigmoid 5 mo.**

## Due to \_\_\_\_\_

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operator **Physician** Major finding **3/27/48**

## Finding of autopsy \_\_\_\_\_ Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's **C. Aloupka** OWN Signature and Address **Boise** Date **4/20 48** (M or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

# DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Frank Ranft  
now lying buried in Morris Hill Cemetery, in the City or Town of Boise  
County of Ada State of Idaho, who died on the 19 day of April, 1 948 Aged 72 years.     months  
    days, the cause of death being Carcinoma of recto sigmoid and  
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever  
or yellow fever as shown by the certificate of death of said deceased, given by  
Dr. H. M. Chaloupka attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private  
to Placerville Cemetery in the City or Town of Placerville County of Boise  
State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Ada it being understood and provided that nothing herein shall be deemed as contravening or in  
anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses  
or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be  
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another  
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The  
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If  
the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new  
metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

Permit issued to: this 10th day of November, A.D. 19 65.

**Gibson Funeral Home**  
**Boise, Idaho**

**W. W. Benson**

by

Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,  
Town or County of \_\_\_\_\_ State of Idaho, this \_\_\_\_\_ day of \_\_\_\_\_, 19    .

Health Officer

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

MAY 7 1948

Federal Security Agency  
United States Public Health  
National Office of Vital Statistics

DIVISION OF VITAL STATISTICS

STATE

# Certificate of Death

STATE OF IDAHO

State File No. 1213  
Local Reg. No. 157  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 1 days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 146. W. Idaho. St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

IDA SAPHRONIA CASKEY.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or  
4. Sex Female White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February. 29. 1964.

8. AGE	Years	Months	Days	If less than 1 day
	<u>84.</u>	<u>1.</u>	<u>22.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Livingston County, Missouri.  
(City or town) (State or foreign country)

12. Name Risdon Knott.

13. Birthplace Bellville Kentucky.  
(City or town) (State or foreign country)

14. Maiden name Lavina Frizell.

15. Birthplace Tenn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Willie Hood (Mrs. John) Hood  
and Address 146. W. Idaho St. Boise.

17. (a) Burial (b) Date thereof April. 26. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clayde E. Summers  
and Address Boise, Idaho.

19. (a) 4-27-48 (b) N. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April. 21. 1948.  
at 7.30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1937  
19 \_\_\_\_\_ to 4-21-48 19 \_\_\_\_\_

I last saw her EX alive on 4-21-48 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Bowel Obstruction Duration 36h

Due to meenteric thrombosis 36h

Due to hypertensive cardiovascular

Other conditions renal disease  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. Springer and  
(M. or other)

and Address Boise Idaho 83647

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 7 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 1214  
State File No. 162  
Local Reg. No. 370  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. In Alley at Rear of 2402, State St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 20 Minutes

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 2410. State  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 Minutes  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Infant Peterson.

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

## 4. Sex Female Color or Race White

## 6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) April. 23. 1948.

8. AGE	Years	Months	Days	If less than 1 day
				hrs. 20 min.

## 9. Exact Occupation. None Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business. \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Boise, Idaho (City or town) (State or foreign country)

## 12. Name Unknown (City or town) (State or foreign country)

## 13. Birthplace Unknown (City or town) (State or foreign country)

## 14. Maiden name Luella Levina Peterson

## 15. Birthplace Unknown (City or town) (State or foreign country)

## 16. Informant's OWN Signature Clyde E. Summers

## and Address 1205. Barnock Street, Boise

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May. 1. 1948 (Month) (Day) (Year)

## (c) Place Morris Hill Cemetery

## 18. Funeral Director's OWN Signature Clyde E. Summers

## and Address Boise, Idaho

## 19. (a) 5-1-48 (Date received and filed) (b) A. Sharp (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) April 22 or 23 19 48

at unknown o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Exposure

## Duration

Due to No care after live birth

Due to None

Other conditions None (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy As above

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Beaman

and Address Boise (M. D. or other) Date 24 Apr. 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 3 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1215  
Local Reg. No. 138  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus 150 days  
(g) Lived in this county \_\_\_\_\_ years 5 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Butte  
(c) City or town Moore  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

JOHN BANKS BEVERLAND.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or race White.

6. (a) Single, widowed, married, divorced Divorced.

6. (b) Name of husband of wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April. 5. 1907.

8. AGE	Years	Months	Days	If less than 1 day
	<u>41.</u>	<u>0.</u>	<u>18.</u>	hrs. min.

9. Exact Occupation Section Foreman. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Moore, Idaho. (City or town) (State or foreign country)

12. Name Alexander Beverland.

13. Birthplace Logan, Utah. (City or town) (State or foreign country)

14. Maiden name Amy Mc Crumb.

15. Birthplace New Wilmington, Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature W. M. Banner and Address 1024 Broadway

17. (a) Removal. (b) Date thereof April 25, 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Moore, Idaho.

18. Funeral Director's OWN Signature Charles E. Dwyer and Address Boise, Idaho.

19. (a) 4-27-48 (b) H. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April. 23. 19 48.

at 1:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-8 19 47, to 4-23 19 48

I last saw him alive on 4-23 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac decompensation Duration 12 hrs.

Due to Gangrene of foot 6 weeks

Due to Tuberculosis 20 yrs.

Other conditions Emphysema (Include pregnancy within 3 months of death)

chest 4 weeks

Where was disease contracted? \_\_\_\_\_

Name of operation None Date 2

Major finding \_\_\_\_\_

Finding of autopsy Same as above

Physician Under the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. M. Banner (M. D. or other)

and Address Boise, Ida Date 4-26-48 (For additional space, use reverse side)

454

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

MAY 7 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 1216  
Local Reg. No. 161  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 2 days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 810 East Jefferson  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Colorado

## 3. (a) FULL NAME

ETTA. G. DAVISON.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Edward Thomas Davison

6. (c) Age of husband or wife if alive 52. years

7. Date of Birth (Month, Day, Year) August. 18. 1881.

8. AGE	Years	Months	Days	If less than 1 day
	<u>66.</u>	<u>8.</u>	<u>7.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Shannon County, Missouri. (City or town) (State or foreign country)

12. Name Dave Fares. (City or town) (State or foreign country)

13. Birthplace England. (City or town) (State or foreign country)

14. Maiden name Lena Carr. (City or town) (State or foreign country)

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature E. J. Dargatzis  
and Address 210 E. 1st St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April. 27. 1948 (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clayde E. Thompson  
and Address Boise, Idaho.

19. (a) 30-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April. 25. 1948.  
at 6.05. o'clock A. M.

21. I HEREBY CERTIFY that I attended deceased from 4-22-48 to 4-25-48 1948.

I last saw her alive on 4-24-48 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary occlusion Duration 4.5h

Due to hypertensive cardio-vascular renal disease

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

23. Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. J. Dargatzis  
and Address Boise, Idaho Date 4-28-1948  
(For additional space, use reverse side)

131A  
094A

PHYSICIAN  
Underline the cause to which death should be charged statistically



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1217**  
Local Reg. No. **157**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside?    city or town     
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. St. Lukes Stayed 4 Hrs.  
(g) Lived in this county 20 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 2  
(e) Deceased lived Inside?    Outside? X city or town     
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Montana

## 3. (a) FULL NAME

Samuel C. Smith

3. (b) If veteran, name war No.

3. (c) Social Security No. None

5. Color or White  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife   

6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) February 24 1857

8. AGE	Years	Months	Days	If less than 1 day
	<u>91</u>	<u>2</u>	<u>1</u>	hrs. min.

9. Exact Occupation Sheep Shearer Did this work for    yrs.

10. Industry or Business    Date last worked   

11. Birthplace Australia (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Clayton E. Summers  
and Address 1205 Bannock Street, Boise

17. (a) Burial (b) Date thereof April 29 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Clayton E. Summers  
and Address Boise, Idaho

19. (a) 4-29-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 25 1948  
at 6:30 o'clock P. M.

21. I HEREBY CERTIFY That I attended deceased on 4/25/48 3:30 PM to 6:30 PM 1948

I last saw h.    alive on    19  ;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fatal accident Duration   

Post traumatic shock

Due to   

Fractures multiple

Due to   

Other condition    (Include pregnancy within 3 months of death) leg 2 hrs

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide?    Homicide?   

Occurred    19   City, county, state     
where violence occurred   

23. Place of Violence: Home    Farm    Industry   

Public Place    while at work?   

Means of injury Struck by car

23. Attendant's OWN Signature Clayton E. Summers (M. D. or other)   

and Address Boise, Idaho Date 4/28/48  
(For additional page, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON-RESIDENT Certificate of Death

MAY 15 1948

STATE OF IDAHO

State File No. **1218**  
Local Reg. No. **167**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 30 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 30 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Union  
(c) City or town Union  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 Days years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

CHRISTINE RUTH GILES

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

169-09-2770

## 5. Color or 6. (a) Single, widowed, married, divorced

Female White Married

## 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

William E. Giles 41 years

## 7. Date of Birth (Month, Day, Year)

December 2, 1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>4</u>	<u>26</u>	hrs. min.

## 9. Exact Occupation 10. Industry or Business

At Home Did this work for \_\_\_\_\_ yrs.

## 11. Birthplace 12. Name

Providence, Rhode Island Joseph A. Crowe

## 13. Birthplace 14. Maiden name

Nova Scotia Christine C. McDonald

## 15. Birthplace 16. Informant's OWN Signature

Nova Scotia William E. Giles

## and Address

Union Oregon

## 17. (a) Removal (b) Date thereof

Removal April 30, 1948

## 18. Funeral Director's OWN Signature

Summers Funeral Home Boise, Idaho

## 19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

5-5-48 Sharp

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

April 28, 1948  
at 11:05 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

November 19, 1947 to 4-28, 1948

I last saw her alive on 4-28, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Duration

Lymphosarcoma 10 Mx.

Due to Primary

Due to Metastatic

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted? Name of operation Date

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature (M. D. or other)

Open M.D. Boise, Idaho 5-1, 1948

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
DIVISION OF VITAL STATISTICS

MAY 7 1948

# Certificate of Death

STATE OF IDAHO

1948 1219  
State File No. \_\_\_\_\_  
Local Reg. No. 77  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 4614 Fairview. Rt 2  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 23 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 4614 Fairview. Rt 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME Mervin G. McConnell

3. (b) If veteran, name war World war 1 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Evelyn A. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Dec. 29th 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>4</u>	<u>0</u>	hrs. min.

9. Exact Occupation Maj. Genl: U.S. Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Army Retired Date last worked \_\_\_\_\_  
11. Birthplace Parma Idaho (City or town) (State or foreign country)

12. Name David K. McConnell  
13. Birthplace Springfield Ohio (City or town) (State or foreign country)

14. Maiden name Mary Rogers  
15. Birthplace Jacksonville Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature Evelyn A. McConnell  
and Address 4614 Fairview. R. 2 Boise Ida.

17. (a) Burial (b) Date thereof 5/3/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schrauber McLean  
and Address Boise

19. (a) 5-3-48 (b) J. J. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4-29 1948  
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 4:27 to 4:30 1948  
I last saw h. 1 M alive on 4-29 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis. Duration 1 1/2 yrs.

Due to Arteriosclerosis Unknown

Due to Neuro-Myositis 4 days.  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Unknown

Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. J. Sharp (M. D. or other)  
and Address Boise Idaho Date 4-30 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in Obedience to the law. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 3 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
**Certificate Of Death**

State File No. **1220**  
Local Reg. No. **160**  
Reg. Dist. No. **370**

1. PLACE OF DEATH: STATISTICS  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 3  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Alphonsus Stayed 4 days  
(g) Lived in this county 19 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Eagle, Idaho  
(d) Street Address or R.F.D. No. Eagle, Idaho  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME WALTER REEDY  
(b) If veteran, name war None  
(c) Social Security No. 518-09-3483  
(d) Color or race W  
(e) Sex M  
(f) (b) Name of husband or wife Flora Reedy  
(g) (c) Age of husband or wife if alive \_\_\_\_\_ years  
(h) Date of Birth (Month, Day, Year) 7/12/1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>9</u>	<u>17</u>	hrs min.

9. Exact Occupation Carpenter Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Bartlett, Kansas  
(City or town) (State or foreign country)

Mother Father  
12. Name James E. Reedy  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Elizabeth Williams  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature x Mrs. Walter Reedy  
and Address Box 12 Eagle Idaho

17. (a) Burial (b) Date thereof 5/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cloverdale Memorial Park, Boise.

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St. Boise, Idaho

19. (a) 4-30-48 (b) K. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 123X  
20. DATE OF DEATH April 29 19 48  
(Month, Day, Year) at 6:35 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 4-14 1948, to 4-29 1948  
I last saw him alive on 4-28 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Myocardial Infarction  
Due to Surgery Signified  
Due to Inflammation Signified  
Other conditions Signified Dissection  
(Include pregnancy within 3 months of death)

Where was disease contracted? Boise  
Name of operation above Date 7/26-48  
Major finding as above  
Finding of autopsy as above  
PHYSICIAN underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 19 City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Frank A. Pung  
and Address Boise Date 4/30 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

MAY 7 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 1221  
Local Reg. No. 1221  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus ed 1 days  
(g) Lived in this county \_\_\_\_\_ years 8 months 6 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 1  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? all his life years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Peter Tsutsumi.

## 3. (b) If veteran, name war

No.

## 3. (c) Social Security No.

None.

## 4. Sex Male Color or race Yellow

## 6. (a) Single, widowed, married, divorced Single.

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) August. 23. 1947.

8. AGE	Years	Months	Days	If less than 1 day
		<u>8.</u>	<u>6.</u>	hrs. min.

## 9. Exact Occupation None. Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

## 12. Name Harry Tsutsumi. (City or town) (State or foreign country)

## 13. Birthplace Japan. (City or town) (State or foreign country)

## 14. Maiden name Tomiko Kogane. (City or town) (State or foreign country)

## 15. Birthplace Auburn, Washington. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Harry Tsutsumi and Address Rd #1, Boise Idaho

## 17. (a) Removal. (b) Date thereof April 30. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Seattle, Washington.

## 18. Funeral Director's OWN Signature Summers Funeral Home. and Address Boise, Idaho.

## 19. (a) 5-1-48 (b) K Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) April. 29. 1948.

at 1-35 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 4-29-48 to 4-29-48 1948

I last saw him alive on 4-29 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Lobar Pneumonia Duration 6 days  
4-22-48 to 4-29-48

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature D. V. Hamilton (M.D. or other)

and Address Boise Ida Date 4-30 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1222**  
Local Reg. No. **164**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 35 days  
(g) Lived in this county 39 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1509 Franklin  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Illinois

## 3. (a) FULL NAME

Eva Mary Sawyer

3. (b) If veteran, name war No

3. (c) Social Security No. None

5. Color or  
4. Sex Female race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) August 7, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>8</u>	<u>22</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Farmersville, Ohio  
(City or town) (State or foreign country)

12. Name Samuel Moon

13. Birthplace Ireland  
(City or town) (State or foreign country)

14. Maiden name Jane Dolan

15. Birthplace Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Donal M. Sawyer  
and Address 1100 Hawthorne Rd. Boise

17. (a) Burial (b) Date thereof May 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Boise, Mausoleum

18. Funeral Director's OWN Signature E. E. Summers  
and Address Boise, Idaho

19. (a) 5-3-48 (b) D. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) April 29, 1948  
at 9:35 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 1, 1948 to April 29, 1948  
I last saw her alive on April 29, 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage

Due to Essential Hypertension

Due to Generalized Atherosclerosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Paul Jones, M.D.  
(M. D. or other)  
and Address Boise, Idaho Date 4/30 1948  
(For additional space, use reverse side)

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

Duration  
27 days

5 years

10 years

083A  
097X

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Idaho  
Health Agency  
Public Health Service  
Office of Vital Statistics

15 1048

# Certificate of Death

STATE OF IDAHO

State File No. **1223**  
Local Reg. No. **165**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Lukes** Stayed **7** days  
(g) Lived in this county **20** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **413 So. 11th St**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state) **Missouri**

3. (a) FULL NAME **William R. Green**

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **518-12-2130**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Gertrude**  
6. (c) Age of husband or wife if alive **60** years

7. Date of Birth (Month, Day, Year) **Dec. 24th 1877**

8. AGE	Years	Months	Days	If less than 1 day
	<b>70</b>	<b>4</b>	<b>6</b>	hrs. min.

9. Exact Occupation **Janitor** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Bates Co. Missouri**  
(City or town) (State or foreign country)

12. Name **Unknown**  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Gertrude Green**  
and Address **413 So 11th St. Boise Idaho**

17. (a) **Burial** (b) Date thereof **5/4/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Meridian Idaho**

18. Funeral Director's OWN Signature **Schreyer McLean**  
and Address **Boise**

19. (a) **5-4-48** (b) **J. H. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Apr 30 1948**  
at **9:30 a.m.** o'clock **1948** M.

21. I HEREBY CERTIFY That I attended deceased from **April 24 1948** to **Apr 30 1948**  
I last saw him alive on **Apr 30 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Auto Accident** Duration \_\_\_\_\_

Due to **Cerebral Aneurysm** **1 week**  
**Fracture pelvis** **1**  
Due to **Fracture back leg** **1**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Homicide? \_\_\_\_\_  
Occurred **April 24 1948** City, county, state **City**  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **Run over by Car**  
23. Attendant's OWN Signature **J. H. Sharp**  
and Address **Boise Idaho** Date **5/2-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

State Health Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 15 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. 1224  
Local Reg. No. 1524  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. Ada County Jail 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State California (b) County Los Angeles  
(c) City or town Los Angeles  
(d) Street Address or R.F.D. No. 637, W, 81 St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 Days years  
(h) Former residence (city, state) California

## 3. (a) FULL NAME

Scott Ralph Nelson.

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. 563-01-5148

5. Color or sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Nelson.

6. (c) Age of husband or wife if alive 33 years

7. Date of Birth (Month, Day, Year) August. 14. 1913.

8. AGE	Years	Months	Days	If less than 1 day
	<u>34</u>	<u>7</u>	<u>18</u>	hrs. min.

9. Exact Occupation Clerk, General Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Petroleum Corporation Date last Retired

11. Birthplace Richfield, Utah. (City or town) (State or foreign country)

12. Name James Ralph Nelson.

13. Birthplace Gunnison, Utah. (City or town) (State or foreign country)

14. Maiden name Emma Elliott.

15. Birthplace Richfield, Utah. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Maude Osterhout and Address Declo, Idaho. P.O. Box. 17.

17. (a) Removal. (b) Date thereof April. 4. 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Los Angeles California. Summers Funeral Home.

18. Funeral Director's OWN Signature Clyde E. Summers and Address Boise, Idaho.

19. (a) 4-5-48 (b) X Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April. 2. 19. 48.

at 9 o'clock A. M. saw  
21. I HEREBY CERTIFY, That I deceased from April. 2. 19. 48.

I last saw h. alive on 19. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Traumatic diffuse Duration About five days.  
subarachnoid hemorrhage

Due to Trauma, Right side of body

Due to unknown

Other conditions none (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy As above

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred unknown 19. \_\_\_\_\_ City, county, state

where violence occurred unknown

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place unknown While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. Beaman (M. D. or other) and Address Boise Date 2 April 19. 48 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1225  
Local Reg. No. 38  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? X ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. Ada Co. Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 513 So. 12th  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME David McDonald

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced .....

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) Sept. 12th 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>6</u>	<u>22</u>	hrs. min.

9. Exact Occupation Janitor Did this work for ..... yrs.

10. Industry or Business New York Date last worked .....

11. Birthplace (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace (City or town) (State or foreign country)

14. Maiden name .....

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature M. D. Davis

and Address 507 Idaho St Boise  
Burial 4/8/1948

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreiber McCann

and Address Boise

19. (a) 4-8-48 (b) M. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) 4-8-48 at 4-15 o'clock A M.

### 21. I HEREBY CERTIFY, That I attended deceased from

5-14 1947 to 4-4 1948

I last saw him alive on 4-4 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Sudden

Due to Myocardial

Due to degeneration years

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

Attendant's OWN Signature S. O. Hamilton

and Address Boise Ida Date 4-7 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 15 1948

# Certificate of Death

STATE OF IDAHO

State File No.

1226

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ada Co. Stayed \_\_\_\_\_ days  
(g) Lived in this county 55 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

Isaac John Paris

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Nellie B. Paris

6. (c) Age of husband or wife if  
alive 67 years

7. Date of Birth  
(Month, Day, Year) April 4th 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>0</u>	<u>2</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Tennessee  
(City or town) (State or foreign country)

12. Name John Paris

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Mrs. Robert Cruz  
and Address 1306 Division Ave.

17. (a) Burial (b) Date thereof 4/8/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery

18. Funeral Director's  
OWN Signature Behrester Nelson  
and Address Boise

19. (a) 4-8-48 (b) J. H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) 4-6-1948  
at 4-15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
3-14-48 to 4-6-48

I last saw him alive on 4-6-48  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death

Myocardial  
Segmentation  
Due to Hypertension  
Due to Chronic Endocarditis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

### Duration

Subsult  
years  
years

### Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

### 23. Attendant's

OWN Signature O. P. Hamilton  
(M. D. or other)  
and Address Boise, Ida Date 4-7-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1227  
Local Reg. No. 60  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? ☒ city or town  
(e) Died in a Home ..... Hospital ☒ Institution ..... Other place .....  
(f) Name Hosp. or Inst. Vets. Admn. Stayed 1 days  
(g) Lived in this county ..... years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County .....  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME BELKNAP, Ray V.

3. (b) If veteran, name war WW I  
3. (c) Social Security No. ....  
5. Color or White  
4. Sex Male race White  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) June 15, 1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>9</u>	<u>23</u>	hrs. min.

9. Exact Occupation Shepherd Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace West Virginia (City or town) (State or foreign country)

12. Name Israel J. Belknap  
13. Birthplace Sutton West Virginia (City or town) (State or foreign country)  
14. Maiden name Sara Virginia West  
15. Birthplace Sutton West Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Records, Veterans Administration  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof 4/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery, Boise, Ida.

18. Funeral Director's OWN Signature McBratney Fowler/Chapel  
and Address 419 No. 9th St. Boise, Ida.

19. (a) 4-9-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 7, 19 48  
at 4:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 6, 19 48 to April 7, 19 48  
I last saw him alive on April 7, 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Malignant Melanoma of Brain, Metastatic Duration Terminal

Due to Multiple Malignant Melanoma primary site undetermined Prior to Admn.

Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy Confirm Above

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred.  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury J. K. McClintic  
23. Attendant's OWN Signature J. K. McClintic, M.D., CMO (M. D. or other)  
and Address VAH, Boise, Idaho Date April 8, 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1228  
Local Reg. No. 61  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Vets. Admn. Stayed 22 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County \_\_\_\_\_  
(c) City or town McCall  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME EMERSON, Elmer

3. (b) If veteran, name war WW I 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December 27, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>3</u>	<u>11</u>	hrs. min.

9. Exact Occupation Miner Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Allen Reed, Texas  
(City or town) (State or foreign country)

Father { 12. Name Eugene Emerson

13. Birthplace Texas  
(City or town) (State or foreign country)

Mother { 14. Maiden name Maggie Nichols

15. Birthplace Texas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, Veterans Administration  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof 4/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Field Of Honor Morris Hill, Boise, Ida.

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address Boise, Idaho

19. (a) 4-9-48 (b) N. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 7, 1948  
at 12:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 16, 1948 to April 7, 1948  
I last saw him alive on April 7, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Bronchopneumonia

Duration  
Terminal

Due to Silicotuberculosis, far advanced, with cavitation

Prior to  
Admn.

Due to \_\_\_\_\_  
Other conditions Bulbous Emphysema;  
(Include pregnancy within 3 months of death)  
Bronchiectasis; Pleurisy, Chr.

Where was disease contracted? Fibrinous

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged for statistic

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Fr. M. Wind

23. Attendant's OWN Signature J. K. McCLINTIC, M.D., CMO  
(M D or other)

and Address VAH, Boise, Idaho Date April 7, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1229  
Local Reg. No. 56  
Reg. Dist. No. 37

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **V.A. Hosp.** Stayed **32** days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? **34** years  
(h) Former residence (city, state)

3. (a) FULL NAME **PAIGE, Harry C.**

3. (b) If veteran, name war **WM I**

3. (c) Social Security No.

4. Sex **Male** race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Frances S. Paige**

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) **October 28, 1894**

8. AGE	Years	Months	Days	If less than 1 day
	<b>53</b>	<b>5</b>	<b>10</b>	hrs. min.

9. Exact Occupation **Railroad Brakeman-Conductor** Did this work for ☐ yrs.

10. Industry or Business **Brookfield** Date last worked **Kansas**

11. Birthplace **Brookfield** (City or town) **Kansas** (State or foreign country)

Father { 12. Name **Harry C. PAIGE**

13. Birthplace **??** (City or town) **??** (State or foreign country)

Mother { 14. Maiden name **Fanny ??**

15. Birthplace **??** (City or town) **??** (State or foreign country)

16. Informant's OWN Signature **Records, V.A. Hospital** and Address **Boise, Idaho**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4/7/48** (Month) (Day) (Year)

(c) Place **Pocatello, Idaho**

18. Funeral Director's OWN Signature **McBratney-Fowler Chapel** and Address **Boise, Idaho**

19. (a) **4-7-48** (Date received and filed) (b) **Sharp** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 7,** 19 **48**  
at **9:40** o'clock **A.**M.

21. I HEREBY CERTIFY, That I attended deceased from **March 6,** 19 **48** to **April 7,** 19 **48**  
I last saw him alive on **April 7,** 19 **48**;  
Immediate Cause of Death: **Myocardial Insufficiency with Congestive Failure**  
Due to **Hypertensive Cardiovascular Disease**  
Other conditions: **Terminal Prior to Admn.**  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation **None** Date  
Major finding  
Finding of autopsy **NO AUTOPSY**  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state where violence occurred **Boise, Idaho**  
Place of Violence: **Home** Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury **Heart**  
23. Attendant's OWN Signature **J. K. McClintic, M.D., CMO** (M. D. or other)  
and Address **VAH., Boise, Idaho** Date **Apr. 7, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1230  
Local Reg. No. 62  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Meridian  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Palco, Kan.

## 3. (a) FULL NAME

DAH E. WISNER

## 3. (b) If veteran, name war

3. (c) Social Security No. None

5. Color or White

4. Sex Male race \_\_\_\_\_

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife Zora Wisner

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 2, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>I</u>	<u>8</u>	hrs. min.

9. Exact Occupation Blacksmith Did this work for 40 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 1936

11. Birthplace Jamaica, Iowa. (City or town) (State or foreign country)

12. Name Firam Wisner

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Gota Wisner and Address Meridian, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April, 12, 1948 (Month) (Day) (Year)

(c) Place Meridian, Ida.

18. Funeral Director's OWN Signature Blw Rogers and Address Meridian, Ida.

19. (a) 4-12-48 (Date received and filed) (b) D. Sharp (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 10, 1948 19\_\_\_\_  
at 7:40 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 2-6 to 7/10 1948

I last saw him alive on 4/6 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Generalized Caecoxia Duration 4 mos.

Due to Generalized Carcinomatosis

Due to Primary in Stomach 2 yrs.

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation autopsy Date 6/30/48

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. E. Jewell (M. D. or other)

and Address Meridian Date April 10, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Bureau of Vital Statistics

APR 24 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1231**  
Local Reg. No. **63**  
Reg. Dist. No. **371**

## I. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **X** \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **V.A. Hospital** Stayed **46** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Payette**  
(c) City or town **New Plymouth**  
(d) Street Address or R.F.D. No. **Route 1**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **46** years  
(h) Former residence (city, state) **Greely, Nebraska**

3. (a) FULL NAME **MEECHAN, Louis J.**

3. (b) If veteran, name war **WW I**

3. (c) Social Security No. **519121836**

4. Sex **M** race **W**

5. Color or

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Maudie Meechan**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **May 6, 1891**

8. AGE	Years	Months	Days	If less than 1 day
<b>56</b>	<b>56</b>	<b>11</b>	<b>5</b>	hrs. min.

9. Exact Occupation **Laborer** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Greely, Nebraska** (City or town) (State or foreign country)

12. Name **Charles T. Meechan**

13. Birthplace **Ireland** (City or town) (State or foreign country)

14. Maiden name **Sarah A. Crosbie** (City or town) (State or foreign country)

15. Birthplace **Penn** (City or town) (State or foreign country)

16. Informant's OWN Signature **Records, V. A. Hospital** and Address **Boise, Idaho**

17. (a) **Removal** (b) Date thereof **4-12-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Payette, Idaho**

18. Funeral Director's OWN Signature **McBratney-Fowler Chapel, Boise** and Address **4-13-48**

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 11** at **12:55** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb. 25** 19 **48** to **April 11** 19 **48**

I last saw him alive on **April 11** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Inanition, Cachexia** Duration **Terminal**

Due to **Carcinoma, Primary in Esophagus** Prior with wide spread visceral mediastinal to **Admn.**  
Due to **and retroperitoneal metastases**

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_ Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_ Finding of autopsy **Confirm Above** PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **J. K. McClintic**

23. Attendant's OWN Signature **J. K. McClintic, M.D., CMO** (M.D. or other)

and Address **VAH, Boise, Idaho** Date **April 12** 19 **48** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce **APR 24 1948**  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

048  
State File No. **1232**  
Local Reg. No. **64**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ada County Hospital days  
(g) Lived in this county 32 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 115 So. 24th  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME MARY FRANCIS HATFIELD

3. (b) If veteran, NO name war \_\_\_\_\_ No. None  
5. Color or \_\_\_\_\_ race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) 11/11/1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>5</u>	<u>0</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Washington County Mo.  
(City or town) (State or foreign country)

- Mother Father  
12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's X OWN Signature Mrs Mary Campbell  
and Address 1628 Main St. Boise, Ida.

17. (a) Burial (b) Date thereof 4/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Meridian Cemetery Meridian, Ida

18. Funeral Director's Fowler OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St. Boise, Idaho

19. (a) 4-13-48 (b) Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 11 1948  
at 4:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 2-15 1947 to 4-11 1948  
I last saw her alive on 4-11 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Coronary Duration Sudden  
Due to Hypertension - acute 3-22-45  
Due to Myocardial Inf. 3-25-47  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. D. Harrison (M. D. or other)  
and Address Boise Ida Date 4-12 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in own handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful examination. Use of BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address of informant, Registrar, State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

APR 24 1948

STATE OF IDAHO

1948  
State File No. **1233**  
Local Reg. No. **65**  
Reg. Dist. No. **371**

## PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Rt. #1 Boise  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 2 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state)

3. (a) FULL NAME **RALPH S. ROWLAND**

3. (b) If veteran, name war none 3. (c) Social Security No. 519 01 7158  
5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sophie 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) 6/6/1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>10</u>	<u>6</u>	hrs min.

9. Exact Occupation Saw Mill worker Did this work for 2 yrs.  
10. Industry or Business worked Date last worked  
11. Birthplace Alma, Colorado  
(City or town) (State or foreign country)

12. Name Benjamin F. Rowland  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Mary F. Freeman  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Edward G. Rowland  
and Address Lake Fort, Idaho

17. (a) Burial (b) Date thereof 4/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bell Cemetery, Lake Fort, Idaho

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 North 9th St., Boise, Ida.

19. (a) 4-15-48 (b) R. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 12 19 48  
at 4:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 12th 19 48, to only 19 48.  
I last saw him alive on never 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Myocardial failure Duration 1 hr.

Due to coronary occlusion 17 hrs

Due to Repeated cardiac insults chronic

Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? home PHYSICIAN  
Name of operation — Date — Underline

Major finding — the cause to which death should be charged statistically.  
Finding of autopsy not done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred — 19 — City, county, state where violence occurred  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature Napier W. Stearns MD  
and Address 500 East 1st St., Boise, Ida. Date April 19, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 2 1 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1234  
Local Reg. No. 67  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ada Co. Stayed \_\_\_\_\_ days  
(g) Lived in this county 57 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 503 S. 3rd St  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 57 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME Mary E.V. Randall

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female Color or Race White 5. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Apr. 4th 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>0</u>	<u>11</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Clarksville Iowa (City or town) (State or foreign country)  
Father { 12. Name James Burtah  
13. Birthplace Canada (City or town) (State or foreign country)  
Mother { 14. Maiden name Elizabeth Tharp  
15. Birthplace N.Y. State (City or town) (State or foreign country)

16. Informant's OWN Signature Harvey S. Smith  
and Address Parma Idaho

17. (a) Burial (b) Date thereof 4/17/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreber  
and Address Boise

19. (a) 4-17-48 (b) J. S. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 15 April 1948  
at 9:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1948 to Mar. 22 1948.  
I last saw h. er alive on April 8 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive heart failure Duration 6 wks

Due to Arteriosclerotic heart disease 10 yrs.

Due to Obesity 50 yrs.  
(Include pregnancy within 3 months of death)

Trigeminal neuralgia 1 yr.

Where was disease contracted? \_\_\_\_\_

Name of operation None Date -

Major finding \_\_\_\_\_

Finding of autopsy None performed

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature Harvey S. Smith  
and Address Boise Idaho Date 16 April 1948  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 22 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1235  
Local Reg. No. 62  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Rt. 1  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 5 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME Gurley D. Shaul

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) Feb. 28 1884  
8. AGE Years 64 Months 1 Days 17 If less than 1 day hrs. min.

9. Exact Occupation Farmer Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Tumaway Indiana (City or town) (State or foreign country)

Father { 12. Name Emery Shaul  
13. Birthplace U.S. A (City or town) (State or foreign country)  
Mother { 14. Maiden name Arabell Shaul  
15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Faye Honey and Address Boise Idaho

17. (a) Burial (b) Date thereof 4/20/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Meridian Cemetery

18. Funeral Director's OWN Signature Schreiber McClann and Address Boise

19. (a) 4-17-48 (b) J. H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 15 April 1948  
at 12:30 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from 12/9 to 14 April 1948  
I last saw him alive on 14 April 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac & Respiratory failure Duration     
Due to Carcinoma of Pancreas - unknown

Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?     
Name of operation Exploratory Date July 42  
Major finding Mass in head of pancreas  
Finding of autopsy     
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred.  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?   

Means of injury     
Attendant's OWN Signature Max L. Bell MD and Address Boise Idaho Date 4/16 1948  
(M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 21 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1236**  
Local Reg. No. **68**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **100**  
(d) Death Occurred Inside? **Outside** **XX** city or town  
(e) Died in a Home **XX** Hospital **XX** Institution **XX** Other place  
(f) Name Hosp. or Inst. **V.A. Hosp.** Stayed **4** days  
(g) Lived in this county **16** years **16** months **16** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Burley**  
(d) Street Address or R.F.D. No. **100**  
(e) Deceased lived Inside? **Outside** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **16** years  
(h) Former residence (city, state) **Boise, Idaho**

3. (a) FULL NAME **William THOMPSON**

3. (b) If veteran, name war **WW I**

3. (c) Social Security No. **047A**

5. Color or **White**

4. Sex **Male** race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elva Thompson**

6. (c) Age of husband or wife if alive **48** years

7. Date of Birth (Month, Day, Year) **September 18, 1889**

8. AGE	Years	Months	Days	If less than 1 day
	<b>58</b>	<b>6</b>	<b>28</b>	hrs. min.

9. Exact Occupation **Laborer** Did this work for **16** yrs.

10. Industry or Business **Salt Lake City, Utah** Date last worked **4/17/48**

11. Birthplace **Salt Lake City, Utah** (City or town) (State or foreign country)

12. Name **Unknown**

13. Birthplace **Unknown** (City or town) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Records, Veterans Administration** and Address **Boise, Idaho**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **4/17/48** (Month) (Day) (Year)

(c) Place **Burley, Idaho**

18. Funeral Director's OWN Signature **McBratney Fowler Chapel**

and Address **Boise, Idaho**

19. (a) **4-17-48** (Date received and filed) (b) **W. H. Hays** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 15, 1948**

at **3:50** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **April 11, 1948** to **April 15, 1948**

I last saw him alive on **April 15, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Hemorrhage Upper Respiratory Tract**

Due to **Squamous Cell Carcinoma of the Larynx with Metastases**

Due to **Cachexia and Anemia, Secondary**

Where was disease contracted?

Name of operation **Tracheotomy** Date **Prior to Adm.**

Major finding **to Adm.**

Finding of autopsy **to Adm.**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **XX** Suicide? **XX** Homicide? **XX**

Occurred **1948** City, county, state where violence occurred **Boise, Idaho**

Place of Violence: Home **XX** Farm **XX** Industry **XX**

Public Place **XX** While at work? **XX**

Means of injury **XX**

23. Attendant's OWN Signature **J. R. McClinton, M.D., CMO**

and Address **Boise, Idaho** Date **Apr. 16, 1948**

(For additional space, use reverse side)

# DISINTERMENT PERMIT

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH  
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of William Thompson  
now lying buried in Pleasant View Municipal Cemetery, in the City or Town of Burley  
County of Cassia State of Idaho, who died on the 15 day of April, 1948, Aged \_\_\_\_\_ years \_\_\_\_\_ months  
\_\_\_\_\_ days, the cause of death being Carcinoma of the Larynx and Metastases and  
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever;  
or yellow fever as shown by the certificate of death of said deceased, given by  
J. K. McClintic, M. D. attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private  
to another lot, same Cemetery in the City or Town of Burley private or railway conveyance  
County of Cassia  
State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Cassia it being understood and provided that nothing herein shall be deemed as contravening or in  
anywise modifying or releasing the Regulations of the Department of public health governing the Transportation of  
Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be  
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another  
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The  
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the  
remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic  
lined outer case before removal.

Given under my hand and Seal of the Department of public health at Boise, Idaho,  
Permit issued to: this 21 day of Feb., A.D. 1955.

W. W. Benson  
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,  
Town or County of Cassia State of Idaho, this 25th day of February, 1955.

James R. Fischer, M.D.  
Health officer

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1237**  
Local Reg. No. **69**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Meridian  
(c) Street Address or R.F.D. No. Rt# 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 8 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. rt# 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state) Black Hawk, Colo.

## 3. (a) FULL NAME Myrtle M. Horton

3. (b) If veteran, name war    3. (c) Social Security No. None  
5. Color or    6. (a) Single, widowed, married, divorced Widowed  
4. Sex F race W  
6. (b) Name of husband or wife Joseph Horton 6. (c) Age of husband or wife if alive Deceased years  
7. Date of Birth (Month, Day, Year) April 20, 1889.

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>11</u>	<u>26</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 22 yrs.  
10. Industry or Business    Date last worked 4/15/48  
11. Birthplace Black Hawk, Colorado.  
(City or town) (State or foreign country)

12. Name John B. Cornish  
13. Birthplace UNK. England  
(City or town) (State or foreign country)  
14. Maiden name Margaret Stanaway  
15. Birthplace St. Austel, England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Maud Wright  
and Address Boise Idaho

17. (a) Burial (b) Date thereof 4 20 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Meridian, Idaho

18. Funeral Director's OWN Signature B. W. Robinson  
and Address Meridian Idaho

19. (a) 4-17-48 (b) X Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4/16/ 1948.  
at 9:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 4/16 1948 to 4/16 1948.  
I last saw h.    alive on 4/16 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage Duration 2 hrs.  
Due to Hypertension Unknown

Due to     
Other conditions phlebotomy Unknown  
(Include pregnancy within 3 months of death)

Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy   

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?

- Means of injury     
23. Attendant's OWN Signature H. B. Jewell m.d.  
(M. D. or other)  
and Address Meridian Date 4/17 1948.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

APR 2-9 1948

STATE OF IDAHO

1948

State File No.

Local Reg. No.

Reg. Dist. No.

1238

371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Meridian  
(c) Street Address or R.F.D. No. 3 Miles West  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? X years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

JOE STEEL

3. (b) If veteran, name war No.

3. (c) Social Security No. 500-03-7924

5. Color or race Black

6. (a) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) June 16, 1920

8. AGE	Years	Months	Days	If less than 1 day
	<u>27</u>	<u>10</u>	<u>1</u>	hrs. min.

9. Exact Occupation Extra Gang, Union Did this work for Yrs.

10. Industry or Business Pacific Railroad Date last worked

11. Birthplace Unknown (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Clayde E. Summers

and Address 1205 S. Bannock St., Boise, Idaho

17. (a) Burial (b) Date thereof April 23, 1948 (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Summers Funeral Home

and Address Boise, Idaho

19. (a) 4-26-48 (b) H. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 17, 1948

at 8 o'clock A. M.

21. I HEREBY CERTIFY, That I certified deceased from April 17, 1948 to April 17, 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Fractures skull.

Duration

Due to Automobile that he was driving run into another Automobile.

Due to le.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? Homicide?

Occurred April 17, 1948 city, county, state

Where violence occurred Highway # 30, 3 Miles West of Meridian, Idaho

Place of Violence: Home Industry

Public Place X While at work?

Means of injury

23. Attended by Clayde E. Summers Coroner of Ada County

OWN Signature Boise, Idaho (M. D. or other) Date 4/18, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 29 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1239**  
Local Reg. No. **20**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? **XX** ..... city or town  
(e) Died in a Home ..... Hospital **XX** Institution ..... Other place .....  
(f) Name Hosp. or Inst. **V.A. Hospital** Stayed **106** days  
(g) Lived in this county ..... years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Kimberly**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**William H. JOHNSON**

## 3. (b) If veteran, name war

**WW II**

## 3. (c) Social Security No.

## 5. Color or

4. Sex **Male** race **White**

## 6. (a) Single, widowed, married, divorced

**Divorced**

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth

(Month, Day, Year)

**September 16, 1915**

## 8. AGE

Years

Months

Days

If less than 1 day

**32**

**7**

**2**

hrs. min.

## 9. Exact Occupation

**Laborer**

## Did this work for

..... yrs.

## 10. Industry or Business

## Date last worked

.....

## 11. Birthplace

(City or town)

**Missouri**

(State or foreign country)

## 12. Name

**Unknown**

## 13. Birthplace

(City or town)

**"**

(State or foreign country)

## 14. Maiden name

**Unknown**

## 15. Birthplace

(City or town)

**"**

(State or foreign country)

## 16. Informant's

OWN Signature

**Records, V. A. Hospital**

and Address

**Boise, Idaho**

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

**4/20/48**

(Month) (Day) (Year)

## (c) Place

**Morris Hill, Boise, Idaho**

## 18. Funeral Director's

OWN Signature

**McBratney-Fowler Chapel**

and Address

**Boise, Idaho**

## 19. (a)

(Date received and filed)

## (b)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

**April 18,**

**1948**

at **6:00**

**p.**

**M.**

## 21. I HEREBY CERTIFY That I attended deceased from

**January 3,**

**1948**

to **April 18,**

**1948**

I last saw him alive on

**April 18,**

**1948**

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Toxemia and Inanition**

## Duration

**Terminal**

## Due to

**Tuberculosis, Pulmonary,**

**Chronic, Far Advanced, Multiple**

**cavities**

**Cavitation**

## Prior to

**Admn.**

## Other conditions

**Peritonitis, Tuberculous**

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation

Date

## Major finding

Finding of autopsy

**NO AUTOPSY**

## PHYSICIAN

Underline the

cause to which

death should

be charged

statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury

## 23. Attendant's

OWN Signature

**J. K. McCLINTIC, M.D., CMO**

(M.D. or other)

and Address **V.A.H., Boise, Ida.** Date **April 19 1948**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 29 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1240**  
Local Reg. No. **99**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **XX** city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital **XX** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **V.A. Hospital** Stayed **1** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Twin Falls**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME **Elis S. CORNETT**

3. (b) If veteran, name war **WW I** 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex **Male** race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **November 8, 1877**

8. AGE	Years	Months	Days	If less than 1 day
	<b>70</b>	<b>5</b>	<b>12</b>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Elk Creek Virginia**  
(City or town) (State or foreign country)

- Father { 12. Name **Unknown**  
13. Birthplace **Unknown**  
(City or town) (State or foreign country)  
Mother { 14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Records, V. A. Hospital**  
and Address **Boise, Idaho**

17. (a) **Burial** (b) Date thereof **4/23/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Field Of Honor, Morris Hill, Boise, Ida**

18. Funeral Director's OWN Signature **McBratney-Fowler Chapel**  
and Address **Boise, Idaho**

19. (a) **4-23-48** (b) **R. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 20, 1948**  
at **10:28** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **April 19, 1948** to **April 20, 1948**  
I last saw h. **im** alive on **April 20, 1948**  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Myocardial Failure, Acute**

Duration **Terminal**

Due to **Hypertensive and Arterio-sclerotic Cardiovascular Disease** Prior **to**  
**with probable Acute Coronary Admn.**  
**exacerbation Thrombosis**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

23. Attendant's OWN Signature **J. K. McClintic, M. D., CMO**  
(M. D. or other)  
and Address **VAH, Boise, Idaho** Date **Apr. 20, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

APR 29 1948

STATE OF IDAHO

1948  
State File No. 1241  
Local Reg. No. 72  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Meridian  
(c) Street Address or R.F.D. No. None  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 52 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. None  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state) La Grande, Ore.

3. (a) FULL NAME HOMER EARL COLEMAN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

5. Color or

4. Sex M race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oral S. Coleman

6. (c) Age of husband or wife if alive 56 years

7. Date of Birth (Month, Day, Year) Dec. 2, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>4</u>	<u>19</u>	hrs. min.

9. Exact Occupation Merchant Did this work for 5 yrs.

10. Industry or Business Meridian Cigars Shop Date last worked 4/21/48

11. Birthplace La Grande, Oregon (City or town) (State or foreign country)

12. Name Homer Coleman

13. Birthplace UNK. UNK. (City or town) (State or foreign country)

14. Maiden name Ida Hamilton

15. Birthplace UNK. UNK. (City or town) (State or foreign country)

16. Informant's OWN Signature Oral S. Coleman and Address Meridian, Idaho

17. (a) Burial (b) Date thereof 4/26/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Meridian, Idaho

18. Funeral Director's OWN Signature [Signature] and Address Meridian, Idaho

19. (a) 4-24-48 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 21, 1948

at 9:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 12-28 1945 to 4-21 1948

I last saw him alive on 4-14 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary Occlusion

Due to \_\_\_\_\_

Due to Arteriosclerotic heart

Other conditions Diabetes (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] (M. D. or other)

and Address Meridian Date 4-23 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NON-RESIDENT  
Certificate of Death

1948  
State File No. 1242  
Local Reg. No. 25  
Reg. Dist. No. 371

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
MAY 3 1948  
DIVISION OF VITAL

STATE OF IDAHO

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 4 Miles North of Boise  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Found dead in hills Days  
(g) Lived in this county years months 7 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington County Kitsap  
(c) City or town Bremerton  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 7 Days years  
(h) Former residence (city, state) Washington

3. (a) FULL  
NAME

WILLIAM HENRY VAN ZILE

3. (b) If veteran, name war  
Serving in Navy.

3. (c) Social Security No.

X

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Deborah Van Zile

6. (c) Age of husband or wife if  
alive X years

7. Date of Birth  
(Month, Day, Year) March. 4. 1924.

8. AGE	Years	Months	Days	If less than 1 day
	<u>24.</u>	<u>1.</u>	<u>19.</u>	hrs. min.

9. Exact Occupation U.S. Navy/ Did this work for  yrs.

10. Industry or Business Hill City, Minnesota. Date last worked

11. Birthplace Hill City, Minnesota. (City or town) (State or foreign country)

12. Name Unknown.

13. Birthplace Unknown. (City or town) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Clyde E. Summers  
and Address 1205 E. Bannock St. Boise, Idaho.

17. (a) Removal (b) Date thereof Apr. 29. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Portland, Oregon.

18. Funeral Director's OWN Signature Summers Funeral Home.  
and Address Boise, Idaho.

19. (a) 4-29-48 (b) N. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 23 1948  
(Month, Day, Year) at unknown M.

21. I HEREBY CERTIFY, That I attended deceased from April 24 1948 to April 24 1948

I last saw h alive on April 24 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental Gun Shot Duration  
Wound in left side of  
Chest by a 32-20  
Rifle

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? Physician  
Name of operation Date Underline the cause to which death should be charged statistically.

Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide?   Homicide?

Occurred April 23 1948 City, county, state

Where violence occurred 4 miles N. of Boise

Place of Violence: Home   Farm   Industry

Public Place   While at work?

Means of injury Coroner

23. Attendant's OWN Signature Clyde E. Summers Ada County

and Address Boise Idaho Date 4/26 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1243**  
Local Reg. No. **74**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R. F. D. No. **Rt. # 2**  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **5** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **Rt. # 2**  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **5** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME **EDNA GRACE GROFF**

3. (b) If veteran, name war **None**  
5. Color or race **W**  
4. Sex **F** race **W**  
6. (b) Name of husband or wife **Forest L. Groff**  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) **5/10/1891**

8. AGE	Years	Months	Days	If less than 1 day
	<b>56</b>	<b>11</b>	<b>16</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace **Glenwood, Iowa** (City or town) (State or foreign country)

- Mother Father  
12. Name **Perry Burks**  
13. Birthplace **Unknown** (City or town) (State or foreign country)  
14. Maiden name **Nettie Emerine**  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **F L Groff**  
and Address **Rt. # 2, Boise, Idaho**

17. (a) **Burial** (b) Date thereof **4-27-48** (Month) (Day) (Year)  
(c) Place: **Obsequies**

18. Funeral Director's **McBratney Fowler Chapel**  
OWN Signature **Fowler**  
and Address **419 No. 9th St., Boise, Ida.**

19. (a) **4-27-48** (b) **A. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 26** 19 **48**  
at **5** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **April 24 1948**, to **April 26 1948**  
I last saw her alive on **April 26 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration **6 days.**

Due to **Hypertension**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

- Means of injury  
23. Attendant's OWN Signature **J. J. Seelsch MD** (M. D. or other)  
and Address **Boise** Date **4/28 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

MAY 7 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1244**  
Local Reg. No. **16**  
Reg. Dist. No. **371**

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? **Yes** city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. **V.A. Hospital** Stayed **3** days  
(g) Lived in this county **10** years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County  
(c) City or town **Marsing**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **10** years  
(h) Former residence (city, state)

### 3. (a) FULL NAME **Ralph D. GENTRY**

3. (b) If veteran, name war **WW I**

3. (c) Social Security No.

5. Color or  
4. Sex **Male** race **White**

6. (a) Single, widowed, married,  
divorced **Married**

6. (b) Name of husband or wife  
**Carle GENTRY**

6. (c) Age of husband or wife if  
alive years

7. Date of Birth  
(Month, Day, Year) **October 19, 1881**

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>	<b>6</b>	<b>10</b>	hrs. min.

9. Exact Occupation **Merchant** Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace **Virginia**  
(City or town) (State or foreign country)

12. Name **Amos Gentry**  
(City or town) (State or foreign country)

13. Birthplace **New York**  
(City or town) (State or foreign country)

14. Maiden name **Mackline Hillman**  
(City or town) (State or foreign country)

15. Birthplace **Virginia**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Records, VA Hospital**  
and Address **Boise, Idaho**

17. (a) **Removal** (b) Date thereof **5-1-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Vale, Oregon**

18. Funeral Director's OWN Signature **McBratney-Fowler Chapel**  
and Address **Boise, Idaho**

19. (a) **4-30-48** (b) **H. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **April 29, 1948**  
at **12:40** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from  
**April 25, 1948** to **April 29, 1948**  
I last saw him alive on **April 29, 1948**;

death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Bronchopneumonia and Myocardial Failure**

Due to **Hypertensive and Arterio-sclerotic Heart Disease and**  
**chronic Bronchogenic Carcinoma**

Other conditions **Varicose Veins, Bil.**  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding  
Finding of autopsy **Confirm Above**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **J.K. McCLINTIC, M.D., CMO**  
(M. D. or other)

and Address **VAH, Boise, Idaho** Date **Apr. 29, 1948**  
(For additional space, use reverse side)

047C  
093D

Terminal  
Prior to  
Admn.  
Prior to  
Admn.

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census **MAY 12 1948**

# Certificate Of Death

STATE OF IDAHO

State File No. **1245**  
Local Reg. No. **548**  
Reg. Dist. No. **300**

## 1. PLACE OF DEATH:

- (a) County **Adams**  
(b) City or town **Council**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? **X** Outside? ..... city or town  
(e) Died in a Home... Hospita**X** Institution... Other place...  
(f) Name Hosp. or Ins**Council** Stayed **# 7** days  
(g) Lived in this county **36** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Adams**  
(c) City or town **Council**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **36** years  
(h) Former residence (city, state) **Chandler, Oklahoma**

## 3. (a) FULL NAME **ALBERT GILMER**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Bachelor**  
4. Sex **Male** 6. (b) Name of husband or wife **XXX** 6. (c) Age of husband or wife if alive **XXXX** years  
7. Date of Birth (Month, Day, Year) **August 12 1859**

8. AGE	Years	Months	Days	If less than 1 day
	<b>88</b>	<b>7</b>	<b>15</b>	hrs min.

9. Exact Occupation **General Rancher** Did this work for ..... yrs.  
10. Industry or Business **Own Ranch** Date last worked **3/20/48**  
11. Birthplace **Fayette Iowa** (City or town) (State or foreign country)

12. Name **Francis Gilmer**  
13. Birthplace **Canada** (City or town) (State or foreign country)  
14. Maiden name **Nancy #11111 Soper**  
15. Birthplace **Canada** (City or town) (State or foreign country)

16. Informant's OWN Signature **W. M. Weiser** Brother and Address **Weiser Idaho**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **3/27/48** (Month) (Day) (Year)  
(c) Place: **Hillcrest Cem. Weiser, Idaho**

18. Funeral Director's OWN Signature **A. Jones** #557

- and Address **Northam Jones Chapel Weiser, Idaho**

19. (a) **3/27/48** (Date received and filed) (b) **Albert Gilmer** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **March 27** 19 **48**  
at **5:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Mar. 27** 19 **48** to **Mar. 27** 19 **48**  
I last saw h.w. alive on **Mar. 27** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Senility** Duration

Due to **Senility**

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation..... Date.....

Major finding

Finding of autopsy

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury

23. Attendant's OWN Signature **Albert Gilmer**

(M D. or other)

and Address **Council, Idaho** Date **3/27/48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States MAY 20 1948  
Department of Commerce  
Bureau of the Census

FEB 2 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1246  
Local Reg. No. 39  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or ~~XXXXXX~~ South Johnson Ave  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. General Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or ~~XXXXXX~~ Poca. House  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) years

## 3. (a) FULL NAME

TWIN INFANT NAYS

3. (b) If veteran, \*\*\* name war \*\*\*  
3. (c) Social Security No. \*\*\*  
5. Color or Single, widowed, married,  
4. Sex male race white divorced infants  
6. (b) Name of husband or wife alive years  
6. (c) Age of husband or wife if years

7. Date of Birth (Month, Day, Year) February 5, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>+</u> hrs min.

9. Exact Occupation Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Pocatello, Idaho (City or town) (State or foreign country)

12. Name Clinton Nay Utah

13. Birthplace (City or town) (State or foreign country)

14. Maiden name Jenetta May Jespersen

15. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. C. Clinton Nay and Address Pocatello, Idaho

17. (a) burial (b) Date thereof 2/7/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Pocatello, Idaho

18. Funeral Director's OWN Signature Jack Henderson and Address Pocatello, Idaho

19. (a) Feb. 6, 1948 (Date received and filed) Jessie L. Russell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Feb. 5 1948  
(Month, Day, Year) at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1948, to same 1948

I last saw them alive on same 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature infant twin Duration

Due to days 6 mo. age

Due to Spontaneous labor

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Occurred 1948 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature J. R. McMillan (M. D. or other)

and Address Pocatello, Idaho Date 2/6 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 20 1948 **Certificate Of Death**

STATE OF IDAHO

1948  
State File No. **1247**  
Local Reg. No. **39**  
Reg. Dist. No. **210**

**1. PLACE OF DEATH:**

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address ~~xxxxxx~~ **South Johnson Ave**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **General** Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address ~~xxxxxx~~ **Pocatello House**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

**3. (a) FULL NAME**

**INFANT NAY TWIN**

**3. (b) If veteran,**

name war ☐

**3. (c) Social Security**

No. ☐

5. Color or **white** 6. (a) Single, widowed, married, divorced **infant**  
4. Sex **male** race **white**  
6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) **February 5, 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b> hrs min.

9. Exact Occupation ☐ Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace **Pocatello, Idaho**  
(City or town) (State or foreign country)

12. Name **Clinton Nay**  
13. Birthplace **Utah**  
(City or town) (State or foreign country)  
14. Maiden name **Jenetta May Jespersen**  
15. Birthplace **Idaho Falls, Idaho**  
(City or town) (State or foreign country)

16. Informant's **Unable to locate informant,**  
OWN Signature **she signed original copy.**  
and Address **Pocatello, Idaho**

17. (a) **Burial** (b) Date thereof **2/7/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Pocatello, Idaho**

18. Funeral Director's **Jack Henderson**  
OWN Signature **Pocatello, Idaho**  
and Address

19. (a) **Feb. 6, 1948** (b) **James J. Paulley**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **February 5** 19 **48**  
at ☐ o'clock **M.**

21. I HEREBY CERTIFY, That I attended deceased from **Feb. 5** 19 **48**, to **19**

I last saw them alive on **same** 19 ☐; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Premature infant twin boys**  
**6 mo age**

Due to **Spontaneous labor**

Due to ☐

Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's **J. B. McMahon**  
OWN Signature **Pocatello, Idaho**  
and Address **Pocatello, Idaho**

Date **2/6/1948**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 29 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1248**  
Local Reg. No. **100**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **St. Anthony** Stayed **11** days  
(g) Lived in this county **65** years **7** months **7** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or R.F.D. No. **R.F.D. #171**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho? **67** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**Oliver M. Granden**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race **W**  
4. Sex **M**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **William B.**

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) **June 4, 1880**

8. AGE	Years	Months	Days	If less than 1 day
	<b>67</b>	<b>9</b>	<b>9</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace **Idaho Falls, Idaho** (City or town) (State or foreign country)

12. Name **Charles A. Allen**

13. Birthplace **Racine, Wis.** (City or town) (State or foreign country)

14. Maiden name **Austa J. Olsen**

15. Birthplace **Sweden** (City or town) (State or foreign country)

16. Informant's OWN Signature **William B. Granden**  
and Address **Pocatello, Idaho**

17. (a) **Burial** (b) Date thereof **3-16-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Mountainview**

18. Funeral Director's OWN Signature **Byron B. Darnard**  
and Address **Pocatello, Idaho**

19. (a) **4-22-48** (b) **Jessie J. Camell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **March, 13, 1948**

at **4** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **12-1-1947** to **3-18-1948**

I last saw him alive on **3-12-1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration

Due to **High B.P.**

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature **W. Brown**

and Address **Pocatello** (M. D. or other) Date **3-15-1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 29 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1249**  
Local Reg. No. **101**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **BANNOCK**  
(b) City or town **POCATELLO**  
(c) Street Address or R.F.D. No. **528 S. 10TH**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. **NONE** Stayed **-** days  
(g) Lived in this county **26** years **-** months **-** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **POCATELLO**  
(d) Street Address or R.F.D. No. **528 S. 10TH**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **LIFE** years  
(h) Former residence (city, state) **NONE**

3. (a) FULL NAME **CYRUS H. WATSON**

3. (b) If veteran, name war **-** 3. (c) Social Security No. **-**  
5. Color or **-** 6. (a) Single, widowed, married, **-**  
4. Sex **MALE** race **WHITE** divorced **MARRIED**  
6. (b) Name of husband or wife **ANNA MARCEL BURNALIVE** 6. (c) Age of husband or wife if alive **56** years  
7. Date of Birth (Month, Day, Year) **SEPTEMBER 11TH 1899**

8. AGE	Years	Months	Days	If less than 1 day
	<b>58</b>	<b>6</b>	<b>13</b>	hrs min.

9. Exact Occupation **SANITARY INSPECTOR** Did this mark for **15** yrs.  
10. Industry or Business **STATE OF IDAHO** Date last worked **3-25-48**  
11. Birthplace **LEWISTON, UTAH** (City or town) (State or foreign country)  
Mother Father { 12. Name **HYRUM A. WATSON**  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name **LAVINA HYER**  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature **Robert D Watson** and Address **BOZEMAN MONTANA**  
17. (a) **Removal** (b) Date thereof **3-30-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **BOZEMAN, MONTANA**  
18. Funeral Director's OWN Signature **Arthur A Hall** and Address **POCATELLO, IDAHO**  
19. (a) **Mar 29-1948** (b) **John J. Powell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **MARCH 26 1948** at **-** o'clock **M.**

21. I HEREBY CERTIFY that I attended deceased from **never until death** 19 **-**  
I last saw him alive on **never** 19 **-**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Occlusion** Duration **30 min**  
**?**

Due to **-**

Due to **-**

Other conditions **-** (Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation **-** Date **-**

Major finding **-**

Finding of autopsy **-**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **-** 19 **-** City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **-**

23. Attendant's OWN Signature **R. J. Powell**

and Address **POCATELLO** (M. D. or other) Date **4-9-48** 19 **-**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

48-241  
United States  
Department of Commerce  
Bureau of the Census  
MAY 6 1948  
OFFICE OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1250  
Local Reg. No. 125  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or ~~XXXXXX~~ So. Johnson Ave  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. General Stayed 0 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) ~~XXXXXX~~ R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 2 months  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

JOSEPH HAROLD MOATS

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex male race white  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) January 24, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>2</u>	<u>5</u>	hrs min.

9. Exact Occupation infant Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Pocatello, Idaho  
(City or town) (State or foreign country)  
12. Name Joseph L. Moats  
13. Birthplace Tamarack, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Laureta June Black  
15. Birthplace Salmon, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Joseph L. Moats  
and Address Pocatello, Idaho

17. (a) Removal (b) Date thereof 3/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Salmon, Idaho

18. Funeral Director's OWN Signature Jack Henderson  
and Address Pocatello, Idaho

19. (a) March 29, 1948 (b) Jessie J. Paulsen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 29 19 48  
at 7:30 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to March 29 19 48

I last saw h. 1 M. alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Suffocation  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 3/29 19 48 City, county, state  
where violence occurred home  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. R. Mahon  
(M. D. or other)

and Address Pocatello, Idaho date 3/29 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1251  
Local Reg. No. 98  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town Pocatello  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 23 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 23 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 150 Lilac St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Albert Lester Anthony

093D

3. (b) If veteran, name war NONE 3. (c) Social Security No. 519-05-1966  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex Male race White  
6. (b) Name of husband or wife Esther Jensen 6. (c) Age of husband or wife if alive 54 years  
7. Date of Birth (Month, Day, Year) December 22-1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>3</u>	<u>17</u>	hrs min.

9. Exact Occupation Stock Buyer Did this work for 20 yrs.  
10. Industry or Business CATTLE Date last worked JAN-1948  
11. Birthplace Portage, UTAH  
(City or town) (State or foreign country)  
Mother Father { 12. Name William Anthony  
13. Birthplace Glasgow, Scotland  
(City or town) (State or foreign country)  
14. Maiden name Jane Young  
15. Birthplace Lehi, UTAH  
(City or town) (State or foreign country)

16. Informant's OWN Signature Esther Anthony  
and Address Blackfoot, Idaho  
17. (a) Burial & Rem. (b) Date thereof 4-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Firth Cemetery  
18. Funeral Director's OWN Signature Howard Packham  
and Address Blackfoot, Idaho  
19. (a) 4-15-48 (b) Jessie J. Gaudin  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 9 1948  
at 8:00 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Arteriosclerotic Ht. Dis. Duration 3 mo.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? None  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature POCATELLO (M. D. or other) \_\_\_\_\_  
and Address POCATELLO Date 4-13-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 19 1948

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. 1252  
Local Reg. No. 99  
Reg. Dist. No. 510

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. R.F.D. No.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Stayed 2 days  
(g) Lived in this county years months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida (b) County Bonneville  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. R.F.D. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? us  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) years

## 3. (a) FULL NAME

Oren Joseph Sluder

159X

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year)

Apr. 10 - 1948

## 8. AGE

Years

Months

Days

If less than 1 day

hrs min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Pocatello, Idaho  
(City or town) (State or foreign country)

12. Name Oren Sluder  
13. Birthplace Malden, Ida  
(City or town) (State or foreign country)  
14. Maiden name May Kasper  
15. Birthplace Pocatello, Ida  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ken Blumler  
and Address Am Falls, Ida

17. (a) Burial (b) Date thereof 4-12-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Malden, Idaho

18. Funeral Director's OWN Signature H. Davis  
and Address Am Falls, Ida

19. (a) 4-12-48 (b) Janie S. Farrell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

161A

## 20. DATE OF DEATH

(Month, Day, Year)

April 11 1948

at 12:58 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from April 10 1948, to April 11 1948  
I last saw him alive on April 11 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

ateletasis  
Due to Premature

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home 19 Farm 19 Industry 19  
Public Place 19 While at work? 19

Means of injury

23. Attendant's OWN Signature Ralph B. Hegsted MD

and Address Pocatello, Ida Date 4-12-48  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census  
APR 29 1948

Certificate Of Death  
STATE OF IDAHO

1. PLACE OF DEATH:
- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony's stayed 3 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. #2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Rebecca Hopla Kirwan
3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_
3. (c) Social Security No. \_\_\_\_\_
4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife E.E. Kirwan 6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) November 8, 1894

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>5</u>	<u>8</u>	hrs min.

9. Exact Occupation Housewife Did this work for 29 yrs.
10. Industry or Business At home Date last worked 4-13-48
11. Birthplace Spanish Fork, Utah  
(City or town) (State or foreign country)
12. Name Erastus C. Hopla
13. Birthplace Wales  
(City or town) (State or foreign country)
14. Maiden name Katherine Sterling
15. Birthplace Spanish Fork, Utah  
(City or town) (State or foreign country)
16. Informant's OWN Signature E.E. Kirwan  
and Address Blackfoot, Idaho
17. (a) Burial (b) Date thereof 4-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Riverside-Thomas Cemetery
18. Funeral Director's OWN Signature Howard Parkham  
and Address Blackfoot, Idaho
19. (a) 4-23-48 (b) Jesse S. Powell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 16, 1948  
at 4:35 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 3-31 1948, to 4-16 1948  
I last saw ER alive on 4-16 1948; death is said to have occurred on the date and hour stated above.
- Immediate Cause of Death: Thyroid cancer Duration \_\_\_\_\_
- Due to Thyroid cancer 2 yrs
- Due to Tubercular nodules 2 yrs
- Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)
- Where was disease contracted? Blackfoot
- Name of operation Thyroidectomy Date 4-16-48
- Major finding edged thyroid
- Finding of autopsy none
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_
23. Attendant's OWN Signature Melvin M. Gaves M.D.  
and Address Pocatello, Ida Date 4-16 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

063B

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 29 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1254**  
Local Reg. No. **104**  
Reg. Dist. No. **210**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **605 N. Arthur**  
(d) Death Occurred Inside? **L** Outside? **city or town**  
(e) Died in a Home **L** Hospital **institution** Other place **city or town**  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **6** years **months** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or R.F.D. No. **605 N. Arthur**  
(e) Deceased lived Inside? **L** Outside? **city or town**  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **43** years  
(h) Former residence (city, state) **Emporia Kansas**

## 3. (a) FULL NAME

**Francis Thomas Darrough**

**033B**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

**519-22-2038**

## 4. Sex **M** 5. Color or race **W**

## 6. (a) Single, widowed, married, divorced **married**

## 6. (b) Name of husband or wife **Vivian**

## 6. (c) Age of husband or wife if alive **63** years

## 7. Date of Birth (Month, Day, Year) **July 24, 1881**

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>	<b>8</b>	<b>25</b>	hrs. min.

## 9. Exact Occupation **Packer** Did this work for **6** yrs.

## 10. Industry or Business **U.S. Naval Ord. Plant** Date last worked **4-16-48**

## 11. Birthplace **Indiana** (City or town) (State or foreign country)

## 12. Name **Thomas Darrough** (City or town) (State or foreign country)

## 13. Birthplace **Indiana** (City or town) (State or foreign country)

## 14. Maiden name **Cynthia Conner** (City or town) (State or foreign country)

## 15. Birthplace **Indiana** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **G. L. Needle**

## and Address **Pocatello Idaho**

## 17. (a) **Burial** (b) Date thereof **Apr. 22, 1948** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place **Mountainsview**

## 18. Funeral Director's OWN Signature **Baron B. Downard**

## and Address **Pocatello Idaho**

## 19. (a) **4-23-48** (b) **Joseph J. Howell** (Date received and filed) (Registrar's Signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) **April 19, 1948**

## 21. I HEREBY CERTIFY, That I attended deceased from **5-48** at **5-48** o'clock **A** M.

## 19 **19** to **4-19** 19 **48**

## I last saw h. **alive** on **19** death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: **acute heart failure** Duration **7 days**

## Due to **Influenza**

## Due to

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation Date

## Major finding

## Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? Suicide? Homicide?

## Occurred 19 City, county, state

## where violence occurred

## Place of Violence: Home Farm Industry

## Public Place While at work?

## Means of injury

## 23. Attendant's OWN Signature **D C Ray** (M. D. or other)

## and Address **Pocatello** Date **4-20** 19 **48** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 6 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **1255**  
Local Reg. No. **106**  
Reg. Dist. No. **510**

1. PLACE OF DEATH: **Station**
- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address **316 So. Johnson Ave.**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **General Hosp.** Stayed **2** days  
(g) Lived in this county **years** months **days**

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address **316 So. 9th Ave.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **life** years  
(h) Former residence (city, state)

3. (a) FULL NAME **WILLIAM C. HANSON**

3. (b) If veteran, name war **World War 2** 3. (c) Social Security No. **720-03-7332**  
5. Color or 6. (a) Single, widowed, married, divorced **married**  
4. Sex **male** race **white**  
6. (b) Name of husband or wife **LaRanda Hall Hanson** 6. (c) Age of husband or wife if years  
7. Date of Birth (Month, Day, Year) **November 9, 1922**

8. AGE	Years	Months	Days	If less than 1 day
	<b>25</b>	<b>5</b>	<b>12</b>	hrs min.

9. Exact Occupation **Newspaper Reporter** Did this work for **3** yrs.  
10. Industry or Business **Pocatello Post** Date last worked **4/18/48**  
11. Birthplace **Pocatello, Idaho** (City or town) (State or foreign country)  
Mother Father { 12. Name **Guy E. Hanson**  
13. Birthplace **Salt Lake City, Utah** (City or town) (State or foreign country)  
14. Maiden name **Cecilia Smith**  
15. Birthplace **Parker, Idaho** (City or town) (State or foreign country)  
16. Informant's OWN Signature **Guy E. Hanson** and Address **Pocatello, Idaho**  
17. (a) **Burial** (b) Date thereof **4/24/48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Pocatello, Idaho**  
18. Funeral Director's OWN Signature **Jack Henderson** and Address **Pocatello, Idaho**  
19. (a) **April 22, 1948** (b) **Jessie L. Paulell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **083A**

20. DATE OF DEATH (Month, Day, Year) **April 21** 19**48**  
at **1:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **April 19** 19**48** to **April 21** 19**48**.  
I last saw him alive on **April 21** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration

Due to **Skull fracture**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation **Date**  
Major finding  
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred **April 19** 19**48** City, county, state where violence occurred **Bannock County**  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury **auto accident**  
23. Attendant's OWN Signature **J. R. McMahon** and Address **Pocatello, Idaho** (M. D. or other) Date **4/22** 19**48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 9 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **1256**  
Local Reg. No. **101**  
Reg. Dist. No. **510**

1. PLACE OF DEATH: **STATE**

(a) County **BANNOCK**  
(b) City or town **POCATELLO**  
(c) Street Address or R.F.D. No. **626 W. DAY**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **7** Stayed **7** days  
(g) Lived in this county **24** years **24** months **24** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **POCATELLO**  
(d) Street Address or R.F.D. No. **626 W. DAY**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **24** years  
(h) Former residence (city, state) **NEBRASKA**

3. (a) FULL NAME **MAY MOREHEAD BRADLEY**

3. (b) If veteran, name war **-** No. **-**

3. (c) Social Security No. **-**

5. Color or **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

4. Sex **FEMALE** race **WHITE**

6. (b) Name of husband or wife **ROBERT BRADLEY** 6. (c) Age of husband or wife if alive **DEAD 1918** years

7. Date of Birth (Month, Day, Year) **JUNE 19, 1857**

8. AGE	Years	Months	Days	If less than 1 day
	<b>90</b>	<b>10</b>	<b>6</b>	hrs min.

MEDICAL CERTIFICATE OF DEATH **055F**

20. DATE OF DEATH (Month, Day, Year) **APRIL 25 1948**  
at **7:30** o'clock **PM**

21. I HEREBY CERTIFY, That I attended deceased from **4/24/48** 19**48**, to **19** 19**48**  
I last saw her alive on **4/24** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pneumonia** Duration

9. Exact Occupation **HOUSEWIFE** Did this work for **-** yrs.

10. Industry or Business **RETIRED** Date last worked **-**

11. Birthplace **TIPPECANOE COUNTY INDIANA** (City or town) (State or foreign country)

12. Name **JOSEPH MOREHEAD**

13. Birthplace **INDIANA** (City or town) (State or foreign country)

14. Maiden name **MAHALA LEET**

15. Birthplace **INDIANA** (City or town) (State or foreign country)

16. Informant's OWN Signature **Caroline Garmure** and Address **POCATELLO, IDAHO**

17. (a) ~~Removal~~ (Burial, cremation, or removal) (b) Date thereof **4-27-48** (Month) (Day) (Year)

(c) Place: **BLAKEWOOD, IDAHO**

18. Funeral Director's OWN Signature **Arthur M. Hall** and Address **POCATELLO, IDAHO**

19. (a) **Apr 28 48** (Date received and filed) (b) **Jessie S. Paul** (Registrar's signature)

Due to **metastatic carcinoma of the face**

Due to **primary site right cheek**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **-**

Name of operation **-** Date **-**

Major finding **-**

Finding of autopsy **-**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **-** Suicide? **-** Homicide? **-**  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home **-** Farm **-** Industry **-**  
Public Place **-** While at work? **-**  
Means of injury **-**

23. Attendant's OWN Signature **W. M. Pearson** (M. D. or other)  
and Address **209 Condon Bldg** Date **4/26/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to, State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1257**  
Local Reg. No. **109**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **South Johnson Ave**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **General** Stayed **3** days  
(g) Lived in this county **years** **months** **days**

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **123 South 2nd Ave**  
(d) Street Address or R.F.D. No. **Pocatello, Idaho**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **years**  
(h) Former residence (city, state)

## 3. (a) FULL NAME SEIKURO NOBORITATE

3. (b) If veteran, name war **-----** No. **-----**  
5. Color or **-----** 6. (a) Single, widowed, married,  
4. Sex **male** race **Japanese** divorced **single**  
6. (b) Name of husband or wife **-----** 6. (c) Age of husband or wife if  
alive **-----** years  
7. Date of Birth (Month, Day, Year) **March 16, 1882**

8. AGE	Years	Months	Days	If less than 1 day
	66	1	9	hrs min.

9. Exact Occupation **Retired - Farmer** Did this work for **-----** yrs.  
10. Industry or Business **Self** Date last worked **-----**  
11. Birthplace **Tacoma, Washington**  
(City or town) (State or foreign country)  
Mother Father { 12. Name **No Data**  
13. Birthplace **No Data**  
(City or town) (State or foreign country)  
14. Maiden name **No Data**  
15. Birthplace **No Data**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Records from personal papers**  
and Address **Pocatello, Idaho**  
17. (a) **Burial** (b) Date thereof **4/28/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Pocatello, Idaho**  
18. Funeral Director's OWN Signature **Jessie J. Farrell**  
and Address **Pocatello, Idaho**  
19. (a) **April 26, 1948** (b) **Jessie J. Farrell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 25** 19 **48**  
at **1:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **4/23** 19 **48**, to **April 25** 19 **48**.  
I last saw him alive on **April 25**, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Coronary thrombosis** 36 hrs.  
Due to **-----**

Due to **-----**  
Other conditions **-----**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**  
Name of operation **None** Date **-----**  
Major finding **-----**  
Finding of autopsy **-----**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **-----** Suicide? **-----** Homicide? **-----**  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home **-----** Farm **-----** Industry **-----**  
Public Place **-----** While at work? **-----**  
Means of injury **-----**  
23. Attendant's OWN Signature **Jessie J. Farrell**  
and Address **Pocatello, Idaho** Date **4/26/** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States

Department of Commerce

Bureau of the Census

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **1258**

Local Reg. No. **110**

Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address **259 So. 2nd Ave.**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **0** years **0** months **14** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address **259 So. 2nd Ave.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **14 days**  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**ANITA MARIE SUBIA**

## 3. (b) If veteran,

name war **----**

## 3. (c) Social Security

No. **----**

5. Color or **female** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **----** 6. (c) Age of husband or wife if alive **----** years

7. Date of Birth (Month, Day, Year) **April 11, 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>14</b>	hrs min.

9. Exact Occupation **Infant** Did this work for **----** yrs.

10. Industry or Business **----** Date last worked **----**

11. Birthplace **Pocatello, Idaho** (City or town) (State or foreign country)

12. Name **Benardo Subia**

13. Birthplace **Mexico** (City or town) (State or foreign country)

14. Maiden name **Beatrice Chacon**

15. Birthplace **Pocatello, Idaho** (City or town) (State or foreign country)

16. Informant's OWN Signature **Beatrice Subia** and Address **Pocatello, Idaho**

17. (a) **Burial** (b) Date thereof **4/27/48** (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Pocatello, Idaho**

18. Funeral Director's OWN Signature **Jack Henderson** and Address **Pocatello, Idaho**

19. (a) **April 26, 1948** (b) **Jessie J. Powell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 25** 19 **48** at **7:00** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h. **alive on** **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Baby death on examination** Duration **2 days**

Due to **Friend died in bed**

Due to **History of pneumonia**

Other conditions **----**

(Include pregnancy within 3 months of death)

Where was disease contracted? **----**

Name of operation **----** Date **----**

Major finding **----**

Finding of autopsy **----**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **----** Suicide? **----** Homicide? **----**

Occurred **19** City, county, state

where violence occurred **----**

Place of Violence: Home **----** Farm **----** Industry **----**

Public Place **----** While at work? **----**

Means of injury **----**

23. Attendant's OWN Signature **DR Ray**

and Address **Pocatello, Idaho** (M. D. or other) Date **4/26** 19 **48** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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MAY 6 1948

DIVISION OF VITA

# Certificate of Death

STATE OF IDAHO

State File No. 1259

Local Reg. No. 111

Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 341 Blk. N. Main  
(d) Death Occurred Inside? L Outside? city or town  
(e) Died in a Home — Hospital — Institution — Other place —  
(f) Name Hosp. or Inst. — Stayed — days  
(g) Lived in this county 30 years — months — days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 157 N. Fourth  
(e) Deceased lived Inside? L Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) France

## 3. (a) FULL NAME

Ernest Noël Espitallier

094A

## 3. (b) If veteran, name war

—

## 3. (c) Social Security No.

none

## 4. Sex M 5. Color or race M

## 6. (b) Name of husband or wife

Germaine

## 6. (a) Single, widowed, married, divorced

married

## 6. (c) Age of husband or wife if alive

— years

## 7. Date of Birth

(Month, Day, Year) December 25, 1892

## 8. AGE

Years	Months	Days	If less than 1 day
<u>55</u>	<u>4</u>	<u>2</u>	hrs. min.

## 9. Exact Occupation

Proprietor

## Did this work for

— yrs.

## 10. Industry or Business

313 Club

## Date last worked

4-27-48

## 11. Birthplace

Haute alps, France  
(City or town) (State or foreign country)

## 12. Name

Jules Espitallier

## 13. Birthplace

France  
(City or town) (State or foreign country)

## 14. Maiden name

marie

## 15. Birthplace

France  
(City or town) (State or foreign country)

## 16. Informant's OWN Signature

Mrs Ernest Espitallier

## and Address

Pocatello Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

Mountainview

## (b) Date thereof

4-30-48  
(Month) (Day) (Year)

## (c) Place

Mountainview

## 18. Funeral Director's OWN Signature

Byron B. Downard

## and Address

Pocatello Idaho

## 19. (a) May 3-48

(Date received and filed)

## (b) Jessie L. Farnell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 27 1948

at 11:55 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

27 April 1948 to — 19—

I last saw h. Did not see him alive.

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Coronary thrombosis

## Duration

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation — Date —

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

## 23. Attendant's OWN Signature

M. R. Heggen M.D.

and Address Pocatello Idaho Date 30 April 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1260  
Local Reg. No. 1260  
Reg. Dist. No. 5-11

APR 29 1948

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) ~~Street address~~ or R.F.D. No. 2 North  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note: If a person residing in THIS county LESS than 1 year, give PER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) ~~Street address~~ or R.F.D. No. 2 North  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

EVAN SILAS FRASURE

3. (b) If veteran, name war ----- No. -----  
5. Color or ----- 6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Frances Brown Frasure 77 years  
7. Date of Birth (Month, Day, Year) July 30, 1870

8. AGE	Years	Months	Days	If less than 1 day
	77	8	12	hrs min.

9. Exact Occupation Farmer Did this work for 50 yrs.  
10. Industry or Business Retired Date last worked  
11. Birthplace Perry County Kentucky (City or town) (State or foreign country)

12. Name William Frasure  
13. Birthplace Floyd County Kentucky (City or town) (State or foreign country)  
14. Maiden name Elizabeth Bently  
15. Birthplace Floyd County Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Robert J. Frasure  
and Address Pocatello, Idaho

17. (a) burial (b) Date thereof April 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moreland, Idaho

18. Funeral Director's OWN Signature Jack Henderson  
and Address Pocatello, Idaho

19. (a) Apr. 14, 1948 (b) Jessie J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 12 1948  
at 7:30 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from April 11, 1948 to April 12, 1948  
I last saw him alive on April 12, 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death Myocardial infarction with coronary atherosclerosis Duration 6 hrs  
Due to -----

- Due to -----  
Other conditions secondary  
(Include pregnancy within 3 months of death)

- Where was disease contracted? -----  
Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred 19 City, county, state  
where violence occurred -----  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature JO. H. Humpal (M. D. or other)  
and Address Blackfoot, Idaho Date 4/14 1948  
(For additional space, use reverse side)

093E

106 B

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

MAY 6 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1261**  
Local Reg. No. **117**  
Reg. Dist. No. **511**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) ~~Street Address~~ or R.F.D. No. **2 North**  
(d) Death Occured Inside? Outside? **X** city or town  
(e) Died in a Home **X** Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county **8** years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) ~~Street Address~~ or R.F.D. No. **2 North**  
(e) Deceased lived Inside? Outside? **X** city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **8** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**DOROTHY GERTRUDE HARDY SCOTT**

## 3. (b) If veteran,

name war -----

## 3. (c) Social Security

No. -----

5. Color or **white**  
6. (a) Single, widowed, married, divorced **married**  
4. Sex **female** race **white**  
6. (b) Name of husband or wife **Arley K. Scott**  
6. (c) Age of husband or wife if alive **42** years

7. Date of Birth  
(Month, Day, Year) **July 20, 1905**

8. AGE	Years	Months	Days	If less than 1 day
	<b>42</b>	<b>9</b>	<b>2</b>	hrs min.

9. Exact Occupation **housewife** Did this work for **23** yrs.

10. Industry or Business **Home** Date last worked

11. Birthplace **Campbell Nebraska**  
(City or town) (State or foreign country)

12. Name **H. V. Hardy**

13. Birthplace **Bethlehem Iowa**  
(City or town) (State or foreign country)

14. Maiden name **Belle Lambert**

15. Birthplace **Mindon, Nebraska**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **[Signature]**  
and Address **Pocatello, Idaho**

17. (a) **Burial** (b) Date thereof **April 26, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Pocatello, Idaho**

18. Funeral Director's OWN Signature **[Signature]**  
and Address **Pocatello, Idaho**

19. (a) **April 23, 1948** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **April 22** 19 **48**  
at **9:15** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **10-3** 19 **47**, to **3-16** 19 **48**.  
I last saw h. or alive on **3-16** 19 **48**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Sarcoma**

## Duration

Due to **tumor first discovered in lungs**

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **Date**

Major finding

Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state

where violence occurred

Place of Violence: Home **Farm** Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **[Signature]**

and Address **Pocatello, Idaho** Date **4/23** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

NON RESIDENT

APR 12 1948

STATE OF IDAHO

State File No. 1262  
Local Reg. No.  
Reg. Dist. No. 552

1. PLACE OF DEATH:

- (a) County Bar Lake  
(b) City or town Montpelier Idaho.  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Bar Lake Stayed 4 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wyoming (b) County Lincoln  
(c) City or town Cokeville Wyoming  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Roscoe Daniel Zumbrennen

3. (b) If veteran, name war

No.

3. (c) Social Security No.

None

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth

(Month, Day, Year) Aug. 31 1901

8. AGE

Years

Months

Days

If less than 1 day

hrs.

min.

46

0

0

9. Exact Occupation

Pool Hall Operator

Did this work for \_\_\_\_\_ yrs.

10. Industry or Business

Date last worked \_\_\_\_\_

11. Birthplace

Montpelier Idaho.

(City or town) (State or foreign country)

12. Name

John Zumbrennen

13. Birthplace

Switzerland

(City or town) (State or foreign country)

14. Maiden name

Mary Straubhaar

15. Birthplace

Switzerland

(City or town) (State or foreign country)

16. Informant's OWN Signature

Mary Zumbrennen

and Address

Cokeville Wyoming

17. (a) Removal

(Burial, cremation, or removal)

(b) Date the body was removed

April 1, 1948

(c) Place

Tracy Park Cemetery Idaho

18. Funeral Director's OWN Signature

Mike Thompson

and Address

Montpelier Idaho

19. (a)

5-1-48

(Date received and filed)

(b)

[Signature]

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) April 1 1948

at 5 o'clock PM

21. I HEREBY CERTIFY That I attended deceased from 3-31-48

19 \_\_\_\_\_ to 4 1 1948

I last saw him alive on 4-1 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Acute pulmonary thrombosis Duration 20 min.

Due to multiple arterial thrombosis of legs 2 days.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature

R B Lindsay, M.D.

and Address Montpelier Date 4 1 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics.

Federal Security Agency  
State Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 1263  
Local Reg. No.  
Reg. Dist. No. 552

APR 22 1948

## PLACE OF DEATH:

- (a) County Bear Lake  
(b) City or town Montpelier Idaho  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 37 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bear Lake  
(c) City or town Montpelier Idaho  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Harry Leslie Smith

## 3. (b) If veteran, name was

No

## 3. (c) Social Security No.

712-090324

## 4. Sex Male Color or race White

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Clara B. Smith

## 6. (c) Age of husband or wife if alive 34 years

## 7. Date of Birth (Month, Day, Year) Dec 15 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>4</u>	<u>1</u>	hrs. min.

## 9. Exact Occupation Engineer on Did this 37 yrs.

## 10. Industry of Union Pacific R. Note last Business worked

## 11. Birthplace Andy Utah (City or town) (State or foreign country)

## 12. Name Michael Charles Smith

## 13. Birthplace Key Ky (City or town) (State or foreign country)

## 14. Maiden name Mary Butters

## 15. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

## 16. Informant's OWN Signature Clara B. Smith and Address Montpelier Idaho

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 19 1948 (Month) (Day) (Year)

## (c) Place Montpelier Cemetery

## 18. Funeral Director's OWN Signature W. H. H. H. and Address Montpelier Idaho

## 19. (a) 4/15/48 (Date received and filed) (b) W. H. H. (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Apr 16 1948

## at 4 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from April 14 1948 to April 16 1948

## Last saw him alive on April 16 1948

## death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Coronary Thrombosis Duration 2 day

## Due to

## Due to

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation none Date

## Major finding none

## Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? ☐ Suicide? ☐ Homicide? ☐

## Occurred 19 City; county, state

## where violence occurred

## Place of Violence: Home ☐ Farm ☐ Industry ☐

## Public Place ☐ While at work ☐

## Means of injury W. H. H.

## 23. Attendant's OWN Signature W. H. H. and Address Montpelier Ida Date April 19 1948 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1264  
Local Reg. No.  
Reg. Dist. No. 582

## 1. PLACE OF DEATH

- (a) County Beauregard  
(b) City or town Paris Idaho  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 66 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 3. (a) FULL NAME

Arthur Taylor

## 3. (b) If person, name war

## 3. (c) Social Security No.

4. Sex Male Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mary Ann Taylor 6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) Aug 20, 1865

8. AGE Years 82 Months 3 Days 16 If less than 1 day hrs. min.

9. Exact Occupation Plumbing Carpenter 50 yrs. Did this work for ☐ yrs.

10. Industry or Business Nottingham England Date last worked

11. Birthplace Nottingham England (City or town) (State or foreign country)

- Father { 12. Name John Taylor

13. Birthplace England (City or town) (State or foreign country)

- Mother { 14. Maiden name Anna Carson

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Carson Taylor and Address Paris Idaho

17. (a) Removal (b) Date thereof April 9, 1948 (Month) (Day) (Year)

- (c) Place Paris, Louisiana

18. Funeral Director's OWN Signature Hubert Nottingham and Address Montpelier Idaho

19. (a) 4/19/48 (b) W. H. H. H. (Date received and filed) (Registrar's signature)

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Beauregard  
(c) City or town Paris Idaho  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 66 years  
(h) Former residence (city, state)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 6, 1948

at 2:15 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1948 to April 6, 1948

I last saw him alive on April 6, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiovascular Disease Duration 1 yr

Due to Old Age

Due to Old Age

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? None

Name of physician John H. H. H. Date April 6, 1948

Major finding Cardiovascular Disease

Finding of autopsy None

PHYSICIAN  
underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred April 6, 1948 City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Spontaneous

## 23. Attendant's OWN Signature Hubert Nottingham

and Address Montpelier Idaho Date April 6, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 15 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1265**  
Local Reg. No. **9**  
Reg. Dist. No. **130**

## 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Maries Stayed 7 Weeks  
(g) Lived in this county 7 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Louis Boxleitner

3. (b) If veteran, name war None 3. (c) Social Security No. 519-14-5864  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 61 years  
7. Date of Birth (Month, Day, Year) March 30, 1879

8. AGE	Years	Months	Days	If less than 1 day
	69	0	4	hrs min.

9. Exact Occupation Tail Sawyer Did this work for 7 yrs.  
10. Industry or Business Lumber mill Date last worked Oct. 1947  
11. Birthplace Bavaria Germany  
(City or town) (State or foreign country)  
Mother { 12. Name Ludwig Boxleitner  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Josephine Boxleitner  
and Address St. Maries, Idaho  
17. (a) Burial (b) Date thereof 4-7-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Ida  
18. Funeral Director's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho  
19. (a) 4-10-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 4, 1948  
(Month, Day, Year) at 5:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec - 1947, to April 4, 1948  
I last saw him alive on April 4, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration 3 mo

- Due to Rheumatic heart disease with mitral regurgitation General  
Due to Stenosis - insufficiency years  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature W. Don Moody, M.D.  
and Address St. Maries, Idaho Date April 8, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**NON-RESIDENT**  
**Certificate of Death**  
APR 20 1948  
STATE OF IDAHO

State File No. **1266**  
Local Reg. No. **10**  
Reg. Dist. No. **130**

1. PLACE OF DEATH:

- (a) County **Benewah**  
(b) City or town **St. Joe**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county... years... months **30** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Montana** (b) County **...**  
(c) City or town **Stevensville**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **Grand Forks,** years  
(h) Former residence (city, state) **North Dakota**

3. (a) FULL NAME **Bernard J. Overby**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No** record  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male** 6. (c) Age of husband or wife if alive... years  
7. Date of Birth (Month, Day, Year) **August 29, 1924**

8. AGE	Years	Months	Days	If less than 1 day
	<b>23</b>	<b>7</b>	<b>9</b>	hrs min.

9. Exact Occupation **Laborer** Did this work for... yrs.  
10. Industry or Business **U. S. Forest Service** Date last worked **4-8-48**  
11. Birthplace **Manvel, North Dakota** (City or town) (State or foreign country)

12. Name **Barney Overby**  
13. Birthplace **Norway** (City or town) (State or foreign country)  
14. Maiden name **Anna Fouri**  
15. Birthplace **Spring Valley, Wisconsin** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Anna Overby**  
and Address **Grand Forks, North Dakota**

17. (a) **Removal** (b) Date thereof **4-9-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Grand Forks, N. D.**

18. Funeral Director's OWN Signature **R. E. Wess**  
and Address **St. Maries, Idaho**

19. (a) **4-19-48** (b) **R. E. Wess** (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **April 8, 1948** 19...  
at **9:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from... 19... to... 19...

I last saw h... alive on... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Skull Fracture**

Duration

Due to **Fall from bridge**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation... Date

Major finding

Finding of autopsy **None**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? **Yes** Suicide? **No** Homicide? **No**

Occurred **April 8, 1948** City, county, state

where violence occurred **St. Joe, Benewah, Idaho**

Place of Violence: Home... Farm... Industry **Yes**

Public Place **River Bridge** while at work? **Yes**

Means of injury **Fall from bridge**

23. Attendant's OWN Signature **R. E. Wess** Coroner

and Address **St. Maries, Ida.** Date **4-9-1948** (M. D. or other)

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

APR 22 1948

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County **Benewah**  
(b) City or town **St. Maries**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Platt** Stayed **1** days  
(g) Lived in this county **57** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Benewah**  
(c) City or town **St. Maries**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **37** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**Charles Calvin Richardson**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Lillian M.** 6. (c) Age of husband or wife if alive **75** years  
7. Date of Birth (Month, Day, Year) **September 19, 1872**

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>7</b>	<b>2</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for **25** yrs.  
10. Industry or Business **Farming** Date last worked **1936**  
11. Birthplace **Jersey City, N. J.** (City or town) (State or foreign country)

12. Name **Peter Richardson**  
13. Birthplace **Unknown** (City or town) (State or foreign country)  
14. Maiden name **See Maries**  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Charles C Richardson**  
and Address **St. Maries, Idaho**

17. (a) **Burial** (b) Date thereof **4-25-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **St. Maries, Idaho**

18. Funeral Director's OWN Signature **R. E. Wessa**  
and Address **St. Maries, Idaho**

19. (a) **4-26-48** (b) **R. E. Wessa**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 21, 1948** 19...  
at **2:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **7/26/1947** to **4/21/1948**  
I last saw him alive on **4/21/1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Respiratory Failure** Duration **6 hrs**

Due to **Cerebral hemorrhage** **30 hrs**

Due to **Hypertension & Arterio**

Other conditions **Sclerosis** **years.**  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **R. E. Wessa** (M. D. or other)  
and Address **St. Maries** Date **4/23/1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 28 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1268  
Local Reg. No. 12  
Reg. Dist. No. 130

## 1. PLACE OF DEATH:

- (a) County Bonewah  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospita~~K~~. Institution..... Other place.....  
(f) Name Hosp. or Inst. St. Maries Stayed..... days  
(g) Lived in this county..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Charles Ladean McLaughlin

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) April 21, 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>4</u> hrs <u>45</u> min.

9. Exact Occupation None Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace St. Maries, Idaho  
(City or town) (State or foreign country)

12. Name Vernon E. McLaughlin  
13. Birthplace St. Maries, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Eleanor E. Taskey  
15. Birthplace Full City, Minn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Vernon E. McLaughlin  
and Address St. Maries, Idaho

17. (a) Burial (b) Date thereof 4-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

19. (a) 4-26-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 22, 1948 19.....  
at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 21, 1948 to April 22, 1948  
I last saw him alive on April 22, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Heart failure Duration 4 hrs 45 min.

Due to probable means

Due to plugs

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? -

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature W. Don Mauley  
and Address Idaho, Ida Date 4/23/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1269  
Local Reg. No. 23  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Broadway  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Bigt. Hosp. Stayed 2 days  
(g) Lived in this county years months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. —  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? — years  
(h) Former residence (city, state) —

## 3. (a) FULL NAME

Thomas Eugene Ashley

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Male race White  
5. Color or White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife —  
6. (c) Age of husband or wife if alive — years

## 7. Date of Birth (Month, Day, Year)

April 10, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>2</u>	hrs min.

9. Exact Occupation None Did this work for — yrs.  
10. Industry or Business — Date last worked —  
11. Birthplace Blackfoot Idaho  
(City or town) (State or foreign country)

12. Name Eugene Virgil Ashley  
13. Birthplace Wilkes County, N. Carolina  
(City or town) (State or foreign country)  
14. Maiden name Ida Mae Ball  
15. Birthplace Wilkes County, N. Carolina  
(City or town) (State or foreign country)

16. Informant's OWN Signature Eugene V. Ashley  
and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 4/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Dave City Cemetery, Bgt.

18. Funeral Director's OWN Signature Howard Pickens  
and Address Blackfoot Idaho

19. (a) 4-13-48 (b) Dr. Helen E. Tate  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4-12 19 48  
at 1:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 4-10 19 48, to 4-12 19 48  
I last saw him alive on 4-12 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia  
Asphyxia neonatorum

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Remuth A. Mrs. Lunsford  
and Address Blackfoot (M. D. or other)  
Date 4-12 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce APR 20 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1270  
Local Reg. No. 24  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Blackfoot Hosp. Stayed 0 days  
(g) Lived in this county 0 years 3 months 26 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. Springfield, Ida.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Lawrence Jay Hoskins

108X

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) December 17, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>3</u>	<u>26</u>	hrs min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business none Date last worked \_\_\_\_\_  
11. Birthplace Blackfoot, Idaho  
(City or town) (State or foreign country)  
12. Name Kenneth J. Hoskins  
13. Birthplace Blackfoot, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Wartley  
15. Birthplace San Luis Valley, Colorado  
(City or town) (State or foreign country)

16. Informant's OWN Signature Kenneth J. Hoskins  
and Address Springfield, Idaho

17. (a) Burial (b) Date thereof 4-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sioux City Cemetery

18. Funeral Director's OWN Signature Howard Packham  
and Address Blackfoot, Idaho

19. 4-14-48 (Date received and filed)  
Myrtle E. Talbot (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 104A

20. DATE OF DEATH (Month, Day, Year) 13 April 1948  
at 8:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 12 April 1948, to 13 April 1948  
I last saw him alive on 13 April 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Pneumonia, lobar Duration 12 hrs.

Due to Upper Resp. Infection 2 days

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? ?  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Kenneth A. Max Jones  
(M. D. or other)  
and Address Blackfoot, Idaho Date 13 1948  
(For additional space, use reverse side)

APR 29 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1271**  
Local Reg. No. **28**  
Reg. Dist. No. **600**

## 1. PLACE OF DEATH:

- (a) County **Bingham**  
(b) City or town **Blackfoot**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Parson's Hospital** ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address ~~XXXXXX~~ **530 So. Arthur**  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME ALFRED AMMON SMITH

3. (b) If veteran, name war ----- No. ....  
5. Color or 6. (a) Single, widowed, married,  
4. Sex **male** race **white** divorced **married**  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife **Bessie B. Smith** alive ..... years  
7. Date of Birth  
(Month, Day, Year) **February 14, 1877**

8. AGE	Years	Months	Days	If less than 1 day
	<b>71</b>	<b>2</b>	<b>4</b>	hrs min.

9. Exact Occupation **Retired - Carman** Did this work for **35** yrs.  
10. Industry or Business **Union Pacific RR.** Date last worked **1940**  
11. Birthplace **No data** **Missouri**  
(City or town) (State or foreign country)

12. Name **Francis Smith**  
13. Birthplace **No Data**  
(City or town) (State or foreign country)  
14. Maiden name **Mary Elizabeth Davis**  
15. Birthplace **No Data**  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature **Mrs Alfred G. Smith**  
and Address **Pocatello, Idaho**

17. (a) **Burial** (b) Date thereof **4/21/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Pocatello, Idaho**

18. Funeral Director's  
OWN Signature **Jack Henderson**  
and Address **Pocatello, Idaho**

19. (a) **Apr. 19, 1948** (b) **Mrs. Helen E. Patton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **April 18** 19**48**  
at **1:45** o'clock **a.** M.

21. I HEREBY CERTIFY, That I attended deceased from **May 1947** to **April 18 1948**  
I last saw **alive on April 1, 1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

**Cardiac failure** 1 day

Due to **Hypertension &** 10 yrs

Due to **arterio-sclerosis** 10 yrs

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation..... Date.....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury .....

23. Attendant's  
OWN Signature **J. R. M. Malone**

(M. D. or other)

and Address **Pocatello, Idaho** Date **4/19 1948**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 29 1948

# Certificate Of Death

STATE OF IDAHO

1948 1272  
State File No. \_\_\_\_\_  
Local Reg. No. 27  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County BINGHAM  
(b) City or town BLACKFOOT  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. PRISON Stayed 104 days  
(g) Lived in this county \_\_\_\_\_ years 3 months 14 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County BANNOCK  
(c) City or town ALAMEDA  
(d) Street Address or R.F.D. No. 296 PARSHING  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) NEBRASKA

## 3. (a) FULL NAME

SARAH ANNA DOWLING

162B

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_ No. \_\_\_\_\_  
6. (a) Single, widowed, married, divorced WIDOWED  
4. Sex FEMALE race WHITE  
6. (b) Name of husband or wife WILLIAM E. DOWLING (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) SEPTEMBER 25, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>6</u>	<u>23</u>	hrs min.

9. Exact Occupation RETIRED Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business HOUSEWIFE Date last worked \_\_\_\_\_  
11. Birthplace MELROSE IOWA (City, or town) (State or foreign country)

12. Name ELIJAH KENDALL  
13. Birthplace UNKNOWN (City or town) (State or foreign country)  
14. Maiden name MIRANDA BLACK  
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature Edward J. Dowling  
and Address POCAHELLO, IDAHO

17. (a) REMOVAL (b) Date thereof 4-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: POCAHELLO, IDAHO

18. Funeral Director's OWN Signature Arthur A. Hall  
and Address POCAHELLO, IDAHO

19. (a) 4-21-48 (b) Dr. Walter E. Evans  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) APRIL 18 19 48  
at 4:45 clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 4-17 19 48, to 4-18 19 48

I last saw h. alive on 4-17 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cause unclear to age Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. Walter E. Evans

and Address Blackfoot Date 4-21-48

(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 5 1948

OFFICE OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **1273**  
Local Reg. No. **30**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot Idaho  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home? ☒ Hospital? ..... Institution? ..... Other place? .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 5 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Fish Haven Idaho  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 79 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Irak Ella Lindberg

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

## 5. Color or race

White

## 6. (a) Single, widowed, married, divorced

Widowed

## 6. (b) Name of husband or wife

George Lindberg

## 6. (c) Age of husband or wife if alive

years

## 7. Date of Birth (Month, Day, Year)

Feb 6, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>2</u>	<u>21</u>	hrs. min.

## 9. Exact Occupation

Housewife

## Did this work for ..... yrs.

## 10. Industry or Business

Fish Haven, Idaho

## Date last worked

## 11. Birthplace (City or town) (State or foreign country)

Fish Haven, Idaho

## 12. Name

Henry E. Howell

## 13. Birthplace (City or town) (State or foreign country)

England

## 14. Maiden name

Frances Noble

## 15. Birthplace (City or town) (State or foreign country)

England

## 16. Informant's OWN Signature and Address

Mrs. Chauncey McKley  
Blackfoot, Idaho

## 17. (a) Burial, cremation or removal (b) Date thereof (Month, Day, Year)

Removal Apr 27, 1948

## (c) Place

Montpelier, Idaho

## 18. Funeral Director's OWN Signature and Address

W. Matthews  
Montpelier Idaho

## 19. (a) (Date received and filed) (b) Registrar's signature

H - 29-48 W. Matthews

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

Apr 27 1948  
at 3:45 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

5-4 1948 to 4-25 1948

I last saw her alive on 4-25 1948

Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cause incident to Duration

Due to .....

Due to .....

Other conditions Fractured R. Femur

1-3-48

Where was disease contracted? .....

Name of operation .....

Major finding .....

Finding of autopsy .....

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ☒ Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury slipped & fell to floor

## 23. Attendant's OWN Signature and Address

AB Miller  
Blackfoot Idaho

(For additional space, use reverse side)

Informant, Funeral Director, Registrar, and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each ink should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
1949  
DIVISION OF VITAL STATISTICS

Grave No. 701  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. \_\_\_\_\_  
Local Reg. No. 11  
Reg. Dist. No. 601

1. PLACE OF DEATH: (State) \_\_\_\_\_  
(a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hosp. So. Stayed 1643 days  
(g) Lived in this county 4 years 5 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Walter W. Mallett

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Oliver  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Oct. 13, 1899.

8. AGE	Years	Months	Days	If less than 1 day
	<u>48</u>	<u>5</u>		hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Bayones, N.J.  
(City or town) (State or foreign country)

- Mother Father  
12. Name Walter W. Mallett  
13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)  
14. Maiden name Minnie  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital South  
and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 3-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place State Cem. So. Blackfoot

18. Funeral Director's OWN Signature L. J. Yancey  
and Address Blackfoot, Idaho

19. (a) 3-29-48 (b) Walter W. Mallett  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) March 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1945, to March 1948.  
I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_  
Died of exposure. Body was found Examined by Dr. J. B. Selinger, Colonel with K. K. Body Due to exposure, evidence of being dead for approximately 10 days  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. H. Brown, M.D. (M. D. or other)  
and Address Blackfoot, Idaho Date 3-29-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 7 1948

# Certificate Of Death

STATE OF IDAHO

1948 1275  
State File No. \_\_\_\_\_  
Local Reg. No. 11  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

(a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution X Other place...  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 21 1/2 days  
(g) Lived in this county 5 years 11 months 16 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. Box 390  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

CLAUDE E. MARTIN

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex M race W.

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) March 26, 1908

8. AGE	Years	Months	Days	If less than 1 day
	42	0	10	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Pikeville, Tenn.  
(City or town) (State or foreign country)

12. Name J.H. Martin

13. Birthplace Tenn.  
(City or town) (State or foreign country)

14. Maiden name Ellie Hemphill

15. Birthplace Tenn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital South  
and Address Blackfoot, Idaho.

17. (a) Funeral & Burial (b) Date thereof 4-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Jerome, Idaho.

18. Funeral Director's OWN Signature J. R. Wiley  
and Address Jerome, Idaho

19. (a) 4-1-48 (Date received and filed)  
(b) Mrs. Helen E. Tate (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) April 1, 1948.  
at 12:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1945, to April 1, 1948  
I last saw him alive on April 1, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Bright's Disease unk.  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. H. Brown, M.D.  
(M. D. or other)  
and Address Blackfoot, Idaho. Date 4-1-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

702

APR 7 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1276  
Local Reg. No. 18  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Blingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution X Other place...  
(f) Name Hosp. or Inst. St. Joseph's Stayed 1335 days  
(g) Lived in this county 36 years 7 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Fred Gordon

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced .....

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth

(Month, Day, Year) Not Known

8. AGE	Years	Months	Days	If less than 1 day
				hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Not Known (City or town) (State or foreign country)

12. Name Not Known

13. Birthplace (City or town) (State or foreign country)

14. Maiden name Not Known

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital South and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 4-3-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: State Cem. So. Blackfoot

18. Funeral Director's OWN Signature L J Wancey and Address Blackfoot, Idaho

19. (a) 4-3-48 (Date received and filed) (b) [Signature] (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 2, 1948 19.....  
at 8:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1945 to April 2, 1948.  
I last saw him alive on April 2, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Branchopneumonia 5 days

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred ..... 19..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

## 23. Attendant's OWN Signature

[Signature] (M. D. or other)

and Address Blackfoot, Idaho Date 4-3-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1277  
Local Reg. No. 30  
Reg. Dist. No. 601

APR 13 1948

## 1. PLACE OF DEATH:

- (a) County BINCHAM  
(b) City or town FIRTH  
(c) Street Address or R.F.D. No. -  
(d) Death Occurred Inside? - Outside? - city or town  
(e) Died in a Home - Hospital - Institution - Other place -  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county 6 years - months - days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BINCHAM  
(c) City or town FIRTH  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? - Outside? - city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) NEWTON UTAH

## 3. (a) FULL NAME

EMMA ELIZABETH BENSON

049A

## 3. (b) If veteran,

name war -

## 3. (c) Social Security

No. -

5. Color or - 6. (a) Single, widowed, married,  
4. Sex FEMALE race WHITE divorced MARRIED

6. (b) Name of husband or wife DANIEL A. BENSON 6. (c) Age of husband or wife if alive 62 years

## 7. Date of Birth

(Month, Day, Year) JANUARY 30, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>2</u>	<u>2</u>	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for - yrs.

10. Industry or Business AT HOME Date last worked -

11. Birthplace NEWTON UTAH  
(City or town) (State or foreign country)

12. Name JAMES E. HANSEN

13. Birthplace DENMARK  
(City or town) (State or foreign country)

14. Maiden name LAURA SORENSON

15. Birthplace DENMARK  
(City or town) (State or foreign country)

16. Informant's OWN Signature D. A. Benson

and Address POCAHONTAS, IDAHO

17. (a) Removal (b) Date thereof 4-6-48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: GRABEE, IDAHO

18. Funeral Director's OWN Signature Thos. A. Allen

and Address POCAHONTAS, IDAHO

19. (a) 4-6-48 (b) Thos. A. Allen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

## 20. DATE OF DEATH

(Month, Day, Year) APRIL 2 19 48  
at 6:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-25- 19 47, to 4-2 19 48

I last saw her alive on 4-2 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage Duration 1 day

Due to Hypertension 10 yrs

Due to -

Other conditions Arteriosclerotic 25 yrs

(Include pregnancy within 3 months of death)

Cancer of Left ovary 2 yrs

Where was disease contracted? Idaho

Name of operation - Date -

Major finding -

Finding of autopsy -

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature David N. Smith M.D.

and Address Idaho (M. D. or other)

Date 4-4 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 7 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. **1278**  
Local Reg. No. **19**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot, Idaho  
(c) Street Address or R. F. D. No. Box 390  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hospt. S.O. Stayed 475 days  
(g) Lived in this county 1 years 3 months 20 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Armon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Franklin Gardner

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 5. Color or

6. (a) Single, widowed, married,  
divorced Married

4. Sex M. race W.

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year)

June 25, 1874

8. AGE	Years	Months	Days	If less than 1 day
	73	8	8	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Salem, Idaho  
(City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital, South Blackfoot, Idaho  
and Address Blackfoot, Idaho

17. (a) Removal & Burial (b) Date thereof 4-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Armon, Idaho

18. Funeral Director's OWN Signature Jack A. Wood  
and Address Blackfoot, Idaho

19. (a) 4-3-48 (b) Byrd  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 3, 1948.  
at 7:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1946, to Apr. 3, 1948.

I last saw him alive on Apr. 2, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

cardiovascular disease unkn.

Due to

Senility

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 19 City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature H. L. Brown, M.D.

and Address Blackfoot, Idaho (M. D. or other)

Date 4-3- 1948.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 13 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 1279  
Local Reg. No. 21  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place city or town  
(f) Name Hosp. or Inst. St. Joseph's Stayed 1836 days  
(g) Lived in this county 3 years 4 months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. city or town  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) city or town

## 3. (a) FULL NAME

J Wayne McLean

## 3. (b) If veteran,

name war city or town

## 3. (c) Social Security

No. city or town

5. Color or city or town  
4. Sex M. race W.

6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive city or town years

7. Date of Birth (Month, Day, Year) Feb. 23, 1925

8. AGE	Years	Months	Days	If less than 1 day
<u>23</u>	<u>1</u>	<u>13</u>	<u>hrs</u>	<u>min.</u>

9. Exact Occupation None Did this work for city or town yrs.

10. Industry or Business city or town Date last worked city or town

11. Birthplace Raymond, Washington (City or town) (State or foreign country)

12. Name J.A. McLean (City or town) (State or foreign country)

13. Birthplace Addy, Wash. (City or town) (State or foreign country)

14. Maiden name Pearl May (City or town) (State or foreign country)

15. Birthplace New Port, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital South and Address Blackfoot, Idaho

17. (a) Buried (b) Date thereof 3/9/1948 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Blackfoot

18. Funeral Director's OWN Signature E. J. Fink and Address Blackfoot, Idaho

19. (a) 4-5-48 (Date received and filed) (b) E. J. Fink (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 6, 1948.  
at 10:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1945, to April 6, 1948.

I last saw him alive on April 6, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Pneumonia unk.

Due to city or town

Due to city or town

Other conditions city or town (Include pregnancy within 3 months of death)

Where was disease contracted? city or town

Name of operation city or town Date city or town

Major finding city or town

Finding of autopsy city or town

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? city or town Suicide? city or town Homicide? city or town

Occurred city or town 19 city or town City, county, state

where violence occurred city or town

Place of Violence: Home city or town Farm city or town Industry city or town

Public Place city or town While at work? city or town

Means of injury city or town

23. Attendant's OWN Signature H. F. Brown, M.D. (M. D. or other)

and Address Blackfoot, Idaho Date 4-6 1948.

(For additional space, use reverse side)





United States  
 Department of Commerce  
 Bureau of the Census

**Certificate Of Death**

STATE OF IDAHO

State File No. ....  
 Local Reg. No. 32  
 Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County BINGHAM  
 (b) City or town SHELLEY  
 (c) Street Address or R.F.D. No. ....  
 (d) Death Occured Inside? X Outside? .... city or town  
 (e) Died in a Home X Hospital... Institution... Other place...  
 (f) Name Hosp. or Inst. .... Stayed --- days  
 (g) Lived in this county 45 years .... months .... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BINGHAM  
 (c) City or town SHELLEY  
 (d) Street Address or R.F.D. No. ....  
 (e) Deceased lived Inside? X Outside? .... city or town  
 (f) Citizen of what country? U.S.A  
 (g) How long had deceased lived in Idaho? 45 years  
 (h) Former residence (city, state) UTAH

## 3. (a) FULL NAME

John Owen Mc Gary

3. (b) If veteran, name war None 3. (c) Social Security No. None  
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Elizabeth Harker 6. (c) Age of husband or wife if 70 years  
 7. Date of Birth (Month, Day, Year) November 17, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>4</u>	<u>20</u>	hrs min.

9. Exact Occupation Ret. Farmer Did this work for .... yrs.  
 10. Industry or Business .... Date last worked ....  
 11. Birthplace Bund Fort Utah  
 (City or town) (State or foreign country)

12. Name Charles McGary  
 13. Birthplace Canada  
 (City or town) (State or foreign country)  
 14. Maiden name Sarah Adams  
 15. Birthplace Mass.  
 (City or town) (State or foreign country)

16. Informant's OWN Signature John McGary  
 and Address Shelley, Idaho

17. (a) Burial (b) Date thereof 4-14-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: Hill Crest

18. Funeral Director's OWN Signature M. Harker  
 and Address Shelley, Idaho

19. (a) 4-16-1948 (b) Mrs. Helen E. Patrice  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) APRIL 10 19 48  
 at 11:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 4-5 19 48, to 4-9 19 48  
 I last saw him alive on 4-9 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic Pneumonia Duration 5 days

Due to .....

Due to .....  
 Other conditions Senility  
 (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
 Name of operation ..... Date .....

Major finding .....  
 Finding of autopsy .....  
 Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
 Occurred ..... 19 ..... City, county, state where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....  
 Public Place ..... While at work? .....

Means of injury .....  
 23. Attendant's OWN Signature Smith M. D.  
 and Address Shelley, Idaho Date 4-16 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census APR 20 1948

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. 1282  
Local Reg. No. 22  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Grandview  
(c) Street Address or R. F. D. No. same  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 40 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Grandview  
(d) Street Address or R.F.D. No. Sterling R. F.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME William Maurice Claunch

3. (b) If veteran, name war ---- 3. (c) Social Security No. -----  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edith Abbott (c) Age of husband or wife if alive 6 years  
7. Date of Birth (Month, Day, Year) February 4, 1884

8. AGE	Years	Months	Days	If less than 1 day
	64	2	6	hrs min.

9. Exact Occupation Farmer Did this work for 45 yrs.  
10. Industry or Business On Farm Date last worked Feb. 1948  
11. Birthplace Somerset, Kentucky  
(City or town) (State or foreign country)  
12. Name William Henry Claunch  
13. Birthplace Somerset, Kentucky  
(City or town) (State or foreign country)  
14. Maiden name Eliza Jane Lewis  
15. Birthplace Somerset, Kentucky  
(City or town) (State or foreign country)  
16. Informant's OWN Signature Edith Claunch  
and Address during above  
17. (a) Burial (b) Date thereof 11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Aberdeen, Idaho  
18. Funeral Director's OWN Signature Howard Packham  
and Address Blackfoot, Idaho  
19. (a) 4-14-48 (b) W. H. Hall & Son  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 10, 1948  
(Month, Day, Year) at 11:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 29 March 1948 to 10 April 1948  
I last saw him alive on 2 April 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Coronary occlusion  
Due to Thrombo phlebitis  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation None Date  
Major finding  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature Kimeth Alice Jones  
(M. D. or other)  
and Address Blif't. Ida. Date 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 20 1948

# Certificate Of Death

STATE OF IDAHO

1948 1283  
State File No. \_\_\_\_\_  
Local Reg. No. 21  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot, Idaho  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 212 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? Not Known  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Not Known

## 3. (a) FULL NAME

Yee Mee or Ye Mien

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) About 1888.

8. AGE	Years	Months	Days	If less than 1 day
<u>About 60</u>				hrs min.

9. Exact Occupation Cardener Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace China (City or town) (State or foreign country)

- Mother Father  
12. Name Not Known  
13. Birthplace Not Known (City or town) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's OWN Signature Records, State Hospital South,  
and Address Blackfoot, Idaho.

17. (a) Burial (b) Date thereof 4-17-48  
(Burial, crenation, or removal) (Month) (Day) (Year)  
(c) Place State Cem. So. Blackfoot.

18. Funeral Director's OWN Signature L. J. Yancy  
and Address Blackfoot, Idaho

19. (a) 4-17-48 (b) W. H. E. Peterson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April, 16, 19 48.  
at 8:45 P.M. o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 19 47, to April 16, 19 48.  
I last saw him alive on April 16, 19 48, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia, bronchial Duration 7 days

- Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. H. E. Peterson M.D. (M. D. or other)  
and Address Blackfoot, Idaho Date 4-17-19 48.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 5 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **1284**  
Local Reg. No. **73**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

**Bingham**  
(a) County  
(b) City or town **Basalt**  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **46** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

**Idaho** **Bingham**  
(a) State (b) County  
(c) City or town **Basalt, Idaho**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **46** years  
(h) Former residence (city, state) **Utah**

## 3. (a) FULL NAME

**Israel H. Porter**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **712-07-7520**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** 6. (b) Name of husband or wife **Besty C. Hamilton** 6. (c) Age of husband or wife if alive **67** years  
7. Date of Birth (Month, Day, Year) **June 12, 1882**

8. AGE	Years	Months	Days	If less than 1 day
	<b>65</b>	<b>10</b>	<b>6</b>	hrs min.

9. Exact Occupation **Ret. Railroad Employee** Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace **Orderville, Utah** (City or town) (State or foreign country)

12. Name **Francis Lysander Porter** **Utah**  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name **Annie Maria Hoyt**  
15. Birthplace **Utah** (City or town) (State or foreign country)

16. Informant's OWN Signature **Jennie Davenport**  
and Address **Shelley, Idaho**

17. (a) **Buru** (b) Date thereof **4-22-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Fielding Memorial**

18. Funeral Director's OWN Signature **Edwin C. Carter**  
and Address **Basalt, Idaho**

19. (a) **4-23-1948** (b) **Edwin C. Carter**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **4-18-1948**  
at **11** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **19** to **4-18-1948**  
I last saw him alive on **4-18-1948** death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Heart Failure**  
Due to **Heart Strain** **24 hrs**  
Due to **Falling a tree**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? Homicide?  
Occurred **4/17 Falling tree** City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place **at home** While at work?  
Means of injury **Heart Strain**  
23. Attendant's OWN Signature **Edwin C. Carter M.D.**  
and Address **Basalt** Date **4/20/1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 5 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

48  
State File No. 1285  
Local Reg. No. 34  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Shelley  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 55 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Shelley  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state) Denmark

## 3. (a) FULL NAME

Chris Christensen

3. (b) If veteran, name war None No. ....  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) April 14, 1892

8. AGE	Years	Months	Days	If less than 1 day
<u>56</u>	<u>0</u>	<u>5</u>	hrs	min.

9. Exact Occupation Potato Dealer Did this work for ..... yrs.  
10. Industry or Business Wholesale Potatoes Date last worked .....  
11. Birthplace Denmark  
(City or town) (State or foreign country)

12. Name Albert Christensen  
13. Birthplace Denmark  
(City or town) (State or foreign country)  
14. Maiden name Laurina Jensen  
15. Birthplace Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ford M. Nalden  
and Address Shelley, Idaho

17. (a) Burial (b) Date thereof Apr. 22, 1948  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cemetery

18. Funeral Director's OWN Signature F M Nalden  
and Address Shelley, Idaho

19. (a) 4-30-1948 (b) Mrs. Halina E. Pattee  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 4-19-48  
(Month, Day, Year) at 5:30 o'clock P: M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 1947 to April 1948  
I last saw him alive on April 18, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion Duration Unaid

Due to .....

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature F B. [Signature]

and Address Shelley, Idaho Date 4/21 19 .....

(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
MAY 5 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **1286**  
Local Reg. No. **11**  
Reg. Dist. No. **001**

## 1. PLACE OF DEATH:

- (a) County **Bingham**  
(b) City or town **Firth**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county **18** years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Firth**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ... Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **18** years  
(h) Former residence (city, state) **Nevada**

## 3. (a) FULL NAME **ELMER HOWELL**

3. (b) If veteran, name war **1** 3. (c) Social Security No. **519-03-4316**  
5. Color of **Male** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Claudine Olsen** 6. (c) Age of husband or wife if alive ... years  
7. Date of Birth (Month, Day, Year) **Feb. 3, 1888**

8. AGE	Years	Months	Days	If less than 1 day
	<b>60</b>	<b>2</b>	<b>23</b>	hrs min.

9. Exact Occupation **Ret. Construction** Did this work for ... yrs.  
10. Industry or Business **Road Work** Date last worked ...  
11. Birthplace **Lick Creek Iowa** (City or town) (State or foreign country)

12. Name **Alfred Howell**  
13. Birthplace **Iowa** (City or town) (State or foreign country)  
14. Maiden name **Eliza Ware**  
15. Birthplace **Iowa** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Claudine Howell**  
and Address **Shelley, R#**

17. (a) **Burial** (b) Date thereof **4-30-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Hill Crest,**

18. Funeral Director's OWN Signature **J. M. Nalch**  
and Address **Shelley, Idaho**

19. **4-30-1948** (Date received and filed) **[Signature]** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **April 26,** 19 **48**  
(Month, Day, Year) at **11:30** clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **12-21** 19 **47**, to **4-26** 19 **48**  
I last saw him alive on **4-20** 19 **48**; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Cachexia** Duration **6 mo.**  
Due to **Carcinoma of Stomach** 1 yr.

Due to ...  
Other conditions (Include pregnancy within 3 months of death) ...

Where was disease contracted? **Idaho**  
Name of operation ... Date ...  
Major finding ...  
Finding of autopsy ...

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ... Suicide? ... Homicide? ...  
Occurred ... 19 ... City, county, state where violence occurred  
Place of Violence: Home ... Farm ... Industry ...  
Public Place ... While at work? ...  
Means of injury ...

23. Attendant's OWN Signature **David R. Smith, M.D.**  
(M.D. or other) and Address **Shelley, Idaho** Date **5-27 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce **APR 30 1948**  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

**948**  
State File No. **1287**  
Local Reg. No. **29**  
Reg. Dist. No. **001**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place city or town  
(f) Name Hosp. or Inst. Stayed 19 days  
(g) Lived in this county years months 19 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 331 No. Main  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Emma Ainsworth

3. (b) If veteran, name war                      No.                       
3. (c) Social Security No.                       
5. Color or                      6. (a) Single, widowed, married, divorced Married  
4. Sex F. race W.  
6. (b) Name of husband or wife L. Ainsworth 6. (c) Age of husband or wife if alive 71 years  
7. Date of Birth (Month, Day, Year) Dec. 25, 1876.

8. AGE	Years	Months	Days	If less than 1 day
	70	4	1	hrs min.

9. Exact Occupation Housewife Did this work for                      yrs.  
10. Industry or Business                      Date last worked

11. Birthplace Iowa  
(City or town) (State or foreign country)

- Mother Father { 12. Name Hamilton  
13. Birthplace Not given  
(City or town) (State or foreign country)  
14. Maiden name Not given  
15. Birthplace Not given  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital South  
and Address Blackfoot, Idaho.

17. (a) Removal (b) Date thereof 4-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pocatello, Idaho

18. Funeral Director's OWN Signature Arthur S. Hall  
and Address Pocatello, Idaho

19. (a) 4-28-48 (b) Arthur S. Hall  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April, 26, 1948.  
at 1:20 P.M. o'clock                      M.

21. I HEREBY CERTIFY, That I attended deceased from April, 7, 1948, to April 26, 1948

I last saw her alive on Apr. 26, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiovascular disease Duration unk.

Due to                     

Due to                     

Other conditions                       
(Include pregnancy within 3 months of death)

Where was disease contracted?                     

Name of operation                      Date                     

Major finding                     

Finding of autopsy                     

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?

Occurred                      19                      City, county, state

where violence occurred                     

Place of Violence: Home                      Farm                      Industry                     

Public Place                      While at work?                     

Means of injury                     

23. Attendant's OWN Signature H. H. Proctor M.D.

and Address Blackfoot, Idaho Date 4-26-1948

(M. D. or other)

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to Bureau of Vital Statistics, Boise, Idaho.

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MAY 5 1948  
BUREAU OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 1288  
Local Reg. No. 31  
Reg. Dist. No. 621

## PLACE OF DEATH:

County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. Pos. So. Stayed 1 days  
(g) Lived in this county 3 years 1 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bannock  
(c) City or town McCammon  
(d) Street Address or R.F.D. No. ---  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) ---

3. (a) FULL NAME John F. Whitney

3. (b) If veteran, name war --- No. ---  
4. Sex M. 5. Color W. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years  
7. Date of Birth (Month, Day, Year) ---

8. AGE	Years	Months	Days	If less than 1 day
	62	4	11	hrs min.

9. Exact Occupation Retired - Newspaper Did this work for 30 yrs.  
10. Industry or Business Self Date last worked 1944  
11. Birthplace Franklyn, New York  
(City or town) (State or foreign country)

- Mother Father { 12. Name Chris Whitney  
13. Birthplace No Data  
(City or town) (State or foreign country)  
14. Maiden name No Data  
15. Birthplace No Data  
(City or town) (State or foreign country)

16. Informant's records State Pos. So.  
OWN Signature B. E. Thomas  
and Address ---

17. (a) Burial (b) Date thereof 5/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pocatello, Idaho

18. Funeral Director's ---  
OWN Signature ---  
and Address Pocatello, Idaho

19. (a) April 27, 1948 (Date received and filed)  
(b) --- (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 27 19 48  
(Month, Day, Year)  
at 6:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to April 27 19 48

I last saw him alive on April 27, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiovascular disease Duration unknown

Due to ---

Due to ---

Other conditions ---  
(Include pregnancy within 3 months of death)

Where was disease contracted? ---

Name of operation --- Date ---

Major finding ---

Finding of autopsy ---

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---

Occurred --- 19 --- City, county, state ---

where violence occurred ---

Place of Violence: Home --- Farm --- Industry ---

Public Place --- While at work? ---

Means of injury ---

23. Attendant's ---  
OWN Signature H. H. Brown, M.D. (M. D. or other)

and Address Blackfoot, Idaho Date 4/27 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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MAY 4 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 1289

Local Reg. No.

Reg. Dist. No. 602

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Springfield  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 47 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Springfield  
(d) Street Address or R.F.D. No. None  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Juliette Maxfield Blackburn

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

## 5. Color or race

White

## 6. (b) Name of husband or wife

Thomas Blackburn

## 6. (a) Single, widowed, married, divorced

widowed

## 6. (c) Age of husband or wife if alive

years

## 7. Date of Birth

(Month, Day, Year)

December 18 - 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>4</u>	<u>10</u>	hrs. min.

## 9. Exact Occupation

Retired Housewife

## Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

At Home

## Date last worked

## 11. Birthplace

Toguenville, Utah

(City or town) (State or foreign country)

## 12. Name

Elijah Hattie Maxfield

## 13. Birthplace

Prince Edward Island

(City or town) (State or foreign country)

## 14. Maiden name

Helen Alsie Tanner

## 15. Birthplace

Quincy, Illinois

(City or town) (State or foreign country)

## 16. Informant's

## OWN Signature

Val E Blackburn

## and Address

Springfield Idaho

## 17. (a)

BURIAL

## (b) Date thereof

5-1-48

(Burial, cremation, or removal)

## (c) Place

Springfield, Idaho

## 18. Funeral Director's

## OWN Signature

Howard Packham

## and Address

Blackfoot, Idaho

## 19. (a)

April 28, 1948

## (b)

J. F. Harns

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 28 19 48  
at 10:40 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Mar. 15 19 48 to April 27 19 48

I last saw h. e. r. alive on April 27 19 48;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac failure

(decompensation)

Due to Chronic Myocardial insufficiency 2 years

Due to Arteriosclerosis 10 years

Other conditions Chronic Nephritis 2 years  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature J. F. Harns M.D.

and Address Verdean, Idaho Date April 28 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 7 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **1290**  
Local Reg. No. **37**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Fox 390  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital    Institution X Other place     
(f) Name Hosp. or Inst. State Hosp. Stayed 656 days  
(g) Lived in this county 1 years 9 months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside?    Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Thomas Gates

3. (b) If veteran, name war    No.     
5. Color or 6. (a) Single, widowed, married,  
Sex M. race W. divorced     
6. (b) Name of husband or wife Rebecca L. Gates (c) Age of husband or wife if alive    years  
7. Date of Birth June 22 1884  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	64			hrs min.

9. Exact Occupation Farmer Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Utah (City or town) (State or foreign country)

12. Name Freeman Gates  
13. Birthplace Utah (City or town) (State or foreign country)  
14. Maiden name Evelyn Jackson  
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital South  
and Address Blackfoot, Idaho

17. (a) Place of Burial Date thereof 3-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Idaho Falls, Idaho

18. Funeral Directors OWN Signature Jack G. Ward  
and Address Blackfoot, Idaho

19. (a) 4-30-48 (Date received and filed) (b) Rebecca L. Gates (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April, 30, 1948  
at 8:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 9 1946 to April 30, 1948  
I last saw him alive on April 30, 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Duration

Cardiovascular disease unknown

Due to   

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature H. H. Brown, M. D.  
(M. D. or other)

and Address Blackfoot, Idaho Date 4-30-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. **1291**  
Local Reg. No. **36**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. P.O. 390  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place Other place  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 89 days  
(g) Lived in this county 18 years 10 months 19 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Boise  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Omaha, Neb.

## 3. (a) FULL NAME Clara Pelle Austin

3. (b) If veteran, name war No.  
5. Color or race W.  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Charles F. Austin 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) March 2, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>1</u>	<u>28</u>	hrs min.

9. Exact Occupation Housewife Did this work for  yrs.  
10. Industry or Business worked Date last worked worked  
11. Birthplace Crystal Lake, Illinois (City or town) (State or foreign country)

12. Name Lewis P. Lanphear  
13. Birthplace " (City or town) (State or foreign country)  
14. Maiden name Sarah Hess  
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature Records, St. Hospital South  
and Address Blackfoot, Idaho.

17. (a) Cremation (b) Date thereof May 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Salt Lake City, Utah

18. Funeral Director's OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho.

19. (a) 5-3-48 (b) Mr. J. C. Sandberg  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 30, 1948  
at 5:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1945 to April 30, 1948.

I last saw her alive on April 29, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: cardiovascular disease Duration unknown

Due to cardiovascular disease

Due to cardiovascular disease

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation Underline Date Underline

Major finding Underline

Finding of autopsy Underline

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury While at work?

23. Attendant's OWN Signature H. H. Brown, M.D.

and Address Blackfoot, Idaho. Date 4-30-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 30 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1292  
Local Reg. No. 15  
Reg. Dist. No. 410

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Hailey  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 57 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Hailey  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 57 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Kissick Orin Gibson

0930

## 3. (b) If veteran,

name was 22.1

## 3. (c) Social Security

No. 519-01-6767

5. Color or \_\_\_\_\_  
6. (a) Sex m. race w.

6. (a) Single, widowed, married, divorced single  
6. (c) Age of husband or wife if \_\_\_\_\_  
wife ✓ alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

March 28, 1891

## 8. AGE

Years	Months	Days	If less than 1 day
<u>57</u>	<u>0</u>	<u>4</u>	hrs min.

## 9. Exact Occupation

laborer

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

\_\_\_\_\_

Date last worked \_\_\_\_\_

## 11. Birthplace

Pullman, Idaho  
(City or town) (State or foreign country)

## 12. Name

M. G. Gibson

## 13. Birthplace

Ireland  
(City or town) (State or foreign country)

## 14. Maiden name

William M. Gibson

## 15. Birthplace

Idaho  
(City or town) (State or foreign country)

## 16. Informant's OWN Signature

W. J. Gibson

## and Address

Hailey, Idaho

## 17. (a) Place of Burial

Hailey Cemetery

## (b) Date thereof

4-3-48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature

Robert H. Wright

## and Address

Hailey, Idaho

## 19. (a) Date received and filed

4-28-48

## (b) Registrar's signature

Robert H. Wright

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 1 1948  
at 1:15 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

March 30 1948, to April 1 1948

I last saw him alive on April 1 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Anginous Heart Failure

## Duration

48 hrs

## Due to

Chronic Myocarditis

10 yr.

## Due to

\_\_\_\_\_

## Other conditions

\_\_\_\_\_

(Include pregnancy within 3 months of death)

## Where was disease contracted?

none

## Name of operation

none

## Major finding

none

## Finding of autopsy

none

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

E. J. Foster M.D. (M. D. or other)

and Address Hailey, Idaho Date 4-1 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 30 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1293  
Local Reg. No. 16  
Reg. Dist. No. 410

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Carey  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Carey  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Reuben Thomas Cross

094A

## 3. (b) If veteran,

name war ☒

## 3. (c) Social Security

No. ☒

4. Sex m. race w.  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Rosa E.  
(c) Age of husband or wife if alive 73 years

7. Date of Birth (Month, Day, Year) Jan. 15, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>3</u>	<u>2</u>	hrs min.

9. Exact Occupation farmer Did this work for 38 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 4-17-48

11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

16. Informant's OWN Signature Gilbert H. Cross

and Address Carey, Idaho

17. (a) burial (b) Date thereof 4-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Hayley, Idaho

18. Funeral Director's OWN Signature Robert A. Wright

and Address Hayley, Idaho

19. (a) 4-28-48 (b) Robert A. Wright  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 17 1948  
at 1:00 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary block  
slight in block  
Due to \_\_\_\_\_

Due to senility  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Robert A. Wright

and Address Hayley, Idaho (M. D. or other)

Date 4/17/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 30 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1294  
Local Reg. No. 17  
Reg. Dist. No. 410

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Gannett  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home? ☒ Hospital? ☒ Institution? ☒ Other place? ☒  
(f) Name Hosp. or Inst. ✓ Stayed ..... days  
(g) Lived in this county 2 1/2 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Gannett  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 2 1/2 years  
(h) Former residence (city, state) Hansen

## 3. (a) FULL NAME

Maurice Calvin Kinn

094A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex m race w  
5. Color or divorced married  
6. (b) Name of husband or wife Lorna  
6. (c) Age of husband or wife if alive 47 years

## 7. Date of Birth (Month, Day, Year)

Jan. 29, 1901

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>2</u>	<u>23</u>	hrs min.

## 9. Exact Occupation

lec-keeper

Did this work for 27 yrs.

## 10. Industry or Business

Columbus, Kansas

Date last worked 4-22-48

## 11. Birthplace (City or town) (State or foreign country)

Edwards, Kansas

Edwards, Kansas

## 12. Name (City or town) (State or foreign country)

Edward Kinn

Edwards, Kansas

## 13. Birthplace (City or town) (State or foreign country)

unknown

unknown

## 14. Maiden name (City or town) (State or foreign country)

Mary Conway

unknown

## 15. Birthplace (City or town) (State or foreign country)

unknown

unknown

## 16. Informant's OWN Signature and Address

L. Kinn

Gannett, Idaho

## 17. (a) (Burial, cremation or removal) (b) Date thereof (Month) (Day) (Year)

buried

4-26-48

## 18. Funeral Director's OWN Signature and Address

Robert H. Wright

Blaine, Idaho

## 19. (a) (Date received and filed) (b) (Registrar's signature)

4-28-48

Robert H. Wright

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

April 22, 1948  
at 7:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h. ✓ alive on 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death (Duration)

Coronary thrombosis 1/2 hour

## Due to

## Due to

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted? Name of operation Date

## Major finding

## Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

## Occurred 19..... City, county, state where violence occurred

## Place of Violence: Home Farm Industry

## Public Place While at work?

## Means of injury

## 23. Attendant's OWN Signature and Address (M. D. or other)

Robert H. Wright Blaine, Idaho 4/22/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1295**  
Local Reg. No. **8**  
Reg. Dist. No. **410**

MAY 17 1948

## 1. PLACE OF DEATH

- (a) County **Blaine**  
(b) City or town **Hailey**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Hailey Clinic** Stayed **2.1** days  
(g) Lived in this county **5 1/2** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Blaine**  
(c) City or town **Hailey, Idaho**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A**  
(g) How long had deceased lived in Idaho? **3.4** years  
(h) Former residence (city, state) **Mendell**

## 3. (a) FULL NAME

**Everett Emmeth Simpson**

**130X**

3. (b) If veteran, name war ☒ No. ☒  
5. Color or ☒ race **w**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Dona**  
6. (c) Age of husband or wife if alive **39** years  
7. Date of Birth (Month, Day, Year) **April 24, 1908**

8. AGE	Years	Months	Days	If less than 1 day
	<b>40</b>	<b>0</b>	<b>4</b>	hrs min.

9. Exact Occupation **Tavern-keeper** Did this work for **4** yrs.  
10. Industry or Business **Palmer County, Mo.** Date last worked **1-15-48**  
11. Birthplace **Palmer County, Mo.** (City or town) (State or foreign country)

- Mother Father  
12. Name **John Francis Simpson**  
13. Birthplace **Mo.** (City or town) (State or foreign country)  
14. Maiden name **Susan Randolph**  
15. Birthplace **Mo.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Wallace Simpson**  
and Address **Hailey, Idaho**

17. (a) **burial** (b) Date thereof **5-1-48**  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: **Mendell, Idaho**

18. Funeral Director's OWN Signature **Dona J. Harris**  
and Address **Hailey, Idaho**

19. (a) **5-13-1948** (b) **Robert A. Wright**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 28 1948**  
at **3:15** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **4-12 1948** to **4-28 1948**  
I last saw him alive on **4-28 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**uremia** Duration **48 hrs.**

Due to **Acute Glomerulonephritis** Jan 1948 to 4/28/48

Due to **Terminal Pneumonia**  
Other conditions (Include pregnancy within 3 months of death) **12 hrs.**

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry  
Public Place ..... While at work?  
Means of injury **S. W. Fox**

23. Attendant's OWN Signature **S. W. Fox**  
and Address **Hailey, Ida** Date **4/29 1948**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1296  
Local Reg. No. 33  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 1001 Poplar St  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 40 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 1001 Poplar St  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

HARRY LEE PRATER

3. (b) If veteran, name war None 3. (c) Social Security No. 519-10-5739  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife if alive Bernice Prater 6. (c) Age of husband or wife if 52 years  
7. Date of Birth April 27, 1890  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>11</u>	<u>0</u>	hrs min.

9. Exact Occupation Woodsman Did this work for life yrs.  
10. Industry or Business Logging Date last worked 1947  
11. Birthplace Southwest City, Missouri  
(City or town) (State or foreign country)

12. Name Isaac Prater  
13. Birthplace Kentucky  
(City or town) (State or foreign country)  
14. Maiden name Rhoda Wilson  
15. Birthplace Virginia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Isaac Prater  
and Address Sandpoint Idaho

17. (a) Burial (b) Date thereof Mar. 30, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Pinecrest Cemetery, Sandpoint, Idaho

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO

19. (a) March 30, 1948 (b) Spencer E. Moon  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 27th 1948  
(Month, Day, Year) at 7:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 1 1948 to March 27 1948  
I last saw him alive on March 26 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chronic myocarditis 14 yrs  
Due to

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury Wm F. Tyler MD

23. Attendant's OWN Signature Wm F. Tyler MD  
(M.D. or other)  
and Address Sandpoint, Idaho Date 3-30-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1297  
Local Reg. No. 4  
Reg. Dist. No. 119

MAY 12 1948

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 602 N. 4th Ave  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 20 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 602 N. 4th Ave  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) city or town

## 3. (a) FULL NAME

CHARLES H. WOLFF

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if alive ? years  
7. Date of Birth December 15th. 1869  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>2</u>	<u>17</u>	hrs min.

9. Exact Occupation Justice Peace Did this work for 10 yrs.  
10. Industry or Business Retired Date last worked ?  
11. Birthplace Middle Grove, Missouri  
(City or town) (State or foreign country)  
Mother Father { 12. Name no record  
13. Birthplace no record  
(City or town) (State or foreign country)  
14. Maiden name no record  
15. Birthplace no record  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Robert Young  
and Address Sandpoint, Idaho.

17. (a) Burial (b) Date thereof Apr. 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pinecrest Cemetery

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO.

19. (a) Apr. 4, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 2, 19 48  
(Month, Day, Year) at 10:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1948 to Apr 2, 1948  
I last saw him alive on Apr 1, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Suppurative Pneumonia Duration 1 yr.

Chronic Myocarditis 1 yr.

Arterio Sclerosis 5 yr.

Due to Arterio Sclerosis

Due to Arterio Sclerosis

Other conditions Arterio Sclerosis

(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation Underline

Major finding the cause to which death should be charged statistically.

Finding of autopsy statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ? Suicide? ? Homicide? ?

Occurred 19 City, county, state

where violence occurred ?

Place of Violence: Home ? Farm ? Industry ?

Public Place ? While at work? ?

Means of injury ?

23. Attendant's OWN Signature Wm F. Tyler M.D.

and Address Sandpoint, Idaho Date Apr 4, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1298**  
Local Reg. No. **38**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

(a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Community** Stayed **1** days  
(g) Lived in this county **37** years **3** months **3** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Kootenai**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **37** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**PETER JAY MILLER**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **536-05-4563**  
5. Color or 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Minnie Miller** 6. (c) Age of husband or wife if alive **38** years  
7. Date of Birth **December 9, 1879**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>68</b>	<b>3</b>	<b>25</b>	hrs min.

9. Exact Occupation **Woodsmen** Did this work for **Life** yrs.  
10. Industry or Business **Logging** Date last worked **?**  
11. Birthplace **Sheboygan, Michigan.**  
(City or town) (State or foreign country)

12. Name **Moses Miller**  
13. Birthplace **Syracuse, New York.**  
(City or town) (State or foreign country)  
14. Maiden name **Amanda Passino**  
15. Birthplace **Syracuse, New York.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. L. L. Luthers**  
and Address **Sultan, Washington.**

17. (a) **Burial** (b) Date thereof **Apr. 8, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO.**

19. (a) **Apr. 8, 1948** (b) **Lawrence L. Moon**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **April 4th.** 19 **48**  
(Month, Day, Year) at **4:45** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **1938** to **April 4, 1948**  
I last saw him alive on **April 3, 1948** Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **CHRONIC VALVULAR HEART DISEASE** Duration **10 yrs**  
Due to **CARDIAC FAILURE** **24 hrs**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation **NONE** Date  
Major finding **NONE**  
Finding of autopsy **NONE**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature **Floyd G. Wendle**  
and Address **Sandpoint, Ida.** Date **4-9-1948**  
(For additional space, use reverse side)

092D

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census MAY 12 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1299  
Local Reg. No. 22  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

**Bonner**  
(a) County  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occurred Inside? **X** Outside? city or town  
(e) Died in a Home Hospital **X** Institution Other place  
(f) Name Hosp. or Inst. **Community** Stayed **5** days  
(g) Lived in this county **27** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Colburn**  
(d) Street Address or R.F.D. No. **Rural**  
(e) Deceased lived Inside? Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **27** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME FREDORICK PRESTON CRYSTAL

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or 6. (a) Single, widowed, married, divorced **widowed**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **--** 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) **June 26, 1870**

8. AGE	Years	Months	Days	If less than 1 day
	<b>77</b>	<b>9</b>	<b>16</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for **life** yrs.  
10. Industry or Business **Own Farm** Date last worked **3-30-48**  
11. Birthplace **Blair, Kansas.** (City or town) (State or foreign country)

12. Name **Fredorick Preston Crystal**  
13. Birthplace **Kansas.** (City or town) (State or foreign country)  
14. Maiden name **no record**  
15. Birthplace **no record** (City or town) (State or foreign country)

16. Informant's OWN Signature **Eaarl Crystal**  
and Address **Kootenai, Idaho.**

17. (a) **Burial** (b) Date thereof **Apr. 15, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO.**

19. (a) **Apr. 15, 1948** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D 111C

20. DATE OF DEATH **April 12th** 19 **48**  
(Month, Day, Year) at **8:45** o'clock **p.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Apr 9** 1948, to **Apr 12** 1948.  
I last saw him alive on **Apr 12** 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Hypostatic Pneumonia** Duration **5 days**

Due to **Chronic myocarditis** 2 yrs.

Due to **Arteriosclerosis** 5 yrs.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature **Wm F. Tyler M.D.**  
and Address **Sandpoint, Idaho** (City, county, state)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 27 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1300**  
Local Reg. No. **39**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **212 Main Street**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **0** years **1** months **0** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **212 Main Street**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **20** years  
(h) Former residence (city, state, country) **Bonnerr Ferry, Ida**

## 3. (a) FULL NAME **ROBERT ARCHIBALD MC MILLAN**

3. (b) If veteran, name war **None**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife ☐  
6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth **July 11, 1876**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>71</b>	<b>9</b>	<b>5</b>	hrs min.

9. Exact Occupation **Farmer Retired** Did this work for **life** yrs.  
10. Industry or Business **Own Farm** Date last worked **1946**  
11. Birthplace **Oconto, Wisconsin.**  
(City or town) (State or foreign country)  
12. Name **Archie Mc Millan**  
13. Birthplace **New Brunswick, Canada.**  
(City or town) (State or foreign country)  
14. Maiden name **Marian Campbell**  
15. Birthplace **Canada**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Jimmie Johnson**  
and Address **Ashland, Oregon. 116 Church St.**

17. (a) **Burial** (b) Date thereof **Apr. 20, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Bonnerr Ferry, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO.**

19. (a) **Apr. 20, 1948** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **April 16th** 19**48**  
(Month, Day, Year)  
at **9:45** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **19**, to **19**.  
I last saw h. alive on **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
**Natural Causes**

**Cerebral Hemorrhage**  
Due to **Expired suddenly**

Due to ☐  
Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy **none performed**

Duration ☐  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature **[Signature]** **CORONER**  
(M. D. or other)  
and Address **Sandpoint, Ida** Date **4/16** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census MAY 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1301**  
Local Reg. No. **44**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

(a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second Ave**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **COMMUNITY** Stayed **3** days  
(g) Lived in this county **30** years **0** months **0** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **413 Lake St.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME ELIZABETH B. PHINNEY

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Female** 6. (b) Name of husband or wife **--** 6. (c) Age of husband or wife if alive **--** years  
7. Date of Birth **August 13, 1870**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>77</b>	<b>8</b>	<b>11</b>	hrs min.

9. Exact Occupation **Retired Nurse** Did this work for **life** yrs.  
10. Industry or Business **Nursing Home** Date last worked **?**  
11. Birthplace **Fairbault, Minn.**  
(City or town) (State or foreign country)

12. Name **John Hardin Phinney**  
13. Birthplace **Ross Point, New York.**  
(City or town) (State or foreign country)  
14. Maiden name **Martha Brockway**  
15. Birthplace **Unknown New York.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **[Signature]**  
and Address **Sandpoint, Idaho**

17. (a) **Burial** (b) Date thereof **Apr. 27, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **[Signature]**  
and Address **SANDPOINT, IDAHO**

19. (a) **April 1, 1948** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 050X 111C

20. DATE OF DEATH (Month, Day, Year) **April 24th.** 19 **48**  
at **6:45** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Apr 10** 19 **48**, to **April 24** 19 **48**.  
I last saw h.e.r. alive on **April 24** 19 **48**; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Hypostatic pneumonia** Duration **2 days**

Due to **Carcinoma of right Breast** **1 year**

Due to **Other conditions**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Public**  
Name of operation **None** Date **---**

Major finding **---**  
Finding of autopsy **none**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **---** 19 **---** City, county, state

where violence occurred **---**  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury **---**  
23. Attendant's OWN Signature **[Signature]**

and Address **Sandpoint, Idaho** Date **Apr 27 19 48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1302**  
Local Reg. No. **45**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **Community** Stayed **56** days  
(g) Lived in this county **40** years **0** months **0** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **506 N. Forest**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**JAMES MADISON BISHOP**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth **August 25th. 1869**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>8</b>	<b>2</b>	hrs min.

9. Exact Occupation **Woodsman** Did this work for **1** life  
10. Industry or Business **Logging** Date last worked **2-29-48**  
11. Birthplace **Richmond, Iowa.** (City or town) (State or foreign country)  
Mother Father { 12. Name **Jacob Bishop**  
13. Birthplace **Buffalo Gap, Virginia.** (City or town) (State or foreign country)  
14. Maiden name **Eluned Sharp**  
15. Birthplace **Ohio** (City or town) (State or foreign country)

16. Informant's OWN Signature **O E Bishop**  
and Address **2028 Harrison-Davenport, Iowa.**

17. (a) **Burial** (b) Date thereof **Apr. 24, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO.**

19. (a) **Apr. 24, 1948** (b) **James Bishop**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **April 27, 1948**  
(Month, Day, Year) at **7:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Apr 27, 1948** to **Apr 27, 1948**  
I last saw him alive on **Apr 27, 1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Cerebral Thrombosis** Duration **8 hrs**

Due to **Arterio Sclerosis** 5 yrs.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Wm F Taylor MD**  
(M. D. or other)  
and Address **Sandpoint, Ida.** Date **Apr. 29, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1303  
Local Reg. No. 46  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 514 N. Second  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Community Stayed 15 days  
(g) Lived in this county 44 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 601 Euclid Ave  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME HILFRED L. THOMASON

3. (b) If veteran Spanish name was American  
5. Color or None  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Susan D.  
6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth June 10, 1877  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	70	10	17	hrs min.

9. Exact Occupation Agent Life Insurance Did this 18 yrs.  
10. Industry or Business Insurance Date last worked 12-1-47  
11. Birthplace Morris, Minn. (City or town) (State or foreign country)  
12. Name Thomas Thomason  
13. Birthplace Arendal, Norway (City or town) (State or foreign country)  
14. Maiden name Jorgine Baker Thomason  
15. Birthplace Dronnen, Norway (City or town) (State or foreign country)  
16. Informant's OWN Signature [Signature] and Address Sandpoint, Idaho  
17. (a) Burial (b) Date thereof Apr. 29, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho  
18. Funeral Director's OWN Signature [Signature] and Address MOON MORTUARY SANDPOINT, IDAHO  
19. (a) Apr. 29, 1948 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 27, 1948  
(Month, Day, Year)  
at 3:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1948 to Apr 27, 1948  
last saw him alive on Apr 27, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction Duration 10 days

Due to Chronic indurated 2 yrs.

Due to Arteriosclerosis 5 yrs.

Other conditions Diabetes (Include pregnancy within 3 months of death) 6 mos

Where was disease contracted?

Name of operation  Date  Major finding  Finding of autopsy  PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred  
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury   
23. Attendant's OWN Signature [Signature] (D. or other) and Address Sandpoint, Ida. Date 4-29 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1304**  
Local Reg. No. **47**  
Reg. Dist. No. **110**

MAY 12 1948

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **602 N. 4th Ave**  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **30** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **602 N. 4th Ave**  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**DOMINICO CASSILLI**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth **April 5th 1873**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>0</b>	<b>23</b>	hrs min.

9. Exact Occupation **Section Worker** Did this work for **life** yrs.  
10. Industry or Business **Logging Railroad** Date last worked **?**  
11. Birthplace **Italy**  
(City or town) (State or foreign country)

12. Name **no record**  
13. Birthplace **no record**  
(City or town) (State or foreign country)  
14. Maiden name **no record**  
15. Birthplace **no record**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Robert L. Young**  
and Address **Sandpoint Idaho**

17. (a) **Burial** (b) Date thereof **Apr. 30, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO.**

19. (a) **Apr 29, 1948** (b) **James C. Keen**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Apr 28** 19**48**  
(Month, Day, Year)  
at **3:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Apr 11, 1948** to **Apr 28, 1948**  
last saw him alive on **Apr 27, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Thrombosis** Duration **17 days**

Due to .....  
Due to **Arterio Sclerosis** **5 yrs.**  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature **Mr F. Tyler MD**  
(M. D. or other)  
and Address **Sandpoint, Idaho** Date **4-30-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1205**  
Local Reg. No. **36**  
Reg. Dist. No. **110**

**[APR 12 1948]**

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **R.F.D. 2**  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **31** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **R.F.D. 2**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **31** years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

**LUTHER JOSEPH CUNNINGHAM**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **518-01-3400**  
5. Color or 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Jessie Eleonore** 6. (c) Age of husband or wife alive **59** years  
7. Date of Birth **June 1, 1884**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>63</b>	<b>10</b>	<b>2</b>	hrs min.

9. Exact Occupation **Fireman** Did this work for **23** yrs.  
10. Industry or Business **Treating Plant** Date last worked **1943**  
11. Birthplace **Delano, Minnesota.**  
(City or town) (State or foreign country)

12. Name **Joe Cunningham**  
13. Birthplace **Maine**  
(City or town) (State or foreign country)  
14. Maiden name **Edith Mc Kee**  
15. Birthplace **no record**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Luther E. Cunningham**  
and Address **R.F.D. 2 Sandpoint, Idaho.**

17. (a) **Burial** (b) Date thereof **Apr. 6, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO**

19. (a) **Apr. 6, 1948.** (b) **Lawrence [Signature]**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **April 2, 1948** 19  
at **10:40** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **March 17, 1948**, to **April 2, 1948**.  
I last saw h.i.m. alive on **April 2, 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Coronary Thrombosis** Duration **17 days**  
Due to **arteriosclerosis** **10 years**

Due to ☐  
Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Public** PHYSICIAN  
Name of operation **none** Date ☐  
Major finding ☐  
Finding of autopsy **Coronary Thrombosis by arterial (arteriosclerosis)** Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred ☐  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature **Wade D. Cornell, M.D.** (M. D. or other)  
and Address **Sandpoint, Ida** Date **4-6-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

APR 24 1948

STATE OF IDAHO

1948  
State File No. 1306  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Newport  
(c) Street Address or R.F.D. No. Rt. #4  
(d) Death Occured Inside? X Outside? X city or town  
(e) Died in a Home? X Hospital? X Institution? X Other place? X  
(f) Name Hosp. or Inst. X Stayed X days  
(g) Lived in this county X years X months X days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Newport, IDA  
(d) Street Address or R.F.D. No. Rt. #4  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? X  
(g) How long had deceased lived in Idaho? X years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Louis John Swannack

3. (b) If veteran, None name war None 3. (c) Social Security No. none  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Date of Birth (Month, Day, Year) Aug. 20, 1877

8. AGE	Years	Months	Days	If less than 1 day
<u>70</u>	<u>7</u>	<u>17</u>	<u>hrs</u>	<u>min.</u>

9. Exact Occupation Farmer Did this work for None yrs.

10. Industry or Business None Date last worked None

11. Birthplace Australia (City or town) (State or foreign country)

12. Name Wm. Swannack (City or town) (State or foreign country)

13. Birthplace Australia (City or town) (State or foreign country)

14. Maiden name None

15. Birthplace None (City or town) (State or foreign country)

16. Informant's OWN Signature Ralph S. Swannack

and Address Newport, Wash. Rt. #4

17. (a) Burial (b) Date thereof 4-15-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Newport, Washington

18. Funeral Director's OWN Signature B. E. Sherman

and Address Newport, Washington

19. (a) 4-15-48 (b) None (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 13 1948  
at 6 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from January 20 1948 to April 13 1948.  
Last saw him alive on April 10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 2 days

Due to Arteriosclerosis, generalized 20 yrs

Due to None

Other conditions None (Include pregnancy within 3 months of death)

Where was disease contracted? None

Name of operation None Date None

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None

Occurred None 19 None City, county, state

where violence occurred None

Place of Violence: Home None Farm None Industry None

Public Place None While at work? None

Means of injury None

23. Attendant's OWN Signature Robert W. Wernston M.D. (M. D. or other)  
and Address Newport, Wash. Date 4-15-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 30 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1307  
Local Reg. No. HT 6-48  
Reg. Dist. No. 112

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Old Town  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Old Town  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Charles Warner

094A

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or white 6. (a) Single, widowed, married, divorced unmarried  
4. Sex Male race white  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March 21, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>0</u>	<u>25</u>	hrs min.

9. Exact Occupation Retired Logger Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

12. Name unobtainable  
13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)  
14. Maiden name unobtainable  
15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

16. Informant's OWN Signature W. P. Booher  
and Address Newport, Wash.

17. (a) Buried (b) Date thereof 4-22-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: 9001 Cemetery, Newport Wash.

18. Funeral Director's OWN Signature W. E. Stamen  
and Address Newport

19. (a) 4-22-48 (b) F. A. Monch  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 16, 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to April 16 1948  
I last saw h \_\_\_\_\_ alive on not seen alive; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 2 minutes

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Robert Warr Winston MD  
and Address Newport Wash Date 4-22-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 27 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1308**  
Local Reg. No. **48**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sagle**  
(c) Street Address or R.F.D. No. **R.F.D. 1**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **33** years **7** months **7** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sagle**  
(d) Street Address or R.F.D. No. **R.F.D. 1**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **33** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME JOHN WILLIAM CALLEN

3. (b) If veteran, **None** name war  
3. (c) Social Security No. **518-12-9666**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Nina Grace** 6. (c) Age of husband or wife if alive **61** years  
7. Date of Birth **August 7, 1877**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>70</b>	<b>8</b>	<b>13</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for **Life** yrs.  
10. Industry or Business **Own Farm** Date last worked **4/19/48**  
11. Birthplace **Logan County, Illinois**  
(City or town) (State or foreign country)

12. Name **George William Callen**  
13. Birthplace **Virginia**  
(City or town) (State or foreign country)  
14. Maiden name **Margaret Ellen Harp**  
15. Birthplace **New York**  
(City or town) (State or foreign country)

16. Informant's **OWN** Signature **Mrs. Nina S. Callen**  
and Address **Sagle, Idaho. R.F.D. 1**

17. (a) **Burial** (b) Date thereof **Apr. 23, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Westmond, Idaho.**

18. Funeral Director's **OWN** Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO.**

19. (a) **Apr. 23, 1948** (b) **Registrar**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **April 20th** 19 **48**  
at **7:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **March 25, 1947**, to **April 20, 1948**.  
I last saw him alive on **April 19, 1948**; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Cardiac decompensation** Duration **1 year**  
**Chronic and acute**  
Due to **Arteriosclerotic and**  
**Hypertensive Cardio-vascular** years  
**Disease**

Other conditions  
(Include pregnancy within 3 months of death)

### Where was disease contracted?

Name of operation **Physician** Date **Underline the cause to which death should be charged statistically.**  
Major finding  
Finding of autopsy

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state  
where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

### Means of injury

23. Attendant's **OWN** Signature **Helene Peterson M.D.**  
(M.D. or other)  
and Address **Sandpoint, Idaho** Date **Apr 23, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

MAY 5 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1309  
Local Reg. No. 7-48  
Reg. Dist. No. 112

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Prest River  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Prest River Hosp. Stayed 35 days  
(g) Lived in this county 7 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Prest River, Ida.  
(d) Street Address or R.F.D. No. 909 Mrs. MacCaristo, Wood Mesa  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? seven years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Isaac Johnson

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

none

## 4. Sex male Color or race white

## 5. (a) Single, widowed, married, divorced single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Sept. 3 - 1877

## 8. AGE

Years

Months

Days

If less than 1 day

70

7

27

hrs.

min.

## 9. Exact Occupation

woods worker

## Did this work for \_\_\_\_\_ yrs.

7

## 10. Industry or Business

Cedar posts

## Date last worked

Mar. 26 - 1948

## 11. Birthplace

Stanislaus County, California

(City or town) (State or foreign country)

## 12. Name

William W. Johnson

## 13. Birthplace

Belfast, Ireland

(City or town) (State or foreign country)

## 14. Maiden name

Mary Borchers

## 15. Birthplace

Duchess County, New York

(City or town) (State or foreign country)

## 16. Informant's OWN Signature

Leslie J. Stauffer

## and Address

Prest River, Idaho

## 17. (a) Removal

Removal

## (b) Date thereof

May 3 1948

(Burial, cremation, or removal)

(Month) (Day) (Year)

## (c) Place

Sandpoint, Idaho

## 18. Funeral Director's OWN Signature

E. J. Stowell

## and Address

Scenic Point, Idaho

## 19. (a) 5-1-48

(Date received and filed)

## (b) F. A. Womack

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 30 1948

at 7:15 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Mar. 27

1948 to Apr. 30 1948

I last saw him alive on Apr. 30 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Carcinoma of liver

## Duration

2 yrs

Due to original site of cancer

Due to in first part of jejunum

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_

Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy as stated above

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

L. J. Stauffer M.D.

and Address \_\_\_\_\_

Prest River, Idaho

Date May 1, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 13 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1310**  
Local Reg. No. **29**  
Reg. Dist. No. **6/D**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 258 Broadway  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 26 years 7 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 258 Broadway  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) San Francisco, Cal.

## 3. (a) FULL NAME JANE LOUISE THOMPSON

3. (b) If veteran, name war No  
3. (c) Social Security No. None  
5. Color or race White  
6. (a) Single, widowed, married, divorced Wid.  
6. (b) Name of husband or wife alive years  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) January 11, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>1</u>	<u>8</u>	hrs min.

9. Exact Occupation Hotel manager Did this work for 30 yrs.  
10. Industry or Business Self Date last worked day, 47  
11. Birthplace Seattle, Washington  
(City or town) (State or foreign country)

12. Name Unknown Murphy  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's No relatives here, information supplied by telephone and various acquaintances.  
OWN Signature acqaintances.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 22, 1947  
(Month) (Day) (Year)  
(c) Place: San Francisco, Calif.

18. Funeral Director's Orlando C. Baker  
OWN Signature Idaho Falls, Idaho  
and Address Idaho Falls, Idaho

19. (a) 2/22/48 (b) Anna Budgie  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 19, 1948  
at 12:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1948, to Feb. 19, 1948  
I last saw her alive on Feb. 19, 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary Occlusion Duration 15 min

Due to Arteriosclerosis with myocardial damage 5 year

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date  
Major finding Underline the cause to which death should be charged statistically.  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19  
Occurred 19 City, county, state

where violence occurred Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury Attendant's  
OWN Signature OWN Signature (M. D. or other)

and Address Idaho Falls Date 22, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

948 1311  
State File No. ....  
Local Reg. No. 77  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Conneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home? ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 50 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State ..... (b) County .....  
(c) City or town .....  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

William Frederick Jones

095C

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or W.  
6. Sex M. race .....

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth  
(Month, Day, Year) Nov-1-1867-

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>0</u>	<u>4</u>	<u>15</u> hrs. min.

9. Exact Occupation laborer Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Almont, Michigan  
(City or town) (State or foreign country)

12. Name William F. Jones

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Mary Martha Cyster

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature State assistance Records

and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/48  
(Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Geo A. Williams

and Address Idaho Falls, Idaho

19. (a) 4/14/48 (Date received and filed) (b) Anna Bridges (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 16 - 1948  
(Month, Day, Year) at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw him ..... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Heart attack Duration .....

Due to .....

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....  
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Geo A. Williams (Coroner)

and Address Idaho Falls (M. D. or other) Date 3/17 1948

(For additional space, use reverse side)

220



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

MAY 17 1948

1948  
State File No. 1312  
Local Reg. No. 94  
Reg. Dist. No. 610

1. PLACE OF DEATH:
- (a) County Bonneville
  - (b) City or town Idaho Falls
  - (c) Street Address or R.F.D. No. Memorial Dr.
  - (d) Death Occurred Inside? ☒ Outside? ☐ city or town
  - (e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐
  - (f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 7 days
  - (g) Lived in this county 21.5 years 5 months 58 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho
  - (b) County Bonneville
  - (c) City or town Idaho Falls
  - (d) Street Address or R.F.D. No. Rt # 3
  - (e) Deceased lived Inside? ☒ Outside? ☐ city or town
  - (f) Citizen of what country? U.S.A.
  - (g) How long had deceased lived in Idaho? 21.5 years
  - (h) Former residence (city, state) Utah

3. (a) FULL NAME James Christensen

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_
4. Sex m race w
6. (b) Name of husband or wife Anne L. Christensen 6. (c) Age of husband or wife if alive 71 years
7. Date of Birth March 30, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>11</u>	<u>25</u>	hrs. min.

9. Exact Occupation Stockman Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Fountain Green, Utah (City or town) (State or foreign country)
- Father { 12. Name Christian Antone Christensen
13. Birthplace Denmark (City or town) (State or foreign country)
- Mother { 14. Maiden name Pelle Mand Rasmussen
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Roy Christensen and Address Rt # 1 Idaho Falls
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/48 (Month) (Day) (Year)
- (c) Place Taylor, Idaho
18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho
19. (a) 5/10/48 (Date received and filed) (b) Uma Bridger (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 25 1948  
at 2-15 o'clock a M.
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to 3-18 1948  
I last saw h. m alive on 3-25 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gastric-Intestinal Hemorrhage Duration 7 days

Due to Cause Unknown

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_
- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_
- Means of injury \_\_\_\_\_
23. Attendant's OWN Signature Paul H. Smith, M.D. and Address Selly, Utah Date 4-7 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1313  
Local Reg. No. 87  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sacred Heart Stayed 6 days  
(g) Lived in this county 37 years 5 months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Route # 5  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Chicago, Illinois

## 3. (a) FULL NAME

IDA JOSEPHENE HOLM

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ivar Holm

6. (c) Age of husband or wife if alive 61 years

7. Date of Birth (Month, Day, Year) July 27, 1933

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>8</u>	<u>0</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 37 yrs.

10. Industry or Business At home Date last worked 3/1/48

11. Birthplace Vastergotland Sweden  
(City or town) (State or foreign country)

Father { 12. Name Frederick Johnson

13. Birthplace Sweden  
(City or town) (State or foreign country)

Mother { 14. Maiden name Unknown

15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ivar Holm  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof March 30, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Orlando L. Beck

and Address Idaho Falls, Idaho

19. (a) 5/7/48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 27 1948  
(Month, Day, Year) at 1:22 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 3/27 1948 to 3/27 1948

I last saw h. ew alive on March 27 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chc. Tuberculosis Duration \_\_\_\_\_  
Cystonephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chc. Cholecystitis  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation Nephrectomy

Major finding T.B. Cystonephritis

Finding of autopsy ✓

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature G. P. Anderson

and Address Idaho Falls, Idaho (M or other) 4/6 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1314**  
Local Reg. No. **95**  
Reg. Dist. No. **610**

1. PLACE OF DEATH
- (a) County **Bonneville**
  - (b) City or town **Idaho Falls**
  - (c) Street Address or R.F.D. No. **Memorial Dr.**
  - (d) Death Occurred Inside? ☒ Outside? ☐ city or town
  - (e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐
  - (f) Name Hosp. or Inst. **245. Hosp.** Stayed **10** days
  - (g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Bonneville**
  - (c) City or town **Idaho Falls**
  - (d) Street Address or R.F.D. No. **397-P**
  - (e) Deceased lived Inside? ☒ Outside? ☐ city or town
  - (f) Citizen of what country? **U.S.A.**
  - (g) How long had deceased lived in Idaho? **60** years
  - (h) Former residence (city, state) **Missouri**

3. (a) FULL NAME **James H. Mosby**

3. (b) If veteran, name war ☐ 3. (c) Social Security No. ☐

4. Sex **M** 5. Color or race **W.** 6. (a) Single, widowed, married **divorced**
6. (b) Name of husband or wife **Elizabeth S. Mosby** 6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) **April 25, 1959**

AGE	Years	Months	Days	If less than 1 day
	<b>88</b>	<b>11</b>	<b>5</b>	hrs. min.

9. Exact Occupation **spinner** Did this work for ☐ yrs.

10. Industry or Business **Idaho Falls, Idaho** Date last worked ☐

11. Birthplace **Idaho Falls, Idaho** (City or town) (State or foreign country)

Father { 12. Name **not known**

13. Birthplace **not known** (City or town) (State or foreign country)

Mother { 14. Maiden name **not known**

15. Birthplace **not known** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Janet Edwards** and Address **Idaho Falls, Idaho**

17. (a) **Burial** (b) Date thereof **5/16/48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Idaho Falls, Pres. Hill Cemetery**

18. Funeral Director's OWN Signature **Jack A. Wood** and Address **Idaho Falls, Idaho**

19. (a) **5/16/1948** (b) **Anna Bridges** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **April 1** 19 **48**  
(Month, Day, Year) at **7-55** o'clock **a.**M.

21. I HEREBY CERTIFY, that I attended deceased from **20 May 48** to **1 Apr 48**

I last saw h. **in** alive on **31 Mar 48** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Bronchopneumonia** Duration **10 days**

Due to **Senility**

Due to ☐

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation **None** Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically:

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature **Robert J. Gull**

and Address **Idaho Falls, Idaho** 19 **48**  
(For additional space, use reverse side)

# Certificate of Death

MAY 17 1948

STATE OF IDAHO

State File No. 1315  
 Local Reg. No. 88  
 Reg. Dist. No. 610

## OF DEATH:

City Bonneville  
 town Idaho Falls

Address or R.F.D. No.

Occurred Inside? ☒ Outside? ☐ city or town  
 died in a Home ☐ Hospital ☒ Institution ☐ Other place

(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 1 days

(g) Lived in this county 13 years 3 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
 (c) City or town Idaho Falls  
 (d) Street Address or R.F.D. No. 1020 Lake Avenue  
 (e) Deceased lived Inside? ☒ Outside? ☐ city or town  
 (f) Citizen of what country? United States  
 (g) How long had deceased lived in Idaho? 62 years  
 (h) Former residence (city, state) Blackfoot, Ida.

## 3. (a) FULL NAME

WENDELL DAVIDSON GAGON

3. (b) If veteran, name war None

3. (c) Social Security No. 519-09-2278

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Nielsen Gagon

6. (c) Age of husband or wife if alive 60 years

Date of Birth March 21, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>0</u>	<u>11</u>	hrs. min.

9. Exact Occupation Abstractor Did this work for 13 yrs.

10. Industry or Business Abstract and Title Date last worked 3/8/48

11. Birthplace Springfield Illinois  
 (City or town) (State or foreign country)

12. Name George F. Gagon

13. Birthplace East St. Louis Missouri  
 (City or town) (State or foreign country)

14. Maiden name Margaret Josephine Davidson

15. Birthplace Pike County Illinois  
 (City or town) (State or foreign country)

16. Informant's OWN Signature Ida Gagon  
 and Address Idaho Falls, Idaho

17. (a) Removal (b) Date thereof Apr. 5, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Blackfoot, Idaho

18. Funeral Director's OWN Signature Olend C. Buck

and Address Idaho Falls, Idaho

19. (a) 4-5-48 (b) Anna Bridgus  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 2  
 (Month, Day, Year) 19 48

at 6:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Apr 1 19 48 to Apr 2 19 48

I last saw Apr 2 alive on Apr 2 19 48  
 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion Duration 1 day

Due to Myocarditis ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
 Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

23. Attendant's OWN Signature Ida Gagon

(M. D. or other)

and Address Idaho Falls, Idaho Date 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 18 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1316  
Local Reg. No. 73  
Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonnerille  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Dr.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. L.H.S. Hosp. Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonnerille  
(c) City or town Idaho  
(d) Street Address or R.F.D. No. Idaho  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

Linda Roff

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced ☒

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) April 2, 1948

8. AGE	Years	Months	Days	If less than 1 day
				6 hrs. min.

9. Exact Occupation Infant Did this work for ☐ yrs.

10. Industry or Business Idaho Falls Date last worked Idaho

11. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

12. Name Penelope P. Roff

13. Birthplace Lincoln (City or town) Idaho (State or foreign country)

14. Maiden name Margaret Gibson

15. Birthplace Mid Placant, Utah (City or town) Utah (State or foreign country)

16. Informant's OWN Signature Kenneth Roff and Address Idaho Falls

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/48 (Month) (Day) (Year)

(c) Place Idaho Falls, Rose Hill Cemetery

18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho

19. (a) 4/1/48 (Date received and filed) (b) Laura Budger (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 2 19 48  
at 9 a clock 1 M.

21. I HEREBY CERTIFY, That I attended deceased from 4-2 19 48 to 4-2 19 48

I last saw h.e.r. alive on 4-2 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Prematurity - 6.5 months gestation

Due to ☐

Due to ☐

Other conditions ☐ (Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature St. Swales M.D. (M. D. or other)

and Address Idaho Falls Date 4-5 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1317**  
Local Reg. No. **90**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 12 days  
(g) Lived in this county \_\_\_\_\_ 0 years \_\_\_\_\_ 0 months 12 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Clark  
(c) City or town Dubois  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? Ireland  
(g) How long had deceased lived in Idaho? Abt. 30 years  
(h) Former residence (city, state) East Walpole, Mass.

## 3. (a) FULL NAME

MARTIN COYNE

3. (b) If veteran, name war \_\_\_\_\_ None  
5. Color or \_\_\_\_\_  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ None  
3. (c) Social Security No. \_\_\_\_\_ None  
6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) September 23, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>6</u>	<u>11</u>	hrs. min.

9. Exact Occupation Herdsmen Did this work for 30 yrs.  
10. Industry or Business Livestock Date last worked March '48  
11. Birthplace County Galway Ireland  
(City or town) (State or foreign country)

- Father { 12. Name Martin Kyne  
13. Birthplace Ireland  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Barbara Berry  
15. Birthplace Ireland  
(City or town) (State or foreign country)

16. Informant's Information secured from alien registration papers and birth certificate  
OWN Signature ees  
and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Apr. 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's Orland L. Beck  
OWN Signature \_\_\_\_\_  
and Address Idaho Falls, Idaho

19. (a) 5/4/48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 4 19 48  
(Month, Day, Year) at 12:35 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 22 March 19 48, to 3 April 19 48  
I last saw him alive on 3 April 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Hypostatic Pneumonia  
Left Hemiplegia  
Due to Rheumatic Heart Disease  
with Auricular fibrillation

Duration  
2 days

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's John E. Worlton, M.D.  
OWN Signature \_\_\_\_\_ (M. D. or other)  
and Address Idaho Falls, Ida Date 10 April 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 17 1948

CERTIFICATE OF DEATH  
STATE OF IDAHO

State File No. **1318**  
Local Reg. No. **76**  
Reg. Dist. No. **10**

1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R. F. D. No. Memorial Dr.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. L.D.S. Stayed 17 days  
(g) Lived in this county years months 17 days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R. F. D. No. 1  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) If foreign born, in U. S. 10 yrs. Citizen of U. S.?  
(g) How long had deceased lived in Idaho? 10 Mo. years  
(h) Former residence (city, state) None

3. (a) FULL NAME

KENNETH DALE HEBERTSON.

3. (b) If veteran, name war ☒ 3. (c) Social Security No. ☒  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male  
6. (b) Name of husband or wife X 6 (c) Age of husband or wife if alive X years  
7. Date of Birth (Month, Day, Year) June 6, 1947

AGE	Years	Months	Days	If less than 1 day
	0	9	30	hrs min.

9. Exact Occupation Babe Did this work for X yrs.  
10. Industry or Business X Date last worked X  
11. Birthplace Rigby, Idaho.  
(City or town) (State or foreign country)

- Father { 12. Name Christian Dale Hebertson  
13. Birthplace Shelley, Idaho.  
(City or town) (State or foreign country)

- Mother { 14. Maiden name Jeannette Cole.  
15. Birthplace Leadore, Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Jeannette Hebertson  
and Address Rigby, Idaho. R. #1

17. (a) burial (b) Date thereof 4/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Milo, Idaho.

18. Funeral Director's OWN Signature C. Beckersell  
and Address Rigby, Idaho.

19. (a) 4/12/48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 5 1948  
at 9:50 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from March 10 1948 to April 5 1948  
I last saw him alive on April 5 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Hemorrhagic Nephritis Duration 3 weeks

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? at home PHYSICIAN  
Name of operation none Date  
Major finding  
Finding of autopsy not performed  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred 19 City, county, state where violence occurred.  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury  
23. Attendant's OWN Signature Carol Tall, m.e. (M. D. or other)  
and Address Rigby, Idaho. Date 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1319  
Local Reg. No. 92  
Reg. Dist. No. 61D

1. PLACE OF DEATH
- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial ch.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. L.P.S. Hosp. Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in three)
- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 938 ada  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

3. (a) FULL NAME Velda Huff Irwin

3. (b) If veteran, name war ☐ 3. (c) Social Security No. 1450

4. Sex F 5. Color or race w  
6. (a) Single, widowed ☒ married ☐ divorced ☐

6. (b) Name of husband or wife Male Irwin 6. (c) Age of husband or wife if alive 31 years

7. Date of Birth May 31, 1918  
(Month, Day, Year)

8. AGE 29 Years 10 Months 6 Days If less than 1 day hrs. min.

9. Exact Occupation Housewife Did this work for ☐ yrs.

10. Industry or Business Alberta, Canada Date last worked ☐

11. Birthplace Alberta, Canada  
(City or town) (State or foreign country)

12. Name Steve Huff

13. Birthplace Coalville, Utah  
(City or town) (State or foreign country)

14. Maiden name Hazel

15. Birthplace Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Steve Irwin

- and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 4/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Rose Hill, Idaho Falls, Idaho

18. Funeral Director's OWN Signature Jack A. Wood

- and Address Idaho Falls, Idaho

19. (a) 5/15/48 (b) Anna Budgis  
(Date received and filed) (Registrar's signature)

- MEDICAL CERTIFICATE OF DEATH
20. DATE OF DEATH April 6 19 48  
(Month, Day, Year) at 9 o'clock a M.

21. I HEREBY CERTIFY that I attended deceased from 9-28 1947 to 4-6 1948  
I last saw h. er alive on April 6 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Pulmonary Embolism

Due to Uterine Thrombosis

Following Cesarean Section

Due to Pregnancy + Ruptured uterus

Other conditions Legionnaires - P.H. neg. Chlamydia  
(Include pregnancy within 3 months of death)

+ Pregnancy (7 1/2 mo)

Where was disease contracted? Home

Name of operation Cesarean Section Date 3-23-48

Major finding Ruptured uterus - Legionnaires

Finding of autopsy ☐

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature Dr. Carlett, M.D.  
(M. D. or other)

and Address Idaho Falls, Ida Date 4-14-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1320  
Local Reg. No. 96  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County... Bonneville  
(b) City or town... Edsall Falls  
(c) Street Address or R.F.D. No. 147 Ash  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital Institution... Other place...  
(f) Name Hosp. or Inst. David Bent Stayed... days  
(g) Lived in this county... years... months... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State... Idaho (b) County... Bonneville  
(c) City or town... Edsall Falls  
(d) Street Address or R.F.D. No. 147 Ash  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state)... Illinois

## 3. (a) FULL NAME

Myrtle Mae Bridges Cox

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex... F 5. Color or race... W

6. (a) Single, widowed, married, divorced... married

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive... years

## 7. Date of Birth (Month, Day, Year)

March 28, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>		<u>11</u>	hrs. min.

9. Exact Occupation... Housewife Did this work for... yrs.

10. Industry or Business... Washington, Illinois Date last worked...

11. Birthplace... Washington, Illinois (City or town) (State or foreign country)

12. Name... Myrtle M. Bridges

13. Birthplace... Illinois (City or town) (State or foreign country)

14. Maiden name... Ella Ellis

15. Birthplace... Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature... Idaho Falls, Idaho and Address...

17. (a) Burial (b) Date thereof... 4/12/48 (Month) (Day) (Year)

- (c) Place of burial... Free Will Cemetery Idaho Falls, Idaho

18. Funeral Director's OWN Signature... W. R. Abbott M.D. and Address...

19. (a) 5/10/48 (b) Anna Bridges (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 8 19 48  
at 4-30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 8 19 48 to Apr 8 19 48

I last saw her alive on Apr 8 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration

Due to...

Due to...

Other conditions... Carcinoma of cervix 6 mo  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operating physician... W. R. Abbott M.D. Underline the cause to which death should be charged statistically.

Major finding... Carcinoma cervix

Finding of autopsy...

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred... 19... City, county, state where violence occurred...

Place of Violence: Home... Farm... Industry...

Public Place... While at work?

Means of injury...

23. Attendant's OWN Signature... W. R. Abbott M.D. and Address... Idaho Falls, Idaho Date 4-14 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

MAY 17 1948

STATE OF IDAHO

1948  
State File No. 1321  
Local Reg. No. 75  
Reg. Dist. No. 614

1. PLACE OF DEATH

(a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Rt # 2  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place ☒  
(f) Name Hosp. or Inst. ☒ Stayed ☒ days  
(g) Lived in this county ☒ years ☒ months ☒ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Rt # 2  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? ☒ years  
(h) Former residence (city, state) ☒

3. (a) FULL NAME Alice Simmons Jensen

3. (b) If veteran, name war ☒ 3. (c) Social Security No. 100 B

4. Sex M 5. Color or race W  
6. (b) Name of husband or wife Pete H. Jensen 6. (c) Age of husband or wife if alive ☒ married ☒ divorced  
7. Date of Birth March 8, 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>1</u>		hrs. min.

9. Exact Occupation Housewife Did this work for ☒ yrs.  
10. Industry or Business None Date last worked ☒

11. Birthplace Ucon, Idaho (City or town) (State or foreign country)

12. Name A. B. Simmons

13. Birthplace Utah (City or town) (State or foreign country)

14. Maiden name Sarah Jane Starkby

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Mina J. Briggs and Address England

17. (a) Burial (b) Date thereof 4/11/48 (Month) (Day) (Year)

(c) Place Ucon, Idaho

18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho

19. (a) 4-11-48 (Date received and filed) (b) Miss A. Briggs (Registrar's signature)

20. DATE OF DEATH (Month, Day, Year) April 8, 1948  
at 10:30 clock a M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Embolism Duration 1 hr.

Due to Phlebitis 2 weeks

Due to Varicose Veins of leg years

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation None Date None

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☒ Homicide? ☒

Occurred 19 City, county, state where violence occurred Idaho Falls, Idaho

Place of Violence: Home ☒ Farm ☒ Industry ☒

Public Place ☒ While at work? ☒

Means of injury None

23. Attendant's OWN Signature Joseph M. Heltz M.D.

and Address Idaho Falls, Idaho Date 13 April 1948

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON-RESIDENT Certificate of Death

MAY 17 1948

STATE OF IDAHO

1948. 1322  
State File No. 74  
Local Reg. No. 610  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Stayed 4 days  
(g) Lived in this county 0 years 1 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State N. Dakota (b) County Pembiana  
(c) City or town Walhalla  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 1/12 years  
(h) Former residence (city, state) Olga, N. Dakota

## 3. (a) FULL NAME

IDA PHILOMEME PLANT

3. (b) If veteran, name war No

3. (c) Social Security No. 502-18-6030

5. Color or  
4. Sex Female race White

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife  
None

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) September 2, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>7</u>	<u>6</u>	hrs. min.

9. Exact Occupation Practical nurse Did this work for 10 yrs.

10. Industry or Business Private Residences Date last worked Feb. 48

11. Birthplace Olga, North Dakota  
(City or town) (State or foreign country)

12. Name Majorique Plant

13. Birthplace Canada  
(City or town) (State or foreign country)

14. Maiden name Louise Gravline

15. Birthplace Mass.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Arthur Plant  
and Address Olga, North Dakota

17. (a) Removal (b) Date thereof Apr. 9, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Walhalla, North Dakota

18. Funeral Director's OWN Signature Olga T. Smith

and Address Idaho Falls, Idaho

19. (a) 4-8-1948 (b) Diana Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) April 8, 1948

at 7:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Apr 5 1948 to Apr 8 1948

I last saw him or her alive on Apr 8 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration 4 days

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Arthur Plant

(M. D. or other)

and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

MAY 17 1948

STATE OF IDAHO

1948 . 1323  
State File No. ....  
Local Reg. No. 78  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Sonneville  
(b) City or town Elshs Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home.....Hospital.....Institution.....Other place.....  
(f) Name Hosp. or Inst.....Stayed.....days  
(g) Lived in this county.....years.....months.....days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State..... (b) County.....  
(c) City or town.....  
(d) Street Address or R.F.D. No.....  
(e) Deceased lived Inside?.....Outside?.....city or town  
(f) Citizen of what country?.....  
(g) How long had deceased lived in Idaho?.....years  
(h) Former residence (city, state).....

## 3. (a) FULL NAME

Mrs Anna Marie Andersen Gubbransen 06/12

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Olaf Gubbransen

6. (c) Age of husband or wife if alive.....years

7. Date of Birth (Month, Day, Year) January 3, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>3</u>	<u>8</u>	hrs. min.

9. Exact Occupation Housewife Did this work for.....yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace Kongsvinger, Norway  
(City or town) (State or foreign country)

12. Name Olaf Andersen

13. Birthplace Norway  
(City or town) (State or foreign country)

14. Maiden name Randine Brunesen

15. Birthplace Norway  
(City or town) (State or foreign country)

16. Informant's OWN Signature Olaf M. Gubbransen  
and Address Elshs Falls, Idaho

17. (a) Removal (b) Date thereof 4-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Thatcher, Idaho

18. Funeral Director's OWN Signature Leo J. Williams  
and Address Elshs Falls, Idaho

19. (a) 4/14/48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 11 19 48  
at 2:25 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 2-1-48 to 4-11-48

I last saw h.....alive on.....19.....

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Insular coma

## Duration

Due to Diabetes mellitus

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation..... Date.....

Major finding.....  
Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred.....19..... City, county, state where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature John Hatten M.D.

and Address Elshs Falls Date 4-12-48  
(M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
MAY 17 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1324  
Local Reg. No. 97  
Reg. Dist. No. 610

1. PLACE OF DEATH  
(a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Thermans str.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. U.S. Hosp Stayed days  
(g) Lived in this county years months days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 127 # 2  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) years

3. (a) FULL NAME Jerry S. Oswald  
3. (b) If veteran, name war 3 (c) Social Security No. 159X  
4. Sex M 5. Color or race W  
6. (a) Name of husband or wife Single (b) Age of husband or wife if alive years  
7. Date of Birth April 13, 1948  
8. AGE Years Months Days If less than 1 day  
12 hrs. min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Idaho Falls Idaho  
(City or town) (State or foreign country)  
12. Name Ellen W. Oswald  
13. Birthplace Grant, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Louise Searle  
15. Birthplace Idaho  
(City or town) (State or foreign country)  
16. Informant's OWN Signature Ellen W. Oswald  
and Address Idaho Falls #2  
17. (a) Burial (b) Date thereof 4/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Grant Idaho  
18. Funeral Director's OWN Signature Jack A. Wood  
and Address Idaho Falls Idaho  
19. (a) 5/10/48 (b) Quincy Bridger  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) April 14 19 48  
at 2 o'clock a. M.  
21. I HEREBY CERTIFY, That I attended deceased from 4-13-48  
19 48 to 4-14 19 48.  
I last saw him alive on 4-14 19 48.  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Pneumonia (6 mos. gestation) Duration  
Due to Due to  
Due to Other conditions  
(Include pregnancy within 3 months of death)  
Where was disease contracted? Physician  
Name of operation Date Underline the cause to which death should be charged statistically  
Major finding Finding of autopsy  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred.  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury Attendant's  
OWN Signature E. C. Erickson M.D.  
(M. D. or other)  
and Address Idaho Falls Date 4-14 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1325  
Local Reg. No. 81  
Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Donnerville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 349 - K St  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 32 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Donnerville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 349 - K St  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long has deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Idaho Falls, Idaho

## 3. (a) FULL NAME

Mr. Earl Walter Simpson

030D

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife  Dorothy Eppson

6. (c) Age of husband or wife if alive 48 years

7. Date of Birth (Month, Day, Year) April 14 - 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>0</u>	<u>2</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 48 yrs.

10. Industry or Business Montpelier Idaho Date last worked 4/20/48

11. Birthplace Montpelier Idaho (City or town) (State or foreign country)

12. Name Charles W. Simpson (City or town) (State or foreign country)

13. Birthplace Sweden (City or town) (State or foreign country)

14. Maiden name Olga Norwood (City or town) (State or foreign country)

15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Ellen Van Orden

and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/48 (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Leo A. Williams

and Address Idaho Falls, Idaho

19. (a) 4/26/48 (Date received and filed) (b) Anna Bridges (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 16 19 48  
at 7:45 o'clock P. M.

21. I HEREBY CERTIFY That I attended deceased from 3/20/48 to 4/10/48 19 48

I last saw him alive on 4/10 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ruptured aortic aneurism Duration

Due to Ruptured aortic aneurism

Due to Ruptured aortic aneurism

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Dissecting Date 4/20/48

Major finding Ruptured aortic aneurism

Finding of autopsy Dissecting

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 4/16/48 19 48 City, county, state Idaho Falls, Idaho

where violence occurred Idaho Falls, Idaho

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Dissecting

23. Attendant's OWN Signature R. P. Soderquist

and Address Idaho Falls, Idaho Date 4/22/48 19 48  
(For additional space, use reverse side)

245

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 17 1948

# CERTIFICATE OF DEATH

STATE OF IDAHO

1948  
State File No. 1326  
Local Reg. No. 84  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R. F. D. No. Memorial Dr.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. L.I.S. Stayed        days  
(g) Lived in this county        years        months 1 days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Menan  
(d) Street Address or R. F. D. No. 1 Lorenzo  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) If foreign born, in U. S.        yrs. Citizen of U. S.?         
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Salt Lake Co.

3. (a) FULL NAME EDWARD GERALD GUNDERSON.

3. (b) If veteran, name war X 3. (c) Social Security No. 519-12-6979  
5. Color or        6. (a) Single, widowed, married, single  
4. Sex Male race White divorced         
6. (b) Name of husband or wife X 6 (c) Age of husband or wife if alive X years  
7. Date of Birth (Month, Day, Year) Aug. 9, 1910

8. AGE	Years	Months	Days	If less than 1 day
	<u>37</u>	<u>8</u>	<u>9</u>	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.  
10. Industry or Business Farm Date last worked 4/13/48  
11. Birthplace Salt Lake Co. Utah. (City or town) (State or foreign country)

- Father { 12. Name Edward Casper Gunderson.  
13. Birthplace Menan, Idaho. (City or town) (State or foreign country)

- Mother { 14. Maiden name Rosetta Stay.  
15. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)

16. Informant's OWN Signature E.C. Gunderson  
and Address Lorenzo, Idaho. R. #1

17. (a) burial (b) Date thereof 4/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Annis, Idaho.

18. Funeral Director's OWN Signature Myself  
and Address Rigby, Idaho.

19. (a) 4/26/48 (b) Lina Bilgus  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 18 1948  
(Month, Day, Year)  
at 12:45 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from 4-15 1948, to 4-18 1948.  
I last saw him alive on 4-18 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Aspatic pneumonia Duration 15 hrs

Due to Pneumonia Rt lung?

Due to Septicemia  
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? Idaho PHYSICIAN

Name of operation        Date       

Major finding       

Finding of autopsy Probable lymph adenitis

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature Clayton B. Sigby MD  
and Address Rigby, Idaho. (M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1327  
Local Reg. No. 86  
Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 387. W. 19<sup>th</sup>  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in the)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 387. W. 19<sup>th</sup>  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 53 years  
(h) Former residence (city, state) Illinois

## 3. (a) FULL NAME

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) June 11, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>10</u>	<u>12</u>	hrs. min.

9. Exact Occupation Retired Did this work for ☐ yrs.

10. Industry or Business Illinois Date last worked ☐

11. Birthplace (City or town) (State or foreign country)

12. Name Richard H. Gancey

13. Birthplace (City or town) (State or foreign country)

14. Maiden name Leilika Smith

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Grace Covert

and Address Idaho Falls, Idaho

17. (a) Buried (b) Date thereof 4/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho

18. Funeral Director's OWN Signature Jack A. Wood

and Address Idaho Falls, Idaho

19. (a) 5/2/48 (b) Luma Tupper  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 23 19 48  
at 4 o'clock A.M.

21. I HEREBY CERTIFY, that I attended deceased from ☐ 19 ☐ to ☐ 19 ☐

I last saw h ☐ alive on ☐ 19 ☐; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Coronary Thrombus

Due to ☐

Due to ☐

Other conditions ☐

(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature Leo A. Sullivan

(M. D. or other)

and Address Idaho Falls Date 4/29 19 48

(For additional space, use reverse side)

000



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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MAY 5 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1328**  
Local Reg. No. **82**  
Reg. Dist. No. **610**

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Santerville**  
(b) City or town **Leah Falls**  
(c) Street Address or R.F.D. No. **292-6-19th**  
(d) Death Occurred Inside? **X** Outside? **city or town**  
(e) Died in a Home **X** Hospital **Institution** Other place **Other place**  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **47** years **months** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Santerville**  
(c) City or town **Leah Falls**  
(d) Street Address or R.F.D. No. **292-6-19th**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **47** years  
(h) Former residence (city, state) **Idaho**

3. (a) FULL NAME **Mrs Maria Hughes Williams 093D**

3. (b) If veteran, name war **3. (c) Social Security No.**

4. Sex **Female** Color or race **W**  
5. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Thomas B. Williams** 6. (c) Age of husband or wife if alive **years**

7. Date of Birth (Month, Day, Year) **January 23, 1877**

8. AGE	Years	Months	Days	If less than 1 day
	71	3	2	hrs. min.

9. Exact Occupation **Housewife** Did this work for **years**

10. Industry or Business **Santerville, Idaho** Date last worked **Idaho**

11. Birthplace **Santerville, Idaho** (City or town) (State or foreign country)

12. Name **Galliesen Hughes** (City or town) (State or foreign country)

13. Birthplace **South Idaho** (City or town) (State or foreign country)

14. Maiden name **Elizabeth Roberts** (City or town) (State or foreign country)

15. Birthplace **Idaho** (City or town) (State or foreign country)

16. Informant's OWN Signature **Charles R. Williams** and Address **Idaho**

17. (a) **Burial** (b) Date thereof **4-28-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Leah Falls, Idaho**

18. Funeral Director's OWN Signature **Geo A. Williams** and Address **Idaho**

19. (a) **4-26-48** (b) **Luna Budger** (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) **April 25 1948**  
at **8** o'clock **9** M.

21. I HEREBY CERTIFY, that I attended deceased from **6 am** 19 **48**, to **25 am** 19 **48**.  
I last saw h. **u** alive on **25 apr** 19 **48**.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic myocarditis** Duration

Due to **Arteriosclerosis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **at home**

Name of operation **none** Date

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **Swicide?** **Homicide?**

Occurred **19** City, county, state where violence occurred

Place of Violence: Home **Farm** **Industry**

Public Place **While at work?**

Means of injury **W. R. Abbott M.D.**

23. Attendant's OWN Signature **Idaho Falls Idaho** (M.D. or other) and Address **Idaho Falls Idaho** Date **26 Apr 1948** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

MAY 17 1948

STATE OF IDAHO

State File No. 1329  
Local Reg. No. 83  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Leeds Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Cocatelli  
(d) Street Address or R.F.D. No. 173 Roosevelt  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mr. Ralph Crofte

## 3. (b) If veteran, name war

Mar. II

## 3. (c) Social Security No.

4. Sex M. 5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rose Lee

6. (c) Age of husband or wife if alive 31 years

7. Date of Birth (Month, Day, Year) March 22, 1916

8. AGE	Years	Months	Days	If less than 1 day
				hrs. min.

9. Exact Occupation Fireman Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Cocatelli, Idaho (City or town) (State or foreign country)

12. Name James Francis Crofte (City or town) (State or foreign country)

13. Birthplace Hausga (City or town) (State or foreign country)

14. Maiden name Elizabeth Ann George (City or town) (State or foreign country)

15. Birthplace Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature Leo A. Williams

and Address Leeds Ferry, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/25/48 (Month) (Day) (Year)

(c) Place Cocatelli, Idaho

18. Funeral Director's OWN Signature Leo A. Williams

and Address Leeds Ferry, Idaho

19. (a) 4/26/1948 (Date received and filed) (b) Linda Budger (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 25 1948  
at 7:30 o'clock P. M.

21. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Asphyxiation

Due to Drowning

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? ☒ Homicide? \_\_\_\_\_

Occurred April 25, 1948 19\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred Snake River

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place River While at work? no

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Leo A. Williams (M. D. or other)

and Address Leeds Ferry Date 4/25 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

MAY 17 1948

1948  
State File No. 1330  
Local Reg. No. 83  
Reg. Dist. No. 610

1. PLACE OF DEATH:  
(a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 555 So Higher  
(d) Death Occurred Inside? ☒ Outside? ☐ City or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 555 So Higher  
(e) Deceased lived Inside? ☒ Outside? ☐ City or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

3. (a) FULL NAME Florence Naomi Forbes

061X

3. (b) If veteran, name war ☐ 3. (c) Social Security No. ☐

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced ☒

6. (b) Name of husband or wife George W. Forbes 6. (c) Age of husband or wife if alive 60 years

7. Date of Birth (Month, Day, Year) December 27, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>3</u>	<u>28</u>	hrs. min.

9. Exact Occupation Housewife Did this work for ☐ yrs.

10. Industry or Business ☐ Date last worked ☐

11. Birthplace Lona, Idaho (City or town) (State or foreign country)

12. Name Benjamin J. Ritchie (City or town) (State or foreign country)

13. Birthplace Ogden, Utah (City or town) (State or foreign country)

14. Maiden name Anna Naomi Tracy (City or town) (State or foreign country)

15. Birthplace Ogden, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature George Forbes and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 4/29/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho

18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho

19. (a) 4-29-48 (b) Lena Budge (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 25 19 48  
at 4-57 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct-18 1948 to April 25 1948.  
I last saw her alive on April 25 1948.  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Myocardial Failure  
(Hypertensive Heart Disease)  
Due to Cardio-Vascular Renal disease

Due to Diabetes mellitus  
Other conditions (Include pregnancy within 3 months of death) ☐

### Duration

Where was disease contracted? at home

Name of operation none Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature Sw Carlett M.D. (M. D. or other)

and Address Idaho Falls, Idaho Date 5-7 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

Amended July 16, 1970 STATE OF IDAHO

1948  
State File No. 1331  
Local Reg. No. 99  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

Bonneville  
(a) County .....  
(b) City or town ..... Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Dr.  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. L. D. S. Hosp Stayed 9 days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Rt #3  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME AMANDA CERETTA JONES

3. (b) If veteran, name war ..... No. ....  
5. Color or 3. (c) Social Security No. ....  
4. Sex F race W divorced Married  
6. (b) Name of husband or wife John W. Jones 6. (c) Age of husband or wife if alive 66 years  
7. Date of Birth (Month, Day, Year) April 9, 1885

8. AGE	Years	Months	Days	If less than 1 day
	63		17	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Lehi, Utah (City or town) (State or foreign country)

12. Name J. N. Southwick  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Maryette Norton  
15. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature John W. Jones  
and Address Idaho Falls Rt #3

17. (a) Burial (b) Date thereof 4-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ammon, Idaho

18. Funeral Director's OWN Signature Jack A. Wood  
and Address Idaho Falls, Idaho

19. (a) 5-10-48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 26 1948  
(Month, Day, Year) 19..... at 9:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from April 10 1948, to April 26 1948

I last saw her alive on April 26 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage & Thrombosis Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation None Date .....  
Major finding .....  
Finding of autopsy No

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? No Suicide? No Homicide? No  
Occurred 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury .....

23. Attendant's OWN Signature Walter R. West  
and Address Idaho Falls (M. D. or other) 5-4-48  
(For additional space, use reverse side)

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho } ss. **JUL 13 1970** Certificate No. \_\_\_\_\_  
County of Bonneville } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that ~~on~~ <sup>Section of Vital Statistics</sup> facts on the certificate of death  
for Ceretta Amanda Jones who Died on 4/26/48  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Idaho Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by family records prepared on 4/9/1985, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Full name Ceretta Amanda Jones Amanda Ceretta Jones

Subscribed and sworn to before me this 7<sup>th</sup> day of  
July 1970  
Notary Public, residing at Idaho Falls, Idaho  
My commission expires 11/20/70  
(Seal)

Signed Rayla J. Sundblade  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
2450 E. Lincoln Idaho Falls, Idaho  
(Street Address, City, State) 83401

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Bonneville }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7<sup>th</sup> day of  
July 1970  
Notary Public, residing at Idaho Falls, Idaho  
My commission expires 11/20/70  
(Seal)

Signed Ronald W. Lundblade  
(Signature of Any Credible Person)  
2450 E. Lincoln Idaho Falls, Idaho  
(Street Address, City, State) 83401

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 1331  
Local Reg. No. 99  
Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Dr.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. L.H.S. Hosp. Stayed 9 days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Rt #3  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Ceretta Amanda Jones

c83A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife John W. Jones

6. (c) Age of husband or wife if alive 66 years

7. Date of Birth (Month, Day, Year) April 9, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>		<u>17</u>	hrs. min.

9. Exact Occupation Housewife Did this work for years

10. Industry or Business retired Date last worked

11. Birthplace Lehi, Utah (City or town) (State or foreign country)

12. Name J. N. Southworth (City or town) (State or foreign country)

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Maryette Norton (City or town) (State or foreign country)

15. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature John W. Jones and Address Idaho Falls Rt #3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/48 (Month) (Day) (Year)

(c) Place Common, Idaho

18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho

19. (a) 5-16-48 (Date received and filed) (b) Anna Burdette (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 26 19 48  
at 9:45 o'clock a.M.

21. I HEREBY CERTIFY, that I attended deceased from April 10, 48 to April 26, 48

I last saw h. alive on April 26 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration

Due to thrombosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation none Date

Major finding no

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? no Suicide? no Homicide? no

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Jason R. Pitt (M. D. or other) and Address Idaho Falls Date 5-16-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon for filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 5 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1332**  
Local Reg. No. **80**  
Reg. Dist. No. **611**

## 1. PLACE OF DEATH

- (a) County Bonnerille  
(b) City or town Neon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 1/2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Thornton, Idaho  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 70 years  
(h) Former residence (city, state) Hellenville, Utah

## 3. (a) FULL NAME

Mr Ephraim Carl Haslam

**093D**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Storace

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October 20, 1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>6</u>	<u>0</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Hellsville, Utah (City or town) (State or foreign country)

12. Name Ephraim Haslam

13. Birthplace Utah (City or town) (State or foreign country)

14. Maiden name Clara Ann Gifford

15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Carl Haslam

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 4/23/48 (Month) (Day) (Year)

(c) Place Neon, Idaho

18. Funeral Director's OWN Signature Leo A. Thompson

and Address Idaho Falls, Idaho

19. (a) 4/22/48 (b) Anna A. Bulger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) Apr. 20 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

### 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

Apr. 19, 1948 to Apr. 20, 1948  
I last saw him alive on Apr. 19, 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute heart attack Duration sudden

Due to Chronic myocarditis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? no Suicide? no Homicide? no

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. H. Hubbard M.D. (M.D. or other)

and Address Idaho Falls, Idaho Date 4-20-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 30 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1333**  
Local Reg. No. **13-48**  
Reg. Dist. No. **100**

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonniers Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? XX city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 3 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Alberta, Can (b) County Boundary  
(c) City or town Glenwood  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? Canada  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) unknown

## 3. (a) FULL NAME

Colin Bull Shields

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 534-26-4979  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, \_\_\_\_\_  
4. Sex Male race Indian divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) 1/1/1925

8. AGE	Years	Months	Days	If less than 1 day
	<u>23</u>	<u>3</u>	<u>10</u>	hrs min.

9. Exact Occupation Section Hand Did this work for 90 days  
10. Industry or Business G.N.Ry. Date last worked 4/10/48  
11. Birthplace (City or town) (State or foreign country)

12. Name Allan Shields  
13. Birthplace (City or town) (State or foreign country) Canada  
14. Maiden name Katie  
15. Birthplace (City or town) (State or foreign country) Canada

16. Informant's OWN Signature Grace M. Jones  
and Address Bonniers Ferry, Idaho

17. (a) Burial (b) Date thereof 4/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Indian Mission

18. Funeral Director's OWN Signature Frank M. Jones  
and Address Bonniers Ferry, Idaho

19. (a) 4/13/48 (b) P. Bonnell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 11th. 1948  
at 1:55 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Dead when found. Was laying on G.N. Tracks when struck by G.N. Streamliner #2. Decapitated, L. leg severed due to that knee, almost every bone in body broken.

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 4/11/ 1948 City, county, state \_\_\_\_\_

where violence occurred 1 Mile west Bonniers

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Bonniers Ferry Idaho

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Struck by train

23. Attendant's OWN Signature Coroner Lloyd Reed

and Address Bonniers Ferry (M. D. or other) \_\_\_\_\_

Date 4/12/1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL

RECEIVED

MAY 7 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 1334

Local Reg. No. 13-48

Reg. Dist. No. 100

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonniers Ferry  
(c) Street Address or R.F.D. No. Star Route  
(d) Death Occured Inside? Outside? XX city or town  
(e) Died in a Home Hospital Institution Other place XX  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 6 years 6 months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bound.  
(c) City or town Bonniers Ferry  
(d) Street Address or R.F.D. No. Star Route  
(e) Deceased lived Inside? Outside? XX city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6/6/9 years  
(h) Former residence (city, state) None

3. (a) FULL NAME Delbert Eugene Holderman

3. (b) If veteran, name war No  
3. (c) Social Security No. No  
5. Color or White  
6. (a) Single, widowed, married, divorced Child  
4. Sex Male race White  
6. (b) Name of husband or wife alive years  
7. Date of Birth (Month, Day, Year) 10/21/1941

8. AGE	Years	Months	Days	If less than 1 day
	<u>6</u>	<u>6</u>	<u>9</u>	hrs min.

9. Exact Occupation child Did this work for work yrs.  
10. Industry or Business worked Date last worked  
11. Birthplace Bonniers Ferry Idaho (City or town) (State or foreign country)

12. Name Harvey Holderman  
13. Birthplace N. Dakota (City or town) (State or foreign country)  
14. Maiden name Martha Toews  
15. Birthplace acme, Alberta, Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Harvey Holderman  
and Address Bonniers Ferry, Idaho

17. (a) Burial (b) Date thereof 5/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bonniers Ferry, Idaho

18. Funeral Director's OWN Signature Frank Blige  
and Address Bonniers Ferry, Idaho

19. (a) 5-3-48 (b) K. Bouslee  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 30th. 1948  
at 5:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental Death Duration

Due to Skull fracture

Due to Run over by a tractor

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Major finding Date

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? X Homicide?

Occurred 4/30 P.M. 1948 City, county, state

where violence occurred 3 Mi. E. on Highway 22

Place of Violence: Home Farm X Industry

Public Place While at work?

Means of injury Tractor wheel

23. Attendant's OWN Signature K. Bouslee (M. D. or other)

and Address Bonniers Ferry Date 5-3 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 29 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1335  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Camas  
(b) City or town Fairfield  
(c) Street Address or R. F. D. No. Fairfield  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 29 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Fairfield  
(d) Street Address or R.F.D. No. Fairfield  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Bristol, England

## 3. (a) FULL NAME

Ellen Leek

## 3. (b) If veteran,

name war -----

## 3. (c) Social Security

No. -----

5. Color or race female white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Albert  
6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) August 17, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>8</u>	<u>6</u>	hrs min.

9. Exact Occupation housewife Did this work for life yrs.  
10. Industry or Business Date last worked Jan. 1946  
11. Birthplace Bristol England  
(City or town) (State or foreign country)

- Mother Father  
12. Name George Wilkins  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Louise Williams  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature David E. Wilkins  
and Address Marsing, Idaho

17. (a) burial (b) Date thereof 4/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Morris Hill Cem. Boise, Idaho

18. Funeral Director's OWN Signature H.P. Bright  
and Address Gooding, Idaho

19. (a) April 26, 1948 (b) Edmund  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 23 Apr 1948  
(Month, Day, Year)  
at 9:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 46 1946 to 23 Apr 1948  
I last saw her alive on 23 Apr 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration 1 day

Due to Cancer of Rectum 2 yrs.

Due to Arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation none Date  
Major finding  
Finding of autopsy none  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature Marion J. Kerns  
and Address Fairfield, Idaho (M. D. or other) Date 25 Apr 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

APR 30 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 1336  
Local Reg. No. 100  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hampa  
(c) Street Address or R.F.D. No.   
(d) Death Occurred Inside? ☒ Outside? ☐ city or town   
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place   
(f) Name Hosp. or Inst. Sanmon Stayed  days  
(g) Lived in this county  years  months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Huma  
(d) Street Address or R.F.D. No. RT#1  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town   
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?  years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Glenn Fuhrman Jr.

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or W race W

(b) Name of husband or wife

(a) Single, widowed, married, divorced

(c) Age of husband or wife if alive  years

## 7. Date of Birth

(Month, Day, Year) Mar 30th 1948

## 8. AGE

Years

Months

Days

If less than 1 day

8 Hrs

hrs.

min.

## 9. Exact Occupation

None

Did this work for  yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

Hampa Idaho

(City or town)

(State or foreign country)

## 12. Name

Glenn M Fuhrman

## 13. Birthplace

Huma Ida

(City or town)

(State or foreign country)

## 14. Maiden name

Olivia Sherman

## 15. Birthplace

Hayden Idaho

(City or town)

(State or foreign country)

## 16. Informant's

## OWN Signature

Hospital Records

## and Address

By George H. Walker

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

4/1/48

## (c) Place

Hampa Idaho

## 18. Funeral Director's

## OWN Signature

George H. Walker

## and Address

Hampa Idaho

## 19. (a)

Date received and filed

April 22-1948

(b) Registrar's signature

Lyla Rodgers

Nolte

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Mar 30th 1948  
at 7:00 o'clock P.M.

## 21. I, HEREBY CERTIFY, That I attended deceased from

March 30 1948 to March 30 1948  
I last saw h. m. alive on March 30 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia with 5 1/2 Mo

Due to

cause unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

Duration

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?

Occurred  19  City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

## 23. Attendant's

OWN Signature

W C Holt #2

(M. D. or other)

and Address

Hampa

Date

4/5 1948

(For additional space, use reverse side)

185

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 8 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1337  
Local Reg. No. 86  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Banyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed 30 days  
(g) Lived in this county 27 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #5  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME

Robert Clinton Shrvack

3. (b) If veteran, name war none

3. (c) Social Security No. none

5. Color or  
4. Sex male race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) March 3, 1857

8. AGE	Years	Months	Days	If less than 1 day
	<u>91</u>	<u>0</u>	<u>28</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Farming Date last worked \_\_\_\_\_

11. Birthplace Plattsburg, Ohio  
(City or town) (State or foreign country)

12. Name Unobtainable

13. Birthplace Unobtainable  
(City or town) (State or foreign country)

14. Maiden name Unobtainable

15. Birthplace Unobtainable  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Beulah Labor  
and Address 506 N. E. 2nd Portland

17. (a) Burial (b) Date thereof 4/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Cemetery

18. Funeral Director's OWN Signature John F. Alsop, Jr.  
and Address Nampa, Idaho

19. (a) April 6-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) April 1, 1948

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1948 to Apr 1, 1948  
I last saw him alive on Apr 1, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial infarction Duration \_\_\_\_\_

Due to Pneumonia & myocarditis following

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. O. Rodgers M.D.  
(M. D. or other) \_\_\_\_\_  
and Address Nampa, Idaho Date 4-2-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 8 1948 **Certificate of Death**

STATE OF IDAHO

1948 State File No. **1338**  
Local Reg. No. **87**  
Reg. Dist. No. **363**

**1. PLACE OF DEATH:**

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 21 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #4  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 21 days  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

Joy Annette Ulrich

3. (b) If veteran, name war none

3. (c) Social Security No. none

5. Color or

4. Sex female race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 14, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>21</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Nampa, Idaho  
(City or town) (State or foreign country)

Father { 12. Name Willard Ulrich

13. Birthplace Riverside, Idaho  
(City or town) (State or foreign country)

Mother { 14. Maiden name Olive Wilkins

15. Birthplace Star, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Willard Ulrich  
and Address Caldwell, Idaho

17. (a) Burial (b) Date thereof 4/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

18. Funeral Director's Robinson-Hick Chapel  
OWN Signature John F. Alsop, Jr.  
and Address Nampa, Idaho

19. (a) April 6-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**

(Month, Day, Year) April 3 19 48  
at 4 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to April 3, 1948

I last saw her alive on April 3, 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Asphyxiation

Duration Sudden

Due to Milk inhalation

Sudden

Due to Pneumonia

Other conditions Nephritis  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Milk in all bronchioles & lung vessels

PHYSICIAN Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred April 3 19 48 City, county, state where violence occurred Caldwell

Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry Rt. 4

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury as above

**23. Attendant's**

OWN Signature Joos Salter MD  
(M. D. or other)

and Address Nampa Date 4/9 19 48  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 13 1948 **Certificate of Death**

STATE OF IDAHO

1948 **1339**  
State File No. \_\_\_\_\_  
Local Reg. No. **89**  
Reg. Dist. No. **362**

**1. PLACE OF DEATH:**

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 1411 1/2 2nd St. So.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 1411 1/2 2nd St. So.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

James Earl Blackburn

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or \_\_\_\_\_  
4. Sex male race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Winnie 6. (c) Age of husband or wife if alive 58 years

7. Date of Birth (Month, Day, Year) January 9, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>2</u>	<u>28</u>	hrs. min.

9. Exact Occupation Miner Did this work for life yrs.  
10. Industry or Business Mining Date last worked \_\_\_\_\_  
11. Birthplace Pima, Arizona (City or town) (State or foreign country)

12. Name Unobtainable  
13. Birthplace Unobtainable (City or town) (State or foreign country)  
14. Maiden name Unobtainable  
15. Birthplace Unobtainable (City or town) (State or foreign country)

16. Informant's OWN Signature J. E. Blackburn  
and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 4/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery  
18. Funeral Director's Robinson-Alsip Chapel  
OWN Signature John J. Alsip, Jr.

and Address Nampa, Idaho  
19. (a) April 10, 1948 (b) Lida Rodgers  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH April 7 19 48  
(Month, Day, Year) at 7:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Probable Coronary thrombosis.  
Due to history - had just taken insulin and fell on floor.  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred Nampa Idaho

Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. D. Talley

and Address Nampa, Ida Date \_\_\_\_\_ 19 \_\_\_\_\_

(M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics.

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. 1340  
Local Reg. No. 93  
Reg. Dist. No. 362

APR 15 1948

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 206th Ave 1st No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 1 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Colorado (b) County  Pueblo  
(c) City or town Pueblo  
(d) Street Address or R.F.D. No. 1325 - frame st.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Pueblo Colorado

## 3. (a) FULL NAME

Adolpho L. Acosta

030D

3. (b) If veteran, name was                       
3. (c) Social Security No. 464-22-6498  
4. Sex M 5. Color or race H.  
6. (b) Name of husband or wife                       
6. (c) Age of husband or wife if alive                      years

7. Date of Birth (Month, Day, Year) 1903

8. AGE	Years	Months	Days	If less than 1 day
	<u>45</u>			hrs. min.

9. Exact Occupation Laborer Did this work for                      yrs.  
10. Industry or Business                      Date last worked                       
11. Birthplace Chihuahua Mexico (City or town) (State or foreign country)  
12. Name Romula Acosta (City or town) (State or foreign country)  
13. Birthplace Mexico (City or town) (State or foreign country)  
14. Maiden name Colonia Losuna (City or town) (State or foreign country)  
15. Birthplace Mexico (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Rayo A. Mata  
and Address By Geo. W. Walker

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/13/48 (Month) (Day) (Year)  
(c) Place Pueblo Colorado

18. Funeral Director's OWN Signature Geo. W. Walker  
and Address Nampa Idaho

19. (a) April-15-1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 10 19 48  
at 10:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from                      19                      to                      19                     

I last saw h.                      alive on                      19                     ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Probable abdominal aneurysm. Duration                       
Due to Hysteria - Died in out side toilet - Had complained of pains  
Due to an aneurysm

Other conditions                      (Include pregnancy within 3 months of death)  
Where was disease contracted?                       
Name of operation                      Date                       
Major finding                       
Finding of autopsy Nampa

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?                      Suicide?                      Homicide?                       
Occurred April 10 19 48 City, county, state Nampa Idaho  
where violence occurred Nampa  
Place of Violence: Home ☒ Farm ☐ Industry ☐  
Public Place                      While at work?                     

Means of injury                       
23. Attendant's OWN Signature Wm. D. Valley (Coroner) (M. D. or other)  
and Address Nampa Ida Date April 12 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 15 1948

# Certificate of Death

STATE OF IDAHO

1048  
State File No. 1341  
Local Reg. No. 92  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed 8 days  
(g) Lived in this county 7 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 503 Locust  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) North Dakota

## 3. (a) FULL NAME Mr. Victor E. Hall

3. (b) If veteran, name war none 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex male race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Adelaine 6. (c) Age of husband or wife if alive 78 years

7. Date of Birth (Month, Day, Year) March 20, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>0</u>	<u>20</u>	hrs. min.

9. Exact Occupation Machinist Did this work for life yrs.  
10. Industry or Business Retired Date last worked July 1943  
11. Birthplace Savoy, Illinois (City or town) (State or foreign country)

12. Name George Henry Hall  
13. Birthplace Illinois (City or town) (State or foreign country)  
14. Maiden name Emily Z. Hall  
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Jane Z. Hall, Barrie  
and Address 467 - 16th Ave. N.

17. (a) Burial (b) Date thereof 4/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature John J. Alsop, Jr.  
and Address Nampa, Idaho

19. (a) April 12, 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 10, 1948  
at 7:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 1948 to April 10 1948.  
I last saw him alive on April 10 1948.  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Pneumonia, Myocardial Duration 4 days  
Chronic Arteriosclerotic nephritis 7 yrs.  
Due to Myocardial 10 yrs.

Due to \_\_\_\_\_  
Other conditions Parkinsonism  
(Include pregnancy within 3 months of death) Parkinsonism 3 yrs.

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature W. J. F. Hall (M. D. or other)

and Address Nampa, Idaho Date 4/12 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 30 1948

# Certificate of Death

STATE OF IDAHO

1948 1342  
State File No. \_\_\_\_\_  
Local Reg. No. 101  
Reg. Dist. No. 362

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 504-8th St No.  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 14 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 504-8th St No.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) Nampa

## 3. (a) FULL NAME

Mrs. Ruth Geneva Burgess

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

515-03-7494

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Jan 5-1914

8. AGE	Years	Months	Days	If less than 1 day
	<u>34</u>	<u>3</u>	<u>9</u>	hrs. min.

9. Exact Occupation at home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Bill Blain Kansas (City or town) (State or foreign country)

12. Name John Daniel

13. Birthplace Polk County Missouri (City or town) (State or foreign country)

14. Maiden name Hellie Myers

15. Birthplace Bill Blain Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. John Daniel and Address 510-7th Ave Nampa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/48 (Month) (Day) (Year)

(c) Place Nampa Idaho

18. Funeral Director's OWN Signature George H. Halber and Address Nampa Idaho

19. (a) April 22-1948 (Date received and filed) (b) Lida Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 15-1948

at \_\_\_\_\_ clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1948 to \_\_\_\_\_ 1948

I last saw him alive on 4/14 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

Due to acute dilatation of heart

Due to extra cranial pressure caused severe headache

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature N. O. Beckner and Address Nampa Date 4/15/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 30 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1343**  
Local Reg. No. **98**  
Reg. Dist. No. **362**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 903 11th Ave. So.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☒ Other place ☐  
(f) Name Hosp. or Inst. Carter's Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 903 11th Ave. So.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

Mrs. Ida Sutton

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) June 29, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>9</u>	<u>16</u>	hrs. min.

9. Exact Occupation Housewife Did this work for ☐ yrs.

10. Industry or Business Home Date last worked ☐

11. Birthplace Iowa (City or town) (State or foreign country)

12. Name Orin Jerett

13. Birthplace Unobtainable (City or town) (State or foreign country)

14. Maiden name Mary Lyons

15. Birthplace Unobtainable (City or town) (State or foreign country)

16. Informant's OWN Signature Bess F. Dwyer  
and Address Tacoma, Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/48 (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature John J. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) April 22, 1948 (Date received and filed) Lyle Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 14, 1948

at 10:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1946 to April 14, 1948

I last saw him alive on April 10, 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Due to Disruptive Necrosis  
Due to Smoking  
Other conditions none  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature Herry C. Wesch MB (M. D. or other)

and Address Nampa, Idaho Date 4-20 1948

(For additional space, use reverse side)

Dr. Thesche

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 30 1948

# Certificate Of Death

STATE OF IDAHO

48  
State File No. 1344  
Local Reg. No. 97  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Ins. Samaritan Stayed... days  
(g) Lived in this county 18 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Ezekiel Lemuel Mathews

3. (b) If veteran, name war ..... No. ....  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) January 31-1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>2</u>	<u>14</u>	hrs min.

9. Exact Occupation Laborer Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Washington Co., Arkansas (City or town) (State or foreign country)

12. Name Lawrence Mathews  
13. Birthplace Arkansas (City or town) (State or foreign country)  
14. Maiden name Nancy Ellen Lane  
15. Birthplace Texas (City or town) (State or foreign country)

16. Informant's OWN Signature B Mathews  
and Address 818 Galveston St., Caldwell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-48 (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Beckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) April 21-1948 (Date received and filed)  
Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 15 19 48  
(Month, Day, Year) at 1:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 3-22-1945 to 4-15-1948.  
I last saw him alive on 4-14-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cancer of lungs Duration 1 yr

Due to .....

Due to .....

Other conditions Alcohol, Asbestos 5 yrs  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date .....

Major finding .....

Finding of autopsy Carcinoma of left lung  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury .....

23. Attendant's OWN Signature Ernest E. Hershner

and Address Nampa, Idaho (M. D. or other)

Date 4-14-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 30 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 1345  
Local Reg. No. 107  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County. Canyon  
(b) City or town. Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital. X Institution..... Other place.....  
(f) Name Hosp. or Inst. Mercy Stayed. 30 days  
(g) Lived in this county. 10 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Canyon  
(c) City or town. Nampa  
(d) Street Address or R.F.D. No. 719 9th Ave. So.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state). IOWA

## 3. (a) FULL

NAME Mrs. Phebe Jane Bachman

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Fredrick

6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) December 25, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>3</u>	<u>21</u>	hrs. min.

9. Exact Occupation Housewife Did this work for..... yrs.

10. Industry or Business Home Date last worked.....

11. Birthplace Guthrie County, Iowa  
(City or town) (State or foreign country)

12. Name Alfred Cox

13. Birthplace Casper County, Indiana  
(City or town) (State or foreign country)

14. Maiden name Phebe Jane Popson

15. Birthplace Hancock County, Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Ed Share  
and Address 145 Yale Ave Nampa, Ida.

17. (a) Burial (b) Date thereof 4/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature Robinson-Alsop Chase  
and Address Nampa, Idaho

19. (a) April 29, 1948 Nampa, Idaho  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 16, 1948  
at 12:55 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 1941 to April 16 1948

I last saw h. alive on April 16 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Bysystatic Duration 3 days

Asenmia 10 days

Due to Myasthenia 15 yrs

Myasthenia Bright's disease 10 yrs

Due to Chronic retention

Other conditions.....

(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature W. B. Rose (M. D. or other)

and Address Nampa, Idaho Date 4/18 1948

(For additional space, use reverse side)

Dr. Rose

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 30 1948

# Certificate of Death

STATE OF IDAHO

1948 1346  
State File No. ....  
Local Reg. No. 103  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Sananton Stayed 2 days  
(g) Lived in this county        years        months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hampa  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Infant Evans

## 3. (b) If veteran, name was 3. (c) Social Security No.

4. Sex F 5. Color or race W  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) April 14th 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	hrs. min.

9. Exact Occupation        Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Hampa Idaho (City or town) (State or foreign country)  
Father { 12. Name Cecil Evans  
13. Birthplace Meredon Idaho (City or town) (State or foreign country)  
Mother { 14. Maiden name Ella Cook  
15. Birthplace        (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address By George H. Walker  
17. (a) Burial (b) Date thereof 4/17/48 (Month) (Day) (Year)  
(c) Place Hampa Idaho  
18. Funeral Director's OWN Signature George H. Walker  
and Address Hampa Idaho  
19. (a) April 27-1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 16 1948  
at        clock        M.

21. I HEREBY CERTIFY, That I attended deceased from April 14 1948 to April 16 1948  
I last saw h. 27 alive on 4/16/48 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Resp. failure Duration 48 hrs.  
Due to Atelectasis (partial in both lungs) 48 hrs.  
Due to prematurity  
Other conditions        (Include pregnancy within 3 months of death)

Where was disease contracted?         
Name of operation        Date         
Major finding         
Finding of autopsy         
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury         
23. Attendant's OWN Signature Thomas Mangum Jr. (M.D. or other)  
and Address Nampa Ida Date 4/22 1948  
(For additional space, use reverse side)

Thomas Mangum Jr.

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

APR 30 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1347  
Local Reg. No. 104  
Reg. Dist. No. 368

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R.F.D. No. at #1  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Merry Stayed 7 days  
(g) Lived in this county 25 years 3 months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R.F.D. No. at #1  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

Mrs Martha Reinemer

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race H

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Christian

6. (c) Age of husband or wife if alive 41 years

7. Date of Birth (Month, Day, Year) Oct 9 - 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>7</u>	<u>7</u>	hrs. min.

9. Exact Occupation at Home Did this work for 4 yrs.

10. Industry or Business at Home Date last worked 4/10/48

11. Birthplace Curry County, Missouri (City or town) (State or foreign country)

12. Name Leitnick Blanche (City or town) (State or foreign country)

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name Mama Eisenberg

15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records and Address By Dr. P. H. Walker

17. (a) Burial (b) Date thereof 4/19/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Hamper Idaho

18. Funeral Director's OWN Signature George H. Walker and Address Hamper Idaho

19. (a) April 27, 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 16 1948  
at 1:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 4-10-48 to 4-16-48 1948

I last saw her alive on 4-16 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute dilatation of heart Duration 112X

Due to acute dilatation of heart

Due to Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation None Date 4-16-48

Major finding Myocarditis

Finding of autopsy Myocarditis

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state where violence occurred Idaho

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Heart

23. Attendant's OWN Signature H. P. Beckner (M. D. or other) 4/18/48 and Address Hamper Idaho Date 4/18 1948

H. P. Beckner

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 20 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948 State File No. 1348  
Local Reg. No. 94  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 12 Hrs. \_\_\_\_\_  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Walla Walla  
(c) City or town Walla Walla  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Mr. William Stanley Hart

3. (b) If veteran, name war War #2 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced single  
4. Sex male race white 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 8, 1924

8. AGE	Years	Months	Days	If less than 1 day
	24	1	9	hrs. min.

9. Exact Occupation Student Did this work for \_\_\_\_\_ yrs.

10. Industry or Business N.N. College Date last worked \_\_\_\_\_

11. Birthplace Walla Walla Washington (City or town) (State or foreign country)

12. Name Jess Hart (City or town) (State or foreign country)

13. Birthplace Weston, Oregon (City or town) (State or foreign country)

14. Maiden name Lucy McEvoy (City or town) (State or foreign country)

15. Birthplace Starbuck, Washington (City or town) (State or foreign country)

16. Informant's OWN Signature Jess Hart

and Address Walla Walla, Washington

17. (a) Removal (b) Date thereof 4/19/48 (Month) (Day) (Year)

(c) Place Walla Walla, Washington

18. Funeral Director's Robinson-Alsop Chapel

OWN Signature John J. Alsop, Jr.

and Address Nampa, Idaho

19. (a) April-19-1948 (b) Lydal Rodgers (date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 17, 1948  
at 8:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 4/16 1948, to 4/17 1948

I last saw him alive on 4/16 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory & Cardiac Failure Duration \_\_\_\_\_

Due to 3rd degree Burns 12 hrs.

Basal Skull Fracture

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 6 mi. S. of Walla 4/17/1948 City, county, state

where violence occurred Nampa, Canyon Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? Yes

Means of injury Explosion from motorcycle

23. Attendant's OWN Signature L. Mangum Jr.

(or other) \_\_\_\_\_

and Address Nampa, Idaho Date 4/17/1948

(For additional space, use reverse side)

L. E. Mangum Jr.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 30 1948

# Certificate of Death

STATE OF IDAHO

1349  
State File No. 105  
Local Reg. No. 362  
Reg. Dist. No.

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Hamapo  
(c) Street Address or R.F.D. No. 403 - Fern St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town Hamapo Idaho  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Summit Stayed 7 days  
(g) Lived in this county 25 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamapo Idaho  
(d) Street Address or R.F.D. No. 403 - Fern St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town Hamapo  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Unknown

## 3. (a) FULL NAME

James Piper

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Oct 27th 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>6</u>	<u>22</u>	hrs. min.

9. Exact Occupation Retired Did this work for years

10. Industry or Business Unknown Date last worked

11. Birthplace Unknown (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address By Mr. H. Walker

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 4/22/48 (Month) (Day) (Year)

(c) Place Hamapo Idaho

18. Funeral Director's OWN Signature George H. Walker  
and Address Hamapo Idaho

19. (a) April 27 1948 (Date received and filed) (b) Lyla Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 18 19 48  
at 11 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 18 19 46 to April 18 19 48  
I last saw him alive on April 18 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Peritonitis

Due to Ruptured duodenal ulcer

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home. Farm. Industry.

Public Place. While at work?

Means of injury

23. Attendant's OWN Signature Henry C. Wesche M.D.  
and Address Hamapo Idaho Date 4-22 19 48  
(For additional space, use reverse side)

117B

129X

Wesche

363



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 30 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1350  
Local Reg. No. 106  
Reg. Dist. No. 362

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Hamapo  
(c) Street Address or R.F.D. No. 908-11th Ave So.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Carline Stayed 1 yr days  
(g) Lived in this county 9 years 9 months 9 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamapo  
(d) Street Address or R.F.D. No. 323 - Fern St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state) New York State

## 3. (a) FULL NAME

Clayton F. Bushnell

## 3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male Color or race W

5. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) July 11 - 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>8</u>	<u>8</u>	hrs. min.

9. Exact Occupation ✓ Did this work for years

10. Industry or Business ✓ Date last worked

11. Birthplace Madison County New York  
(City or town) (State or foreign country)

12. Name Dr. Bushnell

13. Birthplace Madison County N. Y.  
(City or town) (State or foreign country)

14. Maiden name Patricia Bushnell

15. Birthplace Madison County N. Y.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address By Mr. Fred Bushnell

17. (a) Burial (b) Date thereof 4/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Clarendon Cemetery

18. Funeral Director's OWN Signature Gorge H. Thacker  
and Address Hamapo Idaho

19. (a) April 27, 1948 (b) Lida Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 19, 1948  
at 2 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from April 8, 1948 to April 19, 1948  
I last saw h. 1 hr alive on April 15, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

23. Attendant's OWN Signature Henry C. Wesch M.D.  
(M. D. or other)  
and Address Hamapo Idaho Date 4-22 1948  
(For additional space, use reverse side)

Thacker

263

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 30 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1351**  
Local Reg. No. **99**  
Reg. Dist. No. **362**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. #1 Colonial Apts.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. #1 Colonial Apts.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mrs. Minnie E. Godman

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

## 4. Sex fer. race white

## 6. (a) Single, widowed, married, divorced widowed

## 6. (b) Name of husband or wife W.H. Godman

## 6. (c) Age of husband or wife if alive deceased years

## 7. Date of Birth (Month, Day, Year) June 24, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>9</u>	<u>26</u>	hrs. min.

## 9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business Home Date last worked \_\_\_\_\_

## 11. Birthplace Paris, Kentucky (City or town) (State or foreign country)

## 12. Name Philip Grimes

## 13. Birthplace Kentucky (City or town) (State or foreign country)

## 14. Maiden name Sidney Hall

## 15. Birthplace Kentucky (City or town) (State or foreign country)

## 16. Informant's OWN Signature Wm. C. Godman and Address Nampa, Idaho

## 17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/22/48 (Month) (Day) (Year)

## (c) Place Marshall, Missouri

## 18. Funeral Director's Robinson-Alsop Chapel OWN Signature John F. Alsop, Jr. and Address Nampa, Idaho

## 19. (a) April 22, 1948 (Date received and filed) (b) Lida Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 20, 1948

at 10:50 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

7-10 1947, to 4-20 1948

I last saw her alive on 4-20 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion

Duration hrs.

Due to arteriosclerosis

Due to cardiac vascular disease

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Samuel E. Vernal (M. D. or other) M.D.

and Address Nampa, Idaho Date 4/21/1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1352  
Local Reg. No. 11  
Reg. Dist. No. 363

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Manapa  
(c) Street Address or R.F.D. No. Box # 3  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Mary Stayed 14 days  
(g) Lived in this county 22 years 1 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Manapa  
(d) Street Address or R.F.D. No. Box # 3  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) Nebr.

## 3. (a) FULL NAME

William A. i Frost

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race W.

4. Sex Male

6. (b) Name of husband or wife Dana

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 22 years

7. Date of Birth (Month, Day, Year) Sept 6 - 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>6</u>	<u>24</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 24 yrs.

10. Industry or Business Farmer Date last worked 4-13-48

11. Birthplace Jefferson County Nebr. (City or town) (State or foreign country)

12. Name Augustus W. Frost (City or town) (State or foreign country)

13. Birthplace Mane (City or town) (State or foreign country)

14. Maiden name Clarence Bagley (City or town) (State or foreign country)

15. Birthplace Ida of St Helena (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records

and Address By Mr. W. Walker

17. (a) Burial (b) Date thereof 5/3/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Clarendon New York

18. Funeral Director's OWN Signature George W. Walker

and Address Manapa Idaho

19. (a) May 10 - 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 29th 1948  
at 10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 3 1948 to April 29 1948  
I last saw him alive on April 29 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of stomach Duration ?

Due to —

Due to —

Other conditions —  
(Include pregnancy within 3 months of death)

Where was disease contracted? Stomach 4-13-48

Name of operation Gastroenterotomy Date 4-13-48

Major finding Carcinoma stomach

Finding of autopsy —

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred — 19 — City, county, state

where violence occurred —

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury —

23. Attendant's OWN Signature A. Halliday, M.D.

and Address Manapa Idaho Date 4-30 1948

(For additional space, use reverse side)

Dr Halliday

095

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1353  
Local Reg. No. 112  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Murray Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 423-12th St. N.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Viski Kay Nysingh

161A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced X

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) April 30th 1948

## 8. AGE

Years

Months

Days

If less than 1 day

0

2 hrs.

min.

9. Exact Occupation \_\_\_\_\_

Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_

Date last worked \_\_\_\_\_

## 11. Birthplace

Nampa Idaho  
(City or town)

(State or foreign country)

Father {

12. Name John Nysingh

Mother {

13. Birthplace Murray Creek, Minn.  
(City or town)

(State or foreign country)

14. Maiden name Margaret M. Smith

15. Birthplace Downey Idaho  
(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature \_\_\_\_\_

and Address Hospital Records  
By Geo. H. Walker

## 17. (a) Burial

(Burial, cremation or removal)

## (b) Date thereof May 3 - 1948

(Month) (Day) (Year)

(c) Place Kohler Lawn Cem. Nampa Ida.

## 18. Funeral Director's

OWN Signature \_\_\_\_\_

and Address Geo. H. Walker  
Nampa Idaho

## 19. (a) May 10 1948

(Date received and filed)

## (b) Lyda Rodgers

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 30th 19 48  
at \_\_\_\_\_ o'clock 9 M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Asphyxia pallidum

2 hrs.

Due to ?

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Margaret M. Davis, M.D.

(M. D. or other)

and Address Wichita Bldg. Date 5-7 19 48

(For additional space, use reverse side)

Dr. Davis

Nampa

544

48-2987

1354

United States  
Department of Commerce  
Bureau of the Census

APR 12 1948

## Certificate Of Death

STATE OF IDAHO

State File No. 1354  
Local Reg. No. 87  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Memorial Park 4 days  
(g) Lived in this county... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Rt. 2  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Wayne Albert Rogers

3. (b) If veteran, name war ..... No. ....  
5. Color or race M W  
6. (a) Single, widowed, married, divorced ...  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) March 28-1948

8. AGE	Years	Months	Days	If less than 1 day
	-	-	4	hrs min.

9. Exact Occupation ..... Did this work for ... yrs.  
10. Industry or Business ..... Date last worked  
11. Birthplace Caldwell, Idaho  
(City or town) (State or foreign country)

12. Name Wayne M. Rogers  
13. Birthplace Boise, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Eleanor May Haynes  
15. Birthplace Nampa, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Wayne M. Rogers  
and Address Caldwell, Idaho Rt. 2

17. (a) Burial (b) Date thereof 4-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 4-8-48 (b) Agnes M. Dunman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 2-1948 19...  
at 8:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar. 28 1948 to Apr. 2 1948  
I last saw him alive on Apr. 2 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Congenital heart  
(probably Patent)  
Foramen ovale

Duration

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature E. L. Munn M.D.  
and Address Caldwell, Idaho Date 4/6 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 26 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1355  
Local Reg. No. 58  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. Public Street  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 5 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Rt. 3  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME Daniel David Carpenter

3. (b) If veteran, name war No. 519-24-5123  
5. Color or race W  
6. (a) Single, widowed, married, divorced M  
(b) Name of husband or wife Gladys  
(c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) May 4-1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>9</u>	<u>12</u>	hrs min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Johnstown, Nebraska  
(City or town) (State or foreign country)

12. Name David D. Carpenter  
13. Birthplace New York  
(City or town) (State or foreign country)  
14. Maiden name Hattie M. Allen  
15. Birthplace Johnstown, Nebraska  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Gladys Carpenter  
and Address Rt. 3, Caldwell, Idaho

17. (a) Burial (b) Date thereof 4-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 4-22-48 (b) Regina M. Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 16 19 48  
at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19.

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration

History - Had been to Doctor  
Due to a few minutes  
preludes for a check up on  
Diabetes - Found dead in  
Auto on Main Street  
in Caldwell.  
(Include pregnancy within 3 months of death)

Where was disease contracted? None

Name of operation None Date None

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? None Homicide? None  
Occurred April 16 - 1948 City, county, state Caldwell, Ida  
where violence occurred Caldwell, Ida  
Place of Violence: Home None Farm None Industry None  
Public Place main st While at work? None  
Means of injury None

23. Attendant's OWN Signature Wm. D. Lally  
and Address Nampa, Ida Date 4/20/48 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1356  
Local Reg. No. 67  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 410 Filmore  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 14 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 410 Filmore  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME Willie Ralph Barnes

3. (b) If veteran, name war World War I No. 100000000  
5. Color or race W  
6. (a) Single, widowed, married, divorced M  
(b) Name of husband or wife Alice Myrtle  
(c) Age of husband or wife if alive 34 years  
7. Date of Birth (Month, Day, Year) April 19-1888

8. AGE	Years	Months	Days	If less than 1 day
	60	0	7	hrs min.

9. Exact Occupation Farming Did this work for 25 yrs.  
10. Industry or Business Farming Date last worked April 26, 1948  
11. Birthplace Custer Co., Nebraska  
(City or town) (State or foreign country)

12. Name George W. Barnes  
13. Birthplace Illinois  
(City or town) (State or foreign country)  
14. Maiden name Alice Benson  
15. Birthplace Hamilton, Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Wm. D. Barnes  
and Address 410 Filmore St., Caldwell, Idaho

17. (a) Burial (b) Date thereof (c) Place: Canyon Hill  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. Funeral Director's OWN Signature Peckham Dakan  
and Address Caldwell, Idaho

19. (a) 5-9-48 (b) Wm. D. Barnes  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 26 19 48  
at 10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Apr 25 19 48, to Apr 26 19 48  
I last saw him alive on Apr 26 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 36 hrs

Due to Cardio Vascular Disease 6 yrs

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Illinois

Name of operation None Date Apr 26, 1948

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state Caldwell, Canyon, Idaho  
where violence occurred Home  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's OWN Signature Carl W. Barnes  
and Address Caldwell, Idaho Date 4/28/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 10 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1357  
Local Reg. No. 62  
Reg. Dist. No. 360

1. PLACE OF DEATH:

(a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No 616 Everett St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 64 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME William Rigley

3. (b) If veteran, name war ..... No. ....  
5. Color or race W  
6. (a) Single, widowed, married, divorced D  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) October 11-1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>6</u>	<u>17</u>	hrs min.

9. Exact Occupation Retired Miner & Farmer Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Austin, Texas (City or town) (State or foreign country)

12. Name Not Known  
13. Birthplace " (City or town) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature Edith Rigley  
and Address 616 Everett St.

17. (a) Burial (b) Date thereof 4-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 5-6-48 (b) Regina M. Denman  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 162B  
20. DATE OF DEATH (Month, Day, Year) April 28 1948  
at ..... o'clock 11:30 A.M.

21. I HEREBY CERTIFY That I attended deceased from April 28 1948 to April 28 1948  
I last saw him alive on April 28 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Coronary thrombosis Duration 20 min

Due to age  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding "  
Finding of autopsy "  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury "  
23. Attendant's OWN Signature M. Kaley  
and Address Caldwell, Idaho Date May 1 1948  
(For additional space, use reverse)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1358**  
Local Reg. No. **360**  
Reg. Dist. No. **360**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 2nd & Cleveland  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. Arnolds Stayed        days  
(g) Lived in this county 22 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R.F.D. No. R8 # 5  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

Chris. E. Stewart

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race N

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Orpha

6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) Sept 9 - 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>6</u>	<u>19</u>	hrs. min.

9. Exact Occupation Farmer Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Ottumwa Iowa (City or town) (State or foreign country)

12. Name James Stewart

13. Birthplace Ohio (City or town) (State or foreign country)

14. Maiden name Emma Charles

15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records

and Address George H. Miller

17. (a) Burial (b) Date thereof 5/4/48 (Month) (Day) (Year)

(c) Place Hamper Ida

18. Funeral Director's OWN Signature George H. Miller

and Address Hamper Idaho

19. (a) 5-13-48 (Date received and filed) (b) Agnes M. Delman (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 30 1948

at 1:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 1948 to April 15 1948

I last saw him alive on April 15 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Arteriosclerotic Heart Disease Duration ?

Due to       

Due to       

Other conditions        (Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature R. S. Ross (M.D. or other)

and Address Caldwell Idaho Date 5/5 1948

(For additional space, use reverse side)

Dr. Ross - Caldwell Canyon Co. Highway 224

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

MAR - 6 1948

STATE OF IDAHO

1948  
State File No. 1359  
Local Reg. No. 66  
Reg. Dist. No. 363

## 1. PLACE OF DEATH: DIVISION OF VITAL

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Box 531  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital ☒ Institution ☒ Other place  
(f) Name Hosp. or Inst. Sta Sch & Colony days  
(g) Lived in this county 1 years 6 months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Box 531  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? Since birth years  
(h) Former residence (city, state) Blackfoot, Idaho

## 3. (a) FULL NAME FAWN ANNETTA TUCKER

3. (b) If veteran, name war none 3. (c) Social Security No. none  
4. Sex Fem 5. Color or Wh race Wh 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) August 29th 1915

8. AGE	Years	Months	Days	If less than 1 day
	<u>32</u>	<u>6</u>	<u>17</u>	hrs. min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked

11. Birthplace Blackfoot, Idaho  
(City or town) (State or foreign country)

12. Name Moroni Tucker  
13. Birthplace Fairview, Utah  
(City or town) (State or foreign country)

14. Maiden name Celestia Bills  
15. Birthplace Fairview, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Carl D. Kiebert, Secy  
and Address State School & Colony

17. (a) Removal (b) Date thereof 3/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Blackfoot, Idaho

18. Funeral Director's OWN Signature John J. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) Mar 6 - 1948 (b) Lida Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 6th 1948 19  
at 2:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 4th 1946 to March 6th 1948  
I last saw her alive on Mar 6th 1948 19  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Broncho Pneumonia, based on low vitality, a 40-lb dwarf Imbecile with decided lack of thyroid function Myxedema

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature H. W. Westmuth MD  
(M. D. or other)  
and Address Nampa Ida Date 3/6 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 10 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1360  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Parma  
(c) Street Address or R.F.D. No. Box 196  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 41 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Miranda Almira Barker

3. (b) If veteran, name war No.  
5. Color or W 6. (a) Single, widowed, married, divorced W  
4. Sex F race W  
6. (b) Name of husband or wife Benjamin H. 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) June 1-1853

8. AGE	Years	Months	Days	If less than 1 day
	95	7	12	hrs min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Weyauwega, Wisconsin  
(City or town) (State or foreign country)  
12. Name George Albert Thierman  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace Wisconsin  
(City or town) (State or foreign country)

16. Informant's OWN Signature Amy Barker  
and Address Parma, Idaho Box 196

17. (a) Burial (b) Date thereof 3-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Wilder, Idaho

18. Funeral Director's OWN Signature Peckham Dakan Chapel  
and Address Caldwell, Idaho

19. (a) March 18-48 (b) W. B. Barker  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 13 19 48  
(Month, Day, Year) at 12:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from March 10 19 48 to March 13 19 48  
I last saw h.e. alive on March 13 19 48 death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Accident fall, fracture right femur  
Due to Senility & Accident  
Due to  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? Homicide?  
Occurred March 10 19 48 City, county, state where violence occurred Parma Canyon Idaho  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury Fall from her bed  
Attendant's OWN Signature W. M. Mitchell  
(M. D. or other)  
and Address Parma Idaho Date 3-18-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1361  
Local Reg. No. 88  
Reg. Dist. No. 369

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Box 531  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution X Other place  
(f) Name Hosp. or Inst. Sta Sch & Colony days  
(g) Lived in this county 14 years 8 months 14 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Box 531  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) St Anthony, Idaho

3. (a) FULL NAME MINER WYMAN/STODDARD

3. (b) If veteran, name war 3. (c) Social Security No.

5. Color or Male race white  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth April 7th 1917  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>31</u>	<u>0</u>	<u>0</u>	hrs. min.

9. Exact Occupation Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Parker Idaho  
(City or town) (State or foreign country)

12. Name WYMAN MINER STODDARD

13. Birthplace Parker, Idaho  
(City or town) (State or foreign country)

14. Maiden name ANNIE L BROWN

15. Birthplace Parker, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Pearl D. Kickert Secy  
and Address State School & Colony

17. (a) Removal (b) Date thereof 4-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. Anthony, Idaho

18. Funeral Director's OWN Signature Robinson-Alsip Chapel  
and Address Nampa, Idaho

19. (a) April 8, 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 7th 1948  
(Month, Day, Year) at 10:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 22 1943 to April 7th 1948  
I last saw h. im alive on April 7th 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Died during Epileptic seizure Duration

Due to Status Epileptic  
Imbecile and Epileptic

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date

Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature H. W. Newbrough M.D.

and Address Nampa, Idaho Date 4/8 1948

(For additional space, use reverse side)  
State School and Colony 275

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

APR 30 1948

STATE OF IDAHO

1948  
State File No. 1362  
Local Reg. No. 94  
Reg. Dist. No. 963

## 1. PLACE OF DEATH:

- (a) County. Canyon  
(b) City or town. Nampa  
(c) Street Address or R.F.D. No. Box 531  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home. Hospital. X Institution X Other place.....  
(f) Name Hosp. or Inst. Sta Sch & Colony days  
(g) Lived in this county. 1 years. 6 months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Canyon  
(c) City or town. Nampa  
(d) Street Address or R.F.D. No. Box 531  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? Idaho years  
(h) Former residence (city, state). Rigby, Idaho

3. (a) FULL NAME SANDRA JANEANE BOYCE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married,  
4. Sex. Fem race. Wh divorced.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive. \_\_\_\_\_ years

7. Date of Birth September 15th 1941  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>6</u>	<u>6</u>		hrs. min.

9. Exact Occupation. \_\_\_\_\_ Did this work for. \_\_\_\_\_ yrs.  
10. Industry or Business. \_\_\_\_\_ Date last worked. \_\_\_\_\_

11. Birthplace Rigby, Idaho  
(City or town) (State or foreign country)

12. Name. Kenneth Boyce

13. Birthplace Rigby, Idaho  
(City or town) (State or foreign country)

14. Maiden name Guenaveve Robison

15. Birthplace Archer, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature. Pearl B. Kichert, Secy  
and Address. State School & Colony, Nampa, Idaho

17. (a) Removal (b) Date thereof 4/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rigby, Idaho  
18. Funeral Director's OWN Signature. George W. Walker  
and Address. Nampa, Idaho

19. (a) April 15, 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 14th 1948  
(Month, Day, Year) at 2:15 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from October 14, 1946 to April 14, 1948  
I last saw her alive on April 14th 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Congenital Heart

Duration

Due to Acute Toxic Bronchitis Mar 22  
from which she didn't recover

Due to Mentally defective from birth

Other conditions. Pickets

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation. \_\_\_\_\_ Date. \_\_\_\_\_

Major finding. \_\_\_\_\_

Finding of autopsy. \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred. \_\_\_\_\_ 19. \_\_\_\_\_ City, county, state

Where violence occurred. \_\_\_\_\_

Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_

Public Place. \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury. \_\_\_\_\_

23. Attendant's OWN Signature. H. W. Henthorn M.D.  
(M. D. or other)

and Address. Box 531, Nampa, Ida Date April 14th 1948

(For additional space, use reverse side)

State School and Colony. 275

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

State of Idaho  
Department of Health Service  
Bureau of Vital Statistics

APR 30 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1363  
Local Reg. No. 86  
Reg. Dist. No. 363

**DEATH:**  
(a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Route #5  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 20 years months days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #5  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Illinois

3. (a) FULL NAME Mr. Donald Robin Gerichs

3. (b) If veteran, name war none 3. (c) Social Security No. 712-07-6810  
5. Color or 6. (a) Single, widowed, married, divorced married  
4. Sex male race white 6. (b) Name of husband or wife Delpha Gerichs 6. (c) Age of husband or wife if alive 42 years  
7. Date of Birth (Month, Day, Year) April 18, 1905

8. AGE	Years	Months	Days	If less than 1 day
		<u>11</u>	<u>27</u>	hrs. min.

9. Exact Occupation Engineer Did this work for 25 yrs.  
10. Industry or Business P. Railroad Date last worked 4/14/47  
11. Birthplace Vandalia, Illinois (City or town) (State or foreign country)

12. Name William F. Gerichs  
13. Birthplace Unobtainable (City or town) (State or foreign country)  
14. Maiden name Minnie Robbins  
15. Birthplace Unobtainable (City or town) (State or foreign country)

16. Informant's OWN Signature Delpha Gerichs  
and Address Route #5 Nampa

17. (a) Burial (b) Date thereof 4/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cloverdale Cemetery

18. Funeral Director's Robinson-Alsop Chapel  
OWN Signature John F. Alsop, Jr.  
and Address Nampa, Idaho

19. (a) April 21, 1948 (b) Lyla Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 15, 1948  
at 8:56 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1948 to Apr. 15, 1948  
I last saw him alive on Apr. 15, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 10 min

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature F. D. Kachue, M.D.  
(M. D. or other)

and Address Nampa, Idaho Date Apr. 19, 1948  
(For additional space, use reverse side)

R - Basine

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census MAY 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1364  
Local Reg. No. 69  
Reg. Dist. No. 36

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Wilder  
(c) Street Address or R.F.D. No. Route #2  
(d) Death Occured Inside?..... Outside? X city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. .... Stayed..... days  
(g) Lived in this county..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Near Greenleaf  
(d) Street Address or R.F.D. No. Wilder, Rt. 2  
(e) Deceased lived Inside?..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Roscoe Potter

3. (b) If veteran, name war ..... No. ....  
5. Color or ..... 6. (a) Single, widowed, married, divorced M  
4. Sex M race W  
6. (b) Name of husband or wife Erma 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) August 8-1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>8</u>	<u>14</u>	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Clarinda, Iowa (City or town) (State or foreign country)

12. Name W.J. Potter  
13. Birthplace Pennsylvania (City or town) (State or foreign country)  
14. Maiden name Mary Bonyman  
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Erma Potter  
and Address Wilder, Idaho Rt. 2

17. (a) Burial (b) Date thereof 4-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Bakan Chapel  
and Address Caldwell, Idaho

19. (a) 5-6-48 (b) Erma Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 132X

20. DATE OF DEATH (Month, Day, Year) April 22 1948  
at 9:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 2, 1948, to April 10, 1948.  
I last saw him alive on April 10, 1948, death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary Thrombosis

Duration

Due to Nephritis

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred .....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury .....

23. Attendant's OWN Signature Mr. Cooper (M. D. or other)

and Address Homedale, Idaho Date 4/26/48  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be recorded as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK recorded typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

RECEIVED

MAY 4 1948

# Certificate Of Death

STATE OF IDAHO

1948 1365  
State File No. \_\_\_\_\_  
Local Reg. No. 60  
Reg. Dist. No. 361

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Middleton  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Middleton  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Billie Frank Hahn

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race W  
6. (a) Single, widowed, married, divorced --  
(b) Name of husband or wife \_\_\_\_\_  
(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October 23-1941

8. AGE	Years	Months	Days	If less than 1 day
<u>6</u>	<u>5</u>	<u>29</u>	hrs	min.

9. Exact Occupation Student Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business 1st grade at Middleton Date last worked \_\_\_\_\_  
11. Birthplace Caldwell, Idaho (City or town) (State or foreign country)

12. Name Frank Hahn  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name Shirley Robinson  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature W. T. Robinson  
and Address Middleton, Idaho

17. (a) Burial (b) Date thereof 4-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Middleton, Idaho

18. Funeral Director's OWN Signature Peckham Dakan Chapl  
and Address Caldwell, Idaho

19. (a) 4-30-48 (b) Agnes Newman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 22 1948  
at 9:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

Crushed Head

Hit by - Deceased run across

Due to highway in front of heavy

truck - right rear wheel (Dug)

Due to road overhead crushing it.

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred April 22, 1948 City, county, state

where violence occurred Middleton, Ida.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Highway 21 While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature W. T. Robinson

and Address Thompson, Ida. Date 4/24/48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 30 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

948  
State File No. 1366  
Local Reg. No. 102  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Bowmont, Idaho  
(c) Street Address or R.F.D. No. Bowmont, Idaho  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months 5 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State New Mexico (b) County Bernalillo  
(c) City or town Albuquerque  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 days ~~year~~  
(h) Former residence (city, state) ☐

## 3. (a) FULL

NAME Mr. Michael Kaiser

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

5. Color or  
4. Sex male race white

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife  
Kate Kaiser

6. (c) Age of husband or wife if  
alive 81 years

7. Date of Birth  
(Month, Day, Year) December 19, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>14</u>	<u>4</u>	hrs. min.

9. Exact Occupation Ret. Farmer Did this work for ☐ yrs.

10. Industry or Business Farmer Date last worked ☐

11. Birthplace Russia  
(City or town) (State or foreign country)

12. Name Henry Kaiser  
Father (City or town) (State or foreign country)

13. Birthplace Russia  
(City or town) (State or foreign country)

14. Maiden name Unobtainable  
Mother (City or town) (State or foreign country)

15. Birthplace Unobtainable  
(City or town) (State or foreign country)

16. Informant's OWN Signature Charles Kaiser  
and Address Bowmont, Idaho

17. (a) Removal (b) Date thereof 4/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Albuquerque, New Mexico

18. Funeral Director's Robinson Alsip Chapel  
OWN Signature John F. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) April 24, 1948 Lydal Rodgers  
Date received and filed (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 23, 1948  
at 7:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
April 21, 1948 to April 23, 1948

I last saw him alive on April 22, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage

Due to Senility

Due to Senility

Other conditions ☐  
(Include pregnancy within 8 months of death)

## Where was disease contracted?

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature Henry C. Wesche M.D.  
(M. D. or other)

and Address Nampa, Idaho Date 4-23, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 30 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1367  
Local Reg. No. 109  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Box 531  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. State Sch. & Colony days  
(g) Lived in this county 11 years 9 months 9 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County BENEWAH  
(c) City or town St. Maries,  
(d) Street Address or R.F.D. No. 11  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Montana

## 3. (a) FULL NAME GENE EVELYN EPLER

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or Wh 6. (a) Single, widowed, married, divorced single  
4. Sex Fem race Wh 6. (c) Age of husband or wife if alive years  
6. (b) Name of husband or wife  
7. Date of Birth (Month, Day, Year) June 1st 1927

8. AGE	Years	Months	Days	If less than 1 day
	20	9	28	hrs. min.

9. Exact Occupation Did this work for. yrs.  
10. Industry or Business Date last worked.  
11. Birthplace Hardin, Montana (City or town) (State or foreign country)

- Father { 12. Name George R. Epler  
13. Birthplace Julian, Nebr (City or town) (State or foreign country)

- Mother { 14. Maiden name Celista D. Noel  
15. Birthplace Cheppiwa, Wis (City or town) (State or foreign country)

16. Informant's OWN Signature Pearl D. Nickert Secy  
and Address State School & Colony, Nampa, Idaho

17. (a) Removal (b) Date thereof 4/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place St. Maries, Idaho

18. Funeral Director's OWN Signature Robinson-Alsop Chapel  
and Address Nampa, Idaho

19. (a) April 30 - 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 29th 1948  
(Month, Day, Year) 19  
at 9:20AM o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Apr 22 1948 to April 29th 1948  
I last saw him er alive on April 29th 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Status Epileptic

Died during severe seizure

Due to Duration

Due to Physician

Other conditions Underline the cause to which death should be charged statistically.  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding Physician

Finding of autopsy Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury H. W. Wentworth M.D.

23. Attendant's OWN Signature H. W. Wentworth M.D.  
(M. D. or other)

and Address Nampa, Idaho Date April 29, 1948

(For additional space, use reverse side)

State School and Colony 275

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 6 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1368  
Local Reg. No. 82  
Reg. Dist. No. 520-521

## 1. PLACE OF DEATH:

- (a) County Caribou  
(b) City or town Soda Springs  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution ..... Other place .....  
(f) Name Hosp. or Inst. Caribou County ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Caribou  
(c) City or town Soda Springs  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Karol Hamblin

## 3. (b) If veteran,

name war ..... No. ....

## 3. (c) Social Security

No. ....

## 4. Sex female race white

## 5. Color or

6. (a) Single, widowed, married, divorced .....  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years

## 6. (b) Name of husband or wife

## 7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
				hrs 30 min.

## 9. Exact Occupation Baby Did this work for ..... yrs.

## 10. Industry or Business Date last worked

## 11. Birthplace Soda Springs Idaho (City or town) (State or foreign country)

## 12. Name Wallace Hamblin

## 13. Birthplace Clearfield, Utah (City or town) (State or foreign country)

## 14. Maiden name Helen Pearl Woody

## 15. Birthplace Ogden, Utah (City or town) (State or foreign country)

## 16. Informant's OWN Signature Wallace Hamblin

and Address Soda Springs, Idaho

## 17. (a) Burial (b) Date thereof 4-6-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Soda Springs, Idaho

## 18. Funeral Director's OWN Signature G. S. Hutton

and Address Soda Springs, Idaho

## 19. (a) (Date received and filed) (b) Grace C. Merrill (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 5 1948  
at 5:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

April 5 1948, to April 5 1948  
I last saw him alive on April 5 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Prematurity

## Duration

Unknown

Due to 5 1/2 months fetus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place. While at work?

Means of injury

## 23. Attendant's

OWN Signature Allen H. T. T. T.

and Address Soda Springs Date April 1948  
(For additional space, use reverse side)

Idaho

545

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 9 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1369**  
Local Reg. No. **81**  
Reg. Dist. No. **520-521**

## 1. PLACE OF DEATH:

- (a) County **Caribou**  
(b) City or town **Soda Springs**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Inst. **Caribou Co** Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Caribou**  
(c) City or town **Soda Springs**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME **Keith Hamblin**

3. (b) If veteran, name war ..... No. ....  
5. Color or race **white** (a) Single, widowed, married, divorced **baby**  
6. (b) Name of husband or wife ..... (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **April 5, 1948**

8. AGE	Years	Months	Days	If less than 1 day
				hrs <b>30</b> min.

9. Exact Occupation **Baby** Did this work for ..... yrs.  
10. Industry or Business Date last worked .....  
11. Birthplace **Soda Springs, Idaho** (City or town) (State or foreign country)  
Mother { 12. Name **Wallace Hamblin**  
13. Birthplace **Clearfield, Utah** (City or town) (State or foreign country)  
14. Maiden name **Helen Pearl Woody**  
15. Birthplace **Ogden, Utah** (City or town) (State or foreign country)

16. Informant's OWN Signature **Wallace Hamblin**  
and Address **Soda Springs, Idaho**  
17. (a) **Burial** (b) Date thereof **Apr. 6, 48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Soda Springs, Idaho**  
18. Funeral Director's OWN Signature **E. J. Whitman**  
and Address **Soda Springs, Idaho**  
19. (a) (Date received and filed) (b) **Paula A. Merrill** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 5** 19**48**  
at **5:30** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **April 5** 19**48**, to **April 5** 19**48**  
I last saw him alive on **April 5** 19**48**; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Prematurity** Duration **is known**

Due to **5 1/2 months fetus**

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date ..... PHYSICIAN

Major finding Underline the cause to which death should be charged statistically.

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **Allen H. Tigent** (M. D. or other)  
and Address **Soda Springs** Date **April 1948**  
(For additional space, use reverse side)

**Idaho** **525**

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1370**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. **520.521**

## 1. PLACE OF DEATH:

- (a) County CARLETON  
(b) City or town SODA SPRINGS  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed 0 days  
(g) Lived in this county 15 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CARLETON  
(c) City or town SODA SPRINGS  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) UTAH

## 3. (a) FULL NAME

NEPLI NELSON

3. (b) If veteran, name war WORLD WAR ONE 3. (c) Social Security No. 518-16-1178  
4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife JOSEPHINE 6. (c) Age of husband or wife if alive 52 years  
7. Date of Birth (Month, Day, Year) MARCH 23, 1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>0</u>	<u>18</u>	hrs min.

9. Exact Occupation RANCHER Did this work for 15 yrs.  
10. Industry or Business GENERAL RANCH Date last worked 1944  
11. Birthplace HOLLIDAY, UTAH  
(City or town) (State or foreign country)

12. Name NEPLI NELSON  
13. Birthplace SWEDEN  
(City or town) (State or foreign country)  
14. Maiden name OLIVE SEVERINA OLSON  
15. Birthplace NORWAY  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ma Nepli Nelson  
and Address SODA SPRINGS, IDAHO

17. (a) URIEL (b) Date thereof APRIL 15  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: SODA SPRINGS, IDAHO

18. Funeral Director's OWN Signature E. S. Whitman  
and Address SODA SPRINGS, IDAHO

19. (a) April 15, 1948 (b) Archie C. Merrill  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) APRIL 11, 1948 19\_\_\_\_  
at THREE o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw him alive on APRIL 11, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Acute Organic Brain  
Due to failure

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

23. where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Russell Fisher, M.D.  
and Address SODA SPRINGS (M. D. or other) Date 4-14-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY 6 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1371

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

STATISTICS

- (a) County CARLEOU  
(b) City or town Soda Springs, Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. CARLEOU CARE days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2. UNKNOWN

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CARLEOU  
(c) City or town Soda Springs  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state) UNKNOWN

## 3. (a) FULL NAME

JAMES GLEASON

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_ No. \_\_\_\_\_  
4. Sex male race White divorced SINGLE  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) UNKNOWN

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>ABOUT</u>		hrs min.

## 9. Exact Occupation LABORER Did this work for 30 yrs.

## 10. Industry or Business Date last worked 1938

## 11. Birthplace (City or town) (State or foreign country) UNKNOWN

## 12. Name (City or town) (State or foreign country) UNKNOWN

## 13. Birthplace (City or town) (State or foreign country) UNKNOWN

## 14. Maiden name (City or town) (State or foreign country) UNKNOWN

## 15. Birthplace (City or town) (State or foreign country) UNKNOWN

## 16. Informant's OWN Signature and Address SODA SPRINGS, IDAHO

## 17. (a) EURIEL (b) Date thereof 4/29/48 (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: Soda Springs, Idaho

## 18. Funeral Director's OWN Signature E. J. Whitman and Address Soda Springs, Idaho

## 19. (a) (Date received and filed) (b) W. E. Merrill (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) 4/28/48 19. at 2:05 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19. to 19.

I last saw him alive on 4/28/48 19. death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Duration

Acute Heart Failure  
Starch type unknown  
Due to Chronic Arteriosclerosis

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation None Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19. City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature Russell Teichert (M. D. or other)

and Address Soda Springs Date 4-29-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK. OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County CARLETON  
(b) City or town SODA SPRINGS, IDAHO  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? 0 Outside? ..... city or town  
(e) Died in a Home 0 Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 30 years ..... months ..... days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2. 0

2. Usual Residence of Deceased: (Always fill in these)  
(a) State IDAHO (b) County CARLETON  
(c) City or town SODA SPRINGS  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? 0 Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state) ..... 0

3. (a) FULL NAME TERRENCE RUSSELL MORSLEY  
(b) If veteran, name war 0 (c) Social Security No. 518-07-7839  
(d) Color or race WHITE (e) Single, widowed, married, divorced DIVORCED  
(f) (b) Name of husband or wife 7110 (c) Age of husband or wife if alive ..... years  
(g) Date of Birth (Month, Day, Year) OCTOBER 29, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>6</u>		hrs min.

9. Exact Occupation clock Did this work for 40 yrs.  
10. Industry or Business OFFICE CLERK Date last worked 4/28/48  
11. Birthplace SODA SPRINGS, IDAHO  
(City or town) (State or foreign country)

12. Name THOMAS W. MORSLEY  
13. Birthplace PROVIDENCE, UTA  
(City or town) (State or foreign country)  
14. Maiden name MINNIE FRANCES ROSE  
15. Birthplace GLASGOW, ILLINOIS  
(City or town) (State or foreign country)

16. Informant's OWN Signature Russell L. ...  
and Address SODA SPRINGS, IDAHO

17. (a) URIEL (b) Date thereof 5/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: SODA SPRINGS, IDAHO

18. Funeral Director's OWN Signature E. S. Hittman  
and Address SODA SPRINGS, IDAHO

19. (a) (Date received and filed) (b) W. E. Russell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) APRIL 29, 1948 19  
at 7 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from 4-28-1948 to 4/29/48 19  
I last saw him alive on 4/29/48 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Coronary Occlusion 7 hrs.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? Home PHYSICIAN \_\_\_\_\_  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy None made Under the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Allen H. T. ... (M. D. or other)  
and Address Allen H. T. ... Date 5-1-1948  
(For additional space, use reverse side)

094A

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 29 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1373  
Local Reg. No. 39  
Reg. Dist. No. 470

1. PLACE OF DEATH:  
(a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Cottage Hosp. Stayed 43 days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 138 East Main St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Carl Melchar Johnson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 518-18-1210

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Dec. 31, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>3</u>	<u>-</u>	hrs. min.

9. Exact Occupation Foreman Feeding Oper. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business The Indagemat Sugar Co. Date last worked 2-17-48

11. Birthplace Salmar, Kalmar Co., Sweden  
(City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Sweden  
(City or town) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature Oto Passmus  
and Address 411 N. Normal Ave Burley

17. (a) Burial (b) Date thereof 4-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Phasant View Cemetery - Burley Idaho  
18. Funeral Director's OWN Signature Frank M. Culloch  
and Address Burley Idaho

19. (a) 4-21-48 (b) B. Wilson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) April 1 1948  
at 3:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 18-48 to April 1, 1948  
I last saw h. in alive on April 1, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 189 portable pneumonia Duration 3 days  
Myocardial

Due to \_\_\_\_\_

Due to Accidental injury Feb. 18. 48  
Other condition \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Feb 18 1948 City, county, state Burley Idaho  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry L  
Public Place \_\_\_\_\_ While at work yes

Means of injury Ran cross by a Conv.  
23. Attendant's OWN Signature W. J. Kelly M.D.  
(M.D. or other)

and Address Burley Date 4-13 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 19 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1374  
Local Reg. No. 35  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. --  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home .. Hospital X Institution .. Other place ..  
(f) Name Hosp. or Inst. Cottage Stayed 12 days  
(g) Lived in this county 41 years .. months .. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. N. Burton Ave.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL

NAME Margaret Judd Taylor

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife D. A. Taylor

6. (c) Age of husband or wife if alive 66 years

7. Date of Birth (Month, Day, Year) February 11, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>1</u>	<u>21</u>	hrs. min.

9. Exact Occupation Housewife Did this work for. 41 yrs.

10. Industry or Business -- Date last worked --

11. Birthplace Panguitch, Utah (City or town) (State or foreign country)

- Father { 12. Name Arza Judd

13. Birthplace Farmington, Utah (City or town) (State or foreign country)

- Mother { 14. Maiden name Mary Ann Clark

15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature D. A. Taylor

- and Address Burley, Idaho

17. (a) Burial (b) Date thereof April 5, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Burley, Idaho

18. Funeral Director's OWN Signature Retta J. Payne

- and Address Burley, Idaho

19. (a) 4-13-48 (b) D. A. Wilson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 2, 1948

at 5:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 3-10-48 to April 2, 1948

I last saw her alive on April 2, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Urinary Suppression Duration 36 h.

Due to Chol. septicaemia 2 yr.

Due to ..

Other conditions .. 10 yr.  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation .. Date ..

Major finding ..

Finding of autopsy ..

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? .. Suicide? .. Homicide? ..

Occurred .. 19 .. City, county, state

where violence occurred ..

Place of Violence: Home .. Farm .. Industry ..

Public Place .. While at work? ..

Means of injury ..

23. Attendant's OWN Signature .. (M.D. or other)

and Address Burley, Idaho Date 4-10-48 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 29 1948 **Certificate of Death**

STATE OF IDAHO

1948  
State File No. **1375**  
Local Reg. No. **41**  
Reg. Dist. No. **470**

1. PLACE OF DEATH:

- (a) County **Cassia**  
(b) City or town **Burley**  
(c) Street Address or R.F.D. No. **2240 W. Miller**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place  
(f) Name Hosp. or Inst. **Maguire Institute** Stayed **308** days  
(g) Lived in this county **43** years **2** months **13** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Cassia**  
(c) City or town **Oakley**  
(d) Street Address or R.F.D. No. **\_\_\_\_\_**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **43** years  
(h) Former residence (city, state) **Reynolds Utah**

3. (a) FULL NAME

**Frank J. Irvine Lake**

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or race **W**

6. (b) Name of husband or wife **No Data**

6. (a) Single, widowed, married **divorced**

6. (c) Age of husband or wife if alive **No Data** years

7. Date of Birth  
(Month, Day, Year)

**January 22 - 1864**

8. AGE	Years	Months	Days	If less than 1 day
	<b>84</b>	<b>2</b>	<b>13</b>	hrs. min.

9. Exact Occupation **Miner** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Mining** Date last worked **retired**

11. Birthplace **Marquette New York**  
(City or town) (State or foreign country)

12. Name **John Mac Lake**

13. Birthplace **England**  
(City or town) (State or foreign country)

14. Maiden name **Mary Crawford**

15. Birthplace **New York**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. La Zona Robinson**

and Address **Burley, Idaho**

17. (a) **Burial** (b) Date thereof **4-9-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Oakley Cemetery**

18. Funeral Director's OWN Signature **John B. McCallach**

and Address **Burley, Idaho**

19. (a) **4-21-48** (b) **B. Wilson**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **April - 5** 19 **48**  
(Month, Day, Year) at **1:46** o'clock **A**. M.

21. I HEREBY CERTIFY, That I attended deceased from **4-4-48** to **April 5** 19 **48**

I last saw h. **in** alive on **April 4** 19 **48**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocarditis** Duration **1 yr.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Dr. J. L. Kelly M.D.**  
(M. D. or other) and Address **Burley** Date **4-13** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 19 1948

# Certificate of Death

STATE OF IDAHO

746  
State File No. **1376**  
Local Reg. No. **38**  
Reg. Dist. No. **470**

## 1. PLACE OF DEATH:

- (a) County **Cassia**  
(b) City or town **Burley**  
(c) Street Address or R.F.D. No. **So. Oakley, Ave.**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed **--** days  
(g) Lived in this county **34** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Cassia**  
(c) City or town **Burley**  
(d) Street Address or R.F.D. No. **So. Oakley, Ave.**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **34** years  
(h) Former residence (city, state) **Iowa**

## 3. (a) FULL NAME

**Saloma Faulk Wolf**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Phillip Wolf**

6. (c) Age of husband or wife if alive **--** years

7. Date of Birth (Month, Day, Year) **October 16, 1866**

8. AGE	Years	Months	Days	If less than 1 day
	<b>81</b>	<b>5</b>	<b>23</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **60** yrs.

10. Industry or Business **--** Date last worked **--**

11. Birthplace **Iowa** (City or town) (State or foreign country)

12. Name **Jacob Faulk**

13. Birthplace **Germany** (City or town) (State or foreign country)

14. Maiden name **Anna Marie Glass**

15. Birthplace **Germany** (City or town) (State or foreign country)

16. Informant's OWN Signature **James P. Wolf**

and Address **Box 1, Burley, Idaho**

17. (a) **Burial** (b) Date thereof **April 14, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Burley, Idaho**

18. Funeral Director's OWN Signature **Retta L. Payne**

and Address **Burley, Idaho**

19. (a) **4-16-48** (b) **BT Wilson**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April, 11, 1948**  
at **5:30** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **1942** to **April 11, 1948**

I last saw her alive on **April 11, 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Myocarditis**

Duration **6 yrs.**

Due to **Arterio Sclerosis**

Due to **Arterio Sclerosis**

Other conditions **Both Injuries**

(Include pregnancy within 3 months of death)

**Fractured**

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Hugh E. Dean M.D.**

and Address **Burley, Idaho** Date **4-15, 1948**

(For additional space, use reverse side)

058

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 29 1948

# Certificate of Death

STATE OF IDAHO

1948 1377  
State File No. ....  
Local Reg. No. 40  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 735 No. Oakley  
(d) Death Occurred Inside? ☐ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst.                      Stayed                      days  
(g) Lived in this county 2 years                      months                      days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. Palace Hotel  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 1/2 years  
(h) Former residence (city, state) No Data

## 3. (a) FULL NAME

Clarence Loyd Hann

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

519-05-9283

## 4. Sex Male Color or race White

## 5. (a) Single, widowed, married, divorced divorced

## 6. (b) Name of husband or wife

No Data

## 6. (c) Age of husband or wife if alive                      years

## 7. Date of Birth

(Month, Day, Year)

Jan 24 1874

## 8. AGE

Years

Months

Days

If less than 1 day

74

2

20

hrs.

min.

## 9. Exact Occupation

Salesman

## Did this work for                      yrs.

## 10. Industry or Business

## Date last worked

Unknown

## 11. Birthplace

No Data

(City or town)

No Data

(State or foreign country)

## 12. Name

No Data

No Data

## 13. Birthplace

No Data

(City or town)

No Data

(State or foreign country)

## 14. Maiden name

No Data

No Data

## 15. Birthplace

No Data

(City or town)

No Data

(State or foreign country)

## 16. Informant's OWN Signature

Hank B. McArthur

and Address Cassia Co. Courthouse - Burley - Ida.

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date hereof

4-27-48

(Month) (Day) (Year)

## (c) Place

Pleasant View Cemetery - Burley - Ida.

## 18. Funeral Director's OWN Signature

Hank B. McArthur

and Address

Burley - Ida.

## 19. (a) 4-21-48

(Date received and filed)

(b) B. T. Milron

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

April 14 1948

at 8:30 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from MARCH

4 1948, to April 12 1948

I last saw him alive on April 12 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

MYOCARDIAL FAILURE

## Duration

2 YEARS

Due to Arteriosclerotic

HEART DISEASE

?

Due to

Other conditions Fractured Rt Hip

(Include pregnancy within 3 months of death)

5 Weeks

## Where was disease contracted?

Name of operation None Date

Major finding

Finding of autopsy none

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred March 4, 1948 City, county, state

where violence occurred Burley

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☒ While at work? ☐

Means of injury tripped & fell against pool table

## 23. Attendant's OWN Signature

R. Sutton M.D.

(M. D. or other)

and Address Burley, Ida. Date 15 April 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 42  
Reg. Dist. No. 470

1. PLACE OF DEATH: APR 29 1948  
(a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name of Hosp. or Inst. Thompson Valley Sanitarium Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city; state) Nevada

3. (a) FULL NAME Lula Clark  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
5. Color or Female race White  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 1872  
8. AGE  
Years 74 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than 1 day hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

- Father { 12. Name Not Known  
13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

- Mother { 14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Madeline Brown  
and Address Burley Idaho

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(c) Place Jerome Idaho

18. Funeral Director's OWN Signature J.R. Wiley  
and Address Jerome Idaho

19. (a) 4-21-48 (b) B.T. Clark  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 21 1948  
at 3:27 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 3-27 1948 to 21 April 1948.  
I last saw h. ER alive on 4-2 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

MYOCARDITIS

Duration

terminal

Due to SENILITY

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Madeline Brown  
(M.D. or other)

and Address Jerome Idaho Date 21 April 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 4 1948

# Certificate of Death

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

1948  
State File No. 1379  
Local Reg. No. 46  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 154 So. Albion  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 35 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 154 So. Albion  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

Betty Baker (Alma Betty Baker)

059B

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or Female race white  
6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife divorced  
6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth (Month, Day, Year)

March 8, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>1</u>	<u>14</u>	hrs. min.

## 9. Exact Occupation

Housewife

Did this work for ☐ yrs.

## 10. Industry or Business

Unknown

## 11. Birthplace (City or town) (State or foreign country)

Guthrie, Nebraska

## 12. Name (City or town) (State or foreign country)

Olaf Ohlson

## 13. Birthplace (City or town) (State or foreign country)

Sweden

## 14. Maiden name (City or town) (State or foreign country)

Petta Ohlson

## 15. Birthplace (City or town) (State or foreign country)

Sweden

## 16. Informant's OWN Signature

Mary J. Baker

## and Address

2209 N. Adams St. Sparta, Wis.

## 17. (a) Burial (Burial, cremation or removal) (b) Date thereof (Month) (Day) (Year)

Burial 4-26-48

## (c) Place

Pleasant View Cemetery, Burley, Idaho

## 18. Funeral Director's OWN Signature

W. B. McCulloch

## and Address

Burley, Idaho

## 19. (a) (Date received and filed) (b) (Registrar's signature)

4-29-48 W. B. McCulloch

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

April 23, 1948

## 21. I HEREBY CERTIFY That I attended deceased from

April 19, 1948 to April 23, 1948

I last saw him alive on 23 April 19 48.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Failure Duration 2 wks

Due to Arterial Hypertension Severe 15 yrs.

Due to Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? None

Name of operation None Date None

Major finding None

Finding of autopsy None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury None

## 23. Attendant's OWN Signature

R. P. Butler M.D.

and Address Burley, Idaho Date 28 April 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 4 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No.

1380

Local Reg. No.

47

Reg. Dist. No.

470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Cottage Hosp. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1 mo. years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Bruce Lee Sloan

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex Male Color or race White

## 5. (a) Single, widowed, married, divorced Wife

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) March 24, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>-</u>	<u>1</u>	<u>-</u>	hrs. min.

## 9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Burley, Idaho (City or town) (State or foreign country)

## 12. Name Jake Carson Sloan

## 13. Birthplace Butte, Montana (City or town) (State or foreign country)

## 14. Maiden name Gayle Thomas

## 15. Birthplace Idaho (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs. J. C. Sloan Jr.

## and Address 927 East Church Street, Ida

## 17. (a) Burial (b) Date thereof 4-24-48 (Month) (Day) (Year)

## (c) Place of Burial Burial Cemetery

## 18. Funeral Director's OWN Signature Frank M. Pugh

## and Address Burley, Idaho

## 19. (a) 4-24-48 (Date received and filed) (b) Wilson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) April 24 19 48

## at 4:45 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 4-24 19 48 to 4-24 19 48

## I last saw him alive on 4-24 19 48

## death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Enteritis Duration 12 hr.

## Due to \_\_\_\_\_

## Due to Dehydration

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## Where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Frank M. Pugh (N. D. or other)

## and Address Burley, Idaho Date 4/30 19 48

## (For additional space, see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1381**  
Local Reg. No. **48**  
Reg. Dist. No. **470**

**MAY 15 1948**

## 1. PLACE OF DEATH:

- (a) County **Cassia**  
(b) City or town **Burley**  
(c) Street Address or R.F.D. No. **----**  
(d) Death Occurred Inside? **X** Outside? **-----** city or town  
(e) Died in a Home **-----** Hospital **X** Institution **-----** Other place **-----**  
(f) Name Hosp. or Inst. **Cottage** Stayed **2** days  
(g) Lived in this county **-----** years **8** months **-----** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **minidoka**  
(c) City or town **Rupert**  
(d) Street Address or R.F.D. No. **---**  
(e) Deceased lived Inside? **-----** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **37** years  
(h) Former residence (city, state) **Raymond, Nebr.**

## 3. (a) FULL NAME

**Henry Hansen**

## 3. (b) If veteran, name war

**---**

## 3. (c) Social Security No.

**None**

## 4. Sex **Male** Color or race **White**

## 6. (b) Name of husband or wife **Bertha Hansen**

## 6. (a) Single, widowed, married, divorced **Widowed**

## 6. (c) Age of husband or wife if alive **---** years

## 7. Date of Birth (Month, Day, Year) **Feb 28, 1874**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>1</b>	<b>26</b>	hrs. min.

## 9. Exact Occupation **Farmer** Did this work for **50** yrs.

## 10. Industry or Business **----** Date last worked **---**

## 11. Birthplace **Germany** (City or town) (State or foreign country)

## 12. Name **Jess Hansen**

## 13. Birthplace **Germany** (City or town) (State or foreign country)

## 14. Maiden name **Unknown**

## 15. Birthplace **Unknown** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **[Signature]** and Address **-----**

## 17. (a) **Burial** (b) Date thereof **April 28, 1948** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place **Burley cemetary**

## 18. Funeral Director's OWN Signature **[Signature]** and Address **Burley Idaho**

## 19. (a) **5-1-48** (b) **[Signature]** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) **April 20, 1948** at **11:30** o'clock **P.** M.

## 21. I HEREBY CERTIFY That I attended deceased from **25 April 1948** to **20 April 1948**. I last saw him alive on **April 20, 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: **Myocardial Failure** Duration **1 Month**

## Due to **arteriosclerosis** **Heart disease** ?

## Due to **-----**

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation **None** Date **-----**

## Major finding **None**

## Finding of autopsy **None**

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? **-----** Suicide? **-----** Homicide? **-----**

## Occurred **-----** 19 **-----** City, county, state where violence occurred.

## Place of Violence: Home **-----** Farm **-----** Industry **-----**

## Public Place **-----** While at work? **-----**

## Means of injury **-----**

## 23. Attendant's OWN Signature **[Signature]** and Address **Burley Idaho 28 April 48** (M.D. or other) (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 4 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **1382**  
Local Reg. No. **43**  
Reg. Dist. No. **470**

## 1. PLACE OF DEATH:

- (a) County **Cassia**  
(b) City or town **Burley**  
(c) Street Address or R.F.D. No. **-----**  
(d) Death Occurred Inside? **X** Outside? **-----** city or town  
(e) Died in a Home **-----** Hospital **X** Institution **-----** Other place **-----**  
(f) Name Hosp. or Institution **Magic Valley Home 2 Mo.**  
(g) Lived in this county **-----** years **2** months **-----** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Twin Falls**  
(d) Street Address or R.F.D. No. **354 4th Ave. West**  
(e) Deceased lived Inside **X** Outside? **-----** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **Nebraska**

## 3. (a) FULL NAME

**George B. Johnston**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **666**

6. (c) Age of husband or wife if alive **-----** years

7. Date of Birth (Month, Day, Year) **March 1, 1863**

8. AGE	Years	Months	Days	If less than 1 day
	<b>85</b>	<b>1</b>	<b>28</b>	hrs. min.

9. Exact Occupation **Farmer** Did this work for **30** yrs.

10. Industry or Business **---** Date last worked **---**

11. Birthplace **Marion County, Mo.** (City or town) (State or foreign country)

12. Name **I. B. Johnston**

13. Birthplace **Missouri** (City or town) (State or foreign country)

14. Maiden name **Martha Peak**

15. Birthplace **Missouri** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Bessie Wilson** and Address **354 - 4 Ave West**

17. (a) **Burial** (b) Date thereof **April 30, 1948** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **I.O.O.F. Cemetary, Filer, Ida.**

18. Funeral Director's OWN Signature **J.C. Phillips** and Address **Twin Falls Ida.**

19. (a) **4-29-48** (b) **J.C. Phillips** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **4-28-48** 19 **48**  
at **8:30** o'clock **a.**M.

21. I HEREBY CERTIFY, That I attended deceased from **4-25-48** to **4-28-48** 19 **48**

I last saw h. **in** alive on **4-28-48** 19 **48**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Myocarditis** Duration **2 yrs**  
Due to **-----**

Due to **-----**  
Other conditions **-----**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **-----**  
Name of operation **-----** Date **-----**  
Major finding **-----**  
Finding of autopsy **-----**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? **-----** Suicide? **-----** Homicide? **-----**  
Occurred **-----** 19 **-----** City, county, state where violence occurred **-----**

Place of Violence: Home **-----** Farm **-----** Industry **-----**  
Public Place **-----** While at work? **-----**

Means of injury **-----**  
23. Attendant's OWN Signature **J.C. Phillips** (M.D. or other)  
and Address **Burley** Date **4-29-48** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 19 1948 **Certificate of Death**

STATE OF IDAHO

State File No. **1383**  
Local Reg. No. **34**  
Reg. Dist. No. **470**

1. PLACE OF DEATH:

(a) County **Cassia**  
(b) City or town **Burley**  
(c) Street Address or R.F.D. No. **--**  
(d) Death Occurred Inside? **X** Outside? **X** city or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place **X**  
(f) Name Hosp. or Inst. **--** Stayed **--** days  
(g) Lived in this county **33** years **--** months **--** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Cassia**  
(c) City or town **Burley**  
(d) Street Address or R.F.D. No. **None**  
(e) Deceased lived Inside? **X** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **33** years  
(h) Former residence (city, state) **Utah**

3. (a) FULL NAME **Glen Manning Robinson**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** race **White** 5. Color or **White**  
6. (b) Name of husband or wife **Jane Robinson** 6. (c) Age of husband or wife if alive **60** years

7. Date of Birth (Month, Day, Year) **Jan. 31, 1896**

8. AGE	Years	Months	Days	If less than 1 day
	<b>52</b>	<b>2</b>	<b>2</b>	hrs. min.

9. Exact Occupation **Farmer** Did this work for **30** yrs.

10. Industry or Business **--** Date last worked **--**

11. Birthplace **Hooper, Utah** (City or town) (State or foreign country)

12. Name **Eugene Robinson** (City or town) (State or foreign country)

13. Birthplace **Mountain green, Utah** (City or town) (State or foreign country)

14. Maiden name **Mary Ann Manning**

15. Birthplace **Hooper, Utah** (City or town) (State or foreign country)

16. Informant's OWN Signature **Jane R. Robinson**  
and Address **Burley**

17. (a) **Burial** (b) Date thereof **Apr. 8, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Burley, Idaho**

18. Funeral Director's OWN Signature **Retta S. Payne**  
and Address **Burley Idaho**

19. (a) **4-13-48** (b) **W. Wilson**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 3, 1948**  
at **10:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **April 3, 1948** to **April 3, 1948**  
I last saw him alive on **April 3, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Occlusion** Duration **12**

Due to **Coronary Occlusion**

Due to **Coronary Occlusion**

Other conditions **Coronary Occlusion**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Coronary Occlusion**

Name of operation **Coronary Occlusion** Date **April 3, 1948**

Major finding **Coronary Occlusion**

Finding of autopsy **Coronary Occlusion**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **Coronary Occlusion** Suicide? **Coronary Occlusion** Homicide? **Coronary Occlusion**

Occurred **Coronary Occlusion** 19 **1948** City, county, state

where violence occurred **Coronary Occlusion**

Place of Violence: Home **Coronary Occlusion** Farm **Coronary Occlusion** Industry **Coronary Occlusion**

Public Place **Coronary Occlusion** While at work? **Coronary Occlusion**

Means of injury **Coronary Occlusion**

23. Attendant's OWN Signature **Hugh E. Dean M.D.**  
(M. D. or other)

and Address **Burley Idaho** Date **4-10-1948**  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 19 1948 **Certificate of Death**

STATE OF IDAHO

State File No. **1384**  
Local Reg. No. **36**  
Reg. Dist. No. **471**

**1. PLACE OF DEATH:**

- (a) County **Cassia**  
(b) City or town **Oakley**  
(c) Street Address or R.F.D. No. **---**  
(d) Death Occurred Inside? **X** Outside? **---** city or town  
(e) Died in a Home **X** Hospital **---** Institution **---** Other place **---**  
(f) Name Hosp. or Inst. **---** Stayed **---** days  
(g) Lived in this county **26** years **---** months **---** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Cassia**  
(c) City or town **Burley**  
(d) Street Address or R.F.D. No. **R.W.D.**  
(e) Deceased lived Inside? **---** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **55** years  
(h) Former residence (city, state) **Wellsville, Utah**

**3. (a) FULL NAME Martha Baugh Stanger**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **---**  
5. Color or race **White**  
4. Sex **Female**  
6. (b) Name of husband or wife **Charles Stanger**  
6. (c) Age of husband or wife if alive **---** years  
7. Date of Birth (Month, Day, Year) **February 22, 1874**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>1</b>	<b>16</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **53** yrs.  
10. Industry or Business **---** Date last worked **---**

11. Birthplace **Wellsville, Utah**  
(City or town) (State or foreign country)

Father { 12. Name **Briar Baugh**  
13. Birthplace **England**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Mary Anderson**  
15. Birthplace **Sweden**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Kerib Stanger**  
and Address **Hagerman, Idaho**

17. (a) **Burial** (b) Date thereof **April 12, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Burley, Idaho**  
18. Funeral Director's OWN Signature **Retta L. Payne**  
and Address **Burley, Idaho**

19. (a) **4-13-48** (b) **B. H. Wilson**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **April 8, 1948**  
at **7:40** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **April 6, 1948** to **April 8, 1948**  
I last saw h. **er** alive on **April 8, 1948**;  
death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

**M. V. C. Arterio Sclerosis** Duration **3 wks**  
**Decompensation**

Due to **Arterio Sclerosis**  
Due to **Hypertension** **5 yrs**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **?**  
Name of operation **None** Date **---**  
Major finding **---**  
Finding of autopsy **None**

PHYSICIAN  
Underline the cause to which death should be charged statistically

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

Accident? **---** Suicide? **---** Homicide? **---**  
Occurred **---** 19 **---** City, county, state where violence occurred

Place of Violence: Home **---** Farm **---** Industry **---**  
Public Place **---** While at work? **---**

Means of injury **---**  
23. Attendant's OWN Signature **R. H. Wilson, M.D.**  
(M. D. or other)

and Address **Burley, Idaho** Date **April 12, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
MAY 4 1948  
Bureau of VITAL STATISTICS  
STATE OF IDAHO  
Certificate of Death

1948 1385  
State File No.  
Local Reg. No. 44  
Reg. Dist. No. 471

1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Bigler  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 1 1/2 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Power  
(c) City or town Am. Falls, Ida.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 69 years  
(h) Former residence (city, state) 60 Idaho

3. (a) FULL NAME

Emma Lenore Abbott

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Daniel

6. (c) Age of husband or wife if alive Daniel years

7. Date of Birth (Month, Day, Year) Aug. 8 - 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>8</u>	<u>15</u>	hrs. min.

9. Exact Occupation Housework Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Hailey, Idaho (City or town) (State or foreign country)

Father { 12. Name Charles Mitchell

13. Birthplace Not known (City or town) (State or foreign country)

Mother { 14. Maiden name Electa Johnson

15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's OWN Signature Emma L. Patterson and Address Bigler, Idaho

17. (a) Amarel (b) Date thereof 4-23-48 (Month) (Day) (Year)

(c) Place American Falls, Ida.

18. Funeral Director's OWN Signature H. Davis and Address Am. Falls, Idaho

19. (a) 4-29-48 (b) H. Davis (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Apr. 23 1948  
at 6:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 1-21-48 to 4-23-48  
I last saw her alive on 4-23-48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cardiac failure Duration 6 mos.

Due to Branchial asthma & arteriosclerosis yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. Davis (M. D. or other) and Address Am. Falls, Idaho Date 4-27-48

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (IC-A 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 23 1948 **CERTIFICATE OF DEATH**  
STATE OF IDAHO

948  
State File No. **1386**  
Local Reg. No. **45**  
Reg. Dist. No. **660**

1. **PLACE OF DEATH:**  
(a) County Clark  
(b) City or town Dubois  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ..... Outside? X city or town  
(e) Died in a Home ..... Hospital ..... Institution ..... Other place X  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 14 years ..... months ..... days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)  
(a) State Idaho (b) County Jefferson  
(c) City or town Menan  
(d) Street Address or R. F. D. No. 1 Lorenzo  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) If foreign born, in U. S. 46 yrs. Citizen of U. S.? Yes.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Germany.

3. (a) **FULL NAME** WILLIAM BECK.

3. (b) If veteran, name and rank W.M. 1 3. (c) Social Security No. X  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Lucy 6 (c) Age of husband or wife if alive 43 years  
7. Date of Birth (Month, Day, Year) Dec. 7, 1895

AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>4</u>	<u>6</u>	hrs min.

9. Exact Occupation Ranching Did this work for life yrs.  
10. Industry or Business Farm & Cattle Date last worked 4/13/48  
11. Birthplace Germany. (City or town) (State or foreign country)

Father { 12. Name John Beck.  
13. Birthplace Germany. (City or town) (State or foreign country)

Mother { 14. Maiden name Minnie Weber  
15. Birthplace Germany. (City or town) (State or foreign country)

16. Informant's Mrs. Wm Beck  
OWN Signature Lorenzo, Idaho.  
and Address

17. (a) burial (b) Date thereof 4/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Annis, Idaho.

18. Funeral Director's A. P. Beckwith  
OWN Signature Rigby, Idaho.  
and Address

19. (a) 4/20/48 (b) Edna E. Lonsdale  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** April 13 19 48  
(Month, Day, Year)  
at 2:15 o'clock P. M.

21. **I HEREBY CERTIFY.** That ~~I attended deceased from~~  
~~XXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX~~  
~~XXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX~~  
~~XXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX~~  
; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** Broken neck & crushed chest. Duration

Due to Tractor accident.

Due to .....

Other conditions None performed  
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....

Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy None performed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? yes Suicide? ..... Homicide? .....  
Occurred April 13 19 48 City, county, state where violence occurred Clark Co., Idaho.  
Place of Violence: Home ..... Farm X Industry .....  
Public Place ..... While at work? yes  
Means of injury Tractor tipover

23. Attendant's A. James Smith Coroner.  
OWN Signature Dubois, Idaho (M. D. or other)  
and Address Dubois, Idaho Date 4/20/48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census APR 28 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1387  
Local Reg. No. 32  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No. 1 1/2 NW CITY LIMITS  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town AHSAHKA  
(d) Street Address or R.F.D. No. P.O.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) 170C

3. (a) FULL NAME JAMES LEO BUCKLEY

3. (b) If veteran, name war NO 3. (c) Social Security No. 518-12-3905  
5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex MALE 6. (b) Name of husband or wife RUTH BRYANT 6. (c) Age of husband or wife if alive 31 years  
7. Date of Birth (Month, Day, Year) AUGUST 5, 1906

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>4</u>	<u>1</u>	hrs min.

9. Exact Occupation TRUCK DRIVER Did this work for 2 1/2 yrs.  
10. Industry or Business STATE HOSP. NO. Date last worked 4/3/48  
11. Birthplace CHICAGO, ILLINOIS (City or town) (State or foreign country)

12. Name TIMOTHY BUCKLEY  
13. Birthplace UNKNOWN (City or town) (State or foreign country)  
14. Maiden name ANNIE KELLEY  
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Frank Beal  
and Address Rte 5 Orofino Idaho

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 7/48  
(c) Place: CAVENDISH CEM. IDAHO

18. Funeral Director's OWN Signature Blake Funeral Home  
and Address OROFINO, IDAHO

19. (a) 4/7/48 (Date received and filed) (b) Oliver E. Fairley (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) APRIL 4 1948.  
at About 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \*\*\*\*\* 19\*\*., to \*\*\*\*\* 19\*\*.  
I last saw h\*\*\* alive on \*\*\*\*\* 19\*\*., death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

DROWNING Duration 5 Min.

Due to CAR ACCIDENT

Due to

Other conditions MULTIPLE FRACTURES  
(Include pregnancy within 3 months of death)  
SKULL & MANDIBLE

Where was disease contracted? PHYSICIAN

Name of operation Date Underline the cause to which death should be charged statistically.

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? Home Homicide?

Occurred APRIL 4 1948 City, county, state OROFINO CLEARWATER, IDA

Place of Violence: Home Farm Industry

Public Place State Highway while at work? NO

Means of injury CAR ACCIDENT

23. Attendant's OWN Signature George B. Blake

and Address Orofino Idaho Date 4/6 1948

(For additional space, use reverse side.)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 28 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1388**  
Local Reg. No. **31**  
Reg. Dist. No. **210**

## 1. PLACE OF DEATH:

- (a) County **CLEARWATER**  
(b) City or town **OROFINO**  
(c) Street Address or R.F.D. No. **1 1/2 N.W. City Limits**  
(d) Death Occured Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **31** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **CLEARWATER**  
(c) City or town **AHSAHKA**  
(d) Street Address or R.F.D. No. **P.O.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **LIFE** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) **FULL NAME** **RUTH IRENE BUCKLEY**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **519-18-3835**  
5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
4. Sex **FEMALE**  
6. (b) Name of husband or wife **JAMES LEO BUCKLEY** 6. (c) Age of husband or wife if **41** years  
7. Date of Birth (Month, Day, Year) **MAY 1, 1916**

8. AGE	Years	Months	Days	If less than 1 day
	<b>31</b>	<b>11</b>	<b>26</b>	hrs min.

9. Exact Occupation **COOK** Did this work for **2 1/2** yrs.  
10. Industry or Business **STATE HOSP. NO.** Date last worked **4/3/48**  
11. Birthplace **TEAKEAN, CLEARWATER, IDAHO**  
(City or town) (State or foreign country)

12. Name **S. J. BRYANT**  
13. Birthplace **HARRISON, ARKANSAS**  
(City or town) (State or foreign country)  
14. Maiden name **LIZZIE BRYANT**  
15. Birthplace **WABASH, INDIANA**  
(City or town) (State or foreign country)

16. Informant's OWN Signature *Mr. Frank Blake*  
and Address **Rte. 5, Orofino, Idaho**

17. (a) **BURIAL** (b) Date thereof **APRIL 7/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **CAVENDISH CEM. IDAHO**

18. Funeral Director's OWN Signature **BLAKE FUNERAL HOME**  
and Address **OROFINO, IDAHO**

19. (a) **4/7/48** (b) *Blaise G. Fairley*  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **APRIL 4** 19 **48**  
at **About 5:30** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from  
\*\*\*\*\* 19 \*\* to \*\*\*\*\* 19 \*\*

I last saw h. \*\* alive on \*\*\*\*\* 19 \*\*, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
**SHOCK & TRAUMA**

Duration  
**INSTANT**

Due to **CAR ACCIDENT**

Due to \_\_\_\_\_  
Other conditions **FRACTURED RT. FRONTAL**  
(Include pregnancy within 3 months of death)  
**LACERATED RT. EYE**

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred **APRIL 4** 19 **48** City, county, state where violence occurred **OROFINO, CLEARWATER, IDAHO**  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place **STATE HIGHWAY** While at work? **NO**  
Means of injury **CAR ACCIDENT**

23. Attendant's OWN Signature *George B. Blake*  
and Address **Rte. 5, Orofino, Idaho** Date **4/6 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 28 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1389  
Local Reg. No. 52  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town CAVENDISH  
(c) Street Address or R. F. D. No. YES  
(d) Death Occured Inside? Outside? YES city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 44 years 44 months 44 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. #5  
(e) Deceased lived Inside? Outside? YES city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) MUSKEGON, MICH.

3. (a) FULL NAME MARION S. MAPES

3. (b) If veteran, name war NONE 3. (c) Social Security No. 519-05-6216  
5. Color or 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex MALE race WHITE  
6. (b) Name of husband or wife AURIE L. MAPES 6. (c) Age of husband or wife if alive 51 years  
7. Date of Birth (Month, Day, Year) AUGUST 8, 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>7</u>	<u>28</u>	hrs min.

9. Exact Occupation FARMER Did this work for 5 yrs.  
10. Industry or Business FARMS Date last worked 4/5/48  
11. Birthplace NEWEGO, MICHIGAN (City or town) (State or foreign country)  
12. Name WILLIAM MAPES  
13. Birthplace TOLEDO, OHIO (City or town) (State or foreign country)  
14. Maiden name ALTA OSTRANDER  
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature Aurie L. Mapes  
and Address Orofino Idaho R. 5  
17. (a) BURIAL (b) Date thereof APRIL 9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place RIVERSIDE CEM., OROFINO, IDAHO  
18. Funeral Director's OWN Signature Blake Funeral Home  
and Address OROFINO, IDAHO

19. (a) 4/19/48 (b) Elsie G. Fairley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) APRIL 5 19 48  
at About 3:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \*\*\*\*\* 19 \*\*, to \*\*\*\*\* 19 \*\*

I last saw h. \*\* alive on \*\*\*\*\* 19 \*\*, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
HEART FAILURE-PROBABLY  
CORONARY THROMBOSIS

Due to 5 Second

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature George B. Blake  
and Address OROFINO, IDAHO Date 4/17/48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 28 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1390**  
Local Reg. No. **33**  
Reg. Dist. No. **210**

## 1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Snary  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Mary's Stayed... days  
(g) Lived in this county 4 years 11 months 27 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County SHOSHONE  
(c) City or town KELLOGG  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

John Spehar

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or W 6. (a) Single, widowed, married, divorced unlawful  
4. Sex M race W 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Apr 24 - 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>11</u>	<u>14</u>	hrs min.

9. Exact Occupation Formerly mine Did this work for ..... yrs.  
10. Industry or Business Date last worked .....  
11. Birthplace Austria (City or town) (State or foreign country)

12. Name Not Known  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature E. D. Barry and Address OROFINO, IDAHO

17. (a) BURIAL\*REMOVAL Date thereof 4-8-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: KELLOGG, IDAHO

18. Funeral Director's OWN Signature Blake Funeral Home and Address OROFINO, IDAHO

19. (a) 4/8/48 (Date received and filed) (b) Elmer C. Hareley (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Apr 8 1948  
at 3 30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 6-1 1943, to 4-10 1948  
I last saw him alive on 4-10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chr. myoscarditis Duration 50 yrs

Due to arteriosclerosis 50 yrs

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred. .... 19.... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place. .... While at work? .....

- Means of injury E. D. Barry  
23. Attendant's OWN Signature E. D. Barry and Address Orofino, IDAHO Date 4/8 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
MAY 3 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1391  
Local Reg. No. 25  
Reg. Dist. No. 210

1. PLACE OF DEATH: STATISTICS
- (a) County CLEARWATER  
(b) City or town ORFID  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? 1 Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. ORFID Stayed 12 days  
(g) Lived in this county 11 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State ILLINOIS (b) County CLEARWATER  
(c) City or town ORFID  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? 1 Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) MICHIGAN

3. (a) FULL NAME FREDERICK HENRY LANPHER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ....  
5. Color or race W 6. (a) Single, widowed, married, divorced W  
4. Sex M 6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years  
7. Date of Birth (Month, Day, Year) SEPT. 7, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>7</u>	<u>3</u>	hrs min.

9. Exact Occupation RETIRED Did this work for ..... yrs.  
10. Industry or Business ✓ Date last worked 2 yrs ago  
11. Birthplace ONTARIO, CANADA (City or town) (State or foreign country)

12. Name William Lanpher  
13. Birthplace IRELAND (City or town) (State or foreign country)  
14. Maiden name MARGARET POMBOUGH  
15. Birthplace CANADA (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs B J Pleiman  
and Address GRASSER, IDA

17. (a) BURIAL (b) Date thereof Apr 12 '48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: RIVERSIDE CEM. ORFID

18. Funeral Director's OWN Signature John S. Bachanach  
and Address Orfino, Id

19. (a) (Date received and filed) (b) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 10 19 48  
at 4:30 o'clock 7 M.

21. I HEREBY CERTIFY, That I attended deceased from 3-31-1948 to 4-10-48 19 48  
I last saw him alive on 4-9-48 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration

Due to Final Cerebral Hemorrhage  
about 8 weeks ago

Due to .....  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred, ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature W B Pappenhagen M.D. (M. D. or other)  
and Address Orfino Idaho Date 4-11 19 48  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
MAY 3 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1392  
Local Reg. No. 36  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Orofino  
(c) Street Address or R.F.D./No. \_\_\_\_\_  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. State Hosp. No. stayed \_\_\_\_\_ days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Clearwater  
(c) City or town Orofino  
(d) Street Address or R.F.D. No. 6 mi East  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Orangeburg

## 3. (a) FULL NAME

Harry Elmer

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race ew  
6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Sept 15 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>6</u>	<u>27</u>	hrs min.

9. Exact Occupation Retired farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business  farming  Date last worked \_\_\_\_\_  
11. Birthplace Germany (City or town) (State or foreign country)

12. Name unk.  
13. Birthplace unk. (City or town) (State or foreign country)  
14. Maiden name unk.  
15. Birthplace unk. (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Barry and  
and Address Orofino 2nd

17. (a) BURIAL (b) Date thereof APRIL 14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: RIVERSIDE CEM., OROFINO, IDAHO

18. Funeral Director's OWN Signature Blake Funeral Home  
and Address OROFINO, IDAHO

19. (a) 4/14/48 (b) Joel C. Haisley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) 4-12 1948  
at 7:35 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 12-15 1948, to 4-12 1948.  
I last saw him alive on 4-11 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

chron. myocarditis Duration 10 yrs?

Due to arteriosclerosis  
sleep apnea 10 yrs?

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. L. Barry and  
and Address Orofino 2nd (M. D. or other) Date 4-12-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 1393  
Local Reg. No. 39  
Reg. Dist. No. 210

1. PLACE OF DEATH: **STATE**
- (a) County **CLEARWATER**  
(b) City or town **OROFINO**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **BURNS** Stayed **4** days  
(g) Lived in this county... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **IDAHO** (b) County **CLEARWATER**  
(c) City or town **OROFINO**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **UNKNOWN**  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **GEORGE LUND**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **518-91-5969**  
5. Color or 6. (a) Single, widowed, married, divorced **SINGLE**  
4. Sex **MALE** race **WHITE**  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **1885**

8. AGE	Years	Months	Days	If less than 1 day
	<b>63</b>			hrs min.

9. Exact Occupation **LABORER** Did this work for **LIFE** yrs.  
10. Industry or Business **SAWMILL** Date last worked **2/3/48**  
11. Birthplace **NORWAY** (City or town) (State or foreign country)

12. Name **UNKNOWN**  
13. Birthplace **"** (City or town) (State or foreign country)  
14. Maiden name **UNKNOWN**  
15. Birthplace **"** (City or town) (State or foreign country)

16. Informant's OWN Signature **BURNS HOSPITAL RECORDS**  
and Address **OROFINO, IDAHO**  
17. (a) **BURIAL** (b) Date thereof **APRIL 28/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **HILL CEMETERY, OROFINO, IDAHO**  
18. Funeral Director's OWN Signature **Blake Funeral Home**  
and Address **OROFINO, IDAHO**  
19. (a) **4/28/48** (b) **Blake**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 25, 1948**  
at **10** o'clock **A. M.**

21. I HEREBY CERTIFY, That I attended deceased from **4-21-1948**, to **4-25-1948**  
I last saw him alive on **4-25-1948**, death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Probably shock or hemorrhage of brain and cord**  
Due to **unknown**

Duration

**6 mo**

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? **woods**  
Name of operation **"** Date **"**  
Major finding **"**  
Finding of autopsy **"**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred **19** City, county, state  
where violence occurred  
Place of Violence: Home ☒ Farm ☒ Industry ☒  
Public Place ☒ While at work? ☒  
Means of injury **"**  
23. Attendant's OWN Signature **W. H. Robertson**  
(M. D. or other)  
and Address **Orofino, Idaho** Date **4/28/48**  
(For additional space, use reverse side)

1948 1394

State File No. \_\_\_\_\_  
Local Reg. No. 394  
Reg. Dist. No. 684United States  
Department of Commerce  
Bureau of the Census

MAY 10 1948

CERTIFICATE OF DEATH  
STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Custer  
 (b) City or town Challis  
 (c) Street Address or R. F. D. No. \_\_\_\_\_  
 (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
 (e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
 (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME William Richard Winter

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex M 5. Color or race W 6. (a) Single, ~~widowed~~ married, ~~divorced~~  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Date of Birth 6-14-48  
 (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	0	09	23	hrs min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
 11. Birthplace Salmon, Idaho  
 (City or town) (State or foreign country)  
 12. Name William Norman Winter  
 13. Birthplace Gooding, Idaho  
 (City or town) (State or foreign country)  
 14. Maiden name Stella Louise James  
 15. Birthplace Challis, Idaho  
 (City or town) (State or foreign country)

16. Informant's OWN Signature Mr. Ramsey Winter  
and Address Challis, Idaho17. (a) Challis, Idaho (b) Date thereof 4-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Challis, Idaho18. Funeral Director's OWN Signature Ray McFadden  
and Address Salmon19. (a) April 10, 1948 (b) E. A. M. Kenny  
(Date received and filed) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Custer  
 (c) City or town Challis  
 (d) Street Address or R. F. D. No. \_\_\_\_\_  
 (e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
 (h) Former residence (city, state) \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 4-7-48  
 (Month, Day, Year)  
 at 6:00 o'clock A.M.  
 21. I HEREBY CERTIFY, That I attended deceased ~~from~~  
 on 4-6-48 1948 to 19 1948

I last saw him alive on 4-5-48 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia

## Duration

?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)Where was disease contracted? Challis

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
 Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
 Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
 Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
 Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Albert H. Jensen, M.D.  
 and Address Challis, Idaho Date 4-7-48  
 (For additional space, use reverse side)

United States

Department of Commerce

Bureau of the Census

LIVED

MAY 7 1948

## CERTIFICATE OF DEATH

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

1948

1395

Local Registrar's Duplicate

Local Reg. No. ....

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Custer  
 (b) City or town Mackay  
 (c) Street Address or R. F. D. No. ✓  
 (d) Death Occurred Inside? ✓ Outside? ✓ city or town  
 (e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓  
 (f) Name Hosp. or Inst. none Stayed ✓ days  
 (g) Lived in this county 4.5 years ✓ months ✓ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 3. (a) FULL NAME

Thomas Ivie

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M. 5. Color W. 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Maud 6. (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) March 11-1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>1</u>	<u>15</u>	hrs. min.

9. Exact Occupation Freighting & Ranch Did this work for life yes yrs.

10. Industry or Business Freighting & Ranch Date last worked 1938

11. Birthplace Scipio - Millard Co. Utah (City or town) (State or foreign country)

12. Name Richard A. Ivie

13. Birthplace Missouri (City or town) (State or foreign country)

14. Maiden name Hannah Smith

15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Harold L. Ivie and Address Mackay - Idaho

17. (a) Burial (b) Date thereof April 29, 1948 (Month) (Day) (Year)

- (c) Place: Mackay - Idaho

18. Funeral Director's OWN Signature Betty J. Marvel FD-19 and Address Arco, Idaho

19. (a) 5-1-48 (b) Amesbury (Date received and filed) (Registrar's Signature)

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Custer  
 (c) City or town Mackay  
 (d) Street Address or R. F. D. No. ✓  
 (e) Deceased lived Inside? ✓ Outside? ✓ city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 64 years  
 (h) Former residence (city, state) Blackfoot - Idaho

093D

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 26, 1948

at 7:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Apr. 25, 1948 to Apr. 26, 1948.  
 I last saw h/m alive on Apr. 25, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocarditis

Duration

5 years

Due to .....

Due to MyocarditisOther conditions Myocarditis

(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation .....

Major finding .....

Finding of autopsy .....

Physician

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓

Occurred Apr. 26, 1948 City, county, state

where violence occurred

Place of Violence: Home ✓ Farm ✓ Industry ✓Public Place ✓ While at work? ✓Means of injury Myocarditis

23. Attendant's OWN Signature Dr. E. L. Ivie M.D.

and Address Arco, Idaho (M. D. or other)Date Apr. 27, 1948

(For additional space, use reverse side)

069

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 28 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1396**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town King Hill  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town King Hill  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Plymouth Indiana

## 3. (a) FULL NAME JOHN ROBERT PARISH

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. Unknown  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) April 2, 1916

8. AGE	Years	Months	Days	If less than 1 day
	<u>31</u>	<u>11</u>	<u>11</u>	hrs min.

9. Exact Occupation Farming Did this work for 15 yrs.  
10. Industry or Business Farm Date last worked 3/12/48  
11. Birthplace Hamlet Indiana (City or town) (State or foreign country)

12. Name John R. Parish  
13. Birthplace White Co. Indiana (City or town) (State or foreign country)  
14. Maiden name Sarah E. Hanas  
15. Birthplace Stark Co. Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Charlie H. Parish  
and Address Fing Hill Idaho

17. (a) Burial (b) Date thereof March 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Glenn Rest Cemetery

18. Funeral Director's OWN Signature J. G. Ray  
and Address Mountain Home Idaho

19. (a) March 16, 1948 (b) Mary Sullivan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 13 1948  
at 4:30 o'clock am.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion  
Death of Arteries Duration 1 hour

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state  
where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. H. Parker M.D.  
(M. D. or other)  
and Address Glenn Rest, Idaho Date Mar 13 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY 3 1948  
BUREAU OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1397  
Local Reg. No. 7  
Reg. Dist. No. 380

1. PLACE OF DEATH: STATISTICS
- (a) County **Elmore**  
(b) City or town **Mt. Home**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution ☒ Other place...  
(f) Name Hosp. or Inst. **Minkler Nursing Home** days  
(g) Lived in this county **2** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Elmore**  
(c) City or town **Mountain Home**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **55** years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **OSCAR WESLEY MINK**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **519-01-5098**
5. Color or race **N** 6. (a) Single, widowed, married, divorced **Married**
4. Sex **M** 6. (b) Name of husband or wife **Lois** 6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) **April 14, 1892**

8. AGE	Years	Months	Days	If less than 1 day
	<b>55</b>	<b>11</b>	<b>2</b>	hrs min.

9. Exact Occupation **Foreman** Did this work for ..... yrs.
10. Industry or Business **Sawtooth Lumber Co** Date last worked .....
11. Birthplace **Belevue, Idaho** (City or town) (State or foreign country)

12. Name **Lee Mink**
13. Birthplace **Virginia** (City or town) (State or foreign country)
14. Maiden name **Alice Skyles**
15. Birthplace **Missouri** (City or town) (State or foreign country)

16. Informant's OWN Signature **J. L. Mink**
- and Address **Mountain Home, Idaho**

17. (a) **Removal** (b) Date thereof **3/17/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: **Boise, Idaho**

18. Funeral Director's **McBratney-Powler Chapel**
- OWN Signature **McBratney-Powler**
- and Address **419 No. 9th, Boise, Idaho**

19. (a) (Date received and filed) (b) **McBratney-Powler** (Signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **March 16** 19 **48**  
at **10:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **3/11/48** to **3/16/48**  
I last saw him alive on **3/16/48** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

**Coronary thrombosis** **5 days**  
Due to **Arteriosclerosis**

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy **occlusion L. artery, minor occlusion R. artery, minor occlusion R. artery**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature **J. F. Lesser M.D.**  
and Address **Boise, Idaho** Date **3/18/48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1398**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Glenn Ferry  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. .... Stayed ☐ days  
(g) Lived in this county 22 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Glenn Ferry  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Pocatello Ida.

## 3. (a) FULL NAME CHARLES ARTHUR LEE

3. (b) If veteran, name war No. 3. (c) Social Security No. Unknown  
5. Color or White 6. (a) Single, widowed, married, divorced Widower  
4. Sex Male race White  
6. (b) Name of husband or wife Della 6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth (Month, Day, Year) February 26, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>0</u>	<u>29</u>	hrs min.

9. Exact Occupation Retired Brakeman Did this work for 16 yrs.  
10. Industry or Business Union Pacific R.R. Date last worked 1937  
11. Birthplace Terra Haute Indiana  
(City or town) (State or foreign country)

- Mother Father  
12. Name Hiram Lee  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Wm T. W. McCabe  
and Address 337 So. Johnson - Pocatello, Ida.

17. (a) Burial (b) Date thereof March 27, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Glennrest Cemetery

18. Funeral Director's OWN Signature John G. Ray  
and Address Mountain Home Idaho

19. March 27-48 (b) Mary Sullivan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Mar 25 1948  
(Month, Day, Year) at 3 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration

Due to

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation                      Date                       
Major finding                       
Finding of autopsy                       
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature Phil F Green Coron  
(M. D. or other)  
and Address Mt Home Ida Date 3/27 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 28 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1399**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Glenn Ferry  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution... Other place... ☒  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county 38 years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Glenn Ferry  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Michigan

## 3. (a) FULL NAME JOHN WALTER AMSTUTZ

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Muriel  
6. (c) Age of husband or wife if alive 58 years  
7. Date of Birth (Month, Day, Year) September 11, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>7</u>	<u>12</u>	hrs min.

9. Exact Occupation R.R. Conductor Did this work for 38 yrs.  
10. Industry or Business Union Pacific R.R. Date last worked 4/23/48  
11. Birthplace Michigan (City or town) (State or foreign country)

12. Name Christian Amstutz  
13. Birthplace Switzerland (City or town) (State or foreign country)  
14. Maiden name Anna Voegli  
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's OWN Signature Richard G. Elliott  
and Address Glenn Ferry Idaho

17. (a) Burial (b) Date thereof April 26, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Glennrest Cemetery

18. Funeral Director's OWN Signature W. J. Bay  
and Address Mountain Home Idaho

19. (a) April 26, 1948 (b) Mary Sullivan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Apr 23 19 48  
(Month, Day, Year) at 8 o'clock 2 M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Coronary Thrombosis  
Due to

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ...  
Name of operation ... Date ...  
Major finding ...  
Finding of autopsy ...

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

23. Attendant's OWN Signature Phil F. New Corcoran  
(M. D. or other)  
and Address Mt Home Ida Date 4/25 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 3 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1400  
Local Reg. No. 8  
Reg. Dist. No. 380

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Mountain Home  
(c) Street Address or R, F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 36 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Elko Nevada

## 3. (a) FULL NAME JOHN MARIA ALDAZABAL

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Estheria 6. (c) Age of husband or wife if alive 55 years  
7. Date of Birth (Month, Day, Year) March 25, 1892

8. AGE	Years	Months	Days	If less than 1 day
<u>56</u>	<u>1</u>	<u>3</u>	hrs	min.

9. Exact Occupation Sheepman Did this work for 30 yrs.  
10. Industry or Business Sheep Date last worked Aug/48  
11. Birthplace Viscaya Spain (City or town) (State or foreign country)

- Mother Father  
12. Name Ysidro Aldazabal  
13. Birthplace Berriatua Spain (City or town) (State or foreign country)  
14. Maiden name Juana Urisar  
15. Birthplace Lequeitio Spain (City or town) (State or foreign country)

16. Informant's OWN Signature Wm. J. Jones  
and Address Wm. J. Jones

17. (a) Burial (b) Date thereof May 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mountain View Cemetery

18. Funeral Director's OWN Signature Wm. J. Jones  
and Address Mountain Home Idaho

19. (a) April 30, 1948 (Date received and filed)  
(b) Wm. J. Jones (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 055B

20. DATE OF DEATH (Month, Day, Year) 4/28/48  
at 11:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 4/8 1948 to 4/28 1948  
I last saw him alive on 4/26 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Lung Duration 1 1/2 yrs

Due to Metastases to spine  
Due to Liver and spleen  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Wm. J. Jones  
and Address Mountain Home Idaho Date Apr 29 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY 4 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1401  
Local Reg. No. 24  
Reg. Dist. No. 540

## 1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. General Memorial Sp. days  
(g) Lived in this county 49 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. 208 So. 4th W.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

MARY AMELIA WALTON RANSOM

083A

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife Wilo A. Ransom 6. (c) Age of husband or wife if alive 52 years  
7. Date of Birth (Month, Day, Year) June 19, 1898

8. AGE	Years	Months	Days	If less than 1 day
	49	7	3	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Own Home Date last worked \_\_\_\_\_  
11. Birthplace Cleveland, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Charles Walton  
13. Birthplace Eureka, Utah (City or town) (State or foreign country)  
14. Maiden name Amelia Jorgenson  
15. Birthplace Weston, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Joseph W. Ransom  
and Address 527 So 1st East Preston

17. (a) Burial (b) Date thereof 1-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Preston, Idaho

18. Funeral Director's Richards & Son Mortuary  
OWN Signature William J. Richards  
and Address Preston, Idaho

19. (a) 1-26-48 (b) Effie W. Brower  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 22, 1948  
at 10:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1948 to Jan 22, 1948  
I last saw her alive on Jan 22, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral Hemorrhage Duration 12 hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature O. R. Cutler M.D.

and Address Preston 2da (M. D. or other)

Date 1-22-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1402  
Local Reg. No. 11  
Reg. Dist. No. 540

1. PLACE OF DEATH: APR 22 1948  
Franklin  
(a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 44 N. 1st East  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst Gen. Memo. Stayed 1 days  
(g) Lived in this county 34 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

3. (a) FULL NAME Thayne Alton Taylor

3. (b) If veteran, name war  No.   
5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
4. Sex Male 6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years  
7. Date of Birth (Month, Day, Year) Jan. 12, 1914

8. AGE	Years	Months	Days	If less than 1 day
	<u>34</u>	<u>1</u>	<u>22</u>	hrs min.

9. Exact Occupation Blacksmith Did this work for 15 yrs.

10. Industry or Business Construction Date last worked Mar. 8, 1948

11. Birthplace Preston, Idaho  
(City or town) (State or foreign country)

12. Name Allen G. Taylor

13. Birthplace Fairview, Idaho  
(City or town) (State or foreign country)

14. Maiden name Ethel Moore

15. Birthplace Centerville, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Thayne A. Taylor  
and Address Maked City Idaho

17. (a) Burial (b) Date thereof Mar. 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Preston, Idaho

18. Funeral Director's OWN Signature Webb-Hendricks  
and Address Preston

19. (a) 3-8-1948 (b) E. W. Beaver  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 170C 083A

20. DATE OF DEATH  
(Month, Day, Year) March 5 19 48  
at 4:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 4, 1948, to March 5, 1948  
I last saw him alive on March 5, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: multiple skull fracture and brain hemorrhage  
Due to automobile accident

Due to automobile accident  
Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?   
Name of operation  Date   
Major finding   
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide?  Homicide?   
Occurred March 5, 1948 City, county, state County, Idaho  
Place of Violence: Home  Farm  Industry   
Public Place Highway While at work?   
Means of injury Automobile accident

23. Attendant's OWN Signature Leo R. Hawkes  
and Address Preston, Idaho Date 3/8 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-286 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 22 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1403  
Local Reg. No. 13  
Reg. Dist. No. 540

## 1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 239 So. 2nd West  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 67 years 67 months 67 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. 239 So. 2nd W.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 67 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME JOSEPH THOMAS EGBERT

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male  
6. (b) Name of husband or wife Agnes Moore 6. (c) Age of husband or wife if alive 54 years  
7. Date of Birth May Bowden  
(Month, Day, Year) August 2, 1880.

8. AGE	Years	Months	Days	If less than 1 day
	67	7	9	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Retired Date last worked 1945  
11. Birthplace Fairview, Idaho.  
(City or town) (State or foreign country)

12. Name James Egbert  
13. Birthplace Salt Lake City, Utah.  
(City or town) (State or foreign country)  
14. Maiden name Helen S. Terry  
15. Birthplace Lehi, Utah.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Joe J. Egbert  
and Address 239 So 2nd W

17. (a) Burial (b) Date thereof 3-15-48.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Fairview, Idaho.

18. Funeral Director's Richards & Son Mortuary  
OWN Signature Richards  
and Address Preston, Idaho.

19. (a) 3-12-1948 (b) E. W. Browne  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 11, 1948  
(Month, Day, Year) at 3:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1948 to March 11, 1948  
I last saw him alive on March 11, 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

- Cerebral Hemorrhage Duration 11 hrs.  
Hypertension 14 yrs.  
Due to Arteriosclerosis cordis 18 yrs.  
Vascular disease

- Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. Smith M.D.  
(M. D. or other) and Address Preston, Idaho Date 3/12/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 22 1948 **Certificate Of Death**  
STATE OF IDAHO

State File No. 1404  
Local Reg. No. 14  
Reg. Dist. No. 540

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. N. 1st East  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst Preston Stayed 1 hr days  
(g) Lived in this county 4 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Franklin  
(c) City or town Winder  
(d) Street Address or R.F.D. No. city or town  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) city, state

3. (a) FULL NAME LaVere Percel Nielsen

3. (b) If veteran, name war No.  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife alive years  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Nov. 19, 1943

8. AGE	Years	Months	Days	If less than 1 day
	<u>4</u>	<u>4</u>	<u>8</u>	hrs min.

9. Exact Occupation Child Did this work for yrs.

10. Industry or Business worked Date last worked worked

11. Birthplace Preston, Idaho  
(City or town) (State or foreign country)

12. Name Charles L. Nielsen

13. Birthplace Preston, Idaho  
(City or town) (State or foreign country)

14. Maiden name Alice Ruth Talbot

15. Birthplace Preston, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Charles Nielsen

and Address Preston, Idaho

17. (a) Burial (b) Date thereof Mar. 30, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Preston, Idaho

18. Funeral Director's OWN Signature Webb-Hendricks

and Address Preston

19. (a) 3-27-1948 (b) E. W. Brover  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 095A

20. DATE OF DEATH (Month, Day, Year) Mar. 27 19 48  
at 9-30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 3-27 1948 to 3-27 1948  
I last saw him alive on 3-27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart attack Duration Immediate  
Heart failure during sleep  
Due to these

Due to these

Other conditions Chronic infected tooth  
(Include pregnancy within 3 months of death)

Where was disease contracted? 1 yr

Name of operation Date

Major finding Underlie

Finding of autopsy Underlie the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?

Occurred 19 City, county, state

where violence occurred Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Attendant's

OWN Signature O. R. Fuller (M. D. or other)

and Address Preston, Idaho Date 3-27-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-266 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY 4 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1405  
Local Reg. No. 16  
Reg. Dist. No. 40

1. PLACE OF DEATH: (City or town)
- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 148 W 4th So.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 14 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. 148 W. 4th So  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

3. (a) FULL NAME Elna Byington

3. (b) If veteran, name war                      No.
5. Color or race White 6. (a) Single, widowed, married, divorced Single
4. Sex Female
6. (b) Name of husband or wife                      6. (c) Age of husband or wife if alive                      years
7. Date of Birth (Month, Day, Year) Nov. 4, 1933

8. AGE	Years	Months	Days	If less than 1 day
	<u>14</u>	<u>5</u>	<u>1</u>	hrs min.

9. Exact Occupation Student Did this work for                      yrs.
10. Industry or Business                      Date last worked
11. Birthplace Preston, Idaho  
(City or town) (State or foreign country)

12. Name Parley G. Byington  
13. Birthplace Dawson, Idaho  
(City or town) (State or foreign country)
14. Maiden name Dorothy Hall  
15. Birthplace Dawson, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Parley G. Byington  
and Address Preston, Idaho

17. (a) Burial (b) Date thereof Apr. 9, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Preston, Idaho

18. Funeral Director's OWN Signature Webb-Hendricks  
and Address Preston, Idaho

19. (a) 4/8-48 (b) Effie M. Brainerd  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 5 1948  
at 10:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 12/2 1946 to 4/5 1948  
I last saw her alive on 4/4 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
<u>Congestive Heart Failure</u>	<u>2 mos</u>
Due to <u>Rheumatic Heart disease</u>	<u>2 yrs</u>
Due to <u>Rheumatic fever</u>	<u>2 yrs</u>
Other conditions <u>                    </u>	<u>                    </u>
(Include pregnancy within 3 months of death)	

- Where was disease contracted?
- Name of operation                      Date
- Major finding
- Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?
- Occurred                      19                      City, county, state
- Place of Violence: Home                      Farm                      Industry
- Public Place                      While at work?
- Means of injury

23. Attendant's OWN Signature Leo R. Hawker M.D.  
and Address Preston, Idaho Date 4/8 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. 1406  
Local Reg. No. 18  
Reg. Dist. No. 540

1. PLACE OF DEATH *Preston*
- (a) County *Franklin*  
(b) City or town *Preston*  
(c) Street Address or R.F.D. No. *148*  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Ins. *Preston Medical* Stayed *1* days  
(g) Lived in this county *1* years *1* months *1* days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State *Utah* (b) County *Cache*  
(c) City or town *Logan*  
(d) Street Address or R.F.D. No. *157E*  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? *U.S.*  
(g) How long had deceased lived in Idaho? *now* years  
(h) Former residence (city, state) *Logan Utah*

3. (a) FULL NAME *Richard Bruce Peterson*

3. (b) If veteran, name war *157E*  
3. (c) Social Security No. *157E*  
5. Color or *White* 6. (a) Single, widowed, married, divorced *divorced*  
4. Sex *M* race *White*  
6. (b) Name of husband or wife *Edward H. Peterson* 6. (c) Age of husband or wife if alive *42* years  
7. Date of Birth (Month, Day, Year) *Nov 11 1934*

8. AGE	Years	Months	Days	If less than 1 day
	<i>9</i>	<i>5</i>	<i>5</i>	hrs min.

9. Exact Occupation *Child* Did this work for *9* yrs.  
10. Industry or Business *Child* Date last worked *9-20-1948*  
11. Birthplace *Preston* (City or town) (State or foreign country) *Idaho*  
12. Name *Edward H. Peterson*  
13. Birthplace *Murray* (City or town) (State or foreign country) *Idaho*  
14. Maiden name *Mary Cutler*  
15. Birthplace *Preston* (City or town) (State or foreign country) *Idaho*

16. Informant's OWN Signature *Mary E. Peterson*  
and Address *Logan Utah*

17. (a) *burial* (b) Date thereof *4-20-1948*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: *Logan Utah*

18. Funeral Director's OWN Signature *Wm. A. Richards*  
and Address *Preston Idaho*

19. (a) *4-18-48* (b) *Effie W. Browne*  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 044C

20. DATE OF DEATH (Month, Day, Year) *April 16 1948*  
at *6:30* o'clock *P* M.

21. I HEREBY CERTIFY, That I attended deceased from *April 16 1948* to *April 16 1948*  
I last saw him alive on *April 16 1948*; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Myocardial Infarction* Duration *16 days*

Due to *Myocardial Infarction*

Due to *Myocardial Infarction*

Other conditions (include pregnancy within 3 months of death) *Myocardial Infarction*

Where was disease contracted? *Home*

Name of operation *None* Date *None*

Major finding *Myocardial Infarction*

Finding of autopsy *Myocardial Infarction*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred *19* City, county, state *Logan Utah*

where violence occurred *Home*

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury *Myocardial Infarction*

23. Attendant's OWN Signature *M. D. Cutler M.D.*  
and Address *Preston Idaho* Date *4-16-1948*  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY 4 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1407  
Local Reg. No. 19  
Reg. Dist. No. 540

## DIVISION OF VITAL

1. PLACE OF DEATH: Franklin  
(a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Memorial Hosp.  
(g) Lived in this county 21 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. 33 So. 3rd East  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME DE LEWIS SPATIG PORTER

3. (b) If veteran, name war World War 2 No. 518-28-4020  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Coleen Oliverson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March 20, 1926.

8. AGE	Years	Months	Days	If less than 1 day
	<u>22</u>	<u>0</u>	<u>28</u>	hrs min.

9. Exact Occupation Electrician Did this work for 1 yrs.  
10. Industry or Business Ken's Electric Date last worked 4-17-48  
11. Birthplace Preston, Idaho.  
(City or town) (State or foreign country)

- Mother Father  
12. Name Lewis B. Porter  
13. Birthplace Preston, Idaho.  
(City or town) (State or foreign country)  
14. Maiden name Martha Spatig  
15. Birthplace Bern, Switzerland.  
(City or town) (State or foreign country)

16. Informant's OWN Signature R. B. Porter  
and Address Preston Idaho  
17. (a) Burial (b) Date thereof 4-21-48.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Preston, Idaho.  
18. Funeral Director's Richards & Son Mortuary  
OWN Signature Richard S. Richards  
and Address Preston, Idaho.  
19. (a) 4/20/40 (b) Effie W. Branner  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH (Month, Day, Year) April 18, 1948  
at 11:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 16, 1948, to April 18, 1948  
I last saw him alive on April 18, 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Subdural hemorrhage Duration 7 da  
Due to skull fracture 1 da  
Due to on all electrical shock 2 da  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? Longmish  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred April 16, 1948 19 \_\_\_\_\_ City, county, state where violence occurred Preston  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry Yes \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? Yes \_\_\_\_\_  
Means of injury Truck hit by car, fell  
23. Attendant's OWN Signature E. R. Cutler M.D.  
(M. D. or other) \_\_\_\_\_  
and Address Preston Idaho Date 4-20 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink of BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 4 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1408**  
Local Reg. No. **21**  
Reg. Dist. No. **540**

**1. PLACE OF DEATH:** **Franklin**  
(a) County **Franklin**  
(b) City or town **Preston**  
(c) Street Address or R.F.D. No. **70 West 4th St.**  
(d) Death Occurred Inside? **X** Outside? **city or town**  
(e) Died in a Home **X** Hospital **Institution** Other place  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **70** years **months** days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**  
(a) State **Idaho** (b) County **Franklin**  
(c) City or town **Preston**  
(d) Street Address or R.F.D. No. **70 West 4th St.**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **American**  
(g) How long had deceased lived in Idaho? **70** years  
(h) Former residence (city, state) **Utah**

**3. (a) FULL NAME** **GEORGE ROBINSON**  
**3. (b) If veteran,** **3. (c) Social Security**  
name war **No. 518-09-6799**  
**5. Color or** **6. (a) Single, widowed, married,**  
**4. Sex** **Male** **race** **White** **divorced** **Widowed**  
**6. (b) Name of husband or** **6. (c) Age of husband or wife if**  
wife **Nellie Hurd** **alive** **years**  
**7. Date of Birth**  
(Month, Day, Year) **July 21, 1873.**  

8. AGE	Years	Months	Days	If less than 1 day
	74	8	28	hrs min.

**MEDICAL CERTIFICATE OF DEATH** **097X**  
**20. DATE OF DEATH** **April 19, 1948**  
(Month, Day, Year) **7:35** o'clock **A.** M.  
**21. I HEREBY CERTIFY, That I attended deceased from**  
**4/19/1948**, to **4/19/48**, 19  
I last saw him alive on **4/19/48**, 19; death is  
said to have occurred on the date and hour stated above.  
**Immediate Cause of Death:** **Cerebral Hemorrhage** **Duration** **6 hours**

**Due to** **Hypertension** **10 years**  
**Arteriosclerosis** **5 years**  
**Due to**  
**Other conditions** (Include pregnancy within 3 months of death)  
**Where was disease contracted?**  
**Name of operation** **Date**  
**Major finding**  
**Finding of autopsy**  
**PHYSICIAN** Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?**  
**Occurred** **19** **City, county, state**  
**where violence occurred**  
**Place of Violence: Home Farm Industry**  
**Public Place While at work?**  
**Means of injury**  
**23. Attendant's** **R. Smith M.D.**  
**OWN Signature** **(M. D. or other)**  
**and Address** **Preston, Ida.** **Date** **4/20/1948**  
(For additional space, use reverse side)

**9. Exact** **Did this**  
**Occupation** **Miller** **work for** **60** yrs.  
**10. Industry or** **Preston Milling Co.** **Date last**  
**Business** **Self Employed** **worked** **1944**  
**11. Birthplace** **American Fork, Utah.**  
(City or town) (State or foreign country)  
**12. Name** **Samuel Robinson**  
**13. Birthplace** **England**  
(City or town) (State or foreign country)  
**14. Maiden name** **Easter Johnson**  
**15. Birthplace** **England**  
(City or town) (State or foreign country)  
**16. Informant's**  
**OWN Signature** **Bonnie Webb**  
**and Address** **20 W 4th St. Preston, Ida.**  
**17. (a) Burial** **(b) Date thereof** **4-22-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Franklin, Idaho.**  
**18. Funeral Director's** **Richards & Son, Mortuary**  
**OWN Signature** **Richard H. Richards**  
**and Address** **Preston, Idaho.**  
**19. (a) 4/21/48** **(b) Effie W. Browne**  
(Date received and filed) (Registrar's signature)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1409**  
Local Reg. No. **22**  
Reg. Dist. No. **540**

## 1. PLACE OF DEATH:

- (a) County **Franklin**  
(b) City or town **Preston**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **17** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Franklin**  
(c) City or town **Preston**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **29** years  
(h) Former residence (city, state) **Lowiston, Utah**

## 3. (a) FULL NAME

**Olive Myrl J. Hansen**

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**

4. Sex **Female**  
6. (b) Name of husband or wife **Raynold A. Hansen**  
6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) **Feb. 13, 1894**

8. AGE	Years	Months	Days	If less than 1 day
	<b>54</b>	<b>2</b>	<b>10</b>	hrs min.

9. Exact Occupation **Clerk** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **L.D.S. Store House** Date last worked **Apr. 23, 1948**

11. Birthplace **Lowiston, Utah**  
(City or town) (State or foreign country)

12. Name **Mark V. Jones**

13. Birthplace **Salt Lake City, Utah**  
(City or town) (State or foreign country)

14. Maiden name **Livinia Talbot**

15. Birthplace **Ogden, Utah**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Raynold B. Hansen**  
and Address **642 E. 7th North Logan, Ut.**

17. (a) **Burial** (b) Date thereof **April 27, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Preston, Idaho**

18. Funeral Director's OWN Signature **Webb-Hendricks**

- and Address **Preston**

19. (a) **4-27-48** (b) **Effie M. Brainer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **April 23** 19 **48**  
at **6:45** o'clock **P** M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**April 23, 1948** to **April 23, 1948**  
I last saw him alive on **April 23, 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Acute Coronary dilatation  
& Coronary occlusion**

Duration

Due to **Myocardial infarction**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's

OWN Signature **C.R. Artler M.D.**

and Address **Preston, Idaho** Date **4-23-48**

(For additional space, use reverse side)

055

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 2 1948

# Certificate Of Death

STATE OF IDAHO

1948 File No. 1410  
Local Reg. No. 22  
Reg. Dist. No. 540

1. PLACE OF DEATH: **FRANKLIN**
- (a) County **Franklin**  
(b) City or town **Preston**  
(c) Street Address or R.F.D. No. **252 East 1st St.**  
(d) Death Occurred Inside? **X** Outside? **city or town**  
(e) Died in a Home **X** Hospital **Institution** Other place  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **46** years **months** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Franklin**  
(c) City or town **Preston**  
(d) Street Address or R.F.D. No. **252 East 1st St.**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **American**  
(g) How long had deceased lived in Idaho? **46** years  
(h) Former residence (city, state) **Utah**

3. (a) FULL NAME **AGNES MEIKLE THOMAS**

3. (b) If veteran, name war **No.**  
3. (c) Social Security No. **No.**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Female** race **White**  
6. (b) Name of husband or wife **Joseph H. Thomas** 6. (c) Age of husband or wife if alive **years**  
7. Date of Birth (Month, Day, Year) **February 16, 1871.**

8. AGE	Years	Months	Days	If less than 1 day
	77	2	9	hrs min.

9. Exact Occupation **Housewife** Did this work for  **yrs.**  
10. Industry or Business **Own Home** Date last worked  
11. Birthplace **Smithfield, Utah.** (City or town) (State or foreign country)

12. Name **Robert Meikle**  
13. Birthplace **Scotland** (City or town) (State or foreign country)  
14. Maiden name **Martha Gardner**  
15. Birthplace **England** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. J. H. Thomas**  
and Address **1111 N. 1st St., Idaho.**

17. (a) **Burial** (b) Date thereof **4-28-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Preston, Idaho.**

18. Funeral Director's **Richards & Son Mortuary**  
OWN Signature **Wm. H. Richards**  
and Address **Preston, Idaho.**

19. (a) **4-28-48** (b) **E. E. Brown**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH (Month, Day, Year) **April 25, 1948**  
at **10:20** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **April 24, 1948, to April 25, 1948**  
I last saw **her** alive on **April 24, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral hemorrhage** Duration **1 hr**

Due to **Generalized arteriosclerosis** 10 yrs

Due to  
Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted? **Home**  
Name of operation **Date**  
Major finding  
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **Swicide?** **Homicide?**  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home **Farm** **Industry**  
Public Place **While at work?**

Means of injury

23. Attendant's OWN Signature **P. R. Carter M.D.** (M. D. or other)  
and Address **Preston, Idaho** Date **4-27-48** 1948  
(For additional space, use reverse side)

APR 22 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 46  
Local Reg. No. 40  
Reg. Dist. No. 40

## 1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Cleveland  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. 267 1/2 W.  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) New Mexico

## 3. (a) FULL NAME Denny L. Andreason

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ardel Andreason  
6. (c) Age of husband or wife if alive 29 years  
7. Date of Birth (Month, Day, Year) Apr. 28, 1920

8. AGE	Years	Months	Days	If less than 1 day
	<u>27</u>	<u>10</u>	<u>11</u>	hrs min.

9. Exact Occupation Tracer Operator Did this work for 1 yrs.  
10. Industry or Business Gravel Pit Date last worked Mar. 10, 1948  
11. Birthplace Elwood, Utah  
(City or town) (State or foreign country)

12. Name Howard M. Andreason  
13. Birthplace Bear River City, Utah  
(City or town) (State or foreign country)  
14. Maiden name Irene Seager  
15. Birthplace Logan, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Denny L. Andreason  
and Address Preston, Idaho

17. (a) Removal (b) Date thereof Mar. 13, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bear River City, Utah

18. Funeral Director's OWN Signature Webb-Hendricks  
and Address Preston, Idaho

19. (a) 3-11-1948 (b) Eric A. Brower  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 10 19 48  
at 2:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Body being crushed under track of Bull-dozer Rev.

Due to was operating.

Died on way to hospital

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Mar. 10 1948 City, county, state

where violence occurred Cleveland, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry X

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Crushing under bulldozer

23. Attendant's OWN Signature Eric A. Brower

and Address Preston, Idaho

(M. D. or other) \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

MAY 4 1948

# Certificate Of Death

STATE OF IDAHO

1948 1412  
State File No. 15  
Local Reg. No. 540  
Reg. Dist. No.

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Weston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 64 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Weston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 64 years  
(h) Former residence (city, state) Utah

### 3. (a) FULL NAME

EMILY ZWIFEL GASSMAN

### 3. (b) If veteran,

name war \_\_\_\_\_

### 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female Race White

6. (b) Name of husband or wife Otto Gassman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December '20, 1869.

8. AGE	Years	Months	Days	If less than 1 day
	78	3	13	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Own Home Date last worked \_\_\_\_\_

11. Birthplace Providence, Utah. (City or town) (State or foreign country)

12. Name Jacob Zwifel (City or town) (State or foreign country)

13. Birthplace Switzerland (City or town) (State or foreign country)

14. Maiden name Annie E. Mertz (City or town) (State or foreign country)

15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's OWN Signature Glen H. Gassman and Address Weston Idaho

17. (a) Burial (b) Date thereof 4-6-48. (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Weston, Idaho.

18. Funeral Director's Richards & Son Mortuary OWN Signature Glen H. Richards and Address Preston, Idaho.

19. (a) 4-5-48 (b) Effie W. Brown (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 3, 1948 at 1:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 4/1 1948, to 4/3 1948. I last saw h. alive on 4/3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration \_\_\_\_\_

Senility

Due to Cerebral arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) Coronary Vascular Disease

Where was disease contracted? \_\_\_\_\_

Name of operation. \_\_\_\_\_ Date. \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Leo R. Hansen M.D. (M. D. or other) and Address Preston Idaho Date 4/5 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-286 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

MAY 4 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1413**  
Local Reg. No. **17**  
Reg. Dist. No. **500**

## 1. PLACE OF DEATH

- (a) County **Franklin**  
(b) City or town **Whitney**  
(c) Street Address or R.F.D. No. **Preston #1**  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **28** years **28** months **28** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Franklin**  
(c) City or town **Whitney**  
(d) Street Address or R.F.D. No. **1 Preston**  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? **American**  
(g) How long had deceased lived in Idaho? **28** years  
(h) Former residence (city, state) **Utah**

## 3. (a) FULL NAME

**HORTENSE MAUDE HUNSAKER SMITH**

3. (b) If veteran, name war No.  
5. Color or 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Female** race **White**  
6. (b) Name of husband or wife **Howard R. Smith** 6. (c) Age of husband or wife if alive **53** years  
7. Date of Birth (Month, Day, Year) **November 11, 1900.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>47</b>	<b>4</b>	<b>26</b>	hrs min.

9. Exact Occupation **housewife** Did this work for yrs.  
10. Industry or Business **Own Home** Date last worked  
11. Birthplace **Bothwell, Boxelder Co., Utah** (City or town) (State or foreign country)

- Mother Father  
12. Name **J. Albert Hunsaker**  
13. Birthplace **Utah** (City or town) (State or foreign country)  
14. Maiden name **Annie Priest**  
15. Birthplace **Utah** (City or town) (State or foreign country)

16. Informant's OWN Signature **Howard R. Smith**  
and Address **Whitney Idaho**

17. (a) **Burial** (b) Date thereof **4-10-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Whitney, Idaho.**

18. Funeral Director's **Richards & Son Mortuary**  
OWN Signature **Herbert P. Richards**  
and Address **Preston, Idaho.**

19. (a) **4-19-48** (b) **Effie M. Branner**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 7, 1948**  
at **12:20** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended, deceased from **4/7/48** 19, to **4/7/48** 19  
I last saw her alive on **4/7/48** 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral hemorrhage** Duration **2 hours**

Due to **Hypertension** **104 years**

Due to  
Other conditions **Arteriosclerosis** **5 yrs.**  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **R. Smith M.D.**  
and Address **Preston, Idaho** Date **4/9/1948**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY 4 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1414  
Local Reg. No. 2  
Reg. Dist. No. 540

## 1. PLACE OF DEATH: STATISTICS

- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. Rte. 2  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 61 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. Rte 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Lewis Mechem Packer

3. (b) If veteran, name war    3. (c) Social Security No. 578-09-0048  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clotilda Packer 6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) Aug. 6, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>8</u>	<u>12</u>	hrs min.

9. Exact Occupation Farmer, Laborer Did this work for Life yrs.  
10. Industry or Business Naval Supply Date last worked     
11. Birthplace Riverdale, Idaho  
(City or town) (State or foreign country)

12. Name Nathan T. Packer  
13. Birthplace Andrew Co. Mo.  
(City or town) (State or foreign country)  
14. Maiden name Mary E. Mechem  
15. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Rex Packer  
and Address Preston Idaho Rte 2

17. (a) Burial (b) Date thereof Apr. 24, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Riverdale, Idaho

18. Funeral Director's OWN Signature Webb-Hendricks  
and Address Preston

19. (a) 4/20/48 (b) Edward B. Bower  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 18 19 48  
at 1 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 4-18 1948, to 4-18 1948.  
I last saw him alive on 4-18 1948. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 1 hr

Due to   

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature O. R. Cutler MD  
and Address Preston Idaho Date 4-19 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 26 1948

# Certificate of Death

STATE OF IDAHO

1948 1415  
State File No. ....  
Local Reg. No. 20  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years 5 months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Sugar City  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Logan, Utah

## 3. (a) FULL NAME FRED EGGERTZ

3. (b) If veteran, name war No. .... 3. (c) Social Security No. None.  
4. Sex Male race White 5. Color or White  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth January 30, 1876  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>2</u>	<u>10</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 39 yrs.  
10. Industry or Business Own business Date last worked 1947

11. Birthplace Logan, Utah  
(City or town) (State or foreign country)

12. Name Thomas Eggertz

13. Birthplace Troy Dalen, Sweden  
(City or town) (State or foreign country)

14. Maiden name Anna Christina Hansen

15. Birthplace Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lorenz H. Eggertz

and Address San Francisco, California

17. (a) Burial (b) Date thereof 4-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Sugar City, Idaho.

18. Funeral Director's OWN Signature M. S. Hansen

and Address St. Anthony, Idaho

19. (a) April 19, 1948 (b) M. S. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 10, 1948  
(Month, Day, Year) at 3:33 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 20 1948, to April 9 1948  
I last saw him alive on April 9 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chronic Myocarditis

Due to .....

Due to .....

Other conditions Cancer Liver?  
(Include pregnancy within 3 months of death)

Edema - abdominal

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature E. L. Soule

and Address St. Anthony, Idaho Date 5/12/1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 1416  
Local Reg. No. 24  
Reg. Dist. No. 65

APR 26 1948

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county    years 2 months 25 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state)

3. (a) FULL NAME BRENDA KAYE RUMSEY

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or Female White 6. (a) Single, widowed, married, divorced Single  
4. Sex Female 6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

7. Date of Birth January 11, 1948  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>2</u>	<u>25</u>	hrs. min.

9. Exact Occupation    Did this work for    yrs.  
10. Industry or Business    Date last worked

11. Birthplace St. Anthony, Idaho  
(City or town) (State or foreign country)

12. Name Donald Garth Rumsey

13. Birthplace St. Anthony, Idaho  
(City or town) (State or foreign country)

14. Maiden name Leona Dorothy Doney

15. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Donald Rumsey

and Address St. Anthony, Idaho

17. (a) Burial (b) Date thereof April 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Parkern, Idaho

18. Funeral Director's OWN Signature M. A. Hansen

and Address St. Anthony, Idaho

19. (a) 4-19-48 (b) M. A. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 6 1948  
(Month, Day, Year) at 8 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased on April 6 1948  
I last saw him alive on April 6 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Left heart failure Duration ?

Due to Pneumonia ?

Due to   

Other conditions   

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature A. A. Krueger MD

and Address Ashton, Idaho Date 10 April 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 26 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1417  
Local Reg. No. 26  
Reg. Dist. No. 651

## 1. PLACE OF DEATH:

- (a) County Fremont.  
(b) City or town Farnum. (Ashton)  
(c) Street Address or R.F.D. No. R.F.D.  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home. X Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 32 years 12 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Farnum.  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Nebraska.

## 3. (a) FULL NAME Claud. Duval. Henry.

3. (b) If veteran, name war - No. -  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed.  
4. Sex Male race White  
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Date of Birth (Month, Day, Year) January. 9th 1887.

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>3</u>	<u>-</u>	hrs min.

9. Exact Occupation Retired farmer Did this work for - yrs.  
10. Industry or Business - Date last worked -  
11. Birthplace Koseland. Nebraska. (City or town) (State or foreign country)

12. Name A. Henry.  
13. Birthplace New York. N.Y. (City or town) (State or foreign country)  
14. Maiden name Catherine Thornburg.  
15. Birthplace Kansas. (City or town) (State or foreign country)

16. Informant's OWN Signature H.R. Henry  
and Address Farnum. Idaho.

17. (a) Burial. (b) Date thereof 4/12th 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ashton Idaho.

18. Funeral Director's OWN Signature Lewis Kiser  
and Address Ashton Idaho.

19. (a) April 13 1948 (b) M. O. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 111C

20. DATE OF DEATH (Month, Day, Year) April. 9th 1948 19 48  
at 1.30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from December 5 1947 to April 9 1948.  
I last saw him alive on April 9 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Hypertensive pneumonia Duration 2 days

Due to carcinoma head of pancreas

Due to -  
Other conditions -  
(Include pregnancy within 3 months of death)

Where was disease contracted? - Date -  
Name of operation - Date -  
Major finding -  
Finding of autopsy -  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -  
Occurred - 19 - City, county, state

where violence occurred -  
Place of Violence: Home - Farm - Industry -  
Public Place - While at work? -

Means of injury -  
23. Attendant's OWN Signature M. O. Hansen (M. D. or other)

and Address Ashton Idaho Date 4/12/48  
(For additional space, use reverse side)

446

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 5 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No.

Local Reg. No.

Reg. Dist. No.

1418

651

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county        years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

3. (a) FULL NAME RUTH WILKINSON LAMBDIN

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or Race Female White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife William T. Lambdin  
6. (c) Age of husband or wife if alive 68 years  
7. Date of Birth November 18, 1883  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>5</u>	<u>8</u>	hrs. min.

9. Exact Occupation Housewife Did this work for        yrs.  
10. Industry or Business Own Home Date last worked         
11. Birthplace Milton, Oregon  
(City or town) (State or foreign country)

- Father { 12. Name John A. Wilkinson  
13. Birthplace Ashtabula, Ohio  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Julia Jenks  
15. Birthplace Cincinnati, Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature James Lambdin  
and Address Tacoma, Washington

17. (a) Removal (b) Date thereof April 28, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Lewiston, Idaho.

18. Funeral Director's OWN Signature M. S. Hansen  
and Address St. Anthony, Idaho

19. (a) April 28, 1948 (b) M. S. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH APR 26 1948  
(Month, Day, Year) at 5:42 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 3 1947 to April 26 1948  
I last saw h. e. r. alive on April 26 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 4 days

Due to Hypertension 2+ years

Due to arteriosclerosis  
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?         
Name of operation        Date         
Major finding         
Finding of autopsy         
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?       

Means of injury         
23. Attendant's OWN Signature C. D. Rusty M.D.  
and Address Anthony Ida Date 4-27-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 5 1948

# Certificate of Death

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1948 State File No. **1419**  
Local Reg. No. **28**  
Reg. Dist. No. **657**

## 1. PLACE OF DEATH:

- (a) County **Fremont**  
(b) City or town **St. Anthony**  
(c) Street Address or R.F.D. No. **Star Route**  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **62** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Fremont**  
(c) City or town **St. Anthony**  
(d) Street Address or R.F.D. No. **Star Route**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **62** years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

**LANSING BATES BROWER**

3. (b) If veteran, name war **NO.** 3. (c) Social Security No. **518-22-2737**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **widowed**  
4. Sex **Male** race **White** 6. (c) Age of husband or wife if alive ☐ years  
6. (b) Name of husband or wife **Mae Birch**  
7. Date of Birth **December 28, 1882**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>65</b>	<b>4</b>	<b>1</b>	hrs. min.

9. Exact Occupation **Interior Decorator** Did this work for **40** yrs.  
10. Industry or Business **Own Business** Date last worked **4-28-48**  
11. Birthplace **Richmond, Utah** (City or town) (State or foreign country)

12. Name **Joseph Brower**  
13. Birthplace **Salt Lake City, Utah** (City or town) (State or foreign country)  
14. Maiden name **Brissa Bates**  
15. Birthplace **Wisconsin** (City or town) (State or foreign country)

16. Informant's OWN Signature **Ray Brower**  
and Address **St. Anthony, Idaho**

17. (a) **Burial** (b) Date thereof **5-3-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Wilford, Idaho**

18. Funeral Director's OWN Signature **Mrs. Hansen**  
and Address **St. Anthony, Idaho**

19. (a) **May 3, 1948** (b) **Mrs. Hansen**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **April 29, 1948**  
(Month, Day, Year) at **6:30** o'clock **a**. M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 1, 1948** to **April 29, 1948**  
I last saw him alive on **April 1, 1948**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Acute Coronary Occlusion 5 mi**  
Due to **Posterior infarct**  
**Coronary vessel Jan 1, 1948**  
Due to **Angina Pectoris** **1 yrs.**  
Other conditions ☐  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

- Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state  
where violence occurred ☐  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

- Means of injury ☐  
23. Attendant's OWN Signature **E. L. Lamb**  
and Address **St. Anthony** Date **4/29, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce APR 17 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3-1420  
Local Reg. No. 341  
Reg. Dist. No. 341

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 119 N. Wardwell  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☐ Hospital? ☒ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Institution McCainley Smith 21 days  
(g) Lived in this county 6 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME EDWARD P. SHAW

3. (b) If veteran, name war  3. (c) Social Security No.   
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years  
7. Date of Birth (Month, Day, Year) May 28, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>10</u>	<u>3</u>	hrs min.

9. Exact Occupation Station Agent Did this work for 50 yrs.  
10. Industry or Business Railroad Date last worked   
11. Birthplace Monmouth, Ill (City or town) (State or foreign country)

12. Name unknown  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature John P. Shaw  
(a) and Address Emmett, Idaho

17. (a) Burial (b) Date thereof 4/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ontario, Oregon

18. Funeral Director's OWN Signature Charles R. Grooms  
(a) and Address Emmett, Idaho

19. (a) 4/16/48 (b) Chas. Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 1 19 48  
(Month, Day, Year) at 7 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 1945 to date of death  
I last saw him alive on April 19, 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Due to pharyngeal cancer Duration 3 yrs  
Due to Complication of cancer 1 year  
Other conditions arteriosclerosis 1 yr  
(Include pregnancy within 3 months of death)

- Where was disease contracted? ☒  
Name of operation  Date   
Major finding   
Finding of autopsy   
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred 19 City, county, state  
where violence occurred   
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature Chas. Flahiff (M. D. or other)  
(a) and Address Emmett, Idaho Date 4/17/48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
APP - 5 1948  
STATE OF IDAHO

State File No. **1421**  
Local Reg. No. **340**  
Reg. Dist. No. **341**

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. Vet's Housing  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 17 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. Vet's Housing  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state) Nebraska

3. (a) FULL NAME WALTER D. WYLAND

3. (b) If veteran, name war no  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) February 18, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>1</u>	<u>13</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Farm Date last worked 1931  
11. Birthplace Needy Oregon  
(City or town) (State or foreign country)

Mother { 12. Name Daniel Wyland  
13. Birthplace unknown  
(City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Daniel W. Wyland Box 551  
and Address Emmett, Idaho

17. (a) Burial (b) Date thereof 4/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature James R. Parsons  
and Address Emmett, Idaho

19. (a) 4/3/48 (b) Chas. Flahiff  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **095C 077D**

20. DATE OF DEATH (Month, Day, Year) April 1 19 48  
at \_\_\_\_\_ o'clock M

21. I HEREBY CERTIFY, That I attended deceased from 3-27- 19 48, to Apr 1 19 48  
I last saw h. alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Duration \_\_\_\_\_

Due to Chronic heart-Condition  
Due to Cardiac Arteriosclerosis  
Other conditions Chronic Alcoholism  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. L. Reynolds  
and Address Emmett, Idaho Date 4-1 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census APR 23 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1422  
Local Reg. No. 340  
Reg. Dist. No. 341

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 2nd & Wash.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Mary Secor Stayed 2 days  
(g) Lived in this county 3 years 3 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 519 E. 2nd  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Montpelier, Ida

## 3. (a) FULL NAME

Fred Erdman Radke

3. (b) If veteran, No name war No  
3. (c) Social Security No. No  
4. Sex M 5. Color or W race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Hedwig  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Feb. 22, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>1</u>	<u>19</u>	hrs min.

9. Exact Occupation Merchant Did this work for 11 yrs.  
10. Industry or Business Retail Furniture Date last worked  
11. Birthplace Yagolitz, Germany  
(City or town) (State or foreign country)

- Mother Father  
12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ernest A. Radke  
and Address 518 East 2nd Emmett, Ida.

17. (a) Burial (b) Date thereof 4-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Clarence O. Jensen  
and Address Emmett, Idaho

19. (a) 4/22/48 (b) Chas Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 051B 094A

20. DATE OF DEATH (Month, Day, Year) April 12 1948  
at 9:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 5.15 1945, to 4.12 1948

I last saw h. live alive on 4.12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 1 mo.  
Cerebral arteriosclerosis 1 yr.

Due to Coronary Disease  
Due to repeated myocardial infarction 8 mos.  
Other conditions Carotid artery of throat 4 yrs.  
(Include pregnancy within 3 months of death)  
Wall bladder disease 10 yrs.

Where was disease contracted? At home  
Name of operation — Date —  
Major finding —  
Finding of autopsy —

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred — 19 — City, county, state where violence occurred —  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature Ernest A. Radke (X. D. or other)  
and Address Emmett, Idaho Date 4.12 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 23 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1423

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Ben  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 2nd & Wash  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. may have Stayed 10 days  
(g) Lived in this county 2 years 2 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ben  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 2nd & Wash  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U S A  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Blackfoot, Ida

## 3. (a) FULL NAME

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife James F. Tucker 6. (c) Age of husband or wife if alive 44 years

7. Date of Birth (Month, Day, Year) Oct. 12 18 66

8. AGE Years 81 Months 6 Days 4 If less than 1 day hrs min.

9. Exact Occupation Jan Super Did this work for 70 yrs.

10. Industry or Business at home Date last worked 4/10/48

11. Birthplace Union, Neb (City or town) (State or foreign country)

12. Name James F. Tucker

13. Birthplace Idaho (City or town) (State or foreign country)

14. Maiden name Sarah K. Blair

15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Rhea Tucker

and Address Emmett, Ida

17. (a) Removal (b) Date thereof 12-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Blackfoot, Ida

18. Funeral Director's OWN Signature Chas. Flahiff

and Address Emmett, Idaho

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 16 1948  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Apr 5 1948, to Apr 16 1948.  
I last saw her alive on Apr 14 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Internal Obstruction Duration

Due to Possible Carcinoma of bowels

Due to

Other conditions age  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Laparotomy Date 4/17/48

Major finding Enlarged mass and

Finding of autopsy adhesions

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

23. Attendant's OWN Signature J R Reynolds

and Address Emmett, Ida Date 4-16 1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1424  
Local Reg. No. 348  
Reg. Dist. No. 341

MAY 10 1948

## 1. PLACE OF DEATH:

(a) County Gem  
(b) City or town Emmett, Idaho  
(c) Street Address or R.F.D. No. 2nd & Wash.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place city or town  
(f) Name Hosp. or Inst. Mary Secor Stayed 10 days  
(g) Lived in this county 38 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Gem  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. 310 S Wardwell  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Colo.

## 3. (a) FULL NAME

LYDIA STRAWN HOLLAR

3. (b) If veteran, no  
name war no

3. (c) Social Security No. no

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Harry W.

6. (c) Age of husband or wife if alive 83 years

7. Date of Birth (Month, Day, Year) August 5, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>8</u>	<u>17</u>	hrs min.

9. Exact Occupation Home Keeper Did this work for 50 yrs.

10. Industry or Business Own Home Date last worked 1947

11. Birthplace Kirkland, Ill.  
(City or town) (State or foreign country)

12. Name George W. Strawn

13. Birthplace Illinois  
(City or town) (State or foreign country)

14. Maiden name Adelia Bennett

15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Walter Hollar

and Address Emmett, Idaho

17. (a) Burial (b) Date thereof 4-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Flahiff Chapel

and Address Emmett, Idaho

19. (a) 5/8/48 (b) Chas Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D 083A

20. DATE OF DEATH (Month, Day, Year) April 22 1948  
at 4:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 2-16 1945, to 4-22 1948  
I last saw h.e.r. alive on 4-22 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Intestinal Obstruction Duration 1 wk.  
Floral infarction

Due to cerebral hemorrhage 1 1/2 yrs.

Due to Crown Myocarditis  
Other conditions 2 myocardial degeneration 4 yrs  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation — Date —

Major finding —

Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred — 19 — City, county, state where violence occurred —  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature H. H. Swenson, M.D.  
(M. D. or other)  
and Address Emmett, Idaho Date 4-23 1948.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 10 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. **1425**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Gem  
(b) City or town Emmett, Idaho  
(c) Street Address or R.F.D. No. Rt. 1  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mary Secors Stayed \_\_\_\_\_ days  
(g) Lived in this county 16 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Gem  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. Rt 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) Benton Ark.

3. (a) FULL NAME SYLVIA MAE BUCK

3. (b) If veteran, name war no 3. (c) Social Security No. no  
4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 79 years  
7. Date of Birth (Month, Day, Year) October 2, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>6</u>	<u>21</u>	hrs min.

9. Exact Occupation Home keeper Did this work for 50 yrs.  
10. Industry or Business Own Home Date last worked 1947  
11. Birthplace Smith Center Kansas  
(City or town) (State or foreign country)

12. Name John H. Willett  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Minerva Anne Swallow  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Anna Mae Mitchell  
and Address Emmett, Idaho

17. (a) Burial (b) Date thereof 4-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Flahiff Chapel  
and Address Emmett, Idaho

19. (a) 5/8/48 (b) Chas Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 23 1948  
at 10:36 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 4.3.1948 to 4.23.1948  
I last saw h. af alive on 4.23.1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of rectum Duration 1 yr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. H. Guzman M.D.  
and Address Emmett, Idaho Date 4/27 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1426  
Local Reg. No. 320  
Reg. Dist. No. 341

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett, Idaho  
(c) Street Address or R.F.D. No. 2nd & Wash.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Mary Secor Stayed 17 days  
(g) Lived in this county 17 years 17 months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boise  
(c) City or town Horsehoe Bend  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Ainsworth, Neb

## 3. (a) FULL NAME

HOMER J. FLOWERDEW

3. (b) If veteran, name war no  
3. (c) Social Security No. 519-20-2361  
4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ina  
6. (c) Age of husband or wife if alive 62 years

7. Date of Birth (Month, Day, Year) March 3, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>1</u>	<u>22</u>	hrs min.

9. Exact Occupation Laborer Did this work for 6 yrs.

10. Industry or Business Hoff Lumber Co Date last worked Aug. 7, 1947

11. Birthplace Matton, Ill. (City or town) (State or foreign country)

12. Name Joseph Flowerdew (City or town) (State or foreign country)

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Finnie Steele (City or town) (State or foreign country)

15. Birthplace Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature Homer J. Flowerdew  
and Address Baldwell 110 Blaine

17. (a) Burial (b) Date thereof 4-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature James R. Persson  
and Address Emmett, Idaho

19. (a) 5/8/48 (b) Chas. Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 25 19 48  
at 1:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 1:30 19 48, to 4:25 19 48.  
I last saw him alive on 4-25 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage Duration 1 hr.

Due to

Due to

Other conditions Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

2. Myocardial infarction 3 weeks

Where was disease contracted? at home

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature H. R. Persson  
(At D. or other)

and Address Emmett, Idaho Date 4-29 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1427  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 119 N. Wardwell  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☒ Other place  
(f) Name Hosp. or Inst. Smith Nursing days  
(g) Lived in this county 11 years 11 months 11 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 59 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME GEORGE W. RIDENOUR

3. (b) If veteran, name war         
5. Color or        6. (a) Single, widowed, married, divorced         
4. Sex M race W  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) Dec 25 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>4</u>	<u>3</u>	hrs min.

9. Exact Occupation Sheepman Did this work for        yrs.  
10. Industry or Business Sheep Herder Date last worked         
11. Birthplace Green Castle, Missouri  
(City or town) (State or foreign country)

12. Name Enoch Ridenour  
13. Birthplace Pennsylvania  
(City or town) (State or foreign country)  
14. Maiden name Nancy A. Claybrook  
15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Dwight A. Reynolds  
and Address Emmett, Idaho

17. (a) Burial (b) Date thereof 5/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Charles R. Persons  
and Address Emmett, Idaho

19. (a) 5/8/48 (b) Chas. F. Laff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 087C

20. DATE OF DEATH (Month, Day, Year) April 28 19 48  
at        o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Since May 1945 to April 1948  
I last saw him alive on April 2 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Decompensation Duration       

Due to Emphysema and

Due to Parkinson disease  
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?         
Name of operation        Date         
Major finding         
Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature J. L. Reynolds  
and Address Emmett, Idaho Date 5-8 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 23 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1428  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

(a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. Rt. 1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 10 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. RT. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

JERALD LYNN WILLIS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive No years

7. Date of Birth (Month, Day, Year)

NOVEMBER 3, 1937

8. AGE	Years	Months	Days	If less than 1 day
	<u>10</u>	<u>5</u>	<u>13</u>	hrs min.

9. Exact Occupation None Did this work for None yrs.

10. Industry or Business Student Date last worked

11. Birthplace Emmett, Idaho (City or town) (State or foreign country)

12. Name L. W. Willis

13. Birthplace Fairview Virginia (City or town) (State or foreign country)

14. Maiden name Mary Ethel Clandler

15. Birthplace Fairview, Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature L. W. Willis and Address Emmett, Idaho

17. (a) Burial (b) Date thereof 4-19-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Charles R. Persons and Address Emmett, Idaho

19. (a) 4/23/48 (b) Chas. Flahiff (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 16 19 48  
at 8:05 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from March 1948 to April 16, 1948

I last saw h. alive on April 16, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Tuberculosis pneumonia Duration 6 weeks

Due to hypertension of heart 2 1/2 years

Due to stroke

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home PHYSICIAN

Name of operation None Date

Major finding None Underline the cause to which death should be charged statistically.

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred None 19 48 City, county, state where violence occurred  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's OWN Signature Donald P. Rawlson (M. D. or other)

and Address Emmett Date 4/19 19 48  
(For additional space, use reverse side)

State File No. 1429  
Local Reg. No. 440  
Reg. Dist. No. 441

# Certificate Of Death

United States  
Department of Commerce  
Bureau of the Census

STATE OF IDAHO

## 1. PLACE OF DEATH:

(a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. Rt 1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 70 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 70 years  
(h) Former residence (city, state) Denmark

## 3. (a) FULL NAME

ANTONE H. HANSON

3. (b) If veteran, name war no 3. (c) Social Security No. no  
5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Katherine 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) June 10, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>10</u>	<u>12</u>	hrs min.

9. Exact Occupation Plaster Did this work for years  
10. Industry or Business Self Date last worked  
11. Birthplace Denmark (City or town) (State or foreign country)

12. Name Neils Hanson  
13. Birthplace Denmark (City or town) (State or foreign country)  
14. Maiden name Augusta Christon  
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Antone H. Hansen  
and Address Emmett, Idaho

17. (a) Burial (b) Date thereof 4-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Clarence R. Parsons  
and Address Emmett, Idaho

19. (a) 4/23/48 (b) Chas. Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 22 1948  
(Month, Day, Year) at 6:40 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 1944 to 4-22-1948  
I last saw him alive on 4-21-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to Apoplexia

Due to hypertension

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature J. L. Reynolds  
(M. D. or other)

and Address Emmett Date 4-22-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAY 10 1948

STATE OF IDAHO

1948  
State File No. 1430  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. Rt. 1  
(d) Death Occured Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 34 years 34 months 34 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. Rt 1  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? Citizen of Japan  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) From Japan

## 3. (a) FULL NAME

NICHI SUYEHIRA

013B

3. (b) If veteran, No name war No  
3. (c) Social Security No. No  
4. Sex F 5. Color or race race  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Frank D.  
6. (c) Age of husband or wife if alive 68 years  
7. Date of Birth (Month, Day, Year) August 13 1894

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>8</u>	<u>11</u>	hrs min.

9. Exact Occupation Home keeper Did this work for 34 yrs.  
10. Industry or Business Own Home Date last worked 1945  
11. Birthplace Yamaguchi Ken Japan  
(City or town) (State or foreign country)

12. Name Kametaro Iyenari  
13. Birthplace Yamaguchi Ken Japan  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Yamaguchi Ken Japan  
(City or town) (State or foreign country)

16. Informant's OWN Signature Nichy S. Suyehira  
and Address Emmett, Idaho

17. (a) Burial (b) Date thereof 4-28- 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Charles O. Benson  
and Address Emmett, Idaho

19. (a) 5/8/48 (b) Chas. Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093E

20. DATE OF DEATH (Month, Day, Year) April 24 19 48  
at 8:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 1935 to April 22 19 48.  
I last saw her alive on April 22 19 48; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Myocarditis with  
decompensation  
Due to Septicemia  
Due to Chronic Tuberculosis, Pulmonary  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? Emmett, Idaho  
Name of operation Date  
Major finding Underline the cause to which death should be charged statistically.  
Finding of autopsy statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature J. H. Reynolds  
and Address Emmett, Idaho (M. D. or other)  
Date 5-1 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 20 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1431  
Local Reg. No. 1323  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R.F.D. No. 102 Nebraska  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ----- Stayed --- days  
(g) Lived in this county 38 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. 102 Nebraska St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Warwick, N. Dakota

## 3. (a) FULL NAME

Austin E. Randolph

## 3. (b) If veteran,

name war ----

## 3. (c) Social Security

No. -----

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edyth J. 6. (c) Age of husband or wife if alive ----- years

7. Date of Birth (Month, Day, Year) September 29, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>6</u>	<u>14</u>	hrs min.

9. Exact Occupation Farming Did this work for life yrs.

10. Industry or Business ----- Date last worked 1943

11. Birthplace Thornburg, Iowa  
(City or town) (State or foreign country)

12. Name John Randolph

13. Birthplace Pennsylvania  
(City or town) (State or foreign country)

14. Maiden name Anna Meorse

15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Harold E. Randolph

- and Address Gooding, Idaho

17. (a) burial (b) Date thereof 4/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's OWN Signature H.P. Bright

- and Address Gooding, Idaho

19. (a) 4-14-48 (b) J.H. Cimmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 12 1948  
(Month, Day, Year)  
at 4 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 1948, to Apr. 12 1948  
I last saw him alive on Apr. 11 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary atherosclerosis

## Duration

3 months

Due to -----

Due to -----

Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's

OWN Signature J.H. Cimmer

and Address Gooding Date 4/12 1948  
(For additional space, see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 30 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1432  
Local Reg. No. 1334  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R.F.D. No. 4th & Washington  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 30 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. 4th & Washington  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Ashland, Oregon

## 3. (a) FULL NAME

Laura Pyland Douglass

## 3. (b) If veteran,

name war ☐

## 3. (c) Social Security

No. ☐

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife W.J. Douglass 6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) December 23, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>4</u>	<u>0</u>	hrs min.

9. Exact Occupation housewife Did this work for life yrs.

10. Industry or Business bookkeeper Date last worked May, 1947

11. Birthplace Missouri  
(City or town) (State or foreign country)

12. Name McDaniel

13. Birthplace unknown  
(City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. C.E. M. Cornell  
and Address Gooding, Idaho

17. (a) burial (b) Date thereof 4/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Elmwood Cem, Gooding, Idaho

18. Funeral Director's OWN Signature H.P. Bright  
and Address Gooding, Idaho

19. (a) 4-27-48 (b) J.H. Cronin  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 073A

20. DATE OF DEATH (Month, Day, Year) April 23- 1948  
at 4 o'clock 12 A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1947, to 4-23- 1948

I last saw her alive on 4-22- 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: pernicious anemia Duration ?

chronic nephritis

Due to hypertension  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? home

Name of operation                      Date                     

Major finding                     

Finding of autopsy                     

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred                      19                      City, county, state

where violence occurred                     

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury                     

23. Attendant's OWN Signature J.H. Cronin  
(M. D. or other)

and Address Gooding, Idaho Date 4-27-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 30 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1433  
Local Reg. No. 1326  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R.F.D. No. Main St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital. Institution Other place...  
(f) Name Hosp. or Inst. St. Mary's days  
(g) Lived in this county 9 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. Main St. South  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state) Kemmer, Wyoming

## 3. (a) FULL NAME

Mary Margret Somers

## 3. (b) If veteran,

name war -----

## 3. (c) Social Security

No. -----

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Wesley A. 6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) May 9, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>11</u>	<u>18</u>	hrs min.

9. Exact Occupation housewife Did this work for life yrs.

10. Industry or Business Date last worked 1/1/48

11. Birthplace Evenston, Wyoming (City or town) (State or foreign country)

12. Name Richard H. Lewis

13. Birthplace Wisconsin (City or town) (State or foreign country)

14. Maiden name Susana Jones

15. Birthplace Wales (City or town) (State or foreign country)

16. Informant's OWN Signature Katharine J. Oakley and Address Gooding, Idaho

17. (a) removal (b) Date thereof 4/28/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Kemmer, Wyoming

18. Funeral Director's OWN Signature H.P. Bright and Address Gooding, Idaho

19. (a) 4-22-48 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4/27 1948  
at 7:36 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 4/10 1948 to 4/27 1948  
I last saw h. alive on 4/27 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Endocarditis Duration 4 yrs

Due to Chronic Endocarditis

Due to Chronic Endocarditis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? 2

Name of operation 2 Date 4/27/48

Major finding Chronic Endocarditis

Finding of autopsy Chronic Endocarditis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 2 Suicide? 2 Homicide? 2  
Occurred 19 City, county, state where violence occurred Gooding, Idaho  
Place of Violence: Home 2 Farm 2 Industry 2  
Public Place 2 While at work? 2  
Means of injury 2

23. Attendant's OWN Signature F. E. Bennett MD

and Address Gooding, Idaho Date 4/28/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 30 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1434**  
Local Reg. No. **1328**  
Reg. Dist. No. **420**

## 1. PLACE OF DEATH:

- (a) County **Gooding**  
(b) City or town **Gooding**  
(c) Street Address or R.F.D. No. **Main St.**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. **Drs. Office** stayed ☐ days  
(g) Lived in this county **1** years **10** months **29** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Gooding**  
(c) City or town **Gooding**  
(d) Street Address or R.F.D. No. **Main St.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **23** Mo. years  
(h) Former residence (city, state) **none**

## 3. (a) FULL NAME

**Linda Osa**

## 3. (b) If veteran,

name war -----

## 3. (c) Social Security

No. -----

4. Sex **female** 5. Color or race **white**  
6. (b) Name of husband or wife ----- 6. (a) Single, widowed, married, divorced -----

7. Date of Birth (Month, Day, Year) **May 29, 1946**  
8. AGE 

Years	Months	Days	If less than 1 day
<b>1</b>	<b>10</b>	<b>29</b>	hrs min.

9. Exact Occupation ----- Did this work for ----- yrs.  
10. Industry or Business ----- Date last worked -----

11. Birthplace **Gooding, Idaho**  
(City or town) (State or foreign country)

12. Name **Jose Osa**  
13. Birthplace **Spain**  
(City or town) (State or foreign country)

14. Maiden name **Lucia Urea**  
15. Birthplace **Bliss, Idaho**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Jose Osa**  
and Address **Gooding, Idaho**

17. (a) **burial** (b) Date thereof **4/30/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Elmwood Cem. Gooding, Idaho**

18. Funeral Director's OWN Signature **H.P. Bright**  
and Address **Gooding, Idaho**

19. (a) **4-28-48** (b) **J. H. Cromwell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 27** 19**48**  
at **4:30** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **4-27-1948**, to **4-27-1948**  
I last saw her alive on **4-27-1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Asphyxia**

## Duration

**3**

Due to **acute pneumonia**

Due to **asphyxia**  
Other conditions **with I. pneumonia**  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ----- Date -----

## Major finding

Finding of autopsy **pneumonia with profuse exudate in bronchi**  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state where violence occurred

Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----

## Means of injury

23. Attendant's OWN Signature **J. H. Cromwell**

and Address **Gooding, Idaho** Date **4-29-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1435  
Local Reg. No. 84  
Reg. Dist. No. 421

APR 8 1948

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. Main St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Ins. St. Valentines stayed 1 days  
(g) Lived in this county 8 years 0 months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) ~~Street Address or R.F.D. No.~~ 1  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U S A  
(g) How long had deceased lived in Idaho? 8 days 0 years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Elsie Darline Evans

## 3. (b) If veteran,

name war -----

## 3. (c) Social Security

No. -----

5. Color or race white  
6. (a) Single, widowed, married, divorced -----  
(b) Name of husband or wife -----  
(c) Age of husband or wife if alive ----- years

## 7. Date of Birth

(Month, Day, Year) March 24, 1948

## 8. AGE

Years

Months

Days

If less than 1 day

8

hrs min.

9. Exact Occupation ----- Did this work for ----- yrs.  
10. Industry or Business ----- Date last worked -----  
11. Birthplace Wendell Idaho  
(City or town) (State or foreign country)

12. Name D.R. Evans  
13. Birthplace Woodruff, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Phyllis John  
15. Birthplace Logan, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address H R 1 Gooding, Idaho

17. (a) burial (b) Date thereof 4/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's OWN Signature H.P. Bright  
and Address Gooding, Idaho

19. (a) 4/4/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 4/3 1948  
at 3:36 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 3/30 1948, to 4/2 1948

I last saw h. alive on 4/2 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia Duration 18 hrs

Due to Toxic condition  
mother 4/2/48 8210150/100

Due to -----  
Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----  
Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state  
where violence occurred  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature [Signature]  
(M. D. or other)  
and Address Gooding, Idaho Date 4/2 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 9 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1436  
Local Reg. No. 1322  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) ~~Street Address~~ or R.F.D. No. 3  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. ----- Stayed --- days  
(g) Lived in this county 36 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) ~~Street Address~~ or R.F.D. No. 3  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Glendora, Cal.

## 3. (a) FULL NAME

Harvy Lyman Harding

## 3. (b) If veteran,

name war -----

## 3. (c) Social Security

No. -----

5. Color or white  
6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Stella M.  
6. (c) Age of husband or wife if alive 57 years

## 7. Date of Birth

(Month, Day, Year) December 7, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>3.</u>	<u>29</u>	hrs min.

9. Exact Occupation farming Did this work for life yrs.

10. Industry or Business ----- Date last worked Oct. 1947

11. Birthplace Elbert, Colorado  
(City or town) (State or foreign country)

12. Name William Harding

13. Birthplace Iowa  
(City or town) (State or foreign country)

14. Maiden name Abigail Chaise

15. Birthplace Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ray Harding

and Address Gooding, Idaho

17. (a) burial (b) Date thereof 4/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's OWN Signature H.P. Bright

and Address Gooding, Idaho

19. (a) 4-3-48 (b) J.H. Cornwall  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 5 1948  
at 9:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1944, to 4-5-48 1948

I last saw him alive on 4-5-48 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Pulmonary tuberculosis 4 yrs  
Due to -----

Due to -----

Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? 7

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

## 23. Attendant's

OWN Signature J.H. Cornwall  
and Address Gooding, Idaho Date 4-6-48 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1437  
Local Reg. No. 88  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- APR 20 1948
- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. —  
(d) Death Occurred Inside? X Outside? — city or town  
(e) Died in a Home — Hospital X Institution — Other place —  
(f) Name Hosp. or Inst. St. Valentines Stayed — days  
(g) Lived in this county — years — months — days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Carey  
(d) Street Address or R.F.D. No. —  
(e) Deceased lived Inside? X Outside? — city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 6 mo. years  
(h) Former residence (city, state) —

## 3. (a) FULL NAME

Baby Allen Joseph Jones

108X

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

## 4. Sex male race white

## 6. (b) Name of husband or wife

## 6. (a) Single, widowed, married, divorced

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth

(Month, Day, Year) Sept. 15, 1947

## 8. AGE

Years

Months

Days

If less than 1 day

—

6

24

— hrs. — min.

## 9. Exact

Occupation

Did this

work for — yrs.

## 10. Industry or

Business

Date last

worked —

## 11. Birthplace

Gooding

Idaho

(City or town)

(State or foreign country)

## 12. Name

Henry Jones

## 13. Birthplace

View Idaho

(City or town)

(State or foreign country)

## 14. Maiden name

Royce Hubbard

## 15. Birthplace

American Falls, Idaho

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Henry Jones

and Address Carey, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

4-13-48 (Month) (Day) (Year)

(c) Place Funeral Home Park Burial, Ida.

## 18. Funeral Director's

OWN Signature

John M. Edwards - Payroll Mortuary

and Address Burley, Idaho

## 19. (a) 4/17/48

(Date received and filed)

## (b) Walter M. Ray, M.D.

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

April 9, 1948

at 1:30 o'clock

P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1948 to 4/9 4/5 1948

I last saw him alive on 4/9 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

2nd Degree Burn Duration 2 days

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Where was disease contracted? —

Name of operation — Date —

Major finding —

Finding of autopsy —

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

Attendant's OWN Signature T. E. O. Burnett

(M.D. or other)

and Address Gooding, Idaho Date 4/17 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Gooding

(b) City or town Wendell

(c) Street Address or R.F.D. No. Idaho St.

(d) Death Occurred Inside? ☒ Outside? ☐ city or town

(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place

(f) Name Hosp. or Inst. St. Valentine Stayed 1 days

(g) Lived in this county 6 years 6 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Gooding

(c) City or town Wendell

(d) Street Address or R.F.D. No. \_\_\_\_\_

(e) Deceased lived Inside? ☒ Outside? ☐ city or town

(f) Citizen of what country? United States

(g) How long had deceased lived in Idaho? 1 1/2 years

(h) Former residence (city, state) none

3. (a) FULL NAME John William Pitts

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October 23, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>5</u>	<u>21</u>		hrs min.

9. Exact Occupation Infant Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Wendell, Idaho (City or town) (State or foreign country)

12. Name William Pitts

13. Birthplace Oakwood, Texas (City or town) (State or foreign country)

14. Maiden name Rose Wencil

15. Birthplace Alexander, N. Dakota (City or town) (State or foreign country)

16. Informant's OWN Signature Wm Pitts and Address Wendell, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/15/48 (Month) (Day) (Year)

(c) Place: Wendell, Idaho

18. Funeral Director's OWN Signature Wm Pitts and Address Wendell, Idaho

19. (a) 4/15/48 (Date received and filed) (b) Sister M. Rose Pitts (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 13, 1948 at 4:20 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 6 A.M. 4/13/48 1948, to death 1948. I last saw him alive on 4/13/48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Intestinal Obstruction Duration 32hrs.

Due to Volvulus of Ileum 36 hrs.

Due to Incomplete rotation of cecum

Other conditions Congenital (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding Volvulus of Ileum

Finding of autopsy strangulation 3/4 small bowel

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Harold St. Leger (M. D. or other) \_\_\_\_\_

and Address Wendell, Idaho Date 4/13/1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 30 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1439  
Local Reg. No. 1327  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R.F.D. No. 3  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 205 Shoshone  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18Mos.  
(h) Former residence (city, state) Marengo, Iowa

## 3. (a) FULL NAME Walter F. Fry

3. (b) If veteran, name war No. 519-05-8424  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive 58 years  
7. Date of Birth (Month, Day, Year) November 15, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>5</u>	<u>8</u>	hrs min.

9. Exact Occupation Electrical Salesman Did this work for 4/23/48 yrs.  
10. Industry or Business Claude Brown Music Date last worked 4/23/48  
11. Birthplace Marengo, Iowa (City or town) (State or foreign country)  
12. Name William Fry  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Eita Wilson  
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Bessie Fry and Address Twin Falls, Idaho  
17. (a) Burial (b) Date thereof 4/26/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial  
18. Funeral Director's OWN Signature James C. Reynolds and Address Twin Falls, Idaho  
19. (a) 4-28-48 (b) J. J. Anderson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 23, 1948 at 11:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from April 23, 1948 to April 23, 1948  
I last saw him alive on April 23, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Arteriosclerosis Duration 20 yrs.

Due to ✓  
Due to ✓  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ✓ Farm ✓ Industry ✓  
Public Place ✓ While at work? ✓  
Means of injury ✓

23. Attendant's OWN Signature F. E. Barrett and Address Idaho Date 4/28/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

RECEIVED  
MAY 5 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1444  
Local Reg. No. 1823  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) ~~Street Address or~~ R.F.D. No. 1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. ----- Stayed --- days  
(g) Lived in this county ----- years ----- months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Meridian  
(d) ~~Street Address or~~ R.F.D. No. Box 99  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 2 1/2 years  
(h) Former residence (city, state) Los Angeles, California

## 3. (a) FULL NAME

Kenith Leonard Sheldon

## 3. (b) If veteran,

name war -----

## 3. (c) Social Security

No. 520-03-1147

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Elsie 6. (c) Age of husband or wife if alive 34 years

## 7. Date of Birth

(Month, Day, Year) April 27, 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>39</u>	<u>11</u>	<u>30</u>	hrs min.

9. Exact Occupation Carpenter Did this work for 2 yrs.

10. Industry or Business Topeka, Kansas Date last worked 4/26/48

11. Birthplace Topeka, Kansas (City or town) (State or foreign country)

12. Name William L. Sheldon

13. Birthplace unknown (City or town) (State or foreign country)

14. Maiden name Baisley

15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. W. L. Sheldon

- and Address Meridian Idaho P.O. 99

17. (a) burial (b) Date thereof 4/30/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's OWN Signature H. P. Bright

- and Address Gooding, Idaho

19. (a) 5-3-48 (b) J. C. Munn (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 26, 1948 at 7 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Death on arrival 7 pm, 4/26/48  
I last saw h. alive on 10 ---; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Probable Coronary Thrombosis Duration 1 3/4 hrs.

Due to Deceased Strained + Fell to

Sitting Position at 3 pm. Symptoms

Due to of final illness began at 15 pm

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ---

Name of operation --- Date ---

Major finding ---

Finding of autopsy Not Performed

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? --- Homicide? ---

Occurred 3 pm 4/26 1948 City, county, state

where violence occurred Gooding County Rural

Place of Violence: Home --- Farm --- Industry ---

Public Place --- While at work? ---

Means of injury Fell to sitting position while

23. Attendant's OWN Signature H. C. Munn, M.D. and Address Gooding, Idaho Date 5/1/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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MAY 5 1948

# Certificate Of Death

STATE OF IDAHO

1948 1441  
State File No. 1441  
Local Reg. No. 1329  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. Highway  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. ----- Stayed ----- days  
(g) Lived in this county 20 years 3 months 30 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Wendell  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Loren LeRoy Houfburg

3. (b) If veteran, name war VW # 2 3. (c) Social Security No. -----  
5. Color or race white 6. (a) Single, widowed, married, divorced single  
4. Sex male 6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) December 29, 1927

8. AGE	Years	Months	Days	If less than 1 day
	<u>20</u>	<u>3</u>	<u>30</u>	hrs min.

9. Exact Occupation farming Did this work for life yrs.  
10. Industry or Business ----- Date last worked 4/28/48  
11. Birthplace Wendell, Idaho (City or town) (State or foreign country)

12. Name Harry A. Houfburg  
13. Birthplace New Boston, Illinois (City or town) (State or foreign country)  
14. Maiden name Louise Edman  
15. Birthplace Bushnell, Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Harry A. Houfburg  
and Address Wendell, Idaho

17. (a) burial (b) Date thereof 5/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Wendell, Idaho

18. Funeral Director's OWN Signature H.P. Bright  
and Address Gooding, Idaho

19. (a) April 29, 48 (b) J.H. Amundson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 28 1948  
at 10 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: accidental injury Duration Instant  
Due to automobile accident

Due to -----  
Other conditions (Include pregnancy within 3 months of death) -----

Where was disease contracted? ----- PHYSICIAN -----  
Name of operation ----- Date ----- Underline the cause to which death should be charged statistically.  
Major finding -----  
Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ----- Homicide? -----  
Occurred 4-28 1948 City, county, state where violence occurred Gooding, Co.  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place highway While at work? no  
Means of injury automobile wreck  
23. Attendant's OWN Signature J.H. Amundson (M. D. or other)  
and Address Gooding, Idaho Date 4/29 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use black ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1442  
Local Reg. No. 20  
Reg. Dist. No. 240

PLACE OF DEATH: Idaho

(a) County \_\_\_\_\_  
(b) City or town Grangeville  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 17 years 9 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Wyo.

3. (a) FULL NAME Herbert E. Cross.

3. (b) If veteran, name war WWI  
5. Color (or) race W  
4. Sex M  
6. (b) Name of husband or wife Lillie  
7. Date of Birth (Month, Day, Year) Sept 29-1887

3. (c) Social Security No. \_\_\_\_\_  
6. (a) Single, widowed, married, divorced M  
6. (c) Age of husband or wife if alive 55 years

8. AGE	Years	Months	Days	If less than 1 day
	60	6	2	hrs min.

9. Exact Occupation Mail carrier Did this work for 35 yrs.  
10. Industry or Business U.S. Govt. Date last worked 1943  
11. Birthplace Zanesville, Ohio (City or town) (State or foreign country)

12. Name Ezra Cross  
13. Birthplace U.S. (State or foreign country)  
14. Maiden name Martha Toland  
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Lillie Cross  
and Address Grangeville, Idaho

17. (a) Burial (b) Date thereof 4-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grangeville, Idaho

18. Funeral Director's OWN Signature Donald Holston  
and Address Grangeville, Idaho

19. (a) Date received and filed April 3, 1948 (b) Registrar's signature [Signature]

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 1 1948  
(Month, Day, Year) at 6:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1947, to April 1948  
I last saw him alive on April 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration 30 min.

Due to Coronary arteriosclerosis 5 years

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Donald Holston (M. D. or other)

and Address Grangeville Date April 3, 1948  
(For additional space, see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 7 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1443  
Local Reg. No. 578  
Reg. Dist. No. 244

1. PLACE OF DEATH: STATISTICS
- (a) County Idaho  
(b) City or town Stites  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home? Hospital? Institution? Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 27 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Idaho  
(c) City or town Stites  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) Wilson, Wyoming.

3. (a) FULL NAME Matilda Ellen Massey

3. (b) If veteran, name war No.  
5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
(b) Name of husband or wife William Massey  
(c) Age of husband or wife alive years  
7. Date of Birth (Month, Day, Year) December 25, 1878

8. AGE	Years	Months	Days	If less than 1 day
	69	3	13	hrs min.

9. Exact Occupation Housewife Did this work for all life yrs.  
10. Industry or Business Date last worked 3/29/48  
11. Birthplace Little Rock, Arkansas (City or town) (State or foreign country)  
12. Name Howard Trammell  
13. Birthplace Missouri (City or town) (State or foreign country)  
14. Maiden name Eliza Bookout  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Essie Gradwohl  
and Address Wilson 2070.

17. (a) Burial (b) Date thereof April 10 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Stites Cem.

18. Funeral Director's OWN Signature Claude T. Henry  
and Address Rosalia, Idaho

19. (a) April 9, 1948 (b) Claude T. Henry  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 7 1948  
(Month, Day, Year)  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 4/7/48 to 4/17/48  
I last saw him alive on above 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Tabes Pneumonia Duration 7 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Camp

Name of operation Camp Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature C. T. Henry  
(M.D. or other)

and Address Rosalia, Idaho Date 4/9 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
APR 20 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1444  
Local Reg. No. 23  
Reg. Dist. No. 240

1. PLACE OF DEATH: Idaho  
(a) County Grangeville  
(b) City or town  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 49 years 8 months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 59 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME Alice Elizabeth Brown  
3. (b) If veteran, 3. (c) Social Security No.  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Local 6. (c) Age of husband or wife if alive 66 years  
7. Date of Birth (Month, Day, Year) Aug 10 - 1888

8. AGE	Years	Months	Days	If less than 1 day
	59	7	29	hrs min.

9. Exact Occupation Housewife Did this work for yrs.  
10. Industry or Business Home Date last worked  
11. Birthplace Butte Montana (City or town) (State or foreign country)  
Mother Father { 12. Name Nicholas J McGree Mich.  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name Helen Hickey  
15. Birthplace (City or town) (State or foreign country)  
16. Informant's OWN Signature R.P. Brown  
and Address Grangeville, Idaho  
17. (a) Burial, cremation, or removal (b) Date thereof 4-12-48  
(c) Place: Grangeville - Ida  
18. Funeral Director's OWN Signature J. M. Peterson  
and Address Grangeville, Ida  
19. (a) Date received and filed April 9, 1948 (b) Registrar's signature Gena Cone

MEDICAL CERTIFICATE OF DEATH 111C  
20. DATE OF DEATH April 9 1948  
(Month, Day, Year) at 8 - o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from November 1947 to April 1948  
I last saw him alive on April 1948, death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Cardiac failure with preceding pulmonary congestion 3 hr.  
Due to Hypertension, heart disease 2 years  
Due to  
Other conditions None  
(Include pregnancy within 3 months of death)  
Where was disease contracted? Unknown  
Name of operation None Date  
Major finding  
Finding of autopsy None  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature J. M. Peterson M.D.  
and Address Grangeville Idaho Date April 9 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 20 1948

**NON-RESIDENT**  
**Certificate of Death**

STATE OF IDAHO

1948  
State File No. **1445**  
Local Reg. No. **21**  
Reg. Dist. No. **240**

**1. PLACE OF DEATH:**

- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. General Stayed 1 days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Wash (b) County Asotin  
(c) City or town Clarks Fork  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state) ....

**3. (a) FULL NAME**

Henry G Moore

**3. (b) If veteran,**

name war       

**3. (c) Social Security**

No. 518-22-0431A

**4. Sex** M **5. Color** W

**6. (b) Name of husband or wife**       

**6. (a) Single, widowed, married, divorced**       

**6. (c) Age of husband or wife if alive**        years

**7. Date of Birth**  
(Month, Day, Year)

**8. AGE**

Years 69

Months

Days

If less than 1 day

hrs min.

**9. Exact Occupation** Laborer Did this work for        yrs.

**10. Industry or Business**        Date last worked       

**11. Birthplace** (City or town) (State or foreign country)

**12. Name**

**13. Birthplace** (City or town) (State or foreign country)

**14. Maiden name**

**15. Birthplace** (City or town) (State or foreign country)

**16. Informant's OWN Signature** Irma Cone

**and Address** Grangeville, Idaho

**17. (a) Date** April 9, 1948 **(b) Date thereof** 4-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place:** Clarks Fork Wash

**18. Funeral Director's OWN Signature** Jess W. Tolson

**and Address** Grangeville, Idaho

**19. (a) Date received and filed** April 9, 1948 **(b) Registrar's signature** Irma Cone

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH** (Month, Day, Year) April 9 1948  
at 10 o'clock M.

**21. I HEREBY CERTIFY, That I attended deceased from** April 7 1948, to April 9 1948.  
I last saw him alive on April 7 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Cerebro-vascular accident,

**Duration**

12 hours

Due to

Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation        Date       

Major finding       

Finding of autopsy       

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐**

Occurred        19        City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury       

**23. Attendant's OWN Signature** Darabell

**and Address** Grangeville (M. D. or other), Date April 9 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce APR 20 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. 1446  
Local Reg. No. 22  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 29 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Moorcroft, Wyoming

## 3. (a) FULL NAME

Bert Ashner Catherman

112X

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Ida R.  
6. (c) Age of husband or wife if alive 76 years  
7. Date of Birth (Month, Day, Year) August 20, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>7</u>	<u>22</u>	hrs min.

9. Exact Occupation retired farmer Did this work for All life yrs.  
10. Industry or Business Agriculture Date last worked 1946  
11. Birthplace Moorpark, Michigan (City or town) (State or foreign country)  
Mother Father  
12. Name Moses Catherman  
13. Birthplace Union Co. Penn. (City or town) (State or foreign country)  
14. Maiden name Sarah Emig  
15. Birthplace Little York, Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Ida R. Catherman  
and Address Grangeville Idaho  
17. (a) burial (b) Date thereof 4 14 48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lakoe Cem. - Kootenai, Idaho  
18. Funeral Director's OWN Signature Claude Tremont  
and Address Kootenai Idaho  
19. (a) April 12, 1948 (b) Ida R. Catherman (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 11 19 48  
at 3:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1 Jan 19 48, to 11 April 19 48  
I last saw him alive on 11 April 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute bronchial obstruction Duration 15 min

Due to Chronic Asthmatic Bronchitis 5 years

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Daniel Salmer (M. D. or other)  
and Address Grangeville Date 12 April 1948  
(For additional space, use reverse side)

540

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 7 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1447  
Local Reg. No. 579  
Reg. Dist. No. 244

## 1. PLACE OF DEATH: STATISTICS

- (a) County Idaho  
(b) City or town Stites  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 29 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Stites  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Row, Oklahoma

## 3. (a) FULL NAME Americas M. Massey

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Eliza Lane  
6. (c) Age of husband or wife if alive 65 years  
7. Date of Birth October 10 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>6</u>	<u>9</u>	hrs min.

9. Exact Occupation retired rancher Did this work for all life yrs.  
10. Industry or Business agriculture Date last worked 1935  
11. Birthplace Bryson City North Carolina  
(City or town) (State or foreign country)  
12. Name Capt. Samuel Massey  
13. Birthplace North Carolina  
(City or town) (State or foreign country)  
14. Maiden name Navie Massey  
15. Birthplace North Carolina  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. Massey  
and Address Kooskia, Idaho

17. (a) burial (b) Date thereof April 21 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pine Grove Cem., Kooskia, Idaho.

18. Funeral Director's OWN Signature Claude Truany  
and Address Kooskia, Idaho

19. (a) April 20 1948 (b) Claude Truany  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 19 1948  
(Month, Day, Year)  
at 3:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Glen Culer  
(M. D. or other)

and Address Donquillo Date 4/20 1948

(For additional space, use reverse side)

Coroner of Idaho County

600

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY 5 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **1448**  
Local Reg. No. **25**  
Reg. Dist. No. **240**

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
(b) City or town Grangeville  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 7 days  
(g) Lived in this county 51 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? U.S. city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Georgia Violet Dean

## 3. (b) If veteran,

## 3. (c) Social Security

name war \_\_\_\_\_ No. \_\_\_\_\_

5. Color or race M  
4. Sex W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry

6. (c) Age of husband or wife if alive 60 years

7. Date of Birth (Month, Day, Year) Feb 22, 1897

## 8. AGE

Years	Months	Days	If less than 1 day
<u>51</u>	<u>2</u>	<u>8</u>	hrs min.

## 9. Exact

Occupation Housewife

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked \_\_\_\_\_

## 11. Birthplace

Grangeville Idaho  
(City or town) (State or foreign country)

## 12. Name

Wm. H. Goan  
(City or town) (State or foreign country)

## 13. Birthplace

Oregon  
(City or town) (State or foreign country)

## 14. Maiden name

Catherine Fogel  
(City or town) (State or foreign country)

## 15. Birthplace

Oregon  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Norman Dean

and Address Grangeville, Idaho

## 17. (a)

Burial (b) Date thereof 4-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place:

Grangeville, Idaho

## 18. Funeral Director's

OWN Signature Jose Rotator

and Address Grangeville, Id

## 19. (a)

April 24, 1948 (b) Emma Cone  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Apr 23 1948  
at 1:45 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

March 1948 to April 23 1948  
I last saw him alive on April 22 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Embolism 3 km.  
Duration 2 yrs.

Due to Chronic Pulmonary Fibrosis

Due to Unknown

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? Unknown

Name of operation None Date \_\_\_\_\_

Major finding None

Finding of autopsy None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature J. M. Dutton (M. D. or other)  
and Address Grangeville Date April 23 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (IC-A 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 20 1948

CERTIFICATE OF DEATH  
STATE OF IDAHO

1449  
State File No. 1449  
Local Reg. No. 16  
Reg. Dist. No. 640

1. PLACE OF DEATH:  
(a) County Jefferson  
(b) City or town Rigby  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home Hospital Institution Other place ....  
(f) Name Hosp. or Inst. McKee Mat. Stayed 6 days  
(g) Lived in this county ..... years ..... months 6 days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) If foreign born, in U. S. .... yrs. Citizen of U. S.? .....  
(g) How long had deceased lived in Idaho? 6 days years  
(h) Former residence (city, state) None.

3. (a) FULL NAME GENEAL HANSEN.  
3. (b) If veteran, name war X 3. (c) Social Security No. X  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex M. race White  
6. (b) Name of husband or wife X 6 (c) Age of husband or wife if alive X years  
7. Date of Birth (Month, Day, Year) March 26, 1948  
8. AGE  

Years	Months	Days	If less than 1 day
<u>0</u>	<u>0</u>	<u>6</u>	hrs min.

  
9. Exact Occupation Babe Did this work for life yrs.  
10. Industry or Business X Date last worked X  
11. Birthplace Rigby, Idaho.  
(City or town) (State or foreign country)  
Father { 12. Name Afton Elwin Hansen.  
13. Birthplace Goshen, Idaho.  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Ruth Elnorah Grover.  
15. Birthplace Archer, Idaho.  
(City or town) (State or foreign country)  
16. Informant's OWN Signature Afton E. Hansen  
and Address Thornton, Idaho. R. #1  
17. (a) burial (b) Date thereof 4/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Archer, Idaho.  
18. Funeral Director's OWN Signature Asa Beckwith  
and Address Rigby, Idaho.  
19. (a) 4/10/48 (b) Mrs. Asa Beckwith  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH April 1 19 48  
(Month, Day, Year)  
at 6:50 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from March 26 19 48 to April 1 19 48.  
I last saw her alive on April 1 19 48; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Premature Birth Duration Gestation 7 months  
Due to Gestation 7 months  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)  
Where was disease first contracted? McKee Hospital PHYSICIAN .....  
Name of operation none Date .....  
Major finding .....  
Finding of autopsy none  
Underline the cause to which death should be charged statistically.  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature Asa Beckwith (M. D. or other)  
and Address Rigby, Idaho. Date 4/1/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 20 1948

# CERTIFICATE OF DEATH

STATE OF IDAHO

1948 State File No. 1450  
Local Reg. No. 17  
Reg. Dist. No. 640

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Rigby  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home Hospital Institution Other place ....  
(f) Name Hosp. or Inst. McKee Mat. Stayed ..... days  
(g) Lived in this county ..... years ..... months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) If foreign born, in U. S. .... yrs. Citizen of U. S.?  
(g) How long had deceased lived in Idaho? 2 days ~~year~~  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

KOLIN WAYNE GREEN.

3. (b) If veteran, ☒ name war ..... 3. (c) Social Security No. X  
5. Color or 5. (a) Single, widowed, married,  
4. Sex Male race White divorced Single  
6. (b) Name of husband or 6 (c) Age of husband or wife if  
wife X alive X years  
7. Date of Birth  
(Month, Day, Year) April 3, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>2</u>	hrs min.

9. Exact Occupation Babe Did this work for X yrs.  
10. Industry or Business X Date last X worked  
11. Birthplace Rigby, Idaho.  
(City or town) (State or foreign country)

- Father { 12. Name Dayle V. Green.  
13. Birthplace Menan, Idaho.  
(City or town) (State or foreign country)

- Mother { 14. Maiden name Mary Beth Lawson.  
15. Birthplace Menan, Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mary V. Green  
and Address Menan, Idaho.

17. (a) burial (b) Date thereof 4/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Annis, Idaho.

18. Funeral Director's OWN Signature C. B. Ebersell  
and Address Rigby, Idaho.

19. (a) 4/10/48 (b) Mrs. C. B. Ebersell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 5, 1948  
(Month, Day, Year) at 9:30 o'clock PM.  
21. I HEREBY CERTIFY, That I attended deceased from April 3, 1948, to April 5, 1948.  
I last saw him alive on April 5, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory Failure Duration 4 hrs.  
Due to prematurity (6 mo. pregnancy)  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease first contracted? ..... PHYSICIAN  
Name of operation ..... Date .....  
Major finding ..... Underline the cause to which death should be charged statistically.  
Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Elyard B. Light (M. D. or other)  
and Address Rigby, Idaho. Date 4/6/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

APR 20 1948

STATE OF IDAHO

State File No. **1451**  
Local Reg. No. **18**  
Reg. Dist. No. **640**

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Ririe  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years 7 months 13 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Ririe  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Portland, Oregon

## 3. (a) FULL NAME

**CARL FERDINAND BOCK**

3. (b) If veteran, name war None

3. (c) Social Security No. 517-05-1958

4. Sex Male race White

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Julia F. Jherpe Bock

6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) December 21, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>3</u>	<u>13</u>	hrs. min.

9. Exact Occupation Retired Did this work for 29 yrs.

10. Industry or Business Mines & Ship yards Date last worked 4/2/48

11. Birthplace Ekilstuna, Varmland, Sweden  
(City or town) (State or foreign country)

12. Name Carl Bock

13. Birthplace Sweden  
(City or town) (State or foreign country)

14. Maiden name Anna Louvisa Peterson

15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Ririe, Idaho

17. (a) Removal (b) Date thereof April 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Butte, Montana

18. Funeral Director's OWN Signature [Signature]

and Address Idaho Falls, Idaho

19. (a) 4/1/48 (b) Mrs. A. B. [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 14 19 48  
at 11:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 9 19 48, to April 14 19 48.  
I last saw him alive on April 11, 1948.  
Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 3 days

Due to Myocarditis ?

Due to \_\_\_\_\_ ?

Other conditions Hypertension ?  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] (M. D. or other)

and Address Butte, Idaho Date 4-16 19 48.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

WFD  
MAY 6 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 1452  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Jerome  
(b) City or town Jerome  
(c) Street Address or R.F.D. No. —  
(d) Death Occured Inside? ☒ Outside? — city or town  
(e) Died in a Home? ☒ Hospital? — Institution? — Other place? —  
(f) Name Hosp. or Inst. — Stayed — days  
(g) Lived in this county 12 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. —  
(e) Deceased lived Inside? ☒ Outside? — city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Boise, Mont.

## 3. (a) FULL NAME

Daniel Jacob Dubut

073A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race W  
6. (a) Single, widowed, married, divorced mar.  
6. (b) Name of husband or wife Mary Elma  
6. (c) Age of husband or wife if alive — years  
7. Date of Birth (Month, Day, Year) July 14, 1860

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>9</u>	<u>4</u>	hrs min.

9. Exact Occupation retired Did this work for — yrs.  
10. Industry or Business retired Date last worked —  
11. Birthplace Pittsburg, Penna. (City or town) (State or foreign country)

12. Name John Dubut  
13. Birthplace Bernang (City or town) (State or foreign country)  
14. Maiden name Saloma Hartling  
15. Birthplace Penna. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. L. F. Tessier  
and Address San Francisco, Cal.

17. (a) Burial (b) Date thereof 4/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Home Cemetery

18. Funeral Director's OWN Signature Robert J. Higgins  
and Address Boise, Idaho

19. (a) 4/30/48 (b) W. M. Reynolds  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

16 2B

20. DATE OF DEATH (Month, Day, Year) 4/18 1948  
at 9:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 4/15 1948, to 4/18 1948  
I last saw him alive on 4/17 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility (88 yrs old) Duration —  
Pernicious anemia ?

Due to —  
Due to —  
Other conditions —  
(Include pregnancy within 3 months of death)

Where was disease contracted? —  
Name of operation None Date —  
Major finding —  
Finding of autopsy —

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred — 19 — City, county, state where violence occurred  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature W. Carlyle Davis  
and Address Jerome (M. D. or other) Date 4/19/48  
(For additional space, use reverse side)

**1. PLACE OF DEATH:**

(a) County Jerome  
(b) City or town Eden  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 27 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased:** (Always fill in these)

(a) State Idaho (b) County Jerome  
(c) City or town Eden  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) Mt. Home, Arkansas

3. (a) **FULL NAME** Watkins, Travis Melvin

3. (b) If veteran, name war none.....

4. Sex male race white

6. (b) Name of husband or wife Susie.....

7. Date of Birth (Month, Day, Year) April 17, 1876

3. (c) Social Security No. none.....

6. (a) Single, widowed, married, divorce married.....

6. (c) Age of husband or wife if alive 58..... years

	Years	Months	Days	If less than 1 day
8. AGE	7L	11	17	hrs min.

9. Exact Occupation	Retired Farmer	Did this work for _____ yrs.
10. Industry or Business	Farmer	Date last worked _____
11. Birthplace	Mountain Home, Arkansas (City or town) (State or foreign country)	

Mother Father { 12. Name Unk, Watkins  
 { 13. Birthplace Arkansas  
 (City or town) (State or foreign country)  
 { 14. Maiden name Unk.  
 { 15. Birthplace Arkansas

16. Informant's  
OWN Signature Edgar M. Watkins  
and Address Edgar Watkins

17. (a) removal (b) Date thereof 4/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls, Idaho

18. Funeral Director White Mortuary  
OWN Signature [Signature]  
and Address Twin Falls, Idaho

19. (a) [Signature] (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 4, 1948  
(Month, Day, Year) at 11:30 o'clock P M

21. I HEREBY CERTIFY, That I ~~resided~~ <sup>SAW</sup> deceased from .....  
4-5-1948, to 4-5-1948  
I last saw him ~~alive on~~ <sup>deceased</sup> 19...; death is  
said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Coronary thrombosis, st.  
coronary artery with  
Due to infarctions of  
it ventricular wall.

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

**Where was disease contracted?**

Name of operation..... Date.....

### Major finding

Finding of autopsy Same as above:

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
 Occurred..... 19..... City, county, state where violence occurred .....  
 Place of Violence: Home..... Farm..... Industry.....  
 Public Place..... While at work?.....  
 Means of injury .....

23. Attendant's  
OWN Signature J. Waddesen Creek, MD.  
Twins Falls County Hospital (M. D. or other)  
and Address Date Apr 5, 1948  
(For additional space, use reverse side)

685-



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1454**  
Local Reg. No. ....  
Reg. Dist. No. **440**

## 1. PLACE OF DEATH:

- (a) County **Jerome**  
(b) City or town **Jerome Eden**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? **X** ..... city or town  
(e) Died in a Home **X** Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jerome**  
(c) City or town **Eden**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? **X** ..... city or town  
(f) Citizen of what country? **U.S**  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME **Alta Margaret Randall**

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Female** 6. (b) Name of husband or wife **Oriel** 6. (c) Age of husband or wife if alive **45** years  
7. Date of Birth (Month, Day, Year) **Nov. 4. 1904**

8. AGE	Years	Months	Days	If less than 1 day
<b>43</b>	<b>5</b>	<b>1</b>		hrs min.

9. Exact Occupation **Housewife** Did this work for ..... yrs.  
10. Industry or Business **At Home** Date last worked .....  
11. Birthplace **Oakley Idaho** (City or town) (State or foreign country)

12. Name **John Iverson**  
13. Birthplace **Denmark** (City or town) (State or foreign country)  
14. Maiden name **Hedvie Hansen**  
15. Birthplace **Denmark** (City or town) (State or foreign country)

16. Informant's OWN Signature **Oriel Randall**  
and Address **Eden, Idaho**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **April 9. 48** (Month) (Day) (Year)  
(c) Place: **Marion Cemetery, Oakley**

18. Funeral Director's OWN Signature **J.R. Wiley**  
and Address **Jerome, Idaho**

19. (a) **4/6/48** (Date received and filed) (b) **[Signature]** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **April 5 1948**  
(Month, Day, Year) Approx **11:30** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h ..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Gun shot wound in head self inflicted** Duration .....

Due to .....  
Due to .....  
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? **Yes** Homicide? .....  
Occurred **April 5 1948** City, county, state where violence occurred **Eden - Jerome Co. Idaho**  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury **Gun shot in head**

23. Attendant's OWN Signature **J.R. Wiley (Coroner)**  
and Address **Jerome Idaho** Date **April 7 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 6 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1455  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH: **STATISTICS**  
**Jerome**  
(a) County **Eden**  
(b) City or town  
(c) Street Address or R. F. D. No.  
(d) Death Occurred Inside? Outside? **X** city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county... **15** years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Jerome**  
(c) City or town **Eden**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? **X** Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? **15** years  
(h) Former residence (city, state) **Chicago, Ill**

3. (a) FULL NAME **J. Arthur Johnson**

3. (b) If veteran, name war No.  
3. (c) Social Security No.  
4. Sex **Male** Color **White** race **White** 5. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) **Sept 4. 1880**

8. AGE	Years	Months	Days	If less than 1 day
	<b>67</b>	<b>7</b>	<b>8</b>	hrs min.

9. Exact Occupation **Stone Mason** Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace **Stayner Ontario** (City or town) (State or foreign country)

12. Name **Daniel Johnson**  
13. Birthplace **Ontario Canada** (City or town) (State or foreign country)  
14. Maiden name **Isabelle Currie**  
15. Birthplace **Ontario Canada** (City or town) (State or foreign country)

16. Informant's OWN Signature **H. C. Eddy**  
and Address **New Westminster B.C. Canada**  
17. (a) **Burial** (b) Date thereof **April 18. 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Jerome, Idaho.**

18. Funeral Director's OWN Signature **J. R. Wiley**  
and Address **Jerome, Idaho**  
19. (a) **17--88** (b) **J. M. Reynolds**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **April 12 1948**  
(Month, Day, Year)  
at **5:00** o'clock **P**. M.

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h. alive on **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Fractured Skull** Duration

Due to **Automobile Accident on Highway #20**

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **Yes** Suicide? Homicide?  
Occurred **April 12 1948** City, county, state where violence occurred **Jerome Co, Idaho**  
Place of Violence: Home Farm Industry  
Public Place **Highway 20** While at work?  
Means of injury **Automobile Collision**

23. Attendant's OWN Signature **J. R. Wiley**  
and Address **Jerome, Idaho** Date **17 1948**  
(For additional space, use reverse slide)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1456  
Local Reg. No. 54  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County KOOTENAI  
(b) City or town COEUR D'ALENE  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... X Institution... Other place...  
(f) Name Hosp. or Inst. L.C. HOSPITAL Stayed 13 days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Hayden Lake  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) St. Louis Missouri

## 3. (a) FULL NAME FLORA WALKER

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Oct. 7, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>6</u>	<u>23</u>	hrs min.

9. Exact Occupation Housekeeper Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace St. Louis Missouri (City or town) (State or foreign country)

- Mother { 12. Name Henry Niehaus  
Father { 13. Birthplace Germany (City or town) (State or foreign country)  
{ 14. Maiden name Mary Stollte  
{ 15. Birthplace St. Louis (City or town) (State or foreign country)

16. Informant's OWN Signature E. Gibson  
and Address 15 Wall St Spokane Wash

17. (a) Removal (b) Date thereof 4/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Home Undertaking Co. Seattle Wa.

18. Funeral Director's OWN Signature A. Crispling  
and Address COEUR D'ALENE IDAHO

19. (a) 4-8-48 (b) [Signature]  
(Date received and filed) (Registrar signature)

## MEDICAL CERTIFICATE OF DEATH 083B 095A

20. DATE OF DEATH (Month, Day, Year) APRIL 3 19 48  
at 5:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 3-20 1948, to 4-3 1948.  
I last saw her alive on 4-2 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Duration

- Cerebral embolism 14 da.  
Due to auricular fibrillation 10 yr.  
chronic hypertension 10 yr.

- Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury [Signature]

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Council Bluffs Date 4-5 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 12 1948

NON-RESIDENT

STATE OF IDAHO

State File No. 1457  
Local Reg. No. 52  
Reg. Dist. No. 120

1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 716-Smylie Ave  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Montana (b) County \_\_\_\_\_  
(c) City or town Clancy  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Virginia

3. (a) FULL NAME EMMA ELIZABETH HAINES

3. (b) If veteran, No name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, \_\_\_\_\_  
4. Sex Female race White divorced Married  
6. (b) Name of husband or \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
wife Charles Haines alive \_\_\_\_\_ years  
7. Date of Birth \_\_\_\_\_  
(Month, Day, Year) February 18, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>2</u>	<u>12</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Romine Mills, West Virginia  
(City or town) (State or foreign country)

12. Name William Bumgardner  
13. Birthplace West Virginia  
(City or town) (State or foreign country)  
14. Maiden name Alice Bumgardner  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Charles E Haines  
and Address 716-Smylie Ave.

17. (a) Burial \_\_\_\_\_ (b) Date thereof 4/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery

18. Funeral Director's OWN Signature J. H. Biplinger  
and Address Coeur d'Alene, Idaho

19. (a) 4-8-48 (b) \_\_\_\_\_  
(Date received and filed) (Attendant's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) April 5 19 48  
at 3:00 o'clock A.M. Did not

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Probable Cerebral hemorrhage Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature William T. Wood, M.D. Coroner  
(M. D. or other)

and Address Coeur d'Alene Date 4-7-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1458**  
Local Reg. No. **62**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **412 Lakeside**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **L.S.G. Hosp** stayed **6** days  
(g) Lived in this county **15** years **6** months **6** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **210 S. 7th St.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **15** years  
(h) Former residence (city, state) **Mont.**

## 3. (a) FULL NAME **SCHAFER EVA.**

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **518-16-4285**  
5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive **139A** years  
7. Date of Birth (Month, Day, Year) **Oct 19, 1895**

8. AGE	Years	Months	Days	If less than 1 day
<b>52</b>	<b>6</b>	<b>18</b>	<b>hrs</b>	<b>min.</b>

9. Exact Occupation **Store Clerk** Did this work for **2** yrs.  
10. Industry or Business **J.C. Penny Co** Date last worked **3-29-48**  
11. Birthplace **Napones Neb.** (City or town) (State or foreign country)

12. Name **Unknown**  
13. Birthplace **Unknown** (City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Frank J. Schaffer**  
and Address **Coeur d'Alene, Idaho**

17. (a) **Burial** (b) Date thereof **4-10-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **St Thomas Cemtry CoA, Ida**

18. Funeral Director's OWN Signature **Gene J. Schaper**  
and Address **Coeur d'Alene, Idaho**

19. (a) **April 15, 1948** (b) **11/19/48**  
(Date received and filed) (Registrar's Signature)

## MEDICAL CERTIFICATE OF DEATH **099X**

20. DATE OF DEATH (Month, Day, Year) **4-7-48** 19 **48**  
at **9:00** o'clock **AM**

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw **hbr** alive on **April 6**, 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Fulminating Peritonitis** Duration **3 days**

Due to **Mesenteric thrombosis and intestinal obstruction** **4 days**

Due to **Other conditions** (Include pregnancy within 3 months of death) **Numerous adhesions**

Where was disease contracted? **Physician**

Name of operation **Laparotomy** Date **4/7/48** Underline the cause to which death should be charged statistically.  
Major finding **Numerous adhesions**  
Finding of autopsy **chronic pelvic inflammation**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **19** City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury **As above**

23. Attendant's OWN Signature **AS Kaiser MD**  
and Address **ASH Med Bldg** Date **Apr 9 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1459**  
Local Reg. No. **61**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **412 Lakeside**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. **L.C.G.** Stayed **6** days  
(g) Lived in this county **38** years **3** months **6** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **1032 Pine**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **38** years  
(h) Former residence (city, state) **Mondova Wis.**

## 3. (a) FULL NAME

**PERIGO LEOTA N.**

3. (b) If veteran, name war **None**  
5. Color or race **F**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **John**  
6. (c) Age of husband or wife if alive **67** years  
7. Date of Birth (Month, Day, Year) **April 18 1884**

8. AGE	Years	Months	Days	If less than 1 day
	<b>63</b>	<b>11</b>	<b>20</b>	hrs min.

9. Exact Occupation **House Wife** Did this work for **35** yrs.  
10. Industry or Business **Own Home** Date last worked **4-5-48**  
11. Birthplace **Mondovi Wis.** (City or town) (State or foreign country)

12. Name **Eugene Nogle**  
13. Birthplace **Penn.** (City or town) (State or foreign country)  
14. Maiden name **Melina Green**  
15. Birthplace **Wis.** (City or town) (State or foreign country)

16. Informant's OWN Signature **J. W. Perigo**  
and Address **1032 Pine Cda. Ida.**

17. (a) **Burial** (b) Date thereof **4-13-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Forest Cemty Cda. Ida.**

18. Funeral Director's OWN Signature **MOONEY EXPRESS**  
and Address **Coeur d'Alene Idaho**

19. (a) **April 12, 1948** (b) **11/11/48**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) **April 8, 1948**  
at **3:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **April 7, 1948**, to **April 8, 1948**.  
I last saw h... alive on **April 8, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Arteriosclerotic Heart Disease** Duration **15 years**

Due to **Malignancy of mesentery** **5 years**

Due to **Rupture of large vessels** **6 days**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **---** Name of operation **none** Date **---** Date

Major finding **Malignancy & extensive hemorrhage retroperitoneal** Finding of autopsy **Physician Underline the cause to which death should be charged statistically.**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **---** Suicide? **---** Homicide? **---**  
Occurred **---** 19 **---** City, county, state where violence occurred **---**  
Place of Violence: Home **---** Farm **---** Industry **---**  
Public Place **---** While at work? **---**  
Means of injury **---**

23. Attendant's OWN Signature **Robertson M.D.** (M. D. or other)  
and Address **Coeur d'Alene** Date **April 8, 1948**  
(For additional space, use reverse side)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
PLACE OF DEATH **APR 19 1948**  
County of **Kootenai**  
City of **Coeur d'Alene**

DO NOT WRITE IN THIS SPARE  
1460  
State File No. ....

# CERTIFICATE OF DEATH

Registration District No. ....

Primary Registration District No. ....

Local Registrar's No. **63**

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME **Wm Wallace Stone**

(a) Residence No. **1923 Lincoln Way**

(Usual place of abode)

St. **0977X**  
(If nonresident give city or town and state) **137A**

Length of residence in city or town where death occurred. **30** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. Color or Race **W** 5. Single, Married, Widowed or Divorced (write the word) **Widowed**

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

**Dec 25 1860**

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day hrs or min  
**87 3 10**

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Millwright**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired**

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Manitowac Wis.**  
(State or country)

MOTHER FATHER

13. NAME **Samuel Stone**

14. BIRTHPLACE (city or town) **Unknown**  
(State or country)

15. MAIDEN NAME **Ruth Thayer**

16. BIRTHPLACE (city or town) **Unknown**  
(State or country)

17. INFORMANT **Eva Stone**  
(Address) **Coeur d'Alene Idaho**

18. BURIAL, CREMATION OR REMOVAL  
Place **CdA. Idaho** Date **4-13-48** 193...

19. UNDERTAKER **Mooney & Sons**  
(Address) **Coeur d'Alene Idaho**

20. FILED **4-13-48** 1948  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) **4-10-48** 193

22. I HEREBY CERTIFY That I attended deceased from **April 3 48** to **April 10 48**

I last saw him alive on **April 10 48**: death is said

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance

were as follows:  
**Gangrene both legs**

Date of onset

**Due to Arteriosclerosis**

Other contributory causes of importance:

**Prostatic Hypertrophy  
with urinary Retention**

**7 days**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased If so, specify

(Signed) **James W. Hawken**, M. D.

(Address) **Coeur d'Alene, Idaho**

**April 21 1948** **687**

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1461**  
Local Reg. No. **57**  
Reg. Dist. No. **120**

1. PLACE OF DEATH:
- (a) County Kootenai  
(b) City or town Coeur d' Alene  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Knight's Home Stayed 1 yr days \_\_\_\_\_  
(g) Lived in this county 42 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d' Alene  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 42 years \_\_\_\_\_  
(h) Former residence (city, state) Westboro, Wisconsin

3. (a) FULL NAME FREEMAN GEORGE FREELAND

3. (b) If veteran, name war None No. \_\_\_\_\_  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Doris  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) January 7, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>3</u>	<u>23</u>	hrs min.

9. Exact Occupation Logger Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Plainsfield, Wisconsin  
(City or town) (State or foreign country)

- Mother Father { 12. Name Charles Freeland  
13. Birthplace Unknown Wisconsin  
(City or town) (State or foreign country)  
14. Maiden name Anna Crandel  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Paul A. Aker  
and Address 242-6th, St. Coeur d' Alene, Id.

17. (a) Burial (b) Date thereof 4/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery

18. Funeral Director's OWN Signature W. J. Riedinger  
and Address Coeur d' Alene, Idaho

19. (a) April 15, 1948 (b) W. J. Riedinger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 10, 1948  
at 7:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 2, 1948, to April 10, 1948  
I last saw him alive on April 10, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 6 days

Due to Arteriosclerosis 10 yrs.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. R. Carlson M.D.  
and Address Coeur d' Alene Date 4/12/1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 19 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1462  
Local Reg. No. 58  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **1030 1st St**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **25** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **1030 1st St.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **25** years  
(h) Former residence (city, state) **Gardner Mont.**

## 3. (a) FULL NAME

**FRANK LOUISA**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

5. Color or **W**  
4. Sex **F** race **W**

6. (a) Single, widowed, divorced **Widowed**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) **May 1, 1856**

8. AGE	Years	Months	Days	If less than 1 day
	<b>92</b>	<b>11</b>	<b>11</b>	hrs. min.

9. Exact Occupation **House Wife** Did this work for **60** yrs.

10. Industry or Business **Own Home** Date last worked **1940**

11. Birthplace **Francis Creek Wis.**  
(City or town) (State or foreign country)

12. Name **Jerome Lovelle**

13. Birthplace **Unknown**  
(City or town) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Jessie M. Lobdell**

and Address **Coeur d'Alene Idaho**

17. (a) **Burial** (b) Date thereof **4-13-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Forest Cmty Cda, Idaho**

18. Funeral Director's OWN Signature **Don English**

and Address **Coeur d'Alene Idaho**

19. (a) **4-15-1948** (b) **4-15-1948**  
(Date received and filed) (Date of death)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 11 19 48**  
at **10:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **not at all.** 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Senility**

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **William T. Wood, M.D. (coroner)**

(M. D. or other)

and Address **C.O.A. Idaho** Date **4-13-1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1463  
Local Reg. No. 60  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 5117-N-15th, St.  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 15 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. U.S.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Calif.

## 3. (a) FULL NAME LUCETTA SHADDUCK HODGE

3. (b) If veteran, name war None  
3. (c) Social Security No. None  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Frank  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) August 4, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>8</u>	<u>26</u>	hrs min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Orofino Calif.  
(City or town) (State or foreign country)

12. Name Richard Scrugges  
13. Birthplace Kentucky  
(City or town) (State or foreign country)  
14. Maiden name UNKNOWN Norman  
15. Birthplace UNKNOWN  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mr. John Shadduck  
and Address 1110 - Hastings Ave.

17. (a) Removal (b) Date thereof 4/16/48  
(Burial, cremation, or removal) (Month Day Year)  
(c) Place: Funeral Home

18. Funeral Director's OWN Signature W. J. Siplinger  
and Address Coeur d'Alene, Idaho

19. (a) 4-15-48 (b) Mary C. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 13 1948  
(Month, Day, Year) at 10:40 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1945, to Apr 13 1948

I last saw her alive on Apr 6 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis - Duration 3 yrs -

Due to Serology -

Due to Antistreptococcal

Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.

Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swimming Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature R H Barker, M.D.  
(M. D. or other) and Address Date 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 26 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 1464  
Local Reg. No. 65  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **412 Lksde**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **LCG Hosp** Stayed **2** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months **2** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **920 B St**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **2 da** years  
(h) Former residence (city, state) **none**

## 3. (a) FULL NAME

**BROOKHART, Mary Elizabeth**

3. (b) If veteran, name was **////////** 3. (c) Social Security No. **////////**  
5. Color or **F** race **W**  
4. Sex **F** (b) Name of husband or wife **////////**  
6. (a) Single, widowed, married, divorced **Single**  
6. (c) Age of husband or wife if alive **////////** years

7. Date of Birth  
(Month, Day, Year) **April 12, 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>2</b>	hrs. min.

9. Exact Occupation **None** Did this work for **////////** yrs.  
10. Industry or Business **None** Date last worked **////////**

11. Birthplace **Coeur d'Alene, Idaho**  
(City or town) (State or foreign country)

12. Name **Ray F. Brookhart Jr.**

13. Birthplace **Pocatello, Idaho**  
(City or town) (State or foreign country)

14. Maiden name **Marilyn Reed**

15. Birthplace **Coeur d'Alene, Idaho**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Ray F Brookhart Jr.**  
and Address **Moscow, Idaho**

17. (a) **Burial** (b) Date the **4-15-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**

and Address **Coeur d'Alene, Idaho**

19. (a) **April 22, 1948** (b) **W. J. Hamilton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **4-14-48**  
(Month, Day, Year) **9:30** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **4/12/48** to **4/14/48**  
I last saw **her** alive on **4/14/48** 19 **48**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Congenital Asthma**

Due to **Exsanguinatory**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature **OMSSusted MD**  
(M. D. or other)

and Address \_\_\_\_\_ Date **4/15** 19 **48**

(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 26 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 1465  
Local Reg. No. 64  
Reg. Dist. No. 120

1. PLACE OF DEATH:  
(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **1324 Lakeside**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Home Hosp** Stayed **6 Mo.** days  
(g) Lived in this county **42** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Harrison**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **42** years  
(h) Former residence (city, state) **Palouse Wash**

3. (a) FULL NAME **BENTON WILLIAM C.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **M** 5. Color or **W** race \_\_\_\_\_  
6. (b) Name of husband or wife **Katheline** 6. (c) Age of husband or wife if alive **78** years

7. Date of Birth (Month, Day, Year) **Jan 13 1862**

8. AGE	Years	Months	Days	If less than 1 day
	<b>86</b>	<b>3</b>	<b>2</b>	hrs. min.

9. Exact Occupation **Farmer** Did this work for **42** yrs.  
10. Industry or Business **Own Farm** Date last worked **1945**  
11. Birthplace **LaMoie Ill** (City or town) (State or foreign country)

Father { 12. Name **John Benton**  
13. Birthplace **New York** (City or town) (State or foreign country)

Mother { 14. Maiden name **Unkown**  
15. Birthplace **Unkown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Maudie Arnold**  
and Address **Harrison, Idaho**

17. (a) **Cremation** (b) Date thereof **4-17-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Spokane Wash**

18. Funeral Director's OWN Signature **Mooney-English Chapel**  
and Address **Coeur d'Alene Idaho**

19. (a) **April 22, 1948** (b) **W. J. Hamilton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 15 19 48**  
at **9:30** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **October 1947** to **April 15 1948**  
I last saw him alive on **April 8 1948**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Carcinoma of Stomach** Duration **1 year**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **William T. Wood M.D.**  
(M D or other)  
and Address **Cda, Idaho** Date **4-16-48**  
(For address, place, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
MAY 3 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 1466  
State File No. \_\_\_\_\_  
Local Reg. No. 67  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County. **Kootenai**  
(b) City or town. **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **1303 N6th St**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **40** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Idaho** (b) County. **Kootenai**  
(c) City or town. **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **1303 N 6th**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state). **Michigan**

## 3. (a) FULL NAME **HAGADONE, Addie C.**

3. (b) If veteran, name war **11111111** 3. (c) Social Security No. **11111111**  
4. Sex **F** 5. Color or race **N**  
6. (b) Name of husband or wife **R.R. Hagadone** 6. (c) Age of husband or wife if alive **64** years

7. Date of Birth  
(Month, Day, Year) **April 17, 1890**

8. AGE	Years	Months	Days	If less than 1 day
	<b>58</b>	<b>0</b>	<b>3</b>	hrs. min.

9. Exact Occupation. **Housewife** Did this work for **40** yrs.  
10. Industry or Business. **Own Home** Date last worked **1942**  
11. Birthplace. **Michigan** (City or town) (State or foreign country)

12. Name. **Sidney Cady**  
13. Birthplace. **Michigan** (City or town) (State or foreign country)  
14. Maiden name. **Nellie Zeran**  
15. Birthplace. **New York** (City or town) (State or foreign country)

16. Informant's OWN Signature **Roger L. Hagadone**  
and Address. **Coeur d'Alene, Idaho**

17. (a) **Burial** (b) Date thereof. **4-28-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place. **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address. **Coeur d'Alene, Idaho**

19. (a) **April 29, 1948** (b) **Mary E. Hamilton**  
(Date received and filed) (Registrar's signature)

## \* MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **4-20-48** 19\_\_\_\_  
at **3:00** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **March 22** 19**48** to **April 20** 19**48**  
I last saw h.e.r. alive on **April 19** 19**48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Heart Failure & Terminal Infection** Duration **3 days**  
**Acute & Chronic Ulcerative Colitis** **5-6 yrs.**

Due to **Parotitis** **3 d**  
Other conditions. **Anemia** **3 months**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Coeur d'Alene**  
Name of operation. **O** Date \_\_\_\_\_  
Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **James W. Hawkins MD** (M. D. or other)  
and Address **Coeur d'Alene** Date **4-23 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1467  
Local Reg. No. 73  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R. F. D. No. 412 Lakeside  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Lakecity General 13 days  
(g) Lived in this county 5 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 808 N 3rd  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Michigan

## 3. (a) FULL NAME

OMAR KERWIN

3. (b) If veteran, name war NO 3. (c) Social Security No. 518-05-5473

5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race white  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Date of Birth (Month, Day, Year) April 19 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>0</u>	<u>2</u>	hrs min.

9. Exact Occupation Lumberman Did this work for ? yrs.

10. Industry or Business worked 1942

11. Birthplace Do not know Michigan (City or town) (State or foreign country)

12. Name Do not know Kerwin

13. Birthplace Do not know (City or town) (State or foreign country)

14. Maiden name Do not know

15. Birthplace Do not know (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Stella Briggs  
and Address 808 3rd St. Coeur d'Alene

17. (a) burial (b) Date thereof 4/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Forest Cemetery Coeur d'Alene

18. Funeral Director's OWN Signature A. B. Nelson  
and Address Rathrum Idaho

19. (a) May 6, 1948 (b) Wm C. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

A. DATE OF DEATH (Month, Day, Year) 4/21 1948  
at 11:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 4-10 1948 to 4-21 1948  
I last saw him alive on 4-20 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Decomposition of heart Duration 15 days  
Chronic myocarditis 12-15 yrs

Due to --

Due to --

Other conditions -- (Include pregnancy within 3 months of death)

Where was disease contracted? --

Name of operation -- Date --

Major finding --

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? -- Suicide? -- Homicide? --

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home -- Farm -- Industry --

Public Place -- While at work? --

Means of injury --

Attendant's OWN Signature William J. Cunningham

and Address Coeur d'Alene Idaho Date 4-22-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1468**  
Local Reg. No. **68**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH:

(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **811 LaCross**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **22** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **811 LaCross**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **22** years  
(h) Former residence (city, state) **Bemidji Minn.**

## 3. (a) FULL NAME

**KRUG GEORGE MARTIN**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **M** 5. Color **W** race \_\_\_\_\_

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Jennie**

6. (c) Age of husband or wife if alive **66** years

7. Date of Birth (Month, Day, Year) **Oct 27, 1868**

8. AGE	Years	Months	Days	If less than 1 day
	<b>83</b>	<b>5</b>	<b>27</b>	hrs. min.

9. Exact Occupation **Mill Worker** Did this work for **14** yrs.

10. Industry or Business **Winton Lumber Co.** Date last worked **1940**

11. Birthplace **Michigan** (City or town) (State or foreign country)

12. Name **John Krug** (City or town) (State or foreign country)

13. Birthplace **Unknown** (City or town) (State or foreign country)

14. Maiden name **Unknown** (City or town) (State or foreign country)

15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Harry Krug** and Address **Lewiston Idaho**

17. (a) **Burial** (b) Date thereof **4-28-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Forest Cmty OId. Idaho**

18. Funeral Director's OWN Signature **Mooney-English Chapel** and Address **Coeur d'Alene Idaho**

19. (a) **Apr 29, 1948** (b) **Mary E. Hammett** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 24 19 48**  
at **1:00** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **Apr 22** to **Apr 24** 19 **48**

I last saw him alive on **Apr 22** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic Myocarditis** Duration **5 yrs.**

Due to **Arteriosclerosis**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendants OWN Signature **R H Barker M.D.** (M.D. or other)

and Address **Coeur d'Alene Idaho** Date **Apr 24 19 48** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 1469  
Local Reg. No. 75  
Reg. Dist. No. 120

1. PLACE OF DEATH: MAY 10 1948  
(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **1117 Penn.**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **43** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **1117 Penn.**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **43** years  
(h) Former residence (city, state) **Kans.**

3. (a) FULL NAME **RHODES MARINDA JANE**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **F** 5. Color or race **N**  
6. (b) Name of husband or wife **William** 6. (c) Age of husband or wife if alive **83** years

7. Date of Birth (Month, Day, Year) **Dec. 28, 1866**

8. AGE	Years	Months	Days	If less than 1 day
	<b>81</b>	<b>4</b>	<b>0</b>	hrs. min.

9. Exact Occupation **House Wife** Did this work for **63** yrs.

10. Industry or Business **Own Home** Date last worked **4-23-48**

11. Birthplace **MtGrove Mo.**  
(City or town) (State or foreign country)

Father { 12. Name **Samuel Hodges**

13. Birthplace **Kentucky**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **M. H. Stephens**  
and Address **1002 W. 5th - City**

17. (a) **Burial** (b) Date thereof **4-30-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Forest Centy. Cda Ida**

18. Funeral Director's **Mooney-English Chapel**  
OWN Signature **Don English**

and Address **Coeur d'Alene Ida.**

19. (a) **May 6, 1948** (b) **May 6, 1948**  
(Date received and filed) (Date of death)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 28, 1948**  
at **10:30** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **4-26** 19**48**, to **4-30** 19**48**.  
I last saw h. or alive on **April 28** 19**48**.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Uremia** 5 days.  
Due to **Pylonephritis - bilateral** 2 years  
Due to **Hydronephrosis R.** 2 years  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **-**  
Name of operation **0** Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **0**  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **James W. Hawkins M.D.**  
and Address **Coeur d'Alene Ida.** Date **4-30-48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 10 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 1470  
Local Reg. No. 91  
Reg. Dist. No. 120

## 1. PLACE OF DEATH

(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **402 2nd**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Knights** Stayed \_\_\_\_\_ days  
(g) Lived in this county **43** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **402 Ind.**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **43** years  
(h) Former residence (city, state) **Iowa**

## 3. (a) FULL NAME

**ELDER SAMUEL J.**

## 3. (b) If veteran, name war

**None**

## 3. (c) Social Security No.

**None**

## 4. Sex

**M**

Color or

**W**

## 5. race

## 6. (b) Name of husband or wife

## 6. (a) Single, widowed, married, divorced

**Widowed**

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth

(Month, Day, Year)

**Oct 7 1867**

## 8. AGE

Years

**80**

Months

**6**

Days

**23**

If less than 1 day

hrs. min.

## 9. Exact Occupation

**Contractor**

Did this work for

**40**

yrs.

## 10. Industry or Business

**Construction**

Date last worked

**1940**

## 11. Birthplace

(City or town)

(State or foreign country)

**Henry Elder**

**Penn.**

## 12. Name

## 13. Birthplace

(City or town)

(State or foreign country)

**Naomi Woffard**

## 14. Maiden name

## 15. Birthplace

(City or town)

(State or foreign country)

**Kentucky**

## 16. Informant's

OWN Signature

**Howard M Elder**  
**Coeur d'Alene, Idaho**

and Address

## 17. (a) Cremation

(Burial, cremation or removal)

## (b) Date thereof

(Month) (Day) (Year)

**Spokane Wash**

## 18. Funeral Director's

OWN Signature

**Mooney English**

and Address

**Coeur d'Alene, Idaho**

## 19. (a) Date received and filed

## (b) Registrar's signature

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **4-30-48** 19\_\_\_\_  
at **9:30** o'clock **A**.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**March 2** 19\_\_\_\_, to **April 3** 19\_\_\_\_  
I last saw him alive on **April 2** 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Coronary Ede**

## Duration

**3 days**

## Due to

**Coronary**

**2 months**

## Due to

**Lymphosarcoma**

**3 months**

Other conditions  
(Include pregnancy within 3 months of death)

## primary neck

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## Attendant's

OWN Signature **E Elder** **M 2**

(M. D. or other)

and Address **Coeur d'Alene** Date **May 4** 19\_\_\_\_

(For additional space, use reverse side)

616

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

APR 12 1948 STATE OF IDAHO

1948  
State File No. 1471  
Local Reg. No. 63  
Reg. Dist. No. 120

1. PLACE OF DEATH:  
(a) County Kootenai  
(b) City or town Cataldo Dudley District  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside?..... Outside?..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 44 years ..... months ..... days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Kootenai  
(c) City or town Cataldo Dudley District  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside?..... Outside?..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Unknown

3. (a) FULL NAME CHARLES A. LE VIN  
3. (b) If veteran, name war No  
3. (c) Social Security No. None  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ida M. Le Vin  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) January 31, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>2</u>	<u>29</u>	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Sweden (City or town) (State or foreign country)  
Mother Father { 12. Name Andres Johnson  
13. Birthplace Sweden (City or town) (State or foreign country)  
14. Maiden name Anna Christina  
15. Birthplace Sweden (City or town) (State or foreign country)  
16. Informant's OWN Signature Ida M. Levin and Address Cataldo Idaho  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/48 (Month) (Day) (Year)  
(c) Place: Forest Cemetery  
18. Funeral Director's OWN Signature J. P. Riplinger and Address Occur, d! Alena Idaho  
19. (a) 4-8-48 (Date received and filed) (b) Mary C. Jamison (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 3, 1948  
at 3:30 o'clock P. M. Wilmet  
21. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Probable Coronary Thrombosis. Duration

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....  
Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury .....  
Attendant's OWN Signature William T. Wood, M.D. Coroner (M. D. or other)  
and Address Coeur d'Alene Date 4-7-1948  
(For additional space, use reverse side)

Reg. Dist. No. 120

## 694

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

APR 26 1948

STATE OF IDAHO

1046  
State File No. 1473  
Local Reg. No. 66  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Hayden Lake  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 5 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Rt # 1, Hayden Lake  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Wallace, Idaho

## 3. (a) FULL NAME MRS. EVA STROME

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife Harry Strome  
6. (c) Age of husband or wife if alive 69 years  
7. Date of Birth (Month, Day, Year) January 28, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>3</u>	<u>2</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Fall River, Kansas  
(City or town) (State or foreign country)

12. Name Unknown Broderick  
13. Birthplace Illinois  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature E. H. Strome  
and Address Rt. # 1, Hayden Lake, Idaho

17. (a) Burial (b) Date thereof 4/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery

18. Funeral Director's OWN Signature E. J. Riplinger  
and Address Coeur d'Alene, Idaho

19. (a) APR 22 1948 (b) \_\_\_\_\_  
(Date received and filed) (Registrar's stamp)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 17 19 48  
at 6:10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
not at all 19 \_\_\_\_\_, to 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Probable gastric hemorrhage Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature William T. Wood M.D. (corner)  
and Address Coeur d'Alene, Idaho Date 4-22-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

MAY 3 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1474  
Local Reg. No. 69  
Reg. Dist. No. 120

1. PLACE OF DEATH: **Kootenai**  
(a) County **Kootenai**  
(b) City or town **503 3rd St Post Falls.**  
(c) Street Address or R.F.D. No. **503 3rd St**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **35** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Post Falls.**  
(d) Street Address or R.F.D. No. **503 3rd St**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **45** years  
(h) Former residence (city, state) **Curlew Wash**

3. (a) FULL NAME **SEYFORTH WILLIAM AUGUST**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **M** 5. Color or **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **Dec 27, 1873**

8. AGE	Years	Months	Days	If less than 1 day
<b>74</b>	<b>3</b>	<b>22</b>	<b>hrs.</b>	<b>min.</b>

9. Exact Occupation **Merchant** Did this work for **35** yrs.

10. Industry or Business **Own Store** Date last worked **Dec. 1947**

11. Birthplace **Wilson Wis.** (City or town) (State or foreign country)

Father { 12. Name **Fredrick Seyforth**

13. Birthplace **Germany** (City or town) (State or foreign country)

Mother { 14. Maiden name **Unkown**

15. Birthplace **France** (City or town) (State or foreign country)

16. Informant's OWN Signature **English** and Address **Post Falls Idaho**

17. (a) **Burial** (b) Date thereof **4-22-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Post Falls Ida.**

18. Funeral Director's OWN Signature **Don English**

and Address **Coeur d'Alene Idaho**

19. (a) **April 29, 1948** (b) **Mary E. Hamlin** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 19 1948**  
at **1:00** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from **October 1947** to **April 19 1948**

I last saw h. **1M** alive on **April 19 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Congestive heart failure** Duration **6 months**  
**with Pulmonary edema**  
Due to **arteriosclerotic heart**  
**disease with aortic insufficiency**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **none performed**

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **William R. Endicott Jr. M.D.**

(M. D. or other)

and Address **Post Falls Idaho** date **April 22 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1475**  
Local Reg. No. **10**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **Rt #2**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **11** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **Rt #2**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **11** years  
(h) Former residence (city, state) **Everett Wash**

## 3. (a) FULL NAME

**ANDERSON ANNA**

## 3. (b) If veteran, name war

**None**

## 3. (c) Social Security No.

**None**

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Edward**

6. (c) Age of husband or wife if alive **52** years

7. Date of Birth (Month, Day, Year) **Oct 9, 1893**

8. AGE	Years	Months	Days	If less than 1 day
<b>50</b>	<b>6</b>	<b>19</b>	<b>hrs.</b>	<b>min.</b>

9. Exact Occupation **House Wife** Did this work for **30** yrs.

10. Industry or Business **Own Home** Date last worked **1-1-48**

11. Birthplace **Penn N.D.** (City or town) (State or foreign country)

12. Name **Anton Stoe** (City or town) (State or foreign country)

13. Birthplace **Norway** (City or town) (State or foreign country)

14. Maiden name **Anna Berg** (City or town) (State or foreign country)

15. Birthplace **Norway** (City or town) (State or foreign country)

16. Informant's OWN Signature **Milo E. Anderson** and Address **Coeur d'Alene, Idaho**

17. (a) **Burial** (b) Date thereof **5-1-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Forest Cnty Cda. Idaho**

18. Funeral Director's OWN Signature **Don English** and Address **Coeur d'Alene, Idaho**

19. (a) **May 6, 1948** (b) **M. W. Hamilton** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 28, 1948**

at **7:00 AM** o'clock **7** M.

21. I HEREBY CERTIFY, That I attended deceased from **1948** to **1948**

I last saw him alive on **4-27** 19**48**. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial Infarction** Duration **2 mo**

Due to **Chronic Hypertension**

Due to **Coronary Artery Disease**

Other conditions: **None** (Include pregnancy within 3 months of death)

Where was disease contracted? **None**

Name of operation **None** Date **None**

Major finding **None**

Finding of autopsy **None**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **None** 19 **48** City, county, state where violence occurred **None**

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **None**

23. Attendant's OWN Signature **Cda. Idaho** (M. D. or other) **4-28-48** and Address **Cda. Idaho** Date **4-28-48** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 10 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1475  
Local Reg. No. 10  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. St #2  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. X Stayed X days  
(g) Lived in this county 11 years 11 months 11 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. St #2  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Everett Wash

## 3. (a) FULL NAME

ANDERSON ANNA

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 4. Sex F Color or W race W

## 6. (a) Single, widowed, married Married

## 6. (b) Name of husband or wife Edward

## 6. (c) Age of husband or wife if alive 52 years

## 7. Date of Birth (Month, Day, Year) Oct 9, 1895

8. AGE	Years	Months	Days	If less than 1 day
<u>52</u>	<u>6</u>	<u>19</u>	<u>hrs.</u>	<u>min.</u>

## 9. Exact Occupation House Wife Did this work for 30 yrs.

## 10. Industry or Business Own Home Date last worked 1-1-48

## 11. Birthplace Penn N.J. (City or town) (State or foreign country)

## 12. Name Anton Stoe (City or town) (State or foreign country)

## 13. Birthplace Norway (City or town) (State or foreign country)

## 14. Maiden name Anna Berg (City or town) (State or foreign country)

## 15. Birthplace Norway (City or town) (State or foreign country)

## 16. Informant's OWN Signature Milo E. Anderson

## and Address Coeur d'Alene, Idaho

## 17. (a) Burial (b) Date thereof Oct-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Forest Cmty Cdd, Idaho

## 18. Funeral Director's OWN Signature Don English

## and Address Coeur d'Alene, Idaho

## 19. (a) May 6, 1948 (b) M. D. or other (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) April 28, 1948

at 7:00 AM o'clock AM.

## 21. I HEREBY CERTIFY, That I attended deceased from 1948 to 4/27 1948.

I last saw h. 4/27 alive on 4/27 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Generalized Cancer metastasis Duration 2 mo

Due to Brain tumor possible

Due to of ovaries at least 6 mo

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? at

Name of operation at Date at

Major finding at

Finding of autopsy at

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? --- Suicide? --- Homicide? ---

Occurred --- 19 --- City, county, state

where violence occurred ---

Place of Violence: Home --- Farm --- Industry ---

Public Place --- While at work? ---

Means of injury ---

23. Attendant's OWN Signature M. D. or other and Address Cdd, Idaho Date 4-28-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1476  
Local Reg. No. 48  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

(a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home Hospital Institution Other place .....  
(f) Name Hosp. or Inst. Gritman Stayed 1 days  
(g) Lived in this county 40 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Deary  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Hattie Osborn

3. (b) If veteran, name war No 3. (c) Social Security No. None  
F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Preston 6. (c) Age of husband or wife if alive 81 years

7. Date of Birth (Month, Day, Year) July 13, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>8</u>	<u>19</u>	hrs min.

9. Exact Occupation At home Did this life work for life yrs.

10. Industry or Business Date last worked

11. Birthplace Minnesota (City or town) (State or foreign country)

12. Name Thomas Baker

13. Birthplace Unk (City or town) (State or foreign country)

14. Maiden name Nancy Short

15. Birthplace Unk (City or town) (State or foreign country)

16. Informant's OWN Signature Thomas Osborn  
and Address Deary Idaho

17. (a) Burial (b) Date thereof 4-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Elwood cemetery, Deary, Ida

18. Funeral Director's OWN Signature H.R. Short  
and Address Moscow, Idaho

19. (a) 4-5-48 (b) Leis E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 2, 1948  
(Month, Day, Year) 19  
at 10:15 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 1937 19 4/2/48 19  
I last saw her alive on 4/2/48 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration

Due to Disseminated Malignancy

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

23. Attendant's OWN Signature Doyle M. Luehr  
and Address Moscow Idaho (M. D. or other)  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce APR 19 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

748  
State File No. 1477  
Local Reg. No. 50  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

(a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Gritman Stayed 1 days  
(g) Lived in this county 9 years 6 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. 224 Pullman Rd.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 9 1/2 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Bertha Louise Little

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Date of Birth  
(Month, Day, Year) February 20, 1938

8. AGE	Years	Months	Days	If less than 1 day
	<u>10</u>	<u>1</u>	<u>18</u>	hrs min.

9. Exact Occupation Student Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Public School Date last worked \_\_\_\_\_

11. Birthplace Yuba City, California  
(City or town) (State or foreign country)

12. Name Ira L. Little

13. Birthplace Pullman, Washington  
(City or town) (State or foreign country)

14. Maiden name Neva Hall

15. Birthplace Julietta Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ira Little  
and Address Moscow, Idaho

17. (a) Burial (b) Date thereof 4-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: MOSCOW, Idaho

18. Funeral Director's OWN Signature H. B. Short  
and Address Moscow, Idaho

19. (a) 4-13-48 (b) Law E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) April 8, 1948 19  
at 6:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 4/8/48 19, to 4/8/48 19

I last saw her alive on 4/8/48 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stroke Duration 10 1/2 hr

Due to arteriosclerotic heart, head injuries, fractured left femur

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 4/8/48 19 City, county, state Moscow Latah Idaho

where violence occurred \_\_\_\_\_

Place of Violence Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Auto hit child

23. Attendant's OWN Signature Doyle M. Wehr  
and Address Moscow Idaho (Date received and filed) 4/13/48 1948  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink of BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 26 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1478  
Local Reg. No. 157  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside ~~Yes~~ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Gritman Stayed 4 days  
(g) Lived in this county 41 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town 2 Miles S. Potlatch  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? Yes city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Carolina Schmidt

3. (b) If veteran, name was None  
3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female  
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 71 years  
7. Date of Birth (Month, Day, Year) October 27, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>5</u>	<u>20</u>	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.  
10. Industry or Business Own Home Date last worked 4-8-48  
11. Birthplace Germany (City or town) (State or foreign country)

- Mother Father  
12. Name John Kobierowski  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature C. Schmidt  
and Address 61018 Dup Ave Spokane

17. (a) Burial (b) Date thereof 4-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Potlatch, Idaho

18. Funeral Director's OWN Signature J. E. Finball  
and Address Palouse, Wash.

19. (a) 4-18-48 (b) Lois E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 17 1948  
(Month, Day, Year) at 11:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 9, 1948 to April 17, 1948  
I last saw her alive on April 16, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic Pneumonia Duration 1 Day

Due to Acute Cardiac Decompensation  
Atrial Fibrillation  
Due to Chronic Myocarditis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. W. DeBree M.D.  
and Address Palouse, Wash. Date April 17, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

MAY 8 1948

1948 1479  
State File No. \_\_\_\_\_  
Local Reg. No. 54  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Gritman Stayed 4 1/2 days  
(g) Lived in this county 36 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Troy  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME August Hedeon

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife Unk 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 10, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>0</u>	<u>12</u>	hrs min.

9. Exact Occupation Retired cook Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Lumber camps Date last worked Unk

11. Birthplace Dalesburg South Dakota  
(City or town) (State or foreign country)

12. Name Andrew Erick Hedeon

13. Birthplace Sweden  
(City or town) (State or foreign country)

14. Maiden name Elizabeth Anderson

15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs William Clausen  
and Address P.O. Box 663 Lewiston Idaho

17. (a) Burial (b) Date thereof 4-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: MOSCOW, Idaho

18. Funeral Director's OWN Signature H. R. Short

and Address MOSCOW, Idaho

19. (a) 4-24-48 (b) Lois E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 22, 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 1948 to 22 Apr 48  
I last saw him alive on 22 Apr 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration \_\_\_\_\_

Due to Arteriosclerosis ?

Due to \_\_\_\_\_ ?  
Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Clyde Culp

and Address 29 1st St (M. D. of other) Apr 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 11 1948 **Certificate Of Death**  
STATE OF IDAHO

1948 1480  
State File No. \_\_\_\_\_  
Local Reg. No. 55  
Reg. Dist. No. 200

1. PLACE OF DEATH:

(a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 3 days  
(g) Lived in this county 47 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. Rt. 3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Donna Elizabeth Ayer

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ (a) Single, widowed, married, divorced single  
4. Sex Female race White  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 28, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>1</u>	<u>1</u>	hrs min.

9. Exact Occupation Housekeeper Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Own home Date last worked 4/48

11. Birthplace Marshall County, Kansas  
(City or town) (State or foreign country)

12. Name Lambert H. Ayer

13. Birthplace Vermont  
(City or town) (State or foreign country)

14. Maiden name Mary A. Curtine

15. Birthplace Dublin Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Donna Ayer  
and Address Rt. 3, Moscow, Idaho

17. (a) Burial (b) Date thereof 5-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature J.R. Short  
and Address Moscow, Idaho

19. (a) 5-3-48 (b) Laid S. Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 29, 1948  
(Month, Day, Year) \_\_\_\_\_ 19\_\_\_\_  
at 1:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1948, to 4/29/48  
last saw him alive on 4/29/48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Acute myocarditis  
Due to Subacute Nephritis

Due to Hypertension  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation None Date \_\_\_\_\_

Major finding None  
Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. Christensen M.D.  
and Address Moscow, Idaho (M. D. or other) Date 5/6 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1481**  
Local Reg. No. **49**  
Reg. Dist. No. **200**

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Potlatch  
(c) Street Address or R.F.D. No. Near Crane Creek  
(d) Death Occurred Inside? Outside? x city of town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 22 years 22 months 22 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Genesee  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? Outside?  city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Raymond Lewis Isaksen

3. (b) If veteran, name war WW 2 3. (c) Social Security No. 518-30-7201  
5. Color or W 6. (a) Single, widowed, married, divorced single  
4. Sex M race W 6. (c) Age of husband or wife if alive  years  
6. (b) Name of husband or wife

7. Date of Birth (Month, Day, Year) May 10, 1925

8. AGE	Years	Months	Days	If less than 1 day
	<u>22</u>	<u>10</u>	<u>25</u>	hrs min.

9. Exact Occupation Surveying Did this work for 2 yrs.  
10. Industry or Business Ida. Bu. Highways Date last worked 4/48  
11. Birthplace Genesee Idaho (City or town) (State or foreign country)

12. Name Peter Isaksen  
13. Birthplace Minnesota (City or town) (State or foreign country)  
14. Maiden name Ivy Beck  
15. Birthplace Moscow Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Peter Isaksen and Address Genesee, Idaho

17. (a) Burial (b) Date thereof 4-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Genesee City

18. Funeral Director's OWN Signature H. R. Short and Address Moscow, Idaho

19. (a) 4-8-48 (b) Lois E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 5, 1948 19 48  
at Abt 2:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from  19 , to  19

I last saw h.  alive on  19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  Duration

MULTIPLE INJURIES

Due to PLANE CRASH

Due to   
Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?  PHYSICIAN  
Name of operation  Date   
Major finding   
Finding of autopsy   
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? x Suicide?  Homicide?   
Occurred APR 5 19 48 City, county, state where violence occurred LATAH COUNTY IDA.  
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury PLANE CRASH IN SAW STORM  
23. Attendant's OWN Signature H. R. Short and Address Moscow Date 4/6 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 8 1948

~~CORONARY~~ RESIDENT

STATE OF IDAHO

948  
State File No. 1482  
Local Reg. No. 53  
Reg. Dist. No. 200

1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Near Farmington, Wn.  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place ....  
(f) Name Hosp. or Inst. \*\*\*\*\* Stayed \*\*\* days  
(g) Lived in this county \*\*\*\*\* years \*\*\*\*\* months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME Emma May Portwood

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or No. 6. (a) Single, widowed, married, Widow  
4. Sex Female race White  
6. (b) Name of husband or wife Ellis Portwood 6 (c) Age of husband or wife if alive Deceased years  
7. Date of Birth (Month, Day, Year) Sept/10/1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>7</u>	<u>13</u>	hrs min.

9. Exact Occupation Housewife Did this work for 50 Yrs.

10. Industry or Business Home Date last worked 4/23/48

11. Birthplace Ill.  
(City or town) (State or foreign country)

12. Name Fredrick Gumph

13. Birthplace Germany  
(City or town) (State or foreign country)

14. Maiden name Hattie Hughes

15. Birthplace Ill.  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. F. Gumph

and Address Farmington, Wash.

17. (a) Burial (b) Date thereof Apr/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Garfield, Washington

18. Funeral Director's OWN Signature D. D. Dodson

and Address Tekoa, Wn.

19. (a) 4-25-48 (b) Leila E. Anderson  
(Date received and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Washington (b) County Spokane  
(c) City or town Colbert  
(d) Street Address or R. F. D. No. \*\*\*\*\*  
(e) Deceased lived Inside? X Outside? \*\*\*\*\* city or town  
(f) If foreign born, in U. S. X yrs. Citizen of U. S.? X  
(g) How long had deceased lived in Idaho? 2 Days years  
(h) Former residence (city, state) Colbert, Wn.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4-23-1948  
at 11 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw her alive on 4-24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature [Signature] (M. D. or other)

and Address [Address] Date 4/24 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAY 10 1948

STATE OF IDAHO

748  
State File No. 1483  
Local Reg. No. 670  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Northfork  
(c) Street Address or R.F.D. No. Northfork  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Northfork  
(d) Street Address or R.F.D. No. Northfork  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? Life  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

DRUZILLA ANN KEITH.

3. (b) If veteran, name war

3. (c) Social Security

No

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year)

Sept. 30, 1930

8. AGE Years Months Days If less than 1 day  
17 5 8 hrs min.

9. Exact Occupation Child Did this work for  yrs.

10. Industry or Business worked

11. Birthplace Salmon, Idaho (City or town) (State or foreign country)

12. Name Elmer M. Keith

13. Birthplace Richmond, Mo. (City or town) (State or foreign country)

14. Maiden name Begone Randall

15. Birthplace Boise, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Elmer Keith

and Address North Fork, Ida

17. (a) Salmon, Idaho (b) Date thereof 3-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Salmon, Idaho

18. Funeral Director's OWN Signature Ray M. Aldrich

and Address Salmon

19. (a) May 6, 1948 (b) Vita E. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year)

March 8th 19 48

at 12:15 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 2-10 19 48, to 3-8 19 48

I last saw h. alive on 2-10 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Infarction Duration 10 yrs.

Due to Infarction 2 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature J. L. Muller M.D.

and Address Salmon, Ida Date 3-15 19 48  
(M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1484  
Local Reg. No. 680  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Salmon  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. Salmon  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home? Hospital? Institution? Other place?  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Salmon  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. Salmon  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? Salmon  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) Salmon

## 3. (a) FULL NAME

JERRY WARREN BOHANNON 157E

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W  
6. (a) Single widowed, married, divorced  
6. (b) Name of husband or wife alive years  
7. Date of Birth (Month, Day, Year) April 12 1948

## 8. AGE

Years	Months	Days	If less than 1 day
			20 hrs 30 min.

9. Exact Occupation infant Did this work for years  
10. Industry or Business Salmon Date last worked Salmon  
11. Birthplace Salmon, Idaho (City or town) (State or foreign country)

12. Name OSCAR Bohannon  
13. Birthplace Salmon, Idaho (City or town) (State or foreign country)  
14. Maiden name HELENA M. BOHANNON  
15. Birthplace Salmon, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature M. W. Ocas Bohannon  
and Address Salmon

17. (a) Burial cremation, or removal (b) Date thereof 4-17-48  
(c) Place: Salmon, Idaho

18. Funeral Director's OWN Signature Ray McGee  
and Address Salmon

19. (a) May 7 - 48 (b) Idaho (c) Bohannon  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 13 1948  
at 2:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 12 1948, to April 13 1948  
last saw him alive on April 12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: D. Congenital heart disease Duration

Due to Salmon  
Due to Salmon  
Other conditions Salmon (Include pregnancy within 3 months of death)

Where was disease contracted? Salmon  
Name of operation Salmon Date Salmon  
Major finding Salmon  
Finding of autopsy Salmon

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Salmon Suicide? Salmon Homicide? Salmon  
Occurred Salmon 19 Salmon City, county, state where violence occurred  
Place of Violence: Home Salmon Farm Salmon Industry Salmon  
Public Place Salmon While at work? Salmon  
Means of injury Salmon

23. Attendant's OWN Signature Frank Y. ...  
and Address Salmon Date 4-14-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 10 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1485**  
Local Reg. No. **690**  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County **Lemhi**  
(b) City or town **Gibbonsville**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **5** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Lemhi**  
(c) City or town **Gibbonsville**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? **15** years  
(h) Former residence (city, state) **Butte Mont**

## 3. (a) FULL NAME

**LILLIAN MAYRE HARVEY 095C**

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

## 4. Sex **F** 5. Color or race **W**

## 6. (a) Single, widowed, married, **divorced**

## 6. (b) Name of husband or wife **LENN**

## 6. (c) Age of husband or wife if alive **50** years

## 7. Date of Birth **July 17 1909**

## 8. AGE

Years	Months	Days	If less than 1 day
<b>38</b>	<b>9</b>	<b>1</b>	hrs min.

## 9. Exact Occupation **Housewife** Did this work for **Life** yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace **Butte Mont.**

## 12. Name **Charles Scott EXHIBIT**

## 13. Birthplace **Scott Kansas**

## 14. Maiden name **Scott Kansas**

## 15. Birthplace **Scott Kansas**

## 16. Informant's OWN Signature **Mrs. E.B. Ogden** and Address **4026 N.E. 29**

## 17. (a) Date thereof **4-22-48**

## 18. Funeral Director's OWN Signature **Ray McFadden** and Address **Salmon**

## 19. (a) **May 5-48** (Date received and filed)

## (b) **W. E. Johnson** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) **4-18-48** at **4:00** o'clock **A**.M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19, to \_\_\_\_\_ 19.

I last saw h. alive on \_\_\_\_\_ 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Acute Heart attack**

Due to **Crown Heart trouble** years

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_ Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_ Finding of autopsy \_\_\_\_\_

If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **Ray McFadden (coro)**

23. Attendant's OWN Signature **Salmon** (M. D. or other) and Address **Salmon** Date **4-18-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1486  
Local Reg. No. 670  
Reg. Dist. No.

1. PLACE OF DEATH: Lemhi  
(a) County. SHOUPE  
(b) City or town.  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home? Hospital? Institution? Other place.  
(f) Name Hosp. or Inst. Stayed. days  
(g) Lived in this county. 9 years. months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. IDA. (b) County. LEMHI  
(c) City or town. SHOUPE  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state)

3. (a) FULL NAME IRA W. DRAKE

013C

3. (b) If veteran, name war no.  
3. (c) Social Security No. no.  
4. Sex. M 5. Color or race. W  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive. years

7. Date of Birth (Month, Day, Year) APRIL 4 1875  
8. AGE Years 72 Months 15 Days 15 If less than 1 day hrs. min.

9. Exact Occupation Prospector Did this work for 9 yrs.  
10. Industry or Business MINER Date last worked 1941  
11. Birthplace Dixon, MO. (City or town) (State or foreign country)

12. Name. unknown  
13. Birthplace. (City or town) (State or foreign country)  
14. Maiden name.  
15. Birthplace. (City or town) (State or foreign country)

16. Informant's OWN Signature. Marie H. Cook  
and Address. Salmon, Idaho

17. (a) (Burial, cremation or removal) (b) Date thereof 4-23-48  
(c) Place. SALMON IDAHO

18. Funeral Director's OWN Signature. Ray McGoldrick  
and Address. SALMON

19. (a) May-5-48 (Date received and filed) Viola E Johnson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4-19-48  
at 3:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19.

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

INFECTED LUNG  
Due to PROBABLY MINERS T-B  
Due to SENILITY  
Other conditions.  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation. Date  
Major finding.  
Finding of autopsy.  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred.  
Place of Violence: Home. Farm. Industry.  
Public Place. While at work?

Means of injury.  
23. Attendant's OWN Signature. Ray McGoldrick (Coro)  
and Address. SALMON. (M. D. or other) Date 4-19 1948  
(For additional space, use reverse side)

500

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

MAY 7 1948

NON-RESIDENT

STATE OF IDAHO

STATE OF IDAHO

State File No. 1487  
Local Reg. No. 6487  
Reg. Dist. No.

1. PLACE OF DEATH:  
(a) County LEMHI  
(b) City or town SALMON  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. GILBAUGH Stayed 84 days  
(g) Lived in this county 2 years 15 months 15 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State MONT (b) County  
(c) City or town DILLON  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 84 Days  
(h) Former residence (city, state)

3. (a) FULL NAME WILMINEA PERKINS

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F. 5. Color or race W.  
6. (a) Single, widowed, married, divorced.  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) FEB, 22, 1876

8. AGE Years 72 Months 1 Days 29 If less than 1 day hrs. min.

9. Exact Occupation NEWS PAPER AGENCY Did this work for 29 yrs.

10. Industry or Business Merchant Date last worked 7-1946

11. Birthplace WAKARUSA INDIANA (City or town) (State or foreign country)

12. Name WSA. MATHEWS

13. Birthplace unknown

14. Maiden name SARAH A. KIDDER

15. Birthplace IN D. (City or town) (State or foreign country)

16. Informant's OWN Signature Josephine Lee SALMON and Address.

17. (a) REMOVAL (b) Date thereof 4-24-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place DILLON MONT.

18. Funeral Director's OWN Signature Ray McGoldrick SALMON and Address.

19. (a) Date received and filed May-4-1948 (b) Registrar's signature Kida E. Johnson

MEDICAL CERTIFICATE OF DEATH 095B 059A

20. DATE OF DEATH (Month, Day, Year) 4-21-48 at 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 1948 to April 21 1948

I last saw him alive on April 20 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

1. Rheumatic heart

2. Rheumatic Arteritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature John H. Lewis M.D. and Address. SALMON Date 4-24-1948

489

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign in BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215, for class correspondence to State Bureau of Vital Statistics, Boise, Idaho.)

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1488  
Local Reg. No. 690  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County LEMHI  
(b) City or town  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? L city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. GUGGINS Stayed 3/4 days  
(g) Lived in this county years months 3/4 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? L city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

3. (a) FULL NAME Elliot Bonham

3. (b) If veteran, name war WW 2 3. (c) Social Security No. 319-18-4158

4. Sex M 5. Color or race W 6. (a) Single, widowed married  
divorced

6. (b) Name of husband or wife MARGARET 6. (c) Age of husband or wife if alive 26 years

7. Date of Birth Oct 1 1919  
(Month, Day, Year)

AGE	Years	Months	Days	If less than day
	<u>28</u>	<u>6</u>	<u>25</u>	hrs. min.

9. Exact Occupation Pharacist Did this work for 5 yrs.

10. Industry or Business Burley Idaho Date last worked 4-23-48

11. Birthplace F.E. Bonham (City or town) (State or foreign country)

12. Name F.E. Bonham

13. Birthplace W. Va. (City or town) (State or foreign country)

14. Maiden name Mary Patterson

15. Birthplace Riverdale Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Viola E Johnson and Address Rigby

17. (a) (Burial, cremation, or removal) (b) Date thereof 4-6-48 (Month) (Day) (Year)

(c) Place RIGBY IDAHO

18. Funeral Director's OWN Signature Raymond Salinger and Address Salinger

19. (a) May-4-48 (Date received and filed) (b) Viola E Johnson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 4-26-48  
(Month, Day, Year) at 4 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 4-25-48 to 4-26-48

I last saw him alive on 4-25-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 1. Shock following air plane crash (500 ft alt) Duration

Due to 1. Shock following air plane crash (500 ft alt)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation — Date

Major finding —

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? no Homicide? no

Occurred on plane 4-25-48 City, county, state Jefferson

where violence occurred

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury Plane crashed in mt.

23. Attendant's OWN Signature Phyllis Guggins and Address Idaho Date 4-26-48 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce MAY 20 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1489  
Local Reg. No. 690  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. GOGGINS Stayed 16 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

NORMAN H. DUTTON

## 3. (b) If veteran, name war

No

## 3. (c) Social Security

No

## 4. Sex M 5. Color or race W

## 6. (a) Single Widowed, married, divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

MAY 23 1883

## 8. AGE

Yea	Months	Days	If less than 1 day
<u>64</u>	<u>11</u>	<u>7</u>	hrs min.

## 9. Exact Occupation Rancher Did this Life work for \_\_\_\_\_ yrs.

## 10. Industry or Business Date last worked 4-29-48

## 11. Birthplace England (City or town) (State or foreign country)

## 12. Name unknown

## 13. Birthplace (City or town) (State or foreign country)

## 14. Maiden name

## 15. Birthplace (City or town) (State or foreign country)

## 16. Informant's OWN Signature Walter H. Lister

## and Address Lemhi

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Ray McGoldrick

## and Address Salmon

## 19. (a) May 17 - 1948 (Date received and filed) (b) Lida O. Johnson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 162B

## 20. DATE OF DEATH (Month, Day, Year) 4-30-1948 at 9:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 4-30-1948 to 4-30-1948 I last saw him alive on 4-30-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Chronic myocarditis Duration

## Due to Serious

## Due to

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted? Name of operation Date Major finding C Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred Place of Violence: Home Farm Industry Public Place While at work? Means of injury

## 23. Attendant's OWN Signature Frank Laguer (M. Doctor or other)

## and Address Salmon Date 5-3-1948 (For additional space, use reverse side)

Burial Permit issued

B-I

Filed

489

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 20 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1490  
Local Reg. No. 690  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Levhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Goggin S. Stayed 7 days  
(g) Lived in this county 25 years 35 months 15 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Levhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

INEZ CAROLINE WARREN

046B

3. (b) If veteran, no name war \_\_\_\_\_  
3. (c) Social Security No. no  
4. Sex F 5. Color or race W  
6. (a) Single ☒ widowed ☒ married, divorced  
6. (b) Name of husband or wife CHAS A.  
6. (c) Age of husband or wife if alive 47 years  
7. Date of Birth (Month, Day, Year) Oct 18, 1876

AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>6</u>	<u>12</u>	hrs min.

9. Exact Occupation Housewife Did this life work for \_\_\_\_\_ yrs.  
10. Industry or Business See '47 Date last worked \_\_\_\_\_  
11. Birthplace Stockholm Sweden (City or town) (State or foreign country)

12. Name Carl Carlson  
13. Birthplace Sweden (City or town) (State or foreign country)  
14. Maiden name CAROLINE WARREN  
15. Birthplace SWEDEN (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Mary Tewael  
and Address Salmon

17. (a) ☒ (Burial) (b) Date thereof 5-4-48  
(c) Place: Salmon Idaho

18. Funeral Director's OWN Signature Ray Mc Goldrick  
and Address Salmon

19. (a) May 17-48 (b) Viola E. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 055E

20. DATE OF DEATH (Month, Day, Year) 4-30-48 19\_\_\_\_  
at 1:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1947 to April 30 1948  
last saw her alive on 4-30-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma stomach & metastasis. Duration \_\_\_\_\_

Due to hemorrhage of anemia  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home Farm Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Frank Higgins  
and Address Idaho Date 5-4-48  
(For additional space, use reverse side)

B-I

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 19 1948  
**Certificate Of Death**  
STATE OF IDAHO

State File No. **1491**  
Local Reg. No. **3**  
Reg. Dist. No. **232**

**1. PLACE OF DEATH:**

- (a) County Lewis  
(b) City or town Winchester  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 30 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Lewis  
(c) City or town Winchester  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) .....

**3. (a) FULL NAME** James Lorenzo Beal

3. (b) If veteran, name war ----- 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White  
6. (b) Name of husband or wife Mary Ellen Beal 6. (c) Age of husband or wife if alive Dec. years  
7. Date of Birth (Month, Day, Year) December 25 1858

8. AGE	Years	Months	Days	If less than 1 day
	<u>89</u>	<u>3</u>	<u>14</u>	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.  
10. Industry or Business own farm Date last worked 1929  
11. Birthplace Hillsboro. Ind.  
(City or town) (State or foreign country)

- Mother Father  
12. Name Samuel Pleasant Beal  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Lizzie Rayser  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lucy E. Warren  
and Address Winchester, Idaho.

17. (a) Removal (b) Date thereof 4-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho.

18. Funeral Director's OWN Signature C. E. Clovis  
and Address Craigmont, Idaho.

19. (a) 4-9-48 (b) C. E. Clovis  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) April 8 1948  
at 2:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 2-8 1948, to 4-8 1948  
I last saw him alive on 4-5 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

- Myocarditis  
Due to age  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature A. K. Hollins M. D. or other  
and Address Craigmont, Ida. Date 4-9 1948  
(For additional space, use reverse side)

**Certificate Of Death**  
APR 19 1948 STATE OF IDAHO

State File No. **1492**  
Local Reg. No. **4**  
Reg. Dist. No. **232**

**1. PLACE OF DEATH:**

- (a) County Lewis  
(b) City or town Winchester  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Lewis  
(c) City or town Winchester  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Antigo, Wis.

**3. (a) FULL NAME WILLIAM HENRY CORNISH**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 518-20-1034  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Freda Cornish 6. (c) Age of husband or wife if alive 67 years  
7. Date of Birth (Month, Day, Year) April 9 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>0</u>	<u>0</u>	hrs min.

9. Exact Occupation Lumberman-Farmer Did this work for life yrs.  
10. Industry or Business Craigmountain Lbr. Co Date last worked 4-9-48  
11. Birthplace Fort Atkinson, Wisconsin  
(City or town) (State or foreign country)

12. Name SIDNEY EDWIN CORNISH  
13. Birthplace NEW YORK STATE  
(City or town) (State or foreign country)  
14. Maiden name JEANE BEAUPRE  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Walter H Cornish  
and Address 322 N. Howard-Moscow, Idaho.

17. (a) Burial (b) Date thereof 4-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho.

18. Funeral Director's OWN Signature C.E. Clowing  
and Address Craigmont, Idaho.

19. (a) 4-10-48 (b) \_\_\_\_\_  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) April 9 1948 19\_\_\_\_  
at 7:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 4-9 1948, to 4-9 1948  
I last saw him alive on 4-9 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Coronary Occlusion Duration 2 hours

Due to Arterio-Sclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation h m Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. H. Williams M.D.

and Address Craigmont, Idaho Date 4-9 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. If item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence Bureau of Vital Statistics, Boise, Idaho.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 9 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1493**  
Local Reg. No. **288**  
Reg. Dist. No. **43D**

## 1. PLACE OF DEATH:

- (a) County Lincoln  
(b) City or town Shoshone  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lincoln  
(c) City or town Shoshone  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? Naturalized  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Scotland

## 3. (a) FULL NAME

James Fowler Rieckhie

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color of \_\_\_\_\_  
6. (a) Single, widowed, married, divorced widowed  
4. Sex male race white  
6. (b) Name of husband or wife Anne 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

Oct 3 - 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>6</u>	<u>2</u>	hrs min.

## 9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Old Kirklands Scotland (City or town) (State or foreign country)

## 12. Name John Rieckhie

## 13. Birthplace Scotland (City or town) (State or foreign country)

## 14. Maiden name M. S. Fowler

## 15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

## 16. Informant's OWN Signature taken from Passport of U.S. and Address \_\_\_\_\_

## 17. (a) Burial (b) Date thereof Apr. 6 - 48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Shoshone Idaho

## 18. Funeral Director's OWN Signature Myrtle C. Burdett and Address Shoshone - Idaho

## 19. (a) Apr. 6 - 48 (b) Myrtle C. Burdett (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) April 5 1948

at 1:30 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from March 3 1948 to April 5 1948

I last saw h./m. alive on April 4 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: myocardial (lung) Duration 1 mos.

Due to Disseminated tuberc. inf.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation none Date \_\_\_\_\_

Major finding none

Finding of autopsy none

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature St. Weber, M.D. and Address Shoshone, Idaho Date Apr. 5 - 48 (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

RECEIVED  
MAY 6 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1494  
Local Reg. No. 289  
Reg. Dist. No. 430

## 1. PLACE OF DEATH:

- (a) County Lincoln  
(b) City or town Shoshone  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Walker Nursing Home stayed 10 days  
(g) Lived in this county \_\_\_\_\_ years 2 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Kansas (b) County Rock  
(c) City or town Stockton  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 5 mo years  
(h) Former residence (city, state) Stockton Kansas

## 3. (a) FULL NAME Susie M. (?) Webster.

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, \_\_\_\_\_  
4. Sex female race white divorced undiv  
6. (b) Name of husband or \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
wife \_\_\_\_\_ alive \_\_\_\_\_ years  
7. Date of Birth Oct. 31-1871  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>5</u>	<u>10</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Home Date last worked 1933  
11. Birthplace Indiana (City or town) (State or foreign country)

12. Name J. A. J. Paramore  
13. Birthplace U.S. (City or town) (State or foreign country)  
14. Maiden name Kate C. Anderson  
15. Birthplace U.S. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs P. J. Horn  
and Address Stockton Kansas

17. (a) Removal (b) Date thereof 4-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Phillipsburg - Kansas

18. Funeral Director's OWN Signature Myrtle C. Burdett  
and Address Shoshone Idaho

19. (a) 4-11-48 (b) Myrtle C. Burdett  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 10 1948  
(Month, Day, Year) at 12:45 o'clock X M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 22 1947 to April 10 1948  
I last saw h. en alive on April 19 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to gastric hemorrhage 2 min.

Due to abdominal malnutrition 3  
Other conditions liver failure  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19. \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature St. Weber, M.D.  
and Address Shoshone Idaho Date 4-10-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1495  
Local Reg. No. 13  
Reg. Dist. No. 630

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Reeseburg  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Reeseburg  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

John Gee

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (b) Name of husband or wife Oliver Caroline 6. (c) Age of husband or wife if alive 70 years  
7. Date of Birth (Month, Day, Year) April 11, 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>PP</u>	<u>11</u>	<u>26</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Groble Utah (City or town) (State or foreign country)

12. Name Lysander Gee

13. Birthplace Utah (City or town) (State or foreign country)

14. Maiden name Mary Ette Howe

15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Tolson, Lee, Woods

- and Address Reeseburg Idaho

17. (a) Burial (b) Date thereof 4/19/48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Reeseburg Idaho

18. Funeral Director's OWN Signature George W. Thomas

- and Address Reeseburg Idaho

19. (a) 4-9-48 (b) Mary A. Goring  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH April 6 1948  
(Month, Day, Year) at 8:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 2 1948 to April 6 1948  
I last saw h. alive on April 2 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 1 week

Due to Cerebral Arteriosclerosis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature B. B. Thomas, M.D.

and Address Reeseburg, Idaho Date 7 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 12 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1496  
Local Reg. No. 14  
Reg. Dist. No. 630

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 60 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Martha Matilda Neville

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex Female race Cauc.  
6. (b) Name of husband or \_\_\_\_\_  
wife John H. Neville  
6. (c) Age of husband or wife if 86 years  
7. Date of Birth May 4, 1864  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>11</u>	<u>4</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Paradise, Utah  
(City or town) (State or foreign country)

12. Name William Smith  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Jane Rollins  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hannah A. Manning  
and Address 253 E 1st N.

17. (a) Burial (b) Date thereof 4-10-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Sugar City Cem.

18. Funeral Director's OWN Signature Verne Thompson  
and Address Boise, Idaho

19. (a) 4-10-48 (b) Ma H. Young  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 7 1948  
(Month, Day, Year)  
at 7:00 o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from April 1st 1948, to April 7 1948  
I last saw her alive on April 6 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- coronary embolism Duration 1/2  
Due to Myocarditis years 1  
hypertension  
Due to Senility  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. B. Eighy M.D.  
(M.D. or other)  
and Address Boise, Idaho Date 4-9-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 12 1948

# Certificate of Death

STATE OF IDAHO

1948 1497  
State File No. 15  
Local Reg. No. 630  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Rebun  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Rebun Hosp. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. #1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 62 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Josephine Steele Stanger

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife G. E. Stanger

6. (c) Age of husband or wife if alive 76 years

7. Date of Birth (Month, Day, Year) June 13, 1882

- | 8. AGE | Years     | Months    | Days     | If less than 1 day |
|--------|-----------|-----------|----------|--------------------|
|        | <u>65</u> | <u>10</u> | <u>7</u> | hrs. min.          |

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace American Fork, Utah (City or town) (State or foreign country)

12. Name George Steele

13. Birthplace Manchester, England (City or town) (State or foreign country)

14. Maiden name Ellen Proctor

15. Birthplace American Fork, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Ellen Stanger

- and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 4/23/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Lona, Idaho

18. Funeral Director's OWN Signature Jack A. Wood

- and Address Idaho Falls, Idaho

19. (a) 4-23-48 (b) Miss H. E. Young (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 20 19 48  
at 4-15 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 15 19 48 to April 20 19 48  
I last saw her alive on April 19 19 48;  
death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Cancer Rectum Duration 4 mos.

- Due to metastasis to abdominal cavity

- Due to other

- Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted?

- Name of operation Cystectomy Date 3/11/48

- Major finding metastasis to abdominal cavity

- Finding of autopsy metastasis to abdominal cavity

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. B. Ryby M.D.  
and Address Rebun, Idaho Date 4-23-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 7 1948

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

10119 1498  
State File No. 13  
Local Reg. No. 450  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Minadoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. Rupert Hospital  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Rupert General \_\_\_\_\_ days  
(g) Lived in this county 0 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Elba  
(d) Street Address or R.F.D. No. None  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 69 years  
(h) Former residence (city, state) Willard, Utah

## 3. (a) FULL NAME

John Christopher Pettingill

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 4. Sex Male Color or race White

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Sept. 8, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>5</u>	<u>4</u>	hrs. min.

## 9. Exact Occupation Rancher Did this work for 50 yrs.

## 10. Industry or Business 6666 Date last worked ---

## 11. Birthplace Willard, Utah (City or town) (State or foreign country)

## 12. Name John C. Pettingill Sr. (City or town) (State or foreign country)

## 13. Birthplace Iowa (City or town) (State or foreign country)

## 14. Maiden name Evelyn Taylor (City or town) (State or foreign country)

## 15. Birthplace Iowa (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs. John C. Pettingill and Address Elba

## 17. (a) Burial (b) Date thereof 2/16/48 (Burial, cremation, removal) (Month) (Day) (Year)

## (c) Place Elba

## 18. Funeral Director's OWN Signature Retha S. Paynes and Address Burley, Idaho

## 19. (a) 4-7-48 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Feb 12 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Coronary occlusion invol.  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature [Signature] (M. D. or other)

and Address Rupert Date \_\_\_\_\_ 19 \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1499  
Local Reg. No. 19  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Mundwong  
(b) City or town Reupert  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Chautauque Stayed 7 days  
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2. 12 hours.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County \_\_\_\_\_  
(c) City or town Reupert  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Marvin Russell Andrew

157E

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. no

5. Color or white 6. (a) Single, widowed, married, divorced child  
4. Sex male race white  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) April 10 1948

## 8. AGE

Years	Months	Days	If less than 1 day
<u>0</u>	<u>0</u>	<u>0</u>	<u>12 hrs min.</u>

## 9. Exact

Occupation Child Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked \_\_\_\_\_

## 11. Birthplace

Reupert Idaho  
(City or town) (State or foreign country)

## 12. Name

Paul Andrew

## 13. Birthplace

Reupert Kansas  
(City or town) (State or foreign country)

## 14. Maiden name

Gladys Marshall

## 15. Birthplace

Reupert Idaho  
(City or town) (State or foreign country)

## 16. Informant's

### OWN Signature

Paul Andrew

### and Address

Paul Idaho

## 17. (a) Burial

(Burial, cremation or removal)

(b) Date thereof 5-12-48  
(Month) (Day) (Year)

### (c) Place:

Paul Idaho

## 18. Funeral Director's

### OWN Signature

Alan Goodman

### and Address

Reupert Idaho

## 19. (a) 4-30-48

(Date received and filed)

## (b) E. S. Shum

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 11 1948  
at 3:30 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

4-10 1948, to 4-11 1948

I last saw h. alive on 4-11 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Acute Myocardial Infarction Bill

## Due to

Coronary heart disease

## Due to

circulatory

## Other conditions

Duration

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

## Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place

While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's

### OWN Signature

Ob. M. M. D.

### and Address

Ob. M. M. D.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 7 1948  
DIVISION OF VITAL STATISTICS

**Certificate Of Death**  
STATE OF IDAHO

State File No. 1500  
Local Reg. No. 450  
Reg. Dist. No. 450

1. PLACE OF DEATH: MINIDOKA  
(a) County MINIDOKA  
(b) City or town INDEPENDENCE  
(c) Street Address or R.F.D. No. 419 B ST  
(d) Death Occurred Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home? ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst. ✓ Stayed ✓ days  
(g) Lived in this county 23 years ✓ months ✓ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County MINIDOKA  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. 419 B  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) Kentucky

3. (a) FULL NAME Ida May Grace  
3. (b) If veteran, name war ✓ No. ✓  
3. (c) Social Security No. 083A  
4. Sex F 5. Color or race white 6. (a) Single, widowed, married married  
6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 60 years  
7. Date of Birth (Month, Day, Year) Nov 14 1897  
8. AGE 

Years	Months	Days	If less than 1 day
<u>50</u>	<u>5</u>	<u>0</u>	hrs min.

MEDICAL CERTIFICATE OF DEATH 063A  
20. DATE OF DEATH (Month, Day, Year) Apr 14 1948  
at 12:20 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from Apr 14 1948 to Apr 14 1948  
I last saw her alive on Apr 14 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death Cerebral Hemorrhage Duration 12 hrs

9. Exact Occupation Housewife Did this work for ✓ yrs.  
10. Industry or Business worked Date last worked ✓  
11. Birthplace Bushyville Kentucky (City or town) (State or foreign country)  
Mother Father { 12. Name Thomas Disney  
13. Birthplace Kentucky (City or town) (State or foreign country)  
14. Maiden name Mahilda Courtney  
15. Birthplace Kentucky (City or town) (State or foreign country)  
16. Informant's OWN Signature Ida May Grace  
and Address Rupert Idaho  
17. (a) Burial (b) Date thereof May 5 1948  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Paul Cemetery  
18. Funeral Director's OWN Signature Elmer Goodman  
and Address Rupert Idaho  
19. (a) 5-6-48 (b) Elmer Goodman  
(Date received and filed) (Registrar's signature)

Due to hypertension  
Due to Arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation ✓ Date ✓  
Major finding ✓  
Finding of autopsy ✓  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓  
Occurred ✓ 19 ✓ City, county, state where violence occurred  
Place of Violence: Home ✓ Farm ✓ Industry ✓  
Public Place ✓ While at work? ✓  
Means of injury ✓  
23. Attendant's OWN Signature Elmer Goodman (M. D. or other)  
and Address Rupert Idaho Date 4-19 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY 17 1948

# Certificate Of Death

STATE OF IDAHO

48  
State File No. **1501**  
Local Reg. No. **22**  
Reg. Dist. No. **450**

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. 1  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Rupert Stayed 16 days  
(g) Lived in this county 37 years 5 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

Gene W Hough

## 3. (b) If veteran, name war

No

## 3. (c) Social Security

No. 519-24-4178

5. Color or race White  
6. (a) Sex M (b) Name of husband or wife None  
(c) Age of husband or wife if alive None years

## 7. Date of Birth (Month, Day, Year)

June 11 1929

8. AGE	Years	Months	Days	If less than 1 day
	<u>18</u>	<u>10</u>	<u>15</u>	hrs min.

9. Exact Occupation Clerk Did this work for None yrs.  
10. Industry or Business None Date last worked None  
11. Birthplace Creighton Missouri (City or town) (State or foreign country)  
Mother { 12. Name Otto D Hough  
13. Birthplace Wellington Kansas (City or town) (State or foreign country)  
14. Maiden name Ruth Wehmer  
15. Birthplace Wichita Mo. (City or town) (State or foreign country)

16. Informant's OWN Signature Georgia Girard and Address Rupert, Idaho  
17. (a) Burial (b) Date thereof 4-28-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rupert Idaho  
18. Funeral Director's OWN Signature Robert L. Hough and Address Rupert Idaho  
19. (a) 5-1-48 (b) O. E. Hough (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 26 1948  
at 3:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from April 7, 1948, to April 26, 1948.  
I last saw him alive on April 23, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Peritonitis Duration

Due to Intestinal Abscess  
Complication on

Due to Appendicitis  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Appendectomy Date 4-26-48  
Major finding Otto Appendicitis  
Finding of autopsy None  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred None 19 None City, county, state where violence occurred  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None  
23. Attendant's OWN Signature A. J. Dally M.D. and Address Rupert Idaho (M. D. or other) Date May 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 7 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1502  
Local Reg. No. 18  
Reg. Dist. No. 450

1. PLACE OF DEATH:  
(a) County Minidoka  
(b) City or town Paul  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Minidoka  
(c) City or town Paul  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) North Dakota

3. (a) FULL NAME Henry Schaeffer  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 519-22-2535  
4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Carol Ann 6. (c) Age of husband or wife if alive 58 years  
7. Date of Birth (Month, Day, Year) Jan 28 1892  
8. AGE  

Years	Months	Days	If less than 1 day
<u>56</u>	<u>2</u>	<u>12</u>	hrs min.

20. DATE OF DEATH (Month, Day, Year) Apr 10 1948  
at 3:30 o'clock PM  
21. I HEREBY CERTIFY, That I attended deceased from Apr 10 1948, to Apr 10 1948  
I last saw him alive on Apr 10 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis  
Due to Arterioley sclerosis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Where was disease contracted? Unknown  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
Mother Father { 12. Name Joseph Schaeffer  
13. Birthplace Russia  
14. Maiden name Elizabeth Blas  
15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
16. Informant's OWN Signature Andrew Schaeffer  
and Address Paul Idaho  
17. (a) Burial (b) Date thereof 1-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Paul Cemetery  
18. Funeral Director's OWN Signature Alan Engelman  
and Address Rupert Idaho  
19. (a) 5-6-48 (b) EN Blume  
(Date received and filed) (Registrar's signature)

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Arthur J. Walley MD  
and Address Rupert Idaho (M. D. or other) \_\_\_\_\_  
(For additional space, use reverse side) Date April 17 1948

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1503**  
Local Reg. No. **16**  
Reg. Dist. No. **450**

## 1. PLACE OF DEATH:

- (a) County **Minidoka**  
(b) City or town **Paul**  
(c) Street Address or R.F.D. No. **R.F.D.**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **--** Stayed **--** days  
(g) Lived in this county **35** years **--** months **--** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Minidoka**  
(c) City or town **Paul**  
(d) Street Address or R.F.D. No. **R.F.D.**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **35** years  
(h) Former residence (city, state) **Utah**

## 3. (a) FULL NAME

**George Absalom May**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex **Male** Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Christiana G. May**

6. (c) Age of husband or wife if alive **61** years

7. Date of Birth (Month, Day, Year) **May 6, 1884**

8. AGE	Years	Months	Days	If less than 1 day
	<b>63</b>	<b>11</b>	<b>14</b>	hrs. min.

9. Exact Occupation **farmer** Did this work for **40** yrs.

10. Industry or Business **--** Date last worked **--**

11. Birthplace **Call Fort, Utah** (City or town) (State or foreign country)

12. Name **George May**

13. Birthplace **Utah** (City or town) (State or foreign country)

14. Maiden name **Alice Hall**

15. Birthplace **Utah** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. George May** and Address **Paul, Idaho**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Apr. 23, 1948** (Month) (Day) (Year)

(c) Place **Paul, Idaho**

18. Funeral Director's OWN Signature **Netta J. Bayne** and Address **Paul, Idaho**

19. (a) **4-21-48** (Date received and filed) (b) **E. H. Blum** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **April 20, 1948**  
at **2:20** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **April 17, 1947** to **April 20, 1948**

I last saw him alive on **April 19, 1949**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Carcinoma of liver and of lungs** Duration **2 yrs**

Due to **--**

Due to **--**

Other conditions **--**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **At Home**

Name of operation **Exsanguination** Date **Oct 47**

Major finding **C. of liver & metastatic to lung & abdominal lymph nodes**

Finding **abdominal lymph nodes**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **--** 19 **--** City, county, state where violence occurred **--**

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **--**

23. Attendant's OWN Signature **E. H. Blum** (M. D. or other) and Address **Refert, Idaho** Date **4-21-1948** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 7 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 1504  
Local Reg. No. 20  
Reg. Dist. No. 450

1. PLACE OF DEATH: Idaho
- (a) County Idaho  
(b) City or town Report  
(c) Street Address or R.F.D. No. A.I.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home? Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 27 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Idaho  
(c) City or town Report  
(d) Street Address or R.F.D. No. A.I.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME Angelica Wilbur Kolesch Kilius 131B  
3. (b) If veteran, name war no 3. (c) Social Security No. 518-26-4729  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Christie 6. (c) Age of husband or wife if alive 30 years  
7. Date of Birth (Month, Day, Year) May 31 1917

8. AGE	Years	Months	Days	If less than 1 day
	<u>30</u>	<u>10</u>	<u>20</u>	hrs min.

9. Exact Occupation Housewife Did this work for years  
10. Industry or Business worked Date last worked  
11. Birthplace Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name William Kolesch  
13. Birthplace Idaho (City or town) (State or foreign country)  
14. Maiden name Christie E. Kilius  
15. Birthplace Idaho (City or town) (State or foreign country)  
16. Informant's OWN Signature Christie E. Kilius and Address Report, Idaho  
17. (a) Removal (b) Date thereof 4-24-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Paradise Idaho  
18. Funeral Director's OWN Signature Adrian E. Kilius and Address Report, Idaho  
19. (a) 5-1-48 (b) McAlister (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 0930  
20. DATE OF DEATH (Month, Day, Year) Apr 21 1948  
at 7:30 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from March 1948 to April 21 1948  
I last saw h.a.v. alive on April 20 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremic poisoning Duration  
Due to Chronic Glomerulonephritis  
Due to Cause unknown  
Other conditions hypertension (Include pregnancy within 3 months of death)  
Cardiovascular disease, Rheumatic Cardiovascular disease  
Where was disease contracted? Unknown  
Name of operation Unknown Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature Arthur J. Dally M.D. (M. D. or other)  
and Address April 20 Date 1948  
(For additional space, use reverse side)

Adrian Report Idaho 589

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECORDED  
MAY 7 1948

# Certificate Of Death

STATE OF IDAHO

E.

1948  
State File No. 1505  
Local Reg. No. 2  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Monsieho  
(b) City or town Paul  
(c) Street Address or R.F.D. No. Paul  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Monsieho  
(c) City or town Paul  
(d) Street Address or R.F.D. No. Paul  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 3 mo years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Mary Kathleen Andrew

107X

3. (b) If veteran, name war No No. 220  
5. Color or White (a) Single, widowed, married, divorced Child  
6. (b) Name of husband or wife Paul (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Jan. 20, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>3</u>	<u>5</u>	hrs min.

9. Exact Occupation Child Did this work for years  
10. Industry or Business Child Date last worked  
11. Birthplace Paul, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Hubert Andrew  
13. Birthplace Idaho (City or town) (State or foreign country)  
14. Maiden name Andrew  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Hubert Andrew and Address Paul Idaho

17. (a) Burial (b) Date thereof 4-26-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Paul Idaho

18. Funeral Director's OWN Signature Robert S. Anderson and Address Paul Idaho

19. (a) 5-1-48 (b) E. E. Elmore (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 25 1948  
at 5:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 4-17 1948, to April 25 1948  
I last saw her alive on 4-23 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Pneumonia Duration 8 days

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature E. E. Elmore (M. D. or other)  
and Address Paul Idaho Date 5-1 1948  
(For additional space, use reverse side)

APR 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1506  
Local Reg. No. 63  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed \_\_\_\_\_ days  
(g) Lived in this county 8 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Clearwater  
(c) City or town Pierce  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME (JACK) JACKSON EZRA TURNER

3. (b) If veteran, name war No 3. (c) Social Security No. 518-09-2890  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edith 6. (c) Age of husband or wife if alive 34 years  
7. Date of Birth (Month, Day, Year) April 11, 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>11</u>	<u>22</u>	hrs min.

9. Exact Occupation Locomotive Eng. Did this work for 3 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Evans, Washington (City or town) (State or foreign country)

12. Name James Jackson Lee Turner  
13. Birthplace West Virginia (City or town) (State or foreign country)  
14. Maiden name Nancy Taylor  
15. Birthplace Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature Ross Turner  
and Address Orofino, Idaho

17. (a) Burial (b) Date thereof 4-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's Brower-Wann  
OWN Signature H. H. Malcom  
and Address Lewiston, Idaho

19. (a) April 6, 1948 (b) Donna Jean Brown  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 061X 094A

20. DATE OF DEATH (Month, Day, Year) April 3, 1948  
at 12:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 4-2-48 to 4-3-48  
I last saw him alive on 4-3-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration \_\_\_\_\_

- Due to Pneumonia  
Due to Diabetes mellitus  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. J. White, M.D.  
(M. D. or other)  
and Address Lewiston Date 4-5-1948  
(For additional space, use reverse side)

Dr. A. J. White

280

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use black ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce 1 2 1948  
Bureau of the Census

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1507  
Local Reg. No. 66  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 3 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. 1120 8th St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 51 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

NORRIS EUGENE WALKER

3. (b) If veteran, name war None 3. (c) Social Security No. 519-03-2223  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Emma Jane 6. (c) Age of husband or wife if alive 62 years  
7. Date of Birth (Month, Day, Year) June 28, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>9</u>	<u>7</u>	hrs min.

9. Exact Occupation Retired Harness Did this work for 35 yrs.  
10. Industry or Business and Hardware Date last worked \_\_\_\_\_  
11. Birthplace Kearney, Nebraska  
(City or town) (State or foreign country)

12. Name R. Morgan Walker  
13. Birthplace Ill.  
(City or town) (State or foreign country)  
14. Maiden name Mary E. Stevens  
15. Birthplace Penn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Norris Walker  
and Address Clarkston, Washington

17. (a) Burial (b) Date thereof 4-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann  
and Address Lewiston, Idaho

19. (a) April 8<sup>th</sup>, 1948 (b) Dona Jean Reek  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 052A 055E

20. DATE OF DEATH (Month, Day, Year) April 5, 1948  
at 10:50 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from December 17, 1947, to April 5, 1948  
I last saw him alive on April 5, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Emaciation and anoxia Duration \_\_\_\_\_

Due to Metastatic Carcinoma 27 months

Due to Carcinoma of right kidney 5 years

Other conditions myocardial infarction 1 month  
(Include pregnancy within 9 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation Nephrectomy Date 1943 PHYSICIAN \_\_\_\_\_

Major finding Hypertrophied Underline the cause to which death should be charged statistically.

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature B. A. Stern M.D.  
and Address Lewiston, Idaho Date April 6, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
APR 19 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1508  
Local Reg. No. 68  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St Joseph's Stayed 21 days  
(g) Lived in this county 52 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. Rt 2 Box 23  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 81 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Mrs. Anna Brisson

3. (b) If veteran, name war no 3. (c) Social Security No. none  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth  
(Month, Day, Year) Jan. 9. 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>2</u>	<u>26</u>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace LaGrande Ore. (City or town) (State or foreign country)

12. Name Samuel Stoltz  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Nancy McCormick  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Harry Spence  
and Address Baker Ore.

17. (a) Burial (b) Date thereof 4-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho.

18. Funeral Director's OWN Signature Vassar-Rawls Funeral Home  
by Andrew G. Vassar  
and Address Lewiston, Idaho.

19. (a) April 15, 1948 (b) Donna Jean Ockert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April, 5, 1948 19.....  
(Month, Day, Year) at 10:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1948 19.....  
19..... to Apr. 5, 1948 19.....

I last saw her alive on 4-15-48 19..... death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial infarction Duration

Due to senility

Due to .....  
Other conditions senility  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature A. J. White, M.D. (M D. or other)  
and Address Lewiston Date 4-13-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce APR 19 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1509**  
Local Reg. No. **69**  
Reg. Dist. No. **220**

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 54 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mrs. Alice R. Lydon

3. (b) If veteran, name war no 3. (c) Social Security No. no  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>			hrs min.

9. Exact Occupation Clerk Did this work for 14 yrs.  
10. Industry or Business Nez Perce County Date last worked 4/8/48  
11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

12. Name Margaret Cox  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name Margaret Cox  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Alice R. Lydon  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 4-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's Vassar-Bawls Funeral Home  
OWN Signature by Donna Jean Clark  
and Address Lewiston, Idaho

19. (a) April 15, 1948 (b) Donna Jean Clark  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 8 1948  
at 3:30 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1913 to April 8, 1948  
I last saw him alive on April 8, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: coronary thrombosis Duration 1 day

Due to coronary disease 4 yrs

Due to My heart disease 5 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston, Idaho

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none made

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. B. Bawls (M. D. or other)  
and Address Lewiston, Idaho Date 4-9-1948  
(For additional space, use reverse side)

1948

State File No. 1510

Local Reg. No. 67

Reg. Dist. No. 220

United States  
Department of Commerce  
Bureau of the Census

APR 19 1948

## Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

(a) County NezPerce  
(b) City or town Lewiston,  
(c) Street Address or R.F.D. No. -----  
(d) Death Occured Inside? X Outside? ----- city or town  
(e) Died in a Home Hospital Institution X Other place -----  
(f) Name Hosp. or Inst. St. Joseph Stayed ----- days  
(g) Lived in this county 42 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Ida ho (b) County NezPerce  
(c) City or town Lewiston,  
(d) Street Address or R.F.D. No. 216 6th Ave.  
(e) Deceased lived Inside? X Outside? ----- city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

JOSEPH TSCHANTZ

## 3. (b) If veteran, name war

NO

## 3. (c) Social Security No.

None

## 4. Sex Male race White

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Bertha

## 6. (c) Age of husband or wife if alive 45 years

## 7. Date of Birth

(Month, Day, Year) March 6, 1871

8. AGE	Years	Months	Days	If less than 1 day
	77	1	2	hrs min.

## 9. Exact Occupation Retired Farmer Did this work for 50 yrs.

## 10. Industry or Business ----- Date last worked -----

## 11. Birthplace Alsace Larine, France (City or town) (State or foreign country)

## 12. Name Henry Tschantz

## 13. Birthplace ----- (City or town) (State or foreign country)

## 14. Maiden name Elizabeth Stookey

## 15. Birthplace ----- (City or town) (State or foreign country)

## 16. Informant's OWN Signature Bertha Tschantz

## and Address Lewiston, Idaho

## 17. (a) Burial (b) Date thereof 4-10-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Lewiston, Idaho

## 18. Funeral Director's OWN Signature Brower-Wann K.H. Malcom

## and Address Lewiston, Idaho

## 19. (a) April 10, 1948 (b) Donna Jean Dehart (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 073D

## 20. DATE OF DEATH (Month, Day, Year) April 8, 1948 at 11:35 o'clock P M.

## 21. I HEREBY CERTIFY, That I attended deceased from April 4, 1948 to April 10, 1948 I last saw him alive on April 8, 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Profundi Anemia.

## Duration

1 yr.

Due to Cause undetermined.

## Due to

Other conditions Had gotten Abscess of (Involuntary pregnancy within 3 months of death)

## Where was disease contracted? Unknown

## Name of operation none Date

## Major finding

## Finding of autopsy not done

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred No Accident City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

## Means of injury

## 23. Attendant's OWN Signature Joseph G. Bredford

(M. D. or other)

and Address Date 19

(For additional space, use reverse side)

Dr. J. Baldeck

005

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce APR 19 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1511  
Local Reg. No. 70  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph's. Stayed 1 days  
(g) Lived in this county 50 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Robert Lee Pennell

3. (b) If veteran, name war no 3. (c) Social Security No. ....  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife if alive Edna  
7. Date of Birth (Month, Day, Year) Oct. 13, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>6</u>	<u>5</u>	<u>27</u> hrs min.

9. Exact Occupation Deputy Assessor Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Jones Berg Kans.  
(City or town) (State or foreign country)

- Mother Father  
12. Name Sam Pennell  
13. Birthplace N.C.  
(City or town) (State or foreign country)  
14. Maiden name Almiro Jones  
15. Birthplace Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Edna Pennell  
and Address Lewiston, Idaho.

17. (a) Burial (b) Date thereof 4/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho.

18. Funeral Director's OWN Signature Vassar Rawls  
and Address Lewiston, Idaho.

19. (a) April 15, 1948 (b) Dorina Jean Robert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 9th 1948 19  
at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from 1947 19 April 9, 1948  
I last saw him alive on April 9, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stroke Duration

Due to .....

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding no autopsy

Finding of autopsy no autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury Stroke

23. Attendant's OWN Signature Edna Pennell

and Address Lewiston Date 4-15-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce APR 19 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1512**  
Local Reg. No. **71**  
Reg. Dist. No. **220**

1. PLACE OF DEATH: **NezPerce**  
(a) County **NezPerce**  
(b) City or town **Lewiston,**  
(c) Street Address or R.F.D. No. **1202 Prospect**  
(d) Death Occured **Inside?** ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **-----** Stayed **-----** days  
(g) Lived in this county **31** years **-----** months **-----** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **NezPerce**  
(c) City or town **Lewiston**  
(d) Street Address or R.F.D. No. **1202 Prospect**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **US**  
(g) How long had deceased lived in Idaho? **31** years  
(h) Former residence (city, state) **-----**

3. (a) FULL NAME **ELMA E. MILLER**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Female** 6. (b) Name of husband or wife **-----** 6. (c) Age of husband or wife if alive **-----** years  
7. Date of Birth (Month, Day, Year) **Jan. 28, 1864**

8. AGE	Years	Months	Days	If less than 1 day
	<b>84</b>	<b>2</b>	<b>17</b>	hrs min.

9. Exact Occupation **House Wife** Did this work for **-----** yrs.  
10. Industry or Business **-----** Date last worked **-----**  
11. Birthplace **Davis County, Iowa** (City or town) (State or foreign country)

12. Name **John Hantzler**  
13. Birthplace **Ohio** (City or town) (State or foreign country)  
14. Maiden name **Fannie Swartzendruber**  
15. Birthplace **Maryland** (City or town) (State or foreign country)

16. Informant's OWN Signature **Lorena B. Miller**  
and Address **Lewiston, Idaho**

17. (a) **Burial** (b) Date thereof **4-17-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Lewiston, Idaho**

18. Funeral Director's OWN Signature by **H. N. Malcom**  
and Address **Lewiston, Idaho**

19. **April 16, 1948** (a) (b) **Donna Jean Ockert**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 15, 1948**  
at **-----** o'clock **M.**

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h. **-----** alive on **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary occlusion** Duration **-----**

Due to **-----**  
Due to **-----**  
Other conditions **-----**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **-----**  
Name of operation **-----** Date **-----**  
Major finding **-----**  
Finding of autopsy **-----**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **-----** Suicide? **-----** Homicide? **-----**  
Occurred **19** City, county, state  
where violence occurred  
Place of Violence: Home **-----** Farm **-----** Industry **-----**  
Public Place **-----** While at work? **-----**  
Means of injury **-----**

23. Attendant's OWN Signature **PORT Vassar, coroner**  
and Address **Lewiston** Date **4-16-1948**  
(M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1513  
Local Reg. No. 72  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occured Inside? ☒ Outside? ----- city or town  
(e) Died in a Home ----- Hospital ☒ Institution ----- Other place -----  
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days  
(g) Lived in this county 50 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Caldesac  
(d) Street Address or R.F.D. No. -----  
(e) Deceased lived Inside? ☒ Outside? ----- city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) -----

3. (a) FULL NAME David A Wright

3. (b) If veteran, name war World War I No. 518-03-7180  
5. Color or ----- 6. (a) Single, widowed, married, divorced Married  
4. Sex M race W  
6. (b) Name of husband or wife Mamie 6. (c) Age of husband or wife if alive 45 years  
7. Date of Birth (Month, Day, Year) September 15, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>7</u>	<u>--</u>	hrs min.

9. Exact Occupation Warehouse Mgr Did this work for ----- yrs.  
10. Industry or Business Grain Date last worked 4/15/48  
11. Birthplace Santa Rosa, California  
(City or town) (State or foreign country)

12. Name David A Wright  
13. Birthplace Ireland  
(City or town) (State or foreign country)  
14. Maiden name Rebecca Kane  
15. Birthplace Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Glenn Davis  
and Address Lewiston, Idaho

17. (a) Removal (b) Date thereof 4/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Clarkston, Washington

18. Funeral Director's OWN Signature W.C. Merchant  
and Address Clarkston, Washington

19. (a) April 17, 1948 (b) Norm J. Robert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 15 1948  
at 8:30 o'clock PM M.

21. I HEREBY CERTIFY, That I attended deceased from 4-14-48 to 4-15-48  
I last saw h. ----- alive on ----- 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary occlusion  
Due to -----

Due to -----  
Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----  
Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 1948 City, county, state where violence occurred  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature A. J. White  
(M. D. or other)  
and Address Lewiston, Idaho Date 4-16-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 26 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1514  
Local Reg. No. 73  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 516C-12th. Ave.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days  
(g) Lived in this county 0 years 0 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. None  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME TROY MILLARD HARRIS

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color, or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Date of Birth (Month, Day, Year) April 16, 1948 (8:55 AM)

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u> hrs <u>25</u> min.

9. Exact Occupation None Did this work for None yrs.  
10. Industry or Business None Date last worked None  
11. Birthplace Lewiston Idaho (City or town) (State or foreign country)

12. Name James W. Harris  
13. Birthplace Adamsville Tenn. (City or town) (State or foreign country)  
14. Maiden name Vaden L. Hester  
15. Birthplace Pueblo Colo. (City or town) (State or foreign country)

16. Informant's OWN Signature James W. Harris  
and Address 516 C-12th Ave.

17. (a) Burial (b) Date thereof April 19, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Normal Hill Cemetery

18. Funeral Director's by Brower-Wann Funeral Home  
OWN Signature B. H. Malcom  
and Address Lewiston, Idaho

19. (a) April 19, 1948 (b) Donna Jean Eckert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 16, 1948  
at 9:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 16, 1948, to April 16, 1948  
I last saw him alive on April 16, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pericarditis Duration 7 months

Due to Pericarditis

Due to Pericarditis  
Other conditions Pericarditis  
(Include pregnancy within 3 months of death)

Where was disease contracted? None  
Name of operation None Date None  
Major finding None  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's OWN Signature Donna Jean Eckert  
(M. D. or other) and Address Lewiston Date April 19, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 26 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1515  
Local Reg. No. 74  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 516 C-- 12th. Ave.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home Hospital Institution X Other place  
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days  
(g) Lived in this county 0 years 0 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. None  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME ROY WILLARD HARRIS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth April 16, 1948 (8:40 AM)

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u> hrs <u>28</u> min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business None Date last worked \_\_\_\_\_  
11. Birthplace Lewiston Idaho  
(City or town) (State or foreign country)

12. Name James W. Harris  
13. Birthplace Adamville Tenn.  
(City or town) (State or foreign country)  
14. Maiden name Vaden L. Hester  
15. Birthplace Pueblo Colo.  
(City or town) (State or foreign country)

16. Informant's OWN Signature James W. Harris  
and Address 516 C-12th Ave.

17. (a) Burial (b) Date thereof April 19, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Normal Hill Cemetery

18. Funeral Director's by Brower-Wann Funeral Home  
OWN Signature H. H. Malcom  
and Address Lewiston, Idaho

19. (a) April 19, 1948 (b) Dorm Jean Debest  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 16, 1948  
(Month, Day, Year) at 9:08 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 16, 1948 to April 16, 1948  
I last saw him alive on April 16, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death; Prematurely 7 month Twin Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Original Hypertension  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature JR Currier M.D.  
(M. D. or other) and Address Lewiston Date 4/19/48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 26 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1516  
Local Reg. No. 75  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. St Joseph Hosp.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Ins. St. Joseph Stayed 3 days  
(g) Lived in this county        years        months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. 808 Maple  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 Days years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Nancy S. Hanson

3. (b) If veteran, name war No 3. (c) Social Security No.         
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Fem 6. (b) Name of husband or wife John Henry  
6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) Feb 14, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>2</u>	<u>6</u>	hrs min.

9. Exact Occupation At Home Did this work for Life yrs.  
10. Industry or Business        Date last worked         
11. Birthplace The Dalles Oregon (City or town) (State or foreign country)

12. Name Russel Holbrook  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Margaret K. Rice  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature C. Laude Palmer  
and Address Clarkston, Wash.

17. (a) Burial (b) Date thereof 4/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature MC Merchant  
and Address Clarkston, Wash.

19. (a) April 20, 1948 (b) Donna Jean Baker  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 20 1948  
(Month, Day, Year) at 7:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 1947 to Apr - 20 - 1948  
I last saw him alive on Apr - 19 - 1948 death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Death from pneumonia Duration 108X

Due to       

Due to Cardiac Insufficiency  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?         
Name of operation none Date         
Major finding         
Finding of autopsy no autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred

Place of Violence: Home        Farm        Industry         
Public Place        While at work?       

Means of injury         
23. Attendant's OWN Signature J. M. Pyle M.D.

and Address Lewiston, Wash. Date 4 - 24 - 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY 8 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1517  
Local Reg. No. 79  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph's Stayed 5 days  
(g) Lived in this county 54 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lapwai  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Mrs. Nellie Forsman

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

5. Color or

6. (a) Single, widowed, married,  
divorced Widowed

4. Sex Female race White

6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth

(Month, Day, Year) Aug. 6, 1883

## 8. AGE

Years	Months	Days	If less than 1 day
<u>65</u>	<u>8</u>	<u>15</u>	hrs min.

## 9. Exact

Occupation at home Did this work for ..... yrs.

## 10. Industry or

Business ..... Date last worked .....

## 11. Birthplace

Sherman City Mich.  
(City or town) (State or foreign country)

## 12. Name

Charles Martin

## 13. Birthplace

Ogden New York  
(City or town) (State or foreign country)

## 14. Maiden name

Nellie Benscoter

## 15. Birthplace

Susquehanna, Pa.  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature James J. Forsman

and Address Lapwai, Idaho.

## 17. (a)

Burial

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place:

Lewiston, Idaho.

## 18. Funeral Director's

Vassar-Bawls Funeral Home

OWN Signature by Andrew P. Vassar

and Address Lewiston, Idaho.

## 19. (a)

April 28, 1948

(Date received and filed) (b) Donna J. Clark  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 21 1948  
at 11 o'clock AM

## 21. I HEREBY CERTIFY, That I attended deceased from

April 1 1948, to April 21 1948

I last saw her alive on Apr. 21 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Paralytic illness Duration 4 days

Due to

Carcinoma Prostate 1 yr. Est.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston

Name of operation Colostomy Date 4/16/48

Major finding Carcinoma Prostate

Finding of autopsy none more

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury

## 23. Attendant's

OWN Signature Robert J. Vassar

and Address Lewiston, Idaho.

(Date received and filed) (b) Donna J. Clark

(Registrar's signature)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1048  
1518  
State File No. \_\_\_\_\_  
Local Reg. No. 77-A  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez. Perce  
(b) City or town Lewiston,  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? x Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph's. Stayed 377 days  
(g) Lived in this county 62 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash. (b) County Spokane  
(c) City or town Spokane  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? x Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1yr years  
(h) Former residence (city, state) Wash.

## 3. (a) FULL NAME

Mrs. Annie T. Ruoff

## 3. (b) If veteran, name war

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) April 6, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>0</u>	<u>17</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Liverpool, England  
(City or town) (State or foreign country)

12. Name Peter Lynch  
13. Birthplace Ireland  
(City or town) (State or foreign country)  
14. Maiden name Annie Smith  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. G. L. Peterson  
and Address 936 No. Prospect

17. (a) Removal (b) Date thereof 4-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Spokane, Wash.

18. Funeral Director's OWN Signature Andrew Massar  
and Address Lewiston, Idaho.

19. (a) April 28, 1948 (b) Donna Jean Ackert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 155E

20. DATE OF DEATH April 23 1948  
(Month, Day, Year)  
at \_\_\_\_\_ o'clock 7 AM.

21. I HEREBY CERTIFY, That I attended deceased from Nov 25 1946, to April 23 1948  
I last saw h. ly alive on April 23 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Due to myocardial infarction - with atherosclerosis  
Due to metastatic carcinoma  
Other conditions 8 yrs ago  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding L  
Finding of autopsy ✓

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Paul H. Hume  
and Address Senior Citizens Club Date April 28, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MADE 1917  
DIVISION OF VITAL  
STATISTICS

NON-RESIDENCE

STATE OF IDAHO

State File No. 1519  
Local Reg. No. 1519  
Reg. Dist. No. 221

1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. Lewiston Orchards  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution ☒ Other place...  
(f) Name Hosp. or Inst. Nelson Nursing 7 days  
(g) Lived in this county... years ... months ... 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. 15th and Libby  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? ... years  
(h) Former residence (city, state) Washington

3. (a) FULL NAME GERTRUDE BERNTSEN

3. (b) If veteran, name war No  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alfred  
6. (c) Age of husband or wife if alive 63 years  
7. Date of Birth (Month, Day, Year) August 9, 1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>8</u>	<u>14</u>	hrs min.

9. Exact Occupation Housewife Did this work for ... yrs.  
10. Industry or Business Date last worked  
11. Birthplace New York City New York  
(City or town) (State or foreign country)

12. Name Henry Lutke  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name Anna Muller  
15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Alfred B. Berntsen  
and Address Clarkston, Washington

17. (a) Removal (b) Date thereof 4/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Clarkston, Washington

18. Funeral Director's OWN Signature Mc Merchant  
and Address Clarkston, Washington

19. (a) April 27, 1948 (b) Donna Jean Eckert  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 23 1948  
at 7:00 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from April 18 1948, to April 23 1948.  
I last saw her alive on April 22 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: cardiac decompensation Duration 2 mo

Due to Rheumatic heart disease - mitral stenosis unknown

Due to ...  
Other conditions ... (Include pregnancy within 3 months of death)

Where was disease contracted unknown  
Name of operation none Date ...  
Major finding -  
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ... Suicide? ... Homicide? ...  
Occurred NONE 19... City, county, state where violence occurred  
Place of Violence: Home... Farm... Industry...  
Public Place... While at work? ...  
Means of injury ...

23. Attendant's OWN Signature W.S. Shryver M.D.  
and Address Lewiston, Idaho Date April 26, 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY 3 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 1520  
Local Reg. No. 28  
Reg. Dist. No. 220

1. PLACE OF DEATH: STATISTICS  
NezPerce  
(a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ----  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. Joseph Stayed 2 days  
(g) Lived in this county 38 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1420 9th Ave/  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) -----

3. (a) FULL NAME FREDERICK CALDWILL POWERS

3. (b) If veteran, name war No 3. (c) Social Security No. -----  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Bernice 6. (c) Age of husband or wife if alive 57 years  
7. Date of Birth (Month, Day, Year) July 20, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>9</u>	<u>5</u>	hrs min.

9. Exact Occupation Warehouseman Did this work for 6 yrs.  
10. Industry or Business Auto Transfer Date last worked 6  
11. Birthplace Sanborn, Iowa (City or town) (State or foreign country)

- Mother Father  
12. Name Amos Powers  
13. Birthplace Iowa (City or town) (State or foreign country)  
14. Maiden name Minnie Owens  
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Bernice Powers  
(a) Address 1420 9th Ave.

17. (a) Burial (b) Date thereof 4-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's Brower Wann  
OWN Signature by R.H. Malcom  
and Address Lewiston, Idaho

19. (a) April 28, 1948 (b) Donna Jean Eckert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 133B

20. DATE OF DEATH April 25 1948  
(Month, Day, Year)  
at 10:05 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 48 1948 to April 25th 1948  
I last saw him alive on April 25th 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction Duration 5 days

Due to Ventricular Fibrillation

Due to Myocardial Infarction  
Other conditions Myocardial Infarction 2 days  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home  
Name of operation none Date -----  
Major finding none  
Finding of autopsy at home  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? No Suicide? No Homicide? No  
Occurred No 1948 City, county, state where violence occurred -----  
Place of Violence: Home Farm ----- Industry -----  
Public Place ----- Means of injury at work

23. Attendant's OWN Signature Joseph G. Biedel (M. D. or other)  
and Address 707 N. 5th St. Date 4/29, 1948  
(For additional space, use reverse side)

Dr. J. Baldeck

005

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
MAY 3 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 1521  
Local Reg. No. 80  
Reg. Dist. No. 220

## 1. PLACE OF DEATH: STATISTICS

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occured Inside? X Outside? ----- city or town  
(e) Died in a Home ----- Hospital X Institution ----- Other place -----  
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days  
(g) Lived in this county ----- years ----- months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. -----  
(e) Deceased lived Inside? ----- Outside? ----- city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? ----- years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME Sharon Louise Rinard

3. (b) If veteran, name war -----  
3. (c) Social Security No. -----  
4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife -----  
6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) April 26, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>---</u>	<u>---</u>	<u>1</u>	hrs min.

9. Exact Occupation Infant Did this work for ----- yrs.  
10. Industry or Business ----- Date last worked -----  
11. Birthplace Lewiston, Idaho  
(City or town) (State or foreign country)

12. Name Donald Rinard  
13. Birthplace Clarkston, Washington  
(City or town) (State or foreign country)  
14. Maiden name Hazel Skeen  
15. Birthplace Salem Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Don S. Rinard  
and Address Clarkston, Washington

17. (a) Removal (b) Date thereof 4/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Clarkston, Washington

18. Funeral Director's OWN Signature M.C. Merchant  
and Address Clarkston, Washington

19. (a) April 29, 1948 (b) Donna Jean Robert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 27 1948  
at 8:15 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from ap. 26 1948, to ap. 27 1948.  
I last saw her alive on ap. 27 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Newborn Duration 27 hours

Due to Possibly related congenital Symply

Due to -----

Other conditions (Include pregnancy within 3 months of death) mother had Parvovirus and Chlamydia

Where was disease contracted? -----

Name of operation ----- Date -----  
Major finding -----

Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature Donald D. McRoberts, MD  
and Address Lewiston, Idaho Date 4/28/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 20 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1522  
Local Reg. No. 10  
Reg. Dist. No. 530

## 1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Andrew Lars Anderson

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. None

## 5. Color or

## 6. (a) Single, widowed, married,

divorced Married

4. Sex Male race Whit.

6. (b) Name of husband or wife Hannah Josephson

6. (c) Age of husband or wife if alive 70 years

7. Date of Birth  
(Month, Day, Year)

April 9 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>0</u>	<u>0</u>	hrs min.

9. Exact Occupation Farming Did this work for 50 yrs.

10. Industry or Business Own Farm Date last worked 1941

11. Birthplace Sweden  
(City or town) (State or foreign country)

12. Name Lars Anderson

13. Birthplace Sweden  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Arnold C. Anderson  
and Address 212 - 40th St. Ogden UT

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12 48  
(Month) (Day) (Year)

(c) Place: Malad Idaho Rtl

18. Funeral Director's OWN Signature J. S. Sorenson  
and Address Malad Idaho

19. (a) Apr-12-1948 (b) J. S. Sorenson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 9 19 48  
(Month, Day, Year)  
at 11:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1924 to April 2 1948

I last saw h c alive on April 6 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: general debility Duration

Due to Arthritis

Due to Prostatitis

Other conditions Post prostatic

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. H. Meaby

and Address Malad (Date Apr-12-48)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1523  
Local Reg. No. 11  
Reg. Dist. No. 530

## 1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Oneida Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Roger J. Jensen

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. None

## 5. Color or

6. (a) Single, widowed, married,

4. Sex Male race Whit.

divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

April 12 1948

## 8. AGE

Years

Months

Days

If less than 1 day

10 hrs min.

## 9. Exact

Occupation \_\_\_\_\_

Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business \_\_\_\_\_

Date last

worked \_\_\_\_\_

## 11. Birthplace

Malad Idaho

(City or town)

(State or foreign country)

## 12. Name

Lynn B. Jensen

## 13. Birthplace

Downey Idaho

(City or town)

(State or foreign country)

## 14. Maiden name

Margaret Mitchell

## 15. Birthplace

Malad Idaho

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Lynn B. Jensen

and Address Malad Idaho

## 17. (a) Removal

(Burial, cremation, or removal)

## (b) Date thereof

Apr. 13 48

(c) Place: Downey Idaho

## 18. Funeral Director's

OWN Signature J. Sney Jensen

and Address Malad Idaho

## 19. (a) Apr. 13, 1948

(Date received and filed)

## (b) J. Sney Jensen

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

April 12

19 48

at 5:30 o'clock

P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Apr. 12

19 48

to Apr. 13

19 48

I last saw him alive on Apr. 12 19 48, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia (bacterial)

## Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_

Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature V. P. Harst

(M. D. or other)

and Address Malad Idaho

Date Apr. 13 19 48

(For additional space, use reverse side)

1948

1524

United States  
Department of Commerce  
Bureau of the Census

APR 20 1948

## Certificate Of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 12  
Reg. Dist. No. 530

## 1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 60 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Lorenzo T. Jones

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. \_\_\_\_\_

## 5. Color or 6. (a) Single, widowed, married,

\_\_\_\_\_

\_\_\_\_\_

4. Sex Male race Wht. divorced Single

## 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) January 9 1885

8. AGE	Years	Months	Days	If less than 1 day
<u>63</u>	<u>3</u>	<u>5</u>	<u>5</u>	hrs min.

9. Exact Occupation Farming Sheep-Herder Did this work for 50 yrs.10. Industry or Business Beers And Son Date last worked Apr. 1111. Birthplace Hyrum Utah (City or town) (State or foreign country)12. Name William T. Jones13. Birthplace Wales (City or town) (State or foreign country)14. Maiden name Mary E. Jones15. Birthplace Wales (City or town) (State or foreign country)16. Informant's OWN Signature L. Roy Thomasand Address Malad Idaho.17. (a) Burial (b) Date thereof April 17 (Burial, cremation, or removal) (Month) (Day) (Year)18. Funeral Director's OWN Signature J. S. Jonesand Address Malad Idaho.19. (a) Apr 15 1948 (b) J. S. Jones (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 14 19 48  
(Month, Day, Year)  
at 7:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 1942 to April 14 1948

I last saw h. 5 alive on April 12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Artery Duration \_\_\_\_\_

Due to myocardial

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature O. A. Mearns (M. D. or other)

and Address Malad Date 4-15-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

United States  
Department of Commerce  
Bureau of the Census

MAY 5 1948  
OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1525  
Local Reg. No. 63  
Reg. Dist. No. 530

## 1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county Life years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Emma Rosetta Lusk Jones Jenkins

132X

3. (b) If veteran, name war No  
3. (c) Social Security No. None  
5. Color or Wh.  
6. (a) Single, widowed, married, divorced Widow  
4. Sex Female  
6. (b) Name of husband or wife Wm E. Jenkins  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) April 21 1867

8. AGE	Years	Months	Days	If less than 1 day
	80	11	29	hrs min.

9. Exact Occupation Housewife Did this work for 63 yrs.  
10. Industry or Business Own Home Date last worked Oct. 1947  
11. Birthplace Malad Idaho  
(City or town) (State or foreign country)

12. Name John W. Lusk  
13. Birthplace Iowa  
(City or town) (State or foreign country)  
14. Maiden name Martha Tidwell  
15. Birthplace Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Wallace L. Jenkins  
and Address Malad Idaho

17. (a) Burial (b) Date thereof Apr 23 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Malad Idaho

18. Funeral Director's OWN Signature J. S. Benson  
and Address Malad Idaho

19. (a) Apr 22 1948 (b) J. S. Benson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) April 20 19 48  
at 4:20 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1944 to April 20 1948  
I last saw h. alive on Apr 19 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

General dropsy.

Due to double mitral

Due to myocarditis

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature O. H. Zmaly  
and Address Malad (M. D. or other) \_\_\_\_\_  
(For additional space, use reverse side)

1948

1526

State File No. \_\_\_\_\_  
 Local Reg. No. 14  
 Reg. Dist. No. 530

United States  
 Department of Commerce  
 Bureau of the Census  
 MAY 5 1948  
 DIVISION OF VITAL

## Certificate Of Death

STATE OF IDAHO

## STATISTICS

## 1. PLACE OF DEATH:

- (a) County Oneida  
 (b) City or town Arbon  
 (c) Street Address or R. F. D. No. \_\_\_\_\_  
 (d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
 (e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
 (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
 (g) Lived in this county Life years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
 (c) City or town Malad  
 (d) Street Address or R.F.D. No. \_\_\_\_\_  
 (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
 (f) Citizen of what country? \_\_\_\_\_  
 (g) How long had deceased lived in Idaho? Life years  
 (h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Harold Grant Moss

## 3. (b) If veteran,

name war War 2

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male race Wht.

## 6. (a) Single, widowed, married,

divorced Married

## 6. (b) Name of husband or

wife Larue Camp

## 6. (c) Age of husband or wife if

alive 22 years

## 7. Date of Birth

(Month, Day, Year)

May 21 1924

8. AGE	Years	Months	Days	If less than 1 day
	<u>23</u>	<u>11</u>	<u>2</u>	hrs min.

9. Exact Occupation County Road Work Did this work for 1 Mo.10. Industry or Business Oneida County Date last worked Apr 23 4811. Birthplace Malad Idaho (City or town) (State or foreign country)Mother { 12. Name George H Moss13. Birthplace Portage Utah (City or town) (State or foreign country)14. Maiden name Amelia Thomas15. Birthplace Malad Idaho (City or town) (State or foreign country)16. Informant's OWN Signature Amelia Thomas Mossand Address Malad Idaho17. (a) Burial (b) Date thereof Apr. 26 48 (Burial, cremation, or removal) (Month) (Day) (Year)18. Funeral Director's OWN Signature J. B. Bensonand Address Malad Idaho19. (a) April 26, 1948 (b) J. B. Benson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 23 19 48  
 at 3:00 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Found dead on County road  
Arbon Idaho, near County line  
Due to caught between dump truck  
bed and frame while greasing  
Due to bit of redwood not  
holding up.

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
 Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Apr 23 19 48 City, county, state  
 where violence occurred Arbon, Oneida, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Yes While at work? Yes

Means of injury Crushed in truck track

23. Attendant's OWN Signature Heidi N. Gibson

(M. D. or other)  
 and Address Malad Idaho Date Apr 26 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

APR 14 1948

CERTIFICATE OF DEATH  
STATE OF IDAHO

1948 1527  
Local Registrar's Duplicate  
Local Reg. No. 16  
Reg. Dist. No. 3-330

1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. S. 10th Street  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home—Hospital—Institution—Other place  
(f) Name Hosp. or Inst. Payette Hosp 7 days  
(g) Lived in this county 53 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME Hermine Casberg

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John Casberg 6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) November 15, 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>88</u>	<u>4</u>	<u>16</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 55 yrs.

10. Industry or Business Home Date last worked -----

11. Birthplace Hettstedt, Germany (City or town) (State or foreign country)

12. Name unknown

13. Birthplace unknown (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Friedrick Casberg

and Address Payette, Idaho

17. (a) burial (b) Date thereof 4-5-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Riverside Cem-Payette, Idaho

18. Funeral Director's OWN Signature Gifford R. Shaffer-E-344

and Address Landon-Shaffer Funeral Home

19. (a) 4/5/48 (b) J.C. Woodward (Date received and filed) (Registrar's signature)

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette

(c) City or town Payette

(d) Street Address or R. F. D. No. 818-8th St. North

(e) Deceased lived Inside? ☒ Outside? ☐ city or town

(f) Citizen of what country? U.S.A.

(g) How long had deceased lived in Idaho? 53 years

(h) Former residence (city, state) Chicago, Illinois

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 1, 1948  
(Month, Day, Year) at 12:50 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from -----, 19-----, to April 1, 1948  
I last saw her alive on April 1, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Heart Duration 5 days  
Due to Chronic Nephritis 2 yrs

Due to -----  
Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? ----- Physician -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred -----, 19 ----- City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature John J. Woodward

and Address Payette, Idaho Date April 5, 1948

(For additional space, use reverse side)

1. PLACE OF DEATH:

(a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. Star Route  
(d) Death Occurred Inside?.....Outside?.....city or town  
(e) Died in a Home—Hospital—Institution—Other place....  
(f) Name Hosp. or Inst. Payette Hosp Stayed 2 days  
(g) Lived in this county 1 years 2 months -- days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. Star Route  
(e) Deceased lived Inside?.....Outside?.....city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 14 Months  
(h) Former residence (city, state) New Raymer, Colo.

3. (a) FULL NAME

William Halling

3. (b) If veteran, name war -- -- -- 3. (c) Social Security No. -- -- --

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maude Halling 6. (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year) July 26, 1872

8. AGE	Years	Months	Days	If less than 1 day
<u>75</u>	<u>8</u>	<u>9</u>		hrs. min.

9. Exact Occupation Farmer Did this work for 50 yrs.

10. Industry or Business Farm Date last worked 1947

11. Birthplace Dawson County, Nebraska (City or town) (State or foreign country)

12. Name William Halling

13. Birthplace unknown (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Earl Post and Address Nyssa, Oregon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-48 (Month) (Day) (Year)  
(c) Place Riverside Cem. - Payette, Idaho

18. Funeral Director's OWN Signature Gifford R. Shaffer & Son and Address Payette, Idaho

19. (a) 4/9/1948 (b) J. Woodward (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 046A 093E

20. DATE OF DEATH (Month, Day, Year) April 5, 1948 at 06:40 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from MARCH 28, 1948, to April 5, 1948 I last saw him alive on April 4, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

MYOCARDITIS

Duration

3 WEEKS

Due to CANCER OF THE ESOPHAGUS

PROBABLY 9-12 MOS

Due to INTENSIVE X-RAY IRRADIATION FOR ABOVE

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted?

Physician

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?..... Occurred....., 19..... City, county, state where violence occurred..... Place of Violence: Home..... Farm..... Industry..... Public Place..... While at work?..... Means of injury.....

23. Attendant's OWN Signature Walter S. Kotas, M.D.

and Address Payette, Ida. Date 4-9, 1948 (M. D. or other) (For additional space, use reverse side)

CERTIFICATE OF DEATH

STATE OF IDAHO

Local Registrar's Duplicate

Local Reg. No. 18

Reg. Dist. No. 3-330

1. PLACE OF DEATH: **STATION**

- (a) County **Payette**  
(b) City or town **Payette**  
(c) Street Address or R. F. D. No. **----**  
(d) Death Occurred Inside? **X** Outside? **----** city or town  
(e) Died in a Home—Hospital—Institution—Other place **Mem**  
(f) Name Hosp. or Inst. **Payette Mem** Stayed **14 days**  
(g) Lived in this county **63** years **03** months **----** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Payette**  
(c) City or town **Payette**  
(d) Street Address or R. F. D. No. **---**  
(e) Deceased lived Inside? **X** Outside? **----** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **63** years  
(h) Former residence (city, state) **----**

3. (a) FULL NAME **WILLIAM COTTON**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **---**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **X**  
4. Sex **Male** 6. (b) Name of husband or wife **---**  
6. (c) Age of husband or wife if alive **---** years  
7. Date of Birth (Month, Day, Year) **February 7, 1870**

8. AGE	Years	Months	Days	If less than 1 day
	<b>78</b>	<b>2</b>	<b>5</b>	hrs. min.

9. Exact Occupation **Stockman-farmer** Did this work for **life** yrs.  
10. Industry or Business **"** Date last worked **1944**  
11. Birthplace **Manistee, Michigan**  
(City or town) (State or foreign country)

12. Name **W. S. H. Cotton**  
13. Birthplace **Lincolnshire, England**  
(City or town) (State or foreign country)  
14. Maiden name **Lydia Beaver**  
15. Birthplace **Vueyrus, Ohio**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Ella Randall**  
and Address **Ontario, Oregon**

17. (a) **Burial** (b) Date thereof **4/15/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Riverside Cemetery, Payette, Idaho**

18. Funeral Director's OWN Signature **Gifford R. Shaffer E-344**  
and Address **Payette, Idaho**

19. (a) **4/16/48** (b) **J. C. Woodward**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **April 12**, 19**48**  
(Month, Day, Year) at **----** o'clock **M.**

21. I HEREBY CERTIFY, That I attended deceased from **----**, 19**----**, to **----**, 19**----**.  
I last saw h **----** alive on **----**, 19**----**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

- Nutary Aidani**  
**Staphylococcus**  
Due to **Branchitis**  
Due to **----**  
Other conditions **----**  
(Include pregnancy within 3 months of death)

Duration

- 10 days**  
**12 days**

Where was disease contracted?

- Name of operation **----** Date **----**  
Major finding **----**  
Finding of autopsy **----**

Physician

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **----** Suicide? **----** Homicide? **----**  
Occurred **----**, 19**----** City, county, state where violence occurred **----**  
Place of Violence: Home **----** Farm **----** Industry **----**  
Public Place **----** While at work? **----**

- Means of injury **----**  
23. Attendant's OWN Signature **J. C. Woodward**  
(M. D. or other) and Address **----** Date **----**, 19**----**  
(For additional space, use reverse side)

RECEIVED

MAY 3 1948

CERTIFICATE OF DEATH

STATE OF IDAHO

Local Registrar's Duplicate

Local Reg. No. 1530

Reg. Dist. No. 3-330

1. PLACE OF DEATH:

(a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. S. 10th St.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Payette Hosp Stayed 1 days  
(g) Lived in this county 52 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. -----  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state) -----

3. (a) FULL NAME

Satie Kate Chapman

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Samuel E. Chapman 6. (c) Age of husband or wife deceased

7. Date of Birth (Month, Day, Year) December 1, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>4</u>	<u>15</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 50 yrs.

10. Industry or Business Home Date last worked -----

11. Birthplace Waupun, Wisconsin  
(City or town) (State or foreign country)

12. Name unknown

13. Birthplace unknown  
(City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Welfare office records

and Address Payette, Idaho

17. (a) burial (b) Date thereof 4-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Riverside Cem--Payette, Idaho

18. Funeral Director's OWN Signature Gifford R. Shaffer E-348

and Address Payette, Idaho

19. (a) 4/26/1948 (b) J.C. Woodward  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 16, 1948  
(Month, Day, Year) at P.M. o'clock

21. I HEREBY CERTIFY, That I attended deceased from April 16, 1948, to April 16, 1948

I last saw h. or alive on April 16, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Coronary Occlusion few hours  
Due to -----

Due to -----

Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? ----- Physician -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred -----, 19----- City, county, state where violence occurred.

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature J. J. Kaut

and Address Payette, Ida. Date 4-17, 1948  
(M. D. or other)

(For additional space, use reverse side)

RECEIVED

MAY 3 1948

CERTIFICATE OF DEATH

STATE OF IDAHO

Local Registrar's Duplicate

Local Reg. No. 20

Reg. Dist. No. 3-330

1531

1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. 1  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home—Hospital—Institution—Other place Memorial  
(f) Name Hosp. or Inst. Payette Stayed 5 days  
(g) Lived in this county 10 years 10 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. 1590 N. 9th St.  
(e) Deceased lived Inside? ✓ Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 10 months  
(h) Former residence (city, state) San Leandro, Calif

3. (a) FULL NAME

CLARA MAY SMITH

3. (b) If veteran, name war -- 3. (c) Social Security No. 568-28-5195

5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Dallas E. Smith 6. (c) Age of husband or wife if alive 58 years

7. Date of Birth (Month, Day, Year) May 6, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>11</u>	<u>13</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 31 yrs.

10. Industry or Business Home Date last worked —

11. Birthplace Macomb, Illinois  
(City or town) (State or foreign country)

12. Name Joseph W. McGaughey

13. Birthplace Doddsville, Illinois  
(City or town) (State or foreign country)

14. Maiden name Mary H. Smiley

15. Birthplace Doddsville, Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Dallas E. Smith  
and Address Payette, Idaho

17. (a) Burial (b) Date thereof 4/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Riverside Cemetery, Payette, Idaho

18. Funeral Director's OWN Signature Giffard R. Shaffer E-344  
and Address Payette, Idaho

19. (a) 4/26/1948 (b) J. C. Woodward  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 19, 1948  
(Month, Day, Year) at 12:50 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1948, to April 19, 1948  
I last saw her alive on April 19, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

- Acute myocarditis Duration 1 week  
Due to metastatic carcinoma of skeletal system 1 1/2 yrs.  
Due to Carcinoma of the breast 2 yrs.  
Other conditions —  
(Include pregnancy within 3 months of death)

- Where was disease contracted? — Physician —  
Name of operation — Date —  
Major finding —  
Finding of autopsy —  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred —, 19 — City, county, state where violence occurred —  
Place of Violence: Home — Farm — Industry — Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature Walter S. Kotas, M.D.  
(M. D. or other) and Address Payette, Idaho 4/21, 19 48  
(For additional space, use reverse side)

RECEIVED

CERTIFICATE OF DEATH

MAY 3 1948

STATE OF IDAHO

DIVISION OF VITAL

Local Registrar's Duplicate

Local Reg. No. 21

Reg. Dist. No. 3330

1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. --S. 10th St.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home—Hospital X Institution—Other place  
(f) Name Hosp. or Inst. Payette Hos stayed 1 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. 19 N. 9th St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state)

3. (a) FULL NAME

EDITH MARGARET STUMBAUGH

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

5. Color or race female white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sherman Stumbaugh 6. (c) Age of husband or wife 54 years

7. Date of Birth (Month, Day, Year) March 27, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>---</u>	<u>23</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 35 yrs.

10. Industry or Business Home Date last worked ---

11. Birthplace Greenwood, Nebraska (City or town) (State or foreign country)

12. Name Zemri H. Spencer

13. Birthplace Virginia (City or town) (State or foreign country)

14. Maiden name Carrie Ellen Zehrung

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Chloe Storn and Address Payette, Idaho

17. (a) Burial (b) Date thereof 4/24/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Riverside Cemetery, Payette, Ida.

18. Funeral Director's OWN Signature Giffard R. Shaffer and Address Payette, Idaho

19. (a) 4/26/1948 (b) J. Woodward (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 122 B

20. DATE OF DEATH (Month, Day, Year) April 20, 1948 at 4:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 19, 1948, to April 20, 1948. I last saw him alive on April 20, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

- Peritonitis  
I mechanical obstruction  
Due to Palnic abarua  
Due to  
Other conditions. (Include pregnancy within 3 months of death)

Duration

3 days  
Two days  
One week

Where was disease contracted?

- Name of operation --- Date ---  
Major finding ---  
Finding of autopsy ---

Physician

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? --- Occurred ---, 19--- City, county, state where violence occurred.

- Place of Violence: Home --- Farm --- Industry --- Public Place --- While at work? ---

- Means of injury ---  
23. Attendant's OWN Signature Jos. E. Davis M.D.

- and Address New Plymouth, Ida. 4/22, 1948 (M. D. or other) (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECORDED  
MAY 8 1948  
OFFICE OF VITAL

# NON-RESIDENT CERTIFICATE OF DEATH STATE OF IDAHO

948 1533  
State File No. \_\_\_\_\_  
Local Reg. No. 22  
Reg. Dist. No. 3-38

## 1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town \_\_\_\_\_  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME Donald Dale Gardner

3. (b) If veteran, name war II 3. (c) Social Security No. 538-18-1003  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, \_\_\_\_\_  
4. Sex M race W divorced Single  
6. (b) Name of husband or \_\_\_\_\_ 6 (c) Age of husband or wife if  
wife \_\_\_\_\_ alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 28 1926

8. AGE	Years	Months	Days	If less than 1 day
	<u>21</u>	<u>10</u>	<u>9</u>	hrs min.

9. Exact Occupation Farming Did this work for 2 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked April 6-  
11. Birthplace Walla Walla Washington (City or town) (State or foreign country)

Father { 12. Name Chas. D. Gardner  
13. Birthplace Ohio (City or town) (State or foreign country)

Mother { 14. Maiden name Florence Morris  
15. Birthplace Montana (City or town) (State or foreign country)

16. Informant's OWN Signature Florence Buckingham  
and Address Nyssa Oregon

17. (a) Removal (b) Date thereof 4-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pendleton Oregon

18. Funeral Director's OWN Signature Florence Buckingham  
and Address Nyssa Oregon

19. (a) 4/30/1948 (b) J. Woodward  
(Date received and filed) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Oregon (b) County Malheur  
(c) City or town Nyssa  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) If foreign born, in U. S. \_\_\_\_\_ yrs. Citizen of U. S.? ☒  
(g) How long had deceased lived in Idaho? 1/2 years  
(h) Former residence (city, state) Oregon - Nyssa

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 7 1948  
at 9:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from held inquiry to \_\_\_\_\_ 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Suicide

Due to Drowning in Snake River

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease first contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding Findings of autopsy. Body Recovered from River on 4-28-48

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? ☒ Homicide? \_\_\_\_\_  
Occurred April 7 1948 City, county \_\_\_\_\_  
where violence occurred Payette, Payette, Ida.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ while at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Gifford R. Shaffer (Coroner)  
and Address Payette, Ida. (M. D. or other) \_\_\_\_\_  
Date 4-29-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO APR 28 1948

1048  
State File No. 1534  
Local Reg. No. 12  
Reg. Dist. No. 522

## 1. PLACE OF DEATH:

- (a) County Power  
(b) City or town Am. Falls  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Schultz Stayed 4 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Power  
(c) City or town Rockland  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ✓ city or town  
(f) Citizen of what country? yes  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Neb.

## 3. (a) FULL NAME

William Follmer

## 3. (b) If veteran,

name war No.

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male race white  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Aug - 11 - 1869

## 8. AGE

Years	Months	Days	If less than 1 day
<u>78</u>	<u>8</u>	<u>10</u>	hrs min.

9. Exact Occupation farmer Did this work for 30 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Indiana  
(City or town) (State or foreign country)

- Mother Father  
12. Name not known  
13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)  
14. Maiden name not known  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Chas E. Co  
and Address Rockland, Idaho

17. (a) Burial (b) Date thereof 4-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rockland, Ida.

18. Funeral Director's OWN Signature H. D. Davis  
and Address Am. Falls, Ida.

19. (a) April 26 - 1948 (b) Irma E. Davis  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Apr. 21 - 1948  
at 3:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Apr 10 1948, to Apr 21 1948

I last saw him alive on Apr 21 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Thrombosis

Duration

Due to Extension Ca of Prostate  
with severe hemorrhage

Due to 2 weeks limited

Other conditions Extension metastasis  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature W. H. Follmer

and Address Am. Falls, Ida. (M. D. or other) Date 7/23 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

APR 28 1948

1948  
State File No. 1535  
Local Reg. No. 11  
Reg. Dist. No. 500

1. PLACE OF DEATH:

(a) County Power  
(b) City or town Ames Falls Id  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside?..... Outside?.....city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county.....years.....months.....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State..... (b) County.....  
(c) City or town.....  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside?..... Outside?.....city or town  
(f) Citizen of what country?.....  
(g) How long had deceased lived in Idaho?.....years  
(h) Former residence (city, state) .....

3. (a) FULL NAME William Albert Peschbacher 289A

3. (b) If veteran, name war..... No. .... 3. (c) Social Security No. ....

5. Color or M race W  
4. Sex M race W  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) Aug 13 - 1942

8. AGE	Years	Months	Days	If less than 1 day
	3	8	8	hrs min.

9. Exact Occupation School-Home Did this work for..... yrs.  
10. Industry or Business..... Date last worked.....  
11. Birthplace San Francisco Calif (City or town) (State or foreign country)  
12. Name Elder C. Peschbacher  
13. Birthplace Red Bank Idaho (City or town) (State or foreign country)  
14. Maiden name George Frendeloff  
15. Birthplace Conley Co Oklahoma (City or town) (State or foreign country)  
16. Informant's OWN Signature W. L. Davis and Address Aberdeen Idaho  
17. (a) Aberdeen (b) Date thereof 4/24/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: .....

MEDICAL CERTIFICATE OF DEATH 081A

20. DATE OF DEATH (Month, Day, Year) April 21 1948  
at 6:28 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from April 20 1948, to April 20 1948  
I last saw him alive on April 20 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Acute meningitis Duration 2 days  
Due to Staphylococcus meningitis 2 days  
Due to Other media 6 days  
Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation Spinal fluid Date 4-20-48  
Major finding Fluid present  
Finding of autopsy Fluid  
No autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury .....

23. Attendant's OWN Signature F. J. Harms M.D. and Address Aberdeen Idaho Date 21 1948  
(For additional space, use reverse side)

# DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of William Albert Aeschbacher  
now lying buried in Aberdeen Cemetery, in the City or Town of Aberdeen  
County of Bingham State of Idaho, who died on the 21 day of April, 1948, Aged 5 years 8 months  
8 days, the cause of death being Acute Staphylococic Meningitis and  
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever  
or yellow fever as shown by the certificate of death of said deceased, given by

Dr. F.L. Harms, M.D. attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by Private  
private or railway conveyance  
to Dry Creek Cemetery in the City or Town of Boise County of Ada  
State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Bingham it being understood and provided that nothing herein shall be deemed as contravening or in  
anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses  
or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be  
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another  
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The  
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If  
the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new  
metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

Permit issued to: this 2nd day of June, A.D. 1975.

Summers Funeral Home  
Boise, Idaho

Janet M. Wick  
by Joey B. Feltz Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,  
Town or County of \_\_\_\_\_ State of Idaho, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Health Officer

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 15 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1536  
Local Reg. No. 36  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Wallace Stayed 7 days  
(g) Lived in this county 31 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) Portland, Oregon

## 3. (a) FULL NAME

Nikolai (Nick) Lindroos

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security

No. 518-03-0805

## 4. Sex M race W

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of ~~husband or~~ wife Ida

## 6. (c) Age of ~~husband or~~ wife if alive 68 years

## 7. Date of Birth (Month, Day, Year) October 29, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>2</u>	<u>5</u>	hrs min.

## 9. Exact Occupation Tailor Did this work for 59 yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked July, 1947

## 11. Birthplace Lehtimäki, Finland (City or town) (State or foreign country)

## 12. Name Nikolai Lindroos

## 13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

## 14. Maiden name Unknown

## 15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

## 16. Informant's OWN Signature Emil White and Address Box 135, Wallace Idaho

## 17. (a) Burial (b) Date thereof 6 Jan. 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Wallace Idaho

## 18. Funeral Director's OWN Signature W. J. Miller and Address Wallace Idaho

## 19. (a) 5-4-48 (b) W. J. Miller (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

## 20. DATE OF DEATH (Month, Day, Year) 3 January 1948

at 4:00 o'clock AP M.

## 21. I HEREBY CERTIFY, That I attended deceased from 27 Dec. 1947, to 3 Jan 1948

I last saw him alive on 3 January 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Cerebral Hemorrhage Duration 7 days

## Due to arteriosclerosis and

## Diabetes Mellitus

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature W. J. Miller (M. D. or other) and Address Wallace Idaho Date 1-5 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAY 15 1948

STATE OF IDAHO

1948  
State File No. 1537  
Local Reg. No. 17  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town none  
(c) Street Address or R. F. D. No. none  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Ballou Stayed 1 days  
(g) Lived in this county 25 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town none  
(d) Street Address or R.F.D. No. none  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Anna B. Johnson

## 3. (b) If veteran,

name war none

## 3. (c) Social Security

No. none

5. Color or race W  
4. Sex F

6. (a) Single, widowed, married, divorced divorced  
6. (c) Age of husband or wife if alive none years

6. (b) Name of husband or wife none

7. Date of Birth (Month, Day, Year) Jan-17-1877

8. AGE	Years	Months	Days	If less than 1 day
	71	0	9	hrs min.

9. Exact Occupation Housewife Did this work for none yrs.

10. Industry or Business Home Date last worked none

11. Birthplace Finland (City or town) (State or foreign country)

12. Name Otto Kronman

13. Birthplace Finland (City or town) (State or foreign country)

14. Maiden name Hopkins

15. Birthplace Finland (City or town) (State or foreign country)

16. Informant's OWN Signature Anna B. Johnson

- and Address Barstow Idaho

17. (a) Burial (b) Date thereof 1-27-48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place Ballou Idaho

18. Funeral Director's OWN Signature Robert J. Smith

- and Address Ballou Idaho

19. (a) 5-14-48 (b) J. J. Smith  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 26 1948  
at 2:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 21 1947 to Jan 26 1948  
I last saw her alive on Jan 26 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

uremia

## Duration

48 hrs

Due to Obstruction of ureters 3 days

Due to Carcinoma of Bladder 1 yr

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation none Date none

## Major finding

Finding of autopsy none

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? none Suicide? none Homicide? none

Occurred none 19 none City, county, state

where violence occurred

Place of Violence: Home none Farm none Industry none

Public Place none While at work? none

Means of injury none

23. Attendant's OWN Signature Anna B. Johnson  
(M. D. or other)

and Address Ballou Idaho Date 1-28 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1538  
Local Reg. No. 38  
Reg. Dist. No. 140

MAY 15 1948

1. PLACE OF DEATH: Shoshone  
(a) County Coconino  
(b) City or town  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Providence Stayed 3 days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Shoshone  
(c) City or town Murray  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state) Canada

3. (a) FULL NAME Charles Duran

3. (b) If veteran, name war        3. (c) Social Security No.         
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) Dec 25-1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>1</u>	<u>15</u>	hrs min.

9. Exact Occupation Blacksmith Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace        (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace        (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace        (City or town) (State or foreign country)

16. Informant's OWN Signature B. J. Miller  
and Address Walla Walla, Idaho

17. (a) Burial (b) Date thereof 2-12-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Murray, Idaho

18. Funeral Director's OWN Signature B. J. Miller  
and Address Walla Walla, Idaho

19. (a) 5-4-48 (b)         
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 2-8  
(Month, Day, Year) 1948  
at        o'clock        M.

21. I HEREBY CERTIFY, That I attended deceased from        to        1948.  
I last saw h.        alive on        1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Anemia Duration         
Due to arteriosclerosis  
Due to arteriosclerosis  
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?        PHYSICIAN         
Name of operation        Date         
Major finding         
Finding of autopsy         
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state  
where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury       

23. Attendant's OWN Signature         
and Address         
(For additional space, use reverse side)

083A

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 15 1948

# Certificate Of Death

STATE OF IDAHO

1948 *Bone*  
State File No. 1539  
Local Reg. No. 1  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Wallace Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME May Jean Moore

3. (b) If veteran, No name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex f 5. Color or W 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth September 9 1874  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>6</u>	<u>9</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Home Date last worked \_\_\_\_\_  
11. Birthplace Boston, Mass.  
(City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Wallace, Idaho.

17. (a) Burial (b) Date thereof 3-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Wallace, Idaho

18. Funeral Director's OWN Signature [Signature]  
and Address Wallace, Idaho.

19. (a) 5-4-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 3-18-48 19\_\_\_\_  
(Month, Day, Year)  
at 10:20 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from 3-15-48 19\_\_\_\_, to 3-18-48 19\_\_\_\_.  
I last saw h. alive on 3-18-48 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Coronary Failure 30.  
Due to Coronary Arteriosclerosis 3 yr.  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature]  
and Address Wallace, Ida Date 3-29-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 15 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1540  
Local Reg. No. 40  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Conover  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ✓ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ✓ Hospital ✓ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Ins. Wadsworth Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Conover  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Dianne Louise Jaggard Infant

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex, Color or race

## 6. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

## 9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

## 12. Name \_\_\_\_\_

## 13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

## 14. Maiden name \_\_\_\_\_

## 15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

## 16. Informant's OWN Signature \_\_\_\_\_ and Address \_\_\_\_\_

## 17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

## (c) Place: \_\_\_\_\_

## 18. Funeral Director's OWN Signature \_\_\_\_\_ and Address \_\_\_\_\_

## 19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received and filed) \_\_\_\_\_ (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) \_\_\_\_\_ 19\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Congenital Heart Dis. 1 d.  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature \_\_\_\_\_

and Address \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Date \_\_\_\_\_ 19\_\_\_\_ (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use black ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence: Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

APR 10 1948

STATE OF IDAHO

State File No. 1541  
Local Reg. No. 30  
Reg. Dist. No. 140

## PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Wallace Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Shoshone  
(c) City or town Mullan  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) Wash

3. (a) FULL NAME Earl Jay Lucier  
(b) If veteran, II Social Security No. 518-01-3561  
(c) Color or race W  
(d) Sex M (e) Single, widowed, married, divorced Single  
(f) (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
(g) Date of Birth (Month, Day, Year) Feb 11, 1907

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>1</u>	<u>20</u>	hrs min.

9. Exact Occupation Mining Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Idaho (City or town) (State or foreign country)  
12. Name Peter J. Lucier  
13. Birthplace Idaho (City or town) (State or foreign country)  
14. Maiden name Lucier  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Earl Jay Lucier  
and Address Mullan Idaho

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 4-6-48 (Month) (Day) (Year)  
(c) Place: Mullan Idaho

18. Funeral Director's OWN Signature Wallace  
and Address Idaho

19. (a) 4-3-48 (Date received and filed) (b) Deputy Registrar's signature

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 1, 1948  
at 7:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 2-18-48 19\_\_\_\_, to 4-1- 1948  
I last saw him alive on 4-1- 1948; Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Pulmonary Embolism Duration 1 hr.

Due to Post operative 6 hrs.

Due to Severe back + hip injury 2-18-48

Other conditions accident on a job  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation Deconstruction of hip Underline  
Major finding \_\_\_\_\_ the cause to which death should be charged statistically.  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 2-18-48 1948 City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry ✓  
Public Place Yes While at work? Yes  
Means of injury Fall off of roof on hip

23. Attendant's OWN Signature Wallace (M. D. or other)  
and Address Idaho Date 4-3-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1542  
Local Reg. No. 17  
Reg. Dist. No. 142

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Killingburg  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Wardman Stayed 1 days  
(g) Lived in this county 34 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Killingburg  
(d) Street Address or R.F.D. No. Killingburg  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Sten E Nelson

013A

## 3. (b) If veteran,

name war War 1

## 3. (c) Social Security

No. 518-03-4748

5. Color or race W  
4. Sex M

6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive 48 years

6. (b) Name of husband or wife Stina

7. Date of Birth (Month, Day, Year) November 3, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>4</u>	<u>29</u>	hrs min.

9. Exact Occupation Miner Did this work for 30 yrs.

10. Industry or Business Brake Hill Date last worked 1945

11. Birthplace Sweden (City or town) (State or foreign country)

12. Name Sten E. Anderson

13. Birthplace Sweden (City or town) (State or foreign country)

14. Maiden name Ms. Rickard

15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Stina Nelson and Address Killingburg Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/48 (Month) (Day) (Year)

- (c) Place: Killingburg Idaho

18. Funeral Director's OWN Signature James E. Stoney and Address Killingburg Idaho

19. (a) 4/7/48 (Date received and filed) (b) James E. Stoney (Registrar's Signature)

## MEDICAL CERTIFICATE OF DEATH

- DATE OF DEATH (Month, Day, Year) 4/2/48 at 3 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 3-31 1948, to 4-2 1948.

I last saw him alive on 4-2 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pericardial Effusion Duration \_\_\_\_\_

Due to Illness - Ibc.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature James E. Stoney (M. D. or other)

and Address Killingburg Idaho Date 5-5-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

APR 19 1948

STATE OF IDAHO

1048  
State File No. 1543  
Local Reg. No. 17  
Reg. Dist. No. 142

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R. F. D. No. No  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. Madison Hosp Stayed        days  
(g) Lived in this county 1 years 11 months 24 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. Shawnting  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Maryle May Mandy

## 3. (b) If veteran,

name war       

## 3. (c) Social Security

No.       

4. Sex F 5. Color W  
race W

6. (a) Single, widowed, married,  
divorced       

6. (b) Name of husband or  
wife       

6. (c) Age of husband or wife if  
alive        years

7. Date of Birth  
(Month, Day, Year) Apr 14 - 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>11</u>	<u>24</u>	hrs min.

9. Exact Occupation        Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Kellogg (City or town) (State or foreign country)

12. Name Ben Mandy

13. Birthplace South Bend Ind (City or town) (State or foreign country)

14. Maiden name Velma Bessy

15. Birthplace Brangerville (City or town) (State or foreign country)

16. Informant's OWN Signature Ben Mandy  
and Address Kellogg Id

17. (a) Bureau (b) Date thereof Apr 9 - 48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Kellogg Id

18. Funeral Director's OWN Signature         
and Address Kellogg Id

19. (a) 4/15/48 (b)         
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 4-7-1948  
at 1:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from  
12-1-1947, to 4-7-1948

I last saw him alive on 4-7-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart failure - Christian  
Due to disease Duration 1 year

Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted? Kellogg  
Name of operation none Date       

Major finding         
Finding of autopsy         
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?       

Occurred 19 City, county, state where violence occurred

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Glenn McElaffey MD  
(M. D. or other) and Address Kellogg Id Date 4-14-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

APR 22 1948

STATE OF IDAHO

1948  
State File No. **1544**  
Local Reg. No. **322**  
Reg. Dist. No. **100**

## 1. PLACE OF DEATH

- (a) County **Shoshone**  
(b) City or town **Wallace**  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Shoshone** Stayed ☐ days  
(g) Lived in this county **50** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Shoshone**  
(c) City or town **Wallace**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state) **Id.**

## 3. (a) FULL NAME

**William F. Ahle**

## 3. (b) If veteran,

name war ☐

## 3. (c) Social Security

No. **None**

## 4. Sex

**M**

## 5. Color

**W**

## 6. (b) Name of husband or wife

**Wife**

## 6. (c) Age of husband or wife if alive

**years**

## 7. Date of Birth

(Month, Day, Year) **Oct 13 - 1870**

## 8. AGE

Years **77**

Months **5**

Days **26**

If less than 1 day  
hrs min.

## 9. Exact Occupation

Did this work for ☐ yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

(City or town) **Idaho** (State or foreign country) **Germany**

## 12. Name

**Not known**

## 13. Birthplace

(City or town) **Idaho** (State or foreign country) **Germany**

## 14. Maiden name

**Idaho**

## 15. Birthplace

(City or town) **Idaho** (State or foreign country) **Germany**

## 16. Informant's OWN Signature

**James C. Rasmussen**

## 17. (a) Place

**Shoshone**

## 17. (b) Date thereof

**4-13-48**

## 17. (c) Place

**Shoshone**

## 18. Funeral Director's OWN Signature

**Idaho**

## 19. (a) Date received and filed

**Idaho**

## 19. (b) Registrar's signature

**Idaho**

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **Apr 9 1948**  
at **11:15** o'clock **A.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**1948** to **Apr 9 1948**

I last saw him alive on **Apr 9 1948** death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Myocardial Infarction**

**Due to**

**Coronary Atherosclerosis**

**Due to**

**Other**

(Include pregnancy within 4 months of death)

## Where was disease contracted?

Name of operation **Idaho** Date **Idaho**

## Major finding

Finding of autopsy **Idaho**

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred **Idaho** 19 **Idaho** City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **Idaho**

## 23. Attendant's OWN Signature

**Idaho**

and Address **Idaho**

(For additional space, use rear of this form)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1545  
Local Reg. No. 33  
Reg. Dist. No. 140

APR 22 1948

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place...  
(f) Name Hosp. or Inst. Shoshone Stayed days  
(g) Lived in this county 9 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Anna Martin Crocker

093D

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No. ....

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

## 7. Date of Birth

(Month, Day, Year) April 13 - 1876

## 8. AGE

Years

72

Months

0

Days

1

If less than 1 day

hrs min.

## 9. Exact

Occupation at home

Did this

work for yrs.

## 10. Industry or

Business

Date last

worked

## 11. Birthplace

(City or town)

(State or foreign country)

## 12. Name

(City or town)

(State or foreign country)

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

and Address

## 17. (a)

(Burial, cremation, or removal)

## (b) Date thereof

(Month) (Day) (Year)

## (c) Place:

## 18. Funeral Director's

OWN Signature

and Address

## 19. (a)

(Date received and filed)

## (b)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

April 14 1948

at 6:10 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

3/25 1948 to 4-14 1948

I last saw h.R.R. alive on 4/14 1948; death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocarditis, Chronic

Duration

1 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation

Date

## Major finding

Finding of autopsy

## PHYSICIAN

Underline

the cause to

which death

should be

charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

OWN Signature

and Address

(M.D. or other)

Date 4/16 1948

(For additional space, use reverse side)

078

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1546  
Local Reg. No. 21  
Reg. Dist. No. 140

MAY 15 1948

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. 412 Fourth St  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 51 years 1 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. 412 Fourth  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 51 years  
(h) Former residence (city, state) Wisconsin

## 3. (a) FULL NAME

Loris Eleanor McDonald

093E

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Allen J. McDonald 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) July 24, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>8</u>	<u>21</u>	hrs min.

9. Exact Occupation Housewife Did this work for 60 yrs.  
10. Industry or Business worked Date last worked  
11. Birthplace Poyntelle Wisconsin (City or town) (State or foreign country)

12. Name Selmon Richardson  
13. Birthplace Washing. England (City or town) (State or foreign country)  
14. Maiden name Charlotte Watson  
15. Birthplace Washing. England (City or town) (State or foreign country)

16. Informant's OWN Signature Mary M. Brooks  
and Address 412 Fourth, Wallace, Ida

17. (a) Burial (b) Date thereof 4-15-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Wallace, Idaho

18. Funeral Director's OWN Signature J. M. Steele  
and Address Wallace, Idaho

19. (a) 5-4-48 (b) J. L. Schenck (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

094A

20. DATE OF DEATH (Month, Day, Year) April 14 19 48  
at 7:45 o'clock 7 M.

21. I HEREBY CERTIFY, That I attended deceased from April 14 19 48 to April 14 19 48  
I last saw her alive on April 14 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction  
Coronary Atherosclerosis  
High Blood Pressure  
Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation None Date None  
Major finding None  
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred None 19 48 City, county, state  
where violence occurred  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's OWN Signature J. M. Steele  
and Address Wallace, Idaho Date 4-15-48  
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAY 15 1946

STATE OF IDAHO

State File No. 1547  
Local Reg. No. 43  
Reg. Dist. No. 140

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Wallace Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Michael Ray Zimmwalt.

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color White  
6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Dec - 31 - 1945

8. AGE	Years	Months	Days	If less than 1 day
	<u>2</u>	<u>3</u>	<u>23</u>	hrs min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Wallace Idaho

- (City or town) (State or foreign country)

12. Name Ray Zimmwalt

13. Birthplace Edna Idaho

- (City or town) (State or foreign country)

14. Maiden name Edna Zimmwalt

15. Birthplace Wallace Idaho

- (City or town) (State or foreign country)

16. Informant's OWN Signature Edna Zimmwalt

- and Address Wallace Idaho

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof Apr. 28 - 48

- (c) Place: Wallace Idaho

18. Funeral Director's OWN Signature John A. Kover

- and Address Wallace Idaho

19. (a) Apr 25 - 48 (b) John A. Kover

- (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Apr 24 - 1948  
at 4:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 4:23:48 19 48, to 4:24:05 19 48

I last saw him alive on 4:23:48 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Peritonitis Duration 4 days

Due to Ruptured appendix 4 days

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Extreme Peritonitis

Ruptured appendix Underline the cause to which death could be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. E. Bonebrake

and Address Wallace Idaho (M. D. or other)

Date 4:26 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
MAY 7 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1548  
Local Reg. No. 21  
Reg. Dist. No. 172

1. PLACE OF DEATH: STATISTICS

(a) County Shoshone  
(b) City or town Killingburg  
(c) Street Address or R.F.D. No. 348 C  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Wardlaw Stayed days  
(g) Lived in this county 28 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Shoshone  
(c) City or town Killingburg  
(d) Street Address or R.F.D. No. 348 C  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state)

3. (a) FULL NAME Olivia Skeen

3. (b) If veteran, name war  No.   
5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Harry  
6. (c) Age of husband or wife if alive 78 years  
7. Date of Birth (Month, Day, Year) August 12, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>8</u>	<u>9</u>	hrs min.

MEDICAL CERTIFICATE OF DEATH 093E  
20. DATE OF DEATH (Month, Day, Year) 4/26 1948  
at 3:10 o'clock 4:10 M.

21. I HEREBY CERTIFY, That I attended deceased from 2-2 1948, to 4-26 1948  
I last saw her alive on 4-26 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Insufficiency Duration   
Due to Arteriosclerosis  
Due to Arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death)   
Where was disease contracted?   
Name of operation  Date   
Major finding   
Finding of autopsy

9. Exact Occupation None Did this work for 40 yrs.  
10. Industry or Business None Date last worked   
11. Birthplace Lawrence County, Kentucky (City or town) (State or foreign country)  
Mother Father { 12. Name Arthur H. Skeen  
13. Birthplace West Virginia (City or town) (State or foreign country)  
14. Maiden name Margaret Skeen  
15. Birthplace Kentucky (City or town) (State or foreign country)  
16. Informant's OWN Signature Harry Skeen  
and Address Killingburg, Idaho  
17. (a) Funeral (b) Date thereof 4/28/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Shoshone, Washington  
18. Funeral Director's OWN Signature James H. Hobbie  
and Address Killingburg, Idaho  
19. (a) 4/28/48 (b) James H. Hobbie (Date received and filed) (Registrar's signature)

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury   
23. Attendant's OWN Signature John E. Skeen (M. D. or other)  
and Address Killingburg, Idaho Date 4-27-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

W 15 1048

# Certificate Of Death

STATE OF IDAHO

State File No. 1549  
Local Reg. No. 75  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 8 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Wash

## 3. (a) FULL NAME

Samuel Howard Mackinnon

183X

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. 5-32-61-7862

4. Sex M 5. Color or race W  
6. (b) Name of husband or wife Opal 6. (c) Age of husband or wife if alive 44 years  
7. Date of Birth (Month, Day, Year) Oct 22, 1885

## 8. AGE

Years	Months	Days	If less than 1 day
62	6	6	hrs min.

9. Exact Occupation Mining Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Hillsborough, N.D. (city or town) (State or foreign country)

12. Name Peter Mackinnon  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name Mary Johnson  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Opal Mackinnon  
and Address Idaho

17. (a) Buried (b) Date thereof 4/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Wallace, Idaho

18. Funeral Director's OWN Signature Shuebow  
and Address Wallace, Idaho

19. (a) 4-29-48 (b) Opal Schobert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

077E

## 20. DATE OF DEATH

(Month, Day, Year) April 27 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Accidental in  
fall from river  
also alcohol  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Duration

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 4/26 City, county, Date

where violence occurred Wallace, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury fall into river

## 23. Attendant's OWN Signature Opal Mackinnon

and Address Wallace, Idaho  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 1 1948  
JUN 1 1948  
JUN 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1550  
Local Reg. No. 12  
Reg. Dist. No. 142

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Enaville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Simeon Aro

3. (b) If veteran, name war ✓  
3. (c) Social Security No. 712-09-3656  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife Ida  
6. (c) Age of husband or wife if alive 45 years

7. Date of Birth (Month, Day, Year) Feb. 2, 1899

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>1</u>	<u>15</u>	hrs. min.

9. Exact Occupation R.R. Clerk Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Railroad Work Date last worked \_\_\_\_\_  
11. Birthplace Bonner Montana (City or town) (State or foreign country)

- Father { 12. Name Matt Aro  
13. Birthplace Finland (City or town) (State or foreign country)  
Mother { 14. Maiden name Sophia Karlokoski  
15. Birthplace Finland (City or town) (State or foreign country)

16. Informant's OWN Signature Ida M. Aro  
and Address Enaville

17. (a) burial (b) Date thereof March 21, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kingston Idaho  
18. Funeral Director's OWN Signature R. L. Staud  
and Address 320 Main Kellogg, Id.

19. (a) 4/1/48 (b) John Smith  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 17, 1948  
(Month, Day, Year) \_\_\_\_\_ 19\_\_\_\_  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Apparently heart failure  
found dead in auto

Due to Angina Pectoris

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature John Smith  
and Address 320 Main Kellogg, Id.  
(For additional space, use reverse)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 12 1948

DIV.

# Certificate Of Death

STATE OF IDAHO

255  
File No. 1550  
Local Reg. No. 12  
Reg. Dist. No. 142

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Arco  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Pellogood  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Simon Arco

094B

3. (b) If veteran, name war ☒ 3. (c) Social Security No. 712-09-3656  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced  
4. Sex M race \_\_\_\_\_ 6. (c) Age of husband or wife if alive 45 years  
6. (b) Name of husband or wife Ida  
7. Date of Birth (Month, Day, Year) Feb. 2 - 1899

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>1</u>	<u>15</u>	hrs min.

9. Exact Occupation P.R. Clerk Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Railroad Work Date last worked \_\_\_\_\_  
11. Birthplace Bozeman Montana (City or town) (State or foreign country)

12. Name Matt Arco  
13. Birthplace Bozeman Montana (City or town) (State or foreign country)  
14. Maiden name Theresa Taplakoski  
15. Birthplace Bozeman Montana (City or town) (State or foreign country)

16. Informant's OWN Signature Ida Maria Arco  
and Address Arco

17. (a) Burial (b) Date there Mar 1 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Funerary Home  
18. Funeral Director's OWN Signature P. J. Stant  
and Address Pellogood

19. (a) 3/24/48 (b) J. L. Simon  
(Date received and filed) (Registrar's signature)

## \* MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Mar 17 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from 1948 to 1948

I last saw him alive on 3/17 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

Apparently heart attack  
while driving auto  
on highway  
near Pellogood  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 3/17/48 at \_\_\_\_\_ City, County \_\_\_\_\_ State \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public place \_\_\_\_\_ While at work \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. L. Simon  
and Address Arco (M. or other) \_\_\_\_\_  
or additional place, use reverse

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 22 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1551  
Local Reg. No. 37  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Shoshone  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? Outside? city or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Mary's Stayed \_\_\_\_\_ days  
(g) Lived in this county 24 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Mullan  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) Yugoslavia

## 3. (a) FULL NAME

Martin Massink

013 C

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. 578-03-1745

## 4. Sex M race W

## 5. Color or

## 6. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

Nov 18, 1883

## 8. AGE

Years

Months

Days

If less than 1 day

64

4

19

hrs min.

## 9. Exact Occupation

Miner

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked \_\_\_\_\_

## 11. Birthplace

(City or town)

Yugoslavia  
(State or foreign country)

## 12. Name

Unknown

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

J. Scholok (Birth Certif)

## and Address

Wallace 2nd

## 17. (a) Place

Mullan Idaho

## (b) Date thereof

4-11-48  
(Month) (Day) (Year)

## 18. Funeral Director's OWN Signature

Johnnie River

## and Address

Wallace 2nd

## 19. (a) Date received and filed

4-8-48

## (b) Registrar's signature

J. Scholok

## MEDICAL CERTIFICATE OF DEATH

103X

## 20. DATE OF DEATH

(Month, Day, Year)

April 7

19 48

at 4:45 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

12-29-1947 to 4:45 April 7, 1948

I last saw him alive on April 5 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Hemorrhage of lung

Duration

Due to D.B.

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

F. W. Ralph

## and Address

Mullan Id.

Date Apr 7, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 30 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1552  
Local Reg. No. 34  
Reg. Dist. No. 141

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Blaine  
(c) Street Address or R.F.D. No. Blaine  
(d) Death Occurred Inside? Yes Outside? No city or town  
(e) Died in a Home Yes Hospital Yes Institution Yes Other place No  
(f) Name Hosp. or Inst. St. Anthony Stayed 5 days  
(g) Lived in this county 5 years 5 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Blaine  
(d) Street Address or R.F.D. No. Blaine  
(e) Deceased lived Inside? Yes Outside? No city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Charles Henry Foster

162 B

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

## 4. Sex

Male

## 5. Color of

White

## 6. (a) Single, widowed, married,

Married

## 6. (b) Divorced

None

## 6. (b) Name of husband or

wife

## 6. (c) Age of husband or wife if

alive

## 7. Date of Birth

(Month, Day, Year)

July-16-1864

## 8. AGE

Years

Months

Days

If less than 1 day

84

9

2

hrs

min.

## 9. Exact

Occupation

Retired

Did this

work for

yrs.

## 10. Industry of

Business

Farmer

Date last

worked

## 11. Birthplace

(City or town)

(State or foreign country)

Idaho

Idaho

## 12. Name

Henry Foster

## 13. Birthplace

(City or town)

(State or foreign country)

Idaho

Idaho

## 14. Maiden name

Idaho

## 15. Birthplace

(City or town)

(State or foreign country)

Idaho

Idaho

## 16. Informant's

OWN Signature

Annie J. Smith

and Address

Blaine

## 17. (a)

(Burial, cremation, or removal)

## (b) Date thereon

(Month, Day, Year)

Apr 30-48

(c) Place:

St. Anthony

## 18. Funeral Directors

OWN Signature

John A. Blevins

and Address

Blaine

## 19. (a)

(Date received and filed)

## (b)

(Registrar's signature)

John A. Blevins

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

April 18

at 3:30 clock M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw him alive on 17 April 1948; death is

said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Semiprimary

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline

the cause to

which death

should be

charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Yes Farm No Industry No

Public Place No While at work? No

Means of injury

## 23. Attendant's

OWN Signature

F. W. Rolfe M.D.

and Address

Idaho

Date Apr 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 30 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1553  
Local Reg. No. 35  
Reg. Dist. No. 141

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Shoshone  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☐ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. .... Stayed .... days  
(g) Lived in this county 40 years .... months .... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Shoshone  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho? .... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

John Arthur Erickson

## 3. (b) If veteran,

name war ..... No. ....

4. Sex Male race White

## 3. (c) Social Security

5. Color White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ..... (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) Sept 10 - 1907

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>7</u>	<u>11</u>	hrs min.

9. Exact Occupation Shoshone Did this work for .... yrs.

10. Industry or Business Federal Garage Date last worked 2/28/48

11. Birthplace Shoshone Idaho (City or town) (State or foreign country)

12. Name Charles Erickson (City or town) (State or foreign country)

13. Birthplace Shoshone Idaho (City or town) (State or foreign country)

14. Maiden name Anna Erickson (City or town) (State or foreign country)

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Ray Erickson and Address Shoshone Idaho

17. (a) Burial (Burial, cremation, or removal) Shoshone Idaho (b) Date thereon Apr 20 - 48 (Month) (Day) (Year)

(c) Place: Shoshone Idaho

18. Funeral Director's OWN Signature John A. Bove and Address Shoshone Idaho

19. (a) Apr 14 - 48 (Date received and filed) (b) John A. Bove (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 18 19 48  
at 9:15 A.M. clock 11 M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 19, to 19 19  
I last saw him alive on 19 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Stroke Duration 48

Due to Stroke

Due to Stroke

Other conditions Stroke

(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding ..... Finding of autopsy .....

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 4/18/48 19 48 City, county, state Shoshone Idaho

where violence occurred Shoshone Idaho

Place of Violence: Home Shoshone Idaho Farm Shoshone Idaho Industry Shoshone Idaho

Public Place Shoshone Idaho Where at work? Shoshone Idaho

Means of injury Stroke

## 23. Attendant's OWN Signature John A. Bove and Address Shoshone Idaho Date Apr 20 - 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 24 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1554  
Local Reg. No. 20  
Reg. Dist. No. 142

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Pinehurst  
(c) Street Address or R.F.D. No. Pinehurst  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 35 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Pinehurst  
(d) Street Address or R.F.D. No. Pinehurst R.R.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Joseph S Avery

178B

## 3. (b) If veteran, name war

## 3. (c) Social Security

No. 518-16-0019

## 4. Sex M race W

5. Color or

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Dorothy

## 6. (c) Age of husband or wife if alive 31 years

## 7. Date of Birth (Month, Day, Year)

November 19, 1912

8. AGE	Years	Months	Days	If less than 1 day
	<u>35</u>	<u>5</u>	<u>1</u>	hrs min.

## 9. Exact Occupation miner Did this work for 10 yrs.

## 10. Industry or Business miner Date last worked 4/19/48

## 11. Birthplace Wallace Idaho (City or town) (State or foreign country)

## 12. Name Joe Avery

## 13. Birthplace New York (City or town) (State or foreign country)

## 14. Maiden name Mrs. G. Avery

## 15. Birthplace New York (City or town) (State or foreign country)

## 16. Informant's OWN Signature Dorothy Avery and Address 2 R. Pinehurst Idaho

## 17. (a) Removal (b) Date thereof 4/23/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Paul J. Kelly and Address Pinehurst Idaho

## 19. (a) 4/23/48 (b) Paul J. Kelly (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## DATE OF DEATH (Month, Day, Year) 4/20 1948 at 3 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Mononucleosis Duration: 10 months

Other conditions: Heart with fatty

(Include prevalence within 3 months of death)

Where was disease contracted? Idaho

Name of operation None Date 4/20/48

Major finding Mononucleosis

Finding of autopsy Mononucleosis

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? None Homicide? None

Occurred 4/20 1948 City, county, state Pinehurst Idaho

where violence occurred Pinehurst

Place of Violence: Home X Farm None Industry None

Public Place None While at work? None

Means of transport None

## 23. Attendant's OWN Signature Paul J. Kelly and Address Pinehurst Idaho

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 15 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1555  
Local Reg. No.  
Reg. Dist. No. 141

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Silverton  
(c) Street Address or R. F. D. No.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Shoshone Stayed 11 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kelly  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Edward Glover Dickens 092D

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No 518-26-7371

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Shene

6. (c) Age of husband or wife if alive 62 years

7. Date of Birth (Month, Day, Year) September 28, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>6</u>	<u>25</u>	hrs min.

9. Exact Occupation Painter Did this work for 40 yrs.

10. Industry or Business Painting Date last worked 1939

11. Birthplace St. Ignace, Canada (City or town) (State or foreign country)

12. Name Charles Dickens

13. Birthplace 70 Riving (City or town) (State or foreign country)

14. Maiden name Lillian Glover

15. Birthplace 70 Riving (City or town) (State or foreign country)

16. Informant's OWN Signature Shene Dickens and Address Kelly, Idaho

17. (a) Burial, cremation, or removal Funeral (b) Date thereof 4/27/48 (Month) (Day) (Year)

- (c) Place: Kelly, Idaho

18. Funeral Director's OWN Signature Paul G. Goff and Address Kelly, Idaho

19. (a) May 15, 1948 (Date received and filed) (b) [Signature] (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4-24 1948  
at 5:45 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 10-1 1946, to 4-24 1948.  
I last saw him alive on 4-23 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart - valvular Duration 2 yrs +

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature

P. W. Rolfe (P. D. or other)

and Address Mullan, Idaho Date 4-24 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be signed as completely as possible. State answers as unknown only after a careful investigation. Use of BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Records, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1556  
Local Reg. No. 44  
Reg. Dist. No. 140

## PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Avery  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? .. Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place. ☒  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county... years ... months 24 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? .. city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Pat Grant

- (b) If veteran, name war None 3. (c) Social Security No. 518-03-7840  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male 6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive ... years  
7. Date of Birth (Month, Day, Year) February 10, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>2</u>	<u>16</u>	hrs min.

9. Exact Occupation Logger Did this work for 30 yrs.  
10. Industry or Business Woods Date last worked 4-26-48  
11. Birthplace Canada (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature J. E. Gaultman  
and Address St. Maries, Idaho  
17. (a) Removal (b) Date thereof 4-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature H. E. Wessa  
and Address St. Maries, Idaho

19. (a) 5-5-48 (b) D. J. Schaefer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 26, 1948 19...  
at 3:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Rock fall on the head Duration  
Due to Rock fall on the head  
Due to Rock fall on the head  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Physician  
Name of operation Underlying Date the cause to which death should be charged statistically.  
Major finding Physician  
Finding of autopsy Physician

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 426 Suicide? Loggery Homicide? City, county, state  
Occurred 1948 where violence occurred Loggery  
Place of Violence Home Farm Industry  
Public Place While at work  
Means of injury Rock fall on the head  
23. Attendant's OWN Signature W. E. Wessa (M.D. or other)  
and Address St. Maries, Idaho 19...  
(If additional space, use back of certificate)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

MAY 7 1948

# Certificate Of Death

STATE OF IDAHO

948  
State File No. 1557  
Local Reg. No. 6  
Reg. Dist. No. 620

## 1. PLACE OF DEATH:

- (a) County Peton  
(b) City or town Duggs  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Redburg  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Ida Johnson Higbee

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex Female Race Cauc  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Aug 13, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>8</u>	<u>5</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name Andrick Jensen  
13. Birthplace Denmark (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
14. Maiden name Ann Peterson  
15. Birthplace Sweden (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Ida Johnson and Address Redburg R.F.D. 2

17. (a) Burial (b) Date thereof 7/21/48 (Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Redburg Cem.

18. Funeral Director's OWN Signature Donnell Thompson and Address Redburg Idaho

19. (a) 4-24-48 (b) Edith Jackson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 18 1948  
(Month, Day, Year) at 6:00 o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 21 1947 to April 18 1948  
I last saw her alive on April 20 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Myocarditis Duration 2 yr.

Due to (old ag.) senility

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H.B. Rigby and Address Redburg Idaho (M. D. or other) Date 4-19-1948  
(For additional space, use reverse side)

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1558  
Local Reg. No. 397  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. End of Buena Vista  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. XXXXXXXXXX Stayed XXX days  
(g) Lived in this county 13 years     months     days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 184 Buena Vista  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME WOMACK, Charles E.

3. (b) If veteran, name war None 3. (c) Social Security No. 519-05-8960  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Date of Birth (Month, Day, Year) November 4, 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>4</u>	<u>28</u>	hrs min.

9. Exact Occupation Laborer Did this work for     yrs.  
10. Industry or Business     Date last worked 1948  
11. Birthplace Hailey, Idaho (City or town) (State or foreign country)  
12. Name Jethro Womack  
13. Birthplace Unk (City or town) (State or foreign country)  
14. Maiden name Addie Farris  
15. Birthplace Mo. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Addie Womack  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 4-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park Cem.

18. Funeral Director's OWN Signature White Mortuary  
and Address Twin Falls, Idaho

19. (a) April 7, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 2, 19 48  
at 1:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from     to     19 48  
I last saw h 1M alive on    ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart attack Duration    

Due to    

Due to    

Other conditions     (Include pregnancy within 3 months of death)

Where was disease contracted?    

Name of operation     Date    

Major finding    

Finding of autopsy    

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?     Suicide?     Homicide?      
Occurred     19     City, county, state where violence occurred      
Place of Violence: Home     Farm     Industry      
Public Place     While at work?      
Means of injury

23. Attendant's OWN Signature Erna B. Reed  
and Address     Date 4-3-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce **APR 14 1948**  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1559**  
Local Reg. No. **398**  
Reg. Dist. No. **460**

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 611 4th Ave. E.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 18 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Fall  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 167 4th Ave E.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Livingston Mont.

3. (a) FULL NAME Janice Norma Agnes Pugliano

3. (b) If veteran, name war 518-30-8130  
3. (c) Social Security No. 518-30-8130  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alfred F.  
6. (c) Age of husband or wife if alive 50 years  
7. Date of Birth (Month, Day, Year) May 14, 1908

8. AGE	Years	Months	Days	If less than 1 day
	39	10	23	hrs min.

9. Exact Occupation Proof-reader Did this work for 0 yrs.  
10. Industry or Business Times-News Date last worked 0  
11. Birthplace Goodrich, North Dakota (City or town) (State or foreign country)  
Mother { 12. Name Edgar Fox  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Louisa Kremer  
15. Birthplace Unknown (City or town) (State or foreign country)

\*6. Informant's OWN Signature Janice Pugliano  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 4/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature Janice Pugliano  
and Address Twin Falls, Idaho

19. (a) 4-12-48 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 7, 1948  
at 1:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 7, 1948 to April 7, 1948  
I last saw h. or alive on April 7, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 1 hour

Due to Coronary Occlusion  
Due to Coronary Occlusion  
Other conditions Coronary Occlusion (Include pregnancy within 3 months of death)

Where was disease contracted? Coronary Occlusion  
Name of operation Coronary Occlusion Date April 7, 1948  
Major finding Coronary Occlusion  
Finding of autopsy Coronary Occlusion

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Coronary Occlusion Suicide? Coronary Occlusion Homicide? Coronary Occlusion  
Occurred 19 City, county, state Idaho  
where violence occurred Coronary Occlusion  
Place of Violence: Home Coronary Occlusion Farm Coronary Occlusion Industry Coronary Occlusion  
Public Place Coronary Occlusion While at work? Coronary Occlusion

Means of injury Coronary Occlusion  
23. Attendant's OWN Signature H. R. Stowe  
and Address Idaho (M. D. or other) Idaho Date 4-9-48  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1. PLACE OF DEATH: APR 14 1948  
(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. T.F.Co.Hosp.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. T.F.Co.Hosp. Stayed 1 days  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Rt.2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME McKissick, Robert Leonard

3. (b) If veteran, name war None 3. (c) Social Security No. 563-05-5407  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced S  
4. Sex M race W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 22, 1914

8. AGE	Years	Months	Days	If less than 1 day
	<u>33</u>	<u>5</u>	<u>17</u>	hrs min.

9. Exact Occupation Truck Driver Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Butler, Missouri  
(City or town) (State or foreign country)

12. Name John McKissick  
13. Birthplace Butler, Mo.  
(City or town) (State or foreign country)  
14. Maiden name Lutlie McKissick  
15. Birthplace Altuna Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature John McKissick  
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/48  
(Month) (Day) (Year)  
(c) Place: Sunset Mem. Park Cem.

18. Funeral Director's OWN Signature Sup. H. Stettin  
and Address White Mortuary - Twin Falls,

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 9, 19 48  
(Month, Day, Year)  
at 10:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 4/9 19 48 to 4/9 19 48.  
I last saw h. im alive on 4/9 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary  
electrocardiogram - 6 hrs  
Due to gun shot  
wound of abd.  
Due to perforation of  
Other conditions Cocaine  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? no Homicide? no  
Occurred 9 April 19 48 City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home no Farm no Industry no  
Public Place Highway While at work? no  
Means of injury gunshot wound  
23. Attendant's OWN Signature Dean H. Applebeck  
and Address Twin Falls, Ida Date 4/10 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
APR 29 1948

Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 1561  
Local Reg. No. 403  
Reg. Dist. No. 460

1. PLACE OF DEATH:  
(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 35 years ..... months ..... days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME Fred Williams

3. (b) If veteran, name war ..... No. ....  
5. Color or 6. (a) Single, widowed, married, divorced divorced  
4. Sex Male race White  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) May 6, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>11</u>	<u>8</u>	hrs min.

9. Exact Occupation Laborer Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Missouri (City or town) (State or foreign country)  
Mother Father { 12. Name Amos Williams  
13. Birthplace Kentucky (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace " (City or town) (State or foreign country)  
16. Informant's OWN Signature Ben S. Robinson  
and Address 1800 Kimberly Rd.  
17. (a) Burial (b) Date thereof 5-19-48 (Month) (Day) (Year)  
(c) Place: Filer, Idaho  
18. Funeral Director's OWN Signature J. C. Phillips  
and Address Twin Falls, Idaho  
19. (a) April 22, 1948 (b) Erna B. Paul (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 14 19 48  
at ..... o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19 ..  
I last saw him on 4-14-1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration .....

Due to .....  
Due to .....  
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature J. C. Phillips  
and Address Twin Falls, Idaho Date April 22, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 20 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1562  
Local Reg. No. 401  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. Canyon-Rock Creek  
(d) Death Occured Inside X Outside? city or town  
(e) Died in a Home ... Hospital ... Institution ... Other place X  
(f) Name Arthur Ledkins Fish Pond stayed 1 hr ...  
(g) Lived in this county 1 years 3 months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Rock Creek Canyon  
(e) Deceased lived Inside X Outside? city or town  
(f) Citizen of what country? ...  
(g) How long had deceased lived in Idaho? 1 yr 3 mos  
(h) Former residence (city, state) Florida

## 3. (a) FULL NAME LEDKINS, Arthur D.

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or race white 6. (a) Single, widowed, married, divorced single  
4. Sex male 6. (b) Name of husband or wife ... 6. (c) Age of husband or wife if alive ... years  
7. Date of Birth (Month, Day, Year) December 22, 1943

8. AGE	Years	Months	Days	hrs	min.
	4	3	22		

9. Exact Occupation Child Did this work for ... yrs.  
10. Industry or Business ... Date last worked ...  
11. Birthplace Mc David, Florida (City or town) (State or foreign country)  
12. Name Arthur Ledkins  
13. Birthplace Escambia, Alabama (City or town) (State or foreign country)  
14. Maiden name Maggie Glass  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Arthur Ledkins  
and Address Twin Falls, Idaho Box 14  
17. (a) Removal (b) Date thereof 4/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: McDavid, Florida  
18. Funeral Director's OWN Signature ...  
and Address White Mortuary, Twin Falls, Idaho  
19. (a) April 16 1948 (b) ...  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 14th, 1948  
(Month, Day, Year) at 6 P. M. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 4/14 1948 to 4/14 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: ... Duration

Due to ...

Due to ...  
Other conditions ...  
(Include pregnancy within 3 months of death)

Where was disease contracted? ... PHYSICIAN  
Name of operation ... Date ...  
Major finding ...  
Finding of autopsy ...  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ... Suicide? ... Homicide? ...  
Occurred April 14, 1948 City, county, state ...  
where violence occurred ...  
Place of Violence: Home ... Farm ... Industry ...  
Public Place ... While at work? ...  
Means of injury ...  
23. Attendant's OWN Signature ... M. D. or other ...  
and Address Twin Falls, Idaho Date 4/14 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States *See D-1-10*  
Department of Commerce APR 29 1948  
Bureau of the Census

**Certificate Of Death**  
STATE OF IDAHO

<sup>QAG</sup> State File No. **1563**  
Local Reg. No. **404**  
Reg. Dist. No. **460**

**1. PLACE OF DEATH:**

- (a) County Twin Falls
- (b) City or town Twin Falls
- (c) Street Address or R.F.D. No. ....
- (d) Death Occured Inside? ☒ Outside? ..... city or town
- (e) Died in a Home... Hospital... Institution... Other place...
- (f) Name Hosp. or Inst. T. Falls Stayed 2 days
- (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County T. Falls
- (c) City or town Twin Falls
- (d) Street Address or R.F.D. No. ....
- (e) Deceased lived Inside? ☒ Outside? ..... city or town
- (f) Citizen of what country? United States
- (g) How long had deceased lived in Idaho? 2 days years
- (h) Former residence (city, state) .....

3. (a) **FULL NAME** Ross Lynn Stevens

- 3. (b) If veteran, name war ..... No. ....
- 5. Color or race White
- 6. (a) Single, widowed, married, divorced single
- 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
- 7. Date of Birth (Month, Day, Year) April 14, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>2</u>	hrs min.

- 9. Exact Occupation ..... Did this work for ..... yrs.
- 10. Industry or Business ..... Date last worked .....
- 11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)
- 12. Name Truell D. Stevens
- 13. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)
- 14. Maiden name Helen Greybill
- 15. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)
- 16. Informant's OWN Signature Truell D. Stevens  
and Address 527 Oak St Twin Falls Idaho
- 17. (a) Burial (b) Date thereof 5-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Sunset Memorial Park
- 18. Funeral Director's OWN Signature J. C. Phillips  
and Address Twin Falls, Idaho
- 19. (a) April 22, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 107X

- 20. **DATE OF DEATH** (Month, Day, Year) April 13, 1948 19  
at 1:30 o'clock P.M.
- 21. **I HEREBY CERTIFY**, That I attended deceased from April 14, 1948, to April 15, 1948.  
I last saw him alive on Apr. 15, 1948; death is said to have occurred on the date and hour stated above.  
**Immediate Cause of Death:** Myocardial & terminal apoplexy  
gastroenteritis  
Due to ..... Duration .....
- Due to .....
- Other conditions ..... (Include pregnancy within 3 months of death)
- Where was disease contracted? ..... **PHYSICIAN**  
Name of operation ..... Date ..... Underline the cause to which death should be charged statistically.
- Major finding lung & fat globules in liver
- 22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....
- 23. Attendant's OWN Signature R. G. D. Sabe  
(M. D. or other)  
and Address Twin Falls, Idaho Date Apr. 21, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 20 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948 State File No. 1564  
Local Reg. No. 400  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. West Addison  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution. Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. T. J. Co. Gen. Stayed 0 days  
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Colorado (b) County Jefferson  
(c) City or town Lakewood  
(d) Street Address or R.F.D. No. 7000 W. 1st Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) Contact Nev.

3. (a) FULL NAME Orville B. (Byron) Gilbert

3. (b) If veteran, name war W.W.II 3. (c) Social Security No. 523-03-7823  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Catharine 6. (c) Age of husband or wife if alive 53 years  
7. Date of Birth (Month, Day, Year) January 12, 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>3</u>	<u>3</u>	hrs min.

9. Exact Construction Supt. Did this Occupation C.C. Land & Cattle work for 12 yrs.  
10. Industry Contact, Nevada Business worked 4/14/48  
11. Birthplace Tyler, Texas (City or town) (State or foreign country)

12. Name unknown  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name Augusta Edmiston  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Catharine B. Gilbert  
and Address Lakewood, Colorado

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/15/48 (Month) (Day) (Year)  
(c) Place: Denver, Colorado

18. Funeral Director's OWN Signature James C. Reynolds  
and Address Twin Falls, Idaho

19. (a) April 15, 1948 (Date received and filed) (b) Erna B. Reed (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 15, 1948  
at 4:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from April 15, 1948 to April 15, 1948  
I last saw him alive on 15 April, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 4 hrs

Due to unknown

Due to unknown

Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred none 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Charles B. Bayner

and Address 2101 1st St. S. Date 15 April 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APR 29 1948

# Certificate of Death

STATE OF IDAHO

1565  
State File No. 48  
Local Reg. No. 406  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. --  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Twin Falls County Hosp.  
(g) Lived in this county 2 years 29 months 29 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. ----  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) ----

3. (a) FULL NAME Steven Milar

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Date of Birth (Month, Day, Year) Jan. 17, 1948

8. AGE	Years	Months	Days	If less than 1 day
		<u>2</u>	<u>29</u>	hrs. min.

9. Exact Occupation -- Did this work for -- yrs.

10. Industry or Business -- Date last worked --

11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father { 12. Name Jean Milar

13. Birthplace Long Beach, Calif. (City or town) (State or foreign country)

Mother { 14. Maiden name Antoinette Porter

15. Birthplace Kansas City, Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Jean Milar  
and Address Twin Falls

17. (a) Burial (b) Date thereof 4-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pleasant View Cem. Burley

18. Funeral Director's OWN Signature Patricia J. Payne  
and Address Burley Idaho

19. (a) 4-26-48 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 16 19 48

at 12:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hepatoma, Multicentric Duration  
LIVER.

Due to ----

Due to ----

Other conditions ----  
(Include pregnancy within 3 months of death)

Where was disease contracted? ----

Name of operation ---- Date ----

Major finding ----

Finding of autopsy See above

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ---- Suicide? ---- Homicide? ----

Occurred 19 City, county, state

where violence occurred ----

Place of Violence: Home ---- Farm ---- Industry ----

Public Place ---- While at work? ----

Means of injury ----

23. Attendant's OWN Signature J. Woodson Creed, M.D.

and Address ---- Date Apr 22, 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 29 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1566  
Local Reg. No. 407  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Rt. 3  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. T. F. Co. Hstayed days  
(g) Lived in this county 24 years    months 31 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Rt. 3  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Minnie B. Williams

3. (b) If veteran, name war    No.     
5. Color or 6. (a) Single, widowed, married,     
4. Sex female race white divorced married  
6. (b) Name of husband or wife Warren Williams 6. (c) Age of husband or wife if 50 years  
7. Date of Birth (Month, Day, Year) September 2, 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>7</u>	<u>15</u>	hrs min.

9. Exact Occupation housewife Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Chetopa, Kansas  
(City or town) (State or foreign country)

12. Name Will Murphy  
13. Birthplace Unk.  
(City or town) (State or foreign country)  
14. Maiden name Lizzie Keith  
15. Birthplace Unk.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Warren Williams  
and Address Rt. 3 Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date there April 20, 1948  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Ella M. White E-249  
and Address 136 4th Ave East T.F.

19. (a) April 26, 1948 (b) Erna B Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 055E

20. DATE OF DEATH (Month, Day, Year) April 17, 1948  
at 10:00 AM o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 1 1948, to April 17, 1948  
I last saw her alive on 17 APRIL 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CANCER of STOMACH Duration 1 year  
& EXTENSION INTO  
Due to PANCREAS AND  
BILE DUCTS AND  
Due to LIVER  
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?    PHYSICIAN     
Name of operation CHOLECYSTECTOMY Date Feb 15  
Major finding SEE ABOVE Underline the cause to which death was due and be checked statistically.  
Finding of autopsy none done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state     
where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?   

Means of injury     
23. Attendant's OWN Signature Dean H. Affleck  
and Address Twin Falls, IDA Date    19     
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 29 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1567  
Local Reg. No. 408  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. T. F. Co. Hosp. \_\_\_\_\_ days  
(g) Lived in this county 19 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 281 So. Wash WCTon  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Telbert I. Foster

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 31, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>5</u>	<u>16</u>	hrs min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Kansas (City or town) (State or foreign country)  
Mother Father { 12. Name Unk.  
13. Birthplace Unk. (City or town) (State or foreign country)  
14. Maiden name Unk.  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Chas C. Foster  
and Address Twin Falls, Idaho  
17. (a) Burial (b) Date thereof 4-21-48 (Month) (Day) (Year)  
(c) Place: Summit View Park, Boise  
18. Funeral Director's OWN Signature Wm. H. H. H.  
and Address 136 4th Ave East T. F.  
19. (a) April 26, 1948 (b) Emma B. Reed (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A 097X

20. DATE OF DEATH (Month, Day, Year) April 17, 1948 at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from April 17, 1948, to April 17, 1948. I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral Hemorrhage Duration one day

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Wm. H. H. H.

23. Attendant's OWN Signature Wm. H. H. H.

and Address Twin Falls, Idaho (Date received and filed) 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce APR 29 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1568  
Local Reg. No. 405  
Reg. Dist. No. 465

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. none  
(d) Death Occurred Inside? # Outside? # city or town  
(e) Died in a Home # Hospital # Institution # Other place #  
(f) Name Hosp. or Inst. T. F. Co. Stayed 2 days  
(g) Lived in this county 0 years 0 months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. 4  
(e) Deceased lived Inside? # Outside? # city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 2 Days years  
(h) Former residence (city, state) SAMW

## 3. (a) FULL NAME

Barbara Ilene Roberts

3. (b) If veteran, name war no 3. (c) Social Security No. none  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Infant  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) April 16, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>2</u>	hrs min.

9. Exact Occupation none Did this work for years  
10. Industry or Business none Date last worked  
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Norman Roberts  
13. Birthplace Chrisvian Co., Ky. (City or town) (State or foreign country)  
14. Maiden name Lea Mae Hansen  
15. Birthplace Wendell, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Norman Roberts  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof 4/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature D. J. Albreton  
and Address Buhl, Idaho

19. (a) (Date received and filed) (b) Erma B. Reed (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 18, 1948  
(Month, Day, Year) at 8:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from birth 19  , to 19  .  
I last saw her alive on 4-18-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congenital atelectasis Duration 29

Due to developmentally defective a/b tube  
Due to inactivity  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury   

23. Attendant's OWN Signature M. A. Drake  
and Address Buhl, Idaho Date 4-18-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Idaho State Security Agency  
Idaho State Public Health Service  
Idaho State Office of Vital Statistics

Amended  
May 4, 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1569  
Local Reg. No. 409  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 806 Blue Lake N  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME BOTHWELL, James R.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex male 5. Color or race \_\_\_\_\_  
6. (b) Name of husband or wife Emma L. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) May 29, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>10</u>	<u>21</u>	hrs. min.

9. Exact Occupation Attorney Did this work for 42 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked July, 1947  
11. Birthplace Rosecreek Township, Republic County, Kansas  
(City or town) (State or foreign country)

- Father { 12. Name Eli Alexander Bothwell  
13. Birthplace Knox County, Illinois  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Nancy McCabe  
15. Birthplace County Mayo, Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. James R. Bothwell  
and Address Twin Falls, Idaho  
17. (a) burial (b) Date thereof 4-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Twin Falls Cemetery  
18. Funeral Director's OWN Signature White Mortuary  
Ella M. White E-249  
and Address Twin Falls, Idaho  
19. (a) April 26, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 20 1948  
(Month, Day, Year)  
at 10:30 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from 4-20 1948  
to \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Coronary Occlusion

Duration  
30 min

Due to Arteriosclerosis \_\_\_\_\_ years

Due to Age \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Dean H. Affleck  
(M. D. or other)  
and Address Twin Falls, Idaho \_\_\_\_\_ 19\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

APR 29 1948

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 409  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. T. 1. S. 1. E. 1. N. 1. W.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 806 Blue Lakes N  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME BOTHWELL, James R.

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex male race \_\_\_\_\_  
6. (b) Name of husband or wife Emma L.  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) May 29, 1882

8. AGE	Years	Months	Days	If less than 1 day
	65	10	21	hrs min.

9. Exact Occupation Attorney Did this work for 42 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked July, 1947  
11. Birthplace Republic City, Kansas  
(City or town) (State or foreign country)

12. Name E. R. Bothwell  
13. Birthplace Illinois  
(City or town) (State or foreign country)  
14. Maiden name Nancy McCabe  
15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. James R. Bothwell  
and Address Twin Falls, Idaho.

17. (a) burial (b) Date thereof 4-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature White Mortuary E-249  
and Address Twin Falls, Idaho

19. (a) April 26, 1948 (b) Emma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 20, 1948  
at 10:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19 \_\_\_\_\_, to 4-20- 19 48

I last saw him alive on 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CORONARY OCCLUSION Duration 30 MIN

Due to ARTERIO SCLEROSIS YEARS

Due to AGE CHANGES

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dean H. Applech  
(M. D. or other)  
and Address Twin Falls, Idaho Date \_\_\_\_\_ 19 \_\_\_\_\_  
(For additional space, use reverse side)



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of IDAHO } ss. Certificate No. \_\_\_\_\_  
County of ADA } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of DEATH  
for JAMES R. BOTHWELL who DIED on APRIL 20, 1948  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in TWIN FALLS, IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by PERSONAL RESEARCH prepared on MAY 3, 1948, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

**BIRTHPLACE**

**REPUBLIC CITY, KANSAS**

**ROSECREEK TOWNSHIP REPUBLIC**

**FATHER'S NAME**

**E. R. BOTHWELL**

**ELI ALEXANDER BOTHWELL**

**MOTHER'S BIRTHPLACE**

**ILLINOIS**

**COUNTY MAYO, IRELAND**

**FATHER'S BIRTHPLACE**

**ILLINOIS**

**KNOW COUNTY, ILLINOIS**

Subscribed and sworn to before me this 4 day of

Signed James L. Limer

May 3, 1948  
S. McHenry

Notary Public, residing at Boise, Idaho

My commission expires Sept 25, 1950

(Seal)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person)

109 East Bannock Street

(Street Address, City, State)

Boise, Idaho

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss. [This Affidavit MUST Also be Executed.  
County of \_\_\_\_\_ } (See Chapter 139, 1937 Idaho Session Laws.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_

(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

(Street Address, City, State)

1569  
May 3, 1948  
109 East Bannock Street,  
Boise, Idaho

Division of Vital Statistics  
Department of Public Health,  
Statehouse, Boise, Idaho

Dear Sirs:

Herewith is executed affidavit, duly subscribed and sworn to to correct certain errors and made addition thereto to Original Certificate of Death on my father James Roy Bothwell, of Twin Falls, Idaho.

I am inclosing some mimeograph sheets of a brochure on the Alexander Bothwell Senior and Allied Families--Genealogical Data which I mimeographed as of Aug 19, 1947, with some changes and notations in my own handwriting as of May 3, 1948.

The census of 1860 which I have recently had checked in Washington, D.C. shows Eli A. Bothwell born in Ill age 13 years (census of 1860 for Galesburg, Knox County, Illinois). However in 1850 it was just Knox County, Illinois.

The census of 1880 of Rose Creek Township, Republic County, Kansas, lists the family and of course my father was not born until May 29, 1882, but I have no reason to doubt that that is the same place they were then and it was later that Mrs. Nancy McCabe Bothwell moved to Hubbell, Nebraska, just north of Republic County in Thayer County, Nebraska, across the Nebraska-Kansas line. Hubbell was named for a great-uncle of my father's, a Mr. Hubbell Johnson a sister to his grandmother Elizabeth Johnson who married James Alexander Bothwell. The evidence of the earlier names I have seen when in Nebraska in 1928 in the possession of a cousin Lon Bothwell of Reynolds, Nebraska, in a family bible.

In a published obituary of my father's mother which was with my father's effects it speaks of Mrs. N. Bothwell, one of the earliest settlers of this community (Hubbell, Nebraska), passed away at her home in Hubbell, Monday morning, May 1, 1916 at the age of 66 years 11 months and 28 days. Mrs. Bothwell was born in Ireland May 3, 1849 and came to America when she was eight years old. She with her relatives settled at Galesburg, Ill, where she was married to Eli A. Bothwell, who departed this life in 1903. To this union were born eight children, three of whom are living and were present at the funeral--Mrs. Lizzie Jennings, of Brookfield, Mo; G. E. Bothwell, of Hubbell, Nebr. and Judge J. R. Bothwell, of Shoshone, Idaho.

After leaving Galesburg, Ill Mrs. Bothwell moved to southern Kansas where she lived for a bout a year; then moved to the farm south of Hubbell where she resided 27 years (this I think is the farm in Republic County, ~~Nebraska~~ Kansas, where my father was born) then moving to town in 1904 where she made her home until her death.

Very truly yours,

*James Latimer Bothwell*  
JAMES LATIMER BOTHWELL

# STATE OF IDAHO

HON. C. A. ROBINS, Governor

## BOARD OF CORRECTION

L. E. CLAPP  
CHAIRMAN

R. P. SCHOFIELD  
VICE-CHAIRMAN

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SECRETARY



## DEPARTMENT PROBATION - PAROLE

H. P. FAILS, Director

P. O. Box 1719

Phone 7679

BOISE, IDAHO

## PAROLE OFFICERS

LEE R. SCAMAHORN  
Senior Parole Officer

V. V. ADDINGTON  
Parole Clerk and  
Identification Officer

JAMES L. BOTHWELL  
Secretary

## DISTRICT OFFICERS

FRED DAVIS  
Boise

V. H. WARDLE  
Pocatello

EDWIN J. BEATON  
St. Maries

P.S. May 4, 1948 ---- As far as the Supporting Affidavit of a Second person is concerned I doubt that there is anyone that knows the facts as well as I do and of course I do not know all of them or any of them for that matter as a matter of personal witness as I was born March 5, 1910, Shoshone, Idaho, after these events transpired; however, I have done considerable research on the family tree and have verified these facts the best I have been able to without searching the original evidence in all cases close at hand at the places they occurred. In checking over Chapter 139, Idaho Session Laws, 1937, I note that the legislative enactment has made the requirement "the local registrar shall require an affidavit under oath to be made by the person asserting the fact, setting forth the changes necessary to make the record correct, and supported by the affidavit of one other credible person having knowledge of the facts" In this case I know of no other person having the ~~fact~~ knowledge that I have. Mrs James R. Bothwell on the affidavit you have on the original is EMMA L. BOTHWELL OR EMMA WICK BOTHWELL her maiden name being EMMA WICK. I sent to my father a copy of this mimeographed information some months before his illness, and perhaps Emma Wick Bothwell did not see it and did not know about it at the time of the filing of the original death certificate. My mother FERN LATIMER BOTHWELL, who was my father's first wife, has some knowledge of these facts but not as complete as I do; I have the family bible (Catholic) which belonged to my grandmother Nancy McCabe Bothwell (born in Ireland May Count 1849) which my aunt LIZZIE BOTHWELL JENNINGS (her first husband was a MR. *John* HALL) had in her possession at the time of her death in 1928 in Brookfield, Missouri, and which my father received from her estate. However this bible is good only for the dates of birth of the children of ELIZ ALEXANDER BOTHWELL AND NANCY McCABE BOTHWELL and their marriage which occurred at Galesburg, Illinois, March 5, 1867, the original certificate which I have in my possession, and does not give the places of birth, but that information I have been supplied through a friend in Washington, D.C., who has made a search recently for me of the Census Records there. My sister does not have the information I have and has not taken much interest in genealogical matters of the family, so in the absence of any of the other next of kin having the knowledge I do not see how I could have this supporting affidavit made; of course I could call this information to the attention of someone else and have them verify it as part of their knowledge but whether that would help the verity of the evidence I question and so I don't see the reason for so doing. The Alexander Bothwell Sr. Brochure is on file with the National Archives at Washington D.C. with the Library of Congress acquisitions. Of the eight children of my father's family, he and his sister, supra, and another brother George Edward Bothwell, were the only ones to live to maturity and George Edward Bothwell died at Hubeal, Nebraska, in 1918. The children of his sister LIZZIE BOTHWELL HALL JENNINGS ~~are~~ are HUGO HALL, who died in France (St. Dizier) in World War I from the effects of influenzal pneumonia. His brother JOHN LLOYD HALL is still living but is incompetent and is under the care of the United States Government (District Attorney as Guardian) at North Little Rock, Arkansas, Veterans Administration Hospital; his nervous disorder has been diagnosed as HEBEPHRENIA and is considered in an incurable state. To my knowledge there are no other persons that have the information from a personal research as I have and no others who may have known have cared much about securing the same. - 2 - *J. L. B.*

ISSUE: 243 i. James Lawrence Bothwell who married a girl from Kentucky and in 1942 had a son and daughter Patricia. In Jan 1943 he was Captain, U.S. Naval Aviation, Hondo Field, Texas.

241 vi. LUCY BOTHWELL, born October 8, 1872, Clay City, Clay County, Illinois, lives at "Bothwell Lodge", Rural Route No 4, Sedalia, Missouri, mentioned supra as John Homer Bothwell's (her uncle) Stonyridge Farm. Unmarried.

242 vii. ADA BOTHWELL, born September 8, 1885, Clay City, Clay County, Illinois, whose address is 24 Thatcher Street, River Forest, Illinois, unmarried, and is a high school teacher there.

*My grandfather*  
5. ELI ALEXANDER BOTHWELL (JAMES ALEXANDER ~~10~~, ALEXANDER JR3, ALEXANDER SR1), born Knox County, Illinois, March 7, 1846, and died 1903 (?), at Erie, Neosho County, Kansas, married, March 5, 1867, at Galesburg, Illinois, NANCY McCABE. She was born May 3, 1849, in Mayo County, Ireland, not far from Dublin, the daughter of Stephen McCabe, blacksmith, and Bridget Daley. See APPENDIX IV for McCabe-Daley children.

*several years later*  
He went to Kansas, settling in Republic County, ~~right after~~ ~~1867~~ and went to Erie, Kansas, about 1882 or 1883. He had homesteaded 80 acres of land in Republic County, Kansas.

*Census of 1860 shows Eli A. Bothwell born in Ill. age 13 years (Census of 1860 for Galesburg, Knox Co. Illinois)*  
ISSUE: 244 i. James Stephen Bothwell, b. 25 Dec 1867 died 4 February 1868 *in Illinois*

245 ii. Lizzie Bothwell b. <sup>in Illinois</sup> 4 Feb 1869, died September 26, 1928, married 1st Mr. John Freeman Hall who died Jan 4, 1904, in a train accident, lived at Brookfield, Missouri. See APPENDIX NO V for Hall family ancestry.

ISSUE: i. Hugo ("Hugh") Hall, born 1892 and who died in a hospital at St. Dizier, France, after first having the influenza and then contracting pneumonia. He died October 4, 1918.

See in re Mr. Hugo Hall "Soldiers of the Great War", Memorial Edition, Volume II (1920), Soldiers Record Publishing Association, Washington D.C., compiled by W. M. Haulsee, F. G. Howe, A.C. Doyle, where it mentions under Missouri, Died of Disease, Sergeants, Hall, Hugh, Brookfield.

Hugo Hall was a stenographer in a Major's office with Hq 3rd Prov Ord Depot Bn, Camp Jackson, Columbia, South Carolina, as shown in letter of his in March 1918. He had been at Jefferson Barracks, Saint Louis for five weeks before he went to Camp Jackson, S.C. A letter to his mother in regard to his death came from 2d H.M.O.R.S., A.E.F., by 1st Lt. H.H. Payne.

- ii. John Lloyd Hall (born 1894). Private John L. Hall ASN 2, 206, 334, Company A, 314th Ammunition Train, from Feb 26, 1918, to June 4, 1919. Was in the St. Mihiel Drive and on the Verdun front with the 89th, Middle West, Division. They went overseas May 29, 1918, and in June were in France. There were 8,813 casualties to May 15, 1919 (1,419 killed and 1 officer and 24 men captured). There were 7,669 replacements. Pvt. Hall was at the front from Sept 16, 1918 to Nov 11, 1918. In January, 1919, he was with the Army of Occupation in Germany at Motsch, Germany.

The 89th Division was under the direction of Maj. Gen. Leonard Wood and later when overseas under command of F. L. Winn, and on Oct 24, 1918, in command of Wm. M. Wright (Major General). In the Meuse-Argonne the principal object carried, Bois de Barricourt, and was as fully important as the Second Division with all the dash of the 1st and 2nd Divisions.

The last known of Mr. John Lloyd Hall is that he was hospitalized at the Veterans Administration, North Little Rock, Arkansas, Claim Number 410-183, on June 12, 1939, from Bay Pines, Florida, on a non-service connected disability, nervous illness,

Lizzie Bothwell married, second, a Mr. Jennings and lived at Brookfield, Missouri. No issue.

- 246 iii. George Edward Bothwell born <sup>in Rose Creek Township, Republic County, Kansas</sup> 18 Jul 1872 and died 1918, Hubbell, Nebraska, unmarried.

- 247 iv. Lena Belle Bothwell, born 16 Dec 1874, died 5 June 1875.

- 248 v. Baby Bothwell, born 13 May 1876, died 13 June 1876.

- 249 vi. Freddie Bothwell born 25 August 1877, died 13 April 1878.

- 250 vii. Delia Bothwell, born 13 Apr 1881, and died 13 April 1881.

- 251 viii. JAMES ROY BOTHWELL, born <sup>in Rose Creek Township, Republic County, Kansas</sup> 29 May 1882, Republic County, Kansas, my father.

76. ALONZO HECTOR BOTHWELL (GEORGE C 11, ALEXANDER JR 3, ALEXANDER SR 1), (known as "Lon" Bothwell), was born Victoria, Knox County, Illinois, December 10, 1855, and died at Reynolds, Nebraska, July 16, 1934.

He married, first, on October 28, 1880, Ida B. Williams. They were married at Belleville, Kansas, by A.N. See, Minister of Gospel. The town of Ida, Republic County, Kansas, is named after her first name. She was an early pioneer in Kansas. Ida cemetery is there now.

Rose Creek Township

My father

251 JAMES ROY BOTHWELL (ELI ALEXANDER 75, JAMES ALEXANDER 14, ALEXANDER JR 3, ALEXANDER SR 1), was born, Republic County, Kansas, May 29, 1882, married, October 21, 1907, at Boise, Idaho, 8:30 P.M. JENNIE FERN LATIMER (familiarily known as Fern Latimer - she never used the Jennie), born December 22, 1882, at Masonville, Iowa, daughter of JOHN LATIMER, born April 4, 1844, Dumfriesshire, Scotland, and died February 17, 1934, at Twin Falls, Idaho, and is buried at Masonville, Iowa, and who married Jane Amine SULLIVAN, born February 14, 1853, Coffins Grove Township, Delaware County, Iowa, and died Thursday, December 24, 1808, Manchester, Iowa. They were separated legally October 1, 1942, and he married 2nd, 5 March 1943, Emma Wick of Twin Falls, Idaho.

For more details on the LATIMER family antecedents of this Particular Latimer family see my paper entitled, "Paterson, Mounsey, Latimer (Lotimer), Rogerson, and Allied Families."

The 1946 Martindale-Hubbell Law Directory mentions Mr. James R. Bothwell as being engaged in general and trial practice of law in all state and Federal courts; corporation, irrigation, probate and commercial law. Admitted to bar in 1906, Boise, Idaho. Came to Boise, Idaho, from Nebraska, 28 Feb 1906, preparatory education, University of Nebraska, Ex. 1903, legal education, private study. Prosecuting attorney of Lincoln County, Idaho, 1910-1912, District Judge, Fourth Judicial District, State of Idaho, 1914-1917; Judicial Council State of Idaho; Twin Falls County, Idaho State, and American Bar Associations.

ISSUE: 260 1. James Latimer Bothwell, author of this paper, born 5 March 1910, at Shoshone, Idaho. Graduated from Twin Falls High School, Twin Falls, Idaho, in May, 1928, and matriculated at Leland Stanford Junior University, on or about October 1, 1928, and took undergraduate work to about February 12, 1930 (with summer vacation excluded)(equivalent to about 1 1/2 years work, having chosen as his major, Political Science, to lead up to the law school course.

Whereupon he was hospitalized for a nervous breakdown at the Stanford Lane Hospital, San Francisco, and underwent treatment for several years at several public and private institutions. He had recovered sufficiently to go back to school in 1935, and in September of that year took a course of study at Gooding College, Idaho, near Gooding, Idaho, and by June, 1936, finished the second year of collegiate study.

From September, 1936, to June, 1937, he spent at the University of Utah, Salt Lake City, Utah, in first year law studies. From June, 1937, to September, 1938, he worked in his father's law office, did research in preparing data for briefs, filed pleadings, handled routine matters and did general clerical duties, taking dictation, writing letters, attended legal trials and took down notes in shorthand of parts of trials considered necessary.

Then from September, 1938, to June, 1939, attended University of Idaho, Moscow, Idaho, and further law work was undertaken, and also for another semester from September, 1939, to February, 1940.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

United States  
Department of Commerce  
Bureau of the Census

MAY 5 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1570  
Local Reg. No. 415  
Reg. Dist. No. 46.0

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. M.F. County Stayed 9 days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 850 Ash St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 64 years  
(h) Former residence (city, state) Grantsville, Utah.

## 3. (a) FULL NAME

Lottie Clark

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex Female Color or race White

## 6. (b) Name of husband or wife Richard Sr.

## 7. Date of Birth (Month, Day, Year) July 3, 1869

Years	Months	Days	If less than 1 day
<u>78</u>	<u>9</u>	<u>18</u>	hrs min.

## 9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Grantsville, Utah (City or town) (State or foreign country)

## 12. Name William Lee

## 13. Birthplace England (City or town) (State or foreign country)

## 14. Maiden name Jane Lyons

## 15. Birthplace England (City or town) (State or foreign country)

## 17. (a) Burial (Burial, cremation, or removal) (b) Date of death 4/24/48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature REYNOLDS FUNERAL HOME and Address Twin Falls, Idaho

## 19. (a) May 2, 1948 (Date received and filed) (b) Erma B Reed (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH April 21, 1948 (Month, Day, Year) at 7:40 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 12 Apr. 1948, to April 21, 1948 I last saw h. or alive on 21 April 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Cerebral Hemorrhage Duration 9 days

## Due to Hypertension

## Due to None Other conditions None (Include pregnancy within 3 months of death)

## Where was disease contracted? None Name of operation None Date \_\_\_\_\_

## Major finding \_\_\_\_\_ Finding of autopsy None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred None 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_ Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Chas. B. Beymer (M. D. or other) and Address Twin Falls, Idaho Date April 21, 1948 (For additional space, use reverse side)

Informant, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 29 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1571  
Local Reg. No. 410  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town T.F. Co. Gen. Hosp  
(c) Street Address or R.F.D. No. XX  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Kimberly, Idaho  
(d) Street Address or R.F.D. No.                       
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A. 27 days  
(g) How long had deceased lived in Idaho?                       
(h) Former residence (city, state)

## 3. (a) FULL NAME Storm, Phyllis Jean

3. (b) If veteran, name war XX 3. (c) Social Security No. XX  
5. Color or W 6. (a) Single, widowed, married, divorced single  
4. Sex female 6. (b) Name of husband or wife                       
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) March 24, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>27</u>	hrs min.

9. Exact Occupation none Did this work for                      yrs.  
10. Industry or Business                      Date last worked                       
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)  
12. Name Glen A. Storm  
13. Birthplace Longmont, Colorado (City or town) (State or foreign country)  
14. Maiden name Margaret Amlin  
15. Birthplace Texas (City or town) (State or foreign country)

16. Informant's OWN Signature Glen A. Storm and Address Kimberly, Idaho

17. (a) burial (b) Date thereof 4-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Mary's Catholic Church

18. Funeral Director's OWN Signature White Mortuary Inc and Address                     

19. (a) 4-26-48 (b) Erna Spahn  
(Date received and filed) (Registrar's Signature)

## MEDICAL CERTIFICATE OF DEATH 158X

20. DATE OF DEATH April 21, 1948  
(Month, Day, Year) at 2:10 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Birth 19 4-21-48 to 19 48  
I last saw her alive on 4-21-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory failure Duration 2 day  
acute bronchitis

Due to                       
Due to                       
Other conditions                       
(Include pregnancy within 3 months of death)

Where was disease contracted?                       
Name of operation                      Date                       
Major finding                       
Finding of autopsy                       
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?                       
Occurred                      19                      City, county, state where violence occurred  
Place of Violence: Home                      Farm                      Industry                       
Public Place                      While at work?                       
Means of injury                     

23. Attendant's OWN Signature Harwood L. Stowe and Address Twin Falls, Idaho Date 4-22-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1572  
Local Reg. No. 418  
Reg. Dist. No. 160

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution ..... Other place...  
(f) Name Hosp. or Inst. T. Falls Stayed 1 days  
(g) Lived in this county 28 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 702 2nd Ave.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Nora M. King

3. (b) If veteran, name war ..... No. ....  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife L. L. King 6. (c) Age of husband or wife if alive 45 years  
7. Date of Birth (Month, Day, Year) March 26, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>1</u>		hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....

11. Birthplace Salem, Iowa  
(City or town) (State or foreign country)

12. Name Henry C. Hampton  
13. Birthplace Pilot Grove, Iowa  
(City or town) (State or foreign country)  
14. Maiden name Amanda Hampton  
15. Birthplace Salem, Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ray King  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 4-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature S. J. Phillips  
and Address Twin Falls, Idaho

19. May 10 1948 E. B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 049A 099X

20. DATE OF DEATH (Month, Day, Year) April 26 1948  
at 11:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 26 Apr. 1948 to 26 Apr. 1948  
I last saw him alive on 26 April 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: General Carcinomatosis Duration 2 mo.

Due to Carcinoma Ovaries 3 mo.

Due to .....  
Other conditions Euthanasia  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation hysterectomy Date, ..... Underline  
Major finding General Carcinomatosis use to  
Finding of autopsy None which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? ..... Homicide? .....  
Occurred None 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Charles B. Rayner  
and Address Twin Falls, Idaho Date 29 Apr 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL

RECEIVED

MAY 5 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1573  
Local Reg. No. 412  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 337 7th Ave. No.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home? X Hospital? Institution Other place? city or town  
(f) Name Hosp. or Inst. 36 Stayed days  
(g) Lived in this county 36 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 337 7th Ave. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) city or town

## 3. (a) FULL NAME CLOS, Lawrence

3. (b) If veteran, None name war None  
3. (c) Social Security No. None  
5. Color or white 6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Harriet 6. (c) Age of husband or wife if alive years  
7. Date of Birth September 8th, 1869  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	78	7	18	hrs min.

9. Exact Occupation Owner Did this work for 36 yrs.  
10. Industry or Business Book Store Date last worked Apr. 1948  
11. Birthplace Washington County, Wisconsin  
(City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Lawrence CLOS  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 4/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature Wm. J. Stillip  
and Address White Mortuary - Twin Falls, Idaho

19. (a) May 1, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 4/26 1948  
(Month, Day, Year) at 8:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 48 1948 to 4/26 1948  
I last saw h. alive on 4/26 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Probable coronary thrombosis

### Duration

10 min

- Due to Probable coronary thrombosis  
Due to Probable coronary thrombosis  
Other conditions Probable coronary thrombosis  
(Include pregnancy within 3 months of death)

- Where was disease contracted? Home  
Name of operation none Date 4/26  
Major finding Probable coronary thrombosis  
Finding of autopsy Probable coronary thrombosis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state Idaho

- where violence occurred Idaho  
Place of Violence: Home Idaho Farm Idaho Industry Idaho  
Public Place Idaho While at work? Idaho  
Means of injury Idaho

23. Attendant's OWN Signature Geo. C. Haller  
and Address Twin Falls, Idaho Date 4/26 1948  
(For additional space, use reverse side)

094

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

MAY 5 1948

DIVISION OF VITAL

STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 1574  
Local Reg. No. 46  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 227 Quincy  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 24 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 227 Quincy  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?     
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) Streeter, N.D.

## 3. (a) FULL NAME Katherine Klundt Heindrich

3. (b) If veteran, name war    No.     
3. (c) Social Security No.     
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Conrad 6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) July 25, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>9</u>	<u>2</u>	hrs min.

9. Exact Occupation Housewife Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Russia (City or town) (State or foreign country)

12. Name Daniel Lapp  
13. Birthplace Russia (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Carl Graybill  
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/48 (Month) (Day) (Year)  
(c) Place: Sunset Memorial

18. Funeral Director's OWN Signature James E. Reynolds  
and Address Twin Falls, Idaho

19. (a) May 5, 1948 (Date received and filed) (b) Erma B. Reed (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 27, 1948  
at 11:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from February 1, 1948 to April 27, 1948  
I last saw her alive on April 27, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary Thrombosis Duration 6 hrs

Due to     
Due to Carcinoma of  
Other conditions uterine fundus  
(Include pregnancy within 3 months of death)

Where was disease contracted?     
Name of operation February 15, 1948  
Major finding Cancer of uterus  
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature Wm. H. Henson M.D.  
and Address Twin Falls, Idaho Date May 5, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 5 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1575  
Local Reg. No. 414  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. T.F.Co.Hosp.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or T.F.Co.Hosp. Stayed 1 days  
(g) Lived in this county 1 years 1 months 15 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Reed Hotel  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 45 days  
(h) Former residence (city, state) Portland, Oregon

## 3. (a) FULL NAME GREENE, Harry Arnold

3. (b) If veteran, name war None 3. (c) Social Security No. 544-22-8922  
5. Color or White (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Date of Birth April 3, 1912  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	36	0	26	hrs min.

9. Exact Occupation Laborer Did this work for None yrs.  
10. Industry or Business Logger Date last worked None  
11. Birthplace Canada  
(City or town) (State or foreign country)

- Mother { 12. Name George L. Greene  
13. Birthplace Ind.  
(City or town) (State or foreign country)  
Father { 14. Maiden name Rachel Hildreth  
15. Birthplace Pittsburg, Penn  
(City or town) (State or foreign country)

16. Informant's OWN Signature E. B. Reed  
and Address 6727 W. Monmouth

17. (a) Removal (b) Date thereof 4/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Portland, Oregon

18. Funeral Director's OWN Signature Erma B. Reed  
and Address White Mortuary - Twin Falls,

19. (a) May 1, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 29th 19 48  
at None o'clock None M.

21. I HEREBY CERTIFY, That I attended deceased from 29 April 1948, to 29 April 1948.  
I last saw him alive on 29 April 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Concussion Duration 6 hours  
& Hemorrhage

Due to accident

Due to None  
Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease contracted? Work  
Name of operation None Date None  
Major finding None  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred 29 April 1948 City, county, state Twin Falls, Twin Falls Co  
where violence occurred 29 April 1948  
Place of Violence: Home ☐ Farm ☐ Industry ☒  
Public Place ☐ While at work? ☒  
Means of injury Struck by falling

23. Attendant's OWN Signature Erma B. Reed (M. D. or other)  
and Address Twin Falls, Ida Date 4/30 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 12 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 1576  
Local Reg. No. 395  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Eiler  
(c) Street Address or R.F.D. No. RED  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Malheur  
(c) City or town Ontario  
(d) Street Address or R.F.D. No. 640-S. W. 3rd  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME Mahlon J. Carmichael

3. (b) If veteran, name war No.  
5. Color or 6. (a) Single, widowed, married, divorced, widowed  
4. Sex Male race white  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) November 20, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>4</u>	<u>12</u>	hrs min.

9. Exact Occupation Minister Did this work for 40 yrs.  
10. Industry or Business Date last worked 1948  
11. Birthplace Page County, Iowa  
(City or town) (State or foreign country)

12. Name Henry Carmichael  
13. Birthplace unknown  
(City or town) (State or foreign country)  
14. Maiden name Ida Squires  
15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mark J. Carmichael  
and Address 775 W. Oregon St. Ontario

17. (a) removal (b) Date thereof 4-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ontario, Oregon

18. Funeral Director's OWN Signature S. P. Ellis  
and Address Twin Falls, Idaho

19. (a) April 3, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D 094A

20. DATE OF DEATH (Month, Day, Year) April 1, 1948 19  
at 3:40 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to April 1, 1948

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 1 hour

Due to Hypertensive Cardiovascular Disease 5 years

Due to Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation Date Underline the cause to which death should be charged statistically.

Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of Injury Attendant's OWN Signature Max W. Darn M.D.  
and Address Eiler, Idaho Date 4-3-1948  
(For additional space, use reverse side)

State File No. \_\_\_\_\_  
Local Reg. No. 402  
Reg. Dist. No. 460

United States  
Department of Commerce APR 20 1948 **Certificate Of Death**  
Bureau of the Census STATE OF IDAHO

1. PLACE OF DEATH:  
(a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R.F.D. No. 516- 8th Ave. N.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Hospital. Institution. Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. None Stayed No days  
(g) Lived in this county 38 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. 516-8th Ave. N.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Salt Lake City

3. (a) FULL NAME Kate Wetenkamp

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female 6. (b) Name of husband or wife John H.  
6. (c) Age of husband or wife if alive X years

7. Date of Birth (Month, Day, Year) January 12, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>2</u>	<u>29</u>	hrs min.

9. Exact Occupation Housewife Did this work for 60 yrs.  
10. Industry or Business None Date last worked X  
11. Birthplace New York, New York  
(City or town) (State or foreign country)

12. Name Seth Bryant  
13. Birthplace New York, N. Y.  
(City or town) (State or foreign country)  
14. Maiden name Cynthia ?  
15. Birthplace New York, N. Y.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Kate Wetenkamp  
and Address Heber, Utah

17. (a) Burial (b) Date thereof Apr. 14, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature D. J. Peterson  
and Address Buhl, Idaho

19. (a) Apr. 22, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH (Month, Day, Year) April 11 1948  
at 7:00 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from APRIL 7 1948, to APRIL 11 1948  
I last saw h. ER alive on APRIL 11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CEREBRAL HEMORRHAGE Duration 5 Days

Due to HYPERTENSION 10 YEARS

Due to ARTERIO SCLEROSIS 15 YEARS

Other conditions SENILITY  
(Include pregnancy within 3 months of death)

Where was disease contracted? HOME  
Name of operation NONE Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. N. M. Bratney M.D.  
(M. D. or other) \_\_\_\_\_  
and Address Buhl Idaho Date 4/13 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 5 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 1578  
Local Reg. No. 411  
Reg. Dist. No. 460

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Twin Falls**  
(b) City or town **Hansen**  
(c) Street Address or R.F.D. No. **Hansen City**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **30** years **30** months **30** days
2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Hansen**  
(d) Street Address or R.F.D. No. **Hansen City**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state)

3. (a) FULL NAME **BUNCH, James R.**

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Mary** (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth **April 3, 1866**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	82	0	23	hrs min.

9. Exact Occupation **Blacksmith** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **worked 1939** Date last worked  
11. Birthplace **Oshtemo, Mo. Missouri**  
(City or town) (State or foreign country)

12. Name **J.B. Bunch**  
13. Birthplace **Unknown**  
(City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Hansen Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **James R. Bunch**  
and Address **Hansen, Idaho**

17. (a) **Burial** (b) Date thereof **4-29-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sunset Memorial Park Cem.**

18. Funeral Director's OWN Signature **Wesley A. Williams**  
and Address **White Mortuary-Twin Falls, Idaho**

19. (a) **May 1, 1948** (b) **Erma B. Reed**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **April 26, 1948**  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
I last saw him alive on **4-26-1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to **Right Heart Failure**  
**Old age with chronic**  
Due to **Gall Bladder disease**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Kimberly J. Lind**  
and Address **Kimberly, Idaho** Date **4/27** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAY 5 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1579  
Local Reg. No. 413  
Reg. Dist. No. 460

DIVISION OF VITAL

## 1. PLACE OF DEATH: STATISTICS

- (a) County Twin Falls  
(b) City or town Filer  
(c) Street Address or R.F.D. No. Rt. #2  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 0 years 0 months 06 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No. Rt. #2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? 6 days  
(g) How long had deceased lived in Idaho? 6 days  
(h) Former residence (city, state) 123X

## 3. (a) FULL NAME Fouts, Merlin Dean

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if years  
7. Date of Birth April 23rd, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>6</u>	hrs min.

9. Exact Occupation Infant Did this work for  yrs.  
10. Industry or Business worked Date last worked  yrs.  
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

12. Name Earl Fouts  
13. Birthplace Harveyville, Kansas (City or town) (State or foreign country)  
14. Maiden name Wanda May  
15. Birthplace Eskridge, Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature Earl Fouts  
and Address Filer, Idaho

17. (a) Burial (b) Date thereof May 1st, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park Com.

18. Funeral Director's OWN Signature Wanda May  
and Address White Mortuary-Twin Falls, Idaho

19. (a) May 1, 1948 (b) E. B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 099X

20. DATE OF DEATH April 29th 19 48  
(Month, Day, Year) at 1:15 clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 24 19 48, to April 29 19 48  
I last saw him alive on April 28 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Meningitis Thrombosis -  
gangrenous Colon  
Due to Meningitis  
obstruction  
Due to Congenital Meningitis  
Other conditions hernia  
(Include pregnancy within 3 months of death)

- Where was disease contracted? PHYSICIAN  
Name of operation Date  
Major finding Congenital  
Finding of autopsy meningitis  
hernia

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 City, county, state  
Suicide? 19 City, county, state  
Homicide? 19 City, county, state

23. Attendant's Signature Wanda May  
and Address Filer, Idaho (M. D. or other)  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 6 1948

CERTIFICATE OF DEATH  
STATE OF IDAHO

State File No. 1580  
Local Reg. No. 117  
Reg. Dist. No. 310

1. PLACE OF DEATH:

- (a) County Valley  
(b) City or town Cascade  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Valley  
(c) City or town Cascade  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME

Rose Ann Barnes

057E

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife H. I. James 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Feb. 25, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>two</u>	<u>8</u>	hrs min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business none Date last worked \_\_\_\_\_  
11. Birthplace Cheltenham, England (City or town) (State or foreign country)  
12. Name Cheltenham Thomas Bishop  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs J. M. Stephen  
and Address Cascade, Idaho

17. (a) Removal (b) Date thereof 4-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Payette, Idaho

18. Funeral Director's OWN Signature Giffard R. Shaffer  
and Address Payette, Idaho

19. (a) April 2, 1948 (b) Arthur Gardner  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH (Month, Day, Year) April 2, 1948  
at 3:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 1, 1948 to April 2, 1948  
I last saw her alive on April 1, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Failure Duration 2 days

Due to senility 7 yrs.

Due to Abdom. tumor 5 yrs.  
Other conditions? Abdom. tumor  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D. B. Patterson, MD (M. D. or other) \_\_\_\_\_  
and Address Cascade Date Apr. 2, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. 1581  
Local Reg. No. 128  
Reg. Dist. No. 3/10

## 1. PLACE OF DEATH:

- (a) County Valley.  
(b) City or town Stibnite.  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Stibnite Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington County Whatcom  
(c) City or town Bellingham.  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 Days years  
(h) Former residence (city, state) Washington.

3. (a) FULL NAME MARGARET BLANCHE LYON.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or White. 6. (a) Single, widowed, married, divorced Married.  
4. Sex Female race White.  
6. (b) Name of husband or wife Clyde Lyon. 6. (c) Age of husband or wife if alive 34 years

7. Date of Birth (Month, Day, Year) September. 26. 1914.

8. AGE	Years	Months	Days	If less than 1 day.
	<u>33.</u>	<u>6.</u>	<u>29.</u>	hrs. min.

9. Exact Occupation Beautician. Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Ten Sleep, Wyoming. (City or town) (State or foreign country)

12. Name Alvin. H. Morton.  
13. Birthplace Kansas. (City or town) (State or foreign country)  
14. Maiden name Lilly. E. Sutherland.  
15. Birthplace London, Canada. (City or town) (State or foreign country)

16. Informant's OWN Signature Jeane B. Morton  
and Address Stibnite Idaho

17. (a) Burial. (b) Date thereof April. 28. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Charles E. Summers,  
and Address Boise, Idaho.

19. (a) May 4 - 1948 (b) Myrtle Gardner  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April. 25. 19 48.  
at 8.05. o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Spontaneous cerebral hemorrhage with intraventricular hemorrhage Duration 10-14 days.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy As above

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. Beaman  
(M. D. or other)  
and Address Boise Date 29 apr. 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 6 1948

OFFICE OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 State File No. **1582**  
Local Reg. No. **119**  
Reg. Dist. No. **310**

## 1. PLACE OF DEATH:

- (a) County Valley  
(b) City or town Donnelly  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 8 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Valley  
(c) City or town Donnelly  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) Missouri

3. (a) FULL NAME RICHARD D. COLPTON

3. (b) If veteran, name war no  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) January 12 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>3</u>	<u>13</u>	hrs min.

9. Exact Occupation Farm Owner Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Farm Date last worked 1925  
11. Birthplace St. Joseph Missouri  
(City or town) (State or foreign country)

12. Name Scarlet Compton  
13. Birthplace St. Joseph, Missouri  
(City or town) (State or foreign country)  
14. Maiden name Melissa May Todd  
15. Birthplace St. Joseph, Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Harry F. Compton  
and Address 714 E. 2nd St. Idaho

17. (a) Burial (b) Date thereof 5/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Buhl, Idaho

18. Funeral Director's OWN Signature James R. Persons  
and Address Barnett, Idaho

19. (a) Age 30-48 (b) Myself  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4/30 19 48  
at 9:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 4/21 19 48, to 4/29 19 48.  
I last saw him alive on 4/25 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial failure Duration \_\_\_\_\_

Due to senility

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature O. J. Hawkins  
and Address One Call St. Idaho Date 4/30 19 48  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1583  
Local Reg. No. 23  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. 1004 W. 4th.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 6 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser, Idaho  
(d) Street Address or R.F.D. No. 1004 W. 4th.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country U.S.A.  
(g) How long had deceased lived in Idaho? 6 Mo. years  
(h) Former residence (city, state) Grand Junction, Colo.

## 3. (a) FULL NAME Francis M. Littlejohn

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Gussie 6. (c) Age of husband or wife if alive 77 years  
7. Date of Birth (Month, Day, Year) August 31 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>7</u>	<u>2</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for Life yrs.  
10. Industry or Business Farm Date last worked 1937  
11. Birthplace Guthrie Center Iowa (City or town) (State or foreign country)

12. Name Alexander Littlejohn  
13. Birthplace Don't Know (City or town) (State or foreign country)  
14. Maiden name Ruth ?????  
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Kenneth Stebbins  
and Address Weiser, Idaho

17. (a) Removal (b) Date thereof 4/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grand Junction, Colorado

18. Funeral Director's OWN Signature C. S. Jones  
and Address Northam-Jones, Weiser, Idaho

19. (a) 4/2/48 (b) Marie A. [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 97X

20. DATE OF DEATH (Month, Day, Year) April 2 1948  
at Unknown o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 9 March 1948 to 2 April 1948  
I last saw him alive on 9 March 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration -

Due to Hypertension and Atherosclerosis

Due to Senility  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Colorado  
Name of operation none Date       
Major finding       
Finding of autopsy none performed

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred      19      City, county, state  
where violence occurred       
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury     

23. Attendant's OWN Signature W. J. [Signature] (M D. or other)  
and Address Weiser, Idaho Date 4/2/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 15 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1584  
Local Reg. No. 27  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital XX Institution..... Other place.....  
(f) Name Hosp. or Inst. Weiser Hosp Stayed 21 days  
(g) Lived in this county 2 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. Rt. #3  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Raymond Melvin Simons

3. (b) If veteran, name war None No. 505-09-8271  
5 Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Male & race White  
6. (b) Name of husband or wife Garnett 6. (c) Age of husband or wife if alive 42 years  
7. Date of Birth December 21 1901  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>3</u>	<u>18</u>	hrs min.

9. Exact Occupation Meat Outter Did this work for 20 yrs.  
10. Industry or Business Date last worked  
11. Birthplace Arnold Nebraska  
(City or town) (State or foreign country)

12. Name Lewis Simons  
13. Birthplace Illinois  
(City or town) (State or foreign country)  
14. Maiden name Minnie Pease  
15. Birthplace Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Garnett Simons  
and Address Rt. #3 Weiser, Idaho

17. (a) Burial (b) Date thereof 4/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature Northam Jones  
and Address Northam Jones, Weiser, Idaho

19. (a) 4/9/48 (b) Marie Hawthorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 132X

20. DATE OF DEATH April 9 8 48  
(Month, Day, Year) at 8:10 o'clock A. M.

21. I HEREBY CERTIFY That I attended deceased from March 21 1948 to April 8 1948  
I last saw him alive on April 8 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death Myocardial Infarction  
Duration 132X  
Due to Myocardial Infarction  
Due to Myocardial Infarction  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature Northam Jones  
(M.D. or other) and Address Weiser, Idaho Date 4/9/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce APR 15 1948  
Bureau of the Census

NON-RESIDENT

STATE OF IDAHO

48  
State File No. 1585  
Local Reg. No. 29  
Reg. Dist. No. 320

1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place....  
(f) Name Hosp. or Inst. Weiser Hosp Stayed..... days  
(g) Lived in this county..... years 4 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Kansas (b) County Clay  
(c) City or town Idana  
(d) Street Address or R.F.D. No. R.D. 1  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 months  
(h) Former residence (city, state) 45 years Clay Co. Kansas

3. (a) FULL NAME Carrie Mary Delp

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or Female White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife George W. 6. (c) Age of husband or wife if alive Died 28 years  
7. Date of Birth (Month, Day, Year) December 21 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>3</u>	<u>19</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Own Home Date last worked 4/1/48  
11. Birthplace Sterling, Illinois (City or town) (State or foreign country)

12. Name Philip Moore  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Maiden name Julia Davis  
15. Birthplace Vermont (City or town) (State or foreign country)

16. Informant's OWN Signature Jack Delp (Son)  
and Address 808 Leavenworth, Manhattan, Kansas

17. (a) Removal (b) Date thereof 4/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Clay Center, Kansas

18. Funeral Director's OWN Signature A.S. Jones # E551  
and Address Northam-Jones Chapel, Weiser, Idaho

19. (a) 4/9/48 (b) Marie Hawthorn  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH (Month, Day, Year) April 9 1948  
at 5:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 3rd 1948 to April 9th 1948  
I last saw her alive on April 7th 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral thrombosis Duration

Due to Senility

Due to .....  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred..... 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work? .....

Means of injury Stroke  
23. Attendant's OWN Signature DR. J. E. Smith  
and Address Weiser, Idaho Date 4/10/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 15 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1586  
Local Reg. No. 28  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. 1029 E. Main  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 18 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser, Idaho  
(d) Street Address or R.F.D. No. 1029 E. Main  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Neosho, Mo.

## 3. (a) FULL NAME Julia Ann Mackey

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female 6. (b) Name of husband or wife John F. 6. (c) Age of husband or wife if alive Dec'd years  
7. Date of Birth May 28 1846

8. AGE	Years	Months	Days	If less than 1 day
	<u>102</u>	<u>10</u>	<u>13</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked 1930  
11. Birthplace Hancock Co. Illinois (in foreign country)

12. Name John Nelson  
13. Birthplace Kentucky (City or town) (State or foreign country)  
14. Maiden name Naomi Roberts  
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature W. F. Mery  
and Address 1029 E. Main Weiser, Idaho

17. (a) Burial (b) Date thereof 4/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Manns Creek, Weiser, Idaho

18. Funeral Director's OWN Signature A. Jones  
and Address Northam Jones, Weiser, Idaho

19. (a) 4/10/48 (Date received and filed)  
(b) Marie Hawthorn (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 10 1948  
at 8:55 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 7-10-1948  
I last saw h. alive on 4-10-1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

senility  
Due to .....

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature W. F. Mery (M. D. or other)  
and Address Weiser, Idaho Date 4/10/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 23 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1587  
Local Reg. No. 81  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. 159 E. Commercial  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. 44 Stayed days  
(g) Lived in this county 44 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 159 E. Commercial  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Gibbon Nebraska

## 3. (a) FULL NAME Emma Elizabeth Lodge

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife Almon Edward 6. (c) Age of husband or wife if alive Dec'd years  
7. Date of Birth February 19 1870  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>1</u>	<u>22</u>	hrs min.

9. Exact Occupation Hous. wife Did this work for Lifers.  
10. Industry or Business 4/10/48 Date last worked  
11. Birthplace Beaver City Nebraska  
(City or town) (State or foreign country)

12. Name Frank J. Nicholson  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Elizabeth Owens  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature M. C. Lodge  
and Address Caldwell, Idaho

17. (a) Burial (b) Date thereof 4/14/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature C. S. Jones  
and Address Northam Jones, Weiser, Idaho

19. (a) 4/13/48 (b) Marie Northam  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) April 10 1948  
at 12:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19.

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Subject was found dead by relatives and friends. Subject lived alone and  
presumably suffered a heart attack.

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury Attendant's

23. Attendant's OWN Signature C. S. Jones Coroner  
(M. D. or other)  
and Address Weiser, Idaho Date 4/13/48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 10 1948 **Certificate Of Death**

STATE OF IDAHO

State File No. 1588  
Local Reg. No. 35  
Reg. Dist. No. 920

1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst Weiser Hosp. Stayed 6 days  
(g) Lived in this county..... years ..... months ..... 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2 Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County.....  
(c) City or town Banks  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside?..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Beaver City, Utah

3. (a) FULL NAME John J. Hardy

3. (b) If veteran, name was None  
3. (c) Social Security No. None  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife XXXXXX  
6. (c) Age of husband or wife if alive XXXXXX years  
7. Date of Birth (Month, Day, Year) January 4 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>3</u>	<u>8</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for Life yrs.  
10. Industry or Business Gen'l Farming Date last worked Feb. '48  
11. Birthplace Beaver City Utah (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Jessie Babb  
and Address Weiser, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/12/48 (Month) (Day) (Year)  
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature C. S. Jones  
and Address Northam Jones, Weiser, Idaho

19. (a) 4/12/48 (Date received and filed) (b) Maria Hawthorn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 12 1948  
at 8:15 A. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 8th 1948 to April 12th 1948  
I last saw him alive on April 12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Arterial Sclerosis of Heart  
Legs in Potters  
Due to Generalized Arteriosclerosis

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?  
Means of injury .....

23. Attendant's OWN Signature M. R. Hawthorn  
and Address Weiser, Idaho Date 4/12/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

APR 24 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1589**  
Local Reg. No. **92**  
Reg. Dist. No. **220**

## 1. PLACE OF DEATH:

- (a) County **Washington**  
(b) City or town **Weiser**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Inst. **Weiser Hosp.** Stayed **42** days  
(g) Lived in this county... **60** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Washington**  
(c) City or town **Weiser**  
(d) Street Address or R.F.D. No. **46 W. Idaho St.**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **60** years  
(h) Former residence (city, state) **Bosman, Montana**

3. (a) FULL NAME **Dora Elliott Black**

3. (b) If veteran, name **None** 3. (c) Social Security No. **None**  
5. Color or 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Female** race **White**  
6. (b) Name of husband or wife **William** 6. (c) Age of husband or wife if alive **Dec'd** years  
7. Date of Birth (Month, Day, Year) **January 31 1862**

8. AGE	Years	Months	Days	If less than 1 day
	<b>86</b>	<b>2</b>	<b>14</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **Life** yrs.  
10. Industry or Business **Own Home** Date last worked **Mar. '48**  
11. Birthplace **Boone Iowa**  
(City or town) (State or foreign country)

12. Name **Jeremiah Elliott**  
13. Birthplace **Don't Know**  
(City or town) (State or foreign country)  
14. Maiden name **Amanda ?????**  
15. Birthplace **Don't Know**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **[Signature]** (Son) and Address **Weiser, Idaho.**

17. (a) **Removal** (b) Date thereof **4/16/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Riverside Cem. Payette, Idaho.**

18. Funeral Director's OWN Signature **C. S. Jones** **5357** and Address **Northam-Jones Chapel, Weiser, Idaho.**

19. (a) **4/15/48** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **April 14 1948** at **8:00** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **March 7th 1948** to **April 14th 1948**. I last saw her alive on **April 14th 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage**  
**Hypertensive Pneumonia**  
Due to **hypertension**  
Schist. Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **[Signature]** (M. D. or other) and Address **Weiser, Idaho** Date **4/15/1948**  
(For additional space, use reverse side)

083A

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 10 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 1590  
Local Reg. No. 39  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Weiser Hosp. Stayed... days  
(g) Lived in this county... years ... months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Baker  
(c) City or town Huntington  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 1 day years  
(h) Former residence (city, state) Milan Italy

## 3. (a) FULL NAME

Luigi Marinone

## 3. (b) If veteran,

name war None

## 3. (c) Social Security

No. 531-12-1263

5. Color or White (a) Single, widowed, married, divorced Single  
4. Sex Male race White

6. (b) Name of husband or wife XXXXXX (c) Age of husband or wife if alive XXXXXX years

7. Date of Birth March 11 1883  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>1</u>	<u>7</u>	hrs min.

9. Exact Occupation Janitor Did this work for ..... yrs.

10. Industry or Business Cafe Date last worked 4/15/48

11. Birthplace Milan Italy  
(City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Maudie J. Hartwell

- and Address Huntington, Oregon

17. (a) Burial (b) Date thereof 4/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Weiser, Idaho Hillcrest, 0 am.

18. Funeral Director's OWN Signature A. S. Jones

- and Address Northam-Jones, Weiser, Idaho

19. (a) 4/10/48 (b) Marie Kauter  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 18 49 48  
at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from April 17/48 to April 18/48  
I last saw him alive on April 18 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Brocho pneumonia  
Myocarditis  
Due to Hypertension

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature M. S. Chatfield

and Address Weiser, Idaho Date 4/19/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
APR 15 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1591  
Local Reg. No. 30  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. R.F.D. #2  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 50 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. R.F.D. #2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Camden Co. Missouri

## 3. (a) FULL NAME

WILLIAM THOMAS GREENE

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XXXXXX years  
7. Date of Birth (Month, Day, Year) October 24 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>5</u>	<u>17</u>	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.  
10. Industry or Business General Farming Date last worked 1947  
11. Birthplace Camden County Missouri  
(City or town) (State or foreign country)

12. Name Allen D. Greene  
13. Birthplace Don't Know  
(City or town) (State or foreign country)  
14. Maiden name Nancy Halstead  
15. Birthplace Don't Know  
(City or town) (State or foreign country)

16. Informant's OWN Signature Emma Green (Nephew)  
and Address Cambridge, Idaho. Rt. #1

17. (a) Burial (b) Date thereof 4/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Salubria Cem. Cambridge, Idaho.

18. Funeral Director's OWN Signature A. S. Jones #E357  
and Address Northam-Jones Chapel. Weiser, Idaho

19. (a) 4/12/48 (b) Miss J. H. Hutton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 131B 093D

20. DATE OF DEATH (Month, Day, Year) April 10 1948  
at 10:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased on March 31st 1948 to April 10th 1948  
I last saw him alive on April 10th 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis Duration

Due to Chronic Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury W.D. McGeath

23. Attendant's OWN Signature W.D. McGeath  
(M.D. or other)

and Address Weiser, Idaho Date 4/12 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 10 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1592  
Local Reg. No. 34  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 28 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 68 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Helen M. Thompson

3. (b) If veteran, name war None No. None  
5. Color or White (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife James H. (c) Age of husband or wife if alive Dec'd years  
7. Date of Birth (Month, Day, Year) February 20 1858

8. AGE	Years	Months	Days	If less than 1 day
	<u>90</u>	<u>2</u>	<u>00</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Home Date last worked 1940  
11. Birthplace Gallispie Illinois (City or town) (State or foreign country)

- Mother { 12. Name Samuel Stockton  
Father { 13. Birthplace Kentucky (City or town) (State or foreign country)  
14. Maiden name Mary Elizabeth Wood  
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Perry Price  
and Address Weiser, Idaho

17. (a) Burial (b) Date thereof 4/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature A. S. Jones  
and Address Northam Jones, Weiser, Idaho

19. (a) 4/22/48 (b) Marie Hawthorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 20 19 48  
at 4:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1 1945 to Mar 30 1948  
I last saw him alive on Mar 20 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Smoking Duration

Due to 241

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature F. A. Smith  
and Address Weiser, Idaho (M. D. or other) Date 4/22/48  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

MAY 10 1948

## Certificate Of Death

STATE OF IDAHO

State File No. ....  
Local Reg. No. 36  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Midvale  
(c) Street Address or R.F.D. No. Rt. #1 Midvale  
(d) Death Occurred Inside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. 43 Stayed 43 days  
(g) Lived in this county 43 years 43 months 43 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Midvale  
(d) Street Address or R.F.D. No. Rt. No. #1  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) Kitchner, Ont., Canada

3. (a) FULL NAME JOHN A. RINEHART

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White  
6. (b) Name of husband or wife Ethel 6. (c) Age of husband or wife if alive XXXXX years  
7. Date of Birth (Month, Day, Year) Sept. 17 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>7</u>	<u>12</u>	hrs min.

9. Exact Occupation Rancher Did this work for Life yrs.  
10. Industry or Business General Ranching Date last worked April '48  
11. Birthplace Kitchner, Ontario, Canada  
(City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Stanley L. Rinehart (Son)  
and Address Box 2690, Rt. #1 Spokane, Wn.

17. (a) Burial (b) Date thereof 5/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Midvale, Idaho  
18. Funeral Director's OWN Signature [Signature]  
and Address Northam, Long, Idaho

19. (a) 4/30/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 29 1948  
at ? o'clock ? M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 4/27/48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Probable Coronary Occlusion  
(Found dead in his cabin before aid arrived)

Due to Senile Change  
Due to Diabetes Mellitus  
Other conditions (Possible over-dose of insulin was a factor)

Where was disease contracted? Unknown  
Name of operation ○ Date ○  
Major finding ○  
Finding of autopsy ○

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ○ Suicide? ○ Homicide? ○  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ○ Farm ○ Industry ○  
Public Place ○ While at work? ○  
Means of injury ○

23. Attendant's OWN Signature [Signature]  
and Address 4/30/48 (M. D. or other) 4/30/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. If item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK INK or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to Bureau of Vital Statistics, Boise, Idaho.

Unit  
Commerce  
Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1594**  
Local Reg. No.  
Reg. Dist. No.

## PLACE OF DEATH:

(a) County **Washington**  
(b) City or town **Midvale**  
(c) Address or R.F.D. No.  
(d) Death Occurred Inside? **X** Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **33** years months days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Washington**  
(c) City or town **Midvale**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? **X** Outside? city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **33** years  
(h) Former residence (city, state) **Pearl Illinois**

3. (a) FULL NAME **Lee B. Wheeler**  
(b) If veteran, name war **None**  
(c) Social Security No.  
(d) Color **White**  
(e) Sex **Male** race **White**  
(f) Single, widowed, married, divorced **Married**  
(g) Name of husband or wife **Maggie**  
(h) Age of husband or wife if alive **51** years  
(i) Date of Birth **January 5 1897**  
(j) (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>51</b>	<b>3</b>	<b>24</b>	hrs min.

9. Exact Occupation **Merchant** Did this work for **33** yrs.  
10. Industry or Business **General Merchandise** Date last worked **4/29/48**  
11. Birthplace **Pearl Illinois**  
(City or town) (State or foreign country)

12. Name **Charles Wheeler**  
13. Birthplace **Oklahoma**  
(City or town) (State or foreign country)  
14. Maiden name **Emma Smith**  
15. Birthplace **Pearl Illinois**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Charles Wheeler**  
and Address **Midvale, Idaho**

17. (a) Burial (b) Date thereof **5/2/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Midvale, Idaho**

18. Funeral Director's OWN Signature **A. Jones**  
and Address **Northam Jones, Weiser, Idaho**

19. (a) **5/1/48** (b) **Marie Hawthorn**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **April 29 1948**  
at **12:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **April 13 1948** to **April 29 1948**  
I last saw him alive on **April 28 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Thrombosis** Duration **with death**

Due to **Chronic Heart Disease**  
Due to **Myocarditis**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **home**  
Name of operation Date  
Major finding **0**  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **0** Suicide? Homicide?  
Occurred **1** 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **Marie Hawthorn**  
and Address **5/Central Id.** (M. D. or other) Date **5/1 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1595**  
Local Reg. No. **166**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 2 days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Tamarack Drive  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Arkansas

## 3. (a) FULL NAME

**JAMES ERNEST GUY.**

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Annie Guy

6. (c) Age of husband or wife if  
alive 61 years

7. Date of Birth  
(Month, Day, Year) October. 19. 1881.

8. AGE	Years	Months	Days	If less than 1 day
	<u>66.</u>	<u>6.</u>	<u>12.</u>	hrs. min.

9. Exact Occupation Sheepman. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Harrison, Arkansas.  
(City or town) (State or foreign country)

12. Name William Guy.

13. Birthplace Harrison, Arkansas.  
(City or town) (State or foreign country)

14. Maiden name Amanda Wright.

15. Birthplace Harrison, Arkansas.  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Tamarack Drive

17. (a) Burial (b) Date thereof May. 4. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clyde E. Bignami  
and Address Boise, Idaho

19. (a) 5-4-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May. 1. 1948.  
(Month, Day, Year) at 3.15. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 4-29-1948 to 5-1-1948  
I last saw him alive on 4-30-1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral hemorrhage Duration 2 wk.

Due to Arterio-sclerosis ?

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D. J. Sumrell M.D.

(M. D. or other)

and Address Boise, Idaho Date 5-3-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

MAY 15 1948

STATE OF IDAHO

State File No. **1596**  
Local Reg. No. **167**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home ..... Hospital X Institution ..... Other place .....  
(f) Name Hosp. or Inst. St. Luke's Stayed 2 hrs. days  
(g) Lived in this county ..... years ..... months 2 hrs. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 419 9th Ave. So.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Thomas Eugene McNeil

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

## 4. Sex male Color or race white

## 5. (a) Single, widowed, married, divorced single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth

(Month, Day, Year) May 1, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>2 hrs.</u> min.

## 9. Exact Occupation ..... Did this work for ..... yrs.

## 10. Industry or Business ..... Date last worked .....

## 11. Birthplace Boise, Idaho (City or town) (State or foreign country)

## 12. Name Dallas McNeil (City or town) (State or foreign country)

## 13. Birthplace Idaho City, Idaho (City or town) (State or foreign country)

## 14. Maiden name Florence Kniefel (City or town) (State or foreign country)

## 15. Birthplace Tremonton, Utah (City or town) (State or foreign country)

## 16. Informant's OWN Signature S. J. McNeil

and Address Nampa, Idaho

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/48 (Month) (Day) (Year)

## (c) Place Kohlerlawn Cemetery

## 18. Funeral Director Robinson-Isis Chapel

## OWN Signature J. H. Sharp

and Address Nampa, Idaho

## 19. (a) 5-06-48 (Date received and filed) (b) H. Sharp (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 1, 1948  
at 10:05 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

5/1 1948, to 5/1 1948

I last saw him alive on 5/1 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia Duration

Due to spontaneous onset of

labor at 5 1/2 mo.

Due to aspiration

Other conditions .....

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ..... Date .....

Major finding .....

Finding of autopsy not done

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

## 23. Attendant's OWN Signature J. E. Redman M.D.

(M. D. or other)

and Address Boise, Ida Date 5/2 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

MAY 15 1948

Burton

1948

State File No.

1597

Local Reg. No.

113

Reg. Dist. No.

370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. R.D. # 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

PAULINE SHIRLEY JANTZ.

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None.

5. Color or  
4. Sex Female White

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) March. 11. 1942.

8. AGE	Years	Months	Days	If less than 1 day
	<u>6.</u>	<u>1.</u>	<u>21.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise, Idaho.  
(City or town) (State or foreign country)

12. Name Edward Jantz.

13. Birthplace Cholme Polland.  
(City or town) (State or foreign country)

14. Maiden name Emma Reiss.

15. Birthplace Polland.  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Mrs. Margie Orr  
and Address Pilot Rock, Ore.

17. (a) Burial. (b) Date thereof May 7, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's  
OWN Signature Clayton C. Summers  
and Address Boise, Idaho.

19. (a) 5-7-48 (b) T. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May. 2. 19 48  
(Month, Day, Year) at 10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from  
5-2 19 48, to 5-2 19 48

I last saw h. in alive on 5-2 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Shock Duration 5 hrs

Due to Fracture skull; 5 hrs  
Fracture femur 5 hrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? On highway

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ✓ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 5-2 19 48 City, county, state  
where violence occurred Ada Co., Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place ✓ While at work? no

Means of injury Auto wreck

23. Attendant's  
OWN Signature James H. H. H.  
(M. D. or other)

and Address Boise Date 5-6-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

Burton 748  
State File No. 1598  
Local Reg. No. 171  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Lukes Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. R.D. # 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME

EDWARD JANTZ.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February. 13. 1897.

8. AGE	Years	Months	Days	If less than 1 day
	<u>51.</u>	<u>2.</u>	<u>13.</u>	hrs. min.

9. Exact Occupation Farmer. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Cholme, Polland. (City or town) (State or foreign country)

12. Name August Jantz.

13. Birthplace Polland. (City or town) (State or foreign country)

14. Maiden name Wilhelmina Hommermeister.

15. Birthplace Polland. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. M. Jantz

and Address Pilot Rock, Ariz.

17. (a) Burial. (b) Date thereof May 7. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clayde E. Summers

and Address Boise, Idaho.

19. (a) 5-7-48 (b) J. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 3. 1948.

at 10.48. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 5-2 1948, to 5-3 1948

I last saw him alive on 5-3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Laceration Rt lung Duration 2 1/2 hrs

Due to Fracture Ribs 2 1/2 hrs

Due to \_\_\_\_\_

Other conditions Fract. Femur

(Include pregnancy within 3 months of death) Bilateral Pneumonia Central.

Where was disease contracted? On Highway

Name of operation Autopsy Date 5-2-48

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ✓ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 5-2 1948 City, county, state Ada Co, Idaho

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place ✓ While at work? no

Means of injury Auto crash

23. Attendant's OWN Signature Jerome Jantz (M. D. or other) Boise Date 5-6 1948

and Address \_\_\_\_\_ (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Wahle  
Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1599  
Local Reg. No. 168  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1419 Fort St  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 26 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1419 Fort St  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Ireland

## 3. (a) FULL NAME Mary McMonigle

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White  
4. Sex Female  
6. (b) Name of husband or wife Widow  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Aug. 13th. 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>8</u>	<u>20</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business County of Donegal Ireland Date last worked \_\_\_\_\_

11. Birthplace (City or town) (State or foreign country)

12. Name Connell McGeehan

13. Birthplace (City or town) (State or foreign country) Ireland

14. Maiden name Unknown

15. Birthplace (City or town) (State or foreign country) Ireland

16. Informant's OWN Signature Edward B. McMonigle and Address Boise Idaho

17. (a) Burial (b) Date thereof 5/7/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreiber McCona and Address Boise

19. (a) 5-6-48 (b) J. J. McGeehan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 3 1948  
at 11:05 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from May 1st 1948 to May 3 1948.  
I last saw her alive on May 3 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: legionary Duration \_\_\_\_\_

bronchitis

Due to coronary artery heart

Due to old

Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature Ed B. McMonigle (M. D. or other)

and Address 515 Eastman Ave Date 5/6/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

MAY 15 1948

State File No. 1600  
Local Reg. No. 170  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus May 18 days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 919 N. 18 th St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Illinois

## 3. (a) FULL NAME Felicia Moland.

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widow  
4. Sex Female 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May. 25. 1869.

8. AGE	Years	Months	Days	If less than 1 day
	<u>78.</u>	<u>11.</u>	<u>10.</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Chicago, Illinois (City or town) (State or foreign country)

- Father { 12. Name Jean Jaques  
13. Birthplace Paris France (City or town) (State or foreign country)  
Mother { 14. Maiden name Evangeline Webber  
15. Birthplace Belgium (City or town) (State or foreign country)

16. Informant's OWN Signature Chas M. Orchard  
and Address 919 N. 18, Boise Idaho

17. (a) Burial (b) Date thereof May 7, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery  
18. Funeral Director's Summers Funeral Home  
OWN Signature Clyde E. Summers  
and Address Boise Idaho

19. (a) 5-7-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 5, 1948  
at 11 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Apr 17 1948 to May 5 1948  
I last saw her alive on May 5 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Heart failure Duration \_\_\_\_\_  
Due to arteriosclerosis  
Due to Senility  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature James Hollingsworth (M. D. or other)  
and Address Boise Idaho Date May 6 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

MAY 15 1948

1948 1601  
State File No. 172  
Local Reg. No. 370  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 516. Pueblo.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 8 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 516. Pueblo.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Oregon.

## 3. (a) FULL NAME

Charles Leslie Pyke.

3. (b) If veteran, name war World War # 1. 3. (c) Social Security No. 331-03-3079.

5. Color or White. 6. (a) Single, widowed, married, divorced Married.  
4. Sex Male. race White.

6. (b) Name of husband or wife Dorothy Pyke. 6. (c) Age of husband or wife if alive 49. years

7. Date of Birth April. 4. 1895.  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>53.</u>	<u>1.</u>	<u>1.</u>	hrs. min.

9. Exact Occupation Representative Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Pyke Mfg Co. Date last worked \_\_\_\_\_

11. Birthplace Dubois, Idaho.  
(City or town) (State or foreign country)

12. Name Francis. A. Pike.

13. Birthplace Hudson Heights Quebec Canada.  
(City or town) (State or foreign country)

14. Maiden name Della Phine.

15. Birthplace Wild Horse, Oregon.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Harold Pyke  
and Address 96 Laurel St Salt Lake City ut

17. (a) Removal May. 8. 1948. (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal)

- (c) Place Salt Lake City, Utah.

18. Funeral Director's OWN Signature Clyde E. Summers  
and Address Boise, Idaho.

19. (a) 5-7-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May. 5. 19 48.  
at 10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 4-14 1948, to 5-5 1948.  
I last saw h. in alive on 4-30 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Due to Coronary Occlusion. Duration 1 wk  
Due to Coronary Arteriosclerosis. Duration unknown.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature O. J. Swendell M.D.  
(M. D. or other) Boise Idaho Date 5- 19 \_\_\_\_\_  
and Address \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

*Boise*  
Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

MAY 15 1948

STATE OF IDAHO

State File No. **1602**  
Local Reg. No. **175**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Luke's** Stayed \_\_\_\_\_ days  
(g) Lived in this county **7** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1101 No 31st**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **7** years  
(h) Former residence (city, state) **Oregon**

## 3. (a) FULL NAME **Frank Mallard Mullinix**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or \_\_\_\_\_  
4. Sex **Male** race **White** 6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **Oct. 13th 1876**

8. AGE	Years	Months	Days	If less than 1 day
	<b>71</b>	<b>6</b>	<b>22</b>	hrs. min.

9. Exact Occupation **Stockman. Cattle** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Retired** Date last worked \_\_\_\_\_

11. Birthplace **Paradise Valley Nevada** (City or town) (State or foreign country)

12. Name **Thomas Mullinix**

13. Birthplace **Tenn:** (City or town) (State or foreign country)

14. Maiden name **Hattie Prock** (City or town) (State or foreign country)

15. Birthplace **Tenn** (City or town) (State or foreign country)

16. Informant's OWN Signature **Charles Z. Mullinix**

and Address **1311 State St. Boise Idaho**

17. (a) **Burial** (b) Date thereof **5/8/1948** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Morris Hill Cemetery**

18. Funeral Director's OWN Signature **Schreiber McLean**

and Address **Boise**

19. (a) **5-7-48** (b) **J. J. Sharp** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **5/5** 19**48**  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from **7/4** 19**47** to **5/5/48** 19**48**  
I last saw him alive on **5/5/48** 19**48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary occlusion** Duration **Immediate**  
Due to **Arteriosclerosis** ?

Due to \_\_\_\_\_  
Other conditions **Fracture 7th dorsal vertebra and Paralysis agitans**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **X** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **5-1-48** 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home **X** Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **Fall**

23. Attendant's OWN Signature **J. J. Sharp** (M. D. or other)

and Address **Boise, Idaho** Date **5/6** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 15 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1603  
Local Reg. No. 85  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 309. Jackson.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution. Other place   
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 3. years 8. months 14. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho. (b) County Ada  
(c) City or town Boise.  
(d) Street Address or R.F.D. No. 309. Jackson.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

JAMES AUGUSTUS MACK.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or White. 6. (a) Single, widowed, married, divorced Single.  
4. Sex Male. race White. 6. (b) Name of husband or wife   
6. (c) Age of husband or wife if alive  years

7. Date of Birth (Month, Day, Year) August. 22. 1944.

8. AGE	Years	Months	Days	If less than 1 day
	<u>3.</u>	<u>8.</u>	<u>14.</u>	hrs. min.

9. Exact Occupation None. Did this work for  yrs.  
10. Industry or Business  Date last worked

11. Birthplace Boise, Idaho.  
(City or town) (State or foreign country)

12. Name Peter Augustus Mack.

13. Birthplace Springfield, Illinois.  
(City or town) (State or foreign country)

14. Maiden name Ruth Lucille Ellis.

15. Birthplace Kuna, Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ruth Lucille Bailey  
and Address 309 Jackson St. Boise Idaho

17. (a) Burial. (b) Date thereof May. 8. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Clayde E. Summers  
and Address Boise, Idaho.

19. (a) 5-8-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May. 6. 1948.  
at 7.15. o'clock P. M.  
21. I HEREBY CERTIFY, That I attest deceased from May. 6. 1948.

I last saw h.  alive on  19 ;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental Drown in Irrigation Canal. Duration

Due to

Due to

Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide?  Homicide?

Occurred May. 6. 1948. 19  City, county, state

where violence occurred at residence near

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury  Coroner of

23. Attendant's OWN Signature Clayde E. Summers Ada County.   
(M. D. or other)

and Address Boise, Idaho. Date May. 8. 1948.

(For additional space, use reverse side)

620



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 15 1948 **Certificate Of Death**

STATE OF IDAHO

State File No. **1604**  
Local Reg. No. **81**  
Reg. Dist. No. **371**

**1. PLACE OF DEATH:**

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 2500 Broadway  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county 15 years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2500 Broadway  
(e) Deceased lived Inside? X Outside?... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?... years  
(h) Former residence (city, state) Utah

**3. (a) FULL NAME MELVIN LYMAN CONDIE**

3. (b) If veteran, name war... No. 519-24-8147  
5. Color or race White  
4. Sex Male race White  
6. (b) Name of husband or wife Irma  
6. (c) Age of husband or wife if alive 30 years  
7. Date of Birth (Month, Day, Year) May 20, 1905

8. AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>11</u>	<u>16</u>	hrs min.

9. Exact Occupation Truck Driver Did this work for... yrs.  
10. Industry or Business Date last worked  
11. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

12. Name J. W. Condie  
13. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)  
14. Maiden name Rilla Pendleton  
15. Birthplace Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Irma Condie  
and Address 2500 Broadway

17. (a) Burial (b) Date thereof 5/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cloverdale, Boise, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address 419 North Ninth St., Boise, Ida.

19. (a) 5-7-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) May 6, 1948  
at 4:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from on May 6, 1948, to 19.  
I last saw h... alive on 19; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Cerebral Thrombosis

Duration Immediate

- Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted?  
Name of operation... Date...  
Major finding...  
Finding of autopsy...  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred... 19... City, county, state where violence occurred

- Place of Violence: Home Farm Industry  
Public Place... While at work?  
Means of injury

23. Attendant's OWN Signature Raymond M.D.  
and Address Boise (M. D. or other) Date May 7, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 19 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1605  
Local Reg. No. 119  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. \_\_\_\_\_ Hospital X Institution. \_\_\_\_\_ Other place  
(f) Name Hosp. or Inst. St. Alphonsus, 90 days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. R.D. # 3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Colorado

## 3. (a) FULL NAME

MARY REDDING.

3. (b) If veteran, name war No

3. (c) Social Security No. None

5. Color or  
4. Sex Female, race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) March, 20, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>1</u>	<u>16</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boulder, Colorado  
(City or town) (State or foreign country)

12. Name Frank J. Virgil

13. Birthplace Michigan  
(City or town) (State or foreign country)

14. Maiden name Ins. C. Froyd

15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. M. Baker  
and Address Boise P. 2

17. (a) Burial (b) Date thereof May 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Clayton E. Summers  
and Address Boise, Idaho

19. (a) 5-11-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May, 6, 1948  
at 11.30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1947 to 5/6/48  
I last saw him alive on 5/6/48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Ovarian Carcinoma Duration more than 1 yr.  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature H. E. Redding  
and Address Boise, Idaho Date 5/7/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

MAY 15 1948

STATE OF IDAHO

State File No. 1606  
Local Reg. No. 114  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 14 days  
(g) Lived in this county \_\_\_\_\_ years 4 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Kamiah  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 66 years  
(h) Former residence (city, state) \_\_\_\_\_ X

## 3. (a) FULL NAME

Ida Burns Bethmann

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or White  
4. Sex Female

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth February 5, 1882  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>66.</u>	<u>3.</u>	<u>1.</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Lewiston, Idaho  
(City or town) (State or foreign country)

12. Name John Nelson Burns

13. Birthplace Prince Edward Island  
(City or town) (State or foreign country)

14. Maiden name Catherine Kirk

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Frieda B. Jeffries  
and Address 415 Johnson St. Boise, Idaho

17. (a) Remove (b) Date thereof May 6, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kamiah, Idaho  
18. Funeral Director's Summers Funeral Home

OWN Signature Clyde E. Summers  
and Address Boise, Idaho

19. (a) 5-7-48 (b) N. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) May 6, 1948  
at 3.45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 48 to May 6 48  
I last saw her alive on May 5 1948  
Death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Multiple sclerosis 6 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? X  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendants OWN Signature Edward H. Chaloupka  
(M. D. or other)

and Address Boise, Idaho Date May 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1607**  
Local Reg. No. **181**  
Reg. Dist. No. **272**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place....  
(f) Name Hosp. or Inst. **St. Lukes** Stayed **8** days  
(g) Lived in this county..... years ..... months **8** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Elmore**  
(c) City or town **Glenn Ferry**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **Glenn Ferry Ida.**

## 3. (a) FULL NAME **EDWARD CYRUS COOK**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **518-24-7697**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Kate May** 6. (c) Age of husband or wife if alive **67** years  
7. Date of Birth (Month, Day, Year) **September 8, 1879**

8. AGE	Years	Months	Days	If less than 1 day
	<b>68</b>	<b>7</b>	<b>28</b>	hrs min.

9. Exact Occupation **Foreman** Did this work for **2** yrs.  
10. Industry or Business **Idaho-highway Dept** Date last worked **4/24/48**  
11. Birthplace **Nodaway Co. Missouri**  
(City or town) (State or foreign country)

- Mother Father  
12. Name **Unknown**  
13. Birthplace **Unknown**  
(City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Kate May Cook**  
and Address **Glenn Ferry Idaho**

17. (a) **Burial** (b) Date thereof **May 10, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Glennrest Cemetery**

18. Funeral Director's OWN Signature **Elmer J. Cook**  
and Address **Mountain Home Idaho**

19. (a) **5-14-48** (b) **H. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **5-6** 19 **48**  
at **3:40** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **4-29** 19 **48**, to **5-6** 19 **48**  
I last saw him alive on **5-6** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Thromboses** Duration **13 days**

Due to **Unknown**

Due to **Unknown**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**

Name of operation **Knee** Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **Elmer J. Cook** (M. D. or other) and Address **Glenn Ferry Idaho** Date **5-14-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 19 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1608  
Local Reg. No. 126  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 5 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 21 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boise  
(c) City or town Horseshoe Bend  
(d) Street Address or R.F.D. No. D.R.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 72 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Leonard Dobson

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Minnie F. Dobson  
6. (c) Age of husband or wife if alive 60 years

7. Date of Birth (Month, Day, Year) June 28 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>10</u>	<u>10</u>	hrs. min.

9. Exact Occupation Livestock Grower Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Dixie, Idaho (City or town) (State or foreign country)

12. Name William Dobson (City or town) (State or foreign country)  
13. Birthplace Missouri (City or town) (State or foreign country)  
14. Maiden name Eliza A. Painter  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Leonard Dobson and Address Horseshoe Bend, Ada

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1948 (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Clyde B. Shuppers and Address Boise, Idaho

19. (a) 5-11-48 (Date received and filed) (b) N. Sharp (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 8 1948  
at 1:45 o'clock 4 M.

21. I HEREBY CERTIFY, That I attended deceased from May 11 1948 to May 8 1948  
I last saw him alive on May 8 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary of Lix Duration 1 year  
Due to Coronary Artery Obstruction 3yr.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature O. J. Sumrell M.D. (M. D. or other)  
and Address Boise, Idaho Date 5-10 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 19 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. **1609**  
Local Reg. No. **177**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 403 Franklin  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 17 years 17 months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 403 Franklin  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME NIOMA E. BAINES

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced divorced  
4. Sex F 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) February 18, 1894

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>2</u>	<u>21</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Peoria, Illinois  
(City or town) (State or foreign country)

12. Name Borden  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace II  
(City or town) (State or foreign country)

16. Informant's OWN Signature Jessie A. Borden  
and Address 403 Franklin, Boise, Idaho

17. (a) Burial (b) Date thereof 5/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grove Dale, Boise, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address 419 No. 9th, Boise, Idaho

19. (a) 5-11-48 (b) T. H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 9 1948  
at 3:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 7 1948, to May 9 1948  
I last saw her alive on May 8 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 2 days

Due to hypertension

Due to \_\_\_\_\_  
Other conditions Pulmonary edema  
(Include pregnancy within 3 months of death)

Where was disease contracted? Boise Idaho  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature T. H. Bratney M.D.  
and Address Boise Idaho (M. D. or other) Date May 10 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Thomas  
Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

MAY 19 1948

STATE OF IDAHO

1948 1610  
State File No. 178  
Local Reg. No. 370  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 708 Beacon St  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Jack Edwin Anderson

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 4. Sex Male Color or race White

## 5. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) May 5th. 1948

## 8. AGE

Years

Months

Days/

1 ✓ If less than 1 day hrs. min.

## 9. Exact Occupation

None

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

Boise

Idaho

(City or town)

(State or foreign country)

## 12. Name Joseph E. Anderson

## 13. Birthplace Hamilton Texas

(City or town)

(State or foreign country)

## 14. Maiden name Ruth Byers

## 15. Birthplace Boise

Idaho

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Joseph E. Anderson

and Address 708 Beacon St. Boise Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 5/10/1948

(Month) (Day) (Year)

(c) Place Morris Hill Cemetery

## 18. Funeral Director's

OWN Signature Schreiber

and Address Boise

## 19. (a) 5-11-48

(Date received and filed)

(b)

H. Sharp  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 5-9-1948

at 5:00 o'clock 11 M.

## 21. I HEREBY CERTIFY, That I attended deceased from

5-8-1948 to 5-9-1948

I last saw him alive on 5-8-48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

prematurity

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature For an Thomas

(M. D. or other)

and Address Meridian Idaho Date 5/11/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Bureau of Investigation  
United States Department of Health Service  
National Office of Statistics

MAY 19 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 1611

Local Reg. No. 180

Reg. Dist. No. 370

1. PLACE OF DEATH:
- (a) County Ada
- (b) City or town Boise
- (c) Street Address or R.F.D. No. Route # 2
- (d) Death Occurred Inside? ☒ Outside? ☐ city or town
- (e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place
- (f) Name Hosp. or Inst. St. Lukes Stayed        days
- (g) Lived in this county        years 2 months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada
- (c) City or town Boise
- (d) Street Address or R.F.D. No. Route #2
- (e) Deceased lived Inside? ☐ Outside? ☒ city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 2 months years
- (h) Former residence (city, state) Santa Monica, Cal

3. (a) FULL NAME RUTH J. ALEXANDER VORKINK

163 G

3. (b) If veteran, name war World War # 2
5. Color or race White
4. Sex Female
6. (b) Name of husband or wife Harry J.
7. Date of Birth (Month, Day, Year) June 24, 1910
3. (c) Social Security No.
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 41 years

8. AGE	Years	Months	Days	If less than 1 day
	<u>37</u>	<u>10</u>	<u>16</u>	hrs. min.

9. Exact Occupation Nurse Did this work for        yrs.
10. Industry or Business        Date last worked 5/30/48
11. Birthplace Convoy, Ohio (City or town) (State or foreign country)

12. Name Isaac F. Alexander
13. Birthplace Ohio (City or town) (State or foreign country)
14. Maiden name Mary E. Foster
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Geo. Jernstedt
- and Address 1205 Bannock Boise Idaho

17. (a) Removal (b) Date thereof 5/12/48
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Ingelwood, California

18. Funeral Director's OWN Signature Geo. Jernstedt
- and Address 1205 Bannock Boise Idaho

19. (a) 5-12-48 (b) D. Sharp
- (Date received and filed) (Registrar's signature)

- MEDICAL CERTIFICATE OF DEATH
20. DATE OF DEATH (Month, Day, Year) May 10, 1948
- at Five o'clock P.M.
21. I HEREBY CERTIFY, That I attended deceased from        19        to        19

I last saw h.        alive on        19        death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Poison Duration       

Due to Self administered

Due to       

Other conditions        (Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☒ Homicide? ☐

Occurred May 10, 1948 19        City, county, state

where violence occurred at home

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury        acting

23. Attendant's OWN Signature Rw Adams Coroner

and Address Boise, Idaho (M. D. or other)

Date 5/10/1948

(For additional space, use reverse side)

000



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1612**  
Local Reg. No. **1**  
Reg. Dist. No. **2**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **St. Lukes** Stayed **5 Mo.** days  
(g) Lived in this county... years **5** months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Washington**  
(c) City or town **Weiser**  
(d) Street Address or R.F.D. No. **904 W. 1st**  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **38** years  
(h) Former residence (city, state) **Rodgersville, Tenn.**

## 3. (a) FULL NAME **Albert Smith Linkous**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** 6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive **37** years  
7. Date of Birth (Month, Day, Year) **January 10 1904**

8. AGE	Years	Months	Days	If less than 1 day
	<b>44</b>	<b>4</b>	<b>1</b>	hrs min.

9. Exact Occupation **Stockman** Did this work for **Life** yrs.  
10. Industry or Business **Sheep** Date last worked **June 1947**  
11. Birthplace **Rodgersville, Hawkins Co. Tennessee**  
(City or town) (State or foreign country)

12. Name **Barnes B. Linkous**  
13. Birthplace **Rogersville, Tennessee**  
(City or town) (State or foreign country)  
14. Maiden name **Maggie Still**  
15. Birthplace **Rodgersville, Tennessee**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Albert S. Linkous**  
and Address **Weiser, Idaho.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **5/11/48**  
(Month) (Day) (Year)  
(c) Place: **Weiser, Idaho**

18. Funeral Director's OWN Signature **A. Jones**  
and Address **Northam Jones, Weiser, Idaho.**

19. (a) **5-15-48** (Date received and filed) (b) **[Signature]** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **May 11 1948**  
at **9:35** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **1945** to **May 1948**  
I last saw him alive on **5-11** 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Lymphosarcoma** 4 yrs.  
Due to **Retropertoneal**

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **[Signature]** (M. D. or other)  
and Address **Boise, Idaho** Date **5-14-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 28 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1613**  
Local Reg. No. **96**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1712 Jessie  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed 6 days  
(g) Lived in this county 20 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1712 Jessie  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Buhl, Idaho

## 3. (a) FULL NAME

BAYLUS G. HOUK

## 3. (b) If veteran, name war

3. (c) Social Security No. None

5. Color or race White

4. Sex Male

6. (b) Name of husband or wife Maude

6. (a) Single, widowed, married, divorced Widowed

6. (c) Age of husband or wife if alive 48 years

7. Date of Birth (Month, Day, Year) March 29, 1873

8. AGE	Years	Months	Days	If less than 1 day
<u>75</u>	<u>75</u>	<u>1</u>	<u>12</u>	hrs. min.

9. Exact Occupation Salesman Did this work for 0 yrs.

10. Industry or Business Retired Date last worked

11. Birthplace Pittsburg, Kansas (City or town) (State or foreign country)

12. Name James H. Houk

13. Birthplace Kentucky (City or town) (State or foreign country)

14. Maiden name Ester F. Hall

15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Arthur G. Benk

and Address 1602 Jessie Boise Idaho

17. (a) Burial (b) Date thereof May 14, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Summers Funeral Home

and Address 1205 Bannock Boise, Idaho

19. (a) 5-17-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 11, 1948  
at 6:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 9 to May 11 1948

I last saw him alive on May 11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 1 day

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Clarence J. Sarnoff

(M. D. or other)

and Address 714 May Boise Date 14 May 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 23 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1614**  
Local Reg. No. **186**  
Reg. Dist. No. **57**

1. PLACE OF DEATH:  
(a) County. **Ada**  
(b) City or town. **Boise**  
(c) Street Address or R.F.D. No. **1205 Leadville St**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. ☒ Hospital. \_\_\_\_\_ Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **23** years \_\_\_\_\_ months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. **Idaho** (b) County. **Ada**  
(c) City or town. **Boise**  
(d) Street Address or R.F.D. No. **1205 Leadville**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **74** years  
(h) Former residence (city, state) **None**

3. (a) FULL NAME **James Lauritz Edlefsen Sr.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex. **Male** race **White** 6. (b) Name of husband or wife **Lettie**  
6. (c) Age of husband or wife if alive **76** years

7. Date of Birth (Month, Day, Year) **July 19th, 1874**  
8. AGE  

Years	Months	Days	If less than 1 day
<b>73</b>	<b>9</b>	<b>22</b>	hrs. min.

9. Exact Occupation **Salesman** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Insurance** Date last worked \_\_\_\_\_  
11. Birthplace **Ovid Idaho** (City or town) (State or foreign country)

12. Name **Nels C. Edlefsen**  
13. Birthplace **Denmark** (City or town) (State or foreign country)  
14. Maiden name **Marin Madsen** (City or town) (State or foreign country)  
15. Birthplace **Denmark** (City or town) (State or foreign country)

16. Informant's OWN Signature **J. Edlefsen**  
and Address **1205 Leadville**

17. (a) **Interment** (b) Date thereof **5/13/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Mausoleum. Morris Hill Cemetery**

18. Funeral Director's OWN Signature **Schreiber**  
and Address **Boise**

19. (a) **5-17-48** (b) **J. Sharp**  
(Date received and filed) (Registrar's signature)

20. DATE OF DEATH  
(Month, Day, Year) **5-11-48** 19\_\_\_\_  
at **6** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **1946** 19\_\_\_\_ to **5-11-48** 19\_\_\_\_  
I last saw him alive on **3-5-48** 19\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
**Hypostatic pneumonia** Duration **24 hrs.**  
Due to **chronic glomerular nephritis** **3 yrs.**  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **W. S. Springer**  
and Address **Boise** Date **5-17** 19\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 28 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1615  
Local Reg. No. 94  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 3813 Rose Hill  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 25 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 3813 Rose Hill  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

HENRY RICHARD MC CARTER

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

none

## 5. Color or race

Male White

## 6. (a) Single, widowed, married, divorced

Married

## 6. (b) Name of husband or wife

Sylvia

## 6. (c) Age of husband or wife if alive

46 years

## 7. Date of Birth (Month, Day, Year)

April 9, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>1</u>	<u>5</u>	hrs. min.

## 9. Exact Occupation

Owner

## Did this work for yrs.

## 10. Industry or Business

Rose Hill Grocery

## Days last worked

## 11. Birthplace

Corral, Idaho

(City or town) (State or foreign country)

## 12. Name

H.F. Mc Carter

## 13. Birthplace

Virginia

(City or town) (State or foreign country)

## 14. Maiden name

Mary Jane Center

## 15. Birthplace

Virginia

(City or town) (State or foreign country)

## 16. Informant's OWN Signature

X Jack O. Ball

## and Address

515 Rossmore Ave.

## 17. (a) Burial (b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

## (c) Place

Morris Hill Cemetery

## 18. Funeral Director's OWN Signature

Summers Funeral Home

## and Address

1205 Bannock Boise Idaho

## 19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 13, 1948

at 8:15 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

4-3-1944 to 5-13-1948

I last saw him alive on 1-2-1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Coronary Occlusion

## Duration

1 hour

Due to Coronary Occlusion

unknown

Due to       

Other conditions       

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation        Date       

Major finding       

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

## 23. Attendant's OWN Signature

O.L. Swindell M.D.

and Address Boise Idaho Date 5-17 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

MAY 23 1948

STATE OF IDAHO

State File No. 1646  
Local Reg. No. 187  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

(a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. 118 W. Jefferson  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 25 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 118 W. Jefferson  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Spain

3. (a) FULL NAME Victor M. Gabica

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Arana Spain 6. (c) Age of husband or wife if alive 29 years

7. Date of Birth (Month, Day, Year) April 14th. 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>( )</u>	<u>29</u>	hrs. min.

9. Exact Occupation Merchant. Retired Did this work for        yrs.

10. Industry or Business Arana Spain Date last worked       

11. Birthplace Arana Spain (City or town) (State or foreign country)

12. Name Jose Manuel Gabica

13. Birthplace Spain (City or town) (State or foreign country)

14. Maiden name Spain (City or town) (State or foreign country)

16. Informant's OWN Signature Benedicta Abarrate  
and Address 118 W. Jefferson Boise Idaho

17. (a) Burial (b) Date thereof 5/17/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schuyler McLean  
and Address Boise

19. (a) 5-17-48 (b) J. J. McLean  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 13 1948  
(Month, Day, Year) at        o'clock        M.

21. I HEREBY CERTIFY, That I attended deceased from May 13 1948 to May 13 1948.  
I last saw him alive on May 13 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary disease Duration 1 1/2 yrs

Due to Arteriosclerosis

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature W. J. Seelach MD.  
(M.D. or other) Boise Date 5/15 1948  
and Address       

(For additional space, use reverse side)

094A

097X

1948

May 13

1948

1 1/2 yrs

Arteriosclerosis

Coronary disease

May 13

May 13

Boise

Boise

Boise

Boise

Boise

Boise

Boise

Boise

Boise

Boise

Boise

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 28 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. **1617**  
Local Reg. No. **184**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 8 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1322 1/2 State \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) New Meadows, Idaho

## 3. (a) FULL NAME

RUTH E. CLARK

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

None

5. Color or  
4. Sex Female race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Fred M. Clark

6. (c) Age of husband or wife if  
alive 53 years

7. Date of Birth Feb. 26, 1899  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>2</u>	<u>17</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business at home Date last worked \_\_\_\_\_

11. Birthplace Chicago, Illinois  
(City or town) (State or foreign country)

12. Name Otto Ble ise

13. Birthplace Illinois  
(City or town) (State or foreign country)

14. Maiden name Bonnie E. Lyman

15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Fred M. Clark

and Address 1322 1/2 State Boise, Idaho

17. (a) Burial (b) Date thereof 5/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place New Meadows, Idaho

18. Funeral Director's Summers Funeral Home  
OWN Signature Joe Summers

and Address 1205 Barnock Boise, Idaho

19. (a) 5-17-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 13, 1948  
(Month, Day, Year) at 5:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
Sept. 1946 to May 1948

I last saw her alive on 5-13 1948;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cancer of Breast Duration 2 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Bois Idaho (M. D. or other) \_\_\_\_\_  
and Address Bois Idaho Date 5-15 1948  
(For additional space, use reverse side)

050X

204

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 28 1948

# Certificate of Death

STATE OF IDAHO

1948 1618  
State File No. \_\_\_\_\_  
Local Reg. No. 185  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1516 Division  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Baby Mc Guire

## 3. (b) If veteran, name war

3. (c) Social Security No. none

5. Color or

4. Sex Female race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth

(Month, Day, Year)

May 13, 1948

8. AGE

Years

Months

Days

If less than 1 day

1

hrs.

min.

9. Exact

Occupation

Did this

work for

\_\_\_\_\_ yrs.

10. Industry or  
Business

Date last  
worked

11. Birthplace Boise, Idaho

(City or town)

(State or foreign country)

12. Name Grant W. Mc Guire

13. Birthplace Colorado

(City or town)

(State or foreign country)

14. Maiden name Loretta Welsh

15. Birthplace So. Dakota

(City or town)

(State or foreign country)

16. Informant's

OWN Signature Mrs W.R. Welsh

and Address 1516 Division

17. (a) Burial

(b) Date thereof 5/15/48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's Summers Funeral Home

OWN Signature His Serenady

and Address 1205 Bannock Boise, Idaho

19. (a) 5-17-48

(b) H. Sharp

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) May 14, 1948  
at 2:45 o'clock A.M.

### 21. I HEREBY CERTIFY, That I attended deceased from

May 13, 1948 to May 14, 1948  
I last saw her alive on May 14, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Prematurity

Duration  
1 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Rectal diaphragm  
(Include pregnancy within 3 months of death)

1 day

Where was disease contracted? \_\_\_\_\_

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy As above

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

### 23. Attendant's

OWN Signature Frank R Fletcher MD

(M. D. or other)

and Address 103 W. Idaho St Date 5-14, 1948

BOISE (For additional space, use reverse side)

1948  
State File No. **1619**  
Local Reg. No. **183**  
Reg. Dist. No. **370**

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAY 28 1948

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St Luke's Hospital  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution ..... Other place .....  
(f) Name Hosp. or Inst. St Luke's Stayed 8 days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Camas  
(c) City or town Fairfield  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 63 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME HELEN M. HOUSMAN

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) December 8, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>5</u>	<u>7</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Keokuk, Iowa (City or town) (State or foreign country)

12. Name David C. Dougherty  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Mary Mackley  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Barbara Pringle  
and Address 2023 W. Augusta, Spokane, Wn.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/15/48 (Month) (Day) (Year)  
(c) Place: Gooding, Idaho

18. Funeral Director's OWN Signature McBramley Fowler Chapel  
and Address 419 No. 9th, Boise, Idaho

19. (a) 5/15/48 (Date received and filed) (b) H. Sharp (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 15 1948  
at 8:15 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 1947 to May 15, 1948

I last saw her alive on 5-15-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Cancer of Breast 5 yrs.

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Dr. J. P. ...

(M. D. or other)

and Address Boise, Idaho Date 5-15-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.



# Certificate Of Death

STATE OF IDAHO

State File No. **1620**  
Local Reg. No. **188**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St. Alphonsus  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. Alphonsus Stayed days  
(g) Lived in this county 3 years 8 months 18 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 3005 No. 30th  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state)

3. (a) FULL NAME LINDA ANN RUBY

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex F 5. Color W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) September 1, 1944

8. AGE	Years	Months	Days	If less than 1 day
	<u>3</u>	<u>8</u>	<u>18</u>	hrs min.

9. Exact Occupation No Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Boise, Idaho  
(City or town) (State or foreign country)

12. Name James E. Ruby

13. Birthplace Soda Springs, Idaho  
(City or town) (State or foreign country)

14. Maiden name Betty Hoyt

15. Birthplace Big Timber, Montana  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address 3005 No. 30th, Boise, Idaho

17. (a) Burial (b) Date thereof 5/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Cloverdale, Boise, Idaho

18. Funeral Director's McBratney-Fowler Chapel  
OWN Signature

and Address 419 No. 9th, Boise, Idaho

19. (a) 5-19-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 19 1948  
at 1:55 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 2 1948, to May 19 1948.  
I last saw h. & v. alive on May 18 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Malignant lymphoma Duration 5+ mo

Due to

Due to

Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Biopsy lymph node May 11, 48

Major finding Malignant lymphoma

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Harvey S. Smith (M. D. or other)

and Address Boise, Idaho Date May 19 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

MAY 28 1948

1948  
State File No. 1621  
Local Reg. No. 129  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 2133. Leadville.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 3 years 6 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2133. Leadville.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Ohio.

3. (a) FULL NAME JESSIE. A. CAMPBELL.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or race White. 6. (a) Single, widowed, married, divorced Married.  
4. Sex Female. 6. (b) Name of husband or wife Harry. F. Campbell. 6. (c) Age of husband or wife if alive 73. years

7. Date of Birth (Month, Day, Year) August. 1. 1879.

8. AGE	Years	Months	Days	If less than 1 day
	<u>68.</u>	<u>9.</u>	<u>18.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Lebanon, Ohio.  
(City or town) (State or foreign country)

12. Name Nicholas Irons.

13. Birthplace Ohio.  
(City or town) (State or foreign country)

14. Maiden name Sarah Dunham.

15. Birthplace Ohio.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Harry F Campbell  
and Address 2133 Leadville Ave

17. (a) Burial. (b) Date thereof May 22, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Gooding, Idaho.  
18. Funeral Director's OWN Signature Summers Funeral Home  
and Address Boise, Idaho.

19. (a) 5-21-48 (b) H. Share  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May. 19. 19 48  
at 8.30. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 3/2 19 48 to 5/19 19 48  
I last saw h. alive on 5/18 19 48;  
death is said to have occurred on the date and stated above.

## Immediate Cause of Death:

Primary Thrombosis 5/19/48  
Due to arteriosclerosis 5 years  
Coronary arteries

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Summers (M. D. or other) 5/20 19 48  
and Address 2052 10th St Date \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 4 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 1622  
Local Reg. No. 194  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 125 days  
(g) Lived in this county 14 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Star  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) Oklahoma

## 3. (a) FULL NAME

Lala Wilda Ross

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female Color or White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eldon E. Ross

6. (c) Age of husband or wife if alive 28 years

7. Date of Birth (Month, Day, Year) January 22, 1921

8. AGE	Years	Months	Days	If less than 1 day
	<u>27</u>	<u>3</u>	<u>27</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Salina, Kansas  
(City or town) (State or foreign country)

12. Name Raymond E. Miller  
(City or town) (State or foreign country)

13. Birthplace Frankford, Kansas  
(City or town) (State or foreign country)

14. Maiden name Myrtle Cushing  
(City or town) (State or foreign country)

15. Birthplace Lincoln, Arkansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Eldon Ross  
and Address Star, Idaho

17. (a) Burial (b) Date thereof May 22, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park  
Summers Funeral Home

18. Funeral Director's OWN Signature Clyde E. Summers  
and Address Boise, Idaho

19. (a) 5-25-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 19, 1948  
at 8 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1-15 1948 to 5-19 1948

I last saw her alive on 5-19 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cocci of bacilli leukemia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 7. pneumonia  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. J. M. Thomas  
(M. D. or other)  
and Address Med. Dir. Date 5-23 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 4 1948

# Certificate of Death

STATE OF IDAHO

1948 1623  
State File No. \_\_\_\_\_  
Local Reg. No. 193  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Campus Apt# 24  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 26 Hrs years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Miles Dustin Farnham

## 3. (b) If veteran, name war

No.

## 3. (c) Social Security No.

None

5. Color or \_\_\_\_\_  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May. 18. 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	hrs. <u>2</u> min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise, Idaho (City or town) (State or foreign country)

12. Name Daniel Everett Farnham (City or town) (State or foreign country)

13. Birthplace Boise, Idaho (City or town) (State or foreign country)

14. Maiden name Cherry Jean Weitzel

15. Birthplace San Diego, Calif. (City or town) (State or foreign country)

16. Informant's OWN Signature Daniel Everett Farnham  
and Address Campus Apts No 24 Boise

17. (a) Burial (b) Date thereof May. 21. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Star, Idaho

18. Funeral Director's OWN Signature Charles E. Summers  
and Address Boise, Idaho

19. (a) 5-25-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May. 19. 1948  
at 8 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 5-18-48 to 5-19-48 19 \_\_\_\_\_

I last saw h. live alive on 5-19-48 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Premature baby 7 months  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. D. Springer  
(M. D. or other)

and Address 5-22-48 Days \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 4 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1624  
Local Reg. No. 199  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus Stayed \_\_\_\_\_ days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. Rt. 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Wyoming

3. (a) FULL NAME Henry P. Lingenfelter

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Sept 6th 1853

8. AGE	Years	Months	Days	If less than 1 day
	<u>94</u>	<u>8</u>	<u>14</u>	hrs. min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Knox Co. Missouri (City or town) (State or foreign country)

12. Name Madison Lingenfelter

13. Birthplace Indiana (City or town) (State or foreign country)

14. Maiden name Mary Hanes (City or town) (State or foreign country)

15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Mary L. Davenport

and Address Meridian Idaho, Rt. 2:

17. (a) Burial (b) Date thereof 5-24-48 (Month) (Day) (Year)

(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreiber McCaus

and Address Boise

19. (a) 5-27-48 (b) H. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 5-20 19 48  
at 11:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 5-9 19 48, to 5-20 19 48.

I last saw him alive on 5-20 19 48.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Sepsis Duration \_\_\_\_\_

following fracture of leg.

Due to \_\_\_\_\_

Due to or fracture

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred May 9, 1948 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury patient fell in yard

Attendant's OWN Signature as on Thomas (M. D. or other) \_\_\_\_\_

and Address Meridian Date 5-26 19 48

(For additional space, use reverse side)

# Certificate Of Death

United States  
Department of Commerce  
Bureau of the Census

MAY 28 1948

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 27th & Fairview  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 16 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 8  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME FRANK E. PURDY

3. (b) If veteran, name war WWI  
3. (c) Social Security No. 519-12-3764  
4. Sex M race W  
5. Color or divorced Married  
6. (b) Name of husband or wife Ruby  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 25, 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>6</u>	<u>25</u>	hrs min.

9. Exact Occupation Bartender Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Centralia  
(City or town) (State or foreign country)

12. Name Fredrick Purdy  
13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Jessie  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Ruby Purdy  
and Address Route 8, Boise, Idaho

17. (a) Burial (b) Date thereof 5/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill, Boise, Idaho

18. Funeral Director's McBratney-Fowler Chapel  
OWN Signature 419 No. 9th, Boise, Idaho  
and Address Boise, Idaho

19. (a) 5-31-48 (b) D. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 20 19 48  
at 6 o'clock P M. on 20

21. I HEREBY CERTIFY, That I attended deceased from May 1948 - death on arrival 19 48  
I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion

## Duration

Terminal

- Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Max L. Bell, M.D.  
(M. D. or other)  
and Address Boise, Idaho Date May 21, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1626  
Local Reg. No. 195  
Reg. Dist. No. 370

JUN 4 1948

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 821 Jefferson  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 821 Jefferson  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 Years  
(h) Former residence (city, state) Kentucky

## 3. (a) FULL NAME

WALTER SCOTT CHIPMAN

## 3. (b) If veteran, name war No.

3. (c) Social Security No. 518-07-2244

## 4. Sex Male Color or race White

5. (a) Single, widowed, married, divorced Divorced

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

September 5, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>8</u>	<u>16</u>	hrs. min.

## 9. Exact Occupation Retired Telephone Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business Company Employee Date last worked \_\_\_\_\_

## 11. Birthplace Williamstown Kentucky (City or town) (State or foreign country)

## 12. Name William Chipman

## 13. Birthplace Kentucky (City or town) (State or foreign country)

## 14. Maiden name Naoma Lucas

## 15. Birthplace Kentucky (City or town) (State or foreign country)

## 16. Informant's OWN Signature Walter Chipman and Address 821 Jefferson

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1948 (Month) (Day) (Year)

## (c) Place Cloverdale Memorial Park

## 18. Funeral Director's OWN Signature Clyde E. Summers and Address Boise, Idaho

## 19. (a) 5-25-48 (Date received and filed) (b) R. Sharpe (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) May 21 19 48 at Time unknown about 10.30 P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured skull, Fell in elevator shaft at Elks Building. Duration \_\_\_\_\_

Due to Accident.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy X

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred May 21 19 48 City, county, state

where violence occurred Elks Bldg Boise

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place X While at work? \_\_\_\_\_

Means of injury Fractured skull

## 23. Attending Physician Clyde E. Summers Coroner of Ad \_\_\_\_\_

OWN Signature Clyde E. Summers (M. D. or other)

and Address Boise, Idaho Date May 22, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Hamilton  
Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

JUN 4 1948

STATE OF IDAHO

State File No. 1627  
Local Reg. No. 191  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus \_\_\_\_\_ days  
(g) Lived in this county 0 years 0 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1002 Broadway  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Sharon Marie Pyne

3. (b) If veteran, name war No

3. (c) Social Security No. No

5. Color or White  
4. Sex Female

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 21st. 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u> hrs. <u>15</u> min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise Idaho (City or town) (State or foreign country)

12. Name William L. Pyne Jr. (City or town) (State or foreign country)

13. Birthplace Boise Idaho (City or town) (State or foreign country)

14. Maiden name Goldie Hunter (City or town) (State or foreign country)

15. Birthplace Carey Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature William L. Pyne Jr.

and Address 1002 Broadway St. Boise Ida.

17. (a) Burial (b) Date thereof 5/24/1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreiber McLean

and Address Boise, Ida.

19. (a) 5-25-48 (b) \_\_\_\_\_ (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 5-21- 1948  
at 4-30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 5-21-  
3-55 p.m. 1948 to 5-21- (4-30 p.m.) 1948

I last saw her alive on 5-21- 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Breathed during delivery and aspirated

Due to blood in lungs

Breath delivery - failed

Due to instrument delivery

Other conditions used vacuum (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. Hamilton

and Address Boise Idaho Date 5-24 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1628  
Local Reg. No. 1  
Reg. Dist. No. 3

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St. Alphonsus  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. Alphonsus Stayed days  
(g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Eagle  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 1 day xxx  
(h) Former residence (city, state) 161A

## 3. (a) FULL NAME INFANT VENN

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced Single  
4. Sex F 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) May 21, 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	0	1	11 hrs min.

9. Exact Occupation None Did this work for  yrs.  
10. Industry or Business None Date last worked worked  
11. Birthplace Boise, Idaho  
(City or town) (State or foreign country)

12. Name Thomas Venn  
13. Birthplace Jct. Oklahoma  
(City or town) (State or foreign country)  
14. Maiden name Rosalie Luttrell  
15. Birthplace Johnson, Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Thomas Venn  
and Address El, Eagle, Idaho

17. (a) Burial (b) Date thereof 5/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Dry Creek, Eagle, Idaho

18. Funeral Director's McBratney-Fowler Chapel OWN Signature McBratney-Fowler  
and Address 419 No. 9th, Boise, Idaho

19. (a) 5-24-48 (b) 1-1-arp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 5-23-48 19  
at 1:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 5-21-48 19, to 5-22-48 19.

I last saw HER alive on 5-22-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: HYPHYXIA & CARDIAC FAILURE Duration

Due to CONGENITAL HELECTROSS

Due to PASSIVE CONGESTION

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation PHYSICIAN Underline the cause to which death should be charged statistically.

Major finding As Noted

Finding of autopsy As Noted

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature McBratney-Fowler (M. D. or other)

and Address Boise, Idaho Date 5/27/48

(For additional space, use reverse side)

48-4931

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

## Certificate of Death

STATE OF IDAHO

State File No. **1629**  
Local Reg. No. **172**  
Reg. Dist. No. **370**

JUN 4 1948

## 1. PLACE OF DEATH:

- (a) County **Ada**  
 (b) City or town **Boise**  
 (c) Street Address or R.F.D. No. **418 1/2 So. 3rd**  
 (d) Death Occurred Inside? **X** Outside? **city or town**  
 (e) Died in a Home **hospital** **X** Institution **Other place**  
 (f) Name Hosp. or Inst. **St. Alphonsus**  
 (g) Lived in this county **years** **months** **2** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
 (c) City or town **Boise**  
 (d) Street Address or R.F.D. No. **418 1/2 So. 3rd**  
 (e) Deceased lived Inside? **X** Outside? **city or town**  
 (f) Citizen of what country? **U. S. A.**  
 (g) How long had deceased lived in Idaho? **2 days**  
 (h) Former residence (city, state) **None**

3. (a) FULL NAME **David Eugene Reutzel**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**  
 4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **years**

7. Date of Birth (Month, Day, Year) **May 21, 1948**8. AGE Years Months Days / If less than 1 day  
**2** hrs. min.

9. Exact Occupation **None** Did this work for  **yrs.**  
 10. Industry or Business Date last worked

11. Birthplace **Boise, Idaho** (City or town) (State or foreign country)12. Name **Merton Reutzel**13. Birthplace **Elsie, Neb.** (City or town) (State or foreign country)14. Maiden name **Lorlie Peterson**15. Birthplace **Jackson, Idaho** (City or town) (State or foreign country)16. Informant's OWN Signature **Merton Reutzel**  
and Address **418 1/2 So. 3rd**17. (a) **Burial** (b) Date thereof **May 25, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place **Morris Hill Cemetery**18. Funeral Director's OWN Signature **Schreyer McCune**  
and Address **Boise**19. (a) **5-25-48** (b) **H. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **May 23** 19**48**  
(Month, Day, Year) at **5-23** o'clock **M.**21. I HEREBY CERTIFY, That I attended deceased from **5-21-48**  
**5-23** 19**48**.I last saw h.i.m. alive on **5-23** 19**48**.  
death is said to have occurred on the date and hour stated above.Immediate Cause of Death: **Cerebral Edema** Duration **2da**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy **some**PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **M. D. Edmundson**  
(M. D. or other)and Address **Boise Idaho** Date **5-24** 19**48**  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 1 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1630  
Local Reg. No. 200  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus \_\_\_\_\_ days \_\_\_\_\_  
(g) Lived in this county \_\_\_\_\_ years 1 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? 68 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

FRANK T. MERRILL

3. (b) If veteran, name war none

3. (c) Social Security No. None

5. Color or White  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive 66 years

7. Date of Birth (Month, Day, Year) February 1, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>3</u>	<u>23</u>	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Law enforcement office Date last worked \_\_\_\_\_

11. Birthplace Richmond, Utah (City or town) (State or foreign country)

12. Name Orrin J. Merrill

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Elizabeth White

15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Frank B Merrill and Address Preston Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/25/48 (Month) (Day) (Year)

(c) Place Preston, Idaho

18. Funeral Director's OWN Signature Joe J. Jernard and Address 1205 Bannock Boise, Idaho

19. (a) 5-27-48 (Date received and filed) (b) R. Sharp (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 24, 1948 at 2 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 13, 1948 to May 24, 1948

I last saw him alive on May 24, 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Uremia -  
Due to Complete Renal Failure  
of Diabetes  
Other conditions (Include pregnancy within 3 months of death) Post. Operative

Where was disease contracted? Capital  
Name of operation Cholecystectomy  
Major finding Stones  
Finding of autopsy no

Duration  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Robert T. Woke (M. D. or other) Boise and Address Boise Date 5-26-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

JUN 1 1948

STATE OF IDAHO

State File No. 1631  
Local Reg. No. 166  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 300 Coston St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 58 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 300 Coston St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) Wyoming

## 3. (a) FULL NAME

Anna Edna Crane

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

No

## 5. Color or Race

Female, White

## 6. (a) Single, widowed, married, divorced

Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth

(Month, Day, Year)

October 16, 1858

## 8. AGE

Years

Months

Days

If less than 1 day

89

7

8

hrs.

min.

## 9. Exact Occupation

Retired

## Did this work for

\_\_\_\_\_ yrs.

## 10. Industry or Business

## Date last worked

\_\_\_\_\_

## 11. Birthplace

Honnell

New York

(City or town)

(State or foreign country)

## 12. Name

George Crane

## 13. Birthplace

Unknown

(City or town)

(State or foreign country)

## 14. Maiden name

Minerva Coston

## 15. Birthplace

New York

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

Helen Coston  
1708 Warm Springs Ave. Boise

## 17. (a) Cremation

(Burial, cremation, or removal)

## (b) Date thereof

May 26, 1948

(Month) (Day) (Year)

## (c) Place

Portland, Oregon

## 18. Funeral Director's OWN Signature

Behreber McCann  
Boise, Ida.

## 19. (a)

5-26-48

## (b)

J. P. Sharp

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 24 1948  
at 1:40 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

March 15 1948, to May 24 1948.  
I last saw her alive on May 23 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial Insufficiency

## Duration

1 yr

Due to Chronic myocarditis

Due to Heredity

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

Mary Catherine Joffe  
(M. D. or other)

and Address 309 State Boise, Idaho Date May 25 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1632**  
Local Reg. No. **197**  
Reg. Dist. No. **370**

1. PLACE OF DEATH: JUN 4 1948  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St Lukes Hospital  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place city or town  
(f) Name Hosp. or Inst. St Lukes Stayed days  
(g) Lived in this county 7 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 8  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) 170C

3. (a) FULL NAME MILDRED WESTERVELT  
3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jeffery 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) March 27, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>1</u>	<u>28</u>	hrs min.

9. Exact Occupation Housewife Did this work for years  
10. Industry or Business worked Date last worked worked  
11. Birthplace Tilden, Nebraska (City or town) (State or foreign country)  
Mother { 12. Name Timothy N. Terry  
Father { 13. Birthplace Illinois (City or town) (State or foreign country)  
14. Maiden name Amelia McKenzie  
15. Birthplace Illinois (City or town) (State or foreign country)  
16. Informant's OWN Signature Mrs. Chas. B. Nigges  
and Address Route 8, Boise, Idaho  
17. (a) Removal (b) Date thereof 5/27/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Tilden, Nebraska  
18. Funeral Director's McBratney-Fowler Chapel  
OWN Signature Boise, Idaho  
and Address 419 No. 9th, Boise, Idaho  
19. 5-27-48 (a) (Date received and filed) (b) H. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) May 25 19 48  
at 3:20 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from 25 May 1948 to 25 May 1948 19 48  
I last saw her alive on 25 May 1948, death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Traumatic Shock Duration 5 hrs  
Due to multiple fractures  
Due to Auto Accident  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted? Home  
Name of operation Right Amputation Date 25 May  
Major finding Crushed lower leg  
Finding of autopsy —  
PHYSICIAN Underline the cause to which death should be charged statistically.  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? Home Homicide? City, county, state  
Occurred 25 May 1948 where violence occurred  
Place of Violence: Home X Farm Industry Public Place While at work?  
Means of injury Struck by car  
23. Attendant's OWN Signature J. J. Daines MD  
and Address 463 Eastman Bldg Date 26 May 1948  
(For additional side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 4 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1633  
Local Reg. No. 198  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1807 No. 19th.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. X Hospital. \_\_\_\_\_ Institution. \_\_\_\_\_ Other place  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1807. No. 19th.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL

NAME Emil Christ Enebeck.

3. (b) If veteran, name war none

3. (c) Social Security No. 540-05-9837

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lenore Harrison Enebeck

6. (c) Age of husband or wife if alive 56 years

7. Date of Birth (Month, Day, Year) Mar. 4. 1889.

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>2</u>	<u>22</u>	hrs. min.

9. Exact Occupation Supt. J.A. Terteling Did this work for 6 yrs.

10. In Business Sons. Construction Co Date last worked 5/25/48

11. Birthplace Woodville, Wisconsin.  
(City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature James Hallingsworth  
and Address Boise, Ida.

17. (a) Burial (b) Date thereof 5/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Gloverdale Memorial Cem. Boise, Ida.

18. Funeral Director's OWN Signature Schreiber & McEann.  
and Address Boise, Ida.

19. (a) 5-27-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 25 19 48  
(Month, Day, Year) at 11 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 19 47 to May 19 48  
I last saw him alive on MAY 24 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration 6 months

Due to arteriosclerosis 1 yr

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature James Hallingsworth

Boise, Ida. (M. D. or other) 5/26 19 48

and Address \_\_\_\_\_ Date \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 3 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 1634

Local Reg. No. 204

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1114 No. 14 th St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 21 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1114 No. 14th St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) Kentucky

## 3. (a) FULL NAME ANNIE GRACE

3. (b) If veteran, name war

3. (c) Social Security No.

None

5. Color or

4. Sex F race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sam Grace

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) Feb 22, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>3</u>	<u>4</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 55 yrs.

10. Industry or Business Housewife Date last worked 1/15/41

11. Birthplace Muelinburg, Ky. (City or town) (State or foreign country)

12. Name Jerry Langley (City or town) (State or foreign country)

13. Birthplace Unk. Kentucky (City or town) (State or foreign country)

14. Maiden name Unknown (City or town) (State or foreign country)

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature M. J. Langley

and Address 1210 E. Jefferson St.

17. (a) Burial (b) Date thereof 5/28/48 (Month) (Day) (Year)

(c) Place Meridian, Idaho

18. Funeral Director's OWN Signature B. V. Langley

and Address Meridian, Idaho

19. (a) 6-7-48 (b) B. V. Langley (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) 5-26-1948

at 7:30 o'clock A M.

### 21. I HEREBY CERTIFY, That I attended deceased from

5-19-48 to 5-26-1948

I last saw her alive on 5-26-1948

death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary occlusion Sudden

Due to 7 hypertension years

Due to 86 yrs old

Other conditions 86 yrs old

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation None Date None

Major finding None

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 1948 City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury None

### 23. Attendant's OWN Signature

L. V. Hamilton (M. D. or other)

and Address Boise, Idaho Date 5-29-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 8 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 1635  
Local Reg. No. 201  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Rt. 9:  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 59 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME Thomas Elmore Bell

3. (b) Is veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Elsie 6. (c) Age of husband or wife if alive 59 years

7. Date of Birth (Month, Day, Year) Nov. 27th. 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>6</u>	<u>2</u>	hrs. min.

9. Exact Occupation Construction Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Building Date last worked \_\_\_\_\_  
11. Birthplace Emmett Idaho (City or town) (State or foreign country)

12. Name Daniel Bell  
13. Birthplace Penn: (City or town) (State or foreign country)

14. Maiden name Agnes Scanlon  
15. Birthplace Granite Creek Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Pauline Linder  
and Address Rt. 9. Boise Idaho

17. (a) Burial (b) Date thereof 6/2/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreiner McCann  
and Address Boise.

19. (a) 6-9-48 (b) J. J. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 29 1948  
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 7-25- 1947 to 5-29 1948  
I last saw h. in alive on 5-29 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Broncho-Pneumonia Duration 4 day

Due to Amputated lateral  
Superior 1947

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy None

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature O. J. Swinick M.D.  
(M. D. or other)

and Address Boise Idaho Date 6-1 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 8 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 1636  
Local Reg. No. 203  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. 402 Union St.  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. ☒ Hospital. \_\_\_\_\_ Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county. 16 years. \_\_\_\_\_ months. \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 402 Union St  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Calif.

## 3. (a) FULL NAME Louis Dell Johnson

3. (b) If veteran, name war None 3. (c) Social Security No. 519-01-4823  
4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widower  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Oct. 25th. 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>7</u>	<u>25</u>	hrs. min.

9. Exact Occupation Miner Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Put in Bay Ohio (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace " " " (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace " " " (City or town) (State or foreign country)

16. Informant's OWN Signature + Louise E. Leonard

and Address. 803 Lava St Boise

17. (a) Burial (b) Date thereof. 6/2/1948

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreiber

and Address. Boise

19. (a) 6-3-48 (b) M. D. Sharp

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 29 1948  
at 9:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 11 1948 to May 24 1948  
I last saw him alive on May 12 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial: coronary block Duration one year  
Sudden

Due to \_\_\_\_\_  
Due to Coronary occlusion  
Other conditions. Nephritis (Include pregnancy within 3 months of death) one year

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature L. O. Hamilton (M. D. or other)  
and Address. Boise Idaho Date 6-2 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

MAY 15 1948

STATE OF IDAHO

State File No. 1637  
Local Reg. No. 84  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 7 Mules W of Boise  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. R.D. # 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME

EMMA JANTZ.

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No. None.

## 4. Sex Female Race White.

## 5. Color or (a) Single, widowed, married, divorced Married.

## 6. (b) Name of husband or wife Edward Jantz.

## 6. (c) Age of husband or wife if alive 51 years

## 7. Date of Birth (Month, Day, Year) August 22, 1905.

8. AGE	Years	Months	Days	If less than 1 day
	42.	8.	10.	hrs. min.

## 9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business Date last worked

## 11. Birthplace Austria. (City or town) (State or foreign country)

## 12. Name George Reiss. (City or town) (State or foreign country)

## 13. Birthplace Austria. (City or town) (State or foreign country)

## 14. Maiden name Ludwika Hahn. (City or town) (State or foreign country)

## 15. Birthplace Austria. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs. Muriel C. Pilot Rock, Ore.

## 17. (a) Burial. (b) Date thereof May 7, 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Cloverdale Memorial Park.

## 18. Funeral Director's OWN Signature Clyde E. Summers Funeral Home, Boise, Idaho.

## 19. (a) 5-7-48 (b) A. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) May 2, 1948.

## 21. I HEREBY CERTIFY, That I attended deceased from May 2, 1948 saw

## Immediate Cause of Death: Fractured skull. Duration

## Due to Automobile Accident. Headon Collission of Highway 44.

## Due to 7 Miles West of Boise.

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation Date

## Major finding

## Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? X Suicide? Homicide?

## Occurred May 2, 1948 City, county, state

## where violence occurred 7 Miles W of Boise.

## Place of Violence: Home. Farm. Industry.

## Public Place Highway While at work?

## Means of injury

## 23. Attention Clyde E. Summers Coroner of Ada

## OWN Signature (M. D. or other)

## and Address Boise, Idaho Date May 4, 1948.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 13 1948

# Certificate of Death

STATE OF IDAHO

1540  
State File No. 1638  
Local Reg. No. 83  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 7 Miles W of Boise  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. R.D. # 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 Years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

EMMA MARIE JANTZ.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or  
4. Sex Female White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) January. 23. 1933.

8. AGE	Years	Months	Days	If less than 1 day
	<u>15.</u>	<u>3.</u>	<u>9.</u>	hrs. min.

9. Exact Occupation Student. Did this work for  yrs.

10. Industry or Business Boise, Idaho. Date last worked

11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Father { 12. Name Edward Jantz.

13. Birthplace Cholme Polland. (City or town) (State or foreign country)

Mother { 14. Maiden name Emma Reiss.

15. Birthplace Polland. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Eugene Jantz and Address Pilot Rock, Ore.

17. (a) Burial. (b) Date thereof May. 7. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Charles E. Summers and Address Boise, Idaho.

19. (a) 5-7-48 (b) Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May. 2. 19 48.  
at 6.20. o'clock P. M.  
21. I HEREBY CERTIFY, That I affirm deceased from May. 2. 19 48 to May 2. 19 48

## Immediate Cause of Death:

Fractured skull.

Due to Automobile accident.  
Headon Collision, on Highway #44.

Due to Other conditions.  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding.

Finding of autopsy.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide?   Homicide?

Occurred May. 2. 19 48. City, county, state where violence occurred Highway # 44.

Place of Violence: Home   Farm   Industry

Public Place X While at work?

Means of injury

23. Attendant's OWN Signature Charles E. Summers Coroner of Ada County. Boise, Idaho. (M. D. or other) and Address Boise, Idaho. Date May. 4. 19 48. (For additional space, use reverse side)

620

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 15 1948

# Certificate of Death

STATE OF IDAHO

1948 1639  
State File No. 1639  
Local Reg. No. 80  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 7 miles West of Boise  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 16 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 5  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME ARTHUR DONALD TRAUTMAN.

3. (b) If veteran, name war World War 2  
3. (c) Social Security No. 519-16-6003  
5. Color or White  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) September. 10. 1923.

8. AGE	Years	Months	Days	If less than 1 day
	<u>24.</u>	<u>7.</u>	<u>22.</u>	hrs. min.

9. Exact Occupation Construction Worker Did this work for 2 yrs.  
10. Industry or Business Triangle Construction Co. Did this work for 5/1/48  
11. Birthplace Huntington, Oregon. (City or town) (State or foreign country)

12. Name Conrad George Trautman.  
13. Birthplace Chicago, Illinois. (City or town) (State or foreign country)  
14. Maiden name Marjorie Harris.  
15. Birthplace Ashland, Wisconsin. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Marjorie Cof  
and Address R R 2 Boise, Idaho

17. (a) Burial (b) Date thereof May 5, 1948. (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Clay E. Summers  
and Address Boise, Idaho.

19. (a) 5-5-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May. 2. 19 48.  
at 6.20 o'clock P. M.  
21. I HEREBY CERTIFY, That I deceased from May 2. 19 48 to May 2. 19 48

I last saw h. alive on May 2. 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Neck broke and Fractured skull.

Due to Automobile accident of Highway, 7 Miles West of Boise.

Due to Headon Automobile Collision.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation None Date None  
Major finding None  
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? None Homicide? None  
Occurred May 2. 19 48 City, county, state where violence occurred 7 Miles West of Boise.  
Place of Violence: Home None Farm None Industry None  
Public Place Highway While at work? No.

Means of injury Automobile  
23. Attendant's OWN Signature Clay E. Summers Coroner of Ada  
(M. D. or other)

and Address Boise, Idaho. Date May 3. 19 48.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1640**  
Local Reg. No. **82**  
Reg. Dist. No. **371**

MAY 15 1948

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 7 Miles W of Boise  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. R.D. # 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

**HELEN IRENE Jantz:**

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or White  
4. Sex Female

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) April. 16. 1934.

8. AGE	Years	Months	Days	If less than 1 day
	<u>14.</u>	<u>0.</u>	<u>16.</u>	hrs. min.

9. Exact Occupation Student. Did this work for  yrs.

10. Industry or Business worked Date last worked

11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

12. Name Edward Jantz. (City or town) (State or foreign country)

13. Birthplace Cholme Pollard. (City or town) (State or foreign country)

14. Maiden name Erma Reiss. (City or town) (State or foreign country)

15. Birthplace Polland. (City or town) (State or foreign country)

16. Informant's OWN Signature Miss M. Jantz and Address Pilot Rock Ariz.

17. (a) Burial. (b) Date thereof May. 7. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park. (City or town) (State or foreign country)

18. Funeral Director's OWN Signature Clayton E. Summers and Address Boise, Idaho.

19. (a) 5-7-48 (b) A. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) May. 2. 19 48.  
at 6.20. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May. 2. 19 48.

~~death is said to have occurred on the date and hour stated above.~~

### Immediate Cause of Death:

Fractured skull.

### Duration

Due to Automobile accident, Head on Collision.

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Major finding. Date

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide?   Homicide?

Occurred May. 2. 19 48. City, county, state

where violence occurred Highway # 44.

Place of Violence: Home   Farm   Industry

Public Place X While at work?

Means of injury

23. Attended by Clayton E. Summers Coroner of Ada County.

OWN Signature   (M. D. or other) and Address Boise, Idaho. Date May. 4. 19 48.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 13 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1641  
Local Reg. No. 79  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) ~~Street Address~~ or R.F.D. No. I  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 0 years 3 months 17 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) ~~Street Address~~ or R.F.D. No. I  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state)

## 3. (a) FULL

NAME Larry Edward Sobers

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

None

## 5. Color or

Sex M race W

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive years

## 7. Date of Birth

(Month, Day, Year) January 16, 1948

## 8. AGE

Years

Months

Days

If less than 1 day

0

3

16

hrs.

min.

## 9. Exact

Occupation

Did this

work for

yrs.

## 10. Industry or

Business

Date last

worked

## 11. Birthplace

Boise Ida.

(City or town)

(State or foreign country)

## 12. Name

Frank E. Sobers

## 13. Birthplace

Albion, Nebr.

(City or town)

(State or foreign country)

## 14. Maiden name

Marjorie P. Pound

## 15. Birthplace

Tekamah, Nebr.

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

and Address

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

May 4, 1948

## (c) Place

Cloverdale

## 18. Funeral Director's

OWN Signature

and Address

## 19. (a)

5-4-48

## (b)

H. Sharpe

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

May 2,

1948

at 10:45 o'clock

3 A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1-17 to 4-10

1948 to 1948

I last saw him alive on

4-10

1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Due to

Myocardial infarction

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?

Suicide?

Homicide?

Occurred

19

City, county, state

where violence occurred

Place of Violence: Home

Farm

Industry

Public Place

While at work?

Means of injury

## 23. Attendant's

OWN Signature

(M. D. or other)

and Address

J. M. Thomas

Date

5-3 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1642**  
Local Reg. No. **78**  
Reg. Dist. No. **37**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Meridian  
(c) Street Address or R.F.D. No. Rt#2  
(d) Death Occurred Inside?.....Outside? X.....city or town  
(e) Died in a Home X.....Hospital.....Institution.....Other place.....  
(f) Name Hosp. or Inst.....Stayed.....days  
(g) Lived in this county 2.....years 9.....months 25.....days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho.....(b) County Ada.....  
(c) City or town Meridian.....  
(d) Street Address or R.F.D. No. Rt# 2.....  
(e) Deceased lived Inside?.....Outside? X.....city or town  
(f) Citizen of what country? U.S.A......  
(g) How long had deceased lived in Idaho? 2.....years  
(h) Former residence (city, state) None.....

## 3. (a) FULL NAME TERRY KAY JOHNSON

3. (b) If veteran, name war.....  
3. (c) Social Security No. None  
5. Color or.....  
4. Sex F.....race W.....  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive.....years

7. Date of Birth (Month, Day, Year) July 7, 1945

8. AGE	Years	Months	Days	If less than 1 day
	<u>2</u>	<u>9</u>	<u>25</u>	hrs. min.

9. Exact Occupation.....Did this work for.....yrs.  
10. Industry or Business.....Date last worked.....

11. Birthplace Boise (City or town) Idaho (State or foreign country)

12. Name Kenneth V. Johnson

13. Birthplace Corrall (City or town) Idaho (State or foreign country)

14. Maiden name Lorraine E. Gaddie

15. Birthplace Meridian, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Kenneth V. Johnson  
and Address Rt. 2 Meridian, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/48 Wed 48 (Month) (Day) (Year)

(c) Place Meridian Cemetary

18. Funeral Director's OWN Signature W. B. Sharp  
and Address Meridian, Idaho

19. (a) 5-4-48 (Date received and filed) (b) W. B. Sharp (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 2, 1948  
at 11:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 3-6 1948 to 4-15 1948

I last saw h. er alive on 4-15 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to Bronchial

Due to Asphyxia

Other conditions.....

(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation.....Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred.....19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature W. B. Sharp

(M. D. or other)

and Address Meridian Date 5-3 1948  
(For additional space, use reverse side)

*HAECing Court*

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

MAY 19 1948

STATE OF IDAHO

748 1643  
State File No. ....  
Local Reg. No. 87  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. Rt. 5  
(d) Death Occurred Inside? ..... Outside? X city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 2 years 6 months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Ada  
(c) City or town. Eagle  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Wyoming

## 3. (a) FULL NAME Della May Logan

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White  
4. Sex Female race White  
6. (b) Name of husband or wife Guy H. Logan  
6. (c) Age of husband or wife if alive 60 years

7. Date of Birth (Month, Day, Year) June 28th 1891  
8. AGE Years Months Days If less than 1 day  
56 10 10 hrs. min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business Colorado Date last worked .....  
11. Birthplace (City or town) (State or foreign country)

12. Name Robert Null  
13. Birthplace (City or town) (State or foreign country) U.S.A.

14. Maiden name Sarah Harvey  
15. Birthplace (City or town) (State or foreign country) Neb.

16. Informant's OWN Signature Guy H. Logan  
and Address Rt. 5 Boise Idaho

17. (a) Burial (b) Date thereof 5/11/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreiner McClam  
and Address Boise

19. (a) 5-11-48 (b) J. H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8 May 1948  
at 5 o'clock 4 M.

21. I HEREBY CERTIFY, That I attended deceased from 11-13 1947, to 5-6 1948  
I last saw him alive on 5-6-48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Myocardial sclerosis (Heart failure) Duration  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred.  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature James Hallingworth  
(M.D. or other) Boise Idaho Date 1948  
and Address \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1644**  
Local Reg. No. **88**  
Reg. Dist. No. **371**

MAY 19 1948

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Rt# 4  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 20 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Rt#4  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Halfway, Oregon

3. (a) FULL NAME GEORGE ALFRED DAVTS

3. (b) If veteran, name war       

3. (c) Social Security No. None

5. Color or

4. Sex M race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) March 1, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>2</u>	<u>8</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for 55 yrs.

10. Industry or Business        Date last worked Unk

11. Birthplace Barry County Missouri (City or town) (State or foreign country)

12. Name Enoch Davis (City or town) (State or foreign country)

13. Birthplace Unk. Indiana (City or town) (State or foreign country)

14. Maiden name Harriet J. Mattingly

15. Birthplace Perry County Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Nealy A. Davis and Address Boise Idaho Rt# 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/48 (Month) (Day) (Year)

(c) Place Richland, Oregon

18. Funeral Director's OWN Signature        and Address       

19. (a) 5-11-48 (Date received and filed) (b)        (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 9, 1948 19 48.  
at 5:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from April 27 19 48, to May 8 19 48.  
I last saw him alive on May 8 19 48;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Hypertensive Cardiovascular Disease

Duration

?

Due to       

Due to       

Other conditions       

(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Mar. L. Bell, MD (M. D. or other)  
and Address Boise Idaho Date May 11, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1645**  
Local Reg. No. **95**  
Reg. Dist. No. **371**

**MAY 28 1948**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ada County Stayed \_\_\_\_\_ days  
(g) Lived in this county 62 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1911 No. 14th  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 62 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME JULIA DAVIS SMITH

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

5. Color or  
4. Sex Female Race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Thomas

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth December 18, 1864  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>4</u>	<u>23</u>	hrs. min.

9. Exact Occupation At home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Waco, Texas  
(City or town) (State or foreign country)

Father { 12. Name Thomas Davis

13. Birthplace Texas  
(City or town) (State or foreign country)

Mother { 14. Maiden name Unknown Stokes

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Owen F. Smith  
and Address 1911 No. 14th Boise

17. (a) Burial (b) Date thereof 5/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Summers Funeral Home  
and Address 1205 Bannock Boise

19. (a) 5-17-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 12, 1948  
(Month, Day, Year) at 11 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 4-2-48 to 5-12-48

I last saw her alive on 5-12 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis sudden Duration \_\_\_\_\_

Due to Myocardial degeneration years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] (M. D. or other) \_\_\_\_\_  
and Address Boise Ida Date 5-17 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAY 28 1948

STATE OF IDAHO

State File No. **4646**  
Local Reg. No. **371**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Eagle  
(c) Street Address or R.F.D. No. 1  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 20 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Eagle  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME MINTIE LUELA MAXFIELD

3. (b) If veteran, name war NO 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced Married  
4. Sex F 6. (b) Name of husband or wife James H. 6. (c) Age of husband or wife if alive                      years  
7. Date of Birth (Month, Day, Year) January 25, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>3</u>	<u>23</u>	hrs min.

9. Exact Occupation Housewife Did this work for                      yrs.  
10. Industry or Business                      Date last worked                       
11. Birthplace Kewanee, Illinois (City or town) (State or foreign country)

12. Name James C. Bowerman  
13. Birthplace Kewanee, Illinois (City or town) (State or foreign country)  
14. Maiden name Mahalia Cheever  
15. Birthplace Kewanee, Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Gertie E. Scriener  
and Address Eagle, Idaho

17. (a) Burial (b) Date thereof 5/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill, Boise, Idaho

18. Funeral Director's McBratneyFowler Chapel  
OWN Signature                       
and Address 419 No. 9th, Boise, Idaho

19. (a) 5-20-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 18 1948  
at 6:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 5-10 1944, to 5-12 1948  
I last saw her alive on 5-12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: arteriosclerotic heart disease Duration                     

Due to coronary arteries

Due to                       
Other conditions                       
(Include pregnancy within 3 months of death)

Where was disease contracted?                       
Name of operation                      Date                       
Major finding                       
Finding of autopsy                     

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?                       
Occurred                      19                      City, county, state where violence occurred                       
Place of Violence: Home                      Farm                      Industry                       
Public Place                      While at work?                       
Means of injury

23. Attendant's OWN Signature J. M. Thomas (M. D. or other)  
and Address                      Date 5-18-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 4 1948

# Certificate of Death

STATE OF IDAHO

Hamilton

1948

State File No. 1647  
Local Reg. No. 99  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

(a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. Rt. # 2  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home. Hospital. ☒ Institution. Other place.  
(f) Name Hosp. or Inst. Ada County Stayed days  
(g) Lived in this county. 25 years. months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

JAMES P. JORGENSEN

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race. White  
4. Sex. male

6. (a) Single, widowed, married, divorced. single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive. years

7. Date of Birth  
(Month, Day, Year)

February 4, 1878

8. AGE	Years	Months	Days	If less than 1 day
	70	3	17	hrs. min.

9. Exact Occupation. Retired Did this work for yrs.

10. Industry or Business. Date last worked

11. Birthplace. Denmark (City or town) (State or foreign country)

12. Name. Unknown (City or town) (State or foreign country)

13. Birthplace. Denmark (City or town) (State or foreign country)

14. Maiden name. Unknown

15. Birthplace. Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature. Records Ada County Hospital and Address. Rt. # 2 Boise, Idaho

17. (a) Burial (b) Date thereof. 5/24/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place. Morris Hill Cemetery  
18. Funeral Director's: Summers Funeral Home

OWN Signature. J. J. Jorgensen and Address. 1205 Bannock Boise, Idaho

19. (a) 5-25-48 (b) D. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 21, 1948  
at 2:30 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

2-1-1947 to 5-21-1948  
I last saw him alive on 5-21-1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Paradoxic asphyxia + breathing  
Stroke - March 23-1948 Sudden

Due to. Stroke - March 23-1948

Due to. Left hand - leg  
Other conditions. Right face 3 1/2 yrs

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation. Date.

Major finding.

Finding of autopsy.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred. 19. City, county, state

where violence occurred.

Place of Violence: Home. Farm. Industry.

Public Place. While at work?

Means of injury.

## 23. Attendant's

OWN Signature. D. O. Hamilton (M. D. or other)

and Address. Boise, Idaho Date. 5-24-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency -  
United States Public Health Service  
National Office of Vital Statistics JUN 4 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. 1648  
Local Reg. No. 100  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hospital Stayed 7 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Nevada (b) County \_\_\_\_\_  
(c) City or town Owyhee  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Nevada, 28 yrs.

## 3. (a) FULL NAME

Lawrence HOOPER

3. (b) If veteran, name war 11

3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex Male race Indian

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) September 10, 1917

8. AGE	Years	Months	Days	If less than 1 day
	<u>30</u>	<u>8</u>	<u>15</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Owyhee Nevada  
(City or town) (State or foreign country)

Father { 12. Name Sam HOOPER

13. Birthplace Austin Nevada  
(City or town) (State or foreign country)

Mother { 14. Maiden name Alice Frank

15. Birthplace Austin Nevada  
(City or town) (State or foreign country)

16. Informant's OWN Signature McGill Records, V. A. Hospital  
and Address Boise, Idaho

17. (a) Removal (b) Date thereof 5/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Owyhee, Nevada

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address Boise, Idaho

19. (a) 5/26/48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) May 25, 19 48  
at 5:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 18, 19 48, to May 25, 19 48.  
I last saw him alive on May 25, 19 48.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Peritonitis, acute, generalized Duration Terminal

Due to Intestinal Obstruction Prior to Admn.

Due to Diaphragmatic Hernia with  
incarcerated Intestinal Incarceration \* \*  
(Include pregnancy within 3 months of death)  
and strangulation

Where was disease contracted? \_\_\_\_\_

Name of operation Ileostomy Date 5-19-48

Major finding \_\_\_\_\_  
Finding of autopsy Confirm above  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury J. K. Mc CLINTIC

23. Attendant's OWN Signature J. K. Mc CLINTIC, M.D., CMO  
(M. D. or other)

and Address VAH., Boise, Idaho Date May 25, 19 48  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

JUN 8 1948

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ..... Outside? X city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Ada County Stayed ..... days  
(g) Lived in this county 25 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1302 Roosevelt  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME ORVILLE A POWERS

3. (b) If veteran, name war No  
3. (c) Social Security No. None  
4. Sex M race W  
5. Color or .....  
6. (b) Name of husband or wife Jane C.  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) May 24, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>0</u>	<u>4</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Chattanooga, Co. New York  
(City or town) (State or foreign country)

12. Name Daniel Powers  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Fannie  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Maurice E. Adams  
and Address Meridian, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/48  
(Month) (Day) (Year)  
(c) Place: Meridian, Idaho

18. Funeral Director's McBratney Fowler Chapel  
OWN Signature Edith  
and Address 419 No. 9th, Boise, Idaho

19. (a) 6-2-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 28 19 48  
at 5:45 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from May 28 19 48 to May 28 19 48.  
I last saw him alive on May 28 19 48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gradual Decline 2 yrs. Duration

Due to Hypertension  
Due to Cardiac failure - Sudden  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature Dr. C. W. Hamilton (M. D. or other)  
and Address Boise, Ida Date 6-2 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 8 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. **1650**  
Local Reg. No. **101**  
Reg. Dist. No. **321**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **XX** city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital **XX** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **V.A. Hospital** Stayed **11** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **Soldiers Home**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **XX** city or town \_\_\_\_\_  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **Joseph E. Neiswender**

3. (b) If veteran, name war **WW I**

3. (c) Social Security No. \_\_\_\_\_

5. Color or  
4. Sex **Male** race **White**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) **May 1, 1896**

8. AGE	Years	Months	Days	If less than 1 day
	<b>52</b>	<b>0</b>	<b>28</b>	hrs. min.

9. Exact Occupation **None** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Silver Lake, Kansas**  
(City or town) (State or foreign country)

Father { 12. Name **Unknown**

13. Birthplace **"**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Unknown**

15. Birthplace **"**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Record, V. A. Hospital** and Address **Boise, Idaho**

17. (a) **Removal** (b) Date thereof **5/31/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Salt Lake City, Utah**

18. Funeral Director's OWN Signature **McBratney-Fowler Chapel**

and Address **Boise, Idaho**

19. (a) **5/31/48** (b) **A. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **May 29** 19 **48**  
at **9:20** o'clock **AM** M.

21. I HEREBY CERTIFY, That I attended deceased from **May 19** 19 **48** to **May 29** 19 **48**.  
I last saw him alive on **May 29** 19 **48**.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
**Cerebral Vascular Accident**  
**Thrombosis right, middle**  
**cerebral artery**

Duration  
**Terminal**

Due to **Hypertensive Cardio**  
**vascular disease**  
(Include pregnancy within 3 months of death)

Prior to  
**Admn.**

Where was disease contracted? \_\_\_\_\_  
Name of operation **None** Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy **None**

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **JK McClintic**

23. Attendant's OWN Signature **J. K. McClintic, M.D., CMO**  
(M D or other)

and Address **VAH, Boise, Idaho** date **May 31 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 8 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1651  
Local Reg. No. 1651  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

Ada  
(a) County Boise  
(b) City or town  
(c) Street Address or R.F.D. No. Route 2  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

Idaho  
(a) State (b) County Jerome  
(c) City or town  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Afton Wyo

## 3. (a) FULL NAME Martha Elizabeth Walker

3. (b) If veteran, name war 3. (c) Social Security No.  
5. Color or race Female White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John Loren Walker  
6. (c) Age of husband or wife if alive years  
7. Date of Birth Aug 17. 1876  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
71	9	14		hrs min.

9. Exact Occupation At Home Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace St. Charles Idaho  
(City or town) (State or foreign country)

12. Name John Wilkes  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Martha E Hunt  
15. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Frank L Walker  
and Address Jerome, Idaho

17. (a) Burial (b) Date thereof June 3. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Jerome, Idaho

18. Funeral Director's OWN Signature J. R. W. Sharp  
and Address Jerome, Idaho

19. (a) 6-4-48 (b) J. R. W. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 31 1948  
(Month, Day, Year) at 8:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 11-1-48 to 5-31-48  
I last saw her alive on 5-31-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: - Duration  
Myocardial Infarction - Sudden  
Due to Coronary Occlusion  
Due to Myocardial Degeneration 5 yrs  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature D. C. Paulson  
(M. D. or other)  
and Address Boise, Idaho Date 6-3-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1652  
Local Reg. No. 549  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Adams  
(b) City or town Council  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Council Hosp. Stayed ..... days  
(g) Lived in this county 55 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Adams  
(c) City or town Meadows  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Walter White

3. (b) If veteran, name None 3. (c) Social Security No. None  
5. Color or M. Male race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife if Wollie 6. (c) Age of husband or wife if alive Dec'd years  
7. Date of Birth August 19 1866  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>8</u>	<u>24</u>	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.  
10. Industry or Business Own Farm Date last worked 1944  
11. Birthplace Placerville, Idaho  
(City or town) (State or foreign country)

- Mother Father { 12. Name Calvin R. White  
13. Birthplace Winchester Mass.  
(City or town) (State or foreign country)  
14. Maiden name Lydia Hopper  
15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Paula Jacob  
and Address 7324 Jackson Ave. Dr. Col

17. (a) Burial (b) Date thereof 5/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Meadows, Idaho

18. Funeral Director's OWN Signature A. Jones  
and Address Northam Jones, Weiser, Idaho

19. (a) 5/4/48 (b) John H. H. H.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 162E

20. DATE OF DEATH  
(Month, Day, Year) May 3 19 48  
at 7:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 30 19 48, to May 3 19 48.  
I last saw him alive on May 3 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Diabetes Coma Duration 3 days

Due to Ch. Diabetes 15 yrs

Due to Sentility 10 yrs  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation 0 Date \_\_\_\_\_  
Major finding 0  
Finding of autopsy 0  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred 0  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury 0

23. Attendant's OWN Signature Alvin Hunter MD  
and Address Council, Idaho (M D or other) Date 5/4/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1653**  
Local Reg. No. **507**  
Reg. Dist. No. **300**

## 1. PLACE OF DEATH:

- (a) County **Adams**  
(b) City or town **Council**  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed ☐ days  
(g) Lived in this county **50** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Adams**  
(c) City or town **Council**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state) **Saratoga, Wyoming**

3. (a) FULL NAME **DORA ANNA LAKEY**

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Female** race **White**  
6. (b) Name of husband or wife **Lewis K.** 6. (c) Age of husband or wife if alive **74** years  
7. Date of Birth **June 11 1879**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>68</b>	<b>10</b>	<b>26</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **Lifes.**  
10. Industry or Business **Own Home** Date last worked **Nov. '47**  
11. Birthplace **Lander Wyoming**  
(City or town) (State or foreign country)

- Mother Father { 12. Name **William E. Brauer**  
13. Birthplace **Prussia**  
(City or town) (State or foreign country)  
14. Maiden name **Lydia Groseclose**  
15. Birthplace **Don't Know**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Keith M. Lahey** (Son)  
and Address **Council, Idaho.**

17. (a) **Burial** (b) Date thereof **May 8 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Hornet Creek Cem. Council, Idaho.**

18. Funeral Director's OWN Signature **C. S. Jones** #E357  
and Address **N. Artham Jones, Weiser, Idaho**

19. (a) **May 8 1948** (b) **Blunk**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **May 7 1948**  
at **6:26** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **April 9 1948** to **May 7 1948**  
I last saw her alive on **May 6 1948**; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Analys. Carcinomas.**

Duration

Due to **Primary Carcinoma of L. Breast**

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**  
Name of operator **Dr. J. H. Smith** Date **5/11/48**  
Major finding **Carcinoma Breast**  
Finding of autopsy **0**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred **0**  
Place of Violence: Home ☒ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☒  
Means of injury **Auto & Gunshot W.D.**

23. Attendant's OWN Signature **(M. D. or other)**  
and Address **Council, Idaho** Date **5/8/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1654  
Local Reg. No. 551  
Reg. Dist. No. 300

MAY 23 1948

## 1. PLACE OF DEATH:

- (a) County Adams  
(b) City or town Council  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Council Hosp. Stayed 3 hrs  
(g) Lived in this county..... years ..... months 3 hrs days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Adams  
(c) City or town Cambridge (Rural Near)  
(d) Street Address or R.F.D. No. Star Route  
(e) Deceased lived Inside?..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Iowa

3. (a) FULL NAME GEORGE WRIGHT WESTFALL

3. (b) If veteran, name war None 3. (c) Social Security No. 518-28-8038  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 68 years  
7. Date of Birth (Month, Day, Year) July 21 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>9</u>	<u>24</u>	hrs min.

9. Exact Occupation Rancher Did this work for Life yrs.  
10. Industry or Business Gen. Ranching Date last worked 5/14/48  
11. Birthplace Keokuk, Cedar Co. Iowa  
(City or town) (State or foreign country)

12. Name Hartwell Snively Westfall  
13. Birthplace Don't Know  
(City or town) (State or foreign country)  
14. Maiden name Alice Wright  
15. Birthplace Don't Know  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Tom Linder (Daug)  
and Address 1237 Second Ave. So. Payette, Ida.

17. (a) Burial (b) Date thereof 5/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Indian Valley Cem. Indian Valley, Ida.

18. Funeral Director's OWN Signature A. Jones # E557  
and Address Northam-Jones Chapel, Weiser, Idaho.

19. (a) 5/15/48 (b) Albert H. Jones  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 15 1948  
at 10:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 15 1948, to May 15 1948  
I last saw him alive on May 15 1948, death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Damaged to Brain + Skull Duration 2 hrs  
central hemorrhage  
Due to Self Inflicted S.S. W. Skull  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation Craniotomy Date May 15 1948  
Major finding Bullet in Brain tissue  
Finding of autopsy Right Brain Injury  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide? ✓ Homicide?.....  
Occurred..... 19..... City, county, state  
where violence occurred ✓  
Place of Violence: Home ✓ Farm ✓ Industry  
Public Place..... While at work?.....

Means of injury .....  
23. Attendant's OWN Signature Albert H. Jones  
(M D. or other)  
and Address Council, Idaho Date 5/15 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

May 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. **748 1655**  
Local Reg. No. **552**  
Reg. Dist. No. **300**

## 1. PLACE OF DEATH:

- (a) County **Adams**  
(b) City or town **Council**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Council** Stayed **5** days  
(g) Lived in this county **4** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Adams**  
(c) City or town **Council**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **4** years  
(h) Former residence (city, state) **N.Y. State**

## 3. (a) FULL

NAME **Ruby Lorraine Needles**

## 3. (b) If veteran, name war

**one**

## 3. (c) Social Security No.

**Female** Sex **white** race

(a) Single, widowed, married, divorced **Married**

(b) Name of husband or wife **Elmer D. Needles**

(c) Age of husband or wife if alive **40** years

7. Date of Birth (Month, Day, Year) **Nov. 3rd 1920**

8. AGE	Years	Months	Days	If less than 1 day
	<b>27</b>	<b>6</b>	<b>13</b>	hrs. min.

9. Exact Occupation **House Wife** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Atlanta Georgia** Date last worked **5/10/48**

11. Birthplace (City or town) (State or foreign country)

12. Name **Unknown**

13. Birthplace (City or town) (State or foreign country) **U.S.A.**

14. Maiden name **Unknown**

15. Birthplace (City or town) (State or foreign country) **U.S.A.**

16. Informant's OWN Signature **Elmer D. Needles**  
and Address **Council Idaho**

17. (a) **Removal** (b) Date thereof **5/16/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Boise Idaho**

18. Funeral Director's OWN Signature **Schreiber McLean**  
and Address **Boise**

19. (a) **Spencer** (b) **Wm. H. H. H.**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **May 16 1948**  
at **2:04** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **May 11 1948** to **May 16 1948**  
I last saw him alive on **May 16 1948**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Sermons -** Duration **5 days**

Due to **Surgery ruptured Bowel** **5 days**

Due to **Strangulation under an adhesion**

Other conditions **Old appendicitis**  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Alvin Hunter M.D.**  
(M.D. or other)

and Address **Council Ida** Date **5/17 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 1 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1656**  
Local Reg. No. **553**  
Reg. Dist. No. **300**

## 1. PLACE OF DEATH:

- (a) County **Adams**  
(b) City or town **Council**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Inst. **Council Hosp.** Stayed **7** days  
(g) Lived in this county **4** years ..... months **7** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Adams**  
(c) City or town **New Meadows**  
(d) Street Address or R.F.D. No. **City**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **28** years  
(h) Former residence (city, state) **Burke, Montana**

## 3. (a) FULL NAME **LANE PIERCE JEWELL**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **Not Available**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Sarah (Dec'd 129)** 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **May 9 1869**

8. AGE	Years	Months	Days	If less than 1 day
	<b>79</b>	<b>00</b>	<b>12</b>	hrs min.

9. Exact Occupation **Retired Accountant** Did this work for **Life** yrs.  
10. Industry or Business **Wholesale Lumber** Date last worked **1945**  
11. Birthplace **Escanaba, Michigan**  
(City or town) (State or foreign country)

12. Name **Charles Ditmas Jewell**  
13. Birthplace **New York State**  
(City or town) (State or foreign country)  
14. Maiden name **Ellen Wollcott**  
15. Birthplace **Don't Know**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. J. E. McEaton (Daug.)**  
and Address **New Meadows, Idaho.**

17. (a) **Removal** (b) Date thereof **5/21/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Priest River, Idaho.**

18. Funeral Director's OWN Signature **A. Jones** # **E357**  
and Address **Northam-Jones Chapel, Weiser, Idaho.**

19. (a) **5/21/48** (b) **Alvin Tuntin**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **May 21 1948**  
at **9:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **May 15 1948** to **May 21 1948**  
I last saw him alive on **May 21 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Apoplexy** Duration **6 days**

Due to **Infectious Scintilla**  
Due to **3 yrs**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Home**  
Name of operation **O** Date .....  
Major finding **a**  
Finding of autopsy **a**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **O** Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature **Alvin Tuntin** (M. D. or other)  
and Address **Council, Idaho.** Date **5/21 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1657**  
Local Reg. No. **357**  
Reg. Dist. No. **300**

## 1. PLACE OF DEATH:

- (a) County **Adams**  
(b) City or town **Council**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home..... Hospital **X** Institution..... Other place.....  
(f) Name Hosp. or Ins. **Council Hosp.** Stayed **3** days  
(g) Lived in this county **56** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Adams**  
(c) City or town **Indian Valley**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **Life** years  
(h) Former residence (city, state) **None**

## 3. (a) FULL NAME **Rertle Fred Linder**

3. (b) If veteran, name war **W.W.#1** No. **None**  
5. Color or **White**  
4. Sex **Male** race **White** divorced **Married**  
6. (b) Name of husband or wife **Myrtle** 6. (c) Age of husband or wife if alive **55** years  
7. Date of Birth (Month, Day, Year) **May 25 1891**

8. AGE	Years	Months	Days	If less than 1 day
	<b>56</b>	<b>11</b>	<b>30</b>	hrs min.

9. Exact Occupation **Rancher** Did this work for **Life** yrs.  
10. Industry or Business **Own Rancher** Date last worked **5/25/48**  
11. Birthplace **Indian Valley Idaho**  
(City or town) (State or foreign country)

12. Name **James Linder**  
13. Birthplace **Missouri**  
(City or town) (State or foreign country)  
14. Maiden name **Flora Lindsay**  
15. Birthplace **California**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Sue Joanis (Sister)**  
and Address **Indian Valley, Idaho**

17. (a) **Burial** (b) Date thereof **5/28/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Indian Valley, Idaho**

18. Funeral Director's OWN Signature **P. Jones**  
and Address **Northam Jones, Weiser, Idaho**

19. (a) **5/26/48** (b) **P. Jones**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **May 24 1948**  
at **9:20** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **May 24 1948** to **May 24 1948**  
I last saw him alive on **May 24 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Infection of cardiac muscle** Duration **24**

Due to **Coronary Thrombosis** myel.

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? **Home**  
Name of operation ..... Date .....  
Major finding **0**  
Finding of autopsy **0**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **P. Jones**  
and Address **Council, Idaho** (M. D. or other) **5/26/48**  
Date **5/26/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 18 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1658  
Local Reg. No. 112  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 650 N. 7th  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. St. Anthony Stayed    days  
(g) Lived in this county    years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Fort Hall (rural)     
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state)

3. (a) FULL NAME LIZZIE TAPPO WARREN

3. (b) If veteran, name war    3. (c) Social Security No.     
5. Color or 4/4 Sho 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race Indian  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) ?/?/1907

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>			hrs. min.

9. Exact Occupation Housekeeper & Laborer Did this work for 27 yrs.

10. Industry or Business own home Date last worked   

11. Birthplace Fort Hall Reservation, Idaho (City or town) (State or foreign country)

12. Name Tappo

13. Birthplace    (City or town) (State or foreign country)

14. Maiden name Corrine Daylight

15. Birthplace    (City or town) (State or foreign country)

16. Informant's OWN Signature Fort Hall Agency records

and Address Fort Hall, Idaho

17. (a) Burial (b) Date thereof 5/7/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Gibson Cemetary

18. Funeral Director's OWN Signature Byron B. Darnard

and Address Pocatello, Idaho

19. (a) 5-13-48 (b) Jessie D. Fumelle (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 1 1948  
(Month, Day, Year) at 11 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 369 1948 to 1 May 1948

I last saw her alive on 1 May 1948  
death is said to have occurred on the date and hour stated above

Immediate Cause of Death: Tuberculous pneumonia Duration 10 days

Due to acute pyogenic spread of tuberc. for unknown

Due to advanced pulmonary tuberculosis

Other conditions tuberculosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? Fort Hall, Idaho

Name of operation    Date   

Major finding   

Finding of autopsy   

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature J. R. Kearns, M.D. (Name) (or other)  
and Address Pocatello, Idaho Date 10 May 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1659**  
Local Reg. No. **114**  
Reg. Dist. No. **530**

MAY 20 1948

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address xxxxxx 412 No. 5th Ave.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 22 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address xxxxxx 412 No. 5th Ave  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

ADDISON EDWARD LANMAN

3. (b) If veteran, name war --- 3. (c) Social Security No. 519-09-8783  
5. Color or --- 6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Clattie Swan Lanman 6. (c) Age of husband or wife if live 63 years  
7. Date of Birth (Month, Day, Year) February 17, 1878

8. AGE	Years	Months	Days	If less than 1 day
	70	2	18	hrs min.

9. Exact Occupation Laborer Did this work for 3 yrs.  
10. Industry or Business Union Pacific Railroad Date last worked 5/5/48  
11. Birthplace Larned, Kansas (City or town) (State or foreign country)  
12. Name Isaac Lanman  
13. Birthplace Illinois (City or town) (State or foreign country)  
14. Maiden name Mary Marymee  
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Ed Lanman and Address Pocatello, Idaho  
17. (a) Buried (b) Date thereof May 8, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pocatello, Idaho  
18. Funeral Director's OWN Signature Jack Henderson and Address Pocatello, Idaho  
19. (a) May 7, 1948 (b) Jessie I. Porell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 6 19 48  
at 5:05 o'clock a.m.

21. I HEREBY CERTIFY, That I attended deceased from May 6 19 48  
I last saw h. imposed on May 6 19 48, death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Coronary Stenosis? unknown.  
Due to found dead in bed.  
Due to Senility  
Other conditions Senility (Include pregnancy within 3 months of death)  
Where was disease contracted? Idaho.  
Name of operation None Date \_\_\_\_\_  
Major finding none  
Finding of autopsy None.  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 19 City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature H. H. Hughes (M. D. or other) and Address Pocatello, Idaho Date May 7 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 20 1948

Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 1660  
Local Reg. No. 115  
Reg. Dist. No. 510

1. PLACE OF DEATH:  
(a) County Bannock  
(b) City or town Pocatello  
(c) Street Address South 1000 So. Johnson Ave  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. General Stayed 12 hours  
(g) Lived in this county        years        months        days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state)       

3. (a) FULL NAME BARTLETT PERRY PELLUM JR.

3. (b) If veteran, name war        No.         
5. Color or        6. (a) Single, widowed, married, divorced single  
4. Sex male race white  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) May 8, 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	12 hrs min.

9. Exact Occupation        Did this work for        yrs.  
10. Industry or Business        Date last worked       

11. Birthplace Pocatello, Idaho  
(City or town) (State or foreign country)

12. Name Bartlett Perry Pellum  
13. Birthplace Preston, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Esther Luella Hottel  
15. Birthplace Logan, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature B. P. Pellum  
and Address Pocatello, Idaho

17. (a) burial (b) Date thereof May 11, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pocatello, Idaho

18. Funeral Director's OWN Signature Jack Henderson  
and Address Pocatello, Idaho

19. (a) May 11, 1948 (b) Jessie L. Farrell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 8 19 48  
at 1:00 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to May 8 19 48  
I last saw him alive on May 8 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory paralysis this.  
Due to Premature 6 months.  
Due to None  
Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation None Date         
Major finding None  
Finding of autopsy None  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury       

23. Attendant's OWN Signature H. G. Shugart  
and Address Pocatello, Idaho Date 5/11 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 18 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1661  
Local Reg. No. 113  
Reg. Dist. No. 512

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 657 S. Main  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 53 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 657 S. Main  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 53 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

Emma Jane Byrd

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

## 4. Sex F Color or race W

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife James F.

## 6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year) May 1, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>0</u>	<u>7</u>	hrs. min.

## 9. Exact Occupation Housewife Did this work for 44 yrs.

## 10. Industry or Business " Date last worked

## 11. Birthplace Corning Iowa (City or town) (State or foreign country)

## 12. Name James G. McConkey (City or town) (State or foreign country)

## 13. Birthplace Ohio (City or town) (State or foreign country)

## 14. Maiden name Emma Francis Briggs (City or town) (State or foreign country)

## 15. Birthplace England (City or town) (State or foreign country)

## 16. Informant's OWN Signature J. F. Byrd and Address 657 S. Main

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-48 (Month) (Day) (Year)

## (c) Place Mountainview

## 18. Funeral Director's OWN Signature Byron B. Downard and Address Pocatello Idaho

## 19. (a) May 17, 1948 (Date received and filed) (b) James J. Ravell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) May 8, 1948

## 21. I HEREBY CERTIFY, That I attended deceased from 1938 at 5 o'clock P.M.

## I last saw her alive on May 7, 1948

## death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death Cerebral + femoral embolism Duration 10 days

## Due to arteriosclerotic HT dis 10 years

## Due to Diabetes, Arteriosclerosis

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted? Home

## Name of operation Diabetes, Arteriosclerosis Date

## Major finding Diabetes, Arteriosclerosis

## Finding of autopsy Diabetes, Arteriosclerosis

## PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? Swimming Suicide? Homicide?

## Occurred 1948 City, county, state

## where violence occurred

## Place of Violence: Home Farm Industry

## Public Place While at work?

## Means of injury Boat

## 23. Attendant's OWN Signature R. P. Howard and

## and Address Pocatello Idaho Date 5-10-48

## (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AMENDED

6-17-48

# Certificate of Death

STATE OF IDAHO

1948

State File No. 1662  
Local Reg. No. 131  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 358 N. Lincoln  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Louis Peter Brandt

3. (b) If veteran, name war X 3. (c) Social Security No. none  
5. Color or \_\_\_\_\_  
4. Sex M race W  
6. (b) Name of husband or wife Amelia 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 29, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>10</u>	<u>11</u>	hrs. min.

9. Exact Occupation Retired Conductor Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business U. P. R. R. Date last worked 1937  
11. Birthplace Chicago, Ill. (City or town) (State or foreign country)

- Father { 12. Name Peter Louis Brandt  
13. Birthplace Belgium (City or town) (State or foreign country)  
Mother { 14. Maiden name Anna Kirk  
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Fred Brandt  
and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof May 13, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Downard  
and Address Pocatello, Idaho

19. (a) June 7, 1948 (b) Jessie Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 10, 1948 19\_\_\_\_  
at 3 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from May 1, 1948 19\_\_\_\_ to May 10, 1948 19\_\_\_\_  
I last saw him alive on May 10, 1948 19\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Stenosis Duration 1 hr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Senility  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation none Date \_\_\_\_\_

Major finding none

Finding of autopsy none

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state  
where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature H. H. Hughart

(M. D. or other)

and Address Pocatello, Idaho 6-4-48 19\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. ....  
Local Reg. No. 131  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. General Stayed 1 days  
(g) Lived in this county..... years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 358 N. Lincoln  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Louis Peter Brandt

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife  
Amanda

6. (c) Age of husband or wife if  
alive 74 years

7. Date of Birth  
(Month, Day, Year) June 29, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>10</u>	<u>11</u>	hrs. min.

9. Exact Occupation Retired Conductor Did this work for..... yrs.

10. Industry or Business U.P. R.R. Date last worked 1937

11. Birthplace Chicago, Ill. (City or town) (State or foreign country)

12. Name Peter Louis Brandt

13. Birthplace Belgium (City or town) (State or foreign country)

14. Maiden name Anna Kish

15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Ed Brandt

and Address Pocatello Idaho

17. (a) Burial (b) Date thereof May 13, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Davidson

and Address Pocatello Id.

19. (a) June 1-1948 (b) Gene J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) May 10, 1948 1948  
at 3 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from  
May 1, 1948 to May 10, 1948  
I last saw him alive on May 10, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Stenosis 1 hour

Due to.....  
Due to.....  
Other conditions Senility  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation none Date.....

Major finding none  
Finding of autopsy none

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature H. H. Hughes

and Address Pocatello Date May 10, 1948  
(For additional space, use reverse side)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Bannock } ss. Certificate No. \_\_\_\_\_  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of death  
for Louis Peter Brandt who died on May 11, 1948  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Pocatello are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Family record prepared on June 15, 1948, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED		FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)		(As on Original)	(The Correct Facts)
<u>Wife's name</u>	<u>Amanda</u>		<u>Amelia</u>
<u>Informant's name</u>	<u>Ed</u>		<u>Fred</u>

Subscribed and sworn to before me this 15th day of June, 1948

[Signature]  
Notary Public, residing at Pocatello, Ida  
My commission expires Dec 19, 1948  
(Seal)

Signed Amelia L Brandt  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
358 N. Lincoln, Pocatello, Id.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Bannock } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of June, 1948

[Signature]  
Notary Public, residing at \_\_\_\_\_  
My commission expires Aug 1, 1950  
(Seal)  
My Commission Expires Aug 1, 1950

Signed Byron B. Bourne  
(Signature of Any Credible Person)  
241 N. Garfield, Pocatello, Id.  
(Street Address, City, State)

1042

State File No. **1663**  
Local Reg. No. **137**  
Reg. Dist. No. **510**

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

**JUN 18 1949**

## 1. PLACE OF DEATH:

- (a) County **BANNOCK**
- (b) City or town **LOCATELLO**
- (c) Street Address or R.F.D. No. **539 E. BENSON**
- (d) Death Occurred Inside? ☒ Outside? ☐ city or town
- (e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐
- (f) Name Hosp. or Inst. **—** Stayed **—** days
- (g) Lived in this county **34** years **—** months **—** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BANNOCK**
- (c) City or town **LOCATELLO**
- (d) Street Address or R.F.D. No. **539 E. BENSON**
- (e) Deceased lived Inside? ☒ Outside? ☐ city or town
- (f) Citizen of what country? **UNITED STATES**
- (g) How long had deceased lived in Idaho? **34** years
- (h) Former residence (city, state) **IOWA**

## 3. (a) FULL NAME

**GRACE THERESA EVANS**

**095A**

## 3. (b) If veteran,

name war **—**

## 3. (c) Social Security

No. **—**

- 5. Color or **WHITE**
- 6. (a) Single, widowed, married, divorced **MARRIED**

- 6. (b) Name of husband or wife **CLYDE E. EVANS**
- 6. (c) Age of husband or wife if alive **66** years

- 7. Date of Birth (Month, Day, Year) **AUGUST 15 1889**

8. AGE	Years	Months	Days	If less than 1 day
	<b>58</b>	<b>9</b>	<b>9</b>	hrs min.

- 9. Exact Occupation **HOUSEWIFE** Did this work for **—** yrs.

- 10. Industry or Business **AT HOME** Date last worked **—**

- 11. Birthplace **CHARLES CITY, IOWA** (City or town) (State or foreign country)

- 12. Name **WILLIAM BUTZ**

- 13. Birthplace **LOCATELLO, IOWA** (City or town) (State or foreign country)

- 14. Maiden name **MARY BRINKMAN**

- 15. Birthplace **LOCATELLO, IOWA** (City or town) (State or foreign country)

- 16. Informant's OWN Signature **Clyde E. Evans** and Address **LOCATELLO, IDAHO**

- 17. (a) **BURIAL** (b) Date thereof **5-14-48** (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **MAINTAINED LOCATELLO**

- 18. Funeral Director's OWN Signature **Arthur M. Hall** and Address **LOCATELLO, IDAHO**

- 19. (a) **June 15 - 1948** (b) **Jessie E. Powell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

**102X**

- 20. DATE OF DEATH (Month, Day, Year) **MAY 10 1948** at **—** o'clock **M.**

- 21. I HEREBY CERTIFY, That I attended deceased from **1945** 19 **—** to 19 **—**

I last saw h. **EV** alive on **4/18** 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Have** Duration

**Anginal heart for 24 hours**

**due to 24 years, but had not any less for**

Due to **arterial work**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **—** Date **—**

Major finding **—**

Finding of autopsy **—**

PHYSICIAN Underline the cause to which death should be charged statistically.

- 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **—** 19 **—** City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **—**

- 23. Attendant's OWN Signature **—**

and Address **—** (M. D. or other) Date **—** 19 **—**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

CERTIFICATE OF DEATH  
STATE OF IDAHO

1948 1664  
Local Registrar's Duplicate  
Local Reg. No. 119  
Reg. Dist. No. 511

1. PLACE OF DEATH: *Barnack*  
(a) County *Pocatello*  
(b) City or town  
(c) Street Address or R. F. D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home—Hospital—Institution—Other place  
(f) Name Hosp. or Inst. *St. Anthony* Stayed *1* days  
(g) Lived in this county *1* years *1* months *1* days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State *Idaho* (b) County *Custer*  
(c) City or town *Mackay*  
(d) Street Address or R. F. D. No. *✓*  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? *U.S.A.*  
(g) How long had deceased lived in Idaho? *1* years  
(h) Former residence (city, state) *South Dakota*

3. (a) FULL NAME

*Edith Warren*

107X

3. (b) If veteran, ☒ name war. 3. (c) Social Security No. *✓*  
4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *married*  
6. (b) Name of husband or wife *William H* 6. (c) Age of husband or wife if alive *79* years  
7. Date of Birth (Month, Day, Year) *January 1, 1869*

8. AGE	Years	Months	Days	less than 1 day
	<i>79</i>	<i>4</i>	<i>10</i>	hrs. min.

9. Exact Occupation *Housewife* Did this work for *life* yrs.  
10. Industry or Business *Home* Date last worked *May 1948*  
11. Birthplace *Hempville, Ontario, Canada* (City or town) (State or foreign country)  
12. Name *Samuel McHoney*  
13. Birthplace *not known* (City or town) (State or foreign country)  
14. Maiden name *Lussana*  
15. Birthplace *✓* (City or town) (State or foreign country)

16. Informant's OWN Signature *Jay Lewis*  
and Address *San Francisco, Calif.*

17. (a) *Burial* (b) Date thereof *May 14, 1948* (Month) (Day) (Year)  
(c) Place: *Mackay, Idaho*

18. Funeral Director's OWN Signature *Betty J. Marvick*  
and Address *Arco, Idaho*

19. (a) *June 2, 1948* (b) *Jesse J. Farrell*  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

162B

20. DATE OF DEATH (Month, Day, Year) *May 11*, 19*48*  
at *8:15* o'clock *P.*M.

21. I HEREBY CERTIFY, That I attended deceased from *May 10*, 19*48*, to *May 11*, 19*48*  
I last saw *her* alive on *May 10*, 19*48*; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

*Broncho Pneumonia*

Duration

*24 hrs.*

Due to *ape*

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

Physician

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred *✓*, 19*48* City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature *Miller*  
and Address *Pocatello, Idaho* *5-21*, 19*48*  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 1665  
State File No. ....  
Local Reg. No. 120  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town LOCATELLO  
(c) Street Address or R.F.D. No. 857 So. MAIN  
(d) Death Occurred Inside? 1 Outside? city or town  
(e) Died in a Home? 1 Hospital? 1 Institution? 1 Other place? 1  
(f) Name Hosp. or Inst. 1 Stayed 1 days  
(g) Lived in this county 12 years 12 months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town LOCATELLO  
(d) Street Address or R.F.D. No. 857 So. MAIN  
(e) Deceased lived Inside? 1 Outside? city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state) 1

## 3. (a) FULL NAME

NELLIE JANE MATHEWS GREEN

131B

## 3. (b) If veteran,

name war 1

## 3. (c) Social Security

No. 1

5. Color or 1 6. (a) Single, widowed, married, divorced MARRIED  
Sex FEMALE Race WHITE

6. (b) Name of husband or wife VICTOR GREEN (c) Age of husband or wife if alive 48 years

7. Date of Birth (Month, Day, Year) OCTOBER 26, 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>6</u>	<u>15</u>	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for 1 yrs.

10. Industry or Business AT HOME Date last worked 1

11. Birthplace WIDERSIDE IDAHO (City or town) (State or foreign country)

12. Name WILLIAM H. MATHEWS

13. Birthplace UTAH (City or town) (State or foreign country)

14. Maiden name SARAH ANN THORSON

15. Birthplace UTAH (City or town) (State or foreign country)

16. Informant's OWN Signature Victor Green and Address LOCATELLO, IDAHO

17. (a) BURIAL (b) Date thereof 5-14-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: MOUNTAIN VIEW LOCATELLO

18. Funeral Director's OWN Signature Arthur M. Hall and Address LOCATELLO, IDAHO

19. (a) May 8, 1948 (b) Jessie J. Parnell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) MAY 11, 1948 19 48  
at 5:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. 1 alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chronic Myocarditis with Pulmonary Edema  
Due to Chronic Cardiac Disease  
Due to Chronic Hypertension  
Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)

## Duration

## Where was disease contracted?

Name of operation 1 Date 1

## Major finding

Finding of autopsy 1

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 1 Suicide? 1 Homicide? 1

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home 1 Farm 1 Industry 1

Public Place 1 While at work? 1

Means of injury 1

23. Attendant's OWN Signature J. J. Parnell M.D.

and Address LOCATELLO, IDAHO (M. D. or other) Dates 5-13-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN ± 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1666**  
Local Reg. No. **121**  
Reg. Dist. No. **511**

1. PLACE OF DEATH:
- (a) County Bannock
  - (b) City or town Pocatello
  - (c) Street Address or R.F.D. No. 354 Crescent Drive
  - (d) Death Occured Inside? X Outside? city or town
  - (e) Died in a Home X Hospital Institution Other place city or town
  - (f) Name Hosp. or Inst. Stayed days
  - (g) Lived in this county 3 years 3 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bannock
  - (c) City or town Oxford
  - (d) Street Address or R.F.D. No. city or town
  - (e) Deceased lived Inside? X Outside? city or town
  - (f) Citizen of what country? U.S.
  - (g) How long had deceased lived in Idaho? Life years
  - (h) Former residence (city, state) city, state

3. (a) FULL NAME Hyrum Georgeson

3. (b) If veteran, name war No.
3. (c) Social Security No. 125B
4. Sex Male race White
5. Color, or White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie L.
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) Dec. 25, 1871

8. AGE	Years	Months	Days	If less than 1 day
	76	4	24	hrs min.

9. Exact Occupation Farmer Did this work for Jan. 1948 yrs.
10. Industry or Business Own Farm Date last worked Jan. 1948
11. Birthplace Treasureton, Idaho (City or town) (State or foreign country)

12. Name Neils Georgeson
13. Birthplace Denmark (City or town) (State or foreign country)
14. Maiden name Johanna Kolod
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature William N. Georgeson  
and Address Pocatello, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1948 (Month) (Day) (Year)
- (c) Place: Weston, Idaho

18. Funeral Director's OWN Signature Webb-Hendricks  
and Address Preston

19. (a) Date received and filled June 2, 1948 (b) Registrar's signature Jessie L. Powell

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 12 1948  
(Month, Day, Year)  
at 11:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 5, 1948 to May 12, 1948.  
I last saw h/m alive on May 11, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Hypertension  
Due to myocardial degeneration  
Due to hypertension of unknown origin  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline Date the cause to which death should be charged statistically.  
Major finding PHYSICIAN  
Finding of autopsy PHYSICIAN

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state

where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury Attendant's  
OWN Signature W. N. Georgeson, M.D.  
and Address Pocatello, Idaho Date 5-17-1948 (M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 20 1948

# Certificate of Death

STATE OF IDAHO

1948 1667  
State File No. ....  
Local Reg. No. 116  
Reg. Dist. No. 90

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address Wagon Box No. 7th Ave  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. St. Anthony Stayed 3 days  
(g) Lived in this county 0 years 6 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello,  
(d) Street Address Wagon Box 422 W. Lewis St  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

ALFRED OSCAR HALVERSON

3. (b) If veteran, name war World War No. 1 3. (c) Social Security No. 503-09-4720  
5. Color or white 6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Caroline Davis Halverson 6. (c) Age of husband or wife if alive 48 years

7. Date of Birth (Month, Day, Year) October 21, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>6</u>	<u>21</u>	hrs. min.

9. Exact Occupation Salesman Did this work for 11 yrs.  
10. Industry or Business Morrison-Merrill & Co Date last worked 5/10/48  
11. Birthplace Brandt South Dakota  
(City or town) (State or foreign country)

- Father { 12. Name Ole C. Halverson  
13. Birthplace Norway  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Emma Melham  
15. Birthplace Norway  
(City or town) (State or foreign country)

16. Informant's OWN Signature Walter Halverson  
and Address Brandt, South Dakota

17. (a) Removal (b) Date thereof May 14, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Brandt, South Dakota  
18. Funeral Director's OWN Signature Jack Henderson  
and Address Pocatello, Idaho

19. (a) May 14, 1948 (b) Jessie J. Panceel  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 13 19 48  
at 8:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 48 to May 13 19 48.  
I last saw him alive on May 13 19 48;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 10 days

Due to Pneumonia

Due to Prostatic Metastasis 7-8  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation .....

Major finding .....

Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? .....

Swicide? .....

Homicide? .....

Occurred 19 48 City, county, state where violence occurred .....

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury .....

23. Attendant's OWN Signature M. J. Panceel  
(M. D. or other) and Address Pocatello, Idaho Date 5/14 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 4 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 1668  
Local Reg. No. 122  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County. Bannock  
(b) City or town. Pocatello  
(c) Street Address or ~~xxxxx~~ So. Johnson Ave  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 1 days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Bannock  
(c) City or town. Pocatello  
(d) Street Address ~~xxxxx~~ 338 Pocatello Ave  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

LUCINDA KENDALL

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or race

Female colored

## 6. (a) Single, widowed, married, divorced

widowed

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth

(Month, Day, Year)

November 26, 1860

## 8. AGE

Years

Months

Days

If less than 1 day

86

8

17

hrs.

min.

## 9. Exact Occupation

housekeeper

## Did this work for

--- yrs.

## 10. Industry or Business

home

## Date last worked

---

## 11. Birthplace

Hopkinsville,

Kentucky

(City or town)

(State or foreign country)

## 12. Name

No data

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

No data

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

Matthew Callery  
and Address Pocatello, Idaho

## 17. (a) Burial

(b) Date thereof May 17, 1948

(Burial, cremation, or removal)

(Month) (Day) (Year)

## (c) Place

Pocatello, Idaho

## 18. Funeral Director's OWN Signature

Luck Henderson  
and Address Pocatello, Idaho

## 19. (a) May 15, 1948

(Date received and filed)

## (b) Jessie J. Powell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

May 13

19 48

at 11:00 o'clock a. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1-14-

19 48

to May 13

19 48

I last saw h. or alive on May 13 19 48 ;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

acute  
bronchitis  
heart failure

## Due to

age  
heart failure

## Due to

myocardial infarction

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

home

## Name of operation

---

## Major finding

---

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? --- Suicide? --- Homicide? ---

Occurred --- 19 --- City, county, state

where violence occurred ---

Place of Violence: Home --- Farm --- Industry ---

Public Place --- While at work? ---

## Means of injury

## 23. Attendant's OWN Signature

J. J. Powell

(M. D. or other)

and Address Pocatello, Idaho Date May 13 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 4 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1669  
Local Reg. No. 123  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Syke  
(d) Street Address or R.F.D. No. St. F. A.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 1 1/2 years  
(h) Former residence (city, state) Denver, Colo.

## 3. (a) FULL NAME

Joseph G. Vialpando

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or \_\_\_\_\_  
4. Sex M race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Pauline

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) August 21, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>8</u>	<u>30</u>	hrs. min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace New Mexico (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name Casimiro Vialpando (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

13. Birthplace N. Mexico (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Lula Vallere

15. Birthplace New Mexico (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature William Vialpando and Address Syke Idaho

17. (a) Burial (b) Date thereof 5-17-48 (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Darnard and Address Pocatello Idaho

19. (a) May 19, 1948 (Date received and filed) (b) Jesse J. Powell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 13 1948  
at 11:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 13 April 1948 to 12 May 1948  
I last saw him alive on 12 May 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Broncho pneumonia  
hypostatic, confluent  
Due to Pulmonary edema

Duration 2 wks.

Due to Arteriosclerotic heart disease 10 years.

Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Hemiplegia 7 years

Where was disease contracted? \_\_\_\_\_

Name of operation NONE Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy NONE

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Mr. Hearn, M.D.

and Address Pocatello Idaho (M.D. or other) \_\_\_\_\_

Date 15 May 1948 (For additional space, use reverse side)

584

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 1 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1670  
Local Reg. No. 12  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 656 S. Hayes  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☐ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 46 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 656 S. Hayes  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Lattie Yellow Hill

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex ♀ 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) Sept. 17, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>7</u>	<u>26</u>	hrs. min.

9. Exact Occupation Housewife Did this work for — yrs.

10. Industry or Business " Date last worked —

11. Birthplace Bingham Canyon, Utah (City or town) (State or foreign country)

12. Name Thomas Yellow Hill (City or town) (State or foreign country)

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Jane Robbins (City or town) (State or foreign country)

15. Birthplace Cornwall England (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. M. Vaughan  
and Address 656 S. Hayes - Pocatello, Id.

17. (a) Burial (b) Date thereof 5-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Darnard  
and Address Pocatello, Idaho

19. (a) May 19, 48 (b) Jessie J. Jamell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May, 13 19 48

21. I HEREBY CERTIFY, That I attended deceased from July 18 19 47 to May 13 19 48

I last saw him alive on May 13 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Due to apoplexy

Due to Brain Embolism

Other conditions (Include pregnancy within 3 months of death)

Arterio Sclerosis

Where was disease contracted? Home

Name of operation — Date —

Major finding —

Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred — 19 — City, county, state where violence occurred —

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury —

23. Attendant's OWN Signature J. N. Lynn  
and Address Pocatello, Idaho Date 5-17 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 20 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1671**  
Local Reg. No. **117**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address **6660 No. 7th Ave**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Anthony** Stayed **9 weeks**  
(g) Lived in this county **7** years **8** months **15** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address **6660 No. 941 So. 5th Ave**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **7** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**ANTON WILLIAM KNieVEL**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex **male** race **white**

6. (a) Single, widowed, married,  
divorced **single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) **August 31, 1940**

8. AGE	Years	Months	Days	If less than 1 day
	<b>7</b>	<b>8</b>	<b>15</b>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Pocatello** **Idaho**  
(City or town) (State or foreign country)

12. Name **William E. Knievel**

13. Birthplace **Naper** **Nebraska**  
(City or town) (State or foreign country)

14. Maiden name **Bula Forrester**

15. Birthplace **Cody** **Wyoming**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **W. Knievel**  
and Address **Pocatello, Idaho**

17. (a) **burial** (b) Date thereof **May 18, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Pocatello, Idaho**  
18. Funeral Director's OWN Signature **Jack Henderson**  
and Address **Pocatello, Idaho**

19. (a) **May 17, 1948** (b) **Jessie J. Parnell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **May 14** 19 **48**  
at **10:45** o'clock **p.** M.

21. I HEREBY CERTIFY, That I attended deceased from **May 13** 19 **48** to **May 14** 19 **48**

I last saw him alive on **May 14** 19 **48**;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Influenza meningitis**

## Duration

**2 mo.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Congenital Heart**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **None**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **None**

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **None**

23. Attendant's OWN Signature **Alvin J. Parnell**

(M. D. or other)  
and Address **Pocatello, Idaho** Date **May 17** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 1 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1672**  
Local Reg. No. **125**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **BANNOCK**  
(b) City or town **FOCATELLO**  
(c) Street Address or R. F. D. No. **650 N. 7TH**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **ST. ANTHONY'S** Stayed **1** days  
(g) Lived in this county **LIFE** years **-** months **-** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **FLANMIDA**  
(d) Street Address or R.F.D. No. **254 McKinley**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **LIFE** years  
(h) Former residence (city, state) **-**

## 3. (a) FULL NAME

**LESTER DALLEY**

## 3. (b) If veteran,

name war **-**

## 3. (c) Social Security

No. **-**

5. Color or **-** 6. (a) Single, widowed, married, divorced **SINGLE**  
4. Sex **MALE** race **WHITE**  
6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years

## 7. Date of Birth

(Month, Day, Year) **MAY 15, 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>1</b>	hrs min.

9. Exact Occupation **INFANTS** Did this work for **-** yrs.

10. Industry or Business **AT HOME** Date last worked **-**

11. Birthplace **FOCATELLO IDAHO**  
(City or town) (State or foreign country)

12. Name **LESTER A. DALLEY**

13. Birthplace **SUMMIT UTAH**  
(City or town) (State or foreign country)

14. Maiden name **ROWENA HARTLEY**

15. Birthplace **HURRICANE UTAH**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Lester A. Dalley**

and Address **FOCATELLO, IDAHO**

17. (a) **Burial** (b) Date thereof **MAY 19, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Biden City Utah**

18. Funeral Director's OWN Signature **William P. Hall**

and Address **FOCATELLO, IDAHO**

19. (a) **MAY 18, 1948** (b) **James J. Powell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **MAY 16TH 1948**  
at **4:00** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **MAY 15 1948** to **MAY 16 1948**  
I last saw him alive on **MAY 16 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

**Cerebral Hemorrhage**

Due to

**Signature - 7 weeks**

Due to

Other conditions  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation **-** Date **-**

## Major finding

Finding of autopsy **-**

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **-** 19 **-** City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **-**

23. Attendant's OWN Signature **Ralph B. Heptel**

and Address **Idaho Falls** Date **6-5-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

AMENDED JULY 17, 1948 STATE OF IDAHO

State File No. 48-1673  
Local Reg. No. 126  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County. Bannock  
(b) City or town. Pocatello  
(c) Street Address or R.F.D. No. 734 Jefferson  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. X Hospital. \_\_\_\_\_ Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county. 49 years. \_\_\_\_\_ months. \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Bannock  
(c) City or town. Pocatello  
(d) Street Address or R.F.D. No. 734 Jefferson  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state). Utah

3. (a) FULL NAME Maude Bell Marley Brown

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Harry A. Brown

6. (c) Age of husband or wife if alive died 1941 years

7. Date of Birth July 26, 1881  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>9</u>	<u>22</u>	hrs. min.

9. Exact Occupation. Housekeeper Did this work for \_\_\_\_\_ yrs.

10. Industry or Business. At Home Date last worked \_\_\_\_\_

11. Birthplace. Brimham City, Arizona  
(City or town) (State or foreign country)

12. Name. Lorenzo Snow Whitine

13. Birthplace. Manti, Utah  
(City or town) (State or foreign country)

14. Maiden name. Flora Waterman

15. Birthplace. Summersett, England  
(City or town) (State or foreign country)

16. Informant's OWN Signature. Mrs. Sidney Brown

and Address. Pocatello, Idaho

17. (a) Removal & Burial Date thereof May 28, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place. Robin Idaho

18. Funeral Director's OWN Signature. Arthur W. Hall

and Address. Pocatello, Idaho

19. (a) June 2, 1948 (b) Jessie F. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 18, 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from May 13, 1948 to May 18, 1948  
I last saw her alive on May 13, 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary Occlusion Duration 6 days

Due to Invalidism from paralysis of both legs Since 1944

Due to Unknown cause

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation. \_\_\_\_\_ Date. \_\_\_\_\_

Major finding. \_\_\_\_\_

Finding of autopsy. \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_

Public Place. \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury. \_\_\_\_\_

23. Attendant's OWN Signature. H. J. Hartvigsen, M. D.

(M. D. or other)

and Address. Pocatello, Ida. Date 5-18-48

(For additional space, use reverse side)

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 1 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1673**  
Local Reg. No. **126**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **BANNOCK**  
(b) City or town **POCAHELLO**  
(c) Street Address or R.F.D. No. **734 JEFFERSON**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **49** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **POCAHELLO**  
(d) Street Address or R.F.D. No. **734 JEFFERSON**  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **49** years  
(h) Former residence (city, state) **UTAH**

## 3. (a) FULL NAME

**MAUDE BELL MARLEY BROWN**

**094A**

## 3. (b) If veteran,

name war ☐

## 3. (c) Social Security

No. ☐

5. Color or **WHITE** divorced **WIDOWED**  
4. Sex **FEMALE**  
6. (b) Name of husband or wife **HARRY A. BROWN** 6. (c) Age of husband or wife if alive **died 1941** years  
7. Date of Birth (Month, Day, Year) **JULY 26, 1881**

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>	<b>9</b>	<b>22</b>	hrs min.

9. Exact Occupation **HOUSEKEEPER** Did this work for ☐ yrs.  
10. Industry or Business **AT HOME** Date last worked ☐  
11. Birthplace **BIRMGHAM CITY, ARIZONA** (City or town) (State or foreign country)

12. Name **LORENZO SNOW WHITING**  
13. Birthplace **MANTI UTAH** (City or town) (State or foreign country)  
14. Maiden name **FLORA WATERMAN**  
15. Birthplace **SUMMERSETT ENGLAND** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Sidney Brown**  
and Address **POCAHELLO, IDAHO**

17. (a) **Removal & Burial** Date thereof **MAY 18 1948** (Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: **ROBIN IDAHO**

18. Funeral Director's OWN Signature **Arthur V. Hall**  
and Address **POCAHELLO, IDAHO**

19. (a) **June 2, 1948** (Date received and filed) (b) **Jessie J. Lane** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

**083D**

20. DATE OF DEATH (Month, Day, Year) **MAY 18 1948**  
at ☐ o'clock **M.**

21. I HEREBY CERTIFY, That I attended deceased from **MAY 13 1948** to **MAY 18 1948**.  
I last saw her alive on **MAY 13 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Coronary Occlusion** Duration **6 days**

Due to **proliferation from fracture of both legs** **17 years**  
Due to **infection cause**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature **D. H. Hestiglen M.D.**  
and Address **POCAHELLO, IDAHO** Date **5-18-1948**  
(For additional space, use reverse side)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Bannock } ss. Certificate No. 1673  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Death  
for Maudie Sue Marley Brown who died on May 18, 1948  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Locatello Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Conjunctive Fever For 12 years only since 1944  
John Perschke

Subscribed and sworn to before me this 13th day of July, 1950

Signed H. J. Hartogian, M.D.  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)  
Carlson Bldg. Locatello Idaho  
(Street Address, City, State)

Notary Public, residing at Locatello Idaho  
My commission expires Feb 3, 1950  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Bannock } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of July, 1950

Signed Theo. D. Allen  
(Signature of Any Credible Person)  
229 So. Garfield Locatello  
(Street Address, City, State)

Notary Public, residing at Locatello Idaho  
My commission expires Feb 25, 1950  
(Seal)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 1 1948

# Certificate of Death

STATE OF IDAHO

948  
State File No. 1674  
Local Reg. No. 127  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County..... **Bannock**  
(b) City or town..... **Pocatello**  
(c) Street Address..... ~~xxxxxxx~~ **255 South Arthur Ave**  
(d) Death Occurred Inside? ☒ Outside?..... city or town  
(e) Died in a Home ☒ Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county..... years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State..... **Idaho** (b) County..... **Bannock**  
(c) City or town..... **Pocatello**  
(d) Street Address..... ~~xxxxxxx~~ **255 South Arthur**  
(e) Deceased lived Inside? ☒ Outside?..... city or town  
(f) Citizen of what country?..... **U. S. A.**  
(g) How long had deceased lived in Idaho?..... **42** years  
(h) Former residence (city, state).....

3. (a) FULL NAME **LLEWELLA ALICIA WHITE**

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or  
4. Sex **female** Race **white**

6. (a) Single, widowed, married,  
divorced..... **widowed**

6. (b) Name of husband or wife  
**William White**

6. (c) Age of husband or wife if  
alive..... **dead** years

7. Date of Birth  
(Month, Day, Year) **July 8, 1878**

8. AGE	Years	Months	Days	If less than 1 day
	<b>69</b>	<b>10</b>	<b>11</b>	hrs. min.

9. Exact Occupation..... **housekeeper** Did this work for..... years.

10. Industry or Business..... **home** Date last worked.....

11. Birthplace..... **London, Ontario Canada**  
(City or town) (State or foreign country)

12. Name..... **Benjamin Higgins**

13. Birthplace..... **London Canada**  
(City or town) (State or foreign country)

14. Maiden name..... **Helena Augusta Sanderson**

15. Birthplace..... **Toronto Canada**  
(City or town) (State or foreign country)

16. Informant's OWN Signature..... **Llewella A. Anderson**  
and Address..... **Pocatello Idaho**

17. (a) **burial** (b) Date thereof..... **May 21, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place..... **Pocatello Idaho**

18. Funeral Director's OWN Signature..... **Jack Henderson**

and Address..... **Pocatello Idaho**

19. (a) **May 20, 1948** (b) **Jessie J. Parnell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **May 19** 19 **48**

at..... **4:30** o'clock..... **p.** M.

21. I HEREBY CERTIFY, That I attended deceased from.....  
19..... to..... **May 19** 19 **48**

I last saw h..... or..... alive on..... **May 19** 19 **48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:..... Duration.....

**Myocardial failure**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature..... **Dr. Roberts**

(M. D. or other)

and Address..... **Pocatello, Ida** Date..... **May 20** 19 **48**

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

1948 1675  
State File No. 132  
Local Reg. No. 511  
Reg. Dist. No.

JUN 1 1948

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town FOCATELLO  
(c) Street Address or R. F. D. No. 101 S. JOHNSON  
(d) Death Occured Inside? - Outside? - city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. GENERAL Stayed 1 days  
(g) Lived in this county... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State MINNESOTA (b) County HENNINGAN  
(c) City or town MINNEAPOLIS  
(d) Street Address or R.F.D. No. 4829 2ND AVE So.  
(e) Deceased lived Inside? - Outside? - city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) MINNEAPOLIS, MINN

## 3. (a) FULL NAME

ANNA THOMPSON

## 3. (b) If veteran,

name war -

## 3. (c) Social Security

No. -

5. Color or - 6. (a) Single, widowed, married, divorced MARRIED

## 4. Sex FEMALE Race WHITE

6. (b) Name of husband or wife EDDIE THOMPSON 6. (c) Age of husband or wife if alive - years

## 7. Date of Birth

(Month, Day, Year) JUNE 26, 1889

## 8. AGE

Years	Months	Days	If less than 1 day
<u>58</u>	<u>10</u>	<u>25</u>	hrs min.

## 9. Exact

Occupation HOUSEWIFE Did this work for - yrs.

## 10. Industry or

Business AT HOME Date last worked -

## 11. Birthplace

CHASKA MINNESOTA  
(City or town) (State or foreign country)

## 12. Name

FRANK BARRIS

## 13. Birthplace

NEW YORK  
(City or town) (State or foreign country)

## 14. Maiden name

MARY MAX

## 15. Birthplace

MINNESOTA  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Eddie Thompson  
and Address MINNEAPOLIS, MINNESOTA

## 17. (a) REMOVAL

(Burial, cremation, or removal) (b) Date thereof 6-22-48  
(Month) (Day) (Year)

(c) Place: MINNEAPOLIS, MINNESOTA

## 18. Funeral Director's

OWN Signature Arthur Hall  
and Address FOCATELLO, IDAHO

## 19. (a) 6-10-48

(Date received and filed)

## (b)

James J. Powell  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) MAY 21, 1948  
at - o'clock M.

## 21. I HEREBY CERTIFY, That I attended deceased from

May 19 1948 to May 21 1948  
I last saw her alive on May 20 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

myocardial infarction

## Duration

## Due to

Coronary occlusion

## Due to

Other conditions History of diabetes mellitus  
(Include pregnancy within 3 months of death)  
also rheumatic heart disease

## Where was disease contracted?

Name of operation - Date -

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

## 23. Attendant's

OWN Signature R. M. Pearson, M.D.  
209 Carlton Bldg. (M. D. or other)

and Address FOCATELLO, IDAHO Date May 22 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 4 1948

# Certificate of Death

STATE OF IDAHO

148  
State File No. **1676**  
Local Reg. No. **118**  
Reg. Dist. No. **511**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address ~~XXXXXX~~ **455 So. Garfield Ave**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ 25 \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address ~~XXXXXX~~ **455 So. Garfield Ave**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**HAROLD RAYMOND WEST**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex **male** race **white**

6. (a) Single, widowed, married,  
divorced **married**

6. (b) Name of husband or wife  
**Susan Miller West**

6. (c) Age of husband or wife if  
alive **35** years

7. Date of Birth  
(Month, Day, Year) **September 29, 1900**

8. AGE	Years	Months	Days	If less than 1 day
	<b>47</b>	<b>7</b>	<b>23</b>	hrs. min.

9. Exact Occupation **Electrical Engineer** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Idaho Power Co.** Date last worked **6/47**

11. Birthplace **Chesterfield, Idaho**  
(City or town) (State or foreign country)

12. Name **Charles West**

13. Birthplace **Paraguan, Utah**  
(City or town) (State or foreign country)

14. Maiden name **Celestia Johnson**

15. Birthplace **Springville, Utah**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Susan M. West**  
and Address **Pocatello, Idaho**

17. (a) **removal** (b) Date thereof **May 24, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Portland, Oregon**

18. Funeral Director's OWN Signature **Jack Henderson**  
and Address **Pocatello, Idaho**

19. (a) **May 22, 1948** (b) **Jessie J. Parnell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **May 22 1948**

at **about 4** o'clock **a.** M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

**Strangulation by Hanging**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? ☒ Homicide? \_\_\_\_\_

Occurred **May 22 1948** City, county, state

where violence occurred **Pocatello, Bannock, Idaho**

Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Arthur M. Hall**

and Address **Pocatello, Ida** Date **May 22 1948**

(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 1 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1677  
Local Reg. No. 130  
Reg. Dist. No. 5-11

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town POCAHELLO  
(c) Street Address or R.F.D. No. 1015 JOHNSON  
(d) Death Occured Inside? - Outside? - city or town  
(e) Died in a Home - Hospital - Institution - Other place -  
(f) Name Hosp. or Inst. GENERAL Stayed - days  
(g) Lived in this county 30 years - months - days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCAHELLO  
(d) Street Address or R.F.D. No. R.F.D. 2 NORTH  
(e) Deceased lived Inside? - Outside? - city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) UTAH

## 3. (a) FULL NAME

CELIA CHAPMAN ARCHIBALD

050X

## 3. (b) If veteran,

name war -

## 3. (c) Social Security

No. -

5. Color or - 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex FEMALE race WHITE

6. (b) Name of husband or wife CHESTER ARCHIBALD 6. (c) Age of husband or wife if 40 years

7. Date of Birth (Month, Day, Year) SEPTEMBER 15, 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>8</u>	<u>8</u>	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for - yrs.

10. Industry or Business AT HOME Date last worked -

11. Birthplace PETERSBURG UTAH  
(City or town) (State or foreign country)

12. Name IRISH NICHOLIS BARNHILL

13. Birthplace UTAH  
(City or town) (State or foreign country)

14. Maiden name MARY ANN EATES

15. Birthplace FILLMORE UTAH  
(City or town) (State or foreign country)

16. Informant's OWN Signature Eith Peterson  
and Address POCAHELLO, IDAHO

17. (a) BURIAL (b) Date thereof 5-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: MAINTAIN VIEW, POCAHELLO, IDAHO

18. Funeral Director's OWN Signature Arthur Hall  
and Address POCAHELLO, IDAHO

19. (a) June 2, 1948 (b) Jessie J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

047D

20. DATE OF DEATH (Month, Day, Year) MAY 23RD 1948  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from September 1947, to 5-23 1948  
I last saw h.e. alive on 5-23 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Carcinoma lung Duration 6 mo

- Due to Carcinoma of heart 1 year

- Due to -

- Other conditions -  
(Include pregnancy within 3 months of death)

- Where was disease contracted? Home

- Name of operation amputation Date 5-23-48 Underline the cause to

- Major finding Heart Carcinoma each death should be charged statistically.

- Finding of autopsy -

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -

- Occurred - 19 - City, county, state

- where violence occurred

- Place of Violence: Home - Farm - Industry -  
Public Place - While at work? -

- Means of injury -

23. Attendant's OWN Signature DC Ray  
and Address Pocahello (M. D. or other) -  
Date 5-26-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 4 1948

# Certificate of Death

STATE OF IDAHO

948  
State File No. **1678**  
Local Reg. No. **129**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **650 N. 7th**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Anthony** Stayed \_\_\_\_\_ days  
(g) Lived in this county **47** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or R.F.D. No. **734 S. 9th**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **47** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**ELLA LEONA WILBERT**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

**518-26-3441**

5. Color or  
4. Sex **F.** race **W.**

6. (a) Single, widowed, married,  
divorced **Widowed**

6. (b) Name of husband or wife  
**Leo Wilbert**

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) **Feb. 7, 1901**

8. AGE	Years	Months	Days	If less than 1 day
	<b>47</b>	<b>3</b>	<b>18</b>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Lago Idaho**  
(City or town) (State or foreign country)

12. Name **Lars P. Hansen**  
(City or town) (State or foreign country)

13. Birthplace **Denmark**  
(City or town) (State or foreign country)

14. Maiden name **Dorthea Mickelsen**

15. Birthplace **Huntsville Utah**  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature **Donald T. Wilbert**  
and Address **Pocatello Idaho**

17. (a) **burial** (b) Date thereof **5-29-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Mountainview, Pocatello**

18. Funeral Director's  
OWN Signature **Downard Funeral Home**  
by **Downard**  
and Address **Pocatello Idaho**

19. (a) **June 2 - 1948** (b) **Jessie J. Paul**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **May 25** 19 **48**  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from  
19 **46** to **May 25** 19 **48**

I last saw h. **er** alive on **May 24** 19 **48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **multiple Sclerosis** Duration **4 yrs.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **none**

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **RO. Howard and**

23. Attendant's  
OWN Signature **Pocatello** (M. D. or other)

and Address **Pocatello** Date **5-26-48** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 18 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. **1679**  
Local Reg. No. **135**  
Reg. Dist. No. **511**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address **Screeners No. 7th Ave**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **St. Anthony** Stayed ☐ days  
(g) Lived in this county **37** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address **Screeners No. 7th Ave** R.F.D. No. **South of City**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **37** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**CHARLES WILLIAM WANSTREET**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex **male** race **white**

6. (a) Single, widowed, married,  
divorced **single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive ☐ years

7. Date of Birth  
(Month, Day, Year) **August 15, 1880**

8. AGE	Years	Months	Days	If less than 1 day
	<b>67</b>	<b>9</b>	<b>14</b>	hrs. min.

9. Exact Occupation **Retired - Farmer** Did this work for **life** yrs.

10. Industry or Business **Self** Date last worked **1947**

11. Birthplace **Leopold West Virginia**  
(City or town) (State or foreign country)

12. Name **Henry Wanstreet**

13. Birthplace **Oldenburg Germany**  
(City or town) (State or foreign country)

14. Maiden name **Sophia Bode**

15. Birthplace **Baltimore Maryland**  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature **Genevieve Wanstreet**  
and Address **Pocatello Idaho**

17. (a) **Burial** (b) Date thereof **June 2, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Pocatello Idaho**

18. Funeral Director's  
OWN Signature **Jack Henderson**

and Address **Pocatello Idaho**

19. (a) **May 29, 1948** (b) **June 2, 1948**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **May 29** 19 **48**

at **6:00** o'clock **p.** M.

21. I HEREBY CERTIFY, That I attended deceased from  
19 **48** to **May 29** 19 **48**

I last saw him alive on **May 28** 19 **48** ;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **military tuberculosis** Duration **1 mo.**

Due to **Chr. Pulmonary Tb** **30 yr.**

Due to **mild Diabetes** **5 years**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **None**

Name of operation **None** Date

Major finding **None**

Finding of autopsy **None**

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred **May 29** 19 **48** City, county, state  
where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **RP Howard m.D.**

23. Attendant's  
OWN Signature **RP Howard m.D.** (M. D. or other)  
and Address **Pocatello, Ida** Date **May 29** 19 **48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 18 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 1680

Local Reg. No. 136

Reg. Dist. No. 5/1

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 101 So. Johnson  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 7 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. R.F.D. #1 So.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

DELBERT DRURY TALBOT

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Myrtle Croshaw Talbot 6. (c) Age of husband or wife if alive 34 years

7. Date of Birth (Month, Day, Year) November 29th., 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>39</u>	<u>6</u>	<u>0</u>	hrs. min.

9. Exact Occupation Feed Mixer Did this work for 1 yrs.

10. Industry or Business Purina Mills Date last worked 5-22-48

11. Birthplace Fairview Idaho  
(City or town) (State or foreign country)

12. Name Albert Edward Talbot

13. Birthplace Ogden Utah  
(City or town) (State or foreign country)

14. Maiden name Rosena Clark

15. Birthplace Lehi Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Delbert Talbot  
and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof 6-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountain View-Pocatello, Ida.

18. Funeral Director's OWN Signature Arthur J. Hall  
and Address Pocatello, Idaho

19. (a) June 15-1948 (b) James J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 29th., 1948  
at 5:55 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death ruptured blood vessel Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Shock-chronic  
(List and describe other conditions of death) hypertension

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature James J. Powell  
(City, county, or other) Pocatello, Idaho

and Address \_\_\_\_\_ Date 6/2 1948  
(For additional space, use reverse side)

117A

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 18 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1681  
Local Reg. No. 137  
Reg. Dist. No. 5-11

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address W. 7th Ave  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 11 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 12 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

GEORGE WILLIAM BENNETT

## 3. (b) If veteran, name war

----

## 3. (c) Social Security No.

519-28-2416

## 5. Color or

4. Sex male race white

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Blance Bennett

6. (c) Age of husband or wife if alive 58 years

## 7. Date of Birth

(Month, Day, Year)

November 30, 1879

8. AGE	Years	Months	Days	If less than 1 day
68	5	29	hrs.	min.

9. Exact Occupation Farmer Did this work for 30 yrs.

10. Industry or Business -- Date last worked --

11. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

12. Name George W. Bennett

13. Birthplace Omaha, Nebraska  
(City or town) (State or foreign country)

14. Maiden name Elizabeth Haslam

15. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mary Bennett Buncie  
and Address Pocatello, Idaho

17. (a) Removal (b) Date thereof May 29, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Burley, Idaho

18. Funeral Director's OWN Signature Ruth A. Payne  
and Address Burley, Idaho

19. (a) May 29, 1948 (b) Jessie J. Parnell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 29 19 48  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from 5-18 19 48 to May 29 19 48

I last saw h. im alive on May 29 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Obstruction

Duration 10 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Arthur M. Parnell M.D.

and Address Pocatello, Idaho Date May 29 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUN 18 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1682  
Local Reg. No. 138  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. General Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 412 N 5th  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Carolyn Belle Hanft

## 3. (b) If veteran,

name war ..... No. ....

## 3. (c) Social Security

5. Color or

6. (a) Single, widowed, married, divorced .....  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years

4. Sex FEMALE race WHITE

6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth

(Month, Day, Year) May 29, 1948

## 8. AGE

Years

Months

Days

If less than 1 day

0

0

2

hrs

min.

## 9. Exact

Occupation

Did this

work for ..... yrs.

## 10. Industry or

Business

Date last

worked

## 11. Birthplace

Pocatello

Idaho

(City or town)

(State or foreign country)

## 12. Name

Oscar W. Hanft

## 13. Birthplace

Carrington

North Dakota

(City or town)

(State or foreign country)

## 14. Maiden name

Kelsey V. Hanson

## 15. Birthplace

Idaho

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Oscar W. Hanft

and Address

37 \* 1 1/2 E. 3th

## 17. (a)

Burial

(b) Date thereof 6-3-48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place:

Idaho

## 18. Funeral Director's

OWN Signature

L. M. Nelder

and Address

Shelley, Idaho

## 19. (a)

June 4 - 1948

(b)

June 2, 1948

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 30th

1948

at 3:35 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

May 29 1948, to May 30 1948

I last saw her alive on May 29 1948; death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Patent Ductus Arteriosus, and Patent Interventricular Septum

Duration,

Congenital

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

Patent Ductus Arteriosus & Patent Interventricular Septum

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred

19

City, county, state

where violence occurred

Place of Violence: Home

Farm

Industry

Public Place

While at work?

Means of injury

## 23. Attendant's

OWN Signature

H. L. Olsen, M.D.

and Address

Pocatello, Idaho

Date 6-3 1948.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

JUN 19 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1683  
Local Reg. No. 147  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County.....**Bannock**  
(b) City or town.....**Pocatello**  
(c) Street Address or ~~room~~ No. **7th Ave**  
(d) Death Occurred Inside? ☒ Outside?.....city or town  
(e) Died in a Home.....Hospital ☒ Institution.....Other place.....  
(f) Name Hosp. or Inst. **St. Anthony** Stayed **8** days  
(g) Lived in this county.....**0** years.....**0** months.....**8** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State.....**Idaho** (b) County.....**Bannock**  
(c) City or town.....**Pocatello**  
(d) Street Address or R.F.D. No.....  
(e) Deceased lived Inside?.....Outside? ☒ city or town  
(f) Citizen of what country?.....**U. S. A.**  
(g) How long had deceased lived in Idaho?.....years  
(h) Former residence (city, state).....

## 3. (a) FULL NAME

**FRANCIE LAURA FARRIS**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex **female** race **white**  
6. (b) Name of husband or wife  
6. (a) Single, widowed, married, divorced.....  
6. (c) Age of husband or wife if alive.....years

7. Date of Birth  
(Month, Day, Year) **May 24, 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>8</b>	hrs. min.

9. Exact Occupation..... Did this work for.....yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace **Pocatello** **Idaho**  
(City or town) (State or foreign country)

12. Name.....**Cyril R. Farris**

13. Birthplace **West Palm Beach** **Florida**  
(City or town) (State or foreign country)

14. Maiden name **Gladys E. Perry**

15. Birthplace **Fort Hall** **Idaho**  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature **Cyril R. Farris**  
and Address **Fort Hall** **Idaho**

17. (a) **Burial** (b) Date thereof **June 3, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Fort Hall, Idaho**

18. Funeral Director's  
OWN Signature **Jack Henderson**  
and Address **Pocatello, Idaho**

19. (a) **June 2, 1948** (b) **Essie J. Danell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **May 31** 19 **48**  
at **6:00** o'clock **p.** M.

21. I HEREBY CERTIFY, That I attended deceased from  
**May 24** 19 **48** to **May 31** 19 **48**.  
I last saw h. **er** alive on **May 31** 19 **48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death..... Duration

**Prematurity**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy..... **None**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's  
OWN Signature **Essie J. Danell** (M. D. or other)

and Address **Pocatello, Ida** Date **June 1** 19 **48**

(For additional space, use reverse side)

159X

160

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1684  
Local Reg. No. 118  
Reg. Dist. No. 511

JUN 1 1948

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. R.F.D. 2 NORTH  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 37 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. R.F.D. 2 NORTH  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) UTAH

## 3. (a) FULL NAME

ELNA HOWELL METZNER

055E

## 3. (b) If veteran,

name war -

## 3. (c) Social Security

No. 518-14-8260

5. Color or 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex FEMALE race WHITE

6. (b) Name of husband or wife ALFRED J. METZNER 48 years  
6. (c) Age of husband or wife if

7. Date of Birth (Month, Day, Year) FEBRUARY 3, 1901

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>3</u>	<u>6</u>	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for - yrs.

10. Industry or Business AT HOME Date last worked -

11. Birthplace ARRHUS DENMARK  
(City or town) (State or foreign country)

12. Name NIELS P. NIELSON

13. Birthplace DENMARK  
(City or town) (State or foreign country)

14. Maiden name ANNA WINKLER

15. Birthplace DENMARK  
(City or town) (State or foreign country)

16. Informant's OWN Signature Alfred J. Metzner  
and Address POCATELLO, IDAHO

17. (a) BURIAL (b) Date thereof 5-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: MOUNTAIN VIEW - POCATELLO

18. Funeral Director's OWN Signature Arthur P. Hall  
and Address POCATELLO, IDAHO

19. (a) 5-18-48 (b) Jessie J. Farnell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) MAY 9 19 48  
at 1:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 19 47, to May 9 19 48.  
I last saw her alive on May 9 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Choriocarcinoma, with generalized metastases. Duration 11 mo.

Due to -

Due to -  
Other conditions -  
(Include pregnancy within 3 months of death)

Where was disease contracted? Pocateello  
Name of operation Laparotomy Date Nov. 47  
Major finding Choriocarcinoma  
Finding of autopsy -  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -  
Occurred - 19 - City, county, state where violence occurred  
Place of Violence: Home - Farm - Industry -  
Public Place - While at work? -  
Means of injury -  
23. Attendant's OWN Signature H. L. Olsen, M.D.  
(M. D. or other)  
and Address Pocateello, Ida. Date May 10, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Assistant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUN 18 1948

STATE OF IDAHO

1948 State File No. 1685  
Local Reg. No. 26  
Reg. Dist. No. 540

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Bancroft  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home. X Hospital. .... Institution. .... Other place. ....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 64 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Grace  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 64 years  
(h) Former residence (city, state) Helsted, Denmark

## 3. (a) FULL NAME Christian W. Christensen

3. (b) If veteran, name war ..... No. ....  
5. Color, or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Viola May  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Jan. 11, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>4</u>	<u>11</u>	hrs min.

9. Exact Occupation Carpenter Did this work for 4 yrs.  
10. Industry or Business ..... Date last worked July 1947  
11. Birthplace Helsted Denmark  
(City or town) (State or foreign country)

12. Name Lauritz  
13. Birthplace Denmark  
(City or town) (State or foreign country)  
14. Maiden name Jensine  
15. Birthplace Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature James P. Christensen  
and Address Bancroft, Ida.

17. (a) Burial (b) Date thereof May 25, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Downey, Idaho

18. Funeral Director's OWN Signature Shirley Webb  
and Address Preston, Idaho

19. (a) 5-23-1948 (b) Effie W. Braxer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 22 19 48  
at 1:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 19 47, to May 22 19 48  
I last saw him alive on 5-17 19 48 death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Malnutrition Duration 4 months

Due to Recurrent carcinoma of stomach 2 yrs

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home. .... Farm. .... Industry. ....  
Public Place. .... While at work? .....

Means of injury .....

23. Attendant's OWN Signature J. H. Schuler M.D.  
and Address 5-25-48 Date 23 1948  
(For use by physician only)

Idaho 138

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1686**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. **552**

## 1. PLACE OF DEATH

- (a) County **Bear Lake**  
(b) City or town **Montpelier Idaho**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **58** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bear Lake**  
(c) City or town **Montpelier Idaho**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? **58** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**Olga Schmid Jensen**

## 3. (b) If (veteran, name war

**no.**

## 3. (c) Social Security No.

**none**

5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **May 14, 1869**

AGE	Years	Months	Days	If less than 1 day
	<b>78</b>	<b>11</b>	<b>19</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Berne Switzerland** (City or town) (State or foreign country)

12. Name **unknown** (City or town) (State or foreign country)

13. Birthplace **unknown** (City or town) (State or foreign country)

14. Maiden name **unknown** (City or town) (State or foreign country)

15. Birthplace **unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Freda Walker** and Address **Pocatello Ida.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 6, 1948** (Month) (Day) (Year)

(c) Place **Montpelier Idaho**

18. Funeral Director's OWN Signature **W. L. Matthews** and Address **Montpelier Idaho**

19. (a) **5-6-48** (Date received and filed) (b) **A. Bruce** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **May 3, 1948**

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ 1948 to \_\_\_\_\_ 1948

I last saw h. **pr** alive on **42 May 3, 1948**

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Coronary** **10 days**

Due to **Arterio-vascular** **3 yrs.**

Due to **Arterio-vascular**

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operating physician \_\_\_\_\_ Date \_\_\_\_\_

Major finding **Physical**

Finding of autopsy **none**

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

**Alfred R. Smith** (Signature) or other \_\_\_\_\_

and Address **Montpelier Ida.** Date **5-10-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1687**  
Local Reg. No. **552**  
Reg. Dist. No. **552**

## 1. PLACE OF DEATH:

- (a) County **Bear Lake**  
(b) City or town **Montpelier Idaho**  
(c) Street Address or R.F.D. No. **177**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. **77** Stayed **77** days  
(g) Lived in this county **77** years **77** months **77** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in, there)

- (a) State **Idaho** (b) County **Bear Lake**  
(c) City or town **Montpelier Idaho**  
(d) Street Address or R.F.D. No. **177**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **77** years  
(h) Former residence (city, state) **77**

## 3. (a) FULL NAME

**Alma Riley Barkedull**

**094A**

## 3. (b) If woman, name war

**No**

## 3. (c) Social Security No.

**None**

4. Sex **Male** Color or race **white**  
6. (a) Single, widowed, married, divorced **Married**  
(b) Name of husband or wife **Arthur Earl Barkedull** (c) Age of husband or wife if alive **70** years  
7. Date of Birth (Month, Day, Year) **Dec. 19, 1869**

8. AGE	Years	Months	Days	If less than 1 day
	<b>78</b>	<b>4</b>	<b>21</b>	hrs. min.

9. Exact Occupation **Barber** Did this work for **30** yrs.  
10. Industry or Business **Farmington Utah** Date last worked **20**

11. Birthplace **Farmington Utah** (City or town) (State or foreign country)

12. Name **Nicholas Barkedull**

13. Birthplace **Ohio** (City or town) (State or foreign country)

14. Maiden name **Emma Rose**

15. Birthplace **Iowa** (City or town) (State or foreign country)

16. Informant's OWN Signature **Stuart Barkedull**  
and Address **Blackfoot Idaho**

17. (a) Burial (b) Date thereof **May 12, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **Montpelier Idaho**

18. Funeral Director's OWN Signature **John Matthews**  
and Address **Montpelier Idaho**

19. (a) **May 11, 1948** (b) **W. J. King**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

**059B**

20. DATE OF DEATH (Month, Day, Year) **May 10, 1948**  
at **11:35 o'clock P.M.**

21. I HEREBY CERTIFY That I attended deceased from **April 10, 1948** to **May 10, 1948**  
I last saw him alive on **May 10, 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Coronary Occlusion** Duration **6 hrs.**

Due to **Ischemic Heart**

Due to **Serum**

Other conditions **Arthritis** (Include pregnancy within 3 months of death)

Where was disease contracted? **1 day**

Name of operation **Arthritis** Date **1 day**

Major finding **Arthritis**

Finding of autopsy **Arthritis**

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **May 10, 1948** City, county, state **Montpelier Idaho**  
where violence occurred **Montpelier Idaho**  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury **Arthritis**  
23. Attendant's OWN Signature **W. J. King**  
and Address **Montpelier Idaho** Date **May 11, 1948**  
(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically.



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 27 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1688  
Local Reg. No. 552  
Reg. Dist. No. 552

1. PLACE OF DEATH  
(a) County Bear Lake  
(b) City or town Montpelier Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 39 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bear Lake  
(c) City or town Montpelier Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME Joseph Thurber Williams

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ira Williams 6. (c) Age of husband or wife if alive 47 years

7. Date of Birth (Month, Day, Year) Dec 30 1882

8. AGE Years 65 Months 4 Days 16 If less than 1 day hrs. min.

9. Exact Occupation Farming Did this work for 30 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Knoxville Tenn (City or town) (State or foreign country)

12. Name James Williams

13. Birthplace Tenn (City or town) (State or foreign country)

14. Maiden name Soreca Weaver

15. Birthplace Tenn (City or town) (State or foreign country)

16. Informant's OWN Signature Ira Williams and Address Montpelier Idaho

17. (a) Burial (b) Date thereof May 19, 1948 (Month) (Day) (Year)

(c) Place Montpelier Idaho

18. Funeral Director's OWN Signature Mike Matthews and Address Montpelier Idaho

19. (a) 19 48 (b) Matthew (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 16 1948  
at 11 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart attack (2) Duration \_\_\_\_\_

Found dead in his yard.  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Mike Matthews (M. D. or other) Crooner and Address Montpelier Idaho Date May 28 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

27 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1689**  
Local Reg. No. **582**  
Reg. Dist. No. **582**

## 1. PLACE OF DEATH

- (a) County Bear Lake  
(b) City or town Montpelier Idaho  
(c) Street Address or R.F.D. No. 2  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 20 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bear Lake  
(c) City or town Montpelier Idaho  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

Louise Dubach

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

## 5. Color or

Female race white

## 6. (a) Single, widowed, married, divorced

Widowed

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

years

## 7. Date of Birth

(Month, Day, Year) Feb 3, 1875

## 8. AGE

Years 73

Months 3

Days 13

If less than 1 day

hrs.

min.

## 9. Exact Occupation

Housewife

Did this work for ☐ yrs.

## 10. Industry or Business

Date last worked ☐

## 11. Birthplace

Bern Switzerland

## 12. Name

Sigmund Warren

## 13. Birthplace

Bern Switzerland

## 14. Maiden name

Margaret Mitter

## 15. Birthplace

Bern Switzerland

## 16. Informant's OWN Signature

Lib. Matthews

## and Address

Montpelier Idaho

## 17. (a) (Burial, cremation or removal)

Burial

## (b) Date thereof

May 18 1948

## (c) Place

Montpelier Cemetery

## 18. Funeral Director's OWN Signature

Lib. Matthews

## and Address

Montpelier Idaho

## 19. (a)

May 18 1948

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 16 1948

at 7:45 o'clock PM

## 21. I HEREBY CERTIFY That I attended deceased from

May 5 1948 to May 16 1948

I last saw him alive on May 16 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Arteriosclerosis

Duration 10 days

## Due to

Hypertension

## Due to

Arteriosclerosis

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ☐

Date ☐

## Major finding

## Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐

Suicide? ☐

Homicide? ☐

Occurred ☐

19 ☐

City, county, state

where violence occurred ☐

Place of Violence: Home ☐

Farm ☐

Industry ☐

Public Place ☐

While at work? ☐

Means of injury ☐

## 23. Attendant's OWN Signature

Lib. Matthews

and Address ☐

(M. D. or other)

Date May 18 1948

(For additional space, use reverse side)

1948  
State File No. 1690  
Local Reg. No. 13  
Reg. Dist. No. 130

United States  
Department of Commerce  
Bureau of the Census

MAY 17 1948

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Maries Stayed 32 days  
(g) Lived in this county 32 years 32 months 32 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Harrison  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Mary Emma Dearborn

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) August 13, 1867

8. AGE	Years	Months	Days	If less than 1 day
	80	8	27	hrs min.

9. Exact Occupation Housewife Did this work for 35 yrs.  
10. Industry or Business Home Date last worked Mar. 1947  
11. Birthplace Faerley Vermont  
(City or town) (State or foreign country)

12. Name John Trussell  
13. Birthplace Vermont  
(City or town) (State or foreign country)  
14. Maiden name Lydia Noyse  
15. Birthplace Vermont  
(City or town) (State or foreign country)

16. Informant's OWN Signature Daniel H. McGuire  
and Address Rt. #1 Harrison, Idaho

17. (a) Removal (b) Date thereof 5-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Garfield, Washington

18. Funeral Director's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

19. (a) 5-14-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 10, 1948 19...  
at 9:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948, to May 10, 1948  
I last saw her alive on 10 May 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac decompensation Duration 3 mo

Due to Hypertension 10 yrs  
Arterio-sclerotic disease

Due to —  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature D. Dearborn (M. D. or other)  
and Address St. Maries, Idaho Date 5/10 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 1691  
State File No. \_\_\_\_\_  
Local Reg. No. 14  
Reg. Dist. No. 130

## 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Platt Stayed 1 days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

George Murphy

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 28, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>6</u>	<u>24</u>	hrs min.

9. Exact Occupation Farmer Did this work for 23 yrs.  
10. Industry or Business Farming Date last worked 1933  
11. Birthplace Pittsburg, Penn. (City or town) (State or foreign country)

12. Name unknown  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature G. E. Murphy  
and Address St. Maries, Idaho

17. (a) Burial (b) Date thereof 5-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Westra  
and Address St. Maries, Idaho

19. (a) 5-29-48 (b) R. E. Westra  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 22, 1948 19\_\_\_\_  
(Month, Day, Year) at 8:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 3, 1948, to May 22, 1948  
I last saw him alive on May 20, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardio-respiratory failure Duration 12 hrs.

Due to Cause Unknown

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. E. Westra (M. D. or other)  
and Address St. Maries, Idaho Date 5/24/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 17 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1692  
Local Reg. No. 13  
Reg. Dist. No. 130

## 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. St. Maries Stayed..... days  
(g) Lived in this county 4 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d' Alene  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Lydia Ferrell

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) March 29, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>2</u>	<u>0</u>	hrs min.

9. Exact Occupation Housewife Did this work for 40 yrs.

10. Industry or Business Home Date last worked 5-8-48

11. Birthplace Burlington Iowa (City or town) (State or foreign country)

12. Name James Linville (City or town) (State or foreign country)

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Clara Shay (City or town) (State or foreign country)

15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Dean Marty and Address St. Maries, Idaho

17. (a) Removal (b) Date thereof 6-1-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Coeur d' Alene, Idaho

18. Funeral Director's OWN Signature R. E. Wessa and Address St. Maries, Idaho

19. (a) 6-12-48 (b) R. E. Wessa (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 29, 1948 19.....  
at 12:17 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 6 days

Due to Diabetes mellitus 6 yrs

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? — Name of operation — Date .....

Major finding — Finding of autopsy — PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred 19 City, county, state where violence occurred .....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury .....

23. Attendant's OWN Signature Edouard M. M. M. and Address May 30 Date 1948

(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 12 1948

# Certificate Of Death

STATE OF IDAHO

48  
State File No. 1693  
Local Reg. No. 40  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. No. Ash St.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Parsons H. Stayed 4 days  
(g) Lived in this county 3 years 3 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 17 So. Cleveland  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Wichita, Kan.

## 3. (a) FULL NAME Cora Lowe Kracaw Ormsby

3. (b) If veteran, ---- 3. (c) Social Security No. -----  
name war ----- No. -----  
4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife W. L. Ormsby 6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) August 23, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>8</u>	<u>12</u>	hrs min.

9. Exact Occupation Retired Did this work for ----- yrs.  
10. Industry or Business At home Date last worked -----  
11. Birthplace Trenton, Ohio (City or town) (State or foreign country)

12. Name Ott Lowe  
13. Birthplace no data (City or town) (State or foreign country)  
14. Maiden name Hannah  
15. Birthplace no data (City or town) (State or foreign country)

16. Informant's OWN Signature Harold Kracaw  
and Address Blackfoot, Idaho

17. (a) Removal & bur. Date thereof 5/7/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Wichita, Kansas

18. Funeral Director's OWN Signature Howard Fickland  
and Address Blackfoot, Idaho

19. (a) 5-7-48 (Date received and filed) (b) Thos. E. Sator (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 5-7-48 19 48  
at 7:31 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 5-4 19 48 to 5-6 19 48  
I last saw h alive on 5-6 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: carcany black 24 hrs. Duration

Due to fractured right hip 7 days  
Due to immobility  
Other conditions immobility  
(Include pregnancy within 3 months of death)

Where was disease contracted? ----- PHYSICIAN  
Name of operation ----- Date ----- Underline the cause to which death should be charged statistically.  
Major finding -----  
Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? YES Suicide? ----- Homicide? -----  
Occurred April 30 19 48 City, county, state where violence occurred Blackfoot, Idaho  
Place of Violence: Home YES Farm ----- Industry ----- Public Place ----- While at work? -----

- Means of injury Fall 121. East, 1900  
23. Attendant's OWN Signature J. O. Hays (M.D. or other)  
and Address Blackfoot, Idaho Date 5-7-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 22 1948

# Certificate of Death

STATE OF IDAHO

State File No. **48** **1694**  
Local Reg. No. **41**  
Reg. Dist. No. **600**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 936 S. Shilling  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 11 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 936 S. Shilling  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Roberts, Idaho.

3. (a) FULL NAME John Michael Rowe

3. (b) If veteran, name war                     

3. (c) Social Security No.                     

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Wood Rowe

6. (c) Age of husband or wife if alive 70 years

7. Date of Birth (Month, Day, Year) June 2, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>11</u>	<u>6</u>	hrs. min.

9. Exact Occupation Farming Did this work for                      yrs.

10. Industry or Business Union, Nebraska Date last worked                     

11. Birthplace (City or town) (State or foreign country)

12. Name Lewis M. Rowe

13. Birthplace (City or town) (State or foreign country) W. Virginia

14. Maiden name Mary Francis Midkiff

15. Birthplace (City or town) (State or foreign country) W. Virginia

16. Informant's OWN Signature Ella L. Houseman  
and Address Idaho Falls, Idaho.

17. (a) Burial Removal (b) Date thereof 5-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho. (Rose Hill)

18. Funeral Director's OWN Signature John C. Sanchez  
and Address Blackfoot, Idaho.

19. (a) May 16 1948 (b)                       
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 8 1948  
at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from                     

5-8 1948 to                      1948

I last saw him alive on 5-8 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 5 hrs

Due to                     

Due to                     

Other conditions                       
(Include pregnancy within 3 months of death)

Where was disease contracted?                     

Name of operation                      Date                     

Major finding                     

Finding of autopsy                     

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?                      Suicide?                      Homicide?                     

Occurred                      19                      City, county, state

where violence occurred                     

Place of Violence: Home                      Farm                      Industry                     

Public Place                      While at work?                     

Means of injury                     

23. Attendant's OWN Signature J. O. Humphreys  
(M. D. or other)

and Address Blackfoot, Idaho. Date 5-11 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 3 1948

# Certificate of Death

STATE OF IDAHO

746 1695  
State File No. ....  
Local Reg. No. 46  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? L Outside? ..... city or town  
(e) Died in a Home..... Hospital L Institution..... Other place.....  
(f) Name Hosp. or Inst. Parsons Stayed 30 days  
(g) Lived in this county..... years 1 months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Burnett  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 354 Warren  
(e) Deceased lived Inside? L Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Arthur F. Hughes

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

Sex M race W

## 6. (a) Single, widowed, married, divorced

widowed  
6. (c) Age of husband or wife if alive..... years

## 6. (b) Name of husband or wife

Ruth Hughes

## 7. Date of Birth

(Month, Day, Year)

January 31, 1870

## 8. AGE

Years

Months

Days

If less than 1 day

78

4

0

hrs.

min.

## 9. Exact Occupation

Retired

Did this

work for 14 yrs.

## 10. Industry or Business

Common U.P. R.R.

Date last

worked 1937

## 11. Birthplace

Unionville, Mo.

(City or town) (State or foreign country)

## 12. Name

John Hughes

## 13. Birthplace

unknown

(City or town)

(State or foreign country)

## 14. Maiden name

Elizabeth

## 15. Birthplace

unknown

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Frank Hughes

and Address

Pocatello Idaho

## 17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof 5-29-48

(Month) (Day) (Year)

(c) Place

Pocatello Idaho

## 18. Funeral Director's

OWN Signature

Baron B. Downard

and Address

Pocatello Idaho

## 19. (a)

5-29-48

(Date received and filed)

W. H. Haler

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

May 29 1948

at 11 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

5-28 1948 to 5-29 1948

I last saw him alive on 5-29 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial infarction +  
arterio-sclerosis

Due to

Other conditions Arterio-sclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? deformities

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

## 23. Attendant's

OWN Signature

J. C. Humphrey

and Address Blackfoot Idaho

5-29 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. 1696  
Local Reg. No. 5  
Reg. Dist. No. 602

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Sterling  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. None Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Multnomah  
(c) City or town Portland  
(d) Street Address or R.F.D. No. 4012 S.E. Main  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 3 days years  
(h) Former residence (city, state) Portland, Ore.

## 3. (a) FULL NAME Daisy Laticia McGrath

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or W  
4. Sex F race W  
6. (b) Name of husband or wife Ralph McGrath 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>9</u>	<u>20</u>	hrs. min.

9. Exact Occupation Retired housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1942

11. Birthplace Star, Idaho  
(City or town) (State or foreign country)

12. Name William Maynard Huckba

13. Birthplace Missouri  
(City or town) (State or foreign country)

14. Maiden name Harriet Elizabeth Van Ormer

15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's Pearl A. Slater

- OWN Signature \_\_\_\_\_ and Address 4012 S.E. Main, Portland, Ore.

17. (a) Burial (b) Date thereof May 5, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Dry Creek Cemetery, Boise, Idaho

18. Funeral Director's J. H. Davis

- OWN Signature \_\_\_\_\_ and Address Im. Falls, Idaho

19. (a) May 2, 1948 (b) J. H. Davis  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 2, 1948  
at 1:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 2, 1948 to May 2, 1948

I last saw her alive on May 2, 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 4 hrs.

Due to Hypertension 6 yrs.

Due to Arteriolar sclerosis 8 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation None Date None

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's F. J. Harris, M.D.

OWN Signature \_\_\_\_\_ (M.D. or other)

and Address Abundant, Idaho Date May 5, 1948

(For additional space, use reverse side)

083A

097X

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

• 252

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

MAY 7 1948

DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 1698  
Local Reg. No. 38  
Reg. Dist. No. 611

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place city or town  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 22 days  
(g) Lived in this county 5 years 5 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. city or town  
(e) Deceased lived Inside? city or town Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) city or town

## 3. (a) FULL NAME

Louisa Wooley

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or race W.  
4. Sex F.

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year)

May 21, 1865.

8. AGE	Years	Months	Days	If less than 1 day
	82	11	14	hrs min.

9. Exact Occupation Housewife Did this work for years

10. Industry or Business Date last worked

11. Birthplace Rockville, Utah (City or town) (State or foreign country)

12. Name Andrew Bohanning

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Mary Lemmon

15. Birthplace Not Given (City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital South and Address Blackfoot, Idaho.

17. (a) Funeral Director (b) Date thereof 5-6-48 (Month) (Day) (Year)

- (c) Place: Idaho Falls, Idaho

18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho

19. (a) 5-5-48 (Date received and filed) (b) Michael S. Tate (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 5, 19 48.  
at 1:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Aug. 7, 1945, to May 5, 19 48.  
I last saw h.s.r. alive on May 5, 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Cardiovascular disease unkn.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature

H. H. Brown M.D. (M. D. or other)

and Address Blackfoot, Idaho Date 5-5-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 27 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1699**  
Local Reg. No. **42**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

- (a) County **Bingham**  
(b) City or town **Blackfoot,**  
(c) Street Address or R.F.D. No. **Box 390.**  
(d) Death Occurred Inside? **X** Outside? **X** city or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place  
(f) Name Hosp. or Inst. **St. Hospt, So.** Stayed **351** days  
(g) Lived in this county **11** years **18** months **18** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho.** (b) County **Canyon**  
(c) City or town **Nampa,**  
(d) Street Address or R.F.D. No. **144 Shoshone St.**  
(e) Deceased lived Inside? **X** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **16** years  
(h) Former residence (city, state) **Nampa, Idaho.**

3. (a) FULL NAME **Henry Morton.**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or **M.** race **W.**

4. Sex **M.** race **W.**

6. (b) Name of husband or wife **Thora Morton**

6. (a) Single, widowed, married, divorced **Married**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **Dec. 28, 1866.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>81</b>	<b>4</b>	<b>22</b>	hrs. min.

9. Exact Occupation **Farmer** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Grosendale, Minnesota.** (City or town) (State or foreign country)

12. Name **Not given**

13. Birthplace **" "** (City or town) (State or foreign country)

14. Maiden name **Not given.**

15. Birthplace **" "** (City or town) (State or foreign country)

16. Informant's OWN Signature **State Hospital Records**

and Address **Blackfoot, Idaho.**

17. (a) **Burial** (b) Date thereof **5-30-48** (Month) (Day) (Year)

(c) Place **Grave City Cemetery**

18. Funeral Director's OWN Signature **Howard Packham**

and Address **Blackfoot, Idaho**

19. (a) **5-22-48** (Date received and filed) **Wendell E. Farnie** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **May, 20,** 19 **48.** at **7:10** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec. 8,** 19 **47,** to **May, 20,** 19 **48.**

I last saw h. **in** alive on **May, 20,** 19 **48;** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Cardiac Insufficiency**

Duration

Due to **Cardio-Vascular - Renal disease**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **?**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **J. O'Brien, M.D.** (M. D. or other)

and Address **Boise, Idaho** Date **5-20-1948.** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 27 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. **1700**  
Local Reg. No. **43**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

- (a) County **Bingham**  
(b) City or town **Blackfoot**  
(c) Street Address or R.F.D. No. **Box 390**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☒ Other place  
(f) Name Hosp. or Inst. **St. Hospt. So.** Stayed **8** days  
(g) Lived in this county **8** years **8** months **8** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise, Idaho**  
(d) Street Address or R.F.D. No. **N.36th St. R#9**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **Boise, Idaho**

3. (a) FULL NAME **Marie Derion Deroin**

3. (b) If veteran, name war 3. (c) Social Security No.

5. Color or  
4. Sex **F.** race **W.**  
6. (b) Name of husband or wife **Andre, Deroin**  
6. (c) Age of husband or wife if alive **48** years

7. Date of Birth **May 31, 1903**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>34</b>	<b>11</b>	<b>21</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **48** yrs.  
10. Industry or Business Date last worked

11. Birthplace **Belgium**  
(City or town) (State or foreign country)

12. Name **Camielle Bruelle**

13. Birthplace **Belgium**  
(City or town) (State or foreign country)

14. Maiden name

15. Birthplace  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Records, State Hospital South**  
and Address **Blackfoot, Idaho**

17. (a) **Removal** (b) Date thereof **5/24/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Idaho**

18. Funeral Director's OWN Signature **E. J. Reck**  
and Address **Blackfoot, Idaho**

19. (a) **5-24-48** (b) **Marie Deroin**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **May 22, 1948**  
(Month, Day, Year) **4:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec. 8, 1948** to **May 22, 1948**  
I last saw **her** alive on **May 22, 1948**  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Intestinal hemorrhage**

### Duration

**48 hrs.**

Due to **Intestinal ulcers, undetermined origin.**

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred **May 22, 1948** City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **Pharmaceutical**

(M. D. or other)

and Address **Blackfoot, Idaho** Date **May 24, 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 3 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1701**  
Local Reg. No. **47**  
Reg. Dist. No. **631**

## 1. PLACE OF DEATH:

- (a) County **Bingham**  
(b) City or town **Shelley**  
(c) Street Address or R. F. D. No. **#2**  
(d) Death Occured Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **32** Stayed **32** days  
(g) Lived in this county **32** years **32** months **32** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Shelley**  
(d) Street Address or R.F.D. No. **R.F.D. #2**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **32** years  
(h) Former residence (city, state) **England**

## 3. (a) FULL NAME

**Elsie Bishop Dawson Cook**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Female** 6. (b) Name of husband or wife **Herbert Cook**  
6. (c) Age of husband or wife if alive **63** years  
7. Date of Birth (Month, Day, Year) **August 25 1895**

8. AGE	Years	Months	Days	If less than 1 day
<b>52</b>	<b>8</b>	<b>28</b>	<b>hrs</b>	<b>min.</b>

9. Exact Occupation **Housewife** Did this work for  **yrs.**  
10. Industry or Business **worked**  
11. Birthplace **Halifax Yorkshire England**  
(City or town) (State or foreign country)

12. Name **Harry Dawson**  
13. Birthplace **England**  
(City or town) (State or foreign country)  
14. Maiden name **Emily Lavinia Bishop**  
15. Birthplace **England**  
(City or town) (State or foreign country)

16. Informant's **OWN** Signature **Herbert Cook**  
and Address **Shelley, R#2**

17. (a) **Burial** (b) Date thereof **5-26-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Hill Crest.**

18. Funeral Director's **OWN** Signature **M. W. W. W.**  
and Address **Shelley, Idaho**

19. (a) **May 26 1948** (b) **W. E. E. E.**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **May 23 1948**  
at **10:55** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h. **or** alive on **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cachexia** Duration **6 mo**

Due to **Adeno carcinoma of Left ovary** **1 yr.**

Due to **Other conditions**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **2d 40**  
Name of operation **Date**  
Major finding **PHYSICIAN**  
Finding of autopsy **Underline the cause to which death should be charged statistically.**

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury **Public Place**

23. Attendant's **OWN** Signature **Daniel H. Smith M.D.**  
and Address **Shelley, Idaho** (M. D. or other) **May 26 1948**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 3 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1703**  
Local Reg. No. **48**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

- (a) County **Bingham**  
(b) City or town **Shelley, Firth**  
(c) Street Address or R.F.D. No. **R#1**  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed \_\_\_\_\_ days  
(g) Lived in this county **0** years **0** months **0** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Firth**  
(d) Street Address or R.F.D. No. **1**  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **7Hrs, 99**  
(h) Former residence (city, state) **Idaho**

## 3. (a) FULL NAME

**Brent N. Hansen**

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex **Male** 5. Color or race **White**

## 6. (a) Single, widowed, married, divorced \_\_\_\_\_

## 6. (b) Name of husband or wife \_\_\_\_\_

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

**May 25, 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>0</b>	<b>7 hrs 10 min.</b>

## 9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace **Shelley, Firth, R#1 Idaho** (City or town) (State or foreign country)

## 12. Name **Wilmer Hansen**

## 13. Birthplace **Shelley, Idaho** (City or town) (State or foreign country)

## 14. Maiden name **Alta Fay Nielsen**

## 15. Birthplace **Firth R#1 Idaho** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Wilmer Hansen** and Address **Firth R#1 Idaho**

## 17. (a) **Burial** (b) Date thereof **5-26-48** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: **Basalt, Cemetery Idaho**

## 18. Funeral Director's OWN Signature **L M Nader** and Address **Shelley, Idaho**

## 19. (a) **May 26-1948** (b) **Mrs. Helen E. Hansen** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **May 25, 1948**  
at **11:55** o'clock **P.M.**

## 21. I HEREBY CERTIFY, That I attended deceased from **19 May 25 - 1948**

I last saw **him** alive on **5-25-1948** death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Premature Birth**

Duration **6 hrs**

## Due to \_\_\_\_\_

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature **Edwin Cutler M.D.** (M. D. or other)

and Address **Basalt, Idaho** Dates **26-1948**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 3 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1704  
Local Reg. No. 43  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County. Bingham  
(b) City or town. Blackfoot RR#3  
(c) Street Address or R.F.D. No. RR#3  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 100 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot RR#3  
(d) Street Address or R.F.D. No. RR#3  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 100 years  
(h) Former residence (city, state) —

## 3. (a) FULL NAME

Ivone Broncho

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race Indian 6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife James Broncho 6. (c) Age of husband or wife if alive — years

7. Date of Birth About 1848  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
<u>about 100</u>				hrs. min.

9. Exact Occupation Housewife Did this work for — yrs.  
10. Industry or Business Home Reservation Date last worked Ind  
11. Birthplace ? (City or town) (State or foreign country)

12. Name ?  
13. Birthplace ? (City or town) (State or foreign country)

14. Maiden name ?  
15. Birthplace ? (City or town) (State or foreign country)

16. Informant's OWN Signature Alfred Broncho  
and Address Blackfoot Idaho

17. (a) Burial (b) Date thereof 8/31/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Indian Reservation

18. Funeral Director's OWN Signature E. J. Park  
and Address Blackfoot Idaho

19. (a) May - 28 - 48 (b) Malin C. Latimer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 5-26 1948  
at 8:30 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from May 15 to May 26 1948

I last saw him alive on May 1 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Incident to age Duration —

Due to —  
Due to —  
Other conditions —  
(Include pregnancy within 3 months of death)

Where was disease contracted? —  
Name of operation — Date —

Major finding —  
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —  
Occurred — 19 — City, county, state

where violence occurred: —  
Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature Al Miller M.D.  
and Address Blackfoot Idaho Date 5-26 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

448  
State File No. 1705  
Local Reg. No. 49  
Reg. Dist. No. 601

JUN 19 1948

## 1. PLACE OF DEATH:

(a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 43 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. Rt. #2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Estella Smith Wray

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race White  
4. Sex Fem. race White  
6. (b) Name of husband or wife Hyrum M. Wray  
6. (c) Age of husband or wife if alive 62 years  
7. Date of Birth (Month, Day, Year) June 19, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>11</u>	<u>12</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 45 yrs.  
10. Industry or Business At home Date last worked May 1948  
11. Birthplace Lehi, Utah (City or town) (State or foreign country)

Father { 12. Name George H. Smith  
13. Birthplace Lehi, Utah (City or town) (State or foreign country)

Mother { 14. Maiden name Mary Jane Harwood  
15. Birthplace Lehi, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Hyrum M. Wray  
and Address Blackfoot, Idaho Rt. #2

17. (a) Burial (b) Date thereof 6-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Riverside-Thomas Cemetery

18. Funeral Director's OWN Signature Howard Packham  
and Address Blackfoot, Idaho

19. (a) 6-3-48 (Date received and filed)  
W. H. Hatcher (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 31, 1948  
at 1:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 24 1948 to May 30 1948  
I last saw her alive on May 30 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

respiratory failure Duration 2 weeks  
Due to compression of lungs 2 weeks  
Due to Carcinoma Metastatic 2 mos.  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation D.C. carcinoma of 30-48  
Major finding distended Bladder  
Finding of autopsy negative Re-aused

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred.  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature J. Merrill Packham M.D.  
and Address Blackfoot, Ida. Date 6/2/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1706**  
Local Reg. No. **19**  
Reg. Dist. No. **410**

1. PLACE OF DEATH: **MAY 17 1948**

- (a) County **Blaine**  
(b) City or town **Sun Valley**  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. **St. Joseph's** Stayed **7** days  
(g) Lived in this county **12** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Blaine**  
(c) City or town **Hailey**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **12** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **Nora Mae Rooney**

3. (b) If veteran, name war ☒ 3. (c) Social Security No. **518-24-5326**

4. Sex **female** Color or race **W.** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **John** 6. (c) Age of husband or wife if alive **30** years

7. Date of Birth (Month, Day, Year) **March 6, 1925**

8. AGE	Years	Months	Days	If less than 1 day
	<b>23</b>	<b>1</b>	<b>27</b>	hrs min.

9. Exact Occupation **clerk** Did this work for **6** yrs.

10. Industry or Business \_\_\_\_\_ Date last worked **4-26-48**

11. Birthplace **Osaka, Nebraska** (City or town) (State or foreign country)

12. Name **Henry A. Rooney**

13. Birthplace **Germany** (City or town) (State or foreign country)

14. Maiden name **Loetta Schaefer**

15. Birthplace **Nebr.** (City or town) (State or foreign country)

16. Informant's OWN Signature **John R. Rooney** and Address **Hailey, Idaho**

17. (a) ☒ Burial, cremation, or removal (b) Date there **May 3 1948** (Month) (Day) (Year)

(c) Place **Hailey, Idaho**

18. Funeral Director's OWN Signature **Robert H. Wright** and Address **Hailey, Idaho**

19. (a) **5-13-48** (Date received and filed) (b) **Robert H. Wright** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **May 3 1948** at **3:20** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **March 10 1948** to **May 3 1948**. I last saw her alive on **May 3 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Peritonitis** Duration \_\_\_\_\_

Due to **Pelvic abscess**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? **Unknown**

Name of operation **Excision & Drainage** Date **4-27-48** PHYSICIAN \_\_\_\_\_

Major finding **Drainage** Underline the cause to which death should be charged statistically.

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

Where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **John R. Rooney** and Address **Sun Valley, Idaho** (M. D. or other) **5-4-48** (For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 17 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1707**  
Local Reg. No. **28**  
Reg. Dist. No. **410**

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Hailey  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Hailey Clinic Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Garnett, Ida.  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

William Winchester Humphreys

## 3. (b) If veteran,

name war ☒

## 3. (c) Social Security

No. ....

5. Color or W.  
4. Sex M. race W.

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife W.

6. (c) Age of husband or wife if alive ☒ years

7. Date of Birth (Month, Day, Year) Jan. 4, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>4</u>	<u>1</u>	hrs min.

9. Exact Occupation laborer Did this work for ☐ yrs.

10. Industry or Business Hardin County, Ky. Date last worked ☐

11. Birthplace Hardin County, Ky. (City or town) (State or foreign country)

12. Name unknown

13. Birthplace unknown (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records

and Address Hailey, Idaho

17. (a) burial (b) Date thereof 5-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Hailey, Idaho

18. Funeral Director's OWN Signature Robert H. Wright

and Address Hailey, Idaho

## MEDICAL CERTIFICATE OF DEATH 083B

20. DATE OF DEATH (Month, Day, Year) May 5 1948

at 7:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 4/15/48 1948 to May 5 1948

I last saw him alive on May 5 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction Duration 6 mo

thrombosis 12 hrs

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury W.

23. Attendant's OWN Signature W. (M. D. or other)

and Address Hailey, Idaho Date 5/10 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to "State Bureau of Vital Statistics, Boise, Idaho."

United States  
Department of Commerce  
Bureau of the Census

MAY 17 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1708  
Local Reg. No. 21  
Reg. Dist. No. 410

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Hailey  
(c) Street Address or R. F. D. No. Hailey  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 12 years 12 months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Hailey  
(d) Street Address or R.F.D. No. Hailey  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Lifetime years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Charles George Goodman

## 3. (b) If veteran,

name war none

## 3. (c) Social Security

No. 131B

## 4. Sex

Male race White

## 5. Color or

6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife

Alice May

6. (c) Age of husband or wife if alive 37 years

## 7. Date of Birth

(Month, Day, Year) May 24 - 1907

## 8. AGE

Years 40

Months 11

Days 17

If less than 1 day  
hrs min.

## 9. Exact Occupation

Farmer

Did this work for 15 yrs.

## 10. Industry or Business

Date last worked 1943

## 11. Birthplace

Antelope, Idaho  
(City or town) (State or foreign country)

## 12. Name

as in Mother Goodman

## 13. Birthplace

Minnesota  
(City or town) (State or foreign country)

## 14. Maiden name

Lula Brown

## 15. Birthplace

Minnesota  
(City or town) (State or foreign country)

## 16. Informant's

### OWN Signature

Mrs. Helen McCall

### and Address

Hailey, Ida.

## 17. (a)

Burial

(Burial, cremation, or removal)

## (b) Date thereof

May 10 - 1948

## (c) Place:

Hailey, Idaho

## 18. Funeral Director's

### OWN Signature

Lisa Harris

### and Address

Hailey, Idaho

## 19. (a)

5-13-1948

(Date received and filed)

## (b)

Robert H. Wright

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 7 19 48  
at 9 o'clock AM

## 21. I HEREBY CERTIFY, That I attended deceased from

19 19, to 19 19  
I last saw h. alive on 19 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chronic parenchymatous  
Due to nephritis Duration 12 hrs  
6 yrs

## Due to

Other conditions Include pregnancy within 3 months of death

## Where was disease contracted?

Name of operation Date  
Major finding Physician  
Finding of autopsy Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry Public Place While at work?

## Means of injury

## 23. Attendant's

### OWN Signature

Hailey, Ida. (M. D. or other) 5-10-1948  
and Address Hailey, Ida. Date 5-10-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 15 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1709**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Bonne  
(b) City or town 2 1/2 Idaho City - (B)  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ..... Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 15 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County .....  
(c) City or town 2 1/2 Idaho City  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Colorado

## 3. (a) FULL NAME

Lawrence Arthur Harrington

## 3. (b) If veteran,

name war ..... No. 518-09-3048

## 3. (c) Social Security

No. 518-09-3048

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
7. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth (Month, Day, Year)

January 27<sup>th</sup> 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>3</u>	<u>5</u>	hrs min.

## 9. Exact Occupation Miner Did this work for ..... yrs.

## 10. Industry or Business Date last worked

## 11. Birthplace (City or town) (State or foreign country)

## 12. Name William Abingo Harrington

## 13. Birthplace (City or town) (State or foreign country)

## 14. Maiden name Augusta Anne Holbrook

## 15. Birthplace (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs H B Lewis Sr.

## and Address Murtaugh Idaho

## 17. (a) Removal (b) Date thereof 5-6-48

## (c) Place: Twin Falls, Idaho

## 18. Funeral Director's OWN Signature White Mortuary - Twin Falls

## and Address Twin Falls, Idaho

## 19. (a) 6/13 (b) Mrs E B Lewis

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) May 3<sup>rd</sup> 1948

at about noon o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Duration

Due to Heart failure.

Due to age.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred May 4<sup>th</sup> 1948 City, county, state Idaho City, Bonne, Idaho

where violence occurred 2 1/2 Idaho City, Bonne, Idaho

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work? ☒

Means of Injury.....

Attendant's OWN Signature Reginald John M. Nelson

and Address Idaho City (M. D. or other) Coroner Date May 6, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1710**  
Local Reg. No. **92**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County Boise  
(b) City or town \_\_\_\_\_  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1709 1/2 Broadway  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Rupert

## 3. (a) FULL NAME

Clarence Paul May

3. (b) If veteran, name war World # 1 No. none  
5. Color or Male race White (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife Gracie (c) Age of husband or wife if alive 44 years  
7. Date of Birth Feb. 25, 1897  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>2</u>	<u>14</u>	hrs min.

9. Exact Occupation Owner Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business So. Boise Garage Date last worked \_\_\_\_\_  
11. Birthplace Perry, Kansas  
(City or town) (State or foreign country)  
Mother Father { 12. Name Edward H. May  
13. Birthplace Kansas  
(City or town) (State or foreign country)  
14. Maiden name Minnie M. Gray  
15. Birthplace Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Arthur M. Mezzalana  
and Address 31 Rushing Dr. Boise  
17. (a) Burial (b) Date thereof 5/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill Cemetery  
Summers Funeral Home  
18. Funeral Director's OWN Signature \_\_\_\_\_  
and Address 1205 Bannock Boise, Idaho  
19. (a) 5-12-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 9<sup>th</sup> 1948  
at 12 o'clock Noon M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Due to drooping  
Automobile left road due to soft  
Due to shoulder  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred May 9<sup>th</sup> 1948 City, county, state where violence occurred Boise Ada  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury drooping

23. Attendant's OWN Signature Daniel John Miller  
(M. D. Physician)  
and Address Boise City Date May 9, 1948  
(For additional space, use reverse side)

348  
State File No. 1711  
Local Reg. No. 93  
Reg. Dist. No. 371

# Certificate Of Death

STATE OF IDAHO

Department of Commerce  
Bureau of the Census MAY 19 1948

## 1. PLACE OF DEATH:

- (a) County Boise County  
(b) City or town  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county... years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 480 Warren Ave.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Rupert Idaho

## 3. (a) FULL NAME

CLARENCE ESTLE MAY

3. (b) If veteran, name war World # 31 No. None  
5. Color or 6. (a) Single, widowed, married, divorced widowed  
4. Sex Male race White  
6. (b) Name of husband or wife Fern 6. (c) Age of husband or wife if alive... years  
7. Date of Birth (Month, Day, Year) March 7, 1923

8. AGE	Years	Months	Days	If less than 1 day
	<u>25</u>	<u>2</u>	<u>2</u>	hrs min.

9. Exact Occupation Truck driver Did this work for... yrs.  
10. Industry or Business Logging Date last worked  
11. Birthplace Rupert, Idaho  
(City or town) (State or foreign country)

12. Name Clarence P. May  
13. Birthplace Kansas  
(City or town) (State or foreign country)  
14. Maiden name Gracie Mannen  
15. Birthplace Preston Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature William H. May  
and Address 31 Pauling Dr. Boise

17. (a) Burial (b) Date thereof 5/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill Cemetery

18. Funeral Director's OWN Signature Summers Funeral Home  
and Address 1205 Bannock Boise, Idaho

19. (a) 5-12-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 9, 1948  
at 12 o'clock noon M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h... alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

- Due to Automobile  
Automobile left road due to soft  
Due to shoulder  
Other conditions  
(Include pregnancy within 3 months of death)

- Where was disease contracted?  
Name of operation... Date...  
Major finding  
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred May 9, 1948 City, county, state Boise, Ada, Idaho  
Place of Violence: Home... Farm... Industry...  
Public Place... While at work?

- Means of injury Automobile  
23. Attendant's OWN Signature William H. May  
and Address 31 Pauling Dr. Boise Date May 9, 1948  
(For additional space, use reverse side)

170C

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.



Item 14 amended 6-24-85JRA  
United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAY 19 1948

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Boise  
(b) City or town \_\_\_\_\_  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 480 Warren Ave.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME FERN ESTHER MAY

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE  
5. Color or White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Clarence E. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth May 19, 1925  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>22</u>	<u>11</u>	<u>20</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business at Home Date last worked \_\_\_\_\_  
11. Birthplace Rupert, Idaho  
(City or town) (State or foreign country)  
Mother Father { 12. Name Emil B. Pearson  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Esther Newbold  
15. Birthplace Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Arthur H. Meyer  
and Address 30 Pashley Dr. Boise  
17. (a) Burial (b) Date thereof 5/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill Cemetery  
18. Funeral Director's Summers Funeral Home  
OWN Signature \_\_\_\_\_  
and Address 1205 Bannock Boise, Idaho  
19. (a) 5-12-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 9th 1948  
at 12 o'clock noon  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Smoking  
Automobile left road due to soft  
Due to shoulder  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred May 9th 1948 City, county, state Boise, Ada, Idaho  
where violence occurred Armed Robbery  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Smoking  
23. Attendant's OWN Signature Reginald John M. Miller  
(M. D. or other) Boise  
and Address Idaho City Date May 9, 1948  
(For additional space, use reverse side)

## PLACE OF BIRTH

County of *Minidoka*  
City of *Rupert*

No. .... St. ....

Hospital .....

FULL NAME OF CHILD *Esther New Pearson*Sex of Child *Female*  
Twin Triplet or other? } and { Number in order of birth  
(To be answered only in event of plural births)What bactericidal solution was used in eyes? *neo-silur 15%*Number of child of this mother, including present birth *6*FULL NAME FATHER *Emile Bernard Pearson*RESIDENCE *Rupert*COLOR *white*BIRTHPLACE *Utah*OCCUPATION *Farmer*AGE AT LAST BIRTHDAY *37* (Years)BIRTHPLACE *Utah*OCCUPATION *Housewife*AGE AT LAST BIRTHDAY *33* (Years)BIRTHPLACE *Utah*OCCUPATION *Housewife*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive } at *10:30 P.* M.

on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

Address *Rupert, Ida*Filed *June 5 1925* *E. E. Elmore* Registrar.

## STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICSRECEIVED  
JUN 11 1925  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS No. *2015* State File No. *132003*Primary Registration District No. *19* Local Registrar's No. *80*FULL NAME OF CHILD *Esther New Pearson*

(Certificate of no value without full name of child)

Sex of Child *Female*  
Twin Triplet or other? } and { Number in order of birth  
(To be answered only in event of plural births)Legitimacy? *yes* Date of birth *May 19 1925*

(Month) (Day) (Year)

What bactericidal solution was used in eyes? *neo-silur 15%*Number of child of this mother, including present birth *6*Number of child of this mother now living, including present birth *6*FULL NAME MOTHER *Esther Newbold*RESIDENCE *Rupert*COLOR *white*BIRTHPLACE *Utah*OCCUPATION *Housewife*AGE AT LAST BIRTHDAY *33* (Years)BIRTHPLACE *Utah*OCCUPATION *Housewife*AGE AT LAST BIRTHDAY *33* (Years)BIRTHPLACE *Utah*OCCUPATION *Housewife*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive } at *10:30 P.* M.

on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

Address *Rupert, Ida*Filed *June 5 1925* *E. E. Elmore* Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 1712  
Date Filed May 19, 1948

The undersigned does solemnly swear that certain facts on the certificate of death  
for Fern Esther May who died on May 9, 1948  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Ada Co., Boise City are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
<u>item 14, mother's maiden name</u>	<u>Newbolt</u>	<u>Newbold</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 28th day of  
May, 1948.  
Notary Public, Louise C. Boyer  
Residing at Nampa, Idaho  
My commission expires Life  
(Seal)

Mrs. Eldon B. Pearson  
Signature of Applicant  
Box 112 Cambridge, Idaho  
Street Address, City, State  
83610

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_ )  
(Is not necessary xx)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Supporting Signature  
\_\_\_\_\_  
Street Address, City, State

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

item 14 amended 6-24-85

MAY 19 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1713  
Local Reg. No. 9C  
Reg. Dist. No. 371

## 1. PLACE OF DEATH

- (a) County Boise  
(b) City or town  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed        days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 480 Warren  
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 9 months years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

RICHARD MICHAEL MAY

## 3. (b) If veteran, name war

## 3. (c) Social Security No. none

4. Sex Male race White  
5. Color or 6. (a) Single, widowed, married,  
divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if  
alive        years

## 7. Date of Birth (Month, Day, Year) August 22, 1947

8. AGE	Years	Months	Days	If less than 1 day
		8	17	hrs min.

## 9. Exact Occupation none Did this work for        yrs.

## 10. Industry or Business Date last worked

## 11. Birthplace Boise, Idaho (City or town) (State or foreign country)

## 12. Name Clarence E. May

## 13. Birthplace Rupert, Idaho (City or town) (State or foreign country)

## 14. Maiden name Fern E. Newbolt Pearson

## 15. Birthplace Rupert, Idaho (City or town) (State or foreign country)

## 16. Informant's OWN Signature R. J. May and Address P.O. 9, Bradway

## 17. (a) Burial (b) Date thereof 5/13/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Morris Hill Cemetery

## 18. Funeral Director's OWN Signature Summers Funeral Home

## and Address 1205 Bannock Boise Idaho

## 19. (a) 5-12-48 (b) H. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH May 9<sup>th</sup> 1948 (Month, Day, Year) at 12 o'clock noon M.

## 21. I HEREBY CERTIFY, That I attended deceased from        19      , to        19

I last saw h.        alive on        19      ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to Drowning  
Automobile left road due to soft

Due to shoulder

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation        Date       

Major finding       

Finding of autopsy         
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?

Occurred May 9<sup>th</sup> 1948 City, county, state

where violence occurred Arrowrock Road, Boise, Ida

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury Drowning

## 23. Attendant's OWN Signature Reginald John Miller

and Address Idaho City (M. D. or other Coroner)

Date May 9, 1948  
(For additional space, use reverse side)

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH  
County of Mundwaka  
City of Rupert

No. .... St. ....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Female  
Twin Triplet or other?    } and { Number in order of birth     
(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Neosol 15%

Number of child of this mother, including present birth 6

FULL NAME Emile Bernard Pearson

RESIDENCE Rupert

COLOR white

BIRTHPLACE Utah

OCCUPATION Farmer

AGE AT LAST BIRTHDAY 37 (Years)

Number of child of this mother now living, including present birth 6

FULL MAIDEN NAME Esther Newbold

RESIDENCE Rupert

COLOR white

BIRTHPLACE Utah

OCCUPATION Housewife

AGE AT LAST BIRTHDAY 35 (Years)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
RECEIVED  
JUN 11 1925  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH  
State File No. 132003  
Primary Registration District No. 19 Local Registrar's No. 80

FULL NAME OF CHILD Esther New Pearson  
(Certificate of no value without full name of child)

Legitimacy yes Date of birth May 19 1925  
(Month) (Day) (Year)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 P. M.  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) E. E. Elmore  
ind.  
(Physician or midwife)

Address Rupert, Ida

Filed June 5 1925 E. E. Elmore  
Registrar.

Registrar.

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 1713  
Date Filed May 19, 1948  
death

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

for Richard Michael May who died on May 9, 1948  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Ada Co., Boise City are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
<u>item 14, mothers maiden name</u>	<u>Newbolt</u>	<u>Pearson</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 24th day of  
May, 1948.  
Notary Public, Leona G. Boyer  
Residing at Boise, Idaho  
My commission expires Life  
(Seal)

Mrs. Eldon B. Pearson  
Signature of Applicant  
Box 112 Cambridge, Idaho  
Street Address, City, State  
83610

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_\_ )  
(Is not necessary XX )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Supporting Signature  
\_\_\_\_\_  
Street Address, City, State

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

item 14 amended 6-24-85JRA

MAY 19 1948

# Certificate Of Death

STATE OF IDAHO

1948 - 1714  
State File No.  
Local Reg. No. 89  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Boise  
(b) City or town  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 480 Warren Ave.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

RONALD ESTLE MAY

3. (b) If veteran,  
name war

3. (c) Social Security  
No. None

4. Sex Male 5. Color or  
race White

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or  
wife

6. (c) Age of husband or wife if  
alive years

7. Date of Birth  
(Month, Day, Year)

Dec. 4, 1942

8. AGE	Years	Months	Days	If less than 1 day
	5	5	5	hrs min.

9. Exact Occupation None Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Boise, Idaho  
(City or town) (State or foreign country)

12. Name Clarence E. May

13. Birthplace Rupert, Idaho  
(City or town) (State or foreign country)

14. Maiden name Fern E. Newbolt-Pearson

15. Birthplace Rupert, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature R. E. May

and Address 1709 Broadway

17. (a) Burial (b) Date thereof 5/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Morris Hill Cemetery

18. Funeral Director's OWN Signature Summers Funeral Home

and Address 1205 Bannock Boise Idaho

19. (a) 5-12-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) May 9, 1948  
at 12 o'clock Noon M.

21. I HEREBY CERTIFY, That I attended deceased from  
19 to 19  
I last saw him alive on 19; death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to Drowning  
Automobile left road due to soft  
Due to shoulder  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred May 9, 1948 City, county, state  
where violence occurred Arrowrock Park, Boise, Ada  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury Drowning  
23. Attendant's OWN Signature Dr. John P. Miller  
(M. D. or other)  
and Address Idaho City Date May 9, 1948  
(For additional space, use reverse side)

## PLACE OF BIRTH

County of *Minidoka*City of *Rupert*

No. .... St. ....

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICSRECEIVED  
JUN 11 1925  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHPrimary Registration District No. *2015* State File No. *132003*Local Registrar's No. *80*

(Certificate of no value without full name of child)

Sex of Child *Female* Twin Triplet or other? *no* } and { Number in order of birth *1* } Legiti- mate? *yes* Date of birth *May 19* 192 *5*

(Month) (Day) (Year)

What bactericidal solution was used in eyes? *Neo-silube 15%*Number of child of this mother, including present birth *6* Number of child of this mother now living, including present birth *6*FULL NAME FATHER *Emile Bernard Pearson*RESIDENCE *Rupert*COLOR *white* AGE AT LAST BIRTHDAY *37* (Years)BIRTHPLACE *Utah*OCCUPATION *Farmer*FULL MAIDEN NAME MOTHER *Esther Newbold*RESIDENCE *Rupert*COLOR *white* AGE AT LAST BIRTHDAY *35* (Years)BIRTHPLACE *Utah*OCCUPATION *Housewife*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive } at *165 P.* N. on the date above stated. { Stillborn }

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) *Ed Edmore*

(Physician or midwife)

Address *Rupert, Ida*Filed *June 5 1925* *Ed Edmore*

Registrar.

Registrar.

each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ } ss. Certificate No. 1714  
County of \_\_\_\_\_ } Date Filed May 19, 1948

The undersigned does solemnly swear that certain facts on the certificate of death

for Ronald Estle May who died on May 9, 1948  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Ada Co., Boise City are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
<u>item 14. mother's maiden name</u>	<u>Newbolt</u>	<u>Pearson</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 28th day of  
May, 1948.  
Notary Public, Lawrence C. Beyer  
Residing at Hampton, Idaho  
My commission expires life  
(Seal)

Mrs. Eldon B. Pearson  
Signature of Applicant  
Box 112 Cambridge Idaho  
Street Address, City, State  
83610

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss. (Must be completed \_\_ )  
County of \_\_\_\_\_ } (Is not necessary xx)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Supporting Signature  
\_\_\_\_\_  
Street Address, City, State

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 20 1948

Certificate Of Death  
STATE OF IDAHO

State File No. 1715  
Local Reg. No. 48  
Reg. Dist. No. 110

1. PLACE OF DEATH:  
(a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 514 N. Second  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution ..... Other place  
(f) Name Hosp. or Inst. Community Stayed 14 days  
(g) Lived in this county 30 years ..... months ..... days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bonner  
(c) City or town Priest River  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME WILBUR MOSE RUSSELL  
3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth June 27, 1878  
(Month, Day, Year)  
8. AGE  

Years	Months	Days	If less than 1 day
<u>69</u>	<u>10</u>	<u>8</u>	hrs min.

  
9. Exact Occupation Engineer Did this work for life yrs.  
10. Industry or Business Steam Date last worked 1930  
11. Birthplace Wisconsin  
(City or town) (State or foreign country)  
Mother { 12. Name no record  
13. Birthplace no record  
(City or town) (State or foreign country)  
14. Maiden name no record  
15. Birthplace no record  
(City or town) (State or foreign country)  
16. Informant's OWN Signature Arthur Moore  
and Address Priest River, Idaho.  
17. (a) Burial (b) Date thereof May 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.  
18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO.  
19. (a) May 10, 1948 (b) Louise E. Moore  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 131A  
20. DATE OF DEATH May 5th 19 48  
(Month, Day, Year) at 5:00 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from Apr 27 19 48 to May 5 19 48  
I last saw him alive on May 5 19 48; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Chronic Stasis Pneumonia Duration 10 da  
Due to Chronic myocarditis 1 yr  
Due to Arterio Sclerosis 3 yrs  
Other conditions Chronic nephritis 1 yr  
(Include pregnancy within 3 months of death)  
Where was disease contracted? PHYSICIAN  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home Farm Industry Public Place While at work?  
Means of injury .....  
23. Attendant's OWN Signature Wm F Tyler MD  
(M. D. or other) and Address Sandpoint, Idaho 5-7 19 48  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

JUN 3 1948

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 514 N. Second  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. Community Stayed 2 days  
(g) Lived in this county 6 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. Baldy Road.  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME LOUIS CLINTON NOLAND

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) December 10, 1937

8. AGE	Years	Months	Days	If less than 1 day
	<u>10</u>	<u>5</u>	<u>7</u>	hrs min.

9. Exact Occupation Student Did this work for 4 yrs.  
10. Industry or Business Public School Date last worked 5-14-48  
11. Birthplace Missoula, Montana.  
(City or town) (State or foreign country)

12. Name John C. Noland  
13. Birthplace Lucerne, Missouri.  
(City or town) (State or foreign country)  
14. Maiden name Nola Fay Parent  
15. Birthplace O'Plis, Kansas.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Louis Noland  
and Address Sagle, Idaho.

17. (a) Burial (b) Date thereof May 19, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO.

19. (a) May 18, 1948 (b) Louise Noland  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 17th. 1948  
at 6:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 15 1948, to May 17 1948.  
I last saw him alive on May 17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accident - explosion  
(Blasting stump dynamite)

Due to   

Due to   

Other conditions (Include pregnancy within 3 months of death)   

Where was disease contracted?   

Name of operation    Date   

Major finding     
Finding of autopsy Punctures Rt. Lung  
Pericardium - Abdomen

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide?    Homicide?     
Occurred May 15 1948 City, county, state where violence occurred Bonner County, Ida.  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury Explosion Dynamite

23. Attendant's OWN Signature B. B. Riddle  
(M. D. or other)

and Address Sandpoint, Idaho Date 5-18-48  
(For additional space, use reverse side)

JUN 9 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1717**  
Local Reg. No. **56**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **607 N. Florence**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **34** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **607 N. Florence**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **34** years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME **FRED MYERS**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **519-03-5058**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Edith Myers** 6. (c) Age of husband or wife if alive **60** years  
7. Date of Birth **November 28, 1878**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>69</b>	<b>5</b>	<b>19</b>	hrs min.

9. Exact Occupation **Woodsmen** Did this work for **Life** yrs.  
10. Industry or Business **Logging** Date last worked **1938**  
11. Birthplace **Cheyenne, Wyoming.**  
(City or town) (State or foreign country)

12. Name **John Myers**  
13. Birthplace **Germany**  
(City or town) (State or foreign country)  
14. Maiden name **no record**  
15. Birthplace **Sweden**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Phillip J. Miller**  
and Address **Bolton Ida**

17. (a) **Burial** (b) Date thereof **May 20, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO**

19. (a) **May 20, 1948** (b) **James J. Miller**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **May 17th** 19 **48**  
(Month, Day, Year) **9:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Aug 12** 19 **33** to **May 17** 19 **48**  
I last saw him alive on **May 11** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic myocarditis** Duration **15 yr**  
Due to ☐

Due to ☐

Other conditions: **Arterio Sclerosis** 5 yr  
(Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**

Name of operation ☐ Date ☐

Major finding ☐ Underline the cause to which death should be charged statistically.

Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **Gun**

23. Attendant's OWN Signature **Wm F. Luper MD**  
(M. D. or other)  
and Address **Sandpoint, Idaho** Date **May 25-19 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUN 9 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1718  
Local Reg. No. 58  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Community** Stayed **10** days  
(g) Lived in this county **48** years **48** months **48** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Priest River**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **48** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**FLORENCE MAITLAND**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Female** race **White**  
6. (b) Name of husband or wife **Charles** 6. (c) Age of husband or wife if alive **—** years  
7. Date of Birth (Month, Day, Year) **April 17, 1872**

8. AGE	Years	Months	Days	If less than 1 day
	<b>76</b>	<b>1</b>	<b>12</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **life** yrs.  
10. Industry or Business **Own Home** Date last worked **5-1948**  
11. Birthplace **Indiana** (City or town) (State or foreign country)

12. Name **Joseph Hubble**  
13. Birthplace **Kansas** (City or town) (State or foreign country)  
14. Maiden name **Mary Siscus**  
15. Birthplace **Kansas** (City or town) (State or foreign country)

16. Informant's OWN Signature **Alice Benson**  
and Address **2521 Glenwood Dr. Billings, Mont.**

17. (a) **Burial** (b) Date thereof **June 1, 1948**  
(Burial, cremation, or removal) (Month, Day, Year)  
(c) Place: **Priest River, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT IDAHO**

19. (a) **June 1, 1948** (b) **Burnet Dean**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **May 29, 1948**  
at **10:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **May 17, 1948** to **May 29, 1948**  
I last saw him alive on **May 29, 1948**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Thrombosis of heart** Duration **20 min**

Due to

Due to

Other conditions **Arteriosclerosis**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Appendix May 17, 1948**

Name of operation **Date**

Major finding **Appendix**

Finding of autopsy **20**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

23. Attendant's OWN Signature **Wm F Tyler MD**  
(M. D. or other)

and Address **Sandpoint, Idaho** Date **6-1 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 20 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1719  
Local Reg. No. 49  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Elmira  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside?..... Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place. ☒  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 13 years 2 months 18 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Bonner  
(c) City or town Elmira  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside?..... Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**STANLEY ERLE BALISON**

3. (b) If veteran, name war None  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) February 21, 1935

8. AGE	Years	Months	Days	If less than 1 day
	<u>13</u>	<u>2</u>	<u>18</u>	hrs min.

9. Exact Occupation Student Did this work for 7 yrs.  
10. Industry or Business Public Schools Date last worked 5-1948  
11. Birthplace Hope, Idaho. (City or town) (State or foreign country)  
Mother { 12. Name Elwood Balison  
Father { 13. Birthplace Dawson County, Montana. (City or town) (State or foreign country)  
14. Maiden name Nellie Emery  
15. Birthplace Republican City, Nebraska. (City or town) (State or foreign country)  
16. Informant's OWN Signature E. Balison  
and Address Elmira, Idaho.  
17. (a) Burial (b) Date thereof May 13, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.  
18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO.  
19. (a) May 13, 1948 (b) Lawrence E. Moon (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 9th 1948  
at 3:15 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Skull Fracture  
Complete evulsion frontal bone.  
Due to Cranial.

Due to Accidental fall from Cliff.  
Other conditions (Include pregnancy within 3 months of death)  
Fracture right leg.

Where was disease contracted? .....  
Name of operation..... Date.....  
Major finding .....  
Finding of autopsy none performed.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident yes Suicide?..... Homicide?.....  
Occurred May 9th, 1948 19..... City, county, state  
where violence occurred Elmira, Bonner Co. Ida  
Place of Violence: Home..... Farm..... Industry.....  
Public Place. yes While at work?.....  
Means of injury Fell from cliff.  
23. Attendant's OWN Signature L. E. Moon CORONER  
(M. D. or other)  
and Address Sandpoint, Ida Date 5-10 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1720**  
Local Reg. No. **51**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

- (a) County **Kootenai / Bonner**  
(b) City or town **Lakeview**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **X** city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place **X**  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **-35** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Post Falls**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **35** years  
(h) Former residence (city, state) **None**

3. (a) FULL NAME **CHASE, Irving Maxon**

3. (b) If veteran, name war **World War 11**

3. (c) Social Security No. **518-12-2353**

4. Sex **M** race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mabel**

6. (c) Age of husband or wife if alive **34** years

7. Date of Birth (Month, Day, Year) **Nov. 5, 1912**

8. AGE	Years	Months	Days	If less than 1 day
	<b>35</b>	<b>6</b>	<b>7</b>	hrs. min.

9. Exact Occupation **Merchant** Did this work for **5** yrs.

10. Industry or Business **Own Store** Date first worked **5-12-48**

11. Birthplace **Spokane, Washington** (City or town) (State or foreign country)

12. Name **Curtis M. Chase**

13. Birthplace **Iowa** (City or town) (State or foreign country)

14. Maiden name **Lou Libby**

15. Birthplace **Wisconsin** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mabel Chase** and Address **Post Falls, Idaho**

17. (a) **Burial** (b) Date thereof **5-16-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Post Falls, Idaho (Evergreen)**

18. Funeral Director's OWN Signature **Don English** and Address **Coeur d'Alene, Idaho**

19. (a) **May 15, 1948** (b) **James E. Brown** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **May 12, 1948** 19\_\_\_\_  
at **6:00** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

**Exposure, Exhaustion**

Due to **Boat accident while fishing**

Due to **Floating in lake with life**

Other conditions **Cushion** hours \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **Exhaustion from**

**Exposure**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **Yes** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **May 12, 1948** City, county, state

where violence occurred **Home Road D'Oreille, Bonner Co. Idaho**

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place **Yes** While at work? **no**

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Dr. S. Moon** Coroner (M. D. or other)

and Address **Post Falls, Idaho** Date **May 15, 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAY 20 1948

STATE OF IDAHO

State File No. 1721  
Local Reg. No. 53  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. N. Baldy Road  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 6 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. N. Baldy Road  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME CLARENCE AUGUSTUS NOLAND

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male 6. (b) Name of husband or wife Ona M. 6. (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) July 10th. 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>10</u>	<u>5</u>	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.  
10. Industry or Business Own Farm Date last worked May 15, 1948  
11. Birthplace Putnam County, Missouri. (City or town) (State or foreign country)

12. Name John Noland  
13. Birthplace no record (City or town) (State or foreign country)  
14. Maiden name -- Reed  
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's OWN Signature Deane Noland  
and Address Sagle, Idaho.

17. (a) Burial (b) Date thereof May-19-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO.

19. (a) May 17, 1948 (b) Thames  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 15th. 1948  
at 7:30 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental Traumatism by explosion of dynamite.

Due to Conflagration in Farm Building.

Due to Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation Date Underline the cause to which death should be charged statistically.

Major finding Finding of autopsy none performed

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident yes Suicide? Homicide?  
Occurred May 15, 1948 19 City, county, state where violence occurred Sandpoint, Bonner, Ida.  
Place of Violence: Home Farm yes Industry Public Place While at work? no  
Means of injury explosion of dynamite

23. Attendant's OWN Signature Deane Noland Coroner (M. D. or other)  
and Address Sandpoint, Ida Date 5/17 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 3 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1722  
Local Reg. No. 52  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R. F. D. No. **W. Baldy Road**  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county **6** years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **W. Baldy Road**  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **6** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**ONA MORGAN NOLAND**

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **517-22-1441**  
4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Clarence A.**  
6. (c) Age of husband or wife if alive **44** years  
7. Date of Birth **January 11, 1891**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>57</b>	<b>4</b>	<b>4</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **life** yrs.  
10. Industry or Business **Own Home** Date last worked **May 15, 1948**  
11. Birthplace **Putnam County, Missouri.**  
(City or town) (State or foreign country)

12. Name **no record**  
13. Birthplace **no record**  
(City or town) (State or foreign country)  
14. Maiden name **no record**  
15. Birthplace **no record**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Dean Noland**  
and Address **Sagle, Idaho.**

17. (a) **Burial** (b) Date thereof **May 19, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
**SANDPOINT, IDAHO.**  
and Address

19. (a) **May 17, 1948** (b) **Dean Noland**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **May 15th** 19 **48**  
at **7:30** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **190X**  
19... to 19...

I last saw h... alive on 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Accidental Traumatism by explosion of dynamite.** Duration

Due to **Conflagration in Farm Building.**

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**  
Name of operation Date Underline the cause to which death should be charged statistically.

Major finding **none performed**

Finding of autopsy **none performed**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **Yes** Suicide? Homicide?  
Occurred **May 15, 1948** 19... City, county, state where violence occurred **Sandpoint, Bonner, Ida.**  
Place of Violence: **Home** Farm **Yes** Industry  
Public Place. While at work? **NO**

Means of injury

23. Attendant's OWN Signature **Dean Noland** **Corona**  
(M. D. or other)  
and Address **Sandpoint, Ida.** Date **5/17 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 9 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1723  
Local Reg. No. 57  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sagle  
(c) Street Address or R.F.D. No. Rural  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 9 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sagle  
(d) Street Address or R.F.D. No. R.F.D. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state) Winnett, Mont

## 3. (a) FULL NAME CARRIE AMBER MORSER

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife if Wivian J. Morser 6. (c) Age of husband or wife if 64 years  
7. Date of Birth (Month, Day, Year) December 28, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>4</u>	<u>29</u>	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.  
10. Industry or Business Own Home Date last worked -  
11. Birthplace Cedar Bluffs, Nebraska  
(City or town) (State or foreign country)

12. Name Thomas Hawk Trenhaile  
13. Birthplace Ridgeway, Wisconsin  
(City or town) (State or foreign country)  
14. Maiden name Eliza Paull  
15. Birthplace Ridgeway, Wisconsin  
(City or town) (State or foreign country)

16. Informant's OWN Signature W J Morser  
and Address Sagle Idaho

17. (a) Removal (b) Date thereof May 29, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Worthington, Minn.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO

19. (a) May 29, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH (Month, Day, Year) May 27 1948  
at 3:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 10 1948, to May 27 1948.  
I last saw h.e.r. alive on May 27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 8 days

Due to arteriosclerosis 4 years

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? Public  
Name of operation Date  
Major finding  
Finding of autopsy none done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Dale D. Cornell (M. D. or other)  
and Address Sandpoint, Idaho Date May 27, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 17 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1724**  
Local Reg. No. **59**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

(a) County **BONNER**  
(b) City or town **Kootenai**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **30** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Kootenai**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**KANUTE P. HOISETH**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Bergit Hoiseth** 6. (c) Age of husband or wife if alive **66** years  
7. Date of Birth (Month, Day, Year) **December 11, 1873**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>5</b>	<b>17</b>	hrs min.

9. Exact Occupation **Millworker** Did this work for **life** yrs.  
10. Industry or Business **Lumbering** Date last worked **1932**  
11. Birthplace **Norway** (City or town) (State or foreign country)

12. Name **Palmer Hoiseth**  
13. Birthplace **Norway** (City or town) (State or foreign country)  
14. Maiden name **No Record**  
15. Birthplace **Norway** (City or town) (State or foreign country)

16. Informant's OWN Signature **Ingvald Hoiseth**  
and Address **Kootenai, Idaho.**

17. (a) **Burial** (b) Date thereof **June 1, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO.**

19. **May 29, 1948** (Date received and filed) (b) **[Signature]** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **May 28th** 19**48**  
at **6:10** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **MAY 21** 19**48**, to **MAY 21** 19**48**  
I last saw him alive on **MAY 21** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Bronchopneumonia** Duration **3 days**

Due to **Metastatic Carcinoma** 6 mo

Due to **Carcinoma of rectum** 3 1/2 yrs.  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? **None** PHYSICIAN  
Name of operation **None** Date .....  
Major finding .....  
Finding of autopsy **None** Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **William C. [Signature]** (M. D. or other)  
and Address **Sandpoint, Idaho** Date **5-29** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLANK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 10 1948

# CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. **1725**  
Local Reg. No. **115**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls, Idaho  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Fish Haven, Idaho  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) If foreign born, in U. S. \_\_\_\_\_ yrs. Citizen of U. S.? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Buena Peter Erickson

3. (b) If veteran, name war I 3. (c) Social Security No. \_\_\_\_\_

5. Color or Male race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Feb 8 1895

AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>1</u>	<u>19</u>	hrs min.

9. Exact Occupation Farmer Did this work for 30 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Copraim Utah (City or town) (State or foreign country)

12. Name Magnus Erickson

13. Birthplace Norway (City or town) (State or foreign country)

14. Maiden name Elizabeth Swenson

15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature Magnus Erickson and Address Fish Haven Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-8-48 (Month) (Day) (Year)

- (c) Place: Fish Haven Idaho

18. Funeral Director's OWN Signature W. Matthews and Address Montpelier Idaho

19. (a) 4-3-48 (Date received and filed) (b) W. Matthews (Registrar's Signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Mar 27 1948  
at 1:00 o'clock 2 M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease first contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. Matthews (M. D. or other)

and Address Idaho Falls Idaho Date 3-29-48 1948

(For additional space, use reverse side)

6222

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1726  
Local Reg. No. 109  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County. Bonneville  
(b) City or town. Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home. \_\_\_\_\_ Hospital. ☒ Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 8 days  
(g) Lived in this county. 0 years. 0 months. 8 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Clark  
(c) City or town. Dubois  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? About 48 years  
(h) Former residence (city, state). Eugene, Oregon

## 3. (a) FULL NAME

CHARLES W. CIRCLES

3. (b) If veteran, name war N. one

3. (c) Social Security No. Unknown

5. Color or White  
4. Sex. Male race. White

6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) September 19, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>7</u>	<u>4</u>	hrs. min.

9. Exact Occupation. Herdsman Did this work for. 35 yrs.

10. Industry or Business. Sheep Date last worked. March 1948

11. Birthplace. Prineville Oregon  
(City or town) (State or foreign country)

12. Name. John Circles

13. Birthplace. Unknown  
(City or town) (State or foreign country)

14. Maiden name. Emma Clark

15. Birthplace. Chicago Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mervin Lyon  
and Address. Buhl, Idaho

17. (a) Burial (b) Date thereof. April 27, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place. Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Orland E. Buck  
and Address. Idaho Falls, Idaho

19. (a) 5/20/48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 23 1948  
at. 10:05 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 29 1948 to April 23 1948  
I last saw him alive on April 22 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pulmonary edema

Duration  
5 days

Due to Congestive heart failure unknown

Due to \_\_\_\_\_

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation. \_\_\_\_\_ Date. \_\_\_\_\_

Major finding. \_\_\_\_\_  
Finding of autopsy. \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred. \_\_\_\_\_ 19. \_\_\_\_\_ City, county, state

where violence occurred. \_\_\_\_\_

Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_

Public Place. \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury. \_\_\_\_\_

23. Attendant's OWN Signature Dr. J. W. D.  
(M. D. or other)

and Address. Dubois, Idaho Date April 28, 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 10 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1727  
Local Reg. No. 100  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 279 W. 18  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in three)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 279 W-18  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

Gordon Rudolph Aschliman 170C

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single ☒ widowed, married, divorced ☐

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) December 5, 1906

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>4</u>	<u>22</u>	hrs. min.

9. Exact Occupation Child Did this work for ☐ yrs.

10. Industry or Business Idaho Falls, Idaho Date last worked ☐

11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

12. Name Pullen Aschliman (City or town) (State or foreign country)

13. Birthplace Montpelier, Idaho (City or town) (State or foreign country)

14. Maiden name Thelma Tanner (City or town) (State or foreign country)

15. Birthplace R. 10, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Pullen Aschliman and Address Idaho Falls, Idaho

17. (a) Burnt (b) Date thereof 4-30-48 (Month) (Day) (Year)

(c) Place Four Hill, Idaho Falls, Idaho

18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho

19. (a) 5-10-48 (b) Anna Bridges (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 27 19 48  
at 6-30 o'clock P M.

21. I HEREBY CERTIFY, that I attended deceased from April 27 19 48  
I last saw him alive on Jan. 1948 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Accidental Duration ☐

Due to Run over by auto-moblie

Due to ☐

Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Finding of autopsy ☐

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? ☐ Homicide? ☐

Occurred April 27, 1948 19 48 City, county, state where violence occurred along back of home

Place of Violence: Home Yes Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Run over by truck in hallway

23. Attendant's OWN Signature Hilton T. Rees M.D. and Address Idaho Falls, Idaho Date 5-4 19 48  
(M.D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

1948

1728

State File No. ....

Local Reg. No. 98

Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. U.S. Hosp. Stayed        days  
(g) Lived in this county        years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 300 N. Eastern  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 63 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Nephi Foss

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) ☒ Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive        years

7. Date of Birth  
(Month, Day, Year) July 24, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>9</u>	<u>7</u>	hrs. min.

9. Exact Occupation Retired Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Hyrum, Utah (City or town) (State or foreign country)

12. Name George Foss

13. Birthplace Hahnburg, Germany (City or town) (State or foreign country)

14. Maiden name Charlotte Fasmussen

15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Edna Crowley

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 5/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Free Will Idaho Falls, Idaho

18. Funeral Director's OWN Signature Jack A. Ward

and Address Idaho Falls, Idaho

19. (a) 5/16/48 (b) Anna Bunker  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 1 19 48  
at 8 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from        19        to        19       

I last saw h.        alive on        19       ;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stroke Duration       

Due to Cancer of skin with metastases to brain

Due to to brain

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Richard Hall (M. or other) Idaho

and Address Idaho Falls, Idaho Date 7 May 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1729**  
Local Reg. No. **178**  
Reg. Dist. No. **6/D**

**JUN 10 1948**  
1. PLACE OF DEATH:  
(a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Hosp. stayed 2 days  
(g) Lived in this county 33 years 0 months 17 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 850 10th Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? Norway  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Oslo, Norway

3. (a) FULL NAME FRED PETER JOHNSON

3. (b) If veteran, name war None 3. (c) Social Security No. 518-12-5302  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White 6. (c) Age of husband or wife if alive 40 years  
6. (b) Name of husband or wife Verna Daw Johnson  
7. Date of Birth (Month, Day, Year) N ovember 24, 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>5</u>	<u>7</u>	hrs. min.

9. Exact Occupation Buyer Did this work for 23 yrs.  
10. Industry or Business Produce, potatoes Date last worked April 20, 48  
11. Birthplace Oslo Norway  
(City or town) (State or foreign country)

12. Name Peter Johanson  
13. Birthplace Oslo Norway  
(City or town) (State or foreign country)

14. Maiden name Fredricka Paulson  
15. Birthplace Oslo Norway  
(City or town) (State or foreign country)

16. Informant's OWN Signature Fredricka Paulson  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof May 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Oeland & Buck  
and Address Idaho Falls, Idaho

19. (a) 5-20-1948 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 1 19 48  
at 11:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 29, 1948 to May 1, 1948  
I last saw him alive on May 1, 1948  
Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Myocarditis Duration 1 year

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W E Gey  
(M.D. or other)

and Address Idaho Falls Date \_\_\_\_\_ 19 \_\_\_\_\_

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1730  
Local Reg. No. 483  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonnaville  
(b) City or town Idaho Falls.  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. L.D.S. Stayed 1 days  
(g) Lived in this county ..... years ..... months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Basalt, Idaho  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? 3 months years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Verona Bragg

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or White  
6. (a) Single, widowed, married, divorced Baby  
4. Sex Female race White  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) Jan. 16, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>3</u>	<u>15</u>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Shelley Idaho  
(City or town) (State or foreign country)

12. Name Aaron David Bragg  
13. Birthplace Georgia  
(City or town) (State or foreign country)  
14. Maiden name Verona Huntsman  
15. Birthplace Woodville Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Dean S. Huntsman  
and Address Idaho Falls, R#4

17. (a) Burial (b) Date thereof 5-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Firth Idaho

18. Funeral Director's OWN Signature L. J. Miller  
and Address Idaho Falls

19. (a) 5/17/48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 1, 1948  
(Month, Day, Year)  
at 5:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from April 30, 1948 to May 1, 1948  
I last saw h. .... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart failure Duration 1 week

Due to

Due to

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ..... Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury

## 23. Attendant's

OWN Signature NB Sigurdson

and Address Idaho Falls D. or other) 19.....  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1731  
Local Reg. No. 87  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County..... Bonneville  
(b) City or town..... Idaho Falls  
(c) Street Address or R.F.D. No.....  
(d) Death Occurred Inside? X Outside?.....city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. L.D.S. Stayed 8 days  
(g) Lived in this county 5 years 7 months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State..... Idaho (b) County..... Bonneville  
(c) City or town..... Idaho Falls  
(d) Street Address or R.F.D. No. 946 So. Lee Ave.,  
(e) Deceased lived Inside? X Outside?.....city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Butte, Montana

## 3. (a) FULL NAME

CATHERINA (KATE) MARLO

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White 6. (b) Name of husband or wife James Marlo  
6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) April 8, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>0</u>	<u>23</u>	hrs. min.

9. Exact Occupation..... Housewife Did this work for 55 yrs.  
10. Industry or Business..... At Home Date last worked 4/17/48  
11. Birthplace..... Campertogno Italy (City or town) (State or foreign country)  
Father { 12. Name..... Molino  
13. Birthplace..... Italy (City or town) (State or foreign country)  
Mother { 14. Maiden name..... Unknown  
15. Birthplace..... Italy (City or town) (State or foreign country)

16. Informant's OWN Signature..... Florence Hummel  
and Address..... Idaho Falls, Idaho

17. (a) Removal (b) Date thereof May 5, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Butte, Montana

18. Funeral Director's OWN Signature..... Orland T. Baker  
and Address..... Idaho Falls, Idaho

19. (a) May 4-1948 (b) Anna B. Baker  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 1 1948  
at 6:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from..... 19..... to..... 19.....

I last saw h..... alive on..... 19.....  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stroke Duration

Due to..... arteriosclerosis

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature..... Richard T. Baker

and Address..... Idaho Falls, Idaho Date May 19, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 10 1948

# Certificate of Death

STATE OF IDAHO

1948 1732  
State File No. ....  
Local Reg. No. 104  
Reg. Dist. No. 616

## 1. PLACE OF DEATH:

- (a) County Donnerville  
(b) City or town Donnerville  
(c) Street Address or R.F.D. No. 501 Ada St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 21 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mr. D. C. Liles

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M Color W  
5. Color or race W

## 6. (b) Name of husband or wife

6. (a) Single, widowed, married, divorced married  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) March 19, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>0</u>	<u>14</u>	hrs. min.

9. Exact Occupation Stonemason Did this work for \_\_\_\_\_ yrs.

10. Industry of Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Pike Co. Illinois  
(City or town) (State or foreign country)

12. Name Darius Liles

13. Birthplace Barry Township, Pike Co. Ill.  
(City or town) (State or foreign country)

14. Maiden name Mary Docta McClain

15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lillie L. Harris

- and Address Bigay, Idaho

17. (a) Burial (b) Date thereof 5/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Geo A. Williams

- and Address \_\_\_\_\_

19. (a) 5-18-48 (b) Anna Bridger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May - 3 1948  
(Month, Day, Year) at 6:20 o'clock PM M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion

## Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Geo A. Williams (Registrar)

and Address Idaho Falls (M. D. or other) 5/1 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 10 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1733  
Local Reg. No. 101  
Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. U.S. Hosp. Stayed days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Memorial  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) Idaho Falls, Idaho

## 3. (a) FULL NAME

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M race W  
5. Color or W  
6. (a) Single, widowed, married, divorced

- (b) Name of husband or wife Edith Evelyn Wise  
(c) Age of husband or wife if alive 69 years

7. Date of Birth (Month, Day, Year) April 15, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>		<u>18</u>	hrs. min.

9. Exact Occupation Janitor Did this work for years

10. Industry or Business London, England Date last worked England

11. Birthplace (City or town) (State or foreign country)

12. Name John L. Wise

13. Birthplace (City or town) (State or foreign country)

14. Maiden name Marj Mat

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature John L. Wise and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 5/6/48 (Month) (Day) (Year)

- (c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Jack A. Ward and Address Idaho Falls, Idaho

19. (a) 6/10/48 (b) Anna Bridges (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 3 19 48  
at 4-15 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Failure Duration

Due to Old Rheumatic

Due to myocarditis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation None Date None

Major finding None Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None

Occurred None 19 None City, county, state where violence occurred None

Place of Violence: Home None Farm None Industry None

Public Place None While at work? None

Means of injury None

23. Attendant's OWN Signature Richard Paul and Address Idaho Falls, Idaho Date May 48

(For additional space, use reverse side)

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**JUN 10 1948** **Certificate of Death**  
STATE OF IDAHO

# Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH:

(a) County..... Bonneville  
(b) City or town..... Idaho Falls  
(c) Street Address or R.F.D. No.....  
(d) Death Occurred Inside? X Outside?..... city or town.....  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 1 days  
(g) Lived in this county 10 years 2 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

- 2. Usual Residence of Deceased:** (Always fill in these)

(a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 165 E. 14th St.  
(e) Deceased lived Inside? x Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Shelley, Idaho

3. (a) FULL  
NAME

DORA A. PATTERSON

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph C. Patterson 6. (c) Age of husband or wife if alive 80 years
7. Date of Birth (Month, Day, Year) April 17, 1878

8. AGE	Years 70	Months 0	Days 17	If less than 1 day hrs. min.
--------	-------------	-------------	------------	---------------------------------

9. Exact Occupation Housewife Did this work for 52 yrs.
10. Industry or Business At home Date last worked 5/2/'48
11. Birthplace Kirksville Missouri  
(City or town) (State or foreign country)

- Father { 12. Name Isaac Bell  
13. Birthplace Unknown  
(City or town) (State or foreign country)

- Mother { 14. Maiden name. Catherine Simler  
15. Birthplace. Unknown  
(City or town) (State or foreign country)

- OWN Signature Mrs. Dora L. Boozer  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof May 6, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Idaho Falls, Idaho, Rose Hill Cem

18. Funeral Director's  
OWN Signature.....*Orlando E. Bucy*  
and Address.....*Idaho Falls, Idaho*

19. (a) 5-20-1948 (b) Anna B. B. B.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 1027  
(Month, Day, Year) May 1 19 48  
at 5:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 10 1948, to May 4 1948  
I last saw her alive on May 4 1948.  
death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Central Hemorrhage	1 day
--------------------	-------

Due to Hypertension

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following:  
 Accident?..... Suicide?..... Homicide?.....  
 Occurred.....19..... City, county, state  
 where violence occurred.....  
 Place of Violence: Home.....Farm.....Industry.....  
 Public Place.....While at work?.....  
 Means of injury.....

23. Attendant's  
OWN Signature T. C. Egan - Mrs M. D.  
(M. D. or other)  
and Address Idaho Falls Date 5-10 1942  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1735**  
Local Reg. No. **18535**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Leek's Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? ..... city or town  
(e) Died in a Home ..... Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 17 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Mrs Elizabeth Mosby

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex 2 race w

6. (a) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive ..... years

## 6. (b) Name of husband or wife

## 7. Date of Birth (Month, Day, Year)

Feb 27 - 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>2</u>	<u>27</u>	hrs. min.

9. Exact Occupation Housewife Did this work for ..... yrs.

10. Industry or Business Sewiston, Illinois Date last worked .....

11. Birthplace (City or town) (State or foreign country)

12. Name ✓

13. Birthplace (City or town) (State or foreign country)

14. Maiden name ✓

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Tony Schwarz  
and Address Benhi, Idaho

17. (a) Burial (b) Date thereof 5/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Leek's Falls, Idaho

18. Funeral Director's OWN Signature Les A Williams  
and Address .....

19. (a) 5/18/1948 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 4 19 48  
at about 1:30 o'clock 9 A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 3 April 48 19 48 to 4 May 48 19 48

I last saw h. er alive on 29 May 48 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchopneumonia Duration 2 wks.

Due to senile debility

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

## 23. Attendant's OWN Signature Richard Lane

and Address Idaho Falls 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 State File No. 1736  
Local Reg. No. 186  
Reg. Dist. No. 610

JUN 10 1948

## 1. PLACE OF DEATH:

- (a) County Donnerville  
(b) City or town Chadwick Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. RDS Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mr. Arthur Harry Hayes

092B

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wilet Richardson

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) August 5 - 1916

8. AGE	Years	Months	Days	If less than 1 day
	<u>21</u>	<u>9</u>	<u>3</u>	hrs. min.

9. Exact Occupation Chauffeur Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 5/3/48

11. Birthplace Love, Oregon (City or town) (State or foreign country)

12. Name Harry Harry

13. Birthplace Kansas (City or town) (State or foreign country)

14. Maiden name Maria Richard

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Ellen Harding

and Address Chadwick Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/48 (Month) (Day) (Year)

(c) Place Chadwick Falls, Idaho

18. Funeral Director's OWN Signature Leo A. Williams

and Address Chadwick Falls, Idaho

19. (a) 5/18/1948 (Date received and filed) (b) Anna Bridges (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 8 19 48

at 8:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Failure Duration \_\_\_\_\_

Due to Phlebotomy Heart Disease

Due to with Mitral Stenosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John H. H. M. D. (M. D. or other)

and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_

(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 10 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1737  
Local Reg. No. 112  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 4 days  
(g) Lived in this county 12 years 0 months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 436 "D" Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) White Cloud, Mo.

## 3. (a) FULL NAME

CAROLINE ATKINSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife C. N. Atkinson

6. (c) Age of husband or wife if alive deceased years

7. Date of Birth April 13, 1861  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	87	0	26	hrs. min.

9. Exact Occupation Musician, retired Did this work for Unk. yrs.

10. Industry or Business Concert Date last worked Unk.

11. Birthplace Newpoint Missouri  
(City or town) (State or foreign country)

12. Name John G. Cowan

13. Birthplace Tulaski County, Kentucky  
(City or town) (State or foreign country)

14. Maiden name Mary Elizabeth Gresham

15. Birthplace Lincoln County, Kentucky  
(City or town) (State or foreign country)

16. Informant's OWN Signature Dorcy Blewett

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof May 11, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Alfred C. Sweet

and Address Idaho Falls, Idaho

19. (a) 5-20-48 (b) Thomas Bidner  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 9 19 48  
(Month, Day, Year) at 6:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1 May 1948 to 9 May 1948.  
I last saw h. alive on 9 May 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration \_\_\_\_\_

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Richard Taylor

and Address Idaho Falls, Idaho Date 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1738  
Local Reg. No. 101  
Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 56 E 16 st  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Ogden, Utah

## 3. (a) FULL NAME

Mr. Ernest Morganegg

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (b) Name of husband or wife Anna

6. (a) Single, widowed, married, divorced maried

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 30, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>10</u>	<u>13</u>	hrs. min.

9. Exact Occupation Engineer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Berne, Switzerland (City or town) (State or foreign country)

12. Name Johannes Morganegg (City or town) (State or foreign country)

13. Birthplace Switzerland (City or town) (State or foreign country)

14. Maiden name Anna Barbara Weissbubler (City or town) (State or foreign country)

15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's OWN Signature Edgar Morganegg and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/48 (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Leo A. Williams and Address Idaho Falls, Idaho

19. (a) 5/18/48 (Date received and filed) (b) Anna Bridges (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 13 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock 1 M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Crushed Chest

## Duration

Due to falling in an elevator shaft

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred May 13 1948 City, county, state where violence occurred Idaho Falls

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? yes

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Leo A. Williams (M. D. or other) Coroner

and Address Idaho Falls, Idaho Date 5/13 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 10 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1739**  
Local Reg. No. **102**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County **Bonniville**  
(b) City or town **Idaho Falls,**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **L.D.S.** Stayed **1** days  
(g) Lived in this county **1** years **1** months **1** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Shelley, R#2**  
(d) Street Address or R.F.D. No. **R#2**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **7** years  
(h) Former residence (city, state) **Utah**

## 3. (a) FULL NAME

**Edward F. Backman**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **528-03-0132**  
5. Color or 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Hjmar Hatch** 6. (c) Age of husband or wife if alive **34** years  
7. Date of Birth (Month, Day, Year) **Dec. 17 1899**

8. AGE	Years	Months	Days	If less than 1 day
	<b>48</b>	<b>4</b>	<b>28</b>	hrs min.

9. Exact Occupation **1st Operator** Did this work for **25** yrs.  
10. Industry or Business **Utah Power & Light** Date last **5-14-48**  
11. Birthplace **Centerville** **Utah**  
(City or town) (State or foreign country)

12. Name **Axel Emanuel Backman**  
13. Birthplace **Sweden**  
(City or town) (State or foreign country)  
14. Maiden name **Emily E. Bengtson**  
15. Birthplace **Not Known**  
(City or town) (State or foreign country)

16. Informant's **OWN** Signature **Shelley, Idaho**  
and Address

17. (a) **Removal** (b) Date thereof  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Farmington, Utah** **5-18-48**

18. Funeral Director's **OWN** Signature **Shelley, Idaho**  
and Address

19. (a) **5/17/1948** (b) **Annea Bridger**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **5-14--48** 19...  
at **11:38** clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **5-14** 19**48**, to **5-14** 19**48**  
I last saw h. **im** alive on **5-14** 19**48**, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Coronary Occlusion** Duration **2 days**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's

OWN Signature **David N. Smith M.D.**

and Address **Shelley, Idaho** Date **5-17** 19**48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 1 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1740  
Local Reg. No. 177  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 159 College  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 19 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 159 College  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) years

## 3. (a) FULL NAME

Mr James Denzel Staker

112X

## 3. (b) If veteran, name was

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alberta Beazer

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) July 12, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>10</u>	<u>5</u>	hrs. min.

9. Exact Occupation retired Did this work for years

10. Industry or Business Salt Lake City Utah Date last worked years

11. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

12. Name James A. Staker (City or town) (State or foreign country)

13. Birthplace Utah (City or town) (State or foreign country)

14. Maiden name Mary Johnston (City or town) (State or foreign country)

15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Gerald W. Staker and Address Montpelier, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/48 (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Les A. Williams and Address Idaho Falls, Idaho

19. (a) 6-3-48 (Date received and filed) (b) Dana Bridges (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 17 1948

at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure Duration 5 yrs.

Due to asthma

Due to asthma

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Attendant's

23. Attendant's OWN Signature Richard Taylor and Address Idaho Falls, Idaho 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 10 1948

# Certificate of Death

STATE OF IDAHO

1948 1741  
State File No. \_\_\_\_\_  
Local Reg. No. 113  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County... Bonneville  
(b) City or town... Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Sacred Heart Stayed 34 days  
(g) Lived in this county 29 years 10 months 26 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State... Idaho (b) County... Bonneville  
(c) City or town... Idaho Falls  
(d) Street Address or R.F.D. No. 352 Lee Avenue  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Ogden, Utah

## 3. (a) FULL NAME

ELIZABETH O'BRIEN O'NEILL

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 5. Color or

Female race... White

## 6. (a) Single, widowed, married, divorced

Widowed

## 6. (b) Name of husband or wife

John O'Neill

## 6. (c) Age of husband or wife if alive

Deceased years

## 7. Date of Birth (Month, Day, Year)

October 2, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>7</u>	<u>16</u>	hrs. min.

## 9. Exact Occupation

Housewife

## Did this work for

58 yrs.

## 10. Industry or Business

At home

## Date last worked

4/14/48

## 11. Birthplace (City or town) (State or foreign country)

Wood River

Nebraska

## 12. Name (City or town) (State or foreign country)

Edmund O'Brien

## 13. Birthplace (City or town) (State or foreign country)

County Cork

Ireland

## 14. Maiden name (City or town) (State or foreign country)

Ellen Collins

## 15. Birthplace (City or town) (State or foreign country)

Tipperary

Ireland

## 16. Informant's OWN Signature and Address

Jane Euse Harris  
Idaho Falls, Idaho

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

Burial

May 21, 1948

## (c) Place (City or town) (State or foreign country)

Idaho Falls, Idaho, Rose Hill Cem.

## 18. Funeral Director's OWN Signature and Address

Oland C. Buck  
Idaho Falls, Idaho

## 19. (a) (Date received and filed) (b) (Registrar's signature)

5-20-48

Anna Budger

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

May 18

at 10:55 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attempted deceased from Jan 1 1948 to May 18 1948

I last saw h. 2 alive on May 18 1948

## Immediate Cause of Death:

Coronary occlusion  
Due to Chronic Myocarditis  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration  
Febr  
Months  
many  
years

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's OWN Signature

Oland C. Buck  
(M. D. or other)  
and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

JUN 10 1948

1048 State File No. **1742**  
Local Reg. No. **108**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County. Bonneville  
(b) City or town. Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home. ☒ Hospital. \_\_\_\_\_ Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Stayed 8 days  
(g) Lived in this county 25 years ? months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Bonneville  
(c) City or town. Rt#2 Idaho Falls  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) ?, Nevada

## 3. (a) FULL NAME

**JOHN CHARLES MITCHELL**

3. (b) If veteran, name war \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex. Male race White  
6. (b) Name of husband or wife Lucille  
6. (c) Age of husband or wife if alive 25 years

7. Date of Birth  
(Month, Day, Year) Nov. 1, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>6</u>	<u>20</u>	hrs. min.

9. Exact Occupation. Labor Did this work for. 40 yrs.  
10. Industry or Business. Farming Date last worked. Nov. 47  
11. Birthplace. Ogden, Utah (City or town) (State or foreign country)

- Father { 12. Name. John Mitchell  
13. Birthplace. ? Scotland (City or town) (State or foreign country)  
Mother { 14. Maiden name. Ann Jones  
15. Birthplace. Wales (City or town) (State or foreign country)

16. Informant's OWN Signature Josephine Manning  
and Address. Burley, Idaho

17. (a) Removal (b) Date thereof. May 22, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place. Ogden, Utah

18. Funeral Director's OWN Signature Orland T. Beer  
and Address. Idaho Falls, Idaho

19. (a) 5/22/48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) May 21, 1948  
at 9:45 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from April 28 to May 14 1948

I last saw h. alive on May 9  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Pulmonary embolism  
post-operative  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions. Cholelithiasis  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation. cholecystectomy  
Major finding. gall stones  
Finding of autopsy. \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred. \_\_\_\_\_ 19. \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred. \_\_\_\_\_  
Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_  
Public Place. \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury. \_\_\_\_\_

23. Attendant's OWN Signature John C. Hatch  
(M.D. or other)  
and Address. Idaho Falls Date May 26, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 19 1948

# Certificate of Death

STATE OF IDAHO

1348 1743  
State File No. ....  
Local Reg. No. 119  
Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonnerille  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Dr.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. L.H.S. Hosp. Stayed 1 days  
(g) Lived in this county        years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonnerille  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 399 Cliff St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 61 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Ellen Josephine Newman

## 3. (b) If veteran, name war

3 (c) Social Security No. 0470

4. Sex F 5. Color or race W

6. (b) Name of husband or wife Joseph Alma Newman

6. (a) Single, widowed, married, divorced widowed

6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) May 14, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>0</u>	<u>9</u>	hrs. min.

9. Exact Occupation Housewife Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Peoa, Utah (City or town) (State or foreign country)

12. Name Walter J. Pearson (City or town) (State or foreign country)

13. Birthplace Sweden (City or town) (State or foreign country)

14. Maiden name Betty Ross (City or town) (State or foreign country)

15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Minnie Buchanan and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 5/28/48 (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho - Rose Hill

18. Funeral Director's OWN Signature Jack P. Brown and Address Idaho Falls, Idaho

19. (a) 6-9-48 (Date received and filed) (b) Anna Bridges (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 23 19 48  
at 3-30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 23 19 48  
to May 23 19 48

I last saw h. er alive on May 23 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cancer of Lung

## Duration

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred.       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature John Hatcher (M. D. or other)

and Address        Date        19         
(For additional space, use reverse side)

442

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 10 1948 **Certificate of Death**  
STATE OF IDAHO

1948 State File No. **1744**  
Local Reg. No. **114**  
Reg. Dist. No. **010**

**1. PLACE OF DEATH:**

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. L.D.S. Stayed 26 days  
(g) Lived in this county..... years..... months 26 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Butte  
(c) City or town Howe  
(d) Street Address or R.F.D. No. Gen. Howe  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Niataze, Kansas

**3. (a) FULL NAME**

Mabel Clair Cowgill

3. (b) If veteran, name war No

3. (c) Social Security No. None

5. Color or

4. Sex Female race White

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Henry H. Cowgill

6. (c) Age of husband or wife if alive dec. years

7. Date of Birth (Month, Day, Year) May 25, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>11</u>	<u>29</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 48 yrs.

10. Industry or Business At home Date last worked April 48

11. Birthplace Independence, Kansas (City or town) (State or foreign country)

12. Name Thomas Henry McMillin

13. Birthplace Kentucky (City or town) (State or foreign country)

14. Maiden name Anna Davis

15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature] and Address [Address]

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 28 1948 (Month) (Day) (Year)

(c) Place Arco, Idaho

18. Funeral Director's OWN Signature [Signature] and Address Idaho Falls, Idaho

19. (a) 5/27/48 (Date received and filed) (b) [Signature] (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) May 24, 1948  
at 8:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 1-48 to May 24 48

I last saw h. 2 alive on May 24 death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Chromic Lung

**Duration**

39 mos

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature [Signature] (M. D. or other)

and Address..... Date..... 19..... (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1745  
Local Reg. No. 120  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Drive  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. L. V. S. Stayed 5 days  
(g) Lived in this county 2 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. St #2  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 157E years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Ryan George Johnson

## 3. (b) If veteran, name was

## 3. (c) Social Security No.

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced Infant

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive 5-29-48 years

7. Date of Birth  
(Month, Day, Year) May 27, 1948

8. AGE Years Months Days 2 If less than 1 day  
hrs. min.

9. Exact Occupation Infant Did this work for 0 yrs.

10. Industry or Business Idaho Falls, Idaho Date last worked

11. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)

12. Name Walden W. Johnson

13. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)

14. Maiden name Gwen Chapman

15. Birthplace Rigby, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Walden W. Johnson  
and Address St. 2 Soda Co. Idaho Falls, Id.

17. (a) Burial (b) Date thereof May 30, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Rose Hill - Idaho Falls

18. Funeral Director's OWN Signature Jack A. Ward  
and Address Idaho Falls, Idaho

19. (a) 6/1/48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 29, 1948  
at 3:45 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 5-29-48  
19 5-29-48 to 5-29-48 19 48

I last saw h. in alive on 5-29-48 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: congenital heart disease Duration of one day

Due to congenital heart disease

Due to congenital heart disease

Other conditions congenital heart disease  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Patent foramen Date over

Major finding Patent foramen

Finding of autopsy Patent foramen

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? 0 Suicide? 0 Homicide? 0

Occurred 0 19 48 City, county, state  
where violence occurred.

Place of Violence: Home 0 Farm 0 Industry 0  
Public Place 0 While at work? 0

Means of injury 0

23. Attendant's OWN Signature Anna Bridges  
and Address Idaho Falls, Idaho Date 6-3-48 19 48

(For additional space, use reverse side)

.44 ✓



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
**RECEIVED**  
**MAY 7 1948**  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1746**  
Local Reg. No. **15-48**  
Reg. Dist. No. **100**

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonnerr's Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? XX Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Bound. Co. Stayed 25 days  
(g) Lived in this county 26 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Bonnerr's Ferry  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? XX city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Coeur d'Alene Idaho.

3. (a) FULL NAME Burton Warner

Burton Warner

0870

3. (b) If veteran, name war No 3. (c) Social Security No. No No. No  
5. Color or 6. (a) Single, widowed, married, divorced Wid.  
4. Sex Male race White  
6. (b) Name of husband or wife Mary E. 6. (c) Age of husband or wife if alive Dec. years  
7. Date of Birth (Month, Day, Year) 8/2/1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>9</u>	<u>1</u>	hrs min.

9. Exact Occupation Ret. Farmer Did this work for 55 yrs.  
10. Industry or Business at home Date last worked 1943  
11. Birthplace Coral, Mich.  
(City or town) (State or foreign country)

12. Name Moses Warner  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Eunice A. Park  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Frank Morse  
and Address From assistance files

17. (a) Burial (b) Date thereof 5/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bonnerr's Ferry, Idaho.

18. Funeral Director's OWN Signature Frank Morse  
and Address Bonnerr's Ferry, Idaho

19. (a) 5-4-48 (b) Wm Bowler  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

097X

20. DATE OF DEATH (Month, Day, Year) May 3, 1948 19  
at 9:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from April 1948 to May 3, 1948  
I last saw him alive on May 3, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Failure Terminal Duration 3 days

Due to Paralysis agitata 10 yrs

Due to Cerebral arteriosclerosis

Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wm Bowler M.D.

and Address Bonnerr's Ferry, Idaho Date 5-4-48  
(M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 20 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1747**  
Local Reg. No. **16-48**  
Reg. Dist. No. **100**

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonnerr's Ferry  
(c) Street Address or R.F.D. No. Star Route  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county    years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Bonnerr's Ferry  
(d) Street Address or R.F.D. No. Star Route  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?    years  
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Lillian Everts Cave

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or 6. (a) Single, widowed, married, divorced Wid.  
4. Sex Fem. race White  
6. (b) Name of husband or wife Edson 6. (c) Age of husband or wife if alive Dec. years  
7. Date of Birth (Month, Day, Year) 3/18/1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>1</u>	<u>24</u>	hrs min.

9. Exact Occupation Housewife Did this work for 67 yrs.  
10. Industry or Business at home Date last worked 1946  
11. Birthplace Iowa (City or town) (State or foreign country)

12. Name George Everts  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Maria Sherman  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Ladie Brandenburg  
and Address Bonnerr's Ferry Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/48 (Month) (Day) (Year)  
(c) Place: Bonnerr's Ferry Idaho

18. Funeral Director's OWN Signature Mark Boyer  
and Address Bonnerr's Ferry Idaho

19. (a) 5-11-48 (Date received and filed) (b) R. Bonnell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 12th. 1948  
at 3:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1946 to May 12 1948  
I last saw her alive on May 12 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Cardiac failure

Duration  
terminal

Due to chronic glomerulo-nephritis 2 yrs  
Due to Senile atherosclerosis yrs.  
Other conditions Senility  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation. Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury   

23. Attendant's OWN Signature Frank A. Thompson (M. D. or other)  
and Address Bonnerr's Ferry Idaho Date 5/17 1948  
(For additional space, use reverse side)

# CERTIFICATE OF DEATH

STATE OF IDAHO

Local Registrar's Duplicate

Local Reg. No. 5

Reg. Dist. No. 670

1748 -

MAY 18 1948

## 1. PLACE OF DEATH:

- (a) County Butte  
(b) City or town Arco  
(c) Street Address or R. F. D. No. ✓  
(d) Death Occurred Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst. ✓ Stayed ✓ days  
(g) Lived in this county ✓ years 3 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Butte  
(c) City or town Arco  
(d) Street Address or R. F. D. No. ✓  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 months  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Martha Jayne Jones

157E

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced infant

6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive no years

7. Date of Birth (Month, Day, Year) February 3, 1948

8. AGE Years 3 Months 5 Days 5 If less than 1 day hrs. min.

9. Exact Occupation infant Did this work for ✓ yrs.

10. Industry or Business ✓ Date last worked ✓

11. Birthplace Idaho Falls Idaho (City or town) (State or foreign country)

12. Name Charles A. Jones

13. Birthplace Golden - Colorado (City or town) (State or foreign country)

14. Maiden name May Pearson

15. Birthplace Mohr - Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Charles A. Jones and Address Arco - Idaho

17. (a) Burial (b) Date thereof May 10 - 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Arco - Idaho

18. Funeral Director's OWN Signature Betty J. Marnel F.D.#19 and Address Arco - Idaho

19. (a) May 12 - 1948 (b) Mary G. Dietrich (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 8, 1948  
at 11:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 8, 1948, to May 8, 1948

I last saw h.e.l. alive on May 8, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fatal Rupture Arteriosclerosis Duration 3 months

Due to Conspicuous failure of Rupture

Due to arteriosclerosis to close

Other conditions ✓

(Include pregnancy within 3 months of death)

Where was disease contracted? ✓

Name of operation ✓ Date ✓

Major finding ✓

Finding of autopsy ✓

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓

Occurred ✓, 19 48 City, county, state ✓

where violence occurred ✓

Place of Violence: Home ✓ Farm ✓ Industry ✓

Public Place ✓ While at work? ✓

Means of injury ✓

23. Attendant's OWN Signature D. H. Cabel M.D. and Address Arco Ida (M. D. or other) Date 5/12, 19 48 (For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census  
Amended 5-17-79

CERTIFICATE OF DEATH  
STATE OF IDAHO

1. PLACE OF DEATH:  
(a) County Butte  
(b) City or town near Howe  
(c) Street Address or R. F. D. No.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home—Hospital—Institution—Other place.  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county. 37 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Butte  
(c) City or town Arco  
(d) Street Address or R. F. D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state).

3. (a) FULL NAME Alfred Iverson Nichols 170C

3. (b) If veteran, name war No. 3. (c) Social Security No. A  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) April 22 - 1901  
8. AGE Years Months Days If less than 1 day  
45 1 2 hrs. min.

9. Exact Occupation Laborer & Mechanic Did this work for life  
10. Industry or Business Laborer Date last worked May 24 48  
11. Birthplace Ironton, Trigg Co. Kentucky  
(City or town) (State or foreign country)  
Mother { 12. Name Alfred Wilson  
13. Birthplace Ironton, Trigg Co. Kentucky  
(City or town) (State or foreign country)  
14. Maiden name Elizabeth Molloy  
15. Birthplace Star Lime Works Kentucky  
(City or town) (State or foreign country)  
16. Informant's OWN Signature A.W. Michaels  
and Address Arco - Idaho  
17. (a) Burial (b) Date thereof May 27 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Arco - Idaho  
18. Funeral Director's OWN Signature Betty J. Marvel  
and Address Arco - Idaho - FD #19  
19. (a) May 25 - 1948 (b) Mary G. Dietrich  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 24, 1948  
at 8:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw him alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Crushed Skull caused sudden death  
Duration

Due to Car Accident  
1/2 mile East of Howe - Ida  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Physician  
Name of operation Date  
Major finding Underline the cause to which death should be charged statistically.  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred May 24, 1948. City, county, state where violence occurred 1/2 mile East of Howe  
Place of Violence: Home Farm Industry  
Public Place Highway While at work? 30  
Means of injury Car (Coroner Butte Co)  
23. Attendant's OWN Signature Betty J. Marvel  
(M. D. or other)  
and Address Arco - Idaho Date May 25, 1948  
(For additional space, use reverse side)

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho }  
County of Butte } ss.

Certificate No. 48-1749  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of death

for Alfred Iverson Nichols who died on May 24, 1948  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Butte Co. are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

Birthplace

Freed Kentucky

Ironton, Trigg, Kentucky

Father

Alfred William

Alfred Wilson

birthplace of father

Freed Kentucky

Ironton, Trigg, Kentucky

Mother

Lizzy Wilcox

Elizabeth Molloy Wilcox

birthplace of mother

Lyon Kentucky

Star Lime Works, Lyon Co, KY

birth date of deceased

April 22, 1903

April 22, 1901

Subscribed and sworn to before me this 23 day of

April 19 79  
Notary Public, Judith R. Bailey  
Residing at Arco, Idaho  
My commission expires Lifetime  
(Seal)

Rena H. Walker  
Signature of Applicant  
Box 32  
Street Address, City, State  
Arco, Idaho 83213

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Butte } ss.

(Must be completed \_)

(Is not necessary \_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of

May 19 79  
Notary Public, Judith R. Bailey  
Residing at Arco, Idaho  
My commission expires Lifetime  
(Seal)

Rena H. Walker  
Supporting Signature  
Box 32, Arco, Idaho  
Street Address, City, State

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1750  
Local Reg. No. 176  
Reg. Dist. No. 362

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sanitar Stayed 120 days  
(g) Lived in this county 33 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R.F.D. No. 221-15th Ave No.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Wyoming

## 3. (a) FULL NAME

Albert Ribarger

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race Male

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lottie

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 6 - 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>11</u>	<u>26</u>	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Seneca Missouri  
(City or town) (State or foreign country)

12. Name Edison Ribarger

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address By Tony H. Walker

17. (a) Burial (b) Date thereof 5/5/48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Hamper Idaho

18. Funeral Director's OWN Signature Tony H. Walker  
and Address Hamper Idaho

19. (a) May 14 - 1948 (b) Lida Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 1st 1948

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 13 1947 to May 1 1948

I last saw h. in alive on April 30 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Uremia

Due to Carcinoma prostate

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Herry C. Wesche MD  
(M.D. or other)

and Address Hamper Idaho Date 5-10 1948  
(For additional space, use reverse side)

Wesche



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

MAY 17 1948

STATE OF IDAHO

1948  
State File No. 1752  
Local Reg. No. 174  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 419 17th Ave. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Charles Lee Walker

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or race white 6. (a) Single, widowed, married, divorced single  
4. Sex male 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 8, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>6</u>	<u>0</u>	<u>0</u>	<u>1</u> hrs. <u>30</u> min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Nampa, Idaho  
(City or town) (State or foreign country)

12. Name Woodrow Walker

13. Birthplace Gooding, Idaho  
(City or town) (State or foreign country)

14. Maiden name Marjolaine Coble

15. Birthplace Weiser, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Woodrow Walker

and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 5/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature John A. Smith, Jr.

and Address Nampa, Idaho

19. (a) May-11-1948 (b) Lida Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 8, 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY That I attended deceased from 5/10/48 19 \_\_\_\_\_ to 5/10/48 19 \_\_\_\_\_  
I last saw him alive on 5/10 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cardiac - Resp. failure Duration \_\_\_\_\_

Due to Fetal Hydrops

Due to RA sensitivity

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature L Mary [unclear]

(M. D. or other)

and Address Nampa, Idaho Date \_\_\_\_\_ 19 \_\_\_\_\_

(For additional space, use reverse side)

Dr. L. E. M. Jr.

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1753**  
Local Reg. No. **175**  
Reg. Dist. No. **362**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed 20 min. days  
(g) Lived in this county 31 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 516 15th Ave. So.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Clarksdale, Mo.

## 3. (a) FULL NAME

Mr. Albert B. Beverlin

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

## 4. Sex male 5. Color or race white

## 6. (b) Name of husband or wife

Mary E.

## 6. (a) Single, widowed, married, divorced

married

## 6. (c) Age of husband or wife if alive

years

## 7. Date of Birth

(Month, Day, Year) April 21, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>0</u>	<u>18</u>	hrs. min.

## 9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business Retired Date last worked \_\_\_\_\_

## 11. Birthplace Chase County, Kansas (City or town) (State or foreign country)

## 12. Name Samuel Beverlin (City or town) (State or foreign country)

## 13. Birthplace West Virginia (City or town) (State or foreign country)

## 14. Maiden name Elizabeth Bonnell (City or town) (State or foreign country)

## 15. Birthplace West Virginia (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mr. Harry L. Culbertson and Address Box 396 Nampa, Idaho

## 17. (a) Burial (b) Date thereof 5/13/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Kohlerlawn Cemetery

## 18. Funeral Director's OWN Signature John J. Alsop, Jr. and Address Nampa, Idaho

## 19. (a) May 11-1948 (b) Linda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) May 9, 1948 at 6:45 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from May 4, 1948 to May 9, 1948

I last saw him alive on May 7, 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 3 hrs.

Due to Hypertension 10 yrs.

Due to \_\_\_\_\_ 2 yrs.

Other conditions Cerebral Thrombosis (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature F. D. Kachner, Jr. and Address Nampa, Idaho Date May 10, 1948

(M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1754  
Local Reg. No. 117  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R.F.D. No.   
(d) Death Occurred Inside? ✓ Outside?  city or town   
(e) Died in a Home  Hospital ✓ Institution  Other place   
(f) Name Hosp. or Inst. Hamper Stayed 1 days  
(g) Lived in this county 45 years  months  days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R.F.D. No. 412 - Idaho St.  
(e) Deceased lived Inside? ✓ Outside?  city or town   
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

Mrs Molly A. Groves

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive  years

## 7. Date of Birth

(Month, Day, Year) Mar 16th 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>2</u>	<u>26</u>	hrs. min.

9. Exact Occupation At Home Did this work for  yrs.

10. Industry or Business  Date last worked

11. Birthplace Laurel Missouri (City or town) (State or foreign country)

12. Name Robert Davidson (City or town) (State or foreign country)

13. Birthplace Virginia (City or town) (State or foreign country)

14. Maiden name Theresa Nelson (City or town) (State or foreign country)

15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address Box 111 Hamper

17. (a) Burial (b) Date thereof 5/14/48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Hamper Idaho

18. Funeral Director's OWN Signature Lyda Rodgers  
and Address Hamper Idaho

19. (a) May 14 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 11 1948  
at 6 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 19 1947 to May 11 1948  
I last saw her alive on April 25 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Carcinoma Head pancreas

Due to

Due to

Other conditions Seriously  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?

Occurred  19  City, county, state where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature Henry C. Wesche MD  
(M. D. or other)

and Address Hamper Idaho Date 5-14 1948  
(For additional space, use reverse side)

H. Thake

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

MAY 24 1948

STATE OF IDAHO

State File No. 1755  
Local Reg. No. 119  
Reg. Dist. No. 343

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Owyhee  
(c) City or town Murphy  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 59 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL

NAME Mr. Merritt Kelly Madden

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Emma Madden 6. (c) Age of husband or wife if alive 69 years

7. Date of Birth (Month, Day, Year) April 28, 1879

8. AGE	Years	Months	Days	If less than 1 day
	69	0	15	hrs. min.

9. Exact Occupation Stockman Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Retired Date last worked \_\_\_\_\_

11. Birthplace Caldwell, Idaho (City or town) (State or foreign country)

12. Name Charles Madden (City or town) (State or foreign country)

13. Birthplace Missouri (City or town) (State or foreign country)

14. Maiden name Ella Coleman (City or town) (State or foreign country)

15. Birthplace Boston, Mass. (City or town) (State or foreign country)

16. Informant's OWN Signature Anna L. Schneider  
and Address 1428 Longmont

17. (a) Burial (b) Date thereof 5/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Canyon Hill Cemetery Caldwell

18. Funeral Director's OWN Signature John J. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) May 15-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 13, 1948  
at 12:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. im alive on 5/12 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Abdominal Carcinoma  
Origin in stomach or liver  
Due to Metastases to lungs

Due to Acute Peritonitis possibly  
Other conditions due to Metastatic  
(Include pregnancy within 3 months of death)

Where was disease contracted? (3) Chronic 10 yrs

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Duration

1 yr

2 wks

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature John J. Alsip, Jr.

(M. D. or other)

and Address Nampa, Idaho Date 5/14/1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1756  
Local Reg. No. 118  
Reg. Dist. No. 362

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 203 - Banner St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town Nampa  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place N.H.S.A.  
(f) Name Hosp. or Inst. N.H.S.A. Stayed 5 days  
(g) Lived in this county 12 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 203 - Banner St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town Nampa  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Wisconsin

## 3. (a) FULL NAME

Mrs Edith Loomer

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 0 years

7. Date of Birth (Month, Day, Year) Jan 21 - 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>4</u>	<u>23</u>	hrs. min.

9. Exact Occupation at Home Did this work for 0 yrs.

10. Industry or Business at Home Date last worked 0

11. Birthplace Barab, Wisconsin (City or town) (State or foreign country)

12. Name Glenn Porter (City or town) (State or foreign country)

13. Birthplace Wisconsin (City or town) (State or foreign country)

14. Maiden name Martha Butler (City or town) (State or foreign country)

15. Birthplace Wisconsin (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records and Address By the N.H.S.A.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/15/48 (Month) (Day) (Year)

(c) Place Lubbock North Dakota

18. Funeral Director's OWN Signature Spence H. Walker and Address Nampa Idaho

19. (a) May 14 - 1948 (Day received and filed) (b) Lida Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 13th 1948

at 4 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 9 1948 to May 13 1948

I last saw her alive on May 12 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Cardiac Decompensation

Due to Diabetes Mellitus

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation 0 Date 0

Major finding 0

Finding of autopsy 0

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? 0 Suicide? 0 Homicide? 0

Occurred 0 19 0 City, county, state 0

where violence occurred 0

Place of Violence: Home 0 Farm 0 Industry 0

Public Place 0 While at work? 0

Means of injury 0

23. Attendant's OWN Signature Henry C. Wesche M.D. (M.D. or other)

and Address Nampa Idaho Date 5-14 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 24 1948

# Certificate of Death

STATE OF IDAHO

748-1757  
State File No. 1757  
Local Reg. No. 121  
Reg. Dist. No. 323

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 18 days  
(g) Lived in this county 8 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #5  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Scotts Bluff, Neb.

## 3. (a) FULL

NAME Mr. Fred Sauer

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

546-12-3354

## 4. Sex male Color or race white

## 6. (b) Name of husband or wife

Ella

## 6. (a) Single, widowed, married, divorced

married

## 6. (c) Age of husband or wife if alive

27 years

## 7. Date of Birth

(Month, Day, Year) October 5, 1915

## 8. AGE

Years

Months

Days

If less than 1 day

32

7

10

hrs.

min.

## 9. Exact

Occupation Railroad

## Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business U.P. Railroad

## Date last

worked

## 11. Birthplace

Scotts Bluff, Nebr.

(City or town)

(State or foreign country)

## 12. Name

George Sauer

## 13. Birthplace

Russia

(City or town)

(State or foreign country)

## 14. Maiden name

Mary Henry

## 15. Birthplace

Russia

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Mrs Ella Sauer

and Address

R-5 Nampa

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

5/17/48

(Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

## 18. Funeral Director's

OWN Signature

John J. Alsip, Jr.

and Address

Nampa, Idaho

## 19. (a)

May 20 1948

(Date received and filed)

## (b)

Lyla Rodgers

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 15, 1948

at 2:58 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

July 30, 1946 to May 15, 1948

I last saw him alive on May 14, 1948

death is held to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Carcinoma stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Uremia

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Duration

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature

Henry C. Wesch MD

(M. D. or other)

and Address Nampa, Idaho Date 5-18-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1758  
Local Reg. No. 126  
Reg. Dist. No. 362

JUN 7 1948

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R.F.D. No. 305 - Canyon  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 21 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R.F.D. No. 305 - Canyon  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

Orville Sprong

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ☐ years ☐ months ☐ days

## 7. Date of Birth

(Month, Day, Year) Jan 19 - 1927

## 8. AGE

Years

Months

Days

If less than 1 day

21

4

18

hrs.

min.

## 9. Exact Occupation

None

Did this work for ☐ yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

Hamper Idaho

(City or town) (State or foreign country)

## 12. Name

Arthur H. Sprong

## 13. Birthplace

Missouri

(City or town) (State or foreign country)

## 14. Maiden name

Marjorie Childers

## 15. Birthplace

Missouri

(City or town) (State or foreign country)

## 16. Informant's

### OWN Signature

Arthur Sprong

### and Address

305 - Canyon Rd.

## 17. (a) Burial

(Burial, cremation or removal)

## (b) Date the body

5/21/48

## (c) Place

Hamper Idaho

## 18. Funeral Director's

### OWN Signature

George H. Walker

### and Address

Hamper Idaho

## 19. (a)

(Date received and filed)

## (b)

Lyda Rodgers

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

May 16th

1948

at 11:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

May 15

1948

to May 16

1948

I last saw h. i. m. alive on May 15

1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Pneumonia

## Duration

2 wks

## Due to

## Due to

Other conditions Congenital Spasms

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ☐ Date ☐

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

## Means of injury

## 23. Attendant's

### OWN Signature

T. C. Horton Jr MD

(M. D. or other)

and Address 106-12 Ave 20

Date 5-20 1948

(For additional space, use reverse side)

T. C. Horton Jr.

644

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 24 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1759**  
Local Reg. No. **722**  
Reg. Dist. No. **362**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 1410 3rd St. No.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 8 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 1410 3rd St. So.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 53 years  
(h) Former residence (city, state)

## 3. (a) FULL

NAME Mr. Henry K. Griffiths

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of Wife 6. (c) Age of husband or wife if alive 75 years  
7. Date of Birth (Month, Day, Year) February 14, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>1</u>	<u>3</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for life yrs.  
10. Industry or Business Farming Date last worked 1936  
11. Birthplace Willard, Utah (City or town) (State or foreign country)

12. Name Thomas Griffiths  
13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Elizabeth Arbon  
15. Birthplace Unobtainable (City or town) (State or foreign country)

16. Informant's OWN Signature William L. Griffiths  
and Address Emmett, Idaho

17. (a) Burial (b) Date thereof 5/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Wilder Cemetery  
18. Funeral Director's Robinson-Albin Chapel  
OWN Signature John A. Albin, Jr.  
and Address Nampa, Idaho

19. (a) May-20-1948 (b) Lida Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 17, 1948  
at 6:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 19 1945 to May 17 1948  
I last saw him alive on May 13 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

myocardial failure

Due to arteriosclerosis

Due to chronic bronchitis

Other conditions scidulity

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

Duration

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state  
where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature Henry C. Weschler  
(M.D. or other)

and Address Nampa, Idaho Date 5-18 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1760  
Local Reg. No. 123  
Reg. Dist. No. 363

MAY 24 1948

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ming Stayed 17 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 17 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. 145 - 3 St East  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

Mrs Elizabeth M. Paradis

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. E. Paradis

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 17th 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>2</u>	<u>2</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Amherst Ontario Canada  
(City or town) (State or foreign country)

12. Name Sam Paradis

13. Birthplace Canada  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address By George H. Walker

17. (a) Removal (b) Date thereof 5/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Jerome Idaho

18. Funeral Director's OWN Signature George H. Walker  
and Address Hamper Idaho

19. (a) May 20 - 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 19th 1948  
at 10:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration sudden

Due to Malignant Hypertension  
Malignant Nephrosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature G. C. H. Walker  
(M. D. or other) and Address Nampa Date 5/22/48  
(For additional space, use reverse side)

Saltzer



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 7 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 1761  
Local Reg. No. 124  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 10 days  
(g) Lived in this county 5 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #4  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Richfield, Kan.

## 3. (a) FULL

NAME Mr. Dennis Ora Tryon

3. (b) If veteran, name war none 3. (c) Social Security No. 513-10-1109  
5. Color or male race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Odessa 6. (c) Age of husband or wife if alive 37 years  
7. Date of Birth (Month, Day, Year) January 22, 1911

8. AGE	Years	Months	Days	If less than 1 day
	<u>37</u>	<u>3</u>	<u>27</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Farming Date last worked \_\_\_\_\_  
11. Birthplace Richfield, Kansas (City or town) (State or foreign country)

12. Name Anza Tryon  
13. Birthplace Sedan, Ohio (City or town) (State or foreign country)  
14. Maiden name Linnie Betts  
15. Birthplace Horton County, Ind. (City or town) (State or foreign country)

16. Informant's OWN Signature Ma D. O. Tryon  
and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 5/22/48 (Month) (Day) (Year)  
(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature John F. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) May 24 1948 (b) Lida Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 12, 1948  
at 10:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1946 to May 19, 1948  
I last saw him alive on May 19, 1948  
Death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Uremia

Due to Chronic Renal

Due to Small Stones

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Henry E. Wesch MD  
(M. D. or other)  
and Address Nampa, Idaho Date 5-21-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 10 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1762  
Local Reg. No. 66  
Reg. Dist. No. 360

1. PLACE OF DEATH:  
(a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution X Other place....  
(f) Name Hosp. or Inst Sanitarium Stayed        days  
(g) Lived in this county        years        months        days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Gen. Del.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state)       

3. (a) FULL NAME Michael Irving Taggart

3. (b) If veteran, name war        No.         
5. Color or        6. (a) Single, widowed, married,  
4. Sex M race W divorced --  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if  
wife        alive        years  
7. Date of Birth (Month, Day, Year) April 29-1948

8. AGE	Years	Months	Days	If less than 1 day
	-	-	3	hrs min.

9. Exact Occupation        Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Caldwell, Idaho  
(City or town) (State or foreign country)

12. Name Judson Taggart  
13. Birthplace American Falls, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Dorothy Ann Boulton  
15. Birthplace Caldwell, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Judson J. Taggart  
and Address Caldwell, Idaho Gen. Del.

17. (a) Burial (b) Date thereof 5-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 5-7-48 (b) Agnes M. Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 2 19 48  
at 9:30 am o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from April 29 19 48, to May 2 19 48  
I last saw h.live alive on May 1 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature Birth  
7 months gestation

Due to         
Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?         
Name of operation        Date         
Major finding         
Finding of autopsy         
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury         
Attendant's OWN Signature Lesta Crane  
(M. D. or other)         
and Address Caldwell Date 5/5 19 48  
(For additional space, use reverse side)

159X

457

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce MAY 10 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1763  
Local Reg. No. 64  
Reg. Dist. No. 960

1. PLACE OF DEATH:

(a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 409 No. Kimball  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home? ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Pennington Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Blaine  
(c) City or town Hailey  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME Mrs. Leonora Aikin

3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex F Color or race W 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	89			hrs min.

9. Exact Occupation Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Not Known (City or town) (State or foreign country)

12. Name Not Known

13. Birthplace (City or town) (State or foreign country)

14. Maiden name Not Known

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature *Walter P. Street* and Address Nampa, Idaho

17. (a) Removal (b) Date thereof 5-4-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hailey, Idaho

18. Funeral Director's OWN Signature Peckham-Dakan Chapel and Address Caldwell, Idaho

19. (a) 5-7-48 (b) *Agnes M. Denman* (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 4 19 48  
at 4:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948 to April 30 1948  
I last saw him alive on April 30 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Chronic Myocarditis* Duration

Due to

Due to

Other conditions *Hypertension*  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry Public Place While at work?  
Means of injury

23. Attendant's OWN Signature *R. S. Coors md* (M. D. or other) and Address *Peckham Dakan* Date 5/7/48 1948  
(For additional space, use reverse side)

*Carry on to Physician. 224*

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1764  
Local Reg. No. 68  
Reg. Dist. No. 360

MAY 17 1948

1. PLACE OF DEATH:
- (a) County Canyon
  - (b) City or town Caldwell
  - (c) Street Address or R.F.D. No.
  - (d) Death Occured Inside? ☒ Outside? city or town
  - (e) Died in a Home? ☒ Hospital ☒ Institution Other place
  - (f) Name Hosp. or Inst. Memorial Park days
  - (g) Lived in this county 11 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho
  - (b) County Canyon
  - (c) City or town Parma
  - (d) Street Address or R.F.D. No. Route #2
  - (e) Deceased lived Inside? ☒ Outside? city or town
  - (f) Citizen of what country? U.S.A.
  - (g) How long had deceased lived in Idaho? 11 years
  - (h) Former residence (city, state) Nebraska

3. (a) FULL NAME Bertha Louisa Fox

3. (b) If veteran, name war No.
5. Color of race W.
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Charles Fox
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 12-1881

8. AGE	Years	Months	Days	If less than 1 day
	67	1	26	hrs min.

9. Exact Occupation Housekeeping Did this work for yrs.
10. Industry or Business worked
11. Birthplace Ashland, Nebraska (City or town) (State or foreign country)

12. Name Myron Fox
13. Birthplace Illinois (City or town) (State or foreign country)
14. Maiden name Spierling
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Chas L. Fox and Address Rt # 2 Parma

17. (a) Burial (b) Date thereof 5-11-48 (c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dakar Chapel and Address Caldwell, Idaho

19. (a) 5-13-48 (b) Registrar's signature

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 8 19 48 at 12:40 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 15 1948, to 8 May 1948. I last saw h. alive on 7 May 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive heart failure Duration 1 wk

Due to malnutrition 2 mo

Due to mesenteric thrombosis 2 mo

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Cellmer  
Name of operation none Date  
Major finding  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature S. W. Simpson and Address Cellmer Date 10-23-1948 (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1765  
Local Reg. No. 78  
Reg. Dist. No. 360

MAY 17 1948

1. PLACE OF DEATH:
- (a) County Canyon
  - (b) City or town Caldwell
  - (c) Street Address or R.F.D. No. 502 Everett St.
  - (d) Death Occured Inside? X Outside? city or town
  - (e) Died in a Home? Hospital Institution? Other place
  - (f) Name Hosp. or Inst. Caldwell Stayed days
  - (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon
  - (c) City or town Caldwell
  - (d) Street Address or R.F.D. No. 502 Everett St.
  - (e) Deceased lived Inside? X Outside? city or town
  - (f) Citizen of what country? U.S.A.
  - (g) How long had deceased lived in Idaho? years
  - (h) Former residence (city, state) years

3. (a) FULL NAME Anna Torrance

3. (b) If veteran, name war No.
4. Sex F 5. Color or W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Robert Torrance 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 21-1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>2</u>	<u>19</u>	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Germany (City or town) (State or foreign country)

- Mother Father
12. Name Otto Zangelman
13. Birthplace Liso, Germany (City or town) (State or foreign country)
14. Maiden name Slichtlechtekrull
15. Birthplace Liso, Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Stewart Torrance and Address Melba

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-48 (Month) (Day) (Year)
- (c) Place: Canyon Hall

18. Funeral Director's OWN Signature Peckham Baker Chapel and Address Caldwell, Idaho

19. (a) 5-13-48 (Date received and filed) (b) Ignacio Newman (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 10 19 48 at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948 to Feb 28 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis Duration ?

Due to Diabetes mellitus

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation Date Underline the cause to which death should be charged statistically.

Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19 City, county, state where violence occurred Place of Violence: Home Farm Industry Public Place While at work? Means of injury Public Place

23. Attendant's OWN Signature R. S. Ross (M. D. or other) and Address Caldwell 19 48 (For additional space, use reverse side)

Canyon Co Physician 224

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 17 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1766  
Local Reg. No. 69  
Reg. Dist. No. 960

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. I.O.O.F. Stayed ..... days  
(g) Lived in this county 60 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Leon S. Golden

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced W

6. (b) Name of husband or  
wife .....

6. (c) Age of husband or wife if  
alive ..... years

7. Date of Birth  
(Month, Day, Year)

November 15-1856

8. AGE	Years	Months	Days	If less than 1 day
	91	6	25	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Springfield, Illinois  
(City or town) (State or foreign country)

12. Name David Golden

13. Birthplace Philadelphia, Pennsylvania  
(City or town) (State or foreign country)

14. Maiden name Susan D. Edmonds

15. Birthplace Scotland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Nancy Stephenson  
and Address 200 8th Home

17. (a) Burial (b) Date thereof May 12-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill

18. Funeral Director's OWN Signature William Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 5-73-48 (b) Reginald Dorman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 10 19 48  
at ..... o'clock 7:45 A.M.

21. I HEREBY CERTIFY, That I attended deceased from April 1948 to May 10 1948  
I last saw h. alive on May 9 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Unsuicidal Duration 7 hrs

Due to Chronic Hypertension

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....  
Finding of autopsy .....

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature J. H. Coyle  
and Address Caldwell, Idaho Date May 11 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
JUN 1 1948  
STATE OF IDAHO

State File No. 1767  
Local Reg. No. 3678  
Reg. Dist. No. 361

**1. PLACE OF DEATH:**

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Vale, Oregon

**3. (a) FULL NAME**

Ruby Kiser

**3. (b) If veteran,**

name war \_\_\_\_\_

**3. (c) Social Security**

No. \_\_\_\_\_

**4. Sex** F **5. Color or** W **6. (a) Single, widowed, married,**

divorced M

**6. (b) Name of husband or** William L. Kiser **6. (c) Age of husband or wife if**

wife alive \_\_\_\_\_ years

**7. Date of Birth**

(Month, Day, Year) March 3-1906

**8. AGE**

Years	Months	Days	If less than 1 day
<u>42</u>	<u>2</u>	<u>16</u>	hrs min.

**9. Exact**

Occupation Housewife Did this work for \_\_\_\_\_ yrs.

**10. Industry or**

Business \_\_\_\_\_ Date last worked \_\_\_\_\_

**11. Birthplace**

Kuna, Idaho  
(City or town) (State or foreign country)

**12. Name** F.E. Ramsey

**13. Birthplace** Indiana

(City or town) (State or foreign country)

**14. Maiden name** Jeanetta N. Johnson

**15. Birthplace** Illinois

(City or town) (State or foreign country)

**16. Informant's**

OWN Signature Wm L Kiser

and Address Caldwell, Idaho Rt. 1

**17. (a) Burial**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill

**18. Funeral Director's** Peckham-Dakan Chapel

OWN Signature \_\_\_\_\_

and Address Caldwell, Idaho

**19. (a) 5-25-48**  
(Date received and filed)

**(b) August Newman**  
(Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**

(Month, Day, Year) May 19 19 48  
at 11 o'clock A M.

**21. I HEREBY CERTIFY, That I attended deceased from**

March 22, 1948, to May 19, 1948

I last saw her alive on 19 May 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Coronary Occlusion

**Duration**

5 minutes

Due to Myocarditis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_

Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

**23. Attendant's**

OWN Signature J. L. Adams D.O.

(M. D. or other)

and Address Caldwell, Idaho Date May 21, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUN 7 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1768  
Local Reg. No. 78  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Sanitarium Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell Ave.  
(d) Street Address or R.F.D. No. Boise & Elgin  
(e) Deceased lived Inside? E Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME Helen Pauline Rogers

3. (b) If veteran, name war ..... No. ....  
5. Color or race W  
6. (a) Single, widowed, married, divorced M  
(b) Name of husband or wife Dave William  
(c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) October 7-1923

8. AGE	Years	Months	Days	If less than 1 day
	24	7	18	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Mt. Carmel, Illinois  
(City or town) (State or foreign country)

12. Name Mac McGee  
13. Birthplace Indiana  
(City or town) (State or foreign country)  
14. Maiden name .....  
15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Dave W Rogers  
and Address Boise & Elgin Ave.

17. (a) Burial (b) Date thereof 5-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Canyon Hill  
18. Funeral Director's OWN Signature Peckham-Baker Chapel

- and Address Caldwell, Idaho

19. (a) 6-2-48 (b) Agnes Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 25 19 48  
at 8:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
19....., to ..... 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Rupture of Blood Duration

Due to Left Aillary Artery - Lacerated

Due to Auto Accident near Parma  
Other conditions Car driven by Deceased.  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred May 25 19 48 City, county, state where violence occurred 3 miles East of Parma.  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place Highway 30 While at work? .....  
Means of injury

23. Attendant's OWN Signature Wm D. Talley  
(M. D. or other) and Address May 28 Date 1948  
(For additional place, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 7 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1769  
Local Reg. No. 74  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 1614 Blaine St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Greenleaf  
(c) City or town Greenleaf  
(d) Street Address or R.F.D. No. 12  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Colorado

## 3. (a) FULL NAME

Clark A. Hill

3. (b) If veteran, name war No.

3. (c) Social Security No. 132X

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Temperance E. Hill

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year)

November 16-1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>6</u>	<u>10</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for  yrs.

10. Industry or Business worked Date last worked worked

11. Birthplace Joplin, Missouri (City or town) (State or foreign country)

12. Name Quinn M. Hill

13. Birthplace Tennessee (City or town) (State or foreign country)

14. Maiden name Grace Jane Broils

15. Birthplace Tennessee (City or town) (State or foreign country)

16. Informant's OWN Signature Paul Hill and Address 1614 Blaine Caldwell

17. (a) Burial (b) Date thereof 5-28-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Wilder

18. Funeral Director's OWN Signature Peckham-Bakan Chapel and Address Caldwell, Idaho

19. (a) 6-2-48 (b) Quinn M. Hillman (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH (Month, Day, Year) May 26 1948 at 5 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 2/15/1948 to May 20, 1948

I last saw him alive on May 20, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Nephritis & senile debility Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19 Occurred 19 City, county, state where violence occurred 19 Place of Violence: Home 19 Farm 19 Industry 19 Public Place 19 While at work? 19 Means of injury 19

23. Attendant's OWN Signature Mr. I. Cooper MD (M. D. or other)

and Address Homedale, Idaho Date 5/28 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 14 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1770  
Local Reg. No. 77  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Sanitarium Stayed ..... days  
(g) Lived in this county... 5 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Huston  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Salmon, Idaho

## 3. (a) FULL NAME

William Clarence Smith

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mabel B. Smith alive ..... years  
6. (c) Age of husband or wife if

7. Date of Birth (Month, Day, Year) July 27-1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>10</u>	<u>1</u>	hrs min.

9. Exact Occupation Former Abstractor Did this work for ..... yrs.  
and Lemhi Co.

10. Industry or Business Official. Date last worked .....

11. Birthplace Junction, Idaho  
(City or town) (State or foreign country)

12. Name Not Known

13. Birthplace "  
(City or town) (State or foreign country)

14. Maiden name Henrietta Springer

15. Birthplace Pennsylvania  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mabel B. Smith

- and Address Huston, Idaho

17. (a) Burial (b) Date thereof 6-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dakan Chapel

- and Address Caldwell, Idaho

19. (a) 6-9-48 (b) Agnes Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 28 19 48  
at 10:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 2 Dec 1947, to 28 May 1948  
I last saw him alive on 28 May 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary thrombosis Duration 2 yrs

Due to .....

Due to .....

Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)

Where was disease contracted? 2 yrs

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

Attendant's OWN Signature W. B. Handford (M. D. or other)

and Address Caldwell Date June 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 1771  
Local Reg. No. 110  
Reg. Dist. No. 363

1. PLACE OF DEATH:  
(a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Box 531  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution X Other place  
(f) Name Hosp. or Inst. Sta Sch & Colony 13 1/2 yrs  
(g) Lived in this county 13 years 8 months 5 days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. P O Box 531  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? Native years  
(h) Former residence (city, state) Culdesac, Idaho

3. (a) FULL NAME VIRGIL LEE COFFLAND

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex Male race Wh 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 27 1912

8. AGE	Years	Months	Days	If less than 1 day
	<u>35</u>	<u>10</u>	<u>5</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Idaho Idaho (City or town) (State or foreign country)

12. Name Charles Coffland (City or town) (State or foreign country)

13. Birthplace Iowa (City or town) (State or foreign country)

14. Maiden name Julia Coffland Steward (City or town) (State or foreign country)

15. Birthplace Arkansas (City or town) (State or foreign country)

16. Informant's OWN Signature Pearl O Kiebert Secy  
and Address State School & Colony, Nampa, Ida

17. (a) Reburial (b) Date thereof 5/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Lemmon Idaho

18. Funeral Director's OWN Signature Young H. Walker  
and Address Nampa Idaho

19. (a) May 5 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 1st 1948  
(Month, Day, Year) at 10:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 22nd 19 43 to May 1st 19 48

I last saw h. im alive on May 1st 19 48 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Low Grade Imbecile SPASTIC Duration \_\_\_\_\_  
General deterioration for a full year

Due to Came to Institution Aug 31st 1934

Due to \_\_\_\_\_

Other conditions Auto Intoxication  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. W. Wenhirth M.D.  
(M. D. or other)

and Address Nampa, Idaho Date May 2nd 1948  
(For additional space, use reverse side)

State School & Colony

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 10 1948

# Certificate Of Death

STATE OF IDAHO

1948 1772  
State File No. 1772  
Local Reg. No. 4865  
Reg. Dist. No. 960

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. Rt. 3  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 6 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Rt. 3  
(e) Deceased lived Inside? Outside? 6 city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

Darlene Ellen Chrz

095B

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Robert William 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) June 1-1930

8. AGE	Years	Months	Days	If less than 1 day
	<u>17</u>	<u>11</u>	<u>2</u>	hrs min.

9. Exact Occupation Housewife Did this work for  yrs.

10. Industry or Business worked Date last worked

11. Birthplace Scotts Bluff, Nebraska  
(City or town) (State or foreign country)

12. Name Floyd Pfeifer

13. Birthplace Kimball, Nebraska  
(City or town) (State or foreign country)

14. Maiden name Mae Case

15. Birthplace North Platt, Nebraska  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]

- and Address [Address]

17. (a) Burial (b) Date thereof 5-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Canyon Hill

18. Funeral Director's OWN Signature [Signature]

- and Address Caldwell, Idaho

19. (a) 5-7-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 3 19 48  
at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 15 April 1946, to 29 May 1948  
I last saw her alive on 29 May 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Rheumatic heart disease Duration 7 yrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

Attendant's OWN Signature [Signature]

and Address Caldwell Date May 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAY 17 1948

STATE OF IDAHO

1948 1773  
State File No. 71  
Local Reg. No. 961  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. Route #3  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 18 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. Route #3  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) California

## 3. (a) FULL NAME

Edwin Arthur Bockus

094A

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

4. Sex M 5. Color of W 6. (a) Single, widowed, married, divorced W  
(b) Name of husband or wife Harriet 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) March 31-1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>1</u>	<u>10</u>	hrs min.

9. Exact Occupation Farmer Did this work for years

10. Industry or Business worked Date last worked

11. Birthplace Fairview, Nebraska (City or town) (State or foreign country)

12. Name George Bockus

13. Birthplace New York (City or town) (State or foreign country)

14. Maiden name Sarah Jane Strawn

15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's OWN Signature Phil. Bockus

- and Address Addy, Wash. Rte. 2.

17. (a) Removal X (b) Date thereof (Month) (Day) (Year)

- (c) Place: Escalante, Utah

18. Funeral Director's OWN Signature Peckham Decker Chapel

- and Address Caldwell, Idaho

19. (a) 5-14-48 (b) Agnes Denman (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH (Month, Day, Year) May 11 19 48  
at 5 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from May 11, 1948, to May 11, 1948

I last saw him alive on May 11, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary embolism Duration 1 hr

Due to arterial

Due to subeons

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature B. W. Montgomery

(M. D. or other)

and Address Caldwell, Idaho Date 5-14-48 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

MAY 24 1948

STATE OF IDAHO

State File No. 1774  
Local Reg. No. 120  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County. Canyon  
(b) City or town. Nampa  
(c) Street Address or R.F.D. No. Box 531  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home. Hospital. Institution. ☒ Other place.  
(f) Name Hosp. or Inst. Sta. Sch. & Colony days  
(g) Lived in this county. 28 years. 2 months. 14 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Canyon  
(c) City or town. Nampa  
(d) Street Address or R.F.D. No. Box 531  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state). St Anthony, Idaho

3. (a) FULL NAME Harvey Campbell

3. (b) If veteran, name war none  
5. Color or race. white  
4. Sex. Male  
(b) Name of husband or wife  
6. (c) Social Security No. none  
(a) Single, widowed, married, divorced. single  
(c) Age of husband or wife if alive. years  
7. Date of Birth (Month, Day, Year) 1913

8. AGE	Years	Months	Days	If less than 1 day
	35			hrs. min.

9. Exact Occupation. ✓ Did this work for. yrs.  
10. Industry or Business. Date last worked.  
11. Birthplace. Unobtainable (City or town) (State or foreign country)  
Father { 12. Name. Unobtainable  
13. Birthplace. Unobtainable (City or town) (State or foreign country)  
Mother { 14. Maiden name. Unobtainable  
15. Birthplace. Unobtainable (City or town) (State or foreign country)

16. Informant's OWN Signature. Pearl B. Kickert Secy  
and Address. State School & Colony, Nampa, Idaho

17. (a) Burial (b) Date thereof. 5/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place. Kohlerlawn Cemetery

18. Funeral Director's OWN Signature. John A. Olson  
and Address. John A. Olson, Idaho

19. (a) May 19-1948 (b) Lydia Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 15th 1948  
at 10AM o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 22 1943 to May 15 1948  
I last saw him alive on May 15 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Low-Grade Imbecile  
Gradually faded away the last 8 mo  
Due to No disease

Due to  
Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation. Date.  
Major finding.  
Finding of autopsy.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred. 19. City, county, state where violence occurred.  
Place of Violence: Home. Farm. Industry.  
Public Place. While at work?

Means of injury.  
23. Attendant's OWN Signature. W. W. Wootton M.D.  
Box 531 (M. D. or other) May 15 1948  
and Address. Date. 19.  
(For additional space, use reverse side)

State School & Colony

275

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

COPY

JUN 14 1948

# Certificate Of Death

STATE OF IDAHO

1048  
Copy

State File No. 1775  
Local Reg. No. 76  
Reg. Dist. No. 961

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Notus  
(c) Street Address or R.F.D. No. Hi-way 20  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME Hyrum J. Weston

3. (b) If veteran, name war No.  
5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife alive years  
7. Date of Birth (Month, Day, Year) February 15, 1924

8. AGE	Years	Months	Days	If less than 1 day
	<u>24</u>	<u>3</u>	<u>15</u>	hrs min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Garfield, Utah  
(City or town) (State or foreign country)

12. Name George C. Weston  
13. Birthplace Brigham Canyon, Utah  
(City or town) (State or foreign country)  
14. Maiden name Florence Blood  
15. Birthplace American Fork, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Florence Weston  
and Address Emmett, Idaho

17. (a) Burial (b) Date thereof 6-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Beckman  
and Address Caldwell, Idaho

19. (a) 6-9-48 (b) Regina Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 30, 1948  
(Month, Day, Year) at 10:55 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Broken neck

Duration

Due to automobile accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? No Homicide? No  
Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Yes Farm No Industry No

Public Place No While at work? No

Means of injury

Attendant's OWN Signature Beckman

and Address Beckman Date 6-4-48

(For additional space, use reverse side)

# Certificate Of Death

STATE OF IDAHO

State File No. 1776  
Local Reg. No. 87  
Reg. Dist. No. 520-521

JUN 3 1948

## 1. PLACE OF DEATH:

- (a) County CARLEOU  
(b) City or town SODA SPRINGS, IDAHO  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution ☒ Other place ☒  
(f) Name Hosp. or Inst. 0 Stayed 0 days  
(g) Lived in this county 15 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CARLEOU  
(c) City or town SODA SPRINGS  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? 0 Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) 0

## 3. (a) FULL NAME

JOHN AUTHEMAN

## 3. (b) If veteran, name war 1st world war

## 3. (c) Social Security

5. Color or W 6. (a) Single, widowed, married, divorced SINGLE  
4. Sex male race W  
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years  
7. Date of Birth (Month, Day, Year) YEAR 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>			hrs min.

9. Exact Occupation SHEEP MERDER Did this work for 40 yrs.

10. Industry or Business SHEEP BUSINESS Date last worked NOVEMBER

11. Birthplace ORCIERES, FRANCE  
(City or town) (State or foreign country)

12. Name UNKNOWN  
13. Birthplace UNKNOWN  
(City or town) (State or foreign country)

14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City or town) (State or foreign country)

16. Informant's OWN Signature Peter Girard  
and Address POCATELLO, IDAHO

17. (a) FURIEL (b) Date thereof MAY 25, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: SODA SPRINGS, IDAHO

18. Funeral Director's OWN Signature O. S. Whitman  
and Address SODA SPRINGS, IDAHO

19. (a) 5-27-48 (b) Archie C. Merrill  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) MAY 24, 48 19..  
at 5 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 24 1948, to May 24 1948.  
I last saw h. in alive on May 24 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Massive crushing injury to chest Duration 2 minutes

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation..... Date.....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ..... Homicide? .....  
Occurred May 24 1948 City, county, state where violence occurred Soda Springs, Carleou  
Place of Violence: Home..... Farm..... Industry Idaho  
Public Place..... While at work? .....

- Means of injury I saw beam fall from ceiling & crushed him  
23. Attendant's OWN Signature Allen H. Light (M. D. Light)  
and Address Soda Springs Date 24 May 1948  
(For additional space, use reverse side)

Idaho

545

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK INK or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to Bureau of Vital Statistics, Boise, Idaho.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 3 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1777  
Local Reg. No. 86  
Reg. Dist. No. 520-521

## 1. PLACE OF DEATH:

(a) County CARIBOU  
(b) City or town SODA SPRINGS, IDAHO.  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home... Hospital... Institution... X Other place...  
(f) Name Hosp. or Inst. O Stayed 0 days  
(g) Lived in this county 30 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State IDAHO (b) County CARIBOU  
(c) City or town SODA SPRINGS  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 53 years  
(h) Former residence (city, state) FINLAND

## 3. (a) FULL NAME

CHARLES A. STOOR

3. (b) If veteran, name war 0 3. (c) Social Security No. 519-07-4222

4. Sex male 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife IRVINE 6. (c) Age of husband or wife if alive 0 years

7. Date of Birth (Month, Day, Year) DECEMBER 27, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>4</u>	<u>27</u>	hrs min.

9. Exact Occupation CARPENTER Did this work for 20 yrs.

10. Industry or Business CARPENTRY Date last worked 5/24/48

11. Birthplace WASA, FINLAND. (City or town) (State or foreign country)

12. Name JOHN STOOR

13. Birthplace FINLAND (City or town) (State or foreign country)

14. Maiden name JONA KA JESTGIVER

15. Birthplace PORTON, FINLAND (City or town) (State or foreign country)

16. Informant's OWN Signature Idella Evans

and Address SODA SPRINGS, IDAHO

17. (a) BURIAL (b) Date thereof (Month) (Day) (Year)

(c) Place: SODA SPRINGS, IDAHO.

18. Funeral Director's OWN Signature E. Whitman

and Address SODA SPRINGS, IDAHO

19. (a) 5-24-48 (b) Will C. Merrill  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) MAY 24, 1948 19...  
at 5:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I last saw him alive on 5/24/48 19...; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Crushing injury to chest. Duration 2 minutes

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide?..... Homicide?.....

Occurred May 24 1948 City, county, state where violence occurred Soda Springs, Caribou

Place of Violence: Home X Farm..... Industry Idaho

Public Place..... While at work?.....

Means of injury Heavy iron beam fell on him

23. Attendant's OWN Signature Allen H. Tugent, M.D.

and Address Soda Springs Date 26 May 1948

(For additional space, use reverse side)

Idaho

545

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1778  
Local Reg. No. 88  
Reg. Dist. No. 520-2

JUN 3 1948

## 1. PLACE OF DEATH:

(a) County CARLEBOU  
(b) City or town WAYAN, IDAHO  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? 0 Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution 0 Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 22 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2. 0

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State IDAHO (b) County CARLEBOU  
(c) City or town WAYAN, IDAHO  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) \_\_\_\_\_ 0

## 3. (a) FULL NAME

EDGAR M. DUBACK

3. (b) If veteran, name war WORLD 2 No. 0  
5. Color or 6. (a) Single, widowed, married, divorced SINGLE  
4. Sex MALE race WHITE  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) NOVEMBER 13, 1925

8. AGE	Years	Months	Days	If less than 1 day
	<u>22</u>	<u>6</u>	<u>14</u>	hrs min.

9. Exact Occupation RANCHER Did this work for 7 yrs.  
10. Industry or Business FARMING AND STOCK RAISING Date last worked 5.27.48  
11. Birthplace SODA SPRINGS, IDAHO  
(City or town) (State or foreign country)

Mother { 12. Name DAVID DUBACK  
13. Birthplace MONTPELIER, IDAHO  
(City or town) (State or foreign country)  
14. Maiden name MAY DEVAULT  
15. Birthplace MOUNTAIN GROVE, MISSOURI  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mac Brainerd  
and Address SODA SPRINGS, IDAHO

17. (a) RIEDEL (b) Date thereof MAY 31, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Soda Springs, Idaho

18. Funeral Director's OWN Signature E. J. Whitman  
and Address Soda Springs, Idaho

19. (a) 5-31-48 (b) Walter C. Merrill  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) MAY 27, 48 19\_\_\_\_  
at 11.30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from May 27 1948, to April 1948.  
I last saw him alive on April 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Struck by lightning Duration 1 min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Struck by lightning

23. Attendant's OWN Signature Allen H. Tigert  
(M. D. or other)

and Address Soda Springs Date May 28, 1948  
(For additional space, use reverse side)

Idaho

545

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1779  
Local Reg. No. 50  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Lavalid Home Stayed... days  
(g) Lived in this county... years ... months ... 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Seattle, Wash

## 3. (a) FULL NAME Charles B Roberts

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male 6. (b) Name of husband or wife Mina L  
6. (c) Age of husband or wife if alive ... years  
7. Date of Birth (Month, Day, Year) Jan. 15. 1856

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>3</u>	<u>21</u>	hrs min.

9. Exact Occupation Farmer Did this work for ... yrs.  
10. Industry or Business Retired Date last worked .....  
11. Birthplace Jackson Co. Michigan  
(City or town) (State or foreign country)

12. Name Herrit Roberts  
13. Birthplace N.Y.  
(City or town) (State or foreign country)  
14. Maiden name Mary Jane Cross  
15. Birthplace Michigan  
(City or town) (State or foreign country)

16. Informant's OWN Signature Nellie Roberts  
and Address Jerome, Idaho

17. (a) Burial (b) Date thereof May 9. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Jerome, Idaho

18. Funeral Director's OWN Signature J.R. Wiley  
and Address Jerome, Idaho

19. (a) 5-10-48 (b) W. H. Wilson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 6 1948  
(Month, Day, Year) at 1:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1 1948 to May 6 1948  
I last saw him alive on Apr 15 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: myocarditis Duration 3 mos

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Reuben C. Matson

and Address Jerome Idaho Date 5-7-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 29 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1780  
Local Reg. No. 32  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Burley Rest Home Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Honnewell Missouri

## 3. (a) FULL NAME Alphonsus L.O'Daniel

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color, or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth Sept 16. 1872  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>8</u>	<u>1</u>	hrs min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Retired Date last worked \_\_\_\_\_  
11. Birthplace Honnewell Missouri  
(City or town) (State or foreign country)

12. Name Anderso O'Daniel  
13. Birthplace Honnewell Missouri  
(City or town) (State or foreign country)  
14. Maiden name Jane Frances Leach  
15. Birthplace Honnewell Missouri  
(City or town) (State or foreign country)

16. Informant's X OWN Signature Robert P. Smith  
and Address Jerome Idaho

17. (a) Burial (b) Date thereof May 20. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Wendell Idaho

18. Funeral Director's J.P. Wiley OWN Signature  
and Address Jerome, Idaho

19. (a) 5-22-48 (b) R. Philborn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 5/17 19 48  
(Month, Day, Year)  
at 7:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 4/17 19 48, to 5/16 19 48  
I last saw him alive on 5/15/48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Senility  
Thrombo-angitis  
Due to obliteration

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown  
Name of operation amp. leg Date 4/20/48  
Major finding \_\_\_\_\_  
Finding of autopsy Not done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's H. Corley OWN Signature  
and Address Jerome (M. D. or other) Date 5/18. 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

JUN 1 1948

STATE OF IDAHO

1948 1781  
State File No. 53  
Local Reg. No. 470  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 622 N. Schaddie  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 41 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 622 N. Schaddie  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Antimony Utah

## 3. (a) FULL NAME

LaNeva Warner Frost.

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F. 5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Chauncey Frost

6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) June-17-1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>11</u>	<u>—</u>	hrs. min.

9. Exact Occupation at Home Did this work for Life yrs.

10. Industry or Business — Date last worked —

11. Birthplace Lillmore (City or town) Utah (State or foreign country)

12. Name Martiner Warner

13. Birthplace — (City or town) New York (State or foreign country)

14. Maiden name Christina Brown

15. Birthplace — (City or town) Scotland (State or foreign country)

16. Informant's OWN Signature Carl Frost

and Address 625 North Schaddie

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-21-48 (Month) (Day) (Year)

(c) Place Hayden Idaho

18. Funeral Director's OWN Signature Verne J. Puleach

and Address Burley Idaho

19. (a) 3-29-48 (Date received and filed) (b) — (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May-18- 1948  
at 6:25 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from April 19 48 to May 16 48

I last saw him alive on May 16 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Failure Duration 1 mo

Due to arteriosclerosis Generalized

Due to —

Other conditions Hypertension mod. (Include pregnancy within 3 months of death)

Where was disease contracted? —

Name of operation none Date —

Major finding —

Finding of autopsy none

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred — 19 — City, county, state where violence occurred —

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury —

23. Attendant's OWN Signature R. Sutton, M.D.

and Address Burley Idaho Date 25 May 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1782  
Local Reg. No. 54  
Reg. Dist. No. 470

1. PLACE OF DEATH:  
(a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 603 N. Scholde  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 27 years        months        days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 603 N. Scholde  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) Evanston, Illinois

3. (a) FULL NAME Pansy Gardenies Peterson

3. (b) If veteran, name war        3. (c) Social Security No.         
5. Color or Female race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Otto E. Peterson 6. (c) Age of husband or wife if alive 68 years  
7. Date of Birth (Month, Day, Year) October , 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>			hrs. min.

9. Exact Occupation At Home Did this work for Life yrs.  
10. Industry or Business        Date last worked         
11. Birthplace        (City or town) Oklahoma (State or foreign country)

Father { 12. Name no data  
13. Birthplace no data (City or town) (State or foreign country)  
Mother { 14. Maiden name no data  
15. Birthplace no data (City or town) (State or foreign country)

16. Informant's OWN Signature E. Peterson  
and Address Burley, Idaho

17. (a) Removal (b) Date thereof 5-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Hayburn Cemetery  
18. Funeral Director's OWN Signature Vernon McChesney  
and Address Burley, Idaho

19. (a) 5-29-48 (b) Wilson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) May 23 19 48  
at 5:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from DECEMBER 19 47 to 23 MAY 19 48  
I last saw him alive on 23 MAY 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CEREBRAL HEMORRHAGE Duration 4 HRS

Due to ARTERIOSCLEROSIS AND HYPERTENSION 5 HRS

Due to         
Other conditions        (Include pregnancy within 3 months of death)

Where was disease contracted? Burley  
Name of operation NONE Date         
Major finding         
Finding of autopsy NONE

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury         
23. Attendant's OWN Signature Sherman R. Hawley M.D. or other         
and Address Burley Idaho Date 27 May 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 16 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 1783  
Local Reg. No. 56  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 562 W. 7th. St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. -- Stayed -- days  
(g) Lived in this county 35 years -- months -- days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 562 W. 7th. St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Bountiful, Utah

## 3. (a) FULL NAME

Jesse Samuel Shill

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife La Vella Duncan 6. (c) Age of husband or wife if alive 62 years

7. Date of Birth (Month, Day, Year) Dec. 31, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>4</u>	<u>28</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 34 yrs.

10. Industry or Business -- Date last worked 1947

11. Birthplace Bountiful, Utah (City or town) (State or foreign country)

12. Name Hyrum Shill

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Sarah Ann Hart

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Lavilla Shill and Address 562 W. 7th

17. (a) Burial (b) Date thereof June 1, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Burley, Idaho

18. Funeral Director's OWN Signature John A. Edwards and Address Burley, Idaho

19. (a) 6-2-48 (b) 1948 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 29 19 48

- at 8:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 20 19 47 to 30 May 19 48

- I last saw him alive on 24 May 19 48  
death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Coronary Duration 5 yrs

- Due to Thrombosis

- Due to --

- Other conditions -- (Include pregnancy within 3 months of death)

- Where was disease contracted? Unknown

- Name of operating physician Prostatectomy Underline the cause to which death should be charged statistically.

- Major finding Prostate adenoma

- Finding of autopsy --

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

- where violence occurred \_\_\_\_\_

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Sherrill M.D. or other \_\_\_\_\_

- and Address Burley, Idaho Date June 1, 1948

- (For additional space, use reverse side)

475

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1784  
Local Reg. No. 479  
Reg. Dist. No. 471

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Cahley  
(c) Street Address or R.F.D. No. Cahley  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Cottage Stayed 3 days  
(g) Lived in this county 65 years 65 months 65 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Cahley  
(d) Street Address or R.F.D. No. Cahley  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

George Henry Severe

## 3. (b) If veteran, name was

## 3. (c) Social Security No.

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Archie E. Severe

6. (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) Sept. 18 - 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>7</u>	<u>13</u>	hrs. min.

9. Exact Occupation Farmer Did this work for Life yrs.

10. Industry or Business Farmer Date last worked 3-5-48

11. Birthplace Chanterville Utah (City or town) (State or foreign country)

12. Name George H. Severe

13. Birthplace Chanterville Utah (City or town) (State or foreign country)

14. Maiden name Esther A. Severe

15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature George H. Severe and Address Cahley, Idaho

17. (a) Burial (b) Date thereof May 5 - 48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cahley Cemetery

18. Funeral Director's OWN Signature Wm B. McEulach and Address Burley, Idaho

19. (a) 5-8-48 (b) W. B. McEulach (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 2 - 1948  
(Month, Day, Year) 10:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 1948 to May 2 1948.  
I last saw him alive on May 2 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Failure Duration 6 wks.

Due to Arteriosclerotic Heart Disease ?

Due to Prostate Hypertrophy

Other conditions. Urinary obstruction & infection  
(Include pregnancy within 3 months of death)

Where was disease contracted? None

Name of operation Transurethral 5/1/48

Major finding Enlarged Prostate

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 1948 City, county, state where violence occurred.

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury None

23. Attendant's OWN Signature R. J. Sutton, M.D. and Address Burley, Idaho Date 5/7/1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 26 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 1785  
Local Reg. No. 51  
Reg. Dist. No. 471

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Oakley  
(c) Street Address or R.F.D. No. --  
(d) Death Occurred Inside? X Outside? -- city or town  
(e) Died in a Home X Hospital -- Institution -- Other place --  
(f) Name Hosp. or Inst. -- Stayed -- days  
(g) Lived in this county 15 years -- months -- days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Oakley  
(d) Street Address or R.F.D. No. --  
(e) Deceased lived Inside? X Outside? -- city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Naf, Idaho

3. (a) FULL NAME William Edward Tracy

3. (b) If veteran, name war -- 3. (c) Social Security No. --

5. Color or White  
4. Sex Male race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Ann Holden  
6. (c) Age of husband or wife if alive 72 years

7. Date of Birth (Month, Day, Year) May 27, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>10</u>	<u>15</u>	hrs. min.

9. Exact Occupation Rancher Did this work for 60 yrs.

10. Industry or Business ---- Date last worked 1947

11. Birthplace Merritt, Utah (City or town) (State or foreign country)

12. Name Unknown (City or town) (State or foreign country)

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Marilla Gramh

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Maryann Tracy  
and Address Oakley, Idaho

17. (a) Burial (b) Date thereof May 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Yost, Utah

18. Funeral Director's OWN Signature Rita L Payne  
and Address Burley, Idaho

19. (a) 5-14-48 (b) R. Wilson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 12 1948  
at 6:00 o'clock PM M.

21. I HEREBY CERTIFY, That I attended deceased from July 1940 to May 12 1948.  
I last saw him alive on May 12 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myo Cardiac Failure Duration 6 Mo.

Due to Atherosclerosis  
Heart Disease

Due to ----  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? none  
Name of operation none Date ----  
Major finding none  
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ---- Suicide? ---- Homicide? ----  
Occurred ---- 19 ---- City, county, state where violence occurred.  
Place of Violence: Home ---- Farm ---- Industry ----  
Public Place ---- While at work? ----

Means of injury ----  
23. Attendant's OWN Signature R. L. Sutton M.D.  
and Address Oakley, Idaho date 14 May 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1786  
Local Reg. No. 513  
Reg. Dist. No. 471

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Albion  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ 16 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Albion  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) Montpelier, Idaho

## 3. (a) FULL NAME Jeannette Hillier Averill

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wallace S. Averill 6. (c) Age of husband or wife if alive 62 years  
7. Date of Birth (Month, Day, Year) July 11, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>10</u>	<u>12</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Montpelier, Idaho (City or town) (State or foreign country)  
Father { 12. Name George Charles Hillier  
13. Birthplace England (City or town) (State or foreign country)  
Mother { 14. Maiden name Ann Lashbrook Laker  
15. Birthplace England (City or town) (State or foreign country)  
16. Informant's OWN Signature Wallace S. Averill  
and Address Albion, Idaho  
17. (a) Burial (b) Date thereof 5-26-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Albion, Idaho  
18. Funeral Director's OWN Signature Wm. B. McCulloch  
and Address Burley, Idaho  
19. (a) 5-27-48 (b) Burley, Idaho (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 24 19 48  
at 8:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from FALL 1947 to April 20 1948  
I last saw h. or alive on April 20 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

- Heart Failure Duration 1 day  
Due to Hydro Thorax 6 months  
Due to Metastatic Breast Cancer 2 years  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature James R. Fisher MD  
and Address Burley, Idaho Date May 27 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

MAY 24 1948

STATE OF IDAHO

State File No. 1787  
Local Reg. No. 46  
Reg. Dist. No. 660

## 1. PLACE OF DEATH

- (a) County Clark  
(b) City or town Dubois  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in this)

- (a) State Idaho (b) County Clark  
(c) City or town Dubois  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

John Elza Garner

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife Carmie M. Garner

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 9, 1972

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>10</u>	<u>7</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Hooper, Utah (City or town) (State or foreign country)

12. Name William Garner (City or town) (State or foreign country)

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Marj Gield

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Glenn C. Garner and Address Dubois, Idaho

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 5/20/48 (Month) (Day) (Year)

- (c) Place Grant, Idaho

18. Funeral Director's OWN Signature Jack A. Wood and Address Dubois Falls, Idaho

19. (a) May 20, 1948 (Date received and filed) (b) Elmer C. Lemmon (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 16 19 48  
at 1 o'clock PM

## 21. I HEREBY CERTIFY, That I attended deceased from Feb. 10 19 48 to May 16 19 48

I last saw him alive on May 16 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pulmonary edema Duration 2 days

Due to Bronchopneumonia 4 days

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? Dubois, Ida

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Dr. L. M. D. (M. D. or other) and Address Dubois, Ida Date 5/20/1948 (For additional space, use reverse side)

107X

111C

10

19 48

May 16

19 48

4 days

4 days

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census MAY 20 1948

# Certificate Of Death

STATE OF IDAHO

948  
State File No. 1788  
Local Reg. No. 40  
Reg. Dist. No. 210

1. PLACE OF DEATH:  
(a) County Clearwater  
(b) City or town Orofino Idaho  
(c) Street Address or R.F.D. No. State Hosp  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. State Hosp N Stayed 47 days  
(g) Lived in this county years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Nez Perce  
(c) City or town Lewis ton  
(d) Street Address or R.F.D. No. Somerville Hun  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? Nez Perce U.S  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME John Olson  
3. (b) If veteran, name war  
3. (c) Social Security No.  
5. Color or No.  
6. (a) Single, widowed, married, divorced widowed  
4. Sex m race w  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) 1876

8. AGE	Years	Months	Days	If less than 1 day
	72	7	7	hrs min.

9. Exact Occupation wood worker Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Norway, Christina (City or town) (State or foreign country)  
Mother Father { 12. Name  
13. Birthplace Christina Norway (City or town) (State or foreign country)  
14. Maiden name  
15. Birthplace Christina Norway (City or town) (State or foreign country)  
16. Informant's OWN Signature E. P. Berryman and Address Orofino Idaho  
17. (a) removal (b) Date thereof 5-3-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burial, Idaho  
18. Funeral Director's OWN Signature Vincent V. Wasser and Address Lewis ton Idaho  
19. (a) 5-13-48 (b) J. E. E. Gairley (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A 097X  
20. DATE OF DEATH May - 3 1948  
(Month, Day, Year)  
at 8:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar. 19 1948, to May 3 1948  
I last saw him alive on May 2 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage 6 days  
Due to Arterio Sclerosis unknown  
Due to  
Other conditions Senile Psychosis "  
(Include pregnancy within 3 months of death)  
Where was disease contracted? unknown  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place. While at work?  
Means of injury  
23. Attendant's OWN Signature E. P. Berryman (M. D. or other)  
and Address Orofino Idaho Date 5-3-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

946  
State File No. 1789  
Local Reg. No. 41  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town WEIPPE ( 1/2 MI WEST )  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside?..... Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 11 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town WEIPPE  
(d) Street Address or R.F.D. No. P.O.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) STUTGARDT, ARK

## 3. (a) FULL NAME JULIUS FIELDEN WILLIS

3. (b) If veteran, name war NO 3. (c) Social Security No. 518-03-7313A  
5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex MALE  
6. (b) Name of husband or wife MARTHA WEGNER 6. (c) Age of husband or wife if alive 56 years  
7. Date of Birth (Month, Day, Year) SEPTEMBER 18, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>7</u>	<u>17</u>	hrs min.

9. Exact Occupation GENERAL LABOR Did this work for LIFE yrs.  
10. Industry or Business SAWMILLS Date last worked MAY 4/48  
11. Birthplace LACONA, IOWA (City or town) (State or foreign country)  
Mother Father { 12. Name FIELDEN WILLIS  
13. Birthplace IOWA (City or town) (State or foreign country)  
14. Maiden name LUELLA GUNTER  
15. Birthplace KANSAS (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Martha Willis  
and Address Weippe Ida.  
17. (a) BURIAL (b) Date thereof MAY 9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: KAMIAH CEMETERY, KAMIAH, IDA.  
18. Funeral Director's OWN Signature Blake  
and Address OROFINO, IDAHO  
19. (a) 5/9/48 (b) Elaine G. Gairley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) MAY 5 1948  
at About 1:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from \*\*\*\*\* 19 \*\*, to \*\*\*\*\* 19 \*\*

I last saw h. \*\* alive on \*\*\*\*\* 19 \*\*, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: HEART FAILURE Duration ?

- Due to .....  
Due to .....  
Other conditions ..... (Include pregnancy within 3 months of death)  
Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury .....  
23. Attendant's OWN Signature George B. Blake  
and Address OROFINO, IDAHO Date 5/9 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 29 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1790  
Local Reg. No. 42  
Reg. Dist. No. 210

## 1. PLACE OF DEATH

- (a) County Clearwater  
(b) City or town Onagus  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hosp. No Stayed \_\_\_\_\_ days  
(g) Lived in this county 2.7 years \_\_\_\_\_ months 2.3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

John Johnson

## 3. (b) If veteran, name was \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race \_\_\_\_\_ 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Feb 8 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>3</u>	<u>4</u>	hrs min.

9. Exact Occupation Labore Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Finland (City or town) (State or foreign country)

12. Name John Anderson  
13. Birthplace Finland (City or town) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature E. P. Berryman  
and Address Onagus 204

17. (a) burial (b) Date thereof 5-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: State Hosp. 7404

18. Funeral Director's OWN Signature Paul F. Fister  
and Address Asotin

19. (a) 5/25/48 (b) Elmer E. Fairley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A 097X

20. DATE OF DEATH (Month, Day, Year) May 12 1948  
at 5:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 1943, to May 12 1948  
I last saw him alive on May 12 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral hemorrhage 2 wks

Due to arteriosclerosis 5 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. P. Berryman  
and Address Onagus Ida Date 5-13 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 28 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1797  
Local Reg. No. 43  
Reg. Dist. No. 210

## 1. PLACE OF DEATH

- (a) County Blaine  
(b) City or town Onagus  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. State Hosp. 40 Stayed 23 days  
(g) Lived in this county 1 years 6 months 23 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida (b) County Blaine  
(c) City or town Onagus  
(d) Street Address or R.F.D. No. Box 672  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

John Mason

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

6. Color or W 6. (a) Single, widowed, married, divorced Single  
4. Sex M race W 6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive 28 years
7. Date of Birth (Month, Day, Year) Sept 8 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>8</u>	<u>10</u>	hrs min.

9. Exact Occupation Formerly Laborer Did this work for 28 yrs.  
10. Industry or Business Illness Date last worked .....
11. Birthplace Illinois (City or town) (State or foreign country)

12. Name John  
13. Birthplace Illinois (City or town) (State or foreign country)
14. Maiden name John  
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Berry and Address Onagus, Ida

17. (a) burial (b) Date thereof May 19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: State Hospital & Cemetery

18. Funeral Director's OWN Signature W. J. Huth and Address Onagus, Ida

19. (a) 5/25/48 (b) Elaine G. Fairley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 18 1948  
at 11:50 AM clock M

21. I HEREBY CERTIFY, That I attended deceased from May 18 1948 to May 18 1948  
I last saw him alive on May 17 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Decomposition 3 days Duration

- Due to .....  
Due to Senility  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry Public Place While at work?  
Means of injury Senility

23. Attendant's OWN Signature E. L. Berry and Address Onagus, Ida Date 5-18 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to Stat., Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1792  
Local Reg. No. 44  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No. BROWN AVE.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 22 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. BROWN AVE.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) AVERY, IDAHO

3. (a) FULL NAME GERTRUDE DAWSON

3. (b) If veteran, name war NO No. \_\_\_\_\_  
5. Color or 6. (a) Single, widowed, married, divorced DIVORCED  
4. Sex FEMALE race WHITE  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) APRIL 14, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>1</u>	<u>6</u>	hrs min.

9. Exact Occupation GROCCER Did this work for LIFE yrs.  
10. Industry or Business GROCERY STORE Date last worked 6 MOS. AGO  
11. Birthplace PHILLIPSBURG, MONTANA (City or town) (State or foreign country)

12. Name JACK OECHSLI  
13. Birthplace UNKNOWN (City or town) (State or foreign country)  
14. Maiden name REODA ARVILLA SAGE  
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature Gertrude A. Hayes  
and Address OROFINO, IDAHO

17. (a) BURIAL (b) Date thereof MAY 23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: RIVERSIDE CEM., OROFINO, IDAHO

18. Funeral Director's OWN Signature Blake Funeral Home  
and Address OROFINO, IDAHO

19. (a) 5/23/48 (b) Elaine C. Hainley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 20th 1948  
at About 4 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 1927 19   to May 20th 1948  
I last saw him alive on 5/20/48 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Heart Block Duration \_\_\_\_\_

Due to Degeneration of Bundle of His 3 1/2 yrs

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19   City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. F. Robertson (M. D. or D.O.)  
and Address Orofino Date 5/21/48  
(For additional space, use reverse side)



## George B. Blake

CORONER CLEARWATER COUNTY  
OROFINO, IDAHO

June 18, 1948

Department of Public Health  
Bureau of Vital Statistics  
Boise, Idaho

Gentlemen:

A mistake in typing has been made on the death certificate of Gertude Dawson, who died in this town May 20, 1948, her correct age is 57 years, and born in 1891, instead of 56 years and year 1892. Please take steps to correct this.

Thank you,

*Mrs. George B. Blake*  
Mrs. George B. Blake

CERTIFICATE OF DEATH  
STATE OF IDAHO

1. PLACE OF DEATH:

- (a) County Custer  
(b) City or town Mackay  
(c) Street Address or R. F. D. No. ✓  
(d) Death Occurred Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home—Hospital—Institution—Other place....  
(f) Name Hosp. or Inst. none Stayed     days  
(g) Lived in this county no years     months     days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Butte  
(c) City or town Arco  
(d) Street Address or R. F. D. No. ✓  
(e) Deceased lived Inside? ✓ Outside?     city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Macon Co. Mo.

3. (a) FULL NAME

Jaunita Morris Miller 200A

3. (b) If veteran, name war ✓ 3. (c) Social Security No.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lon 6. (c) Age of husband or wife if alive 37 years

7. Date of Birth (Month, Day, Year) May 4 - 1903

8. AGE	Years	Months	Days	If less than 1 day
	<u>45</u>	<u>11</u>	<u>   </u>	hrs. min.

9. Exact Occupation Housewife Did this work for life yrs.

10. Industry or Business home Date last worked May 15 - 48

11. Birthplace Macon County Missouri (City or town) (State or foreign country)

12. Name James Daniel Morris

13. Birthplace Macon Co. Missouri (City or town) (State or foreign country)

14. Maiden name Lucinda C. Tule

15. Birthplace Macon Co. Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Lon Miller and Address Arco Idaho

17. (a) Burial (b) Date thereof May 19 - 1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place East River Cemetery - Macon - Ida

18. Funeral Director's OWN Signature Betty J. Marvell and Address Arco Idaho FD # 19

19. (a) 5-20-48 (b) Arco (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 15, 1948  
at 9:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 15, 1948 to May 15, 1948  
I last saw him alive on May 15, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cardiac Failure Dr. Hout

Due to    

Due to    

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?     Physician

Name of operation     Date    

Major finding    

Finding of autopsy     Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?     Suicide?     Homicide?      
Occurred    , 19    City, county, state where violence occurred.

Place of Violence: Home     Farm     Industry    

Public Place     While at work?    

Means of injury    

23. Attendant's OWN Signature H. Marsh M.D.

and Address Mackay (M. D. or other) Date May 15, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
JUN 18 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1794  
Local Reg. No. 27  
Reg. Dist. No. 2-40

## 1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Weston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 57 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Weston  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 57 years  
(h) Former residence (city, state) Utah.

## 3. (a) FULL NAME FRANCES HANNAH GOODSSELL NIELSEN

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or 6. (a) Single, widowed, married, divorced, widowed  
4. Sex Female Race White  
6. (b) Name of husband or wife Peter A. Nielsen 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) March 25, 1875.

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>2</u>	<u>0</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business Own Home Date last worked .....  
11. Birthplace Newton, Utah (City or town) (State or foreign country)

12. Name Alfred Goodsell  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Hannah C. Jensen  
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Chloe N. Neusser  
and Address Preston Idaho

17. (a) Burial (b) Date thereof 5-30-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Weston, Idaho.

18. Funeral Director's Richards & Son Mortuary  
OWN Signature Herbert J. Richards  
and Address Preston, Idaho.

19. (a) 5-28-1948 (b) Effie M. Branner (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH (Month, Day, Year) May 25, 1948 at 11:25 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 21, 1948, to May 26, 1948. I last saw her alive on May 28, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 5 days

Due to Generalized Arteriosclerosis 5 yrs

Due to ..... Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? from Name of operation ..... Date ..... Major finding ..... Finding of autopsy ..... PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? ..... Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry ..... Public Place ..... While at work? ..... Means of injury

23. Attendant's OWN Signature O. R. Cutler M.D. (M. D. or other) and Address Preston Idaho Date 5-28-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1795**  
Local Reg. No. **29**  
Reg. Dist. No. **650**

## 1. PLACE OF DEATH:

- (a) County **Fremont**  
(b) City or town **St. Anthony**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? **Yes** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. A. Gen** Stayed **22** days  
(g) Lived in this county **40** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Fremont**  
(c) City or town **St. Anthony**  
(d) Street Address or R.F.D. No. **126 South Bridge**  
(e) Deceased lived Inside? **Yes** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**IDA M. KOERNER TIMERDING**

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

## 5. Color or Race

## 6. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth (Month, Day, Year)

AGE	Years	Months	Days	If less than 1 day
	69	11	17	hrs. min.

## 9. Exact Occupation

## 10. Industry or Business

## 11. Birthplace (City or town) (State or foreign country)

## 12. Name (City or town) (State or foreign country)

## 13. Birthplace (City or town) (State or foreign country)

## 14. Maiden name (City or town) (State or foreign country)

## 15. Birthplace (City or town) (State or foreign country)

## 16. Informant's OWN Signature

## and Address

## 17. (a) Burial (b) Date thereof (Month) (Day) (Year)

## (c) Place

## 18. Funeral Director's OWN Signature

## and Address

## 19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

## at (Hour) (Minute) (Second) (P. M.)

## 21. I HEREBY CERTIFY, That I attended deceased from (Date) (Time) (Place)

## I last saw h. alive on (Date) (Time) (Place)

## death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

## Due to

## Due to

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

## Major finding

## Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? Suicide? Homicide?

## Occurred (Date) (Time) (Place) City, county, state

## where violence occurred

## Place of Violence: Home Farm Industry

## Public Place While at work?

## Means of injury

## 23. Attendant's OWN Signature

## and Address

050X

054B

May 2, 1948

6:35 P. M.

5/2-48

5/2-48

5/2-48

5/2-48

Metastatic Carcinoma

to Brain

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred (Date) (Time) (Place) City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature

and Address

(For additional space use reverse side)

5/4/48

217

1946  
State File No. **1796**  
Local Reg. No. **35**  
Reg. Dist. No. **650**

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

JUN 1-2 1948

## 1. PLACE OF DEATH:

- (a) County **Fremont**  
(b) City or town **St. Anthony,**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred ☒ Inside? ☐ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **40** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Fremont**  
(c) City or town **St. Anthony,**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **Iowa**

## 3. (a) FULL NAME **Robert Hertier**

3. (b) If veteran, name war ☒ No. ☒  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife ☒ alive ☒ years  
7. Date of Birth (Month, Day, Year) **October 24th, 1883**

8. AGE	Years	Months	Days	If less than 1 day
<b>64</b>	<b>7</b>	<b>7</b>	<b>7</b>	hrs min.

9. Exact Occupation **Laborer** Did this work for **Many** yrs.  
10. Industry or Business ☒ Date last worked ☒  
11. Birthplace **Switzerland** (City or town) (State or foreign country)

12. Name **Not Known (Hertier)**  
13. Birthplace **Switzerland** (City or town) (State or foreign country)  
14. Maiden name **No Known**  
15. Birthplace **Switzerland** (City or town) (State or foreign country)

16. Informant's OWN Signature **H. L. Freeman**  
and Address **St. Anthony, Idaho**

17. (a) **Burial** (b) Date thereof **June 3-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Riverview Cemetery**

18. Funeral Director's OWN Signature **William McHann**  
and Address **St. Anthony, Idaho**

19. (a) **June 3, 1948** (b) **M. A. Hansen**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **May 31 1948**  
at **11:30 p.m.** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **May 31 1948** to **May 31 1948**  
I last saw h.i.m. alive on **May 31 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Occlusion** Duration **1 hr.**  
**acute**

Due to **ischemic heart disease**  
**auto accident**

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred **May 31 1948** City, county, state  
where violence occurred **Highway**  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☒ Highway While at work? ☒  
Means of injury **auto accident**

23. Attendant's OWN Signature **C. D. Rusty M.D.**  
(M. D. or other)  
and Address **St. Anthony** Date **June 1 1948**  
(For additional space, see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 12 1948

CERTIFICATE OF DEATH  
STATE OF IDAHO

1948 State File No. 1797  
Local Reg. No. 39  
Reg. Dist. No. 650

1. PLACE OF DEATH

- (a) County Tremont  
(b) City or town St. Anthony  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town \_\_\_\_\_  
(e) Died in a Home-- Hospital-- Institution-- Other place--  
(f) Name Hosp. or Inst. St. Anthony Stayed 4 weeks days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Burton  
(d) Street Address or R. F. D. No. Reynolds Route 1  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) California

3. (a) FULL NAME

George Sakanashi

093A

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Japanese 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hatsuyo Shigehara 6. (c) Age of husband or wife if alive 28 years  
7. Date of Birth (Month, Day, Year) February 15, 1918

8. AGE	Years	Months	Days	If less than 1 day
	<u>30</u>	<u>3</u>	<u>16</u>	hrs min.

9. Exact Occupation Farmer Did this work for 8 yrs.

10. Industry or Business Farm Date last worked Nov 1947

11. Birthplace Arroyo Grande, California  
(City or town) (State or foreign country)

12. Name S. Sakanashi

13. Birthplace Japan  
(City or town) (State or foreign country)

14. Maiden name Y. Kikugawa

15. Birthplace Japan  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Hatsuyo Sakanashi

17. (a) Cremation (b) Date thereof 6/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Ogden, Utah

18. Funeral Director's OWN Signature G. Holland & N. Reiser

19. (a) June 1948 (b) Mal Hansen  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 31 1948  
at 11:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 10 1948 to May 31 1948  
I last saw him alive on May 31 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Myocarditis Duration \_\_\_\_\_

Due to Chest Lesions of unknown origin

Due to origin

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation Biopsy Date April

Major finding \_\_\_\_\_

Finding of autopsy Inflammatory Reaction

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature M. F. Reiser

and Address Reynolds Route 1 Date May 31, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 30  
Local Reg. No. 651  
Reg. Dist. No. 1798

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town Ashton  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Yes Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 48 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Ashton  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Yes Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

ARAL DORIS HENDRICKS

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. 519005-3126

5. Color or \_\_\_\_\_

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leona Davis

6. (c) Age of husband or wife if alive 52 years

7. Date of Birth (Month, Day, Year)

June 7, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>10</u>	<u>26</u>	hrs. min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 1947

11. Birthplace Lewiston, Utah (City or town) (State or foreign country)

12. Name William Doris Hendricks

13. Birthplace Richmond, Utah (City or town) (State or foreign country)

14. Maiden name Allie Wiser

15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Alondra Doris Hendricks and Address Ashton, Idaho.

17. (a) Burial (b) Date thereof May 6, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Ashton, Idaho

18. Funeral Director's OWN Signature Mrs. Hansen and Address St. Anthony, Idaho

19. (a) May 6, 1948 (b) Mrs. Hansen (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 3, 1948 19\_\_\_\_ at 11:55 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June '48 19\_\_\_\_ to May 3 19\_\_\_\_

I last saw h. 1 m alive on May 2 19\_\_\_\_. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Due to myocardial failure 2 days

Due to Pulmonary metastases 6 mo

Other conditions due - unspecified 18 mo  
(Include pregnancy within 3 months of death)  
malignancy Rt. hip

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy awaiting  
Pathologist's report

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature C. D. Rusty M.D. (M. D. or other)

and Address St. Anthony Date May 6, 1948 (For additional space, use reverse side)

# CERTIFICATE OF DEATH

STATE OF IDAHO

1948 1799  
Local Registrar's Duplicate  
Local Reg. No. 36  
Reg. Dist. No. 657

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R. F. D. No. 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital — Institution — Other place —  
(f) Name Hosp. or Inst. — Stayed — days  
(g) Lived in this county 61 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R. F. D. No. 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 61 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME Levi Moon

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Dora Prothere 6. (c) Age of husband or wife if alive 70 years  
7. Date of Birth (Month, Day, Year) November 17th, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>5</u>	<u>24</u>	hrs. min.

9. Exact Occupation Farming Did this work for Life yrs.  
10. Industry or Business — Date last worked —  
11. Birthplace Buttermilk Fort, Utah  
(City or town) (State or foreign country)

12. Name Hugh Moon  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Jennett Nical  
15. Birthplace Scotland,  
(City or town) (State or foreign country)

16. Informant's OWN Signature Amey Moon  
and Address St. Anthony Route # 2 Idaho

17. (a) Burial (b) Date thereof May 13-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Parker

18. Funeral Director's OWN Signature William M. Hansen  
and Address St. Anthony, Idaho

19. (a) May 17 1948 (b) Mrs. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH May 10th, 1948  
(Month, Day, Year) at 6:30 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1948, to May 10, 1948.  
I last saw him alive on May 10, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Duration

- Due to Myocardial Infarction (86)  
Due to arteriosclerosis  
Other conditions —  
(Include pregnancy within 3 months of death)

- Where was disease contracted? — Physician —  
Name of operation — Date —  
Major finding —  
Finding of autopsy —  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred —, 19— City, county, state where violence occurred —  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature H.B. Rigby M.D.  
and Address Refugio Date May 17, 1948  
(For additional space, use reverse side)



**Certificate Of Death**  
STATE OF IDAHO

State File No. 1800  
1919 Local Reg. No. 3  
Reg. Dist. No. 651

1. PLACE OF DEATH: **Fremont**  
(a) County **Fremont**  
(b) City or town **Newdale**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place ....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 49 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Fremont**  
(c) City or town **Newdale**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) **Lewiston, Utah**

3. (a) FULL NAME **ALMA FROST RAWLINS**

3. (b) If veteran, name war No. .... 3. (c) Social Security No. **NONE**  
5. Color or 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Frances Huff** 6. (c) Age of husband or wife if alive 77 years  
7. Date of Birth **October 23, 1866**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>81</b>	<b>6</b>	<b>18</b>	hrs min.

9. Exact Occupation **Retired Farmer** Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **Richmond, Utah**  
(City or town) (State or foreign country)  
Mother { 12. Name **Harvey Rawlins**  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name **Margaret Frost**  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature **Harvel Rawlins**  
and Address **Newdale, Idaho**

17. (a) **Burial** (b) Date thereof **5-15-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **eton, Idaho**

18. Funeral Director's OWN Signature **Mrs. Hansen**  
and Address **St. Anthony Idaho**

19. (a) **May 13, 1948** (b) **Mrs. Hansen**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 111C

20. DATE OF DEATH **May 11** 19 48  
(Month, Day, Year) at **10:40** o'clock **P. M.**

21. I HEREBY CERTIFY, That I attended deceased from **Jan 1948** to **11 May 1948**  
I last saw him alive on **11 May 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Hypostatic pneumonia** Duration

Due to **Rt. heart failure**

Due to .....  
Other conditions **Thrombophlebitis**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **Choking**

23. Attendant's OWN Signature **Ashton D. ...**  
(M. D. or other)

and Address **Ashton D. ...** Date **May 13, 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1801**  
Local Reg. No. **33**  
Reg. Dist. No. **651**

## 1. PLACE OF DEATH:

- (a) County **Freemont.**  
(b) City or town **Ashton.**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **A** Outside? ..... city or town  
(e) Died in a Home **X** Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **29** years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Freemont.**  
(c) City or town **Ashton.**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **29** years  
(h) Former residence (city, state) **Montana.**

## 3. (a) FULL NAME Thomas. Webster. Metz.

### 3. (b) If veteran, name war

### 3. (c) Social Security No.

**554-24-9951**

### 5. Color or race White

### 6. (b) Name of husband or wife Ellen. Metz.

### 6. (a) Single, widowed, married, divorced Married

### 6. (c) Age of husband or wife if alive 73 years

### 7. Date of Birth

(Month, Day, Year) **October. 5th. 1878.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>69</b>	<b>7</b>	<b>6</b>	hrs. min.

### 9. Exact Occupation Farmer Did this work for ..... yrs.

### 10. Industry or Business Date last worked

### 11. Birthplace Roseta. Colorado. (City or town) (State or foreign country)

### 12. Name George Metz. (City or town) (State or foreign country)

### 13. Birthplace Ohio. (City or town) (State or foreign country)

### 14. Maiden name Kiggins. (City or town) (State or foreign country)

### 15. Birthplace Dont Know (City or town) (State or foreign country)

### 16. Informant's OWN Signature Ellen Metz and Address Ashton Idaho.

### 17. (a) Burial. (b) Date thereof May. 15th. 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

### (c) Place Ashton Idaho.

### 18. Funeral Director's OWN Signature L. K. Kiger and Address Ashton Idaho.

### 19. (a) May 17, 1948 (b) M. S. Hansen (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) **May 11th 1948.** 19..... at ..... o'clock ..... M.

### 21. I HEREBY CERTIFY, That I attended deceased from Feb. 6 - 48 19..... to May 11 19.....

I last saw him alive on **11 May 1948**; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Hypostatic Pneumonia**

### Duration

**2 days**

Due to **Rt. heart failure**

**2 weeks**

Due to **A-V Block**

Other conditions **Cerebral hemorrhage**

(Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

### 23. Attendant's OWN Signature

(M. D. or other) **Allen W. Nugg M.D.**

and Address **Ashton Idaho** Date **5/14/48**

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 12 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1892  
Local Reg. No. 37  
Reg. Dist. No. 651

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town Newdale  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place ....  
(f) Name Hosp. or Inst. 46 Stayed ..... days  
(g) Lived in this county 46 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State ..... (b) County .....  
(c) City or town .....  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Nancy Rozilla Forbush Buttler

3. (b) If veteran, name war ..... No. ....  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Philander Butler alive 15 years  
7. Date of Birth (Month, Day, Year) February 14th, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>3</u>	<u>5</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Union, Salt Lake Co. Utah  
(City or town) (State or foreign country)

12. Name Soren E. Forbush  
13. Birthplace .....  
(City or town) (State or foreign country)  
14. Maiden name Isabella Brunhall  
15. Birthplace .....  
(City or town) (State or foreign country)

16. Informant's OWN Signature Phil Buttler  
and Address Newdale, Idaho

17. (a) Burial (b) Date thereof May 22-1948  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Fielding Memorial Park

18. Funeral Director's OWN Signature Mrs. J. Hanan  
and Address St. Anthony, Idaho

19. (a) May 26th, 1948 (b) Mrs. J. Hanan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 19 1948  
at 5 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 20 1947, to May 15 1948  
I last saw him alive on April 15 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction Duration

Due to Arteriosclerosis

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature H. B. ...  
and Address ... Date 5-31 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 12 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1803  
Local Reg. No. 36  
Reg. Dist. No. 651

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town Parker  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 45 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Parker  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Jenette McNeal Remington

3. (b) If veteran, name war ..... No. ....  
5. Color or .....  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jerome J. Remington alive ..... years  
7. Date of Birth (Month, Day, Year) November 15th, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>6</u>	<u>6</u>	hrs min.

9. Exact Occupation Housewife Did this work for 45 yrs.  
10. Industry or Business Housekeeper Date last worked May 21st.  
11. Birthplace Logan Utah (City or town) (State or foreign country)

12. Name Charles T. McNeal  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Emma Hibbard  
15. Birthplace Willard Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Col. Remington  
and Address Parker Idaho

17. (a) Burial (b) Date thereof May 25th, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Parker  
18. Funeral Director's OWN Signature William McPherson

- and Address St. Anthony, Idaho  
19. (a) June 1, 1948 (b) Mal Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 21 1948  
at 6:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw her alive on May 21 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute coronary occlusion Duration 2

Due to Coronary thrombosis 2

Due to .....  
Other conditions Hypertension 2  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature Benjamin (unclear)  
and Address Ashton - 26 (M. D. or other) Date 23 May 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**Certificate of Death**  
MAY 17 1948  
STATE OF IDAHO

1048  
State File No. **1804**  
Local Reg. No. **340**  
Reg. Dist. No. **341**

1. PLACE OF DEATH:  
(a) County. **Gem**  
(b) City or town. **Emmett, Idaho**  
(c) Street Address or R.F.D. No. **401 N. Wash.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **33** years ☐ months ☐ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. **Idaho** (b) County. **Gem**  
(c) City or town. **Emmett, Idaho**  
(d) Street Address or R.F.D. No. **401 N. Wash**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **65** years  
(h) Former residence (city, state) ☐

3. (a) FULL NAME **JOHN BURKE JOHNSTON**

3. (b) If veteran, name war **no**  
3. (c) Social Security No. **518-18-0861**  
4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Neillie G.** 6. (c) Age of husband or wife if alive **68** years  
7. Date of Birth (Month, Day, Year) **January 7, 1874**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>4</b>	<b>3</b>	hrs. min.

9. Exact Occupation **Engineer** Did this work for **35** yrs.

10. Industry or Business **Boise Payette Mill** Date last worked **Missouri**

11. Birthplace **Missouri** (City or town) (State or foreign country)

12. Name **Martin J. Johnston**

13. Birthplace **County Cork, Ireland** (City or town) (State or foreign country)

14. Maiden name **Nora McNichols**

15. Birthplace **County Carey Ireland** (City or town) (State or foreign country)

16. Informant's OWN Signature **McNichols**  
and Address **118 E 2nd St**

17. (a) **Burial** (b) Date thereof **5/13/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **St. Johns Boise, Idaho**

18. Funeral Director's OWN Signature **Flahiff**  
and Address **Persons**  
**Emmett, Idaho**

19. (a) **5/14/48** (b) **Chas Flahiff**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH **May 10 1948**  
(Month, Day, Year) at **5** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **Nov 1947**  
at **Emmett, Idaho** to **date of death**  
I last saw him alive on **May 6 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
**Coronary occlusion**  
**myocardial infarction**  
Due to **Coronary occlusion** **12 yrs**  
**diabetes**  
Due to **Cerebral hemorrhage** **3 days**  
Other conditions. **Cerebral hemorrhage**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **✓** Date **May 10 1948**

Name of operation **✓** Major finding **✓**  
Finding of autopsy **✓**

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **May 10 1948** City, county, state **Emmett, Idaho**  
where violence occurred **Emmett, Idaho**  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury **✓**  
23. Attendant's OWN Signature **Flahiff**  
(M. D. or other) **Emmett, Idaho**  
and Address **Persons** Date **May 10 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 8 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1805  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 119 N Wardwell  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place city or town  
(f) Name Hosp. or Inst. Nursing Home 17 days  
(g) Lived in this county 29 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. Route 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Dixon, Wyoming

## 3. (a) FULL NAME MARY C. WHITEAKER

3. (b) If veteran, name war No.  
3. (c) Social Security No. No.  
4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Ira  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) November 19, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>8</u>	<u>7</u>	hrs min.

9. Exact Occupation Housewife Did this work for  yrs.  
10. Industry or Business Home Date last worked 1947  
11. Birthplace Texas Co Missouri  
(City or town) (State or foreign country)

12. Name Willis Teague  
13. Birthplace unknown  
(City or town) (State or foreign country)  
14. Maiden name Hettie Cox  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. H. O. Despain  
and Address Emmett, Id.

17. (a) Burial (b) Date thereof 5/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Flahiff Chapel  
and Address Emmett, Idaho

19. (a) 6/7/48 (b) Chas Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 26th 19 48  
at 12:14 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from three yrs 19 15, to 3 yrs 19 48  
I last saw her alive on May 25 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration

- Due to Chronic Arterio Sclerosis  
Due to Myocarditis  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

- Means of injury Attendant's  
OWN Signature Chas Flahiff (M. D. or other)  
and Address Emmett Date 6-4-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1806  
Local Reg. No. 340  
Reg. Dist. No. 341

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. Rt. 2  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 2 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. Rt. 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Caldwell, Idaho

## 3. (a) FULL NAME

Thomas Lloyd Fillmore

## 3. (b) If veteran,

## 3. (c) Social Security

name war No.

5. Color or 6. (a) Single, widowed, married,  
Sex M race W divorced

6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife Lydia E. Fillmore alive years

7. Date of Birth November 25-1893  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	54	5	7	hrs min.

9. Exact Occupation Farming Did this work for yrs.

10. Industry or Business worked Date last worked

11. Birthplace Leon, Kansas  
(City or town) (State or foreign country)

12. Name Thomas H. Fillmore  
13. Birthplace Not Known  
(City or town) (State or foreign country)

14. Maiden name Jennie Blankenbaker

15. Birthplace Not Known  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lydia E. Fillmore  
and Address Emmett, Idaho Rt. 2

17. (a) Burial (b) Date thereof 5-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Canyon Hill

18. Funeral Director's Peckham, Daken Chapel  
OWN Signature J. R. Reynolds

- and Address Caldwell, Idaho

19. (a) 5/18/48 (b) Chas. Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 2 1948  
(Month, Day, Year) at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Supposedly Carmaria Slack  
the man from death when

Due to I found saw him

Due to The family gave a history of

Other conditions at least 2 years. Chest pains  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

Attendant's OWN Signature J. R. Reynolds

(M. D. or other)

and Address Date 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

3 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1807  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:
- (a) County Gem  
(b) City or town Montour  
(c) Street Address or R. F. D. No. General Delivery  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 19 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Gem  
(c) City or town Montour, Idaho  
(d) Street Address or R.F.D. No. General Del.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state) None

3. (a) FULL NAME ANNA BARKER CURTIS

3. (b) If veteran, name war no 3. (c) Social Security No. no  
4. Sex F 5. Color of race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Josiah 6. (c) Age of husband or wife if alive 65 years

7. Date of Birth (Month, Day, Year) April 26, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>0</u>	<u>22</u>	hrs min.

9. Exact Occupation Homekeeper Did this work for 50 yrs.  
10. Industry or Business Own Home Date last worked 5/18/48  
11. Birthplace Nance County Neb.  
(City or town) (State or foreign country)

12. Name Daniel Barker  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Addie Clark  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. H. Barker  
and Address Montour, Idaho

17. (a) Burial (b) Date thereof 5/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Meridian, Idaho

18. Funeral Director's OWN Signature James P. Pearson  
and Address Emmett, Idaho

19. (a) 6/7/48 (b) Chris Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 18 19 48  
at 4:00 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Armed after death; death appeared to be due to coronary occlusion by history  
Duration 3 hours  
Due to be due to coronary occlusion by history  
Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury Public Place

23. Attendant's OWN Signature Ronald P. Rawlins  
(M. D. or other) Emmett, Idaho  
and Address Emmett, Idaho Date 19  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 5 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 1808  
Local Reg. No. 1330  
Reg. Dist. No. 420

## DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH: **Gooding**
- (a) County **Gooding**
- (b) City or town **Gooding**
- (c) Street Address or R.F.D. No. **Main St.**
- (d) Death Occured Inside? **X** Outside? **city or town**
- (e) Died in a Home **Hospital** Institution **Other place** **X**
- (f) Name Hosp. or Inst. **-----** Stayed **---** days
- (g) Lived in this county **40** years **-----** months **-----** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Gooding**
- (c) City or town **Gooding**
- (d) Street Address or R.F.D. No. **3rd & Texas**
- (e) Deceased lived Inside? **X** Outside? **city or town**
- (f) Citizen of what country? **United States**
- (g) How long had deceased lived in Idaho? **40** years
- (h) Former residence (city, state) **LaMoore, N. Dakota**

3. (a) FULL NAME **Jessie Stettard Crow**
3. (b) If veteran, name war **-----** No. **-----**
5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Hannah**
6. (c) Age of husband or wife if alive **69** years
7. Date of Birth (Month, Day, Year) **Jan. 30, 1874**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>3</b>	<b>2</b>	hrs min.

9. Exact Occupation **Barber** Did this work for **life** yrs.
10. Industry or Business **-----** Date last worked **5/1/48**
11. Birthplace **Hopkinstown, Iowa** (City or town) (State or foreign country)

12. Name **Jessie H. Crow**
13. Birthplace **----- Kentucky** (City or town) (State or foreign country)
14. Maiden name **Elizebeth Johnston**
15. Birthplace **unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Thas Crow**
- and Address **Twin Falls, Idaho**

17. (a) **burial** (b) Date thereof **5/4/48** (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: **Elmwood Cem. Gooding, Idaho**

18. Funeral Director's OWN Signature **H.P. Bright**
- and Address **Gooding, Idaho**

19. (a) **5-3-48** (b) **J.H. Cannon** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **May 2** 19 **48**
- at **9:30** o'clock **a.m.**

21. I HEREBY CERTIFY, That I attended deceased from **Death on arrival to 9:30 a.m., 5/2, 1948**
- I last saw him alive on **-----** 19 **-----**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Occlusion** Duration **2 minutes**

- Due to **-----**
- Due to **-----**
- Other conditions (Include pregnancy within 3 months of death) **-----**

- Where was disease contracted? **-----**
- Name of operation **-----** Date **-----**
- Major finding **-----**
- Finding of autopsy **-----**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **-----** Suicide? **-----** Homicide? **-----**
- Occurred **-----** 19 **-----** City, county, state where violence occurred **-----**

- Place of Violence: Home **-----** Farm **-----** Industry **-----**
- Public Place **-----** While at work? **-----**
- Means of injury **-----**

23. Attendant's OWN Signature **H.K. Krellin, M.D.**
- and Address **Gooding** (M. D. or other) Date **5/3 1948**
- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 15 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1809  
Local Reg. No. 1337  
Reg. Dist. No. 420

1948

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R.F.D. No. 422 Montana St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. ----- Stayed --- days  
(g) Lived in this county 29 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. 422 Mont.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) James Town Kansas

## 3. (a) FULL NAME Walter James Carpenter

3. (b) If veteran, name war no 3. (c) Social Security No. -----  
5. Color or race white 6. (a) Single, widowed, married, divorced married  
4. Sex male 6. (b) Name of husband or wife Bertha H. 6. (c) Age of husband or wife if alive 69 years  
7. Date of Birth (Month, Day, Year) April 6, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>----</u>	<u>27</u>	hrs min.

9. Exact Occupation Retail Merchant Did this work for 15 yrs.  
10. Industry or Business ----- Date last worked 1937  
11. Birthplace ----- New York  
(City or town) (State or foreign country)  
12. Name Charles E. Carpenter  
13. Birthplace ----- New York  
(City or town) (State or foreign country)  
14. Maiden name Jennie Tompkins  
15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Bertha H. Carpenter  
and Address Gooding, Idaho  
17. (a) burial (b) Date thereof 5/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Elmwood Cem. Gooding, Idaho  
18. Funeral Director's OWN Signature H.P. Bright  
and Address Gooding, Idaho  
19. (a) 5-5-48 (b) J. H. Cronwell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 3 1948  
at 9 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 1947 to May 3 1948  
I last saw him alive on May 1 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic myelocytosis Duration ?

Chronic nephritis  
hypertension  
arteriosclerosis  
hypertension

Due to Smoking  
Other conditions Smoking - asthma  
(Include pregnancy within 3 months of death)

America

Where was disease contracted? ----- Date -----  
Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred -----  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature J.H. Cronwell  
and Address Gooding, Idaho Date 5-5 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

NOV 12 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 1810  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. —  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. St. Vincent's Stayed 1 days  
(g) Lived in this county — years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. Rd. #3  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 2mo. years  
(h) Former residence (city, state) —

## 3. (a) FULL NAME

Bertha Jane Clovakiri

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race —  
4. Sex F race —  
6. (b) Name of husband or wife —  
6. (c) Age of husband or wife if alive — years

## 7. Date of Birth (Month, Day, Year)

July 23, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>—</u>	<u>9</u>	<u>12</u>	hrs min.

## 9. Exact Occupation

child Did this work for — yrs.

## 10. Industry or Business

child Date last worked —

## 11. Birthplace

Wendell, Idaho (City or town) (State or foreign country)

## 12. Name

James H. Clovakiri

## 13. Birthplace

Tacoma, Wash. (City or town) (State or foreign country)

## 14. Maiden name

Elizabeth J. Clovakiri

## 15. Birthplace

Wendell, Idaho (City or town) (State or foreign country)

## 16. Informant's OWN Signature

James H. Clovakiri

## and Address

Jerome, Idaho

## 17. (a) (Burial, cremation, or removal)

Burial (b) Date thereof 5/7/48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature

James H. Clovakiri

## and Address

Jerome, Idaho

## 19. (a) (Date received and filed)

5-17-48 (b) (Registrar's signature) W. H. Clovakiri

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 5, 1948  
at 11:45 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

5/4 1948, to 5/5 1948  
I last saw h. or alive on 5/4 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart failure - severe Duration ?  
Hepatitis ?

## Due to

Due to —

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Unknown Name of operation None Date —

## Major finding

Finding of autopsy Not done

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury —

## 23. Attendant's OWN Signature

H. Carlisle Small (M. D. or other) Date 5/7 1948  
and Address Jerome, Idaho (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUN 1 1948

STATE OF IDAHO

State File No. 1811  
Local Reg. No. 1332  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Bliss  
(c) Street Address or R.F.D. No. None  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. None Stayed No days  
(g) Lived in this county 30 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Castleford  
(d) Street Address or R.F.D. No. None  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Same

## 3. (a) FULL NAME

Eleanor Kinyon

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. None

## 4. Sex F. race W.

## 6. (a) Single, widowed, married,

divorced Married

## 6. (b) Name of husband or

wife Guy Kinyon

## 6. (c) Age of husband or wife if

alive 35 years

## 7. Date of Birth

(Month, Day, Year) Sept. 22, 1913

8. AGE	Years	Months	Days	If less than 1 day
	34	7	13	hrs min.

9. Exact Occupation Housewife Did this work for 12 yrs.

10. Industry or Business None Date last worked 5/4/48

11. Birthplace Hailey, Idaho  
(City or town) (State or foreign country)

12. Name Jerry Becker

13. Birthplace Kelton, Utah  
(City or town) (State or foreign country)

14. Maiden name Rosella Board

15. Birthplace Hailey, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Guy Kinyon

and Address Castleford

17. (a) Burial (b) Date thereof May 15, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature B. T. Robertson

and Address Buhl, Idaho

19. (a) May 18-48 (b) McMull  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 15 1948  
(Month, Day, Year) at 7 o'clock ? M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Ironing

Due to Jumping into Snake River

Due to Suicide without

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation — Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? Yes Homicide? —

Occurred May 15-48 City, county, state Gooding Co. Idaho

where violence occurred Gooding Co. Idaho

Place of Violence: Home — Farm — Industry —

Public Place — While at work? no

Means of injury Ironing

23. Attendant's OWN Signature Garret

and Address Gooding, Idaho Date 5-18-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 20 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1812  
Local Reg. No. 92  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. Main St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. St. Valentines Stayed 1 days  
(g) Lived in this county        years        months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Wendell  
(d) Street Address or R.F.D. No. Main St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 day years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Baby Jones, Carlinda

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----  
5. Color or race white 6. (a) Single, widowed, married, divorced -----  
4. Sex female 6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) May 12, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>---</u>	<u>---</u>	<u>-1</u>	<u>8 hrs 20 min.</u>

9. Exact Occupation ----- Did this work for ----- yrs.  
10. Industry or Business ----- Date last worked -----  
11. Birthplace Wendell, Idaho  
(City or town) (State or foreign country)

12. Name Captain W. Jones  
13. Birthplace Oklahoma  
(City or town) (State or foreign country)  
14. Maiden name Mina Bailey  
15. Birthplace Mason, Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Captain W. Jones  
and Address Shoshone, Idaho

17. (a) burial (b) Date thereof 5/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Shelley, Idaho

18. Funeral Director's OWN Signature Captain W. Jones  
and Address Shoshone, Idaho

19. (a) 5/17/48 (b) John M. Ross, O.B.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 13 1948  
at 2:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 12 1948 to May 13 1948.  
I last saw her alive on May 13 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia (9 months) Duration ---

Due to ---  
Due to ---  
Other conditions ---  
(Include pregnancy within 3 months of death)

Where was disease contracted? --- PHYSICIAN ---  
Name of operation --- Date --- Underline the cause to which death should be charged statistically.  
Major finding ---  
Finding of autopsy ---

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred --- 19 --- City, county, state where violence occurred ---  
Place of Violence: Home --- Farm --- Industry ---  
Public Place --- While at work? ---  
Means of injury ---

23. Attendant's OWN Signature John M. Ross (M. D. or other)  
and Address Shoshone, Idaho Date 5/13/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1813  
Local Reg. No. 95  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. Main St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. St. Valentine's Stayed 1 days  
(g) Lived in this county 31 years 31 months 31 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. Lenker Bld.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) --- Missouri

## 3. (a) FULL NAME

Frank W. Harlan

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. no

## 4. Sex male race white

5. Color or 6. (a) Single, widowed, married, divorced divorced

## 6. (b) Name of husband or wife -----

6. (c) Age of husband or wife if alive ----- years

## 7. Date of Birth (Month, Day, Year) Dec. 16, 1860

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>5</u>	<u>3</u>	hrs min.

## 9. Exact Occupation Retired Farmer Did this work for 14 yrs.

## 10. Industry or Business Farming Date last worked 1934

## 11. Birthplace ----- Indiana (City or town) (State or foreign country)

## 12. Name George W. Harlan

## 13. Birthplace unknown (City or town) (State or foreign country)

## 14. Maiden name Silance Ann Hamilton

## 15. Birthplace unknown (City or town) (State or foreign country)

## 16. Informant's OWN Signature Thelma H. Boyer and Address Gooding, Idaho

## 17. (a) burial (b) Date thereof 5/21/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Elmwood Cem. Gooding, Idaho

## 18. Funeral Director's OWN Signature H.P. Bright and Address Gooding, Idaho

## 19. (a) 5/21/48 (b) Sister M. Rose (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) May 19 1948 at 12:30 o'clock PM

## 21. I HEREBY CERTIFY, That I attended deceased from March 1 1948 to May 19 1948 I last saw him alive on May 19 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Endocarditis Duration 10 yrs.

Due to -----

Due to -----

Other conditions (Include pregnancy within 3 months of death) -----

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state where violence occurred

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

## 23. Attendant's OWN Signature F.E. O'Brien M.D. and Address Gooding, Idaho Date 5/20 1948 (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 1 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1814  
Local Reg. No. 1333  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. Wendell  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 6 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Wendell  
(d) Street Address or R.F.D. No. ☐  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Ogden, Utah

## 3. (a) FULL NAME

Charles Elisha Boss

3. (b) If veteran, name war no 3. (c) Social Security No. ☐  
5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
4. Sex male 6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) Sept. 28, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>7</u>	<u>28</u>	hrs min.

9. Exact Occupation Farming Did this work for life yrs.  
10. Industry or Business 1936 Date last worked  
11. Birthplace Ogden, Utah (City or town) (State or foreign country)

12. Name Willis Boss  
13. Birthplace Illinois (City or town) (State or foreign country)  
14. Maiden name Dolly Hall  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mr Jack Davidson  
and Address Wendell Idaho

17. (a) burial (b) Date thereof 5/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burley, Idaho

18. Funeral Director's OWN Signature H.P. Bright  
and Address Gooding, Ida.

19. (a) 5-28-48 (b) J.A. Bunnell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 26 1948  
at 7:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 1946 to May 25 1948  
I last saw him alive on May 25 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Senility Duration —

Due to ☐  
Due to ☐  
Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature M. Krollin (M. D. or other)  
and Address Gooding Date 5/29/48  
(For additional space, see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 8 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1815  
Local Reg. No. 1334  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ..... Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed --- days  
(g) Lived in this county 2 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Wendell  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Manhattan, Kans.

## 3. (a) FULL NAME

George Brown

3. (b) If veteran, name war ..... No. ....  
5. Color or .....  
4. Sex male race white  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) June 4, 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u>45</u>	<u>11</u>	<u>23</u>	hrs min.

9. Exact Occupation laborer Did this work for life yrs.  
10. Industry or Business Date last worked .....  
11. Birthplace Osborne, Kansas  
(City or town) (State or foreign country)

12. Name James Brown  
13. Birthplace unknown  
(City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace " "  
(City or town) (State or foreign country)

16. Informant's OWN Signature Wendell, Idaho  
and Address Wendell, Idaho

17. (a) burial (b) Date thereof 6-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Idaho

18. Funeral Director's OWN Signature H.P. Bright  
and Address Gooding, Idaho

19. (a) May 28-48 (b) J.H. Connell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 27- 1948  
at 4 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw him alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart disease  
Due to .....

Due to .....  
Other conditions ruptured aorta  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature J.H. Connell  
(M. D. or other)  
and Address Gooding, Idaho Date 5-28-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

748  
State File No. 1816  
Local Reg. No. 1335  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. Wendell  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ----- Stayed --- days  
(g) Lived in this county 24 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Wendell  
(d) Street Address or R.F.D. No. Wendell  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Bear River, Utah

## 3. (a) FULL NAME

Hans Andersen

## 3. (b) If veteran,

name was -----

## 3. (c) Social Security

No. -----

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Sine C. 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) March 10, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>2</u>	<u>21</u>	hrs min.

9. Exact Occupation Retired farmer Did this work for life yrs.  
10. Industry or Business Date last worked 1946  
11. Birthplace ----- Denmark  
(City or town) (State or foreign country)

12. Name Jergin Andersen  
13. Birthplace Denmark  
(City or town) (State or foreign country)  
14. Maiden name Marie Hansen  
15. Birthplace Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature Rosena Prince  
and Address Wendell, Idaho

17. (a) burial (b) Date thereof 6/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Wendell, Idaho

18. Funeral Director's OWN Signature H.P. Bright  
and Address Gooding, Idaho

19. (a) 6-3-48 (b) J.H. Pennington  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 31 19 48  
at 3 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from May 29 19 48, to May 31 19 48.  
I last saw him alive on May 29 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Apoplexy

Duration 10 min.

Due to Hypertension 70 yrs.

Due to Heart Failure 170?

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Wendell, Idaho

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred -----  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature Mrs. E. Boatman  
and Address Jerome, Idaho (M. D. or other) Date 6/1/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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MAY 7 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 1817  
Local Reg. No. 560  
Reg. Dist. No. 244

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Kooskia  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 11 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Kooskia  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Johnson, Kansas

## 3. (a) FULL NAME

Robert Blaine Jackson

176X

3. (b) If veteran, name war World War II 3. (c) Social Security No. 518-18-9437  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex Male race white  
6. (b) Name of husband or wife Verla 6. (c) Age of husband or wife if alive 22 years  
7. Date of Birth (Month, Day, Year) January 17, 1921

8. AGE	Years	Months	Days	If less than 1 day
	<u>27</u>	<u>3</u>	<u>14</u>	hrs min.

9. Exact Occupation Truck driver Did this work for 6 yrs.  
10. Industry or Business Logging Date last worked 5/1/48  
11. Birthplace Satanta, Kansas  
(City or town) (State or foreign country)

12. Name Ralph A. Jackson  
13. Birthplace Satanta, Kansas  
(City or town) (State or foreign country)  
14. Maiden name Zella Lovelock  
15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Laura C. Jackson  
and Address Kooskia, Idaho

17. (a) Burial (b) Date thereof May 5, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pine Grove Cem. - Kooskia, Idaho

18. Funeral Director's OWN Signature Paula Murray  
and Address Kooskia, Idaho

19. (a) May 3, 1948 (b) Paula Murray  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 5/1 19 48  
at 3:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crush & Chest Fracture Neck. Duration \_\_\_\_\_

Due to Tractor turning over.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred May 1 19 48 City, county, state Kooskia, Idaho  
where violence occurred Kooskia, Idaho  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry ☒  
Public Place yes While at work? yes  
Means of injury As Above

23. Attendant's OWN Signature Shirley Allen (M. D. or other) \_\_\_\_\_  
and Address Shirley Allen Date 5/1 19 48  
(For additional space, use reverse side)

Coroner of Idaho County

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 14 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1818  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed \_\_\_\_\_ days  
(g) Lived in this county 13 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Indiana

## 3. (a) FULL NAME

WILLIAM S. CAREY

127B

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex M 5. Color or W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Sept. 25 - 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>7</u>	<u>8</u>	hrs min.

9. Exact Occupation Laborer Did this Not known work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country) Indiana

12. Name Not known

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country) Idaho

14. Maiden name Not known

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country) Idaho

16. Informant's OWN Signature W. S. Carey

- and Address Grangeville Idaho

17. (a) Survivor (b) Date thereof 5-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Grangeville Ida

18. Funeral Director's OWN Signature W. S. Carey

- and Address Grangeville Ida

19. (a) May 6, 1948 (b) Ida S. Cone  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 3 1948  
(Month, Day, Year) at 12 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 20 April 1948, to 3 May 1948.  
I last saw him alive on 2 May 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Renal Failure and liver failure Duration 3 days

Due to obstructive jaundice 2 weeks

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation Japanotomy Date 30 April 48 PHYSICIAN

Major finding \_\_\_\_\_ Underline the cause to which death should be charged statistically.

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Donald Holtman (M. D. or other)

and Address Grangeville Date 5 May 1948

(For additional space, use reverse side)

# DUTIES:

1. INFORMANT shall SIGN HIS OWN NAME, under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES IN BLACK ink under items 16, 18 and 23.

**PENALTIES:** Under the Idaho law, it is a misdemeanor to

- (a) Knowingly supply false information to any one connected with completing a death certificate;
- (b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
- (c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
- (d) Alter a certificate on file in the office of a local registrar.

## EXAMPLES

IMMEDIATE CAUSE OF DEATH:	DURATION
Cerebral hemorrhage	1 day
Due to Skull fracture	1 day
Due to Auto accident	1 day
Other conditions Multiple fractures (Include pregnancy within 3 months of death)	1 day
Where was disease first contracted? Public place	
Name of operation Exp. Craniotomy	Date 11-12-45
Major finding Middle meningeal hemorrhage	
Finding of autopsy Cerebral hemorrhage multiple skeletal fractures	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ yes Suicide? ☐ Homicide? ☐  
 Occurred 11-12-1945 City, county, state where violence occurred Boise, Ada, Idaho  
 Place of Violence: Home ☐ Farm ☐ Industry ☐  
 Public place ☒ yes While at Work ☒ yes  
 Means of injury auto-truck collision

This body embalmed under direction of *J. H. Hutton*  
 ADDITIONAL REMARKS By Physician:

# STATEMENT OF PLACE OF DEATH

JAN 13 1981

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

## STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

IMMEDIATE CAUSE OF DEATH:	DURATION
Hypostatic pneumonia	7 days
Due to Cancer of stomach	2 years
Due to Secondary anemia	2 years
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted? Idaho	
Name of operation Gastroenterostomy	Date 11-12-45
Major finding Cancer of pylorus of stomach	
Finding of autopsy Lobar pneumonia, generalized carcinomatosis	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
 Occurred 19 City, county, state where violence occurred  
 Place of Violence: Home ☐ Farm ☐ Industry ☐  
 Public Place ☐ While at work? ☐  
 Means of injury

Lic. No. 287 at *Garfield* on 7/3/48

2 # 8

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. 1819  
Local Reg. No. 8  
Reg. Dist. No. 842

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Our Lady Stayed 7 days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Caldesac  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

KNUD C. QUALEY

## 3. (b) If veteran,

name war       

## 3. (c) Social Security

No.       

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Marie

6. (c) Age of husband or wife if alive        years

## 7. Date of Birth

(Month, Day, Year) March 11 - 1864

## 8. AGE

Years

Months

Days

If less than 1 day

79

1

25

hrs min.

## 9. Exact

Occupation

farmer

Did this

work for 35 yrs.

## 10. Industry or Business

live block

Date last

worked 1930

## 11. Birthplace

Oslo - Norway

(City or town) (State or foreign country)

## 12. Name

Christen Qualey

(City or town)

## 13. Birthplace

Norway

(City or town) (State or foreign country)

## 14. Maiden name

Mary

## 15. Birthplace

Norway

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature

Melby Qualey

and Address

Lewiston, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 5-7-48

(c) Place:

Lewiston - Idaho

## 18. Funeral Director's

OWN Signature

W. J. Roberts

and Address

Lewiston, Idaho

## 19. (a) 5-5-48

(Date received and filed)

(b)

W. J. Roberts

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

May

19

at 11:00

o'clock PM

## 21. I HEREBY CERTIFY, That I attended deceased from

4-24

1948

to 5-4

1948

I last saw him alive on 5-4 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Myocardial

Duration

2 days

Due to

Following Influenza

2 weeks

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation

Date

Major finding

Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred

19

City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐

While at work? ☐

Means of injury

## 23. Attendant's

OWN Signature

Wesley D. Orr M.D.

(M. D. or other)

and Address

Cottonwood

Date 5-5 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 26 1948

# CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 1820  
Local Reg. No. 29  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Kooskia  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Near Kooskia  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? 12 Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Kooskia, Idaho

## 3. (a) FULL NAME

William D. Allison

3. (b) If veteran name war World 2 3. (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) July 18, 1928

8. AGE	Years	Months	Days	If less than 1 day
	<u>19</u>	<u>5</u>	<u>22</u>	hrs min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Mullen, Idaho (City or town) (State or foreign country)  
12. Name William H. Allison  
13. Birthplace Grangeville, Idaho (City or town) (State or foreign country)  
14. Maiden name Bertha Paul  
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature W. H. Allison  
and Address Spokane, Washington  
17. (a) Burial (b) Date thereof 5/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Glover Saddle  
18. Funeral Director's OWN Signature Henry A. Coker  
and Address Grangeville, Idaho  
19. (a) May 21, 1948 (b) Idma Cone  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 10, 19 48  
(Month, Day, Year)  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Found dead in cabin  
May, 20, 1948

Due to Exposure  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred March 10, 19 48 City, county, state Near Kooskia  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Henry A. Coker  
and Address Grangeville (M. D. or other) 5/21 19 48  
(For additional space, use reverse side)

Coroner of Idaho County

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1821  
Local Reg. No. 26  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. General Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Nezperce  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mary Lavelle O'Rourke 1600

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 10, 1948

8. AGE	Years	Months	Days	If less than 1 day
				hrs 30 min.

9. Exact Occupation Infant Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Grangeville Idaho (City or town) (State or foreign country)

12. Name Rex E. O'Rourke

13. Birthplace Coushion, O.K. (City or town) (State or foreign country)

14. Maiden name Elizabeth Pearl Martin

15. Birthplace Winchester Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Rex E. O'Rourke and Address Nezperce Idaho

17. (a) Removal (b) Date thereof 5/12/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Normal Hill Lewiston Ida.

18. Funeral Director's OWN Signature George A. Jell and Address Grangeville Idaho

19. (a) May 12, 1948 (b) George A. Jell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 5/10 1948  
at 4:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 5/10 1948, to 5/10 1948.

I last saw h. alive on 5/10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Eurlemia 30 min.

Due to difficult head extraction

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. H. Hallen (M. D. or other) and Address Grangeville Idaho Date 5/11 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Certificate Of Death  
STATE OF IDAHO

1. PLACE OF DEATH:  
(a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. O.T. Consolation days  
(g) Lived in this county 22 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City or town Cottonwood  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) St. Louis, Mo.

3. (a) FULL NAME Sister Mary Genevieve (Susan Carroll)  
3. (b) If veteran, name war No.  
5. Color or race W  
4. Sex F  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) September 4, 1900  
8. AGE  
Years 47 Months 8 Days 6 hrs min.

MEDICAL CERTIFICATE OF DEATH 055F  
20. DATE OF DEATH (Month, Day, Year) May 10, 1948  
at 12:00 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from 1946 to May 10, 1948  
I last saw h. alive on May 9, 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Metastatic carcinoma Duration 2 yrs.

9. Exact Occupation Domestic Did this work for 21 yrs.  
10. Industry or Business Date last worked 9-46  
11. Birthplace St. Louis, Mo. (City or town) (State or foreign country)  
Mother Father  
12. Name John Carroll  
13. Birthplace Ireland (City or town) (State or foreign country)  
14. Maiden name Anna Flannigan  
15. Birthplace Ireland (City or town) (State or foreign country)  
16. Informant's OWN Signature Mother M. Eugenia O'S.  
and Address Cottonwood, Idaho  
17. (a) Burial (b) Date thereof 5/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Conquest Cemetery  
18. Funeral Director's OWN Signature J. J. O'S.  
and Address Frankville, Ida.  
19. (a) 5-11-48 (b) J. J. O'S. 5-11-48  
(Date received and filed) (Registrar's signature)

Due to Primary - Breast  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted? Home  
Name of operation Date  
Major finding  
Finding of autopsy  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature Wesley B. O'S.  
(M. D. or other)  
and Address Cottonwood, Ida. Date 5-11-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 26 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1823  
Local Reg. No. 28  
Reg. Dist. No. 240

1. PLACE OF DEATH: Idaho - Highway 95  
(a) County \_\_\_\_\_  
(b) City or town \_\_\_\_\_  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Ambulance \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 2 months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County \_\_\_\_\_  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME Teddy Joe KARR 036X

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex \_\_\_\_\_ race \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
6. (b) Name of husband or wife \_\_\_\_\_  
7. Date of Birth May 5, 1944  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	4	0	16	hrs min.

9. Exact Occupation Child. Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Cedar City Utah  
(City or town) (State or foreign country)  
12. Name Ted KARR  
13. Birthplace Abilene Kansas  
(City or town) (State or foreign country)  
14. Maiden name Lucille Pettibone  
15. Birthplace Stites Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ted KARR  
and Address Grangeville Ida.  
17. (a) Burial \_\_\_\_\_ (b) Date thereof 5-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grangeville Idaho  
18. Funeral Director's OWN Signature \_\_\_\_\_  
and Address Grangeville Ida.  
19. (a) May 17, 1948 (b) \_\_\_\_\_  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 16 1948  
(Month, Day, Year) at 9:40 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 13 May 1948, to 16 May 1948.  
I last saw him alive on 16 May 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory Paralysis Duration 10 hrs

Due to Buller's pneumonia 4 days

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Daniel H. Altman  
(M. D. or other)  
and Address Grangeville Date 18 May 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUN 2 1948

STATE OF IDAHO

1948  
State File No. 1824  
Local Reg. No. 30  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- Idaho  
(a) County ..... Orogrande  
(b) City or town .....  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside?..... Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 15 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- Idaho  
(a) State ..... (b) County ..... Idaho  
(c) City or town Orogrande  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Durant, Wis.

## 3. (a) FULL NAME

Jessie May Dolan

3. (b) If veteran, name war ..... No. ....  
5. Color or .....  
6. (a) Single, widowed, married, divorced widowed  
4. Sex Female race White  
6. (b) Name of husband or wife ..... (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Aug 17, 1871

8. AGE	Years	Months	Days	If less than 1 day
	71	9	4	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business Date last worked 5/21/48  
11. Birthplace Durant, Wis (City or town) (State or foreign country)

12. Name Calvin Wilcox  
13. Birthplace Wis (City or town) (State or foreign country)  
14. Maiden name Moore  
15. Birthplace Wis (City or town) (State or foreign country)

16. Informant's OWN Signature .....  
and Address Grangeville

17. (a) Burial (b) Date thereof 5/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grangeville, Idaho

18. Funeral Director's OWN Signature .....  
and Address Grangeville, Idaho

19. (a) May 26, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 21, 1948 19  
(Month, Day, Year) at ..... o'clock ..... M.  
21. I HEREBY CERTIFY, That I attended deceased from 19 ..... to 19 .....

I last saw h..... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Found dead in bed on  
Due to morning of May 22, 1948

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature .....  
and Address Grangeville, Idaho Date 5/25/48  
(For additional space, use reverse side)

Coroner of Idaho County

522

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce JUN 7 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

940 State File No. 1825  
Local Reg. No. 11  
Reg. Dist. No. 242

1. PLACE OF DEATH: *Idaho*  
(a) County *Cottonwood*  
(b) City or town *Cottonwood*  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed *2* days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME *Cecelia Marie Delicio*  
3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex *Female* race *Italian*  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) *5/19/48*  
8. AGE  

Years	Months	Days	If less than 1 day
		<i>2</i>	hrs min.

MEDICAL CERTIFICATE OF DEATH *158X*  
20. DATE OF DEATH (Month, Day, Year) *May 21* 19*48*  
at *5:35* o'clock *A. M.*  
21. I HEREBY CERTIFY, That I attended deceased from *5-19* 19*48*, to *5-21* 19*48*  
I last saw h. alive on *5-20* 19*48*; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: *Respiratory failure with anoxemia* Duration \_\_\_\_\_  
Due to *Immaturity - 17 months* *2 days*  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace *Cottonwood Idaho* (City or town) (State or foreign country)  
Mother Father { 12. Name *Garch De Cicio*  
13. Birthplace *Lewiston Idaho* (City or town) (State or foreign country)  
14. Maiden name *Rachel Rafferty*  
15. Birthplace *Rapids, Idaho* (City or town) (State or foreign country)  
16. Informant's OWN Signature *Fortunate Delicio*  
and Address *Neubars Idaho*  
17. (a) *Burial* (b) Date thereof *5/22/48*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: *Cottonwood Idaho*  
18. Funeral Director's OWN Signature *Glenn Anderson*  
and Address *Chongerville Idaho*  
19. (a) *5-22-48* (b) *W. J. Orr, M.D.*  
(Date received and filed) (Registrar's signature)

Where was disease contracted? \_\_\_\_\_  
Name of operation *None* Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature *J. H. Teller M.D.* (M. D. or other)  
and Address *Craigmont* Date *5-21* 19*48*  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUN 7 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1826  
Local Reg. No. 10  
Reg. Dist. No. 342

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home? ☒ Hospital? ☒ Institution? ☒ Other place? ☒  
(f) Name Grav. Lady of Consolation  
(g) Lived in this county ..... years ..... months ..... 30 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Craigmont  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME STEPHEN BERG

3. (b) If veteran, name war WWII No. None  
5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) May 17 1872

8. AGE	Years	Months	Days	If less than 1 day
	76	0	5	hrs min.

9. Exact Occupation Farmer, retired Did this work for life yrs. ☒  
10. Industry or Business Own farm Date last worked -----  
11. Birthplace Millville, Minnesota (City or town) (State or foreign country)  
Mother Father { 12. Name Thaddeus Berg  
13. Birthplace Wittenborg, Germany (City or town) (State or foreign country)  
14. Maiden name Elizabeth Fix  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Joseph Berg  
and Address Craigmont, Idaho.

17. (a) Removal 6 (b) Date thereof 5-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Craigmont, Idaho.

18. Funeral Director's OWN Signature E. Clowig  
and Address Craigmont, Idaho.

19. (a) 5-22-1948 (b) W. J. Doe, M. D. by 173  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 22 1948  
at 11:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 4-23 1948, to 5-22 1948  
I last saw him alive on 5-22 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Myocarditis ?

Due to Aspirin poisoning ?

Due to -----  
Other conditions -----

(Include pregnancy within 3 months of death)  
Some 2nd & 3rd degree Burns 1 month

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? ----- Homicide? -----

Occurred April 19, 1948 19 19 City, county, state

where violence occurred Craigmont, Lewis co

Place of Violence: Home. ☒ Farm ☒ Industry

Public Place. ----- While at work? -----

Means of injury burning grass-caught fire

23. Attendant's OWN Signature S. H. Hollen M. D.

(M. D. or other)

and Address Craigmont, Idaho Date 5-22 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1827  
Local Reg. No. 12  
Reg. Dist. No. 242

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home? ☒ Hospital? ☒ Institution? ☒ Other place? ☒  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 26 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Cottonwood  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) Cottonwood

## 3. (a) FULL NAME

Joseph H. Sudkamp

052A

3. (b) If veteran, name war World I 3. (c) Social Security No. 518-03-3532  
5. Color or race W. 6. (a) Single, widowed, married, divorced Married  
4. Sex M 6. (b) Name of husband or wife Gertrude 6. (c) Age of husband or wife if alive 47 years  
7. Date of Birth (Month, Day, Year) Jan 10, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>4</u>	<u>21</u>	hrs min.

9. Exact Occupation laborer Did this work for 1 1/2 yrs.  
10. Industry or Business Seigel Date last worked Jan 1948  
11. Birthplace Seigel Ill. (City or town) (State or foreign country)

12. Name John Sudkamp  
13. Birthplace Seigel Ill. (City or town) (State or foreign country)  
14. Maiden name Kathryn Hoene  
15. Birthplace Seigel Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature Marie Sudkamp  
and Address Cottonwood Idaho

17. (a) Burial (b) Date thereof 6/31/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Cottonwood Idaho

18. Funeral Director's OWN Signature William J. ...  
and Address Idaho

19. (a) 6-2-1948 (b) W. J. ...  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 31 1948  
at 1:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 18 1947, to May 31 1948  
I last saw him alive on May 27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Physical depletion Duration

Due to hypertension of right : 2 yrs

Due to insanone

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Exploratory Date 12-27-47 Underline the cause to which death should be charged statistically.  
Name of operation Exploratory Major findings Scroph  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred 19 City, county, state where violence occurred Idaho  
Place of Violence: Home ☒ Farm ☒ Industry ☒  
Public Place ☒ While at work? ☒  
Means of injury ...

23. Attendant's OWN Signature ... M. D. or R. D. ...  
and Address Cottonwood Idaho Date 6-2 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

1948 *April* 1828  
State File No. \_\_\_\_\_  
Local Reg. No. *20*  
Reg. Dist. No. *640*

1. PLACE OF DEATH: **Jefferson**

- (a) County \_\_\_\_\_  
(b) City or town. **Menan**  
(c) Street Address or R.F.D. No. **Menan Star R.**  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **X** \_\_\_\_\_ city or town  
(e) Died in a Home **X** \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **12** \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jefferson**  
(c) City or town **Menan**  
(d) Street Address or R.F.D. No. **Menan Star R.**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **41** \_\_\_\_\_ years  
(h) Former residence (city, state) **Thayne, Wyoming.**

3. (a) FULL NAME

**EDMOND ISAIAH BUTTERWORTH**

3. (b) If veteran, name was **1st world**

3. (c) Social Security No. **X**

4. Sex **Male** Color or race **White**

5. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Gladys Rogers**

6. (c) Age of husband or wife if alive **50** \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **Dec. 21, 1892**

8. AGE	Years	Months	Days	If less than 1 day
<b>55</b>	<b>4</b>	<b>12</b>	<b>hrs.</b>	<b>min.</b>

9. Exact Occupation **Farming** Did this work for **life** \_\_\_\_\_ yrs.

10. Industry or Business **Farm** Date last worked **4/30/48**

11. Birthplace **Millcreek, Utah.** (City or town) (State or foreign country)

12. Name **Isaiah Butterworth.**

13. Birthplace **England.** (City or town) (State or foreign country)

14. Maiden name **Sarah Louise Wright.**

15. Birthplace **Millcreek, Utah.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Gladys R. Butterworth**

and Address **Menan, Idaho. Star R.**

17. (a) **burial** (b) Date thereof **5/7/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Annis, Idaho.**

18. Funeral Director's OWN Signature **C. B. Ebersoll**

and Address **Rigby, Idaho.**

19. (a) **May 7 1948** (b) **Mrs. A. B. Ebersoll**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **May 3** 19 **48**  
(Month, Day, Year)

at **11:15** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **April 12** 19 **48** to **5-3-** 19 **48**

I last saw him alive on **May 3,** 19 **48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

**Acute Anthrax** **4 days**

Due to **Hypertensive Heart Disease** **4 yrs.**

Due to \_\_\_\_\_

Other conditions **Chronic Arthritis** **2 yrs.**  
(Include pregnancy within \_\_\_\_\_ months of death)

Where was disease contracted? **at home**

Name of operation **none** Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **none**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Osval Hall, M.D.**  
(M. D. or other)  
and Address **Rigby, Idaho.** Date **May 7 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 18229  
Local Reg. No. 19  
Reg. Dist. No. 640

## 1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Rigby  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. McKee Mat. Stayed 4 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 4 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? U.S.A. city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 days ~~xxx~~  
(h) Former residence (city, state) None.

## 3. (a) FULL NAME

GAIL ANN RADFORD.

## 3. (b) If veteran, name war

☒

## 3. (c) Social Security No.

☒

4. Sex F.M. 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Date of Birth (Month, Day, Year) April 30, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>4</u>	hrs. min.

9. Exact Occupation Babe Did this work for X yrs.

10. Industry or Business X Date last worked X

11. Birthplace Rigby, Idaho. (City or town) (State or foreign country)

Father { 12. Name LaMont Laverne Radford.

13. Birthplace Ririe, Idaho. (City or town) (State or foreign country)

Mother { 14. Maiden name Barbara Jean Gourley.

15. Birthplace Klamath Falls, Oregon. (City or town) (State or foreign country)

16. Informant's OWN Signature LaMont L. Radford  
and Address Rigby, Idaho.

17. (a) burial (b) Date thereof 4/5/48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Shelton, Idaho.

18. Funeral Director's OWN Signature A. Becknell  
and Address Rigby, Idaho.

19. (a) May 5, 1948 (b) Mrs. A. B. Becknell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 4, 1948  
at 4:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from April 30 1948 to May 4, 1948  
I last saw h. or alive on May 3, 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Collapse left lung 4 days.

Due to since birth.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? McKee's Maternity

Name of operation none Hosp.

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Asael Tall, M.D.

and Address Rigby, Idaho. Date May 5, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 14 1948

# Certificate of Death

STATE OF IDAHO

1948 *old* 1830

State File No. ....

Local Reg. No. *22*

Reg. Dist. No. *640*

## 1. PLACE OF DEATH:

- (a) County *Jefferson*  
(b) City or town *Terreton*  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? *X* ..... city or town  
(e) Died in a Home *X* ..... Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county *1* ..... years *6* ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State *Idaho* (b) County *Jefferson*  
(c) City or town *Terreton*  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? *X* ..... city or town  
(f) Citizen of what country? *U.S.A.*  
(g) How long had deceased lived in Idaho? *35* ..... years  
(h) Former residence (city, state) *Idaho Falls, Idaho*

## 3. (a) FULL NAME

*ADELLA HERTZIG*

## 3. (b) If veteran, name war

*X*

## 3. (c) Social Security No.

5. Color or  
4. Sex *F.M.* race *White*

6. (a) Single, widowed, married,  
divorced *Divorced*

6. (b) Name of husband or wife  
*X*

6. (c) Age of husband or wife if  
alive *X* ..... years

7. Date of Birth  
(Month, Day, Year) *May 13, 1913*

8. AGE	Years	Months	Days	If less than 1 day
	<i>34</i>	<i>11</i>	<i>29</i>	hrs. min.

9. Exact Occupation *None* Did this work for *X* yrs.

10. Industry or Business *X* Date last worked *?*

11. Birthplace *Rexburg, Idaho.*  
(City or town) (State or foreign country)

12. Name *Fred Wahli Hertzig.*

13. Birthplace *Switzerland.*  
(City or town) (State or foreign country)

14. Maiden name *Louise Kunz.*

15. Birthplace *Switzerland.*  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature *Samuel W. Hertzig*  
and Address *170 N. 1st W. Rexburg, Ida.*

17. (a) *burial* (b) Date thereof *5/15/48*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place *Sugar City, Idaho.*

18. Funeral Director's  
OWN Signature *A. B. O'Connell*  
and Address *Rigby, Idaho.*

19. (a) *June 10/1948* (b) *Mrs. A. B. O'Connell*  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH *May 12 1948*  
(Month, Day, Year)

at ..... o'clock *8* M.

21. I HEREBY CERTIFY, That I attended deceased from *never*  
*attended her* 19..... to 19.....

I last saw her alive *dead* *5/12 1948*  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Empyema of Right Lung* Duration *1 week.*

Due to *Pneumonia* *10 days*

Due to .....

Other conditions.....  
(Include pregnancy within 8 months of death)

Where was disease contracted? *at home*

Name of operation *none* Date .....

Major finding.....

Finding of autopsy *Empyema of right lung*  
*Pneumonia right lung*

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's  
OWN Signature *Deason Tall, M.D.*  
(M. D. or other)  
and Address *Rigby Idaho* Date *5/18 1948*  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 14 1948

# Certificate of Death

STATE OF IDAHO

746  
State File No. 1831  
Local Reg. No. 21  
Reg. Dist. No. 640

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Annis  
(c) Street Address or R.F.D. No. I Lorenzo  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 33 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No. 310 W. 2nd N.  
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Springville, Utah.

## 3. (a) FULL NAME

FRANCIS JOHN J. BOYD BURT.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male Color or race White

5. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Abby Hall

6. (c) Age of husband or wife if alive X years

7. Date of Birth (Month, Day, Year) April 22, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>0</u>	<u>23</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for 20 yrs.

10. Industry or Business Farm Date last worked 1939

11. Birthplace John J. Boyd Ship. English Channel.  
(City or town) (State or foreign country)

12. Name Thomas Burt.

13. Birthplace Scotland.  
(City or town) (State or foreign country)

14. Maiden name Annie Ford.

15. Birthplace England.  
(City or town) (State or foreign country)

16. Informant's OWN Signature John J. Boyd  
and Address Rigby, Idaho.

17. (a) burial (b) Date thereof May 19, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Springville, Utah.

18. Funeral Director's OWN Signature W. E. Russell  
and Address Rigby, Idaho.

19. (a) June 10, 1948 (b) Mrs. A. E. Russell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 15 19 48  
(Month, Day, Year) at 2:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from November 19 46 to May 14, 19 48  
I last saw him alive on May 14, 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Uremia Duration 1 week  
Due to enlarged prostate gland 10 years  
Due to kidney cystitis 2 years  
Other conditions Hypertension 15 years  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home.

Name of operation none Date       

Major finding         
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?       

Means of injury         
23. Attendant's OWN Signature Israel Hall, M.D.  
(M. D. or other)

and Address Rigby, Idaho. Date 5-17, 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 14 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1832  
Local Reg. No. 23  
Reg. Dist. No. 8

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Bigby  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Bigby  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Martha Williams Stokes 061X  
3. (b) If veteran, name war X 3. (c) Social Security No. 095A

5. Color or race white  
4. Sex Female  
6. (b) Name of husband or wife Edward  
6. (a) Single, widowed, married, divorced widowed  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 10 1882  
8. AGE Years Months Days If less than 1 day  
66 0 8 hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Samaritan Idaho (City or town) (State or foreign country)

12. Name Margaret Williams

13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

14. Maiden name Rebecca Williams

15. Birthplace West Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Florence Emery  
and Address Bigby Idaho

17. (a) Burial (b) Date thereof May 22 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Shelton

18. Funeral Director's OWN Signature W. B. Chappell  
and Address Bigby Idaho

19. (a) June 10 1948 (b) W. B. Chappell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 18 1948  
at 5:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from act. 30 1945 to May 18 1948  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Curricular fibrillation Duration 2 yrs.

Due to Hypertension 240/140 8 yrs.

Due to \_\_\_\_\_

Other conditions: diabetes mellitus 1 1/2 yrs.

Where was disease contracted? at home

Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Chas. Hall, M.D.

and Address Bigby Idaho (M.D. or other) Date 5/19 1948  
(for additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 14 1948

# Certificate Of Death

STATE OF IDAHO

748 State File No. 1833  
Local Reg. No. 24  
Reg. Dist. No. 6

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Menan  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution X Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Menan  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 Day ~~year~~  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME Richard Jarvis Freeman

3. (b) If veteran, name war ..... No. ....  
5. Color or race White  
4. Sex Male  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) November 4th, 1943

8. AGE	Years	Months	Days	If less than 1 day
	<u>4</u>	<u>6</u>	<u>22</u>	hrs min.

9. Exact Occupation Child Did this work for ..... yrs.  
10. Industry or Business Salt Lake City, Utah Date last worked .....  
11. Birthplace (City or town) (State or foreign country)

- Mother Father {  
12. Name Jarvis Freeman  
13. Birthplace Rexburg, Idaho (City or town) (State or foreign country)  
14. Maiden name Mable Thomasson  
15. Birthplace Thornton, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Richard Freeman  
and Address Salt Lake City, Utah

17. (a) Burial (b) Date thereof May 29th, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burton

18. Funeral Director's OWN Signature William O. Hansen  
and Address St. Anthony, Idaho

19. (a) June 10 1948 (b) Mrs. S. E. Echemell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 26th, 1948 19.....  
(Month, Day, Year) at One o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19....., to May 26, 1948

I last saw him alive on 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

thawming  
Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....

Occurred May 26, 1948 City, county, state Menan, Jefferson Co., Idaho

where violence occurred menan, Jefferson Co., Idaho

Place of Violence: Home Farm Industry

Public Place Long Island Causeway While at work?

Means of injury thawming

23. Attendant's OWN Signature Isabel Hall, M.D.  
(M.D. or other)

and Address Richy, Idaho Date May 27, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1834  
Local Reg. No. 26  
Reg. Dist. No. 640

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Rigby  
(c) Street Address or R.F.D. No. 1  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 61 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 61 years  
(h) Former residence (city, state) Lehi, Utah.

## 3. (a) FULL NAME ELSIE MARIE BRIGGS.

3. (b) If veteran, name war X 3. (c) Social Security No. X  
5. Color or White 6. (a) Single, widowed, married, divorced widowed.  
4. Sex F.M. race White 6. (b) Name of husband or wife George  
6. (c) Age of husband or wife if alive X years  
7. Date of Birth (Month, Day, Year) March 11, 1865

8. AGE	Years	Months	Days	If less than 1 day
<u>83</u>	<u>2</u>	<u>15</u>	<u>hrs.</u>	<u>min.</u>

9. Exact Occupation Housewife Did this work for life yrs.  
10. Industry or Business Home Date last worked April-48  
11. Birthplace Lehi, Utah. (City or town) (State or foreign country)

- Father { 12. Name Alonzo D. Rhodes.  
13. Birthplace Penn. (City or town) (State or foreign country)  
Mother { 14. Maiden name Sarah Ann Bushman.  
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature E. Briggs  
and Address Burley, Idaho.  
17. (a) burial (b) Date thereof 5/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Rigby, Idaho.

18. Funeral Director's OWN Signature C. B. Churchill  
and Address Rigby, Idaho.  
19. (a) June 10/48 (b) Miss A. B. Churchill  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 26 1948  
(Month, Day, Year) at 8:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from November 1943 to May 26 1948  
I last saw her alive on May 25 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

1. Hypostatic Pneumonia Duration 5 days  
Chronic Myocarditis 5 yrs  
Due to Hypertension Indefinite  
Other conditions Senility  
(Include pregnancy within 3 months of death)

Where was disease contracted? at Home

Name of operation none Date   

Major finding   

Finding of autopsy none performed

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?

Means of injury   

23. Attendant's OWN Signature Dean Tall M.D.  
(M. D. or other) and Address Rigby, Idaho. Date 6/1 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 18 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1835  
Local Reg. No.  
Reg. Dist. No. 440

## 1. PLACE OF DEATH:

(a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No. **500 E Ave D**  
(d) Death Occurred ☒ Inside? ☐ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. **33** Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No. **500 E Ave D**  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **33** years  
(h) Former residence (city, state) **Yakima, Wash**

## 3. (a) FULL NAME **Samuel Edward Eddleman**

3. (b) If veteran, name war 3. (c) Social Security No. **519-12-2812**  
5. Color or 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Flora** 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) **June, 9. 1876**

8. AGE	Years	Months	Days	If less than 1 day
	<b>71</b>	<b>11</b>	<b>3</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for yrs.  
10. Industry or Business **Retired** Date last worked  
11. Birthplace **Eldorado Springs, Missouri** (City or town) (State or foreign country)

12. Name **Lovell E Eddleman**  
13. Birthplace **Eldorado Springs Mo** (City or town) (State or foreign country)  
14. Maiden name **Jane Wyley**  
15. Birthplace **Mo** (City or town) (State or foreign country)

16. Informant's OWN Signature **T. Flora Mue Eddleman** and Address **Jerome, Idaho**

17. (a) **Burial** (b) Date thereof **May 14. 1948** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Jerome, Idaho**

18. Funeral Director's OWN Signature **JR W. Jay** and Address **Jerome, Idaho**

19. (a) **May 14 48** (b) **L. M. Reynolds** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 094A 083E

20. DATE OF DEATH (Month, Day, Year) **May 12 19 48**  
at **2:45** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac Decompensation** Duration **6 days**  
**auricular fibrillation**

Due to **Coronary occlusion**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state

where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **Jane W. Jay** (M. D. or other) and Address **Jerome, Idaho** Date **5/12 1948** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK INK. BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUN 18 1948

STATE OF IDAHO

1948 File No. 1836  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. 440

## 1. PLACE OF DEATH:

- (a) County Jerome  
(b) City or town Jerome  
(c) Street Address or R.F.D. No. E. 1st Ave.  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. none Stayed \_\_\_\_\_ days  
(g) Lived in this county 39 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. E. 1st Ave.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Omaha, Neb.

## 3. (a) FULL NAME

Elizabeth Anguish Zahn

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. none

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William F.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) September 6, 1879

8. AGE	Years	Months	Days	hrs	min.
	68	8	15		

9. Exact Occupation housewife Did this work for 40 yrs.

10. Industry or Business housewife Date last worked \_\_\_\_\_

11. Birthplace Omaha, Nebraska (City or town) (State or foreign country)

12. Name Ed. Anguish

13. Birthplace Canada (City or town) (State or foreign country)

14. Maiden name Mary Baldwin

15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's OWN Signature J. F. Zahn and Address Jerome, Idaho

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Jerome Cemetery

18. Funeral Director's OWN Signature Ray A. Trevis and Address Jerome, Idaho

19. (a) May 24 (b) John Anguish (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

094A

20. DATE OF DEATH (Month, Day, Year) May 21 1948  
at 7:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 10-1-1947 to 5-21-1948

I last saw h.e. alive on 4-27 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary occlusion

Duration 10 min.

Due to hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

23. Attendant's OWN Signature J. F. Zahn (M. D. or other)

and Address Jerome Date 5-24 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

MAY 6 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1837  
Local Reg. No.  
Reg. Dist. No.

## PLACE OF DEATH:

- (a) County Jerome  
(b) City or town  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Hazelton  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME William J Ellinger

3. (b) If veteran, name war 2 3. (c) Social Security No. 518-30-2199  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Glenna Ellinger 6. (c) Age of husband or wife if years 22  
7. Date of Birth Nov 19. 1912  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>35</u>	<u>5</u>	<u>12</u>	hrs min.

9. Exact Occupation Farmer Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Tretna Nebraska  
(City or town) (State or foreign country)  
Mother { 12. Name Elmer Ellinger  
Father { 13. Birthplace Omaha Nebraska  
(City or town) (State or foreign country)  
14. Maiden name Effie Alkirie  
15. Birthplace Hadam Kansas  
(City or town) (State or foreign country)

16. Informant's ☒ OWN Signature Glenna R. Ellinger  
and Address Hazelton Idaho  
17. (a) Burial (b) Date thereof May 6. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Jerome, Idaho.

18. Funeral Director's OWN Signature J. R. Wiley  
and Address Jerome Idaho

19. (a) 5/6/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 1 19 48  
(Month, Day, Year) at 7:15 o'clock P M

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured Skull Duration

Due to Automobile Wreck

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation. Date  
Major finding  
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred May 1 19 48 City, county, state Jerome County Idaho  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place Highway 35 While at work?  
Means of injury Automobile Wreck

23. Attendant's OWN Signature J. R. Wiley  
(or other) and Address Jerome Idaho Date May 3 1948  
(For additional space, use reverse side)

# Wiley Funeral Home

J. R. WILEY

May 5

8

JEROME, IDAHO

1948

State Board of Health,  
Bureau Vital Statistics,  
Boise, Idaho.

Gentlemen:-

After we filed death certificate for William J. Ellinger  
who died in Jerome County May 1. 1948, we find he had a  
Social Security No 518-30-2199

We are yours truly,



Wiley Funeral Home  
Jerome, Idaho.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Jerome  
(b) City or town Jerome  
(c) Street Address or R. F. D. No. 1  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution... Other place...  
(f) Name Hosp. or Inst. none Stayed... days  
(g) Lived in this county 18 years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) Anthony, Kansas

3. (a) FULL NAME John Wesley Hall

3. (b) If veteran, name war no No. 5-46-30-869

3. (c) Social Security No. 5-46-30-869

4. Sex m race w

5. Color or divorced married

6. (b) Name of husband or wife Sally Ann

6. (c) Age of husband or wife if alive 70 years

7. Date of Birth (Month, Day, Year) April 5, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>1</u>	<u>10</u>	hrs min.

9. Exact Occupation retired Did this work for... yrs.

10. Industry or Business farmer Date last worked 1944

11. Birthplace Cumberland Co., Tenn. (City or town) (State or foreign country)

12. Name Henry Hall

13. Birthplace Cumberland Co., Tenn. (City or town) (State or foreign country)

14. Maiden name Martha Hagaman

15. Birthplace Cumberland Co., Tenn. (City or town) (State or foreign country)

16. Informant's OWN Signature Robert Hall and Address Jerome, Idaho

17. (a) burial (b) Date thereof 5-19-48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Funeral Home, Jerome, Idaho

18. Funeral Director's OWN Signature John L. Harris and Address Jerome, Idaho

19. (a) May 16 (b) J. H. Reynolds  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 15, 1948  
at 8:30 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1948 to Apr 26, 1948

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac fault Duration 1 m.

Due to Coronary Thrombosis 1 m.

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred Place of Violence: Home Farm Industry Public Place While at work? Means of injury

23. Attendant's OWN Signature J. Elbert and Address Jerome, Idaho Date 5-17-48  
(For additional space, use reverse side)

094A

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each answer should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1948  
State File No. 1839  
Local Reg. No. 77  
Reg. Dist. No. 120

Means of injury .....  
 23 Attendant's *William T. Wood, M.D.*  
 OWN Signature *William T. Wood, M.D.*  
 and Address *Gen. J. A. ...* Date *5-1 1945*  
 (For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. **1841**  
Local Reg. No. **77**  
Reg. Dist. No. **120**

**MAY 17 1948**

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **818 Boyd Ave**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years **5** months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Washington** (b) County **Yakima**  
(c) City or town **Selah**  
(d) Street Address or R.F.D. No. **Box 331**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? ☐  
(g) How long had deceased lived in Idaho **5 mo** years  
(h) Former residence (city, state) **Selah Wash.**

## 3. (a) FULL NAME

**JOHNSON, Anna Spphia**

3. (b) If veteran, name war **1111111111**

3. (c) Social Security No. **1111111111**

4. Sex **F** Color or **W**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **None of husband or wife**

6. (c) Age of husband or wife if alive **1111111111** years

## 7. Date of Birth

(Month, Day, Year) **Sept. 29, 1865**

8. AGE	Years	Months	Days	If less than 1 day
	<b>82</b>	<b>5</b>	<b>5</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **50** yrs.

10. Industry or Business **Own Home** Date last worked **1942**

11. Birthplace **Sweden**  
(City or town) (State or foreign country)

12. Name **Unknown**

13. Birthplace **Sweden**  
(City or town) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Sweden**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Anna Peterson**

and Address **Coeur d'Alene, Idaho**

17. (a) **Removal** (b) Date thereof **5-5-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Yakima, Washington**

18. Funeral Director's OWN Signature **Don English**

and Address **Coeur d'Alene, Idaho**

19. (a) **May 13, 1948** (b) **Mary E. Hamilton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **5-4-48** 19 **093D**  
at **9:45** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from **9-1** 19 **47**, to **5-4** 19 **48**  
I last saw him alive on **5-4** 19 **48**;

## Immediate Cause of Death:

**Hypostatic pneumonia**

## Duration

**1 day**

Due to **chronic myocarditis**

**1 year**

Due to ☐  
Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐  
Finding of autopsy ☐

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred.

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature **William T. Wood, M.D.**

and Address **Coeur d'Alene, Idaho** Date **5-5** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1842  
Local Reg. No. 78  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- MAY 17 1948
- (a) County Kootenai  
(b) City or town Coeur d' Alene  
(c) Street Address or R.F.D. No. 1806-N 4th Street  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 28 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d' Alene  
(d) Street Address or R.F.D. No. 1806-N 4th. Street  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Wallace, Idaho

## 3. (a) FULL NAME ANTON DOMINICCI LENZ

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Rosie Lenz  
6. (c) Age of husband or wife if alive 74 years  
7. Date of Birth (Month, Day, Year) June 10, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>8</u>	<u>25</u>	hrs min.

9. Exact Occupation Miner Did this work for  yrs.  
10. Industry or Business Miner Date last worked 5/8/48

11. Birthplace Palu, Austria (City or town) (State or foreign country)

12. Name George Lenz  
13. Birthplace Austria (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature George B. Lenz  
and Address 1806-N. 4th. Coeur d' Alene

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/48 (Month) (Day) (Year)  
(c) Place: St. Thomas Cemetery

18. Funeral Director's OWN Signature R. H. Barker  
and Address Coeur d' Alene, Idaho

19. (a) May 5, 1948 (Date received and filed) (b) Mary E. Hamilton (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 5, 1948 at 4:21 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 19.1946 to May 5, 1948

I last saw him alive on May 4, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Death Myocarditis - Duration 2 days -

Due to Sclerosis

Due to Sclerosis

Other conditions Sclerosis (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation Date Underline the cause to which death should be charged statistically.

Major finding PHYSICIAN

Finding of autopsy PHYSICIAN

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None

Occurred 19 City, county, state

where violence occurred City, county, state

Place of Violence: Home None Farm None Industry None

Public Place None While at work? None

Means of injury None

23. Attendant's OWN Signature R. H. Barker M.D. (M. D. or other)

and Address Coeur d' Alene, Idaho Date 5-6 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

MAY 17 1948

STATE OF IDAHO

State File No. 1843  
Local Reg. No. 79  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **1324 Lakeside**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Home Hosp** Stayed **6 Wks** days  
(g) Lived in this county **11** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene, Post Falls**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **20** years  
(h) Former residence (city, state) **Spokane Wash**

## 3. (a) FULL NAME

**MEKK LORA MAY**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Sylvias**

6. (c) Age of husband or wife if alive **83** years

7. Date of Birth (Month, Day, Year) **Feb 10,**

8. AGE	Years	Months	Days	If less than 1 day
	<b>76</b>	<b>2</b>	<b>26</b>	hrs. min.

9. Exact Occupation **House Wife** Did this work for **58** yrs.

10. Industry or Business **Own Home** Date last worked **Feb 1948**

11. Birthplace **Colfax Wash** (City or town) (State or foreign country)

12. Name **James S. Taylor**

13. Birthplace **Iowa** (City or town) (State or foreign country)

14. Maiden name **Ann Billips**

15. Birthplace **Iowa** (City or town) (State or foreign country)

16. Informant's OWN Signature **Wm. C. Meek**  
and Address **803 14th St. Coeur d'Alene**

17. (a) **Removal** (b) Date thereof **5-10-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Pullman Wash**

18. Funeral Director's OWN Signature **Mooney-English Chapel**  
and Address **Coeur d'Alene Idaho**

19. (a) **May 13, 1948** (b) **Mary E. Camacho**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **May 6 1948** 19  
at **1:00 PM** o'clock **M.**

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Thrombosis - Cerebral** Duration **48 hrs.**

Due to **Arteriosclerosis**

Due to **Coronary Artery Disease**

Due to **Diabetes mellitus** **6 years**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature **William K. Eversitt, M.D.**

(M. D. or other)

and Address **Post Falls, Ida** Date **May 10 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 17 1948

# Certificate Of Death

STATE OF IDAHO

448  
State File No. 1844  
Local Reg. No. 76  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 807-N-16th Street  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 807-N-16th Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Sandpoint, Ida.

## 3. (a) FULL NAME

Delbert Vaughn Bullock

## 3. (b) If veteran,

name war None

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ressie Bullock 6. (c) Age of husband or wife if alive 31 years

7. Date of Birth (Month, Day, Year) March 1, 1900

8. AGE	Years	Months	Days	If less than 1 day
<u>48</u>	<u>2</u>	<u>30</u>	hrs	min.

9. Exact Occupation R.E.A. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Grafton, North Dakota (City or town) (State or foreign country)

12. Name Bullock

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature James C. Canally and Address 524 DOLLAN

17. (a) Burial (b) Date thereof 5/11/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Forest Cemetery

18. Funeral Director's OWN Signature J. E. Kaiser and Address Coeur d'Alene, Idaho

19. (a) May 12, 1948 (b) May 12, 1948 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 8th 1948  
(Month, Day, Year) at 1:20 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 8 1948, to May 8 1948.

I last saw him alive on May 8 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration \_\_\_\_\_

Due to Atherosclerotic heart disease

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. E. Kaiser MD (M. D. or other)

and Address Coeur d'Alene Date May 10, 1948

(For additional space, use reverse side)

morning

348  
State File No. 1845  
Local Reg. No. 85  
Reg. Dist. No. 120

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

MAY 22 1948

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lakeside Ave.  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Lake City Gen. Stayed 10 days  
(g) Lived in this county 2 years 5 months 5 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Rathdrum  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 months years  
(h) Former residence (city, state) --

## 3. (a) FULL NAME

Claude Joe Nagel

## 3. (b) If veteran, name war

--

## 3. (c) Social Security No.

none

## 4. Sex Male Color or race White

## 5. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

--

## 6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year) March 7, 1948

8. AGE	Years	Months	Days	If less than 1 day
		<u>2</u>	<u>5</u>	hrs. min.

## 9. Exact Occupation -- Did this work for -- yrs.

## 10. Industry or Business -- Date last worked --

## 11. Birthplace Coeur d'Alene, Idaho

(City or town) (State or foreign country)

## 12. Name Carl Nagel

## 13. Birthplace Lind, Washington

(City or town) (State or foreign country)

## 14. Maiden name Violet Florence Harms

## 15. Birthplace Spokane, Washington

(City or town) (State or foreign country)

## 16. Informant's OWN Signature Carl Nagel

and Address Rathdrum, Idaho

## 17. (a) Burial (b) Date thereof 6/16/48

(Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Pine Grove Cemetery, Rathdrum

## 18. Funeral Director's OWN Signature A.B. Nelson

and Address Rathdrum, Idaho

## 19. (a) May 20, 1948 (b) May 20, 1948

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) 5/12/48 1948

at 7 o'clock P M.

## 21. I HEREBY CERTIFY, That I attended deceased from 3/7/48 to 5/12/48

I last saw him alive on 5/12 1948;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Virus Pneumonia Duration 1 week

and congenital

Due to atelectasis

Due to --

Due to --

Other conditions --

(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation none Date --

Major finding none

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? -- Suicide? -- Homicide? --

Occurred -- 19 -- City, county, state

where violence occurred --

Place of Violence: Home -- Farm -- Industry --

Public Place -- While at work? --

Means of injury --

## 23. Attendant's OWN Signature D.F. Hammy M.D.

and Address Coeur d'Alene (M. D. or other) 3/10 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.



# Certificate Of Death

United States  
Department of Commerce  
Bureau of the Census

MAY 22 1948

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Lake City Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Unknown

## 3. (a) FULL NAME EMIL W. JOHNSON

3. (b) If veteran, name war Unknown 3. (c) Social Security No. 078-05-1120  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Unknown  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Nov. 23, 1882

8. AGE	Years	Months	Days	If less than 1 day
	65	5	20	hrs min.

9. Exact Occupation Millworker Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Unknown (City or town) (State or foreign country)

- Mother Father  
12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 5/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery

18. Funeral Director's OWN Signature [Signature]  
and Address Coeur d'Alene, Idaho

19. (a) May 20, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 055E 14A

20. DATE OF DEATH (Month, Day, Year) May 13 1948  
at 9:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from May 10 1948, to May 13 1948  
I last saw h. alive on May 13 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Embolism Duration 2 hrs

Due to Cerebral Anoxia 14 days

Due to \_\_\_\_\_  
Other conditions Malignant lymphoma  
(Include pregnancy within 3 months of death)  
Lymphoma of Malignant 6 months

Where was disease contracted? \_\_\_\_\_

NAME OF OPERATION \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] (M.D. or other)

and Address 318-415 Street Coeur d'Alene Date 5-17-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1847  
Local Reg. No. 86  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 2009-N-5th. St.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 27 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 2009-N-5th. Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) Unknown

## 3. (a) FULL NAME ROBERT HENRY THOM

3. (b) If veteran, name war None 3. (c) Social Security No. No  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Amelia Thom  
6. (c) Age of husband or wife if alive 77 years  
7. Date of Birth (Month, Day, Year) September 1, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>8</u>	<u>30</u>	hrs min.

9. Exact Occupation Blacksmith Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Quebec Alberta, Canada (City or town) (State or foreign country)

12. Name Thom  
13. Birthplace Canada (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Sig Brander  
and Address Coeur d'Alene, Idaho  
17. (a) Burial (b) Date thereof 5/18/48

- (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery

18. Funeral Director's OWN Signature [Signature]  
and Address Coeur d'Alene, Idaho

19. (a) May 20, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 15th. 1948  
at 3:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 5, 1948, to May 13, 1948.  
I last saw him alive on May 14, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Drug, cardiac decompensation Duration 5 days  
Chronic myocarditis 5 yrs +

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Coeur d'Alene, Idaho Date May 18, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAY 29 1948

STATE OF IDAHO

State File No. 1848  
Local Reg. No. 88  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Lake City Stayed \_\_\_\_\_ days  
(g) Lived in this county 8 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 102-Miller Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Montana

## 3. (a) FULL NAME OLE J. WIKUM

3. (b) If veteran, name war World I  
3. (c) Social Security No. 517-18-3917  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mabel 6. (c) Age of husband or wife if alive 47 years  
7. Date of Birth (Month, Day, Year) May 18, 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>0</u>	<u>13</u>	hrs min.

9. Exact Occupation Fireman Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace McIntosh, Minnesota (City or town) (State or foreign country)  
Mother Father  
12. Name Jens Wikum  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Margaret Lee  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Joe Wikum  
and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 5/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery

18. Funeral Director's OWN Signature L. Riplinger  
and Address Coeur d'Alene, Idaho

19. (a) May 27, 1948 (b) Mary J. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 15th. 1948  
(Month, Day, Year) at 8:10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 5-27-1946 to 5-15-1948  
I last saw him alive on 5-15-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Thrombosis Duration \_\_\_\_\_  
Due to Coronary Arteriosclerosis ?

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Marked Hypertension ?  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. J. Hughes M.D.  
(M. D. or other)  
and Address Coeur d'Alene Date 5-18-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 22 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1849  
Local Reg. No. 84  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d' Alene  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Lake City Stayed 3 days  
(g) Lived in this county 45 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d' Alene  
(d) Street Address or R.F.D. No. 210-Indiana, Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Unknown

## 3. (a) FULL NAME KARL KLASON

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Emma Klason 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth September 19, 1868  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>7</u>	<u>28</u>	hrs min.

9. Exact Occupation Painter Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Vermeling Sweden  
(City or town) (State or foreign country)

- Mother Father  
12. Name Klason  
13. Birthplace Sweden  
(City or town) (State or foreign country)  
14. Maiden name Unknown Olson  
15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature H E Klason  
and Address Coeur d' Alene  
Burial

17. (a) Burial (b) Date thereof 5/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery

18. Funeral Director's OWN Signature H E Klason  
and Address Coeur d' Alene, Idaho

19. (a) May 14, 1948 (b) Wm E. Hammon  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 186 A 107 X

20. DATE OF DEATH May 17 1948  
(Month, Day, Year) at 7:15 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from May 14 1948, to May 17 1948  
I last saw him alive on May 17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchopneumonia Duration 1 day

Due to Shock from fall & broken ribs 3 days

Due to Old age  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation None Date \_\_\_\_\_  
Major finding None  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred May 14, 1948 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place X While at work? \_\_\_\_\_  
Means of injury Fell down stairs onto street

23. Attendant's OWN Signature Wm E. Hammon M.D.  
and Address Coeur d' Alene, Idaho Date 5-18-48  
(M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

JUN 7 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1850  
Local Reg. No. 93  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **412 Lkside Ave**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **LCG Hosp** Stayed **90** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **107 Cd'A**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **44** years  
(h) Former residence (city, state) **North Dakota**

## 3. (a) FULL NAME **RENSBERRY, John E.**

3. (b) If veteran, name war **WWII** 3. (c) Social Security No. **111-111111**  
4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **Unknown** years

7. Date of Birth (Month, Day, Year) **Sept 20, 1861**

8. AGE	Years	Months	Days	If less than 1 day
	<b>86</b>	<b>8</b>	<b>0</b>	hrs. min.

9. Exact Occupation **Boatman** Did this work for **20** yrs.  
10. Industry **Pleasure Craft** Date last worked **1937**  
11. Birthplace **Ontario, Canada** (City or town) (State or foreign country)

12. Name **John Rensberry** (City or town) (State or foreign country)  
13. Birthplace **Unknown** (City or town) (State or foreign country)

14. Maiden name **Susanna Hunt** (City or town) (State or foreign country)  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. H. W. Ulrich** and Address **Coeur d'Alene, Idaho**

17. (a) **Burial** (b) Date thereof **5-22-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English** and Address **Coeur d'Alene, Idaho**

19. (a) **June 3, 1948** (b) **W. W. Hamilton** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **5-20-48** (Month, Day, Year) 19\_\_\_\_\_  
at **7:15** o'clock **A** M. **2/3/48**

21. I HEREBY CERTIFY, That I attended deceased from **5/20/48** to **5/20/48** 19\_\_\_\_\_  
I last saw him alive on **5/20/48** 19\_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Arteriosclerosis, Coronary Artery Disease** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **Feb 13, 1948** 19\_\_\_\_\_  
City, county, state

where violence occurred.

Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **Fall**

23. Attendant's OWN Signature **W. W. Hamilton** (M, D or other) \_\_\_\_\_

and Address \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_\_  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
MAY 29 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1851  
Local Reg. No. 87  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution ☒ Other place...  
(f) Name Hosp. or Inst. C.D.A. Homes Stayed 4 yrs. days  
(g) Lived in this county. 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Unknown

## 3. (a) FULL NAME CARL NELSON

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex Male 5. Color, or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Christein 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 10, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>7</u>	<u>21</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Sweden (City or town) (State or foreign country)

12. Name Unknown Nelson  
13. Birthplace Sweden (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Oscar Anderson  
and Address Rt. 2 C.D.A.

17. (a) Burial (b) Date thereof 5/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Forest Cemetery

18. Funeral Director's OWN Signature J. W. Hawkins  
and Address Coeur d'Alene

19. (a) May 23, 1948 (b) Mary C. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 20 1948  
at 8:10 o'clock p.m.

21. I HEREBY CERTIFY, That I attended deceased from May 17 1948, to May 20 1948.  
I last saw him alive on May 17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Haemorrhage Duration 4 days

Due to Arteriosclerosis 10 yrs

Due to Int. hemorrh. 2 yrs  
Other conditions Heart failure  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy 0

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature J. W. Hawkins M.D.  
(M. D. or other)

and Address Ida Date 5-20-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 1852  
State File No. \_\_\_\_\_  
Local Reg. No. 92  
Reg. Dist. No. 120

1. PLACE OF DEATH JUN 7 1948  
(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lksde Ave  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. LCG Hosp Stayed 4 days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 1028 Hastings  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Canada

3. (a) FULL NAME PIERSON, James H.

3. (b) If veteran, name war //////// 3. (c) Social Security No. ////////  
5. Color or M race W  
4. Sex M race W  
6. (b) Name of husband or wife Lenore 6. (c) Age of husband or wife if alive 84 years

7. Date of Birth (Month, Day, Year) Feb. 23, 1874

8. AGE	Years	Months	Days	If less than 1 day
<u>74</u>	<u>2</u>	<u>29</u>	<u>hrs.</u>	<u>min.</u>

9. Exact Service Station Did this 15  
Occupation Operator work for \_\_\_\_\_ yrs.  
10. Industry or Own Stations Date last 1940  
Business \_\_\_\_\_ worked  
11. Birthplace Plymouth Utah  
(City or town) (State or foreign country)

Father { 12. Name James Pierson  
13. Birthplace Utah  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Eliza Davis  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's Philbert D. Pierson  
OWN Signature \_\_\_\_\_  
and Address 1411 N. 105th Seattle, Wash

17. (a) Burial (b) Date thereof May 25, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Forest Cem. Cd'A, Idaho  
18. Funeral Director's Don English  
OWN Signature \_\_\_\_\_  
and Address Coeur d'Alene, Idaho

19. (a) June 3, 1948 (b) Mary E. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 21, 1948 19\_\_\_\_  
at 2:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from May 19, 1948 to May 22, 1948  
I last saw him alive on May 22, 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Lobar Pneumonia 1 week  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's Reed Peterson M.D.  
OWN Signature \_\_\_\_\_  
and Address Coeur d'Alene, Idaho Date May 24, 1948  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 1948

# Certificate of Death

STATE OF IDAHO

1948 1854  
State File No. 94  
Local Reg. No. 120  
Reg. Dist. No.

## 1. PLACE OF DEATH:

(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **412 Lakeside**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **L.C.G. Hosp** Stayed **1** days  
(g) Lived in this county \_\_\_\_\_ 55 \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **420 Cda. Ave.**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **55** years  
(h) Former residence (city, state) **Wyoming**

## 3. (a) FULL NAME

**RUST HENRY J.**

## 3. (b) If veteran, name war

**None**

## 3. (c) Social Security No.

**None**

4. Sex **M** 5. Color **W** race \_\_\_\_\_

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lillian**

6. (c) Age of husband or wife if alive **57** years

7. Date of Birth (Month, Day, Year) **Nov 6. 1878**

8. AGE	Years	Months	Days	If less than 1 day
	<b>69</b>	<b>6</b>	<b>16</b>	hrs. min.

9. Exact Occupation **Entomologist** Did this work for **23** yrs.

10. Industry or Business **U.S. Govt.** Date last worked **1943**

11. Birthplace **Fort Sanders Mo.** (City or town) (State or foreign country)

12. Name **Judson Rust**

13. Birthplace **Salem Mass** (City or town) (State or foreign country)

14. Maiden name **Adelaide Coulter**

15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Henry J. Rust**  
and Address **Coeur d'Alene, Idaho**

17. (a) **Burial** (b) Date thereof **5-24-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Forest Centy Cda. Idaho**

18. Funeral Director's OWN Signature **Mooney-English Chapel**  
and Address **Coeur d'Alene, Idaho**

19. (a) **June 3, 1948** (b) **Mooney-English**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **5-22-48** 19\_\_\_\_  
at **4:40** o'clock **P.**

21. I HEREBY CERTIFY, That I attended deceased from **5-22** 19\_\_\_\_, to **5-22** 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **probable coronary occlusion** Duration **Immediate**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **William T. Wood, M.D.** (M. D. or other)

and Address **Coeur d'Alene, Idaho** Date **5-25** 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 1855  
Local Reg. No. 92  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lkade Ave.  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. LCG Hosp Stayed 4 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 30 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Nebraska (b) County Douglas  
(c) City or town Omaha  
(d) Street Address or R.F.D. No. 2218 Chicago  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Omaha, Nebr.

3. (a) FULL NAME TRITTEN, Arthur E.

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 505-10-9120

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine

6. (c) Age of husband or wife if alive 41 years

7. Date of Birth (Month, Day, Year) Aug. 6, 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>9</u>	<u>16</u>	hrs. min.

9. Exact Occupation Restaurateur Did this work for 7 yrs.

10. Industry or Business Own Restaurant Date last worked 2-1-48

11. Birthplace Wisner, Nebraska  
(City or town) (State or foreign country)

12. Name Pater Tritten

13. Birthplace Switzerland  
(City or town) (State or foreign country)

14. Maiden name Anna Betchen

15. Birthplace Switzerland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Arthur Tritten  
and Address 2218 Chicago. Omaha, Nebraska

17. (a) Removal (b) Date thereof 5-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Omaha, Nebraska

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) June 3, 1948 (b) Mary E. Hamelton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 5-22-48  
(Month, Day, Year) \_\_\_\_\_ 19 \_\_\_\_\_  
at 4:40 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from May 18  
10 1948 to May 22 1948  
I last saw him alive on May 22 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Empyema

Duration  
2 wks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R H Parker M.D.  
(M.D. or other) \_\_\_\_\_

and Address Coeur d'Alene, Idaho 5-24 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 7 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1856  
Local Reg. No. 91  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **1320 Lksde**  
(d) Death Occurred Inside? **x** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **x** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **N Home Hosp** Stayed **55** days  
(g) Lived in this county **40** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **1071 Govt. Way**  
(e) Deceased lived Inside? **x** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **Wisc.**

3. (a) FULL NAME **MULLEN, Mary E.**

3. (b) If veteran, name war **//////////** 3. (c) Social Security No. **//////////**  
5. Color or **//////////**  
4. Sex **FF** race **W**  
6. (b) Name of husband or wife **//////////** 6. (c) Age of husband or wife if alive **//////////** years  
7. Date of Birth (Month, Day, Year) **Sept. 15, 1869**

8. AGE	Years	Months	Days	If less than 1 day
	<b>78</b>	<b>8</b>	<b>11</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **50** yrs.  
10. Industry or Business **Own Home** Date la **2-2-48** worked  
11. Birthplace **Milladageville Penn.** (City or town) (State or foreign country)

- Father { 12. Name **Wm Bickerstaff**  
13. Birthplace **Ireland** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Jane Blair**  
15. Birthplace **Penn** (City or town) (State or foreign country)

16. Informant's OWN Signature **J. B. Mullen**  
and Address **Marina, Wn.**

17. (a) **Burial** (b) Date thereof **5-28-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene, Idaho**

19. (a) **June 3, 1948** (b) **Mary E. Mullen** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **5-26-48** 19\_\_\_\_  
(Month, Day, Year)  
at **4:00** o'clock **A** M.  
21. I HEREBY CERTIFY, That I attended deceased from 19\_\_\_\_ to 19\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Coronary Atherosclerosis** Duration **4 days**  
Due to **Same Atherosclerosis** **20 days**  
Due to \_\_\_\_\_  
Other conditions **- pleurisy Central thromb** **3 months**  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **E. Carlson M.D.** (M. D. or other)  
and Address **300 4th. Camille** Date **5-28 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUN 7 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1857  
Local Reg. No. 87  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 712-Government Way  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 46 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 712-Government Way  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME MINNIE MAY GREEN

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife James S 6. (c) Age of husband or wife if alive 90 years  
7. Date of Birth (Month, Day, Year) January 11, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>4</u>	<u>20</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Lincoln County, Missouri  
(City or town) (State or foreign country)

12. Name William Greer  
13. Birthplace St. Joseph Missouri  
(City or town) (State or foreign country)  
14. Maiden name Sally Ann Davis  
15. Birthplace Calio, Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Sue Green  
and Address 712-Government Way-CDA

17. (a) Burial (b) Date thereof 5/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery

18. Funeral Director's OWN Signature [Signature]  
and Address Coeur d'Alene, Idaho

19. (a) June 2, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 122B

20. DATE OF DEATH (Month, Day, Year) May 27 19 48  
at 1:00 o'clock P.A.M.

21. I HEREBY CERTIFY, That I attended deceased from 5/13 19 48, to 5/27 19 48  
I last saw her alive on 5/27 19 48, death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Brain hemorrhage Duration 1 day  
Due to feared infection  
feared infection relieved but  
Due to hastened from bandage  
for 2 months  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Coeur d'Alene Date 5/28 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 14 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1858  
Local Reg. No. 103  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 1215 3rd St  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 46 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 826 Govt Way  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Seattle Wn.

## 3. (a) FULL NAME

TOSH, Malinda A.

3. (b) If veteran, name 338

3. (c) Social Security No. 111111111

4. Sex F Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas

6. (c) Age of husband or wife if alive 78 years

7. Date of Birth (Month, Day, Year) May 2, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>0</u>	<u>27</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 55 yrs.

10. Industry or Business Own Home Date last worked 1939

11. Birthplace Houston Missouri (City or town) (State or foreign country)

12. Name Patrick Venable

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Mary Purdue

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Frank Martin

and Address 1215 N 3rd St. Coeur d'Alene, Ida.

17. (a) Burial (b) Date thereof 6-2-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Forest Cem. Cd'A, Idaho

18. Funeral Director's OWN Signature Don English

and Address Coeur d'Alene, Idaho

19. (a) June 14, 1948 (b) Mary G. Hummel (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 5-29-48 19\_\_\_\_  
at 8:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 5/21/48 19\_\_\_\_  
to 5/29/48 19\_\_\_\_

I last saw h. er alive on 5/29/48 19\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Chronic Myocarditis 5 years  
Hypertension 10 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Reed Benson M.D. (M. D. or other)  
and Address Coeur d'Alene Date June 1, 1948  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 22 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1859  
Local Reg. No. 82  
Reg. Dist. No. 120

1. PLACE OF DEATH: Kootenai  
(a) County Kootenai  
(b) City or town Post Falls  
(c) Street Address or R.F.D. No. -  
(d) Death Occurred Inside? - Outside? X city or town  
(e) Died at Home X Hospital - Institution - Other place -  
(f) Name Hosp. or Inst. - Stayed days  
(g) Lived in this county 35 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Kootenai  
(c) City or town Post Falls  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? - Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Pennsylvania

3. (a) FULL NAME Hilbert M. Hulme  
3. (b) If veteran, name war - 3. (c) Social Security No. none  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) August 14, 1860  
8. AGE Years Months Days If less than 1 day  
87 8 22 hrs. min.

9. Exact Occupation Surveyor Did this work for know yrs.  
10. Industry or Business Date last worked 1923?  
11. Birthplace Do not know Pennsylvania (City or town) (State or foreign country)

Father { 12. Name Do not know  
13. Birthplace Do not know (City or town) (State or foreign country)  
Mother { 14. Maiden name Do not know  
15. Birthplace Do not know (City or town) (State or foreign country)

16. Informant's OWN Signature Israel M. Applegate  
and Address Tiger Route - Caldwell, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/48 (Month) (Day) (Year)  
(c) Place Pleasant View Cemetery Post Falls

18. Funeral Director's OWN Signature A.B. Nelson Idaho  
and Address Rathdrum, Idaho

19. (a) Date received and filed May 20, 1948 (b) Registrar's signature William R. Endersby

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH 5/6 1948  
(Month, Day, Year) at 1:30 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from October 1947 to May 1948  
I last saw him alive on MAY 2 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: coronary thrombosis  
Due to Hypertensive arteriosclerosis heart disease 7 years  
Due to -  
Other conditions (Include pregnancy within 8 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred.  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
Attendant's OWN Signature William R. Endersby M.D. (M. D. or other)  
and Address Post Falls Idaho Date May 8 1948  
(For additional space, use reverse side)

1948  
State File No. 1860  
Local Reg. No. 81  
Reg. Dist. No. 120

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

MAY 17 1948

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Harrison  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 50 years 7 months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town Harrison  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state) Coube City Wash.

## 3. (a) FULL NAME

Frank Everet Smith

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. 518-10-8322

5. Color or 6. (a) Single, widowed, married,  
Sex Male race White divorced Married

6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife Rose alive 54 years

7. Date of Birth  
(Month, Day, Year) 10-16-1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>6</u>	<u>24</u>	hrs min.

9. Exact Occupation Laborer Did this work for 60 yrs.

10. Industry or Business Saw Mill Date last worked 7-1-47

11. Birthplace Pardeeville Wisconsin (City or town) (State or foreign country)

12. Name Anderson Smith

13. Birthplace unknown (City or town) (State or foreign country)

14. Maiden name Loral Stebbins

15. Birthplace Ward Massachusetts (City or town) (State or foreign country)

16. Informant's, OWN Signature Rose M Smith and Address Harrison, Idaho

17. (a) Burial (b) Date thereof 5-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Harrison, Idaho

18. Funeral Director's OWN Signature R. E. Wessay and Address St. Maries, Idaho

19. (a) 5-12-48 (b) Mary C. Hamilton  
(Date received and filed) (Registrar's Signature)

## MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH  
(Month, Day, Year) May 8, 1948 19.....  
at 12:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
5/4/48 19..... to 5/12/48 19.....  
I last saw h.i.m. alive on 5/17/48 19.....; death is  
said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary artery  
Due to hypertensive  
cardiovascular disease

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state  
where violence occurred .....  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Edouard and Address Idaho Date 5/12/48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 17 1948

# Certificate of Death

STATE OF IDAHO

148  
State File No. 1861  
Local Reg. No. 80  
Reg. Dist. No. 120

1. PLACE OF DEATH  
(a) County **Kootenai**  
(b) City or town **Coeur d'Alene,**  
(c) Street Address or R.F.D. No. **U.S. Highway #95**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place ☒  
(f) Name Hosp. or Inst. **6** Stayed **6** days  
(g) Lived in this county **6** years **6** months **6** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Post Falls**  
(d) Street Address or R.F.D. No. **6**  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **6** years  
(h) Former residence (city, state) **Redding Calif**

3. (a) FULL NAME **RICE ALEXANDER L.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **540-14-0769**

5. Color or **W** 6. (a) Single, widowed, married, divorced **Married**

4. Sex **M** race **W** 6. (c) Age of husband or wife if alive **63** years

7. Date of Birth (Month, Day, Year) **Sept 16, 1890**

8. AGE	Years	Months	Days	If less than 1 day
	<b>57</b>	<b>8</b>	<b>24</b>	hrs. min.

9. Exact Occupation **Janitor** Did this work for **2** yrs.

10. Industry or Business **Naval Supply** Date last worked **1947**

11. Birthplace **Spring Valley Minn.** (City or town) (State or foreign country)

12. Name **George Rive**

13. Birthplace **Unknown** (City or town) (State or foreign country)

14. Maiden name **Mary Johnson**

15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Ina L. Rice** and Address **Post Falls Idaho**

17. (a) **Burial** (b) Date thereof **5 13 48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Post Falls, Idaho**

18. Funeral Director's OWN Signature **Mooney-English Chapel** and Address **Coeur d'Alene, Idaho**

19. (a) **May 13, 1948** (b) **Myrtle Hamlet** (Date received and filed) (Registrar's Signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **May 10, 1948** at **2:00** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from **not at all** 19 **to** 19

I last saw h. **alive on** 19

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Probable coronary occlusion** Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **William T. Wood, M.D. Corcoran** and Address **Coeur d'Alene, Idaho** Date **5-20 1948** (M, D or other) (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 7 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1862  
Local Reg. No. 96  
Reg. Dist. No. 120

1. PLACE OF DEATH: Kootenai  
(a) County. Spirit Lake  
(b) City or town. Spirit Lake  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? - city or town  
(e) Died at Home ☒ Hospital - Institution - Other place -  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county. 23 years. - months. - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Kootenai  
(c) City or town. Spirit Lake  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? - city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state). Libby Montana

3. (a) FULL NAME rieliing Earl Williams

3. (b) If veteran, name war no 3. (c) Social Security No. none  
5. Color or 6. (a) Single, widowed, married, divorced married  
4. Sex Male race White  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 78 years  
Eva Clay Williams  
7. Date of Birth October 4th, 1867  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	80	7	14	hrs. min.

9. Exact Occupation Merchant Did this work for life yrs.  
10. Industry or Business Date last worked 1941  
11. Birthplace Mills County Iowa  
(City or town) (State or foreign country)

12. Name Urvin F. Williams  
13. Birthplace Do not know Kentuckey  
(City or town) (State or foreign country)  
14. Maiden name Martha Utterback  
15. Birthplace Do not know Indiana  
(City or town) (State or foreign country)

16. Informant's OWN Signature Eva C. Williams  
and Address Spirit Lake Idaho.

17. (a) Burial (b) Date thereof 5/21/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Greenwood Spirit Lake Idaho.

18. Funeral Director's OWN Signature A. B. Nelson  
and Address Rathdrum Idaho.

19. (a) June 3, 1948 (b) M. C. Samuels  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 5/18 1948  
at 5:15 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from Sept. 1948 to May 18 1948  
I last saw him alive on 5/18 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary of heart with aneurysm Duration 1 yr.

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred.  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature L. C. Fredrickson M.D.  
and Address Spirit Lake Date 5/20 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 7 1948

# Certificate of Death

STATE OF IDAHO

1548  
State File No. 1863  
Local Reg. No. 97  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Spirit Lake  
(c) Street Address or R.F.D. No. -  
(d) Death Occurred Inside? X Outside? - city or town  
(e) Died in a Home X Hospital - Institution - Other place -  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county 12 years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Spirit Lake  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? X Outside? - city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Elk, Washington

## 3. (a) FULL NAME

Lawrence Cooper Woolen

## 3. (b) If veteran, name war

-

## 3. (c) Social Security No.

519-18-2188

## 4. Sex Male Color or race White

## 5. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Cora Woolen

## 6. (c) Age of husband or wife if alive 68 years

## 7. Date of Birth July 14, 1881 (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>10</u>	<u>15</u>	hrs. min.

## 9. Exact Occupation Timberman Did this work for 26 yrs.

## 10. Industry or Business Silverton Date last worked 5/28/48

## 11. Birthplace Silverton (City or town) Oregon (State or foreign country)

## 12. Name William Woolen

## 13. Birthplace Do not know (City or town) (State or foreign country)

## 14. Maiden name Mary Cooper

## 15. Birthplace Do not know (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs Cora Woolen and Address Spirit Lake, Idaho

## 17. (a) Burial (b) Date thereof 6/2/48 (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place Forest Cemetery Coeur d'Alene

## 18. Funeral Director's OWN Signature A. B. Nelson and Address Rathdrum, Idaho

## 19. (a) June 3, 1948 (b) Mary C. Hamilton (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH May 29 19 48 (Month, Day, Year) at 8:00 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from May 28 19 48 I last saw h. i.m. alive on May 28 19 48 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute coronary thrombosis

## Duration

## Due to

## Due to

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation Date

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? Suicide? Homicide?

## Occurred 19 City, county, state where violence occurred

## Place of Violence: Home Farm Industry

## Public Place While at work?

## Means of injury

## 23. Attendant's OWN Signature Dr. C. Fredrickson MD. (M. D. or other)

## and Address Spirit Lake Date 5/31 19 48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 19 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1864  
Local Reg. No. 56  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 17 days  
(g) Lived in this county 47 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. Idaho Hotel  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Edward Kitts

3. (b) If veteran, name war ..... No. ....  
5. Color or race W  
4. Sex Male  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mabelle  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) July 10, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>9</u>	<u>25</u>	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.  
10. Industry or Business Farming Date last worked 1941  
11. Birthplace (City or town) (State or foreign country)

12. Name Francis Kitts  
13. Birthplace Canada  
14. Maiden name Elizabeth McDermott  
15. Birthplace Canada

16. Informant's OWN Signature Mrs. Ed Kitts  
and Address Moscow, Idaho

17. (a) Burial (b) Date thereof 5-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho

19. (a) 5-8-48 (b) Lois E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 5, 1948  
(Month, Day, Year) at 10:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 2 4 1940, to 5 5 1948

I last saw him alive on 5 5 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: congestive heart failure Duration one year

Due to bronchial asthma 40 years

Due to senility

Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? unknown

Name of operation none Date .....

Major finding .....

Finding of autopsy none done

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? 0 Homicide? 0  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature E. E. N. Timm  
(M. D. or other)  
and Address Moscow Idaho Date 5 7 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to 'State Bureau of Vital Statistics, Boise, Idaho.'

United States  
Department of Commerce  
Bureau of the Census

MAY 19 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1865  
Local Reg. No. 57  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

(a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. 617 Elm St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home? Hospital Institution? Other place  
(f) Name Hosp. or Inst. 29 Stayed days  
(g) Lived in this county 29 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. 617 Elm St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Robert Shirley Snyder

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Eva M. 6. (c) Age of husband or wife if alive 52 years

7. Date of Birth (Month, Day, Year) June 6, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>11</u>	<u>0</u>	hrs min.

9. Exact Occupation Agriculture Chemist Did this work for 29 yrs.

10. Industry or Business U. of I. Date last worked 5-5-48

11. Birthplace Bertram (City or town) Iowa (State or foreign country)

12. Name Francis S. Snyder

13. Birthplace Unk (City or town) (State or foreign country)

14. Maiden name Eade Blaine

15. Birthplace Unk (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature] and Address Moscow, Idaho

17. (a) Burial (b) Date thereof 5-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature [Signature] and Address Moscow, Idaho

19. (a) 5-8-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 131A 094A

20. DATE OF DEATH May 6, 1948  
(Month, Day, Year) at 5:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 1938 to 5-6-48  
I last saw him alive on 4-22-48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration \_\_\_\_\_

Due to Hypertension  
cardiovascular renal  
Due to arteriosclerosis  
Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation. \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] and Address [Address]  
(M. D. or other) Date 5-7-48 19 \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1866  
Local Reg. No. 58  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

(a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 23 days  
(g) Lived in this county 22 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. 303 N. Main  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Lucy Trump

3. (b) If veteran, name war no 3. (c) Social Security No. none  
4. Sex F race W 5. Color or \_\_\_\_\_  
6. (b) Name of husband or wife James 6. (a) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) April 24, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>0</u>	<u>12</u>	hrs min.

9. Exact Occupation At home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Clay County Missouri  
(City or town) (State or foreign country)

12. Name Samuel Hisel

13. Birthplace Unk.  
(City or town) (State or foreign country)

14. Maiden name Unk

15. Birthplace Unk  
(City or town) (State or foreign country)

16. Informant's OWN Signature Herbert Hisel  
and Address MOSCOW, Idaho

17. (a) Burial (b) Date thereof 5-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: MOSCOW, Idaho

18. Funeral Director's OWN Signature J. R. Short

and Address MOSCOW, Idaho

19. (a) 5-8-48 (b) Edw. E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 6, 1948  
(Month, Day, Year) at 6:50 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 7-12-47 to 5-5-48

I last saw her alive on 5-6-48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration 1 month

due to coronary artery disease

Due to hypostatic pneumonia

Due to gangrene

Other conditions both large legs due to gangrene

(Include pregnancy within 6 months of death)

Where was disease contracted? at home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home Farm Industry

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Joseph J. Nelson

and Address MOSCOW, Idaho

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 10 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1867**  
Local Reg. No. **57**  
Reg. Dist. No. **200**

## 1. PLACE OF DEATH:

- (a) County **Latah**  
(b) City or town **MOSCOW**  
(c) Street Address or R.F.D. No. **X**  
(d) Death Occurred Inside? **X** Outside? **city or town**  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Inst. **Gritman** Stayed **8** days  
(g) Lived in this county **46** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Latah**  
(c) City or town **MOSCOW**  
(d) Street Address or R.F.D. No. **216 E. 2nd. Ave**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **46** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME **Josephine Henrietta Wiley**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **F** 5. Color **W** 6. (a) Single, widowed married, divorced **widowed**  
6. (b) Name of husband or wife **deceased** 6. (c) Age of husband or wife if alive **deceased** years  
7. Date of Birth (Month, Day, Year) **October 10, 1872**  
8. AGE Years **75** Months **7** Days **1** If less than 1 day hrs min.

9. Exact Occupation **at home** Did this work for yrs.  
10. Industry or Business **worked** Date last worked  
11. Birthplace **Wisconsin** (City or town) (State or foreign country)

12. Name **Magnus Swanson**  
13. Birthplace **Sweden** (City or town) (State or foreign country)  
14. Maiden name **Hannah Knutesethorpe**  
15. Birthplace **Sweden** (City or town) (State or foreign country)

16. Informant's OWN Signature **John H. Bence** and Address **216 East 2nd, Moscow**  
17. (a) **Burial** (b) Date thereof **5-13-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Palouse, Washington**

18. Funeral Director's OWN Signature **H. R. Short** and Address **MOSCOW, Idaho**

19. (a) **5-14-48** (b) **L. E. Anderson** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **May 11, 1948** (Month, Day, Year) at **9:10** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **8-12-48**, to **5-11-48**. I last saw her alive on **5-11-48**. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Left cerebral hemorrhage** Duration **1 week**

Due to **cerebral arteriosclerosis**

Due to **diabetes mellitus**

Other conditions **probable cause of cerebrospinal**

Where was disease contracted? **PHYSICIAN**

Name of operation **Underline the cause to which death should be charged statistically.**

Major finding **Physician**

Finding of autopsy **Physician**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **—** Suicide? **—** Homicide? **—**

Occurred **—** 19 **—** City, county, state

where violence occurred **—**

Place of Violence: Home **—** Farm **—** Industry **—**

Public Place **—** While at work? **—**

Means of injury **—**

23. Attendant's OWN Signature **Joseph Wilson**

and Address **MOSCOW, Idaho** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
JUN 10 1948

*Culp*  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. 1868  
Local Reg. No. 60  
Reg. Dist. No. 200

1. PLACE OF DEATH:

(a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Gritman Stayed 3 days  
(g) Lived in this county 39 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Bovill  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME William H. Galloway

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) December 13, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>5</u>	<u>3</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Carpenter Date last worked 1929  
11. Birthplace Lane County Oregon  
(City or town) (State or foreign country)

Mother Father  
12. Name Unk.  
13. Birthplace Unk.  
(City or town) (State or foreign country)  
14. Maiden name Unk.  
15. Birthplace Unk.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Nellie Roach  
and Address Spokane, Washington

17. (a) Burial (b) Date thereof 5-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature A. R. Short  
and Address Moscow, Idaho

19. (a) 5-19-48 (b) Lois E. Anderson  
(Date received and filed) (Registrar's signature)

*083A*  
MEDICAL CERTIFICATE OF DEATH *097X*

20. DATE OF DEATH (Month, Day, Year) May 16, 1948 19\_\_\_\_  
at 11:55 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 7 Feb 1948 to 16 May 1948

I last saw him alive on 16 May 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Cerebro-vascular accident 3

Due to arterio-sclerosis years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Clyde Culp (M. or other)

and Address Moscow, Idaho Date 18 May 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1869  
Local Reg. No. 63  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. 412 S. Asbury  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 52 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Moscow  
(d) Street Address or R.F.D. No. 412 S. Asbury  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Mertilla Grace Bell

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex F 5. Color W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Charles D. 6. (c) Age of husband or wife if alive Deceased years

7. Date of Birth (Month, Day, Year) April 18, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>1</u>	<u>3</u>	hrs min.

9. Exact Occupation At home Did this work for years  
10. Industry or Business worked Date last worked  
11. Birthplace Grant City Missouri (City or town) (State or foreign country)

12. Name William Watson  
13. Birthplace Ill. (City or town) (State or foreign country)  
14. Maiden name Rebecca Clarke  
15. Birthplace Unk (City or town) (State or foreign country)

16. Informant's OWN Signature M. Jay Bell  
and Address 207 Whitman Pullman W

17. (a) Burial (b) Date thereof 5-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature R. R. ...  
and Address Moscow, Idaho

19. (a) 5-25-48 (b) Louis E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 21, 1948  
(Month, Day, Year) at 7:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3-18-1937 to 5-21-1948  
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic pneumonia Duration

Due to Cerebral pneumonia

Due to Stroke

Other condition: Stroke

(Include pregnancy within 3 months of death)

Where was disease contracted? Physician

Name of operation Date

Major finding Underline the cause to which death should be charged statistically.

Finding of autopsy Physician

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 4 Suicide? 7 Homicide? 7  
Occurred 4-24-48 City, county, state where violence occurred Idaho

Place of Violence: Home + Farm - Industry -

Public Place - While at work? -

Means of injury Fell on side walk

23. Attendant's OWN Signature Joseph E. Anderson

and Address Moscow, Idaho Date 5-25-48

(For additional space, use reverse side)



United States  
Department of Commerce  
Bureau of the Census

JUN 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1870  
Local Reg. No. 61  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 3 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Bovill  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1/2 day years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Nancy Kay Hays

3. (b) If veteran, None name war 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 23, 1948

8. AGE	Years	Months	Days	If less than 1 day
	---	---	---	9 hrs 50 min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business None Date last worked \_\_\_\_\_  
11. Birthplace MOSCOW, Idaho (City or town) (State or foreign country)

12. Name George H. Hays  
13. Birthplace Bovill Idaho (City or town) (State or foreign country)  
14. Maiden name Elaine J. Isaacson  
15. Birthplace St. Maries Idaho (City or town) (State or foreign country)

16. Informant's X OWN Signature George H Hays  
and Address Bovill Idaho

17. (a) Burial (b) Date thereof 5-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: MOSCOW, Idaho

18. Funeral Director's OWN Signature W. R. Smith  
and Address MOSCOW, Idaho

19. (a) 5-25-48 (b) Lois E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 24, 1948  
(Month, Day, Year) at 1:50 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 3/28 1948, to 5/24/48 1948.  
I last saw him alive on 5/24/48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Fracture Duration \_\_\_\_\_

Due to Baby

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Doyle M. Luhr

and Address MOSCOW, Idaho (M. D. or other)

Date 5-25-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1871  
Local Reg. No. 62  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 60 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. 520 S. Wn.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME William LeRoy Rogers

3. (b) If veteran, name war None 3. (c) Social Security No. 519-09-5661  
4. Sex M race W 5. Color of W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Augusta 6. (c) Age of husband or wife if alive 62 years  
7. Date of Birth (Month, Day, Year) November 26, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>5</u>	<u>28</u>	hrs min.

9. Exact Occupation Barber Did this work for 44 yrs.  
10. Industry or Business Concordia Kansas Date last worked 5-23-48  
11. Birthplace (City or town) (State or foreign country)

- Mother Father  
12. Name Milton Maroni Rogers  
13. Birthplace (City or town) (State or foreign country) Unk  
14. Maiden name Thana Gunter  
15. Birthplace (City or town) (State or foreign country) Unk

16. Informant's OWN Signature W. Wilson Rogers  
and Address Moscow, Idaho

17. (a) Burial (b) Date thereof 5-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: MOSCOW, Idaho

18. Funeral Director's OWN Signature W. R. Short  
and Address Moscow, Idaho

19. (a) 5-25-48 (b) Lain E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 24, 1948  
(Month, Day, Year) at 9:05 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 4-15-1948 to 5-24-1948  
I last saw him live on 5-24-1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 131A

Due to Coronary artery disease

Due to Hypertensive crisis  
Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_  
Major finding none  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Joseph J. Wilson M.D.  
and Address Moscow, Idaho (M. D. or other) 5-25-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1872  
Local Reg. No. 64  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Julietta  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Julietta  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Eureka, Montana

## 3. (a) FULL NAME

LEEMAN ROBERT COOLEY

3. (b) If veteran, name war no  
3. (c) Social Security No. 519-30-8820  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 5, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>11</u>	<u>19</u>	hrs min.

9. Exact Occupation Farmer Did this work for 40 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1946  
11. Birthplace Willamina, Oregon  
(City or town) (State or foreign country)

- Mother Father { 12. Name Leeman Leeander Cooley  
13. Birthplace \_\_\_\_\_ Ohio  
(City or town) (State or foreign country)  
14. Maiden name Sevilla Earl  
15. Birthplace Albany Oregon  
(City or town) (State or foreign country)

16. Informant's OWN Signature Leeman Earl  
and Address Julietta Ida

17. (a) Removal (b) Date thereof May 29, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Normal Hill Cemetery

18. Funeral Director's Brower-Wann  
OWN Signature by H. H. Malcom  
and Address 1434 Main-Lewiston, Idaho

19. (a) 6-7-48 (b) Lois L. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 26 19 48  
at 2:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 26, 1948, to May 26, 1948.  
I last saw him alive on May 26, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration 4 1/2 hrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? Home  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. Christensen  
(M. D. or other)  
and Address Kendrick, Ida Date June 2, 1948  
(For additional space, use reverse side)

Dr. Christensen

034

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

48  
State File No. 1873  
Local Reg. No. 690  
Reg. Dist. No.

1. PLACE OF DEATH: *Terrebi Salmon*  
(a) County.....  
(b) City or town.....  
(c) Street Address or R.F.D. No.....  
(d) Death Occurred Inside? ☒ Outside?..... city or town.....  
(e) Died in a Home..... Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. *STINE* Stayed *1/4* days  
(g) Lived in this county..... years..... months..... *1/4* days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State..... (b) County.....  
(c) City or town.....  
(d) Street Address or R.F.D. No.....  
(e) Deceased lived Inside?..... Outside?..... city or town.....  
(f) Citizen of what country?.....  
(g) How long had deceased lived in Idaho?..... years  
(h) Former residence (city, state).....

3. (a) FULL NAME *"Baby" TOMMY WITHINGTON*

3. (b) If veteran, name war..... 3. (c) Social Security No. *159X*

4. Sex *M* 5. Color or race *W* 6. (a) ☒ Single widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) *4-27-48*

8. AGE	Years	Months	Days	If less than 1 day
			<i>21</i>	<i>6</i> hrs. min.

9. Exact Occupation *infant* Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace *SALMON IDAHO* (City or town) (State or foreign country)

Father { 12. Name *VIRGIL WITHINGTON*

13. Birthplace *SALMON IDA* (City or town) (State or foreign country)

Mother { 14. Maiden name *MALVIE NICHOLS*

15. Birthplace *UTAH* (City or town) (State or foreign country)

16. Informant's OWN Signature *City Withington* and Address..... *SALMON*

17. (a) ☒ (Burial, cremation, or removal) (b) Date thereof *4-28-48* (Month) (Day) (Year)

(c) Place *SALMON IDAHO*

18. Funeral Director's OWN Signature *Ray McGoldrick* and Address..... *SALMON*

19. (a) *June 1st 48* (Date received and filed) (b) *Viola Johnson* (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *4-27-48* 19.....  
at *7:40* o'clock *A* M.

21. I HEREBY CERTIFY, That I attended deceased from *4-27* 19*48* to *4-27* 19*48*.  
I last saw him alive on *4-27* 19*48*.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Premature Birth* Duration.....

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature *R. Mulder MD* and Address..... *Salmon, Ida* Date *5-17-48* 19.....  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1874  
Local Reg. No. 690  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution ..... Other place .....  
(f) Name Hosp. or Inst. Goggins Stayed 5 days  
(g) Lived in this county 48 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 69 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

ALBERT HENRY FORD

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Mamie 6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth (Month, Day, Year) Nov. 25, 1857

8. AGE	Years	Months	Days	If less than 1 day
	90	5	6	hrs min.

9. Exact Occupation Miner Office Holder Did this work for 70 yrs.  
10. Industry or Business unknown Date last worked 1942  
11. Birthplace unknown California (City or town) (State or foreign country)

12. Name A. D. Ford  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Cara Lipa  
and Address Salmon, Idaho

17. (a) Burial (b) Date thereof May 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Salmon, Idaho

18. Funeral Director's OWN Signature Delbert C. Jones  
and Address Salmon, Idaho

19. (a) May 5-1948 (b) Viola E. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 1 19 48  
at 6 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from June 1947 to May 1 19 48  
I last saw him alive on May 1 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility Duration

- Due to Chronic Myocarditis  
Due to Arterio Sclerosis  
Other conditions (Include pregnancy within 3 months of death) Arterio Sclerosis

- Where was disease contracted? ? PHYSICIAN  
Name of operation ? Date ? Underline the cause to which death should be charged statistically.  
Major finding ?  
Finding of autopsy ?

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ? Suicide? ? Homicide? ?  
Occurred ? 19 ? City, County, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place ? While at work? ?  
Means of injury ?  
23. Attendant's OWN Signature Frank Hoggins md  
and Address Salmon, Idaho Date May 3-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce JUN 4 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 1875  
State File No.  
Local Reg. No. 690  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Salmon  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. 51 BAUGH  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Ins. Stayed days  
(g) Lived in this county 40 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Custer  
(c) City or town Challis  
(d) Street Address or R.F.D. No. 50  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

FRANCES SAUNDERS

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife alive years  
7. Date of Birth (Month, Day, Year) Oct 12, 1870

## 8. AGE

Years	Months	Days	If less than 1 day
<u>77</u>	<u>7</u>	<u>3</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Housewife Date last worked  
11. Birthplace Marionville, Kansas (City or town) (State or foreign country)  
12. Name JOSE MEYGRUNN  
13. Birthplace GERMANY (City or town) (State or foreign country)  
14. Maiden name REGINA WINKLER  
15. Birthplace GERMANY (City or town) (State or foreign country)

## 16. Informant's OWN Signature

Jake Wagner  
and Address May, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, 1948 (Month) (Day) (Year)  
(c) Place: May, Idaho

## 18. Funeral Director's OWN Signature

Ray McElrick  
and Address Salmon

19. (a) June 12, 1948 (Date received and filed) (b) Viola C. Johnson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 15<sup>th</sup> 1948  
at 11:40 o'clock AM.  
21. I HEREBY CERTIFY, That I attended deceased from 48 August 23 1947, to May 15 1948.  
I last saw her alive on May 15 1945; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: A chronic intestinal obstruction, possibly malignant.  
Due to Terminal event lasted 12 hours

- Due to  
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)  
affecting pedal extremities ???  
Where was disease contracted? Custer County  
Name of operation None Date  
Major finding  
Finding of autopsy None made  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home 19 Farm 19 Industry 19  
Public Place 19 While at work? 19  
Means of injury 19  
23. Attendant's OWN Signature Stratton  
and Address Salmon, Idaho Date 5/20/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 4 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1876  
Local Reg. No. 690  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town Salmon Idaho  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? yes Outside? ..... city or town  
(e) Died in a Home? yes Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 18 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. Box 517  
(e) Deceased lived Inside? yes Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? all of life years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Ollie Francis Sureau

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex female race white

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife  
Russell Sureau

6. (c) Age of husband or wife if  
alive 34 years

7. Date of Birth  
(Month, Day, Year) December 16th, 1921

AGE	Years	Months	Days	If less than 1 day
<u>26</u>		<u>4</u>	<u>7</u>	hrs. min.

9. Exact Occupation miner Did this work for yes yrs.

10. Industry or Business Hannibal Date last worked

11. Birthplace mo. (City or town) (State or foreign country)

12. Name Clarence Nutt

13. Birthplace Joplin mo. (City or town) (State or foreign country)

14. Maiden name Elizabeth Gillum

15. Birthplace Oklahoma (City or town) (State or foreign country)

16. Informant's OWN Signature Russell Sureau

and Address Salmon Idaho

17. (a) Salmon Idaho (b) Date thereof May 24 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Salmon Cemetery

18. Funeral Director's OWN Signature Ray M. Goldrick

and Address Salmon Idaho

19. (a) June 1st 1948 (b) Kiolo Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 22 1948  
(Month, Day, Year) at 6 P.M.

21. I HEREBY CERTIFY, That I attended deceased from August  
1947 to May 22 1948

I last saw h. on alive on May 22 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

1. Tuberculosis

Due to 2. Chronic Pleurular Nephritis

Due to 3. Purpura hemorrhagica

Other conditions .....  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ..... Date

Major finding .....  
Finding of autopsy .....

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work?

Means of injury .....

23. Attendant's OWN Signature Phyllis Rogers

and Address Salmon Idaho Date May 22 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1877  
Local Reg. No. 690  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Higgins Hospital Stayed 79 days  
(g) Lived in this county 7 years 7 months 7 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State State (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Kan.

## 3. (a) FULL NAME

Mrs. Ruth Marie Dutton

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

578-30-6614

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced

6. (b) Name of husband or wife  
Edward Dutton

6. (c) Age of husband or wife if  
alive 79 years

7. Date of Birth  
(Month, Day, Year) 2-1-1901

8. AGE	Years	Months	Days	If less than 1 day
<u>41</u>	<u>41</u>	<u>8</u>	<u>7</u>	hrs. min.

9. Exact Occupation House wife Did this work for 18 yrs.

10. Industry or Business Laundry 12 yrs Date last worked 9-29-47

11. Birthplace Opolis Kan.  
(City or town) (State or foreign country)

12. Name David Ankrum

13. Birthplace Kan.  
(City or town) (State or foreign country)

14. Maiden name Hellie Elliott

15. Birthplace Kans  
(City or town) (State or foreign country)

16. Informant's OWN Signature W. W. Ankrum

and Address Salmon Idaho

17. (a) Burial (b) Date thereof May 28 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Salmon Idaho 5-28-48

18. Funeral Director's OWN Signature Ray M. Aldrich

and address Salmon Idaho

19. (a) June 1 1948 (b) Viola Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 25th 1948  
(Month, Day, Year)  
at 1-45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan  
1948 to May 25 1948  
I last saw h. a alive on May 25 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: P. Rheumatic heart  
Due to disease

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation - Date -  
Major finding -

Finding of autopsy -

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? - Suicide? - Homicide? -  
Occurred - 19 - City, county, state  
where violence occurred -

Place of Violence: Home - Farm - Industry -  
Public Place - While at work? -

Means of injury -  
23. Attendant's OWN Signature Thelma Higgins MD  
(M. D. or other)  
and Address Salmon Date 5-25-48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1878  
Local Reg. No. 290  
Reg. Dist. No. 480

## 1. PLACE OF DEATH

- (a) County Lincoln  
(b) City or town Shoshone  
(c) Street Address or R. F. D. No. R.F.D. 1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 21 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lincoln  
(c) City or town Shoshone  
(d) Street Address or R.F.D. No. R.F.D. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? Idaho - U.S.  
(g) How long had deceased lived in Idaho? 21 mo years  
(h) Former residence (city, state) Shoshone - Idaho

## 3. (a) FULL NAME

Cheryl Lynn Nebeker

## 3. (b) If veteran,

name war L

## 3. (c) Social Security

No. L

5. Color of white  
6. (a) Single, widowed, married, divorced infant  
6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive None years

## 7. Date of Birth (Month, Day, Year)

Aug - 12 - 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>21</u>	<u>3</u>	<u>hrs</u>	<u>min.</u>

9. Exact Occupation infant Did this work for X yrs.

10. Industry or Business X Date last worked X

11. Birthplace Gooding - Idaho  
(City or town) (State or foreign country)

12. Name J. F. Nebeker

13. Birthplace Hyrum - Utah  
(City or town) (State or foreign country)

14. Maiden name Mary Jane Sucker

15. Birthplace Rushville - Ill.  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. F. Nebeker  
and Address Shoshone - Idaho

17. (a) Burial (b) Date thereof May - 18 - 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Shoshone - Idaho

18. Funeral Director's OWN Signature Myrtle C. Burdett  
and Address Shoshone - Idaho

19. (a) May - 17 - 48 (b) Myrtle C. Burdett  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) May - 15 - 1948

- at 10:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from did not attend 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute respiratory failure Duration 3 min.

Due to Ruptured vessels - multiple cranial injuries

Due to Fractured skull

Other conditions Auto accident  
(Include pregnancy within 3 months of death)

auto struck child

Where was disease contracted? PHYSICIAN

Name of operation Underline Date the cause to which death should be charged statistically.

Major finding Physician

Finding of autopsy Physician

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? None Homicide? None

Occurred May - 15 - 1948 City, county, state At home on farm

Place of Violence: Home X Farm None Industry None

Public Place None While at work? None

Means of injury skull fracture - auto accident

23. Attendant's OWN Signature Myrtle C. Burdett  
and Address Shoshone - Idaho  
(For additional space, use reverse side)

1948

1879

State File No. \_\_\_\_\_  
 Local Reg. No. 17  
 Reg. Dist. No. 630

United States  
 Department of Commerce  
 Bureau of the Census

JUN 12 1948

## Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Madison  
 (b) City or town Rexburg  
 (c) Street Address or R.F.D. No. \_\_\_\_\_  
 (d) Death Occured Inside? # Outside? \_\_\_\_\_ city or town  
 (e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. H.B. Rigby Stayed \_\_\_\_\_ days  
 (g) Lived in this county 63 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
 (c) City or town Thornton Route #1  
 (d) Street Address or R.F.D. No. \_\_\_\_\_  
 (e) Deceased lived Inside? \_\_\_\_\_ Outside? # city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 63 years  
 (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Celia Alice Hales

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none  
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Chancy Hales 6. (c) Age of husband or wife if alive 64 years  
 7. Date of Birth (Month, Day, Year) Nov. 16, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>6</u>	<u>1</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs. life  
 10. Industry or Business Home Date last worked May 5, 1948  
 11. Birthplace Archer, Madison Co., Idaho (City or town) (State or foreign country)

12. Name Hyrum B. Simmons  
 13. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)  
 14. Maiden name Anna Amanda Sibbett  
 15. Birthplace N. H. (City or town) (State or foreign country)

16. Informant's OWN Signature C. Hales  
 and Address Thornton Rte 1  
 17. (a) Burial (b) Date thereof May 20, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: Archer-Lyman Cemetery

18. Funeral Director's OWN Signature Rolland S. Riser  
 and Address Rexburg, Idaho

19. (a) 5-20-48 (b) Mr. H. E. Young  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 17, 1948  
 (Month, Day, Year) at 5:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 16, 1948 to May 17, 1948  
 I last saw her alive on May 17, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Embolism (pulmonary) Duration \_\_\_\_\_Due to Hysterectomy May 13, 1948

Due to Haemorrhage uterus (fibroid)  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
 Major finding \_\_\_\_\_  
 Finding of autopsy \_\_\_\_\_

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
 Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
 Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
 Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
 Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. B. Rigby  
 and Address Rexburg, Idaho Date May 24, 1948  
 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1880**  
Local Reg. No. **16**  
Reg. Dist. No. **630**

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Bocher  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home? X Hospital ..... Institution ..... Other place....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 44 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Bocher  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Albert Fredrick Luthy Jr.

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

4. Sex Male Color or race Cauc  
5. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Miller  
6. (c) Age of husband or wife if alive 38 years

7. Date of Birth March 16, 1904  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>1</u>	<u>22</u>	hrs min.

9. Exact Occupation Merchant Did this work for ..... yrs.

10. Industry or Business Merchant Date last worked .....

11. Birthplace Bocher, Idaho  
(City or town) (State or foreign country)

12. Name Albert F. Luthy

13. Birthplace Bocher, Idaho  
(City or town) (State or foreign country)

14. Maiden name Ellen Elizabeth Bean

15. Birthplace Stratford, England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Margaret Luthy  
and Address Bocher, Idaho

17. (a) Burial (b) Date thereof 5/11/48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Mackay, Idaho

18. Funeral Director's OWN Signature Russell Blum  
and Address Bocher, Idaho

19. (a) 5-4-48 (b) Mackay  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 8 1948  
(Month, Day, Year) at 11:30 o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from April 15 1948 to May 8 1948

I last saw him alive on May 6 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis Duration Months

Due to Myocarditis

Other conditions decompensation

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature H. B. Rigby  
and Address Bocher, Idaho Date 5-9 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN

4 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1881  
Local Reg. No. 28  
Reg. Dist. No. 50

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 13 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Rupert  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Kentucky

## 3. (a) FULL NAME

Nancy Radu Culley

093D

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. 519-24-3893

5. Color or white (a) Single, widowed, married, divorced Married  
4. Sex Female race white  
6. (b) Name of husband or wife Frank (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year) July 24 1873

8. AGE	Years	Months	Days	If less than 1 day
<u>74</u>	<u>9</u>	<u>12</u>		hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Richmond, Virginia (City or town) (State or foreign country)

12. Name Jefferson Williams

13. Birthplace Virginia (City or town) (State or foreign country)

14. Maiden name Mary Campbell

15. Birthplace Richmond, Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Adas Davis

and Address Rupert, Idaho

17. (a) Burial (b) Date thereof 5-9-48 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Shoshone 22120

18. Funeral Director's OWN Signature Robert H. Brown

and Address Rupert, Idaho

19. (a) 6-1-48 (b) E. H. Brown (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 6 1948

at 10 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 1-7-48 1948, to 5-7-48 1948

I last saw h.e.y. alive on 5-6-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure Duration \_\_\_\_\_

Due to Hypertensive

Cardiovascular disease

Due to with Cor. Arteriosclerosis

Other conditions Aplastic Anemia

(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy 8

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury 30 Valley M D

23. Attendant's OWN Signature 30 Valley M D (M.D. or other) and Address Rupert, Idaho Date May 26, 48 (For additional space, reverse)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
JUN 4 1948

# Certificate Of Death

STATE OF IDAHO

48  
State File No. 91882  
Local Reg. No. 29  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County minidoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Rupert San Stayed 1 days  
(g) Lived in this county 6 years 1 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County minidoka  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ✓ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Linda Mae Schneider 109B

## 3. (b) If veteran,

## 3. (c) Social Security

name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

April 13, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>29</u>	hrs min.

## 9. Exact Occupation

child Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

worked Date last worked \_\_\_\_\_

## 11. Birthplace

Rupert Idaho (City or town) (State or foreign country)

## 12. Name

Ralph Schneider

## 13. Birthplace

Rupert Idaho (City or town) (State or foreign country)

## 14. Maiden name

Elvora Byrnes

## 15. Birthplace

Rupert Idaho (City or town) (State or foreign country)

## 16. Informant's OWN Signature and Address

Ralph Schneider  
Rupert Idaho

## 17. (a) Burial, cremation or removal (b) Date thereof (Month) (Day) (Year)

Burial 5-12-48

## (c) Place:

Rupert Idaho

## 18. Funeral Director's OWN Signature and Address

Robert E. Johnson  
Rupert Idaho

## 19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

6-1-48 (Date received and filed) R. E. Johnson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

May 9 1948  
at 6:00 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

4-13-48 1948, to 5-9-48 19

I last saw h.e.r. alive on 5-9-48 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration \_\_\_\_\_

Due to cause unknown

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Arthur J. Walley M.D. (M. D. or other) and Address Rupert, Idaho Date May 26, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 25 1948

# Certificate Of Death

STATE OF IDAHO

K, 1948  
State File No. 1883  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Rupert Hosp Stayed 12 days  
(g) Lived in this county 16 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

Martha Emma Draper

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. no

5. Color or race white  
6. (a) Sex Female (b) Name of husband or wife Quaine  
(c) (a) Single, widowed, married, divorced married  
(c) Age of husband or wife if alive 12 years

7. Date of Birth (Month, Day, Year) June 3, 1926

8. AGE	Years	Months	Days	If less than 1 day
	<u>21</u>	<u>11</u>	<u>8</u>	hrs min.

9. Exact Occupation Housewife Did this work for 0 yrs.

10. Industry or Business Housewife Date last worked

11. Birthplace Walker, Missouri (City or town) (State or foreign country)

12. Name Elmer Dick

13. Birthplace Dorchester, Mo. (City or town) (State or foreign country)

14. Maiden name Bulah M. Reedy

15. Birthplace Eldorado, Mo. (City or town) (State or foreign country)

16. Informant's OWN Signature Elmer Dick and Address Rupert, Idaho

17. (a) Burial (b) Date thereof 5-15-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Paul 2d Ave

18. Funeral Director's OWN Signature Edna B. Gordon and Address Rupert, Idaho

19. (a) 5-24-48 (b) Edna B. Gordon (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 11, 1948 at 2:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 1948 to May 11, 1948

I last saw her alive on May 11, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute nephritis (glomerular) Duration

Due to following pregnancy

Due to hypertension

Other conditions hypertension (Include pregnancy within 3 months of death)

Where was disease contracted? hypertension

Name of operation hypertension Date

Major finding hypertension

Finding of autopsy hypertension

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?

Occurred 19 City, county, state

where violence occurred 19 City, county, state

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury While at work?

23. Attendant's OWN Signature Edna B. Gordon (M. D. or other)

and Address Rupert, Idaho Date 5-12-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 23 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1884  
Local Reg. No. 24  
Reg. Dist. No. 30

1. PLACE OF DEATH:
- (a) County Minidoka
  - (b) City or town Rupert
  - (c) Street Address or R.F.D. No. 816 7th
  - (d) Death Occured Inside? ☒ Outside? ☐ city or town
  - (e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐
  - (f) Name Hosp. or Inst. ☐ Stayed ☐ days
  - (g) Lived in this county 8 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho
  - (b) County Minidoka
  - (c) City or town Rupert
  - (d) Street Address or R.F.D. No. 816 7th
  - (e) Deceased lived Inside? ☒ Outside? ☐ city or town
  - (f) Citizen of what country? US
  - (g) How long had deceased lived in Idaho? 37 years
  - (h) Former residence (city, state) Austria

3. (a) FULL NAME Joseph Fiorentini

3. (b) If veteran, name War No. 083A

5. Color or race white

6. (a) Sex M (b) Name of husband or wife Giovanne

6. (c) Age of husband or wife if alive 52 years

7. Date of Birth (Month, Day, Year) Dec 29 1885

AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>4</u>	<u>13</u>	hrs min.

9. Exact Occupation Farmer Did this work for        yrs.

10. Industry or Business worked Date last worked       

11. Birthplace Austria (City or town) (State or foreign country)

12. Name Augustine Fiorentini

13. Birthplace Austria (City or town) (State or foreign country)

14. Maiden name Barbara Dalpna

15. Birthplace Austria (City or town) (State or foreign country)

16. Informant's OWN Signature Augustine Fiorentini

and Address Rupert Idaho

17. (a) Paul (b) Date thereof 5-16-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Paul Idaho

18. Funeral Director's OWN Signature Robert E. Boardman

and Address Rupert Idaho

19. (a) 5-24-48 (b) W. B. Moore (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 12 1948

at 5 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from April 1948 to May 12

I last saw him alive on May 12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhages Duration

Due to hypertensive

Due to essential

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?       

Occurred 19 City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature W. B. Moore (M. D. or other)

and Address Rupert Idaho Date 5-12-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

48  
State File No. 1885  
Local Reg. No. 27  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- JUN 1 1948
- (a) County minidoka  
(b) City or town  Rupert   
(c) Street Address or R.F.D. No.  717 6th   
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst.  Stayed  days  
(g) Lived in this county  2.5  years   months   days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State  Idaho  (b) County  minidoka   
(c) City or town  Rupert   
(d) Street Address or R.F.D. No.  717 6th   
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?  U.S.   
(g) How long had deceased lived in Idaho?  28  years  
(h) Former residence (city, state)  Canada

## 3. (a) FULL NAME

Arthur Wellington Thomas

093D

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

4. Sex  M  5. Color or race  white  6. (a) Single, widowed, married,  divorced   
(b) Name of husband or wife   6. (c) Age of husband or wife if alive   years

## 7. Date of Birth (Month, Day, Year)

Sept 16 - 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u> 95 </u>	<u> 8 </u>	<u> 10 </u>	hrs min.

## 9. Exact Occupation

Retired

Did this work for   yrs.

## 10. Industry or Business

Laborer

Date last worked

## 11. Birthplace

(City or town)

(State or foreign country)

## 12. Name

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

Susan

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

Edith D. Wellington

## and Address

Rupert 2000

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof  5-28-48  (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature

Redding Goodman

## and Address

Rupert 2000

## 19. (a) 6-1-48

(Date received and filed)

## (b) 6-1-48

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)  May 26  19 48   
at  6:30 o'clock   P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

May 10  19 48  to  May 26  19 48   
I last saw him alive on  May 26  19 48 , death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial infarction   
 Right ventricular hypertrophy   
Due to  arteriosclerosis

## Due to

Other conditions  allergic   
(Include pregnancy within 8 months of death)

## Where was disease contracted?

Dermatitis

## Name of operation

## Major finding

## Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred   19   City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

## 23. Attendant's OWN Signature

J. H. Henry

(M. D. or other)

and Address  Rupert 2000

Date  May 26  19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

4 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1886  
Local Reg. No. 30  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Paul  
(c) Street Address or R.F.D. No. ✓  
(d) Death Occured Inside? ✓ Outside? city or town  
(e) Died in a Home? ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst. ✓ Stayed days  
(g) Lived in this county 18 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Paul  
(d) Street Address or R.F.D. No. ✓  
(e) Deceased lived Inside? ✓ Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Chicago Ill.

## 3. (a) FULL NAME

Christ Rusch

0930

## 3. (b) If veteran,

name war 2nd

## 3. (c) Social Security

No 518-05-7650

## 4. Sex

M

## 5. Color or

white

## 6. (a) Single, widowed, married,

divorced Married

## 6. (b) Name of husband or

wife Julia

## 6. (c) Age of husband or wife if

alive 60 years

## 7. Date of Birth

(Month, Day, Year) Feb. 1 - 1879

## 8. AGE

Years

Months

Days

If less than 1 day

69

3

3

hrs min.

## 9. Exact

Occupation Farmer

## Did this

work for ✓ yrs.

## 10. Industry or

Business

## Date last

worked

## 11. Birthplace

(City or town)

Russia

(State or foreign country)

## Mother

82

## 12. Name

George Rusch

## 13. Birthplace

(City or town)

Russia

(State or foreign country)

## 14. Maiden name

Rumer

## 15. Birthplace

(City or town)

Russia

(State or foreign country)

## 16. Informant's

OWN Signature Bertie Jensen

and Address Box 301 Paul Idaho

## 17. (a)

burial (Burial, cremation, or removal)

## (b) Date thereof

5-8-48 (Month) (Day) (Year)

## (c) Place:

Paul Idaho

## 18. Funeral Director's

OWN Signature Robert H. Hordson

and Address August 2nd

## 19. (a)

6-1-48 (Date received and filed)

## (b)

W. H. Hines (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 4 1948

at 4:30 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

6-15-47 19, to 6-4-48 19

I last saw him alive on 4-29-47 19; death is

said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertensive Cardiovascular Duration

Disease

Due to Cause Unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

OWN Signature A. F. Dalley

and Address Paul Idaho (M. P. or other)

Date May 26 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 6 1948

# Certificate Of Death

STATE OF IDAHO

1448  
State File No. 1887  
Local Reg. No. 29  
Reg. Dist. No. 45-0

## 1. PLACE OF DEATH:

- (a) County minidoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these).

- (a) State Idaho (b) County minidoka  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) California

## 3. (a) FULL NAME

Harry Clarence Jensen

164C

3. (b) If veteran, name war 1st world 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Carolyn 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Nov 29 1891

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <u>56</u> | <u>5</u> | <u>18</u> | hrs min.           |

9. Exact Occupation Bookkeeper Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Chicago, Ill. (City or town) (State or foreign country)

12. Name Christian Jensen

13. Birthplace Denmark (City or town) (State or foreign country)

14. Maiden name Betty W. Jensen

15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature C. B. Peters and Address Rupert, Idaho

17. (a) Buried (b) Date thereof 5-21-48 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Rupert, Idaho

18. Funeral Director's OWN Signature Regina B. Goodman and Address Rupert, Idaho

19. (a) 5-24-48 (b) W. E. Moore (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 18 1948  
at \_\_\_\_\_ o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Gunshot wound in head.  
Due to Suicide

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? yes Homicide? \_\_\_\_\_

Occurred May 18 1948 City, county, state

where violence occurred Rupert, minidoka, Id.

Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? no

Means of injury Rushes

23. Attendant's OWN Signature Alvin L. Johnson

and Address Rupert, Idaho (City or town)

Dated 5-19-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAY 17 1948

STATE OF IDAHO

1948  
State File No. 1888  
Local Reg. No. 81  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County Myer  
(b) City or town Peewee  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Ins. \_\_\_\_\_ Stayed 210 days  
(g) Lived in this county 13 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Myer  
(c) City or town Peewee  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Wallace H. Masterson

093D

## 3. (b) If veteran,

name war none

## 3. (c) Social Security

No. none

## 5. Color of

Male

## 6. (a) Single, widowed, married,

divorced

## 4. Sex

race White

## 6. (b) Name of husband or

wife \_\_\_\_\_

## 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

11 - 26 - 1854

## 8. AGE

Years 88yo

Months 5

Days 5

If less than 1 day  
hrs min.

## 9. Exact

Occupation farmer

## Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business retired

## Date last

worked \_\_\_\_\_

## 11. Birthplace

(City or town)

(State or foreign country)

## 12. Name

Hathaway Masterson

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

Nancy Hawkins

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Mrs R. L. Hamilton

and Address Lapwai, Idaho

## 17. (a) Burial

(b) Date thereof 5-3-48

(Burial, cremation, or removal)

(Month) (Day) (Year)

## (c) Place:

Peewee, Idaho

## 18. Funeral Director's

OWN Signature V. Vassay

and Address Peewee, Idaho

## 19. (a) May 10, 1948

(Date received and filed)

## (b) Donna Jean Ockert

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

5 - 1

19 48

at 10:50 o'clock 9 A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Feb. 1st 1948, to April 26 1948

I last saw h.l.m. alive on April 26 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac Ischemic -  
perforation  
Due to arteriosclerosis  
Heart disease.

## Duration

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

Date \_\_\_\_\_

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_

While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's

OWN Signature Ray W. Eastman

(M. For other)

and Address 514 W. Main St.

Date May 19, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 17 1948 **Certificate Of Death**

STATE OF IDAHO

1948  
State File No. **1889**  
Local Reg. No. **82**  
Reg. Dist. No. **220**

1. PLACE OF DEATH:

- (a) County Nezperce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Elizabeth Stayed 6 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Kamiah  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) N. Dakota

3. (a) FULL NAME HJALMER M. DRAGSETH

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 518-N-0045  
4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Gene 6. (c) Age of husband or wife if alive 52 years  
7. Date of Birth (Month, Day, Year) April 7, 1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>0</u>	<u>23</u>	hrs min.

- Exact Occupation Scaler Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Lumber Date last worked Feb. 1948  
11. Birthplace Washburn, WIS. (City or town) (State or foreign country)  
12. Name Jens Dragseth  
13. Birthplace Norway (City or town) (State or foreign country)  
14. Maiden name Marie Byerke  
15. Birthplace Norway (City or town) (State or foreign country)  
16. Informant's OWN Signature Gene Dragseth and Address Kamiah  
17. (a) Burial, cremation, or removal Burial (b) Date thereof 5-3-48 (Month) (Day) (Year)  
(c) Place: Kamiah, IDA  
18. Funeral Director's OWN Signature W. S. Douglas and Address Kamiah, IDA  
19. (a) May 18, 1948 (Date received and filed) (b) Donna J. Smith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May - 1 1948  
at 9:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 26 April 1948, to May 1 1948.  
I last saw him alive on May 1 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Encephalitis Duration 2 wks

Due to Unknown

Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? unknown  
Name of operation no Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature W. S. Douglas MD (M. D. or other)  
and Address Lewiston Idaho Date May 5, 1948  
(For additional space, use reverse side)

Douglas

486

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1890  
Local Reg. No. 83  
Reg. Dist. No. 220

MAY 17 1948

1. PLACE OF DEATH: Nez Perce  
(a) County  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days  
(g) Lived in this county years months 2 days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Latah  
(c) City or town Deary  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state)

3. (a) FULL NAME Carrie LaBolle Mallory  
3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Leslie T. 6. (c) Age of husband or wife if alive 58 years  
7. Date of Birth (Month, Day, Year) June 28, 1895  
8. AGE Years 52 Months 10 Days 9 If less than 1 day hrs min.

9. Exact Occupation Housewife Did this work for yrs.  
10. Industry or Business Own home Date last worked May 48  
11. Birthplace Deary Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Alfred LaBolle  
13. Birthplace Illinois (City or town) (State or foreign country)  
14. Maiden name Rose Tout  
15. Birthplace Iowa (City or town) (State or foreign country)  
16. Informant's OWN Signature Leslie T. Mallory and Address Deary Ida.  
17. (a) Burial (b) Date thereof 5-11-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Elwood Texas Ridge, Deary, Ida.  
18. Funeral Director's OWN Signature H. R. Short and Address Moscow, Idaho  
19. (a) May 12, 1948 (b) Donna Jean Abbott (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A 097X  
20. DATE OF DEATH May 7, 1948 (Month, Day, Year) 19. at 9:00 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from May 6 1948 to May 7 1948 I last saw her alive on May 7 1948 death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Cerebral hemorrhage Duration  
Due to Hypertension & cerebral sclerosis  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature Paul H. Hurrey (M. D. or other) and Address Latah Ida. Date May 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 17 1948

# Certificate Of Death

STATE OF IDAHO

1948 File No. 1891  
Local Reg. No. 84  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph Stayed 3 days  
(g) Lived in this county 1 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1122- Main St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) River Head, N.Y.

## 3. (a) FULL NAME JAMES W. ALLEN

3. (b) If veteran, name war No 3. (c) Social Security No. 075-05-7359  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Lillian  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) October 16, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>6</u>	<u>23</u>	hrs min.

9. Exact Occupation Landscaper Did this work for 1 yrs.  
10. Industry or Business Date last worked May 5, 48  
11. Birthplace Boone North Carolina  
(City or town) (State or foreign country)  
12. Name Edman Allen  
13. Birthplace North Carolina  
(City or town) (State or foreign country)  
14. Maiden name Jane  
15. Birthplace North Carolina  
(City or town) (State or foreign country)

16. Informant's OWN Signature M. M. Mores  
and Address 7018-13 Ave. NW Seattle Wn

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 12, 1948  
(c) Place: River Head, New York

18. Funeral Director's OWN Signature Brower-Wann by J.H. Malcom  
and Address Lewiston, Idaho

19. (a) May 12, 1948 (Date received and filed) (b) Donna Jean Eckert (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 9 19 48  
at 8:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 6 1948, to May 8 1948.  
I last saw him alive on May 8 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Fractured skull and cerebral lacerations  
Due to injury when struck by an automobile

Due to .....  
Other conditions fractured ribs  
(Include pregnancy within 3 months of death)

contusion of stomach, laceration of kidney

Where was disease contracted? Lewiston

Name of operation none Date .....

Major finding .....

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? ..... Homicide? .....

Occurred Lewiston Ida 1948 City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury automobile

23. Attendant's OWN Signature Roy W. Eastwood M.D.  
(M. D. or other)

and Address 514 Belmont Ave Date May 11, 1948

(For additional space, use reverse side)

Dr. Eastwood

670

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 17 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1892  
Local Reg. No. 85  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. 0211-23rd st  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 0211-23rd st  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

George G. Wood

092B

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or race W.  
4. Sex M

6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lillian

7. Date of Birth (Month, Day, Year) May 16, 1866

6. (c) Age of husband or wife if alive 66 years

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>11</u>	<u>27</u>	hrs min.

9. Exact Occupation retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Leavenworth Kans. (City or town) (State or foreign country)

12. Name no record

13. Birthplace (City or town) (State or foreign country)

14. Maiden name no record

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature George F. Wood

- and Address Yakima Wn.

17. (a) Buried (b) Date thereof May 15-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Lewiston Vassar-Rauls Funeral Home

18. Funeral Director's OWN Signature W. A. Vassar

- and Address Lewiston, Idaho

19. (a) May 15, 1948 (b) Donna Jean Debert (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

162B

## 20. DATE OF DEATH

(Month, Day, Year) May 13, 1948  
at 7:30 o'clock M.

## 21. I HEREBY CERTIFY, That I attended deceased from

May 12, 1948 to May 13, 1948  
I last saw him alive on April 12, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Due to Arteriosclerotic

Due to myocardial infarction

Other conditions none  
(Include pregnancy within 6 months of death)

Where was disease contracted? at home

Name of operation none Date \_\_\_\_\_

Major finding none

Finding of autopsy not done

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no

Occurred no City, county, state

where violence occurred no

Place of Violence: Home? no Farm? \_\_\_\_\_ Industry? \_\_\_\_\_

Public Place? \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury no

## 23. Attendant's OWN Signature Joseph B. Baer

and Address \_\_\_\_\_ Date May 15, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 21 1948

# Certificate Of Death

STATE OF IDAHO

48  
File No. 1893  
Local Reg. No. 1893  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 8th & Burrell  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst. Home Stayed    days  
(g) Lived in this county 8 years 0 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 8th & Burrell  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

EDWARD DONALD SCHLEIFER

3. (b) If veteran, name war no 3. (c) Social Security No. None  
5. Color or    6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) May 13, 1940

8. AGE	Years	Months	Days	If less than 1 day
	8	0	1	hrs min.

9. Exact Occupation School Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

- Mother Father  
12. Name Ed Schleifer  
13. Birthplace Missouri (City or town) (State or foreign country)  
14. Maiden name Amanda Egger  
15. Birthplace Pendleton, Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature Ed Schleifer by D.K. Malcom  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 5-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by H.H. Malcom  
and Address Lewiston, Idaho

19. (a) May 17, 1948 (b) Donna Jean Eckert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 14 19 48  
at 12:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 1, 1948, to May 14, 1948  
I last saw him alive on May 13, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Heart Failure Duration   

Due to untreated hypertension  
patient ill about 10 days  
Due to before seen by MD  
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?    PHYSICIAN     
Name of operation    Date     
Major finding     
Finding of autopsy    Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature Donna Jean Eckert (M. D. or other)  
and Address Lewiston, Idaho Date May 17, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1894  
Local Reg. No. 86  
Reg. Dist. No. 221

MAY 24 1948  
MAY 24 1948

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. Lstn Orch  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 21 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida ho (b) County NezPerce  
(c) City or town Lewiston Orch  
(d) Street Address or R.F.D. No. Rt. #2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

BLANCH GERTRUDE LAWRENCE

3. (b) If veteran, name war NO 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (c) Age of husband or wife if alive 75 years  
6. (b) Name of husband or wife William  
7. Date of Birth (Month, Day, Year) Oct. 3, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>7</u>	<u>(8)</u>	<u>11</u> hrs min.

9. Exact Occupation invalid Did this work for 10 yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Bellwood, Neb. (City or town) (State or foreign country)

12. Name William H. Snowley  
13. Birthplace Leport, Indiana (City or town) (State or foreign country)  
14. Maiden name Samantha Allen  
15. Birthplace Leport, Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Santha Lawrence  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 5-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by K.H. Malcom  
and Address Lewiston, Idaho

19. (a) May 17, 1948 (b) Dona Jean Albert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 14, 1948  
at 3:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948 to May 14, 1948  
last saw him alive on May 13, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Disease Duration 2 mo

Due to Arteriosclerosis

Due to     
Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston, Idaho  
Name of operation none Date     
Major finding     
Finding of autopsy none made

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature Dr. Braddock H. H. (M. D. or other)  
and Address Lewiston, Idaho Date 5-17-48  
(For additional space, use reverse side)

Dr. Bra    624

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 24 1948

# Certificate Of Death

STATE OF IDAHO

148  
File No. 1895  
Local Reg. No. 88  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ---  
(d) Death Occured Inside? X Outside? --- city or town  
(e) Died in a Home --- Hospital X Institution --- Other place ---  
(f) Name Hosp. or Inst. St. Joseph Stayed --- days  
(g) Lived in this county --- years --- months 2 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 2016 Main St.  
(e) Deceased lived Inside? X Outside? --- city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? --- years  
(h) Former residence (city, state) ---

## 3. (a) FULL NAME

Cristine Marie Patterson

## 3. (b) If veteran,

name war ---

## 3. (c) Social Security

No. ---

5. Color or --- 6. (a) Single, widowed, married,  
Sex Female race White divorced Single

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if  
alive --- years

7. Date of Birth  
(Month, Day, Year) 6:20 AM May 17, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>00</u>	<u>00</u>	<u>1</u>	<u>20 hrs 10 min.</u>

9. Exact Occupation --- Did this work for --- yrs.

10. Industry or Business --- Date last worked ---

11. Birthplace Lewiston, Idaho  
(City or town) (State or foreign country)

12. Name Clarence Patterson  
13. Birthplace Dannybrook, N.D.  
(City or town) (State or foreign country)  
14. Maiden name Helen Nadeline Miller  
15. Birthplace Huntington, Ind.  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature C. W. Patterson  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 5-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's  
OWN Signature Brower-Wann by H. H. Malone  
and Address Lewiston, Idaho

19. (a) May 19, 1948 (b) Donna Jean O'Leary  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) May 19, 19 48  
at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 18th 1948, to May 19, 1948.  
I last saw her alive on May 19, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 1 day

Due to hypertension

Due to hypertension

Other conditions ---  
(Include pregnancy within 3 months of death)

Where was disease contracted? ---

Name of operation --- Date ---

Major finding ---

Finding of autopsy ---

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred --- 19 --- City, county, state where violence occurred ---  
Place of Violence: Home --- Farm --- Industry ---  
Public Place --- While at work? ---  
Means of injury ---  
Attendant's  
OWN Signature J. H. Pierce (M. D. or other)  
and Address Lewiston Date 5/19 1948.  
(For additional space, use reverse side)

Dr. W. Pierce

135

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
JUN 1 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1896  
Local Reg. No. 94  
Reg. Dist. No. 220

1. PLACE OF DEATH:

(a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph's Stayed 2 days  
(g) Lived in this county 0 years 0 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 day years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Ronald Dean Martin

3. (b) If veteran, no 3. (c) Social Security No. \_\_\_\_\_

name war \_\_\_\_\_ No. \_\_\_\_\_

5. Color or 6. (a) Single, widowed, married, divorced Single  
race White

4. Sex Male 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 19, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>4 hrs 57 min.</u>

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Lewiston, Idaho.  
(City or town) (State or foreign country)

12. Name I.G. Martin  
13. Birthplace Southwick, Idaho.  
(City or town) (State or foreign country)

14. Maiden name Pauline Powell  
15. Birthplace Lenore, Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Schmal Martin  
and Address Lewiston, Idaho.

17. (a) Burial (b) Date thereof May 21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Lewiston, Idaho.

18. Funeral Director's Vassar-Rawls Funeral Home  
OWN Signature by Andrew St. Vassar  
and Address Lewiston, Idaho.

19. (a) May 27, 1948 (b) Donna Jean Ackert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 19, 1948 19\_\_\_\_  
(Month, Day, Year) at 3:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 19, 1948 to May 19, 1948  
I last saw him alive on May 19, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 7 hrs.  
7 min.

Due to Trauma

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. J. Pine (M. D. or other)  
and Address Lewiston Date May 25, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUN 1 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1897  
Local Reg. No. 93  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston,  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph's Stayed 2 days  
(g) Lived in this county 1 years 1 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston,  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A. 1 Day 1 years  
(g) How long had deceased lived in Idaho? 1 Day 1 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Donald Jean Martin

3. (b) If veteran, name war no No. ....  
5. Color or race White  
4. Sex Male (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife .... (c) Age of husband or wife if alive 1 years  
7. Date of Birth (Month, Day, Year) May 19, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>5</u> hrs <u>48</u> min.

9. Exact Occupation Teacher Did this work for 1 yrs.  
10. Industry or Business Teacher Date last worked May 19, 1948  
11. Birthplace Lewiston, Idaho. (City or town) (State or foreign country)

12. Name I. G. Martin (City or town) (State or foreign country)  
13. Birthplace Southwick, Idaho. (City or town) (State or foreign country)  
14. Maiden name Pauline Powell  
15. Birthplace Lenore, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature Donald Jean Martin  
and Address Lewiston, Idaho.

17. (a) Burial (b) Date thereof 5/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho.

18. Funeral Director's OWN Signature Vassar-Rawls Funeral Home  
by Andrew G. Vassar  
and Address Lewiston, Idaho.

19. (a) May 22, 1948 (b) Lonna Jean Ockert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 19, 1948 19 48  
at 4:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 19, 1948 to May 19, 1948  
I last saw him alive on May 19, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 7 Mors.

Due to Tuberculosis

Due to Tuberculosis  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? PHYSICIAN  
Name of operation Underline Date May 19, 1948  
Major finding Underline  
Finding of autopsy Underline  
shoud be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19  
Occurred 19 City, county, state Lewiston, Nez Perce, Idaho  
where violence occurred  
Place of Violence: Home 19 Farm 19 Industry 19  
Public Place 19 While at work? 19

Means of injury 19  
23. Attendant's OWN Signature W. H. Pinner, M.D. (M. D. or other)  
and Address Lewiston, Idaho Date 5/25, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 1 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1898**  
Local Reg. No. **75**  
Reg. Dist. No. **220**

## 1. PLACE OF DEATH:

- (a) County **Nez Perce**  
(b) City or town **Lewiston**  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? **x** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital **x** Institution... Other place...  
(f) Name Hosp. or Inst. **St. Joseph's** Stayed **3** days  
(g) Lived in this county **20** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Nez Perce**  
(c) City or town **Lewiston**  
(d) Street Address or R.F.D. No. **317-24th St N.**  
(e) Deceased lived Inside? **x** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **20** years  
(h) Former residence (city, state) **Wash.**

## 3. (a) FULL NAME

**Frank C. Tigges**

## 3. (b) If veteran,

name war **no**

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Rose Ann** 6. (c) Age of husband or wife if alive **81** years

## 7. Date of Birth

(Month, Day, Year) **Nov. 23, 1870**

## 8. AGE

Years	Months	Days	If less than 1 day
<b>77</b>	<b>5</b>	<b>28</b>	hrs min.

9. Exact Occupation **Retired** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Marathon, Wisc.**  
(City or town) (State or foreign country)

12. Name **Frank Tigges**  
13. Birthplace **Wisc.**  
(City or town) (State or foreign country)  
14. Maiden name **Sophia Hilher**  
15. Birthplace **Pa.**  
(City or town) (State or foreign country)

16. Informant's **x** **FD Tigges**  
OWN Signature \_\_\_\_\_  
and Address **322 4th St. Clarkston Wn**

17. (a) **Burial** (b) Date thereof **5/22/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Lewiston, Idaho.**

18. Funeral Director's **Vassar-Rawls Funeral Home**  
OWN Signature **by Andrew H. Vassar**  
and Address **Lewiston, Idaho.**

19. (a) **May 27, 1948** (b) **Donna J. Eckert**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **May 20, 1948** 19  
at **9 a.m.** o'clock **M.**

21. I HEREBY CERTIFY, That I attended deceased, from **my 17th** 1948, to **my 20th** 1948  
I last saw him alive on **my 20th** 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Emphysema**

## Duration

**2 days**

Due to **Emphysema**

Due to **none**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **at home**  
Name of operation **Openly** Date **May 17, 1948**  
Major finding **acute suppurative pneumonia**  
Finding of autopsy **not done**  
PHYSICIAN \_\_\_\_\_ Underline which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **no** Suicide? **no** Homicide? **no**  
Occurred **no accident** City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home **Home** Industry \_\_\_\_\_  
Public Place **no violence** While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's **Joseph B. Bardsley**  
OWN Signature \_\_\_\_\_ (M. D. or other)  
and Address \_\_\_\_\_ Date \_\_\_\_\_ 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 1 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1899  
Local Reg. No. 96  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 402-15th St  
(d) Death Occurred Inside? x Outside?    city or town  
(e) Died in a Home x Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 33 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 402-15th St  
(e) Deceased lived Inside? x Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Geraldine McKay Harris

3. (b) If veteran, name war NO No.     
5. Color or    (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Cecil (c) Age of husband or wife if alive 38 years  
7. Date of Birth (Month, Day, Year) Aug, 20, 1914

8. AGE	Years	Months	Days	If less than 1 day
	<u>33</u>	<u>9</u>	<u>0</u>	hrs min.

9. Exact Occupation at home Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Myrtle Idaho (City or town) (State or foreign country)

- Mother { 12. Name Dennis McKay  
13. Birthplace Cloud County Kansas (City or town) (State or foreign country)  
14. Maiden name Minnie A. Richardson  
15. Birthplace Lind Wash. (City or town) (State or foreign country)

16. Informant's OWN Signature Mattie Young and Address Lewiston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/48 (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's Vassar-Rayls Funeral Home  
OWN Signature by Andrew Gillman and Address Lewiston, Idaho

19. (a) May 27, 1948 (Date received and filed) (b) Corra Jean Clark (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 20, 1948 19     
at 6:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948 to 5-20-48 19 48  
I last saw h. on alive on 5/11 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Tuberculosis Duration 2 mo. 3-31-48

Due to Co. hep. failure

Due to   

Other conditions (Include pregnancy within 3 months of death) Myocardial infarction  
Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred

Place of Violence: Home    Farm    Industry     
Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Frank L. Lyle and Address Cl. Path. Lab. (M.D. or other) Date 5/25-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce JUN 1 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1900  
Local Reg. No. 89  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 1223 Idaho St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ----- Stayed ----- days  
(g) Lived in this county 30 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1223 Idaho St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) -----

3. (a) FULL NAME IRENE A. PARAMORE

3. (b) If veteran, name was No 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed married, divorced widowed  
4. Sex Female race White  
6. (b) Name of husband or wife Gert 6. (c) Age of husband or wife if alive dec. years  
7. Date of Birth (Month, Day, Year) April 15, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>1</u>	<u>5</u>	hrs min.

9. Exact Occupation House Wife Did this work for ----- yrs.  
10. Industry or Business --- Date last worked -----  
11. Birthplace Georgia (City or town) (State or foreign country)

12. Name ? Lemon  
13. Birthplace ? Unknown (City or town) (State or foreign country)  
14. Maiden name ? Unknown  
15. Birthplace ? Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature C. L. Lewiston, Idaho  
and Address -----

17. (a) Intombment (b) Date thereof 5-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by K.H. Malcom  
and Address Lewiston, Idaho

19. (a) May 24, 1948 (b) Donna Jean Eckert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 20 19 48  
at 6:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from ----- 19 -----, to ----- 19 -----

I last saw h. alive on May 20 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Heart Disease Duration -----

Due to -----

Due to -----  
Other conditions Coronary Artery  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----

Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature Donald J. Roberts (M. D. or other)  
and Address Lewiston, Idaho Date 6/23/48  
(For additional space, use reverse side)

Dr. McRoberts

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 1 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1901  
Local Reg. No. 90  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. 0228 - 22 St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Joseph Stayed days  
(g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 0228 - 22 St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 00 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

KATHERINE MARIE COLE

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Female 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) 11:08 PM May 21, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>00</u>	<u>00</u>	<u>00</u>	<u>10</u> hrs <u>42</u> min.

9. Exact Occupation  Did this work for years.  
10. Industry or Business  Date last worked   
11. Birthplace Lewiston Idaho (City or town) (State or foreign country)

12. Name Lloyd Cole  
13. Birthplace Gillette, Wyo. (City or town) (State or foreign country)  
14. Maiden name Norma Farrell  
15. Birthplace Sterling, Calo. (City or town) (State or foreign country)

16. Informant's OWN Signature Lloyd Cole  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 5-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by K.H. Malcom  
and Address Lewiston, Idaho

19. (a) May 24, 1948 (b) Donna Jean Ockert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 22, 1948  
at 9:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 21 1948 to May 22 1948  
I last saw her alive on May 22 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: apnea Duration 10 hrs

Due to Cerebral hemorrhage 1.0 hr  
Due to Disrupt labor & groups delivery  
Other conditions (Include pregnancy within 6 months of death)

Where was disease contracted?  Date  PHYSICIAN  
Name of operation  Date  Underline the cause to which death should be charged statistically.  
Major finding   
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred 19 City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature K. C. Keeler, M.D. (M. D. or other)  
and Address Lewiston Idaho Date May 23 1948  
(For additional space, use reverse side)

Dr. K.C. Keeler

537



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
STATE OF IDAHO

9548  
State File No. **1902**  
Local Reg. No. **99**  
Reg. Dist. No. **220**

**1. PLACE OF DEATH:**

- (a) County **NezPerce**  
(b) City or town **Lewiston**  
(c) Street Address or R. F. D. No. **---**  
(d) Death Occurred Inside? **X** Outside? **---** city or town  
(e) Died in a Home **---** Hospital **X** Institution **---** Other place **---**  
(f) Name Hosp. or Inst. **St. Joseph** Stayed **---** days  
(g) Lived in this county **---** years **---** months **---** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **NezPerce**  
(c) City or town **Lewiston**  
(d) Street Address or R.F.D. No. **0223-- 24th St.**  
(e) Deceased lived Inside? **X** Outside? **---** city or town  
(f) Citizen of what country? **US**  
(g) How long had deceased lived in Idaho? **5yrs** years  
(h) Former residence (city, state) **---**

**3. (a) FULL NAME** **JOHN C. Mac Donald**

3. (b) If veteran, name war **World 1** 3. (c) Social Security No. **533-14-7307**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** 6. (b) Name of husband or wife **Marilla** 6. (c) Age of husband or wife if alive **44** years  
7. Date of Birth (Month, Day, Year) **Dec. 2, 1900**

8. AGE	Years	Months	Days	If less than 1 day
	47	5	25	hrs min.

9. Exact Occupation **Railroad Switchman** Did this work for **5** yrs.  
10. Industry or Business **---** Date last worked **---**  
11. Birthplace **Grafton, N.D.** (City or town) (State or foreign country)  
Mother Father { 12. Name **Unknown**  
13. Birthplace **Unknown** (City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's **X** OWN Signature **Mrs John C Mac Donald**  
and Address **0223 24th St. Lewiston**

17. (a) **Burial** (b) Date thereof **5-29-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Lewiston, Idaho**

18. Funeral Director's OWN Signature **Brower-Wann by K. H. Walcom**  
and Address **Lewiston, Idaho**

19. (a) **May 29, 1948** (b) **Donna Jean Debut**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **May 27,** 19 **48**  
(Month, Day, Year) at **8: 7:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec 2** 19 **48**, to **May 27** 19 **48**  
I last saw him alive on **May 27, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial infarction** Duration **1 hr.**  
**Shock**

Due to **Sign of Blood clot.**

Due to **---**  
Other conditions (Include pregnancy within 3 months of death) **---**

Where was disease contracted? **---** PHYSICIAN **---**  
Name of operation **---** Date **---** Underline the cause to which death should be charged statistically.  
Major finding **---**  
Finding of autopsy **---**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **---** Suicide? **---** Homicide? **---**  
Occurred **---** 19 **---** City, county, state where violence occurred **---**  
Place of Violence: Home **---** Farm **---** Industry **---**  
Public Place **---** While at work? **---**  
Means of injury **---**

23. Attendant's OWN Signature **John E Carssow md** (M. D. or other)  
and Address **---** Date **---** 19 **---**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 1 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1903  
Local Reg. No. 98  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Clarkston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occured Inside? ☒ Outside? ----- city or town  
(e) Died in a Home ----- Hospital ----- Institution ----- Other place -----  
(f) Name Hosp. or Inst. St. Joseph Stayed 7 days  
(g) Lived in this county ----- years ----- months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. 920 7th  
(e) Deceased lived Inside? ☒ Outside? ----- city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? ----- years  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME

WILLIAM P WEISSENFELS

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. -----

5. Color or No  
6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Barbara Keisecker alive 75 years  
7. Date of Birth (Month, Day, Year) August 14, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>9</u>	<u>4</u>	hrs min.

9. Exact Occupation Farming Did this work for 70 yrs.  
10. Industry or Business Wheat Date last worked 1948  
11. Birthplace Eau Claire, Wisconsin  
(City or town) (State or foreign country)

12. Name John Weissenfels  
13. Birthplace Germany (Prussia)  
(City or town) (State or foreign country)  
14. Maiden name Henrietta Stumm  
15. Birthplace Talere, Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Fred Weissenfels  
and Address Anatone, Washington

17. (a) Removal (b) Date thereof 5/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Clarkston, Washington

18. Funeral Director's OWN Signature Mc. Merchant  
and Address Clarkston, Washington

19. (a) May 29, 1948 (b) Donna Jean Ockert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 28 19 48  
at 4:30 o'clock PM M.

21. I HEREBY CERTIFY, That I attended deceased from May 21 19 48, to May 28 19 48  
I last saw h. ----- alive on ----- 19 -----; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Post operative shock  
hemorrhage

Due to Transurethral Prostatectomy  
of prostate

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation as above Date May 28-48  
Major finding -----  
Finding of autopsy Not done

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature Kit Scott  
and Address Clarkston (M. D. or other) -----  
Date 5/29/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. 1904  
Local Reg. No. 101  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 724-9th Ave.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 28 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 724-9th Ave.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Mrs. Gertrude Hall Lyons

3. (b) If veteran, name war  No.   
5. Color or  6. (a) Single, widowed, married, divorced widowed  
4. Sex female race white  
6. (b) Name of husband or wife Alonzo L. Lyons 6. (c) Age of husband or wife if alive  years  
7. Date of Birth (Month, Day, Year) January 10, 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>89</u>	<u>4</u>	<u>20</u>	hrs min.

9. Exact Occupation housewife Did this work for  yrs.  
10. Industry or Business  Date last worked   
11. Birthplace Onarga, Illinois (City or town) (State or foreign country)

12. Name James A. Hall  
13. Birthplace New London, Conn. (City or town) (State or foreign country)  
14. Maiden name Mary A. Sherman  
15. Birthplace New London, Conn. (City or town) (State or foreign country)

16. Informant's OWN Signature A. R. Lyons  
and Address Lewiston, Idaho

17. (a) burial (b) Date thereof June 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Wm. V. Vassar  
and Address Lewiston, Idaho

19. (a) June 1, 1948 (b) Donna Eckert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 30, 1948  
at 10:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 27, 1948 to May 30, 1948  
I last saw h. or alive on May 30, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 3 days

Due to arterio sclerosis 10 yrs

Due to senility 5 yrs  
Other conditions senility (Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston  
Name of operation none Date   
Major finding none  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred 19 City, county, state   
where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature Ely Russell (At D. or other)  
and Address Lewiston, Idaho Date 6-1 19 48  
(For additional space, use reverse side)

**NON-RESIDENT**  
**Certificate Of Death**  
**STATE OF IDAHO**

1948  
State File No. **1905**  
Local Reg. No. **100**  
Reg. Dist. No. **221**

**1. PLACE OF DEATH:**

- (a) County **Nez Perce**  
(b) City or town **Lewiston Orchard**  
(c) Street Address or R.F.D. No. **4th & Stewart**  
(d) Death Occured Inside?..... Outside? **X** city or town  
(e) Died in a Home... Hospital... Institution... Other place **X**  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county..... years..... months **1** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State. **Wash** (b) County.....  
(c) City or town **Richland**  
(d) Street Address or R.F.D. No.....  
(e) Deceased lived Inside? **X**..... Outside?..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **1 day** years  
(h) Former residence (city, state) **Wash**

**3. (a) FULL NAME Claude Mason Yarber**

3. (b) If veteran, name war **W.W. 11** No. **518-01-7140**  
5. Color or 6. (a) Single, widowed, married,  
4. Sex **Male** race **White** divorced **Married**  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife **Frankie** alive **25** years  
7. Date of Birth  
(Month, Day, Year) **Nov, 4th 1915**

8. AGE	Years	Months	Days	If less than 1 day
	<b>31</b>	<b>32</b>	<b>7</b>	<b>15</b>
			hrs	min.

9. Exact Occupation **Roffer** Did this work for..... yrs.  
10. Industry or Business..... Date last worked.....  
11. Birthplace **Rockford, Wash.**  
(City or town) (State or foreign country)  
Mother Father { 12. Name **Charles Yarber**  
13. Birthplace **Leavenworth Kansas**  
(City or town) (State or foreign country)  
14. Maiden name **Gertrude J. Cluphf**  
15. Birthplace **Beaver City Neb.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Frankie A. Yarber**  
and Address **1235 - Poplar - St. Charles, Mo.**

17. (a) **Burial** (b) Date thereof **5/22/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Lewiston, Idaho.**

18. Funeral Director's **Vassar-Rawls Funeral Home**  
OWN Signature by **A. Vassar**  
and Address **Lewiston, Idaho.**

19. (a) **June 1, 1948** (b) **Donna Jean Robert**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH May 19, 1948**  
(Month, Day, Year) at **about 4:55** o'clock **P.** M.

**21. I HEREBY CERTIFY, That I attended deceased from**  
**19....., to 19.....**

I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Suffocation & crushed Chest** Duration

Due to **Car turned over on him**

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

- 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **X**..... Suicide?..... Homicide?.....**  
Occurred **May 19, 1948** City, county, state where violence occurred **Lewiston Orch, 4th Stewart**  
Place of Violence: Home..... Farm..... Industry.....  
Public Place **yes** While at work?.....  
Means of injury **same as above**

**23. Attendant's OWN Signature Andrew Vassar Coroner**  
(If other) and Address **Lewiston, Idaho.** Date **5/20 1948**  
(For additional space, use reverse side)

**170C**

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLUE or BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 1 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1906  
Local Reg. No. 97  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town 3 miles West of Spalding in  
(c) Street Address or R.F.D. No Clearwater River  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Culdesac  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME John W. Surry jr

3. (b) If veteran, name was W.W. 11 3. (c) Social Security No. 518-14-5709  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male  
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years  
7. Date of Birth (Month, Day, Year) July 5, 1918

8. AGE	Years	Months	Days	If less than 1 day
<u>29</u>	<u>10</u>	<u>20</u>	<u>hrs</u>	<u>min.</u>

9. Exact Occupation Mill hand Did this work for  yrs.  
10. Industry or Business  Date last worked   
11. Birthplace Webb, Idaho. (City or town) (State or foreign country)

12. Name John W. Surry, Sr.  
13. Birthplace Chase County, Kansas (City or town) (State or foreign country)  
14. Maiden name Edith Williams  
15. Birthplace Corrigan, Texas. (City or town) (State or foreign country)

16. Informant's OWN Signature John W Surry  
and Address Culdesac, Idaho. 5/28/48

17. (a) Burial (b) Date thereof 5/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho.

18. Funeral Director's Vassar-Rawls Funeral Home  
OWN Signature by A. Vassar  
and Address Lewiston, Idaho.

19. (a) May 27, 1948 (b) Donna Jean Ockert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 23, 1948  
at  o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw h..... alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Drowning-- Body found on North Duration

bank of river about 7 miles East Lewist

Due to Car went in to the Clearwater on some time Sunday Morning May 23, 1948

Due to

Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?  Name of operation  Date  PHYSICIAN

Major finding  Finding of autopsy Drowning Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide?  Homicide?   
Occurred May 23 1948 City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place yes While at work?   
Means of injury Car in River

23. Attendant's OWN Signature Andrew P. Vassar Coroner  
and Address Lewiston, Idaho. Date 5/26 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 1 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1907  
Local Reg. No. 92  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston,  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside?..... Outside? X.....city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place X.....  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 7 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. Box 331 B  
(e) Deceased lived Inside?..... Outside? X.....city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME CLYDE BORDERS

3. (b) If veteran, name war World War 2 No. 525-34-8118  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Loretta  
6. (c) Age of husband or wife if alive 21 years

7. Date of Birth (Month, Day, Year) OCT. 24, 1926  
8. AGE  

Years	Months	Days	If less than 1 day
<u>21</u>	<u>6</u>	<u>29</u>	hrs min.

9. Exact Occupation Lewiston Laundry Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Dry cleaners Date last worked \_\_\_\_\_  
11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

- Mother Father  
12. Name Otis Borders  
13. Birthplace Okla. (City or town) (State or foreign country)  
14. Maiden name Minnie Peel  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Davell E. Hashins  
and Address Lewiston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-48 (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature by H.H. Malcom  
and Address 1434 Main - Lewiston, Idaho

19. (a) May 23, 1948 (Date received and filed) (b) Donna Jean Ockert (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 23 1948  
at 7:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to May 23, 1948

I last saw him alive on 5-23-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crushed chest. Duration \_\_\_\_\_

Due to Tractor overturning on his body.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred May 23, 1948 City, county, state Lewiston, Nez Perce, Idaho

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? Yes

Means of injury Tractor overturned.

23. Attendant's OWN Signature A. J. White, M.D. (M. D. or other)

and Address Lewiston, Idaho Date 5-25-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUN 1 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1908  
Local Reg. No. 91  
Reg. Dist. No. 221

1. PLACE OF DEATH:  
(a) County Nez Perce  
(b) City or town Lewiston Orchards  
(c) Street Address or R.F.D. No. Rt #3 Box 343  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 8 years 0 months 0 days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston Orchards  
(d) Street Address or R.F.D. No. Rt #3 Box 343  
(e) Deceased lived Inside? Outside? # city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Cheney, Wash.

3. (a) FULL NAME Louisa Clarno  
3. (b) If veteran, name war ----- 3. (c) Social Security No. -----  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Fem race White  
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) February 29, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>2</u>	<u>25</u>	<u>---</u> hrs <u>---</u> min.

9. Exact Occupation None Did this work for --- yrs.  
10. Industry or Business None Date last worked -----  
11. Birthplace Jackson County Oregon  
(City or town) (State or foreign country)  
Mother Father { 12. Name George W. Clarno  
13. Birthplace Illinois  
(City or town) (State or foreign country)  
14. Maiden name Harriet Lyle  
15. Birthplace Looking Glass Valley Oregon  
(City or town) (State or foreign country)  
16. Informant's OWN Signature O. J. Clarno  
and Address Lewiston, Idaho  
17. (a) Removal (b) Date thereof 5/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Marshall Junction, Washington  
18. Funeral Director's OWN Signature W. S. Clarno  
and Address Clarkston, Washington  
19. (a) May 26, 1948 (b) Donna Jean Clarno  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 135B

20. DATE OF DEATH (Month, Day, Year) May 24, 1948 19 48  
at 3:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 18 19 48, to May 24 19 48  
I last saw h. or alive on May 18 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Uremia Duration 2 wks  
Urinary retention 2 mo  
Due to Paralysis, type undetermined  
involving both legs 10 yrs  
Due to -----  
Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? unk  
Name of operation none Date -----  
Major finding -----  
Finding of autopsy none  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no  
Occurred ----- 19 ----- City, county, state where violence occurred  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature W. S. Clarno (M. D. or other)  
and Address Lewiston, Idaho Date 5/25 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1909  
Local Reg. No. 102  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Peck  
(c) Street Address or R.F.D. No. Rural  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst. Home Stayed    days  
(g) Lived in this county 35 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Peck  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

HATTIE LACCOARCE DAY

092D

3. (b) If veteran, name war no 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female  
6. (b) Name of husband or wife Walter 6. (c) Age of husband or wife if alive 72 years  
7. Date of Birth (Month, Day, Year) Aug. 25, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>9</u>	<u>4</u>	hrs min.

9. Exact Occupation House Wife Did this work for    yrs.  
10. Industry or Business Farming Date last worked     
11. Birthplace Butler, Missouri (City or town) (State or foreign country)

12. Name William Doane  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Mary Dodd  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Elmer L. Doane  
and Address Kandas City, Mo.

17. (a) Burial (b) Date thereof 6-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by H. H. Malcom  
and Address Lewiston, Ida ho

19. (a) June 2, 1948 (b) Konna Jan Robert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 29, 19 48  
(Month, Day, Year)  
at 11:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1948 19    to May 29, 1948  
I last saw her alive on Apr 19, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Infant Duration     
head

Due to   

Due to   

Other conditions (Include pregnancy within 3 months of death)   

Where was disease contracted?   

Name of operation none Date   

Major finding   

Finding of autopsy   

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?

Means of injury   

23. Attendant's OWN Signature

and Address    Date   

(For additional space, use reverse side)

Dr. Lyle

149



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 10 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1910  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Owyhee  
(b) City or town Hi-way 95, ION West of  
(c) Street Address or R.F.D. No. Marsing  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county... years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Orchard Ave.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

3. (a) FULL NAME Vera J. Edwards

3. (b) If veteran, name war No.  
5. Color or 6. (a) Single, widowed, married,  
divorced  
4. Sex race  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if  
alive years  
7. Date of Birth (Month, Day, Year) March 13-1913

8. AGE	Years	Months	Days	If less than 1 day
	35	2	18	hrs min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Boise, Idaho  
(City or town) (State or foreign country)

12. Name George R. Emerson  
13. Birthplace Holt Co., Missouri  
(City or town) (State or foreign country)  
14. Maiden name Kirle A. Bayes  
15. Birthplace Stayton, Oregon  
(City or town) (State or foreign country)

16. Informant's OWN Signature George R. Emerson  
and Address 1614 Weber - Boise Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-48  
(Month) (Day) (Year)  
(c) Place: Morris Hill, Boise

18. Funeral Director's OWN Signature Peckham Dakan Chapel  
and Address Caldwell, Idaho

19. (a) June 8 1948 (b) John Frosig  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 31 19 48  
at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: fractured skull, fracture and loss of blood from scalp surface  
Due to an auto accident

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident auto Suicide? Homicide?  
Occurred May 31 19 48 City, county, state Casper Co Idaho  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
Attendant's OWN Signature George W. Warr J P  
and Address Homedale Ida Date June 21 1948  
(For additional space, use reverse side)

JUN 3 1948

CERTIFICATE OF DEATH

STATE OF IDAHO

Local Registrar's Duplicate  
Local Reg. No. 29.  
Reg. Dist. No. 3-330.

1. PLACE OF DEATH:

(a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. 1906-1st Ave. So  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital—Institution—Other place  
(f) Name Hosp. or Inst. -- Stayed -- days  
(g) Lived in this county -- years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. 1906-1st Ave. So  
(e) Deceased lived Inside? -- Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? -- years  
(h) Former residence (city, state) Schleswig, Iowa

3. (a) FULL NAME ANNA DAU CARSTENS

3. (b) If veteran, name war -- 3. (c) Social Security No. --  
5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
4. Sex female 6. (b) Name of husband or wife Henry Carstens  
6. (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) October 9, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>6</u>	<u>19</u>	<u>--</u> hrs. <u>--</u> min.

9. Exact Occupation Housewife Did this work for 50 yrs.  
10. Industry or Business Home Date last worked --  
11. Birthplace Island of Fehman, Germany (City or town) (State or foreign country)

12. Name Claus Dau  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Robert J. Hanigan  
and Address 1906-1st Ave. So, Payette, Ida

17. (a) Burial (b) Date thereof 5/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Riverside Cem., Payette, Ida.

18. Funeral Director's OWN Signature Efford R. Shaffer E-344  
and Address Payette, Idaho

19. (a) 5/5/1948 (b) J. B. Woodward  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 28, 1948  
(Month, Day, Year) at 3:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Apr 28, 1948, to Apr 28, 1948  
I last saw her alive on Apr 28, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary occlusion per hams.  
Due to Coronary occlusion per hams.  
Due to Coronary occlusion per hams.  
Other conditions Coronary occlusion per hams.  
(Include pregnancy within 3 months of death)

Where was disease contracted? Coronary occlusion per hams.  
Name of operation Coronary occlusion per hams. Date Apr 28, 1948  
Major finding Coronary occlusion per hams.  
Finding of autopsy Coronary occlusion per hams.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Coronary occlusion per hams. Suicide? Coronary occlusion per hams. Homicide? Coronary occlusion per hams.  
Occurred Apr 28, 1948, 1948 City, county, state Payette, Ida

where violence occurred Payette, Ida  
Place of Violence: Home Payette, Ida Farm Payette, Ida Industry Payette, Ida  
Public Place Payette, Ida While at work? Payette, Ida  
Means of injury Payette, Ida

23. Attendant's OWN Signature John J. Carre M.D.  
and Address Payette, Ida (M. D. or other) Payette, Ida  
(For additional space, use reverse side)

JUN 3 1948

CERTIFICATE OF DEATH

STATE OF IDAHO

148  
1912  
Local Registrar's Duplicate  
Local Reg. No. 24  
Reg. Dist. No. 3-33/

1. PLACE OF DEATH:

(a) County Payette  
(b) City or town Rural (near highway  
(c) Street Address or R. F. D. No. junction at Gayway Corner)  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home—Hospital—Institution—Other place ✓  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 50 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette  
(c) City or town New Plymouth  
(d) Street Address or R. F. D. No. -----  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Madison, Wisconsin

3. (a) FULL NAME Phebe Ella Lynch

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

5. Color or race female white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife James W. Lynch 6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) July 20, 1870

8. AGE	Years	Months	Days	If less than 1 day
<u>77</u>	<u>9</u>	<u>18</u>		hrs. min.

9. Exact Occupation Housewife Did this work for 50 yrs.

10. Industry or Business Home Date last worked 5-8-48

11. Birthplace Madison, Wisconsin  
(City or town) (State or foreign country)

12. Name S.E. Phillips

13. Birthplace Pennsylvania  
(City or town) (State or foreign country)

14. Maiden name Elizabeth Divet

15. Birthplace Wisconsin  
(City or town) (State or foreign country)

16. Informant's OWN Signature S.E. Phillips

and Address Los Angeles, California

17. (a) Burial (b) Date thereof 5-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Park View Ce.-New Plymouth, Ida.

18. Funeral Director's OWN Signature Gifford R. Shaffer - E-344

and Address Payette, Idaho

19. (a) 3/11/48 (b) J. Woodward  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 8, 1948  
(Month, Day, Year)  
at 04:00 o'clock P.A.M.

21. I HEREBY CERTIFY, That I ~~intended to~~ held inquiry ~~into the death of~~ -----  
I last saw her alive on May 8, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Severe shock  
with internal chest injuries

Due to -----

Due to -----

Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? ----- Physician -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ----- Homicide? -----

Occurred May 8, 1948 City, county, state

where violence occurred Payette County, Idaho

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury highway automobile accident

23. Attendant's OWN Signature Gifford R. Shaffer, Coroner

(M. D. or other)

and Address Payette, Ida. Date May 9, 1948

(For additional space, use reverse side)

CERTIFICATE OF DEATH

JUN 3 1948

STATE OF IDAHO

1913  
Local Registrar's Duplicate  
Local Reg. No. 23  
Reg. Dist. No. 3-391

1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town New Plymouth  
(c) Street Address or R. F. D. No. Rural  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 31 years 4 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town New Plymouth  
(d) Street Address or R. F. D. No. Rural  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) -----

3. (a) FULL NAME Lois Elaine Schrecongost

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

5. Color or 6. (a) Single, widowed, married, divorced, married  
4. Sex female race white

6. (b) Name of husband or wife Alvin Schrecongost 6. (c) Age of husband or wife ----- years

7. Date of Birth (Month, Day, Year) January 18, 1918

8. AGE	Years	Months	Days	If less than 1 day
	<u>31</u>	<u>4</u>	<u>5</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 10 yrs.

10. Industry or Business Home Date last worked 5-22-48

11. Birthplace New Plymouth, Idaho  
(City or town) (State or foreign country)

12. Name Charles Groves

13. Birthplace New Plymouth, Idaho  
(City or town) (State or foreign country)

14. Maiden name Mable Barnett

15. Birthplace Nebraska  
(City or town) (State or foreign country)

16. Informant's Alvin Schrecongost  
OWN Signature and Address New Plymouth, Idaho

17. (a) Burial (b) Date thereof 5-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Park View Cem--New Plymouth, Idaho

18. Funeral Director's Giffard R. Shaffer 6-344  
OWN Signature and Address Payette, Idaho

19. (a) 5/25/1948 (b) J. Woodward  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 23, 1948  
(Month, Day, Year) at 07:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended -----  
held inquiry ----- on May 23, 1948  
I last saw him alive on -----, 19-----; death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Stragulation

Duration

Due to Suicide by hanging

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Physician

Name of operation Date

Major finding

Finding of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred May 23, 1948. City, county, state where violence occurred New Plymouth-Payette-Idaho  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----

Means of injury Hanging

23. Attendant's

OWN Signature Giffard R. Shaffer (Cramer)

and Address Payette, Ida. Date May 25, 1948  
(For additional space, use reverse side)

CERTIFICATE OF DEATH  
STATE OF IDAHO

Local Registrar's Duplicate  
Local Reg. No. 26  
Reg. Dist. No. 330

1914

1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. 1239 N. 9th St.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital ----- Institution ----- Other place -----  
(f) Name Hosp. or Inst. ----- Stayed ----- days  
(g) Lived in this county 2 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. 1239 N. 9th St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) New Plymouth, Ida

3. (a) FULL NAME ALFRED GRANT MOORE

3. (b) If veteran, name war ----- 3. (c) Social Security No. 552-16-2677  
5. Color or race white 6. (a) Single, widowed, married, divorced married  
4. Sex Male 6. (b) Name of husband or wife Dora Moore 6. (c) Age of husband or wife if alive 66 years  
7. Date of Birth (Month, Day, Year) March 18, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>2</u>	<u>10</u>	hrs. min.

9. Exact Occupation Farmer Did this life work for ----- yrs.  
10. Industry or Business Farm Date last worked -----  
11. Birthplace Vincennes, Indiana (City or town) (State or foreign country)

12. Name Isaac Moore  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Eliza Ward  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs A G Moore  
and Address Payette, Idaho  
17. (a) Burial (b) Date thereof 6/1/48 (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place Riverside Cem., Payette, Ida.

18. Funeral Director's OWN Signature Gifford R. Shaffer  
and Address Payette, Idaho  
19. (a) 5/31/1948 (b) J. C. Woodward (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 28, 1948  
at 5:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec., 1947, to May, 1948  
I last saw him alive on May 28, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Congestive heart failure not known

Due to -----  
Due to -----  
Other conditions ----- (Include pregnancy within 3 months of death)

Where was disease contracted? ----- Physician -----  
Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy ----- Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred -----, 19----- City, county, state where violence occurred -----  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature J. C. Woodward  
and Address Payette, Ida Date 5/31/48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1915**  
Local Reg. No. **13**  
Reg. Dist. No. **500**

1. PLACE OF DEATH:

(a) County Power  
(b) City or town Am. Falls, Ida.  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Chilly Mrs. Stayed 6 days  
(g) Lived in this county 2 years 6 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bingham  
(c) City or town Abundum, Ida.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) S. Schuta

3. (a) FULL NAME Christian Frank

3. (b) If veteran, name war ☒ No. ☒  
3. (c) Social Security No. ☒

4. Sex M. 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jacobsen 6. (c) Age of husband or wife if alive 67 years  
7. Date of Birth (Month, Day, Year) Mar. 27, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>1</u>	<u>8</u>	hrs min.

MEDICAL CERTIFICATE OF DEATH **095C**

20. DATE OF DEATH (Month, Day, Year) May 5, 1948  
at 9:00 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1948, to May 5, 1948  
I last saw him alive on May 5, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Thrombosis of Duration 5 days  
tumoral artery of Torus  
Due to arteriosclerosis 8 yrs.

Due to \_\_\_\_\_  
Other conditions Cardiac  
(Include pregnancy within 3 months of death) decompensation 6 years

Where was disease contracted? Idaho PHYSICIAN  
Name of operation none Date \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Major finding none  
Finding of autopsy none

9. Exact Occupation Farm. Carpenter Did this work for Life yrs.  
10. Industry or Business worked 1941  
11. Birthplace Yankton, S. D. (City or town) (State or foreign country)  
Mother Father { 12. Name Andrew Frank  
13. Birthplace Russia (City or town) (State or foreign country)  
14. Maiden name Mary Frank  
15. Birthplace Russia (City or town) (State or foreign country)  
16. Informant's OWN Signature Mrs. C. Frank  
and Address Am. Falls, Ida.  
17. (a) Burial (b) Date thereof 5-9-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pleasant Valley  
18. Funeral Director's OWN Signature H. Davis  
and Address Am. Falls, Ida.  
19. (a) May 7, 1948 (b) Gene Daling  
(Date received and filed) (Registrar's signature)

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature H. P. Pharm. M. D.  
(M. D. or other) and Address Abundum, Ida. Date 5-6, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1916  
Local Reg. No. 14  
Reg. Dist. No. 500

## 1. PLACE OF DEATH:

- (a) County Power  
(b) City or town Am. Falls, Ida  
(c) Street Address or R. F. D. No. 304 Sinden  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Shelly Inn Stayed 6 days  
(g) Lived in this county 41 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Power  
(c) City or town Am. Falls, Ida  
(d) Street Address or R.F.D. No. U.S.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Edward Quinlan

## 3. (b) If veteran,

name war No.

5. Color or white 6. (a) Single, widowed, married, divorced married  
4. Sex Male race white  
6. (b) Name of husband or wife Rhoda 6. (c) Age of husband or wife if alive 51 years  
7. Date of Birth (Month, Day, Year) March 6, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>2</u>	<u>1</u>	hrs min.

9. Exact Occupation Probate Judge Did this work for 7 yrs.  
10. Industry or Business County Date last worked 4-26-48  
11. Birthplace Pleasant View, Utah (City or town) (State or foreign country)

12. Name Dorothy Quinlan  
13. Birthplace St. Paul, Ind. (City or town) (State or foreign country)  
14. Maiden name Sarah Jane Wages  
15. Birthplace North Ogden, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Stanley Clark, Birmingham  
and Address 304 Sinden St. American Falls, Ida

17. (a) Removed (b) Date thereof 5-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ogden, Utah

18. Funeral Director's OWN Signature H. S. Davis  
and Address Am. Falls, Idaho

19. (a) May 12-1948 (b) Gene Daling  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 7, 1948  
at 8:52 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 30, 1948 to May 7, 1948  
I last saw him alive on May 6, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Bronchial pneumonia Duration 2 days

Due to Purpura 5 days  
lymphatic purpura  
Due to infection

Other conditions acute myocardial insufficiency  
(Include pregnancy within 3 months of death)

Where was disease contracted? Physician  
Name of operation Underline Date the cause to which death should be charged statistically.

Major finding Physician  
Finding of autopsy Underline

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury Attendant's

23. Attendant's OWN Signature H. S. Davis M.D.  
and Address Ogden, Idaho Date May 7, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1917  
Local Reg. No. 15  
Reg. Dist. No. 500

MAY 27 1948

## 1. PLACE OF DEATH:

- (a) County Pomer  
(b) City or town Am. Falls, Ida.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Schultz man Stayed 70 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 70 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Pomer  
(c) City or town Abundum, Ida  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) D.O. Dakota

## 3. (a) FULL NAME

John Joseph Pinkerton

186A

## 3. (b) If veteran, name war

WW

## 3. (c) Social Security No.

none

5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
7. Date of Birth (Month, Day, Year) Mar. 4. 1877  
8. AGE  
Years 71 Months 2 Days 12 If less than 1 day hrs min.  
9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Brooklyn, N.Y. (City or town) (State or foreign country)

12. Name Robert J. Pinkerton  
13. Birthplace nat. known (City or town) (State or foreign country)  
14. Maiden name nat. known  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Glen Pinkerton  
and Address Abundum, Ida.

17. (a) Burial (b) Date thereof 5-19-48 (Month) (Day) (Year)  
(c) Place: Abundum, Ida.

18. Funeral Director's OWN Signature H. S. Davis  
and Address Am. Falls, Idaho

19. (a) May 19-1948 (b) Loone Salung (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 16 1948  
at 6:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar. 7 1948, to May 16 1948.  
I last saw him alive on May 16 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Hypostatic pneumonia 1 wk.  
and debility

Due to Decubitus ulcers 5 wks.  
with toxic absorption

Due to Fracture of Rt. thigh 2 mo.  
Other conditions and Rt. arm

(Include pregnancy within 3 months of death)  
Had Rt. pneumonia 10 years

Where was disease contracted? Idaho

Name of operation Open fracture of Rt. thigh Date \_\_\_\_\_

Major finding Fracture of Rt. thigh

Finding of autopsy None

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred March 9, 1948 19 \_\_\_\_\_ City, county, state

where violence occurred Pocatello, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Yes While at work? No

Means of injury Was going to Mass and fell

23. Attendant's OWN Signature E. L. Farmer M. D.  
and Address Abundum, Idaho Date 5-16 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 3 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. **1918**  
Local Reg. No. **16**  
Reg. Dist. No. **500**

## 1. PLACE OF DEATH:

- (a) County Power  
(b) City or town Am Falls, Idaho  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days 2 1/2 months  
(g) Lived in this county 2 1/2 months days 5

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Utah (b) County Duchesne  
(c) City or town Duchesne  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 9 yrs  
(h) Former residence (city, state) Oklahoma

## 3. (a) FULL NAME

Dr. Forney Long Murray

## 3. (b) If veteran, name war

no.

## 3. (c) Social Security No.

no.

## 4. Sex M. 5. Color or race white

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Ruth

## 6. (c) Age of husband or wife if alive 29 years

## 7. Date of Birth (Month, Day, Year) Feb. 12 - 1906

8. AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>3</u>	<u>17</u>	hrs. min.

## 9. Exact Occupation Physician Surgeon Did this work for 10 yrs.

## 10. Industry or Business Office Date last worked 5-24-48

## 11. Birthplace not known (City or town) (State or foreign country)

## 12. Name J. L. Murray

## 13. Birthplace not known (City or town) (State or foreign country)

## 14. Maiden name not known

## 15. Birthplace " (City or town) (State or foreign country)

## 16. Informant's OWN Signature Ruth Murray and Address American Falls, Idaho

## 17. (a) Funeral (Burial, cremation or removal) (b) Date thereof 5-28-48 (Month) (Day) (Year)

## (c) Place Oklahoma City, Okla.

## 18. Funeral Director's OWN Signature H. D. Daniel and Address Am. Falls, Idaho

## 19. (a) May 28 - 1948 (Date received and filed) (b) Gene Daling (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) 5/26/48 at Approx 3:30 clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from No Attendance prior to death.

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Undetermined--Probable Cerebral hemorrhage  
Due to or Coronary thrombosis

Due to Arterial hypertension & valvular heart disease.  
Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Date

Major finding Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry Public Place

While at work?

Means of injury Means of injury

## 23. Attendant's OWN Signature

Am. Falls, Idaho (M. D. or other) and Address 5/27/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 15 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1919  
Local Reg. No. 46  
Reg. Dist. No. 180

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. 115 Cedar  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Providence Stayed        days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. 115 Cedar  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Minneapolis, Minn.

## 3. (a) FULL NAME JAMES ALFRED WAYNE

3. (b) If veteran, name war None 3. (c) Social Security No.         
5. Color or race Wh 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alice W. Wayne 6. (c) Age of husband or wife if alive 66 years  
7. Date of Birth (Month, Day, Year) December 5, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>3</u>	<u>28</u>	hrs min.

9. Exact Occupation Attorney at Law Did this work for 45 yrs.  
10. Industry or Business Practice of Law Date last worked 4/28/48  
11. Birthplace Houghton, Michigan (City or town) (State or foreign country)

12. Name Benjamin Franklin Wayne  
13. Birthplace Unknown, Pennsylvania (City or town) (State or foreign country)  
14. Maiden name Anna Quirk  
15. Birthplace Lexie, Isle of Man, Brit. Emp. (City or town) (State or foreign country)

16. Informant's OWN Signature James W. Wayne  
and Address 332 Forest Drive, Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof May 6, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery, Coeur d'Alene, Ida.

18. Funeral Director's OWN Signature Ed M. M. M. M. M.  
and Address Wallace, Idaho

19. (a) 5-6-48 (b) Ed M. M. M. M. M.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 5 - 3 - 1948  
at 9:10 a.m. o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1947 to May 3, 1948  
I last saw him alive on May 3, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis Duration 1 wk

Due to Anemia, Secondary 3d

Due to Gastric Ulcer years

Other conditions (Include pregnancy within 3 months of death) Latentia, Mydegenia 6mo

Where was disease contracted? PHYSICIAN

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature Ed M. M. M. M. M.  
and Address Wallace, Idaho Date 5-6-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 15 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1920  
Local Reg. No. 47  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 7 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Frances Bernier

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex F. 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joe

6. (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year)

## 8. AGE

Years 60

Months \_\_\_\_\_

Days \_\_\_\_\_

If less than 1 day  
hrs min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Moravia, Indiana  
(City or town) (State or foreign country)

12. Name Not Known

13. Birthplace Idaho  
(City or town) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Joe Bernier  
and Address Wallace Idaho

17. (a) Buried (b) Date thereof Aug 11 - 48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Wallace Idaho

18. Funeral Director's OWN Signature John Bernier  
and Address Wallace Idaho

19. (a) 5-8-48 (b) O. J. Schmitt  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 7 48  
(Month, Day, Year)

at \_\_\_\_\_ o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1948, to \_\_\_\_\_ 1948

I last saw h.e. alive on May 7 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Not Known  
and Address \_\_\_\_\_

(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1921  
Local Reg. No. 27  
Reg. Dist. No. 175

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R. F. D. No. 7  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home hospital Institution Other place  
(f) Name Hosp. or Inst. Wardlaw Stayed 23 days  
(g) Lived in this county years 1 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Frederick  
(d) Street Address or R.F.D. No. 124B  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Sarah Vercoe

## 3. (b) If veteran,

name war name

## 3. (c) Social Security

No. 124B

4. Sex F Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sam

6. (c) Age of husband or wife if alive 70 years

7. Date of Birth (Month, Day, Year) March 25, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>1</u>	<u>21</u>	hrs min.

9. Exact Occupation Home Did this work for 50 yrs.

10. Industry or Business Home Date last worked 1948

11. Birthplace Old Fort 7, Creek (City or town) (State or foreign country)

12. Name Blacky Lake

13. Birthplace No record (City or town) (State or foreign country)

14. Maiden name No record

15. Birthplace No record (City or town) (State or foreign country)

16. Informant's OWN Signature Harry Hagaman and Address Frederick, Idaho

17. (a) Burial (b) Date thereof 5/18/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Kellogg Idaho

18. Funeral Director's OWN Signature Paul H. Glade and Address Kellogg Idaho

19. (a) 6/3/42 (b) 6/3/42 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 16 1948  
at 1 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 5-25 1948, to 5-15 1948

I last saw her alive on 5-15 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary of liver Duration 3 months

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

OWN Signature Archie E. Evans

and Address Thompson, Idaho (M. D. or other) Date 5-20-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 21 1948 **Certificate Of Death**

STATE OF IDAHO

1948 State File No. **1922**  
Local Reg. No. **50**  
Reg. Dist. No. **140**

**1. PLACE OF DEATH:**

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ..... Outside? ..... city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. Wallace Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

**3. (a) FULL NAME**

Marlene Joy Strope

**3. (b) If veteran,**

name war ..... No. ....

F. 5. Color W. 6. (a) Single, widowed, married, divorced Single

4. Sex ..... race .....  
6. (b) Name of husband or wife ..... (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) Aug 5, 1935

8. AGE Years Months Days If less than 1 day  
12 9 11 hrs min.

9. Exact Occupation Phonetic Did this work for ..... yrs.

10. Industry or Business Wallace Idaho Date last worked Idaho

11. Birthplace (City or town) (State or foreign country)

12. Name Lloyd Strope  
13. Birthplace Wallace Idaho (City or town) (State or foreign country)

14. Maiden name Dorothy Wengert  
15. Birthplace Wallace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Lloyd S. Strope and Address Wallace Idaho

17. (a) Funeral (b) Date thereof May 19-48  
(Burial, cremation, or removal) (Month, Day) (Year)  
(c) Place: Spokane Wash.

18. Funeral Director's OWN Signature John A. Burre and Address Wallace Idaho

19. (a) May 19 48 (b) John A. Burre  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) May 16 1948  
at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from 2-17-1948 to 5-16-1948  
I last saw her alive on 5-16-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Meningitis, Type Unknown Duration 2-17-48

Due to Unknown as yet

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....

Major finding Meningitis - final  
Finding of autopsy Diagnosis awaits pathology report  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature Louis B. Hunter and Address Wallace Idaho Date 5-18-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1923  
Local Reg. No. 25  
Reg. Dist. No. 172

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R. F. D. No. 108 W. N. Kelly  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home? X Hospital? Institution Other place? city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 42 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. 108 W. N. Kelly  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

D Waldemar Knudson 094A

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No. 518-01-7551

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Victoria

6. (c) Age of husband or wife if alive 65 years

7. Date of Birth (Month, Day, Year) August 11, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>9</u>	<u>8</u>	hrs min.

9. Exact Occupation Mining Did this work for 42 yrs.

10. Industry or Business Smelter Mill Date last worked 1948

11. Birthplace Bergen Norway (City or town) (State or foreign country)

12. Name No Record

13. Birthplace No Record (City or town) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Victoria Knudson and Address Kellogg Idaho

17. (a) Funeral (b) Date thereof 5/21/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Spokane Washington

18. Funeral Director's OWN Signature Frank G. Gandy and Address Kellogg Idaho

19. (a) 6/3/48 (b) Frank G. Gandy (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 5/19 1948

at 1230 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from May 14 1948 to 19 1948

I last saw him alive on May 14 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration Sudden

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Kellogg Idaho

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19

Occurred. 19 City, county, state

where violence occurred

Place of Violence: Home 19 Farm 19 Industry 19

Public Place 19 While at work? 19

Means of injury 19

23. Attendant's OWN Signature Glenn McCaskey MD (M. D. or other)

and Address Kellogg Idaho Date 5-19 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 11 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1924  
Local Reg. No. 27  
Reg. Dist. No. 142

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home. X Hospital. \_\_\_\_\_ Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county. 15 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Frank C Walker

200A

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or race W  
4. Sex M

6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 19, 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>1</u>	<u>31</u>	hrs min.

9. Exact Occupation Logger Did this work for 15 yrs.  
10. Industry or Business Logging Date last worked 1948  
11. Birthplace Idaho (City or town) \_\_\_\_\_ (State or foreign country) Idaho

12. Name Frank C Walker  
13. Birthplace Idaho (City or town) \_\_\_\_\_ (State or foreign country) Idaho  
14. Maiden name Sarah A. Walker  
15. Birthplace Idaho (City or town) \_\_\_\_\_ (State or foreign country) Idaho

16. Informant's OWN Signature W. A. Walker  
and Address Kellogg, Idaho

17. (a) Burial (b) Date thereof 6/3/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place Salt Lake City, Utah

18. Funeral Director's OWN Signature W. A. Walker  
and Address Kellogg, Idaho

19. (a) 6/13/48 (b) W. A. Walker  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 5/26 1948  
at \_\_\_\_\_ o'clock M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19, to 5/26, 1948  
I last saw him alive on 5/25, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Failure Duration \_\_\_\_\_

Due to Heart Failure  
Due to Heart Failure  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19 48 City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature W. A. Walker

and Address \_\_\_\_\_ Date 6/26 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce JUN 11 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1925  
Local Reg. No. 26  
Reg. Dist. No. 142

1. PLACE OF DEATH:
- (a) County Shoshone  
(b) City or town \_\_\_\_\_  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 4 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. 1944 1/2  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Le Roy H. Gibson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 471-12-09830  
5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October 21, 1918

8. AGE
- | Years     | Months   | Days      | If less than 1 day |
|-----------|----------|-----------|--------------------|
| <u>29</u> | <u>3</u> | <u>24</u> | hrs min.           |

9. Exact Occupation Miner Did this work for 4 yrs.

10. Industry or Business Bunker Hill Date last worked 2/14/48

11. Birthplace Tremont, Minnesota  
(City or town) (State or foreign country)

12. Name Le Roy H. Gibson

13. Birthplace Tremont, Minnesota  
(City or town) (State or foreign country)

14. Maiden name Ellen Lyons

15. Birthplace Tremont, Minnesota  
(City or town) (State or foreign country)

16. Informant's OWN Signature Bunker Hill  
and Address Kellogg, Idaho

17. (a) Removal (b) Date thereof 5/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Kellogg, Idaho

18. Funeral Director's OWN Signature William T. Hord  
and Address Kellogg, Idaho

19. (a) 6/1/48 (b) William T. Hord  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

30. DATE OF DEATH 2/15/48  
(Month, Day, Year) 19 \_\_\_\_\_

- at \_\_\_\_\_ o'clock 8 M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
not at all 19 \_\_\_\_\_, to 19 \_\_\_\_\_

- I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

- Probable Drowning

- Due to \_\_\_\_\_

- Due to \_\_\_\_\_

- Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

- Where was disease contracted? \_\_\_\_\_

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_

- Major finding \_\_\_\_\_

- Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

- Occurred 2-15 19 48 City, county, state where violence occurred Shoshone County

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

- Public Place highway While at work? \_\_\_\_\_

- Means of injury Car drove into River

23. Attendant's OWN Signature William T. Hord (M. D. or other)  
and Address Coron & Main Date 5-28-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 20 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1926  
Local Reg. No. 49  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Shoshone  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Shoshone Stayed 120 days  
(g) Lived in this county 49 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. River Creek  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Andy McLeod

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) February 25 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>2</u>	<u>14</u>	hrs min.

## 9. Exact Occupation Lumber Did this work for 40 yrs.

## 10. Industry or Business Lumber Date last worked 1947

## 11. Birthplace Cole County, Mo. (City or town) (State or foreign country)

## 12. Name Heard M. Leach

## 13. Birthplace Mo. (City or town) (State or foreign country)

## 14. Maiden name Janet

## 15. Birthplace Mo. (City or town) (State or foreign country)

## 16. Informant's OWN Signature George M. Leach

## and Address River Creek, Idaho

## 17. (a) Burial, cremation or removal Personal (b) Date thereof 5/12/48 (Month) (Day) (Year)

## (c) Place: Relay, Idaho

## 18. Funeral Director's OWN Signature W. M. Leach

## and Address Relay, Idaho

## 19. (a) 5-13-48 (Date received and filed) (b) W. M. Leach (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) May 9 1948 at 11:40 o'clock 10 A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from Feb 5 1948 to May 9 1948 I last saw him alive on May 7 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Apoplexy & Samdity Duration 2

## Due to \_\_\_\_\_

## Due to \_\_\_\_\_

## Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature W. M. Leach (M. D. or other)

## and Address Mullan Date May 10 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 15 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1927  
Local Reg. No. 48  
Reg. Dist. No. 141

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Big Creek  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 6 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Big Creek  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho 6 mo  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME Clifford S Smith

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 44703-4510  
4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Dorothy 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Dec 22 - 1907

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>4</u>	<u>18</u>	hrs min.

9. Exact Occupation Miner Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Sunshine Mine worked \_\_\_\_\_  
11. Birthplace Palma Kansas (City or town) (State or foreign country)

12. Name Not Known  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name " "  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature John A Brown John A Brown  
and Address Wolcott Idaho

17. (a) \_\_\_\_\_ (b) Date thereof May 12 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Home of Deceased

18. Funeral Director's OWN Signature John A Brown  
and Address Wolcott Idaho

19. (a) May 11 - 48 (b) John A Brown  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May - 10 1948  
at 2 o'clock 1 P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_

Apparently heart failure

due to severe lung disease

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy, within 6 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John A Brown

and Address Wolcott Idaho

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 21 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1928  
Local Reg. No. 51  
Reg. Dist. No. 141

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Calder  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 31 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Calder  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Robert Theodore Hibbeln

3. (b) If veteran, name war None 3. (c) Social Security No. 518-01-5638  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years

7. Date of Birth  
(Month, Day, Year) December 11, 1906

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>5</u>	<u>16</u>	hrs min.

9. Exact Occupation Logger Did this work for 15 yrs.  
10. Industry or Business Woods Date last worked 5-27-48  
11. Birthplace Harrison, Nebraska (City or town) (State or foreign country)

12. Name H. E. Hibbeln  
13. Birthplace Pulaska Tenn. (City or town) (State or foreign country)  
14. Maiden name Mary A. Debock  
15. Birthplace Tuella City, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Herman E. Debock  
and Address Calder, Idaho

17. (a) Removal (b) Date thereof 5-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wissa  
and Address St. Maries, Idaho

19. (a) June 2-48 (b) John A. Boer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) May 27, 1948 19  
at 9:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Myocardial Infarction Duration Several years

Due to Coronary Sclerosis  
Due to Several years  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19..... City, county, state where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature John A. Boer (D. or other) John A. Boer

and Address St. Maries, Idaho Date 5/22/48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 5 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1929  
Local Reg. No. 620  
Reg. Dist. No. 620

## 1. PLACE OF DEATH:

- (a) County Teton  
(b) City or town Victor  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home? X Hospital? ..... Institution? ..... Other place? .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 34 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Teton  
(c) City or town Victor  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

JOHN NEWTON BALLARD

## 3. (b) If veteran,

name war No. ....

## 3. (c) Social Security

No. .... None

4. Sex Male 5. Color or race White

6. (a) ~~Single, widowed, married,~~ divorced Mary A. Huff

6. (b) Name of husband or wife Mary A. Huff

6. (c) Age of husband or wife if alive 74 years

7. Date of Birth  
(Month, Day, Year)

January 12, 1869

8. AGE	Years	Months	Days	If less than 1 day
	79	4	0	hrs min.

9. Exact Occupation At home Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Payson, Utah  
(City or town) (State or foreign country)

12. Name James Ballard

13. Birthplace Council Bluffs, Iowa  
(City or town) (State or foreign country)

14. Maiden name Isabel Race

15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. R. Ballard

and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof May 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Victor, Idaho

18. Funeral Director's OWN Signature Mrs. Hansen

and Address St. Anthony, Idaho

19. (a) May 17, 1948 (b) Chet's Fackrell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 12 1948  
at 10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from October 1946, to May 1948

I last saw him alive on approx May 11, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary occlusion

Duration

Due to arterio sclerotic heart disease 20 yrs

Due to Arterio sclerosis due to age  
Other conditions to age  
(Include pregnancy within 6 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding

Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry

Public Place ..... While at work? .....

Means of injury

23. Attendant's OWN Signature Gordon M Jensen, MD

and Address Briggs Falls (M. D. or other) 5-17 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
MAY 5 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 1030  
Local Reg. No. 467  
Reg. Dist. No. 461

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 1036 Blue Lake  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 0 years 1 months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 1036 Blue Lakes  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 weeks  
(h) Former residence (city, state) Cincinnati, Ohio

## 3. (a) FULL NAME Albert Conrad Hochstrasser

3. (b) If veteran, name war ☐ No. ☐  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White  
6. (b) Name of husband or wife Ellen 6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) March 12, 1860

8. AGE	Years	Months	Days	If less than 1 day
<u>88</u>	<u>1</u>	<u>19</u>	<u>hrs</u>	<u>min.</u>

9. Exact Ret. Newspaper Pub. Did this Occupation ☐ work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace Cincinnati, Ohio (City or town) (State or foreign country)

12. Name Jacob Hochstreser  
13. Birthplace Switzerland (City or town) (State or foreign country)  
14. Maiden name Maria Shelling  
15. Birthplace Switzerland (City or town) (State or foreign country)

☒ Informant's OWN Signature Walter T. A. Joff  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 5/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's Reynolds Funeral Home  
OWN Signature James E. Reynolds  
and Address Twin Falls, Idaho

19. (a) May 3, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A 097X

20. DATE OF DEATH (Month, Day, Year) May 1, 1948  
at 12:20 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from 4:30 - 1948, to 5/1/1948  
I last saw him alive on 5-1-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 66

Due to ☐  
Due to Arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death) ☐

Where was disease contracted? ☐  
Name of operation none Date ☐  
Major finding ☐  
Finding of autopsy not done PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature E. Wood (M. D. or other)  
and Address Twin Falls Date 5-3-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 14 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1931  
Local Reg. No. 419  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. XXXXXXXXXXXX  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. T.F.Co.HOSP Stayed 14 days  
(g) Lived in this county 36 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl, Idaho  
(d) Street Address or R.F.D. No. 228 14th St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME KIRKMAN, George Q.

3. (b) If veteran, name war None 3. (c) Social Security No. 518 12 2859  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hazel C. Kirkman 6. (c) Age of husband or wife if Unk years  
7. Date of Birth (Month, Day, Year) July 28, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>9</u>	<u>4</u>	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Burrville, Utah (City or town) (State or foreign country)

12. Name John Kirkman  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Anne E. Jones  
15. Birthplace Penna. (City or town) (State or foreign country)

16. Informant's OWN Signature George Kirkman  
and Address Wells, Nevada

17. (a) Burial (b) Date thereof 5-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature Wm H. Anderson  
and Address Twin Falls, Idaho

19. (a) May 12, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 2, 1948  
(Month, Day, Year)  
at 9:05 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
19....., to ..... 19.....

I last saw him alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Perforated duodenum Duration

ulcers with peritonitis  
Due to paralytic ileus 10 days

Due to .....  
Other conditions cor Pulmonale yrs.  
(Include pregnancy within 3 months of death)

due to pulmonary hyper-  
tension

Where was disease contracted? ..... PHYSICIAN

Name of operation none Date ..... Underline

Major finding ..... the cause to

Finding of autopsy as above which death

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Wm H. Anderson, MD  
(M. D. or other)

and Address Buhl, Ida Date 5-3 1948

(For additional space, use reverse side)

MAY 14 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1932  
Local Reg. No. 420  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 600 Shoshone St.  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution ..... Other place .....  
(f) Name Hosp. or Inst. T. F. Clinic Stayed ..... days  
(g) Lived in this county 34 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 837 Walnut St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

Charles Henry Fox

## 3. (b) If veteran,

name war None

## 3. (c) Social Security

No. None

## 4. Sex

male race white

## 5. Color or

(a) Single, widowed, married, divorced widowed

## 6. (b) Name of husband or wife

Josephine

## 6. (c) Age of husband or wife if alive

..... years

## 7. Date of Birth

(Month, Day, Year) March 27, 1878

## 8. AGE

Years

Months

Days

If less than 1 day

78

1

7

hrs min.

## 9. Exact

Occupation Retired

Did this work for ..... yrs.

## 10. Industry or Business

Farmer

Date last worked

## 11. Birthplace

Naponee, Nebraska

(City or town)

(State or foreign country)

## 12. Name

Henry Fox

## 13. Birthplace

Unk

(City or town)

(State or foreign country)

## 14. Maiden name

Amanda

## 15. Birthplace

Unk

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Mrs. Jeanne Williams

## and Address

Twin Falls, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 5-8-48

(Month) (Day) (Year)

## (c) Place:

Sunset Memorial Park

## 18. Funeral Director's

OWN Signature

Wm. J. Williams

## and Address

136 4th Ave. East, T. F.

## 19. (a)

May 12, 1948

(Date received and filed)

## (b)

Erna B. Reed

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 4, 1948  
at 6:15 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Did not see him alive 19.....

DISSEMINATED 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

MYOCARDIAL INFARCTION, LEFT VENTRICLE

Due to Recent thrombosis - ANTERIOR DESCENDING BRANCH

Due to OF LEFT CORONARY ARTERY

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation..... Date.....

## Major finding

Finding of autopsy See Above

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

## Means of injury

## 23. Attendant's

OWN Signature

J. Woodson Creed, M.D.

## and Address

Twin Falls Co. Hosp. (M. D. or other)

Date May 5, 1948

(For additional space, use reverse side)

# Certificate Of Death

STATE OF IDAHO

State File No. 1933  
Local Reg. No. 425  
Reg. Dist. No. 460

MAY 14 1948

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place....  
(f) Name Hosp. or Inst. T.F. County Stayed 11 days  
(g) Lived in this county 19 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 558 1/2 6th Ave. W  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) LaGrande, Oregon

## 3. (a) FULL NAME Eric Benjamin Franklin Dolbow

3. (b) If veteran, name war ..... No. 518-24-5997  
5. Color or ..... 6. (a) Single, ☒ married, ☒ divorced  
4. Sex Male race White  
6. (b) Name of husband or wife Edna Mae 6. (c) Age of husband or wife if alive 65 years  
7. Date of Birth (Month, Day, Year) December 5, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>5</u>	<u>2</u>	hrs min.

9. Exact Occupation Common Laborer Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked 1939  
11. Birthplace Mills County, Iowa (City or town) (State or foreign country)

12. Name John Dolbow  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Edna M. Dolbow  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 5/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature Reynolds Funeral Home  
and Address Twin Falls, Idaho

19. (a) May 13, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 7, 1948  
at 9:05 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 4-28-48 to May 7, 1948  
I last saw him alive on 5-6 1948; death is stated to have occurred on the date and hour stated above.

Immediate Cause of Death: Appendicitis Duration

Due to Appendicitis

Due to Appendicitis

Other conditions Appendicitis  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home  
Name of operation Appendectomy Date 4-28-48  
Major finding Appendicitis  
Finding of autopsy None  
Underline cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred ☒ 19 ..... City, county, state where violence occurred ☒  
Place of Violence: Home ☒ Farm ☒ Industry ☒  
Public Place ☒ While at work? ☒  
Means of injury Gun

23. Attendant's OWN Signature J. H. Wampler  
and Address Twin Falls, Idaho Date 5-12-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAY 14 1948

STATE OF IDAHO

State File No. 1934  
Local Reg. No. 422  
Reg. Dist. No. 460

1. PLACE OF DEATH:
- (a) County Twin Falls
  - (b) City or town Twin Falls
  - (c) Street Address or R.F.D. No. XXXXXX
  - (d) Death Occured Inside? X Outside? city or town
  - (e) Died in a Home... Hospital X Institution... Other place...
  - (f) Name Hosp. or Inst. T.F. Col Hosp Stayed        days
  - (g) Lived in this county        years        months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho
  - (b) County Twin Falls
  - (c) City or town win Falls
  - (d) Street Address or R.F.D. No. 256 Buena Vista
  - (e) Deceased lived Inside? X Outside? city or town
  - (f) Citizen of what country? U.S.
  - (g) How long had deceased lived in Idaho? less than 1 dy. years
  - (h) Former residence (city, state) XXXXXXXXXX

3. (a) FULL NAME Baby Stephen Baird
3. (b) If veteran, name war None
3. (c) Social Security No. None
5. Color White
6. (a) Single, widowed, married, divorced Infant
4. Sex Male race White
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive None years
7. Date of Birth (Month, Day, Year) May 9, 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>2</u> hrs <u>      </u> min.

9. Exact Occupation Infant Did this work for        yrs.
10. Industry or Business        Date last worked
11. Birthplace Twin Falls Idaho (City or town) (State or foreign country)
12. Name Andrew J. Baird
13. Birthplace Colo. Springs, Colo. (City or town) (State or foreign country)
14. Maiden name Donna Marie Alvis
15. Birthplace Logan, Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature A. J. Baird and Address Twin Falls, Idaho
17. (a) Burial (b) Date thereof 5-11-48 (Burial, cremation, or removal) (Month), (Day) (Year)
- (c) Place: Sunset Memorial Park Cem.
18. Funeral Director's OWN Signature White Mortuary and Address Twin Falls, Idaho
19. (a) May 12, 1948 (b) Emma A Reed (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 9th 1948 at 2:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from        to        Did not see alive I last saw h.        alive on        19       ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypoplasia of adrenal glands - bilateral Duration       

Due to       

Due to       

Other conditions Multiple petechial hemorrhage of brain (Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy See above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?
- Occurred        19        City, county, state where violence occurred
- Place of Violence: Home        Farm        Industry
- Public Place        While at work?
- Means of injury
23. Attendant's OWN Signature J. Woodson Creek, MD. and Address Twin Falls Co. Hosp. (M. D. or other) Date May 9, 1948
- (For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

MAY 20 1948

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. T. Falls Stayed 2 days  
(g) Lived in this county ..... years ..... months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 305-3rd Ave. W.  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 1 yr  
(h) Former residence (city, state) Montana

## 3. (a) FULL NAME Herbert H. Soper

3. (b) If veteran, name war ..... No. ....  
5. Color or ..... 6. (a) Single, widowed, married, divorced married  
4. Sex Male race White  
6. (b) Name of husband or wife Gertrude Soper 6. (c) Age of husband or wife if alive 66 years  
7. Date of Birth (Month, Day, Year) November 5, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>6</u>	<u>9</u>	hrs min.

9. Exact Occupation Retired farmer Did this work for 35 yrs.  
10. Industry or Business ..... Date last worked 1938  
11. Birthplace Boston, Mass. (City or town) (State or foreign country)

12. Name S. H. Soper  
13. Birthplace Mass. (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 5-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature [Signature]  
and Address Twin Falls, Idaho

19. (a) May 13, 1948 (b) Erne B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 094A 083B

20. DATE OF DEATH (Month, Day, Year) May 14 19 48  
at 7:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from May 8 1948, to May 14 1948  
I last saw him alive on May 14 1948, death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

- Coronary Thrombosis Duration 2 weeks  
Cerebral Thrombosis 2 days  
Due to Arteriosclerosis Chronic  
Hypertension  
Due to Old age  
Other conditions .....  
(Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury [Signature]  
23. Attendant's OWN Signature [Signature]  
and Address Twin Falls, Idaho Date May 17, 1948  
(For additional space, use reverse side)

1948  
State File No. 1936  
Local Reg. No. 429  
Reg. Dist. No. 46C

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

MAY 27 1948

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 445 3rd Ave. W.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 42 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 445 3rd Ave. W.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Table Rock, Neb.

## 3. (a) FULL NAME

Henry O. Boone

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Isabelle 6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth (Month, Day, Year) May 17, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>0</u>	<u>3</u>	hrs min.

## 9. (a) Exact Occupation Canal Co. Employee Did this work for ☐ yrs.

## 10. Industry or Business Retired Date last worked ☐

## 11. Birthplace Warren, Illinois (City or town) (State or foreign country)

## 12. Name Eli Boone

## 13. Birthplace England (City or town) (State or foreign country)

## 14. Maiden name Eunice Bapoon

## 15. Birthplace Plainsville, Ohio (City or town) (State or foreign country)

## 16. Informant's OWN Signature A. Boone

## and Address Box 493 - Twin Falls

## 17. (a) Burial (b) Date thereof 5/21/48 (Month) (Day) (Year)

## (c) Place: Sunset Memorial Park

## 18. Funeral Director's OWN Signature Reynolds Funeral Home

## and Address Twin Falls, Idaho

## 19. (a) May 21, 1948 (b) Erma B. Reed (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) May 20, 1948

## at 5:00 o'clock a. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

## I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Uremia Duration 1 week

## Due to Cardiovascular renal

## Due to Arteriosclerosis

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted? PHYSICIAN

## Name of operation Date Underline the cause to which death should be charged statistically.

## Major finding Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

## Occurred 19 City, county, state where violence occurred

## Place of Violence: Home ☐ Farm ☐ Industry ☐

## Public Place ☐ While at work? ☐

## Means of injury Id. 84

## 23. Attendant's OWN Signature Id. 84 (M. D. or other)

## and Address S-21-48 Date 19

## (For additional space, use reverse side)

Twin Falls

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 27 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1937**  
Local Reg. No. **430**  
Reg. Dist. No. **460**

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. T.F.Co. Hosp. Stayed 22 days  
(g) Lived in this county 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Murtaugh  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Alexandria, Neb.

3. (a) FULL NAME Gish, Nova Lafaune

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex Female race White divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 23, 1909

8. AGE	Years	Months	Days	If less than 1 day
	<u>38</u>	<u>6</u>	<u>29</u>	hrs min.

9. Exact Occupation Teacher Did this work for 20 yrs.  
10. Industry or Business Teacher Date last worked 5/1/48  
11. Birthplace Alexandria, Neb. (City or town) (State or foreign country)

12. Name Joe E. Gish  
13. Birthplace Century, Co. Missouri (City or town) (State or foreign country)  
14. Maiden name Faustia Laveta Wilson  
15. Birthplace Fillmore Co. Neb. (City or town) (State or foreign country)

16. Informant's OWN Signature X J.E. Gish  
and Address Murtaugh, Idaho

17. (a) Burial (b) Date thereof 5/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Twin Falls, Cemetery

18. Funeral Director's OWN Signature Frances B. Phillips  
and Address White Mountain

19. (a) May 25, 1948 (b) Entha B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 22, 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

109B  
080B  
Due to Venarlogic Pneumonia

Due to \_\_\_\_\_  
Other conditions Secondary  
(Include pregnancy within 3 months of death) Emphysema

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Same

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wm Peterson M.D.

and Address Twin Falls, Idaho (M.D. or other) May 22 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUN 7 1948

STATE OF IDAHO

1548  
State File No. 1938  
Local Reg. No. 433  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. XXXXX  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. T.F.Co.Hosp. Stayed 1 days  
(g) Lived in this county 2 years 6 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 105 Madison St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 2 1/2 years  
(h) Former residence (city, state) Joplin, Mo.

## 3. (a) FULL NAME COONTS, Mrs. Joyce M.

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife Wm. E.  
6. (c) Age of husband or wife if alive 33 years  
7. Date of Birth (Month, Day, Year) May 13, 1915

8. AGE	Years	Months	Days	If less than 1 day
	<u>33</u>	<u>0</u>	<u>13</u>	hrs min.

9. Exact Occupation Housewife Did this work for  yrs.  
10. Industry or Business worked Date last worked Missouri  
11. Birthplace (City or town) (State or foreign country)

- Mother Father  
12. Name John McKinsey  
13. Birthplace Mo. (City or town) (State or foreign country)  
14. Maiden name Emma  
15. Birthplace Mo. (City or town) (State or foreign country)

16. Informant's OWN Signature W.E. Coonts  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 5-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Sunset Mem. Pk. Cem.

18. Funeral Director's OWN Signature White Mortuary  
and Address Twin Falls, Idaho

19. (a) June 1, 1948 (b) Emma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 26, 19 48  
at 4:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19  
I last saw deceased alive on 5-26-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute poisoning Duration 30 min.  
with a fight

Due to acute poisoning

Due to acute poisoning

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy above

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? X Homicide?

Occurred 5-26-48 19 48 City, county, state where violence occurred Twin Falls, Idaho

Place of Violence: Home X Farm Industry

Public Place While at work?

Means of injury Blow to head 40

23. Attendant's OWN Signature W.E. Coonts

and Address Twin Falls, Idaho Date 5-27-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 7 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1939  
Local Reg. No. 438  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. F. Co. Hosp  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 22 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Kimberly  
(d) Street Address or R.F.D. No. Outside? city or town  
(e) Deceased lived Inside? U.S.A.  
(f) Citizen of what country? 22 years  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME JOHNSON, Mrs. Mildred Ruth

3. (b) If veteran, name war female No. Color or  
4. Sex female race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or deceased 6. (c) Age of husband or wife if 22 years  
7. Date of Birth (Month, Day, Year) Aug., 16, 1898

8. AGE	Years	Months	Days	If less than 1 day
	49	9	11	hrs min.

9. Exact Occupation Housewife Did this work for yrs.  
10. Industry or Business worked  
11. Birthplace Vancouver, Wash. (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Kimberly C. West  
and Address Kimberly St 73

17. (a) burial (b) Date thereof 6-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Fair Hope Cem.

18. Funeral Director's OWN Signature White Mortuary Twin Falls  
and Address White Mortuary Twin Falls

19. (a) June 4, 1948 (b) Erna B. Ruckelshaus  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 27, 1948  
(Month, Day, Year) at 11:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 5-27-1948

I last saw h. op alive on 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic nephritis Duration

- 2- Peritonitis, acute, focal  
Due to cause undetermined

- 3- myocardial degeneration  
Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline Date the cause to

Major finding which death  
Finding of autopsy should be  
charged sta-  
tistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? City, county, state  
Occurred where violence occurred  
Place of Violence: Home Farm Industry Public Place While at work?  
Means of injury

23. Attendant's OWN Signature J. Woodson Creed, M.D.  
and Address Twin Falls Co. Hosp. (M.D. or other) 5-28-1948  
(For additional space, use reverse side)

685

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 7 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1940  
Local Reg. No. 436  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or Rt. D. No. 460-2nd Ave. N.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 31 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or Rt. D. No. 460-2nd Ave. N.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME SHIPMAN, Clinton B.

3. (b) If veteran, name war No.  
5. Color or 6. (a) Single, widowed, married, divorced widowed  
4. Sex male race White  
6. (b) Name of husband or wife Jennie B. 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Jan., 25, 1880 (deceased)

8. AGE	Years	Months	Days	If less than 1 day
68	4	3	hrs	min.

9. Exact Retired Truck- Did this  
Occupation transfer man work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Rock Rapids, Iowa  
(City or town) (State or foreign country)

12. Name Geo. B. Shipman  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature George B. Shipman  
and Address Twin Falls, Idaho  
burial

17. (a) (b) Date thereof 6-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park, T.F.

18. Funeral Director's White Mortuary  
OWN Signature Joseph W. Marshall  
and Address Twin Falls, Idaho

19. (a) June 1, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 111A

20. DATE OF DEATH  
(Month, Day, Year) May 28, 1948 19  
at 10:45 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 5-12-47 19, to May 28, 1948  
I last saw him alive on May 28, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Thrombosis + infarct Duration 4 wks  
Left

Due to Cor - pulmonale Lyr

Due to Diabetes Mellitus Lyr

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Joseph W. Marshall M.D.  
and Address Twin Falls, Idaho (For additional space, use reverse side)  
5-29-48

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 7 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1941  
Local Reg. No. 441  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 1  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. F. County Stayed No. days  
(g) Lived in this county No. years No. months No. days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town     
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME Keith Martens

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced Single  
4. Sex M 6. (c) Age of husband or wife if alive X years  
(b) Name of husband or wife None

7. Date of Birth (Month, Day, Year) May 28, 1948

8. AGE	Years	Months	Days	If less than 1 day
<u>No</u>	<u>No</u>	<u>No</u>	<u>4</u> hrs	<u>No</u> min.

9. Exact Occupation None Did this work for No yrs.  
10. Industry or Business None Date last worked X  
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

12. Name Waldo Martens  
13. Birthplace Buhl, Idaho (City or town) (State or foreign country)  
14. Maiden name Norma Ruth Von Linden  
15. Birthplace Montana (City or town) (State or foreign country)

16. Informant's OWN Signature x Waldo G. Martens  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof May 31, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Clover Cemetery

18. Funeral Director's OWN Signature B. J. Robertson  
and Address Buhl, Idaho

19. (a) June 4, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 29 1948  
(Month, Day, Year) at 3:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from May 28 1948 to May 29 1948  
I last saw him alive on May 29 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Myocardial infarction

Due to Arteriosclerosis

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Erma B. Reed (M. D. or other)  
and Address Idaho Date 7/31/48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1942  
Local Reg. No. 439  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Turn Falls  
(b) City or town Turn Falls  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Falls Co Stayed 7 days  
(g) Lived in this county 29 years 7 months 25 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T  
(c) City or town Turn Falls  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? ☐ city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) T.F. Idaho

## 3. (a) FULL NAME

Norman Lee Voss

076A

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

5. Color or White  
6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Orothy Voss  
6. (c) Age of husband or wife if alive 28 years

7. Date of Birth (Month, Day, Year) October 5 1918

8. AGE	Years	Months	Days	If less than 1 day
	<u>29</u>	<u>7</u>	<u>25</u>	hrs min.

9. Exact Occupation Farmer Did this work for        yrs.

10. Industry or Business        Date last worked

11. Birthplace Turn Falls Idaho  
(City or town) (State or foreign country)

12. Name Geo Voss

13. Birthplace Sydon Utah  
(City or town) (State or foreign country)

14. Maiden name Malissa McGinnis

15. Birthplace Lagunita Colo  
(City or town) (State or foreign country)

16. Informant's OWN Signature Geo Voss

- and Address 151 Ramage St.

17. (a) Burial (b) Date thereof 6-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Turn Falls Cemetery

18. Funeral Director's OWN Signature E L Egli

- and Address 263-2nd Ave No.

19. (a) June 1, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 30 1948

at 4 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 11 1948 to May 30 1948

I last saw him alive on May 30 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Thrombo cyto penis Duration 29 ds.

CL - 7

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation None Date .....

Major finding None

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Geo C Voss

and Address Turn Falls Idaho Date 5/31 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1943  
Local Reg. No. 440  
Reg. Dist. No. 460

1. PLACE OF DEATH: JUN 7 1948
- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Not F. Co. Gen. Hosp  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. 1 Week Stayed days  
(g) Lived in this county 30 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. #3  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state)

3. (a) FULL NAME TRAMPERT, Mrs Elizabeth

3. (b) If veteran, name war 888X No. XXXXX  
5. Color or White 6. (a) Single, widowed, married, divorced married  
4. Sex female race White  
6. (b) Name of husband or xxx Peter 6. (c) Age of husband or wife if 78 years  
7. Date of Birth (Month, Day, Year) June 4, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>11</u>	<u>26</u>	hrs min.

9. Exact Occupation Housewife Did this work for 30 yrs.  
10. Industry or Business worked  
11. Birthplace England  
(City or town) (State or foreign country)

12. Name Michael Britt  
13. Birthplace Ireland  
(City or town) (State or foreign country)  
14. Maiden name Cathrine Mc Carty  
15. Birthplace Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Peter M Trampert  
and Address By Mamma Kelly

17. (a) burial (b) Date thereof Jun 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cem.

18. Funeral Director's OWN Signature White Mortuary  
and Address Twin Falls, Idaho.

19. (a) June 3, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 30, 1948 19 at 10:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from May 23 1948 to 5-30- 1948  
I last saw h. or alive on May 30 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured hip Duration

Due to hypertension, coronary  
renal disease & stroke

Due to   
Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?  PHYSICIAN  
Name of operation  Date  Underline  
Major finding  the cause to  
Finding of autopsy  which death  
 should be  
 charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide?  Homicide?   
Occurred 19 City, county, state   
Where violence occurred   
Place of Violence: Home X Farm  Industry   
Public Place  While at work?   
Means of injury Fell off chair in home

23. Attendant's OWN Signature Dr. W. R. Drake MD  
and Address TWIN FALLS (M. D. or other) 6-1-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. 1044  
Local Reg. No. 453  
Reg. Dist. No. 465

JUN 7 1948

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. T. F. Hosp. Stayed 5 days  
(g) Lived in this county ..... years ..... months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Utah (b) County Cacher  
(c) City or town Providence  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) Providence, Utah

## 3. (a) FULL NAME

Ernest Henry Kendrick

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

4. Sex M 5. Color or race W

6. (b) Name of husband or wife Elsie

6. (a) Single, widowed, married, divorced married

6. (c) Age of husband or wife if alive 67 years

7. Date of Birth (Month, Day, Year) May 29 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>0</u>	<u>1</u>	hrs min.

9. Exact Occupation Farmer Did this work for 48 yrs.

10. Industry or Business ..... Date last worked 6-30-47

11. Birthplace Worcester England (City or town) (State or foreign country)

12. Name John Kendrick

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name England

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Ernest Kendrick and Address 585 W. Laybourn

17. (a) Removal (b) Date thereof 5/30/48 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Providence Utah

18. Funeral Director's OWN Signature E. L. Eglis and Address Twin Falls, Ida.

19. (a) May 31, 1948 (b) Ernest B. Reed (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 102X

20. DATE OF DEATH (Month, Day, Year) 5-30 1948

at 10 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 5-20 1948, to 5-30 1948.

I last saw h. 1 M. alive on 5-30 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

apoplexy

Due to hypertension

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state where violence occurred

Place of Violence: Home ..... Farm ..... Industry

Public Place ..... While at work? .....

Means of injury X

23. Attendant's OWN Signature W. M. Reed (M. D. or other) and Address Twin Falls, Ida. Date May 30 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1945  
Local Reg. No. 421  
Reg. Dist. No. 460

MAY 14 1948

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Filer  
(c) Street Address or R.F.D. No. North Street  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. 32 Stayed 32 days  
(g) Lived in this county 32 years 32 months 32 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No. North Street  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) 093A

## 3. (a) FULL NAME NICE, Mrs. Edith

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or W 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Henry G. 6. (c) Age of husband or wife if alive 32 years  
7. Date of Birth (Month, Day, Year) November 30, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>5</u>	<u>7</u>	hrs min.

9. Exact Occupation Housewife Did this work for 3 yrs.  
10. Industry or Business Lancaster County, Penn. Date last worked 1 month  
11. Birthplace (City or town) (State or foreign country)  
Mother Father { 12. Name Unk.  
13. Birthplace Unk. (City or town) (State or foreign country)  
14. Maiden name Unk.  
15. Birthplace Unk. (City or town) (State or foreign country)

16. Informant's OWN Signature Anna Mary Nice  
and Address Filer, Idaho

17. (a) Burial (b) Date thereof 5/11/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Sunset Mem. Park Cem.

18. Funeral Director's OWN Signature Suppl. D. Telling  
and Address White Mortuary Twin Falls, Idaho

19. (a) May 12, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093A

20. DATE OF DEATH May 7th, 1948  
(Month, Day, Year) 19 at 10 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from June 1947 to May 7, 1948  
I last saw her alive on May 6, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertensive pneumonia Duration 2 days

Due to Tuberculosis 3 weeks

Due to Uremia 1 month

Other conditions: Pneumonia 20 yrs  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline the cause to which death should be charged statistically.  
Major finding Underline the cause to which death should be charged statistically.  
Finding of autopsy Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state where violence occurred Idaho  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's Signature Erna B. Reed  
and Address Filer, Ida (M. D. or other) 5/8 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

MAY 20 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1946  
Local Reg. No. 426  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. RFD #3  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 20 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. RFD #3  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) Arkansas

3. (a) FULL NAME Emma White

3. (b) If veteran, name war    No.     
5. Color or    6. (a) Single, widowed, married, divorced married  
4. Sex Female race white  
6. (b) Name of husband or wife Edgar L. White 6. (c) Age of husband or wife if alive 65 years  
7. Date of Birth (Month, Day, Year) January 13, 1886

8. AGE	Years	Months	Days	If less than 1 day
	62	3	23	hrs min.

9. Exact Occupation Housewife Did this work for 27 yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Champaign County, Ill.  
(City or town) (State or foreign country)

12. Name James H. Koontz  
13. Birthplace Wheeling, W. Va.  
(City or town) (State or foreign country)  
14. Maiden name Sophia Lee  
15. Birthplace Champaign County, Ill.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. J.W. Hathaway  
and Address Mountain Home Idaho

17. (a) Burial (b) Date thereof 5-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature J. Phillips  
and Address Twin Falls, Idaho

19. (a) May 15, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH May 7 1948  
(Month, Day, Year) at 7:15 o'clock AM

21. I HEREBY CERTIFY, That I attended deceased from May 1947, to May 1948

I last saw her alive on 5-7- 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive Heart Failure - Duration 3 days  
Pulmonary Edema

Due to Coronary Artery Disease 3 months

Due to Arteriosclerosis - Hypertension 12 years  
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?    PHYSICIAN     
Name of operation    Date    Underline the cause to which death should be charged statistically.  
Major finding     
Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state     
where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature D.A. McCusky MD  
(M. D. or other) and Address Twin Falls Id. Date 5-10 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

MAY 14 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1947  
Local Reg. No. 424  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R.F.D. No. Route 1  
(d) Death Occurred Inside? Outside? L city or town  
(e) Died in a Home L Hospital    Institution    Other place     
(f) Name Hosp. or Inst. none Stayed    days  
(g) Lived in this county 0 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside? L Outside?    city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho?    years  
(h) Former residence (city, state) same

## 3. (a) FULL NAME

Shirley Joyce Hill

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Female Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) Feb 28 1937

8. AGE	Years	Months	Days	If less than 1 day
	<u>11</u>	<u>2</u>	<u>11</u>	hrs. min.

9. Exact Occupation School Girl Did this work for    yrs.

10. Industry or Business    Date last worked   

11. Birthplace Jerome Idaho (City or town) (State or foreign country)

12. Name Walter Hill (City or town) (State or foreign country)

13. Birthplace Hawall Oklahoma (City or town) (State or foreign country)

14. Maiden name Bertie Robinson (City or town) (State or foreign country)

15. Birthplace Bentley Oklahoma (City or town) (State or foreign country)

16. Informant's OWN Signature W L Hill and Address Jerome Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-48 (Month) (Day) (Year)

(c) Place Jerome Idaho

18. Funeral Director's OWN Signature J P Wiley and Address Jerome Idaho

19. (a) May 13, 1948 (Date received and filed) (b) W L Hill (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 9 1948  
at 2:00 o'clock P. M.

21. I HEREBY CERTIFY That I attended deceased from 5/9/48 1948 to 5/9/48 1948.  
I did saw h. DEAD 5/9 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

PROBABLY CEREBRAL HEMORRHAGE

Duration 5 MINUTES

Due to RECENTLY RECOVERED FROM CARABKA-SPINAL

Due to MENINGITIS

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? HOME

Name of operation NONE Date   

Major finding

Finding of autopsy NONE

PHYSICIAN Underline the cause to which death should be changed statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature E H McQuate M.D. (M. D. or other)

and Address Buhl Idaho Date 5/9 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1948  
Local Reg. No. 425  
Reg. Dist. No. 460

1. PLACE OF DEATH:  
(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Rt. #2  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 1 years 5 months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Rt. # 2  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country?     
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state)   

3. (a) FULL NAME SHOVER, Vonley Dean  
(b) If veteran, name war None (c) Social Security No. None  
(d) Color or    (e) Single, widowed, married, divorced single  
(f) Sex male race white  
(g) (b) Name of husband or wife    (c) Age of husband or wife if alive    years  
(h) Date of Birth December 6th, 1946  
(i) (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>5</u>	<u>4</u>	hrs min.

9. Exact Occupation Infant Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Twin Falls Idaho  
(City or town) (State or foreign country)  
12. Name Paul Shover  
13. Birthplace Oklahoma  
(City or town) (State or foreign country)  
14. Maiden name Harriet Felt  
15. Birthplace Filer, Idaho  
(City or town) (State or foreign country)  
16. Informant's OWN Signature Paul Shover  
and Address Twin Falls, Idaho  
17. (a) Burial (b) Date thereof 5-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Filer BOOE Cem.  
18. Funeral Director's OWN Signature     
and Address White Mortuary Twin Falls  
19. (a) May 12, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH May 10th, 1948  
at 4:30 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from May 10th 1948, to May 10th 1948.  
I last saw him in his home Dead 5/10/48; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: accident to Electro Duration     
cardiac  
Due to     
Due to     
Other conditions     
(Include pregnancy within 3 months of death)  
Where was disease contracted?    Date    PHYSICIAN     
Name of operation    Major finding     
Finding of autopsy Emilia 1948  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred May 10, 1948 City, county, state where violence occurred Twin Falls  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury Open Electrical  
23. Attendant's OWN Signature    Date 5/10/48  
Idaho Twin Falls, Ida and Address     
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1949  
Local Reg. No. 428  
Reg. Dist. No. 660

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Filer  
(c) Street Address or R.F.D. No. 406 North St.  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 0 years 9 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No. 406 North St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 9 Mos.  
(h) Former residence (city, state) Arkansas City, Kansas

## 3. (a) FULL NAME Mary Frances Easley

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or ..... 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife Francis James 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) February 19, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>2</u>	<u>27</u>	hrs min.

9. Exact Occupation Homsewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Mehan, Oklahoma  
(City or town) (State or foreign country)

12. Name Frank Huddleston  
13. Birthplace Missourri  
(City or town) (State or foreign country)  
14. Maiden name Mary Belle Beaman  
15. Birthplace Missourri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Grace Fuller  
and Address Valejo, California

17. (a) Removal (b) Date thereof 5/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Arkansas City, Kansas

18. Funeral Director's OWN Signature James E. Reynolds  
and Address Twin Falls, Idaho

19. (a) May 18, 1948 (b) Ernest B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 05912

20. DATE OF DEATH (Month, Day, Year) May 16, 1948  
at 10:50 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
I last saw him 5-17-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: ..... Duration

Due to Coronary Thrombosis .....  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature James E. Reynolds  
and Address Twin Falls, Idaho Date 5-17-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 19 1948

# Certificate Of Death

STATE OF IDAHO

448  
State File No. 1950  
Local Reg. No. 449  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Kimberly  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 37 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Kimberly  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME Adah Draper

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married  
4. Sex Female race white  
6. (b) Name of husband or wife J. W. Draper 6. (c) Age of husband or wife if alive 82 years  
7. Date of Birth (Month, Day, Year) June 19, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>11</u>		hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Alba, Mo. (City or town) (State or foreign country)

12. Name H. B. Stith  
13. Birthplace Missouri (City or town) (State or foreign country)  
14. Maiden name Malinda Virginia  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Eldon L. Draper  
and Address 315 West Cannock Boise

17. (a) Burial (b) Date thereof 5-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J. Phillips  
and Address Twin Falls, Idaho

19. (a) June 12, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 19 1948  
at 2:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 19, 1948, to 19

I last saw her alive on May 19, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Rt. heart failure

Due to Chronic myocarditis

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 19 City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Kimberly (M. D. or other) \_\_\_\_\_

and Address Kimberly Date June 11, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 7 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1951  
Local Reg. No. 431  
Reg. Dist. No. 46.0

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R.F.D. No. 4  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. None Stayed No days  
(g) Lived in this county 1 years 4 months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. 4  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) None

3. (a) FULL NAME Thomas Gerald Reynolds

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced Single  
4. Sex M 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X years  
7. Date of Birth (Month, Day, Year) January 3, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>4</u>	<u>21</u>	hrs min.

9. Exact Occupation None Did this work for No yrs.  
10. Industry or Business None Date last worked X  
11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)  
Mother { 12. Name Thomas Gerald Reynolds  
13. Birthplace Independence, Kans.  
(City or town) (State or foreign country)  
14. Maiden name Etta Mae James  
15. Birthplace Buhl, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. W. J. Reynolds  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof 5/26/1948  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: M. Buhl City Cemetery

18. Funeral Director's OWN Signature J. J. Peterson  
and Address Buhl, Idaho

19. (a) May 28, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 24 1948  
(Month, Day, Year)  
at about 6 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 5-24-48 1948, to 19 1948.  
I last saw him alive on 1948, death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

drowning  
Due to fall in irrigation ditch

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 5-24 1948 City, county, state where violence occurred M. Buhl, Idaho  
Place of Violence: Home \_\_\_\_\_ Farm X Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury fall in ditch

23. Attendant's OWN Signature Mrs. Drake  
(M. D. or other)  
and Address Buhl, Idaho Date 5-25-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 7 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1952  
Local Reg. No. 434  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Filer, Idaho  
(c) Street Address or R. F. D. No. XXXXXX  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place XXXXXX  
(f) Name Hosp. or Inst. XXXXXX Stayed days  
(g) Lived in this county years 2 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Wendell, Idaho  
(d) Street Address or R.F.D. No. XXXXXX  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) XXXXXX

## 3. (a) FULL NAME TURNBEAUGH, Clarence Henry

3. (b) If veteran, name war None 3. (c) Social Security No. 567-20-0064  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Stella 6. (c) Age of husband or wife if alive 40 years  
7. Date of Birth (Month, Day, Year) March 1, 1909

8. AGE	Years	Months	Days	If less than 1 day
<u>40</u>	<u>2</u>	<u>25</u>	<u>hrs</u>	<u>min.</u>

9. Exact Occupation Laborer Did this work for  yrs.  
10. Industry or Business Washington, W. worked Date last XXXXXX  
11. Birthplace Sevierville, Tennessee (City or town) (State or foreign country)

12. Name Henry C. Turnbeaugh  
13. Birthplace Mesa, Arizona (City or town) (State or foreign country)  
14. Maiden name Margie Crawford  
15. Birthplace Washington Co., Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Stella C. Turnbeaugh and Address Wendell, Idaho

17. (a) 5-28-48 (b) Date thereof 5-28-48 (Month) (Day) (Year)  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Wendell Cem. Wendell, Ida.

18. Funeral Director's OWN Signature White Mortuary and Address Twin Falls, Idaho

19. (a) June 1, 1948 (b) Erma B. Reed (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 26, 1948  
at a pp. 1:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from XXXXXX to XXXXXX 1948

I last saw him alive on XXXXXX death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: pulmonary edema Duration acute

Due to car. myocarditis and pericarditis

Due to removal of liver

Other conditions 2 fatty degeneration (Include pregnancy within 3 months of death) XXXXXX

Where was disease contracted? XXXXXX Name of operation XXXXXX Date XXXXXX

Major finding XXXXXX

Finding of autopsy same as above

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? XXXXXX Suicide? XXXXXX Homicide? XXXXXX

Occurred XXXXXX 19 XXXXXX City, county, state where violence occurred

Place of Violence: Home XXXXXX Farm XXXXXX Industry XXXXXX  
Public Place XXXXXX While at work? XXXXXX

Means of injury XXXXXX

23. Attendant's OWN Signature XXXXXX and Address XXXXXX Date XXXXXX 19 XXXXXX

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink in BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUN 7 1948

# Certificate Of Death

STATE OF IDAHO

749 State File No. 1953  
Local Reg. No. 437  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Filer  
(c) Street Address or R.F.D. No. Filer  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Field Stayed        days  
(g) Lived in this county 15 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No. Filer  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Thompson, Ralph Glenn

3. (b) If veteran, name war none No. none  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Essie  
6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) July 15, 1910

8. AGE	Years	Months	Days	If less than 1 day
	<u>37</u>	<u>10</u>	<u>12</u>	hrs min.

9. Exact Occupation Farmer Did this work for 15 yrs.  
10. Industry or Business        Date last worked 5-27-48  
11. Birthplace LaPlata, Missouri  
(City or town) (State or foreign country)

- Mother Father { 12. Name Ed C. Thompson  
13. Birthplace Missouri  
(City or town) (State or foreign country)  
14. Maiden name Eva De Moss  
15. Birthplace Mo.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Essie R Thompson  
(a) and Address Filer, Idaho

17. (a) Removal (b) Date thereof 6-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bugley, Idaho

- Funeral Director's OWN Signature         
(a) and Address White Mortuary-Twin Falls,

19. (a) June 1, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 27th 1948  
at 5:45 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from        to        1948

I last saw him alive on 5-27-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Electrocution Duration       

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ✓ Suicide?        Home?       

Occurred 5-27 1948 County Twin Falls

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury Bolt through head

## 23. Attendant's OWN Signature

(M. D. or other)

and Address Twin Falls, Idaho

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1954  
Local Reg. No. 435  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- JUN 7 1948  
(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 2  
(d) Death Occured Inside?..... Outside? X city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county..... years..... months..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside?..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?..... years  
(h) Former residence (city, state).....

## 3. (a) FULL NAME MYERS, Elvin Raymond

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Evelyn 6. (c) Age of husband or wife if alive 44 years  
7. Date of Birth (Month, Day, Year) Sept., 13, 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>8</u>	<u>14</u>	hrs min.

9. Exact Occupation Farmer Did this work for..... yrs.  
10. Industry or Business Date last worked 5-27-48  
11. Birthplace Phillipsburg Co., Kansas  
(City or town) (State or foreign country)

- Mother Father  
12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs E. P. Myers  
(a) and Address Rt #2, Twin Falls, Idaho.

17. (a) Burial (b) Date thereof 5-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature White Mortuary, Twin Falls, Idaho  
(a) and Address Twin Falls, Idaho

19. (a) June 4, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 27, 1948  
(Month, Day, Year) at 3:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1948 to 1948  
I last saw him alive on 5-27-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Electrocution Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation..... Date.....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred 5-17-48 City county, state Twin Falls, Idaho

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury fighting, belt

Attendant's OWN Signature Erma B. Reed

(a) and Address Twin Falls, Idaho (b) June 4, 1948

(Date received and filed) (Registrar's signature)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUN 12 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1955  
Local Reg. No. 443  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R. F. D. No. 1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years X months X days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

John Jagels

3. (b) If veteran, name war No  
3. (c) Social Security No. None  
5. Color W 6. (a) Single, widowed, married, divorced Married  
4. Sex M race W  
6. (b) Name of husband or wife Katie Schnackenberg 75 years  
6. (c) Age of husband or wife if \_\_\_\_\_  
7. Date of Birth (Month, Day, Year) May 15, 1859

8. AGE	Years	Months	Days	If less than 1 day
	89	0	16	hrs min.

9. Exact Occupation Farmer Did this work for 35 yrs.  
10. Industry or Business Farming Date last worked 1943  
11. Birthplace Benton County, Missouri  
(City or town) (State or foreign country)

12. Name Gerd Jagels  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature X Walter J. Jagels  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof June 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Clover Cemetery

18. Funeral Director's OWN Signature D. J. Robertson  
and Address Buhl, Idaho

19. (a) JUN 5, 1948 (b) Ernest R. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 30 1948  
(Month, Day, Year)  
at 12:20 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 5/20 1948, to 5/28 1948  
I last saw him alive on 5/28 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

HYDROSTATIC THERMONIA

## Duration

3 DAYS

Due to ACUTE URINARY RETENTION 2 WKS

Due to SENILITY

Other conditions PROSTATISM  
(Include pregnancy within 3 months of death)

Where was disease contracted? HOME

Name of operation NONE Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 19 City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. H. Smith, M.D.  
and Address Buhl, Idaho Date 6/2 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1956  
Local Reg. No. 442  
Reg. Dist. No. 460

JUN 12 1948

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Filer  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 38 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME DIEHL, Mrs Lula

3. (b) If veteran, name war ..... No. ....  
5. Color or .....  
4. Sex female race W.  
6. (b) Name of husband or wife Samuel G. Diehl  
6. (c) Age of husband or wife if deceased 1954 years  
7. Date of Birth (Month, Day, Year) March 19, 1871

8. AGE	Years	Months	Days	If less than 1 day
	77	2	10	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Peoria, Illinois (City or town) (State or foreign country)

12. Name Charles Jordon  
13. Birthplace ..... (City or town) (State or foreign country)  
14. Maiden name Mary Gambrel  
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's OWN Signature Anna Mae Hainline  
and Address Filer

17. (a) burial (b) Date thereof 6-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: I.O.O.F. Cemetery, Filer

18. Funeral Director's White Mortuary  
OWN Signature Edna M. White E-249  
and Address Twin Falls, Idaho.

19. (a) JUN 5 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 29, 1948 19.....  
at 10:30 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from 19....., to 5-29- 19..... 48

I last saw h. .... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Respiratory failure Duration 3 hours  
Due to Cerebral hemorrhage 1 month

Due to Cardio-renal vascular disease 2 years  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury H.R. Strave  
23. Attendant's OWN Signature H.R. Strave (M. D. or other)  
and Address Twin Falls, Ida Date 5-29-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1957**  
Local Reg. No. **444**  
Reg. Dist. No. **460**

1. PLACE OF DEATH:

(a) County Twin Falls  
(b) City or town Filer  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 45 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Twin Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Colo.

3. (a) FULL NAME Leonard Snelson

3. (b) If veteran, name war W. War #1 3. (c) Social Security No. 519-30-9914

5. Color or race White 6. (a) Single, widowed, married, divorced Married

4. Sex Male

6. (b) Name of husband or wife Madge 6. (c) Age of husband or wife if alive 46 years

7. Date of Birth (Month, Day, Year) March 3 1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>2</u>	<u>27</u>	hrs min.

9. Exact Occupation Day Laborer Did this work for 5 yrs.

10. Industry or Business Seed Products Date last worked 5-13-48

11. Birthplace Delta Colorado  
(City or town) (State or foreign country)

12. Name Wm. Snelson

13. Birthplace Arkansas  
(City or town) (State or foreign country)

14. Maiden name Belle Johnson

15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Wm. Snelson  
and Address Filer, Id.

17. (a) Burial (b) Date thereof 6-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J. Phillips  
and Address Twin Falls, Idaho

19. (a) June 8, 1948 (b) Erma B. Reed  
(date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 095A

20. DATE OF DEATH (Month, Day, Year) May 30 1948  
at 11-25 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 11 1948, to May 30 1948

I last saw him alive on May 30 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ventricular Fibrillation Duration \_\_\_\_\_

Due to Coronary occlusion 14 days

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature May W. Danner M.D.  
and Address Filer, Idaho Date June 4 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

File No. **1958**  
Local Reg. No. **38**  
Reg. Dist. No. **320**

## 1. PLACE OF DEATH:

- (a) County **Washington**  
(b) City or town **Weiser**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Weiser Hosp** Stayed **10** days  
(g) Lived in this county **10** years **10** months

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Oregon** (b) County **Baker**  
(c) City or town **Huntington**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **Life** years  
(h) Former residence (city, state) **XXXX**

## 3. (a) FULL NAME

**Rodney Wayne King**

## 3. (b) If veteran,

name war **None**

## 3. (c) Social Security

No. **None**

5. Color or **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **XXXXXX**

6. (c) Age of husband or wife if alive **XXXXXX** years

7. Date of Birth  
(Month, Day, Year)

**November 26 1921**

8. AGE	Years	Months	Days	If less than 1 day
<b>16</b>	<b>5</b>	<b>18</b>		hrs min.

9. Exact Occupation **Student** Did this work for **11** yrs.

10. Industry or Business **High School** Date last worked **5/14/48**

11. Birthplace **Huntington Oregon**  
(City or town) (State or foreign country)

12. Name **Arthur King**

13. Birthplace **Clay City Kentucky**  
(City or town) (State or foreign country)

14. Maiden name **Emily Bunch**

15. Birthplace **Baker Oregon**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Arthur H King**  
and Address **New Plymouth Idaho**

17. (a) **Burial** (b) Date thereof **5/18/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Hillcrest Cem. Weiser, Idaho**

18. Funeral Director's OWN Signature **C. S. Jones**

and Address **Northam Jones, Weiser, Idaho.**

19. (a) **5/17/48** (b) **Eric Hawthorn**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **May 14** 19**48**  
at **10:00** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **May 14** 19**48** to **May 14** 19**48**  
I last saw him alive on **May 14** 19**48** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Disorder of Marriage** Duration

Due to **Disorder of Marriage**

Due to **Auto Accident**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **Disorder of Marriage** Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred **5-14** 19**48** City, county, state **Baker County, Ore.**

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place **Home** While at work? ☐

Means of injury **Auto Accident**

23. Attendant's OWN Signature **M. M. M. M. M.**

and Address **Weiser, Idaho** (M. D. or) Date **5/17/48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 1959  
Local Reg. No. 39  
Reg. Dist. No. 320

MAY 25 1948

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 3 days  
(g) Lived in this county..... years 6 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Cambridge  
(d) Street Address or R.F.D. No. Star Route  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Kennydale, Wn.

## 3. (a) FULL NAME ADDISON WALTER HAWORTH

3. (b) If veteran, name was No 3. (c) Social Security No. ....  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hattie 6. (c) Age of husband or wife if alive 56 years  
7. Date of Birth (Month, Day, Year) August 6 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>9</u>	<u>8</u>	hrs min.

9. Exact Occupation Contractor (Retired) Did this work for 20 yrs.  
10. Industry or Business General Building Date last worked 1938  
11. Birthplace Newton Co. Indiana (City or town) (State or foreign country)

12. Name Jahn G. Haworth  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Daffeny Wyatt  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hattie Haworth (Wife)  
and Address Star Route, Cambridge, Idaho.

17. (a) Removal (b) Date thereof. 5/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pocatello, Idaho

18. Funeral Director's OWN Signature A. S. Jones #E357  
and Address Northam Jones Chapel, Weiser, Idaho

19. (a) 5/14/48 (b) Marie Hawthorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 14 19 48  
at 12:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 11th 1948 to May 14th 1948  
I last saw him alive on May 14th 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Squidish Duration

Chronic myocarditis

Due to hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature W. D. McLeath M.D.

and Address Weiser, Idaho Date 5/14/ 19 48  
(M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. <sup>1948</sup> 1960  
Local Reg. No. 43  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 48 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Paduka, Kentucky

3. (a) FULL NAME Thomas Archie Lassiter

3. (b) If veteran, name war None  
3. (c) Social Security No. 518-07-7050  
5. Color or White  
6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Grace  
6. (c) Age of husband or wife if alive 44 years  
7. Date of Birth (Month, Day, Year) January 22 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>5</u>	<u>4</u>	hrs min.

9. Exact Occupation Carpenter Did this work for 11 yrs.  
10. Industry or Business Stonecutter Date last worked 5/25/48  
11. Birthplace Paduka Co. Kentucky  
(City or town) (State or foreign country)

12. Name Archie Carver Lassiter  
13. Birthplace Tennessee  
(City or town) (State or foreign country)  
14. Maiden name Jemima Etta Wells  
15. Birthplace .....  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Arnull Clifford (Daug)  
and Address Weiser, Idaho

17. (a) Burial (b) Date thereof 5/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature A. S. Jones  
and Address Northam-Jones, Weiser, Idaho

19. (a) 5/27/48 (b) Martha F. ...  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 26 1948  
at 7:55 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Subject ~~was~~ suffered a heart attack when he arrived for work and died before the arrival of medical aid.

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
Duration of death .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? X  
Means of injury .....

23. Attendant's OWN Signature A. S. Jones, Coroner  
(M. D. or other) and Address Weiser, Idaho Date 5/27 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1961**  
Local Reg. No. **44**  
Reg. Dist. No. **320**

## 1. PLACE OF DEATH:

- (a) County **Washington**  
(b) City or town **Weiser**  
(c) Street Address or R.F.D. No. **West Butterfield**  
(d) Death Occurred Inside? **X** Outside? **city or town**  
(e) Died in a Home **X** Hospital **Institution** Other place  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **40** years **months** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Washington**  
(c) City or town **Weiser**  
(d) Street Address or R.F.D. No. **West Butterfield**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **Pryor, Oklahoma**

## 3. (a) FULL NAME **Elias Watkins**

3. (b) If veteran, name war **None** No. **None**  
5. Color or **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Carrie Mae**  
6. (c) Age of husband or wife if alive **years**  
7. Date of Birth **June 7 1860**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>87</b>	<b>11</b>	<b>21</b>	hrs min.

9. Exact Occupation **Retired Rancher** Did this work for **life** yrs.  
10. Industry or Business **Own Ranch** Date last worked **1940**  
11. Birthplace **Madison County Arkansas**  
(City or town) (State or foreign country)

12. Name **James Watkins**  
13. Birthplace **Kentucky**  
(City or town) (State or foreign country)  
14. Maiden name **Margaret Fraley**  
15. Birthplace **Kentucky**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Shesley T. Watkins**  
and Address **8112 27th, Fremont, Ore.**

17. (a) **Burial** (b) Date thereof **6/2/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Hillcrest Cem. Weiser, Idaho**

18. Funeral Director's OWN Signature **A. S. Jones**

- and Address **Northam Jones, Weiser, Idaho**

19. (a) **5/31/48** (b) **Marie Skulhorn**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **May 28** 19 **48**  
at **9:20** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **11 May 1948** to **28 May 1948**  
I last saw him alive on **28 May 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Somnolence with mild 5 minute delirium**  
Due to

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**  
Name of operation **none** Date  
Major finding  
Finding of autopsy **none**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **none** Suicide? **none** Homicide? **none**  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home **none** Farm **none** Industry **none**  
Public Place **none** While at work? **none**  
Means of injury **none**

23. Attendant's OWN Signature **by Len Anderson**  
(M.D. or other)  
and Address **Weiser, Idaho** Date **5/31/48** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAY 25 1948

STATE OF IDAHO

State File No. 1962  
Local Reg. No. 40  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? X city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 30 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Mary Eva Bonner

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Samuel H. 6. (c) Age of husband or wife if alive 85 years  
7. Date of Birth August 17 1870  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>8</u>	<u>20</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Own Home Date last worked 1942  
11. Birthplace Sullans Indiana  
(City or town) (State or foreign country)

12. Name John Kiser  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Maiden name Mary Auten  
15. Birthplace Indiana  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Earl H. Bonner  
and Address Weiser Idaho

17. (a) Burial (b) Date thereof 9/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature A. J. Jones  
and Address Northam Jones, Weiser, Idaho

19. (a) 5/8/48 (b) Marie Hawthorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 7 1948  
at 3:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 7th 1945 to May 7th 1948  
I last saw her alive on May 7th 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Serebral Hemorrhage Duration

Due to Hypertension

Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury Stroke

23. Attendant's OWN Signature M. D. or other  
and Address Weiser Ida Date 5-8 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

MAY 27 1948

STATE OF IDAHO

State File No. 1963  
Local Reg. No. 41  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Rural Near Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed        days  
(g) Lived in this county 7 months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County         
(c) City or town Orifino  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Redondo Beach California

## 3. (a) FULL NAME Outhbert Pratt Reid

3. (b) If veteran, name war W.W.#2 3. (c) Social Security No. 568-03-0453  
5. Color or        6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Effie 6. (c) Age of husband or wife if alive 42 years  
7. Date of Birth (Month, Day, Year) June 28 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>10</u>	<u>20</u>	hrs min.

9. Exact Occupation Commercial Did this work for        yrs.  
10. Industry or Business Fisherman Date last worked 5/17/48  
11. Birthplace Lewistown Montana (City or town) (State or foreign country)

- Mother { 12. Name Unknown  
Father { 13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Box 828 Orifino, Idaho

17. (a) Removal (b) Date thereof 5/20/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Orifino, Idaho

18. Funeral Director's OWN Signature [Signature]  
and Address Northam Jones, Weiser, Idaho

19. (a) 5/19/48 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 18 1948  
at 10:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from        19       , to        19

I last saw h.        alive on        19       ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Subject lost control of car on mountain road during severe electrical and rain storm

Death resulted from skull fracture and probable internal injuries (thoracic).

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?        Date        Duration       

Name of operation        Major finding        Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide?        Homicide?         
Occurred 5/18/48 19        City, county, state where violence occurred Rural near Weiser, W. Co. Idaho  
Place of Violence: Home        Farm        Industry         
Public Place Highway While at work? No  
Means of injury Auto wreck.

23. Attendant's OWN Signature [Signature] Coroner  
and Address Weiser, Idaho Date 5/19/48 (M. D. or other)  
(For additional space, use reverse side)

1948  
State File No. 1964  
Local Reg. No. 42  
Reg. Dist. No. 32

# Certificate Of Death

United States  
Department of Commerce  
Bureau of the Census

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? X city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 14 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) Elgin Illinois

3. (a) FULL NAME Emma Jane Alderson

3. (b) If veteran, name war None No. None  
5. Color or None (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife John (c) Age of husband or wife if alive 62 years  
7. Date of Birth June 21 1888  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>11</u>	<u>2</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Own Home Date last worked 12/47  
11. Birthplace Aurora Iowa  
(City or town) (State or foreign country)  
12. Name Jesse Stringer  
13. Birthplace Illinois  
(City or town) (State or foreign country)  
14. Maiden name Harriet Joy  
15. Birthplace Vermont  
(City or town) (State or foreign country)

16. Informant's OWN Signature Norma Harlock  
and Address Los Angeles, Calif. (daughter)  
17. (a) Burial (b) Date thereof 5/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser Idaho  
18. Funeral Director's OWN Signature A. S. Jones  
and Address Northam Jones, Weiser Idaho  
19. (a) 5/24/48 (b) Therist Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) May 23 1948  
at 6:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 8 Nov 1946 to 23 May 1948  
I last saw her alive on 7 April 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cholecystitis - Cholelithiasis  
Probable carcinoma

Duration

Due to

Due to

Other conditions Diabetes mellitus  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation none Date

Major finding

Finding of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury

23. Attendant's OWN Signature Hylen Harlock, Jr.  
and Address Weiser, Idaho (M. D. or other) Date 5/24/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUN 12 1948

# Certificate Of Death

STATE OF IDAHO

1918  
State File No. 1965  
Local Reg. No. 45  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? X city or town  
(e) Died in a Home. X Hospital. Institution. Other place. ....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 00 years 00 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Tyhee, Idaho  
(d) Street Address or R.F.D. No. Rt. #2 North  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 62 years  
(h) Former residence (city, state) Plum Creek, Pa.

## 3. (a) FULL NAME Laura Melissa Davis

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Female 6. (b) Name of husband or wife Albert O. (Dec'd '32)  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) November 29 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>6</u>	<u>1</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Own Home Date last worked 5/28/48  
11. Birthplace Plum Creek, Pennsylvania (City or town) (State or foreign country)

12. Name David R. Hopkins  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Kezia ?????  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Reese Davis Son  
and Address Route #2 Pocatello, Idaho

17. (a) Removal (b) Date thereof 5/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pocatello, Idaho.

18. Funeral Director's OWN Signature M. Jones  
and Address Northam-Jones Chapel, Weiser, Idaho

19. (a) 5/30/48 (b) Marie Vanthorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 30 1948  
at 8:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart Attack

Duration

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation .....

Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....

## 23. Attendant's

OWN Signature M. Jones

and Address Weiser, Idaho

(M. D. or R. F. D.)

Date 5/30 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics JUN 19 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1966  
Local Reg. No. 287  
Reg. Dist. No. 376

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 412 State  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett, Ida.  
(d) Street Address or R.F.D. No. Rt 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 67 years  
(h) Former residence (city, state) 67

## 3. (a) FULL NAME

WALTER W. DYMOKE

## 3. (b) If veteran name war

no

## 3. (c) Social Security No.

no

## 4. Sex M 5. Color or race W

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Daisy

## 6. (c) Age of husband or wife if alive 56 years

## 7. Date of Birth (Month, Day, Year) December 30 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>4</u>	<u>18</u>	hrs. min.

## 9. Exact Occupation Farmer Did this work for 50 yrs.

## 10. Industry or Business Self Date last worked

## 11. Birthplace Boise, Idaho (City or town) (State or foreign country)

## 12. Name Jake Dymoke

## 13. Birthplace Unknown (City or town) (State or foreign country)

## 14. Maiden name Sarrah Brimhaw

## 15. Birthplace Unknown (City or town) (State or foreign country)

## 16. Informant's OWN Signature Daisy M. Dymoke and Address Emmett, Idaho

## 17. (a) Burial (b) Date thereof 5 / 22 / 48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Emmett, Idaho

## 18. Funeral Director's OWN Signature James R. Jensen and Address Emmett, Idaho

## 19. (a) 6-8-48 (b) N. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH May 18 1948 (Month, Day, Year) at 2:00 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from 5/16 1948 to 5/18 1948. I last saw him alive on 5/17 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death Cardiac Reinfarction Duration

## Due to Arteriosclerosis that during ?

## Due to Supreme of both legs. Other conditions Supreme of both (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_ Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature James R. Jensen (M. D. or other) and Address Boise Date 5/19 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

McKean  
Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 8 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1967  
Local Reg. No. 282  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus \_\_\_\_\_ days \_\_\_\_\_  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 7 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 24 Pershing Dr.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Carl Lavern Smith

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 25th 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>7</u>	(s. min.)

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise Idaho (City or town) (State or foreign country)

Father { 12. Name Oscar Smith

13. Birthplace Wellington Kan: (City or town) (State or foreign country)

Mother { 14. Maiden name Patsy Marie Wilson

15. Birthplace Denver Colo: (City or town) (State or foreign country)

16. Informant's OWN Signature Carl L. Smith  
and Address 24 Pershing Drive. Boise Idaho

17. (a) Burial (b) Date thereof 6/3/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreyer McLean  
and Address Boise

19. (a) 6-3-48 (b) J. J. McLean  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 2 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from May 25 1948 to June 1 1948  
I last saw h. in alive on June 1 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congenital atelectasis Duration 7 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Hypospadias,  
(Include pregnancy within 3 months of death) double writer

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following;

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Loy T. Swinehart MD  
(M.D. or other)

and Address 218 W. First Date June 2, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 19 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1968  
Local Reg. No. 213  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Alphonsus days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County King  
(c) City or town Seattle  
(d) Street Address or R.F.D. No. 10433 1st Ave. S  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Maggie Woods Waner

3. (b) If veteran, name war ..... No. ....  
5. Color or ..... 6. (a) Single, widowed, married,  
4. Sex F race W divorced M  
6. (b) Name of husband or wife Edgar O. Waner 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) December 10-1882

8. AGE	Years	Months	Days	If less than 1 day
	65	5	24	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Chase Co., Kansas (City or town) (State or foreign country)

12. Name Perry Woods  
13. Birthplace Indiana (City or town) (State or foreign country)  
14. Maiden name Sarah Belle Gray  
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Edgar O. Waner  
and Address 10433 1st Ave S

17. (a) Burial (burial, cremation, or removal) Caldwell, Idaho (b) Date thereof 6-8-48 (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Edgar O. Waner  
and Address Caldwell, Idaho

19. (a) 6-11-48 (Date received and filed) (b) A. Sharp (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 4 1948  
(Month, Day, Year) at 10:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 5-7-48 1948, to 6-4-48 1948  
I last saw h OR alive on 6-4-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Decompensation Duration 2 days

Due to Ch. Myocarditis 12 years

Due to .....  
Other conditions Post-operative  
(Include pregnancy within 3 months of death)

Myocarditis 4 days  
Where was disease contracted? Home  
Name of operation Myocarditis Date: .....

Major finding .....  
Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature Drumack (M. D. or other)

and Address Boise, Idaho Date 6-7-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

1948  
JUN 10 1948  
NON-RESIDENT  
Certificate of DEATH  
STATE OF IDAHO

1948  
State File No. 1969  
Local Reg. No. 202  
Reg. Dist. No. 37C

1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. X Hospital. \_\_\_\_\_ Institution. \_\_\_\_\_ Other place  
(f) Name Hosp. or Inst. St. Alphonsus 4 days  
(g) Lived in this county. 4 years. \_\_\_\_\_ months. \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Oregon (b) County. Malheur  
(c) City or town. Nysa  
(d) Street Address or R.F.D. No. R.D. # 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 Days years  
(h) Former residence (city, state). Illinois

3. (a) FULL NAME Georgia M. Overstreet

3. (b) If veteran, name war No 3. (c) Social Security No. None

5. Color or 6. (a) Single, widowed, married, divorced. Married  
4. Sex Female Race White

6. (b) Name of husband or wife Robert R. Overstreet 6. (c) Age of husband or wife if alive 82 years

7. Date of Birth (Month, Day, Year) August 28, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>9</u>	<u>7</u>	hrs. min.

9. Exact Occupation. At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business. \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace. Delevan, Illinois  
(City or town) (State or foreign country)

12. Name. Henry R. Scott

13. Birthplace. Kentucky  
(City or town) (State or foreign country)

14. Maiden name Editha Ellen Mc Cann

15. Birthplace. Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature. Platts Overstreet  
and Address. 2001 77 - 19 St. Boise Idaho

17. (a) Burial (b) Date thereof. June 9, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place. Nysa, Oregon

18. Funeral Director's OWN Signature. Clayton E. Summers  
and Address. Boise Idaho

19. (a) 6-8-48 (b) K. Sharp  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 5, 1948

at 11.30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from June 5, 1948 to June 5, 1948

last saw him alive on June 5, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive Heart Failure Duration 2 wks

Due to Arterio Sclerotic Heart Disease

Due to \_\_\_\_\_  
Other conditions Senile Dementia  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature. O. J. Swindell M.D.

and Address. Boise Idaho Date 6-8-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUN 1 7 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1970  
Local Reg. No. 211  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Lukes Stayed 30 days  
(g) Lived in this county ..... years ..... months 30 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mt. Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME GRACE ANN HINES

3. (b) If veteran, name war No 3. (c) Social Security No. ....  
5. Color or No 6. (a) Single, widowed, married, divorced Married  
4. Sex F race W 6. (b) Name of husband or wife Jess V. Hines  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) 9/4/1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>9</u>	<u>1</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business Date last worked .....  
11. Birthplace Siloan Springs, Arkansas  
(City or town) (State or foreign country)

12. Name John Wright  
13. Birthplace Siloan Springs, Arkansas  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Josephine C. Hansen  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof 6/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill Cemetery, Boise, Ida.

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St. Boise, Idaho

19. (a) 6-9-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 5 1948  
at 5:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 19 48 to 19 48  
I last saw him alive on 19 48 death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Cancer of Cervix Duration 2 yrs.

Due to .....  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Arthur M. Popovich  
(M. D. or other)  
and Address Boise, Ida. Date 6-8-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1971  
Local Reg. No. 205  
Reg. Dist. No. 370

JUN 19 1948

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Lukes Stayed 3 days  
(g) Lived in this county 5 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2821. - 11 Ave S.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 80 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME EMMA ELIZABETH SAWYER.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or White.  
4. Sex Female. race White. 6. (a) Single, widowed, married, divorced Widow.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) August. 31. 1864.

8. AGE	Years	Months	Days	If less than 1 day
	<u>83.</u>	<u>9.</u>	<u>4.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Brigham City, Utah.  
(City or town) (State or foreign country)

12. Name John Nicholas.

13. Birthplace Wales.  
(City or town) (State or foreign country)

14. Maiden name Mary Ann Morgan.

15. Birthplace Wales.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Edna Kerschisnik  
and Address R#1 Weiser, Idaho

17. (a) Burial. (b) Date thereof June 8, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Nampa, Idaho.

18. Funeral Director's OWN Signature Clayton E. Summers  
and Address Boise, Idaho

19. (a) 6-7-48 (b) Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June. 5. 19 48.  
at 6.30. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to 6-5 19 48.  
I last saw her alive on 6-4 19 48.

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Arterio-sclerotic heart disease Duration 5 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Renal Failure 4 mos  
(Include pregnancy within 3 months of death)

Acute Lumbar Sacral Strain 6 mos.

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature James B. B. B.

and Address Boise Date 6-7 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

JUN 8 1948

1948  
State File No. 1972  
Local Reg. No. 305  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1810 Harvey  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. St. Alphonsus Stayed    days  
(g) Lived in this county    years    months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1810 Harvey  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 1 day years  
(h) Former residence (city, state)

## 3. (a) FULL NAME WALLACE OLE COPPOCK

3. (b) If veteran, name war No  
5. Color or W race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife     
6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) June 4, 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	0	1	hrs min.

9. Exact Occupation None Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

12. Name Hugh Coppock  
13. Birthplace Craig, Colorado (City or town) (State or foreign country)  
14. Maiden name Evelyn Flaaskog  
15. Birthplace Fordville, No. Dakota (City or town) (State or foreign country)

16. Informant's OWN Signature Glynn Shelley Coppock  
and Address 1810 Harvey, Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/48 (Month) (Day) (Year)  
(c) Place: Cloverdale, Boise, Idaho

18. Funeral Director's McBratney Fowler Chapel  
OWN Signature     
and Address 419 No. 9th, Boise, Idaho

19. (a) 6-7-48 (Date received and filed) (b) H. Sharp (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 5 19 48  
at 2:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 6-4 1948, to 6/5 1948  
I last saw him alive on 6/5 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

- Shuntectomy  
Due to Brain Ischemia  
Due to     
Other conditions     
(Include pregnancy within 3 months of death)

- Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature H. B. Anderson M.D. (M. D. or other)  
and Address Boise, Idaho Date 6/7 19 48  
(For additional space, use reverse side)

159X

059

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 19 1948

# Certificate of Death

STATE OF IDAHO

1948 1973  
State File No. \_\_\_\_\_  
Local Reg. No. 206  
Reg. Dist. No. 370

## 1. PLACE OF DEATH

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 2203 Manitou St  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 37 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2203 Manitou  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Germany

## 3. (a) FULL NAME Carl H.L. Feldhusen

## 3. (b) If veteran, name war None

## 3. (c) Social Security No. 320-18-8310

## 4. Sex Male Color or race White

## 6. (a) Single, widowed, married, divorced Widower

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth May 11th. 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>0</u>	<u>25</u>	hrs. min.

## 9. Exact Occupation Salesman Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business Verdun Germany Date last worked \_\_\_\_\_

## 11. Birthplace (City or town) (State or foreign country)

## 12. Name John Feldhusen

## 13. Birthplace Germany

## 14. Maiden name Sophie Remmann

## 15. Birthplace German

## 16. Informant's OWN Signature J.S. Feldhusen and Address Removal 6/8/1948

## 17. (a) Removal (b) Date thereof 6/8/1948

## (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Ft. Calhoun Nebraska

## 18. Funeral Director's OWN Signature Schreiber McCann and Address Boise

## 19. (a) 6-7-48 (b) J.S. McCann

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH 6-6-48

(Month, Day, Year) at 9:30 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 6-6-48 to 1948

I last saw him alive on 6-6-48 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Acute Coronary Occlusion Duration 6 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature W.A. Lachlan MD

(M.D. or other)

and Address Boise Date 6/7 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 19 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 1974  
Local Reg. No. 227  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 2 Hrs.  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 8  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Minnesota

## 3. (a) FULL NAME

SANDRA LEA HILL

## 3. (b) If veteran, name war

No.

## 3. (c) Social Security No.

None.

## 5. Color or

Sex Female Race White

## 6. (a) Single, widowed, married, divorced

Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth

(Month, Day, Year)

June. 7. 1943.

8. AGE	Years	Months	Days	If less than 1 day
	<u>5</u>	<u>0</u>	<u>0</u>	hrs. min.

## 9. Exact Occupation

None.

## Did this work for

## 10. Industry or Business

## Date last worked

## 11. Birthplace

Bemidjo, Minnesota.

(City or town)

(State or foreign country)

## 12. Name

Roger Patrick.

## 13. Birthplace

Unknown.

(City or town)

(State or foreign country)

## 14. Maiden name

Marion Brodd.

## 15. Birthplace

Cass Lake, Minnesota.

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Ethan D. Hill  
and Address RT # 8 Boise Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

June. 10. 1948

## (c) Place

St. Johns Cemetery.

## 18. Funeral Director's

OWN Signature Elvise E. Summers  
and Address Boise, Idaho.

## 19. (a)

(Date received and filed)

## (b)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June. 7. 1948.  
at 6.15. o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

6-7-48 to 6-7-48 1948  
I last saw her alive on 6-7-48 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Shock - hemorrhage Duration 1 hr

Due to gunshot wound chest

and abdomen

Due to hemorrhage of chest

Other conditions gunshot  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation hysterectomy Date 6-7-48

Major finding same

Finding of autopsy same

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred June 7 1948 City, county, state Boise Ada Idaho

Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury 33 cal. Pistol.

## 23. Attendant's

OWN Signature Quinnast

and Address Boise Idaho Date 6-7-48

(For additional space, see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1975**  
Local Reg. No. **212**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **1000 N. 9th. St**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **20** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1000 N 9th. St**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **39** years  
(h) Former residence (city, state) **Ill.**

## 3. (a) FULL NAME **Joseph Nicholas Mauvais**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **518-07-7259**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Anna M.** 6. (c) Age of husband or wife if alive **62** years

7. Date of Birth (Month, Day, Year) **Jan. 13th 1878**

AGE	Years	Months	Days	If less than 1 day
	<b>70</b>	<b>4</b>	<b>25</b>	hrs. min.

9. Exact Occupation **Real Estate and Insurance Salesman** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Avon Illinois** Date last worked \_\_\_\_\_

11. Birthplace (City or town) (State or foreign country)

12. Name **Henry Mauvais**

13. Birthplace **France**

14. Maiden name **Catherine Hectome**

15. Birthplace **St. Louis Mo.**

16. Informant's OWN Signature **C. H. Mauvais**

and Address **1000 N 9th. St Boise Idaho**

17. (a) **Burial** (b) Date thereof **6/11/1948**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **St. John's Cemetery**

18. Funeral Director's OWN Signature **Schreiber McLean**

and Address **Boise**

19. (a) **6-10-48** (b) **J. M. Sharp**

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **June 8 1948**  
at **11:58** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **June 8 1948**  
I last saw him alive on **June 1 1948**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial failure** Duration **074A**

Due to **Branchial Aneurysm** **3 days**

Due to **Chr Myelogenous Leukemia** **3 yrs**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **✓**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding **no**

Finding of autopsy **no**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **J. M. Sharp**

and Address **Boise** (M. D. or other) **6-10-48**

Date \_\_\_\_\_

(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1976**  
Local Reg. No. **210**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Lukes Stayed 125 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2415. 1/2, Idaho  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

**JESSIE AMELIA HESS.**

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or White  
6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Clarence Wilson Hess 6. (c) Age of husband or wife if alive 64 years

7. Date of Birth (Month, Day, Year) December. 25. 1893.

8. AGE	Years	Months	Days	If less than 1 day
	<u>54.</u>	<u>5.</u>	<u>13.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Bennington, Idaho. Date last worked \_\_\_\_\_

11. Birthplace Bennington, Idaho. (City or town) (State or foreign country)

Father { 12. Name James Hanson.

13. Birthplace Unknown. (City or town) (State or foreign country)

Mother { 14. Maiden name Annie Welsh.

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Clarence Wilson Hess  
and Address 8309 Boise Idaho

17. (a) Removal (b) Date thereof June. 9. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Logan, Utah.

18. Funeral Director's OWN Signature Clayde E. Summers  
and Address Boise, Idaho.

19. (a) 6-9-48 (b) R. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June. 8. 1948.  
at 6 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11/30 1947 to 6/8/48  
I last saw her alive on 6/8/48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis and spleen Duration ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. Sharp (M. D. or other)  
and Address Boise Date 6/9 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1977**  
Local Reg. No. **215**  
Reg. Dist. No. **37D**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **St. Lukes** Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Canyon**  
(c) City or town **Middleton**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **43** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**Jehu Inez Spillman**

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

4. Sex **F** 5. Color of race **W**

6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Thomas**

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth  
(Month, Day, Year)

**June 7-1879**

## 8. AGE

Years  
**69**

Months  
**-**

Days  
**1**

If less than 1 day  
hrs min.

9. Exact Occupation **Housewife** Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace **Mountain Grove, Missouri**  
(City or town) (State or foreign country)

12. Name **Peter Absher**

13. Birthplace **Missouri**  
(City or town) (State or foreign country)

14. Maiden name **Jennie Barnes**

15. Birthplace **Missouri**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Thos. Spillman**

- and Address **Middleton, Ida.**

17. (a) **Burial** (b) Date thereof **6-14-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Middleton**

18. Funeral Director's OWN Signature **Frederick Baker Chapel**

- and Address **Caldwell, Idaho**

19. (a) **6-14-48** (b) **H. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **June 8** 19 **48**  
(Month, Day, Year) at **6:30** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **6-21-1905** to **6-8-1948**

I last saw h. **aw** alive on **6-8-1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Congestive Heart Failure** Duration **6 hrs.**

Due to **operation for reduction of fractured femur.**

Due to **fractured femur.**

Other conditions **Diabetes Mellitus** **4 yrs.**  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ..... Homicide? .....

Occurred **May 28, 1948** 19 ..... City, county, state where violence occurred **Middleton, Idaho**

Place of Violence: Home ☒ Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury **Fall**

23. Attendant's OWN Signature **O. J. Quinnell M.D.**

and Address **Boise, Ida.** Date **6-11-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File **1978**  
Local Reg. No. **221**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Belgravia Apt. 8  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. Alphonsus stayed 25 days  
(g) Lived in this county 28 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Belgravia Apt. 8  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME TONY C. PHELAN

3. (b) If veteran, name war No 3. (c) Social Security No. 518-14-4405  
5. Color or race W 6. (a) Single, widowed, married, divorced Married  
4. Sex M 6. (b) Name of husband or wife Ruby 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) April 17, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>1</u>	<u>22</u>	hrs min.

9. Exact Occupation Grocery Clerk Did this work for  yrs.  
10. Industry or Business worked Date last worked   
11. Birthplace Goodlettsville, Tenn. (City or town) (State or foreign country)

12. Name James Y. Phelan  
13. Birthplace Tenn. (City or town) (State or foreign country)  
14. Maiden name Rebecca Knight  
15. Birthplace Tenn. (City or town) (State or foreign country)

16. Informant's OWN Signature Clayton M. Phelan  
and Address Burley, Idaho

17. (a) Burial (b) Date thereof 6/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cloverdale, Boise, Idaho

18. Funeral Director's McBroom Fowler Chapel  
OWN Signature   
and Address 419 No. 9th, Boise, Idaho

19. (a) 6-17-48 (b) N. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 9 1948  
at 8:25 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 4/21 1943, to 6/9 1948  
I last saw him alive on 6/9/48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Refractory  
Adm. Curmanga 4 months  
Due to Prison  
determined  
Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?   
Name of operation  Date   
Major finding   
Finding of autopsy As above  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred  
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature J. Baridish M.D.  
and Address Boise Date 6/16 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 19 1948

# Certificate of Death

STATE OF IDAHO

Patterson

State File No.

Local Reg. No.

Reg. Dist. No.

1979

217

370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home X Hospital X Institution    Other place     
(f) Name Hosp. or Inst. St. Alphonsus days 14  
(g) Lived in this county 50 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1601 N. 16 St.  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME JOHN. G. GRAY.

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or    6. (a) Single, widowed, married, divorced Widower  
4. Sex Male race White  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) December 23, 1863  
8. AGE Years Months Days If less than 1 day  
84 5 17 hrs. min.

9. Exact Occupation Retired Laundry Did this work for    yrs.  
10. Industry or Business Operator Date last worked     
11. Birthplace Jefferson City, Iowa (City or town) (State or foreign country)  
Father { 12. Name Alec Gray  
13. Birthplace Scotland (City or town) (State or foreign country)  
Mother { 14. Maiden name Unknown  
15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. A. P. Taylor  
and Address 711 N. 21 St. Boise Idaho

17. (a) Burial (b) Date thereof June 14, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Clayton E. Summers  
and Address Boise, Idaho

19. (a) 6-14-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 10, 1948  
at 5 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 5/23 in 1948 to 6-10 1948  
I last saw him alive on 6-9 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute Cardiac Dehiscence Duration 15 hr

- Due to Senility  
Due to     
Other conditions    (Include pregnancy within 3 months of death)  
Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?    Suicide?    Homicide?     
occurred    19    City, county, state where violence occurred

- Place of Violence: Home    Farm    Industry     
Public Place    While at work?

- Means of injury     
23. Attendant's OWN Signature Frank A. Summers  
and Address Boise, Idaho Date 6/12/48  
(For additional space, use reverse)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 19 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **1980**  
Local Reg. No. **214**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Alphonsus stayed 23 days  
(g) Lived in this county 9 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 10th & Grove  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME KITTIE TRATHEN

3. (b) If veteran, name war NO  
3. (c) Social Security No. None  
4. Sex F Color or race W  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) 4/3/1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>2</u>	<u>10</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Brewster New York (City or town) (State or foreign country)  
12. Name William Faull  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Anna Dyer  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Nellie L. Goodman  
and Address Milner Hotel Apt 103

17. (a) Removal (b) Date thereof 6/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Los Angeles, California

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St., Boise, Ida.

19. (a) 6-14-48 (b) K Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 053X 097X

20. DATE OF DEATH (Month, Day, Year) June 13 19 48  
at 10:52 a'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Mar. 14 1948, to June 13 1948.  
I last saw her alive on June 12 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Malignant Melanoma Duration 6 mo

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

generalized arteriosclerosis 20 yrs.

Where was disease contracted? .....

Name of operation Biopsy Date 6/16/48 PHYSICIAN

Major finding Malignant melanoma Underline

Finding of autopsy .....

which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Harvey A. Smith M.D.

and Address Boise, Idaho Date 14 June 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 19 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1981**  
Local Reg. No. **276**  
Reg. Dist. No. **370**

1. PLACE OF DEATH:  
(a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Alphonsus** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years **2** months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1315 Franklin St**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **2 Months** years  
(h) Former residence (city, state) **Spokane Wash.**

3. (a) FULL NAME **George Reuben Everett**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **539-05-6565**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **May 18 1886**

8. AGE	Years	Months	Days	If less than 1 day
	<b>62</b>	<b>0</b>	<b>25</b>	hrs. min.

9. Exact Occupation **Cement Finisher** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **London England**

12. Name **George R. Everett** (City or town) (State or foreign country)

13. Birthplace **England** (City or town) (State or foreign country)

14. Maiden name \_\_\_\_\_  
15. Birthplace **England** (City or town) (State or foreign country)

16. Informant's OWN Signature **George Everett Jr.**  
and Address **Spokane Washington**

17. (a) **Removal** (b) Date thereof **6/14/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Spokane Washington**

18. Funeral Director's OWN Signature **Schreiner McLean**  
and Address **Boise**

19. (a) **6-14-48** (b) **J. S. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **6-13 1948**  
at **8:25** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **6-26 1948** to **6-13 1948**  
I last saw him alive on **6-13 1948**;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Cardiac decompensation** Duration **2 mo**

Due to **Cor. myocardiitis** **10 years**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation **None** Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Don Walsh**

(M. D. or other)

and Address **Boise** Date **6-14 1948**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1982**  
Local Reg. No. **218**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **508. N. Atlantic**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years **2** months **13** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **508. Atlantic**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **2 Mo 13 Days**  
(h) Former residence (city, state) **X**

3. (a) FULL NAME **William Michael Rutledge.**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**

5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Single.**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **March. 31, 1948.**

8. AGE	Years	Months	Days	If less than 1 day
		<b>2.</b>	<b>13.</b>	hrs. min.

9. Exact Occupation **None.** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Boise, Idaho.** (City or town) (State or foreign country)

12. Name **William Hugh Rutledge.**

13. Birthplace **Boise, Idaho.** (City or town) (State or foreign country)

14. Maiden name **Nola Lorraine Johnson.**

15. Birthplace **Tacoma, Washington.** (City or town) (State or foreign country)

16. Informant's OWN Signature **William H Rutledge**  
and Address **508 Ns Atlantic**

17. (a) **Burial.** (b) Date thereof **June. 15, 1948.**  
(Burial, cremation, or removal) (Month) (Day). (Year)

(c) Place **Cloverdale Memorial Park.**

18. Funeral Director's OWN Signature **Charles B. Bismeyer**

and Address **Boise, Idaho.**

19. (a) **6-15-48** (b) **R. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **June 14 1948**  
at **about 7 o'clock** **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **see reverse side** 19\_\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Asphyxia**

Duration

Due to **Aspiration of**

**pus from**

Due to **Respiratory Infection**

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

**Enlarged spleen, 7 found in Pericardium**

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **as above**

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_\_. City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **Lay T Shinerhart MD**

23. Attendant's OWN Signature **Lay T Shinerhart MD**  
(M. D. or other)

and Address **218 4th St** Date **6-14 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1983**  
Local Reg. No. **994**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **617 Grove St.**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **60** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **617 Grove St**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **60** years  
(h) Former residence (city, state) **Ireland**

## 3. (a) FULL NAME **Burt T. Parker**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Kate Parker** 6. (c) Age of husband or wife if alive **67** years

7. Date of Birth (Month, Day, Year) **May 31st 1868**  
8. AGE  

Years	Months	Days	If less than 1 day
<b>80</b>	<b>0</b>	<b>13</b>	hrs. min.

9. Exact Occupation **Lodging House** Did this work for **26** yrs.  
10. Industry or Business **Proprietor** Date last worked **May 1947**  
11. Birthplace **Co. Athlone Ireland** (City or town) (State or foreign country)

12. Name **Unknown**  
13. Birthplace **Ireland** (City or town) (State or foreign country)  
14. Maiden name **Spaffin**  
15. Birthplace **Ireland** (City or town) (State or foreign country)

16. Informant's OWN Signature **Thamy Hoehring**  
and Address **Boise Idaho**

17. (a) **Burial** (b) Date thereof **6/17/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **St. John's Cemetery**

18. Funeral Director's OWN Signature **Behreches McLean**  
and Address **Boise**

19. (a) **6-17-48** (b) **J. M. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **6-14 1948**  
at **5** o'clock **P**.M.

21. I HEREBY CERTIFY, That I attended deceased from **10-3** 19**46**, to **6-14** 19**48**.  
I last saw him alive on **6-14** 19**48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral block - sudden** Duration **0920**

Due to **Myocardial** **1945**

Due to **Endocarditis** **years**

Other conditions **Hyperlipidemia** **years**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **B. O. P. Hamilton**  
and Address **Boise Ida** Date **6-16 1948**  
(M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1984**  
Local Reg. No. **223**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1317 Euclid  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME BETTY BRUEGGEMANN

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 15, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>20</u> hrs min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Boise, Idaho  
(City or town) (State or foreign country)

12. Name Homer Brueggemann  
13. Birthplace Scott City, Kansas  
(City or town) (State or foreign country)  
14. Maiden name Mary Lucille Bundy  
15. Birthplace Hutchison, Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Homer Brueggemann  
and Address 1317 Euclid St. Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/48 (Month) (Day) (Year)  
(c) Place: Cloverdale, Boise, Idaho

18. Funeral Director's McBratney Fowler Chapel  
OWN Signature \_\_\_\_\_  
and Address 419 No. 9th, Boise, Idaho

19. (a) 6-17-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 15 1948  
at 10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 6/14 1948, to 6/15 1948.  
I last saw her alive on 6/15 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

stolestasis Duration \_\_\_\_\_

Due to prematurity

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John A. Mather M.D.

and Address Boise, Idaho (M. D. or other)

Date 6/16 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1985  
Local Reg. No. 222  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Lukes Stayed 0 days  
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1317 Euclid St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME BILLY BRUEGGEMANN

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or Male 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) June 15, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>9 hrs 55 min.</u>

9. Exact Occupation None Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Boise, Idaho  
(City or town) (State or foreign country)

12. Name Homer Brueggemann  
13. Birthplace Scott City, Kansas  
(City or town) (State or foreign country)  
14. Maiden name Mary Lucille Bundy  
15. Birthplace Hutchison, Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Homer Brueggemann  
and Address 1317 Euclid St., Boise, Idaho

17. (a) Burial (b) Date thereof June 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cloverdale Memorial Park, Boise.

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address 419 North 9th St., Boise, Ida.

19. (a) 6-17-48 (b) T. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 159X

20. DATE OF DEATH (Month, Day, Year) June 15, 1948  
at 10:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 6/14 1948, to 6/15 1948  
I last saw him alive on 6/15 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

atelectasis Duration .....

Due to prematurity

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature John A Mather M.D.

(M. D. or other)

and Address Boise Idaho Date 6/16 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 State File No. **1986**  
Local Reg. No. **220**  
Reg. Dist. No. **370**

1. PLACE OF DEATH: **Ada**  
(a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other **place**.....  
(f) Name Hosp. or Inst. **St Alphonse** Stayed **1** days  
(g) Lived in this county..... years..... months..... **1** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1308 Boise Ave**  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **Jo Ann Westenberg**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or **White**  
4. Sex **Female** race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) **June 14th 1948**

8. AGE	Years	Months	Days	If less than 1 day
				<b>12</b> hrs. min.

9. Exact Occupation **None** Did this work for ..... yrs.

10. Industry or Business **Boise Idaho** Date last worked .....

11. Birthplace **Boise Idaho** (City or town) (State or foreign country)

12. Name **Albert Westenberg**

13. Birthplace **Alamosa Colorado** (City or town) (State or foreign country)

14. Maiden name **Louise Warren**

15. Birthplace **Winchester Idaho** (City or town) (State or foreign country)

16. Informant's OWN Signature **Albert B Westenberg**  
Address **1308 Boise Ave. Boise Idaho**

17. (a) **Burial** (b) Date thereof **6/16/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Morris Hill Cemetery**

18. Funeral Director's OWN Signature **Schreibers McClaine**  
Address **Boise**

19. (a) **6-17-48** (b) **J. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **June 15 1948**  
at **10** o'clock **am** M.

21. I HEREBY CERTIFY, That I attended deceased from **1005 PM**  
**6-14** 1948 to **10am 6-15-1948**  
I last saw h.e.r. alive on **6-15-1948**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Prematurity** - Duration .....

Due to **6 1/2 mo gestation**

Due to **Premature Separation**  
Other conditions **Placenta**  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation .....

Major finding..... Date .....

Finding of autopsy.....

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

Attendant's OWN Signature **C.B. Smithson**

(M. D. or other)

Address **335 S. Myrtle** Date **6-16-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **1987**  
Local Reg. No. **370**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise,**  
(c) Street Address or R.F.D. No. **X**  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home..... Hospital **X** Institution..... Other place.....  
(f) Name Hosp. or Inst. **St Alphonsus,** **5** days  
(g) Lived in this county **33** years **2** months **12** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho.** (b) County **Ada**  
(c) City or town **Boise,**  
(d) Street Address or R.F.D. No. **5 Miles West of Boise,**  
(e) Deceased lived Inside? ..... Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **33** years  
(h) Former residence (city, state) **X**

## 3. (a) FULL NAME

**Pearl Margaret Hornback.**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **None.**

5. Color or **Female**

6. (a) Single, widowed, married, divorced **Married.**

6. (b) Name of husband or wife **Marvin Ernest**

6. (c) Age of husband or wife if alive **32** years

7. Date of Birth (Month, Day, Year) **April. 4. 1915.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>33.</b>	<b>2.</b>	<b>12.</b>	hrs. min.

9. Exact Occupation **At Home.** Did this work for ..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace **Ada County, Idaho.** (City or town) (State or foreign country)

12. Name **Edward Clyde Smith.** (City or town) (State or foreign country)

13. Birthplace **Ada County, Idaho.** (City or town) (State or foreign country)

14. Maiden name **Alice Phoebe Vincent.** (City or town) (State or foreign country)

15. Birthplace **Ada County, Idaho.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Marvin E Hornback**  
and Address **Boise Box 393 Boise Idaho**

17. (a) **Burial.** (b) Date thereof **June 19, 1948.** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Dry Creek Cemetery.**

18. Funeral Director's OWN Signature **Charles E Summers**  
and Address **Boise, Idaho.**

19. (a) **6-18-48** (b) **Sharp** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **June. 16. 1948.**  
at **5.30** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **6-11-48** to **6-16-1948.**

I last saw her alive on **6-16-1948.** death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Cardiac embolus** Duration **2 min**

Due to.....

Due to.....

Other conditions **Compression fracture of 2nd lumbar vertebra** **5 days**  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation **None** Date.....

Major finding.....

Finding of autopsy **None**

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? **yes** Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury **Auto Accident**

23. Attendant's OWN Signature **Quellach** (M. D. or other)  
and Address **Boise Box** Date **6-17-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink, or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT CERTIFICATE OF DEATH STATE OF IDAHO

1948 1988  
State File No. \_\_\_\_\_  
Local Reg. No. 219  
Reg. Dist. No. 370

1. PLACE OF DEATH:
- County Boise County
  - City or town Boise
  - Street Address or R. F. D. No. \_\_\_\_\_
  - Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - Died in a Home ☐ Hospital ☐ Institution ☐ Other place \_\_\_\_\_
  - Name Hosp. or Inst. St. Luke's Hospital days \_\_\_\_\_
  - Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- State Oregon (b) County Marney
  - City or town Boise
  - Street Address or R. F. D. No. \_\_\_\_\_
  - Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - Citizen of what country? \_\_\_\_\_
  - How long had deceased lived in Idaho? \_\_\_\_\_ years
  - Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Wesley John Jahr

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 161C

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife L 6. (c) Age of husband or wife if alive 1 years

7. Date of Birth (Month, Day, Year) June 16 - 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>1 day</u>	hrs min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise, Oregon (City or town) (State or foreign country)

12. Name Ralph Jahr

13. Birthplace Walt, Minn. (City or town) (State or foreign country)

14. Maiden name Mable Williams

15. Birthplace Plumtree, N. Dakota (City or town) (State or foreign country)

16. Informant's OWN Signature Ralph E Jahr and Address Boise, Oregon

17. (a) Removal (b) Date thereof 6/17/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Boise, Oregon

18. Funeral Director's OWN Signature Harold E. Sharp and Address Boise, Oregon

19. (a) 6-17-48 (b) Harold E. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 17 1948

at 6:23 o'clock A. M.

21. HEREBY CERTIFY That I attended deceased from June 17 1948 to June 17 1948

Last saw him alive on June 17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Erythroblastosis fetalis Duration 1 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Harold E. Sharp (M. D. or other) and Address Boise, Ida Date 6-17 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 3 1948

# Certificate of Death

STATE OF IDAHO

Stuerner 1989  
State File No. 987  
Local Reg. No. 388  
Reg. Dist. No. 388

## 1. PLACE OF DEATH:

- (a) County... Ada  
(b) City or town... Boise  
(c) Street Address or R.F.D. No. 1411. N. 20 th.  
(d) Death Occurred Inside? X Outside? .....city or town  
(e) Died in a Home... X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county 41 years... months... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State... Idaho (b) County... Ada  
(c) City or town... Boise  
(d) Street Address or R.F.D. No. 1411. N. 20.  
(e) Deceased lived Inside? X Outside? .....city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Illinois.

## 3. (a) FULL NAME

VIRGINIA BROWN.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or White. 6. (a) Single, widowed, married, divorced Widow.  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive... years  
7. Date of Birth (Month, Day, Year) September. 25. 1856.

8. AGE	Years	Months	Days	If less than 1 day
	<u>91.</u>	<u>8.</u>	<u>23.</u>	hrs. min.

9. Exact Occupation... At Home. Did this work for... yrs.  
10. Industry or Business... Chandlerville, Illinois. Date last worked

11. Birthplace Chandlerville, Illinois. (City or town) (State or foreign country)

12. Name Zachariah S. Robinson.

13. Birthplace Virginia. (City or town) (State or foreign country)

14. Maiden name Hannah Stover.

15. Birthplace Virginia. (City or town) (State or foreign country)

16. Informant's OWN Signature A F Brown

- and Address 1411 N 20 Boise Ida

17. (a) Burial. (b) Date thereof June. 21. 1948.

- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Boise Mausoleum.

18. Funeral Director's OWN Signature Charles E. Summers

- and Address Boise Idaho.

19. (a) 6-22-48. (b) Thayer

- (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June. 18. 19 48.  
at 9.30. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 7 1948, to June 18 1948.  
I last saw her alive on June 12 1948.  
death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Cardiac arrest Duration

- Due to Senility changes 6 mo.

- Due to none  
Other conditions none  
(Include pregnancy within 3 months of death)

- Where was disease contracted? None  
Name of operation... Date

- Major finding...  
Finding of autopsy...  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident?..... Suicide?..... Homicide?.....

- Occurred..... 19..... City, county, state

- where violence occurred.....

- Place of Violence: Home..... Farm..... Industry.....

- Public Place..... While at work?.....

- Means of injury.....

23. Attendant's OWN Signature Harry W. Stuerner

- (M. D. or other) and Address 500 East 1st St. Boise Idaho

- Date June 18. 19. 48  
(For additional space, use reverse side)

635



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 3 1948

# Certificate of Death

STATE OF IDAHO

State File No. **1990**  
Local Reg. No. **338**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **X**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St Lukes** Stayed **2** days  
(g) Lived in this county **5** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **R.D. # 7**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **5** years  
(h) Former residence (city, state) **Iowa**

## 3. (a) FULL NAME

**George Earl Marsh.**

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. **X**

5. Color or **Male** race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **September. 13. 1886.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>61.</b>	<b>9.</b>	<b>6.</b>	hrs. min.

9. Exact Occupation **Brick layer.** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Cedar Rapids, Iowa.** (City or town) (State or foreign country)

12. Name **William. H. Marsh.**

13. Birthplace **Michigan.** (City or town) (State or foreign country)

14. Maiden name **Amanda Dickey.**

15. Birthplace **Iowa.** (City or town) (State or foreign country)

16. Informant's OWN Signature **X Mrs. Maude Marsh**  
and Address **709 - No - Orchard St.**

17. (a) **Removal.** (b) Date thereof **June. 21. 1948.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Cedar Rapids, Iowa.**

18. Funeral Director's **Summers Funeral Home.**  
OWN Signature **Clifford E. Summers**  
and Address **Boise, Idaho.**

19. (a) **6-23-48** (b) **Shays**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **June. 19. 1948.**  
at **6.10.** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Apr 16 1948** to **June 19 1948**  
I last saw him alive on **6-19-48**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Cerebral hemorrhage**

Due to **Hypertension**

Due to **Nephritis**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **?**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Duration **Years**

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **X** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **X** 19 \_\_\_\_\_ City, county, state

where violence occurred **X**

Place of Violence: Home **X** Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **St. J. Torrey MD**

and Address **Boise** Date **June 19 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 3 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1948 1991  
Local Reg. No. 2726  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St. Lukes Hospital  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. St. Lukes Stayed        days  
(g) Lived in this county 12 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2111 Ellis Ave.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME JAMES AVERY CHAMBERLIN

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced Married  
4. Sex M 6. (b) Name of husband or wife Marion 6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) October 31, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>7</u>	<u>18</u>	hrs min.

9. Exact Occupation Civil Engineer Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Milwaukee, Wisconsin (City or town) (State or foreign country)  
Mother Father { 12. Name Anson B. Chamberlin  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Maiden name Martha M. Bishop  
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature C. H. Enkins  
and Address 2418 Pleasanton Ave., Boise, Ida.  
17. (a) Burial (b) Date thereof 6/21/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cloverdale, Boise, Idaho  
18. Funeral Director's McBratney Fowler Chapel  
OWN Signature         
and Address 419 No. 9th Boise, Idaho  
19. (a) 6-21-48 (b) H. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A 097X

20. DATE OF DEATH (Month, Day, Year) June 19 1948  
at 8:32 o'clock A M.  
21. (HEREBY CERTIFY, That I attended deceased from January 26, 1948 to June 19, 1948  
I last saw him alive on June 19, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 3 days

Due to Cerebral arteriosclerosis 9 months

Due to         
Other conditions Ischemic Thrombosis  
(Include pregnancy within 3 months of death)

Where was disease contracted?        PHYSICIAN         
Name of operation        Date        Underline the cause to which death should be charged statistically.  
Major finding         
Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury         
23. Attendant's OWN Signature Ray Jones M.D.  
and Address Boise, Idaho Date 6/21, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 1992  
Local Reg. No. 237  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus days 30  
(g) Lived in this county 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 611. N. 16 th.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35. years  
(h) Former residence (city, state) New Jersey.

## 3. (a) FULL NAME Varonika ( Vera ) Sirus.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or Female Race White. 6. (a) Single, widowed, married, divorced Widow.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February. 25. 1880.

8. AGE	Years	Months	Days	If less than 1 day
	<u>68.</u>	<u>3.</u>	<u>26.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Lithuania. (City or town) (State or foreign country)

Father { 12. Name Anthony Blogett.  
13. Birthplace Lithuania. (City or town) (State or foreign country)

Mother { 14. Maiden name Unknown.  
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Lawrence Johnson  
and Address 1612 N. 16th Boise

17. (a) Burial. (b) Date thereof June. 23. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. Johns Cemetery.  
Summers Funeral Home.

18. Funeral Director's OWN Signature Clayde E. Summers  
and Address Boise, Idaho.

19. (a) 6-23-48 (b) \_\_\_\_\_  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June. 21. 19 48.  
at 12.45. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 19 48. to June 19 48.

I last saw her alive on 6/21 19 48.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Obstructive jaundice Duration 3 weeks

Due to Pressure of the Stomach 1 year.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operating physician Dr. Lawrence Johnson 6/21/48  
Major finding Stomach  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work?

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Everett Jones  
(M. D. or other) 6/21 19 48  
and Address \_\_\_\_\_ Date \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 3 1948

# NON-RESIDENT Certificate of Death 1948

STATE OF IDAHO

State File No. 1993  
Local Reg. No. 92  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus 8 days  
(g) Lived in this county 0 years 0 months 21 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Colorado (b) County Latimer  
(c) City or town Fort Collins  
(d) Street Address or R.F.D. No. Unk  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 21 days  
(h) Former residence (city, state) Hoxie, Kansas

## 3. (a) FULL NAME GEORGE CLEMENT PAYNE

### 3. (b) If veteran, name war \_\_\_\_\_

### 3. (c) Social Security No. None

5. Color or \_\_\_\_\_  
4. Sex M race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hattie A.

6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) June 20, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>0</u>	<u>1</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for 55 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked Unk.

11. Birthplace Plymouth, Illinois  
(City or town) (State or foreign country)

12. Name George C. Payne

13. Birthplace Unk. Unk.  
(City or town) (State or foreign country)

14. Maiden name Cassa Unk

15. Birthplace Unk Unk  
(City or town) (State or foreign country)

16. Informant's OWN Signature G. D. Payne  
and Address Boise Idaho R-1

17. (a) Removal (b) Date thereof 6/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Home, Kansas

18. Funeral Director's OWN Signature W. D. Payne  
and Address Boise Idaho

19. (a) 6-23-48 (b) W. D. Payne  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) June 21, 1948.  
at 4:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 6/11 1948 to 6/21 1948

I last saw h. 1 m alive on 6/21 1948;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Lobar Pneumonia Duration 10 da  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. D. Payne

and Address Boise Idaho Date June 24, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 3 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1994**  
Local Reg. No. **232**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. St. Luke's Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Rt. #5  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME William Babcock Jackson

3. (b) If veteran, name war ..... No. ....  
5. Color or race W  
4. Sex M  
(b) Name of husband or wife Florence  
(c) Age of husband or wife if alive ..... years  
6. (a) Single, widowed, married, divorced M  
7. Date of Birth (Month, Day, Year) July 17-1885

8. AGE	Years	Months	Days	If less than 1 day
	62	11	5	hrs min.

9. Exact Occupation Farming Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Smith Co., Kansas (City or town) (State or foreign country)

12. Name Arthur C. Jackson  
13. Birthplace Illinois (City or town) (State or foreign country)  
14. Maiden name Sallie Ann Smith  
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs W B Jackson  
and Address Rt. 5, Nampa, Idaho

17. (a) Removal (b) Date thereof .....  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Smith Centre, Kansas

18. Funeral Director's Peckham-Dakan Chapel  
OWN Signature [Signature]  
and Address Caldwell, Idaho

19. (a) 6-28-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 129X

20. DATE OF DEATH June 22 19 48  
(Month, Day, Year) at 7:10 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from June 18, 1948, to June 22, 1948.  
I last saw him alive on June 22, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Generalized Peritonitis Duration 24 hrs

Due to Rupture of Abdominal Viscera  
Due to Carcinoma of Prostate  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Max L. Bell, MD  
(M.D. or other)  
and Address Boise, Idaho Date 6/24 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUL 3 1948

STATE OF IDAHO

State File No. 1995  
Local Reg. No. 233  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Lukes Stayed ..... days  
(g) Lived in this county 23 years ..... months ..... days

Note. For a person residing in Boise county LESS than 1 year, give FORMER residence under Boise

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 3431 Meadow Drive  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME MARTHA JORDAN ROBERTSON

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced widowed  
4. Sex F race W 6. (c) Age of husband or wife if alive ..... years  
6. (b) Name of husband or wife .....  
7. Date of Birth (Month, Day, Year) 2/25/1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>3</u>	<u>27</u>	<u>hrs</u> min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Eastland, Texas  
(City or town) (State or foreign country)

12. Name William Pollis  
13. Birthplace Alabama  
(City or town) (State or foreign country)  
14. Maiden name Julia Dotson  
15. Birthplace Texas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. L. C. Radtchen  
and Address 2306 Pleasant, Boise, Ida.

17. (a) Burial (b) Date thereof 6/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill Cemetery, Boise, Ida.

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St., Boise, Idaho

19. (a) 6-28-48 (b) D. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 22 19 48  
at 9:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 6-12-1948 to 6-22-1948  
I last saw her alive on 6-22-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

- Pneumonia 10 da.  
Due to Anterior-arterial Heart Disease with Decomposition Unknown.

- Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature D. Swindle m. d.  
(M. D. or other)  
and Address Boise, Ida. Date 6-28-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 8 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 1996

Local Reg. No. 239

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Lukes Stayed 7 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 7 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 115. S. Mc Kinley  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME Warren Roberts.

3. (b) If veteran, name war No. 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Katherine Roberts. 6. (c) Age of husband or wife if alive 61 years

7. Date of Birth (Month, Day, Year) November. 5. 1888.

8. AGE	Years	Months	Days	If less than 1 day
	<u>59.</u>	<u>7.</u>	<u>22.</u>	hrs. min.

9. Exact Occupation Depot Agent Union Pacific Did this \_\_\_\_\_

10. Industry or Business Railroad Co. Date last worked \_\_\_\_\_

11. Birthplace Hallsville, Missouri. (City or town) (State or foreign country)

Father { 12. Name Lewis Leonard Roberts.

13. Birthplace Missouri. (City or town) (State or foreign country)

Mother { 14. Maiden name Mary. C. Frazier.

15. Birthplace Missouri. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Katherine Roberts  
and Address P.O. Box 327 Emmett, Idaho

17. (a) Burial. (b) Date thereof June. 30. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Summers Funeral Home  
and Address Boise, Idaho

19. (a) 7-2-48 (b) X Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June. 27. 19 48.  
at 11.30. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 5. 48  
19 \_\_\_\_\_ to June 27 19 48

I last saw him alive on June 27 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute suppurative parotitis Duration 2 weeks  
Acute cholecystitis 3

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation Cholecystectomy Date 7/6/48

Major finding Cholelithiasis & stones

Finding of autopsy Abscesses in pancreas

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. H. Seelach MD

and Address Boise (M.D. or other) 7/1 19 48

For additional space, use reverse side

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce JUL 8 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1997  
Local Reg. No. 237  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 900 No. 16th  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years 1 months 15 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 900 No. 16th  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 6 weeks years  
(h) Former residence (city, state) New Jersey

## 3. (a) FULL NAME ELIZABETH HELMINGER

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife wife 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) August 30, 1872

8. AGE	Years	Months	Days	If less than 1 day
	75	9	28	hrs min.

9. Exact Occupation Housewife Did this work for years  
10. Industry or Business worked Date last worked worked  
11. Birthplace Berne, Switzerland (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace " (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature Edwin F. Helminger  
and Address 900 north 16th St.

17. (a) Burial (b) Date thereof 6-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill, Boise, Idaho

18. Funeral Director's McBratney-Fowler Chapel  
OWN Signature [Signature]  
and Address 419 No. 9th, Boise, Idaho

19. (a) 6-30-48 (b) D. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 28 1948  
at 10:25 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 6-26 1948, to 6-28 1948  
I last saw her alive on 6-26 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage Duration 2 hrs.

Due to Cerebral hemorrhage  
Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury Attendant's

23. Attendant's OWN Signature A. Sumrell M.D.  
and Address Boise Idaho Date 6-29 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 8 1948

# Certificate of Death

STATE OF IDAHO

Parkinson 1948.

State File No. 1998

Local Reg. No. 236

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise,  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus, 100 days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho. (b) County Ada  
(c) City or town Boise,  
(d) Street Address or R.F.D. No. 2319. N. 26. St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Iowa.

## 3. (a) FULL

NAME John Herman Bertram.

## 3. (b) If veteran, name war

No. \_\_\_\_\_

## 3. (c) Social Security No.

None.

## 5. Color or

Sex Male. race White.

## 6. (a) Single, widowed, married,

divorced Married.

## 6. (b) Name of husband or wife

Laura. A.

## 6. (c) Age of husband or wife if

alive 54. years

## 7. Date of Birth

(Month, Day, Year) February, 18. 1892.

8. AGE	Years	Months	Days	If less than 1 day
	<u>56.</u>	<u>4.</u>	<u>10.</u>	hrs. min.

9. Exact Occupation Mechanic. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Arion, Iowa.  
(City or town) (State or foreign country)

12. Name William Bertram.

13. Birthplace Germany.  
(City or town) (State or foreign country)

14. Maiden name Mary Kuntz.

15. Birthplace Denmark.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Laura Bertram  
and Address 2319 N. 26th Boise, Ida.

17. (a) Burial. (b) Date thereof July 1. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clyde E. Summers.  
and Address Boise, Idaho.

19. (a) 6-30-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June, 28. 19 48.

at 11.30. o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

3-18 19 48 to 6-28 19 48

I last saw him alive on 6-28 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Metastatic Carcinoma Duration \_\_\_\_\_

Due to Carcinoma of Rectum 8 mos.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Abd. perineal Date 7/24/48 PHYSICIAN

Major finding rectum Underline the

Finding of autopsy None cause to which

death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature E. D. Jackson (M. D. or other)

and Address Boise, Ida. Date 6-30 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 234  
Reg. Dist. No. 370

JUL 8 1948

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Bonniers Ferry  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 57 years  
(h) Former residence (city, state) Washington State

## 3. (a) FULL NAME Emiline S. Hart

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White  
4. Sex Female Face White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife John W. 6. (c) Age of husband or wife if alive Deceased years  
7. Date of Birth (Month, Day, Year) Nov 15th 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>7</u>	<u>13</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Chicago Ill. Date last worked \_\_\_\_\_  
11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

12. Name Edward S. Lee  
13. Birthplace Norway (City or town) (State or foreign country)  
14. Maiden name Caroline Hansen (City or town) (State or foreign country)  
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature Grace C. Nubbe  
and Address 714 N 8th St. Boise Idaho

17. (a) Removal (b) Date thereof June 30. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Bonniers Ferry Idaho  
18. Funeral Director's OWN Signature Schreiber  
and Address Boise

19. (a) 6-29-48 (b) J. H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 6-28 19 48  
at 9 o'clock P M.  
21. I HEREBY CERTIFY, That I attended deceased from 6-25 19 48 to 6/28 19 48

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Crown Thrombosis  
Due to Senility

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Boise

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Fred A. Pennington  
and Address Boise Idaho Date 6/29 19 48  
(M. D. or O. D.)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 8 1948 **Certificate of Death**

STATE OF IDAHO

*Swiney* 1948  
State File No. **2000**  
Local Reg. No. **235**  
Reg. Dist. No. **370**

1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise,**  
(c) Street Address or R.F.D. No. **X**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Alphonsus,** d. **9.** days  
(g) Lived in this county **40** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho.** (b) County **Ada**  
(c) City or town **Boise,**  
(d) Street Address or R.F.D. No. **1419. N. 15. th.**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **Illinois.**

3. (a) FULL NAME

**GEORGE EARL MC KELVEY.**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **None.**

5. Color or

4. Sex **Male.** race **White.** 6. (a) Single, widowed, married, divorced **Married.**

6. (b) Name of husband or wife **Hattie. M. Mc Kelvey.** 6. (c) Age of husband or wife if alive **60.** years

7. Date of Birth **February. 8. 1880.**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
<b>68.</b>	<b>4.</b>	<b>20.</b>	hrs.	min.

9. Exact Occupation **State Highway** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Department.** Date last worked \_\_\_\_\_

11. Birthplace **Monmouth, Illinois.**  
(City or town) (State or foreign country)

12. Name **Unknown.**

13. Birthplace **Unknown.**  
(City or town) (State or foreign country)

14. Maiden name **Unknown.**

15. Birthplace **Unknown.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Hattie M. Mc Kelvey**  
and Address **1419 N. 15. St. Boise, Idaho.**

17. (a) **Burial.** (b) Date thereof **June. 30. 1948.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Morris Hill Cemetery.**

18. Funeral Director's OWN Signature **Elmer E. Summers**  
and Address **Boise, Idaho.**

19. (a) **6-30-48** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **June. 28. 19. 48.**

at **10** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **3-31** 19**47**, to **6-28** 19**48**  
I last saw h. **in** alive on **6-28** 19**48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Coronary Occlusion  
Congestive Heart Failure  
Due to Coronary Occlusion  
This attack May 1948**

Duration

**10 min  
1 year**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **None**

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? **X**

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work?

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **[Signature]** (M. D. or other)

and Address **Boise, Idaho** Date **6-29** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

JUL 8 1948

STATE OF IDAHO

1948  
State File No. 2001  
Local Reg. No. 238  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus 1 days  
(g) Lived in this county 27 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 211. South 16 th  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) Tennessee

## 3. (a) FULL NAME

MARY. M. BROCK.

3. (b) If veteran, name war No.

3. (c) Social Security No. None

5. Color or

4. Sex Female Race Black

6. (a) Single, widowed, married, divorced. Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth

(Month, Day, Year)

July. 15. 1859.

8. AGE

Years

Months

Days

If less than 1 day

88.

11.

14.

hrs.

min.

9. Exact

Occupation At Home

Did this

work for \_\_\_\_\_ yrs.

10. Industry or

Business

Date last

worked

11. Birthplace

Tennessee

(City or town)

(State or foreign country)

12. Name

Unknown

13. Birthplace

Unknown

(City or town)

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown

(City or town)

(State or foreign country)

16. Informant's

OWN Signature Jack Bente

and Address 211 S 16 St Boise Idaho

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

July. 3. 1948

(Month) (Day) (Year)

(c) Place

Morris Hill Cemetery

18. Funeral Director's

OWN Signature Clifford Summers

and Address Boise, Idaho

19. (a) 1-2-48

(Date received and filed)

(b) Sharp

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) June. 29. 1948.

at 3 o'clock P. M.

### 21. I HEREBY CERTIFY, That I attended deceased from 6-8-48

19 \_\_\_\_\_ to 6-29-1948

I last saw her alive on 6-29-1948

death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral hemorrhage

Due to arteriosclerosis

Due to senility

Other conditions Chronic

(Include pregnancy within 3 months of death)

uncomplicated

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

### 23. Attendant's

OWN Signature Dee Quach

(M. D. or other)

and Address Boise Ida

Date 6-30-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 8 1948

# Certificate of Death

STATE OF IDAHO

40 June 1948  
State File No. 2002  
Local Reg. No. 240  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home.....Hospital X Institution.....Other place.....  
(f) Name Hosp. or Inst. St. Lukes. Stayed 14 days  
(g) Lived in this county.....years.....months 14 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho. (b) County Twin Falls.  
(c) City or town Twin Falls.  
(d) Street Address or R.F.D. No. 720. All St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 Mo. years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

David Leland Kelley.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or Male race White.

6. (a) Single, widowed, married, divorced Single.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive.....years

7. Date of Birth (Month, Day, Year) December. 8. 1947.

8. AGE	Years	Months	Days	If less than 1 day
		<u>6.</u>	<u>21.</u>	hrs. min.

9. Exact Occupation None. Did this work for.....yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace Twin Falls, Idaho.  
(City or town) (State or foreign country)

12. Name Thomas Le Roy Kelley

13. Birthplace St Edwards, Nebraska.  
(City or town) (State or foreign country)

14. Maiden name La Vaughn Lorene Shipley.

15. Birthplace Pittsburgh, Kansas.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Thomas Le Roy Kelley  
and Address 720 All Street

17. (a) Removal. (b) Date thereof June. 30. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Twin Falls, Idaho.

18. Funeral Director's OWN Signature Summers Funeral Home.  
and Address Boise, Idaho.

19. (a) 7-8-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 6/30 19.....  
at 10.30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 6/30 19..... to 6/30 19.....  
I last saw h.r. alive on 6/30 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic obstructive pulmonary disease Duration 1 hr  
Edema

Due to Arteriosclerosis  
Pulmonary Edema

Due to.....

Other conditions Age  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation None, Date 6/30

Major finding None

Finding of autopsy Pulmonary Edema

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature H. Sharp  
and Address Boise, Idaho. Date 7/1 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2003**  
Local Reg. No. **104**  
Reg. Dist. No. **321**

## 1. PLACE OF DEATH:

- (a) County. **Ada**  
(b) City or town. **Boise**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. **Ada Co.** Stayed..... days  
(g) Lived in this county **20** years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Idaho** (b) County. **Ada**  
(c) City or town. **Boise**  
(d) Street Address or R.F.D. No. **115 Main St**  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **20** years  
(h) Former residence (city, state) **Alabama**

## 3. (a) FULL NAME **Samuel Patton**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **?**  
4. Sex. **Male** 5. Color or race. **White** 6. (a) Single, widowed, married, divorced? **?**  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive..... years  
7. Date of Birth (Month, Day, Year) **Oct 20th 1865**

8. AGE	Years	Months	Days	If less than 1 day
	<b>82</b>	<b>7</b>	<b>13</b>	hrs. min.

9. Exact Occupation. **Laborer** Did this work for..... yrs.  
10. Industry or Business. **Alabama** Date last worked.....  
11. Birthplace..... (City or town) (State or foreign country)

- Father { 12. Name. **Unknown**  
13. Birthplace. **" "** (City or town) (State or foreign country)  
Mother { 14. Maiden name. **Unknown**  
15. Birthplace. **" " "** (City or town) (State or foreign country)

16. Informant's OWN Signature. **Records Of Ada Co. Hospital**  
and Address. **Boise Idaho**

17. (a) **Burial** (b) Date thereof. **6/5/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place. **Morris Hill Cemetery**

18. Funeral Director's OWN Signature. **Schreiber McLaughlin**  
and Address. **Boise J. J. McLaughlin**

19. (a) **6-7-48** (b) **N. J. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **6-3-1948**  
at **12-30** o'clock **A** M.  
21. I HEREBY CERTIFY That I attended deceased from **5-8-1948** to **6-3-1948**  
I last saw him alive on **6-3-1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial degeneration Sudden** Duration

Due to **Bergers disease**

Due to **arterio sclerosis**  
Other conditions..... (Include pregnancy within 3 months of death)

Where was disease contracted? **ambulation** Date **5-26-48**  
Name of operation **Left leg - amput**  
Major findings **hypertension**  
Finding of autopsy **hypertension**  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....

Means of injury **520 P. McLaughlin**  
23. Attendant's OWN Signature **Boise Ida** (M. D. or other)  
and Address **Boise Ida** Date **6-5-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 19 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2004**  
Local Reg. No. **105**  
Reg. Dist. No. **374**

## 1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Meridian  
(c) Street Address or R.F.D. No. Rte 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 48 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. Rte # 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? A.S.A.  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state) Chalton, Tenn.

3. (a) FULL NAME James P. Moon

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nannie L.

6. (c) Age of husband or wife if alive 82 years

7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>11</u>	<u>18</u>	hrs. min.

9. Exact Occupation Farmer (Retired) Did this work for 39 yrs.

10. Industry or Business Chattanooga, Tenn. Date last worked 4/15/43

11. Birthplace Chattanooga, Tenn. (City or town) (State or foreign country)

12. Name John Moon

13. Birthplace Unk (City or town) (State or foreign country)

14. Maiden name Sarah Williamson

15. Birthplace Unk (City or town) (State or foreign country)

16. Informant's OWN Signature Ethel Moon Day and Address Rr 2 Meridian Id.

17. (a) Burial (b) Date thereof 6/10/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Meridian, Idaho

18. Funeral Director's OWN Signature Bo R. [Signature] and Address 6-10-48

19. (a) 6-10-48 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) June 8, 1948 at 08:15 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from June 6, 1948 to June 8, 1948

I last saw h. alive on June 4, 1948 death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

hemipia Duration 2 mo.

Due to Chronic Hypertension 2 yrs.

Due to Other conditions (Include pregnancy within 3 months of death) 7 yrs.

C.A. Prostate

Where was disease contracted? Idaho

Name of operation Prostatectomy Date 2 yrs. ago

Major finding not done

Finding of autopsy not done

PHYSICIAN Underline the cause to which death should be charged statistically

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicido? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury [Signature]

23. Attendant's OWN Signature [Signature] (M. D. or other)

and Address Meridian Id. Date June 9, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce JUN 19 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2005  
Local Reg. No. 106  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Meridian  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 15 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME BESSIE LEIGH EWING

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Louis E. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) December 12, 1899

8. AGE	Years	Months	Days	If less than 1 day
	<u>48</u>	<u>5</u>	<u>28</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Salem, Nebraska  
(City or town) (State or foreign country)

12. Name John Ginther  
13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)  
14. Maiden name Mabel Culligan  
15. Birthplace Buffalo, New York  
(City or town) (State or foreign country)

16. Informant's OWN Signature Bessie E. Ewing  
and Address Meridian, Idaho

17. (a) Burial (b) Date thereof 6/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Meridian, Idaho

18. Funeral Director's McBratney-Fowler Chapel  
OWN Signature \_\_\_\_\_  
and Address 419 No. 9th, Boise, Idaho

19. (a) 6-11-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 10 19 48  
(Month, Day, Year) at 5:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 3-9 1948, to 6-9 1948.  
I last saw him alive on 6-9 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Arterio-sclerotic heart disease Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wm. H. Thomas  
(M. D. or other)

and Address Meridian, Idaho Date 6/10 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2006  
Local Reg. No. 10  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital XX Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hospital Stayed 100 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME BROOKE, George C.

3. (b) If veteran, name war WW I 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex Male race Black 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February 8, 1894

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>4</u>	<u>4</u>	hrs. min.

9. Exact Occupation Waiter Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Billings Montana  
(City or town) (State or foreign country)

- Father { 12. Name Unknown  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
Mother { 14. Maiden name Unknown  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature M. E. Gull  
and Address Records, V.A. Hospital  
Boise, Idaho

17. (a) Burial (b) Date thereof 6/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Field of Honor, Boise, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address Boise, Idaho

19. (a) 6-15-48 (b) D. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 12, 1948  
at 6:55 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 4, 1948 to June 12, 1948.  
I last saw him alive on June 12, 1948.  
Immediate Cause of Death: Uremia Duration Terminal

Due to Cardiovascular Renal Disease Prior to Adm.  
Due to Hypertension and Coronary Arteriosclerosis " "  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy NO AUTOPSY

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature J. K. McClintic, M.D., CMO  
(M.D. or other)  
and Address VAH, Boise, Idaho Date June 15, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **2007**  
Local Reg. No. **108**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Rt. #8  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home. X Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. Stayed        days  
(g) Lived in this county 35 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Rt. #8  
(e) Deceased lived Inside?        Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME MARIE R. HINKEY

3. (b) If veteran, name war No 3. (c) Social Security No. none  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) 4/8/1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>2</u>	<u>7</u>	hrs min.

9. Exact Occupation Housewife Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Pendleton, Oregon  
(City or town) (State or foreign country)

12. Name John Hermo  
13. Birthplace Norway  
(City or town) (State or foreign country)  
14. Maiden name Caroline Johnson  
15. Birthplace Norway  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Route 8, Boise

17. (a) Burial (b) Date thereof 6/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill, Boise, Idaho

18. Funeral Director's OWN Signature McBrathney Fowler Chapel  
and Address 419 No. 9th St., Boise, Ida.

19. (a) 6-18-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 15 19 48  
at 10:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 4/26 1948, to June 15 1948  
I last saw her alive on June 12, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ischaemic Heart Disease Duration 4 years

Due to       

Due to       

Other conditions (Including pregnancy within 3 months of death) Chronic pulmonary emphysema

Where was disease contracted?        PHYSICIAN       

Name of        Major finding        Underline the cause to which death should be charged statistically.

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES also fill in the following: Accident?        Suicide?        Homicide?

Occurred        19 48 City, county, state where violence occurred

Place of Violence: Home        Farm        Industry         
Public Place        Where at work?       

Means of injury       

23. Attendant's OWN Signature [Signature] (M or other)         
and Address Boise Idaho June 6 1948

(For additional space, use reverse)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 3

# NON-RESIDENT 1948 Certificate of Death

STATE OF IDAHO

348

State File No. **2008**  
Local Reg. No. **110**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **xx** city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **xx** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **V.A. Hosp.** Stayed **1** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Nevada** (b) County \_\_\_\_\_  
(c) City or town **Reno**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME **BALCH, Ansel M.**

3. (b) If veteran, name war **WW I**  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **October 14, 1894**

8. AGE	Years	Months	Days	If less than 1 day
	<b>53</b>	<b>8</b>	<b>2</b>	hrs. min.

9. Exact Occupation **None** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Marion Idaho** (City or town) (State or foreign country)

- Father { 12. Name **Unknown**  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

- Mother { 14. Maiden name **Unknown**  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature **Records, V. A. Hospital**  
and Address **Boise, Idaho**

17. (a) **Burial** (b) Date thereof **June 19, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Morris Hill Cemetery, Boise, Ida.**

18. Funeral Director's OWN Signature **McBratney-Fowler Chapel**  
and Address **Boise, Idaho**

19. (a) \_\_\_\_\_ (b) **D. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **June 16, 1948**  
at **7:15** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **June 15, 1948** to **June 16, 1948**  
I last saw h. **in** alive on **June 16, 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Acute Myocardial Insufficiency - terminal** Duration \_\_\_\_\_

Due to **Coronary Arteriosclerosis with Myocardial Damage, Cardiac Enlargement, and Congestive Failure -- Prior to Coronary Admission**  
(Include pregnancy within 3 months of death)  
**Malnutrition, etiology undetermined**

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **No Autopsy granted**

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **J. K. McClintic**  
23. Attendant's OWN Signature **J. K. McClintic, M.D., CMO**  
(M.D. or other)  
and Address **VAH, Boise, Idaho** Date **June 16, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2009  
Local Reg. No. 189  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 4  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. X Stayed X days  
(g) Lived in this county 1 years 3 months 28 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 4  
(e) Deceased lived Inside? X Outside? 4 city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Max Ellis Campbell.

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

5. Color or White  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 19 years

## 7. Date of Birth (Month, Day, Year) February. 19. 1947.

8. AGE	Years	Months	Days	If less than 1 day
	<u>1.</u>	<u>3.</u>	<u>28.</u>	hrs. min.

9. Exact Occupation None. Did this work for None. yrs.

10. Industry or Business None. Date last worked None.

11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

12. Name Alvin. J. Campbell. (City or town) (State or foreign country)

13. Birthplace Marquette, Nebraska. (City or town) (State or foreign country)

14. Maiden name Floy Eastman. (City or town) (State or foreign country)

15. Birthplace Trumbull, Nebraska. (City or town) (State or foreign country)

16. Informant's OWN Signature Alvin J. Campbell  
and Address Boise Idaho R#

17. (a) Burial. (b) Date thereof June. 21. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Chas E Summers  
and Address Boise, Idaho.

19. (a) 6-19-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) June. 17. 1948.

at 8.30. o'clock P. M.

21. I HEREBY CERTIFY, That I Max Ellis Campbell deceased from June. 17. 1948. to June. 17. 1948.

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Strangulation. Duration

got caught between divided front seats in Automobile.

Due to seats in Automobile.

Other conditions None. (Include pregnancy within 3 months of death)

Where was disease contracted? None.

Name of operation None. Date None.

Major finding None.

Finding of autopsy None.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes. Suicide? None. Homicide? None.

Occurred June. 17. 1948. City, county, state Boise, Idaho, R.D. # 4.

Place of Violence: Home X Farm None. Industry None.

Public Place None. While at work? None.

Means of injury Strangulation. Coroner of Ada County.

23. Attend Chas E Summers (M. D. or other) Boise, Idaho. Date June. 18. 48.  
OWN Signature and Address (For additional space, use reverse side)

ovd

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Hamilton

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 3 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2010**  
Local Reg. No. **111**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **X** \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Ada Co Hosp.** Stayed \_\_\_\_\_ days  
(g) Lived in this county **40** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1819 Bannock St**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **Iowa**

## 3. (a) FULL NAME **George Jerome Skvor**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **518-07-6173**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Josephine** 6. (c) Age of husband or wife if alive **48** years

7. Date of Birth (Month, Day, Year) **Apr. 24th 1875**

8. AGE	Years	Months	Days	If less than 1 day
	<b>73</b>	<b>1</b>	<b>27</b>	hrs. min.

9. Exact Occupation **Wholesale Meat** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Salesman. Retired** Date last worked \_\_\_\_\_

11. Birthplace **Cedar Rapids Iowa** (City or town) (State or foreign country)

12. Name **John Skvor**

13. Birthplace **Czechoslovakia** (City or town) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Czechoslovakia** (City or town) (State or foreign country)

16. Informant's OWN Signature **Josephine Skvor**  
and Address **1819 Bannock St. Boise Idaho**

17. (a) **Burial** (b) Date thereof **6/23/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **St. John's Cemetery**

18. Funeral Director's OWN Signature **Schreiber McNamee**  
and Address **Boise**

19. (a) **22-48** (b) **J. J. McNamee**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **June 21st. 1948**  
(Month, Day, Year) **Ten** at \_\_\_\_\_ o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **12-17-47** to **6-21-48**  
I last saw him alive on **6-21-48**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Carcinoma liver and stomach** Duration **2 months**  
Due to \_\_\_\_\_

Due to **Secondary Anemia**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation **Gastro-intestiny**  
Major findings **Carcinoma of liver**  
Finding of autopsy **and liver**  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **J. J. McNamee**  
and Address **Boise Idaho** Date **6-21-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK INK or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 3 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2011  
Local Reg. No. 178  
Reg. Dist. No. 371

1010

## 1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. R.D. # 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home. Hospital. X Institution. Other place.  
(f) Name Hosp. or Inst. Ada County, ayed 5 days  
(g) Lived in this county. 12 years. months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho. (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 419. S. 14 th.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

WILLIAM. A. ROLES.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex. Male. Color or race. White.

6. (a) Single, widowed, married, divorced. Single.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive. years

7. Date of Birth (Month, Day, Year) December. 4. 1878.

AGE	Years	Months	Days	If less than 1 day
	<u>69.</u>	<u>6.</u>	<u>19.</u>	hrs. min.

9. Exact Occupation. Retired Farmer. Did this work for years.

10. Industry or Business. Missouri. Date last worked

11. Birthplace Missouri. (City or town) (State or foreign country)

Father { 12. Name. Henry Clay Roles.

13. Birthplace West Virginia. (City or town) (State or foreign country)

Mother { 14. Maiden name Mary. C. Bragg.

15. Birthplace West Virginia. (City or town) (State or foreign country)

16. Informant's OWN Signature. Mrs. Josephine Wilson  
and Address. 1103 Grove St. Boise Idaho.

17. (a) Burial. (b) Date thereof. June. 25. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature. Chaple & Humphreys  
and Address. Boise, Idaho.

19. (a) 6-25-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June. 23. 19 48.  
(Month, Day, Year) at 5.30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 7-1 19 47 to 6-23 19 47  
I last saw him alive on 6-23 19 47  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial degeneration Duration years  
Due to Arteriosclerosis years

Due to Hypertension year  
Other conditions Sudden death  
(Include pregnancy within 3 months of death)

Where was disease contracted? Sudden death  
Name of operation. Date. PHYSICIAN Underline the cause to which death should be charged statitically  
Major finding.

Finding of autopsy.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred. 19. City, county, state where violence occurred.

Place of Violence: Home Farm. Industry.

Public Place. While at work?

Means of injury. [Signature]

23. Attendant's OWN Signature. [Signature]

and Address. Boise Ida (M. D. or other)

Date 6-24 19 48

(For additional space, use reverse side)

093D

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death 1948

STATE OF IDAHO

State File No. **2012**  
Local Reg. No. **113**  
Reg. Dist. No. **371**

<b>1. PLACE OF DEATH:</b> (a) County <b>Ada</b> (b) City or town <b>Boise</b> (c) Street Address or R.F.D. No. .... (d) Death Occurred Inside? ..... Outside? <b>XX</b> city or town (e) Died in a Home.....Hospital <b>XX</b> Institution..... Other place..... (f) Name Hosp. or Inst. <b>V.A. Hospital</b> Stayed <b>32</b> days (g) Lived in this county..... years..... months..... days		<b>2. Usual Residence of Deceased:</b> (Always fill in these) (a) State <b>Idaho</b> (b) County <b>Gem</b> (c) City or town <b>Emmett</b> (d) Street Address or R.F.D. No. .... (e) Deceased lived Inside? ..... Outside? ..... city or town (f) Citizen of what country? <b>U.S.A.</b> (g) How long had deceased lived in Idaho? ..... years (h) Former residence (city, state) .....											
<b>3. (a) FULL NAME <b>McKEE, Elbert B.</b></b> <b>3. (b) If veteran, name war <b>WORLD WAR I</b></b> <b>5. Color or <b>White</b></b> <b>4. Sex <b>Male</b> race <b>White</b></b> <b>6. (b) Name of husband or wife</b> <b>6. (c) Age of husband or wife if alive..... years</b> <b>7. Date of Birth (Month, Day, Year) <b>April 7, 1893</b></b> <table border="1"><tr><td><b>8. AGE</b></td><td>Years</td><td>Months</td><td>Days</td><td>If less than 1 day</td></tr><tr><td></td><td><b>55</b></td><td><b>2</b></td><td><b>21</b></td><td>hrs. min.</td></tr></table> <b>9. Exact Occupation. <b>Farmer</b></b> Did this work for..... yrs. <b>10. Industry or Business.....</b> Date last worked..... <b>11. Birthplace <b>Missouri</b></b> (City or town) (State or foreign country) <b>12. Name <b>Unknown</b></b> (City or town) (State or foreign country) <b>13. Birthplace.....</b> (City or town) (State or foreign country) <b>14. Maiden name <b>Unknown</b></b> (City or town) (State or foreign country) <b>15. Birthplace.....</b> (City or town) (State or foreign country) <b>16. Informant's OWN Signature <b>Records, V.A. Hospital</b></b> <b>and Address <b>Boise, Idaho</b></b> <b>17. (a) <b>Removal</b></b> (b) Date thereof <b>6/29/48</b> (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place <b>Emmett, Ida</b> <b>18. Funeral Director's OWN Signature <b>McBratney-Fowler Chapel</b></b> <b>and Address <b>Boise, Idaho</b></b> <b>19. (a) <b>6-29-48</b></b> (b) <b>D. Sharp</b> (Date received and filed) (Registrar's signature)				<b>8. AGE</b>	Years	Months	Days	If less than 1 day		<b>55</b>	<b>2</b>	<b>21</b>	hrs. min.
<b>8. AGE</b>	Years	Months	Days	If less than 1 day									
	<b>55</b>	<b>2</b>	<b>21</b>	hrs. min.									
<b>MEDICAL CERTIFICATE OF DEATH</b> <b>20. DATE OF DEATH</b> (Month, Day, Year) <b>June 28, 1948</b> at <b>9:20</b> o'clock <b>P.</b> M. <b>21. I HEREBY CERTIFY, That I attended deceased from <b>May 27, 1948</b> to <b>June 28, 1948</b></b> <b>I last saw him alive on <b>June 28, 1948</b></b> <b>death is said to have occurred on the date and hour stated above</b> <b>Immediate Cause of Death:</b> <b>Myocardial Failure with Pulmonary Edema</b> Duration <b>Terminal</b> <b>Due to <b>Coronary Arteriosclerosis with Myocardial Infarction; Hypertrophy myocard Dilation; Renal &amp; Splenic to Infarction and Embolism at Aortic Iliac Junction</b></b> Prior Admn. <b>Admin.</b> (Include pregnancy within 3 months of death) <b>Where was disease contracted?.....</b> <b>Name of operation..... Date.....</b> <b>Major finding.....</b> <b>Finding of autopsy.. <b>CONFIRM ABOVE</b></b> <b>22. If death was due to EXTERNAL CAUSES, also fill in the following:</b> <b>Accident?..... Suicide?..... Homicide?.....</b> <b>Occurred..... 19..... City, county, state</b> <b>where violence occurred.....</b> <b>Place of Violence: Home..... Farm..... Industry.....</b> <b>Public Place..... While at work?.....</b> <b>Means of injury.....</b> <b>23. Attendant's OWN Signature <b>J.K. McClintic, M.D., CMO</b></b> (M.D. or other) <b>and Address <b>V.A.H., Boise, Ida</b> Date <b>June 29, 1948</b></b> (For additional space, use reverse side)													

2013

1948

State File No. \_\_\_\_\_  
 Local Reg. No. 114  
 Reg. Dist. No. 371

Federal Security Agency  
 United States Public Health Service  
 National Office of Vital Statistics  
**JUL 8 1948**

# Certificate of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Ada  
 (b) City or town Boise  
 (c) Street Address or R.F.D. No. \_\_\_\_\_  
 (d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town \_\_\_\_\_  
 (e) Died in a Home \_\_\_\_\_ Hospital XX Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. V.A. Hospital Stayed 1 days  
 (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
 (c) City or town Boise  
 (d) Street Address or R.F.D. No. \_\_\_\_\_  
 (e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 8 years  
 (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME McGLONE, Bruce

3. (b) If veteran, name war WW II  
 5. Color or \_\_\_\_\_  
 4. Sex Male race White  
 6. (b) Name of husband or wife Ivah M. McGlone  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 29, 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>0</u>	<u>1</u>	hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
 11. Birthplace Kentucky (City or town) (State or foreign country)

12. Name Unknown  
 13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Records, V. A. Hospital  
 and Address Boise, Idaho

17. (a) Burial (b) Date thereof 7/6/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Field of Honor, Boise, Idaho  
 18. Funeral Director's OWN Signature W. J. Sharpe  
 and Address Boise, Idaho

19. (a) 7-2-48 (b) \_\_\_\_\_  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 30 1948  
 (Month, Day, Year)  
 at 11:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 29, 1948, to June 30, 1948.  
 I last saw him alive on June 30, 1948.  
 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Toxemia with aspiration pneumonia and asphyxiation Duration Terminal  
 Due to Cellulitis of neck with a retropharyngeal abscess and secondary brain abscess with cerebral edema - Due to infection secondary to extraction of teeth Prior to Adm.  
 Other conditions: Tuberculosis, Pulmonary, Chronic, Arrested " "  
 (Include pregnancy within 3 months of death)  
 Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
 Major finding \_\_\_\_\_  
 Finding of autopsy CONFIRM ABOVE  
 PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
 Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
 where violence occurred \_\_\_\_\_  
 Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
 Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury J. K. McLintic  
 23. Attendant's OWN Signature J. K. McLINTIC, M.D., CMO  
 (M D or other)  
 and Address VAH., Boise, Idaho Date June 30, 19 48  
 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUN 14 1948

STATE OF IDAHO

1948

State File No. **2014**  
Local Reg. No. **555**  
Reg. Dist. No. **30**

## 1. PLACE OF DEATH:

- (a) County **Adams**  
(b) City or town **Council**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Council Hoap** Stayed **1** days  
(g) Lived in this county **3** years **6** months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Adams**  
(c) City or town **Council**  
(d) Street Address or R.F.D. No. **P.O. Box #274**  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? **U.S. A.**  
(g) How long had deceased lived in Idaho? **3 1/2** years  
(h) Former residence (city, state) **Albany, Oregon**

## 3. (a) FULL NAME **Sadie Idella Williams**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Female** 6. (b) Name of husband or wife **Lee** 6. (c) Age of husband or wife if alive **59** years  
7. Date of Birth (Month, Day, Year) **January 4 1884**

8. AGE	Years	Months	Days	If less than 1 day
	<b>64</b>	<b>4</b>	<b>29</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **Life** yrs.  
10. Industry or Business **Own Home** Date last worked **1947**  
11. Birthplace **Somerset Co. Pennsylvania** (City or town) (State or foreign country)

12. Name **Austin Brant**  
13. Birthplace **Somerset Co. Pennsylvania** (City or town) (State or foreign country)  
14. Maiden name **Elizabeth Hoover**  
15. Birthplace **Somerset Co. Pennsylvania** (City or town) (State or foreign country)

16. Informant's OWN Signature **Lee Williams**  
and Address **P.O. Box 274, Council, Idaho.**

17. (a) **Burial** (b) Date thereof **6/5/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **I.O.O.F. Cam, Council, Idaho.**

18. Funeral Director's OWN Signature **A. S. Jones #E357**  
and Address **Northam Jones, Boise, Idaho**

19. (a) **6/4/48** (b) **Oliver Hunt**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **June 3 1948**  
at **6:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **June 2 1948** to **June 3 1948**  
I last saw h<sup>er</sup> alive on **June 2 1948**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Acute Phosphorus Poisoning of liver** Duration **2 days**

Due to **ingestion of commercial Rat Poison**

Due to **Neurosis**  
Other conditions (Include pregnancy within 3 months of death) **2 yrs**

Where was disease contracted? **Home**  
Name of operation **✓** Date .....  
Major finding **0**  
Finding of autopsy **0**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ☒ Homicide? .....  
Occurred **June 2 1948** City, county, state **Adams Conf. Council**  
Place of Violence: Home ☒ Farm ..... Industry .....  
Public Place ..... While at work? **Yes**  
Means of injury **ingestion of Rat Poison**

23. Attendant's OWN Signature **Oliver Hunt**  
and Address **Council, Idaho** (M. D. or other) Date **6/4/ 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 28 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2015  
Local Reg. No. 556  
Reg. Dist. No. 300

## 1. PLACE OF DEATH:

- (a) County Adams  
(b) City or town Rural Near Homestead, Oregon  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Adams  
(c) City or town Rural Near Homestead, Ore.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Nicholas Klosnar

3. (b) If veteran, name war None No. None  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife XXX  
6. (c) Age of husband or wife if alive XXXX years  
7. Date of Birth (Month, Day, Year) January 25 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>4</u>	<u>19</u>	hrs min.

9. Exact Occupation Miner-Farmer Did this work for Life yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 6/12/48

11. Birthplace Dutch, Luxemburg  
(City or town) (State or foreign country)

- Mother Father  
12. Name Nickolas Klosnar  
13. Birthplace Luxemburg  
(City or town) (State or foreign country)  
14. Maiden name Belle Lusanders  
15. Birthplace Luxemburg  
(City or town) (State or foreign country)

16. Informant's OWN Signature Orville Lewis  
and Address Council Idaho

17. (a) Removal (b) Date thereof 6/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Homestead, Oregon

18. Funeral Director's OWN Signature A. S. Jones  
and Address Northam Jones, Weiser, Idaho

19. (a) 6/14/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 13 19 48  
4 o'clock am M.

21. I HEREBY CERTIFY, That I attended deceased from June 8 1948 to June 13 1948  
I last saw him alive on June 12 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia Duration 2 years

Due to Senility  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding C  
Finding of autopsy C  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred 0  
Place of Violence: Home C Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Council, Idaho Date 6/14/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
JUL 17 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2016  
Local Reg. No. 557  
Reg. Dist. No. 202

## 1. PLACE OF DEATH:

- (a) County Adams  
(b) City or town Council  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? XXX Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Council Hosp. Stayed 10 days  
(g) Lived in this county 20 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Adams  
(c) City or town Council  
(d) Street Address or R.F.D. No. Gen. Delivery  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) XXXXXX

## 3. (a) FULL NAME ERWIN MARION MICKEY

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Bachelor  
6. (b) Name of husband or wife XXXXXX 6. (c) Age of husband or wife if alive XXXXXX years  
7. Date of Birth (Month, Day, Year) July 23 1873

8. AGE	Years	Months	Days	If less than 1 day
<u>74</u>	<u>11</u>	<u>4</u>	hrs	min.

9. Exact Occupation Prospector Did this work for 10 yrs.  
10. Industry or Business Mining Date last worked April '48  
11. Birthplace Salubria Idaho  
(City or town) (State or foreign country)

12. Name Frank Mickey  
13. Birthplace Illinois  
(City or town) (State or foreign country)  
14. Maiden name Mary Ella Logan  
15. Birthplace Omaha Nebraska  
(City or town) (State or foreign country)

16. Informant's OWN Signature Erwin Mickey  
and Address Payette Idaho

17. (a) Removal (b) Date thereof 6/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature [Signature]  
and Address Northam Jones Chapel, Weiser, Idaho

19. (a) 6/27/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 27 1948  
(Month, Day, Year) at 5:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 19 1948 to June 27 1948  
I last saw him alive on June 27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Pneumonia 10h  
Due to Cerebral Occlusion

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? 6  
Name of operation 6 Date .....  
Major finding 6  
Finding of autopsy 6  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry  
Public Place ..... While at work?  
Means of injury [Signature]

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Council, Idaho Date 6/27 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 17 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **2017**  
Local Reg. No. **55-8**  
Reg. Dist. No. **300**

## 1. PLACE OF DEATH:

- (a) County **Adams**  
(b) City or town **Council**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Council Hosps** stayed **30** days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Adams**  
(c) City or town **New Meadows**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **32** years  
(h) Former residence (city, state) **Missouri**

## 3. (a) FULL NAME **Christopher Elkins**

3. (b) If veteran, name war **None** No. ....  
5. Color or 6. (a) Single, widowed, married, divorced **married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Minnie** 6. (c) Age of husband or wife if alive **51** years  
7. Date of Birth **May 14 1896**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>52</b>	<b>1</b>	<b>15</b>	hrs min.

9. Exact Occupation **State Highway Patrol** Did this work for **10** yrs.  
10. Industry or Business **Business** Date last worked **3/48**  
11. Birthplace **Hancock Missouri**  
(City or town) (State or foreign country)

- Mother Father  
12. Name **Lewis O. Elkins**  
13. Birthplace **Unknown**  
(City or town) (State or foreign country)  
14. Maiden name **Annie Naeley**  
15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Minnie L. Elkins**  
and Address **New Meadows, Idaho**

17. (a) **Burial** (b) Date thereof **6/1/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Meadows Cem. Meadows, Idaho.**

18. Funeral Director's OWN Signature **C. S. Jones**  
and Address **Northam Jones, Weiser, Idaho**

19. (a) **6/30/48** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **June 29 1948**  
at **6:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **May 29 1948** to **June 29 1948**  
I last saw him alive on **June 29 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

- Due to **Chronic Hypertension** **1 wk**  
Due to **Myocardial Infarction** **3 ps**  
Other conditions **Cholelithiasis**  
(Include pregnancy within 6 months of death)

- Where was disease contracted?  
Name of operation **Cholelithotomy** Date **6/1/48**  
Major finding **Chronic disease**  
Finding of autopsy **Cholelith**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **0** Suicide? **0** Homicide? **0**  
Occurred **0** 19 **19** City, county, state where violence occurred **0**  
Place of Violence: Home? **0** Farm **0** Industry **0**  
Public Place **0** While at work? **0**  
Means of injury **0**

23. Attendant's OWN Signature **[Signature]**  
and Address **Council, Idaho** Date **6/30/48** 19 **19**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 18 1948 **Certificate of Death**

STATE OF IDAHO

1948  
State File No. **2018**  
Local Reg. No. **139**  
Reg. Dist. No. **510**

**1. PLACE OF DEATH:**

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address ~~xxxxxx~~ **553 North Arthur Ave**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address ~~xxxxxx~~ **553 North Arthur Ave**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

**GEORGE LEONARD LAYNG**

**3. (b) If veteran, name war**

-----

**3. (c) Social Security No.**

**518-10-0248**

**5. Color or**

**4. Sex male race white**

**6. (a) Single, widowed, married, divorced single**

**6. (b) Name of husband or wife**

**6. (c) Age of husband or wife if alive \_\_\_\_\_ years**

**7. Date of Birth**

(Month, Day, Year)

**August 31, 1896**

**8. AGE**

Years

Months

Days

If less than 1 day

**51**

**9**

**3**

hrs. min.

**9. Exact Occupation**

**Store Keeper**

Did this

work for **10** yrs.

**10. Industry or Business**

**Idaho Power Co.**

Date last

worked **5/29/48**

**11. Birthplace**

**Montpelier,**

**Idaho**

(City or town)

(State or foreign country)

**12. Name**

**Peter J. Layng**

**13. Birthplace**

**County Mayo,**

**Ireland**

(City or town)

(State or foreign country)

**14. Maiden name**

**Mary Kelly**

**15. Birthplace**

**New York City**

**N. Y.**

(City or town)

(State or foreign country)

**16. Informant's**

**OWN Signature**

and Address **Pocatello, Idaho**

**17. (a) removal**

(Burial, cremation, or removal)

(b) Date thereof **June 5, 1948**

(Month) (Day) (Year)

(c) Place **Salt Lake City, Utah**

**18. Funeral Director's**

**OWN Signature**

and Address **Pocatello, Idaho**

**19. (a) June 4, 1948**

(Date received and filed)

(b) **Jessie J. Powell**

(Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**

(Month, Day, Year) **June 2** 19 **48**

at **11:50** o'clock **a.** M.

**21. I HEREBY CERTIFY, That I attended deceased from**

**5-2** 19 **48** to **6-2** 19 **48**

I last saw h. **in** alive on **5-31** 19 **48**

death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

**Bullet wound in heart**

**Duration**

Due to **acute melancholia** **2 weeks**

Due to **acute intestinal infection** **3 days**

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

**Where was disease contracted?**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

Accident? \_\_\_\_\_ Suicide? **yes** Homicide? \_\_\_\_\_

Occurred **June 2** 19 **48** City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home **yes** Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

**23. Attendant's**

**OWN Signature** **D. C. Ray M.D.**

(M. D. or other)

and Address **Pocatello, Ida** Date **June 4** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 18 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2019  
Local Reg. No. 140  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 4 days  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 9406 Fremont  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Myrtle M. Roehr

## 3. (b) If veteran, name was

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (b) Name of husband or wife Carl J.

6. (a) Single, widowed, married, divorced married  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December 15, 1899

8. AGE	Years	Months	Days	If less than 1 day
	<u>48</u>	<u>5</u>	<u>17</u>	hrs. min.

9. Exact Occupation Pres. Purchasing Agent Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Automotive Wholesaler Date last worked 5- '48

11. Birthplace Reg. Perce Idaho (City or town) (State or foreign country)

12. Name Henry Stather

13. Birthplace U.S.A. (City or town) (State or foreign country)

14. Maiden name Gloria Smith

15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's OWN Signature Carl J. Roehr  
and Address 9406 Fremont

17. (a) Burial (b) Date thereof 6-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Mountainview Cemetery

18. Funeral Director's OWN Signature Byron B. Dornard  
and Address Pocatello Idaho

19. (a) June 8 - 1948 (b) June 2 1948  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 2 1948  
at 10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 28 1948 to June 2 1948.  
I last saw her alive on June 2 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Dyspnea Inspirational Pneumonia

Duration 6 days

Due to Ethyl Pneumonia & Teeth Extractions

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Pocatello

Name of operation Teeth Extractions Date 5-27-48

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature J. L. Olsen, M.D.  
(M. D. or other)

and Address Pocatello Idaho Date 6-5 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 1 9 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2020  
Local Reg. No. 148  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address ~~xxxxxx~~ 81 Hawthorne Street  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 33 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address ~~xxxxxx~~ 81 Hawthorne Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

PHILIP SHERIDAN BUCKLAND

## 3. (b) If veteran, name war

----

## 3. (c) Social Security No.

519-05-9921

## 5. Color or

4. Sex male race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife

Harriet Jackson Buckland

6. (c) Age of husband or wife if alive 54 years

## 7. Date of Birth

(Month, Day, Year)

January 23, 1890

## 8. AGE

Years

58

Months

4

Days

14

If less than 1 day

hrs. min.

## 9. Exact

Occupation

Carpenter

Did this

work for 14

yrs.

## 10. Industry or

Business

Self

Date last

worked 3/23/48

## 11. Birthplace

Bountiful

(City or town)

Utah

(State or foreign country)

Father

## 12. Name

A. L. Buckland

Mother

## 13. Birthplace

San Francisco

(City or town)

California

(State or foreign country)

## 14. Maiden name

Geneva H. Pack

## 15. Birthplace

Salt Lake City, Utah

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Harriet J. Buckland

and Address

Pocatello

Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof June 8, 1948

(Month) (Day) (Year)

(c) Place

Pocatello

Idaho

## 18. Funeral Director's

OWN Signature

Jessie S. Russell

and Address

Pocatello

Idaho

## 19. (a) June 6, 1948

(Date received and filed)

(b)

Jessie S. Russell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

June 6

19 48

at 2:45 o'clock a. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 to June 6

19 48

I last saw h. in alive on June 6 19 48 ;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

metastatic carcinoma of brain

## Duration

1 mo.

Due to

carcinoma of lung  
(bronchogenic)

1 year

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? Pocatello

Name of operating physician Dr. J. H. B. B. B. Date 3-26-48

Major finding

carcinoma

Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? X

Means of injury

## 23. Attendant's

OWN Signature

Melvin M. Graves, M.D.

(M. D. or other)

and Address

Pocatello, Ida

Date June 7 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **2021**  
Local Reg. No. **133**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 506 S. Fifth  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 56 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 506 S. Fifth  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state) Garrison Kansas

## 3. (a) FULL NAME

Claude D. Bistline

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jean C.

6. (c) Age of husband or wife if alive 53 years

7. Date of Birth (Month, Day, Year) December 9, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>5</u>	<u>28</u>	hrs. min.

9. Exact Occupation Merchant Did this work for 36 yrs.

10. Industry or Business Bistline Lumber & Hdw. Date last worked 6-7-48

11. Birthplace Garrison Kansas (City or town) (State or foreign country)

12. Name Joseph B. Bistline

13. Birthplace Perry Pa. (City or town) (State or foreign country)

14. Maiden name Drach Gross

15. Birthplace Indr. (City or town) (State or foreign country)

16. Informant's OWN Signature Pete Bistline

and Address Pocatello Id.

17. (a) Burial (b) Date thereof 6-10-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mount Moriah Cem.

18. Funeral Director's OWN Signature Barry B. Darnard

and Address Pocatello Idaho

19. (a) June 11, 48 (b) Jessie T. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 7 1948  
at 9 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from June 7, 48 to June 7, 48

I last saw h. in alive on June 7 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 1 hr

Due to Arteriosclerosis ?

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation none Date —

Major finding —

Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred — 19 — City, county, state where violence occurred —

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury —

23. Attendant's OWN Signature R.P. Howard (M. D. or other) June 11, 48

and Address Pocatello Idaho Date June 11, 48 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 19 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2022  
Local Reg. No. 142  
Reg. Dist. No. 510

## 1. PLACE OF DEATH

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 367 Randolph  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. St. Anthony Stayed 1 days  
(g) Lived in this county 1 years 1 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 367 Randolph  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Adrian Leo Wilding

035X

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race W

6. (b) Name of husband or wife

6. (a) Single widowed, married, divorced

6. (c) Age of husband or wife if alive 17 years

7. Date of Birth (Month, Day, Year) November 10, 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>6</u>	<u>27</u>	hrs. min.

9. Exact Occupation none Did this work for none yrs.

10. Industry or Business Idaho Falls, Idaho Date last worked Idaho

11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

12. Name Leo John Wilding (City or town) (State or foreign country)

13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

14. Maiden name Idaho Falls, Idaho (City or town) (State or foreign country)

15. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Leo John Wilding and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof 6/10/48 (Month) (Day) (Year)

(c) Place Idaho

18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho

19. (a) June 11-48 (b) Jessie J. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 7 19 48

at 4 clock P M.

21. I HEREBY CERTIFY that I attended deceased from 6 June 1948 to 7 June 1948

I last saw h. 17 alive on 7 June 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acidosis - dehydration Duration 24 hrs.

Due to measles 5 days

Due to measles

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation none Date none

Major finding none

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? none Suicide? none Homicide? none

Occurred none 19 48 City, county, state where violence occurred

Place of Violence: Home none Farm none Industry none

Public Place none While at work? none

Means of injury none

23. Attendant's OWN Signature W. B. Kearney MD. and Address Pocatello, Idaho Date June 10, 1948

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 18 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. **2023**  
Local Reg. No. **143**  
Reg. Dist. No. **511**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? L Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital L Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed \_\_\_\_\_ days  
(g) Lived in this county 34 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town McCammon  
(d) Street Address or R.F.D. No. W.F.D. #1  
(e) Deceased lived Inside? L Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Minna Wash.

## 3. (a) FULL NAME

Carlos K. Shappart

046E

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or W  
6. Sex M race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October 9, 1906

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>8</u>	<u>0</u>	hrs. min.

9. Exact Occupation Stock Raising Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Farming Date last worked \_\_\_\_\_

11. Birthplace Minna Wash. (City or town) (State or foreign country)

12. Name George Shappart

13. Birthplace St. Joseph Mo. (City or town) (State or foreign country)

14. Maiden name Minnie Lehtinen

15. Birthplace New Lisbon Wisconsin (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Eugene Grant

and Address 737 W. Whitman

17. (a) Burial (b) Date thereof 6-11-48 (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Baron B. Downard

and Address Pocatello Idaho

19. (a) June 11-48 (Date received and filed) (b) Jessie J. Howell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 9 1948

at 8:31 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1946 1946 to June 9 1948

I last saw him alive on June 8 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Intestinal Obstruction Duration 1 week

Due to Ca. of Colon 2 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation Resection Date 1946

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury P.P. Howard

23. Attendant's OWN Signature P.P. Howard (M or other)

and Address 6-11-48 Date 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 10 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948

State File No. 2024

Local Reg. No. 155

Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 1040 E. Terry  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 7 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State California (b) County Los Angeles  
(c) City or town Wilmington  
(d) Street Address or R.F.D. No. 635 Banning st.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Blackfoot, Idaho

## 3. (a) FULL NAME Selina May Reiser Ormond

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife T. W. Ormond 6. (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) August 11, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>9</u>	<u>28</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business At home Date last worked 6-8-48

11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Father { 12. Name Henry Reiser

13. Birthplace Zurich, Switzerland (City or town) (State or foreign country)

Mother { 14. Maiden name Catherine Auer

15. Birthplace Eichburg, Switzerland (City or town) (State or foreign country)

16. Informant's OWN Signature T. W. Ormond

and Address Los Angeles, California

17. (a) Removal (b) Date thereof 6-9-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Blackfoot, Idaho

18. Funeral Director's OWN Signature Howard Packham

and Address Blackfoot, Idaho

19. (a) July 9 - 1948 (b) Jessie S. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 9, 1948 (Month, Day, Year)

at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 9, 1948 to June 9, 1948

I last saw him alive on June 9, 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Central Hemorrhage Duration 1 hour

Due to Hypertension 6 yrs

Due to Cardiac Renal disease 6 yrs

Other conditions Serious (Include pregnancy within 9 months of death)

Where was disease contracted? Franklin

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ray W. Dunst

and Address Blackfoot, Idaho Date July 4, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 19 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2025  
Local Reg. No. 149  
Reg. Dist. No. 511

## 1. PLACE OF DEATH

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address R.F.D. No. 925 No. 11th  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 10 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

CHARL LANG

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) NO DATA

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>			hrs. min.

9. Exact Occupation RETIRED MERCHANT Did this work for \_\_\_\_\_ yrs.

10. Industry or Business SELF Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country) GERMANY

12. Name NO DATA

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

14. Maiden name NO DATA

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Frank J. O.

and Address POCATELLO IDAHO

17. (a) BURIAL (b) Date thereof 6-14-48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place REXBURG IDAHO

18. Funeral Director's OWN Signature Jack Henderson

and Address POCATELLO IDAHO

19. (a) JUNE 12, 1948 (b) Jesse L. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) JUNE 10 1948  
at 4:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1948 to JUNE 10 1948

I last saw h. in alive on JUNE 10 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 10 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? ✓

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy NO

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? NO Suicide? NO Homicide? NO

Occurred June 10, 1948 City, county, state  
where violence occurred None

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury See Harris, M.D.

23. Attendant's OWN Signature See Harris, M.D.  
(M. D. or other)  
and Address POCATELLO IDAHO Date 6-12-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

JUN 19 1948

STATE OF IDAHO

State File No. **2026**  
Local Reg. No. **138**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address **6050 N. Sol Johnson Ave**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Pocatello General** 1 days  
(g) Lived in this county **28** years **0** months **0** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address **6050 N. Sol Johnson Ave**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **28** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**LEENEL G. KIRKPATRICK**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex **female** race **white**

6. (a) Single, widowed, married,  
divorced **married**

6. (b) Name of husband or wife  
**A. C. Kirkpatrick**

6. (c) Age of husband or wife if  
alive **73** years

7. Date of Birth  
(Month, Day, Year) **May 14, 1889**

8. AGE	Years	Months	Days	If less than 1 day
	<b>59</b>	<b>0</b>	<b>28</b>	hrs. min.

9. Exact Occupation **School Teacher** Did this work for **28** yrs.

10. Industry or Business **Whittier School** Date last worked **May, 1948**

11. Birthplace **Albany, Oregon**  
(City or town) (State or foreign country)

12. Name **William Shelby Denham**

13. Birthplace **Dayton Ohio**  
(City or town) (State or foreign country)

14. Maiden name **Frances Tracy**

15. Birthplace **Muscantine Iowa**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **A. C. Kirkpatrick**

and Address **Pocatello, Ida ho**

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof **6/14/48**  
(Month) (Day) (Year)

(c) Place **Lodi California**

18. Funeral Director's OWN Signature **Jack Pennington**

and Address **Pocatello, Idaho**

19. (a) **June 14, 1948** (b) **Jessie J. Powell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **June 12** 19 **48**  
at **1:30** o'clock **a.** M.

21. I HEREBY CERTIFY, That I attended deceased from  
**June 11** 19 **48**, to **June 12** 19 **48**  
I last saw h. **er** alive on **June 12** 19 **48**;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Frontal cerebral meningioma**

## Duration

**2 months**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation **none** Date

Major finding **Frontal meningioma**

Finding of autopsy **Frontal meningioma**

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury **R.P. Howard and D.**

23. Attendant's OWN Signature **R.P. Howard and D.**

and Address **Pocatello, Idaho** Date **June 12, 48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 18 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2027  
Local Reg. No. 144  
Reg. Dist. No. 5-11

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 6 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town St. Hall  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Lorraine

Burns

(Lorraine Burns)

139A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

not known

## 5. Color or race

Female Indian

## (a) Single, widowed, married, divorced

married

## (b) Name of husband or wife

Richard Burns

## (c) Age of husband or wife if alive

34 years

## 7. Date of Birth

(Month, Day, Year)

June 8 1920

## 8. AGE

Years

Months

Days

If less than 1 day

28

—

5

hrs. min.

## 9. Exact Occupation

Housewife

## Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

## Date last worked

St. Hall, Idaho

(State or foreign country)

## 11. Birthplace

St. Hall, Idaho

(State or foreign country)

## 12. Name

Eugene Adams

## 13. Birthplace

St. Hall, Idaho

(State or foreign country)

## 14. Maiden name

Emily Truchot

## 15. Birthplace

Choteau, Montana

(State or foreign country)

## 16. Informant's OWN Signature

Richard Burns

## and Address

St. Hall, Idaho

## 17. (a)

Burial

## (b) Date thereof

6-16-48

## (c) Place

St. Hall, Idaho

## 18. Funeral Director's OWN Signature

John C. Sandberg

## and Address

Blackfoot, Idaho

## 19. (a)

June 15-48

## (b)

June J. Farnell

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

June 13, 1948

at 10:36 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

7 June 1948 to 13 June 1948

I last saw him or her alive on 13 June 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

pneumonia, organism  
undetermined

## Duration

4 days

## Due to

## Due to

Other conditions tubo-ovarian

2 weeks

(Include pregnancy within 3 months of death)

abscess & pelvic peritonitis

Where was disease contracted? St. Hall, Idaho

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

W. K. Kaine, M.D.

(M. D. or other)

and Address Pocatello, Idaho Date 13 June 1948

(For additional space, use reverse side)

## STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

2028

Registrar's No. \_\_\_\_\_

JUN 18 1948

State of Idaho

511

## 1. PLACE OF DEATH:

(a) County Bannock  
(b) City or town Pocatello  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:  
St. Anthony Mercy Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 weeks  
In this community 34 yr. (Specify whether years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(If outside city or town limits, write RURAL)  
(d) Street No. 536 N. 6th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 34 years.

3. (a) FULL NAME Frances Greco

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. 519-30-1644

4. Sex F 5. Color or race W.  
6. (b) Name of husband or wife Charles Greco  
6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased Oct. 5, 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 8 8 hr. min.

9. Birthplace Bivona, Sicily  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Sara Bivona

13. Birthplace Bivona, Sicily  
(City, town, or county) (State or foreign country)

14. Maiden name Christina

15. Birthplace Bivona, Sicily  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Greco

(b) Address 536 S. 6th

17. (a) Burial (b) Date thereof 6-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Mount Carmel

18. (a) Signature of funeral director Byron Downard

(b) Address Pocatello, Idaho

19. (a) June 15, 48 (b) Joni J. Tameel  
(Date required local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. Date of death: Month 13 day June 1948 hour \_\_\_\_\_ minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from 2 PM 13 June, 1948, to 2 PM 13 June, 1948, that I last saw her alive on 13 June, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death

respiratory failure  
Due to Cyanide poisoning

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 13 June 48

(c) Where did injury occur? Pocatello, Bannock, Idaho  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? \_\_\_\_\_

23. Signature J. R. Kearney (M.D. or other)

Address Pocatello, Idaho Date signed 15 June

# DISINTERMENT PERMIT

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH  
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Andy Garcia  
now lying buried in Pleasant View Municipal cemetery, in the City or Town of Burley  
County of Cassia State of Idaho, who died on the 1 day of June, 1-949 Aged \_\_\_\_\_ years \_\_\_\_\_ months  
\_\_\_\_\_ days, the cause of death being Thrombosis, Pulmonary, Acute and  
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever;  
or yellow fever as shown by the certificate of death of said deceased, given by  
C. Annest, M. D., Vern B. McCulloch, County Coroner attending physician  
THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private  
private or railway conveyance  
to another lot same cemetery in the City or Town of Burley County of Cassia  
State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Cassia it being understood and provided that nothing herein shall be deemed as contravening or in  
anywise modifying or releasing the Regulations of the Department of public health governing the Transportation of  
Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be  
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another  
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The  
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the  
remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic  
lined outer case before removal.

Given under my hand and Seal of the Department of public health at Boise, Idaho,  
permit issued to: this 21 day of Feb., A.D. 19 55.

W. W. Benson  
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of health of the City,  
Town or County of Cassia State of Idaho, this 25th day of February, 19 55.

James B. Ketchum  
Health officer



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

RECEIVED  
JUL 21 1948

STATE OF IDAHO

State File No. **2029**  
Local Reg. No. **169**  
Reg. Dist. No. **511**

1. PLACE OF DEATH: **DIVISION OF VITAL**  
(a) County **Blain**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **Blackfoot**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town **Blackfoot**  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place **St. Anthony's**  
(f) Name Hosp. or Inst. **St. Anthony's** Stayed **39** days  
(g) Lived in this county **39** years **0** months **0** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bingham**  
(c) City or town **Blackfoot**  
(d) Street Address or R.F.D. No. **South Meridian**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town **Blackfoot**  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **20** years  
(h) Former residence (city, state) **Pocatello, Idaho.**

3. (a) FULL NAME **Clarence Larson**

3. (b) If veteran, name war **-----** 3. (c) Social Security No. **518-18-2575**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White** 6. (b) Name of husband or wife **Christine Nielsen Larson** 6. (c) Age of husband or wife if alive **48** years  
7. Date of Birth **October 28, 1885**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>62</b>	<b>6</b>	<b>16</b>	hrs. min.

9. Exact Occupation **Barber** Did this work for **-----** yrs.  
10. Industry or Business **St. George, Utah** Date last worked **May 3-48**

11. Birthplace **St. George, Utah**  
(City or town) (State or foreign country)

12. Name **James Alfred Larson**

13. Birthplace **Salt Lake City, Utah**  
(City or town) (State or foreign country)

14. Maiden name **Judith Marilla Larson**

15. Birthplace **Salt Lake City, Utah.**  
(City or town) (State or foreign country)

16. Informant's **Mr. Clarence Larson**  
OWN Signature **Blackfoot, Idaho.**  
and Address

17. (a) **Burial** (b) Date thereof **6-18-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **Blackfoot, Idaho.**

18. Funeral Director's **John C. Sandberg**  
OWN Signature **Blackfoot, Idaho**  
and Address

19. (a) **July 14, 1948** (b) **June 1, 1948**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **June 14, 1948**  
(Month, Day, Year) at **9:35** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **May 5** to **June 14, 1948**  
I last saw him alive on **June 14, 1948**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Septicemia** Duration **8 wks.**

Due to **Postoperative**

Due to **Prostatectomy**

Other conditions **Multiple Vesical Calculi**  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation **Prostatectomy May 7**

Major finding **Multiple Vesical Calculi**

Finding of autopsy **NOT DONE**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **-----** 19 **-----** City, county, state

where violence occurred.

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **CE Spoon**

23. Attendant's **CE Spoon**  
OWN Signature **Kosisko Bldg** (M. D. or other)  
and Address **June 11, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2030**  
Local Reg. No. **156**  
Reg. Dist. No. **511**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 101 So. Johnson  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. General Stayed 1 days  
(g) Lived in this county    years 2 months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. R.F.D. 1 South  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

## 3. (a) FULL NAME James Lusk

3. (b) If veteran, name war    3. (c) Social Security No.     
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) October 5th., 1941

8. AGE	Years	Months	Days	If less than 1 day
	<u>6</u>	<u>8</u>	<u>10</u>	hrs. min.

9. Exact Occupation Attending school Did this work for    yrs.  
10. Industry or Business None Date last worked

11. Birthplace Pocatello, Idaho  
(City or town) (State or foreign country)

12. Name James Park Lusk

13. Birthplace Pocatello, Idaho  
(City or town) (State or foreign country)

14. Maiden name Arlene Allen

15. Birthplace Robin Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature James P. Lusk  
and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof 6-18-48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Pocatello, Idaho  
18. Funeral Director's OWN Signature Arthur M. Hall

and Address Pocatello, Idaho

19. (a) July 9-1948 (b) Jessie J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 15th., 1948  
(Month, Day, Year) at    o'clock    M.

21. I HEREBY CERTIFY, That I attended deceased from 6/15/48 to    1948  
I last saw h. 1 m alive on    19  ;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Brain Hemorrhage Duration   

Due to Fractured skull

Due to Fall from a horse

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted? South of Pocatello

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide?    Homicide?   

Occurred June 15 1948 City, county, state

where violence occurred Bannock Co., Idaho

Place of Violence: Home    Farm X Industry   

Public Place    While at work?   

Means of injury Horse fell on him

23. Attendant's OWN Signature Kim Pearson

and Address Pocatello Idaho (M. D. or other)

date 6/17/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 10 1948 **Certificate of Death**

STATE OF IDAHO

State File No. **2031**  
Local Reg. No. **158**  
Reg. Dist. No. **510**

**1. PLACE OF DEATH:**

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony's Stayed 1 days  
(g) Lived in this county 11 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 9416 Center  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Yakima Wash.

**3. (a) FULL NAME**

Alden Holcombe

**3. (b) If veteran, name war**

None

**3. (c) Social Security No.**

519-03-3500

5. Color or race W

6. (b) Name of husband or wife Eugenia

6. (a) Single, widowed, married, divorced married

6. (c) Age of husband or wife if alive 38 years

7. Date of Birth (Month, Day, Year) March 25, 1905

8. AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>2</u>	<u>23</u>	hrs. min.

9. Exact Occupation Office & Credit Mgr. Did this work for 11 yrs.

10. Industry or Business St. Portland Cement Co. Date last worked 6-48

11. Birthplace Brooklyn New York (City or town) (State or foreign country)

12. Name Charles Spencer Holcombe

13. Birthplace Agdenburg New York (City or town) (State or foreign country)

14. Maiden name Marion H. Woodruff

15. Birthplace Watertown New York (City or town) (State or foreign country)

16. Informant's OWN Signature Eugenia E. Holcombe and Address 9416 Center

17. (a) Burial (b) Date thereof 21-48 (Month) (Day) (Year)

(c) Place Mountain View Cemetery

18. Funeral Director's OWN Signature Byron B. Downard and Address Pocatello Idaho

19. (a) July 9-1948 (b) Jessie J. Howell (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) June 18, 1948 at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from 1947 to June 18, 1948

I last saw him alive on June 18, 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Intra-ventricular cerebral hemorrhage Duration 1 day.

Due to unknown cause.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding. \_\_\_\_\_

Finding of autopsy Hemorrhage & clots in cerebral ventricles

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19. \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R.D. Howard and Address Pocatello Idaho Date 6-18-48 (For additional space, use reverse side)

083A

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 10 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. **2032**  
Local Reg. No. **159**  
Reg. Dist. No. **5-1**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address **Corbett So. Johnson Ave**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **Pocatello General** **3** days  
(g) Lived in this county **0** years **0** months **3** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Oregon** (b) County **Multnomah**  
(c) City or town **Portland**  
(d) Street Address **Corbett So. Johnson Ave 4220 SW Corbett So.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **3 days** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**DONALD L. CUMMINGS**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex **male** race **white**

6. (a) Single, widowed, married,  
divorced **single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive **---** years

7. Date of Birth  
(Month, Day, Year) **March 21, 1921**

8. AGE	Years	Months	Days	If less than 1 day
<b>27</b>	<b>27</b>	<b>4</b>	<b>2</b>	hrs. min.

9. Exact Occupation **Salesman** Did this work for **7** yrs.

10. Industry or Business **Books - Magazines** Date last worked **May, 1948**

11. Birthplace **Portland Oregon**  
(City or town) (State or foreign country)

12. Name **Austin L. Cummings**

13. Birthplace **Coldwater Michigan**  
(City or town) (State or foreign country)

14. Maiden name **Eunice Fowler**

15. Birthplace **Hillsdale Michigan**  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature **Arthur L. Cummings**  
and Address **Portland, Oregon**

17. (a) **Removal** (b) Date thereof **June 21, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Portland, Oregon**

18. Funeral Director's  
OWN Signature **Frank Henderson**  
and Address **Pocatello, Idaho**

19. (a) **June 21, 1948** (b) **Jessie J. Powell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **June 20** 19**48**  
at **7:10** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from  
**June 17** 19**48** to **June 20** 19**48**  
I last saw him alive on **June 20** 19**48**;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Respiratory paralysis** 2 hrs.  
Due to **cardio-renal** unknown.

Due to **Pneumonia**  
Other condition **Bronchiectasis** **Hypertension**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Oregon**  
Name of operation **None**  
Major finding **Pulmonary embolism**  
Finding of autopsy **None**  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **June 20** 19**48** City, county, state  
where violence occurred.

Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury **None**  
23. Attendant's  
OWN Signature **H. H. Shugart**  
(M. D. or other)

and Address **Pocatello, Ida** Date **June 21** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 10 1948

# Certificate of Death

STATE OF IDAHO

78  
State File No. 2033  
Local Reg. No. 160  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. -  
(d) Death Occurred Inside? - Outside? - city or town  
(e) Died in a Home - Hospital - Institution - Other place -  
(f) Name Hosp. or Inst. St. Anthony Stayed - days  
(g) Lived in this county - years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. Partners Park #2  
(e) Deceased lived Inside? - Outside? - city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 1/3 years  
(h) Former residence (city, state) -

## 3. (a) FULL NAME

Roy Terrell Nelson

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

- none

## 5. Color or

## 4. Sex M race M

## 6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive - years

## 7. Date of Birth

(Month, Day, Year) Feb. 1, 1948

## 8. AGE

Years

Months

Days

If less than 1 day  
hrs. min.

0

4

20

## 9. Exact Occupation

none

Did this work for - yrs.

## 10. Industry or Business

Date last worked -

## 11. Birthplace

(City or town)

(State or foreign country)

Pocatello Idaho

## 12. Name

Lyle L. Nelson

## 13. Birthplace

(City or town)

(State or foreign country)

Scotland S.D.

## 14. Maiden name

Betty Wood

## 15. Birthplace

(City or town)

(State or foreign country)

Shelton S.D.

## 16. Informant's

## OWN Signature

Lyle L. Nelson

## and Address

Pocatello Idaho

## 17. (a) Wagner S.D.

(Burial, cremation, or removal)

## (b) Date thereof

6-22-48  
(Month) (Day) (Year)

## (c) Place

Removal - Wagner S.D.

## 18. Funeral Director's

## OWN Signature

Baron B. Dorneged

## and Address

Pocatello Idaho

## 19. (a) July 9, 1948

(Date received and filed)

## (b) Jessie L. Hamell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June, 20, 1948  
at 1:57 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1 June 1948 to 20 June 1948  
I last saw h. 1 M alive on 20 June 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

multiple pulmonary emboli  
thrombi

Due to embolism from mural thrombus, Right auricle

Due to Congenital heart disease

Other conditions -

(Include pregnancy within 3 months of death)

157E

094A

1948

1 day

1 day

since birth

## Where was disease contracted?

Name of operation -

Date -

Major finding -

Finding of autopsy as above

Patent foramen ovale

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

## 23. Attendant's

## OWN Signature

W. R. Kearney, M.D.

and Address Pocatello Idaho

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **2034**  
Local Reg. No. **151**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 834 W. Center  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 834 W. Center  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) ☐

3. (a) **NAME** Frank W. Bacon

3. (a) ☒ veteran, name war Spanish Amer. 3. (c) Social Security No. 712-10-3227  
5. Color or N 6. (a) Single, widowed, married, divorced married  
4. Sex M race N 6. (c) Age of husband or wife if alive 63 years  
6. (b) Name of husband or wife Asceola

7. Date of Birth (Month, Day, Year) August 20, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>10</u>	<u>1</u>	hrs. min.

9. Exact Occupation Ret. B. B. Worker Did this work for 1937 yrs.  
10. Industry or Business W. P. P. P. Date last worked ↓  
11. Birthplace Vicksburg Michigan (City or town) (State or foreign country)  
Father { 12. Name Floyd Bacon  
13. Birthplace Pa. (City or town) (State or foreign country)  
Mother { 14. Maiden name Amelia LaBasse  
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Elen F. Bacon  
and Address Pocatello Idaho

17. (a) Burial (b) Date thereof 4-48 (Burial, cremation, or removal) (Day) (Year)

(c) Place Mountain View  
18. Funeral Director's OWN Signature Byron B. Burnard  
and Address Pocatello Idaho

19. (a) 6-25-48 (b) Jessie T. Dewit (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 21, 1948  
(Month, Day, Year) at 10:15 P.M. o'clock

21. I HEREBY CERTIFY, That I attended deceased from 2-5-48 to 6-21-48  
I last saw him alive on 6-21-48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis Duration 4 mos  
Due to Chronic Myocarditis 6 mos  
Due to Chronic Nephritis  
Other conditions 128mia (Include pregnancy within 3 months of death)

Where was disease contracted? -  
Name of operation No Date -  
Major finding -  
Finding of autopsy No

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred - 19 - City, county, state where violence occurred -  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of Injury -  
23. Attendant's OWN Signature W. D. Harris, M.D.  
(M. D. or other)

and Address Pocatello Idaho Date 6-22-48  
(For additional space, use reverse side)

Jessie T. Dewit  
Deputy

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 162  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 327 W. CLARK  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. 327 W. CLARK  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

EARL JENKINS

## 3. (b) If veteran, name war

WORLD WAR II

## 3. (c) Social Security No.

519-20-3444

## 5. Color or

Sex MALE race WHITE

## 6. (a) Single, widowed, married,

divorced \_\_\_\_\_

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) MAY 3rd 1898

## 8. AGE

Years

Months

Days

If less than 1 day

50

1

18

hrs.

min.

## 9. Exact

Occupation FARMER

## Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business \_\_\_\_\_

## Date last

worked \_\_\_\_\_

## 11. Birthplace

MALAD

IDAHO

(City or town)

(State or foreign country)

## 12. Name

EDWARD W. JENKINS

## 13. Birthplace

WALES

(City or town)

(State or foreign country)

## 14. Maiden name

ANNA F. JENKINS

## 15. Birthplace

STOCKHOLM, SWEDEN

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Art Miloy

and Address 676 W. River

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

6-23-48

(Month) (Day) (Year)

(c) Place POCATELLO, IDAHO

## 18. Funeral Director's

OWN Signature Arthur M. Hall

and Address POCATELLO, IDAHO

## 19. (a) Date received and filed

July 9-1948

## (b) Registrar's signature

Jessie J. Parnell

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) JUNE 21st 19 48

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Found dead in his Room  
Cause of death not known

## Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Arthur M. Hall

and Address Pocatello, Idaho Date June 23 1948

(For additional space, use reverse side)

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2036  
Local Reg. No. 161  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town LOCATELLO  
(c) Street Address or R.F.D. No. 1015 JOHNSON  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. GENERAL Stayed 1 days  
(g) Lived in this county 1 years 1 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town FORT HALL  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

JOHN BOOK BALLARD

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

4. Sex MALE race INDIAN

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1 years

## 7. Date of Birth

(Month, Day, Year) JANUARY 1, 1875

## 8. AGE

Years

Months

Days

If less than 1 day

73

5

20

hrs. min.

## 9. Exact

Occupation RANCHER

## Did this

work for - yrs.

## 10. Industry or

Business -

## Date last

worked

## 11. Birthplace

(City or town)

MONTANA  
(State or foreign country)

## 12. Name

JOHN BALLARD

## 13. Birthplace

(City or town)

UNKNOWN  
(State or foreign country)

## 14. Maiden name

UNKNOWN

## 15. Birthplace

(City or town)

UNKNOWN  
(State or foreign country)

## 16. Informant's

OWN Signature Naisy Stclair

and Address FORT HALL, IDAHO

## 17. (a) BURIAL

(b) Date thereof 6-26-48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place FORT HALL, IDAHO

## 18. Funeral Director's

OWN Signature John M. Hall

and Address LOCATELLO, IDAHO

## 19. (a)

Date received and filed July 9, 1948

(b) Jessie J. Jamell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) JUNE 21 19 48

at 11 o'clock AM

## 21. I HEREBY CERTIFY That I attended deceased from

June 17, 1948 to June 21, 1948

I last saw him alive on June 21, 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial infarction

## Duration

2 d.

Due to Myocardial infarction

6 d.

Due to Arteriosclerosis of the heart

2 months

Other conditions Arteriosclerosis of the heart

2 months

(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation none Date none

Major finding none

Finding of autopsy none

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 1948 City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury BP Howard and

## 23. Attendant's

OWN Signature Pocostello M. D. or other

and Address Pocostello Date 6-25-48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **2037**  
Local Reg. No. **163**  
Reg. Dist. No. **510**

**1. PLACE OF DEATH:**  
(a) County **BANNOCK**  
(b) City or town **POCATELLO**  
(c) Street Address or R.F.D. No. **580 W. CLARK**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **26** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased:** (Always fill in these)  
(a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **POCATELLO**  
(d) Street Address or R.F.D. No. **580 W. CLARK**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **46** years  
(h) Former residence (city, state) **UTAH.**

**3. (a) FULL NAME** **RETTA MCGHIE HANSEN**

**3. (b) If veteran, name war** **3. (c) Social Security No.**

**5. Color or** **6. (a) Single, widowed, married,**  
**Sex** **FEMALE** **Race** **WHITE** **divorced** **WIDOW**  
**6. (b) Name of husband or wife** **6. (c) Age of husband or wife if**  
**PARLEY H. HANSEN** **DECEASED 11-12-46** years

**7. Date of Birth**  
(Month, Day, Year) **MARCH 19, 1868**

8. AGE	Years	Months	Days	If less than 1 day
	<b>80</b>	<b>3</b>	<b>2</b>	hrs. min.

**9. Exact Occupation** **RETIRED** **Did this work for** **—** yrs.

**10. Industry or Business** **—** **Date last worked** **—**

**11. Birthplace** **MURRAY** **UTAH**  
(City or town) (State or foreign country)

**12. Name** **JOHN MCGHIE**

**13. Birthplace** **SCOTLAND**  
(City or town) (State or foreign country)

**14. Maiden name** **MARY McBLAINE**

**15. Birthplace** **SCOTLAND**  
(City or town) (State or foreign country)

**16. Informant's OWN Signature** **Mrs. S. Marvin**  
**and Address** **POCATELLO, IDAHO**

**17. (a) Burial** **(b) Date thereof** **6-24-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place** **MOUNTAIN VIEW POCATELLO, IDA.**

**18. Funeral Director's OWN Signature** **Arthur H. Hall**  
**and Address** **POCATELLO, IDAHO**

**19. (a) Date received and filed** **July 9 - 1948** **(b) Registrar's signature** **James L. Powell**

## MEDICAL CERTIFICATE OF DEATH

**20. DATE OF DEATH** **JUNE 21ST 1948**  
(Month, Day, Year) at **0.30** o'clock **A.** M.

**21. I HEREBY CERTIFY** That I attended deceased from **Jan 1 - 1948** to **June 21st 1948**  
I last saw h. **—** alive on **—** 19 **—**;  
death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** **Duration**

**Initial Insufficiency**  
Due to **—**

**Due to** **chronic arteriosclerosis**  
Other conditions **myocarditis & atherosclerosis**  
(Include pregnancy within 3 months of death)

**Where was disease contracted?** **—**

**Name of operation** **—** **Date** **—**

**Major finding** **—**

**Finding of autopsy** **—**

**PHYSICIAN**  
Underline the cause to which death should be charged statistically

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

**Accident?** **—** **Suicide?** **—** **Homicide?** **—**

**Occurred** **—** 19 **—** **City, county, state**

**where violence occurred** **—**

**Place of Violence: Home** **—** **Farm** **—** **Industry** **—**

**Public Place** **—** **While at work?** **—**

**Means of injury** **—**

**23. Attendant's OWN Signature** **J. V. Signer**  
(M. D. or other)

**and Address** **Pocatellico** **Date** **6-25-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

1948 State File No. **2038**  
Local Reg. No. **170**  
Reg. Dist. No. **511**

RECEIVED

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **Max So. Johnson Ave**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **General** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Lava Hot Springs**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**C. F. AHRENS**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex **male** race **white**

## 6. (a) Single, widowed, married, divorced **single**

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) **April 19, 1873**

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>2</b>	<b>5</b>	hrs. min.

## 9. Exact Occupation **Farmer** Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace **No data** (City or town) (State or foreign country)

## 12. Name **No data**

## 13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

## 14. Maiden name **No data**

## 15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

## 16. Informant's OWN Signature **General Hospital Records**

and Address **Pocatello, Idaho**

## 17. (a) **Burial** (b) Date thereof **June 28, 1948** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Pocatello, Idaho**

## 18. Funeral Director's OWN Signature **Jack Henderson**

and Address **Pocatello, Idaho**

## 19. (a) **June 28, 1948** (b) **Jessie J. Sewell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **June 24** 19 **48**  
at **7:10** o'clock **A.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to **June 24** 19 **48**

I last saw him alive on **June 24** 19 **48**;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: **Coronary Heart Failure** Duration

Due to **Chronic Myocarditis**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature **J. J. Ferguson, M.D.**

(M. D. or other)  
and Address **Pocatello, Idaho** Date **June 28** 19 **48**  
(For additional space, use reverse side)

093D

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **2039**  
Local Reg. No. **152**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 2557 1/2  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 33 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 2557 1/2  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Kansas - Mo.

## 3. (a) FULL NAME

Charles Arthur Brown

200A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race W

4. Sex M

6. (b) Name of husband or wife Arletta

6. (a) Single, widowed, married, divorced married

6. (c) Age of husband or wife if alive 48 years

7. Date of Birth (Month, Day, Year) January 23, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>5</u>	<u>2</u>	hrs. min.

9. Exact Occupation Ins. Salesman Did this work for 0 yrs.

10. Industry or Business Self Date last worked 0

11. Birthplace Windsor Illinois (City or town) (State or foreign country)

12. Name Robert Brown (City or town) (State or foreign country)

13. Birthplace Idaho (City or town) (State or foreign country)

14. Maiden name Sarah (City or town) (State or foreign country)

15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Jan T. Brown and Address Pocatello Idaho

17. (a) Burial (b) Date thereof 6-28-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Bern B. Maynard and Address Pocatello Idaho

19. (a) June 29, 1948 (b) Jessie T. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June, 25 1948

at 4 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 6/14/48 to 6/25/48

I last saw him alive on 6/12 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Barro-renal failure Duration

Due to Barro-renal failure

Due to Barro-renal failure

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Barro-renal failure Date

Major finding Barro-renal failure

Finding of autopsy Barro-renal failure

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? 0 Suicide? 0 Homicide? 0

Occurred 0 19 48 City, county, state

where violence occurred 0

Place of Violence: Home 0 Farm 0 Industry 0

Public Place 0 While at work? 0

Means of injury 0

23. Attendant's OWN Signature Jan T. Brown (M. D. or other)

and Address Pocatello Idaho Date 6/28 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 18 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2040**  
Local Reg. No. **997**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Lava Hot Springs  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 44 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 855 W. Clark  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) St. Louis Mo.

## 3. (a) FULL NAME

Thomas S. Vallar

183X

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

5. Color or race W

4. Sex M

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Legilda

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 29, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>10</u>	<u>4</u>	hrs. min.

9. Exact Occupation Retired Contractor Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Self Date last worked \_\_\_\_\_

11. Birthplace Udine Italy (City or town) (State or foreign country)

12. Name Vincent Vallar (City or town) (State or foreign country)

13. Birthplace Italy (City or town) (State or foreign country)

14. Maiden name Julia Valler (City or town) (State or foreign country)

15. Birthplace Italy (City or town) (State or foreign country)

16. Informant's OWN Signature Elmo D. Pace

and Address Pocatello Id.

17. (a) Burial (b) Date thereof 6-7-48 (Month) (Day) (Year)

(c) Place Mountain View

18. Funeral Director's OWN Signature Byron B. Dawns

and Address Pocatello Idaho

19. (a) June 5, 48 (b) Jessie J. Lane (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 3 1948  
at 11 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Drowning in  
Barren River  
Lava Hot Springs

Due to accident

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred June 3 - 1948 City, county, state

where violence occurred Lava Hot Springs

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Yes While at work? No

Means of injury Falling

23. Attendant's OWN Signature Arthur M. Hall

and Address Pocatello Date June 5, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 25 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **2041**  
Local Reg. No. **24**  
Reg. Dist. No. **540**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Grace  
(c) Street Address or R.F.D. No. R.F.D.  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 10 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Grace  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

KEITH "M". ROPER

3. (b) If veteran, name war World #2 3. (c) Social Security No. 518-05-9643  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Clara Steinbeck 6. (c) Age of husband or wife if alive 30 years  
7. Date of Birth (Month, Day, Year) November 11, 1916.

8. AGE	Years	Months	Days	If less than 1 day
	<u>31</u>	<u>6</u>	<u>24</u>	hrs min.

9. Exact Occupation Turbine Operator Did this work for 10 yrs.  
10. Industry or Business Utah Power & Light Co. Date last worked 6-5-48  
11. Birthplace Weston, Idaho. (City or town) (State or foreign country)

12. Name Suel Roper  
13. Birthplace Hyde Park, Utah. (City or town) (State or foreign country)  
14. Maiden name Grace Murdock  
15. Birthplace Dayton, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature Clara S. Roper  
and Address Grace, Idaho.

17. (a) Burial (b) Date thereof 6-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grace, Idaho.

18. Funeral Director's OWN Signature Richards & Son Mortuary  
and Address Preston, Idaho.

19. (a) 6-7-48 (b) Effie W. Brower  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 5, 1948  
at 7:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19.

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crushed from explosion Duration 195E 103X

Due to shock & hemorrhage

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation X Date

Major finding X

Finding of autopsy X

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide?  Homicide?   
Occurred June 5, 1948 City, county, state Grace, Bannock, Idaho

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury Explosion

23. Attendant's OWN Signature Arthur M. Hall

and Address Bozart Date June 8, 1948  
(For additional space, use reverse side)

By J. P. Brower

000

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 10 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2042  
Local Reg. No. 154  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. R.F.D. 1 South  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 70 years — months — days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. R.F.D. 1 So.  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 71 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

John Bassil

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or white  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Eliza Thornton  
(c) Age of husband or wife if alive 71 years

7. Date of Birth (Month, Day, Year) November 1st., 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>7</u>	<u>7</u>	hrs. min.

9. Exact Occupation Farmer & Dairy Did this work for — yrs.  
10. Industry or Business Retired Date last worked —  
11. Birthplace Brigham City, Utah (City or town) (State or foreign country)

12. Name John Bassil  
13. Birthplace Iowa (City or town) (State or foreign country)

14. Maiden name Susan Wakley  
15. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs John Bassil  
and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof 6-11-48 (Month) (Day) (Year)

- (c) Place Mountain View - Pocatello, Ida.  
18. Funeral Director's OWN Signature Arthur H. Hall

- and Address Pocatello, Idaho

19. (a) Date received and filed July 9-1948 (b) Jessie S. Powell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 8th., 1948  
at 11 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 8 to June 8 1948  
I last saw him alive on June 4 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Arteriosclerotic Ht Disease

Duration 6 mo

Due to —

Due to —

Other conditions —  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation none Date —

Major finding —

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature R.D. Howard M.D.

and Address Pocatello (M. D. or other) Date 6-11-48

(For additional space, use reverse side)

093D

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2043  
Local Reg. No. 32  
Reg. Dist. No. 5 x 0

JUL 6 1948

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Swan Lake  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Dayton  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

John Edward Viehweg

## 3. (b) If veteran,

name war World I

## 3. (c) Social Security

No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel E. 6. (c) Age of husband or wife if alive 43 years

7. Date of Birth (Month, Day, Year) Nov. 25, 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>6</u>	<u>20</u>	hrs min.

9. Exact Occupation Mechanical Engineer Did this work for Life yrs.

10. Industry or Business Self, Grain Growers Date last worked June 15, 48

11. Birthplace Clifton, Idaho (City or town) (State or foreign country)

12. Name Carl U. Viehweg

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name Anna C. Peterson

15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Ethel E. Viehweg

- and Address Dayton, Idaho

17. (a) Burial (b) Date thereof June 18, 1948 (Month) (Day) (Year)

- (c) Place: Clifton, Idaho

18. Funeral Director's OWN Signature Webb-Hendricks

- and Address Preston

19. (a) 6-18-48 (b) E. W. Brainer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 15 19 48  
at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Fall at Drains Elevator  
Broken neck and  
internal injuries

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ..... Date .....

## Major finding

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....

Occurred June 15 19 48 City, county, state

where violence occurred Swan Lake, Idaho

Place of Violence: Home ..... Farm ..... Industry yes

Public Place ..... While at work? yes

Means of injury Fall from Drains elevator

23. Attendant's OWN Signature Arthur M. Hall

and Address Bozabell Date June 19, 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 10 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2044  
Local Reg. No. 2044  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Lava Hot Springs  
(c) Street Address or R.F.D. No. ✓  
(d) Death Occurred Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst. Lava Stayed 1 days  
(g) Lived in this county ✓ years ✓ months ✓ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Lava Hot Springs  
(d) Street Address or R.F.D. No. ✓  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? ✓ years  
(h) Former residence (city, state) ✓

## 3. (a) FULL NAME

Baby

Avery

159X

3. (b) If veteran, ✓ name war ✓ No. ✓  
5. Color or W race W  
6. (a) Single, widowed, married, ✓ divorced ✓  
6. (b) Name of husband or wife ✓  
6. (c) Age of husband or wife if alive ✓ years  
7. Date of Birth (Month, Day, Year) June 16, 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>18</u> hrs <u>✓</u> min.

9. Exact Occupation Newborn Did this work for ✓ yrs.  
10. Industry or Business None Date last worked ✓  
11. Birthplace Lava Hot Springs, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Leland Avery  
13. Birthplace Lava Hot Springs, Idaho (City or town) (State or foreign country)  
14. Maiden name Melaine Granger  
15. Birthplace Banaroff, Idaho (City or town) (State or foreign country)  
16. Informant's OWN Signature Leland Avery and Address Lava Hot Springs, Idaho  
17. (a) Funeral (b) Date thereof June 18, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Lava Hot Springs, Idaho  
18. Funeral Director's OWN Signature Arthur H. Hall and Address Lava Hot Springs, Idaho  
19. (a) July 9, 1948 (b) Jessie J. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 16, 1948  
at 7:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 7:10 A.M. 6/16/48 to 7:15 P.M. 6/16/48. I last saw her alive on 6/16, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Asphyxia Neonatorum Duration 18 Hours

Due to Prematurity  
Due to ✓  
Other conditions (Include pregnancy within 3 months of death) ✓

Where was disease contracted? ✓ Name of operation ✓ Date ✓ Major finding ✓ Finding of autopsy ✓ Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓  
Occurred 19 City, county, state where violence occurred ✓  
Place of Violence: Home ✓ Farm ✓ Industry ✓  
Public Place ✓ While at work? ✓  
Means of injury ✓  
23. Attendant's OWN Signature Howard Cowlishaw M.D. (M. D. or other) and Address Lava Hot Springs, Idaho Date 6/16, 1948 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **2045**  
Local Reg. No. **153**  
Reg. Dist. No. **51D**

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town ALAMEDA  
(c) Street Address or R.F.D. No. 115 TRFT  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 25 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town ALAMEDA  
(d) Street Address or R.F.D. No. 115 TRFT  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

William Maxwell Kinney

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

131A

5. Color or WHITE  
6. (a) Sex MALE race WHITE divorced MARRIED  
(b) Name of husband or wife ANNIE LOUISE HOBBS (c) Age of husband or wife if alive 51 years

7. Date of Birth (Month, Day, Year) MARCH 6, 1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>3</u>	<u>15</u>	hrs. min.

9. Exact Occupation RETIRED MINNIST Did this work for 32 yrs.

10. Industry or Business UNION PACIFIC R.R. Date last worked APR 1947

11. Birthplace DUBOIS IDAHO  
(City or town) (State or foreign country)

12. Name ANDREW JACKSON KINNEY

13. Birthplace LUELLA SOUTHWORTH  
(City or town) (State or foreign country)

14. Maiden name BRIGHAM CITY UTAH  
(City or town) (State or foreign country)

15. Informant's OWN Signature Annie L. Kinney

and Address ALAMEDA, IDAHO

16. (a) Removal & Burial Date thereof 6-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place ST. ANTHONY, IDAHO

17. Funeral Director's OWN Signature Arthur M. Hall

and Address POCAHELLO, IDAHO

18. (a) 6-29-48 (b) Jessie T. Powell  
(Date received and filed) (Registrar's signature)

Dr. Jean K. Welch, Deputy

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JUNE 21, 1948  
at 12:20 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from June 19, 1948 to June 21, 1948  
last saw him alive on June 20, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardio-renal Duration Unknown

Due to ☐

Due to ☐

Other conditions Idaho  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation None Date ☐

Major finding Myocardial

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature Arthur M. Hall

and Address POCAHELLO, IDAHO Date June 26, 1948

(For additional space, use reverse side)

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 22 1948

## Certificate of Death

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

## 1. PLACE OF DEATH:

- (a) County Blair  
 (b) City or town Montpelier Idaho  
 (c) Street Address or R.F.D. No. \_\_\_\_\_  
 (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
 (e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
 (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
 (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blair  
 (c) City or town Montpelier Idaho  
 (d) Street Address or R.F.D. No. \_\_\_\_\_  
 (e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
 (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Adolph Bissegger3. (b) If veteran name was No 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Julius Bissegger 6. (c) Age of husband or wife if alive 78 years  
 7. Date of Birth Mar 8, 1859  
 (Month, Day, Year)

8. AGE 89 Years 2 Months 18 Days If less than 1 day hrs. min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.  
 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
 11. Birthplace Switzerland (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name Andrew Bissegger  
 13. Birthplace Switzerland (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
 14. Maiden name Elizabeth Ernie  
 15. Birthplace Switzerland (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Ernest B. Bissegger  
 and Address Blair Idaho

17. (a) Burial (b) Date of death May 26, 1948  
 (Burial, cremation, or removal) (Month, Day, Year)

- (c) Place Montpelier Cemetery  
 18. Funeral Director's OWN Signature W. Matthews  
 and Address Montpelier Idaho

19. (a) 11/78 (b) \_\_\_\_\_  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 26 1948  
 - at 6:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1942 to May 26 1948  
 I last saw him alive on May 26 1948  
 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration 1 yearDue to SenilityDue to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)Where was disease contracted? Senility  
 Name of operation none Date \_\_\_\_\_Major finding \_\_\_\_\_  
 Finding of autopsy \_\_\_\_\_PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
 Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
 where violence occurred \_\_\_\_\_  
 Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
 Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
 23. Attendant's OWN Signature R. B. Lindsey, M.D.  
 and Address Montpelier Date 6/3/48  
 (For additional space, use reverse side)

RECEIVED

OCT 19 2017

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF HEALTH POLICY AND VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

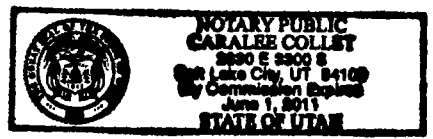
State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS

Certificate No. 59-1868  
Date Filed June 22, 1948

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ death  
(Birth, Death, Marriage, etc.)  
for Adolph Bissigger who died on May 26, 1948  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Montpelier (Bear Lake Co.)  
(Place of Event)  
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Line 3 Deceased surname	Bissigger	Bissegger
Line 6b Wife's surname	Bissigger	Bissegger

Subscribed and sworn to before me this 17 day of October 2007  
Notary Public, Charles Collet  
Residing at Salt Lake County  
My commission expires June 01, 2011  
(Seal)  
Signature of Applicant: Carol B. Pina  
3464 Sorenson Way SLC UT 84109  
Street Address, City, State and Zip



SUPPORTING AFFIDAVIT OF A SECOND PERSON

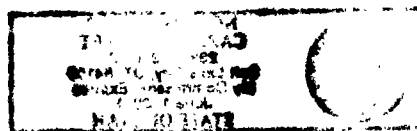
State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS  
(Must be completed ☐ )  
(Is not necessary ☒ )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)  
Signature of Applicant: \_\_\_\_\_  
Street Address, City, State and Zip: \_\_\_\_\_

ID BC 13-16963 FOR LANOR BISSEGGER BORN 04-06-13 IN MONTPELIER (BEAR LAKE CO)  
SHOWING PARENTS AS JULIA THORNTON AND ADOLPH BISSEGGER VIEWED BY VS

ID DC 73-1375 FOR JASPER LYLE BISSEGGER WHO DIED 03-17-73 IN SODA SPRINGS (CARIBOU CO)  
SHOWING PARENTS AS JULIA THORNTON AND ADOLPH BISSEGGER VIEWED BY VS

ID DC 59-1868 FOR JULIA T BISSEGGER WHOD DIED 04-22-59 IN MONTPELIER (BEAR LAKE CO)  
VIEWED BY VS



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

10 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2047  
Local Reg. No.  
Reg. Dist. No. 502

## 1. PLACE OF DEATH:

- (a) County Bear Lake  
(b) City or town Montpelier Idaho  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? 1 Outside? 1 city or town  
(e) Died in a Home 1 Hospital 1 Institution 1 Other place 1  
(f) Name Hosp. or Ins. Bear Lake Hosp. Stayed 4 hrs. days  
(g) Lived in this county 64 years 64 months 64 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bear Lake  
(c) City or town Raymond Idaho  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? 1 Outside? 1 city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state)

3. (a) FULL NAME Agusta Blechert Palmer

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced married  
4. Sex Female race White 6. (c) Age of husband or wife if alive 51 years  
6. (b) Name of husband or wife Henry Palmer

7. Date of Birth (Month, Day, Year) May 15, 1831

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>1</u>	<u>0</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 50 yrs.  
10. Industry or Business Housewife Date last worked 50

11. Birthplace Rudgen Germany (City or town) (State or foreign country)

12. Name George Blechert (City or town) (State or foreign country)

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name Annie Podgweit (City or town) (State or foreign country)

15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Bessie Kelly and Address Richmond California

17. (a) Burial (b) Date thereof June 10, 1948 (Month) (Day) (Year)

(c) Place Geneva Idaho

18. Funeral Director's OWN Signature John Matthews and Address Montpelier Idaho

19. (a) 11/1/48 (Date received and filed) (b) [Signature] (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) June 15, 1948  
at 1:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 6-13-1948 to 6-15-1948  
I last saw h. er alive on 6-15-1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Acute Mesenteric Thromboses Duration 3 days.  
Due to Chronic embolism 10 yrs.  
Due to Chronic Rheumatoid disease 25 yrs.  
Other conditions disease  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation None Date None  
Major finding None  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? None Suicide? None Homicide? None  
Occurred None 19 None City, county, state where violence occurred None  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None

Means of injury None

23. Attendant's OWN Signature R. B. Lindsay, M.D. (M. D. or other) Montpelier Date 6-16-1948  
and Address Montpelier Date 6-16-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 7 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2048  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. 552

## 1. PLACE OF DEATH:

- (a) County Boise  
(b) City or town on the train  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boise  
(c) City or town Boise Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 weeks  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Cecile Bernice Anderson

157E

## 3. (b) If veteran, name war

no

## 3. (c) Social Security No.

none

## 5. Color or

Female race white

## 6. (a) Single, widowed, married, divorced

Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

\_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

May 8 1948

## 8. AGE

Years

Months

Days

If less than 1 day

hrs.

min.

26

## 9. Exact

Occupation

at home

Did this

work for

\_\_\_\_\_ yrs.

## 10. Industry or

Business

\_\_\_\_\_

Date last

worked

\_\_\_\_\_

## 11. Birthplace

Boise Idaho

(City or town)

(State or foreign country)

## 12. Name

Cecil Arlo Anderson

## 13. Birthplace

Idaho

(City or town)

(State or foreign country)

## 14. Maiden name

Louise Spindemann

## 15. Birthplace

Idaho

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Lois Anderson

and Address

Boise Idaho

## 17. (a) Removal

(Burial, cremation, or removal)

June 3 1948

(b) Date thereof

(Month) (Day) (Year)

(c) Place

Boise Idaho

## 18. Funeral Director's

OWN Signature

W. B. Matheson

and Address

Montpelier Idaho

## 19. (a)

(Date received and filed)

3/48

(b)

W. B. Matheson

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

June 2 1948

at

3 o'clock

P. M.

## 21. I HEREBY CERTIFY, that I attended deceased from

6-2-

1948

to

6-2-

1948

I last saw her alive on 6-2 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute myocardial failure

Duration

1.45 min.

Due to Congenital malformation

3 weeks

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature

P. B. Lindsay, M.D.

(M. D. or other)

and Address

Montpelier Idaho

Date

6-2-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2049  
Local Reg. No.  
Reg. Dist. No. 352

## 1. PLACE OF DEATH:

- (a) County... Bear Lake  
(b) City or town... Paris Idaho  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside?..... Outside?..... city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. .... Stayed..... days  
(g) Lived in this county..... 41 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State... Idaho (b) County... Bear Lake  
(c) City or town... Paris Idaho  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside?..... Outside?..... city or town  
(f) Citizen of what country?..... U. S. A.  
(g) How long had deceased lived in Idaho?..... 41 years  
(h) Former residence (city, state)..... Utah

## 3. (a) FULL NAME Lena S. Henney Crawford

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
..... No ..... None  
5. Color or ..... 6. (a) Single, widowed, married,  
..... White ..... divorced Widowed  
4. Sex. Female race White  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if  
..... Ruel F. Crawford ..... alive..... years  
7. Date of Birth  
(Month, Day, Year) Nov. 21, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>8</u>	<u>3</u>	hrs. min.

9. Exact Occupation..... Housewife Did this work for..... yrs.  
10. Industry or Business..... Date last worked.....  
11. Birthplace..... Randolph Utah  
(City or town) (State or foreign country)

12. Name..... Griss Henney  
13. Birthplace..... Unknown  
(City or town) (State or foreign country)  
14. Maiden name..... Annie B. Ruff  
15. Birthplace..... Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature..... Amber Garbel  
and Address..... Paris Idaho

17. (a) Removal (b) Date thereof June 28, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place..... Paris Idaho  
18. Funeral Director's OWN Signature..... File Matthews  
and Address..... Montpelier Idaho

19. (a) 7/1/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year)..... June 24, 1948  
at..... o'clock..... M.

21. I HEREBY CERTIFY, That I attended deceased from June 24, 1948 to June 24, 1948  
I last saw him alive on June 24, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage 12 mos.  
Arterial Hypertension 10 yrs

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation.....  
Finding of autopsy.....  
Physician Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state  
where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....

Means of injury.....  
23. Attendant's OWN Signature..... Spencer Park mo  
and Address..... Paris Idaho  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUN 17 1948

STATE OF IDAHO

948 2050  
State File No.  
Local Reg. No. 16  
Reg. Dist. No. 130

## 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution ☒ Other place...  
(f) Name Hosp. or Inst. Warnke Stayed 20 days  
(g) Lived in this county 48 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Andrew Brevik

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) August 4, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>10</u>	<u>6</u>	hrs min.

9. Exact Occupation Laborer Did this work for 10 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1934  
11. Birthplace Andalsnas Norway (State or foreign country)

12. Name Unknown  
13. Birthplace Norway (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature John Redvold  
and Address St. Maries, Idaho

17. (a) Burial (b) Date thereof 6-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

19. (a) 6-12-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 9, 1948 19\_\_\_\_  
at 1:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 5/12/1948 to 6/9/1948  
I last saw him alive on 6/2/1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Respiratory Failure Duration 4 hrs.

- Due to Cerebral Thrombosis  
(Progressive) 29 days  
Due to Cerebral Arteriosclerosis years  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. E. Wessa  
and Address St. Maries Date 6/11/1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 29 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **2051**  
Local Reg. No. **17**  
Reg. Dist. No. **130**

## 1. PLACE OF DEATH:

- (a) County **Benewah**  
(b) City or town **St. Maries**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ..... Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county **6** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Benewah**  
(c) City or town **St. Maries**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **6** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Della Ruth Smith

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Female** 6. (b) Name of husband or wife **Clyde R.**  
6. (c) Age of husband or wife if alive **48** years

7. Date of Birth (Month, Day, Year) **January 17, 1899**

8. AGE	Years	Months	Days	If less than 1 day
	<b>49</b>	<b>5</b>	<b>0</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for ..... yrs.

10. Industry or Business **Home** Date last worked **1942**

11. Birthplace **Pomeroy Washington**  
(City or town) (State or foreign country)

12. Name **John Knowles**

13. Birthplace **Wisconsin**  
(City or town) (State or foreign country)

14. Maiden name **Ida M. Freeburn**

15. Birthplace **Pomeroy Washington**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Clyde R. Smith**  
and Address **St. Maries, Idaho**

17. (a) **Removal** (b) Date thereof **6-20-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Pomeroy Washington**

18. Funeral Director's OWN Signature **R. E. Wessa**  
and Address **St. Maries, Idaho**

19. (a) **6-24-48** (b) **R. E. Wessa**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **June 17, 1948** 19.....  
at **3:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Nov. 1946** to **May 15, 1948**  
I last saw her alive on **May 15, 1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Natural Causes** Duration **2 hrs.**

Due to **Post epileptic state** **8 hrs.**

Due to **Epilepsy** **Years**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **R. E. Wessa** (M. D. or other)  
and Address **St. Maries** Date **6/24/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2052**  
Local Reg. No. **50**  
Reg. Dist. No. **600**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 1  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. Parsons Hosp Stayed 30 days  
(g) Lived in this county 35 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Charles Covert Cole

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years

## 7. Date of Birth (Month, Day, Year)

October 7, 1884

8. AGE	Years	Months	Days	If less than 1 day	hrs.	min.
	<u>63</u>	<u>7</u>	<u>24</u>			

## 9. Exact Occupation

Shepherd Did this work for 35 yrs.

## 10. Industry or Business

Stock Business Date last worked

## 11. Birthplace

Paysonville, Utah (City or town) (State or foreign country)

## 12. Name

Charles Augustus Cole

## 13. Birthplace

Lafayette, Indiana (City or town) (State or foreign country)

## 14. Maiden name

Mary Jane Black

## 15. Birthplace

Indiana (City or town) (State or foreign country)

## 16. Informant's OWN Signature

Howard E. Coole

## 17. (a) Burial, cremation, or removal thereof

Burial (Burial, cremation, or removal) (Month) (Day) (Year) 6-5-48

## 17. (c) Place

Shelton, Idaho cemetery

## 18. Funeral Director's OWN Signature

Howard Packham

## 19. (a) (Date received and filed)

6-4-48 (Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 1, 1948  
at 10:00 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

5-19-48 to 6-1-48

I last saw h. alive on 6-1-48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: chronic myocarditis & hypertension Duration 2 yrs

Due to

Due to

Other condition bronchial asthma 5 yrs  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?

Occurred  19  City, county, state where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature H. O. Humphreys  
and Address Blackfoot Idaho Date 6-2-48  
(For additional space, use reverse side)

093D

112X

1948

5-19-48

1948

1948

2 yrs

5 yrs

1948

1948

1948

1948

1948

1948

1948

1948

1948

1948

1948

1948

1948

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2053**  
Local Reg. No. **5-1**  
Reg. Dist. No. **600**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Parsons Hosp Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Conneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 234 E. 19th St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Jessie Christina Jorgensen Hawes

083A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or White  
6. (a) Sex Female race White (b) (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife John Hawes 6. (c) Age of husband or wife if alive 78 years

## 7. Date of Birth (Month, Day, Year)

September 8, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>8</u>	<u>23</u>	hrs. min.

## 9. Exact Occupation Retired Housewife Did this work for 60 yrs.

## 10. Industry or Business At home Date last worked \_\_\_\_\_

## 11. Birthplace Denmark (City or town) (State or foreign country)

## 12. Name Liter Jorgensen (City or town) (State or foreign country)

## 13. Birthplace Denmark (City or town) (State or foreign country)

## 14. Maiden name Katherine Best (City or town) (State or foreign country)

## 15. Birthplace Denmark (City or town) (State or foreign country)

## 16. Informant's OWN Signature John Hawes Sr and Address Oxford, Idaho

## 17. (a) Burial Removal Date thereof 6-4-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Oxford, Idaho

## 18. Funeral Director's OWN Signature Howard Packham and Address Blackfoot Idaho

## 19. (a) 6-4-48 (Date received and filed) (b) Wm. H. H. H. H. (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) June 1, 1948 at 5:00 o'clock PM

## 21. I HEREBY CERTIFY, That I attended deceased from 6-1-48 to 6-1-48

I last saw her alive on 6-1-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage & a bad attack Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. O. Hampton and Address Idaho Falls (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics JUL 7 1948

# Certificate of Death

STATE OF IDAHO

1047  
State File No. 2054  
Local Reg. No. 67  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

(a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Parsons Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 29 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bingham  
(c) City or town Sterling  
(d) Street Address or R.F.D. No. sterling  
(e) Deceased lived Inside? \_\_\_\_\_ Outside ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Tennessee

## 3. (a) FULL NAME

Hugh H. Line

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Male Color or race White

5. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Colbock

6. (c) Age of husband or wife if alive 61 years

7. Date of Birth (Month, Day, Year) October 2, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>8</u>	<u>23</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 35 yrs.

10. Industry or Business On farm Date last worked \_\_\_\_\_

11. Birthplace Morristown, Tennessee (City or town) (State or foreign country)

12. Name Alexander Porter Line

13. Birthplace Tennessee (City or town) (State or foreign country)

14. Maiden name Sarah E. Bacon

15. Birthplace Dandridge, Tenn. (City or town) (State or foreign country)

16. Informant's OWN Signature Ray M. Line and Address Sterling, Idaho

17. (a) Burial (b) Date thereof 6-29-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Springfield Cemetery

18. Funeral Director's OWN Signature Howard Puckham and Address Blackfoot, Idaho

19. (a) 6-29-48 (Date received and filed) (b) Ray M. Line (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 6-25 19 48

at 11:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 5-31 19 48 to 6-25 19 48

I last saw him alive on 6-25 19 48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Lung Duration 4 mos

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions myocarditis (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred. \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. O. Hampton M.D. and Address Blackfoot, Idaho Date 6-29-48

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 30 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2055  
Local Reg. No. 66  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County..... Bingham  
(b) City or town..... Blackfoot  
(c) Street Address or R.F.D. No.....  
(d) Death Occurred Inside? ☒ Outside?..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. Parson's Hosp. Stayed..... days  
(g) Lived in this county..... years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State..... Idaho (b) County..... Bingham  
(c) City or town..... Blackfoot,  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside?..... Outside? ☒ city or town  
(f) Citizen of what country?.....  
(g) How long had deceased lived in Idaho?..... years  
(h) Former residence (city, state).....

3. (a) FULL NAME Kathleen Turner

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive..... years

7. Date of Birth June 27, 1948  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
				4 hrs. 45 min.

9. Exact Occupation..... Infant Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace..... Blackfoot, Idaho.  
(City or town) (State or foreign country)

12. Name..... Stuart Turner

13. Birthplace..... Murray, Utah.  
(City or town) (State or foreign country)

14. Maiden name..... Elna Barnes

15. Birthplace..... Rt. 2, Blackfoot, Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature..... Stuart Turner

and Address..... Rt. 2 Blackfoot, Idaho.

17. (a) Burial (b) Date thereof 6-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place..... Riverside-Thomas Cemetery

18. Funeral Director's OWN Signature..... John C. Sandberg

and Address..... Blackfoot, Idaho.

19. (a) 6-28-48 (b) John C. Sandberg  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 27, 1948  
(Month, Day, Year) at 7:15 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from June 27, 1948 to June 27, 1948.  
I last saw him alive on June 27, 1948.  
Death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

prematurity

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature..... John C. Sandberg

and Address..... Blackfoot, Idaho.

Date 6-28 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 7 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2056**  
Local Reg. No. **68**  
Reg. Dist. No. **600**

## 1. PLACE OF DEATH:

- (a) County **Bingham**  
(b) City or town **BLACKFOOT**  
(c) Street Address or R.F.D. No. **63 S. Pine**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **60** years **10** months **28** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **Bingham**  
(c) City or town **BLACKFOOT**  
(d) Street Address or R.F.D. No. **63 S Pine**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S**  
(g) How long had deceased lived in Idaho? **61** years  
(h) Former residence (city, state) **FIRTH**

## 3. (a) FULL NAME

**Fred Nelson**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

**none**

5. Color or race **white**  
4. Sex **male**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MARY A. NELSON**

6. (c) Age of husband or wife if alive **74** years

7. Date of Birth (Month, Day, Year) **APRIL 2, 1867**

8. AGE	Years	Months	Days	If less than 1 day
<b>8</b>	<b>81</b>	<b>3</b>	<b>26</b>	hrs. min.

9. Exact Occupation **Retired Farmer** Did this work for ☐ yrs.

10. Industry or Business **Engles Back, Sweden** Date last worked ☐

11. Birthplace **Engles Back, Sweden** (City or town) (State or foreign country)

12. Name **Gust Nelson** (City or town) (State or foreign country)

13. Birthplace **Sweden** (City or town) (State or foreign country)

14. Maiden name **Ingr. Jensen** (City or town) (State or foreign country)

15. Birthplace **Sweden** (City or town) (State or foreign country)

16. Informant's OWN Signature **Thomas S. Nelson** and Address **63 S. Pine, Blackfoot**

17. (a) **Burial** (b) Date thereof **6-30-48** (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place **Grave City Cemetery**

18. Funeral Director's OWN Signature **E. T. Peck** and Address **Blackfoot, Idaho**

19. (a) **6-30-48** (b) **Dr. Halverson** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **June 28, 1948**  
at **Home** **6:00** o'clock **P.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **April 16** to **June 28** 19**48**

I last saw him alive on **June 28** 19**48**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Pneumonia**

Duration **5 days**

Due to **Coronary Artery**

Due to **Heart Attack**

Other conditions **See Record** (Include pregnancy within 8 months of death)

Where was disease contracted? **Idaho**

Name of operation ☐ Date ☐

Major finding ☐ Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature **Dr. H. K. Engen & Co.** (M. D. or other)

and Address **Blackfoot, Idaho** Date **6-29-48** 19**48**

(For additional space, use reverse side)

658

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 17 1949

# Certificate of Death

STATE OF IDAHO

State File No. **2058**  
Local Reg. No. **5-1**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot,  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hosptl So. Stayed 455 days  
(g) Lived in this county 1 years 3 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho. (b) County Twin Falls  
(c) City or town Twin Falls,  
(d) Street Address or R.F.D. No. Putzier Home  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Ethel Glen See

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

5. Color or  
4. Sex F. race W.

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) Dec. 23, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>5</u>	<u>15</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Grinnell, Iowa,  
(City or town) (State or foreign country)

12. Name R.B. See

13. Birthplace Grinnell, Iowa.  
(City or town) (State or foreign country)

14. Maiden name Nettie Louisa Kennedy

15. Birthplace Grinnell, Iowa.  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Records State Hospital South.  
and Address Blackfoot, Idaho.

17. (a) Removal (b) Date thereof 6/8/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Buhl & Lake

18. Funeral Director's  
OWN Signature G. F. Rank  
and Address Blackfoot, Idaho

19. (a) 6-8-48 (b) Mr. Walter E. Lane  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) June 8, 19 48  
at 12:00 o'clock Noon M.

21. I HEREBY CERTIFY, That I attended deceased from  
Dec. 8, 19 47, to June 8, 19 48.  
I last saw her alive on June 8, 19 48.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Cardiac Dilation

Duration

Due to Broncho-pneumonia  
Nephritis

4-5 das.

Due to Hypertension

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's  
OWN Signature Johnnie M. D.  
(M. D. or other)

and Address Blackfoot, Idaho. Date 6-8- 19 48.  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 18 1948 **Certificate of Death**

STATE OF IDAHO

State File No. **2059**  
Local Reg. No. **18**  
Reg. Dist. No. **500**

1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Abundeen  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed 13 days  
(g) Lived in this county \_\_\_\_\_ years 13 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Abundeen  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1 year  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Licki Lynne Anderson

3. (b) If veteran, name war

30 (c) Social Security No. \_\_\_\_\_

4. female 5. Color or race w

6. (a) Name of husband or wife \_\_\_\_\_

6. (a) Single, widowed, married, divorced single

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 8, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>1</u>	<u>2</u>	- hrs. - min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace American Falls, Idaho (City or town) (State or foreign country)

12. Name Earl Anderson

13. Birthplace Malad, Idaho (City or town) (State or foreign country)

14. Maiden name Phily Parsons

15. Birthplace Abundeen, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Earl Anderson and Address Abundeen, Idaho

17. (a) burial (b) Date thereof 6-13-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Abundeen, Idaho

18. Funeral Director's OWN Signature Anderson and Address American Falls, Idaho

19. (a) June 11-1948 (b) June 12, 1948 (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 10, 1948 at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1, 1948 to June 1, 1948. I last saw h. er alive on June 1, 1948. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Drowning

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None. (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? No Homicide? No

Occurred June 10, 1948 City, county, state where violence occurred Browning in irrigation ditch

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Yes While at work

Means of injury Drowning in irrigation ditch

23. Attendant's OWN Signature Dr. J. J. Garmes, M.D.

and Address Abundeen, Idaho Date June 12, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States

Department of Commerce

Bureau of the Census

JUN 30 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2060

Local Reg. No. 65

Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Shelley  
(c) Street Address or R. F. D. No. #1  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 37 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Shelley, R#1  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Harriet Habbeshaw Criddle

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 5. Color or

White

## 6. (a) Single, widowed, married, divorced

Widowed

## 4. Sex

Female

## 6. (b) Name of husband or wife

----- alive ----- years

## 7. Date of Birth (Month, Day, Year)

Nov. 4, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>7</u>	<u>6</u>	hrs min.

## 9. Exact Occupation

Housewife

Did this work for ----- yrs.

## 10. Industry or Business

Date last worked -----

## 11. Birthplace (City or town) (State or foreign country)

Chadderton

England

## 12. Name

James Habbeshaw

## 13. Birthplace (City or town) (State or foreign country)

England

## 14. Maiden name

Rachel Holt

## 15. Birthplace (City or town) (State or foreign country)

England

## 16. Informant's OWN Signature

Bessie Miller

## and Address

Shelley, R#2

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

Burial

6-14-48

## (c) Place: Cemetery

Basalt, Cemetery

## 18. Funeral Director's OWN Signature

E. M. Nader

## and Address

Shelley, Idaho

## 19. (a) Date received and filed (b) Registrar's signature

June 21-1948

H. A. Walter

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

6-10-48

at 7:45 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19 1948, to 6-12-48

I last saw her alive on 6-9-48 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Cerebral Hemorrhage  
Due to Causing

Left Hemiplegia  
Due to High Blood Pressure

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred ----- 19 ----- City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

## 23. Attendant's OWN Signature

Edwin Carter M.D.

and Address Basalt Date 6-17-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 24 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2061  
Local Reg. No. 57  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Ft. Hall Reserv.  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 20 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. Ft. Hall Res.  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Mary Sandy

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race Fem. Indian  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Isaac Sandy  
(c) Age of husband or wife if alive 6-17-48 years

## 7. Date of Birth (Month, Day, Year) About 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>About 50</u>	<u>years</u>		hrs. min.

9. Exact Occupation Housewife Did this work for 0 yrs.  
10. Industry or Business At home Date last worked  
11. Birthplace Lemhi, Idaho (City or town) (State or foreign country)  
12. Name Lem Fisher  
13. Birthplace no data (City or town) (State or foreign country)  
14. Maiden name Laura Fisher (? Md. name)  
15. Birthplace no data (City or town) (State or foreign country)

16. Informant's OWN Signature Isaac Sandy  
and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 6-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Mission Cemetery

18. Funeral Director's OWN Signature Howard Luckham  
and Address Blackfoot, Idaho

19. (a) 6-17-48 (b) Mrs. Helen E. Fisher  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 10 19 48  
at 6 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 6-17-48 to 6-10-48 19 48  
I last saw him alive on 6-10-48 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stroke Duration 6 hrs.

Due to Unfrozen vein

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature AS Miller MD

and Address Blackfoot (M. D. or other)

Date 6-11 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 17 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2062  
Local Reg. No. 54  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Rt. #3  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 39 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. Rt. #3  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state)

3. (a) FULL NAME Mary Isabella Reisdorph Kluckhohn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem. Color or race White 5. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Albert C. Kluckhohn 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) August 10, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>10</u>	<u>0</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 49 yrs.

10. Industry or Business at home Date last worked 1946

11. Birthplace Minnesota (City or town) (State or foreign country)

12. Name Silas Reisdorph

13. Birthplace no data (City or town) (State or foreign country)

14. Maiden name Fannie Dutton

15. Birthplace no data (City or town) (State or foreign country)

16. Informant's OWN Signature Rolland Kluckhohn

and Address Blackfoot, Idaho Rt. #3

17. (a) Burial (b) Date thereof 6-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Grove City Cem. Blf't. Ida.

18. Funeral Director's OWN Signature Howard Pickham

and Address Blackfoot, Idaho

19. (a) 6-12-48, Mrs. Helen E. Talbot (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 10, 1948

at 1:45 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 15 July 1947 to 10 June 1948

I last saw him alive on 26 March 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage Duration

Due to Hypertensive heart disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation none Date

Major finding none

Finding of autopsy none

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Kenneth R. M. or James M.D.

(M. D. or other)

and Address Blf't., Ida. Date 11 June 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 17 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2063  
Local Reg. No. 51  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 203 days  
(g) Lived in this county \_\_\_\_\_ years 6 months 21 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1219 Glow St.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? Not Given  
(g) How long had deceased lived in Idaho? Not given years  
(h) Former residence (city, state) Boise, Idaho.

## 3. (a) FULL NAME

John Krznarick

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or \_\_\_\_\_  
4. Sex M race W.

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year)

Not given

8. AGE	Years	Months	Days	If less than 1 day
<u>About</u>	<u>45</u>			hrs. min.

9. Exact Occupation Not given Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Yuga Slavia.  
(City or town) (State or foreign country)

12. Name Not Given

13. Birthplace Croatia  
(City or town) (State or foreign country)

14. Maiden name Not given

15. Birthplace Croatia.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, State Hospital South  
and Address Blackfoot, Idaho.

17. (a) Burial \_\_\_\_\_ (b) Date thereof 6/12/48. (Year)

(c) Place State Hospital Cemetery

18. Funeral Director's OWN Signature L. J. Gentry  
and Address Blackfoot, Idaho

19. (a) 6-12-48. (Date received and filed)  
(b) M. J. Malin (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 10, 19 48.  
at 5:45 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Nov. 19, 19 47, to June 10, 19 48.  
I last saw him alive on June 10, 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Due to Uremic poisoning unknown

Due to chronic nephritis unknown

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature]  
(M. D. or other)

and Address Blackfoot, Idaho. Date 6-10-48.  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 24 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2065  
Local Reg. No. 28  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Firth R#1  
(c) Street Address or R. F. D. No. R#1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 1 years 4 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Firth R#1  
(d) Street Address or R.F.D. No. R#1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Ted Lynn Twitchell

## 3. (b) If veteran,

name war -----

## 3. (c) Social Security

No. -----

## 5. Color or

Male

## 6. (a) Single, widowed, married,

divorced Child

## 4. Sex Male race White

## 6. (b) Name of husband or

wife -----

## 6. (c) Age of husband or wife if

alive ----- years

## 7. Date of Birth

(Month, Day, Year) Jan 26, 1948

## 8. AGE

Years

1

Months

4

Days

16

If less than 1 day

hrs min.

## 9. Exact

Occupation -----

Did this

work for ----- yrs.

## 10. Industry or

Business -----

Date last

worked -----

## 11. Birthplace

Shelley, Idaho

(City or town)

(State or foreign country)

## 12. Name

George Twitchell

## 13. Birthplace

Presto

Idaho

(City or town)

(State or foreign country)

## 14. Maiden name

Joyce Etta Womack

## 15. Birthplace

Henry

Idaho

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature J. W. Twitchell

and Address Firth R#1

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 6-24-48

(Month) (Day) (Year)

(c) Place: Grove City Cemetery, Blackfoot

## 18. Funeral Director's

OWN Signature W. R. Claback

and Address Shelley, Idaho

## 19. (a)

(Date received and filed) 6-15-48

## (b)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 11 June 19 48

at 10 o'clock PM

## 21. I HEREBY CERTIFY, That I attended deceased from

11 June 19 48, to 11 June 19 48

I last saw him alive on 11 June 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Probable Meningococcal Sepsis

Duration

18 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation None

Date

Major finding

Finding of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home 19 Farm 19 Industry 19

Public Place 19 While at work? 19

Means of injury

## 23. Attendant's

OWN Signature W. R. Claback M.D.

and Address 15 June 48 Date 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUN 24 1948

STATE OF IDAHO

1948  
State File No. 2066  
Local Reg. No. 63  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Shelley,  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Eaton Maternity Home  
(g) Lived in this county..... years ..... months ..... days 2Hrs

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Shelley,  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2Hrs years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Amy Lee Hampton

## 3. (b) If veteran,

name war -----

## 3. (c) Social Security

No. -----

## 5. Color or

Female race White

## 6. (a) Single, widowed, married,

divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth

(Month, Day, Year) June 13, 1948

## 8. AGE

Years 0

Months 0

Days 0

If less than 1 day

2 hrs min.

## 9. Exact

Occupation -----

## Did this

work for ----- yrs.

## 10. Industry or

Business -----

## Date last

worked -----

## 11. Birthplace

Shelley,

Idaho

(City or town)

(State or foreign country)

## 12. Name

Harold Hampton

## 13. Birthplace

Shelley,

Idaho

(City or town)

(State or foreign country)

## 14. Maiden name

Ida L. Fielding

## 15. Birthplace

Shelley,

Idaho

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature [Signature]

and Address Idaho Falls, R#3

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

6-14-48

(c) Place: Taylor Cemetery

## 18. Funeral Director's

OWN Signature [Signature]

and Address Shelley, Idaho

## 19. (a) 6-16-1948

(Date received and filed)

## (b) [Signature]

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 6-13-48

at 6:25 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

6-13 1948, to 6-13 1948

I last saw h. er alive on 6-13 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Respiratory Failure

## Duration

## Due to

Immaturity

## Due to

Prematurity (7 mo.)

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted? Idaho

## Name of operation

Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry

Public Place ..... While at work?

Means of injury

## 23. Attendant's

OWN Signature [Signature]

and Address Shelley, Idaho

Date 6-16 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 2 1 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2067  
Local Reg. No. 64  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot,  
(c) Street Address or R.F.D. No. Box, 390  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☒ Other place  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 35 days  
(g) Lived in this county 1 years 5 months 5 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho. (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39 yrs years  
(h) Former residence (city, state) Emmett, Idaho.

## 3. (a) FULL NAME

Fred A. West

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex M. race W.

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Mrs. Ferd West

6. (c) Age of husband or wife if  
alive 48 years

7. Date of Birth  
(Month, Day, Year) May 29, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>0</u>	<u>15</u>	hrs. min.

9. Exact Occupation Farmer Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Aurora, Idaho.  
(City or town) (State or foreign country)

12. Name Unknown

13. Birthplace West, Illinois  
(City or town) (State or foreign country)

14. Maiden name Wagner

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Records, State Hospital South  
and Address Blackfoot, Idaho.

17. (a) Removal (b) Date thereof 6-14-48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Emmett, Idaho

18. Funeral Director's  
OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho

19. (a) 6-14-48 (b) W. H. Walker, E. & Son  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) June 13, 1948.  
at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from  
May 8, 1948, to June 13, 1948.  
I last saw h. im alive on June 13, 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Hypertensive pneumonia 5 days  
Due to       

Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury       

23. Attendant's  
OWN Signature W. H. Walker, M.D.  
(M. D. or other)

and Address Blackfoot, Idaho Date 6-14- 1948.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 17 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2068  
Local Reg. No.  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. State Hosp. So. Stayed 116 days  
(g) Lived in this county \_\_\_\_\_ years 3 months 26 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Ashton  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Jesse Ruble

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

Sex M. race W.

## 6. (b) Name of husband or wife

6. (a) Single, widowed, married, divorced Not Given

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

April 1, 1876.

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>2</u>	<u>13</u>	hrs. min.

9. Exact Occupation Retired R.R. Worker Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Green County, Tenn.

(City or town) (State or foreign country)

## 12. Name Not Given

## 13. Birthplace " "

(City or town) (State or foreign country)

## 14. Maiden name Not Given

## 15. Birthplace " "

(City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital South.  
and Address Blackfoot, Idaho.

17. (a) Burial (b) Date thereof 6-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place State Cemetery South.

18. Funeral Director's OWN Signature acting L. J. Jancay  
and Address Blackfoot, Idaho

19. (a) 6-15-48 (b) Myra Helen E. Jancay  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 14, 1948.

at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1948 to June 14, 1948.

I last saw h. im alive on June 14, 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

cardiovascular disease

Due to \_\_\_\_\_

Due to Senility

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## Duration

unknown

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. H. Brown, M.D.  
(M. D. or other)

and Address Blackfoot, Idaho. Date June 15, 1948.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 21 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2069  
Local Reg. No. 97  
Reg. Dist. No. 801

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Pingree  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. .... Stayed        days  
(g) Lived in this county 33 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Pingree  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Pawhuska, Oklahoma

3. (a) FULL NAME Bert Adrian Reece

3. (b) If veteran, name war --- 3. (c) Social Security No. ....  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male 6. (b) Name of husband or wife Mary Alice Brown  
6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) April 2, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>2</u>	<u>15</u>	hrs. min.

9. Exact Occupation Carpenter & Mason Did this work for        yrs.  
10. Industry or Business        Date last worked 6/17/48  
11. Birthplace Heuns, Kansas (City or town) (State or foreign country)

Father { 12. Name Reubin D. Reece  
13. Birthplace Not known (City or town) (State or foreign country)

Mother { 14. Maiden name Laura Meyers  
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's OWN Signature Reed Brown  
and Address Pingree, Idaho.

17. (a) Burial (b) Date thereof         
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Riverside Thomas, Idaho

18. Funeral Director's OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho.

19. (a) 6-9-48 (Date received and filed) Miss Helen C. Patton (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 17 19 48  
at 10:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 6-17 19 48 to 6-17 19 48

I last saw him alive on 6-17 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Heart Disease Duration minutes

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Blackfoot, Idaho

and Address Blackfoot, Idaho Date 6-19-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 24 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2070

Local Reg. No. 60

Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County B Ingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Aspt. South Stayed 19 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 19 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Glenns Ferry  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? About 40 years  
(h) Former residence (city, state) Glenns Ferry, Idaho.

3. (a) FULL NAME Muriel F. Ross.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex F. race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roy F. Ross.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 24, 1902.

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>1</u>	<u>24</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace North Dakota. (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Father { 12. Name T.M. Davis

13. Birthplace Canada. (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Mother { 14. Maiden name Sadie Ennis

15. Birthplace Minnesota. (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Records State Hospital South.  
and Address Blackfoot, Idaho.

17. (a) \_\_\_\_\_ (b) Date thereof 6-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. Aspt. South

18. Funeral Director's OWN Signature John C. Langley  
and Address Blackfoot, Idaho

19. (a) 6-18-48 (Date received and filed) (b) Dr. H. L. Hume (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June, 18, 1948.  
at 7:35 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 29, 1948. to June 18, 1948.

I last saw her alive on June 18, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration \_\_\_\_\_

Due to Hypertension cerebral

Due to Previous Multiple/hemorrhages

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature Dr. H. L. Hume (M. D. or other)

and Address Blackfoot, Idaho. Date 6-18-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 21 1948

# Certificate of Death

STATE OF IDAHO

148  
State File No. **2071**  
Local Reg. No. **61**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

- (a) County **Bingham**  
(b) City or town **Blackfoot**  
(c) Street Address or R.F.D. No. **P.O. Box 390**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution **X** Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Hosp. So.** stayed **417** days  
(g) Lived in this county \_\_\_\_\_ years **1** months **17** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Minidoka**  
(c) City or town **Paul, Idaho**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **19** years  
(h) Former residence (city, state) **Vianna, Missouri**

## 3. (a) FULL NAME

**THOMPSON, MINNIE ADELINE**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

Sex **F.** race **White**

(a) Single, widowed, married, divorced **Widowed**

## 6. (b) Name of husband or wife

(c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) **May 4, 1885**

8. AGE	Years	Months	Days	If less than 1 day
	<b>63</b>	<b>1</b>	<b>17</b>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace **Vianna, Missouri**

(City or town) (State or foreign country)

## 12. Name **John Anderson**

## 13. Birthplace **Missouri**

(City or town) (State or foreign country)

## 14. Maiden name **Marie Adkins**

## 15. Birthplace **Missouri**

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature **St. Hosp. South Records**

and Address **P.O. Box 390, Blackfoot, Idaho**

17. (a) **Burial** (b) Date thereof **6-23-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **State Cemetery Blackfoot**

## 18. Funeral Director's

OWN Signature **acting L. J. Ganely**  
and Address **State Hospital Blackfoot**

19. (a) **6-22-48**  
(Date received and filed)

(b) **Mrs. Helen E. Feltus**  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **June 21, 1948**  
at **5:55** o'clock **A.M.**

## 21. I HEREBY CERTIFY, That I attended deceased from

**April 26, 1947** to **June 20th, 1948**  
I last saw her alive on **June 20th, 1948**

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

**Cardiovascular-renal disease Unknown**

## Due to

**Senility**

## Due to

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's

OWN Signature **H. H. Brown, M.D.**  
(M D or other)

and Address **St. Hosp. So.** Date **6/21/48** 19 \_\_\_\_\_  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 8 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1947  
State File No. 2073  
Local Reg. No. 24  
Reg. Dist. No. 410

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Hailey  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Clinical Stayed 2 days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County \_\_\_\_\_  
(c) City or town Portland  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Portland-Ore.

## 3. (a) FULL NAME

Arthur William Wood

3. (b) If veteran, \_\_\_\_\_ (c) Social Security name war 540-09-4625

5. Color or \_\_\_\_\_ (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex Male race White  
6. (b) Name of husband or wife Edna E. (c) Age of husband or wife if alive 30 years

7. Date of Birth (Month, Day, Year) Oct 14 - 1909

8. AGE	Years	Months	Days	If less than 1 day
	<u>38</u>	<u>7</u>	<u>18</u>	hrs min.

9. Exact Occupation Bar tender Did this work for 2 1/2 yrs.

10. Industry or Business Town Club Date last worked May 30 - 1948

11. Birthplace Portland - Oregon (City or town) (State or foreign country)

12. Name William Wood

13. Birthplace unknown (City or town) (State or foreign country)

14. Maiden name Ma. Y.C. Chase

15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Edna E. Wood

- and Address Hailey, Idaho

17. (a) Removal (b) Date thereof 6-3-48 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Portland - Oregon

18. Funeral Director's OWN Signature Leung Hams

- and Address Hailey, Idaho

19. (a) 6-7-1948 (b) Robert A. Wright (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 2 1948  
at 6:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 5/31 1948, to 6-2 1948  
I last saw him alive on 6-2 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 48 hrs  
Traumatic embolism

Due to fractured 6-7-8th ribs

Due to lung abscess

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 5/31-48 19 \_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Highway While at work? \_\_\_\_\_

Means of injury Auto accident

23. Attendant's OWN Signature S.W. Johnson

and Address Hailey, Idaho Date 6-3 1948 (M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 24 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2074  
Local Reg. No. 62  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R. F. D. No. 514 N. Second  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Community Stayed 8 days  
(g) Lived in this county 31 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Selle  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME DORA ALTA SAUER

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female 6. (b) Name of husband or wife John F.  
6. (c) Age of husband or wife if alive    years  
7. Date of Birth June 26th. 1870  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>11</u>	<u>2</u>	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.  
10. Industry or Business Own Home Date last worked 4-1948  
11. Birthplace Karmer, Pennsylvania.  
(City or town) (State or foreign country)

12. Name Jacob Rowe  
13. Birthplace Penn.  
(City or town) (State or foreign country)  
14. Maiden name Hanna Musselman  
15. Birthplace Penn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Lee Carter  
and Address R.F.D. 1 Sandpoint, Ida.

17. (a) Burial (b) Date thereof June 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO.

19. (a) June 3, 1948. (b) Lawrence E. Nelson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 28 1948  
(Month, Day, Year) at 7 o'clock P. M.

I HEREBY CERTIFY, That I attended deceased from May 21 1948 to May 28 1948.  
I last saw her alive on May 28 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: chronic myocarditis Duration 2 yrs.

Due to Arterio Sclerosis 5 yrs.  
Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?    PHYISICIAN  
Name of operation    Date    Underline  
Major finding    the cause to  
Finding of autopsy    which death  
   should be  
   charged sta-  
   tistically.

22. If death was due to EXTERNAL CAUSES, also fill in the fol-  
lowing: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state  
where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature Wm F. Fisher M.D.  
(M. D. or other)  
and Address Sandpoint, Ida Date June 3, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce JUN 17 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 2075  
State File No. 60  
Local Reg. No. 110  
Reg. Dist. No.

## 1. PLACE OF DEATH:

(a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Community** Stayed **20 min.**  
(g) Lived in this county **23** years **0** months **0** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Ponderay**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **23** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**ADA LILLIAN MC MURTREY**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Female** race **White**  
6. (b) Name of husband or wife **Samuel** 6. (c) Age of husband or wife if alive **--** years  
7. Date of Birth (Month, Day, Year) **JANUARY 3, 1868**

8. AGE	Years	Months	Days	If less than 1 day
	<b>80</b>	<b>4</b>	<b>29</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **life** yrs.  
10. Industry or Business **Own Home** Date last worked **5-1948**  
11. Birthplace **Bloomsburg, Penn.** (City or town) (State or foreign country)

12. Name **Jacob Stiener**  
13. Birthplace **no record** (City or town) (State or foreign country)  
14. Maiden name **Sarah --**  
15. Birthplace **no record** (City or town) (State or foreign country)

16. Informant's OWN Signature **f. l. m. c. murtrey**  
and Address **Ponderay, Idaho.**

17. (a) **Burial** (b) Date thereof **June 7, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO.**

19. (a) **6-7-1948** (b) **L. M. Moon**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH (Month, Day, Year) **June 2, 1948** 19  
at **12:20** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Mar 13** 1948 to **April 22** 1948  
I last saw her alive on **Apr 22** 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Cardiac Arrest** Duration

Due to **Bl. Myocarditis**

Due to **Sanity**  
Other conditions **Hypertension**  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation **Date**  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature **BB McCallister**  
and Address **Sandpoint** (M. D. or other) **June 5** 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 2 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2076  
Local Reg. No. 61  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

(a) County Bonne r  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. 514 N. Second  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place place  
(f) Name Hosp. or Inst. Community Hosp 7 days  
(g) Lived in this county 40 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

JOHN BOUCHER

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife no record 6. (c) Age of husband or wife if alive  years  
7. Date of Birth (Month, Day, Year) MARCH 4, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>3</u>	<u>4</u>	hrs min.

9. Exact Occupation Woodsmen Did this work for life yrs.  
10. Industry or Business Lumbering Date last worked 1939  
11. Birthplace Menominee, Michigan. (City or town) (State or foreign country)

Mother Father { 12. Name Antone Boucher  
13. Birthplace Canada (City or town) (State or foreign country)  
14. Maiden name Estella -- ESTELLA  
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Edison Stedwell  
and Address Sandpoint, Idaho.

17. (a) Burial (b) Date thereof June 11, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature Moore Mortuary  
and Address Sandpoint, Idaho.

19. (a) June 18, 1948 (b) James Stedwell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 8th 19 48  
at 2:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on May 31, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Chronic Alcoholism Duration 077D

Chronic Alcoholism  
Heart Disease

Due to Chronic Alcoholism

Due to Chronic Alcoholism  
Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?  PHYSICIAN

Name of operation  Date  Underline the cause to which death should be charged statistically.

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred

Place of Violence: Home  Farm  Industry   
Public Place  While at work?

Means of injury

23. Attendant's OWN Signature Floyd G. Wendt  
and Address Sandpoint, Idaho Date 6-15-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 24 1948

# Certificate Of Death

STATE OF IDAHO

2077  
State File No. \_\_\_\_\_  
Local Reg. No. 63  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 514 N. Second  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Community Stayed \_\_\_\_\_ days  
(g) Lived in this county 22 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Dover  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME LLOYD EDWARD MONTROSE

3. (b) If veteran, name war None 3. (c) Social Security No. 518-05-1728  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 41 years  
7. Date of Birth (Month, Day, Year) February 26, 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>3</u>	<u>17</u>	hrs min.

9. Exact Occupation Top Loader Woodsman Did this work for life yrs.  
10. Industry or Business Logging Date last worked 6-12-48  
11. Birthplace Malad, Idaho.

12. Name Charles E. Montrose  
13. Birthplace Payson, Utah.  
14. Maiden name Hannah Miles  
15. Birthplace \_\_\_\_\_

16. Informant's OWN Signature Willie June Veltrie  
and Address Dover Idaho

17. (a) Burial (b) Date thereof June 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO.

19. (a) June 17, 1948 (b) Samuel P. Dean  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 13th 1948  
(Month, Day, Year) at 1:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 7 1948, to June 13 1948  
I last saw him alive on June 13 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accident logging Duration  
Crushed under log June 7  
1948

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy Crushed Rt. Kidney  
Fracture Lumbar Vert. 11th leg

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred June 7 1948 City, county, state where violence occurred Bonner County  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? yes  
Means of injury Crushed under log

23. Attendant's OWN Signature BBH Ruelle MD  
(M. D. or other)  
and Address Sandpoint Date June 17, 1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUL 8 1948

STATE OF IDAHO

1948 State File No. 2078  
Local Reg. No. 67  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R. F. D. No. 514 N. Second  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. Community Stayed 24 days  
(g) Lived in this county 35 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 709 Lake Street  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME JACOB GROANFELT

3. (b) If veteran, name war None 3. (c) Social Security No. 518-24-0006  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Velma Louise 6. (c) Age of husband or wife if alive 30 years  
7. Date of Birth (Month, Day, Year) November 17, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>7</u>	<u>3</u>	hrs min.

9. Exact Occupation Retired Woodsman Did this work for life yrs.  
10. Industry or Business Lumbering Date last worked 1942  
11. Birthplace Grand Haven, Michigan. (City or town) (State or foreign country)

12. Name Alan Groanvelt  
13. Birthplace Petersburg, Netherlands (City or town) (State or foreign country)  
14. Maiden name Gertie --  
15. Birthplace Rotterdam, Netherlands (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Mabel Montgomery  
and Address 709 Lake St. Sandpoint, Idaho

17. (a) Burial (b) Date thereof June 22, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO.

19. (a) June 22 1948 (b) Lawrence E. Moon  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH June 20th. 1948 19  
(Month, Day, Year)  
at 4:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 26 1948, to June 20 1948  
I last saw h.l.m. alive on June 20 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Coronary atherosclerosis Duration 26 days  
Due to arteriosclerosis

- Due to   
Other conditions Thrombophlebitis 9 days  
(Include pregnancy within 3 months of death)

- Where was disease contracted? Public  
Name of operation None Date   
Major finding   
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature D. O. Cornell  
(M. D. or other)  
and Address Sandpoint, Idaho Date June 21 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 1 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2079  
Local Reg. No. 65  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R. F. D. No. 623 n. Boyer  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days 48  
(g) Lived in this county 48 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 623 n. Boyer  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) 162B

## 3. (a) FULL NAME

Harriet Harina Crowell

3. (b) If veteran, name war None No. None  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George W.  
6. (c) Age of husband or wife if alive — years  
7. Date of Birth (Month, Day, Year) January 5, 1856

8. AGE	Years	Months	Days	If less than 1 day
	<u>92</u>	<u>5</u>	<u>15</u>	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.  
10. Industry or Business Own Home Date last worked —  
11. Birthplace Columbia City, Indiana (City or town) (State or foreign country)  
12. Name John Cramer  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Maiden name Sarah Essig  
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature W. E. Brewer  
and Address 623 - M. Boyer Ave Sandpoint Idaho

17. (a) Normal (b) Date thereof June 23, 1948 (Month) (Day) (Year)  
(c) Place: Spokane, Washington

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address Sandpoint, Idaho

19. (a) June 23, 1948 (b) Lawrence P. Moon (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 20, 1948  
at 11:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from December 19, 1927, to June 20, 1948  
I last saw her alive on June 20, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility Duration —

Due to —  
Due to —  
Other conditions — (Include pregnancy within 3 months of death)  
Where was disease contracted? — PHYSICIAN —  
Name of operation — Date — Underline the cause to which death should be charged statistically.  
Major finding —  
Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred — 19 — City, county, state —  
where violence occurred —  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature Helene Peterson M.D. (M. D. or other)  
and Address Sandpoint, Idaho Date June 23, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 8 1948 **Certificate Of Death**  
STATE OF IDAHO

1948 State File No. **68080**  
Local Reg. No. **1**  
Reg. Dist. No. **110**

1. PLACE OF DEATH:

(a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Community** Stayed **60** days  
(g) Lived in this county **43** years **0** months **0** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Priest River**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **43** years  
(h) Former residence (city, state)

3. (a) FULL NAME **CLARA ELIZABETH KAVANAUGH**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Female** 6. (b) Name of husband or wife **William** 6. (c) Age of husband or wife if alive **67** years  
7. Date of Birth (Month, Day, Year) **May 3, 1878**

8. AGE	Years	Months	Days	If less than 1 day
	<b>70</b>	<b>1</b>	<b>25</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **life** yrs.  
10. Industry or Business **Own Home** Date last worked **Apr. 1948**  
11. Birthplace **-- Canada** (City or town) (State or foreign country)

12. Name **Sheperd Jones**  
13. Birthplace **-- Canada** (City or town) (State or foreign country)  
14. Maiden name **Mary Wallace**  
15. Birthplace **Scotland** (City or town) (State or foreign country)

16. Informant's OWN Signature **William Kavanagh**  
and Address **Priest River, Idaho.**

17. (a) **Burial** (b) Date thereof **July 3, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Priest River, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO**

19. (a) **July 3, 1948.** (b) **Ramona P. Adams**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **June 28th 1948**  
(Month, Day, Year) at **6:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Apr. 26 1948** to **June 28 1948**  
I last saw him alive on **June 28 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Hypertensive Thrombosis**  
**Tuberculous Myocarditis**  
**Due to Rheumatic Endocarditis**  
**Thrombosis + gangrene of leg**  
**Due to**  
**accidental fracture left hip Apr 27 1948. Home**  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation **None** Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **YES** Suicide? **NO** Homicide? **NO**  
Occurred **Apr 22, 1948** 19 City, county, state where violence occurred **Bonner co.**  
Place of Violence: Home **YES** Farm **NO** Industry  
Public Place **NO** While at work?  
Means of injury **Fell on floor**

23. Attendant's OWN Signature **Wm F. Tyler MD**  
and Address **Sandpoint, Ida** Date **6-30 1948**  
(For additional space, use reverse side)

# Certificate Of Death

STATE OF IDAHO

State File No. **2081**  
Local Reg. No. **69**  
Reg. Dist. No. **110**

JUL 15 1948

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. **514 N. Second**  
(d) Death Occured Inside? **X** Outside? **city or town**  
(e) Died in a Home **Hospital** Institution **X** Other place  
(f) Name Hosp. or Inst. **Community** Stayed **1 hr. days**  
(g) Lived in this county **34** years **months** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **314 Church St**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **34** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**Fred J. Kitchen**

3. (b) If veteran, name war **World II** No. **518-01-6597**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male** 6. (b) Name of husband or wife if alive **years**  
7. Date of Birth (Month, Day, Year) **December 22, 1911**

8. AGE	Years	Months	Days	If less than 1 day
	<b>36</b>	<b>6</b>	<b>7</b>	hrs min.

9. Exact Occupation **Woodsmen** Did this work **life** yrs.  
10. Industry or Business **Logging** Date last worked **6-29-48**  
11. Birthplace **Colville, Washington.** (City or town) (State or foreign country)  
Mother Father { 12. Name **Fred W. Kitchen**  
13. Birthplace **Fredericksburg, New Brunswick** (City or town) (State or foreign country) **Canada.**  
14. Maiden name **Alice Bolyan**  
15. Birthplace **Red Wing, Minn.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Catherine T. Best**  
and Address **1927 E 12 - Spokane, W.**

17. (a) **Burial** (b) Date thereof **July 2, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO.**

19. (a) **July 4, 1948** (b) **2-28-48**  
(Date received and filed) (Signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **June 29th** 19 **48**  
at **6:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **June 29, 1948**, to **June 29, 1948**  
I last saw him alive on **June 29, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Heart Stroke** Duration **1 hr.**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Public**

Name of operation Date

Major finding

Finding of autopsy **none done**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home **Farm** Industry  
Public Place **While at work?**  
Means of injury

23. Attendant's OWN Signature **Walter Cornell MD**

and Address **Sandpoint, Ida** Date **June 30, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUL 8 1948

STATE OF IDAHO

1948

State File No. 2882  
Local Reg. No.  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sagle  
(c) Street Address or R.F.D. No. R.F.D. 1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed        days  
(g) Lived in this county 18 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sagle  
(d) Street Address or R.F.D. No. R.F.D. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Robert Henry Cleavland Hatcher

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bessie Louise 6. (c) Age of husband or wife if alive 57 years  
7. Date of Birth (Month, Day, Year) July 23, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>10</u>	<u>20</u>	hrs min.

9. Exact Occupation Farmer Did this work for 40 yrs.  
10. Industry or Business Own Farm Date last worked 10-20-47  
11. Birthplace Linn County, Missouri. (City or town) (State or foreign country)  
Mother Father { 12. Name Horace Hunter Hatcher  
13. Birthplace Wheeling, West Virginia. (City or town) (State or foreign country)  
14. Maiden name Eliza Wright  
15. Birthplace Indiana. (City or town) (State or foreign country)

16. Informant's OWN Signature Robert Hatcher  
and Address Sagle, Idaho.  
17. (a) Burial (b) Date thereof June 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Westmond, Idaho.

18. Funeral Director's OWN Signature Moon Mortuary  
and Address Sandpoint, Idaho.  
19. (a) June 17, 1948 (b) James E. Moon  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH June 11th 19 48  
(Month, Day, Year)  
at 8:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 24 1948 to May 20 1948.  
I last saw h.i. alive on May 20 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 1 hr.

Due to arteriosclerosis

Due to Purging coronary occlusion  
Other conditions (Include pregnancy within 3 months of death)  
March 21, 1948

Where was disease contracted? Public PHYSICIAN  
Name of operation None Date         
Major finding         
Finding of autopsy        Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature W. D. Cornell (M. D. or other)  
and Address Baileys, Idaho Date June 17, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 24 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2083  
Local Reg. No. 64  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **Rural**  
(d) Death Occured Inside?..... Outside? **X** city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place **X**  
(f) Name Hosp. or Inst. .... Stayed..... days  
(g) Lived in this county **30** years..... months..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **Rural**  
(e) Deceased lived Inside?..... Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho?..... **30** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME **FRANK VAARANEN**

3. (b) If veteran, name war **World I** No. ....  
5. Color or 3. (c) Social Security No. ....  
4. Sex **Male** race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>59</b>			hrs min.

9. Exact Occupation **Woodsmen** Did this work for **Life** yrs.  
10. Industry or Business **Logging** Date last worked **1935**  
11. Birthplace **Finland** (City or town) (State or foreign country)

12. Name **no record**  
13. Birthplace **no record** (City or town) (State or foreign country)  
14. Maiden name **no record**  
15. Birthplace **no record** (City or town) (State or foreign country)

16. Informant's OWN Signature **Ernest A. Kover**  
and Address **Box 508 Mullan, Idaho.**

17. (a) **Burial** (b) Date thereof **June 17, 1948** (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO.**

19. (a) **June 15, 1948** (b) **June 15, 1948** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH (Month, Day, Year) **June 14th.** 19**48**  
at **11:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Natural Causes** Duration  
**Probable Coronary Thrombosis**

Due to **Exertion and fall from boat**

Due to **History heart disease**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**  
Name of operation..... Date..... Underline the cause to which death should be charged statistically.  
Major finding **None performed**  
Finding of autopsy

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? **yes** Suicide?..... Homicide?.....  
Occurred **June 14th** 19**48** City, county, state **Bonner County, Idaho.**  
where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place **yes** While at work? **no**  
Means of injury **Fall from row boat**

23. Attendant's OWN Signature **CRONER** (M. D. or other)  
and Address **Sandpoint, Ida.** Date **6-15-1948** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED Certificate Of Death

JUL 22 1948

STATE OF IDAHO

State File No. 2084  
Local Reg. No. 72  
Reg. Dist. No. 110

1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. R.F.D. 2  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. X Stayed X days  
(g) Lived in this county 7 years X months X days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. R.F.D. 2  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state)

3. (a) FULL NAME FRANK ADAMS RAGLAND

3. (b) If veteran, name war None 3. (c) Social Security No. 507-10-6677  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Martha Ragland 6. (c) Age of husband or wife if alive 34 years  
7. Date of Birth (Month, Day, Year) October 9th. 1905

8. AGE	Years	Months	Days	If less than 1 day
	<u>32</u>	<u>8</u>	<u>18</u>	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.  
10. Industry or Business Farm Date last worked 6-27-48  
11. Birthplace Petersburg, Nebraska. (City or town) (State or foreign country)  
Mother Father { 12. Name George A. Ragland  
13. Birthplace Utica, Minn. (City or town) (State or foreign country)  
14. Maiden name Grace Hopkins  
15. Birthplace Iowa. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Martha Ragland  
and Address R.F.D. 2 Sandpoint, Idaho.  
17. (a) Burial (b) Date thereof July 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.  
18. Funeral Director MOON MORTUARY  
OWN Signature [Signature]  
and Address SANDPOINT, IDAHO.  
19. (a) July 1, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 27th 19 48  
at 7:30 o'clock P. M.

21. I HEREBY CERTIFY That I attended deceased from                      19 48  
and not attended  
I last saw him alive on about Jan. 1, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Arterio Sclerosis Duration 3 yrs

Spurred suddenly

Due to                     

Other conditions                       
(Include pregnancy within 3 months of death)

Where was disease contracted?                     

Name of operation                      Date                     

Major finding                     

Finding of autopsy                     

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?                       
Occurred                      19 48 City, county, state where violence occurred                       
Place of Violence: Home                      Farm                      Industry                       
Public Place                      While at work?                       
Means of injury

23. Attendant's OWN Signature Wm F Tyler MD  
and Address Sandpoint, Idaho Date June 30 1948  
(For additional space, use reverse side)

092A

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 13 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2085  
Local Reg. No. 97  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sacred Heart Stayed 1/24 days  
(g) Lived in this county 0 years 0 months 1/24 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these) (Mother)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 1700 Curtis Ave.,  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

INFANT HAMMER

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 4. Sex Female Color or race White

## 6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

None

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) April 11, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u> hrs. <u>5</u> min.

## 9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business None Date last worked \_\_\_\_\_

## 11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

## 12. Name Carlyle Hammer

## 13. Birthplace Ammon Idaho (City or town) (State or foreign country)

## 14. Maiden name Fern Marker

## 15. Birthplace Idaho Falls Idaho (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs. Harry Schults and Address Idaho Falls, Idaho

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13, 1948 (Month) (Day) (Year)

## (c) Place Idaho Falls, Idaho, Rose Hill Cem.

## 18. Funeral Director's OWN Signature Olandt & Beck

## and Address Idaho Falls, Idaho

## 19. (a) 5-4-48 (Date received and filed) (b) Anna Bridges (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) April 11 1948

at 3:35 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 11 April 1948 to 11 April 1948

I last saw h. er alive on 11 April 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Asphyxia Neonatorum due

Due to Congenital Atelectasis of lung

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature John E. Worlton, M.D.

and Address Idaho Falls, Idaho (M. D. or other) Date 22 April 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics JUL 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2086**  
Local Reg. No. **139**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 218 S. Water  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. Rest Home Stayed        days  
(g) Lived in this county        years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 246 Lomax  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Texas

## 3. (a) FULL NAME

Eliza Jane Morris

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W  
6. (a) Single ☒ widowed ☐ married, divorced ☐  
6. (b) Name of husband or wife William Morris 6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) December 16, 1849

8. AGE	Years	Months	Days	If less than 1 day
	<u>98</u>	<u>5</u>	<u>2</u>	hrs. min.

9. Exact Occupation Retired Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Porter's Valley, Texas (City or town) (State or foreign country)  
12. Name John Taylor  
13. Birthplace Missouri (City or town) (State or foreign country)  
14. Maiden name Elaine Bennett  
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Sylvia Bromley  
and Address Idaho Falls, Idaho  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/48 (Month) (Day) (Year)  
(c) Place Porter's Valley, Idaho Falls, Idaho  
18. Funeral Director's OWN Signature Jack A. Wood  
and Address Idaho Falls, Idaho  
19. (a) 7-9-1948 (Date received and filed) (b) Anna Budges (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 18 1948  
at 7-15 o'clock PM M.  
21. I HEREBY CERTIFY, That I attended deceased from        19       to        19

I last saw h.        alive on        19      ;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Broncho pneumonia Duration 5 days

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19       City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

## 23. Attendant's OWN Signature

Dr. Paul M.D. (M.D. or other)

and Address 8 June 48 Date        19      

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2087**  
Local Reg. No. **127**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 243 1st. St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 60 years ? months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 243 1st. St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) Hyrum, Utah

## 3. (a) FULL NAME

ZINA CHRISTIANSEN MADISON

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

## 5. Color or

4. Sex Female race White

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Louis Madison

6. (c) Age of husband or wife if alive dec. years

## 7. Date of Birth

(Month, Day, Year) January 2, 1870

## 8. AGE

Years

78

Months

4

Days

23

If less than 1 day

hrs. min.

## 9. Exact

Occupation Housewife

## Did this

work for 60 yrs.

## 10. Industry or

Business At home

## Date last

worked April 47

## 11. Birthplace

Hyrum, Utah

(City or town)

(State or foreign country)

Father

12. Name Hans Christiansen

Mother

13. Birthplace Denmark

(City or town)

(State or foreign country)

14. Maiden name Marie Polsen

15. Birthplace Denmark

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Wendell T. Madison

and Address Idaho Falls, Ida.

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof May 27, 1948

(Month) (Day) (Year)

(c) Place Rose Hill Cemetery

## 18. Funeral Director's

OWN Signature Orland T. Burr

and Address Idaho Falls, Idaho

## 19. (a) 6/14/48

(Date received and filed)

(b) Anna Bulger

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) May 25, 19 48

at 5:30 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

May 24 1948 to May 30 1948

I last saw her alive on May 24 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Cerebral Hemorrhage

## Duration

Due to Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Hypertension Date

Major finding

Finding of autopsy

## PHYSICIAN

Underline the

cause to which

death should

be charged

statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Stroke

## 23. Attendant's

OWN Signature A. P. Sullivan

and Address Idaho Falls, Idaho

Date 6/14/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 13 1948

# Certificate of Death

STATE OF IDAHO

148 State File No. **2088**  
Local Reg. No. **129**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Stayed 28 days  
(g) Lived in this county 27 years 2 months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls, Idaho  
(d) Street Address or R.F.D. No. F" Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) Pocatello, Ida.

3. (a) FULL NAME DEIDRICH HAVEMANN

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 62 years

7. Date of Birth (Month, Day, Year) December 5, 1882

AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>5</u>	<u>20</u>	hrs. min.

9. Exact Occupation Merchant Did this work for 26 yrs.

10. Industry or Business Grocery Date last worked April 30, 1948

11. Birthplace Oshkosh, Wisconsin (City or town) (State or foreign country)

12. Name William Havemann

13. Birthplace Berlin, Germany (City or town) (State or foreign country)

14. Maiden name Bertha Glawe

15. Birthplace Berlin, Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Lillian Havemann and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 5/28/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rose Hill Cemetery

18. Funeral Director's OWN Signature Orlando C. Burr

and Address \_\_\_\_\_

19. (a) 6/16/48 (b) Anna Budger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 25, 1948

at 5:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 4-26 1948 to 5-25 1948

I last saw h. in alive on 5-25 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Pneumonia, hypostatic bronchial

Due to Cerebral Thrombosis

Due to Septicemia

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted? Hospital

Name of operation Hemorrhage Date 5-3-48

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. Charles M.D.

and Address 401 1/2 Broadway Date 6-10-1948

(For additional space, use reverse side)

122A  
083B

Duration 24 hr

10 days

25 days

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2089  
Local Reg. No. 140  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial St.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. L. H. S. Hosp. Stayed days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 565 Gladstone  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

James S. Blair

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

19-08-2600

## 4. Sex M Color or race W

## 5. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive 39 years

## 7. Date of Birth (Month, Day, Year) August 7, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>10</u>	<u>20</u>	hrs. min.

## 9. Exact Occupation Retired auto salesman yrs.

## 10. Industry or Business West Weber Date last worked Utah

## 11. Birthplace (City or town) (State or foreign country) Utah

## 12. Name Preston A. Blair

## 13. Birthplace (City or town) (State or foreign country) Texas

## 14. Maiden name Margaret Skelton

## 15. Birthplace (City or town) (State or foreign country) Pennsylvania

## 16. Informant's OWN Signature Mary R. Blair

## 17. (a) Burial (b) Date thereof 5/29/48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Jack A. Wood

## 19. (a) 7-9-1948 (b) Anna Budger

## 20. DATE OF DEATH (Month, Day, Year) May 27 1948

## MEDICAL CERTIFICATE OF DEATH

## 21. I HEREBY CERTIFY, That I attended deceased from April 20 1948 to May 27 1948

## I last saw him alive on May 26 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Melanotic carcinoma of the lower

## Due to Thyroid carcinoma

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation Thyroid carcinoma

## Major finding Thyroid carcinoma

## Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? Suicide? Homicide? Occurred Idaho Falls City, county, state where violence occurred.

## Place of Violence: Home Farm Industry Public Place While at work?

## Means of injury

## 23. Attendant's OWN Signature E. E. Erickson M.D.

## and Address Idaho Falls Date 6-4 1948

## (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2090**  
Local Reg. No. **121**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 833-10  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in this)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 833-10  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Colorado

## 3. (a) FULL NAME

Nancy Charlotte Fredinburg

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex F Color or race W

## 6. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth (Month, Day, Year) November 9, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>6</u>	<u>23</u>	hrs. min.

## 9. Exact Occupation Housewife Did this work for ☐ yrs.

## 10. Industry or Business Hamburg, Iowa Date last worked ☐

## 11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

## 12. Name John Clark Channer (City or town) (State or foreign country)

## 13. Birthplace United States (City or town) (State or foreign country)

## 14. Maiden name Idaho Falls (City or town) (State or foreign country)

## 15. Birthplace United States (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs. Bay S. Keller and Address Idaho Falls, Idaho

## 17. (a) Burial (b) Date thereof 6/6/48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Jack G. Wood and Address Idaho Falls, Idaho

## 19. (a) 6/7/48 (Date received and filed) (b) Anna Bridger (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 2 19 48  
at 7-45 o'clock P. M. examined body

21. I HEREBY CERTIFY, That I attended deceased from of deceased after death on June 2, 48  
I last saw him alive on about 8:15 P.M.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral hemorrhage 7

Due to Hypertension, senility 3

Due to ☐

Other conditions ☐ (Include pregnancy within 3 months of death)

Where was disease contracted? His home

Name of operation none Date ☐

Major finding not made

Finding of autopsy not made

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury H. L. Willson, M.D.

23. Attendant's OWN Signature Idaho Falls (City, county, state)

and Address Idaho Falls Date 6-5-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2091  
Local Reg. No. 119  
Reg. Dist. No. 610

JUL 13 1948

## 1. PLACE OF DEATH

- (a) County Bonnerille  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 255 N. Water  
(d) Death Occurred ☒ Inside? ☐ Outside? city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonnerille  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 255 N. Water  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

Rebecca Jane Hayes

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife C.C. Hayes

6. (c) Age of husband or wife if alive 71 years

7. Date of Birth (Month, Day, Year) October 2, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>8</u>	<u>1</u>	hrs. min.

9. Exact Occupation Music Teacher Did this work for ☐ yrs.

10. Industry or Business Idaho Falls, Idaho Date last worked ☐

11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

12. Name D. D. Wright (City or town) (State or foreign country)

13. Birthplace Exeter, Illinois (City or town) (State or foreign country)

14. Maiden name Cassandra Whitaker

15. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature C.C. Hayes

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 6/7/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature John A. N. and

and Address Idaho Falls, Idaho

19. (a) 6-7-48 (b) Anna Bridges (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 3, 1948  
at 9:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 21 Jan 48 to 3 June 48  
I last saw her alive on 3 June 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Ovary Duration 049A

Due to 055E

Due to 049A

Other conditions 055E  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation Laparotomy Date 29 Jan 48

Major finding Carcinoma of ovary

Finding of autopsy metastases

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature H. R. Albrecht MD  
and Address Idaho Falls, Idaho Date 14 June 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 13 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2092  
Local Reg. No. 141  
Reg. Dist. No. 611

1. PLACE OF DEATH:  
(a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 453 Fairfield  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Gary Adrian Haws  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 172X  
4. Sex m 5. Color or race w 6. (a) ☒ Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth April 21, 1940  
8. AGE Years 8 Months 1 Days 14 If less than 1 day hrs. min.  
9. Exact Occupation Student Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)  
12. Name Adrian Haws  
13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)  
14. Maiden name Bunda Fairchild  
15. Birthplace Burley, Idaho (City or town) (State or foreign country)  
16. Informant's OWN Signature Wanda Haws  
and Address Idaho Falls, Idaho  
17. (a) Parent (b) Date thereof 6/8/48 (Month) (Day) (Year)  
(c) Place Idaho Falls, Idaho  
18. Funeral Director's OWN Signature Jack A. Wood  
and Address Idaho Falls, Idaho  
19. (a) 7-9-48 (Date received and filed) (b) Anna Bulger (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH June 5 19 48  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.  
21. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to June 5, 1948  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Drowning Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? yes Suicide? NO Homicide? NO  
Occurred 5 June 48 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred Idaho Falls, Idaho  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place yes While at work? NO  
Means of injury Fell off roof of house  
23. Attendant's OWN Signature Richard J. Hall  
(M.D. or other) \_\_\_\_\_  
and Address Idaho Falls, Idaho Date 5 June 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2093**  
Local Reg. No. **132**  
Reg. Dist. No. **610**

1. PLACE OF DEATH: **Bonneville**  
(a) County **Idaho Falls**  
(b) City or town **Memorial Dr.**  
(c) Street Address or R.F.D. No. **Memorial Dr.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place **L.D.S.**  
(f) Name Hosp. or Inst. **L.D.S.** Stayed **12** days  
(g) Lived in this county **12** years **12** months **12** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Jefferson**  
(c) City or town **Garfield**  
(d) Street Address or R.F.D. No. **1 Rigby**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **54** years  
(h) Former residence (city, state) **Salt Lake City, Utah.**

3. (a) FULL NAME **IDA VIOLET GROOM.**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**  
5. Color or **F.M.** race **White** 6. (a) Single, widowed, married, divorced **married**  
4. Sex **F.M.** 6. (b) Name of husband or wife **Henry Wm.** 6. (c) Age of husband or wife if alive **76** years  
7. Date of Birth (Month, Day, Year) **April 2, 1879**

- | 8. AGE | Years     | Months   | Days     | If less than 1 day |
|--------|-----------|----------|----------|--------------------|
|        | <b>69</b> | <b>2</b> | <b>3</b> | hrs. min.          |

9. Exact Occupation **Housewife** Did this work for **life** yrs.  
10. Industry or Business **Home** Date last worked **5/24/48**  
11. Birthplace **Salt Lake City, Utah.** (City or town) (State or foreign country)

12. Name **William Strong.** (City or town) (State or foreign country)  
13. Birthplace **Penn.** (City or town) (State or foreign country)

14. Maiden name **Harriet Neefley.** (City or town) (State or foreign country)  
15. Birthplace **Nauvoo, Illinois.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Kenneth Groom**  
and Address **Rigby, Idaho. R. #1**

17. (a) **burial** (b) Date thereof **6/9/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Ucon, Idaho.**

18. Funeral Director's OWN Signature **Aspeckusell**  
and Address **Rigby, Idaho.**

19. (a) **6/20/48** (b) **Anna Bridger**  
(Date received and filed) (Registrar's signature)

20. DATE OF DEATH **June 5 1948**  
(Month, Day, Year) at **9:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **19 Sept 1946** to **5 June 1948**  
I last saw h. alive on **5 June 1948**  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Cerebral Thrombosis.** Duration **2 years**

- Due to **Cerebral Thrombosis.**  
Due to **Cerebral Thrombosis.**  
Other conditions **Cerebral Thrombosis.**  
(Include pregnancy within 6 months of death)  
Where was disease contracted? **at LDS Hosp.**  
Name of operation **None** Date **None**  
Major finding **None**  
Finding of autopsy **None**  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state  
where violence occurred **Idaho Falls, Idaho**  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury **None**  
23. Attendant's OWN Signature **H.R. Aspeckusell M.D.**  
(M. D. or other)  
and Address **Idaho Falls, Idaho** Date **15 June 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUL 13 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **2094**  
Local Reg. No. **124**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Bonanza  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph's Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Rt 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

John Davis

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or white  
4. Sex Male race white

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 7, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>4</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

12. Name John Clarence Davis

13. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

14. Maiden name Madys

15. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Madys Davis

- and Address Shelley, Idaho

17. (a) Burial (b) Date thereof 6-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Will cut at Shelley, Idaho

18. Funeral Director's OWN Signature Shelley, Idaho

- and Address \_\_\_\_\_

19. (a) 6/15/48 (b) Luna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 6-7- 1948  
at 8:05 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Prematurity

Due to toxemia in Mother

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Harvey A. Hatch MD.

and Address Idaho Falls (M. D. or other) Date June 15, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2095  
Local Reg. No. 123  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Conneville  
(b) City or town Lehigh Falls  
(c) Street Address or R.F.D. No. 307 1st  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town S. 9  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mrs Emma Marie Wilson Holm 50x

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alma Holm

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 1 - 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>0</u>	<u>1</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Hyrum, Utah (City or town) (State or foreign country)

12. Name August P. Nelson (City or town) (State or foreign country)

13. Birthplace Oslo, Norway (City or town) (State or foreign country)

14. Maiden name Mary Gulbrandsen (City or town) (State or foreign country)

15. Birthplace Oslo, Norway (City or town) (State or foreign country)

16. Informant's Russell E. Holm

- X OWN Signature \_\_\_\_\_ and Address Remove

17. (a) (Burial, cremation or removal) Remove (b) Date thereof 6/11/48 (Month) (Day) (Year)

- (c) Place Lehigh Falls, N.J.

18. Funeral Director's Geo. A. Williams

- OWN Signature Lehigh Falls, Pa. and Address Lehigh Falls, Pa.

19. (a) 6/11/48 (Date received and filed) (b) Anna Bridger (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 8 - 1948

- at \_\_\_\_\_ o'clock 9 A.M.

21. I HEREBY CERTIFY, That I attended deceased from May 3 1948 to June 1 1948

- I last saw him alive on June 1st 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Diffuse carcinomatous Duration ?

- Due to Cancer of left breast ?

- Due to \_\_\_\_\_

- Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_

- Name of operation None Date \_\_\_\_\_

- Major finding \_\_\_\_\_

- Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_

23. Attendant's H. P. Hatch MD

- OWN Signature Lehigh Falls, Pa. and Address Lehigh Falls, Pa. Date June 9 1948

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 19 1948

# Certificate of Death

STATE OF IDAHO

148  
State File No. 2096  
Local Reg. No. 126  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Blaineville  
(b) City or town Edwards Falls  
(c) Street Address or R.F.D. No. 950 Canyon Ave  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State ☐ (b) County ☐  
(c) City or town ☐  
(d) Street Address or R.F.D. No. ☐  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? ☐  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

Mrs Viola Cole Moore

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex ♀ Color or race W

5. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Ernest Moore

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) December 19 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>5</u>	<u>22</u>	hrs. min.

9. Exact Occupation Housewife Did this work for ☐ yrs.

10. Industry or Business Housewife Date last worked ☐

11. Birthplace Taylorville Utah (City or town) (State or foreign country)

12. Name Charles Cole (City or town) (State or foreign country)

13. Birthplace Indiana (City or town) (State or foreign country)

14. Maiden name Mary Jane Black

15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Chas. E. Moore and Address Edwards Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/48 (Month) (Day) (Year)

(c) Place Edwards Cemetery

18. Funeral Director's OWN Signature W. A. Williams and Address Edwards Falls, Idaho

19. (a) 6/15/48 (Date received and filed) (b) Anna Butler (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 10 1948  
at 8 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from ☐ 19 ☐ to ☐ 19 ☐

I last saw h. ☐ alive on ☐ 19 ☐; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration ☐

Due to ☐

Due to ☐

Other conditions ☐ (Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature W. A. Williams (M. D. or other)

and Address Edwards Falls, Idaho Date 6/13 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 2097  
Local Reg. No. 130  
Reg. Dist. No. 610

JUL 13 1948

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sacred Heart Stayed 24 days  
(g) Lived in this county 25 years ? months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 467 12th Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Fort Worth, Texas

## 3. (a) FULL NAME

KITTIE ELLEN ACKER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William H. Acker

6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) June 19, 1965

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>11</u>	<u>22</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 29 yrs.

10. Industry or Business At home Date last worked 5/24/48

11. Birthplace Hillsdale Michigan  
(City or town) (State or foreign country)

12. Name Eugene H. White

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Louise May Hart

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. L. A. Hart

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof June 13, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rose Hill Cemetery, Idaho Falls, Ida.

18. Funeral Director's OWN Signature Orlando Buck

and Address Idaho Falls, Idaho

19. (a) 6/16/48 (b) Anna A. Budgee  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) June 11 19 48  
at 3:35 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 19 19 48 to June 11 19 48

I last saw him alive on June 11 19 48; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary Infarction Duration 3 hrs.

Due to Cardiac ischemia

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature G. C. Erickson M.D.

and Address Idaho Falls Date 6-15 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 7 1948 **Certificate of Death**

STATE OF IDAHO

1948  
State File No. 2098  
Local Reg. No. 131  
Reg. Dist. No. 610

1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. -  
(d) Death Occurred Inside? X Outside? - city or town  
(e) Died in a Home - Hospital X Institution - Other place -  
(f) Name Hosp. or Inst. L.D.S. Stayed 2 days  
(g) Lived in this county xxx years xxx months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Alameda  
(d) Street Address or R.F.D. No. 742 Randolph  
(e) Deceased lived Inside? X Outside? - city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) --

3. (a) FULL NAME

Elmer Wayne Quigley

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Bernice Wellard

6. (c) Age of husband or wife if  
alive 25 years

7. Date of Birth  
(Month, Day, Year) June 19, 1917

8. AGE	Years	Months	Days	If less than 1 day
	<u>30</u>	<u>11</u>	<u>23</u>	hrs. min.

9. Exact Occupation Construction Engr. Did this work for 8 yrs.

10. Industry Business Barnhart & Wheeler Date last worked 6-11-48

11. Birthplace Swan Lake Idaho  
(City or town) (State or foreign country)

12. Name Robert Quigley

13. Birthplace -  
(City or town) (State or foreign country)

14. Maiden name Annie Walker

15. Birthplace -  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Annie Quigley R  
and Address Alameda, Idaho

17. (a) Removal - (b) Date thereof 6-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello, Idaho

18. Funeral Director's OWN Signature Arthur M. Hall  
and Address Pocatello, Idaho

19. (a) 6/19/48 (b) Annie R. Budy  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 12th., 1948  
(Month, Day, Year) at - o'clock - M.

21. I HEREBY CERTIFY, That I attended deceased from June 11, 1948 to June 12, 1948

I last saw h. - alive on - 19 -;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Trauma to Spinal Cord Duration 24 hours

Due to fracture of 5th cervical vertebra from injury 24 hours

Due to -  
Other conditions -  
(Include pregnancy within 3 months of death)

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autopsy -

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? - Homicide? -

Occurred 11 June 1948 City, county, state Orgon, Bonneville County

where violence occurred Orgon, Bonneville County

Place of Violence: Home - Farm - Industry -

Public Place - While at work? yes

Means of injury Fell on a truck on his head

23. Attendant's OWN Signature John E. Worlton, M.D.  
(M. D. or other)

and Address Idaho Falls, Idaho Date 14 June 1948  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 13 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 143  
Reg. Dist. No. 611

2099

## 1. PLACE OF DEATH:

- (a) County Bonnerville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oklahoma (b) County not known  
(c) City or town Oklahoma  
(d) Street Address or R.F.D. No. not known  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Curtis Hays

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth December 16, 1913  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>34</u>	<u>5</u>	<u>27</u>	hrs. min.

9. Exact Occupation not known Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace San Valley, Mississippi  
(City or town) (State or foreign country)

12. Name Howard Hays

13. Birthplace Mississippi  
(City or town) (State or foreign country)

14. Maiden name Ann Smith

15. Birthplace Mississippi  
(City or town) (State or foreign country)

16. Informant's OWN Signature Dr. J. H. Miller  
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/48  
(Month) (Day) (Year)

(c) Place you tell Idaho Falls, Idaho

18. Funeral Director's OWN Signature Jack A. Ford  
and Address Idaho Falls, Idaho

19. (a) 7-9-48 (Date received and filed) (b) Anna Budger (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 13 19 48  
(Month, Day, Year)  
at 7:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Throat Fracture Duration \_\_\_\_\_

Due to Car-Pedestrian accident

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred June 13 19 48 City, county, state Idaho Falls, Idaho

where violence occurred Highway 191

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Highway While at work? \_\_\_\_\_

Means of injury Shoe

23. Attendant's OWN Signature Leo A. Williams (M. D. or other) (browns)

and Address Idaho Falls Date 6/3 19 48

(For additional space, use reverse side)

ord

Informed, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948

State File No. 2100  
Local Reg. No. 128  
Reg. Dist. No. 610

JUL 13 1948

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Elsholt Falls  
(c) Street Address or R.F.D. No. 120-2nd  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 34 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State    (b) County     
(c) City or town     
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside?    Outside?    city or town  
(f) Citizen of what country?     
(g) How long had deceased lived in Idaho?    years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Mr Daniel G. Hammon

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M Color or race W

5. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Ann Waters

6. (c) Age of husband or wife if alive 67 years

7. Date of Birth (Month, Day, Year) March 10, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>3</u>	<u>21</u>	hrs. min.

9. Exact Occupation Retired Did this work for    yrs.

10. Industry or Business    Date last worked   

11. Birthplace Hooper, Utah (City or town) (State or foreign country)

12. Name Heber Chase Hammon

13. Birthplace Utah (City or town) (State or foreign country)

14. Maiden name Mertie Christensen

15. Birthplace Edgewood Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Blair Hammon and Address Elsholt Falls Idaho

17. (a) Burial (b) Date thereof 6/18/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Elsholt Falls Idaho

18. Funeral Director's OWN Signature Les A. Williams and Address Elsholt Falls Idaho

19. (a) 6/18/48 (b) Anna Bridges (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 14 1948  
at 11 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 5 1948 to June 14 1948

I last saw him alive on June 13 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 1 day

Due to Chronic Hypertension 2 years

Due to   

Other conditions    (Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Blair Hammon (M. D. or other) and Address Elsholt Falls Idaho Date June 15 1948 (For additional space, use reverse side)

093D  
094A

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **2101**  
Local Reg. No. **144**  
Reg. Dist. No. **61D**

JUL 13 1948

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 660-12th  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 62 years 8 months 4 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 660-12th  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 62 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Era Lucinda Wadsworth Taylor Rogers 46B

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex 1 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband James H. Rogers 6. (c) Age of husband or wife if alive 81 years

7. Date of Birth (Month, Day, Year) October 6, 1873

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <u>74</u> | <u>8</u> | <u>17</u> | hrs. min.          |

9. Exact Occupation Housewife Did this work for ☐ yrs.

10. Industry or Business Housewife Date last worked ☐

11. Birthplace Hooper, Utah (City, or town) (State or foreign country)

12. Name Abiah Wadsworth (City, or town) (State or foreign country)

13. Birthplace Iowa (City, or town) (State or foreign country)

14. Maiden name Sarah Cornelia Robinson (City, or town) (State or foreign country)

15. Birthplace Hooper, Utah (City, or town) (State or foreign country)

16. Informant's OWN Signature Fern Martin and Address 660-12th St.

17. (a) Burial (b) Date thereof 6/26/48 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place Taylor, Idaho

18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho

19. (a) 7-9-48 (b) Anna Bridges (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 23, 1948  
at 6:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 1948 to June 23, 1948  
I last saw her alive on June 23, 1948  
death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Exsanguination Duration 2 days

- Due to Cancer of stomach 6 mo.

- Due to Cancer of stomach

- Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted?

- Name of operation ☐ Date ☐

- Major finding ☐

- Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? ☐ Suicide? ☐ Homicide? ☐

- Occurred ☐ 19 ☐ City, county, state where violence occurred ☐

- Place of Violence: Home ☐ Farm ☐ Industry ☐

- Public Place ☐ While at work? ☐

- Means of injury ☐

23. Attendant's OWN Signature NB Bridges

- and Address Idaho Falls, Idaho 6/29/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 2102  
Local Reg. No. 145  
Reg. Dist. No. 610

JUL 13 1948

## 1. PLACE OF DEATH

- (a) County Boyererville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Blvd & Cedar  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Sacred Heart days 5  
(g) Lived in this county 7 years 7 months 7 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonn  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 225 E. 14th  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) Hardin, Mont.

## 3. (a) FULL NAME

Conrad Roh Jr.

## 3. (b) If veteran, name war

3. (c) Social Security No. 518-24-945

4. Sex M 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Amelia Roh

6. (c) Age of husband or wife if alive 40 years

7. Date of Birth (Month, Day, Year) July 17, 1903

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>11</u>	<u>8</u>	hrs. min.

9. Exact Occupation Farmer & Butcher Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Shilling, Russia (City or town) (State or foreign country)

12. Name Conrad Roh, Sr.

13. Birthplace Russia (City or town) (State or foreign country)

14. Maiden name Catherine Humm

15. Birthplace Russia (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Amelia Roh  
and Address 225 E. 14th St

17. (a) Burial (b) Date thereof 6/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rose Hill, Idaho Falls

18. Funeral Director's OWN Signature Joseph A. Wood  
and Address Idaho Falls, Idaho

19. (a) 7-9-48 (b) George Bulger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 25 1948  
at 3:45 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from        19       to        19      

I last saw h.        alive on        19      ;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion

Duration Unknown

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19       City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature John E. Worlton M.D.  
(M. D. or other)

and Address Idaho Falls, Idaho Date 29 June 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2103**  
Local Reg. No. **138**  
Reg. Dist. No. **6/D**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 467 West 16th  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. L.D.S. Stayed 1 days  
(g) Lived in this county 5 years 2 months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 467 West 16th  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Dubois, Idaho

## 3. (a) FULL NAME

LUCY ELIZABETH LORDS

3. (b) If veteran, name war  
No

3. (c) Social Security No.  
?

5. Color or

4. Sex Female race White

6. (a) Single, widowed, married,  
divorced Wid.

6. (b) Name of husband or wife  
David N.

6. (c) Age of husband or wife if  
alive dec. years

7. Date of Birth  
(Month, Day, Year) March 3, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>3</u>	<u>22</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 45 yrs.

10. Industry or Business at home Date last worked 1947

11. Birthplace Bonn County, Illinois  
(City or town) (State or foreign country)

12. Name Unknown Ray

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Anna Unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature George Hunt  
and Address 467 West 16th

17. (a) Burial (b) Date thereof June 29, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rose Hill Cemetery

18. Funeral Director's OWN Signature Orlando E. Buck  
and Address Idaho Falls, Idaho

19. (a) 7/7/48 (b) Anna Bridger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) June 25, 1948  
at 12:55 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from  
22 June 1948, to 25 June 1948.  
I last saw h. er alive on 25 June 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure Duration

Coronary occlusion  
Due to Bronchopneumonia

Due to terminal  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? None

Name of operation — Date —  
Major finding —  
Finding of autopsy —  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? NO Suicide? — Homicide? —  
Occurred — 19 — City, county, state  
where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature Richard Paul  
(M. D. or other)

and Address — Date — 19 —  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 13 1948

NON RESIDENT  
Certificate of Death  
STATE OF IDAHO

State File No. 2104  
Local Reg. No. 77/34  
Reg. Dist. No. 610

1. PLACE OF DEATH:

- (a) County CONNEVILLE  
(b) City or town IDAHO FALLS  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wyoming (b) County Lincoln  
(c) City or town THAYNE  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? NONE years  
(h) Former residence (city, state) THAYNE Wyoming

3. (a) FULL NAME

MR DON CARLOS WRIGHT

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife ELIZA DANA

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) JANUARY - 2 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>5</u>	<u>27</u>	hrs. min.

9. Exact Occupation RANCHER Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace PAK CITY - UTAH (City or town) (State or foreign country)

12. Name JOEL SIDNEY WRIGHT

13. Birthplace PARKS CO - NEW YORK (City or town) (State or foreign country)

14. Maiden name LOVISA MALINDA SNYDER

15. Birthplace BANAIL BLUFFS IOWA (City or town) (State or foreign country)

16. Informant's OWN Signature Melvin Jacobsen and Address Tea Meadows, Idaho

17. (a) Removal After, Wyoming (b) Date thereof 6/30/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place \_\_\_\_\_

18. Funeral Director's OWN Signature Geo A. Williams and Address IDAHO FALLS, Idaho

19. (a) 7-15-48 (b) Anna Budger (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JUNE 29 - 1948

at \_\_\_\_\_ o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from June 20 1948 to June 29 1948

I last saw him alive on June 29 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to uremia of undetermined origin

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Diverterculitis of Sigmoid

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. Van Hark MC and Address Idaho Falls Date 6-30-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2105  
Local Reg. No. 133  
Reg. Dist. No. 61D

71 JUL 13 1948

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town IDAHO FALLS  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Stayed few hours  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bear Lake  
(c) City or town Liberty Idaho  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Artell Morgan

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or W.  
4. Sex M race \_\_\_\_\_

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) September 13, 24

8. AGE	Years	Months	Days	If less than 1 day
	<u>23</u>	<u>9</u>	<u>16</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Liberty Idaho  
(City or town) (State or foreign country)

12. Name Hugh Morgan

13. Birthplace Liberty Idaho  
(City or town) (State or foreign country)

14. Maiden name Edna Reetch

15. Birthplace St. Charles Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hugh Morgan  
and Address Orlando R.F.D. #1 835A

17. (a) Buried (b) Date thereof Aug 48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Orlando Idaho R-1

18. Funeral Director's OWN Signature Rev A. Williams  
and Address IDAHO FALLS, IDAHO

19. (a) 7-1-48 (b) Anna Bridger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JUNE 29 1948  
at about 6:01 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 5-3 1948 to 6-29 1948.  
I last saw him alive on 6-29 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac Decompensation Duration 15 yrs

Due to Valvular Heart Disease 15 yrs

Due to Rheumatic fever 16 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Nilton T. Rees M.D.  
(M. D. or other)

and Address Idaho Falls Date June 30, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2106  
Local Reg. No. 136  
Reg. Dist. No. 610

JUL 13 1948

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls,  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. LDS Hospital Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. South Broadway  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_ None

## 3. (a) FULL NAME Connie Jones

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 1, 1948

8. AGE	Years	Months	Days	If less than 1 day
		<u>3</u>	<u>29</u>	hrs. min.

9. Exact Occupation Infant Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Blackfoot, Idaho.  
(City or town) (State or foreign country)

12. Name Claude D. Jones

13. Birthplace Malad, Idaho  
(City or town) (State or foreign country)

14. Maiden name Lucille Lamont

15. Birthplace St. Anthony, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Claude D. Jones  
and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 7-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Blackfoot, Idaho.

18. Funeral Director's OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho.

19. (a) 7-2-48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 30 1948  
at 8:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 28 1948, to June 30 1948.

I last saw h. er alive on \_\_\_\_\_ 19\_\_\_\_.

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute gastroenteritis Duration 5 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. Smirrell Packer m.d.  
(M. D. or other)

and Address Blackfoot, Idaho July 1, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 13 1948

# Certificate of Death

STATE OF IDAHO

D Richard Paul  
1948 State File No. 2107  
Local Reg. No. 122  
Reg. Dist. No. 611

## 1. PLACE OF DEATH:

- (a) County Bonnerville  
(b) City or town Ucon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 5 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Rigley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Alma Heroy Campbell

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

516-07-7658

## 4. Sex Male Color or white

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife

Grace

## 6. (c) Age of husband or wife if alive 44 years

## 7. Date of Birth

(Month, Day, Year)

July 9 - 1892

## 8. AGE

Years

Months

Days

If less than 1 day

55

10

12

hrs.

min.

## 9. Exact Occupation

Laborer

Did this

work for

life yrs.

## 10. Industry or Business

Date last

worked

## 11. Birthplace

Heaverville Idaho

(City or town)

(State or foreign country)

## 12. Name

Thomas Jefferson Campbell

## 13. Birthplace

Utah

(City or town)

(State or foreign country)

## 14. Maiden name

Elizabeth Jane Sayer

## 15. Birthplace

Utah

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Grace Campbell

and Address

Ucon, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

May 27 - 48

(Month) (Day) (Year)

## (c) Place

Idaho Falls, Idaho

## 18. Funeral Director's

OWN Signature

L M Valdez

and Address

Shelley Idaho

## 19. (a) 6/10/1948

(Date received and filed)

## (b) Alma Bridges

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

May 23

1948

at 9:15 o'clock a M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19\_\_\_\_, to 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_.

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Stroke (Cerebral thrombosis)

Due to

Due to

Other conditions

(include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature

Richard Paul and

(M. D. or other)

and Address

Date

19\_\_\_\_

(For additional space, use reverse side)

598



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 13 1948 **Certificate of Death**  
STATE OF IDAHO

1948 State File No. 2109  
Local Reg. No. 142  
Reg. Dist. No. 618

1. PLACE OF DEATH
- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. #1  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Rt #1  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME Henry Joseph Lords

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or W  
4. Sex M race W  
6. (a) Single, widowed married  
divorced \_\_\_\_\_

6. (b) Name of husband or wife Theresa Lords 6. (c) Age of husband or wife if  
alive 61 years

7. Date of Birth October 24, 1882  
(Month, Day, Year)

8. AGE Years Months Days If less than 1 day  
65 7 13 hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Utah Date last worked \_\_\_\_\_

11. Birthplace Richfield, Utah  
(City or town) (State or foreign country)

12. Name William Thomas Lords  
(City or town) (State or foreign country)

13. Birthplace Utah  
(City or town) (State or foreign country)

14. Maiden name Charlotte Jane Lord  
(City or town) (State or foreign country)

15. Birthplace Pleasant Grove, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ray Lord  
and Address Idaho Falls, Idaho

17. (a) Funeral (b) Date thereof 6/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Jack A. Wood  
and Address Idaho Falls, Idaho

19. (a) 7-9-48 (b) Amia Budye  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 7 19 48  
(Month, Day, Year)  
at 1-30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 6-7  
19 48, to 6-7 19 48

I last saw h. alive on 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 14

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Paul V. Smith, M.D.

(M. D. or other)

and Address Idaho Falls, Idaho Date 6-12 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 16 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2110  
Local Reg. No. 17-48  
Reg. Dist. No. 100

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Moyie Springs  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 3 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bound.  
(c) City or town Moyie Springs  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 7 year  
(h) Former residence (city, state) Winter Park  
Cal.

## 3. (a) FULL NAME

Joseph Walter Morris

094A

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. 522-12-9423

## 4. Sex M Color or race W.

## 6. (a) Single, widowed, married, divorced MARRIED

## 6. (b) Name of husband or wife Thelma K.

## 6. (c) Age of husband or wife if alive 49 years

## 7. Date of Birth (Month, Day, Year)

2/23/1888

## 8. AGE

Years 60

Months 3

Days 8

If less than 1 day  
hrs min.

## 9. Exact Occupation Sawmill Worker Did this work for 40 yrs.

## 10. Industry or Business King Lbr. Co Date last worked 6/1/48

## 11. Birthplace Morrison Cal. (City or town) (State or foreign country)

## 12. Name Joseph Morris (City or town) (State or foreign country)

## 13. Birthplace UNKNOWN (City or town) (State or foreign country)

## 14. Maiden name Catherine-UNKNOWN (City or town) (State or foreign country)

## 15. Birthplace UNKNOWN (City or town) (State or foreign country)

## 16. Informant's OWN Signature Thelma K Morris

## and Address Moyie Springs, Idaho

## 17. (a) Removal (b) Date thereof 6-3-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Denver Col.

## 18. Funeral Director's OWN Signature Frank Moore

## and Address Bonners Ferry Ida.

## 19. (a) 6-11-48 (b) Kim Barker (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 6/1 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Sudden Death

Duration

Due to Coronary Occlusion

Due to Coronary Sclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's OWN Signature R. M. Bonner M.D.

and Address Bonners Ferry Ida. (M. D. or other) Date 6-11 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 12 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. **2111**  
Local Reg. No. **19-45**  
Reg. Dist. No. **100**

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonnors Ferry  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? XX Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Bound. Co. Stayed 8 days  
(g) Lived in this county 20 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Bonnors Ferry  
(d) Street Address or R.F.D. No. Route 1  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Sharon, Wash.

## 3. (a) FULL NAME

Mrs. Sarah Melissa Copeland

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. No

5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Fem. race White

6. (b) Name of husband or wife Frank E. 6. (c) Age of husband or wife if alive 73 years

7. Date of Birth (Month, Day, Year) 2/18/1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>4</u>	<u>5</u>	hrs min.

9. Exact Occupation Housewife Did this work for 54 yrs.

10. Industry or Business at home Date last worked 1946

11. Birthplace California (City or town) (State or foreign country)

12. Name Unknown Powers

13. Birthplace unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Sarah Copeland and Address Route 1, Bonnors Ferry

17. (a) Burial (b) Date thereof 6/26/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Bonnors Ferry, Idaho

18. Funeral Director's OWN Signature Paul Moore and Address Bonnors Ferry, Idaho

19. (a) 6-25-48 (b) Paul Moore (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 23rd 1948  
at 9:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 15 1948, to June 23 1948.  
I last saw her alive on June 22 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

cardiac failure

## Duration

terminal

Due to Senile arteriosclerosis

Due to Senility

Other conditions fractured hip (Include pregnancy within 3 months of death)

no union

## Where was disease contracted?

Name of operation ..... Date .....

## Major finding

Finding of autopsy .....

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place ..... While at work?  
Means of injury .....

23. Attendant's OWN Signature F. W. D. Moore, M.D. (M. D. or other)  
and Address Bonnors Ferry Date 6/15 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 12 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2112  
Local Reg. No. 20-48  
Reg. Dist. No. 100

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonn timers Ferry  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 22 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Bonn timers Ferry  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? XX Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) Spokane, Wash.

3. (a) FULL NAME James Joel Whitcomb

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or No 6. (a) Single, widowed, married,  
4. Sex Male race White divorced Married  
6. (b) Name of husband or wife Amelia A. 6. (c) Age of husband or wife if alive 74 years  
7. Date of Birth (Month, Day, Year) 9/5/1866

8. AGE	Years	Months	Days	If less than 1 day
	81	9	22	hrs min.

9. Exact Occupation Ret. Farmer Did this work for 40 yrs.  
10. Industry or Business his own Date last worked 1942  
11. Birthplace Manitowoc, Wis.  
(City or town) (State or foreign country)

12. Name Joel Whitcomb  
13. Birthplace Wis.  
(City or town) (State or foreign country)  
14. Maiden name Mariam Ferrdon  
15. Birthplace N.Y.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Daniel E. Whitcomb  
and Address Bonn timers Ferry, Idaho

17. (a) Burial (b) Date thereof 7/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bonn timers Ferry, Idaho

18. Funeral Director's OWN Signature Chas. Moore  
and Address Bonn timers Ferry, Idaho

19. (a) 6/28/48 (b) Rub Borkel  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A 097X

20. DATE OF DEATH (Month, Day, Year) June 27th. 1948  
at 1:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 6/27 1948, to 6/27 1948.  
I last saw him alive on 6/27 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 21 hrs.

Due to Senile arteriosclerosis

Due to Senility

Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. D. D...

and Address Bonn timers Ferry Date 6/28-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUL 12 1948

STATE OF IDAHO

State File No. 2113  
Local Reg. No. 22-48  
Reg. Dist. No. 100

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Donners Ferry  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Bo. Co. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months ☒ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Donners Ferry  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Infant Girl Liebing

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. ✓

5. Color or White (a) Single, widowed, married,  
4. Sex Female race White divorced Inf.

6. (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth June 29, 1948  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
				6 hrs 25 min.

9. Exact Occupation ✓ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business ✓ Date last worked ✓

11. Birthplace Donners Ferry Idaho  
(City or town) (State or foreign country)

12. Name Henry A Liebing

13. Birthplace Latah Wash.  
(City or town) (State or foreign country)

14. Maiden name Erma Galt

15. Birthplace Spokane Wash.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Henry A Liebing  
and Address Donners Ferry, Idaho

17. (a) Burial (b) Date thereof 6/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Donners Ferry, Idaho

18. Funeral Director's OWN Signature Paul Moore  
and Address Donners Ferry, Idaho

19. (a) 7/5/48 (b) Paul Moore  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 29, 1948  
(Month, Day, Year) at 6:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 6/29 1948, to 6/29 1948.

I last saw her alive on 6/29 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Respiratory failure

Due to Prematurity

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Paul Moore  
(M. D. or other)

and Address Donners Ferry Date 7/5 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

948  
State File No. 2114  
Local Reg. No. 130  
Reg. Dist. No. 362

JUN 15 1948

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. Mercy Stayed 2 days  
(g) Lived in this county 27 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 1815 3rd St. So.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Mr. W.C. Johnson

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or white 6. (a) Single, widowed, married, divorced married  
4. Sex male race white 6. (c) Age of husband or wife if alive 76 years  
6. (b) Name of husband or wife Margaret  
7. Date of Birth (Month, Day, Year) April 10, 1885

8. AGE	Years	Months	Days	If less than 1 day
	63	1	24	hrs. min.

9. Exact Occupation Greengryman Did this work for ..... yrs.  
10. Industry or Business Retired Date last worked .....  
11. Birthplace Gravit, Arkansas (City or town) (State or foreign country)

- Father { 12. Name Unobtainable  
13. Birthplace Unobtainable (City or town) (State or foreign country)  
Mother { 14. Maiden name Unobtainable  
15. Birthplace Unobtainable (City or town) (State or foreign country)

16. Informant's OWN Signature C.C. Shankhatz  
and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 6/7/48 (Month) (Day) (Year)  
(c) Place Kohlerlawn Cemetery

18. Funeral Director Robinson-Rising Chapel  
OWN Signature John E. Rising, Jr.  
and Address Nampa, Idaho

19. (a) June 10, 1948 (Date received and filed) (b) Lyla Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 4, 1948  
at 5:35 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from June 4, 1948 to June 4, 1948  
I last saw him alive on 6-4-1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart Attack Duration 10 days  
Due to Myocardial Infarction  
Due to Chronic Hypertension  
Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation..... Date.....  
Major finding.....  
Finding of autopsy.....  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state  
where violence occurred.....  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....

Means of injury.....  
23. Attendant's OWN Signature W. C. Shankhatz (M. D. or other)  
and Address Nampa, Idaho Date 6-7-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

JUN 15 1948

STATE OF IDAHO

748

State File No. 2115

Local Reg. No. 127

Reg. Dist. No. 362

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samuelson Stayed 60 days  
(g) Lived in this county 8 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R.F.D. No. 1615-9th Ave. No.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

James H. Mattor

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race H

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Almida

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 30 - 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>10</u>	<u>6</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Mattoon Illinois (City or town) (State or foreign country)

12. Name William Mattor

13. Birthplace Indiana (City or town) (State or foreign country)

14. Maiden name Mary La Rue

15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address By Dr. H. Walker

17. (a) Buried (Burial, cremation or removal) (b) Date thereof 6/8/48 (Month) (Day) (Year)

(c) Place Hamper Idaho

18. Funeral Director's OWN Signature George H. Walker  
and Address Hamper Idaho

19. (a) June 7 - 1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 5th 1948  
at 9 o'clock 9 M.

21. I HEREBY CERTIFY That I attended deceased from March 10 1946 to June 5 1948  
I last saw him alive on June 5 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral hemorrhage

## Duration

Due to Crown heart disease  
Atherosclerosis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Henry C. Wesche M.D.  
(M. D. or other)

and Address Hamper Idaho Date June 7 1948  
(For additional space, use reverse side)

Thacker

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 15 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2116  
Local Reg. No. 128  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hampa  
(c) Street Address or R.F.D. No. # 4  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Hampton Stayed 4 days  
(g) Lived in this county 7 years 7 months 7 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hampa  
(d) Street Address or R.F.D. No. # 4  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) Dayton Ohio

## 3. (a) FULL NAME

Anna R. Hockett

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

## 7. Date of Birth

(Month, Day, Year) March 26 - 1864

## 8. AGE

Years

Months

Days

If less than 1 day

84

3

11

hrs.

min.

## 9. Exact Occupation

At Home

## Did this work for

years

## 10. Industry or Business

## Date last worked

## 11. Birthplace

Dayton Ohio  
(City or town)

Ohio  
(State or foreign country)

## 12. Name

Henry Hockett

## 13. Birthplace

Germany  
(City or town)

Germany  
(State or foreign country)

## 14. Maiden name

Katherine Hesse

## 15. Birthplace

Germany  
(City or town)

Germany  
(State or foreign country)

## 16. Informant's OWN Signature

Hospital Records

## and Address

By Mrs. H. Hockett

## 17. (a) Place

Dayton Ohio

(b) Date thereof 6/9/48

(Month) (Day) (Year)

## (c) Place

Dayton Ohio

## 18. Funeral Director's OWN Signature

George H. Hockett

## and Address

Hampa Idaho

## 19. (a) Date received and filed

June 7 - 1948

(b) Lyda Rodgers

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 6th

at 2 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Dec 19 1945 to June 6 1948

I last saw her alive on June 6 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage

## Due to

Due to

Other conditions

Carcinoma Colon

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Major finding

Finding of autopsy

Carcinoma ascending colon near caecum

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?

Occurred

where violence occurred

Place of Violence: Home

Public Place

Means of injury

## 23. Attendant's OWN Signature

Henry C. Wesch, M.D.

and Address

Hampa Idaho

Date June 7 1948

(For additional space, use reverse side)

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H. Hockett

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
JUN 15 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2117  
Local Reg. No. 132  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hampa  
(c) Street Address or R.F.D. No. 511 - Laurel  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 21 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hampa  
(d) Street Address or R.F.D. No. 511 - Laurel  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) Canada

## 3. (a) FULL NAME

William Bartram

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Male Color or race A.

5. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) Aug 15 - 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>10</u>	<u>24</u>	hrs. min.

9. Exact Occupation Retired Did this work for ☐ yrs.

10. Industry or Business Retired Date last worked ☐

11. Birthplace Staffordshire England (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Doer Bartram and Address 511 - Laurel

17. (a) Removal (b) Date thereof 6/27/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Parsonage British Columbia

18. Funeral Director's OWN Signature John H. Walker and Address Hampa Idaho

19. (a) June 11 - 1948 (b) (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 8th 1948

at 7 o'clock A. M.

21. I HEREBY CERTIFY That I attended deceased from 1927 to 6/8 1948

I last saw him alive on 6/8 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure Myocarditis Duration

Due to arteriosclerosis

Due to age

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ☒

Name of operation None Date ☐

Major finding None

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature Mark Mangum MD

and Address Hampa Idaho Date 6/9 1948

(For additional space, use reverse side)

Dr Thomas Mangum Sr.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2118**  
Local Reg. No. **129**  
Reg. Dist. No. **362**

## 1. PLACE OF DEATH:

(a) County **Canyon**  
(b) City or town **Nampa**  
(c) Street Address or R.F.D. No. **516 9th ave No.**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **44** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Canyon**  
(c) City or town **Nampa**  
(d) Street Address or R.F.D. No. **516 9th Ave. No.**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **44** years  
(h) Former residence (city, state) **None.**

## 3. (a) FULL NAME

**Thelma Faye Adams**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **None**

4. Sex **F** Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Guy**

6. (c) Age of husband or wife if alive **47** years

7. Date of Birth (Month, Day, Year) **June 18, 1904**

8. AGE	Years	Months	Days	If less than 1 day
	<b>43</b>	<b>11</b>	<b>20</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **28** yrs.

10. Industry or Business \_\_\_\_\_ Date last worked **6/1/47**

11. Birthplace **Meridian, Idaho** (City or town) (State or foreign country)

12. Name **Chas A. Riddle**

13. Birthplace **Palmyra, Ill.** (City or town) (State or foreign country)

14. Maiden name **Winnie Maw**

15. Birthplace **Marshalltown, Iowa** (City or town) (State or foreign country)

16. Informant's OWN Signature **Guy Adams** and Address **Nampa, Ida.**

17. (a) **Burial** (b) Date thereof **6/11/48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Meridian, Idaho**

18. Funeral Director's OWN Signature **Blair K. Riddle**

and Address **Meridian, Idaho.**

19. (a) **June 19, 1948** (b) **Lyda Rodgers** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) **June 8**  
at **11:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 30** 19 **48** to **June 8** 19 **48**.  
I last saw her alive on **June 7** 19 **48**.  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Carcinoma neck**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Diabetes mellitus**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Henry C. Wende MD**

and Address **Nampa Idaho** Date **June 10 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 21 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2119  
Local Reg. No. 131  
Reg. Dist. No. 323

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Samaritan Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. Route #3  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Charlie D. Jenkins

3. (b) If veteran, name war ..... No. ....  
5. Color or race W  
6. (a) Single, widowed, married, divorced M  
(b) Name of husband or wife Lucy L. Jenkins  
(c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) September 18-1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>8</u>	<u>20</u>	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace (City or town) (State or foreign country)

12. Name Silas Jenkins  
13. Birthplace Virginia  
14. Maiden name Mary Falkenstine  
15. Birthplace Virginia

16. Informant's OWN Signature Mrs. Lucy Jenkins  
and Address Rt. #3, Parma, Idaho

17. (a) Burial (b) Date thereof 6-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Roswell

18. Funeral Director's OWN Signature Peckham-Paken Chapel  
and Address Caldwell, Idaho

19. (a) June 12-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 8 19 48  
(Month, Day, Year) at 5:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 4 1948 to June 8 1948  
I last saw him alive on June 7 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Failure Duration

Due to Coronary Thrombosis 4 days

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding None  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state

where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury None  
23. Attendant's OWN Signature J. Mangum  
(M.D. or other)

and Address Nampa, Idaho Date 6-10-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service JUN 21 1948  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2120  
Local Reg. No. 132  
Reg. Dist. No. 362

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R.F.D. No. 308 Chestnut St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 5 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R.F.D. No. 308 Chestnut St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

C. H. Kelly

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or Male race W.  
4. Sex Male

6. (a) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth

(Month, Day, Year) Dec 15th 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>7</u>	<u>27</u>	hrs. min.

9. Exact Occupation Retired Did this work for ☐ yrs.  
10. Industry or Business Unknown Date last worked ☐

11. Birthplace Hannoverburg, Missouri  
(City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Family Records  
and Address By George H. Walker

17. (a) Buried (b) Date thereof 6/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Hamper Idaho

18. Funeral Director's OWN Signature George H. Walker  
and Address Hamper Idaho

19. (a) June 15 - 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 11th 1948  
at about 6:30 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 ☐ to 19 ☐  
I last saw h. ☐ alive on ☐ 19 ☐  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Probably Coronary Thrombosis Duration ☐  
History - Had complained of chest pains  
Due to far several months.  
was irrigating & set down to rest  
when he was found by  
neighbor who called 911  
Other conditions Neighbor saw - millman marks  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐  
Name of operation ☐ Date ☐

Major finding ☐  
Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred June 11 19 48 City, county, state Hamper Ida.

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature W. D. Talley Coroner  
(M. D. or other)  
and Address Hamper Ida Date 6-17 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2121  
Local Reg. No. 348  
Reg. Dist. No. 369

## 1. PLACE OF DEATH:

JUL 1 1948

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Samaritan Stayed \_\_\_\_\_ days  
(g) Lived in this county 5 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Notus  
(d) Street Address or R.F.D. No. Box 134  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Oklahoma

## 3. (a) FULL NAME

Charles Thomas Saltz

090B

## 3. (b) If veteran,

## 3. (c) Social Security

- name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex M race W divorced M  
6. (b) Name of husband or wife Mabel L. Saltz 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October 12-1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>8</u>	<u>0</u>	hrs min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Pryor, Oklahoma (City or town) (State or foreign country)

12. Name Andrew Jackson Saltz  
13. Birthplace Indiana (City or town) (State or foreign country)  
14. Maiden name Alice Merritt  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Charles T. Saltz Jr.  
and Address Notus, Idaho Box 134

17. (a) Burial (b) Date thereof 6-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Samaritan Hospital

18. Funeral Director's OWN Signature Caldwell, Idaho  
and Address Caldwell, Idaho

19. (a) June 28-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 12 19 48  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from May 8 1948, to June 12 1948

I last saw him alive on June 12 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardio Resp. Failure

## Duration

6-8 hrs.

Due to Adhesive pericarditis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy As above  
Adhesive pericarditis

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. unquum

and Address 6/24 Date 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2122  
Local Reg. No. 138 (123)  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution X Other place .....  
(f) Name Hosp. or Inst. Samaritan Stayed ..... days  
(g) Lived in this county 32 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 312 Everett St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Charlie Edward Locke

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or ..... 6. (a) Single, widowed, married, divorced M  
4. Sex M race W  
6. (b) Name of husband or wife Barbara D. Locke 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) January 14-1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>5</u>	<u>0</u>	hrs min.

9. Exact Occupation Carpenter & Painter and this R.R. Brakeman work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Penora, Iowa (City or town) (State or foreign country)

12. Name Lyman Locke (City or town) (State or foreign country)  
13. Birthplace Indiana (City or town) (State or foreign country)  
14. Maiden name Susanna Carter  
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's OWN Signature Barbara D. Locke  
and Address 312 Everett St., Caldwell

17. (a) Burial (b) Date thereof June 17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) June 20-1948 (Date received and filed) Lida Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 14-1948 19.....  
at 4:38 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 10-1- 1947, to 6-14- 1948  
I last saw him alive on 6-13- 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chor. Protuber. Hemorrhage Duration 6 mos.

Due to Arteriosclerosis

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

attendant's OWN Signature James E. Veach

and Address Nampa, Ida Date 6-16-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 1 1948

# Certificate Of Death

STATE OF IDAHO

1948

2123

State File No. \_\_\_\_\_  
Local Reg. No. 136  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospita Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed \_\_\_\_\_ days  
(g) Lived in this count 18 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Hi-way 30  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Wisconsin

## 3. (a) FULL NAME Orin Merriam

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced D  
(b) Name of husband or wife \_\_\_\_\_  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March 6-1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>3</u>	<u>8</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Walworth, Wisconsin  
(City or town) (State or foreign country)

- Mother Father  
12. Name Hamilton Merriam  
13. Birthplace Pennsylvania  
(City or town) (State or foreign country)  
14. Maiden name Mary Brown  
15. Birthplace Pennsylvania  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Jessie Gensler  
and Address Homedale, Idaho

17. (a) Burial (b) Date thereof 6-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Wilder

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) June 20-1948 (b) Lydal Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 14 19 48  
(Month, Day, Year) at 12:25 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 6-10- 19 48, to 6-14- 19 48.  
I last saw him alive on 6-13- 19 48; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Refraind appendix Duration 1 wh.  
Petroleum 1 wh.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ernest E. Lisco (M. D. or other)

and Address Nampa, Idaho Date 6-16-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 9 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2124  
Local Reg. No. 748  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hamapo  
(c) Street Address or R.F.D. No. 903 N. Idaho St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. Carter Stayed 1 yr days  
(g) Lived in this county 28 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamapo  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) South Dakota

## 3. (a) FULL NAME

Clifford Hull

## 3. (b) If veteran, name was

## 3. (c) Social Security No.

## 4. Sex M 5. Color or race W

## 6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive years

## 7. Date of Birth

(Month, Day, Year) Oct 10 - 1891

## 8. AGE

Years	Months	Days	If less than 1 day
<u>56</u>	<u>5</u>	<u>5</u>	hrs. min.

## 9. Exact Occupation

Did this work for  yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

Spencer, South Dakota  
(City or town) (State or foreign country)

## 12. Name

Unknown

## 13. Birthplace

Unknown  
(City or town) (State or foreign country)

## 14. Maiden name

Unknown

## 15. Birthplace

Unknown  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Hospital Records  
and Address Byrd St. N. Walker

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

6/18/48  
(Month) (Day) (Year)

## (c) Place

Hamapo Idaho

## 18. Funeral Director's

OWN Signature George H. Walker  
and Address Hamapo Idaho

## 19. (a) Date received and filed

July 6 1948

## (b)

Lida Rodgers  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 15th 1948  
at 1 o'clock P. M.

## 21. I HEREBY CERTIFY That I attended deceased from

Apr. 28 1948 to May 21 1948

I last saw him alive on May 21 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pulmonary Tuberculosis

## Duration

2 yr

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation  Date

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?

Occurred  19  City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

## 23. Attendant's

OWN Signature F. D. Karkner, M.D.

(M. D. or other)

and Address Hamapo, Ida Date Jan 17 1948

(For additional space, use reverse side)

Karkner

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **2125**  
Local Reg. No. **139 (139)**  
Reg. Dist. No. **363**

**JUL 1 1948**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Logston Stayed \_\_\_\_\_ days  
(g) Lived in this county 17 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Nrs. Lutie Cox

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race W  
6. (a) Single, widowed, married, divorced W  
(b) Name of husband or wife John H. Cox  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) December 16-1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>6</u>	<u>2</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Alabama (City or town) (State or foreign country)

12. Name Price  
13. Birthplace Not Known (City or town) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. J.D. Goring  
and Address Parma, Idaho

17. (a) Burial (b) Date thereof 6-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Parma, Idaho

18. Funeral Director's OWN Signature Edith Chapman  
and Address Caldwell, Idaho

19. (a) June 24, 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 18 19 48  
(Month, Day, Year) at 2 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1-16-1948 to 6-18-1948  
I last saw her alive on 6-17-1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ch. Myocarditis Duration 2 yrs

Due to Arterio-sclerotic  
Cardio-vascular disease 5 yrs

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature General E. V. ...  
(M. D. or other)  
and Address Nampa, Idaho Date 6-21-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2126  
Local Reg. No. 137  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 903 11th Ave. So.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Garter's Stayed 2 yrs. 2 days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Owyhee  
(c) City or town Murphy  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 53 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL

NAME Mr. John J. Tanner

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

## 5. Color or

Sex male race white

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) November 20, 1857

## 8. AGE

Years

Months

Days

If less than 1 day

90

6

10

hrs.

min.

## 9. Exact

Occupation \_\_\_\_\_

Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business \_\_\_\_\_

Retired

Date last

worked \_\_\_\_\_

## 11. Birthplace

Petaluma, California

(City or town)

(State or foreign country)

## 12. Name

Unobtainable

## 13. Birthplace

Unobtainable

(City or town)

(State or foreign country)

## 14. Maiden name

Unobtainable

## 15. Birthplace

Unobtainable

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Frederick

and Address Murphy, Idaho

## 17. (a) Removal

(Burial, cremation, or removal)

## (b) Date thereof

6/20/48

(Month) (Day) (Year)

(c) Place Mt. Home, Idaho

## 18. Funeral Director's

OWN Signature John S. Ellis

and Address Nampa, Idaho

## 19. (a) June 22, 1948

(Date received and filed)

## (b) Lida Rodgers

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 19, 1948

at 8:00 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from Murphy

1948 to June 19, 1948

I last saw him alive on June 19, 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral arteriosclerosis

## Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature William L. Hall

and Address Nampa, Idaho

Date 6-20-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 9 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2128  
Local Reg. No. 460  
Reg. Dist. No. 363

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Hamapo  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Meray Stayed 6 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 6 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamadale  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Colorado

## 3. (a) FULL NAME

Mrs. Jennie E. Moore

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 1 - 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>3</u>	<u>23</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Evans, Colorado (City or town) (State or foreign country)

12. Name Harry Woodbury (City or town) (State or foreign country)

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Mary Conley

15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Record

and Address By George H. Hacker

17. (a) Burial (b) Date thereof 6/28/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Caldwell Idaho

18. Funeral Director's OWN Signature George H. Hacker

and address Hamapo Idaho

19. (a) July 6 - 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 24th 1948  
at 1 o'clock P. M.

21. I HEREBY CERTIFY, that I attended deceased from 4-30 1948, to 6-24 1948

I last saw h. 25 alive on 6-24 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of lung Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

Colin (M.D. or other)

and Address Idaho Date 6-25 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 1 1948

# Certificate of Death

STATE OF IDAHO

948  
State File No. **2128**  
Local Reg. No. **142**  
Reg. Dist. No. **363**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. Mercy Stayed 1 days  
(g) Lived in this county ..... years 10 months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #5  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 months  
(h) Former residence (city, state) .....

## 3. (a) FULL

NAME

Dennis Ray Fiet

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

5. Color or  
(a) Sex male race white

6. (a) Single, widowed, married,  
divorced single

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if  
alive ..... years

## 7. Date of Birth

(Month, Day, Year)

August 23, 1947

## 8. AGE

Years

Months

Days

If less than 1 day

10

2

hrs.

min.

## 9. Exact

Occupation.....

Did this

work for ..... yrs.

## 10. Industry or

Business.....

Date last

worked

## 11. Birthplace

Nampa, Idaho

(City or town)

(State or foreign country)

Father

12. Name Floyd A. Fiet

Mother

13. Birthplace Roy, Utah

(City or town)

(State or foreign country)

14. Maiden name Elaine Hanks

15. Birthplace Nampa, Idaho

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Floyd A. Fiet

and Address Nampa, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 6/20/48

(Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

## 18. Funeral Director's

OWN Signature John J. Alsup, Jr.

and Address Nampa, Idaho

## 19. (a) June 29-1948

(Date received and filed)

(b) Lyda Rodgers

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 25, 1948

at 12:45 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

June 24, 1948, to June 25, 1948

I last saw him alive on June 25 - 1948;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Exhaustion following  
surgery for removal  
of self safety gun from  
stomach.

Due to

Other conditions.....

(Include pregnancy within 3 months of death)

Duration

Where was disease contracted?

Name of operation Gastrotomy Date .....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?

Means of injury.....

## 23. Attendant's

OWN Signature Samuel D. Swayne, M.D.

(M. D. or other)

and Address Nampa, Idaho Date..... 19.....

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 2129  
State File No. \_\_\_\_\_  
Local Reg. No. 147  
Reg. Dist. No. 362

JUL 9 1948

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 4 days  
(g) Lived in this county 8 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 507 Holly  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Ollivet, Ill.

## 3. (a) FULL NAME

Mr. Reuben E. Blodgett

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

none

## 5. Color or

4. Sex male race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) January 8, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>5</u>	<u>17</u>	hrs. min.

9. Exact Occupation Nurseryman Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Nursery Date last worked \_\_\_\_\_

11. Birthplace Beatrice Nebraska  
(City or town) (State or foreign country)

12. Name Reuben L. Blodgett

13. Birthplace New York State  
(City or town) (State or foreign country)

14. Maiden name Sarah Ann Gibson

15. Birthplace New York state  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. V. A. Petersford

and Address Hamlet, Idaho

17. (a) Burial (b) Date thereof 6/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature Robinson-Alsop

and address Nampa, Idaho

19. (a) July 6-1948 (b) L. Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 25, 1948  
at 1:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

2-10-1948 to 6-25-1948  
I last saw him alive on 6-24-1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Basenoma of bladder Duration 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Severe  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature George E. Thresh

(M. D. or other)

and Address Nampa Date 6-27-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 1 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. **2130**  
Local Reg. No. **743**  
Reg. Dist. No. **362**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 1024 10th Ave. So  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 1024 10th Ave. So  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Gooding, Idaho

## 3. (a) FULL

NAME Mr. Mark Crawley

3. (b) If veteran, name war none

3. (c) Social Security No. 519-07-2038

4. Sex male race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Laura Crawley

6. (c) Age of husband or wife if alive 43 years

7. Date of Birth (Month, Day, Year) March 21, 1899

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>3</u>	<u>5</u>	hrs. min.

9. Exact Occupation Driver Did this work for 25 yrs.

10. Industry or Business Nampa Transfer Date last worked Jan. 1947

11. Birthplace Bentonville, Arkansas (City or town) (State or foreign country)

12. Name Charles Crawley (City or town) (State or foreign country)

13. Birthplace Georgia (City or town) (State or foreign country)

14. Maiden name Emma Baker (City or town) (State or foreign country)

15. Birthplace Arkansas (City or town) (State or foreign country)

16. Informant's OWN Signature Mr. Mark Crawley and Address 1024 10th Ave. So

17. (a) Burial (b) Date thereof 6/30/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature Johnson-Alsop Chapel and Address Nampa, Idaho

19. (a) June 30, 1948 (b) Lyla Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) June 26, 1948  
at 2:23 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 6-2-48 to June 26, 1948

I last saw him alive on June 26, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of Lung & Pns. Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? Home

Name of operation Lung removed PHYSICIAN

Major finding Cancer of Lung Underline the cause to which death should be charged statistically.

Finding of autopsy Cancer

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. C. Beem (M. D. or other) and Address Nampa, Idaho Date 6-29-48 1948 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 1 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. **2132**  
Local Reg. No. **132X**  
Reg. Dist. No. **362**

## 1. PLACE OF DEATH:

- (a) County... Canyon  
(b) City or town... Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. Mercy Hosps stayed 1 days  
(g) Lived in this county 6 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 16 1/2 - 11th Ave So.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? Spain  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Ramon Beascochea

3. (b) If veteran, name war NO 3. (c) Social Security No. ....  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) September 26, 1896.

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>9</u>	<u>1</u>	hrs. min.

9. Exact Occupation Sheep Herder Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Spain (City or town) (State or foreign country)

12. Name No Record (City or town) (State or foreign country)

13. Birthplace Spain (City or town) (State or foreign country)

14. Maiden name No Record (City or town) (State or foreign country)

15. Birthplace Spain (City or town) (State or foreign country)

16. Informant's OWN Signature Sammy Arana

and Address 16 1/2 - 11th Ave So. Nampa

17. (a) Burial (b) Date thereof 7/1/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. Anthony's Church

18. Funeral Director ROBINSON-ALSTIP CHAPEL

OWN Signature John F. Alstip

and address Nampa, Idaho

19. (a) June 30 - 1948 (b) Lydder R. Rogers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 27, 1948

at 12:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 48 to 6-27-48

I last saw him alive on 6-27-48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute myocardial infarction Duration

Myocardium - infarction

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation no Date

Major finding.

Finding of autopsy.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred.

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work?

Means of injury.

23. Attendant's OWN Signature Dr. H. C. Belknap (M. D. or other)

and Address Nampa Date 6-28-48

(For additional space, use reverse side)

Dr. H. C. Belknap

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 9 1948

# Certificate of Death

STATE OF IDAHO

4948  
State File No. 2132  
Local Reg. No. 451  
Reg. Dist. No. 363

1. PLACE OF DEATH
- (a) County Canyon
  - (b) City or town Hamper
  - (c) Street Address or R.F.D. No. \_\_\_\_\_
  - (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - (e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_
  - (f) Name Hosp. or Inst. Murray Stayed 60 days
  - (g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho
  - (b) County Canyon
  - (c) City or town Homedale
  - (d) Street Address or R.F.D. No. \_\_\_\_\_
  - (e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - (f) Citizen of what country? U.S.A.
  - (g) How long had deceased lived in Idaho? Life years
  - (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Mrs. Alice Harris

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_
4. Sex F 5. Color or race W.
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Nov. 19 - 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>5</u>	<u>9</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Salmon City Idaho (City or town) (State or foreign country)
- Father { 12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
- Mother { 14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address By George H. Walker

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/48 (Month) (Day) (Year)

(c) Place Hamper Idaho

18. Funeral Director's OWN Signature George H. Walker  
and Address Hamper Idaho

19. (a) July 6 - 1948 (Date received and filed) (b) Shyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 28th 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from March 10 1948 to June 28 1948  
I last saw h. er alive on June 27 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: hypertensive arteriosclerosis Duration 2 years  
heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature William T. Kelly, M.D.  
and Address Homedale Idaho Date 7-2 1948  
(For additional space, use reverse side)

Dr Kelly

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2133  
Local Reg. No. 745  
Reg. Dist. No. 362

JUL 9 1948

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 624 17th Ave. So.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place X  
(f) Name Hosp. or Inst. Son's home Stayed 10 days  
(g) Lived in this county 45 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 102 18th Ave. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state)

## 3. (a) FULL

NAME Mrs. Mary Elizabeth Harris

3. (b) If veteran, name war none

3. (c) Social Security No. none

5. Color or

4. Sex female race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth

(Month, Day, Year) June 4, 1870

8. AGE

Years

Months

Days

If less than 1 day

78

0

24

hrs.

min.

9. Exact

Occupation Housewife

Did this

work for years

10. Industry or

Business Home

Date last

worked

11. Birthplace Nankato, Minn.

(City or town)

(State or foreign country)

12. Name William Duncan

13. Birthplace Unobtainable

(City or town)

(State or foreign country)

14. Maiden name Unobtainable

15. Birthplace Unobtainable

(City or town)

(State or foreign country)

16. Informant's

OWN Signature J. B. Madison

and Address 624-17 Ave. S. Nampa Idaho

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 7/1/48

(Month) (Day) (Year)

(c) Place Cloverdale Cemetery

18. Funeral Director's Robinson-Asp

OWN Signature John J. Asplund

and Address Nampa, Idaho

19. (a) July 1-1948

(Date received and filed)

(b) Lyda Rodgers

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) June 28, 1948  
at 9:00 o'clock P.M.

### 21. I HEREBY CERTIFY, That I attended deceased from

19 6-28 to 19 48

I last saw him alive on 19;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Stroke Coronary Artery Thrombosis

Due to Chronic Hypertension

Due to Chronic Hypertension

Other conditions:

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swimming Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Boat

### 23. Attendant's

OWN Signature W. B. Madison

(M. D. or other)

and Address Nampa, Idaho Date 6-30-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUN 14 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2134  
Local Reg. No. 78  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 409 No. Kimball  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital, Institution, Other place...  
(f) Name Hosp. or Inst. Pennington's Stayed days  
(g) Lived in this county 55 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 905 Belmont St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Lettie Paulina Askey

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Ellis Askey

6. (c) Age of husband or wife if alive years

## 7. Date of Birth

(Month, Day, Year) October 17-1871

## 8. AGE

Years	Months	Days	If less than 1 day
<u>76</u>	<u>7</u>	<u>15</u>	hrs min.

9. Exact Occupation Dry Goods Sales- Did this work for  yrs.

10. Industry or Business Lady Date last worked

11. Birthplace Tomah, Wisconsin  
(City or town) (State or foreign country)

12. Name Everett R. Mallory

13. Birthplace Illinois  
(City or town) (State or foreign country)

14. Maiden name Celestia A. Aldrich

15. Birthplace New York  
(City or town) (State or foreign country)

16. Informant's OWN Signature Edna A. Marshall

and Address 905 Belmont St. Caldwell, Ida.

17. (a) Burial (b) Date thereof 8-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon City

18. Funeral Director's OWN Signature W. J. Baker

and Address Caldwell, Idaho

19. (a) 6-9-48 (b) W. J. Baker  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 2- 19 48  
at o'clock M.

## 21. I HEREBY CERTIFY, That I attended deceased from

about June 19.48, to 2 June 19.48  
I last saw h. e. alive on 28 May 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Congestive heart failure 2 days  
Due to Carcinoma of the 1 yr.

Due to Carcinoma of the

Other conditions not done  
(Include pregnancy within 3 months of death)

Where was disease contracted? Caldwell

Name of operation none Date ---

## Major finding

Finding of autopsy not done

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? --- Suicide? --- Homicide? ---

Occurred 19 City, county, state

where violence occurred  
Place of Violence: Home --- Farm --- Industry ---

Public Place --- While at work? ---

Means of injury ---

23. Attendant's OWN Signature S. D. Simpson  
(M. D. or other)

and Address Caldwell Date 7 June 19.48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **2135**  
Local Reg. No. **84**  
Reg. Dist. No. **860**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Memorial Park Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 2 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Rt. #2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 Mo 11 days  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Sharon Marie Thiel

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 19-1948

8. AGE	Years	Months	Days	If less than 1 day
-	2	0	hrs	min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Caldwell, Idaho  
(City or town) (State or foreign country)

12. Name Henry Thiel  
13. Birthplace Boise, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Dorothy Weick  
15. Birthplace Caldwell, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Henry Thiel  
and Address Caldwell, Ida

17. (a) Burial (b) Date thereof 6-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Rockham-Dakan Chapel

and Address Caldwell, Idaho  
19. (a) 6-30-48 (b) Agnes M. Newman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 19-1948 19\_\_\_\_  
at 10 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from June 18, 1948 to Sat. June 19, 48  
last saw her alive on June 19, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Broncho-pneumonia Duration few days  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. L. Mumm (M. D. or other)  
and Address Caldwell, Idaho Date June 23, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948

NON-RESIDENT  
Certificate Of Death  
STATE OF IDAHO

1948

State File No. 2136  
Local Reg. No. 83  
Reg. Dist. No. 361

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Wildar  
(c) Street Address or R.F.D. No. Route #2  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Malheur  
(c) City or town Adrian  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? Outside?  city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME

David Marion Matthews

3. (b) If veteran, name war  No.   
5. Color or  6. (a) Single, widowed, married, divorced S  
4. Sex M race W  
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) October 13-1947

8. AGE	Years	Months	Days	If less than 1 day
--	8	1	hrs	min.

9. Exact Occupation  Did this work for years  
10. Industry or Business  Date last worked

11. Birthplace Caldwell, Idaho  
(City or town) (State or foreign country)

12. Name David M. Matthews Jr.  
13. Birthplace Pittsburg, Kansas  
(City or town) (State or foreign country)  
14. Maiden name Cecil Myra Case  
15. Birthplace Parma, Idaho Rt. 3  
(City or town) (State or foreign country)

16. Informant's OWN Signature David M. Matthews Jr.  
and Address Adrian, Oregon

17. (a) Burial (b) Date thereof 6-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Roswell, Idaho

18. Funeral Director's OWN Signature V. Beckham  
and Address Caldwell, Idaho

19. (a) 6-30-48 (b) Agnes Denman  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 157G  
161C

20. DATE OF DEATH June 14 19 48  
(Month, Day, Year) at 2:45 P.M. o'clock

21. I HEREBY CERTIFY, That I attended deceased from 19 to 14 June 1948  
I last saw him alive on 14 June 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Concussion of liver Duration 2 months

Due to Congenital atresia of bile ducts 8 months

Due to   
Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?  PHYSICIAN   
Name of operation  Date  Underline the cause to which death should be charged statistically.  
Major finding   
Finding of autopsy as above

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred 19 City, county, state   
where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature Robert E. Talbot MD  
(M. D. or other) and Address Wildar, Oregon Date 16 June 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 21 1948

# Certificate of Death

STATE OF IDAHO

2137  
State File No. 133  
Local Reg. No. 363  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County..... Canyon  
(b) City or town..... Nampa  
(c) Street Address or R.F.D. No. R. F. D.  
(d) Death Occurred Inside?..... Outside? X..... city or town  
(e) Died in a Home..... Hospital X Institution X Other place.....  
(f) Name Hosp. or Inst. State Sch. Colony..... days  
(g) Lived in this county 1 years 5 months 10 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State..... Idaho (b) County..... Canyon  
(c) City or town..... Nampa  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside?..... Outside? X..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Twin Falls, Idaho

3. (a) FULL NAME RICHARD G PRADLEY

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or

4. Sex Male race

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) November 7th 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>7</u>	<u>8</u>	hrs. min.

9. Exact Occupation..... Did this work for..... yrs.

10. Industry or Business..... Date last worked

11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

12. Name James G Bradley

13. Birthplace Cornell, Illinois  
(City or town) (State or foreign country)

14. Maiden name Mayme S Swan

15. Birthplace Moorefield, Nebr  
(City or town) (State or foreign country)

16. Informant's OWN Signature Pearl B. Hickert Secy  
and Address State School Colony, Nampa, Ida

17. (a) Removal (b) Date thereof 6/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Twin Falls, Idaho

18. Funeral Director's OWN Signature George A. Walker  
and Address Twin Falls, Idaho

19. (a) June 16 1948 (b) Lyla Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 15th 1948 19.....  
at 7:45 PM o'clock..... M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 5th 1947 to June 15th 1948  
I last saw him alive on June 15th 1948 19.....  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Morasmus

Duration

Life

Due to Probable Congenital Mongolism

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation..... Date.....

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?

Means of injury

23. Attendant's OWN Signature S. J. C. / M. D.

and Address S. J. C. Date 6/16 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2138  
Local Reg. No. 134  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- JUN 21 1948
- (a) County Canyon  
(b) City or town Nampa, Idaho  
(c) Street Address or R.F.D. No. Box 531  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. St. School & Col. days  
(g) Lived in this county 27 years 27 months 27 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Thornton,  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside?  Outside?  city or town  
(f) Citizen of what country?   
(g) How long had deceased lived in Idaho? Unknown years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Martha Hertzig

3. (b) If veteran, name war  3. (c) Social Security No.   
5. Color or  6. (a) Single, widowed, married, divorced   
4. Sex Female race Swiss  
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years

7. Date of Birth (Month, Day, Year) Mar 12, 1876  
8. AGE Years 72 Months 3 Days 5 If less than 1 day hrs. min.

9. Exact Occupation Imbecile Medium Did this work for  yrs.  
10. Industry or Business  Date last worked

11. Birthplace Switzerland (City or town) (State or foreign country)

- Father { 12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
Mother { 14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Ray Sanford  
and Address State School - Colony

17. (a) removal (b) Date thereof 6/15/48 (Month) (Day) (Year)  
(c) Place Borhann, Idaho

18. Funeral Director's OWN Signature John J. Alsip, Jr.  
and Address 10th & 4 St. S.

19. (a) June 18 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 6-17 1948  
at 4:35 P.M. o'clock  M.

21. I HEREBY CERTIFY, That I attended deceased from Approximately 19 to 60 Days 19  
I last saw h.  alive on  19  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration

Suspected T. B. C

Due to Contracted Pneumoniw at Institution

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Dont know

Name of operation  Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?

Occurred  19 City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature W. W. Neumann M.D. (M. D. or other)

and Address State School Colony Date 6/17 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 28 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2138  
Local Reg. No. 7880  
Reg. Dist. No. 361

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R. F. D. No. Route #3  
(d) Death Occured Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. X Stayed X days  
(g) Lived in this county X years 2 months X days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County X  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? X years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Mrs. Nettie Estelle Cody

3. (b) If veteran, name war X No. X  
5. Color or race W  
4. Sex F divorced W  
6. (b) Name of husband or wife William S. Cody  
6. (c) Age of husband or wife if alive X years  
7. Date of Birth (Month, Day, Year) June 12-1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>0</u>	<u>6</u>	hrs min.

9. Exact Occupation Housekeeping Did this work for X yrs.  
10. Industry or Business X Date last worked X  
11. Birthplace Elmwood, Illinois  
(City or town) (State or foreign country)

12. Name John T. Biggs  
13. Birthplace Illinois  
(City or town) (State or foreign country)  
14. Maiden name Nancy Coe  
15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mr. J. L. L. L.  
and Address Caldwell, Idaho Rt. 3

17. (a) Removal (b) Date thereof 6-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Clarkston, Washington

18. Funeral Director's OWN Signature Peckham Bakan Chapel  
and Address Caldwell, Idaho

19. (a) 6-21-48 (b) Agnes Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 18 1948  
at 7 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 6-13-48 to 6-18-48  
I last saw her alive on 6-17-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death  
Heart dilatation  
Due to Edema lungs  
Due to Chronic Myocarditis  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline Date the cause to which death should be charged statistically.  
Major finding PHYSICIAN  
Finding of autopsy PHYSICIAN

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? X Homicide? X  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home X Farm X Industry X  
Public Place X While at work? X  
Means of injury X  
Attendant's OWN Signature H. P. Belknap MD  
and Address Nampa, Ida Date 6-18-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948

NON-RESIDENT  
Certificate Of Death

STATE OF IDAHO

1948

State File No. 2140  
Local Reg. No. 82  
Reg. Dist. No. 361

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Wilder  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oklahoma (b) County Mayes  
(c) City or town Jay  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

Joann Jeffries

3. (b) If veteran,  
name war .....

3. (c) Social Security

No. ....

4. Sex F 5. Color or  
race W

6. (a) Single, widowed, married,  
divorced W

6. (b) Name of husband or  
wife Napolin

6. (c) Age of husband or wife if  
alive ..... years

7. Date of Birth  
(Month, Day, Year) April 6-1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>2</u>	<u>19</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Missouri  
(City or town) (State or foreign country)

12. Name Napolin Terril

13. Birthplace Arcadia, Kansas  
(City or town) (State or foreign country)

14. Maiden name Not known

15. Birthplace " "  
(City or town) (State or foreign country)

16. Informant's OWN Signature Janis Robinson

and Address Zena, Oklahoma

17. (a) Removal (b) Date thereof 6-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Pryor, Oklahoma

18. Funeral Director's OWN Signature Peckham-Dakan Chapel

and Address Caldwell, Idaho

19. (a) 6-30-48 (b) Agnes M. Denman  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 25 19 48  
(Month, Day, Year) at 3:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
4 a.m. 19 48, to 25 June 19 48  
I last saw her alive on 15 May 19 48; death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Angina Signifera Duration 3 weeks

Due to Coronary

Due to .....

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to EXTERNAL CAUSES, also fill in the fol-  
lowing: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

Attendant's OWN Signature Robert E. Sadler MD

(M. D. or other)

and Address ..... Date ..... 19 .....

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2148** (41)  
Local Reg. No. **1948**  
Reg. Dist. No. **368**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. R.F.D.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital X Institution X Other place State School & Colony  
(f) Name Hosp. or Inst. State School & Colony days  
(g) Lived in this county 45 years 45 months 45 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Wendell, Idaho

3. (a) FULL NAME DALE ELLIS LANCASTER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or race Male

6. (b) Name of husband or wife \_\_\_\_\_

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December 5th 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>6</u>	<u>22</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Wendell, Idaho (City or town) (State or foreign country)

12. Name Earl Lancaster (City or town) (State or foreign country)

13. Birthplace Colorado (City or town) (State or foreign country)

14. Maiden name Sadie May Lancaster

15. Birthplace Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature Pearl D. Dickert Secy and Address State School & Colony

17. (a) Removal (b) Date thereof 6/28/48 (Month) (Day) (Year)

(c) Place Buhl, Idaho

18. Funeral Director's OWN Signature George T. Walker and Address Nampa, Idaho

19. (a) June 25, 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 27th 1948 19\_\_\_\_ at 12:45AM o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from May 15th 1948 to June 27th 1948

I last saw him alive on June 27th 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Infant Idiot ailing since May 15, 1948 Duration

Died from exhaustion from cutting too many teeth at one time.

General Mal-nutrition

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature P. W. Wentworth M.D. (M. D. or other)

and Address Nampa, Idaho Date June 27th 1948

State School & Colony (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 12 1948

# Certificate Of Death

STATE OF IDAHO

Dr. R. E. Talbot, Wilder, Idaho  
State File No. 2142  
Local Reg. No. 83  
Reg. Dist. No. 36

1. PLACE OF DEATH:
- (a) County Canyon
  - (b) City or town Wilder
  - (c) Street Address or R. F. D. No. Rt. #1
  - (d) Death Occured Inside? Outside? X city or town
  - (e) Died in a Home X Hospital... Institution... Other place...
  - (f) Name Hosp. or Inst. Stayed days
  - (g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon
  - (c) City or town Wilder
  - (d) Street Address or R.F.D. No. Rt. #1
  - (e) Deceased lived Inside? Outside? X city or town
  - (f) Citizen of what country? U.S.A.
  - (g) How long had deceased lived in Idaho? 53 years
  - (h) Former residence (city, state) Seattle, Wn.

3. (a) FULL NAME LOUISE HENSEL KRAUS

3. (b) If veteran, name None 3. (c) Social Security No. No ne
5. Color or 6. (a) Single, widowed, married, divorced Widowed
4. Sex Female race White
6. (b) Name of husband or wife Frank X. Kraus 6. (c) Age of husband or wife if alive Deceased years 47
7. Date of Birth (Month, Day, Year) April 17 1857

8. AGE	Years	Months	Days	If less than 1 day
	91	2	12	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Own Home Date last worked 6/12/48
11. Birthplace Syracuse New York (City or town) (State or foreign country)

12. Name Joseph Hensel
13. Birthplace Germany (City or town) (State or foreign country)
14. Maiden name Barbara Vollmer
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Lena H. Smith (Daughter) and Address Rt. 1 Wilder, Idaho.

17. (a) Removal (b) Date thereof 6/29/48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Hillcrest Cem. Weiser, Idaho.

18. Funeral Director's OWN Signature G. Jones and Address Northam Jones, Weiser, Idaho

19. (a) 6/29/48 (Date received and filed) (b) A. M. Denman (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 29 1948 at 7:05 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 15 June 1948, to 29 June 1948 I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Intestinal Obstruction Duration 4 hrs

Due to Causes of Intestines

Due to \_\_\_\_\_ Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_ Name of operation \_\_\_\_\_ Date \_\_\_\_\_ Major finding \_\_\_\_\_ Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_ Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Robert E. Johnson (M. D. or other) and Address Wilder, Idaho. Date 6/29 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUN 25 1948

STATE OF IDAHO

1046  
State File No. 2143  
Local Reg. No. 28  
Reg. Dist. No. 540

## 1. PLACE OF DEATH:

- (a) County Caribou  
(b) City or town Soda Springs  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. Soda Springs 5 days  
(g) Lived in this county..... years ..... months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Grace  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Violet May Comish Christensen

3. (b) If veteran, name war ..... No. ....  
5. Color or ..... 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife C.W. Christensen 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) May 7, 1885

8. AGE	Years	Months	Days	If less than 1 day
	65	0	23	hrs min.

9. Exact Occupation House wife Did this work for ..... yrs.  
10. Industry or Business Own home Date last worked May 23, 1948  
11. Birthplace Franklin, Idaho (City or town) (State or foreign country)

12. Name Joseph Chatterton  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Elizabeth Stone  
15. Birthplace Alton, Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature Herman Mangos  
(a) Address Central Idaho  
17. (a) Burial (b) Date thereof June 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grace, Idaho

18. Funeral Director's OWN Signature Webb-Hendricks  
(a) Address Preston

19. (a) 6-2-48 (b) 6-2-48  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 30 1948  
at 10.40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1939 19..... to May 30 1948  
I last saw her alive on May 30 1948 death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Apoplexy Duration 6 days

Due to Hypertension 8 yrs.

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature W. B. Schuler M.D.  
(M. D. or other) and Address Soda Springs Date 5/30/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUL 7 1948

STATE OF IDAHO

1948  
State File No. **2144**  
Local Reg. No. **90**  
Reg. Dist. No. **520-521**

## 1. PLACE OF DEATH:

- (a) County **CARLEOU**  
(b) City or town **Soda Springs, Idaho.**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? **0** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **0** Hospital **0** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **CARLEOU CO.** Stayed **0** days  
(g) Lived in this county **25** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **POCATELLO**  
(d) Street Address or R.F.D. No. **854 N. ARTHUR**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **3.5** years  
(h) Former residence (city, state) **MONTANA**

## 3. (a) FULL NAME

**NICKAEAL MARRINGTON**

3. (b) If veteran, name war **0** 3. (c) Social Security No. **722-18-2125**  
5. Color or **0** 6. (a) Single, widowed, married, divorced **widower**  
4. Sex **MALE** race **WHITE**  
6. (b) Name of husband or wife **0** 6. (c) Age of husband or wife if alive **0** years  
7. Date of Birth (Month, Day, Year) **NOV. 17, 1885.**

8. AGE	Years	Months	Days	If less than 1 day
<b>62</b>	<b>7</b>	<b>3</b>	hrs	min.

9. Exact Occupation **FARMING, MINING AND RAILROADING** Did this work for **40** yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked **6/18/48**  
11. Birthplace **IRELAND**  
(City or town) (State or foreign country)

12. Name **UNKNOWN**  
13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

14. Maiden name **UNKNOWN**  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Milton Bowman**  
and Address **Soda Springs, Idaho.**

17. (a) **BURIAL** (b) Date thereof **JUNE 24, 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **POCATELLO, IDAHO.**

18. Funeral Director's OWN Signature **E. S. Pittman**  
and Address **Soda Springs, Idaho.**

19. (a) \_\_\_\_\_ (b) **Archie E. Merrill**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **JUNE 20, 1948** 19\_\_\_\_  
at **3.30** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_ to **JUNE 20, 48** 19\_\_\_\_

I last saw him alive on **JUNE 20, 48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to **Coronary Thrombosis** **15 min.**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date **Day**  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, so fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county \_\_\_\_\_

where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **J. H. Walker M.D.**  
(M. D. or other)  
and Address **SODA SPRINGS** Date \_\_\_\_\_ 19\_\_\_\_  
(For additional space, IDA reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 16 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2145  
Local Reg. No. 57  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Magic Valley Stayed 17 days  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 1437-8th Ave.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) Ark

3. (a) FULL NAME George B. Lee

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or 6. (a) Single, widowed, married, divorced widowed  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) September 20, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>8</u>	<u>18</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Butler County, Ky.  
(City or town) (State or foreign country)

12. Name James S. Lee  
13. Birthplace Tenn.  
(City or town) (State or foreign country)  
14. Maiden name Sarah Cardwell  
15. Birthplace Ky.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. R. B. Russell  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 6-9-48  
(Burial, cremation or other) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J. Phillips  
and Address Twin Falls, Idaho

19. (a) 6-9-48 (b) R. Phillips  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 7 1948  
at 2:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 30 1948, to May 30 1948.  
I last saw h. m. alive on May 30 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial infarction Duration 2 1/2 hrs.

Due to arteriosclerosis, generalized?  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. Phillips (M. D. or other)  
and Address Burley, Ida. Date June 8, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

JUL 2 1948

STATE OF IDAHO

1948 State File No. 2146  
Local Reg. No. 66  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. - - - - -  
(d) Death Occurred Inside? X Outside? - city or town  
(e) Died in a Home - Hospital X Institution - Other place -  
(f) Name Hosp. or Inst. Cottage Hosp. Stayed - days  
(g) Lived in this county One years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 542 Overland Ave.  
(e) Deceased lived Inside? X Outside? - city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? One years  
(h) Former residence (city, state) Los Angeles, Calif.

## 3. (a) FULL NAME

Marcella Kate Williams

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

## 4. Sex Female race White

## 6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive - - years

## 7. Date of Birth (Month, Day, Year) August 2, 1943

8. AGE	Years	Months	Days	If less than 1 day
	<u>4</u>	<u>10</u>	<u>6</u>	hrs. min.

## 9. Exact Occupation At home Did this work for - - yrs.

## 10. Industry or Business - - Date last worked - -

## 11. Birthplace Los Angeles, California (City or town) (State or foreign country)

## 12. Name Frank E. Williams

## 13. Birthplace Gilmore, Idaho (City or town) (State or foreign country)

## 14. Maiden name Helen E. Edgerton

## 15. Birthplace Oakley, Wyoming (City or town) (State or foreign country)

## 16. Informant's OWN Signature Frank E. Williams

## and Address Burley, Idaho

## 17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-14-48 (Month) (Day) (Year)

## (c) Place Hebrew Cemetery

## 18. Funeral Director's OWN Signature Kenn E. McCallach

## and Address Burley, Idaho

## 19. (a) 6-25-48 (Date received and filed) (b) [Signature] (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) June 9 19 48

## at 4:05 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from June 9 19 48 to June 9 19 48

I last saw her alive on 4-22 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Concussion

## Duration

IMED

## Due to

Depressed Skull Fract.

## Due to

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation - - Date - -

## Major finding - -

## Finding of autopsy - -

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? X Suicide? - Homicide? -

## Occurred June 9 19 48 City, county, state BURLEY IDAHO

## where Violence occurred Cassia

## Place of Violence: Home - Farm - Industry -

## Public Place City Streets While at work? -

## Means of injury Car Accident

## 23. Attendant's OWN Signature [Signature]

## and Address Burley, Idaho date 23 June 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 24 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2147  
Local Reg. No. 61  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County CASSIA  
(b) City or town BORLEY  
(c) Street Address or R.F.D. No. —  
(d) Death Occurred Inside? X Outside? — city or town  
(e) Died in a Home — Hospital X Institution — Other place —  
(f) Name Hosp. or Inst. COTTAGE HOSP. Stayed 5 days  
(g) Lived in this county — years — months 5 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CASSIA  
(c) City or town RUPERT  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? — Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) NONE

## 3. (a) FULL NAME

ALICE BORGESS TRACY KRIVANEK 092D

## 3. (b) If veteran, name war

NONE

## 3. (c) Social Security No.

NONE

## 5. Color or

Sex FEMALE race WHITE

6. (a) Single, widowed, married, divorced MARRIED

## 6. (b) Name of husband or wife

BERT KRIVANEK

6. (c) Age of husband or wife if alive — years

## 7. Date of Birth

(Month, Day, Year) MARCH 22, 1910

## 8. AGE

Years

Months

Days

If less than 1 day

38

2

10

hrs. min.

## 9. Exact Occupation

HOUSEWIFE

Did this work for 20 yrs.

## 10. Industry or Business

Date last worked —

## 11. Birthplace

VIEW, IDAHO  
(City or town)

(State or foreign country)

## 12. Name

CHARLES BORGESS

## 13. Birthplace

PINE VALLEY, UTAH  
(City or town)

(State or foreign country)

## 14. Maiden name

SARAH LEVA HANSEN

## 15. Birthplace

AMERICAN FORK, UTAH  
(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Bert Krivanek

and Address —

## 17. (a)

Burial  
(Burial, cremation, or removal)

## (b) Date thereof

June 17, 1948  
(Month) (Day) (Year)

## (c) Place

View Idaho

## 18. Funeral Director's

OWN Signature Rett S. Payne

and Address Burley Idaho

## 19. (a)

6-21-48  
(Date received and filed)

## (b)

W. Phillips  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) JUNE 12, 1948  
at 10:10 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Aug. 6, 1942 to June 12, 1948  
I last saw her alive on June 12, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Failure

## Duration

3 days

Due to Endocarditis

10 yrs.

Due to Rheumatic Infection

Other conditions  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation — Date —

Major finding —

Finding of autopsy —

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

## Means of injury

## 23. Attendant's

OWN Signature W. Phillips

and Address Burley Idaho

W. Phillips (M. D. or other)

Date 6-21-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 2 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2148

Local Reg. No. 65

Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Bucley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Cottage Hosp Stayed 98 days  
(g) Lived in this county 15 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Bucley  
(d) Street Address or R.F.D. No. 1600 Yale Ave.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) American Falls, Idaho

## 3. (a) FULL NAME

Ralph W. Peterson

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Male Color or race White  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
7. Date of Birth (Month, Day, Year) March 27, 1885  
8. (b) Name of husband or wife Helen Wright Peterson 6. (c) Age of husband or wife if alive 69 years

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>2</u>	<u>15</u>	hrs. min.

9. Exact Occupation Merchant Did this work for 40 yrs.  
10. Industry or Business Grocery Date last worked Sept. 1947  
11. Birthplace Ogden, Utah (City or town) (State or foreign country)

12. Name John Peter Peterson  
13. Birthplace Stockholm, Sweden (City or town) (State or foreign country)  
14. Maiden name Mary Ann Fribe  
15. Birthplace London, England (City or town) (State or foreign country)

16. Informant's OWN Signature Arthur R. Morsehead  
and Address 678 So. 3rd, Brigham City, Ut.

17. (a) Removal (b) Date thereof 6-15-48 (Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place Ogden, Utah

18. Funeral Director's OWN Signature Ken B. McCulloch  
and Address Bucley, Idaho

19. (a) 6-25-48 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June-12-1948  
at 1:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 3 to June 12 1948  
I last saw PM alive on 12 June 1948;  
death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Typhoid Duration 2 yr.

- Due to Cancer 5 yr.  
Due to Primary site prostate  
Other conditions Bone metastasis of ribs, spine, skull, pelvis & all other long bone of body  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature [Signature]  
and Address Bucley, Idaho Date 22 June 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 15 1948

# Certificate of Death

STATE OF IDAHO

1948 2149  
State File No. \_\_\_\_\_  
Local Reg. No. 67  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 1419 Miller Ave.  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Magic Valley Stayed \_\_\_\_\_ days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Elizabeth Starkie Martin

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female race White 5. Color or \_\_\_\_\_  
6. (b) Name of husband or wife Peter Martin 6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) August 31, 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>88</u>	<u>9</u>	<u>15</u>	hrs. min.

9. Exact Occupation at home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked unknown

11. Birthplace Edenham, England (City or town) (State or foreign country)

12. Name John Starkie

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Elizabeth Pearson

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Oliver Linceford

and Address Rt 2 Box 340 Burley Idaho

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 6-18-48 (Month) (Day) (Year)

(c) Place Maxima, Idaho

18. Funeral Director's OWN Signature Sam B. M. Gullach

and Address Burley Idaho

19. (a) 7-6-48 (Date received and filed) (b) Starkie (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June-15-1948  
at 11:35 o'clock P. M.

21. I HEREBY CERTIFY That I attended deceased from April 1948 to June 15 1948.  
I last saw him alive on June 15 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Failure Duration 8 M.

Due to arteriosclerosis - sten- ?

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 1948 City, county, state Jerome, Idaho

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ Where at work? \_\_\_\_\_

Means of injury fall - left hip slipped on kitchen floor

23. Attendant's OWN Signature Starkie (M. D. or other) \_\_\_\_\_  
and Address Burley Date 20 June 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 24 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2150**  
Local Reg. No. **39**  
Reg. Dist. No. **470**

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 1443 BURTON AVE.  
(d) Death Occurred Inside? X Outside? — city or town  
(e) Died in a Home X Hospital — Institution — Other place —  
(f) Name Hosp. or Inst. — Stayed — days  
(g) Lived in this county 44 years — months — days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 1443 BURTON AVE.  
(e) Deceased lived Inside? X Outside? — city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

William A. Schlick

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

Sex Male race White

## 6. (b) Name of husband or wife

None

## 6. (a) Single, widowed, married, divorced

M

## 7. Date of Birth

(Month, Day, Year)

Sept. 22 1876

## 8. AGE

Years

Months

Days

If less than 1 day

71

8

26

hrs. min.

## 9. Exact

Occupation

Retired

Did this

work for 13 yrs.

## 10. Industry or

Business

Date last

worked

## 11. Birthplace

Cascade

Iowa

(City or town)

(State or foreign country)

## 12. Name

Michael Schlick

## 13. Birthplace

Unknown

(City or town)

(State or foreign country)

## 14. Maiden name

Mary Bismarck

## 15. Birthplace

Iowa

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Clare L. Schlick

and Address

Burley

## 17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof 6-21-48

(Month) (Day) (Year)

(c) Place

Burley Idaho

## 18. Funeral Director's

OWN Signature

Arthur S. Payne

and Address

Burley Idaho

## 19. (a)

6-21-48

(Date received and filed)

(b)

W. Schlick

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

June 18 1948

at 1:00 o'clock

A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19

to

June 18 1948

I last saw him in alive on June 17 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocarditis

Duration

6 mo.

Due to

Ca of Prostate

2 yrs

Due to

Bone Metastases

Other conditions

Bone Metastases

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

## 23. Attendant's

OWN Signature

W. Schlick M.D.

and Address

Burley

(M.D. or other)

Date

6-19 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 2 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2151  
Local Reg. No. 62  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. -  
(d) Death Occurred Inside? X Outside? - city or town  
(e) Died in a Home X Hospital - Institution - Other place -  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county 42 years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? X Outside? - city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

Edwin Fredrick Schroeder

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex Male race White

## 6. (b) Name of husband or wife

Edith

## 7. Date of Birth

(Month, Day, Year) Nov 12 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>7</u>	<u>9</u>	- hrs. - min.

9. Exact Occupation Sign Painter Did this work for 50 yrs.

10. Industry or Business " Date last worked 1947

11. Birthplace Oak Park, Illinois  
(City or town) (State or foreign country)

12. Name John Schroeder

13. Birthplace Germany  
(City or town) (State or foreign country)

14. Maiden name Hora Zahnenholz

15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Margaret Schroeder Klink  
and Address Burley, Idaho

17. (a) Burial (b) Date thereof June 24  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Burley

18. Funeral Director's OWN Signature Ruth S. Payne  
and Address Burley, Idaho

19. (a) 6-23-48 (b) R. S. Wilson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 20 1948  
at 8:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 2 MARCH 1948 to 20 JUNE 1948

I last saw him 1 M. alive on 20 JUNE 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

CARCINOMA OF BLADDER

## Duration

4 mos.

## Due to

## Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? BURLEY

Name of operation CYSTOTOMY Date 16 MAY 48

Major finding CANCER OF BLADDER

Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature Sherman R. Burley M.D.  
(M. D. or other)

and Address BURLEY IDAHO Date 23 June 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 2 1948

# Certificate Of Death

STATE OF IDAHO

1948 2152  
State File No. \_\_\_\_\_  
Local Reg. No. 64  
Reg. Dist. No. 470

## 1. PLACE OF DEATH

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 29 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Oklahoma

## 3. (a) FULL NAME

Lillian B. Snodgrass

094A

## 3. (b) If veteran,

## 3. (c) Social Security

name war \_\_\_\_\_ No. \_\_\_\_\_

- 5 Color or White (a) Single, widowed, married, divorced Widowed  
4 Sex Female race \_\_\_\_\_

- (b) Name of husband or wife Geo. E. Snodgrass (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth July 17, 1875  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>11</u>	<u>3</u>	hrs min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 6-20-48

11. Birthplace Howard Co., Missouri  
(City or town) (State or foreign country)

12. Name Anthony J. Barrell

13. Birthplace No Data  
(City or town) (State or foreign country)

14. Maiden name Meliana

15. Birthplace No Data  
(City or town) (State or foreign country)

16. Informant's OWN Signature M. Frances Ackay  
and Address 133 N. 2nd St. Burley, Idaho

17. (a) Burial (b) Date thereof 6-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Pleasant View Cemetery - Burley

18. Funeral Director's OWN Signature Frank M. Pufflach

- and Address Burley, Idaho

19. (a) 6-25-48 (b) W. H. Wilson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) June 20 1948  
at 10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 4-2 1948, to June 20 1948

I last saw her alive on 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Coronary thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature M. J. Kelly (M. D. or other)

and Address Burley, Idaho Date 6-25 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2153  
Local Reg. No. 68  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 559 Canal Ave.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 20 years — months — days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 559 Canal Ave.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Regden Wash

## 3. (a) FULL NAME

Myrtle L. Hodge

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

518-30-3641

## 4. Sex Female Color or race White

## 5. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Calvin B. Hodge

## 6. (c) Age of husband or wife if alive — years

## 7. Date of Birth (Month, Day, Year) July 20, 1912

8. AGE	Years	Months	Days	If less than 1 day
	<u>34</u>	<u>11</u>	<u>2</u>	hrs. min.

## 9. Exact Occupation Housewife Did this work for — yrs.

## 10. Industry or Business — Date last worked Unknown

## 11. Birthplace Rock Springs, Wyoming (City or town) (State or foreign country)

## 12. Name Harry Pierce

## 13. Birthplace Iowa (City or town) (State or foreign country)

## 14. Maiden name Louise Jessop

## 15. Birthplace Yorkshire, England (City or town) (State or foreign country)

## 16. Informant's OWN Signature Albert Pierce

## and Address 559 Canal Ave

## 17. (a) Burial (b) Date thereof 6-26-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Pleasant View Cemetery, Burley

## 18. Funeral Director's OWN Signature Norm B. McCallister

## and Address Burley, Idaho

## 19. (a) 7-6-48 (b) W. J. Wilson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) June 22 1948

## at 9:05 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 5 June 1948 to 22 June 1948

## I last saw him alive on 22 June 1948

## death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Toxemia of Cancer. Duration

## Due to Metastasis 2:30 p.m.

## Due to Primary rt kidney

## Other conditions Liver metastasis (Include pregnancy within 3 months of death)

## Where was disease contracted? —

## Name of operation — Date —

## Major finding —

## Finding of autopsy —

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? — Suicide? — Homicide? —

## Occurred — 19 — City, county, state

## where violence occurred —

## Place of Violence: Home — Farm — Industry —

## Public Place — While at work? —

## Means of injury —

## 23. Attendant's OWN Signature — Date 27 June 1948

## and Address — (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2154  
Local Reg. No. 69  
Reg. Dist. No. 470

1. PLACE OF DEATH:  
(a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Cottage Hosp. Stayed — days  
(g) Lived in this county 4 years — months — days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in three)  
(a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 1104 1/2 N. Bonant  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME David Merrill Cunha  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 519-01-8467  
4. Sex Male Color or race White  
5. (b) Name of husband or wife Ida May Lewis  
6. (c) Age of husband or wife if alive 27 years  
7. Date of Birth (Month, Day, Year) Mar 22 1910

8. AGE	Years	Months	Days	If less than 1 day
	<u>38</u>	<u>3</u>	<u>—</u>	hrs. min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Castledale, Utah (City or town) (State or foreign country)  
12. Name Joseph Manuel Cunha  
13. Birthplace Portugal (City or town) (State or foreign country)  
14. Maiden name Rosey Davis  
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs David Cunha  
and Address 1041 N. Bonant  
17. (a) Burial (b) Date thereof 6-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Pleasant View Cemetery - Burley, Idaho  
18. Funeral Director's OWN Signature Norm B. McCulloch  
and Address Burley, Idaho  
19. (a) 6-6-48 (b) W. H. Wilson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) June 23 1948  
at 6:47 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Brain hemorrhage Duration \_\_\_\_\_  
Due to Self inflicted gun shot  
Due to asphyxiation  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? Suicide Homicide? \_\_\_\_\_  
Occurred 6-23- 1948 City, county, state \_\_\_\_\_  
where violence occurred City  
Place of Violence: Home Home Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Self inflicted gun shot  
23. Attendant's OWN Signature Norm B. McCulloch  
Cassia County, Idaho  
and Address Burley, Idaho Date 6-23 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **2155**  
Local Reg. No. **72**  
Reg. Dist. No. **470**

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Cottage Stayed 3 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Kathleen Hull

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex 7 Color or race W

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 23, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>3</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Burley Idaho  
(City or town) (State or foreign country)

12. Name Lester Hull

13. Birthplace Hooker, Utah  
(City or town) (State or foreign country)

14. Maiden name Pauline Keller

15. Birthplace Russia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lester Hull  
and Address 129 S. Yale, Burley, Idaho

17. (a) Burial (b) Date thereof June 27  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Gen. Memorial Park, Burley

18. Funeral Director's OWN Signature Reita S. Payne

and Address Burley, Idaho

19. (a) 7-8-48 (b) W. H. Wilson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 26, 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock 2 P. M.

21. I HEREBY CERTIFY, That I attended deceased from 23 June 1948 to 26 June 1948

I last saw her alive on 26 June 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: GENERAL HEMORRHAGE Duration 2-3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. H. Wilson

and Address Burley, Idaho Date 8-9

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2156**  
Local Reg. No. **78**  
Reg. Dist. No. **470**

## 1. PLACE OF DEATH:

- (a) County **Cassia**  
(b) City or town **Burley**  
(c) Street Address or R.F.D. No. **900 N. Oakley**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **-----** Stayed **--** days  
(g) Lived in this county **44** years **--** months **--** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Cassia**  
(c) City or town **Burley**  
(d) Street Address or R.F.D. No. **900 N. Oakley**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **American**  
(g) How long had deceased lived in Idaho? **44** years  
(h) Former residence (city, state) **Arizona**

## 3. (a) FULL NAME

**DAVID R. NORTON**

## 3. (b) If veteran, name war

**\*\***

## 3. (c) Social Security No.

**518-24-8982**

## 4. Sex **M.** Color or race **White**

## 6. (a) Single, widowed, married, divorced **Married**

## 6. (b) Name of husband or wife **Mable Burgess**

## 6. (c) Age of husband or wife if alive **--** years

## 7. Date of Birth (Month, Day, Year) **June 15, 1884**

8. AGE	Years	Months	Days	If less than 1 day
	<b>64</b>	<b>0</b>	<b>14</b>	<b>--</b> hrs. <b>--</b> min.

## 9. Exact Occupation **Farmer** Did this work for **--** yrs.

## 10. Industry or Business **--** Date last worked **6-21-48**

## 11. Birthplace **Parma Arizona** (City or town) (State or foreign country)

## 12. Name **David Henry Norton**

## 13. Birthplace **Salt Lake City, Utah** (City or town) (State or foreign country)

## 14. Maiden name **Arletta Owens**

## 15. Birthplace **Utah** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Ben R. Norton (son)** and Address **Burley Idaho**

## 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

## (c) Place **Burley, Idaho**

## 18. Funeral Director's OWN Signature **Alta J. Payne** and Address **Burley Idaho**

## 19. (a) **7-8-48** (Date received and filed) (b) **B. F. Wilson** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **June 29, 1948**

About **1:00** o'clock **A.**M.

## 21. I HEREBY CERTIFY, That I attended deceased from **--** to **--** 19**--**

I last saw h. **--** alive on **--** 19**--**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Coronary Thrombosis** Duration **?**

Due to **Arterio-sclerosis**

Due to **--**

Other conditions **--** (Include pregnancy within 3 months of death)

Where was disease contracted? **--**

Name of operation **--** Date **--**

Major finding **--**

Finding of autopsy **None**

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **--** Suicide? **--** Homicide? **--**

Occurred **--** 19**--** City, county, state

where violence occurred **--**

Place of Violence: Home **--** Farm **--** Industry **--**

Public Place **--** While at work? **--**

Means of injury **--**

## 23. Attendant's OWN Signature **Wm. B. McCullash** and Address **Burley Idaho** Date **6-29-48**

(For additional space, use reverse side)

**094A**

**097X**

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 2 1 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2157  
Local Reg. No. 38  
Reg. Dist. No. 471

## 1. PLACE OF DEATH:

- (a) County CASSIA  
(b) City or town DECLD  
(c) Street Address or R.F.D. No. —  
(d) Death Occurred Inside? — Outside? X city or town  
(e) Died in a Home — Hospital — Institution — Other place X  
(f) Name Hosp. or Inst. — Stayed — days  
(g) Lived in this county 5 years 1 months 5 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CASSIA  
(c) City or town DECLD  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? — Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) NONE

3. (a) FULL NAME J. GARTH TURNER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE  
5. Color or WHITE 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) May 7 - 1943

8. AGE	Years	Months	Days	If less than 1 day
	<u>5</u>	<u>1</u>	<u>5</u>	hrs. min.

9. Exact Occupation NONE Did this work for — yrs.

10. Industry or Business — Date last worked —

11. Birthplace BURLEY, IDAHO  
(City or town) (State or foreign country)

12. Name Lowell Turner

13. Birthplace Soda Spring  
(City or town) (State or foreign country)

14. Maiden name Beth Wood

15. Birthplace Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lowell Turner  
and Address —

17. (a) Burial (b) Date thereof June 15  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho

18. Funeral Director's OWN Signature Retta S. Payne  
and Address Burley, Idaho

19. (a) 6-15-48 (b) W. H. Wilson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 12 1948  
at 6 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from June 12 1948, to June 12 1948

I last saw h. — alive on — 19—  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured neck Duration 5 min

Due to Fractured neck 5 min

Due to Greater accident 5 min

Other conditions None

(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation None Date —

Major finding None

Finding of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? Yes

Means of injury Fractured neck

23. Attendant's OWN Signature W. H. Wilson

and Address Burley, Idaho Date 6/14 1948

(For additional space, use reverse side)

451

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 24 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. **2158**  
Local Reg. No. **60**  
Reg. Dist. No. **476**

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. —  
(d) Death Occurred Inside? — Outside? X city or town  
(e) Died in a Home X Hospital — Institution — Other place —  
(f) Name Hosp. or Inst. — Stayed — days  
(g) Lived in this county 36 years — months — days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. —  
(e) Deceased lived Inside? — Outside? X city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

Vida Caplinger Allen

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race White  
4. Sex Female  
6. (b) Name of husband or wife Hugh  
6. (a) Single, widowed, married, divorced married  
6. (c) Age of husband or wife if alive 67 years  
7. Date of birth (Month, Day, Year) May 2nd 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>1</u>	<u>15</u>	<u>—</u> hrs. <u>—</u> min.

9. Exact Occupation House wife Did this work for — yrs.

10. Industry or Business — Date last worked —

11. Birthplace Paris, Missouri  
(City or town) (State or foreign country)

12. Name George Caplinger

13. Birthplace Missouri  
(City or town) (State or foreign country)

14. Maiden name Mahala

15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hugh Allen  
and Address —

17. (a) Burial (b) Date thereof June 21  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Burley 260

18. Funeral Director's OWN Signature Pitts & Payne  
and Address Burley

19. (a) 6-21-48 (b) Pitts & Payne  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 17 1948  
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1940 to June 17 1948.  
I last saw her alive on June 17 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Embolus

## Duration

1 day

Due to Brain Embolus

Due to —

Other conditions Diabetes  
(Include pregnancy within 3 months of death)

5 y.

Where was disease contracted? —

Name of operation — Date —

Major finding —

Finding of autopsy —

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state  
where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature Hugh Allen M.D.  
(M. D. or other)

and Address Burley 260 Date 6-21 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

35-89  
Rulon

# Certificate of Death

STATE OF IDAHO

1948

State File No. **2159**  
Local Reg. No. **63**  
Reg. Dist. No. **470**

**JUL 2 1948**

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed — days  
(g) Lived in this county 39 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Rulon Bandley

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

4. Sex M race W

6. (b) Name of husband or wife Maudie

6. (a) Single, widowed, married, divorced M

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Nov 26<sup>th</sup> 1899

## 8. AGE

Years

Months

Days

If less than 1 day

48

4

29

hrs. min.

## 9. Exact Occupation

Farmer

Did this work for 20 yrs.

## 10. Industry or Business

Date last worked 1944

## 11. Birthplace

Provo

Utah

## 12. Name

Christian Bandley

## 13. Birthplace

Switzerland

## 14. Maiden name

Minnie Buchler

## 15. Birthplace

Switzerland

## 16. Informant's

OWN Signature

Mrs Maudie Bandley

and Address

Burley Idaho

## 17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place

Provo

Utah

## 18. Funeral Director's

OWN Signature

Retta S. Payne

and Address

Burley Idaho

## 19. (a)

(Date received and filed)

6-27-48

(b)

(Registrar's signature)

R. A. Wilson

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 25 1948

at 9:00 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

— 19— to — 19—

I last saw h. — alive on — 19—

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Brain Hemorrhage

## Duration

Due to self inflicted gun shot

Due to Dependence

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation — Date —

Major finding —

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? suicide Homicide? \_\_\_\_\_

Occurred 6-25 1948 City, county, state

where violence occurred Cassia County - Home

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury self inflicted gun shot

## 23. Attendant's

OWN Signature Thos B. McElders

Cassia - Cassia Co. or other

and Address 6-25-48 Date 6-26 1948

(Not additional time, use reverse side)

Burley Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

307 7 15 48

# Certificate of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 71  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Erasmus Noble

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex M Color or race W

## 6. (a) Single, widowed, married, divorced M

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) March 28 1867

## 8. AGE

Years	Months	Days	If less than 1 day
<u>81</u>	<u>2</u>	<u>28</u>	hrs. min.

## 9. Exact Occupation

Farmer Did this work for 45 yrs.

## 10. Industry or Business

Retired Date last worked 1943

## 11. Birthplace

Bountiful Utah (City or town) (State or foreign country)

## 12. Name

Joseph Bates Noble

## 13. Birthplace

Vermont (City or town) (State or foreign country)

## 14. Maiden name

Sylvia Loretta Meacham

## 15. Birthplace

Utah (City or town) (State or foreign country)

## 16. Informant's OWN Signature

Walker B Noble

## and Address

Burley 2do

## 17. (a) Burial

(Burial, cremation, or removal) (b) Date thereof June 30 (Month) (Day) (Year)

## (c) Place

Burley 2do

## 18. Funeral Director's OWN Signature

Attie S. Payne

## and Address

Burley 2do

## 19. (a)

7-8-48 (Date received and filed)

## (b)

W A Wilson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 26 1948  
at \_\_\_\_\_ o'clock 7 A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

14 Nov 1946 to 26 June 1948

I last saw him alive on 22 May 1947

## Immediate Cause of Death:

HEMIPLEGIA

## Duration

10 day

## Due to HEMIPLEGIA

10 day

## Due to Prostatic Enlargement

Other conditions Prostatic Enlargement 594.  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

## Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

Chas. M. Payne

and Address Burley 2do Date July 26 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 19 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2161  
Local Reg. No. 75  
Reg. Dist. No. 471

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Elba  
(c) Street Address or R.F.D. No. —  
(d) Death Occurred Inside? X Outside? — city or town  
(e) Died in a Home X Hospital — Institution — Other place —  
(f) Name Hosp. or Inst. — Stayed — days  
(g) Lived in this county — years — months — days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Elba  
(d) Street Address or R.F.D. No. —  
(e) Deceased lived Inside? X Outside? — city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Artie Mabbourn Homer

093D

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

Sex M. race White

## 6. (a) Single, widowed, married, divorced

6. (c) Age of husband or wife if alive none years

## 7. Date of Birth

(Month, Day, Year) December 8 1870

## 8. AGE

Years

Months

Days

If less than 1 day

77 6 21 - hrs. - min.

## 9. Exact

Occupation Carpenter Did this work for 1 1/2 yrs.

## 10. Industry or

Business Rail road Date last worked 1934

## 11. Birthplace

Smithfield Utah  
(City or town) (State or foreign country)

## 12. Name

Edmund Homer

## 13. Birthplace

Penn.  
(City or town) (State or foreign country)

## 14. Maiden name

Susan E. Greene

## 15. Birthplace

Illinois  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Corrie M. Hubbard  
and Address Elba Idaho

## 17. (a)

Burial (Burial, cremation, or removal) (b) Date thereof 7-1-48 (Month) (Day) (Year)

(c) Place Elba, Idaho

## 18. Funeral Director's

OWN Signature Retta S. Payne  
and Address Burley Idaho

## 19. (a)

7-10-48 (Date received and filed)

## (b)

[Signature] (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 29 1948

at 9:00 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

June 28 1948 to June 28 1948

I last saw him alive on June 28 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial failure

## Duration

8 mo.

Due to arteriosclerotic heart

Due to stroke

Other conditions  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation none Date

Major finding none

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

## 23. Attendant's

OWN Signature [Signature]

and Address Burley Ida Date 30 June 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUN 16 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2162  
Local Reg. No. 45  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Orfino  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. State Hosp. Stayed \_\_\_\_\_ days  
(g) Lived in this county 14 years 1 months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida (b) County Clearwater  
(c) City or town Orfino  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Hamman Ida

## 3. (a) FULL NAME

Remigius Grab

131A

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Single  
4. Sex M race W  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Oct 27, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>7</u>	<u>9</u>	hrs min.

9. Exact Occupation formerly farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Germany (City or town) (State or foreign country)

12. Name Ferdinand Grab  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Caroline Fagel, Germany  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Berryman  
and Address Orfino, Ida

17. (a) BURIAL (b) Date thereof JUNE 11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place RIVERSIDE CEMETERY, ORFINO, IDA  
18. Funeral Director's OWN Signature Blake Funeral Home  
and Address Orfino, IDAHO

19. (a) 6/11/48 (b) Calvin E. Dinsley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 6 1948  
at 3:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 1948, to June 6 1948  
I last saw him alive on 6-6 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute cardiac renal disease Duration 10 hr

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Personage thin 36 hr  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury E. L. Berryman

23. Attendant's OWN Signature E. L. Berryman  
and Address Orfino, Ida Date 6-6 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2163  
Local Reg. No. 26  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Orofino  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Mary's Hosp \_\_\_\_\_ days  
(g) Lived in this county 9 years 10 months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida (b) County Clearwater  
(c) City or town Orofino  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Burley

## 3. (a) FULL NAME STAINBROOK, PEARL

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Sept 4 07

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>9</u>	<u>7</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) So. Dak

12. Name Albert J. Stainbrook  
13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) Wis.  
14. Maiden name Adella E. Crane  
15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) Iowa

16. Informant's OWN Signature E. D. Berry  
and Address Orofino

17. (a) REMOVAL (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof JUNE 12/48 (Month) (Day) (Year)  
(c) Place: LeMARS, IOWA

18. Funeral Director's OWN Signature Blake  
and Address BLAKE FUNERAL HOME

19. (a) 6/11/48 (Date received and filed)  
(b) Orofino, Idaho (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 11 1948  
at 3 30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 1943 to June 11 1948  
I last saw her alive on June 10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Milliary tuberculosis Duration 2 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. D. Berry  
and Address Orofino (For additional space, use reverse side)

**Certificate Of Death**

STATE OF IDAHO

1948

State File No. 2164  
Local Reg. No. 47  
Reg. Dist. No. 210

**1. PLACE OF DEATH:**

- (a) County Clearwater  
(b) City or town Orofino  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. State Hosp. 76 stayed \_\_\_\_\_ days  
(g) Lived in this county 4 years 3 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Ida (b) County Clearwater  
(c) City or town Orofino  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

Frances Gillespie

**3. (b) If veteran,**

name war \_\_\_\_\_

**3. (c) Social Security**

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or  
wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) July 25 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>10</u>	<u>24</u>	hrs min.

9. Exact Occupation Miner Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Ottawa Canada  
(City or town) (State or foreign country)

12. Name Wm. Gillespie, Scotland

13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

14. Maiden name Margaret Cauley

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Berryman

- and Address Orofino Ida

17. (a) Burial (b) Date thereof 6/20/48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: State Hosp Cemetery

18. Funeral Director's OWN Signature Chas. Rutherford

- and Address Orofino Idaho

19. (a) 6/24/48 (b) Chas. R. Gairley  
(Date received and filed) (Registrar's Signature)

**MEDICAL CERTIFICATE OF DEATH 093D**

**20. DATE OF DEATH**

(Month, Day, Year) June 19 1948  
at 3:15 o'clock PM

**21. I HEREBY CERTIFY, That I attended deceased from**

3-4 1944 to 6-19 1948  
I last saw him alive on 8-18 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Chrom. myocardi Duration 3 yr

Due to Quies 20?

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_**

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

**23. Attendant's OWN Signature**

E. L. Berryman (M. D. or other)

and Address Orofino Ida Date 6-19 1948  
(For additional space, use reverse side)

1948  
State File No. 2165  
Local Reg. No. 48  
Reg. Dist. No. 210

United States  
Department of Commerce  
Bureau of the Census

JUL 12 1948

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town AHSAHKA (RURAL)  
(c) Street Address or R. F. D. No. 10 MI. EAST  
(d) Death Occured Inside? YES Outside? YES city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county    years 22 months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town AHSAHKA  
(d) Street Address or R.F.D. No. STAR ROUTE  
(e) Deceased lived Inside?    Outside? YES city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) ACAMPO, CAL.

3. (a) **FULL NAME** GLADYS ELVA BROWN

3. (b) If veteran, name war    3. (c) Social Security No. NONE  
5. Color or 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex FEMALE race WHITE  
6. (b) Name of husband or wife RODNEY ANDREW 6. (c) Age of husband or wife if alive 48 years  
7. Date of Birth (Month, Day, Year) JUNE 10, 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>0</u>	<u>13</u>	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for 20 yrs.  
10. Industry or Business HOME Date last worked JUNE 23/48  
11. Birthplace DURANGO, CALIFORNIA  
(City or town) (State or foreign country)

12. Name HARRY OTIS  
13. Birthplace IOWA  
(City or town) (State or foreign country)  
14. Maiden name PEARL OTIS  
15. Birthplace LONG ISLAND, KANSAS  
(City or town) (State or foreign country)

16. Informant's OWN Signature Rodney Brown  
and Address Ahsahka

17. (a) BURIAL (b) Date thereof JUNE 29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place RIVERSIDE CEM. OROFINO, IDAHO

18. Funeral Director's OWN Signature Blake Funeral Home  
and Address Orofino, Idaho

19. (a) 6/29/48 (b) Blair E. Fairley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 164C 103X

20. DATE OF DEATH June 23 19 48  
(Month, Day, Year) at 5:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \*\*\*\*\* 19 \*\*, to \*\*\*\*\* 19 \*\*

I last saw h. \*\* alive on \*\*\*\*\* 19 \*\*; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

HEMORRHAGE ARCH OF AORTA  
INTERNAL & EXTERNAL 5-20Min.

Due to SELF INFLICTED GUNSHOT WOUND

Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide? X Homicide?     
Occurred JUNE 23 19 48 City, county, state where violence occurred CLEARWATER CO., IDAHO  
Place of Violence: Home    Farm X Industry     
Public Place    While at work NO  
Means of injury GUNSHOT WOUND

23. Attendant's OWN Signature Coroner  
and Address Orofino, Idaho Date 6/29 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2166  
Local Reg. No. 126  
Reg. Dist. No. 220

JUL 13 1948

## 1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town 3 miles East of Orofino Idaho  
(c) Street Address or R.F.D. No. in Clearwater River  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county... years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No.           
(e) Deceased lived Inside? ☒ Outside?          city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Grover Clewland Greene

3. (b) If veteran, name war no No. 519-03-2208  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex male race White  
6. (b) Name of husband or wife          6. (c) Age of husband or wife if alive          years  
7. Date of Birth (Month, Day, Year) July 7, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>11</u>	<u>18</u>	hrs min.

9. Exact Occupation Labor Did this work for          yrs.  
10. Industry or Business DeAtley construction Co. Date last worked           
11. Birthplace Caldwell County N.C.  
(City or town) (State or foreign country)

12. Name W. Greene  
13. Birthplace no record  
(City or town) (State or foreign country)  
14. Maiden name Mattie Harmon  
15. Birthplace N.C.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Earle H. Greene  
and Address Seattle Wash.

17. (a) Burial (b) Date thereof 7/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Clarkston, Washington

18. Funeral Director's Vassar-Rawls Funeral Home  
OWN Signature by Vassar  
and Address Lewiston, Ida.

19. (a) July 6, 1948 (b) Donna J. Odert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 25, 1948 19           
(Month, Day, Year) about 10:20 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from          19         , to          19

I last saw h.          alive on          19         ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Drowning Duration         

Due to car into Clearwater 3 miles above Orofino, body found about 3 miles above Clearwater Dam, 4 miles from where he went in to River  
(Include pregnancy within 3 months of death)

Where was disease contracted?          PHYSICIAN           
Name of operation          Date           
Major finding           
Finding of autopsy           
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide?          Homicide?           
Occurred June 25 19 48 City, county, state where violence occurred Clearwater County, Idaho.  
Place of Violence: Home          Farm          Industry           
Public Place x While at work?           
Means of injury Drowning  
23. Attendant's Indren F. Vassar Coroner  
OWN Signature           
and Address Lewiston, Idaho Date 7/2/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1548  
State File No. 2167  
Local Reg. No. 395  
Reg. Dist. No. 680

## 1. PLACE OF DEATH:

- (a) County Custer  
(b) City or town Challis  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 63 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Custer  
(c) City or town Challis  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 63 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

William Klug

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or \_\_\_\_\_  
4. Sex male race White  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Oct. 6<sup>th</sup> 1885

8. AGE Years Months Days If less than 1 day  
62 8 5 hrs. min.

9. Exact Occupation wood hauler Did this work for 45 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked June 11, 1948

11. Birthplace Challis Idaho  
(City or town) (State or foreign country)

12. Name Hermon Klug

13. Birthplace Colom Rhine Germany  
(City or town) (State or foreign country)

14. Maiden name Margaretta Schwartzkopf

15. Birthplace Moson Hoven Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. A. Williams  
and Address Challis Idaho

17. (a) (Burial) cremation, or removal (b) Date thereof 6-16-48  
(Month) (Day) (Year)

(c) Place Challis Idaho

18. Funeral Director's OWN Signature William C. Deebler  
and Address Salmon Idaho

19. (a) June 16, 1948 (b) Chas. McKenny  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 11<sup>th</sup>, 1948  
at 4 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Accident

## Duration

Due to logs falling on him  
crushing body and legs.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred June 11<sup>th</sup>, 1948 City, county, state  
where violence occurred Challis Custer Co. Idaho

Place of Violence: Home yes Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? yes

Means of injury Logs falling and crushing  
body and legs.

23. Attendant's OWN Signature Harry B. Waters  
and Address Challis, Idaho Date 6/13 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 26 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2168  
Local Reg. No. 7  
Reg. Dist. No. 380

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Mountain Home  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years 3 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Caldwell Kansas

## 3. (a) FULL NAME CHARLES ZENIS LAMKIN

3. (b) If veteran, name war No. 3. (c) Social Security No. 512-09-3336  
5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
4. Sex Male 6. (b) Name of husband or wife Nora V. 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) April 14, 1883

8. AGE	Years	Months	Days	If less than 1 day
	64	10	29	hrs min.

9. Exact Occupation Farming Did this work for 12 yrs.  
10. Industry or Business General Farm Date last worked 3/13/48  
11. Birthplace Caldwell Kansas (City or town) (State or foreign country)

- Mother Father  
12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Ben A. Newman  
and Address Mountain Home Idaho

17. (a) Removal (b) Date thereof March 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Nampa Idaho

18. Funeral Director's OWN Signature Ed J. Bay  
and Address Mountain Home Idaho

19. (a) March 15, 1948 (b) Ed J. Bay  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 13, 1948  
(Month, Day, Year) at 5:27 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Coronary Occlusion  
Due to .....

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred at home Idaho May 13, 1948 City, county, state

Place of Violence: Home Farm Industry  
Public Place ☒ While at work? ☒  
Means of injury .....

23. Attendant's OWN Signature Phil F. Grew (M D. or other)  
and Address MT Home Ida Date 3/14 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUN 26 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2169  
Local Reg. No. 10  
Reg. Dist. No. 380

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Mountain Home  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital... Institution. Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 40 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Spain

3. (a) FULL NAME EMIL DIAZ

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Elizabeth M. 6. (c) Age of husband or wife if alive 45 years  
7. Date of Birth (Month, Day, Year) February 18, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>2</u>	<u>14</u>	hrs min.

9. Exact Occupation Club Owner Did this work for 28 yrs.  
10. Industry or Business Pastime Date last worked Sept/46  
11. Birthplace Lequetio Spain  
(City or town) (State or foreign country)

12. Name Angel Diaz  
13. Birthplace Spain  
(City or town) (State or foreign country)  
14. Maiden name Gavina Bilboa  
15. Birthplace Spain  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Elizabeth Diaz  
and Address Mountain Home Idaho

17. (a) Burial (b) Date thereof May 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mountain View Cemetery

18. Funeral Director's OWN Signature J. G. Bay  
and Address Mountain Home Idaho

19. (a) May 4, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 092A

20. DATE OF DEATH (Month, Day, Year) 5/2 1948  
at 7:15 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 5/11 1947, to 5/2 1948  
I last saw h. alive on 5/1 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Heart failure - & de Duration 1 yr  
Compensation  
Due to Coronary Stenosis 15 yrs  
Mural thrombus  
Due to Myocardial Infarction 10 yrs  
Other conditions Chronic Glomerulonephritis  
(Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy Perforating heart  
Coronary Stenosis  
Myocardial Infarction  
Mural thrombus

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? No Homicide? No  
Occurred 19 City, county, state

- where violence occurred  
Place of Violence: Home Yes Farm No Industry No  
Public Place No While at work? No  
Means of injury Heart

23. Attendant's OWN Signature [Signature]  
and Address Mountain Home Idaho 5/3 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 26 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2170  
Local Reg. No. 11  
Reg. Dist. No. 380

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Mountain Home  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home. ☒ Hospital. .... Institution. .... Other place. ....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 50 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Syracuse N.Y.

## 3. (a) FULL NAME THOMAS J. MADDEN

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widower  
4. Sex Male race White  
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) April 16, 1858

8. AGE	Years	Months	Days	If less than 1 day
	<u>90</u>	<u>0</u>	<u>20</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for 50 yrs.  
10. Industry or Business Framing Date last worked 1935  
11. Birthplace Syracuse New York  
(City or town) (State or foreign country)

- Mother { 12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature E. J. Emeade  
and Address Mountain Home Idaho

17. (a) May 18, 1948 (b) Date thereof May 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mountain View Cemetery

18. Funeral Director's OWN Signature P. J. Bay  
and Address Mountain Home Idaho

19. (a) May 7, 1948 (b) P. J. Bay  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 6, 1948  
at 12:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 1, 1948 to May 6, 1948.  
I last saw him alive on 5-3-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Due to Cerebral Hemorrhage Duration six days  
Due to Senility  
Other conditions .....  
(Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature J. E. Emeade (M. D. or other)  
and Address Mountain Home Idaho Date May 5, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2171  
Local Reg. No. 12  
Reg. Dist. No. 380

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Mountain Home  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside?..... Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 29 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Butte Montana

3. (a) FULL NAME ELLEN MARIE JOHNSON

3. (b) If veteran, name war No. .... 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Widow  
4. Sex Female race White  
6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) January 16, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>4</u>	<u>12</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Home Date last worked 5/14/48  
11. Birthplace Sweeden (City or town) (State or foreign country)

12. Name John Erickson  
13. Birthplace Sweeden (City or town) (State or foreign country)  
14. Maiden name Marie Lindberg  
15. Birthplace Sweeden (City or town) (State or foreign country)

16. Informant's OWN Signature Walter E. Johnson  
and Address Boise Idaho

17. (a) Burial (b) Date thereof June 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mountain View Cemetery

18. Funeral Director's OWN Signature O. J. Bay  
and Address Mountain Home Idaho

19. (a) June 1, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH (Month, Day, Year) May 28 19 48  
at 10 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 5-27-1948 to 5-28-1948  
I last saw her alive on 5-28-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to Cerebral Hemorrhage  
Heart condition

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? Home  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature J. E. Brown  
(M. D. or other)  
and Address Mountain Home Idaho Date 5-29-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 26 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2172  
Local Reg. No. 13  
Reg. Dist. No. 380

## 1. PLACE OF DEATH:

- (a) County Elmore County  
(b) City or town Smith's Prairie  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 1 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 2, Box 82-A  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? Spain  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Spain

## 3. (a) FULL NAME CAYETANO GABIOLA

3. (b) If veteran, name war none  
3. (c) Social Security No. 519-01-6852  
4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife May  
6. (c) Age of husband or wife if alive 35 years  
7. Date of Birth (Month, Day, Year) August 7, 1894

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>10</u>	<u>4</u>	hrs min.

9. Exact Occupation logger Did this work for 20 yrs.  
10. Industry or Business Woods Date last worked 6/11/48  
11. Birthplace Murelaga, Vizcaya, Spain  
(City or town) (State or foreign country)

12. Name Hilario Gabiola  
13. Birthplace Murelaga, Vizcaya, Spain  
(City or town) (State or foreign country)  
14. Maiden name Maria Gabiola  
15. Birthplace Murelaga, Vizcaya, Spain  
(City or town) (State or foreign country)

16. Informant's OWN Signature Damian Gabiola  
and Address 1815 Division, Boise, Ida.

17. (a) Burial (b) Date thereof 6/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Phil G. Bay  
and Address Mountain Home, Idaho

19. (a) June 15, 1948 (b) Attendant  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 11, 1948  
at 1:15 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Skull Fracture  
Due to \_\_\_\_\_

Falling Tree  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred June 11, 1948 City, county, state Prarie Elmore Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry ☒

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Falling Tree

23. Attendant's OWN Signature Phil G. Bay  
and Address Mountain Home, Idaho (M. D. or other) Attendant

Date 6/15 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

JUL 7 1948 STATE OF IDAHO

1948 State File No. 2173  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Elmore.  
(b) City or town King Hill.  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. .... Stayed..... days  
(g) Lived in this county 38 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho. (b) County Elmore.  
(c) City or town King Hill.  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Missouri.

## 3. (a) FULL NAME

ELVA LORINDA HAMMETT.

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None.

4. Sex Female. Race White.

6. (a) Single, widowed, married,  
divorced Widow.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive..... years

7. Date of Birth  
(Month, Day, Year) February. 12. 1866.

8. AGE	Years	Months	Days	If less than 1 day
	<u>82.</u>	<u>4.</u>	<u>8.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace Akron, Ohio.  
(City or town) (State or foreign country)

Father { 12. Name Jacob Hubler.

13. Birthplace Akron, Ohio.  
(City or town) (State or foreign country)

Mother { 14. Maiden name Catherine Myers.

15. Birthplace Akron, Ohio.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ruth L. Lampkin  
and Address 2107 N 20th Boise

17. (a) Burial. (b) Date thereof June. 22. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Charles E. Squires  
and Address Boise, Idaho.

19. (a) June 20 1948 (b) Mary Sullivan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) June. 20. 1948.  
at 1.45. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 19  
19..... to June 20 19.....

I last saw her alive on June 19 19.....  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral hemorrhage Duration 10 hours

Due to arterio sclerosis 2 1/2 hours

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state  
where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature Ward A. Parker M.D.  
(M. D. or other)

and Address Ward A. Parker M.D. Date June 26 1948  
(For additional space, use reverse side)

083A

097X

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 24 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2174  
Local Reg. No. 14  
Reg. Dist. No. 380

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Mountain Home  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. Clayville Stayed 8 days  
(g) Lived in this county 20 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) Twinn Falls Ida.

## 3. (a) FULL NAME CHRISTIAN CHRISTENSEN

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or No. 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) April 15, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>2</u>	<u>15</u>	hrs min.

9. Exact Occupation Farming Did this work for 28 yrs.  
10. Industry or Business Farm Date last worked 1/15/48  
11. Birthplace Denmark (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Elmore  
and Address Mountain Home, Idaho  
17. (a) Burial (b) Date thereof June 25, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Mountain View Cemetery  
18. Funeral Director's OWN Signature Elmer Bay  
and Address Mountain Home, Idaho

19. (a) June 24 1948 (b) Elmore  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 22 1948  
at 11 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 6-20 1948, to 6-22 1948  
I last saw him alive on 6-22 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pulmonary hemorrhages 2 days  
Due to .....

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature J. E. Evans M.D.  
(M. D. or other)  
and Address Mountain Home, Idaho Date 6-24-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 7 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2175  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Glenn Ferry  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital..... Institution..... Other place....  
(f) Name Hosp. or Inst..... Stayed ..... days  
(g) Lived in this count 60 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Glenn Ferry  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) Arkansas

3. (a) FULL NAME Nora Ann Morrow

3. (b) If veteran, name war No. .... 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex Female race White  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) December 23, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>6</u>	<u>1</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Home Date last worked 6/23/48  
11. Birthplace Arkansas  
(City or town) (State or foreign country)

12. Name James Morrow  
13. Birthplace Arkansas  
(City or town) (State or foreign country)  
14. Maiden name Louise Cox  
15. Birthplace Arkansas  
(City or town) (State or foreign country)

16. Informant's, Roy E. Johnston  
OWN Signature Glenn Ferry Idaho  
and Address

17. (a) Burial (b) Date thereof June 26, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Glennrest Cemetery

18. Funeral Director's, W. J. Ray  
OWN Signature Mountain Home Idaho  
and Address

19. (a) June 26-48 (b) Mary Sullivan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 24 19 48  
at 2:45 o'clock am M.

21. I HEREBY CERTIFY, That I attended deceased from June 23 19 48, to June 24 19 48  
I last saw h.e. alive on June 23 19 48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 5 hours

Due to .....  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's, W. D. Fisher M.D.  
OWN Signature Glenn Ferry Idaho (M. D. or other)  
and Address Glenn Ferry Idaho Date June 24, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED Certificate Of Death

JUL 21 1948

STATE OF IDAHO

1948  
State File No. 2176  
Local Reg. No. 15  
Reg. Dist. No. 380

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH: STATE

(a) County Elmore

(b) City or town Mountain Home

(c) Street Address or R.F.D. No. ....

(d) Death Occured Inside? ☒ Outside? ..... city or town

(e) Died in a Home ☒ Hospital ..... Institution ..... Other place....

(f) Name Hosp. or Inst. .... Stayed ..... days

(g) Lived in this county 10 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Elmore

(c) City or town Mountain Home

(d) Street Address or R.F.D. No. ....

(e) Deceased lived Inside? ☒ Outside? ..... city or town

(f) Citizen of what country? .....

(g) How long had deceased lived in Idaho? 10 years

(h) Former residence (city, state) Prairie City Ore.

3. (a) FULL NAME JOHN BAUGH

3. (b) If veteran, name war No. ....

3. (c) Social Security No. None

5. Color or White

6. (a) Single, widowed, married, divorced Single

4. Sex Male race White

6. (b) Name of husband or wife ..... (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) October 3, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>8</u>	<u>23</u>	hrs min.

9. Exact Occupation Laborer Did this work for 36 yrs.

10. Industry or Business General Work Date last worked 6/26/48

11. Birthplace Carrollton Missouri (City or town) (State or foreign country)

12. Name George H. Baugh

13. Birthplace Carrollton Mo. (City or town) (State or foreign country)

14. Maiden name Mary P. Green

15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature George H. Walden and Address Mountain Home Idaho

17. (a) Burial (b) Date thereof June 29, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Mountain View Cemetery

18. Funeral Director's OWN Signature Ed J. Ray and Address Mountain Home Idaho

19. (a) July 2, 1948 (b) St. Lawrence (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH (Month, Day, Year) July 26, 1948 at 1:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 26, 1948 to July 26, 1948

I last saw deceased on July 26, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration 2 min.

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? ..... Occurred ..... 19 ..... City, county, state where violence occurred

Place of Violence: Home ..... Farm ..... Industry ..... Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature L. J. Tesser (M. D. or other) and Address Mountain Home Idaho Date July 28, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 25 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2177  
Local Reg. No. 37  
Reg. Dist. No. 540

## 1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 120 East 2nd So.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. 120 E. 2nd So.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) years

## 3. (a) FULL NAME

Simon Carl Jensen

## 3. (b) If veteran,

name war years

## 3. (c) Social Security

No. years

## 4. Sex

Male race White

## 6. (a) Single, widowed, married, divorced

Divorced

## 6. (b) Name of husband or wife

May Hawkes

## 6. (c) Age of husband or wife if alive

years

## 7. Date of Birth

(Month, Day, Year) May 17, 1874

## 8. AGE

Years	Months	Days	If less than 1 day
<u>74</u>	<u>1</u>	<u>1</u>	hrs min.

## 9. Exact Occupation

Farmer

Did this work for years

## 10. Industry or Business

Business

Date last worked years

## 11. Birthplace

Draper, Utah

(City or town) (State or foreign country)

## 12. Name

Simon Carl Jensen

## 13. Birthplace

Not known

(City or town) (State or foreign country)

## 14. Maiden name

Sophia Jorgensen

## 15. Birthplace

Not known

(City or town) (State or foreign country)

## 16. Informant's OWN Signature

Mr. A. H. Gandy

and Address Preston, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

June 21, 1948

(c) Place: Preston, Idaho

## 18. Funeral Director's OWN Signature

Webb-Hendricks

and Address Preston, Idaho

## 19. (a)

6-21-48

(Date received and filed)

## (b)

W. W. Brown

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

June 18 1948  
(Month, Day, Year) at 4:00 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 to 19  
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Cerebral Vascular Accident

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

Date

## Major finding

## Finding of autopsy

None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

## where violence occurred

Place of Violence: Home Farm Industry Public Place While at work?

## Means of injury

## 23. Attendant's OWN Signature

W. W. Brown

and Address Preston, Idaho

Date June 18 1948

(For additional space, use reverse side)

evd

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUN 25 1948

STATE OF IDAHO

1948 State File No. 2178  
Local Reg. No. 30  
Reg. Dist. No. 540

## 1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. General Mem Hosp. Stayed ..... days  
(g) Lived in this county ..... years ..... months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

DOUGLAS EARL PRICE

3. (b) If veteran, name war ..... No. ....  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
(b) Name of husband or wife ..... (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) March 12, 1941.

8. AGE	Years	Months	Days	If less than 1 day
	<u>7</u>	<u>3</u>	<u>8</u>	hrs min.

9. Exact Occupation Student Did this work for ..... yrs.  
10. Industry or Business in School Date last worked .....  
11. Birthplace Malad, Idaho.  
(City or town) (State or foreign country)

12. Name Earl L. Price  
13. Birthplace Malad, Idaho.  
(City or town) (State or foreign country)  
14. Maiden name Izola Morgan  
15. Birthplace Malad, Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Earl L. Price  
and Address 435 So 2 Ea Preston, Id

17. (a) Removal (b) Date thereof 6-20-48.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Malad, Idaho.

18. Funeral Director's OWN Signature Richards & Son Mortuary  
and Address Preston, Idaho.

19. (a) 6-20-48 (b) 6-21-48  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 20, 1948. 19  
at 2:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1, 1948, to June 20, 1948.  
I last saw him alive on June 20, 1948. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Rheumatic fever Duration 3 wks

Due to Rheumatic fever 6 wks

Due to .....

Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease contracted? At home

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature C. R. Carter  
(M. D. or other) and Address Preston, Id Date 6-21-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2179  
Local Reg. No. 33  
Reg. Dist. No. 540

## 1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Weston  
(c) Street Address or R.F.D. No. 1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 32 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Weston  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

GWEN DAVIS NASH

3. (b) If veteran, name war   

3. (c) Social Security No.   

5. Color or    6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Grant B. Nash 6. (c) Age of husband or wife if alive 32 years

7. Date of Birth (Month, Day, Year) February 1, 1915.

8. AGE	Years	Months	Days	If less than 1 day
	<u>33</u>	<u>4</u>	<u>24</u>	hrs min.

9. Exact Occupation Housewife Did this work for    yrs.

10. Industry or Business Own Home Date last worked   

11. Birthplace Dayton, Idaho.  
(City or town) (State or foreign country)

12. Name John P. Davis

13. Birthplace Wales  
(City or town) (State or foreign country)

14. Maiden name Alice Lloyd

15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Grant B Nash  
and Address Weston, Idaho

17. (a) Burial (b) Date thereof 6-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Franklin, Idaho.

18. Funeral Director's Richards & Son Mortuary  
OWN Signature Richards & Son  
and Address Preston, Idaho.

19. (a) 6-28-48 (b) Effie W. Brower  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 25, 1948.  
(Month, Day, Year) at 4:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 6/19 1948, to 6/25 1948  
I last saw her alive on 6/19 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of ovary Duration 3 mos

(pseudo-mucinous cystadenoma)  
Due to   

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?    PHYSICIAN   

Name of operation    Date    Underline the cause to which death should be charged statistically.

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Leo R. Hawkes M.D.  
(M. D. or other)

and Address Weston, Idaho Date 6/26 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce JUN 12 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2180  
Local Reg. No. 37  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

(a) County Fremont  
(b) City or town St. Anthony,  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution ..... Other place....  
(f) Name Hosp. or Inst. General Stayed ..... days  
(g) Lived in this county 3 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 53 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Claude Mellnotte Larter

3. (b) If veteran, X name war ..... 3. (c) Social Security No. X  
5. Color or White (a) Single, widowed, married, divorced Widow  
4. Sex Male race White  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) January 3rd, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>4</u>	<u>X</u>	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Moroni, Utah (City or town) (State or foreign country)

Mother Father { 12. Name Henry N. Larter  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Pheobe Curtis  
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Ferry Larter  
and Address Chilly, Idaho

17. (a) Burial (b) Date thereof June 7-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Chilly, Idaho

18. Funeral Director's OWN Signature William M. Hansen  
and Address St. Anthony, Idaho

19. (a) 6 June 48 (b) W. M. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 3rd, 19 48  
(Month, Day, Year) at 10:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 31 1948 to June 3 1948  
I last saw him alive on June 3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic myocardial failure  
Due to Chronic passive congestion  
Due to Chronic valvular heart disease  
Other conditions disease  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature C. D. Rusty M.D.  
and Address St. Anthony (M. D. or other) Date 6-4 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1046 State File No. 3281  
Local Reg. No. 38  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home? X Hospital? ..... Institution? ..... Other place? .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 27 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony,  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME George Alma Walker

3. (b) If veteran, name war X  
3. (c) Social Security No. 518-10-6834  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hazel Walker 6. (c) Age of husband or wife if alive 48 years  
7. Date of Birth (Month, Day, Year) April 14th, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>1</u>	<u>17</u>	hrs min.

9. Exact Occupation Laborer Did this work for ..... yrs.  
10. Industry or Business Common Date last worked .....

11. Birthplace Downey, Idaho  
(City or town) (State or foreign country)

12. Name Melvin M. Walker  
13. Birthplace Idaho  
(City or town) (State or foreign country)  
14. Maiden name Martha Ellen Larson  
15. Birthplace Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Robert L. Walker  
and Address St. Anthony, Idaho

17. (a) Burial (b) Date thereof June 8th, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Wilford

18. Funeral Director's OWN Signature William M. Hansen  
and Address St. Anthony, Idaho

19. (a) 6 June 1948 (b) W. M. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 3rd, 1948  
(Month, Day, Year) at 7:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 6/3 1948, to 6/3 1948.  
I last saw him alive on 6/3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Coronary Occlusion Duration

Due to Chronic Coronary Heart Disease

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature C. D. Rusty M. D.

and Address St. Anthony (M. D. or other) Date 6-4-1948

(For additional space, reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 28 1948

# Certificate Of Death

STATE OF IDAHO

902

State File No. 2482  
Local Reg. No. 650  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony, Idaho  
(c) Street Address or R. F. D. No. 126 So. Bridge  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. St. A. Gen Stayed 2 days  
(g) Lived in this county 2 years 2 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 2 days  
(h) Former residence (city, state)

## 3. (a) FULL NAME

BRENNA HIGH

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or race White  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife   
6. (c) Age of husband or wife if alive  years

7. Date of Birth (Month, Day, Year) June 15, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>2</u>	hrs min.

9. Exact Occupation  Did this work for  yrs.

10. Industry or Business  Date last worked

11. Birthplace St. Anthony, Idaho  
(City or town) (State or foreign country)

12. Name Alfred High

13. Birthplace Ashton, Idaho  
(City or town) (State or foreign country)

14. Maiden name Almira Brower

15. Birthplace Tetonia, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Alfred High

- and Address Parker, Idaho

17. (a) Burial (b) Date thereof June 19, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Parker, Idaho

18. Funeral Director's OWN Signature M. S. Hansen

- and Address St. Anthony, Idaho

19. (a) June 19, 1948 (b) M. S. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 17 1948  
at 5:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 6/15 1948 to 6/17 1948  
I last saw her alive on 6/17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity Duration

Due to

Due to

Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?  PHYSICIAN

Name of operation  Date  Underline

Major finding  the cause to

Finding of autopsy None which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred 19 City, county, state

Where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature M. J. Riehl

and Address Idaho Date 6-15-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-286 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 26 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2183  
Local Reg. No. 47  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Rexburg  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME Charlotte Hyder Evans Adams

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
name war \_\_\_\_\_  
5. Color or 6. (a) Single, widowed, married, \_\_\_\_\_  
Sex Female race Cauc divorced Widowed  
6. (b) Name of husband or 6. (c) Age of husband or wife if \_\_\_\_\_  
wife Henry Adams alive \_\_\_\_\_ years  
7. Date of Birth \_\_\_\_\_  
(Month, Day, Year) June 14, 1853

8. AGE	Years	Months	Days	If less than 1 day
	<u>95</u>		<u>4</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Nephi, Utah  
(City or town) (State or foreign country)

12. Name William Evans  
13. Birthplace Wales  
(City or town) (State or foreign country)  
14. Maiden name Charlotte Hyder  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature H.M. Adams  
and Address Garfield, Utah

17. (a) Removal (b) Date thereof 6/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Nephi, Utah

18. Funeral Director's OWN Signature Russell Plamann  
and Address Rexburg, Idaho

19. (a) 23 June 1948 (b) Mal Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 18 1948  
(Month, Day, Year) at 4:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 10 1948 to June 18 1948  
I last saw him alive on June 18 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis Duration \_\_\_\_\_

Due to Senility

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature M.F. Rigby MD.  
(M.D. or other) and Address Rexburg, Idaho June 18 48  
(For additional space, use reverse side)

1948  
State File No. 2184  
Local Reg. No. 42  
Reg. Dist. No. 650

United States  
Department of Commerce  
Bureau of the Census

JUN 23 1948

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? # Outside? ..... city or town  
(e) Died in a Home Hospital Institution Other place .....  
(f) Name Hosp. or Inst. St. Anthony Stayed 5 days  
(g) Lived in this county ..... years ..... months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Rexburg  
(d) Street Address or R.F.D. No. Idamont Hotel  
(e) Deceased lived Inside? # Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) ..... Colorado

## 3. (a) FULL NAME Joseph Frisquis

3. (b) If veteran, name war ..... No. ....  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Margaret Rupp  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) October 9 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>8</u>	<u>11</u>	hrs min.

9. Exact Occupation Retired Laborer Did this work for ..... yrs.  
10. Industry or Business Farm Date last worked 1936  
11. Birthplace New Orleans, La (City or town) (State or foreign country)

12. Name unknown  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Rolland G. Reiser  
and Address Rexburg, Idaho

17. (a) Burial (b) Date thereof June 23, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rexburg, Idaho

18. Funeral Director's OWN Signature Rolland G. Reiser  
and Address Rexburg, Idaho

19. (a) 23 June 1948 (b) Mal Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 20 1948  
at 12:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from May 3 1948 to June 20 1948.  
I last saw him alive on June 19 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Arteriosclerosis Duration 2 months

Due to Libraria myocarditis 1 yr

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature Rolland G. Reiser (M. D. or other)  
and Address Rexburg, Idaho Date 6-20 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
JUL 2 1948  
STATE OF IDAHO

1948 State File No. 2185  
Local Reg. No. 435  
Reg. Dist. No. 650

**1. PLACE OF DEATH:**

(a) County Fremont  
(b) City or town St. Anthony, Idaho  
(c) Street Address or R.F.D. No. West Main  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 8 years 9 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

(a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. W. Main  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) ☐

**3. (a) FULL NAME**

JOYCE LAREE ADAMS

**3. (b) If veteran,**

name war No. None

**3. (c) Social Security**

No. None

5. Color or 6. (a) Single, widowed, married,

4. Sex Female race White divorced Single

6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife ☐ alive ☐ years

7. Date of Birth September 28, 1939  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>8</u>	<u>9</u>	<u>0</u>	hrs min.

9. Exact Occupation Student Did this work for ☐ yrs.

10. Industry or Business ☐ Date last worked ☐

11. Birthplace Rexburg, Idaho  
(City or town) (State or foreign country)

12. Name Claude E. Adams

13. Birthplace St. Anthony, Idaho  
(City or town) (State or foreign country)

14. Maiden name Bernece McKenna

15. Birthplace Rexburg, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Wanda E. Adams

and Address St. Anthony, Idaho

17. (a) Burial (b) Date thereof July 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Parker, Idaho

18. Funeral Director's OWN Signature M. S. Hansen

and Address St. Anthony, Idaho

19. (a) 3 June 1948 (b) M. S. Hansen  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**

(Month, Day, Year) June 28 19 48  
at 3:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 2-14-48  
19 48, to 6-28 19 48

I last saw her alive on 6-28 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Rheumatism  
Fever Duration 8 mo

Due to ☐

Due to ☐

Other conditions (Include pregnancy within 3 months of death) ☐

Where was disease contracted? St. Anthony

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature C. D. Rusty MD

and Address St. Anthony (M. or other) MD  
Date 6-29 19 48  
(For additional space, see reverse side)

# Certificate Of Death

STATE OF IDAHO

State File No. 2186  
Local Reg. No. 46  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME EDWIN JOHN MC KINLEY

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married,  
4. Sex Male race White divorced Married  
6. (b) Name of husband or wife Rossie Jenkins 6. (c) Age of husband or wife if alive 58 years  
7. Date of Birth March 31, 1880  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>2</u>	<u>29</u>	hrs min.

9. Exact Occupation Farmer Did this work for 30 yrs.  
10. Industry or Business Own Farm Date last worked 6-27-48  
11. Birthplace Evans, Colo.  
(City or town) (State or foreign country)

12. Name Edwin John McKinley  
13. Birthplace Ireland  
(City or town) (State or foreign country)  
14. Maiden name Margaret McAlife  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature miner Stoddard  
and Address St. Anthony, Idaho

17. (a) Burial (b) Date thereof 7-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Riverview cemetery, St. Anthony,

18. Funeral Director's OWN Signature Mal Hansen  
and Address St. Anthony, Idaho

19. (a) July 1, 1948 (b) Mal Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 29 19 48  
(Month, Day, Year) at about 7 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from never attended to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: suffocation Duration

Due to drowning from falling into canal

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 6-29-48 St. Anthony City, county, state where violence occurred Fremont, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Ida Public Place Yes While at work? No  
Means of injury accidental falling into canal

23. Attendant's OWN Signature Mal Hansen (M. D. or other)  
and Address St. Anthony, Idaho Date 7-1-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 13 1948

# Certificate of Death

1948

STATE OF IDAHO

State File No. 2187  
Local Reg. No. 40  
Reg. Dist. No. 657

1. PLACE OF DEATH: Fremont  
(a) County  
(b) City or town. Drummond.  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. Stayed. days  
(g) Lived in this county. 44 years. months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Fremont  
(c) City or town. Drummond.  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state). MO.

3. (a) FULL NAME Mary, Ellen Garver

3. (b) If veteran, name war 3. (c) Social Security No.

5. Color or race female white 6. (a) Single, widowed, married, divorced. Widowed  
4. Sex female white 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) March. 3rd. 1860

- | 8. AGE | Years | Months | Days | If less than 1 day |
|--------|-------|--------|------|--------------------|
|        | 82    | 2      | 28   | hrs. min.          |

9. Exact Occupation. At Home. Did this work for yrs.

10. Industry or Business. Date last worked

11. Birthplace. Andrew. CO. Mo. (City or town) (State or foreign country)

12. Name. Alfred Butler (City or town) (State or foreign country)

13. Birthplace. Ill. (City or town) (State or foreign country)

14. Maiden name. Katherine. Miller. (City or town) (State or foreign country)

15. Birthplace. Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature. Drummond, Idaho and Address.

17. (a) burial (b) Date thereof June 4th 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Ashton Idaho

18. Funeral Director's OWN Signature. and Address. Ashton Idaho

19. (a) 6 June 1948 (b) (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 1st 1948 (Month, Day, Year) 19 at 11 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1948 to 1948 I last saw him alive on June 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic pneumonia Duration 3 days

Due to 2nd heart failure ?

Due to Fractured hip. 3 wks.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation. Date.

Major finding. Finding of autopsy.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? 2/2 Suicide? Homicide?

Occurred. 2/2 January 1948 City, county, state

where violence occurred. Drummond, Fremont, Idaho

Place of Violence: Home. Farm. Industry.

Public Place. While at work? no

Means of injury. Fall off chair

23. Attendant's OWN Signature. and Address. Ashton Idaho Date 6 June 1948 (M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2188  
Local Reg. No. 44  
Reg. Dist. No. 651

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town Parker  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home XX Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Parker  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME CHARLES THOMAS ROBERTSON

3. (b) If veteran, No. \_\_\_\_\_ name war \_\_\_\_\_  
5. Color or \_\_\_\_\_ 3. (c) Social Security No. None  
4. Sex Male race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth November 29, 1860  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>88</u>	<u>6</u>	<u>28</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Delaware, Ontario, Canada  
(City or town) (State or foreign country)

- Mother Father  
12. Name Charles T. Robertson  
13. Birthplace Scotland  
(City or town) (State or foreign country)  
14. Maiden name Mary Ann Abbott  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature W. E. Robertson  
and Address Parker, Idaho.

17. (a) Burial (b) Date thereof 30 June 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Parker, Idaho

18. Funeral Director's OWN Signature Paul Hansen  
and Address St. Anthony, Idaho

19. (a) 30 June 1948 (b) Paul Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 27 1948  
(Month, Day, Year) at 8 o'clock AM M.

21. I HEREBY CERTIFY, That I attended deceased from June 22, 1948 to June 25, 1948  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Myocardial Failure Duration 12 hr.

Due to Nephritis - acute 42p

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. J. Soule  
and Address St. Anthony (City, D. or other) Date 6/28 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUL 2 1948

STATE OF IDAHO

1948  
State File No. 2189  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett, Idaho  
(c) Street Address or R.F.D. No. 2nd & Wash;  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Mary Secor Stayed 2 days  
(g) Lived in this county years months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town New Plymouth  
(d) Street Address or R.F.D. No. Rt 1  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U S A  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

ALONZA LEON DOTSON

3. (b) If veteran,  
name war no

3. (c) Social Security  
No. no

4. Sex M race W

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or  
wife Rose

6. (c) Age of husband or wife if  
alive 70 years

7. Date of Birth  
(Month, Day, Year) June 25, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>11</u>	<u>8</u>	hrs min.

9. Exact Occupation Farming Did this work for 43 yrs.

10. Industry or Business Self Date last worked 5/7 /48

11. Birthplace Green Wood, West Virginia

(City or town) (State or foreign country)

12. Name John L Dotson

13. Birthplace West Virginia

(City or town) (State or foreign country)

14. Maiden name Annie Garner

15. Birthplace West Virginia

(City or town) (State or foreign country)

16. Informant's  
OWN Signature Mrs Bessie Masters  
and Address New Plymouth Ida

17. (a) Burial (b) Date thereof 6/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: New Plymouth, Idaho

18. Funeral Director's  
OWN Signature James R. Parsons

and Address Emmett, Idaho

19. (a) 6/30/48 (b) Chas F. Dotson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) June 3 1948  
at 4:20 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from  
April 1941 to June 3 1948  
I last saw him alive on June 2nd 1948; death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary Thrombosis Duration 2 weeks

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to EXTERNAL CAUSES, also fill in the fol-  
lowing: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's  
OWN Signature Ronald F. Lawton

and Address Date 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **2190**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

**JUN 17 1948**

## 1. PLACE OF DEATH:

- (a) County **Gem**  
(b) City or town **Emmett**  
(c) Street Address or R.F.D. No. **503 N Wash.**  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **Hospital** Institution Other place  
(f) Name Hosp. or Inst. **Nursing Home** Stayed **7 mo**  
(g) Lived in this county \_\_\_\_\_ years **7** months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Adams**  
(c) City or town **New Meadows**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? **U S A**  
(g) How long had deceased lived in Idaho? **34** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME **JEANIE CARREY**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**  
4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Tom** 6. (c) Age of husband or wife if alive **59** years  
7. Date of Birth (Month, Day, Year) **Sept. 13 1889**

8. AGE	Years	Months	Days	If less than 1 day
	<b>58</b>	<b>8</b>	<b>23</b>	hrs min.

9. Exact Occupation **Home Keeper** Did this work for **35** yrs.  
10. Industry or Business **Self** Date last worked **1940**  
11. Birthplace **Edinburgh, Scotland** (City or town) (State or foreign country)  
12. Name **Hay** **Mc Cleary**  
13. Birthplace **Scotland** (City or town) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Lay M. Carrey**  
and Address **New Meadows**  
17. (a) **Burial** (b) Date thereof **6/9/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **New Meadows, Idaho**  
18. Funeral Director's OWN Signature **Flahiff Chapel**  
and Address **Emmett, Idaho**  
19. (a) **6/16/48** (b) **Chas Flahiff**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **073A**

20. DATE OF DEATH (Month, Day, Year) **June 6 1948**  
at **8:30** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **10.27 1947**, to **6-6 1948**  
I last saw her alive on **6-5 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pericardial Anemia** - **frs.** Duration

- Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Chronic Hypertension**  
(Include pregnancy within 3 months of death)  
**Chronic Hypertension** **6 mos.**  
Where was disease contracted? **at home**  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **H. C. Carrey**  
(M. D. or other)  
and Address **Emmett, Idaho** Date **6-8 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **2191**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

(a) County Gem  
(b) City or town Ola  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? X city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 32 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Gem  
(c) City or town Ola, Idaho  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Burns, Oregon

## 3. (a) FULL NAME

BENEDICT Roder

## 3. (b) If veteran, name war

no

## 3. (c) Social Security No.

no

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Esther

6. (c) Age of husband or wife if alive 75 years

7. Date of Birth (Month, Day, Year) March 18, 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>89</u>	<u>2</u>	<u>23</u>	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.

10. Industry or Business Retired Date last worked .....

11. Birthplace Wengei Switzerland  
(City or town) (State or foreign country)

12. Name Benadick Roder

13. Birthplace Switzerland  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Switzerland  
(City or town) (State or foreign country)

16. Informant's OWN Signature E. K. Muell  
and Address Ola, Idaho

17. (a) Burial (b) Date thereof 6/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Chas. B. Flahiff  
and Address Emmett, Idaho

19. (a) 6/16/48 (b) Chas. Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 11 1948  
(Month, Day, Year)  
at 5:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. in a home after death 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Cardiac failure

Due to senility

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state, where violence occurred

Place of Violence: Home ..... Farm ..... Industry ..... Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Chas. B. Flahiff (Coroner)

and Address Emmett Date 6/11/1948  
(M. P. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **2192**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 2nd & Wash.  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution X Other place  
(f) Name Hosp. or Inst. Mary Secor Stayed 71 days  
(g) Lived in this county 31 years 3 months 13 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Oswatimie, Kansas

## 3. (a) FULL NAME ANDREW JACKSON PULLEY

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or race White 6. (a) Single, widowed, married, divorced  
4. Sex Male 6. (b) Name of husband or wife Louise Pulley 6. (c) Age of husband or wife if alive 63 years  
7. Date of Birth (Month, Day, Year) Feb. 11, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>4</u>	<u>2</u>	hrs min.

9. Exact Occupation Farming Did this work for 31 yrs.  
10. Industry or Business Farmer Date last worked Oct. 1947  
11. Birthplace Paola (Miami Co.) Kansas (City or town) (State or foreign country)  
Mother Father { 12. Name Carlos Pulley  
13. Birthplace Lexington, Ky. (City or town) (State or foreign country)  
14. Maiden name Emily Jane Ford  
15. Birthplace Lexington, Ky. (City or town) (State or foreign country)

16. Informant's OWN Signature Carlos Pulley and Address Emmett, Idaho  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/48 (Month) (Day) (Year)  
(c) Place: Emmett, Idaho  
18. Funeral Director's OWN Signature James R. Persons and Address Emmett, Idaho  
19. (a) 6/16/48 (Date received and filed) (b) Chas F. Blahy (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 13 19 48  
at ..... o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from April 3d 1948 to June 13 19 48  
I last saw him alive on June 12 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Adeno Carcinoma  
stomach, face, involved  
Due to neck and shoulder

- Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature J. R. Reynolds (M. D. or other) and Address Emmett Date 9-15-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2193  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

(a) County Gem  
(b) City or town Emmett, Idaho  
(c) Street Address or R.F.D. No. 711 East Main  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 4 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Gem  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. 711 East Main  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) Portland, Oregon

## 3. (a) FULL NAME

JOHANNA K. DRESSEL

3. (b) If veteran, No  
name war

3. (c) Social Security No. No

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) November 26, 1858

8. AGE	Years	Months	Days	If less than 1 day
	89	6	26	hrs min.

9. Exact Occupation Homekeeper Did this work for yrs.

10. Industry or Business Own Home Date last worked

11. Birthplace Cleveland, Ohio  
(City or town) (State or foreign country)

12. Name August Rost

13. Birthplace Weimer, Germany  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Weimer, Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Emma Wilson  
and Address 711 East Main

17. (a) Burial (b) Date thereof 6/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Clarence R. Osborn  
and Address Emmett, Idaho

19. (a) 6/30/48 (b) Chas. Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 22, 1948  
(Month, Day, Year) at 2:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 24, 1948, to June 22, 1948.  
I last saw her alive on June 21, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Failure Duration

Due to Age and Heart Decompensation

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date

Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury

23. Attendant's OWN Signature Chas. Flahiff  
and Address Emmett, Idaho (Date 6-24-1948)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. **2194**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

**1. PLACE OF DEATH:**

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 2nd & Washington  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mary Secor Stayed 7 days  
(g) Lived in this county 14 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 632 East 2nd  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) Missouri

**3. (a) FULL NAME** AIRY JANE BOWBRICK

3. (b) If veteran, name war no 3. (c) Social Security No. no  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alfred G. 6. (c) Age of husband or wife if alive 40 years  
7. Date of Birth (Month, Day, Year) May 30, 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>0</u>	<u>20</u>	hrs min.

9. Exact Occupation Housewife Did this work for 25 yrs.  
10. Industry or Business Own Home Date last worked 3/1/48  
11. Birthplace Brashear, Missouri  
(City or town) (State or foreign country)

- Mother Father  
12. Name C. A. Stroud  
13. Birthplace Eveland, Iowa  
(City or town) (State or foreign country)  
14. Maiden name Table Roberson  
15. Birthplace Portage Co. Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. A. Bowbrick  
and Address Emmett, Idaho  
17. (a) Burial (b) Date thereof 6/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Emmett, Idaho  
18. Funeral Director's Flahiff Chapel  
OWN Signature Jane A. Person  
and Address Emmett, Idaho  
19. (a) 6/30/48 (b) Chas. Flahiff  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH June 23 1948  
(Month, Day, Year) at 1:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 1948 to June 23 1948  
I last saw her alive on June 23 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Cancer of liver Duration 2 weeks?  
Cancer of lung  
Due to Cancer of thyroid gland & pituitary 6 months?  
Due to Cancer of the right breast 18 months  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Where was disease contracted?**

Name of operating hospital \_\_\_\_\_ Date \_\_\_\_\_  
Major finding Adenocarcinoma  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Ronald P. Rawhman (M. D. or other)  
and Address Emmett Date 6/30 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2195  
Local Reg. No. 1347  
Reg. Dist. No. 420

JUL 2 1948

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R.F.D. No. Main South  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. State T.B. Stayed 9 days  
(g) Lived in this county 9 years 9 months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payett  
(c) City or town New Plymouth  
(d) Street Address or R.F.D. No. general del.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Levensworth, Kansas

## 3. (a) FULL NAME

Agnes Vestal

## 3. (b) If veteran,

name war -----

## 3. (c) Social Security

No. -----

5. Color or race female white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ralph Vestal  
6. (c) Age of husband or wife if alive 43 years  
7. Date of Birth (Month, Day, Year) June 11, 1905

8. AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>----</u>	<u>16</u>	hrs min.

9. Exact Occupation housewife Did this work for life yrs.  
10. Industry or Business Date last worked May, 1947  
11. Birthplace Basehor, Kansas  
(City or town) (State or foreign country)

12. Name Florenz Sheller  
13. Birthplace unknown  
(City or town) (State or foreign country)  
14. Maiden name Pauline Lange  
15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ralph Vestal  
and Address New Plymouth, Ida

17. (a) removal (b) Date thereof 6/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Tanganexie, Kansas

18. Funeral Director's OWN Signature H.P. Bright  
and Address Gooding, Idaho

19. (a) June 27-48 (b) H.A. Council  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 27 19 48  
at 2:53 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 19 48 to June 19 48  
I last saw her alive on June 27 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Due to Pulmonary T.B.

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Dr. E. H. Brady M.D.  
(M. D. or other)  
and Address Gooding Date June 27, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUN 8 1948

STATE OF IDAHO

State File No. 2196  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Bliss  
(c) Street Address or R.F.D. No. Bliss  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. ----- Stayed -- days  
(g) Lived in this county 36 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Bliss  
(d) Street Address or R.F.D. No. Bliss  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Dalton, Illinois

## 3. (a) FULL NAME

Minnie Esther Behrens

## 3. (b) If veteran, name war -----

## 3. (c) Social Security No. -----

5. Color or 6. (a) Single, widowed, married, divorced widowed  
4. Sex female race white  
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) Nov. 26, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>6</u>	<u>9</u>	hrs min.

9. Exact Occupation housewife Did this work for life yrs.  
10. Industry or Business Date last worked 6/4/48  
11. Birthplace Chicago Illinois  
(City or town) (State or foreign country)

12. Name John Miller  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name Freda Marggraf  
15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Vernon Behrens  
and Address Bliss Idaho

17. (a) burial (b) Date thereof 6/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's OWN Signature H.P. Bright  
and Address Gooding, Idaho

19. (a) 5-6-48 (b) J.H. Amuse  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 4 1948  
at 3:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 4 1948, to June 4 1948  
I last saw her alive on June 4 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Coronary Thrombosis 3 1/2 days

Due to Coronary Thrombosis  
Brain (See Report)

Due to High Blood Pressure 13 yrs  
Other condition: Arteriosclerosis  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Fall

23. Attendant's OWN Signature T.E. Burdette  
(M. D. or other)  
and Address Gooding Date 6/5/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2197  
Local Reg. No. 1339  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. Wendell  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ----- Stayed --- days  
(g) Lived in this county 27 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Wendell  
(d) Street Address or R.F.D. No. Wendell  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Wellsville, Kansas

## 3. (a) FULL NAME

Allen Aldrich Benson

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. -----

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive 55 years

7. Date of Birth  
(Month, Day, Year) March 12, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>2</u>	<u>24</u>	hrs min.

9. Exact Occupation Farming Did this work for life yrs.

10. Industry or Business Date last worked 6/4/48

11. Birthplace Gilson, Illinois  
(City or town) (State or foreign country)

12. Name George William Benson

13. Birthplace ----- Virginia  
(City or town) (State or foreign country)

14. Maiden name Lidia Hughes

15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Mrs. Bessie Benson  
and Address Wendell, Idaho

17. (a) burial (b) Date thereof 6/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Wendell, Idaho

18. Funeral Director's  
OWN Signature H.P. Bright  
and Address Gooding, Idaho

19. (a) 6-9-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 6/5/48  
(Month, Day, Year) 19 48

at 6:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from ----- 19 48, to ----- 19 48

I last saw him alive on 1/10 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary occlusion 3 min.

Due to -----

Due to -----

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? ?

Name of operation None Date -----

Major finding None

Finding of autopsy Not done

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ? Suicide? ? Homicide? ?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ? Farm ? Industry ?

Public Place ? While at work? ?

Means of injury ?

23. Attendant's  
OWN Signature W. Carlyle Swail

and Address Jerome Date 6/7 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2198  
Local Reg. No. 96  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County **Gooding**  
(b) City or town **Wendell**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years **2** months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Gooding**  
(c) City or town **Wendell,**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **US**  
(g) How long had deceased lived in Idaho? **23** years  
(h) Former residence (city, state) **Jerome, Idaho**

3. (a) FULL NAME **Ordella Gertrude Boyd**

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Female** 6. (b) Name of husband or wife **William R Boyd** 6. (c) Age of husband or wife if alive **29** years

7. Date of Birth (Month, Day, Year) **March 21 1925**

8. AGE	Years	Months	Days	If less than 1 day
	<b>23</b>	<b>2</b>	<b>26</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for ..... yrs.

10. Industry or Business **Stone** Date last worked **Idaho**

11. Birthplace (City or town) (State or foreign country)

12. Name **Lester Knutson**

13. Birthplace **Bluehill Nebraska** (City or town) (State or foreign country)

14. Maiden name **Caroline Gertrude Natress**

15. Birthplace **Salt Lake City, Utah.** (City or town) (State or foreign country)

16. Informant's OWN Signature **William R Boyd** and Address **Wendell, Idaho.**

17. (a) **Burial** (b) Date thereof **June 19.48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Wendell, Idaho.**

18. Funeral Director's OWN Signature **JR Wiley** and Address **Jerome, Idaho**

19. (a) **June 18, 1948** (Date received and filed) **Walter M. Rose, OSB** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **June 17 48**  
(Month, Day, Year) at **4:00** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **5-1-1948** to **death** 19**48**  
I last saw her alive on **6-11** 19**48**  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Pneumonia, Heart Disease & Valvular Deficiency**

Duration **3-yrs**

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature **Wendell** (M.D. or other)

and Address **Wendell** Date **6-17** 19**48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 30 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2199

Local Reg. No. 99

Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County **Gooding**  
(b) City or town **Wendell**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **StValentines** Stayed **1hr.** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **Raymond Lloyd Sheer**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **Dec 14 1946**

8. AGE	Years	Months	Days	If less than 1 day
	<b>1</b>	<b>6</b>	<b>5</b>	hrs. min.

9. Exact Occupation **Child** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Wendell Idaho**  
(City or town) (State or foreign country)

12. Name **Arthur Sheer**

13. Birthplace **Santon N. Dakota**  
(City or town) (State or foreign country)

14. Maiden name **Gladys Halverson**

15. Birthplace **Castleford, Idaho**  
(City or town) (State or foreign country)

16. Informant's **OWN** Signature **Arthur Sheer**  
and Address **Jerome, Idaho**

17. (a) **Burial** (b) Date thereof **June 22, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Jerome, Idaho.**

18. Funeral Director's **J.R. Wiley**  
OWN Signature **Jerome, Idaho**  
and Address \_\_\_\_\_

19. (a) **6/24/48** (b) **June 22, 1948**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **June 18 1948**  
(Month, Day, Year)

at **10:30** o'clock **P**.M.

21. I HEREBY CERTIFY, That I attended deceased from **4 PM June 18 1948** to **June 18 1948**

I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Unknown**

Duration

**7 days**

Due to **child had asthma**

**infection + fever and**

**child from (with)**

Other conditions **pulmonary edema**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Unknown**

Name of operation **None** Date \_\_\_\_\_

Major finding **Not done**

Finding of autopsy **Not done**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's **H. O'Leary**  
OWN Signature **Jerome** (M.D. or other)  
and Address \_\_\_\_\_ Date **6/21/48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 21 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948 State File No. 2200  
Local Reg. No. 98  
Reg. Dist. No. 421

Parents' address

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Valentine 63 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 63 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Texas (b) County Marl  
(c) City or town Elgin Pass  
(d) Street Address or R.F.D. No. Appachonasia St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 mo. years \_\_\_\_\_  
(h) Former residence (city, state) Texas

## 3. (a) FULL NAME

Guamita Estala Infant.

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race Mexican 6. (a) Single, widowed, married, divorced ☒  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 6/15/1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>3</u>	hrs. min.

9. Exact Occupation ☒ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business ☒ Date last worked ☒  
11. Birthplace Wendell Idaho. (City or town) (State or foreign country)

- Father { 12. Name Agustin Estala  
13. Birthplace San Luis Patono Mexico (City or town) (State or foreign country)  
Mother { 14. Maiden name Simona de Mexico  
15. Birthplace Sacramento California (City or town) (State or foreign country)

16. Informant's OWN Signature Agustin Estala  
and Address 5 mi. East of Wendell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/1948 (Month) (Day) (Year)  
(c) Place Wendell Idaho

18. Funeral Director's OWN Signature J. Farrest  
and Address Wendell Idaho

19. (a) 6/19/48 (Date received and filed) (b) Wendell Idaho (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 6-18 1948  
at 6 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from birth to death 1948.  
I last saw her alive on 6-18 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Transient Unnat. Death Duration 7 1/2 mo  
Due to Toxemia of Mother → 3 mo

Due to Unknown  
Other conditions oral hemorrhage  
(Include pregnancy within 3 months of death)

due to tearing of mem. at delivery 2 days

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature W. H. Langer M.D. (M. D. or other)

and Address Wendell Idaho Date 6-19 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 30 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2201  
Local Reg. No. 100  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. Main St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Valentine's days  
(g) Lived in this county 35 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Bliss  
(d) Street Address or R.F.D. No. Bliss  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Waukee, Iowa

## 3. (a) FULL NAME

Clyde Alanzo Miller

3. (b) If veteran, name war No 3. (c) Social Security No. ?  
5. Color or 6. (a) Single, widowed, married, divorced single  
4. Sex male race white  
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) 3/23-1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>2</u>	<u>27</u>	hrs min.

9. Exact Occupation laborer Did this work for life yrs.  
10. Industry or Business Carpenter, Painter Date last worked May 1948  
11. Birthplace Resville, Illinois (City or town) (State or foreign country)

12. Name Thomas S. Miller  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name Laura Manger  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Phil. Miller and Address Garland Utah

17. (a) burial (b) Date thereof 6/23/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's OWN Signature H.P. Bright and Address Gooding, Idaho

19. (a) 6/25/48 (Date received and filed) (b) Sister M. Rose OVB. (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 19 1948  
at 11:20 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from May 11 1948, to death 1948  
I last saw h. alive on 6-19 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary occlusion

## Duration

1 hr

Due to Unknown

Due to -----

Other conditions consuming from (Include pregnancy within 3 months of death)  
mod. severe burn since May 11

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy none

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? ----- Homicide? -----  
Occurred May 11, 1948 1948 City, county, state where violence occurred Bliss, Idaho  
Place of Violence: Home X Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury fire

23. Attendant's OWN Signature H. Holsinger, M.D. (M.D. or other)  
and Address Wendell, Ida. Date 6-25-1948  
(For additional space, use reverse side)

1948  
State File No. 2202  
Local Reg. No. 1340  
Reg. Dist. No. 420

United States  
Department of Commerce  
Bureau of the Census

JUL 2 1948

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) ~~Street Address~~ or R. F. D. No. 1  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. ----- Stayed --- days  
(g) Lived in this county 1 years 6 months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Wendell  
(d) ~~Street Address~~ or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 1 1/2 years  
(h) Former residence (city, state) Siolan Springs, Arkansas

## 3. (a) FULL NAME

Robert Cleveland Winchester

## 3. (b) If veteran, name war no

## 3. (c) Social Security No. -----

5. Color or male race white divorced widowed  
6. (b) Name of husband or wife Zora E. 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) Sept. 7, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>9</u>	<u>20</u>	hrs min.

9. Exact Occupation farming Did this work for life yrs.  
10. Industry or Business Date last worked July 1946  
11. Birthplace Benton County, Arkansas  
(City or town) (State or foreign country)

12. Name James Winchester  
13. Birthplace unknown  
(City or town) (State or foreign country)  
14. Maiden name Leahr Jane Smith  
15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Minnie M. Self  
and Address Wendell Idaho RR1

17. (a) removal (b) Date thereof 6/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Siolan Springs, Arkansas

18. Funeral Director's OWN Signature H.P. Bright  
and Address Gooding, Idaho

19. (a) 6-21-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 27, 1948  
(Month, Day, Year) 3:45 o'clock P. M.  
at 3:45

21. I HEREBY CERTIFY, That I attended deceased from 3-7-48 1948, to 6-27-48 1948  
I last saw h. 1/4 alive on 6-22-48 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac failure Duration 2 wks.  
Due to Tertiary syphilis  
aortitis

Due to -----  
Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? ----- PHYSICIAN -----  
Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred ----- 19 ----- City, county, state where violence occurred

Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury -----

23. Attendant's OWN Signature [Signature]  
(M. D. or other)  
and Address Jerome Date 6-29-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 12 1948

NON RESIDENT

STATE OF IDAHO

1948

State File No. 2203  
Local Reg. No. 13  
Reg. Dist. No. 242

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution X Other place .....  
(f) Name Hosp. or Inst. Our Lady of Consolation days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County .....  
(c) City or town Richland  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME WINIFRED LYDIA WILKINS

3. (b) If veteran, name war ----- 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced married  
4. Sex female race white  
6. (b) Name of husband or wife George L. Wilkins 6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth (Month, Day, Year) February 15 1907

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>3</u>	<u>17</u>	hrs min.

9. Exact Occupation housewife Did this work for life yrs.  
10. Industry or Business own home Date last worked .....  
11. Birthplace Greencreek, Idaho (City or town) (State or foreign country)

12. Name Ed Sonnen  
13. Birthplace Chicago, Ill. (City or town) (State or foreign country)  
14. Maiden name Teressa Rieman  
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Antonette L. Nuyell  
and Address Cottonwood, Idaho

17. (a) Burial (b) Date thereof 6-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Greencreek, Idaho

18. Funeral Director's OWN Signature C. B. Clavin  
and Address Craigmont, Idaho

19. (a) June 2nd, 1948 (b) W. J. Orr, M.D.  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 1st 1948  
at 11:05 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 1st, 1948, to June 1st, 1948.  
I last saw her alive on June 1st, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hepatitis - Toxemia Duration 2 yrs.

Due to Hepatitis

Due to not known  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Wesley B. Orr M.D.  
and Address Cottonwood, Idaho Date 6-2 1948  
(For additional space, use reverse slide)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2204  
Local Reg. No. 31  
Reg. Dist. No. 240

1. PLACE OF DEATH: Idaho
- (a) County Grangeville  
(b) City or town  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. General Stayed 3 days  
(g) Lived in this county 42 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. 41550-C  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) 40

3. (a) FULL NAME Fred H. Wieder

3. (b) If veteran, name war M 5. Color W 6. (a) Single, widowed, married, divorced Married  
4. Sex M 6. (b) Name of husband or wife Eva 6. (c) Age of husband or wife if alive 36 years  
7. Date of Birth (Month, Day, Year) March 30, 1887

8. AGE 61 Years 2 Months 4 Days If less than 1 day hrs min.

9. Exact Occupation Carpenter Did this work for 20 yrs.  
10. Industry or Business Day Work Date last worked 7/10/48  
11. Birthplace Kansas (City or town) (State or foreign country)

12. Name Alonzo Wieder  
13. Birthplace U.S. (City or town) (State or foreign country)  
14. Maiden name Sarah L. Wieder  
15. Birthplace U.S. (City or town) (State or foreign country)

16. Informant's OWN Signature Jack Spieder and Address Grangeville, Idaho

17. (a) Burial, cremation, or removal (b) Date thereof 6-5-48 (Month) (Day) (Year)  
(c) Place: Grangeville, Idaho

18. Funeral Director's OWN Signature J. S. Nakason and Address

19. (a) June 5, 1948 (b) Eva Cone (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 4 1948  
(Month, Day, Year) at 3 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1 June 1948 to 4 June 1948  
I last saw h/m alive on 3 June 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ruptured duodenal ulcer 7 days  
Duration

Due to Chronic duodenal ulcer ?

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Cholecystectomy Date June 4, 1948  
Major finding ulcer  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Donald Halton (M. D. or other)  
and Address Grangeville, Idaho Date June 5, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 12 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2205  
Local Reg. No. 12  
Reg. Dist. No. 242

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed 102 days  
(g) Lived in this county 46 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Cottonwood  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Cottonwood,

## 3. (a) FULL NAME

Mary Caroline Kaschmitter

093D

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex

Color or race W

## 6. (a) Single, widowed, married, divorced

Widowed

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

Junel, 1867

## 8. AGE

Years 81

Months \_\_\_\_\_

Days 4

If less than 1 day  
hrs min.

## 9. Exact Occupation

Housewife

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked \_\_\_\_\_

## 11. Birthplace

Wilhausen, Indiana

(City or town)

(State or foreign country)

## 12. Name

Phillip Zurlme

## 13. Birthplace

Germany

(City or town)

(State or foreign country)

## 14. Maiden name

Anna Albers

## 15. Birthplace

Germany

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Joseph Kaschmitter  
Cottonwood Idaho

and Address

## 17. (a)

Buried  
(Burial, cremation, or removal)

(b) Date thereof 6/8/48  
(Month) (Day) (Year)

## (c) Place:

Cottonwood, Idaho

## 18. Funeral Director's

OWN Signature

Herm Albers  
Grangeville, Idaho

and Address

## 19. (a)

6-8-1948  
(Date received and filed)

## (b)

W. J. Orr, M.D.  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 5 1948  
at 10:25 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Jan 1948 to June 5 1948

I last saw her alive on June 5 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial Failure

## Duration

2 weeks

## Due to

Chronic Myocarditis

## Due to

Pneumonia

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_

Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature

Wesley B. Orr, M.D.  
(M. D. or other)

and Address Cottonwood, Idaho Date 6-8-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUL 2 1948

STATE OF IDAHO

1948  
State File No. 2206  
Local Reg. No. 58  
Reg. Dist. No. 244

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Kooskia  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Kooskia  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Belleue, Illinois

## 3. (a) FULL NAME

Sarah Elizabeth Hemphill

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced widowed  
4. Sex Female race white  
6. (b) Name of husband or wife Charles  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) January 29, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>4</u>	<u>12</u>	hrs min.

9. Exact Occupation Housewife Did this work for All life yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 1943

11. Birthplace Calhoun County, Illinois  
(City or town) (State or foreign country)

12. Name Merrit Turpin

13. Birthplace \_\_\_\_\_ Illinois  
(City or town) (State or foreign country)

14. Maiden name Mary Anne Cloniger

15. Birthplace \_\_\_\_\_ Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ralph Hemphill

and Address Kooskia, Idaho

17. (a) Burial (b) Date thereof June 12, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Tahoe Cem. - Kooskia, Idaho.

18. Funeral Director's OWN Signature Claude T. Mary

and Address Kooskia, Idaho

19. (a) 6/12/48 (b) Claude T. Mary  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH June 10 1948  
(Month, Day, Year)  
at 6:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 6/7/48 1948 to 6/10/48 1948  
I last saw her alive on 6/7 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 4 days

Due to frailty

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. Bryan W. W.

and Address Kooskia (M. D. or other) Date 6/11/48

(For additional space, use reverse side)

1948

State File No. 2207

Local Reg. No. 91

Reg. Dist. No. 240

United States  
Department of Commerce  
Bureau of the Census

JUL 1 1948

## Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Riggins  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 1417 Arthur St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 59 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Hattie Jane Stiles Brown

3. (b) If veteran, name war ..... No. ....  
5. Color or race W  
4. Sex F  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife King Brown  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) February 23-1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>3</u>	<u>25</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Freeport, Illinois  
(City or town) (State or foreign country)

12. Name Clark G. Stiles  
13. Birthplace Not Known  
(City or town) (State or foreign country)  
14. Maiden name Orinda Pierce  
15. Birthplace New Hampshire  
(City or town) (State or foreign country)

16. Informant's OWN Signature King Brown  
and Address 1417 Arthur St., Caldwell

17. (a) Burial (b) Date thereof 6-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dekan Chapel  
and Address Caldwell, Idaho

19. (a) June 26, 1948 (b) Anna Cone  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH (Month, Day, Year) June 18 19 48  
at 7:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration

Due to Heart attack

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state

where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
Attendant's OWN Signature Herminia  
(M. D. or other)

and Address Longville Date 6/26 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 1 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2208

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Greencreek  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. .... Stayed        days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Greencreek  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country?         
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Martha E. Rossiter

083A

3. (b) If veteran, name war        No.         
5. Color or race W  
4. Sex F  
6. (b) Name of husband or wife Sam  
6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) Sept 8, 1866

8. AGE  
Years Months Days If less than 1 day  
hrs min.

9. Exact Occupation Housewife Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Mo. (City or town) (State or foreign country)

12. Name Issac Turner  
13. Birthplace Utica N.Y. (City or town) (State or foreign country)  
14. Maiden name Emily Willis  
15. Birthplace Utica N.Y. (City or town) (State or foreign country)

16. Informant's OWN Signature Willis Turner  
and Address Greencreek Ida

17. (a) Burial (b) Date thereof 6-30-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Funeral Home -

18. Funeral Director's OWN Signature John Robertson  
and Address Greencreek Ida

19. (a) June 28, 1948 (b) John Robertson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 28 1948  
at 2 o'clock A M.  
21. I HEREBY CERTIFY, That I attended deceased on 18 May 1948, to        19

I last saw her alive on 18 May 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 3 hours

Due to Hypertension Essential Severe years

Due to         
Other conditions (Include pregnancy within 3 months of death)       

Where was disease contracted?        PHYSICIAN  
Name of operation        Date        Underline  
Major finding        the cause to  
Finding of autopsy        which death  
       should be  
       charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state  
where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?

Means of injury         
23. Attendant's OWN Signature Donald Holtman (M. D. or other)  
and Address Greenville Date 28 June 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 9 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2209  
Local Reg. No. 33  
Reg. Dist. No. 240

1. PLACE OF DEATH: Idaho
- (a) County Grangeville  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. 3  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 70 years 70 months 70 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. 3  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 70 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME Lee Smith

3. (b) If veteran, name war M  
5. Color or race M  
4. Sex M race M  
6. (b) Name of husband or wife Paisy  
6. (c) Age of husband or wife if alive 79 years  
7. Date of Birth (Month, Day, Year) April 2 - 1860

8. AGE	Years	Months	Days	If less than 1 day
	<u>88</u>	<u>2</u>	<u>27</u>	hrs min.

9. Exact Occupation Rancher Did this work for 1948 yrs.  
10. Industry or Business Live Stock Date last worked 1948  
11. Birthplace Roseburg - Oregon (City or town) (State or foreign country)  
12. Name Thomas Smith  
13. Birthplace Hemley England (City or town) (State or foreign country)  
14. Maiden name Emma Lynn  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Neil B Smith  
and Address Grangeville, Idaho  
17. (a) Burial, cremation or disposal Grangeville (b) Date thereof 7-7-48 (Month) (Day) (Year)  
(c) Place: Idaho  
18. Funeral Director's OWN Signature Wesley Notelson  
and Address Grangeville, Idaho  
19. (a) June 29, 1948 (Date received and filed) (b) Wesley Notelson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 29 1948  
(Month, Day, Year)  
at 3:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from June 25 1948 to June 29 1948  
I last saw him alive on June 25 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 4 days

Due to Arteriosclerosis Indefinite

Due to Other conditions  
(Include pregnancy within 8 months of death)

Where was disease contracted?  
Name of operation None Date None  
Major finding None done  
Finding of autopsy None done  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None  
23. Attendant's OWN Signature Wesley Notelson (M. D. or other)  
and Address Grangeville Date June 29, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 1 1948

# Certificate of Death

STATE OF IDAHO

148 State File No. 2210  
Local Reg. No. 25  
Reg. Dist. No. 640

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Lewisville  
(c) Street Address or R.F.D. No. Roberts Star. R.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county        years 7 months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Lewisville  
(d) Street Address or R.F.D. No. Roberts Star R.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Archer, Idaho.

## 3. (a) FULL NAME REVA LORENA LINDSTROM.

3. (b) If veteran, name war X 3. (c) Social Security No. 510-26-2970  
5. Color or White 6. (a) Single, widowed, married, divorced married  
4. Sex F. race White 6. (b) Name of husband or wife Walter E. Lindstrom  
6. (c) Age of husband or wife if alive 26 years  
7. Date of Birth (Month, Day, Year) Oct. 15, 1918

8. AGE	Years	Months	Days	If less than 1 day
	29	7	19	hrs. min.

9. Exact Occupation Housewife Did this work for 7 Mo. yrs.  
10. Industry or Business Home Date last worked 6/3/48  
11. Birthplace Archer, Idaho. (City or town) (State or foreign country)  
Father { 12. Name Ivan Oscar Robison.  
13. Birthplace Lyman, Idaho. (City or town) (State or foreign country)  
Mother { 14. Maiden name Lorena McIntier.  
15. Birthplace Lyman, Idaho. (City or town) (State or foreign country)  
16. Informant's OWN Signature Walter E. Lindstrom  
and Address Lewisville, Idaho.  
17. (a) burial (b) Date thereof 6/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Archer, Idaho.  
18. Funeral Director's OWN Signature Asa C. Coker  
and Address Rigby, Idaho  
19. (a) June 10, 1948 (b) Mrs A.B. Coker  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 3, 1948  
(Month, Day, Year) 2:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from June 2 1948, to June 3 1948  
I last saw her alive on June 3 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Auricular Fibrillation Duration 2 mo.  
Due to Rheumatic Heart Disease 15 yrs.  
Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation none Date       

Major finding none

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury         
23. Attendant's OWN Signature Asa C. Coker, M.D.  
and Address Rigby, Idaho Date 6-7-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 2 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. **2211**  
Local Reg. No. **27**  
Reg. Dist. No. **640**

## 1. PLACE OF DEATH:

- (a) County **Jefferson**  
(b) City or town  
(c) Street Address or R.F.D. No. **Highway**  
(d) Death Occurred Inside? **X** Outside? **X** city or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place **X**  
(f) Name Hosp. or Inst. Stayed **X** days  
(g) Lived in this county **56** years **56** months **56** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jefferson**  
(c) City or town **Rigby**  
(d) Street Address or R.F.D. No. **2**  
(e) Deceased lived Inside? **X** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **56** years  
(h) Former residence (city, state) **Treasureton, Idaho**

## 3. (a) FULL NAME

**ROYAL LORENZO CHAPMAN.**

3. (b) If veteran, name war **X**

3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Agnes Purser**

6. (c) Age of husband or wife if alive **57** years

7. Date of Birth (Month, Day, Year) **Jan. 2, 1892**

8. AGE	Years	Months	Days	If less than 1 day
	<b>56</b>	<b>5</b>	<b>11</b>	hrs. min.

9. Exact Occupation **Farming** Did this work for **life** yrs.

10. Industry or Business **Farm** Date last worked **6/12/48**

11. Birthplace **Preston, Idaho.** (City or town) (State or foreign country)

12. Name **William Chapman.** (City or town) (State or foreign country)

13. Birthplace **England.** (City or town) (State or foreign country)

14. Maiden name **Emma Ward.** (City or town) (State or foreign country)

15. Birthplace **Penn.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Truman Chapman**  
and Address **Rigby, Idaho. R. #1**

17. (a) **burial** (b) Date thereof **6/17/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Rigby, Idaho.**  
18. Funeral Director's OWN Signature **W. Beckusell**  
and Address **Rigby, Idaho.**

19. (a) **June 24, 1948** (b) **Mrs. A. Beckusell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **June 13, 1948**

(Month, Day, Year) **June 13, 1948**

at **im** o'clock **im** M.

21. I HEREBY CERTIFY, That I attended deceased from **im** to **im**

I last saw h. **im** alive on **im** 19 **im**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Hemorrhage of left lung** Duration **30 min.**

Due to **Fractured left ribs**

Due to **bruised left chest**

Other conditions **none**

(Include pregnancy within 3 months of death)

Where was disease contracted? **Highway 91**

Name of operation **none** Date **none**

Major finding **none**

Finding of autopsy **none**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **yes** Suicide? **no** Homicide? **no**

Occurred **June 13, 1948** City, county, state **Jefferson County, Idaho**

where violence occurred **Jefferson County, Idaho**

Place of Violence: Home **no** Farm **no** Industry **no**

Public Place **Highway 91** While at work? **no**

Means of injury **Car accident**

23. Attendant's OWN Signature **Asael Tall m.d.**

and Address **Rigby, Idaho** Date **6-16, 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2212  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Jerome  
(b) City or town Jerome  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 17 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

Safina Orsard

## 3. (b) If veteran,

name war ..... No. ....

## 3. (c) Social Security

5. Color or .....  
6. (a) Single, widowed, married, divorced m

## 4. Sex F race W

6. (b) Name of husband or wife John T.  
6. (c) Age of husband or wife if alive 67 years

7. Date of Birth (Month, Day, Year) July 25, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>11</u>	<u>1</u>	— hrs min.

9. Exact Occupation housewife Did this work for ..... yrs.

10. Industry or Business housewife Date last worked .....

11. Birthplace Melbourne, Australia  
(City or town) (State or foreign country)

12. Name Paul M. Orsard

13. Birthplace Switzerland  
(City or town) (State or foreign country)

14. Maiden name Combman

15. Birthplace Australia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs W. M. Orsard

and Address Jerome, Idaho

17. (a) Buried (b) Date thereof 6/29/48  
(Burial, cremation, or removal) (month) (Day) (Year)

(c) Place: Jerome Cemetery

18. Funeral Director's OWN Signature Lee Roy A. Frayer

and Address Jerome, Idaho

19. (a) June 20 (b) W. H. Reynolds  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 6/26 1948  
at 3:00 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

6-23 1948, to 6-26 1948

I last saw h.e. alive on 6-26 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

myocarditis

## Duration

1 mo

Due to nephritis

3 yrs.

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

## 23. Attendant's

OWN Signature Reuben C. Matson M.D.

and Address Jerome, Idaho (M. D. or other)

Date 6-27 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 13 1948

# Certificate of Death

STATE OF IDAHO

1048  
State File No. 2213  
Local Reg. No. ....  
Reg. Dist. No. 440

## 1. PLACE OF DEATH:

- (a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? **X** ..... city or town  
(e) Died in a Home ..... Hospital ..... Institution ..... Other place **X**  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months **2** ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County .....  
(c) City or town **Coeur D'Alene Idaho**  
(d) Street Address or R.F.D. No. **502 Davidson**  
(e) Deceased lived Inside? **Yes** Outside? ..... city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) **Van Horn, Iowa**

## 3. (a) FULL NAME **Murray Edson Gallaher**

3. (b) If veteran, name war **War 11** 3. (c) Social Security No. **418-10-0165**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White** 6. (b) Name of husband or wife **Berdell**  
6. (c) Age of husband or wife if alive **29** years

## 7. Date of Birth **March 5. 1908**

8. AGE	Years	Months	Days	If less than 1 day
	<b>40</b>	<b>3</b>	<b>8</b>	hrs. min.

9. Exact Occupation **Aviator-(Pilot)** Did this work for ..... yrs.  
10. Industry or Business **Crop Dusting** Date last worked .....  
11. Birthplace **Bradon Iowa** (City or town) (State or foreign country)

12. Name **Charles Gallaher**  
13. Birthplace **Iowa** (City or town) (State or foreign country)

14. Maiden name **Not Known**  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Berdell Gallaher**  
and Address **502 Davidson Coeur D'Alene**

17. (a) **Removal** (b) Date thereof **6-15-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **Vinton Iowa**

18. Funeral Director's OWN Signature **JR Wiley**  
and Address **Jerome, Idaho**

19. (a) **June 14** (b) **Jim Reynolds**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **June 13 1948**  
(Month, Day, Year) at **6:15** o'clock **P**. M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h. .... alive on ..... 19 .....

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Broken Neck and mangled Body** Duration

Due to **Air Plain Crash**

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **Yes** Suicide? ..... Homicide? .....

Occurred **June 13 1948** City, county, state

where violence occurred **Jerome Co Idaho**

Place of Violence: Home ..... Farm **Yes** Industry .....

Public Place ..... While at work? **Yes**

Means of injury **Air Plain Crash**

23. Attendant's OWN Signature **JR Wiley (Census)**

and Address **Jerome Idaho** Date **June 14 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

State File No. **2214**  
Local Reg. No. ....  
Reg. Dist. No. ....

**JUL 6 1948**

STATE OF IDAHO

1. PLACE OF DEATH:  
(a) County ~~Jerome~~ **Jerome**  
(b) City or town ~~Jerome~~ **Eden**  
(c) Street Address or R.F.D. No. **Eden**  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home? ☒ Hospital? ..... Institution? ..... Other place? .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years **2** months ..... days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Jerome**  
(c) City or town **Eden**  
(d) Street Address or R.F.D. No. **Eden**  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? **2 months**  
(h) Former residence (city, state) **Mb. Home-Ark**

3. (a) FULL NAME **STRAIN, Sol P.**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Lide Strain**  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **June 23, 1860**

8. AGE	Years	Months	Days	If less than 1 day
	<b>87</b>	<b>11</b>	<b>22</b>	hrs min.

9. Exact Occupation **Retired** Did this work for ..... yrs.  
10. Industry or Business **Farmer** Date last worked .....  
11. Birthplace **Missouri** (City or town) (State or foreign country)  
Mother { 12. Name **Unknown**  
13. Birthplace **Unknown** (City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Richard Strain**  
and Address **Eden, Idaho**  
17. (a) **Removal** (b) Date thereof **6/15/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Twin Falls, Idaho**  
18. Funeral Director's OWN Signature **Wm. H. Steggs**  
and Address **White Mortuary-Twin Falls, Idaho**  
19. (a) **6/16/48** (b) **Wm. H. Steggs**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH **June 15th, 1948**  
(Month, Day, Year)  
at **2:05** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
**Did not see alive** to .....  
I last saw him alive on ..... 19.....; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Senility** Duration .....

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....  
Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home? ..... Farm? ..... Industry? .....  
Public Place? ..... While at work? .....  
Means of injury .....  
23. Attendant's Signature **J. Woodson Creed**  
and Address **Twin Falls, Idaho** Date **6/15/48**  
(For additional space, use reverse side)

# Certificate Of Death

STATE OF IDAHO

State File No. 2215  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

JUL 6 1948

## 1. PLACE OF DEATH:

- (a) County Jerome  
(b) City or town Jerome  
(c) Street Address or R. F. D. No. 2  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Glens Ferry,  
(d) Street Address or R.F.D. No. Box 896  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Hickman, Neb.

## 3. (a) FULL NAME

Benjamin Arthur Diesel

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Winefred E.  
6. (c) Age of husband or wife if alive 58 years

7. Date of Birth  
(Month, Day, Year) June 28, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>11</u>	<u>20</u>	hrs min.

9. Exact Occupation Farming Did this work for life yrs.

10. Industry or Business \_\_\_\_\_ Date last worked Sept. 1947

11. Birthplace Lancaster, Wisconsin  
(City or town) (State or foreign country)

12. Name Henry A. Diesel

13. Birthplace Lancaster, Wisconsin  
(City or town) (State or foreign country)

14. Maiden name Elizabeth Gardner

15. Birthplace Lancaster, Wisconsin  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Winefred E. Diesel  
and Address Glens Ferry

17. (a) buried (b) Date thereof 6-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's  
OWN Signature H.P. Bright

- and Address Gooding, Idaho

19. (a) June 9 (b) H. H. Reynolds  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) June 17, 1948  
at 4:35 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 10, 1948, to June 17, 1948.  
I last saw him alive on June 17, 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral thrombosis & apoplexy 8 days.

Due to Hypertension 10 yrs

Due to arteriosclerosis 10 yrs.

Other conditions Carcinoma of sigmoid  
(Include pregnancy within 3 months of death)

nodes

Where was disease contracted? Glens Ferry, Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's  
OWN Signature James E. float M.D.

and Address Jerome, Ida (M. D. or other) Date 6/19/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service JUN 1 1948  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 2216  
Local Reg. No. 103  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. **1150 N 7th St**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **36** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. **1150 N 7th St**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **36** years  
(h) Former residence (city, state) **Irby, Wash.**

3. (a) FULL NAME **MILLER, Isabelle T.**

3. (b) If veteran, name war **//////////**

3. (c) Social Security No. **//////////**

4. Sex **F** Color or race **W**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **//////////**

6. (c) Age of husband or wife if alive **//////////** years

7. Date of Birth (Month, Day, Year) **Nov. 27, 1861**

8. AGE	Years	Months	Days	If less than 1 day
	<b>86</b>	<b>6</b>	<b>4</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **60** yrs

10. Industry or Business **Own Home** Date last worked **1947**

11. Birthplace **Albany, New York** (City or town) (State or foreign country)

12. Name **William Treacy** (City or town) (State or foreign country)

13. Birthplace **Ireland** (City or town) (State or foreign country)

14. Maiden name **Delia Maher** (City or town) (State or foreign country)

15. Birthplace **Ireland** (City or town) (State or foreign country)

16. Informant's OWN Signature **Wm J Miller**

and Address **Coeur d'Alene, Idaho**

17. (a) **Burial** (b) Date thereof **6-3-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Fores Cam. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**

and Address **Coeur d'Alene, Idaho**

19. (a) **June 3, 1948** (b) **Mary G. Amulth** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **6-1-48** (Month, Day, Year) 19\_\_\_\_  
at **6:20** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **May 48** to **6-1** 19**48**

I last saw h. alive on **5-14** 19**48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **senility** Duration **1 yr**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **Rev. Barclay**

and Address **Coeur d'Alene** (M. D. or other) Date **6-3** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

JUN 14 1948

STATE OF IDAHO

State File No. 2217  
Local Reg. No. 104  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County. **Kootenai**  
(b) City or town. **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **412 Lksde**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home. \_\_\_\_\_ Hospital. ☒ Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Ins. **LCG Hosp** Stayed **13** days  
(g) Lived in this county. **50** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Idaho** (b) County. **Kootenai**  
(c) City or town. **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **404 Summit**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state) **Iowa**

## 3. (a) FULL NAME

**REED, Bernice Muriel**

## 3. (b) If veteran, name war

//////////

## 3. (c) Social Security No.

//////////

## 5. Color or

4. Sex. **F** race. **N**

6. (a) Single, widowed, married, divorced. **Married**

## 6. (b) Name of husband or wife

**Judd**

6. (c) Age of husband or wife if alive. **61** years

## 7. Date of Birth

(Month, Day, Year)

**Mar 30, 1892**

8. AGE	Years	Months	Days	If less than 1 day
	<b>56</b>	<b>2</b>	<b>1</b>	hrs. min.

9. Exact Occupation. **Housewife** Did this work for. **36** yrs.

10. Industry or Business. **Own Home** Date last worked. **6-1-47**

11. Birthplace. (City or town) (State or foreign country)

12. Name. **George FitzSimmons**

13. Birthplace. **Muscataine Iowa** (City or town) (State or foreign country)

14. Maiden name. **Iowa Moore**

15. Birthplace. **Muscataine, Iowa** (City or town) (State or foreign country)

16. Informant's OWN Signature. **June H. Reed** and Address. **Coeur d'Alene, Idaho**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof. **6-3-48** (Month) (Day) (Year)

(c) Place. **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature. **Don English** and Address. **Coeur d'Alene, Idaho**

19. (a) **June 6, 1948** (Date received and filed) (b) **Mary Hamilton** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **6-1-48** (Month, Day, Year) 19\_\_\_\_

at. **1:30** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **April 15** 19\_\_\_\_ to **6** 19\_\_\_\_

I last saw h. **er** alive on **6** 19\_\_\_\_ death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Pulmonary Embolism** Duration **2 mts.**

Due to **Coronary Artery - Hypertrophy** **4 mts.**

Due to **Hypertension - tertiary** **10 yrs.**

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation. \_\_\_\_\_ Date. \_\_\_\_\_

Major finding. \_\_\_\_\_

Finding of autopsy. \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred. \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred. \_\_\_\_\_

Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_

Public Place. \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury. \_\_\_\_\_

23. Attendant's OWN Signature. **Edith M. M.**

and Address. **Coeur d'Alene, Idaho** (M D or other)

Date. **6** 19\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 14 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2218

Local Reg. No. 99

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **N 4th St.**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **22** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **N 4th St.**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **22** years  
(h) Former residence (city, state) **Wyoming**

## 3. (a) FULL NAME **CAIKINS, Charlie Arthur**

3. (b) If veteran, name and number **1111111111** 3. (c) Social Security No. **318-03-0124**

5. Color or \_\_\_\_\_  
4. Sex **M** race **W**  
6. (b) Name of husband or wife **Martha** 6. (c) Age of husband or wife if alive **46** years

7. Date of Birth (Month, Day, Year) **May 24, 1891**

8. AGE	Years	Months	Days	If less than 1 day
	<b>57</b>	<b>0</b>	<b>13</b>	hrs. min.

9. Exact Occupation **Lumbering** Did this work for **30** yrs.  
10. Industry or Business **Private** Date last worked **3-1-48**

11. Birthplace **Chase, Michigan**  
(City or town) (State or foreign country)

12. Name **W.S. Calkins**  
13. Birthplace **Unknown**  
(City or town) (State or foreign country)

14. Maiden name **Maude F. Buell**  
15. Birthplace **Michigan**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Helma Nettleton**  
and Address **Kamloops, B.C.**

17. (a) **Burial** (b) Date thereof **6-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene, Idaho**

19. (a) **June 10, 1948** (b) **Mary E. Hamblin**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **6-4-48**  
(Month, Day, Year) \_\_\_\_\_ 19 \_\_\_\_\_  
at **8:15** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **4-21** 19 **48** to **6-4** 19 **48**.  
I last saw him alive on **6-4** 19 **48**.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **cerebral thrombosis** Duration **2 da.**  
**myocardial failure** **6 mo.**  
**arterial sclerosis**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **Struck by car**  
Attendant's OWN Signature **C. D. A.** (M D or other)  
and Address \_\_\_\_\_ Date **6-8** 19 **48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 14 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2219**  
Local Reg. No. **106**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **14th & Lksde**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **New Home** Stayed **10** days  
(g) Lived in this county **45** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **715 Lksde**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **45** years  
(h) Former residence (city, state) **Spokane Wash**

## 3. (a) FULL NAME **WRIGHT, Marie Clark**

3. (b) If veteran, name war **|||||** 3. (c) Social Security No. **|||||**  
4. Sex **F** Color or **W** race **W**  
5. (b) Name of husband or wife **|||||** 5. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **|||||** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth **April 5, 1863**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>85</b>	<b>2</b>	<b>0</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **65** yrs.  
10. Industry or Business **Own Home** Date last worked **1-1-47**  
11. Birthplace **Oregon City, Oregon** (City or town) (State or foreign country)  
Father { 12. Name **? Clark**  
13. Birthplace **Unknown** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City or town) (State or foreign country)  
16. Informant's OWN Signature **Bessie E. Bennett**  
and Address **Spokane, Washington**  
17. (a) **Removal** (b) Date thereof **6-8-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Spokane, Washington**  
18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene Idaho**  
19. (a) **June 8, 1948** (b) **Mary C. Hunsley** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **6-5-48** 19\_\_\_\_  
(Month, Day, Year)  
at **11:00** o'clock **A** M.  
21. I HEREBY CERTIFY, That I attended deceased from **10-18** 19**45** to **6-5** 19**48**  
I last saw her alive on **5-13** 19**48**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Coronary Occlusion** Duration **brief.**

Due to **Coronary Arteriosclerosis & Cardiovascular disease**

Due to **Smoking**

Other conditions **Hypertension 189/80**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **J. B. Hughes M.D.** (M or other)  
and Address **Coeur d'Alene Idaho** Date **6-7 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as fully as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce JUN 11 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2220  
Local Reg. No. 120  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 1407-Nora Street  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days days  
(g) Lived in this county 39 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 1407-Nora St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) Unknown

## 3. (a) FULL NAME JOHN EACHON

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) October 28, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>8</u>	<u>2</u>	hrs min.

9. Exact Occupation Mill Worker Did this work for years  
10. Industry or Business Blackwell Mill Date last worked 1937  
11. Birthplace Czechoslovakai (City or town) (State or foreign country)

12. Name John Eachon  
13. Birthplace Czechoslovakai (City or town) (State or foreign country)  
14. Maiden name Tresia Yuhse  
15. Birthplace Czechoslovakai (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. John Wargi  
and Address Hayden Lake Idaho

17. (a) Burial (b) Date thereof 6/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Thomas Cemetery

18. Funeral Director's OWN Signature J. Riplinger  
and Address Coeur d'Alene, Idaho

19. (a) June 10, 1948 (b) Mary E. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 8 1948  
(Month, Day, Year) at 12:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 5/16 1946 to 6/8 1948  
Last saw him alive on 6/1 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral Hemorrhage Duration 3 days

Due to Cerebral Hemorrhage

Due to Cerebral Hemorrhage

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation None Date None

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state

where violence occurred None

Place of Violence: Home None Farm None Industry None

Public Place None While at work? None

Means of injury None

23. Attendant's OWN Signature Chris Joy (M. D. or other)  
and Address Coeur d'Alene Date 6/8 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 14 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2221  
Local Reg. No. 107  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d' Alene  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d' Alene  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) UNKNOWN

## 3. (a) FULL NAME NELLIE GIBSON

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female 6. (b) Name of husband or wife ...  
6. (c) Age of husband or wife if alive ... years  
7. Date of Birth (Month, Day, Year) May 6, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>1</u>	<u>24</u>	hrs min.

9. Exact Occupation Housewife Did this work for ... yrs.  
10. Industry or Business ... Date last worked ...  
11. Birthplace Norway (City or town) (State or foreign country)

12. Name Einar Soberg  
13. Birthplace Norway (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. E. J. Garvey  
and Address 202 C.D.A. Ave. Coeur d' Alene

17. (a) Removal (b) Date thereof 6/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Clayton Washington

18. Funeral Director's OWN Signature J. L. Riplinger  
and Address Coeur d' Alene Idaho

19. (a) June 11, 1948 (b) Mary G. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 8 1948  
at 8:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 17 1948, to June 8 1948.  
I last saw h.e. alive on June 7 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Hypertensive Pneumonia 4 days

Due to ...  
Due to ...  
Other conditions Cerebral Hemorrhage 1 year  
(Include pregnancy within 3 months of death)

Where was disease contracted? ...  
Name of operation ... Date ...  
Major finding ...  
Finding of autopsy ...

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ... Suicide? ... Homicide? ...  
Occurred ... 19... City, county, state where violence occurred ...  
Place of Violence: Home ... Farm ... Industry ...  
Public Place ... While at work? ...

- Means of injury ...  
23. Attendant's OWN Signature Res. Henson M.D. (M. D. or other)  
and Address Coeur d' Alene Date June 9, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Kootenai
- (b) City or town Coeur d'Alene
- (c) Street Address or R.F.D. No. 1021-N-9th. St.
- (d) Death Occured Inside? X Outside? city or town
- (e) Died in a Home X Hospital Institution Other place Other place
- (f) Name Hosp. or Inst. Stayed days
- (g) Lived in this county 11 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai
- (c) City or town Coeur d'Alene
- (d) Street Address or R.F.D. No. 1021-N-9th. St.
- (e) Deceased lived Inside? X Outside? city or town
- (f) Citizen of what country? U.S.
- (g) How long had deceased lived in Idaho? 26 years
- (h) Former residence (city, state) Priest River

## 3. (a) FULL NAME

JAMES MCCARTHY

- 3. (b) If veteran, name war None
- 3. (c) Social Security No. 518-03-7430
- 5. Color or race White
- 6. (a) Single, widowed, married, divorced Married
- 6. (b) Name of husband or wife Minnie
- 6. (c) Age of husband or wife if alive 67 years
- 7. Date of Birth (Month, Day, Year) June 19, 1877

8. AGE	Years	Months	Days	If less than 1 day
	71	0	11	hrs min.

- 9. Exact Occupation Common Laborer Did this work for  yrs.
- 10. Industry or Business work Date last worked work
- 11. Birthplace Souix St. Marie Michigan (City or town) (State or foreign country)
- 12. Name Sylvester McCarthy
- 13. Birthplace Unknown (City or town) (State or foreign country)
- 14. Maiden name Ann Unknown
- 15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. James M. McCarthy  
and Address 1021-N-9th. St. Coeur d'Alene, Ida.

- 17. (a) Burial (b) Date thereof 6/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: St. Thomas Cemetery

18. Funeral Director's OWN Signature [Signature]  
and Address Coeur d'Alene, Idaho

- 19. (a) June 14, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH (Month, Day, Year) June 8th. 1948  
at 1:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 15 1948, to June 8 1948.  
I last saw him alive on June 6 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Arteriosclerosis Duration 1 yr.  
Due to Valvular Heart Disease 2 yr.  
Due to Arteriosclerosis 10 yr.  
Other conditions Coronary Artery Atherosclerosis 2 yrs.  
(Include pregnancy within 8 months of death)

Where was disease contracted? - PHYSICIAN  
Name of operation - Date - Underline the cause to which death should be charged statistically.  
Major finding -  
Finding of autopsy -

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -  
Occurred - 19 - City, county, state where violence occurred -  
Place of Violence: Home - Farm - Industry -  
Public Place - While at work? -  
Means of injury -

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address 317-WA Ave. Bldg. Date June 10, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 21 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. 2223  
Local Reg. No. 107  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. Home Hospital Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Kansas (b) County .....  
(c) City or town Morland  
(d) Street Address or R.F.D. No. Unknown  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Morland Kansas

## 3. (a) FULL NAME CHARLES CRAVEN CLARK

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) July 30 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>11</u>	<u>0</u>	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Cordon, Indiana (City or town) (State or foreign country)

12. Name Unknown Clark  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Jim Probst  
and Address Rockford Bay

17. (a) Burial (b) Date thereof June 13, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery

18. Funeral Director's OWN Signature H. Rippling  
and Address Rockford Bay

19. (a) June 17, 1948 (b) Myrtle Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 108X 083A

20. DATE OF DEATH (Month, Day, Year) June 9 1948  
at 12:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 17 1948, to June 9 1948  
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Lobar Pneumonia 9 days

Due to .....

Due to .....

Other conditions Cerebral Hemorrhage 2 years  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Paul Senon M.D.  
(M. D. or other)

and Address Coeur d'Alene Date June 12, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 28 1948

# Certificate of Death

STATE OF IDAHO

946  
State File No. 2224  
Local Reg. No. 110  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lakeside  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. LEG. Hosp Stayed 1 days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 1101 A St  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Wis.

3. (a) FULL NAME SHEAHAN THOMAS J.

3. (b) If veteran, name war None

3. (c) Social Security No. 518-05-3226

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Jan 28 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>4</u>	<u>14</u>	hrs. min.

9. Exact Occupation Lumbering Did this work for 40 yrs.

10. Industry or Business Logging Date last worked 6-11-48

11. Birthplace Chilsea Canada (City or town) (State or foreign country)

12. Name James Sheahan

13. Birthplace Ireland (City or town) (State or foreign country)

14. Maiden name Helen Burke

15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature William Sheahan and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 6-15-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St Thomas Cmty Cda. Ida.

18. Funeral Director's OWN Signature Don English and Address Coeur d'Alene, Idaho

19. (a) June 24, 1948 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 12 1948 at 6:10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 6-12 1948 to 6-12 1948. I last saw him alive on 6-12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Gunshot wound, head.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? X Homicide? \_\_\_\_\_

Occurred 6-12 1948 City, county, state Coeur d'Alene, Kootenai, Idaho

where violence occurred Coeur d'Alene, Kootenai, Idaho

Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Gunshot - head

Attendant's OWN Signature H. B. Hughes M.D. (M or other)

and Address Coeur d'Alene, Idaho Date 6-15 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 28 1948

# Certificate of Death

STATE OF IDAHO

948  
State File No. 2225  
Local Reg. No. 109  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 15th & Best  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 42 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 15th & Best  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Ohio

3. (a) FULL NAME KOEHLER, Daniel

3. (b) If veteran, name war WWI

3. (c) Social Security No.       

4. Sex M race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie

6. (c) Age of husband or wife if alive 79 years

7. Date of Birth (Month, Day, Year) Nov. 5, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>7</u>	<u>8</u>	hrs. min.

9. Exact Occupation Blacksmith Did this work for 40 yrs.

10. Industry or Business Blkwell Lbr Co. Date last worked 1937

11. Birthplace Germany (City or town) (State or foreign country)

Father { 12. Name Henry Koehler

13. Birthplace Germany (City or town) (State or foreign country)

Mother { 14. Maiden name Bender

15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Elsie Koehler  
and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 6-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Forest Cem. Cd'A, Idaho

18. Funeral Director's OWN Signature Don Engle  
and Address Coeur d'Alene, Idaho

19. (a) June 24, 1948 (b) Mary E. Hummel  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 6-13-48 083C  
(Month, Day, Year) at 5:30 o'clock P. 097X

21. I HEREBY CERTIFY, That I attended deceased from 6/2 1947 to 6/13 1948  
I last saw him alive on 6/13 1948  
Death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral Malacia

Duration ?

Due to Cerebral Arteriosclerosis

Due to Senility 1 yr.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? home

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred.

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Edith Fox  
(M. D. or other)

and Address Coeur d'Alene Date 6/18 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 28 1948

# Certificate of Death

STATE OF IDAHO

948

State File No. 2226  
Local Reg. No. 108  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **NW Blvd**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☒ Other place ☐  
(f) Name Hosp. or Inst. **Cd'A Homes** Stayed **21 yrs** days  
(g) Lived in this county **21** years **21** months **21** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **NW Blvd**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **21** years  
(h) Former residence (city, state) **Wisc.**

3. (a) FULL NAME **HELGESON, Jmaes.**

3. (b) If veteran, name was **|||||** 3. (g) Social Security No. **|||||**  
5. Color or **W** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **M** race **W**  
6. (b) Name of husband or wife **|||||** 6. (g) Age of husband or wife if alive **21** years

7. Date of Birth (Month, Day, Year) **Aug. 10, 1882**

8. AGE	Years	Months	Days	If less than 1 day
	<b>65</b>	<b>10</b>	<b>9</b>	hrs. min.

9. Exact Occupation **None** Did this work for **||||** yrs.  
10. Industry or Business **None** Date last worked **||||**  
11. Birthplace **Wisconsin** (City or town) (State or foreign country)

- Father { 12. Name **Ole Helgeson**  
13. Birthplace **unknown** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Christine Helgeson**  
15. Birthplace **unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Cd'A Homes Records D.E.**  
and Address **Coeur d'Alene, Idaho**

17. (a) **Burial** (b) Date thereof **6-22-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene, Idaho**

19. (a) **June 24, 1948** (b) **Mary E. Hamill**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **6-19-48** 19 **48**  
(Month, Day, Year) at **6:00** o'clock **P** M.  
21. I HEREBY CERTIFY, That I attended deceased from **7/22** to **6/19** 19 **48**  
I last saw h. **in** alive on **6/15** 19 **48**  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Duration **8 years +**  
Due to **Chronic Myocarditis**  
Due to **|||||**  
Other conditions **|||||**  
(Include pregnancy within 3 months of death)  
Where was disease contracted? **|||||**  
Name of operation **|||||** Date **|||||**  
Major finding **|||||**  
Finding of autopsy **|||||**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? **|||||** Suicide? **|||||** Homicide? **|||||**  
Occurred **|||||** 19 **48** City, county, state where violence occurred **|||||**  
Place of Violence: Home **|||||** Farm **|||||** Industry **|||||**  
Public Place **|||||** While at work? **|||||**  
Means of injury **|||||**  
23. Attendant's OWN Signature **Don English M.D.** (M. D. or other)  
and Address **Coeur d'Alene** Date **June 20, 1948**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 9227  
Local Reg. No. 1227  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai
- (b) City or town Coeur d'Alene
- (c) Street Address or R.F.D. No. ....
- (d) Death Occured Inside? X Outside? ..... city or town
- (e) Died in a Home... Hospital... Institution X Other place...
- (f) Name Hosp. or Inst. C.D.A. Home Stayed 4 yrs. days
- (g) Lived in this county 4 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai
- (c) City or town Coeur d'Alene
- (d) Street Address or R.F.D. No. ....
- (e) Deceased lived Inside? X Outside? ..... city or town
- (f) Citizen of what country? U.S.
- (g) How long had deceased lived in Idaho? 4 years
- (h) Former residence (city, state) Sandpoint Idaho

3. (a) FULL NAME ERICK NORDQUIST

- 3. (b) If veteran, name war None
- 3. (c) Social Security No. None
- 5. Color or race White
- 6. (a) Single, widowed, married, divorced Widowed
- 6. (b) Name of husband or wife .....
- 6. (c) Age of husband or wife if alive ..... years
- 7. Date of Birth (Month, Day, Year) October 2, 1858

8. AGE	Years	Months	Days	If less than 1 day
	<u>89</u>	<u>8</u>	<u>28</u>	hrs min.

- 9. Exact Occupation Millworker Did this work for ..... yrs.
- 10. Industry or Business .....
- 11. Birthplace Vernland Sweden (City or town) (State or foreign country)
- 12. Name Margus Larson
- 13. Birthplace Sweden (City or town) (State or foreign country)
- 14. Maiden name Mary Unknown
- 15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Ida Elbury and Address .....

- 17. (a) Burial (b) Date thereof 6/24/48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Forest Cemetery

18. Funeral Director's OWN Signature H. R. Riplinger and Address Coeur d'Alene Idaho

19. (a) June 25, 1948 (b) Mary Elbury (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 22 1948 at 8:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 6-10 1948, to 6-21 1948. I last saw him alive on 6-21 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia Duration 3 weeks

Due to Cardio Renal Failure 6 weeks

Due to Old Age

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ?

Name of operation 0 Date .....

Major finding .....

Finding of autopsy 0

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? ..... Occurred ..... 19..... City, county, state where violence occurred ..... Place of Violence: Home ..... Farm ..... Industry ..... Public Place ..... While at work? ..... Means of injury .....

23. Attendant's OWN Signature James W. Hawkins (M. D. or other)

and Address Coeur d'Alene Id Date 6-23 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 6 1948

# Certificate of Death

STATE OF IDAHO

1048

State File No. **2228**  
Local Reg. No. **115**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years **5** months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **713 11th S.**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **5** Mo. \_\_\_\_\_ years  
(h) Former residence (city, state) **Chicago Heights**

## 3. (a) FULL NAME **QUEEN, William Powell**

3. (b) If veteran, name war **11111111** 3. (c) Social Security No. **11111111**  
4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **11111111** 6. (c) Age of husband or wife if alive **1111** years  
7. Date of Birth (Month, Day, Year) **June 5, 1936**

8. AGE	Years	Months	Days	If less than 1 day
	<b>12</b>	<b>0</b>	<b>18</b>	hrs. min.

9. Exact Occupation **Student** Did this work for **6** yrs.  
10. Industry or Business **Central School** Date last worked **6-23-48**  
11. Birthplace **Rutherford Co. N. Carolina** (City or town) (State or foreign country)  
Father { 12. Name **Claude Queen**  
13. Birthplace **Rutherford Co. N. Carolina** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Docia Lynch**  
15. Birthplace **Rutherford Co. N. Carolina** (City or town) (State or foreign country)  
16. Informant's OWN Signature **Docia Lynch** and Address **Coeur d'Alene, Idaho**  
17. (a) **Removal** (b) Date thereof **6-25-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Shelby, North Carolina**  
18. Funeral Director's OWN Signature **Don English** and Address **Coeur d'Alene, Idaho**  
19. (a) **June 25, 1948** (b) **Mary C. Hamilton** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **6-23-48**  
(Month, Day, Year) \_\_\_\_\_ 19\_\_\_\_  
at **5:00** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **Did not** 19\_\_\_\_ to 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Drowning** Duration **Immediate**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **yes** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **6-23** 19**48** City, county, state

where violence occurred **Kootenai, Idaho**

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place ☒ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **William T. Wood, M.D.** **Coroner**

(M. D. or other)

and Address **COA, Idaho** Date **6-25 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 6 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 2229  
Local Reg. No. 111  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lakeside Ave.  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. Lake City Gen. days 5  
(g) Lived in this county    years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Rathdrum  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?    years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Frank Anderson

3. (b) If veteran, name war Do not know

3. (c) Social Security No. Do not know

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Do not know

6. (b) Name of husband or wife   

6. (c) Age of husband or wife if alive    years

7. Date of Birth  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>			hrs. min.

9. Exact Occupation Do not know Did this work for    yrs.

10. Industry or Business Do not know Date last worked   

11. Birthplace Do not know  
(City or town) (State or foreign country)

Father { 12. Name Do not know

13. Birthplace Do not know  
(City or town) (State or foreign country)

Mother { 14. Maiden name Do not know

15. Birthplace Do not know  
(City or town) (State or foreign country)

16. Informant's OWN Signature A. B. Nelson  
and Address Rathdrum, Idaho

17. (a) Burial (b) Date thereof 6/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Forest Cemetery, Coeur d'Alene

18. Funeral Director's OWN Signature A. B. Nelson  
and Address Rathdrum, Idaho

19. (a) June 30, 1948 (b) Mary E. Jamieson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 25 1948

at 11 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 20 1948 to June 25 1948.

I last saw him alive on June 25 1948.

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Secondary Anemia Duration 1 mo.

Due to Cancer of stomach 2 years

Due to   

Other conditions   

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature R. E. Johnson M.D.

(M. D. or other)   

and Address Coeur d'Alene Date June 25, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **2230**  
Local Reg. No. **123**  
Reg. Dist. No. **120**

1. PLACE OF DEATH: **Kootenai**  
(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **412 Lakeside**  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home..... Hospital **X** Institution..... Other place.....  
(f) Name Hosp. or Inst. **L.C. Gen** Stayed **13** days  
(g) Lived in this county ..... years..... months..... **13** days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **412 Lakeside**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **13 days** years  
(h) Former residence (city, state) **None**

3. (a) FULL NAME **STARR DONALD KARL**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or **W** race  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) **June 14, 1948**

- | 8. AGE | Years | Months | Days      | If less than 1 day |
|--------|-------|--------|-----------|--------------------|
|        |       |        | <b>13</b> | hrs. min.          |

9. Exact Occupation..... Did this work for ..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace **Coeur d'Alene, Idaho**  
(City or town) (State or foreign country)

12. Name **Donald G. Starr**

13. Birthplace **Pawnee Neb.**  
(City or town) (State or foreign country)

14. Maiden name **Karla Zeiger**

15. Birthplace **Everett Wash**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Donald G. Starr**  
and Address **Coeur d'Alene Idaho**

17. (a) **Burial** (b) Date thereof **6-28-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **Forest Cemty Cda. Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene Idaho**

19. (a) **July 15, 1948** (b) **W. M. Smith**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **June 27** 19 **48**  
at **12:15** o'clock **A**.M

21. I HEREBY CERTIFY That I attended deceased from **June 19, 1948** to **June 27, 1948**  
I last saw him alive on **June 26, 1948**  
death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: **Topic encephalopathy** Duration **3 days**

- Due to **Persistent diarrhea** **6 days**

- Due to **Cause unknown**

- Other conditions..... (Include pregnancy within 3 months of death)

- Where was disease contracted?.....

- Name of operation..... Date.....

- Major finding.....

- Finding of autopsy **not done**

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident?..... Suicide?..... Homicide?.....

- Occurred..... 19..... City, county, state where violence occurred.....

- Place of Violence: Home..... Farm..... Industry.....

- Public Place..... While at work?.....

- Means of injury.....

23. Attendant's OWN Signature **J. E. Kaiser Ind**

- and Address **Coeur d'Alene** Date **June 28, 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 2231  
Local Reg. No. 128  
Reg. Dist. No. 120

1. PLACE OF DEATH: **Kootenai**  
(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **502 Wallace**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **38** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **502 Wallace**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **38** years  
(h) Former residence (city, state) **Black Hill, S.D.**

3. (a) FULL NAME **JOHNSON, Margaret Ada**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**  
4. Sex **F** 5. Color or race **W**  
6. (b) Name of husband or wife **Widowed** 6. (a) Single, widowed, married, divorced  
6. (c) Age of husband or wife if alive **Widowed** years

7. Date of Birth (Month, Day, Year) **July 3, 1873**

AGE	Years	Months	Days	If less than 1 day
<b>74</b>	<b>11</b>	<b>25</b>	<b>hrs.</b>	<b>min.</b>

9. Exact Occupation **Housewife** Did this work for **50** yrs.  
10. Industry or Business **Own Home** Date last worked **1-1-48**  
11. Birthplace **Salt Lake City, Utah** (City or town) (State or foreign country)

12. Name **Hiram Forbes**  
13. Birthplace **Germany** (City or town) (State or foreign country)  
14. Maiden name **Mary (unknown)**  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Lucille Johnson**  
and Address **Coeur d'Alene, Idaho**

17. (a) **Burial** (b) Date thereof **7-1-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene, Idaho**

19. (a) **July 15, 1948** (b) **Mary C. Hamilton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **6-28-48** 19 **48**  
at **3:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **6-7-48** to **6-28-48** 19 **48**  
I last saw h. **RR** alive on **6-28** 19 **48**;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Pat. - my B. disease** Duration **13 days**  
Due to **ARTIO SCLEROTIC HEART** **10 yrs**  
**Disease**  
Due to **Arteriosclerosis** **20 yrs**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendants OWN Signature **Dr. Carlson M.D.** (M D or other)  
and Address **Coeur d'Alene** Date **7-8** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 1 1948

# Certificate Of Death

STATE OF IDAHO

48  
State File No. 2232  
Local Reg. No. 78  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Farragut  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Farragut  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) 1/1942

## 3. (a) FULL NAME DIANA LYNNE BERNHARD

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 26, 1947

8. AGE	Years	Months	Days	If less than 1 day
				hrs min.
		<u>8</u>	<u>4</u>	

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace L.C. (City or town) (State or foreign country)

12. Name Kenneth Bernhard  
13. Birthplace L.C. (City or town) (State or foreign country)  
14. Maiden name L.C.  
15. Birthplace L.C. (City or town) (State or foreign country)

16. Informant's OWN Signature Louis B. Bernhard  
and Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 6/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Mary's

18. Funeral Director's OWN Signature J. J. Engler  
and Address Coeur d'Alene, Idaho

19. (a) June 9, 1948 (b) Marge Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

- \* 20. DATE OF DEATH (Month, Day, Year) June 6 1948  
at 6:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from not at all 19   to 19

I last saw h. \_\_\_\_\_ alive on Did not 19  ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: probable fractured neck Duration Immediate

Due to Fall from Bathroom

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred June 6 1948 City, county, state Kootenai, Idaho  
where violence occurred Kootenai, Idaho  
Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Fall from Bathroom

23. Attendant's OWN Signature William T. Wood, M.D.  
and Address Coeur d'Alene, Idaho Date 6-8 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 6 1948

# Certificate of Death 1948

STATE OF IDAHO

State File No. 2233  
Local Reg. No. 112  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Spirit Lake  
(c) Street Address or R.F.D. No. --  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. Spirit Lake Stayed 1 days  
(g) Lived in this county 50 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Kathlamet  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Des Moines Iowa

## 3. (a) FULL NAME

Fred Lewis Coon

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex Male race White

## 5. Color or

## 6. (b) Name of husband or wife

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive 64 years

## 7. Date of Birth

July 24, 1869

(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>10</u>	<u>22</u>	hrs. min.

9. Exact Occupation Lie Inspector Did this work for 30 yrs.

10. Industry or Business Northern Pacific Railway Co. Date last worked 6/1/46

11. Birthplace Des Moines Iowa (City or town) (State or foreign country)

12. Name James H. Coon

13. Birthplace Do not know (City or town) (State or foreign country)

14. Maiden name Hannah Prescott

15. Birthplace Do not know (City or town) (State or foreign country)

16. Informant's OWN Signature Ernest T. Coon

and Address Kathlamet, Idaho

17. (a) Burial (b) Date thereof 6/20/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pine Grove Cemetery, Kathlamet

18. Funeral Director's OWN Signature J. B. Nelson

and Address Kathlamet, Idaho

19. (a) June 30, 1948 (b) Mary C. Hamilton (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 16 19 48  
at 2:25 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from JUNE 15 19 48, to JUNE 16 19 48.

I last saw him alive on JUNE 16 19 48;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: ROCKY MT. SPOTTED FEVER ? - Duration

NOT YET PROVEN - BLOOD SENT

TO HAMILTON, MONTANA FOR

EXAMINATION

Due to

Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Ernest T. Coon M.D.

and Address Spirit Lake (M. D. or other)

Date 6/30/48

(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948

State File No. **2234**  
Local Reg. No. **112**  
Reg. Dist. No. **120**

**JUL 6 1948**

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Rathdrum**  
(c) Street Address or R.F.D. No. **R.F.D. No 2**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **1** years **1** months **1** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Rathdrum**  
(d) Street Address or R.F.D. No. **R.F.D. No. 2**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **1** years  
(h) Former residence (city, state) **Spokane, Wash.**

## 3. (a) FULL NAME

**Alvah C. Bush**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

**535-03-8852**

## 4. Sex **Male** Color or race **White**

## 5. (a) Single, widowed, married, divorced **Married**

## 6. (b) Name of husband or wife **Edmire Bush**

## 6. (c) Age of husband or wife if alive **52** years

## 7. Date of Birth (Month, Day, Year) **April 8, 1893**

8. AGE	Years	Months	Days	If less than 1 day
	<b>55</b>	<b>2</b>	<b>11</b>	hrs. min.

## 9. Exact Occupation **Roofing Contractor** Did this work for **20** yrs.

## 10. Industry or Business Date last worked **1946**

## 11. Birthplace **Menominee Michigan** (City or town) (State or foreign country)

## 12. Name **George W. Bush**

## 13. Birthplace **New York New York** (City or town) (State or foreign country)

## 14. Maiden name **Dolly Maranettee**

## 15. Birthplace **Rockwood, Michigan** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Thorbe Bouleau**

## and Address **Ridpath Hotel Spokane**

## 17. (a) Removal (b) Date thereof **56/19/48** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place **Spokane, Washington**

## 18. Funeral Director's OWN Signature **A. B. Nelson**

## and Address **Rathdrum, Idaho**

## 19. **June 30, 1948** (Date received and filed)

## (b) **Myrtle C. Hamilton** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **6/19** 19 **48**  
at **10:00** o'clock **P.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h. **alive** on **19**;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Cerebral Hemorrhage**

## Duration

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature **Myrtle C. Hamilton M.D.**

(M.D. or other)

and Address **Spokane, Wash.** Date **6/31** 19 **48**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948

State File No. 2235  
Local Reg. No. 117  
Reg. Dist. No. 120

JUL 6 1948

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Spirit Lake  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place mon  
(f) Name Hosp. or Inst. Spirit Lake Stayed 1 yr days \_\_\_\_\_  
(g) Lived in this county 20 years 3 months \_\_\_\_\_ days \_\_\_\_\_

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Rathdrum  
(d) Street Address or R.F.D. No. - -  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Harrington, Wash.

## 3. (a) FULL NAME

James W. Tinner

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

none

## 4. Sex Male Color or race White

## 5. (a) Single, widowed, married, divorced widowed

## 6. (b) Name of husband or wife Jane Pugh Tinner

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) March 12, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>3</u>	<u>7</u>	hrs. min.

## 9. Exact Occupation Road Construction Did this work for \_\_\_\_\_ life yrs.

## 10. Industry or Business work Date last worked 1937

## 11. Birthplace Do not know (City or town) Missouri (State or foreign country)

## 12. Name John Tinner

## 13. Birthplace Do not know (City or town) (State or foreign country)

## 14. Maiden name Do not know

## 15. Birthplace Do not know (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs. Catherine Sweet

## and Address 13418-12th St. Spirit Lake

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/48 (Month) (Day) (Year)

## (c) Place Forest Cemetery, Coeur d'Alene

## 18. Funeral Director's OWN Signature A. B. Nelson

## and Address Rathdrum, Idaho

## 19. (a) June 20, 1948 (Date received and filed) (b) M. C. Hamilton (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) JUNE 19 1948

at 6:55 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from July 1 1947, to JUNE 19 1948

I last saw h. 1 M alive on JUNE 19 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: THROMBOSIS, CEREBRAL Duration 3 DAYS

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Lynn P. Dedrickson M.D.

(M. D. or other)

and Address Spirit Lake Date 6/21/48 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 6 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 2236  
Local Reg. No. 176  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Spirit Lake  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Instn Spirit Lake Stayed 3 days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Spirit Lake  
(d) Street Address or R.F.D. No. --  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Williamsburg, Maine

## 3. (a) FULL NAME James F. Sumner

3. (b) If veteran, name war -- 3. (c) Social Security No. 518-24-0275

4. Sex Male 5. Color or race White  
6. (b) Name of husband or wife Ellen Olive 6. (c) Age of husband or wife if alive -- years

7. Date of Birth (Month, Day, Year) January 30, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>4</u>	<u>21</u>	hrs. min.

9. Exact Occupation Laborer Did this work for life yrs.

10. Industry or Business -- Date last worked Oct. 1947

11. Birthplace Williamsburg, Maine  
(City or town) (State or foreign country)

12. Name James S. Sumner

13. Birthplace Do not know  
(City or town) (State or foreign country)

14. Maiden name Betsy Blunt

15. Birthplace Do not know  
(City or town) (State or foreign country)

16. Informant's OWN Signature Winnie Mc Mullen  
and Address Spirit Lake, Idaho

17. (a) Burial (b) Date thereof 6/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Greenwood Cemetery, Spirit Lake

18. Funeral Director's OWN Signature A. B. [Signature]  
and Address Rathdrum, Idaho

19. (a) June 30, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 6/21 1948  
at 5:55 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from JUNE 18 1948 to JUNE 21 1948  
I last saw him alive on JUNE 21 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

MASSIVE GASTRIC  
HEMORRHAGE

Due to ? CARCINOMA OF PROSTATE WITH  
Due to METASTASES. - NOT PROVEN  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature Dr. C. Fredrickson M.D.

and Address Spirit Lake (M. D. or other) \_\_\_\_\_

Date 6/21 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 6 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 2237  
Local Reg. No. 118  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Rathdrum  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 15 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Hayden Lake  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Lee H. Underwood

3. (b) If veteran, name war World War I.

3. (c) Social Security No. 518-10-4370

4. Sex Male race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth May 10, 1894  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>1</u>	<u>15</u>	hrs. min.

9. Exact Occupation Carpenter Did this work for life yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 6/25/48

11. Birthplace Egan Moody County, S. Dakota  
(City or town) (State or foreign country)

12. Name Horace Henry Underwood

13. Birthplace Elyria Ohio  
(City or town) (State or foreign country)

14. Maiden name Mary Joann Hopkins

15. Birthplace Genoa, Wisconsin  
(City or town) (State or foreign country)

16. Informant's OWN Signature Wm. E. Thompson  
and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 6/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Forest Cemetery, Coeur d'Alene

18. Funeral Director's OWN Signature A. B. Nelson  
and Address Rathdrum, Idaho

19. (a) June 30, 1948 (b) Mary C. Samuels  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 25 19 48  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Did not 19 \_\_\_\_\_ to 19 \_\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

probable coronary occlusion

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 6 - 25 19 48 City, county, state Kootenai, Idaho  
where violence occurred Kootenai, Idaho

Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature William T. Wood, M.D. Coroner  
(M. D. or other)

and Address CDA, Idaho Date 6-29 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 18 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2238  
Local Reg. No. 65  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 11 days  
(g) Lived in this county 31 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Troy  
(d) Street Address or R.F.D. No. Rt. 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Kresteana Johnson

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Raynard J. 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) February 12, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>3</u>	<u>24</u>	hrs min.

9. Exact Occupation At home Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) Norway

12. Name Knute Flatness  
13. Birthplace Norway (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
14. Maiden name Aassa Halvorson  
15. Birthplace Norway (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Haren B. Lentz  
and Address Box Elder, Montana

17. (a) Burial (b) Date thereof 6/14/48  
(Burial, cremation, or removal) \_\_\_\_\_ (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho

19. (a) 6-12-48 (b) Lois E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 6, 1948  
(Month, Day, Year) \_\_\_\_\_ 19\_\_\_\_  
at 10:40 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from March 4, 1948 to June 6, 1948  
I last saw her alive on June 6, 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death

- Renal failure and  
chronic pneumonia.  
Due to hypertensive Cardio-vascular-  
renal disease unknown  
Due to hypertension unknown  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature John W. Anderson  
and Address Moscow, Idaho Date 6-10-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census. JUN 18 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2239  
Local Reg. No. 66  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Gritman Stayed 26 days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME William Samuel Starner

3. (b) If veteran, name war Unk 3. (c) Social Security No. None  
4. Sex M race W 5. Color or 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife Unk 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) August 27, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>7</u>	<u>10</u>	hrs min.

9. Exact Occupation County Jailer Did this work for 3 yrs.  
10. Industry or Business Latah County Date last worked May 48  
11. Birthplace Readstown (City or town) Wisconsin (State or foreign country)

12. Name Unk  
13. Birthplace Unk (City or town) (State or foreign country)  
14. Maiden name Unk  
15. Birthplace Unk (City or town) (State or foreign country)

16. Informant's OWN Signature A. E. Ream  
and Address Moscow, Idaho

17. (a) Burial (b) Date thereof 6-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature H. R. Hunt  
and Address Moscow, Idaho

19. (a) 6-10-48 (b) Louis E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 7, 1948  
(Month, Day, Year) 19\_\_\_\_  
at 4:45 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 10 May 1948 to 7 June 1948  
I last saw him alive on 7 June 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration \_\_\_\_\_  
Myocardial infarction

Due to Atherosclerosis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Clyde Culp  
and Address Moscow, Idaho (M. or other) \_\_\_\_\_  
(For additional space, use reverse side) 6/14 1948

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2240  
Local Reg. No. 67  
Reg. Dist. No. 280

JUN 18 1948

1948

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. 515 S. Almon  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 19 years 19 months 19 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Moscow  
(d) Street Address or R.F.D. No. 515 S. Almon  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME Jenny J. Hooper

3. (b) If veteran, name was None 3. (c) Social Security No. None  
4. Sex F 5. Color W 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife John W 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) September 29, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>8</u>	<u>9</u>	hrs min.

9. Exact Occupation At home Did this work for ☐ yrs.  
10. Industry or Business Maysville Date last worked Arkansas  
11. Birthplace (City or town) (State or foreign country)  
12. Name William J. Boatright  
13. Birthplace (City or town) (State or foreign country) Arkansas  
14. Maiden name Malinda Neely  
15. Birthplace (City or town) (State or foreign country) Arkansas

16. Informant's OWN Signature Will M. Hooper  
and Address Moscow, Idaho

17. (a) Burial (b) Date thereof 6-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Fullman, Washington (City)

18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho

19. (a) 6-11-48 (b) Lain E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 8, 1948  
(Month, Day, Year) 19  
at 7:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 6-2 1948, to 6-8 1948  
I last saw her alive on 6-7 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral myriocardia Duration

Due to Cerebral myriocardia

Due to Cerebral myriocardia  
Other conditions P. D. D. D.  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation None Date

Major finding None  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury None

23. Attendant's OWN Signature W. M. Hooper (M. D. or other)  
and Address Moscow, Idaho Date 6-11-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 10 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2241  
Local Reg. No. 69  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

(a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. Gritman Stayed 1 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Bovill  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state)

3. (a) FULL NAME Darlene Shyrel Edwards

3. (b) If veteran, None 3. (c) Social Security None  
name war No.  
4. Sex F 5. Color or W 6. (a) Single, widowed, married, divorced Single  
race W  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years

7. Date of Birth  
(Month, Day, Year) April 26, 1946

8. AGE	Years	Months	Days	If less than 1 day
	2	1	13	hrs min.

9. Exact Occupation None Did this work for yrs.

10. Industry or Business At home Date last worked

11. Birthplace St. Joseph, Missouri  
(City or town) (State or foreign country)

12. Name William Edwards

13. Birthplace Missouri  
(City or town) (State or foreign country)

14. Maiden name Charlotte Sanderson

15. Birthplace Bovill, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature John Sanderson  
and Address Bovill, Idaho

17. (a) Burial (b) Date thereof 6-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature H. P. Stark  
and Address Moscow, Idaho

19. (a) 6-12-48 (b) L. W. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 9, 1948  
(Month, Day, Year)  
at 12:45 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from June 8, 1948, to June 9, 1948  
last saw h.e.r. alive on June 7, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Extensive body burns Duration 3 1/2 hrs.

Due to Explosion of gas and gas lamp

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autopsy -

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? Homicide?

Occurred June 8, 1948 City, county, state where violence occurred Bruce, Latah, Idaho

Place of Violence: Home ☒ Farm Industry

Public Place While at work?

Means of injury Gas explosion while filling camp for the father

23. Attendant's OWN Signature Kirk Davis M.D.

and Address Moscow, Idaho Date June 10, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

1948

State File No. 2242  
Local Reg. No. 22  
Reg. Dist. No. 200

JUL 1 1948

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. 420 So. Asbury  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 46 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. 420 So. Asb  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

Columbus Pool Willis

## 3. (b) If veteran,

name war ☒

## 3. (c) Social Security

No. ☒

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nancy

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) 6-22-1868

8. AGE	Years	Months	Days	If less than 1 day
	79	11	26	hrs min.

9. Exact Occupation Farmer Did this work for ☒ yrs.

10. Industry or Business Retired Date last worked ☒

11. Birthplace Canton N.C. (City or town) (State or foreign country)

12. Name A.S. Willis S.C.

13. Birthplace (City or town) (State or foreign country)

14. Maiden name Mary Pettit

15. Birthplace S.C. (City or town) (State or foreign country)

16. Informant's OWN Signature C.E. Willis

and Address MOSCOW, Idaho

17. (a) Burial (b) Date thereof 6-21-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: MOSCOW

18. Funeral Director's OWN Signature H.R. Short

and Address MOSCOW, Idaho

19. (a) 6-21-48 (b) Lois E. Anderson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 094A 102X

## 20. DATE OF DEATH

(Month, Day, Year) 6-18-48 19  
at 5:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 4-29 1940, to 6-18 1948

I last saw him alive on 6-18 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Thrombosis Duration 5 min.

Due to Coronary sclerosis ?

Due to senility hypertension ?

Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted? —

Name of operation — Date — PHYSICIAN

Major finding — Underline the cause to which death should be charged statistically.

Finding of autopsy —

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒

Occurred ☒ 19 ☐ City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

## 23. Attendant's OWN Signature Edward M. Luman M.D.

and Address MOSCOW, Idaho Date 6-21 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**JUL 1 1948 Certificate Of Death**  
STATE OF IDAHO

1948 State File No. **2243**  
Local Reg. No. **73**  
Reg. - Dist. No. **200**

1. PLACE OF DEATH:  
(a) County **Latah**  
(b) City or town **Moscow**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Gritman** Stayed **83** days  
(g) Lived in this county **35** years ..... months ..... days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Latah**  
(c) City or town **MOSCOW**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **35** years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **James Ralph Bateman**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Augusta** 6. (c) Age of husband or wife if alive **deceased** years  
7. Date of Birth (Month, Day, Year) **October 12, 1872**  
8. AGE  

Years	Months	Days	If less than 1 day
<b>75</b>	<b>8</b>	<b>6</b>	hrs min.

9. Exact Occupation **Retired** Did this work for ..... yrs.  
10. Industry or Business **Farmer** Date last worked .....  
11. Birthplace **Chillicothe Ohio** (City or town) (State or foreign country)  
Mother Father { 12. Name **William Bateman**  
13. Birthplace **Ohio** (City or town) (State or foreign country)  
14. Maiden name **Rhoda Ellen Morrison**  
15. Birthplace **Ohio** (City or town) (State or foreign country)  
16. Informant's OWN Signature **Robert Bateman** and Address **Moscow, Idaho**  
17. (a) **Burial** (b) Date thereof **6-22-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Moscow, Idaho**  
18. Funeral Director's OWN Signature **H. R. Short** and Address **Moscow, Idaho**  
19. (a) **6-22-48** (b) **Lois E. Anderson** (Date received and filed) (Registrar's signature)

**047D**  
**MEDICAL CERTIFICATE OF DEATH 103X**  
20. DATE OF DEATH (Month, Day, Year) **June 18, 1948** 19.....  
at **5:30** o'clock **P.** M.  
21. I HEREBY CERTIFY, That I attended deceased from **June 17, 1948** to **18 June 1948**  
I last saw him alive on **18 June 1948**; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Pneumonia from car - cinoma of right lung** Duration  
Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....  
Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature **Clyde Culp** (M. D. or other)  
and Address **Moscow** Date **22 June 48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 1 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **2244**  
Local Reg. No. **76**  
Reg. Dist. No. **200**

## 1. PLACE OF DEATH:

(a) County **Latah**  
(b) City or town **Moscow**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Gritman** Stayed **420** days  
(g) Lived in this county **50** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Latah**  
(c) City or town **Potlatch**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Francis Parin Davis

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife .....

7. Date of Birth (Month, Day, Year) **April 30, 1872**

8. AGE	Years	Months	Days	If less than 1 day
	<b>76</b>	<b>1</b>	<b>19</b>	hrs min.

9. Exact Occupation **Retired** Did this work for yrs.  
10. Industry or Business **Farming** Date last worked  
11. Birthplace **Illinois** (City or town) (State or foreign country)

12. Name **Joseph Henry Davis**  
13. Birthplace **Ohio** (City or town) (State or foreign country)  
14. Maiden name **Martha Hendee**  
15. Birthplace **Ohio** (City or town) (State or foreign country)

16. Informant's OWN Signature **Delbert Davis**  
and Address **Potlatch, Ida.**  
17. (a) Burial (b) Date thereof **6-23-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Freeze Cemetery**

18. Funeral Director's OWN Signature **H. R. Short**  
and Address **Moscow, Idaho**

19. (a) **6-23-48** (b) **Lois E. Anderson**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **June 19, 1948**  
(Month, Day, Year) at **4:15** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **June 19, 1948** to **June 19, 1948**  
I last saw him alive on **June 19, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Subarachnoid hemorrhage** Duration **1 yr.**

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state  
where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury .....

23. Attendant's OWN Signature **S. J. Klaar**  
and Address **Moscow, Ida.** Date **6-23-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2245  
Local Reg. No. 230  
Reg. Dist. No. 200

JUL 1 1948

## 1. PLACE OF DEATH:

Latah

- (a) County .....  
(b) City or town .....  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... ☒ Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 54 days  
(g) Lived in this county 47 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Avon  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Louis Oliver Grimes

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced married  
4. Sex M 6. (b) Name of husband or wife Allie A. 6. (c) Age of husband or wife if alive 67 years  
7. Date of Birth (Month, Day, Year) December 8, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>6</u>	<u>13</u>	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.  
10. Industry or Business Farming Date last worked .....  
11. Birthplace Missouri (City or town) (State or foreign country)

12. Name E. Grimes  
13. Birthplace Unk (City or town) (State or foreign country)  
14. Maiden name Mary Henderson  
15. Birthplace Unk (City or town) (State or foreign country)

16. Informant's OWN Signature Louis P. Grimes  
and Address Clarkston, Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-48 (Month) (Day) (Year)  
(c) Place: Avon, Idaho

18. Funeral Director's OWN Signature A. R. Short  
and Address Moscow, Idaho

19. (a) 6-23-48 (Date received and filed) (b) Louis E. Anderson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 21, 1948 19.....  
(Month, Day, Year) at 3:15 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1947 to June 26, 1948.  
I last saw him alive on 6-20-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Failure Duration 1 day

Due to Malnutrition  
Mountain Thunfischer

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature B. J. Klappner  
and Address Moscow, Idaho Date 6-23-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 1

1948

# Certificate Of Death

STATE OF IDAHO

Wife 1948

State File No. 2246

Local Reg. No. 78

Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. 710 so. Main  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Gritman Stayed 1 days  
(g) Lived in this county 9 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. Pt. # 5  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state) 195E

## 3. (a) FULL NAME William Elsworth Rogers

3. (b) If veteran, name war no 3. (c) Social Security No. no  
5. Color or m 6. (a) Single, widowed, married, divorced married  
4. Sex m race w  
6. (b) Name of husband or wife Grace 6. (c) Age of husband or wife if alive 48 years  
7. Date of Birth (Month, Day, Year) Jan. 16, 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>5</u>	<u>6</u>	hrs min.

9. Exact Occupation Laborer Did this work for 0 yrs.  
10. Industry or Business Uni. of I Date last worked 6-22-48  
11. Birthplace Norway Kansas  
(City or town) (State or foreign country)

12. Name Steve Rogers  
13. Birthplace Unk  
(City or town) (State or foreign country)  
14. Maiden name Mary Elizabeth Seiberborn  
15. Birthplace Unk  
(City or town) (State or foreign country)

18. Informant's OWN Signature Steve M. Rogers Potlatch  
and Address 915 Cedar Potlatch  
17. (a) burial (b) Date thereof 6/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: MOSCOW

18. Funeral Director's OWN Signature H.R. Short  
and Address MOSCOW  
19. (a) 6-25-48 (b) Lois E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 22 1948  
(Month, Day, Year) at 8:55 o'clock 8:55 AM

21. I HEREBY CERTIFY, That I attended deceased from 6-22-48 to 6-22-48  
I last saw him alive on 6-22-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute myocardial infarction Duration

Due to accident  
With a strut

Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? not  
Name of operation not Date not  
Major finding none  
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? no Homicide? no  
Occurred: 6-22-48 1948 City, county, state Moscow, Idaho  
where violence occurred Home  
Place of Violence: Home yes Farm no Industry no  
Public Place yes While at work? yes  
Means of injury falling from a height  
23. Attendant's OWN Signature Joseph E. Anderson (M. D. or other)  
and Address Moscow, Idaho Date 6-24-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **2247**  
Local Reg. No. **81**  
Reg. Dist. No. **200**

## 1. PLACE OF DEATH:

(a) County Latah  
(b) City or town Moscow  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 2 days  
(g) Lived in this county 49 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Deary  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME David Burklund

3. (b) If veteran, name war None  
5. Color or race W  
6. (b) Name of husband or wife \_\_\_\_\_  
7. Date of Birth (Month, Day, Year) March 1, 1899

3. (c) Social Security No. \_\_\_\_\_  
6. (a) Single, widowed, married, divorced single  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>3</u>	<u>23</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Farming Date last worked 6-20-48  
11. Birthplace Deary Idaho (City or town) (State or foreign country)

12. Name Nels Burklund  
13. Birthplace Sweden (City or town) (State or foreign country)  
14. Maiden name Anna Nelson  
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Jack Burklund  
and Address Deary, Idaho

17. (a) Burial (b) Date thereof 6-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Dry Creek Cemetery

18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho

19. (a) 6-28-48 (b) Levi E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 24, 1948  
(Month, Day, Year) at 11:25 o'clock A.M.

21. I HEREBY CERTIFY, That attended deceased from 6-28-48 to 6-24-48  
I last saw him alive on 6-24-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Right cerebral hemorrhage  
Due to Skull fracture

Due to Hit by a car  
Other conditions fractured knee  
(Include pregnancy within 3 months of death)  
down on pavement

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding Basal skull fracture on left. Great hemiplegia

22. If death was due to EXTERNAL CAUSES, such as the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 6-28-48 at Deary, Idaho  
Where violence occurred Deary, Idaho  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place Street While at work \_\_\_\_\_

Means of injury car  
23. Attendant's OWN Signature Joseph E. Anderson  
(M.D. or other)

and Address Moscow, Idaho Date 6-28-48

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2248  
Local Reg. No. 82  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

(a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 20 days  
(g) Lived in this county 41 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Potlatch  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Albert Closson

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex M race W 5. Color or divorced married  
6. (b) Name of husband or wife Sara 6. (c) Age of husband or wife if alive 80 years  
7. Date of Birth (Month, Day, Year) April 8, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>2</u>	<u>19</u>	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.  
10. Industry or Business Laborer Date last worked 1925  
11. Birthplace McGregor Iowa (City or town) (State or foreign country)

12. Name Albert Closson  
13. Birthplace Unk (City or town) (State or foreign country)  
14. Maiden name Frances Lamphere  
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Nancy C. Stephens  
and Address Potlatch, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-48 (Month) (Day) (Year)  
(c) Place: Potlatch, Idaho

18. Funeral Director's OWN Signature H.R. Short  
and Address MOSCOW, Idaho

19. (a) 7-1-48 (Date received and filed) (b) Lewis Anderson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 27, 1948 19.....  
at 4:55 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1940, to 27 June 1948

I last saw him alive on 27 June 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Thrombosis Duration 7 days

Due to Arteriosclerosis & Senility ?

Due to .....  
Other conditions Emphysema (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature E. J. Karmine (M. D. or other)  
and Address Moscow, Idaho Date 7/1 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce JUN 18 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

10100

State File No. 2249  
Local Reg. No. 68  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Bovill  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Bovill  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Charles Roland Edwards

3. (b) If veteran, name war No 3. (c) Social Security None  
4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February 4, 1945

8. AGE	Years	Months	Days	If less than 1 day
	<u>3</u>	<u>4</u>	<u>4</u>	hrs min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business At home Date last worked \_\_\_\_\_  
11. Birthplace St. Joseph, Missouri (City or town) (State or foreign country)

12. Name William Edwards  
13. Birthplace Missouri (City or town) (State or foreign country)  
14. Maiden name Charlotte Sanderson  
15. Birthplace Bovill, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature John Sanderson and Address Bovill, Idaho

17. (a) Burial (b) Date thereof 6-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature H.P. Short and Address Moscow, Idaho

19. (a) 6-12-48 (b) Lois E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 8, 1948  
(Month, Day, Year)  
at Abt 8:45 clock P M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Burned to death

Duration

Due to Fire in home

Due to Exploding gasoline

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred June 8 1948 City, county, state Bovill, Latah, Idaho  
where violence occurred Bovill, Latah, Idaho  
Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H.P. Short Coroner  
(M. D. or other)  
and Address Moscow, Idaho Date 6/9/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 1 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2250  
Local Reg. No. 71  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Harvard  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? Yes Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 21 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Harvard  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Yes Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Mary Catherine Gallup

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife William  
6. (c) Age of husband or wife if alive 81 years  
7. Date of Birth (Month, Day, Year) April 3, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>2</u>	<u>14</u>	hrs min.

9. Exact Occupation Housewife Did this work for 45 yrs.  
10. Industry or Business Own Home Date last worked 7-1943  
11. Birthplace Pinckney Michigan  
(City or town) (State or foreign country)

12. Name Daniel Plummer  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature L.H. Gallup  
and Address Harvard, Idaho

17. (a) Burial (b) Date thereof 6-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Potlatch, Idaho

18. Funeral Director's OWN Signature H.E. Smith  
and Address Palouse, Washington

19. (a) 6-19-48 (b) L.H. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 17, 1948  
at 7:15 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from April 1, 1948 to June 17, 1948  
I last saw her alive on June 14, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio Vascular Renal Syndrome Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J.W. McPhee M.D.

and Address Palouse, Idaho Date 6/18/48 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. \_\_\_\_\_  
Local Reg. No. 2251  
Reg. Dist. No. 200

JUL 1 1948

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Viola  
(c) Street Address or R.F.D. No. Rt. 1  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 68 years 68 months 68 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Viola  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 68 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Emma Susan Gerber

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or W 6. (a) Single, widowed, married, divorced widowed  
4. Sex F race W 6. (c) Age of husband or wife if alive deceased years  
6. (b) Name of husband or wife Emil  
7. Date of Birth (Month, Day, Year) August 4, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>10</u>	<u>14</u>	hrs min.

9. Exact Occupation At home Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Selina County, Nebraska  
(City or town) (State or foreign country)

- Mother Father  
12. Name William Robertson  
13. Birthplace Unk  
(City or town) (State or foreign country)  
14. Maiden name Unk  
15. Birthplace Unk  
(City or town) (State or foreign country)

16. Informant's OWN Signature Fred O'Brien  
and Address Rt. 1, Viola, Idaho

17. (a) Burial (b) Date thereof 6-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Viola, Idaho

18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho

19. (a) 6-22-48 (b) Lois E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 18, 1948 19\_\_\_\_  
at 3:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from March 1948 to 18 June 1948  
I last saw her alive on May 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Diabetes Mellitus

Due to Hypertension  
Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Clyde Culp  
and Address Moscow (M. I. or other) 22 June 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 3 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2252  
Local Reg. No. 77  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Harvard  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State... (b) County...  
(c) City or town...  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? ... city or town  
(f) Citizen of what country? ...  
(g) How long had deceased lived in Idaho? ... years  
(h) Former residence (city, state) ...

3. (a) FULL NAME Harry LEE COX

3. (b) If veteran, name war No  
3. (c) Social Security No. 519-22-4122  
4. Sex M 5. Color or W W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife ... 6. (c) Age of husband or wife if alive ... years  
7. Date of Birth (Month, Day, Year) unknown

8. AGE	Years	Months	Days	If less than 1 day
	<u>55 ?</u>			hrs min.

9. Exact Occupation Laborer Did this work for ... yrs.  
10. Industry or Business ... Date last worked Unk  
11. Birthplace Unknown (City or town) (State or foreign country)

- Mother Father  
12. Name Unk  
13. Birthplace Unk (City or town) (State or foreign country)  
14. Maiden name Unk  
15. Birthplace Unk (City or town) (State or foreign country)

16. Informant's OWN Signature G. E. Allen  
and Address Moscow, Idaho

17. (a) Burial (b) Date thereof 6-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature H. K. Hart  
and Address Moscow, Idaho

19. (a) 6-24-48 (b) Law E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 19 1948  
(Month, Day, Year) at Unk o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gunshot wound in head Duration

Due to ...

Due to ...

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ...

Name of operation ... Date ...

Major finding ...

Finding of autopsy ...

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? X Homicide? ...

Occurred June, 19 1948 City, county, state

where violence occurred

Place of Violence: Home ✓ Farm ... Industry ...

Public Place ... While at work?

Means of injury Rifle 32-45

23. Attendant's OWN Signature Ray Nolan

and Address ... Date June 17 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 1 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. **2253**  
Local Reg. No. **77**  
Reg. Dist. No. **200**

## 1. PLACE OF DEATH:

(a) County **Latah**  
(b) City or town **Troy**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **55** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Latah**  
(c) City or town **Troy**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **55** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**Myrtle Bell Harris**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Emmett** 6. (c) Age of husband or wife if alive **deceased** years  
7. Date of Birth (Month, Day, Year) **April 10, 1870**

8. AGE	Years	Months	Days	If less than 1 day
	<b>78</b>	<b>2</b>	<b>11</b>	hrs min.

9. Exact Occupation **At home** Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **Hillsboro Ohio** (City or town) (State or foreign country)

Mother Father { 12. Name **James Bayhan**  
13. Birthplace **Unk** (City or town) (State or foreign country)  
14. Maiden name **Unk**  
15. Birthplace **Unk** (City or town) (State or foreign country)

16. Informant's OWN Signature **Lila Strohm**  
and Address **Troy, Idaho**

17. (a) **Burial** (b) Date thereof **6-24-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Moscow, Idaho**

18. Funeral Director's OWN Signature **H. R. Short**  
and Address **Moscow, Idaho**

19. (a) **6-24-48** (b) **Lila E. Anderson**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **June 21, 1948** 19.....  
(Month, Day, Year)  
at **2:30** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **24 Apr 1948** to **21 June 1948**  
I last saw h.e.c. alive on **18 June 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Heart failure** Duration

Due to **Arteriosclerotic Heart Disease** **15 yrs.**

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **Keith J. David, M.D.**  
(M. D. or other)  
and Address **Moscow, Idaho** Date **June 24, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 3 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2254  
Local Reg. No. 86  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Genesee  
(c) Street Address or R.F.D. No. Rt. 1  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. 52 Stayed days  
(g) Lived in this county 52 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Genesee  
(d) Street Address or R.F.D. No. Rt. # 1  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Clarence Prentiss Peterson

3. (b) If veteran, name war WW1 3. (c) Social Security No. no  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Grace 6. (c) Age of husband or wife if alive 50 years  
7. Date of Birth (Month, Day, Year) Feb. 23, 1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>4</u>	<u>0</u>	hrs min.

9. Exact Occupation Farming Did this work for  yrs.  
10. Industry or Business " Date last worked   
11. Birthplace Genesee Idaho  
(City or town) (State or foreign country)

12. Name Edwin Peterson  
13. Birthplace Sweden  
(City or town) (State or foreign country)  
14. Maiden name Emma Halvorsen  
15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Burt Wayne Peterson  
and Address Genesee Idaho

17. (a) burial (b) Date thereof 6-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Genesee City Cemetery

18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho

19. (a) 6-28-48 (b) L. S. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 23 1948  
(Month, Day, Year) at 12:01 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 1946 to June 23 1948  
I last saw him alive on JUNE 22 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: generalized carcinoma Duration of last 6 mo.

- Due to   
Due to   
Other conditions   
(Include pregnancy within 3 months of death)

- Where was disease contracted?  PHYSICIAN   
Name of operation  Date  Underline the cause to which death should be charged statistically.  
Major finding   
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred 19 City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature Jack W. Clarke (M. D. or other)  
and Address Genesee Date 6/28 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. 2255  
Local Reg. No. 1290  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Lewis  
(b) City or town Myersburg  
(c) Street Address or R.F.D. No. Main St.  
(d) Death Occured Inside? Yes Outside? No city or town  
(e) Died in a Home X Hospital No Institution No Other place No  
(f) Name Hosp. or Inst. No Stayed No days  
(g) Lived in this county 52 years No months No days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Myersburg  
(d) Street Address or R.F.D. No. Main St.  
(e) Deceased lived Inside? Yes Outside? No city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 70 years  
(h) Former residence (city, state) See

## 3. (a) FULL NAME

Gilbert King

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. See

5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive Dead years

7. Date of Birth (Month, Day, Year) April 8 1867

## 8. AGE

Years	Months	Days	If less than 1 day
<u>81</u>	<u>1</u>	<u>22</u>	hrs min.

9. Exact Occupation Retired farmer Did this work for Life yrs.

10. Industry or Business farmer Date last worked 1920

11. Birthplace Porter, Pa. (City or town) (State or foreign country)

12. Name Samuel Porter King

13. Birthplace Porter, Pa. (City or town) (State or foreign country)

14. Maiden name Alma Hulse

15. Birthplace York Co. New York (City or town) (State or foreign country)

16. Informant's OWN Signature Maie Elsie Payne

- and Address Myersburg, Pa.

17. (a) Burial (b) Date thereof 6-5-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Burial cemetery

18. Funeral Director's OWN Signature Albert Hall

- and Address Myersburg, Pa.

19. (a) 6-3-48 (b) Albert Hall (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 6-2 1948  
at 4:50 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 7-20 1948 to June 2 1948

I last saw him alive on June 2 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of Intestinal Canal (Sigmoid Colon) Duration Months

Due to No

Due to No

Other conditions (Include pregnancy within 3 months of death) No

Where was disease contracted? No

Name of operation No Date No

Major finding No

Finding of autopsy No

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? No Suicide? No Homicide? No

Occurred No 19 No City, county, state

where violence occurred No

Place of Violence: Home No Farm No Industry No

Public Place No While at work? No

Means of injury No

23. Attendant's OWN Signature Leland L. Manso, M.D.

and Address Myersburg, Pa. (M. D. or other)

Date June 2 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2256  
Local Reg. No. 690  
Reg. Dist. No.

JUN 24 1948

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 14 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. Poison Creek  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME GEORGE MICHAEL CONLEY

3. (b) If veteran, name war No 3. (c) Social Security No. ....  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 57 years  
7. Date of Birth Alice  
(Month, Day, Year) Jan. 1, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>5</u>	<u>7</u>	hrs min.

9. Exact Occupation Rancher Did this work for 50 yrs.  
10. Industry or Business Date last worked  
11. Birthplace Jacksonville, Wyoming  
(City or town) (State or foreign country)

12. Name Albert Christopher Conley  
13. Birthplace Utah  
(City or town) (State or foreign country)  
14. Maiden name Mary Jane Whipple  
15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Alice Conley  
and Address Salmon - Idaho

17. (a) Burial (b) Date thereof 6-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Salmon, Idaho

18. Funeral Director's OWN Signature Delbert C. Jones  
and Address Salmon, Idaho

19. (a) June 21st 1948 (b) Viola E. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 8 19 48  
(Month, Day, Year)  
at 7:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 6-6-48 to 6-8-48 19 48

I last saw h. alive on 6-8-48 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: myocardial infarction Duration 3 days

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state  
where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature J. E. Mullen M.D.

and Address Salmon, Idaho Date 6-9-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 16 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2257  
Local Reg. No. 678  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place  
(f) Name Hosp. or Inst. Silbaugh's Stayed 2 days  
(g) Lived in this county 17 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state) Galena, Ill.

## 3. (a) FULL NAME

John T. Levins

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

No

5. Color or No  
6. (a) Single widowed, married,  
4. Sex Male race Caucasian divorced  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) November 28 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>7</u>	<u>?</u>	hrs min.

9. Exact Occupation Computer Did this life work for years  
10. Industry or Business Sheep Herder Date last worked 1-7-35  
11. Birthplace GALENA ILL (City or town) (State or foreign country)  
12. Name MATHEW  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name Jane Mc  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Philip R  
and Address Salmon

17. (a) TRANSPORTATION Date thereof 6-28-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: GALENA ILL

18. Funeral Director's OWN Signature Ray Mc Goldrick  
and Address Salmon

19. (a) July 13-1948 (b) Vila Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 077D 097X

20. DATE OF DEATH (Month, Day, Year) June 27 1948  
at 8:00 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from June 26 1948, to June 27 1948  
I last saw him alive on June 26 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic alcoholism; many years. Duration

Due to Had impending gangrene of toes probably from arterio-sclerosis.  
Due to sclerosis.  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Lemhi County  
Name of operation None Date  
Major finding  
Finding of autopsy None made

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's OWN Signature W. T. Stratton  
and Address Salmon, Idaho Date 6/27/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948 **Certificate Of Death**

STATE OF IDAHO

State File No. 2258  
Local Reg. No. 670  
Reg. Dist. No. \_\_\_\_\_

**1. PLACE OF DEATH:**

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 44 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

CELIA BAUMAN

3. (b) If veteran, name war NO 3. (c) Social Security No. NO  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Female Race White  
6. (b) Name of husband or wife John J. 6. (c) Age of husband or wife if alive 79 years  
7. Date of Birth (Month, Day, Year) April 9, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>2</u>	<u>20</u>	hrs min.

9. Exact Occupation Housewife Did this work for 60 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Bern Switzerland  
(City or town) (State or foreign country)

12. Name David Blumer  
13. Birthplace Switzerland  
(City or town) (State or foreign country)  
14. Maiden name Elizabeth Herr  
15. Birthplace Switzerland  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Salmon, Idaho

17. (a) Burial (b) Date thereof 7-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: May, Idaho

18. Funeral Director's OWN Signature Delbert C Jones  
and Address Salmon, Idaho

19. (a) July 8-48 (b) Rick E Johnson  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) June 29 1948  
at 2:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 6-27 1948, to 6-29 1948  
I last saw h. alive on 6-28 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic Pneumonia Duration 3 days  
Due to Senile Dementia 2 mo.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. L. Mulholland (M. D. or other)  
and Address Salmon, Id. Date 7-1 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 9 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2259  
Local Reg. No. 297  
Reg. Dist. No. 430

## 1. PLACE OF DEATH:

- (a) County Lincoln  
(b) City or town Shoshone  
(c) Street Address or R. F. D. No. 1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 2 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lincoln  
(c) City or town Shoshone  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Blackfoot, Id.

## 3. (a) FULL NAME

Alitha Ann Cody

083A

## 3. (b) If veteran,

name war   

## 3. (c) Social Security

No.   

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) March 12 - 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>2</u>	<u>24</u>	hrs min.

9. Exact Occupation Wife Did this work for    yrs.

10. Industry or Business    Date last worked

11. Birthplace Tongandale, Kansas (City or town) (State or foreign country)

12. Name Josiah Davis

13. Birthplace N. Carolina (City or town) (State or foreign country)

14. Maiden name Lylea Carey

15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Halcie C. Jones

- and Address Shoshone, Idaho

17. (a) Burial (b) Date thereof June - 10 - 48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Shelley - Idaho

18. Funeral Director's OWN Signature Myrtle C. Burdett

- and Address Shoshone - Idaho

19. (a) June - 8 - 48 (b) Myrtle C. Burdett  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

097X

## 20. DATE OF DEATH

(Month, Day, Year) June 5, 1948 19  
at 10:00 o'clock P. M.

21. I HEREBY CERTIFY, that I attended deceased from September 22, 1947, to June 5, 1948  
I last saw her alive on June 5, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 2 days

Due to Arteriosclerosis + Hypertension

Due to   

Other conditions   

(Include pregnancy within 3 months of death)

Where was disease contracted?    PHYSICIAN

Name of operation    Date    Underline the cause to which death should be charged statistically.

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home Farm Industry

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Myrtle C. Burdett

and Address Shoshone (M. D. or other) Date June 8 - 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 3 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2260  
Local Reg. No. 292  
Reg. Dist. No. 430

## 1. PLACE OF DEATH:

- (a) County Lincoln  
(b) City or town Shoshone  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 33 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 3. (a) FULL NAME

John Ernest Roessler

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. 519-01-1065

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced divorced  
4. Sex male race white  
6. (b) Name of husband or wife Gene Boyd  
(c) Age of husband or wife if alive 29 years

7. Date of Birth (Month, Day, Year) March-3-1915

8. AGE	Years	Months	Days	If less than 1 day
	<u>33</u>	<u>3</u>	<u>19</u>	hrs min.

9. Exact Occupation Well driller Did this work for 2 yrs.

10. Industry or Business owner Date last worked June 22, 48

11. Birthplace Shoshone Idaho (City or town) (State or foreign country)

12. Name John Ernest Roessler

13. Birthplace Idaho City - Iowa (City or town) (State or foreign country)

14. Maiden name Barbara Williams

15. Birthplace Idaho - Moscow (City or town) (State or foreign country)

16. Informant's OWN Signature Earl Martin

- (a) Address Shoshone - Idaho

17. (a) Buried (b) Date thereof June 24-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Shoshone - Idaho

18. Funeral Director's OWN Signature Myrtle C. Burdett

- (a) Address Shoshone Idaho

19. (a) June 23-48 (b) Myrtle C. Burdett (Date received and filed) (Registrar's signature)

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lincoln  
(c) City or town Shoshone  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Shoshone Idaho

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 22 1948  
at 3:20 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 6-22 1948, to 6-22 1948 P.  
I last saw him alive on 6-22 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Acute respiratory failure Duration 20 min.

Due to congestion of the lungs (hypertension)

Due to industrial accident

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 6-23 1948 City, county, state Idaho, Lincoln, Idaho

Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? ☒

Means of injury Death from a well driller

23. Attendant's OWN Signature Ed Weber, M.D.

(a) Address Shoshone, Idaho (b) Date 6-23 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 12 1948

# Certificate Of Death

STATE OF IDAHO

1948 2261  
State File No.  
Local Reg. No. 18  
Reg. Dist. No. 630

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Rexburg  
(c) Street Address or R.F.D. No. So. 1st East  
(d) Death Occured Inside? # Outside? city or town  
(e) Died in a Home # Hospital Institution Other place ..  
(f) Name Hosp. or Inst. .. Stayed .. days  
(g) Lived in this county 44 years .. months .. days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Rexburg  
(d) Street Address or R.F.D. No. ..  
(e) Deceased lived Inside? # Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

ETHEL MAYO Mc CULLOCH

3. (b) If veteran, name war .. No. ..  
3. (c) Social Security No. ..  
4. Sex F.M. 5. Color, or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Eldred Mc Culloch 6. (c) Age of husband or wife if alive .. years  
7. Date of Birth (Month, Day, Year) March 26, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>2</u>	<u>12</u>	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.  
10. Industry or Business Home Date last worked 1942  
11. Birthplace Hampstead, England (City or town) (State or foreign country)  
Mother { 12. Name Valentine Joseph Mayo  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Harriet Wheeler  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Luchma Pastrana  
and Address Rexburg, Idaho  
17. (a) Burial (b) Date thereof June 11, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rexburg, Idaho

18. Funeral Director's OWN Signature Rolland B. Reiser  
and Address Rexburg, Idaho  
19. (a) 6-11-48 (b) Mrs. H. E. Young  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 7 1948  
(Month, Day, Year)  
at 4:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1940 to June 7, 1948  
I last saw her alive on June 7, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chronic Myocarditis Duration 8 years  
Chronic Nephritis ?

Due to ..  
Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? Rexburg  
Name of operation none Date ..  
Major finding ..  
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no  
Occurred .. 19 .. City, county, state

Where violence occurred ..  
Place of Violence: Home .. Farm .. Industry ..  
Public Place .. While at work? ..

Means of injury ..  
23. Attendant's OWN Signature .. (S. D. or other)  
and Address Rexburg, Idaho Date June 8, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink, or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 12 1948

# CERTIFICATE OF DEATH

## STATE OF IDAHO

State File No. **2262**  
Local Reg. No. **17**  
Reg. Dist. No. **630**

### 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Rexburg  
(c) Street Address or R. F. D. No. 3550 1st West  
(d) Death Occurred Inside? Outside city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 31 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. USUAL RESIDENCE OF DECEASED: (Always fill in these),

- (a) State Idaho (b) County Madison  
(c) City or town Rexburg  
(d) Street Address or R. F. D. No. 3550 1st W  
(e) Deceased lived Inside? Outside city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) Ellsmore, Kansas

### 3. (a) FULL NAME

Charles Madison Ard

164A

### 3. (b) If veteran, name war

### 3. (c) Social Security No. 518-28-3640

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Date of Birth (Month, Day, Year) Nov. 15, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>6</u>	<u>26</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for None yrs.

10. Industry or Business Farm Date last worked 1938

11. Birthplace Ellsmore, Kansas (City or town) (State or foreign country)

12. Name James Ard

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Mary Jane Harris

15. Birthplace Harrisburg, Penna (City or town) (State or foreign country)

16. Informant's OWN Signature Thelma Slaymaker and Address Rexburg, Idaho 83435

17. (a) Burial (b) Date thereof 6/14/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Idaho Falls, Idaho

18. Funeral Director's OWN Signature Rolland B. Neiser and Address Rexburg, Idaho

19. (a) 6-14-48 (b) Mrs. N.E. Young (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 10 1948  
approx. 11:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from June 10 1948 to June 10 1948

I last saw h. alive on June 10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Strangulation Duration By Hanging

Due to By Hanging

Due to By Hanging

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted? None PHYSICIAN Underline the cause to which death should be charged statistically.

Name of operation None Date None

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None

- Occurred June 10 1948 City, county, state Rexburg, Idaho

- where violence occurred Rexburg, Idaho

- Place of Violence: Home None Farm None Industry None

- Public Place None While at work? None

- Means of injury By Rope tied to raft

23. Attendant's OWN Signature Victor S. Chandler and Address Madison County Courthouse (City or town) Date June 11, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce JUL 12 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2263  
Local Reg. No. 20  
Reg. Dist. No. 630

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Rebun  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Rebun  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) Montana

## 3. (a) FULL NAME

William Henry Smead

046 B

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male 5. Color or race Cauc. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Antoinette Carmichael 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 25, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>		<u>19</u>	hrs min.

9. Exact Occupation Merchant Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Sawmilling and retailing Date last worked \_\_\_\_\_

11. Birthplace Bloomington Wis. (City or town) (State or foreign country)

12. Name Asa Smead

13. Birthplace Penn. (City or town) (State or foreign country)

14. Maiden name M. H.

15. Birthplace N. H. (City or town) (State or foreign country)

16. Informant's OWN Signature W. H. Smead

- and Address Rebun, Idaho

17. (a) Cremation (b) Date thereof June 17, 1948 (Month) (Day) (Year)

- (c) Place: Salt Lake City, Utah

18. Funeral Director's OWN Signature Russell Plamann

- and Address Rebun, Idaho

19. (a) 6-18-48 (b) W. H. Young (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 19, 1948 1948  
at 10:30 clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1947 1947 to June 19, 1948 1948

I last saw him alive on June 5, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cancer stomach Duration \_\_\_\_\_

Due to Senility

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. R. Rigby (M. D. or other) \_\_\_\_\_

and Address June Date 16 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2264  
Local Reg. No. 21  
Reg. Dist. No. 630

JUL 1 1948

1. PLACE OF DEATH: Madison  
(a) County Boise  
(b) City or town Boise  
(c) Street Address or R. F. D. No. Boise  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. Boise Stayed days  
(g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Madison  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Boise  
(e) Deceased lived Inside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME Ethel L. Rice Hanson

083A

3. (b) If veteran, name war No.  
3. (c) Social Security No. No.  
4. Sex Female Color or Race Cauc.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wm. J. Hanson  
6. (c) Age of husband or wife if alive 69 years  
7. Date of Birth (Month, Day, Year) March 22, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>2</u>	<u>26</u>	hrs min.

9. Exact Occupation Housewife Did this work for  yrs.  
10. Industry or Business worked  
11. Birthplace Idaho (City or town) (State or foreign country)

12. Name Ethel Rice  
13. Birthplace Kearns, Utah (City or town) (State or foreign country)  
14. Maiden name Edwards  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Ruth R. Jenkins  
and Address St. Anthony, Idaho

17. (a) Burial (b) Date thereof 6/21/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Boise Cem.

18. Funeral Director's OWN Signature Russell Blum  
and Address Boise, Idaho

19. (a) 6-19-48 (b) Wm. H. Young  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

102X

20. DATE OF DEATH (Month, Day, Year) June 17 1948  
at 9:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 1948 to June 17 1948  
I last saw him alive on June 17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Haemorrhage Duration

- Due to Hypertension  
Due to Hypertension  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature J. B. Rigby  
and Address Boise, Idaho Date 6-19-48  
(For additional space, use reverse side)

215

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 2265  
Local Reg. No. 94  
Reg. Dist. No. 450

1. PLACE OF DEATH: JUN 30 1948  
(a) County Minidoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. --  
(d) Death Occurred Inside? X Outside? --- city or town  
(e) Died in a Home --- Hospital X Institution --- Other place ---  
(f) Name Hosp. or Inst. Rupert General 5 days  
(g) Lived in this county --- years --- months --- days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. ---  
(e) Deceased lived Inside? X Outside? --- city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Iowa

3. (a) FULL NAME James William Satterly

3. (b) If veteran, name war None 3. (c) Social Security No. 518-22-7938  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 71 years

7. Date of Birth (Month, Day, Year) October 3, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>8</u>	<u>1</u>	hrs. min.

9. Exact Occupation Laborer Did this work for 30 yrs.

10. Industry or Business 666-- Date last worked 5/27/48

11. Birthplace MINN. Minn. (City or town) (State or foreign country)

12. Name James Henry Satterly

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Artemia (Unknown)

15. Birthplace Minn. (City or town) (State or foreign country)

16. Informant's OWN Signature Elizabeth Satterly

and Address Burley Ida

17. (a) Burial (b) Date thereof 6/7/48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Burley, Idaho

18. Funeral Director's OWN Signature Petta S. Payne

and Address Burley Idaho

19. (a) 6-7-1948 (b) E. Nelson

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 4, 1948  
at 5:35 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from APRIL  
19 47 to JUNE 4 19 48

I last saw him alive on JUNE 3 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CARCINOMA OF CECUM Duration 1 MONTH

Due to ---

Due to ---

Other conditions ---  
(Include pregnancy within 3 months of death)

Where was disease contracted? IDAHO

Name of operation EXTRAHECTOMY Date 5/30/48

Major finding CARCINOMA OF CECUM

Finding of autopsy NOT DONE

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? --- Suicide? --- Homicide? ---

Occurred --- 19 --- City, county, state

where violence occurred ---

Place of Violence: Home --- Farm --- Industry ---

Public Place --- While at work? ---

Means of injury ---

23. Attendant's OWN Signature Sherman R. Newley MD

(M. D. or other)

and Address BURLEY IDAHO Date 5 JUNE 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 15266  
Local Reg. No. 35  
Reg. Dist. No. 45-0

JUN 30 1948

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☐ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. .... Stayed .... days  
(g) Lived in this county 4 years .... months .... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. 1001-g st  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 4 1/2 years  
(h) Former residence (city, state) Alberta Canada

## 3. (a) FULL NAME

Catherine Ellsworth

046 E

## 3. (b) If veteran,

name war ☒

## 3. (c) Social Security

No. ....

## 5. Color or

race white

## (a) Single, widowed, married,

divorced widowed

## 4. Sex Female

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth

(Month, Day, Year)

Aug 1 1863

## 8. AGE

Years

Months

Days

If less than 1 day

84

10

3

hrs

min.

## 9. Exact

Occupation

Housewife

Did this

work for

yrs.

## 10. Industry or

Business

Date last

worked

## 11. Birthplace

Bloomington Pennsylvania

(City or town)

(State or foreign country)

## 12. Name

Miles Abbott

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

Susan Russell

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

and Address

Mrs. C. A. Bagwell  
Idaho

## 17. (a)

(Burial, cremation or removal)

## (b) Date thereof

(Month) (Day) (Year)

## (c) Place:

Rupert Idaho

## 18. Funeral Director's

OWN Signature

and Address

Robert E. Jordan  
Rupert Idaho

## 19. (a)

(Date received and filed)

## (b)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

093D

## 20. DATE OF DEATH

(Month, Day, Year)

at 6:30 o'clock P M.

## 21. I HEREBY CERTIFY, That I attended deceased from

May 20 1948, to June 7 1948

I last saw her alive on June 3 1948; death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart failure

Duration

10 days

## Due to

arterio-sclerotic

heart disease

## Due to

carcinoma

(Include pregnancy within 3 months of death)

of colon

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline

the cause to

which death

should be

charged sta-

tistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the fol-

lowing: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

23. Attendant's

OWN Signature J. H. Kevoy MD.

and Address Rupert Idaho Date 6-16-48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 30 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3267  
Local Reg. No. 3267  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town  Rupert   
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years 2 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. 224 A Street  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Gary LeRoy Ketterling

3. (b) If veteran, name war no No. no  
5. Color or (a) Single, widowed, married, divorced child  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) April 16, 1948

8. AGE  
Years Months Days If less than 1 day  
2 3 hrs min.

9. Exact Occupation Child Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Rupert Idaho (City or town) (State or foreign country)

12. Name Jed Ketterling  
13. Birthplace Wendish North Dakota (City or town) (State or foreign country)  
14. Maiden name Jed Ketterling  
15. Birthplace Rupert Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Jed Ketterling  
and Address Rupert Idaho

17. (a) Burial (b) Date thereof 6 (c) Place: Rupert Idaho  
(Burial, cremation or removal) (Month) (Day) (Year)

18. Funeral Director's OWN Signature Johnny B. Bowman  
and Address Rupert Idaho

19. (a) 6-28-48 (b) E. E. Moore  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 19 1948  
at 6:15 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from June 18 1948, to June 19 1948  
I last saw h. pr alive on June 19 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Failure Duration 5 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 1948 City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Edmond S. O.  
and Address Rupert Idaho Date 6-20 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 30 1948 **Certificate of Death**

STATE OF IDAHO

48  
State File No. 2268  
Local Reg. No. 38  
Reg. Dist. No. 100

1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Rupert Stayed 4 days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Paul  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Colorado

3. (a) FULL NAME

George Walter Bryson

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced M

6. (b) Name of husband or wife  
Nellie

6. (c) Age of husband or wife if  
alive 53 years

7. Date of Birth  
(Month, Day, Year) June 9 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>-</u>	<u>13</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Retired Date last worked 1947

11. Birthplace Ruble Colorado  
(City or town) (State or foreign country)

12. Name Leonarda Perry Bryson

13. Birthplace Georgia  
(City or town) (State or foreign country)

14. Maiden name Mary Ann Lucas

15. Birthplace Kenn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Nellie M. Bryson  
and Address Paul Idaho

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Paul

18. Funeral Director's OWN Signature Netta S. Payne  
and Address Burley Idaho

19. (a) 6-28-48 (b) E. E. Moore  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Geo W. Bryson 6-22-48  
(Month, Day, Year) 19 \_\_\_\_\_

21. I HEREBY CERTIFY, That I attended deceased from June 1-48  
6 at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

I last saw h. 124 alive on June 22 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Brain Aneurysm Duration 3 weeks

Due to S skull fracture

Due to May 12-1948

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred May 12-48 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred May 12-48

Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? X

Means of injury Hit on head & bridge

23. Attendant's OWN Signature Alfred Moore M.D.  
and Address Rupert Idaho Date 6-22 19 48  
(For additional space, use reverse side)

and Address Superior Ind. Date 6-6-1931  
(For additional space, use reverse side)

502

37-261349

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 30 1948

## Certificate of Death

STATE OF IDAHO

State File No. 2270  
Local Reg. No. 33  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County MINIDOKA  
 (b) City or town —  
 (c) Street Address or R.F.D. No. —  
 (d) Death Occurred Inside? — Outside? X city or town  
 (e) Died in a Home — Hospital — Institution — Other place X  
 (f) Name Hosp. or Inst. — Stayed — days  
 (g) Lived in this county 10 years 9 months 11 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County MINIDOKA  
 (c) City or town HEYBURN  
 (d) Street Address or R.F.D. No. —  
 (e) Deceased lived Inside? — Outside? X city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 10 years  
 (h) Former residence (city, state) NONE

## 3. (a) FULL NAME

DEF ANTHONY TRACY

183X

## 3. (b) If veteran, name war

NONE

## 3. (c) Social Security No.

NONE

4. Sex MALE race WHITE6. (a) Single, widowed, married, divorced SINGLE

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive — years

## 7. Date of Birth

(Month, Day, Year) AUGUST 18, 1937

## 8. AGE

Years

Months

Days

If less than 1 day

10911

hrs.

min.

## 9. Exact Occupation

STUDENTDid this work for — yrs.

## 10. Industry or Business

Date last worked —

## 11. Birthplace

HEYBURN, IDAHO  
(City or town) (State or foreign country)

## 12. Name

HENRY TRACY

## 13. Birthplace

YOST, UTAH  
(City or town) (State or foreign country)

## 14. Maiden name

BELVA HEINER

## 15. Birthplace

HEYBURN  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature BELVA TRACYand Address Belva Tracy17. (a) BURIAL(b) Date thereof 6/13/48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place RIVERSIDE CEMETARY, HEYBURN, IDAHO

## 18. Funeral Director's

OWN Signature Letta S. Payneand Address Payne19. (a) 6-14-48

(Date received and filed)

(b) [Signature]

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 7 1948at 10 o'clock A.M.21. I HEREBY CERTIFY, That I attended deceased from — 19— to — 19—I last saw h — alive on — 19— ;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Due to DrowningDue to Accident

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

## Date

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? — Homicide? —Occurred June 7 1948 City, county, state  
where violence occurred —Place of Violence: Home — Farm — Industry —Public Place Snake River While at work? —

## Means of injury

## 23. Attendant's

OWN Signature Alan Goodmanand Address —Date 6-13-48

(For additional space, use reverse side)

500

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 30 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. **2271**  
Local Reg. No. **37**  
Reg. Dist. No. **450**

## 1. PLACE OF DEATH:

- (a) County **Musidohy**  
(b) City or town **Rupert**  
(c) Street Address or R.F.D. No. **R 3**  
(d) Death Occured Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **11** years **11** months **3** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Musidohy**  
(c) City or town **Rupert**  
(d) Street Address or R.F.D. No. **R 3**  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **35** years  
(h) Former residence (city, state) **Russia**

## 3. (a) FULL NAME

**Christina S. Kohler**

**046B**

3. (b) If veteran, name war **no** No. **no**  
5. Color or race **white**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **George**  
6. (c) Age of husband or wife if alive **69** years  
7. Date of Birth (Month, Day, Year) **Nov. 1, 1880**

8. AGE	Years	Months	Days	If less than 1 day
	<b>68</b>	<b>7</b>	<b>9</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace **Russia** (City or town) (State or foreign country)  
12. Name **Godfrid Stuckel**  
13. Birthplace **Russia** (City or town) (State or foreign country)  
14. Maiden name **Lutsky**  
15. Birthplace **Russia** (City or town) (State or foreign country)

16. Informant's OWN Signature **Lidia S. Dines**  
and Address **Rupert Idaho**

17. (a) **Burial** (b) Date thereof **6-13-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Rupert Idaho**

18. Funeral Director's OWN Signature **Robert H. Goodman**  
and Address **Rupert Idaho**

19. (a) **6-28-48** (b) **E. E. Moore**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **June 10** 19**48**  
at **3 P.M.** clock

21. I HEREBY CERTIFY, That I attended deceased from **May 19** 19**48**, to **June 10** 19**48**  
I last saw h. alive on **May 13** 19**48**, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Coronary spasm**

Due to **Ca of stroke**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ☐  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature **William H. Moore** (M. D. or other)  
and Address **Rupert Idaho** Date **June 10** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 30 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2272  
Local Reg. No. 34  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R. 3  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 0 years 0 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R. 3  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Colorado

## 3. (a) FULL NAME

Henry W. Neuman

164C

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No.         

4. Sex Male Color or race         

6. (a) Single, widowed, married, divorced         

6. (b) Name of husband or wife Alma

6. (c) Age of husband or wife if alive 44 years

7. Date of Birth (Month, Day, Year) Dec 20 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>5</u>	<u>20</u>	hrs min.

9. Exact Occupation Farmer Did this work for          yrs.

10. Industry or Business          Date last worked         

11. Birthplace Pueblo Colorado (City or town) (State or foreign country)

12. Name George F. Neuman

13. Birthplace Russia (City or town) (State or foreign country)

14. Maiden name Fizzie Boas

15. Birthplace Russia (City or town) (State or foreign country)

16. Informant's OWN Signature John Neuman

and Address Boise Idaho

17. (a) Burial (b) Date thereof 6-14-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Ameyman Falls

18. Funeral Director's OWN Signature Adrian E. Sandman

and Address Boise Idaho

19. (a) 6-28-48 (b) Ed. Elmore (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 10 1948  
at          o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from          19        , to          19        

I last saw h.          alive on          19        ; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Sunshot wound

Due to suicide

Due to         

Other conditions         

(Include pregnancy within 3 months of death)

Where was disease contracted?         

Name of operation          Date         

Major finding         

Finding of autopsy         

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?          Suicide? 48 Homicide?         

Occurred          19         City, county, state

where violence occurred         

Place of Violence: Home          Farm          Industry         

Public Place Quint While at work?         

Means of injury         

23. Attendant's OWN Signature Alan Spelman

and Address          Date 6-11-19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 10 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 2273  
Local Reg. No. 40  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Heyburn  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? yes Outside? no city or town  
(e) Died in a Home X Hospital no Institution no Other place no  
(f) Name Hosp. or Inst. no Stayed no days  
(g) Lived in this county 37 years no months no days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Heyburn  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? yes Outside? no city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME

Benjamin Sills

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

Sex Male race White

## 6. (a) Single, widowed, married, divorced

Married

## 6. (b) Name of husband or wife

Cora May Wallace

## 6. (c) Age of husband or wife if

alive 70 years

## 7. Date of Birth

(Month, Day, Year)

February 21, 1876

## 8. AGE

Years

Months

Days

If less than 1 day

72

3

24

no hrs. no min.

## 9. Exact

Occupation Reclamation

## Did this

work for 40 yrs.

## 10. Industry or

Business Construction

## Date last

worked 1946

## 11. Birthplace

Jackson County Oregon

(State or foreign country)

## 12. Name

Baldwin Sills

## 13. Birthplace

Iowa

(State or foreign country)

## 14. Maiden name

Unknown

## 15. Birthplace

"

(State or foreign country)

## 16. Informant's

OWN Signature Cora M. Sills

and Address Heyburn Ida

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

6-18-48

## (c) Place

Riverside Cemetery Heyburn

## 18. Funeral Director's

OWN Signature Alta S. Fayne

and Address Heyburn Ida

## 19. (a)

6-29-48

## (b)

Ed E. Linn

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

June 15, 1948

at 2:30

o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

5/10

1948

to June 15

1948

I last saw him alive on June 14, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Hypostatic pneumonia

## Duration

3 days

## Due to

Hemiplegia

6 months

## Due to

Hypertension

15 years

## Other conditions

Myocarditis

5 years

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Idaho

## Name of operation

None

## Major finding

Hypertension

## Finding of autopsy

Not done

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature John W. Davis M.D.

(M.D. or other)

and Address Boise Idaho

Date 6/17

1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 30 1948

Certificate Of Death

STATE OF IDAHO

1948 State File No. 2274  
Local Reg. No. 96  
Reg. Dist. No. 4 90

1. PLACE OF DEATH:  
(a) County Minidoka  
(b) City or town Paul  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 35 years ..... months ..... days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County minidoka  
(c) City or town Paul  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Mary Barbara Knapp  
3. (b) If veteran, name war ..... No. ....  
3. (c) Social Security No. ....  
5. Color or race white  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Dec 13 1863  
8. AGE  
Years 84 Months 6 Days 2 If less than 1 day hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business worked Date last worked .....  
11. Birthplace Frank Russia (City or town) (State or foreign country)  
Mother Father  
12. Name Willmann  
13. Birthplace Russia (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace ..... (City or town) (State or foreign country)  
16. Informant's OWN Signature Kenny Knapp  
and Address Paul Idaho  
17. (a) Burial (b) Date thereof 6-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Paul Idaho  
18. Funeral Director's OWN Signature Rodney Boardman  
and Address Paul Idaho  
19. (a) 6-28-48 (b) W. E. Moore  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 15 1948  
at 10:30 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from Mary 19..... to June 15 1948.  
I last saw her alive on June 13 1948 death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Myocarditis Duration .....  
Due to .....  
Due to .....  
Other conditions ..... (Include pregnancy within 3 months of death)  
Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature W. E. Moore (M. D. or other)  
and Address Paul Idaho Date 6-26-48  
(For additional space, use reverse side)

093E



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 16 1948

Certificate Of Death  
STATE OF IDAHO

4x  
State File No. 2  
Local Reg. No. 103  
Reg. Dist. No. 220

1. PLACE OF DEATH: OF VITAL

(a) County Nez Perce

(b) City or town Lewiston

(c) Street Address or R.F.D. No. 803-16th Street

(d) Death Occured Inside? X Outside? city or town

(e) Died in a Home X Hospital Institution Other place Other place

(f) Name Hosp. or Inst. Stayed days

(g) Lived in this county 28 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho

(b) County Nez Perce

(c) City or town Lewiston

(d) Street Address or R.F.D. No. 803-16th Street

(e) Deceased lived Inside? X Outside? city or town

(f) Citizen of what country? U.S.A.

(g) How long had deceased lived in Idaho? 28 years

(h) Former residence (city, state)

3. (a) FULL NAME

WILLARD O. CLARK

3. (b) If veteran, name war No

3. (c) Social Security No. None

5. Color or race White

6. (a) Single, widowed, married, divorced Married

4. Sex Male

6. (b) Name of husband or wife Bessie

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) August 12, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>9</u>	<u>19</u>	hrs min.

9. Exact Occupation Physician

Did this work for 28 yrs.

10. Industry or Business

Date last worked

11. Birthplace Downs, Kansas

(City or town) (State or foreign country)

12. Name Benjamin Clark

13. Birthplace Ottumma, Iowa

(City or town) (State or foreign country)

14. Maiden name Katherine Witham

15. Birthplace Ottumma, Iowa

(City or town) (State or foreign country)

16. Informant's OWN Signature Bessie Reed Clark

and Address Lewiston, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-4-48

(c) Place: Port Townsend, Washington

18. Funeral Director's Brower, Wann Co

OWN Signature By: H. H. Malcom

and Address Lewiston, Idaho

19. (a) August 11, 1948 (b) Donna Jean Clark

(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 1 1948

at 11:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 1948, to June 1 1948

I last saw him alive on June 1 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage

Duration 4 1/2 hrs.

Due to Hypertension 4 yrs.

Due to Arteriosclerosis 5 yrs.

Other conditions

(Include pregnancy within 8 months of death)

Where was disease contracted? Lewiston, Idaho

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature J. Newton MD

(M. D. or other)

and Address 1034 Main Street Date  19

(For additional space, use reverse side)

Lewiston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2275  
Local Reg. No. 103  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. 803--16th St.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place ---  
(f) Name Hosp. or Inst. --- Stayed --- days  
(g) Lived in this county 28 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 803--16th St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) ---

## 3. (a) FULL NAME

WILLARD O. CLARK

3. (b) If veteran, name war No No. None  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bessie  
6. (c) Age of husband or wife if alive --- years  
7. Date of Birth (Month, Day, Year) August 12, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>9</u>	<u>19</u>	hrs min.

9. Exact Occupation Physician & Surgeon Did this work for 28 yrs.  
10. Industry or Business --- Date last worked ---  
11. Birthplace Downs, Kansas  
(City or town) (State or foreign country)  
Mother { 12. Name Benjamin Clark  
13. Birthplace Ottumwa, Iowa  
(City or town) (State or foreign country)  
14. Maiden name Katherine Witham  
15. Birthplace Ottumwa, Iowa  
(City or town) (State or foreign country)  
16. Informant's OWN Signature Bessie Reed Clark  
and Address Lewiston, Idaho  
17. (a) Removal (b) Date thereof 6/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Gart Townsend, Wash.  
18. Funeral Director's OWN Signature Brower-Wann by H.H. Malcom  
and Address Lewiston, Idaho  
19. (a) June 3, 1948 (b) Donna Jean Ockert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 1, 1948  
(Month, Day, Year) at 11:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from June 1, 1948 to June 1, 1948  
I last saw him alive on June 1, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 4 1/2 hrs

Due to Hypertension 4 yrs

Due to Arteriosclerosis 5 yrs

Other conditions ---  
(Include pregnancy within 3 months of death)

Where was disease contracted? Tolson, Ia  
Name of operation --- Date ---  
Major finding ---  
Finding of autopsy ---  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred --- 19 --- City, county, state where violence occurred ---  
Place of Violence: Home --- Farm --- Industry ---  
Public Place --- While at work? ---  
Means of injury ---  
Attendant's OWN Signature S. Newton MD  
and Address 1034 Main (M. D. or other) Date 6-2 1948  
(For additional space, use reverse side)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of NezPerce } ss. Certificate No. 2275  
Date Filed June 1, 1948

The undersigned does solemnly swear that certain facts on the certificate of Death  
for Willard O. Clark who Died on June 1, 1948  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Lewiston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Photostatic copy of Birth prepared on August 12, 1885, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED		FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)		(As on Original)	(The Correct Facts)
Birth Date	<u>August 12, 1948</u>	<u>August 12, 1884</u>	<u>August 12, 1885</u>
Age	<u>63-9-19</u>	<u>62-9-19</u>	<u>62-9-19</u>

Subscribed and sworn to before me this 5  
day of August 19 48  
Notary Public, residing at Lewiston, Idaho  
My commission expires Jan 15 - 1952  
(Seal)

Signed Bernie Reed Clark  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
803 - 16th St. Lewiston, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of NezPerce } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 5  
day of August 19 48  
Notary Public, residing at Lewiston, Idaho  
My commission expires Jan 15 - 1952  
(Seal)

Signed Clara F. Chladek  
(Signature of Any Credible Person)  
716-8th St - Lewiston, Ida.  
(Street Address, City, State)

C

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **2276**  
Local Reg. No. **104**  
Reg. Dist. No. **220**

## 1. PLACE OF DEATH:

- (a) County **NEZ PERCE**  
(b) City or town **LEWISTON**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? **X** Outside? ..... city or town  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Inst. **ST. JOSEPHS** Stayed **42** days  
(g) Lived in this county ..... years ..... months **42** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **CLEARWATER**  
(c) City or town **OROFINO**  
(d) Street Address or R.F.D. No. **RURAL ROUTE**  
(e) Deceased lived Inside? ..... Outside? **X** city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **LIFE** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**MICHAEL DAVID MOFFETT**

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

5. Color or .....  
4. Sex **MALE** race **WHITE** divorced **CHILD**

6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth

(Month, Day, Year) **JUNE 16, 1945**

8. AGE	Years	Months	Days	If less than 1 day
	<b>2</b>	<b>11</b>	<b>16</b>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace **OROFINO, IDAHO**  
(City or town) (State or foreign country)

12. Name **BERT MOFFETT**

13. Birthplace **AHSAHKA, IDAHO**  
(City or town) (State or foreign country)

14. Maiden name **LUCILE ALBRIGHT**

15. Birthplace **VERA TEXAS**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Bert Moffett**

- and Address **OROFINO, IDAHO**

17. (a) **BURIAL** (b) Date thereof **JUNE 4/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **RIVERSIDE CEM. OROFINO, IDAHO**

18. Funeral Director's OWN Signature **Blake Funeral Home**

- and Address **OROFINO, IDAHO**

19. (a) **June 5, 1948** (b) **L. Anna Vincent**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **June 15, 1948**  
(Month, Day, Year) at **7:30** clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **May 20, 1948** to **June 15, 1948**

I last saw **him** alive on **June 15, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Broad obstructions** Duration **21 days**

Due to **Heart and 2nd Peritonitis**

Due to **Ruptured Appendix**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature **W. C. Cies** (M D. or other)  
and Address **Lewiston** Date **6/3, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 14 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2277  
Local Reg. No. 105  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? Outside? city or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St Joseph Stayed 10 days  
(g) Lived in this county... years... months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? city or town \_\_\_\_\_  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Grangeville

## 3. (a) FULL NAME

Charles W. Shinkle

047C

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. 519-12-4847

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Feb 7, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>3</u>	<u>27</u>	hrs min.

9. Exact Occupation laborer Did this work for 40 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 11/1/44

11. Birthplace Boulder Colorado (City or town) (State or foreign country)

12. Name Frank Shinkle

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

14. Maiden name Ezzie May

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Gildred Dunzi and Address Grangeville, Ida

17. (a) Burial (b) Date thereof 6/7/48 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Idaho

18. Funeral Director's OWN Signature Glenn C. Calkins and Address Grangeville, Ida

19. (a) June 7, 1948 (b) Donna Jean Eckert (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 6/7/48 19 48  
at 10:00 o'clock PM.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart failure

## Duration

2 1/2 mo

Due to Bronchogenic Carcinoma

over 6 mo

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation Bronchogenic Date March 1948

Major finding Bronchogenic Carcinoma

Finding of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature B R Stein MD

and Address 307 St John Date June 7, 1948 (M. D. or Other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce JUN 14 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2278  
Local Reg. No. 786  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occured Inside? X Outside? ----- city or town  
(e) Died in a Home ----- Hospital X Institution ----- Other place -----  
(f) Name Hosp. or Inst. St. Joseph Stayed ----- days  
(g) Lived in this county 25 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1017 10-St.  
(e) Deceased lived Inside? X Outside? ----- city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME

CHRISSIE MARIE CARR

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife Clyde 6. (c) Age of husband or wife if alive 52 years  
7. Date of Birth (Month, Day, Year) Sept. 20, 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>9</u>	<u>15</u>	hrs min.

9. Exact Occupation House Wife Did this work for ----- yrs.  
10. Industry or Business ----- Date last worked -----  
11. Birthplace Malrose, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Myrtle Koker  
13. Birthplace Iowa (City or town) (State or foreign country)  
14. Maiden name Della Case  
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Salvador Carr  
and Address 1017 10th St. Lewiston, Idaho

17. (a) Removal (b) Date thereof 6-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Clarkston, Washington

18. Funeral Director's OWN Signature Brower-Wann by H.H. Malcom  
and Address Lewiston, Idaho

19. (a) June 7, 1948 (b) Donna J. Robert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 5, 1948  
(Month, Day, Year) at 10:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from ----- 19 ----- to ----- 19 -----

I last saw h. or alive on June 5, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral anoxia Duration -----

Due to hypoxia  
Mental Disturbance  
unresponsive

Due to -----  
Other conditions (Include pregnancy within 3 months of death) -----

Where was disease contracted? -----  
Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? gr Suicide? gr Homicide? gr  
Occurred June 5, 1948 City, county, state where violence occurred Home  
Place of Violence: Home X Farm ----- Industry -----  
Public Place ----- While at work? -----

- Means of injury self  
23. Attendant's OWN Signature John E. Carssow  
and Address Lewiston, Idaho Date 6-5-1948  
(For additional space, use reverse side)

Dr. J. E. Carssow

515.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 23 1948 **Certificate Of Death**  
STATE OF IDAHO

1948 State File No. 2279  
Local Reg. No. 112  
Reg. Dist. No. 220

1. PLACE OF DEATH:

- (a) County Hez Perce  
(b) City or town Lowiston  
(c) Street Address or R. F. D. No. 419 - Miller  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph's Stayed 10 days  
(g) Lived in this county 40 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Hez Perce  
(c) City or town 419 - Miller Lowiston  
(d) Street Address or R.F.D. No. 419 - Miller  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

W. B. Leach

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

5. Color or white 6. (a) Single, widowed, married,  
4. Sex male race white divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive Deceased years

7. Date of Birth

(Month, Day, Year) 5-13-1872

8. AGE

Years	Months	Days	If less than 1 day
<u>76</u>	<u>0</u>	<u>23</u>	hrs min.

9. Exact Occupation retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Kentucky  
(City or town) (State or foreign country)

12. Name James Leach

13. Birthplace Kentucky  
(City or town) (State or foreign country)

14. Maiden name Elizabeth Dunbar

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Elroyd Simmons  
and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 6-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Lowiston, Idaho

18. Funeral Director's OWN Signature W. J. Vassar  
and Address Lowiston, Idaho

19. (a) June 13, 1948 (b) Wm. J. Vassar  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) 6-6 19 48  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from March 25 1948, to JUN 6 1948  
I last saw him alive on JUN 6, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Respiratory Failure

Duration

Due to cerebral thrombosis

Due to CONTINEMENT TO BED

Other conditions CARCINOMA OF SIGMOID COLON (OPERATED)  
(Include pregnancy within 3 months of death)

Where was disease contracted? Lowiston

Name of operation EXCISION Date \_\_\_\_\_

Major finding OF CARCINOMA AND

Finding of autopsy ANASTOMOSIS OF

bowel

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature P. W. Eastman M.D.  
(M. D. or other)

and Address 415 S. Main St. Date 6/15/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON-RESIDENT Certificate of Death

JUN 14 1948

STATE OF IDAHO

State File No. 2280  
Local Reg. No. 107  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occurred Inside? ☒ Outside? ----- city or town  
(e) Died in a Home ----- Hospital ☒ Institution ----- Other place -----  
(f) Name Hosp. or Inst. St. Joseph Stayed 17 days  
(g) Lived in this county ----- years ----- months 17 days

Note - For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. Route # 2  
(e) Deceased lived Inside? ----- Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? ----- years  
(h) Former residence (city, state) Washington

3. (a) FULL NAME Andrew D Williams

3. (b) If veteran, name war No 3. (c) Social Security No. -----  
5. Color or ----- 6. (a) Single, widowed, married, divorced Widowed  
4. Sex M race W  
6. (b) Name of husband or wife Mabel 6. (c) Age of husband or wife if alive ----- years

7. Date of Birth (Month, Day, Year) October 3, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>8</u>	<u>4</u>	hrs. min.

9. Exact Occupation Ret Farmer Did this work for Life yrs.  
10. Industry or Business ----- Date last worked 1947  
11. Birthplace Illinois (City or town) (State or foreign country)

- Father { 12. Name Zebadee Williams  
13. Birthplace Tennessee (City or town) (State or foreign country)  
Mother { 14. Maiden name Sarrah M Warren  
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Fay Williams  
and Address Lewiston, Idaho

17. (a) Removal (b) Date thereof June 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Clarkston, Washington  
18. Funeral Director's Merchants Funeral Home  
OWN Signature W. C. Merchant  
and Address Clarkston, Washington

19. (a) June 8, 1948 (b) Donna Jean Eckert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 7, 1948  
at 1:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from June 7, 1948 to June 7, 1948.  
I last saw him alive on June 7, 1948.  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Heart failure Duration 4-5 years

Due to Heart failure

Due to Heart failure  
Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? Illness  
Name of operation None Date -----  
Major finding -----  
Finding of autopsy -----

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----

Means of injury -----  
23. Attendant's OWN Signature Donna Jean Eckert  
and Address Lewiston, Idaho Date June 8, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 23 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. **2281**  
Local Reg. No. **108**  
Reg. Dist. No. **220**

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston,  
(c) Street Address or R.F.D. No. -----  
(d) Death Occurred Inside? ☒ Outside? ----- city or town  
(e) Died in a Home ----- Hospital ☒ Institution ----- Other place -----  
(f) Name Hosp. or Inst. St. Joseph Stayed ----- days  
(g) Lived in this county 25 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. -----  
(e) Deceased lived Inside? ☒ Outside? ----- city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME

MARGARET ROGERS

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
4. Sex Female 6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) Oct. 6, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>8</u>	<u>4</u>	hrs min.

9. Exact Occupation House wife Did this work for ----- yrs.  
10. Industry or Business ----- Date last worked -----  
11. Birthplace Colfax, Washington  
(City or town) (State or foreign country)  
Mother { 12. Name Preston Matlock  
13. Birthplace Missouri  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature W. L. Hainer  
and Address Lewiston Idaho  
17. (a) Removal (b) Date thereof 6-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Colfax, Washington

18. Funeral Director's OWN Signature Brower Wann by K. H. Malcom  
and Address Lewiston, Idaho

19. (a) June 12, 1948 (b) Donna J. Robert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 11, 1948  
at 6:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 12, 1948 to June 11, 1948  
I last saw her alive on June 11, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration -----

Due to Smoking  
Due to Arterio-sclerosis  
Other conditions (Include pregnancy within 3 months of death) -----

Where was disease contracted? ----- Date ----- PHYSICIAN  
Name of operation ----- Major finding ----- Underline the cause to which death should be charged statistically.  
Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred -----  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----  
Attendant's OWN Signature P. G. H. H. H. (M.D. or other)  
and Address Lewiston Idaho Date June 12, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUN 23 1948

STATE OF IDAHO

1948 State File No. 2282  
Local Reg. No. 110  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home. ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph's Stayed 4 days  
(g) Lived in this county \_\_\_\_\_ years 4 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Mohler  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME EDWARD P. GOIN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced single  
4. Sex male race white  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) February 22 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>3</u>	<u>21</u>	hrs min.

9. Exact Occupation Farmer-Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Own farm Date last worked 1932  
11. Birthplace Van Wert, Iowa. (City or town) (State or foreign country)

- Mother Father  
12. Name Isaac Goin  
13. Birthplace Tennessee (City or town) (State or foreign country)  
14. Maiden name Elzira Smith  
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Elzira Smith  
and Address 1203 Sycamore, Clarkston

17. (a) Removal (b) Date thereof 6-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Craigmont, Idaho.

18. Funeral Director's OWN Signature O. E. Clavis  
and Address Craigmont, Idaho.

19. (a) June 14, 1948 (b) Helen Jean Robert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 12 1948  
at 3:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 5 1946, to June 12 1948

I last saw him alive on June 12 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma Duration \_\_\_\_\_

Due to Carcinoma of Bladder

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation Cystectomy Date \_\_\_\_\_  
Major finding Carcinoma of Bladder  
Finding of autopsy not done  
PHYSICIAN \_\_\_\_\_  
Underline cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature P. T. Scott (M. D. or other)  
and Address Lewiston, Ida. Date June 14 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 23 1948 **Certificate Of Death**  
STATE OF IDAHO

State File No. 2283  
Local Reg. No. 109  
Reg. Dist. No. 220

1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days  
(g) Lived in this county 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1609 -- 8th Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

NELLIE DOLPHIN DIXON

093D

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife Ralph 6. (c) Age of husband or wife if alive 71 years  
7. Date of Birth (Month, Day, Year) March 9, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>(73)</u>	<u>4</u>	<u>3</u>	hrs min.

9. Exact Occupation House wife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Bigstone, Minn. (City or town) (State or foreign country)

- Mother { 12. Name ? Doplin  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name Agusta ?  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Ralph B. Ellison  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 6-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by H.H. Malcom  
and Address Lewiston, Idaho

19. (a) June 14, 1948 (b) Ronna Jean Roberts  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 12, 1948  
at 12:10 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from June 11 1948 to June 12 1948  
I last saw her alive on June 12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration 3 hrs.

Due to Myocarditis Chronic 5 yrs.  
auricular fibrillation

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
Attendant's OWN Signature R.C. Keeler, M.D. (M. D. or other)  
and Address Lewiston, Idaho Date 6-14-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 23 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2284  
Local Reg. No. 113  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Percé  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place  
(f) Name Hosp. or Inst. St Joseph Stayed 11 days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Piggins  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

MATTIE CECILE CALLISON

0950

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

4. Sex F 5. Color W  
6. (b) Name of husband or wife U.S.F.

6. (a) Single, widowed, married, divorced W  
6. (c) Age of husband or wife if alive 76 years

7. Date of Birth (Month, Day, Year) Sept 12 - 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>9</u>	<u>1</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.

10. Industry or Business Trangerville Ida Date last worked .....

11. Birthplace Trangerville Ida (City or town) (State or foreign country)

12. Name Mark B Jayrett

13. Birthplace White Sulphur - W. Va. (City or town) (State or foreign country)

14. Maiden name Rebecca Mann

15. Birthplace Ida (City or town) (State or foreign country)

16. Informant's OWN Signature James P. Jayrett and Address Piggins Idaho

17. (a) Burial (b) Date thereof 6-15-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Trangerville Ida

18. Funeral Director's OWN Signature Edw. J. Taylor and Address Trangerville Ida

19. (a) June 18, 1948 (b) Donna J. Taylor (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 13 - 1948  
at 12:20 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from June 2 1948, to June 13 1948  
last saw her alive on June 13 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Embolic Lung

## Duration

1 hour

Due to Cardiac Disease 6 min

Due to Other conditions 6 days  
(Include pregnancy within 3 months of death)  
due to embolism

Where was disease contracted? Piggins Idaho

Name of operation none Date .....

Major finding none

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature E. J. Broadbent (M. D. or other)  
and Address Lewiston Ida Date 6-18-48  
(For additional space, use reverse side)

Pratt & Co.

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 28 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2285  
Local Reg. No. 114  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Key Perce  
(b) City or town Lewisla  
(c) Street Address or R. F. D. No. 711-8 Ave  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Key Perce  
(c) City or town Lewisla  
(d) Street Address or R.F.D. No. 711-8 Ave  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 years 3 months  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

John Bernard Huttman

046B

## 3. (b) If veteran,

name war ☐

## 3. (c) Social Security

No. ☐

5. Color of Male race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Kate  
6. (c) Age of husband or wife if alive 5 years 2 months

## 7. Date of Birth (Month, Day, Year)

9-22-1887

## 8. AGE

Years	Months	Days	If less than 1 day
<u>60</u>	<u>9</u>	<u>8</u>	<u>24</u> hrs <u>min.</u>

## 9. Exact Occupation Rancher Did this work for ☐ yrs.

## 10. Industry or Business worked 12-23-47 Date last worked

## 11. Birthplace Hanover Germany (City or town) (State or foreign country)

## 12. Name John Huttman Mother Father

## 13. Birthplace Germany (City or town) (State or foreign country)

## 14. Maiden name Teckla Cordes

## 15. Birthplace Germany (City or town) (State or foreign country)

## 16. Informant's OWN Signature John Huttman and Address John Huttman

## 17. (a) Removal (b) Date thereof 6/18/48 (Burial, cremation or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Wendell V. Vassar and Address Lewisla, Idaho

## 19. (a) June 22, 1948 (b) Donna Jean Eckert (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 6-16 1948  
at 9:30 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from Nov 1947, to June 16 1948

I last saw h alive on June 10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Stomach Duration 6 mos

Due to ☐

Due to ☐

Other conditions ☐ (Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

## 23. Attendant's OWN Signature John & Carson (M. D. or other)

and Address Leviston Date 6-18-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2286  
Local Reg. No. 122  
Reg. Dist. No. 220

1. PLACE OF DEATH: *Neg Perc*
- (a) County *Neg Perc*  
(b) City or town *Lewiston*  
(c) Street Address or R.F.D. No. *St Joseph*  
(d) Death Occured Inside? *✓* Outside? *city or town*  
(e) Died in a Home *✓* Hospital *✓* Institution *Other place*  
(f) Name Hosp. or Inst. *St Joseph* Stayed *11* days  
(g) Lived in this county *years* months *11* days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State *Idaho* (b) County *Lewis*  
(c) City or town *Kamiah*  
(d) Street Address or R.F.D. No. *✓*  
(e) Deceased lived Inside? *✓* Outside? *city or town*  
(f) Citizen of what country? *✓*  
(g) How long had deceased lived in Idaho? *16* years  
(h) Former residence (city, state) *✓*

3. (a) FULL NAME *WILLIAM SHEPHERD Mc QUEEN - 093D*

3. (b) If veteran, *✓* name war *✓* No. *✓*  
3. (c) Social Security No. *✓*  
4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *Married*  
6. (b) Name of husband or wife *Mary* 6. (c) Age of husband or wife if alive *years*  
7. Date of Birth (Month, Day, Year) *June 4 - 1864*

8. AGE	Years	Months	Days	If less than 1 day
	<i>84</i>	<i>0</i>	<i>13</i>	hrs min.

9. Exact Occupation *Farmer* Did this work for *Life* yrs.  
10. Industry or Business *Diversified* Date last worked *1955*  
11. Birthplace *St. Louis, Mo -* (City or town) (State or foreign country)

12. Name *Wm McQueen*  
13. Birthplace *Scotland -* (City or town) (State or foreign country)  
14. Maiden name *Sarah Banks*  
15. Birthplace *England* (City or town) (State or foreign country)

16. Informant's OWN Signature *Maudie Carley*  
and Address *768-7th Clarkston Way*

17. (a) *Banana* (Burial, cremation, or removal) (b) Date thereof *6-19-48* (Month) (Day) (Year)  
(c) Place: *Kamiah Idaho*

18. Funeral Director's OWN Signature *Wm Robertson*  
and Address *Wangrow St*

19. (a) *June 29, 1948* (Date received and filed) (b) *Wm Robertson* (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *June 17 1948*  
at *3:25* o'clock *P* M.

21. I HEREBY CERTIFY, That I attended deceased from *June 9 1948*, to *June 17 1948*  
I last saw him alive on *June 17 1948*; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *myocardial failure* Duration *12-24 hrs*

Due to *arteriosclerotic heart disease* *6-8 mths*

Due to *Other conditions*  
(Include pregnancy within 3 months of death)

Where was disease contracted? *—*  
Name of operation *—* Date *—*  
Major finding *—*  
Finding of autopsy *0*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *—* Suicide? *—* Homicide? *—*  
Occurred *19* City, county, state where violence occurred

Place of Violence: Home *—* Farm *—* Industry *—*  
Public Place *—* While at work? *—*

Means of injury *—*  
23. Attendant's OWN Signature *B. B. Stein M.D.*  
(M. D. or other) *—*

and Address *Lewiston Idaho* Date *June 29, 1948*  
(For additional space, use reverse side)

SC 044

652

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 15). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 28 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2287  
Local Reg. No. 117  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- Nez Perce  
(a) County .....  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. St. Joseph Stayed 3 days  
(g) Lived in this county 23 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- Idaho  
(a) State ..... (b) County Nez Perce  
(c) City or town Lewiston, Idaho 603 9th. St.  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Coeur d'Alene Ida.

## 3. (a) FULL NAME

Charles Lee Billings

- (b) If veteran, name war ☒ No. ....  
(c) Social Security No. ....  
(d) Sex male race white  
(e) Color or race white  
(f) Single, widowed, married, divorced married  
(g) Name of husband or wife Molly  
(h) Age of husband or wife if alive 56 years  
(i) Date of Birth January 16, 1888  
(j) (Month, Day, Year)

AGE	Years	Months	Days	If less than 1 day
60	5	5	5	hrs min.

9. Exact Occupation Vice Pres. Did this work for ..... yrs.  
10. Industry or Business Potlatch Forest Lumbering Date last worked .....  
11. Birthplace St. Paul, Minn. (City or town) (State or foreign country)

12. Name Charles Billings  
13. Birthplace not obtainable (City or town) (State or foreign country)  
14. Maiden name Emma Davis  
15. Birthplace not obtainable (City or town) (State or foreign country)

16. Informant's OWN Signature Sister Fairbank  
and Address Lewiston, Idaho  
Burial

17. (a) (Burial, cremation, or removal) (b) Date thereof 6/23/48  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature E. Spauls  
and Address Lewiston, Idaho

19. (a) June 22, 1948 (b) Donna J. Abbott  
(Date received and filed) (Registrar's signature)

Dr Paul H. Hauer

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 20 1948  
(Month, Day, Year) at 10 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from June 17, 1948, to June 20, 1948.  
I last saw him alive on June 20, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration

Due to Arterial Hypertension  
Due to following Acute Nephritis  
Other conditions in 1936  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature R. H. Hauer  
(M. D. or other) and Address Lewiston, Idaho June 22, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 28 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2288  
Local Reg. No. 118  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nezperce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph Stayed 6 days  
(g) Lived in this county... years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. Vets Housing Unit  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? US 6 days  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Richard Lowell Smith

3. (b) If veteran, name war ..... No. ....  
5. Color or race white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) June 16, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>6</u>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....

11. Birthplace Lewiston, Idaho  
(City or town) (State or foreign country)

12. Name Constant Smith  
13. Birthplace Craigmont, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Pauline Stevens  
15. Birthplace Sandpoint, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Constant W Smith  
and Address Lewiston, Idaho

17. (a) burial (b) Date thereof 6/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature E. S. Rawls  
and Address Lewiston, Idaho

19. (a) June 22, 1948 (b) Donna Jean Eckert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 22 19 48  
(Month, Day, Year) at 5:28 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from June 16/48 19 June 21 19 48  
I last saw ~~him~~ alive on June 21 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Atherosclerosis Duration 4 days

Due to Pneumonia 4 lbs.

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....

Major finding .....  
Finding of autopsy Asphyxia  
Asphyxia left lung

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Donna Jean Eckert (M D. or other)  
and Address Lewiston Date 6/22 19 48  
(For additional space, use reverse side)

Dr. Prence

435



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUN 28 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2280  
Local Reg. No. 228  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ---  
(d) Death Occurred Inside? X Outside? --- city or town  
(e) Died in a Home --- Hospital X Institution --- Other place ---  
(f) Name Hosp. or Ins. St. Joseph Stayed 2 days  
(g) Lived in this county --- years --- months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perc e  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1721 -- 11 th Ave.  
(e) Deceased lived Inside? X Outside? --- city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state) ---

## 3. (a) FULL NAME AMANDA TORESEN

3. (b) If veteran, No name war --- 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sverre 6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth (Month, Day, Year) May 23, 1880

8. AGE	Years	Months	Days	If less than 1 day
	68	1	00	hrs min.

9. Exact Occupation House Wife Did this work for --- yrs.  
10. Industry or Business --- Date last worked ---  
11. Birthplace Oslo, Norway (City or town) (State or foreign country)

- Mother { 12. Name Anton Halvorsen  
13. Birthplace Norway (City or town) (State or foreign country)  
14. Maiden name Oliana Olson  
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature Sverre A. Torenson  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 6-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's Brower-Wann by H.H. Malcom  
OWN Signature ---  
and Address Lewiston, Idaho

19. (a) June 25, 1948 (b) Donna Jean Coker  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 23, 1948  
(Month, Day, Year) at 7:10 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from July 1, 1948 to June 23, 1948.  
I last saw him alive on June 23, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial infarction Duration 2 hr.

Due to Arteriosclerosis arteriosclerosis

Due to Diabetic nephritis diabetic nephritis

Other conditions (Include pregnancy within 3 months of death) ---

Where was disease contracted? at home

Name of operation none Date ---

Major finding ---

Finding of autopsy 2nd die ---

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no  
Occurred 2nd day 19 --- City, county, state where violence occurred ---

Place of Violence: Home --- Farm --- Industry ---  
Public Place --- While at work? ---

Means of injury ---

23. Attendant's OWN Signature Joseph E. Redford  
(M. D. or other)

and Address 107 N. 5th St. Date 6/25/48 19 ---  
(For additional space, use reverse side)

Dr. Joe Baldeck

1948  
State File No. 2290  
Local Reg. No. 121  
Reg. Dist. No. 230

United States  
Department of Commerce JUN 28 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed \_\_\_\_\_ days  
(g) Lived in this county 33 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 2719 -- Clearwater Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

EDWARD E. CURTISS

3. (b) If veteran, name war No 3. (c) Social Security No. ?  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ruby 6. (c) Age of husband or wife if alive 73 years  
7. Date of Birth (Month, Day, Year) Sept. 14, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>9</u>	<u>9</u>	hrs min.

9. Exact Occupation Salesman Did this work for 2 mo. yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Rochester, Minn (City or town) (State or foreign country)  
Mother Father { 12. Name Orrin Curtis  
13. Birthplace Minn. (City or town) (State or foreign country)  
14. Maiden name Edista  
15. Birthplace Minn. (City or town) (State or foreign country)

16. Informant's OWN Signature Homere E. Curtis  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 6-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by K.H. Walden  
and Address Lewiston, Idaho

19. (a) June 26, 1948 (b) Donna Jean Peck  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 23 1948  
(Month, Day, Year)  
at 9:13 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 6-23 1948, to 6-23 1948  
I last saw him alive on 6-23 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration 10 min.

Due to Shock 6 hrs

Due to accidental injuries  
Other conditions Arteriosclerosis 3 yrs  
(Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 6-23 1948 City, county, state Hartney Creek  
where violence occurred Hartney Creek  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? Yes  
Means of injury auto collision

23. Attendant's OWN Signature James E. Newton MD  
and Address Lewiston, Idaho (M. D. or other) 6-23 1948  
(For additional space, use reverse side)

Dr. Newton

705

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1949 **Certificate Of Death**  
STATE OF IDAHO

State File No. 2291  
Local Reg. No. 124  
Reg. Dist. No. 220

1. PLACE OF DEATH:

(a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. 2916- 6th Ave  
(d) Death Occured Inside? x Outside? city or town  
(e) Died in a Home x Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 33 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 2916-6th Ave  
(e) Deceased lived Inside? x Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Wash.

3. (a) FULL NAME

Homer Katzenberger

3. (b) If veteran, name war no 3. (c) Social Security No. 700-16-8054  
5. Color or 5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex White race Male  
6. (b) Name of husband or Myrtle Pearl 6. (c) Age of husband or wife if alive 33 years  
7. Date of Birth (Month, Day, Year) Sept, 11, 1916

8. AGE	Years	Months	Days	If less than 1 day
	<u>33</u>	<u>9</u>	<u>14</u>	hrs min.

9. Exact Occupation Labor Did this work for  yrs.  
10. Industry or Business P.F.I. Date last worked worked  
11. Birthplace North Of Potlatch Idaho  
(City or town) (State or foreign country)

12. Name J.V. Katzenberger  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name Myra Gibbs  
15. Birthplace no record  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Helen J. Cassella  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 6-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho.

18. Funeral Director's OWN Signature Vassar-Rawls Funeral Home  
and Address Lewiston, Idaho.

19. (a) June 30, 1949 (b) Donna Jean Debert  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 25, 1948 19 33 clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 1948, to June 1948.  
I last saw him alive on June 11, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer from liver failure Duration 10 d.

Due to Carcinoma of liver over 2 mo.

Due to Carcinoma of eye several yrs.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline the cause to which death should be charged statistically.  
Major finding Physician  
Finding of autopsy Physician

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury Attendant's OWN Signature B. R. Stern M.D.  
(M. D. or other)  
and Address 307 - St. John way, Lewiston, Idaho  
(For additional space, use reverse side)

Note: - I followed patient in white consultation with Dr. Almon White

1. PLACE OF DEATH:

(a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 602 10th. St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 8 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give  
FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 602 10th. St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho 32 years  
West Va.  
(h) Former residence (city, state)

3. (a) FULL NAME Ica Chloe Jordan Dressler

3. (b) If veteran, name war no No. 0  
5. Color or race white  
4. Sex female 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 55 years  
7. Date of Birth (Month, Day, Year) May 12, 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>1</u>	<u>16</u>	hrs min.

9. Exact Occupation housewife Did this work for 0 yrs.  
10. Industry or Business worked  
11. Birthplace Onega, West Va.  
(City or town) (State or foreign country)

Mother Father  
12. Name not obtainable  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name not obtainable  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature George A. Dressler  
and Address Lewiston, Idaho

17. (a) burial (b) Date thereof June 30, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature E. J. Rawls  
and Address Lewiston, Idaho

19. (a) June 30, 1948 (b) Wanna Jean Christ  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 28 1948  
(Month, Day, Year) at 7:25 A M.

21. I HEREBY CERTIFY, That I attended deceased from June 28 1948 to June 28 1948.  
I last saw him alive on June 27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary embolism Duration 12 hrs.

Due to Coronary embolism  
Due to none  
Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home  
Name of operation Major finding Date June 28, 1948  
Finding of autopsy no autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred 19 City, county, state

where violence occurred Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury John G. Redford  
23. Attendant's OWN Signature John G. Redford  
(M. D. or other)

and Address June 30, 1948 Date 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AMENDED 1-12-53		Certificate of Death		State File No. 2293	
BIRTH NO.		STATE OF IDAHO		Local Reg. No. 177	
				Reg. Dist. No. 221	
1. PLACE OF DEATH a. COUNTY <b>Nez Perce</b>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE <b>Washington</b> b. COUNTY <b>Asotin</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>25 miles S. of Lewiston on Snake River</b>		c. LENGTH OF STAY (in this place)			
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clarkston</b>			
		d. STREET ADDRESS (If rural, give location) <b>702-11th St</b>			
3. NAME OF DECEASED (Type or Print) <b>Stanley</b>		a. (First) <b>Stanley</b>		b. (Middle) <b>Olson</b>	
c. (Last) <b>Olson</b>		4. DATE OF DEATH <b>June 11 1948</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>Oct 6, 1906</b>	
9. AGE (In years last birthday) <b>41</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Labor</b>		11. BIRTHPLACE (State or foreign country) <b>Curlew Wash.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>A.L. Olson</b>		14. MOTHER'S MAIDEN NAME <b>Amelia Ward</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>518-01-4831</b>		17. INFORMANT'S OWN SIGNATURE <b>Mrs. Gene Vestal - Genesee, Id.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart attack while at work</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from about <b>June 11, 1948</b> , to <b>June 11, 1948</b> , and that death occurred at <b>3:30 P.M.</b> from the causes and on the date stated above.					
23a. SIGNATURE <b>Andrew J. Vassar</b> (Coroner)		23b. ADDRESS <b>Lewiston, Idaho.</b>		23c. DATE SIGNED <b>6/12/48</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>6/15/48</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Vineland cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Clarkston, Wash.</b>		DATE REC'D BY LOCAL REG.		25. FUNERAL DIRECTOR <b>A. J. Vassar</b> ADDRESS <b>Lewiston, Idaho.</b>	

## VASSAR-RAWLS FUNERAL HOME

OVER HALF CENTURY OF SERVICE

LEWISTON, IDAHO

Jan, 9, 1953

Mr. W.W. Benson  
State Registry of Vital Statistics  
Boise, Idaho.

Dear Sir;

I'm sending a corrected certificat of death of Stanley Olson who passed away on June 11, 1948 the correction is his place of Residence befor his death which was Clarkston, Wash.

His daughter Mrs. Gene Vastal wants it so as to collect from the State of Washington.

I made the mistake when I made out the certificate, as you will see on line (h) former of Washington, as he had lived in Clarkston and I put the wrong thing on line 2

Will you please make this correction and send us a copy of it.

Your truly

Vassar-Rawls Funeral Home

by



Andrew F. Vassar

JAN 12 1953

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
JUN 23 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2293  
Local Reg. No. 177  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City, or town 25 mi. S. of Lewiston on Snake River  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Wash.

## 3. (a) FULL NAME

Stanley Olson

## 3. (b) If veteran,

name war W.W.11

## 3. (c) Social Security

No. 518-01-4831

4. Sex Male race White

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

Oct 6, 1906

8. Age	Years	Months	Days	If less than 1 day
<u>41</u>	<u>9</u>	<u>9</u>	<u>5</u>	hrs min.

## 9. Exact Occupation

Farm labor

Did this work for 1 day

## 10. Industry or Business

Date last worked \_\_\_\_\_

## 11. Birthplace

Curlew

Wash.

(City or town)

(State or foreign country)

## 12. Name

A.L. Olson

## 13. Birthplace

Sweden

(City or town)

(State or foreign country)

## 14. Maiden name

Amelia Ward

## 15. Birthplace

no record

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Mrs. Gene Vestal

and Address Genese, Idaho

## 17. (a) removal

(Burial, cremation or removal)

(b) Date thereof 6-15-48

(c) Place: Clarkston Wn.

## 18. Funeral Director's

OWN Signature W. H. Vassar

and Address Lewiston, Idaho

## 19. (a) June 14, 1948

(Date received and filed)

(b) Donna J. Robert

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 11, 1948 19  
at about 3:30 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19\_\_\_\_, to 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart attack while at work

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm ☒ Industry \_\_\_\_\_

Public Place \_\_\_\_\_

While at work? \_\_\_\_\_

Means of injury none

## 23. Attendant's

OWN Signature Andrew H. Vassar

and Address Lewiston, Idaho

Date 6-12-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 2294  
Local Reg. No. 119  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town about 6 miles East of Lewiston  
(c) Street Address or R.F.D. No. on Hy # 95  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 0 years 1 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash (b) County King  
(c) City or town Seattle  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? X Outside?  city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 mo. year Calif.  
(h) Former residence (city, state)

## 3. (a) FULL NAME Robert Vincent Rees

3. (b) If veteran, name war 11 3. (c) Social Security No.   
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Jean 6. (c) Age of husband or wife if alive 27 years  
7. Date of Birth (Month, Day, Year) Jan, 10 1916

8. AGE	Years	Months	Days	If less than 1 day
	<u>32</u>	<u>6</u>	<u>9</u>	hrs min.

9. Exact Occupation U.S. Navy Did this work for 10 1/2 yrs.  
10. Industry or Business  Date last worked 6/19/48  
11. Birthplace Los Angeles, Calif. (City or town) (State or foreign country)

12. Name John T. Rees  
13. Birthplace No record (City or town) (State or foreign country)  
14. Maiden name Maggie Bell Bechtel  
15. Birthplace S.D. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs June E Rees  
and Address Lewiston, Idaho.  
Removal 6/23/48

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: San Bruno, Calif.

18. Funeral Director's Vassar-Rawls Funeral Home  
OWN Signature by J. Vassar  
and Address Lewiston, Idaho.

19. (a) June 23, 1948 (b) Doris Jan Carter  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 19, 1948  
at about 2:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw h.  alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Drowning Duration

Due to Car going into River

Due to Left rear tire going out

Other conditions  (Include pregnancy within 3 months of death)

Where was disease contracted?  PHYSICIAN   
Name of operation  Date  Underline the cause to which death should be charged statistically.  
Major finding   
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide?  Homicide?   
Occurred by June 19, 1948 City, county, state where violence occurred Nez Perce County, Idaho.  
Place of Violence: Home  Farm  Industry   
Public Place yes While at work?   
Means of injury Drowning

23. Attendant's OWN Signature Andrew H. Vassar Coroner   
and Address Lewiston, Idaho. 6/21, 1948  
(For additional space, use reverse side)



1048  
State File No. 2295  
Local Reg. No. 48  
Reg. Dist. No. 230

United States  
Department of Commerce  
Bureau of the Census

JUN 8 1948

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 43 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Elizabeth Ann Laws Bennett

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

## 5. Color or

## 6. (a) Single, widowed, married, divorced

## 4. Sex Female race Wht.

Widow

## 6. (b) Name of husband or wife J.G. Bennett

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) December 2 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>5</u>	<u>20</u>	hrs min.

## 9. Exact Occupation Housewife Did this work for 67 yrs.

## 10. Industry or Business Own Home Date last worked Feb. 48

## 11. Birthplace Gurney Villie, England (City or town) (State or foreign country)

## 12. Name Joseph Laws

## 13. Birthplace England (City or town) (State or foreign country)

## 14. Maiden name Margaret Dodds

## 15. Birthplace England (City or town) (State or foreign country)

## 16. Informant's OWN Signature Melvin Bennett and Address Malad

## 17. (a) Burial (b) Date thereof June 4 48 (Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature J. S. Hansen and Address Malad Idaho

## 19. (a) 6-2-1948 (b) J. S. Hansen (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) June 1 19 48 at 1:30 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from May 28 19 48 to June 1 19 48 I last saw her alive on May 31 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial infarction Duration \_\_\_\_\_

Due to 2

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature D. H. Mabe (M. D. or other) and Address Malad Date 6-2-1948 (For additional space, use reverse side)

1948  
State File No. 2296  
Local Reg. No. 17  
Reg. Dist. No. 530

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUN 24 1948 STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Oneida Stayed 3 days  
(g) Lived in this county 22 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Max Gibson Thomas

## 3. (b) If veteran,

name war 2

## 3. (c) Social Security

No. 529-22-7450

## 4. Sex Male race Wht.

## 5. Color or 6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) April 9 1926

8. AGE	Years	Months	Days	If less than 1 day
	<u>22</u>	<u>2</u>	<u>7</u>	hrs min.

## 9. Exact Occupation Clerk Did this work for 1 yrs.

## 10. Industry or Business Tavern Date last worked June 18

## 11. Birthplace Malad Idaho (City or town) (State or foreign country)

## 12. Name Samuel Daniel Thomas

## 13. Birthplace Malad Idaho (City or town) (State or foreign country)

## 14. Maiden name Elsie Gibson

## 15. Birthplace Rosedale, Indiana (City or town) (State or foreign country)

## 16. Informant's OWN Signature Samuel Thomas

## and Address Malad Idaho

## 17. (a) Burial (b) Date thereof 6-20-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Malad Idaho

## 18. Funeral Director's OWN Signature J. B. Benson

## and Address Malad Idaho

## 19. (a) June 19-1948 (b) J. B. Benson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) June 18 19 48

at 6:15 o'clock PM

## 21. I HEREBY CERTIFY, That I attended deceased from about 4 hours 19 48

I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Airplane accident Duration \_\_\_\_\_

Due to Burns

Due to multiple fracture

## 48 Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Malad 19 48 City, county, state

where violence occurred Fairgrounds

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place alone While at work? no

Means of injury airplane

## 23. Attendant's OWN Signature J. B. Benson

and Address Malad (M. D. or other) \_\_\_\_\_

Date 6-18-48

(For additional space, use reverse side)

1948  
State File No. 2297  
Local Reg. No. 18  
Reg. Dist. No. 530

United States  
Department of Commerce  
Bureau of the Census

JUL 9 1948  
**Certificate Of Death**  
STATE OF IDAHO

1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Oneida Stayed 4 years  
(g) Lived in this county 86 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 86 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

James Thomas Chivers

3. (b) If veteran,

name war No

3. (c) Social Security

No. None

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race Wht.

6. (b) Name of husband or wife Mary Ann Richards  
6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December 23 1853

8. AGE	Years	Months	Days	If less than 1 day
	<u>94</u>	<u>6</u>	<u>6</u>	hrs min.

9. Exact Occupation Farming Did this work for 50 yrs.

10. Industry or Business Own Farm Date last worked 1920

11. Birthplace Cardiff Wales  
(City or town) (State or foreign country)

12. Name James H. Chivers

13. Birthplace England  
(City or town) (State or foreign country)

14. Maiden name Eliza Thomas

15. Birthplace Wales  
(City or town) (State or foreign country)

16. Informant's OWN Signature James R. Chivers

- and Address Malad Idaho

17. (a) Burial (b) Date thereof July 1 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Malad Idaho

18. Funeral Director's OWN Signature J. S. S. S. S.

- and Address Malad Idaho

19. (a) 6-30-1948 (b) J. S. S. S. S.  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 29 1948  
at 6:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 1940 to June 29 1948

I last saw him alive on July 28 1940 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Old age Duration \_\_\_\_\_

Due to apoplexy

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

Where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature O. H. Mahay (M. D. or other) \_\_\_\_\_

and Address Malad Date 6-30-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

1948  
3 1948  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. 2298  
Local Reg. No. 16  
Reg. Dist. No. 530

1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad City  
(c) Street Address or R. F. D. No. 69 S. Main St  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place ☒  
(f) Name Hosp. or Inst. St. Luke's Stayed 3 days  
(g) Lived in this county 25 years 3 months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad City Idaho  
(d) Street Address or R.F.D. No. 69 S. Main St  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME John William Clark

3. (b) If veteran, name war II 3. (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March 2, 1923

8. AGE	Years	Months	Days	If less than 1 day
	<u>25</u>	<u>3</u>	<u>16</u>	hrs min.

9. Exact Occupation Student Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Malad City, Idaho (City or town) (State or foreign country)  
Mother Father  
12. Name William H. Clark  
13. Birthplace Malad City, Idaho (City or town) (State or foreign country)  
14. Maiden name Estelle Covert  
15. Birthplace Collinston, Utah (City or town) (State or foreign country)  
16. Informant's OWN Signature W. H. Clark  
and Address Malad City, Idaho  
17. (a) Burial (b) Date thereof 6-20-48 (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: Malad City, Idaho  
18. Funeral Director's OWN Signature J. E. Benson  
and Address Malad City, Idaho  
19. (a) June 19, 1948 (b) J. E. Benson (Date received and filed) (Registrar's signature)

173X  
MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 18, 1948  
at 2:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Accident  
Due to Burns

Due to Injuries

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred June 18, 1948 City, county, state Idaho

where violence occurred Fair Ground

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place yes While at work? no

Means of injury Amputation

23. Attendant's OWN Signature O. A. Mabe

and Address \_\_\_\_\_ (City, D. or other) \_\_\_\_\_

Date 6-18-48

(For additional space, use reverse side)

at Malad Idaho 6, 1948

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2299  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Owyhee  
(b) City or town Marsing  
(c) Street Address or R.F.D. No. Rt. 1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 34 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Owyhee  
(c) City or town Marsing  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Otto Nelson

3. (b) If veteran, name war No.  
5. Color or W 6. (a) Single, widowed, married, divorced M  
4. Sex M race W  
6. (b) Name of husband or wife Emma Nelson 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) August 4-1857

8. AGE	Years	Months	Days	If less than 1 day
	<u>90</u>	<u>8</u>	<u>14</u>	hrs min.

9. Exact Occupation Farmer Did this work for  yrs.  
10. Industry or Business worked  
11. Birthplace Kalstad, Sweden (City or town) (State or foreign country)

12. Name Nelson  
13. Birthplace Sweden (City or town) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Emma Nelson  
and Address Marsing, Idaho Rt. 1

17. (a) Burial (b) Date thereof 6-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 6-26-48 (b) Anna Tracy  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 18 19 48  
(Month, Day, Year) at 3:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 8 19 48, to June 8 19 48.  
I last saw him alive on June 8 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral arteriosclerosis  
Pseudobulbar Palsy

Due to Basal Cell CA Skin  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
Attendant's OWN Signature William J. Kelly, M.D.  
and Address Boonville State Date 6-21-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 15 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 2300

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Onehee.  
(b) City or town Homedale.  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho. (b) County Ada  
(c) City or town Boise.  
(d) Street Address or R.F.D. No. R.D. # 2.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME GEORGE E. FRODSHAM.

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. 164-01-8859.  
5. Color or White. 6. (a) Single, widowed, married, divorced Married.  
4. Sex Male. race White.  
6. (b) Name of husband or wife Pearl E. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December. 22. 1898.

8. AGE	Years	Months	Days	If less than 1 day
	<u>49.</u>	<u>6.</u>	<u>6.</u>	hrs. min.

9. Exact Occupation Druggist. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Rockland, Idaho.  
(City or town) (State or foreign country)

12. Name Hyrum Plummer Fridsham.

13. Birthplace Idaho.  
(City or town) (State or foreign country)

14. Maiden name Mary Joanna Barnard.

15. Birthplace Centerville, Utah.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Pearl Frodsam  
and Address Rt 2 Boise Idaho

17. (a) Removal. (b) Date thereof July. 1. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rockland, Idaho.

18. Funeral Director's OWN Signature Summers Funeral Home.  
Chas E Summers

and Address Boise, Idaho.

19. (a) July 31 48 (b) Anna Frois  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June. 28. 19 48.  
at 6 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from August 19 47, to June 28 19 48  
I last saw him alive on June 28 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute coronary thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature William J. Kelly, M.D.  
Homedale Idaho (City or other) \_\_\_\_\_  
and Address \_\_\_\_\_ Date 7-1 19 48  
(For additional space, use reverse side)

094A

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUL 20 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2301  
Local Reg. No. 115  
Reg. Dist. No. 392

## 1. PLACE OF DEATH:

- (a) County Owyhee  
(b) City or town Homedale  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? Mexico  
(g) How long had deceased lived in Idaho? 6 wks. years  
(h) Former residence (city, state) \_\_\_\_\_ Mexico

## 3. (a) FULL NAME

Padro Ramirez Rodriguez

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security #

No. I.D. 5251

4. Sex M race Y 5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Antonia Torres 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 29-1906

8. AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>-</u>	<u>-</u>	hrs min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Zazataeca, Mexico  
(City or town) (State or foreign country)

12. Name Platano Ramirez

13. Birthplace Not Known  
(City or town) (State or foreign country)

14. Maiden name Petra Rodriguez

15. Birthplace Not Known  
(City or town) (State or foreign country)

16. Informant's OWN Signature Jac. V. Eguire  
and Address P.O. 424 Homedale, Ida.

17. (a) Burial (b) Date thereof 7-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon High

18. Funeral Director's OWN Signature Peekham-Dakan Chapel

and Address Caldwell, Idaho

19. (a) 7-19-48 (b) John F. King  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 29 19 48  
(Month, Day, Year) at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to June 29 19 48  
I last saw him alive on June 29 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Internal hemorrhage 1 day  
Due to exact cause unknown

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding Internal hemorrhage  
Finding of autopsy Internal hemorrhage

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature William Kelly, M.D.

and Address Homedale, Idaho Date 7-12 19 48  
(For additional space, use reverse side)

CERTIFICATE OF DEATH

STATE OF IDAHO

1948 2302  
Local Registrar's Duplicate  
Local Reg. No. 27  
Reg. Dist. No. 3-330

JUL 12 1948

1. PLACE OF DEATH:

(a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. South 10th St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home—Hospital—Institution—Other place  
(f) Name Hosp. or Inst. Payette Hospital Stayed 3 days  
(g) Lived in this county 19 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. R.F.D.  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) -----

3. (a) FULL NAME Samuel Keith Gram

3. (b) If veteran, name war ----- 3. (c) Social Security No. 541-14-3639

4. Sex male race white 5. Color or 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Pearl Gram 6. (c) Age of husband or wife if alive 32 years

7. Date of Birth (Month, Day, Year) October 1, 1915

8. AGE	Years	Months	Days	If less than 1 day
	<u>32</u>	<u>8</u>	<u>2</u>	hrs. min.

9. Exact Occupation Laborer Did this work for --- yrs.

10. Industry or Business ----- Date last worked -----

11. Birthplace Payette, Idaho  
(City or town) (State or foreign country)

12. Name Roy Gram

13. Birthplace Bozeman, Montana  
(City or town) (State or foreign country)

14. Maiden name Madge Fulton

15. Birthplace Truro, Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Thomas P. Gram

and Address Payette, Idaho

17. (a) burial (b) Date thereof 6-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Riverside Cem--Payette, Ida.

18. Funeral Director's OWN Signature Gifford R. Shaffer E-344

and Address Payette, Idaho

19. (a) 6/7/48 (b) J. C. Edwards  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 054B

20. DATE OF DEATH (Month, Day, Year) June 3, 19 48  
at 08:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from -----, 19 ----- to June 3, 19 48  
I last saw him alive on June 3, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: metastatic cerebral carcinoma - 1 mo. Duration

Due to grade 4 carcinoma of the epiglottis 8 mos.  
Due to -----  
Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? ----- Physician -----  
Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred -----, 19 ----- City, county, state where violence occurred  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature Walter S. Kotas, M.D.  
and Address Payette, Idaho (M. D. or other) 6-7, 19 48  
(For additional space, use reverse side)



CERTIFICATE OF DEATH

STATE OF IDAHO

Local Registrar's Duplicate  
Local Reg. No. 29  
Reg. Dist. No. 3-330

JUL 19 1948

1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. S. 8th Street  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home—Hospital—Institution—Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 44 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. S. 8th Street  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Denver, Colorado

3. (a) FULL NAME Jesse Charles Woodward

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Bessie M. Woodward 6. (c) Age of husband or wife 38 years

7. Date of Birth (Month, Day, Year) December 2, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>6</u>	<u>21</u>	hrs. min.

9. Exact Occupation Physician Did this work for 45 yrs.

10. Industry or Business Practicing Physician Date last worked June 1948

11. Birthplace Aurora, Illinois  
(City or town) (State or foreign country)

12. Name -----  
13. Birthplace -----  
(City or town) (State or foreign country)

14. Maiden name Jennie Bell  
15. Birthplace Pennsylvania  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. J. C. Woodward  
and Address Payette, Idaho

17. (a) Removal (b) Date thereof June 27, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Denver, Colorado

18. Funeral Director's OWN Signature Gifford R. Shaffer 6-344  
and Address Payette, Idaho

19. (a) June 27, 1948 (b) Gifford R. Shaffer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 23, 1948  
at 09:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 23, 1948 to June 23, 1948  
I last saw him alive on 6/23, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 1 hr

Due to -----

Due to -----

Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? ----- Physician -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred -----, 19 ----- City, county, state where violence occurred

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature J. C. Woodward  
(M. D. or other)

and Address Payette, Idaho Date 6/25, 1948  
(For additional space, use reverse side)

CERTIFICATE OF DEATH

JUL 12 1948 STATE OF IDAHO

1948 2304  
Local Registrar's Duplicate  
Local Reg. No. 37  
Reg. Dist. No. 3-330

1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. 1106 2 Av. S.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital—Institution—Other place  
(f) Name Hosp. or Inst. --- Stayed --- days  
(g) Lived in this county 45 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. 1106 - 2 Av. S.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Pocatello, Ida.

3. (a) FULL NAME GLARA MAY SHERWOOD

3. (b) If veteran, name war --- 3. (c) Social Security No. ---  
5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
4. Sex female 6. (b) Name of husband or wife William F. Sherwood  
6. (c) Age of husband or wife --- years  
7. Date of Birth (Month, Day, Year) April 9, 1879

8. AGE	Years	Months	Days	If less than 1 day
	69	2	20	hrs. min.

9. Exact Occupation Housewife Did this work for 46 yrs.  
10. Industry or Business Home Date last worked  
11. Birthplace Laramie, Wyoming (City or town) (State or foreign country)

12. Name Addison O. Rose  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature John L. Dunkle  
and Address Payette, Idaho

17. (a) Burial (b) Date thereof July 3, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Riverside Cem., Payette, Ida.

18. Funeral Director's OWN Signature ---  
and Address Payette, Idaho

19. July 3, 1948 (Date received and filed) (b) Robert E. Shaffer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 29, 1948  
at 2:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March, 1948, to June 29, 1948  
I last saw h. or alive on June 29, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Myocardial failure Duration 3 days  
Due to Nephroses 4 mos

Due to ---  
Other conditions ---  
(Include pregnancy within 3 months of death)

Where was disease contracted? --- Physician ---  
Name of operation --- Date ---  
Major finding ---  
Finding of autopsy ---  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred ---, 19--- City, county, state where violence occurred  
Place of Violence: Home --- Farm --- Industry ---  
Public Place --- While at work? ---  
Means of injury ---

23. Attendant's OWN Signature John J. Cause M.D. ---  
and Address Payette, Ida. Date 7/2/48, 19---  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 11 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2305  
Local Reg. No. 17  
Reg. Dist. No. 500

## 1. PLACE OF DEATH:

- (a) County Power  
(b) City or town American Falls  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Schiller Memorial Stayed 10 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Aberdeen  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) ☒

## 3. (a) FULL NAME Beverly Ann Savage

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Sept 10th 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>8</u>	<u>26</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Schiller in Hook Am Falls  
(City or town) (State or foreign country)

12. Name Ray in Savage  
13. Birthplace Elba Ida  
(City or town) (State or foreign country)  
14. Maiden name Alma E Lewis  
15. Birthplace Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Aberdeen Ida

17. (a) Buried (b) Date thereof June 8 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Aberdeen Idaho

18. Funeral Director's OWN Signature [Signature]  
and Address American Falls, Idaho

19. (a) June 8 - 1948 (b) Brene Daling  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 5 1948  
at 12:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 5 1948 to June 5 1948  
I last saw her alive on June 5 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Intracranial injury and concussion  
Due to fracture of skull with slight depression  
Due to motor vehicle accident

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred June 5 1948 City, country, state Idaho  
where violence occurred Power County, Idaho  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place Highway While at work? ☒  
Means of injury Automobile accident  
23. Attendant's OWN Signature [Signature] (M.D. or other) \_\_\_\_\_  
and Address Aberdeen Idaho Date 6-6 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 18 1948 **Certificate of Death**

STATE OF IDAHO

1948

State File No. **2306**  
Local Reg. No. **19**  
Reg. Dist. No. **500**

1. PLACE OF DEATH:

- (a) County Pomer  
(b) City or town American Falls, Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Shelly Mem Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Pomer  
(c) City or town American Falls  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? ☒ years  
(h) Former residence (city, state) ☒

3. (a) FULL NAME

Lila Lucille Kendall

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced ☒

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) June 8, 1948

- | 8. AGE | Years | Months | Days     | If less than 1 day      |
|--------|-------|--------|----------|-------------------------|
|        |       |        | <u>2</u> | <u>hrs.</u> <u>min.</u> |

9. Exact Occupation ☒ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business ☒ Date last worked ☒

11. Birthplace American Falls, Idaho (City or town) (State or foreign country)

12. Name Annals Kendall (City or town) (State or foreign country)

13. Birthplace Asford, Idaho (City or town) (State or foreign country)

14. Maiden name Benjamin Lila Hope (City or town) (State or foreign country)

15. Birthplace Franklin, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Arnold Kendall and Address Abundeen, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-12-48 (Month) (Day) (Year)

- (c) Place Abundeen

18. Funeral Director's OWN Signature W. Davis and Address American Falls, Idaho

19. (a) June 11-1948 (Date received and filed) (b) Loane Dalving (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) June 10 19 48  
at 6:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 8 19 48 to June 10 19 48  
I last saw h. er alive on June 10 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: cardiac insufficiency Duration 2 days

Due to congestional heart disease (latent ductus)

Due to \_\_\_\_\_  
Other conditions ascites (slight)  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature F. L. Larnum M.D. (M. D. or other)

and Address Abundeen, Idaho Date 6-10-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 18 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2307  
Local Reg. No. 500  
Reg. Dist. No. 500

## 1. PLACE OF DEATH:

- (a) County Power  
(b) City or town American Falls  
(c) Street Address or R.F.D. No. 501 Postella Ave  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Shelby Home Stayed 12 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County —  
(c) City or town —  
(d) Street Address or R.F.D. No. —  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? —  
(g) How long had deceased lived in Idaho? 12 yrs  
(h) Former residence (city, state) —

## 3. (a) FULL NAME

Barbara Kay Cowley

159X

## 3. (b) If veteran,

name war —

## 3. (c) Social Security

No. —

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) June 14 - 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>—</u>	<u>—</u>	<u>—</u>	hrs <u>—</u> min. <u>—</u>

9. Exact Occupation — Did this work for — yrs.

10. Industry or Business — Date last worked —

11. Birthplace American Falls Idaho  
(City or town) (State or foreign country)

12. Name Mrs Henry Cowley

13. Birthplace Castlegates Idaho  
(City or town) (State or foreign country)

14. Maiden name Kath Catherine Thompson

15. Birthplace Murtaugh Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs H. Cowley

and Address Aberdeen Idaho

17. (a) Burial (b) Date thereof 6/16/48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Aberdeen Idaho

18. Funeral Director's OWN Signature H. Davis

and Address Am. Falls, Idaho

19. (a) 6-16-1948 (b) Joene Daling  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 15 1948  
at 7:55 clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 14 1948 to June 15 1948

I last saw her alive on June 15 - 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity Duration —

6.5 mo gestation

Due to TX

Due to —

Other conditions Transverse Placental  
(Include pregnancy within 3 months of death)

Where was disease contracted? —

Name of operation — Date —

Major finding —

Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature F. L. Harms M.D.

and Address Aberdeen Idaho Date 6-15-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUL 9 1948

STATE OF IDAHO

1948 State File No. 2308  
Local Reg. No. 57  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Wallace Stayed 23 days  
(g) Lived in this county 42 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kingston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mary Teruo

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John  
6. (c) Age of husband or wife if alive 68 years  
7. Date of Birth (Month, Day, Year) May 23, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>0</u>	<u>10</u>	hrs min.

9. Exact Occupation Home Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Home Date last worked 1947  
11. Birthplace Finland (City or town) (State or foreign country)  
12. Name Salomon Teruo  
13. Birthplace Finland (City or town) (State or foreign country)  
14. Maiden name No Record  
15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature Mary Teruo  
and Address Kingston Idaho

17. (a) Personal (b) Date thereof 6/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Kellogg Idaho

18. Funeral Director's OWN Signature Thos. J. Platte  
and Address Re. Kellogg Idaho

19. (a) 6-21-48 (b) Thos. J. Platte  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 6/3/48 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from 5-8-48 1948 to 6-3-48 1948.  
I last saw h.e. alive on 6-3-48 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Carcinoma of Stomach 1 yr.  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation Gastrectomy Date 6-2-48  
Major finding C. of Stomach  
Finding of autopsy 0  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. E. Brubaker  
and Address Wallace, Idaho Date 6-17-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 21 **Certificate of Death**

STATE OF IDAHO

1941  
State File No. 2309  
Local Reg. No. 55  
Reg. Dist. No. 140

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Victor L. Mortin

186A

3. (b) If veteran, name war

I

3. (c) Social Security No.

516-16-4820

5. Color or

M

race

W

6. (a) Single, widowed, married, divorced

Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

\_\_\_\_\_ years

7. Date of Birth

(Month, Day, Year)

Oct 14, 1892

8. AGE

Years

Months

Days

If less than 1 day

55

8

00

hrs. min.

9. Exact Occupation

Pensioner

Did this work for \_\_\_\_\_ yrs.

10. Industry or Business

Date last worked

11. Birthplace

(City or town)

(State or foreign country)

12. Name

Abraham

13. Birthplace

(City or town)

(State or foreign country)

14. Maiden name

15. Birthplace

(City or town)

(State or foreign country)

16. Informant's

OWN Signature

Of Scholch (Records)

and Address

Wallace Idaho

17. (a)

Burial

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

6-17-48

(c) Place

Upper Idaho

18. Funeral Director's

OWN Signature

John Brown

and Address

Wallace Idaho

19. (a)

6-16-48

(b)

Of Scholch

(Date received and filed)

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year)

June 14

19 48

at \_\_\_\_\_

10:30 o'clock A.M.

21. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_

\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw \_\_\_\_\_ alive on \_\_\_\_\_

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death

Heart Attack

Coronary Artery Disease

High Blood Pressure

Diabetes

Stroke

Heart Failure

Myocardial Infarction

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_

Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_

Suicide? \_\_\_\_\_

Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_

6/14/48

City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_

Farm \_\_\_\_\_

Industry \_\_\_\_\_

Public Place \_\_\_\_\_

While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Shot

Wild

23. Attention

OWN Signature

John Brown

and Address

Wallace Idaho

(For additional space, use back side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce JUL 9 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2310  
Local Reg. No. 59  
Reg. Dist. No. 170

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Wallace  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Wallace Stayed \_\_\_\_\_ days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Wood

## 3. (a) FULL NAME

Leo J. Hoban

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. 518-03-3445

5. Color White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Anita  
(c) Age of husband or wife if alive 51 years

## 7. Date of Birth (Month, Day, Year)

Feb - 12 - 1892

## 8. AGE

Years	Months	Days	If less than 1 day
<u>56</u>	<u>4</u>	<u>4</u>	hrs min.

9. Exact Occupation Mining Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Fergus Falls Minn.  
(City or town) (State or foreign country)

12. Name Leo J. Hoban

13. Birthplace Scranton Pa.  
(City or town) (State or foreign country)

14. Maiden name Esther M. Bennett

15. Birthplace Scranton Pa.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Anita M. Hoban  
and Address Wallace Idaho

17. (a) Removal (b) Date thereof June 18 48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Wallace Idaho

18. Funeral Director's OWN Signature John B. Bower  
and Address Wallace Idaho

19. (a) June 17 - 48 (b) John B. Bower  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 16 1948  
at 5:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 1936, to June 15 1948  
I last saw h.u.m. alive on June 15 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

acute coronary thrombosis Duration instant

Due to chronic cardiac vascular renal disease 6 yrs

Due to \_\_\_\_\_

Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Paul K. Ellis  
(M. D. or other)  
and Address Wallace Idaho Date 6-18 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
National States Public Health Service  
National Office of Vital Statistics

JUL 9 1948

# Certificate of Death

STATE OF IDAHO

148  
State File No. 2311  
Local Reg. No. 62  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Paradise Stayed \_\_\_\_\_ days  
(g) Lived in this county 21 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Russell Merrill Auspangh

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

518-03-3486

## 4. Sex Male 5. Color White

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive 89 years

## 7. Date of Birth

(Month, Day, Year) Aug 12 - 1907

## 8. AGE

Years

Months

Days

If less than 1 day

hrs. min.

40

8

18

## 9. Exact Occupation

Mining

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

(City or town)

(State or foreign country)

## 12. Name Russell Auspangh

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name Russell Barker

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Arthur Auspangh

and Address

Walla Walla 2018

## 17. (a) \_\_\_\_\_

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place

Paradise 5th St

## 18. Funeral Director's

OWN Signature

John A. Bump

and Address

Wallace 2018

## 19. (a) \_\_\_\_\_

(Date received and filed)

(b) \_\_\_\_\_

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

June 21

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from

6/20 1948 to 6/21 1948

I last saw him alive on 6/21 1948

death is said to have occurred on the date and hour stated above

Immediate Cause of Death:

Self inflicted

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 6/20 1948 City county state

Where violence occurred Wallace 8 Hwy 10 near

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature

John A. Bump

and Address

Wallace 2018

(M. D. or other)

(For additional space, use reverse side)

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 9 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2312  
Local Reg. No. 63  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Wallace Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Mullan  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Grace Messer Geigler

094A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F Color or race W

5. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sherrin

6. (c) Age of husband or wife if alive 50 years

7. Date of Birth (Month, Day, Year) Nov 19, 1884

- | 8. AGE | Years     | Months   | Days     | If less than 1 day |
|--------|-----------|----------|----------|--------------------|
|        | <u>63</u> | <u>6</u> | <u>2</u> | hrs. min.          |

9. Exact Occupation Hoof Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Portsmouth Ohio (City or town) (State or foreign country)

12. Name George W. Messer

13. Birthplace Sherrin KY (City or town) (State or foreign country)

14. Maiden name Lucy Mayhew

15. Birthplace Catawba Ohio (City or town) (State or foreign country)

16. Informant Glenn F. Geigler OWN Signature and Address Mullan Idaho

17. (a) Removal (Burial, cremation, or removal) June 25-48 (b) Date thereof (Month) (Day) (Year)

- (c) Place Shoshone 21st.

18. Funeral Director John B. Bower OWN Signature and Address Wallace Idaho

19. (a) Date received and filed June 22-48 (b) Registrar's signature John B. Bower

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 21 19 48  
at 7:50 clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 1946 to June 21 19 48

I last saw h. alive on June 21 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion Duration 1 hour

Due to Coronary Sclerosis and

Due to Cerebral 3 years

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding.

Finding of autopsy.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature J. E. Bower (M. D. or other)

and Address Wallace Idaho Date 7.2.1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 24 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

1948

State File No. 2313  
Local Reg. No. 29  
Reg. Dist. No. 142

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Yellow  
(c) Street Address or R.F.D. No. 13  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. St. Mary's Stayed 10 days  
(g) Lived in this county 10 years 10 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Yellow  
(d) Street Address or R.F.D. No. 13  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? Italy  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Italy

3. (a) FULL NAME

LOUIS P. DE LUCA

077E

3. (b) If veteran,

name war I

3. (c) Social Security

No. 518-03-1350

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) February 17, 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>4</u>	<u>7</u>	hrs min.

9. Exact Occupation Miner Did this work for 10 yrs.

10. Industry or Business mining Date last worked 1948

11. Birthplace Italy (City or town) (State or foreign country)

12. Name Angelo De Luca (City or town) (State or foreign country)

13. Birthplace Italy (City or town) (State or foreign country)

14. Maiden name Angeline (City or town) (State or foreign country)

15. Birthplace Italy (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Mary De Luca and Address Yellow

17. (a) Buried (b) Date thereof 6, 26, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Yellow, Idaho

18. Funeral Director's OWN Signature Thomas J. Walsh and Address Yellow

19. (a) 7/20 (b) — (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 6/24 1948  
at — o'clock M

21. I HEREBY CERTIFY, That I attended deceased from — 19—, to — 19—

I last saw h — alive on — 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Heart attack Duration —

Due to heart failure

Due to heart failure

Other Conditions Heart failure (Include pregnancy within 3 months of death)

Where was disease contracted? —

Name of operation — Date —

Major finding —

Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —

Occurred — 19— City, county, state where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature — (If D. or other)

and Address — Date — 19—

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 9 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2314  
Local Reg. No. 64  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. Deer Lodge Stayed \_\_\_\_\_ days  
(g) Lived in this county 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in this)

- (a) State Idaho (b) County Shoshone  
(c) City or town Murray  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Wise

## 3. (a) FULL NAME

Olive Marie Amstrong

## 3. (b) If veteran, name war

3. (c) Social Security No. 318-25-6687

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

Oct-15-1910

## 8. AGE

Years	Months	Days	If less than 1 day
<u>37</u>	<u>6</u>	<u>10</u>	hrs. min.

## 9. Exact Occupation

at home Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked \_\_\_\_\_

## 11. Birthplace

Phillie Wisconsin  
(City or town) (State or foreign country)

## 12. Name

Joseph Wilcox

## 13. Birthplace

Canada  
(City or town) (State or foreign country)

## 14. Maiden name

Laura M. Brown

## 15. Birthplace

Wise  
(City or town) (State or foreign country)

## 16. Informant's OWN Signature

Hollis Wilcox

## and Address

Murray Idaho

## 17. (a) (Burial, cremation, or removal)

Burial

## (b) Date thereof

June 27-48  
(Month) (Day) (Year)

## (c) Place

Wallace Idaho

## 18. Funeral Director's OWN Signature

John A. Brown

## and Address

Wallace Idaho

## 19. (a)

June 25-48

(Date received and filed)

## (b)

John A. Brown

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 25 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

\_\_\_\_\_ 1948 to \_\_\_\_\_ 1948  
I last saw him alive on 6/24 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Coronary Thrombosis

## Due to

Coronary Thrombosis

## Due to

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

## Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? Yes

Occurred June 25 1948 City, county, state Wallace Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Heart Attack

## 23. Attendant's OWN Signature

John A. Brown  
(M. D. or other)

## and Address

Wallace Idaho  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 9 1948 **Certificate of Death**  
STATE OF IDAHO

1948  
State File No. 2315  
Local Reg. No. 65  
Reg. Dist. No. 140

1. **PLACE OF DEATH:**  
(a) County Shoshone  
(b) City or town Water  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Private Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in the \_\_\_\_\_)  
(a) State Idaho (b) County Shoshone  
(c) City or town Delta  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 2 yr.  
(h) Former residence (city, state) Calif.

3. (a) **FULL NAME** Arma L. Jackson

3. (b) If veteran, name war 1st. 3. (c) Social Security No. 546-28-0364

4. Sex Male Color White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ravenn 6. (c) Age of husband or wife if alive 88 years

7. Date of Birth (Month, Day, Year) July-29-1894

AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>8</u>	<u>28</u>	hrs. min.

9. Exact Occupation Millman Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) Torona

Father { 12. Name Not Known

13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

Mother { 14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

16. Informant's OWN Signature La Kerna Jackson

and Address Water 24th

17. (a) Buried (b) Date thereof June 24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Water 24th

18. Funeral Director's OWN Signature John A. Bover

and Address Water 24th

19. (a) June 28-48 (b) John A. Bover  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. **DATE OF DEATH** June 27 1948  
(Month, Day, Year) 3:30 o'clock P.  
21. I HEREBY CERTIFY that I attended deceased from June 22 to June 27 1948  
I last saw him alive on June 27 1948  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Senile degeneration of heart  
Coronary atherosclerosis  
Due to hypertension  
Other conditions (Include pregnancy within 3 months of death) None  
Where was disease contracted? Not Known  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to **EXTERNAL CAUSES**, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at Work \_\_\_\_\_  
Means of injury \_\_\_\_\_  
Attendant's OWN Signature John A. Bover  
(M.D. or other) \_\_\_\_\_  
and Address Water 24th Date June 28 1948  
with official seal, and three sides \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **2316**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. **140**

## 1. PLACE OF DEATH:

- (a) County **Shoshone**  
(b) City or town **Idaho**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☐ Outside? ☐ city or town \_\_\_\_\_  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Shoshone**  
(c) City or town **Idaho**  
(d) Street Address or R.F.D. No. **Bd 37**  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town \_\_\_\_\_  
(f) Citizen of what country? **America**  
(g) How long had deceased lived in Idaho? **51** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**Maudie Cathleen Hodgins**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **Mar. 2, 1885**

8. AGE	Years	Months	Days	If less than 1 day
	<b>63</b>	<b>2</b>	<b>24</b>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Bismarck, N. Dak.** (City or town) \_\_\_\_\_ (State or foreign country)

12. Name **Thomas Clark**

13. Birthplace **Colles, N.Y., U.S.A.** (City or town) \_\_\_\_\_ (State or foreign country)

14. Maiden name **Anna Schenier**

15. Birthplace **Waverly, Penn. Minn.** (City or town) \_\_\_\_\_ (State or foreign country)

16. Informant's OWN Signature **Idaho** and Address \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **5-29-48** (Month) (Day) (Year)

(c) Place **Valley Idaho**

18. Funeral Director's OWN Signature **W. A. Jones** and Address \_\_\_\_\_

19. (a) **7-13-48** (b) **W. A. Jones** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **May 26** 19 **48**  
at **8:30** o'clock **PM** M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on **May 26** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Occlusion** Duration \_\_\_\_\_

Due to **Coronary Occlusion**

Due to **Diabetes**

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **W. A. Jones** (M.D. or other) \_\_\_\_\_ and Address \_\_\_\_\_ Date **May 26** 19 **48**

PHYSICIAN Underline the cause to which death should be charged statistically

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 21 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2317  
Local Reg. No. 53  
Reg. Dist. No. 150

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Gen  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ✓ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Gen  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Gloria Jean Streeter

171 B

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) July 28, 1933

8. AGE	Years	Months	Days	If less than 1 day
	<u>14</u>	<u>10</u>	<u>8</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Coeur d'Alene (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name Paul Streeter

13. Birthplace Belmont Va (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Elizabeth A. Streeter

15. Birthplace Franklin Idaho (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Paul S. Streeter

and Address Gen

17. (a) Burial (b) Date thereof 6-9-48 (Month) (Day) (Year)

(c) Place Coeur d'Alene Idaho

18. Funeral Director's OWN Signature W. A. Bower

and Address W. A. Bower

19. (a) 6-6-48 (Date received and filed) (b) A. J. Schorbach (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 6 19 48  
at 5:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him \_\_\_\_\_ alive \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred Coeur d'Alene

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury fall off truck

23. Attendant's OWN Signature W. A. Bower

and Address W. A. Bower

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 23 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948 State File No. 2318  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:
- (a) County Shoshone
  - (b) City or town Emmettville
  - (c) Street Address or R.F.D. No. \_\_\_\_\_
  - (d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - (e) Died in a Home. Hospital. Institution. Other place. ☒
  - (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
  - (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Montana (b) County \_\_\_\_\_
  - (c) City or town Red Lodge
  - (d) Street Address or R.F.D. No. 4208 McJannet
  - (e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - (f) Citizen of what country? Finland
  - (g) How long had deceased lived in Idaho? \_\_\_\_\_ years
  - (h) Former residence (city, state) Idaho

3. (a) FULL NAME ERNEST E LATVALA 164A

3. (b) If veteran, name war \_\_\_\_\_ No. 543-03-7497
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Erni
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 14, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>0</u>	<u>22</u>	hrs min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Finland (City or town) (State or foreign country)

12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Raymond Pasotto and Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 6/7/48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Red Lodge, Montana

18. Funeral Director's OWN Signature Frank J. Plack and Address 107 Main St. Red Lodge, Idaho

19. (a) 6/9/48 (b) Joe J. J. J. (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 6-6 1948  
at \_\_\_\_\_ o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw him alive on 6-6 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Suffocation  
due to  
asphyxia  
due to  
other conditions  
(Include description of condition and duration)

Where was disease contracted? \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? Yes Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ Where at work \_\_\_\_\_  
Means of transport \_\_\_\_\_

23. Attendant's OWN Signature Joe J. J. (M.D. or other) and Address Red Lodge, Idaho 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 9 1948

# Certificate of Death

STATE OF IDAHO

1540  
State File No. 2319  
Local Reg. No. 58  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Silverton  
(c) Street Address or R.F.D. No.         
(d) Death Occurred Inside?        Outside?        city or town         
(e) Died in a Home        Hospital        Institution        Other place         
(f) Name Hosp. or Inst. C. H. Hap Stayed        days  
(g) Lived in this county        years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside?        Outside?        city or town         
(f) Citizen of what country?         
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

Charles Henry McKinney

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jan

6. (c) Age of husband or wife if alive 60 years

7. Date of Birth (Month, Day, Year) Jan 30, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>4</u>	<u>7</u>	hrs. min.

9. Exact Occupation Miner Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Bidewat Mt. Mo. (City or town) (State or foreign country)

Father { 12. Name John R. McKinney

13. Birthplace Idaho (City or town) (State or foreign country)

Mother { 14. Maiden name Esther Hodges

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature John H. McKinney

and Address Wallace, Idaho

17. (a)        (b) Date thereof June - 9 - 48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Payson, Ore

18. Funeral Director's OWN Signature John H. McKinney

and Address Wallace, Idaho

19. (a) June 20 - 48 (b) John H. McKinney (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 7, 1948

at 6:30 o'clock a. M.

21. I HEREBY CERTIFY, that I attended deceased from        19        to        19       

I last saw h.        alive on        19       ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary artery disease

Due to arteriosclerosis

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature John H. McKinney (M. D. or other) and Address Wallace, Idaho

PHYSICIAN Underline the cause to which death should be charged statistically

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

*Answered*  
JUN 21 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2320  
Local Reg. No. 54  
Reg. Dist. No. 142

1. PLACE OF DEATH:  
(a) County Shoshone  
(b) City or town Burley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Shoshone  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Vance J. Ferguson  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 218-03-3181  
5. Color or \_\_\_\_\_  
4. Sex MA race W  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) \_\_\_\_\_

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>			hrs. min.

9. Exact Occupation miner Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Father { 12. Name Unknown  
13. Birthplace (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Mother { 14. Maiden name \_\_\_\_\_  
15. Birthplace (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature A. Scholbach (Miner Remedy)  
and Address Wallace Park

17. (a) Removal (b) Date thereof 6-13-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place Boise Arboretum

18. Funeral Director's OWN Signature John A. Over  
and Address Wallace Park

19. (a) 6-13-48 (b) A. Scholbach  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) 6-10 19 48  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
I last saw him alive on 6-10 19 48; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Crushed chest Duration \_\_\_\_\_  
Slab fall out wall  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 6/10 19 48 City, county, state Boise  
where violence occurred Hecla mine  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry mine  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Crushed by falling slab  
23. Attendant's OWN Signature John A. Over  
and Address Wallace Park  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 9 1948

NON-RESIDENT  
Certificate of Death

STATE OF IDAHO

1948

State File No.

2321

Local Reg. No.

60

Reg. Dist. No.

141

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Calder  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ....  
(f) Name Hosp. or Inst. .... Stayed 1 days  
(g) Lived in this county 1 years 12 months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State California (b) County .....  
(c) City or town El Monte  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 1 2 years  
(h) Former residence (city, state) .....

3. (a) FULL  
NAME

George Robert Reynolds

3. (b) If veteran,  
name war

None

3. (c) Social Security  
No.

None

4. Sex Male Color or  
race White

6. (a) Single, widowed, married,  
divorced Widowed

6. (b) Name of husband or  
wife

6. (c) Age of husband or wife if  
alive years

7. Date of Birth  
(Month, Day, Year) October 24, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>7</u>	<u>23</u>	hrs min.

9. Exact Occupation Contractor Did this  
work for years

10. Industry or Business Building Date last  
worked

11. Birthplace Grand Rapids Michigan  
(City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's Geo B Reynolds  
OWN Signature Calder, Idaho  
and Address

17. (a) Removal (b) Date thereof 6-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bakersfield, California

18. Funeral Director's P. E. Wessa  
OWN Signature St. Maries, Idaho  
and Address

19. (a) June 11-48 (b) John A. Burr  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 17, 1948  
(Month, Day, Year) June 17, 1948 19  
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from  
19 1948 to June 17, 1948

I last saw him alive on June 17, 1948 death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death Heart failure Duration

Heart failure  
due to  
old age  
and  
depression

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation None Date June 17, 1948

Major finding Heart failure  
Finding of autopsy Heart failure  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred June 17, 1948 City, county, state  
where violence occurred  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's John A. Burr  
OWN Signature June 11, 1948  
and Address St. Maries, Idaho  
(M. T. or R. T.)  
(Do not add place if reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 9 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1048

State File No. 2322

Local Reg. No. 61

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

- (a) County..... **Shoshone**  
(b) City or town..... **Red Eives**  
(c) Street Address or R.F.D. No.....  
(d) Death Occurred Inside?..... Outside?..... city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place..... **X**  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county..... years..... **One month**..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State..... **Washington** (b) County..... **Spokane**  
(c) City or town..... **Spokane**  
(d) Street Address or R.F.D. No..... **W. 3101-5th Ave.**  
(e) Deceased lived Inside?..... **X** Outside?..... city or town  
(f) Citizen of what country?.....  
(g) How long had deceased lived in Idaho? **1 month** years  
(h) Former residence (city, state).....

## 3. (a) FULL NAME

**John E. Jacks**

3. (b) If veteran, name war  
**None**

3. (c) Social Security No.

5. Color or

4. Sex..... **Male** race..... **White**

6. (a) Single, widowed, married,  
divorced..... **Married**

6. (b) Name of husband or wife  
**Ida**

6. (c) Age of husband or wife if  
alive..... **40** years

7. Date of Birth  
(Month, Day, Year) **Sept. 25, 1896**

8. AGE	Years	Months	Days	If less than 1 day
	<b>51</b>	<b>8</b>	<b>25</b>	hrs. min.

9. Exact Occupation..... **Mechanic** Did this work for **20** yrs.

10. Industry or Business..... Date last worked **6/20/48**

11. Birthplace..... **Grand Rapids, Wisconsin**  
(City or town) (State or foreign country)

12. Name..... **Gust Jacks**

13. Birthplace..... **Unob.**  
(City or town) (State or foreign country)

14. Maiden name..... **Augusta**

15. Birthplace..... **Unob.**  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature..... **Ida Jacks**

and Address..... **W. 3101-5th Ave., Spokane, Wn.**

17. (a) **Removal** (b) Date thereof **6-22-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place..... **Spokane, Wash.**

18. Funeral Director's  
OWN Signature..... **P. E. Wessa**

and Address..... **321 N. 2nd St. Spokane, Wn.**

19. (a) **June 23-41** (b) **John E. Jacks**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year)..... **June 20**..... 19**48**

at..... o'clock..... M.

21. I HEREBY CERTIFY, That I attended deceased from..... 19..... to..... 19.....

I last saw him alive on..... **6/20**..... 19**48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:..... Duration.....

Due to.....

Due to.....

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's

OWN Signature.....

and Address.....

Date.....

For additional space, use reverse side

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 28 1948 **Certificate of Death**

STATE OF IDAHO

State File No. 2323  
Local Reg. No. 56  
Reg. Dist. No. 141

1948

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Curse  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 1 1/2 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME

James E Carey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ann

6. (c) Age of husband or wife if alive 46 1/2 years

7. Date of Birth (Month, Day, Year) Oct-8-1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>8</u>	<u>13</u>	hrs. min.

9. Exact Occupation Miner Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace East Grand Prairie Minn (City or town) (State or foreign country)

12. Name William A Carey

13. Birthplace Muskegon Mich (City or town) (State or foreign country)

14. Maiden name Theresa Mc Mahon

15. Birthplace Ottawa Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Annie Carey

17. (a) Funeral (b) Date thereof June 24-48 (Month) (Day) (Year)

- (c) Place St Johns

18. Funeral Director's OWN Signature John A. Wall

- and Address Wallace Idaho

19. (a) June 27-48 (b) John A. Wall (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June-21 1948  
at 10:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw him live on June 21 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Sudden death Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred June 21-48 City, county, state Idaho

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Exposed up in mine car

23. Attendant's OWN Signature John A. Wall (M.D. or other) and Address Wallace Idaho

PHYSICIAN Underline the cause to which death should be charged statistically

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948

CERTIFICATE OF DEATH  
STATE OF IDAHO

1948

State File No. 2324  
Local Reg. No. 8  
Reg. Dist. No. 620

1. PLACE OF DEATH:

- (a) County Teton  
(b) City or town Driggs  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home-- Hospital X Institution-- Other place--  
(f) Name Hosp. Teton Valley Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Infant Hillman

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 5, 1948

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	<u>9 hrs 20 min.</u>

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Driggs (City or town) Idaho (State or foreign country)

12. Name Wendell C. Hillman

13. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)

14. Maiden name Mildred Bowen

15. Birthplace Driggs (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Mr. W. C. Hillman  
and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof June 6, 1948  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Driggs Idaho

18. Funeral Director's OWN Signature (None) G. M. Jensen, MD  
and Address Driggs Idaho

19. (a) June 14, 1948 (b) Chas. Jackrell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 6, 1948  
at 4 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 5, 1948 to June 6, 1948  
I last saw her alive on June 5, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Premature birth  
Due to (1 month premature)

Due to Toxemia of mother  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Gordon M. Jensen, MD  
(M. D. or other)

and Address Driggs, Idaho Date June 10, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2225  
Local Reg. No. 4  
Reg. Dist. No. 6-2-2

## 1. PLACE OF DEATH:

- (a) County Teton  
(b) City or town Driggs  
(c) Street Address or R.F.D. No. 1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. 2 7 Stayed 25 days  
(g) Lived in this county 2 years 7 months 25 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Teton  
(c) City or town Driggs  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 2 1/2 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME NORVELL RAY WESTON

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Date of Birth (Month, Day, Year) October 15, 1945

8. AGE	Years	Months	Days	If less than 1 day
	<u>2</u>	<u>7</u>	<u>25</u>	hrs min.

9. Exact Occupation At home Did this work for None yrs.  
10. Industry or Business None Date last worked None  
11. Birthplace Driggs, Idaho. (City or town) (State or foreign country)

12. Name Otto Weston  
13. Birthplace Berlin, Germany (City or town) (State or foreign country)  
14. Maiden Name Mary Ruth Burgener  
15. Birthplace Midway, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Mary Weston  
and Address Driggs, Idaho

17. (a) Burial (b) Date thereof June 14, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pratt, Wyoming

18. Funeral Director's OWN Signature M. S. Hansen  
and Address St. Anthony, Idaho.

19. (a) June 14, 1948 (b) Edith Jacobell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 10 1948  
(Month, Day, Year) at 2:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from none 19 19, to 19.  
I last saw h. (M) alive on never 19 19; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Drowning Duration

Due to Fell in canal

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? no Homicide? no  
Occurred June 10 19 48 City, county, state Driggs Teton Idaho

Place of Violence: Home X Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Gordon M. Hansen MD

and Address Driggs Idaho (M. D. or other)

Date 6-14-48

(For additional space, use reverse side)

# Certificate Of Death

JUL 6 1948

STATE OF IDAHO

1948

State File No. 2326  
Local Reg. No. 18  
Reg. Dist. No. 622

## 1. PLACE OF DEATH:

- (a) County Teton  
(b) City or town Driggs  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Teton  
(c) City or town Driggs  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME ALEXANDER (A.L.) BURNSIDE

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. None.  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Geneva Waddell 6. (c) Age of husband or wife if alive 58 years  
7. Date of Birth May 7, 1875  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>1</u>	<u>11</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace American Fork, Utah  
(City or town) (State or foreign country)

12. Name John William Burnside  
13. Birthplace Scotland  
(City or town) (State or foreign country)  
14. Maiden name Elizabeth Prentiss  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature John Burnside  
and Address Driggs Idaho

17. (a) Burial (b) Date thereof June 23, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Darby, Idaho (Driggs RFD)

18. Funeral Director's OWN Signature Ms. Hansen  
and Address St. Anthony, Idaho

19. (a) July 2, 1948 (b) Chel Packrell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 18 19 48  
at 4:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from June 18, 1948, to June 18, 1948  
I last saw him alive on June 18, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration \_\_\_\_\_

Due to arteriosclerotic heart disease

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Gordon M Jensen MD  
and Address Driggs Idaho (M. D. or other) Date 7-25-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2327  
Local Reg. No. 456  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution. Other place.  
(f) Name Hosp. or Inst. Twin Falls Co. Hospital Stayed 35 days  
(g) Lived in this county 35 years 35 months 35 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Pauline Walker James

3. (b) If veteran, name war ..... 3. (c) Social Security No. 513-09-116  
5. Color or 6. (a) Single, widowed, married, divorced Divorced  
4. Sex Female race White  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) March 23 1911

8. AGE	Years	Months	Days	If less than 1 day
	<u>37</u>	<u>2</u>	<u>29</u>	hrs min.

9. Exact Occupation Waitress Did this work for 10 yrs.  
10. Industry or Business Cafe Date last worked Jan. 1948  
11. Birthplace Kimberly Idaho (City or town) (State or foreign country)

12. Name Ered Walker  
13. Birthplace Berryville Arkansas (City or town) (State or foreign country)  
14. Maiden name Dollie Filton  
15. Birthplace Afton Oklahoma (City or town) (State or foreign country)

16. Informant's OWN Signature John R. Bentley  
and Address 1817 Addison Ave. E. T.F.

17. (a) Burial (b) Date thereof 6-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature S. Phillips  
and Address .....

19. (a) JUN 16 1948 (b) Earna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 2 19 48  
at 3:20 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from Oct 19 47 to June 1 19 48  
I last saw h. = alive on June 1 19 48 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Myocardial infarction Duration 3 hrs  
Due to Myocardial infarction  
Due to for carcinoma of the  
Other conditions 49 (Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy above

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature John R. Bentley (M. D. or other)  
and Address 1817 Addison Ave. E. T.F. Date June 2 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2228  
Local Reg. No. 454  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. West Addison  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. T.F. County stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 206 Main Ave. So.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Unknown years  
(h) Former residence (city, state) Minot, No. Dak.

## 3. (a) FULL NAME Adelbert Frank Davis

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 18, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>7</u>	<u>18</u>	hrs min.

9. Exact Occupation Brick Mason Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Cyrus, Minnesota (City or town) (State or foreign country)

- Mother Father  
12. Name A. J. Davis  
13. Birthplace Wales (City or town) (State or foreign country)  
14. Maiden name Elizabeth Luckman  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Ernest B. Reed  
and Address Twin Falls, Idaho

17. (a) Removal (b) Date thereof 6/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Minot, North Dakota

18. Funeral Director's Reynolds Funeral Home  
OWN Signature James E. Reynolds  
and Address Twin Falls, Idaho

19. (a) June 15, 1948 (b) Ernest B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 5, 1948  
(Month, Day, Year) 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 1946 19\_\_\_\_, to June 5, 1948  
I last saw him alive on June 5, 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral Hemorrhage  
Due to Hypertension  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding none

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. W. Lewis  
and Address Twin Falls, Idaho Date June 14, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 12 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2320  
Local Reg. No. 425  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. Addison West  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. T. County Stayed 2 days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Michigan (b) County         
(c) City or town Belmont  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 days  
(h) Former residence (city, state) Belmont, Mich.

## 3. (a) FULL NAME Richard W. Zacharias

3. (b) If veteran, name war WW # 2  
3. (c) Social Security No. 555-20-0849  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) February 15, 1923

8. AGE	Years	Months	Days	If less than 1 day
	<u>25</u>	<u>3</u>	<u>22</u>	hrs min.

9. Exact Occupation Student Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Monroe, Michigan (City or town) (State or foreign country)  
12. Name William H. Zacharias  
13. Birthplace Monroe County, Michigan (City or town) (State or foreign country)  
14. Maiden name Myrtle Foster  
15. Birthplace Grand Rapids, Michigan (City or town) (State or foreign country)

16. Informant's OWN Signature Boyd Zacharias  
and Address North Hollywood, California

17. (a) Removal (b) Date thereof 6/8/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Grand Rapids, Michigan

18. Funeral Director's OWN Signature Reynolds Funeral Home  
and Address Twin Falls, Idaho

19. (a) June 8, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 7, 1948  
(Month, Day, Year) June 7, 1948  
at 6:55 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 6/5/48 to 6/7/48  
I last saw him alive on 7/5/48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxia due to suffocation Duration       

- Asphyxia due to suffocation  
Due to Pulverized Bilateral  
Asphyxia Sacrum  
Due to Asphyxia 2-3-4 Incomplete  
Other conditions Prostate, left  
6-Incomplete pregnancy within 3 months of death  
Where was disease contracted? Highway PHYSICIAN         
Name of operation Splenectomy Underline the cause to which death should be charged statistically.  
Major finding Pulverized Spleen  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred 6/5/48 1948 City, county, state Hansen, Twin Falls Co., Idaho  
where violence occurred         
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☒ While at work? ☐  
Means of injury Jeep Wreck

23. Attendant's OWN Signature Charles B. Baynes  
and Address Twin Falls, Idaho Date June 8, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2330  
Local Reg. No. 446  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. Addison West  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. T. F. C. O. Gen. stayed 0 days  
(g) Lived in this county 30 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. 424 6th Ave. W.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Grand Island, Neb.

3. (a) FULL NAME George D. Culbertson

3. (b) If veteran, name war                      No.                       
5. Color or 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White  
6. (b) Name of husband or wife Ruth 6. (c) Age of husband or wife if alive                      years  
7. Date of Birth (Month, Day, Year) March 29, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>2</u>	<u>9</u>	hrs min.

9. Exact Occupation Ret. Farmer Did this work for                      yrs.  
10. Industry or Business                      Date last worked                       
11. Birthplace Humeston, Iowa  
(City or town) (State or foreign country)

12. Name A. T. Culbertson  
13. Birthplace Mc Carthur, Ohio  
(City or town) (State or foreign country)  
14. Maiden name Mary Ellen Christy  
15. Birthplace Chicago, Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Eula Foulk  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 6/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature James E. Reynolds  
and Address Twin Falls, Idaho

19. (a) June 11, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 8, 1948  
at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from                      to                       
I last saw him alive on                                                               , death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration                     

with pulmonary  
Due to Generalized arteriosclerosis

Due to                       
Other conditions                       
(Include pregnancy within 3 months of death)

Where was disease contracted?                      PHYSICIAN                       
Name of operation                      Date                       
Major finding                       
Finding of autopsy                       
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?                       
Occurred                      19                      City, county, state where violence occurred                       
Place of Violence: Home                      Farm                      Industry                       
Public Place                      While at work?                       
Means of injury                     

23. Attendant's OWN Signature J. Woodson Creel, M.D.  
(M. D. or other)  
and Address Twin Falls, Ida. Date June 9, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 19 1948 **Certificate Of Death**

STATE OF IDAHO

State File No. 2331  
Local Reg. No. 448  
Reg. Dist. No. 460

**1. PLACE OF DEATH:**

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 145, 9th Ave. N.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 38 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 145-9th., Ave. N.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) ☐

**3. (a) FULL NAME** Mc ELWAIN, Charles Millard

3. (b) If veteran, name war ☐ No. 518-26-4774-A  
5. Color or ☐ 6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Lulie R. 6. (c) Age of husband or wife if alive 79 years  
7. Date of Birth (Month, Day, Year) Nov., 22nd, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>6</u>	<u>18</u>	hrs min.

9. Exact Occupation Bookkeeper Did this work for 55 yrs.  
10. Industry or Business ☐ Date last worked 1947  
11. Birthplace Murvel Penn (City or town) (State or foreign country)

12. Name Shannon McElwain  
13. Birthplace Penn. (City or town) (State or foreign country)  
14. Maiden name Lynn Rhodes  
15. Birthplace Penn (City or town) (State or foreign country)

16. Informant's OWN Signature Lulie R. McElwain  
and Address 145-9th, Ave., N. Twin Falls

17. (a) burial (b) Date thereof 6-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature White Mortuary  
and Address Twin Falls, Idaho.

19. (a) June 11, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) June 10, 1948  
at 2:40 A. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 5-1-1946 19  , to June 10 1948  
I last saw him alive on 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Uremia Duration 2 week

Due to Cardio Vascular Condition 20 yrs

Due to Senility

Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Illness

23. Attendant's OWN Signature J. L. Stous

(M. D. or other)  
and Address Twin Falls, Ida Date June 10, 1948  
(For additional space, use reverse side)

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2332  
Local Reg. No. 452  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. General Hospital  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. T.F. Co. Gen. Hosp. 1 days  
(g) Lived in this county 12 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 241 Shoshone No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME COX, Wilbur P.

3. (b) If veteran, name war WW 1 No. 094A  
4. Sex male Color or race white (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Blanche (c) Age of husband or wife if alive 37 years  
7. Date of Birth (Month, Day, Year) November 17th, 1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>6</u>	<u>24</u>	hrs min.

9. Exact Occupation Music Did this work for 8 yrs.  
10. Industry or Business Western Music Co. Date last worked 1945  
11. Birthplace Springfield, Missouri (City or town) (State or foreign country)

12. Name Levie Cox  
13. Birthplace Unk. Ill. (City or town) (State or foreign country)  
14. Maiden name Stacy A. Love  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Blanche Cox  
and Address Twin Falls, Idaho  
17. (a) Removal (b) Date thereof 6/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Denver, Colo.

18. Funeral Director's OWN Signature White Mortuary  
and Address Twin Falls, Idaho

19. (a) June 14, 1948 (b) Erna B. Bar  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 11, 1948  
(Month, Day, Year) at 10:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 10, 1948, to June 11, 1948  
I last saw him alive on 6/11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary Thrombosis Duration 23 hrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Twin Falls, Idaho

Name of operation Date

Major finding

Finding of autopsy not done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Ellwood R. Ray

and Address Twin Falls, Idaho Date 6/12/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 19 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 4333  
Local Reg. No. 4533  
Reg. Dist. No. 460

1. PLACE OF DEATH:

(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Falls Cty Stayed 1 days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. RFD #2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME Alice Hill

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Hill 6. (c) Age of husband or wife if alive 74 years

7. Date of Birth (Month, Day, Year) January 10, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>5</u>	<u>1</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Canada (City or town) (State or foreign country)

12. Name James Pittman

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Anna Corbell and Address Salt Lake City, Utah

17. (a) Burial (b) Date thereof 6-14-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J. Phillips and Address Twin Falls, Idaho

19. (a) June 12, 1948 (b) Erma B. Reed (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 11, 1948  
at 6:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 11, 1948 to June 11, 1948  
I last saw her alive on 10 June 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration acute

Due to transition 3 mo

Due to possible cancer 2

Other conditions (Include pregnancy within 3 months of death) 5

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy ?

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Malcolm Taylor (M. D. or other) and Address Twin Falls, Idaho Date June 11, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 19 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2334  
Local Reg. No. 457  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. T. Falls City Stayed 2 days  
(g) Lived in this county 32 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Idaho  
(d) Street Address or R.F.D. No. RFD 1  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME Edna Hunter Hammond

3. (b) If veteran, name war ..... No. ....  
3. (c) Social Security No. ....  
4. Sex Female Color or race white 5. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Geo. Hammond 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) August 25, 1879

8. AGE	Years	Months	Days	If less than 1 day
	68	9	17	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Stantville, Utah (City or town) (State or foreign country)

12. Name Edward Hunter  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Martha Hyde  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature W. Marion Hammond  
and Address Boise Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-48 (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature A. J. Phillips  
and Address Twin Falls, Idaho

19. (a) JUN 16 1948 (Date received and filed) (b) Erna B. Reed (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 11 19 48  
at 5:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 6-9-48 1948, to 6-11-48 1948  
I last saw h. or alive on 6-10-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 2 days

Due to arteriosclerosis

Due to .....

Other conditions (Include pregnancy within 3 months of death) ball bladder disease

Where was disease contracted? .....

Name of operation None Date .....

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury None

23. Attendant's OWN Signature Fred T. Kolouch  
(D. or other)

and Address Twin Falls Idaho date 6-11-48 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2335  
Local Reg. No. 453  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. none  
(d) Death Occurred Inside? # Outside? # city or town  
(e) Died in a Home Hospital Institution # Other place #  
(f) Name Hosp. or Inst. Twin Falls Co. Stayed 14 days  
(g) Lived in this county 40 years 3 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. 3  
(e) Deceased lived Inside? # Outside? # city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) same

## 3. (a) FULL NAME

Emil Zach

3. (b) If veteran, name war none 3. (c) Social Security No. none  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) March 12, 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>3</u>	<u>0</u>	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.  
10. Industry or Business Farming Date last worked 5/30/48  
11. Birthplace Chicago, Ill. (City or town) (State or foreign country)

12. Name Frank Zach  
13. Birthplace Czechoslovakia (City or town) (State or foreign country)  
14. Maiden name Marie Broucek  
15. Birthplace Czechoslovakia (City or town) (State or foreign country)

16. Informant's OWN Signature X Charles Zach  
and Address Filer, Idaho

17. (a) Burial (b) Date thereof 6/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature D. J. Robertson  
and Address Buhl, Idaho

19. (a) June 14, 1948 (b) Edna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 12, 1948  
(Month, Day, Year) at 6:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 30, 1948 to June 12, 1948  
I last saw him alive on June 12, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Embolus Duration 1 hr  
Phlebotomy thrombosis - left femoral vein  
Due to fracture, compound left forearm, Multiple 2 wks  
Conclusions  
(Including pregnancy within 3 months of death)

- Where was disease contracted? Buhl, Ida  
Name of operation        Date        Underline the cause to which death should be charged statistically.  
Major finding         
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide?        Homicide?         
Occurred May 30, 1948 City, county, state where violence occurred Buhl, Idaho  
Place of Violence: Home        Farm yes Industry         
Public Place no While at work? yes  
Means of injury Caught in a water wheel  
23. Attendant's OWN Signature V. H. Anderson, M.D.  
(M. D. or other) and Address Buhl, Ida Date 6-12-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

JUN 25 1948

1948 State File No. 2336  
Local Reg. No. 460  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. none  
(d) Death Occurred Inside? # Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Twin Falls Cem 16 days  
(g) Lived in this county 37 years ? months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. 4  
(e) Deceased lived Inside? Outside? # city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Same

## 3. (a) FULL NAME

Leopold Low

3. (b) If veteran, name war none  
3. (c) Social Security No. none  
5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife none  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) July 17, 1862

8. AGE	Years	Months	Days	If less than 1 day
	85	10	28	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.  
10. Industry or Business Farming Date last worked 1938  
11. Birthplace Germany (City or town) (State or foreign country)

- Mother { 12. Name Karl Low  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Otto Low  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof 6/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature D. J. Peterson  
and Address Buhl, Idaho

19. (a) June 21, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH (Month, Day, Year) June 13, 1948  
at 12:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 27, 1948 to June 13, 1948  
I last saw him alive on June 13, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Heart Failure Duration 2 wks

Due to chronic myocarditis

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Vern H. Anderson

and Address Buhl, Ida Date 6-17-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2337  
Local Reg. No. 462  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 137 8th Ave No.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 137 8th Ave No.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME BELLEVILLE, Edwin A.

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White  
6. (b) Name of husband or wife Mary Elizabeth 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth March 17th, 1869  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>2</u> <del><u>23</u></del>	<u>26</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Merchant Date last worked \_\_\_\_\_  
11. Birthplace Ind. (City or town) (State or foreign country)

12. Name Daniel L. Belleville  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Maiden name Ruth Gabel  
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature + Ruth R. Leaver  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 6.15.48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Com.

18. Funeral Director's OWN Signature Wm. H. Stitt  
and Address White Mortuary- Twin Falls, Idaho

19. (a) June 21, 1948 (b) Edna B. Reed  
(date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 13th, 19 48  
(Month, Day, Year) at 9:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 6 Sept 19 47, to 13 June 19 48  
I last saw him alive on 13 June 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial chronic Duration 1 yr.

Due to Coronary Thrombosis 1 yr.

Due to \_\_\_\_\_  
Other conditions Coronary Arteriosclerosis 8 yrs.  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred None 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Charles B. Beymer  
and Address Twin Falls, Ida Date 6/15/48  
(For additional space, use reverse side)

JUN 25 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2338  
Local Reg. No. 461  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. T. Falls Stayed X days  
(g) Lived in this county... years \_\_\_\_\_ months X days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? X years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Elyse June Wegener

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex Female race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 14, 1948

8. AGE	Years	Months	Days	If less than 1 day
				1 hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

12. Name Martin Wegener  
13. Birthplace Ruskin, Neb.  
(City or town) (State or foreign country)  
14. Maiden name Beulah Watson  
15. Birthplace Oklahoma  
(City or town) (State or foreign country)

16. Informant's OWN Signature Martin Wegener  
and Address Box 1, Filer, Idaho

17. (a) Burial (b) Date thereof 6-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature J. C. Phillips  
and Address Twin Falls, Idaho

19. (a) June 19, 1948 (b) Ernest B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 14 19 48  
at 8:25 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 14 1948, to June 14 1948  
I last saw her alive on June 14, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Intracranial Hemorrhage at birth (Breech Delivery)  
Due to Abnormal contraction ring of uterus prevented normal delivery  
Due to Delivery  
Other conditions g  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature M. J. Danner M.D.  
(M. D. or other)  
and Address Filer, Idaho Date 6-18-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUN 23 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2339  
Local Reg. No. 459  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Twin Falls Co. Stayed 11 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 11 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Alhion  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) --

## 3. (a) FULL NAME James H. Mahoney

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Galia Pitzer Mahoney

6. (c) Age of husband or wife if alive 44 years

7. Date of Birth (Month, Day, Year) March 25, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>2</u>	<u>20</u>	hrs. min.

9. Exact Occupation Farmer & Stock-raiser Did this work for 30 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked Retired

11. Birthplace Albion, Idaho (City or town) (State or foreign country)

12. Name Benjamin F. Mahoney

13. Birthplace Iowa (City or town) (State or foreign country)

14. Maiden name Margaret Chadwick

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Galia Mahoney

and Address Albion, Idaho

17. (a) Removal (b) Date thereof 6-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Burley, Idaho

18. Funeral Director's OWN Signature Herb M. Palluch

and Address Burley, Idaho

19. (a) June 18, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 15, 1948

at 6:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 4 June 1948, to 15 June 1948

I last saw him alive on 15 June 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia lobes left Duration 7 days

Due to --

Due to --

Other conditions Pyelo-hepatic (Include pregnancy within 3 months of death) Months

Where was disease contracted? None

Name of operation None Date --

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred None 19. \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Charles B. Beymer

and Address Twin Falls, Idaho Date June 19, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 19 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2340  
Local Reg. No. 458  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. T.F. Co. Hosp.  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. T. Int. Co. Hosp. Stayed 6 days  
(g) Lived in this county 2 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Hansen  
(d) Street Address or R.F.D. No. Hansen  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Ogden, Utah

## 3. (a) FULL NAME ANDERSON, Douglas De Vere

3. (b) If veteran, name war None No. none  
5. Color or .....  
6. (a) Single, widowed, married, divorced Single  
(b) Name of husband or wife ..... (c) Age of husband or wife if alive ..... years

7. Date of Birth January 25th 1931  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>17</u>	<u>4</u>	<u>22</u>	hrs min.

9. Exact Occupation Farm Laborer Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Carlin, Nev.  
(City or town) (State or foreign country)

12. Name Douglas Anderson

13. Birthplace Woodruff, Utah  
(City or town) (State or foreign country)

14. Maiden name Sylvia Dimick

15. Birthplace Warabara, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Reedy B. Wilson

and Address 1641 Burford Street Ogden, Ut.

17. (a) Removal (b) Date thereof 6/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Ogden, Utah

18. Funeral Director's OWN Signature Erma B. Reed

and Address White Mortuary- Twin Falls, Idaho

19. (a) June 16, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 16 19 48  
(Month, Day, Year)  
at ..... o'clock ..... M.

21. I HEREBY CERTIFY That I attended deceased from .....  
19....., to ..... 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: ..... Duration

Atelectasis, complete right lung & lower lobe - left

due to with Pericarditis, acute fibrinous

Due to extensive laceration of liver

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? ..... Homicide? .....

Occurred June 13 19 48 City, county, state  
where violence occurred Hansen, Idaho

Place of Violence: Home X Farm X Industry.....  
Public Place.....

Means of injury shot by saddle horn

23. Attendant's when have fell off him

OWN Signature Woodson, Idaho (M. D. or other)  
and Address Idaho Date June 16, 1948

(For additional space, use reverse side)

1948  
State File No. 2341  
Local Reg. No. 463  
Reg. Dist. No. 460

United States  
Department of Commerce  
Bureau of the Census

JUN 25 1948

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 229-7th Ave. E.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 30 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 229-7th Ave. E.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) city or town

## 3. (a) FULL NAME SUTCLIFF, Mrs Barbara

3. (b) If veteran, name war No.  
3. (c) Social Security No. 60  
4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Robt. M. - deceased 6. (c) Age of husband or wife if years  
7. Date of Birth (Month, Day, Year) March 12, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>3</u>	<u>6</u>	hrs min.

9. Exact Occupation Housewife Did this work for 60 yrs.  
10. Industry or Business worked Date last 1947  
11. Birthplace Strasbourg, Germany (City or town) (State or foreign country)  
Mother Father { 12. Name Xavier Oberle  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Germany  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Juanita Sutcliff  
and Address 229-7th Ave. E.  
17. (a) buried (b) Date thereof 6-21-48  
(Burial, cremation, Funeral Home) (Month, Day, Year) (Yes)  
(c) Place: Funeral Home  
18. Funeral Director's OWN Signature Ella M. White F. 49  
and Address Twin Falls, Idaho  
19. (a) June 21, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 18, 1948 19  
at 4:35 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 6-16-48 19, to June 18 19 48  
I last saw h. or alive on 6-18-48 19 48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

- Acute Coronary Thrombosis 2 da  
Due to Acute Coronary Thrombosis  
Due to Acute Coronary Thrombosis  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted? PHYSICIAN  
Name of operation Underline Date the cause to  
Major finding which death  
Finding of autopsy should be  
charged sta-  
tistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury Joseph W. Marshall M.D.  
23. Attendant's OWN Signature Twin Falls (City, D. or other)  
and Address Twin Falls Date 6-19-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
JUN 25 1948  
STATE OF IDAHO

1948  
State File No. 4342  
Local Reg. No. 464  
Reg. Dist. No. 460

**1. PLACE OF DEATH:**

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. T. H. Co. Hosp Stayed 4 days  
(g) Lived in this county 27 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 410-3rd Ave, N  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

BERNARD, John Overton

**3. (b) If veteran,**

name war \_\_\_\_\_

**3. (c) Social Security**

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married

4. Sex M race white

6. (b) Name of husband or wife Sue  
6. (c) Age of husband or wife if alive 79 years

7. Date of Birth  
(Month, Day, Year) July 14, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>11</u>	<u>4</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business farmer Date last worked \_\_\_\_\_

11. Birthplace Payson, Illinois  
(City or town) (State or foreign country)

12. Name John S. Bernard

13. Birthplace Illinois  
(City or town) (State or foreign country)

14. Maiden name Susan Virginia Tillman

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Clark Bernard  
and Address Hazelton, Idaho

17. (a) burial (b) Date thereof 6-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature Wm. H. Tullis  
and Address Twin Falls, Idaho

19. (a) June 21, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**

(Month, Day, Year) June 18, 1948  
at 3:00 o'clock A. M.

**21. I HEREBY CERTIFY, That I attended deceased from**

June 17, 1948, to June 18, 1948  
I last saw him alive on June 17, 1948 death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Surgical shock Duration 18 hours

Due to Ruptured Urinary Bladder

Due to Hypertrophic Prostatitis Chronic

Other conditions Enlarged Bladder  
(Include pregnancy within 3 months of death)

**Where was disease contracted?**

Name of operation Autopsy Date 6/18/48 Underline

Major finding adhesion the cause to which death should be charged statistically.

Finding of autopsy same as above

**22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_**

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Erna B. Reed

and Address Twin Falls, Idaho (M. D. or other) Date 6-19-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 30-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN-30 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2343  
Local Reg. No. 467  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. T. Falls Stayed 2 days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Hansen  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME

Elbert W. Bourn

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color, or 6. (a) Single, widowed, married,  
Sex Male race White divorced Married

6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife Jennie May Bourn alive 63 years

7. Date of Birth  
(Month, Day, Year) June 25, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>11</u>	<u>28</u>	hrs min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 1948

11. Birthplace Gracen County, Va.  
(City or town) (State or foreign country)

12. Name James Bourn

13. Birthplace Virginia  
(City or town) (State or foreign country)

14. Maiden name Addie May Cornett

15. Birthplace Virginia  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. T. Bourn

- and Address Mustang

17. (a) Burial (b) Date thereof 6-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Scipio

- and Address Twin Falls, Idaho

19. (a) June 26, 1948 (b) Conrad B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH  
(Month, Day, Year) June 23 1948  
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Cerebral Hemorrhage

Due to Hypertension

Due to Myocarditis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Conrad B. Reed

and Address Conrad B. Reed (M. D. or other) \_\_\_\_\_

Date 6-26-48

(For additional page, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948

# CERTIFICATE OF DEATH

## STATE OF IDAHO

State File No. 2344  
Local Reg. No. 471  
Reg. Dist. No. 460

1. PLACE OF DEATH:  
(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. T. E. County Stayed 1 days  
(g) Lived in this county 0 years 0 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. 520-8th No.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 1 day years  
(h) Former residence (city, state) \_\_\_\_\_ X

3. (a) FULL NAME Elaine Gabardi

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex F. 6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years  
7. Date of Birth (Month, Day, Year) June 23, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>10</u> hrs <u>34</u> min.

9. Exact Occupation None Did this work for No yrs.  
10. Industry or Business None Date last worked X  
11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

- Father { 12. Name Albert Gabardi  
13. Birthplace Oakley, Wyoming  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Doris Marie Campbell  
15. Birthplace Buhl, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Albert Gabardi  
and Address Buhl

17. (a) Burial (b) Date thereof June 25, '48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Buhl City Cemetery  
18. Funeral Director's OWN Signature E. J. Albertson  
and Address Buhl, Idaho

19. (a) July 2, 1948 (b) Emma B. Reed  
(Date received and filed) (Registrar's signature)

### MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 24 1948  
(Month, Day, Year)  
at 8:00 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from June 23 1948 to June 24 1948  
I last saw h. alive on June 23 1948; death is said to have occurred on the date and hour stated above.

#### Immediate Cause of Death:

Immaturity - 6 1/2 months gestation  
Due to multiple infarcts placenta  
Due to Cause Unknown  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature E. J. Albertson (M. D. or other)  
and Address Buhl, Idaho Date 6/26 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 30 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2345  
Local Reg. No. 465  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. T. Falls Stayed 6 hrs days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 6 hrs days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 181 Maurice St  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 6 hrs years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Lester Charles Markes

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color white 6. (a) Single, widowed, married,  
race White divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Date of Birth June 24, 1948  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
				<u>6 hrs 45 min.</u>

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

12. Name Elmer J. Markes  
13. Birthplace Egeland, N. Dak.  
(City or town) (State or foreign country)  
14. Maiden name Evelyn Sova  
15. Birthplace Blackfoot, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Elmer J. Markes  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 6-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature J. Phillips  
and Address Twin Falls, Idaho

19. (a) June 25, 1948 (b) B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 24 1948  
at 10:50 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is  
said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Granuloma B. M.

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature J. B. Drake  
(M. D. or other)

and Address Twin Falls Date June 25, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2346  
Local Reg. No. 470  
Reg. Dist. No. 460

1. PLACE OF DEATH:  
(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. West Addison  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. TF County Stayed 1 days  
(g) Lived in this county 28 years 1 months 1 days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Hollister  
(d) Street Address or R.F.D. No. None  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Moroni, Utah

3. (a) FULL NAME Esther Wilson  
3. (b) If veteran, name war No.  
3. (c) Social Security No.  
5. Color or White  
6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife John H.  
6. (c) Age of husband or wife if alive 28 years  
7. Date of Birth (Month, Day, Year) January 27, 1897  
8. AGE  

Years	Months	Days	If less than 1 day
51	4	28	hrs min.

  
9. Exact Occupation Housewife Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Moroni, Utah (City or town) (State or foreign country)  
Mother Father { 12. Name Hans J. Arnoldsen  
13. Birthplace Moroni, Utah (City or town) (State or foreign country)  
14. Maiden name Mary Alice Mallfansen  
15. Birthplace Moroni, Utah (City or town) (State or foreign country)  
16. Informant's OWN Signature J. H. Wilson  
and Address Hollister  
17. (a) Burial (b) Date thereof 6/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial  
18. Funeral Director's Reynolds Funeral Home  
OWN Signature James C. Reynolds  
and Address Twin Falls, Idaho  
19. (a) July 2, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 102X  
20. DATE OF DEATH June 25, 1948  
(Month, Day, Year) at 5:15 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from December 1947 to June 25, 1948  
I last saw h. or alive on June 25, 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Right heart failure & Pulmonary Hypertension Duration 6 yrs  
Due to Myocardial stenosis 5 years  
Due to Rheumatic Heart Disease 15 years  
Other conditions         
(Include pregnancy within 3 months of death)  
Where was disease contracted? unknown  
Name of operation        Date         
Major finding         
Finding of autopsy         
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury         
23. Attendant's OWN Signature M. W. Danner M.D.  
and Address Filer, Idaho (M. D. or other) Date 6-26-1948  
(For additional space, use reverse side)

092B

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2347  
Local Reg. No. 479  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. West Addison  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. T.F. County Stayed days  
(g) Lived in this county 24 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Hansen  
(d) Street Address or R.F.D. No. RR # 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Humphreys, Mo.

## 3. (a) FULL NAME John Leslie Shobe

3. (b) If veteran, name war No.  
5. Color or 6. (a) Single, widowed, married, divorced married  
4. Sex Male race white  
6. (b) Name of husband or wife Lenora 6. (c) Age of husband or wife if alive 62 years  
7. Date of Birth (Month, Day, Year) April 29, 1883

8. AGE	Years	Months	Days	If less than 1 day
	65	1	29	hrs min.

9. Exact Occupation Farmer Did this work for 38 yrs.  
10. Industry or Business worked  
11. Birthplace Humphreys, Missouri  
(City or town) (State or foreign country)

12. Name Jacob Shobe  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Levonia Jones  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Minerva Smith.  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof 7/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial

18. Funeral Director's OWN Signature Reynolds  
and Address Twin Falls, Idaho

19. (a) July 2, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 28, 1948  
(Month, Day, Year) at 7:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 6/27/1948 to 6/28/1948  
I last saw him alive on 6/27/1948 death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Nephritis, chronic, interstitial - severe  
Due to generalized arteriosclerosis

Due to arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline the cause to which death should be charged statistically.  
Major finding Physician  
Finding of autopsy Physician

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19  
Occurred. 19 City, county, state where violence occurred 19  
Place of Violence: Home 19 Farm 19 Industry 19  
Public Place 19 While at work? 19  
Means of injury 19

23. Attendant's OWN Signature J. Woodson Creed, M.D.  
and Address Twin Falls, Idaho (M. D. or other) July 5, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

1948

State File No. 2348  
Local Reg. No. 469  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ..... Outside? X city or town  
(e) Died in a Home X Hospital. Institution. Other place...  
(f) Name Hosp. or Inst. XXXXXX Stayed ..... days  
(g) Lived in this county ..... years ..... months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State California (b) County Alameda  
(c) City or town Oakland  
(d) Street Address or R.F.D. No. 1620 E. 33rd St  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? None years  
(h) Former residence (city, state) Oakland, Calif.

## 3. (a) FULL NAME GALLOPP, Joseph Egar

3. (b) If veteran, name war None 3. (c) Social Security No. 700-05-6647  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Mabel Gallopp 6. (c) Age of husband or wife if alive 56 years  
7. Date of Birth (Month, Day, Year) August 21, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>8</u>	<u>8</u>	hrs min.

9. Exact Occupation Retired Railroad Did this work for ..... yrs.  
10. Industry or Business Man Date last worked .....  
11. Birthplace Charles City, Iowa  
(City or town) (State or foreign country)

12. Name Charles Gallopp  
13. Birthplace Iowa  
(City or town) (State or foreign country)  
14. Maiden name Ester Poole  
15. Birthplace Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mabel Gallopp  
and Address Oakland, California

17. (a) Removal (b) Date thereof 6-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Oakland, California

18. Funeral Director's OWN Signature White Mercury  
and Address Twin Falls, Idaho

19. (a) June 29, 1948 (b) Edna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 29, 1948  
at 2:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
I last saw him alive on June 6, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Probable heart attack Duration

Due to .....  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Edna B. Reed (M. D. or other)  
and Address Edna B. Reed Date 6-29-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2249  
Local Reg. No. 423  
Reg. Dist. No. 460

1. PLACE OF DEATH:
- (a) County Twin Falls
  - (b) City or town Twin Falls
  - (c) Street Address or R.F.D. No. West Addison
  - (d) Death Occured Inside? X Outside? city or town
  - (e) Died in a Home Hospital Institution Other place
  - (f) Name Hosp. or Inst. TF County Stayed 2 days
  - (g) Lived in this county? ? years ? months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Unknown (b) County Unknown
  - (c) City or town Unknown
  - (d) Street Address or R.F.D. No. Unknown
  - (e) Deceased lived Inside? ? Outside? city or town
  - (f) Citizen of what country? Unknown
  - (g) How long had deceased lived in Idaho? Unknown years
  - (h) Former residence (city, state) Unknown

3. (a) FULL NAME D. O. Butterfield

3. (b) If veteran, name war ? No. ?
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife ?
6. (c) Age of husband or wife if alive ? years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
<u>Unknown</u>				
(Approximate - 60 yrs.) hrs min.				

9. Exact Occupation Unknown Did this work for ? yrs.
10. Industry or Business Unknown Date last worked ?
11. Birthplace Unknown (City or town) (State or foreign country)

12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Twin Falls, Idaho  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 7/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Faler Cemetery

18. Funeral Director Reynolds Funeral Home  
OWN Signature James C. Reynolds  
and Address Twin Falls, Idaho

19. (a) July 2, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 30, 1948  
at 2:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 6-18-1947 to June 30, 1948  
I last saw him alive on 6-30-1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration ?

Due to ?

Due to ?

Other conditions ?  
(Include pregnancy within 3 months of death)

Where was disease contracted? ?

Name of operation ? Date ?

Major finding ?

Finding of autopsy ?

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ? Suicide? ? Homicide? ?  
Occurred 19 City, county, state where violence occurred ?  
Place of Violence: Home ? Farm ? Industry ?  
Public Place ? While at work? ?  
Means of injury ?

23. Attendant's OWN Signature Elizabeth Reed (M. D. or other) ?  
and Address ? 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 19 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2350  
Local Reg. No. 450  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? X city or town  
(e) Died in a Home X Hospital. Institution. Other place.....  
(f) Name Hosp. or Inst. None Stayed No days  
(g) Lived in this county 10 years No months no days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. 505 N. Brdway.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Alexander C. Wilson

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
4. Sex M 6. (b) Name of husband or wife Tura Engleman 6. (c) Age of husband or wife if alive Deceased years  
7. Date of Birth (Month, Day, Year) January 3, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>4</u>	<u>29</u>	hrs min.

9. Exact Occupation Farmer Did this work for 17 yrs.  
10. Industry or Business Farming Date last worked 1947  
11. Birthplace England (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature M. D. Wilson  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof June 7, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature D. J. Albertson  
and Address Buhl, Idaho

19. JUN 12 1948 (b) Erma B Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 2 1948.  
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 1948, to June 2 1948.  
I last saw him alive on May 30 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 1 day

Due to chronic Myocarditis yrs

Due to apoplexy Feb 1948

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Buhl, Idaho  
Name of operation none Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Vern H Anderson, M.D.  
(M. D. or other)  
and Address Buhl, Idaho Date June 3 1948  
(For additional space, use reverse side)



JUN 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2351  
Local Reg. No. 447  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Hollister  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside?..... Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed      days  
(g) Lived in this county 1 years 3 months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Hollister  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside?..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME Teddy Ann Charles

3. (b) If veteran, name war ..... No. ....  
5. Color or .....  
6. (a) Single, widowed, married, divorced Single  
4. Sex Female race White  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) February 18, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>3</u>	<u>21</u>	hrs min.

9. Exact Occupation Infant Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)  
Mother { 12. Name Wilford Charles  
13. Birthplace Lyman, Wyoming  
(City or town) (State or foreign country)  
14. Maiden name Florence Bradshaw  
15. Birthplace Lyman, Wyoming  
(City or town) (State or foreign country)

16. Informant's OWN Signature Anthony Charles  
and Address Hollister, Idaho

17. (a) Burial (b) Date thereof 6/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial

18. Funeral Director's OWN Signature James C. Reynolds  
and Address Twin Falls, Idaho

19. (a) June 11, 1948 (b) Edna B. Red  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 9, 1948  
at 10:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
Didn't see Able to ..... 19.....  
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Asphyxiation by Drowning, Accidental  
Due to IN NAT SMO, PA h  
NATATORIUM, JUNE 9, 1948  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? ..... Homicide? .....  
Occurred June 9, 1948 City, county, state Twin Falls County  
where violence occurred Twin Falls County  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury DROWNING

23. Attendant's OWN Signature J. Woodson Creek  
and Address Twin Falls, Idaho (M. D. or Other) June 10, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce JUN 19 1948  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2352  
Local Reg. No. 455  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Kimberly  
(c) Street Address or R.F.D. No. R.F.D. # 1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 5 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Kimberly  
(d) Street Address or R.F.D. No. R.F.D. #1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME Warner Sylvester Dobbs

3. (b) If veteran, name war    No.     
5. Color or    6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Alma 6. (c) Age of husband or wife if alive 63 years  
7. Date of Birth (Month, Day, Year) November 15, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>6</u>	<u>27</u>	hrs min.

9. Exact Occupation Farmer Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Wisconsin  
(City or town) (State or foreign country)

12. Name William Dobbs  
13. Birthplace Wisconsin  
(City or town) (State or foreign country)  
14. Maiden name Sophrano Hathaway  
15. Birthplace Wisconsin  
(City or town) (State or foreign country)

16. Informant's OWN Signature Harley H. Dobbs  
and Address Kimberly, Idaho

17. (a) Burial (b) Date thereof 6/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Reynolds  
and Address Twin Falls, Idaho

19. (a) June 15, 1948 (b) E. B. Rand  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 12, 1948  
at 3:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 6-15-1947, to 6/12/48

I last saw h. im alive on 6-18-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration   

Due to cor pulmonale

Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy     
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature H. H. Dobbs  
and Address Kimberly, Idaho Date 6/14/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as fully as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 30 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2353  
Local Reg. No. 466  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Filer  
(c) Street Address or R. F. D. No. Rt. #1  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 14 years 14 months 14 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No. Rt. #1  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME BROWN, Judith Anne

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or race W 6. (a) Single, widowed, married, divorced Single  
4. Sex Fe 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) September 4, 1933

8. AGE	Years	Months	Days	If less than 1 day
	<u>14</u>	<u>9</u>	<u>18</u>	hrs min.

9. Exact Occupation Student Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Public School Date last worked \_\_\_\_\_  
11. Birthplace Buhl, Idaho (City or town) (State or foreign country)

12. Name Cecil Brown  
13. Birthplace Portland, Oregon (City or town) (State or foreign country)  
14. Maiden name Anne Giesler  
15. Birthplace Payette, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Cecil Brown  
and Address Filer, Idaho

17. (a) Burial (b) Date thereof 6/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park Com.

18. Funeral Director's OWN Signature W. H. Hill  
and Address White Mortuary-Twin Falls, Idaho

19. (a) June 26, 1948 (Date received and filed)  
(b) W. H. Hill (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 22, 19 48  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. or alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Asphyxia - acute  
obstructive

Due to status epilepticus 1 hr

Due to Grand mal Epilepsy 5 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. H. Hill  
and Address Filer, Idaho (M. D. or other) \_\_\_\_\_

Date 6/24/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 30 1948

# CERTIFICATE OF DEATH

STATE OF IDAHO

1948

2354

State File No. \_\_\_\_\_  
Local Reg. No. 468  
Reg. Dist. No. 460

1. PLACE OF DEATH:
- County Twin Falls
  - City or town Buhl
  - Street Address or R. F. D. No. 1006 Poplar
  - Death Occurred Inside? X Outside? \_\_\_\_\_ city or town
  - Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
  - Name Hosp. or Inst. None Stayed No days
  - Lived in this county 30 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- State Idaho (b) County Twin Falls
  - City or town Buhl
  - Street Address or R. F. D. No. 1006 Poplar
  - Deceased lived Inside? X Outside? \_\_\_\_\_ city or town
  - Citizen of what country? United States
  - How long had deceased lived in Idaho? 30 years
  - Former residence (city, state) X

3. (a) FULL NAME Eddie Olandro Denney

3. (b) If veteran, name war No 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) June 4, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>0</u>	<u>18</u>	hrs min.

9. Exact Occupation Carpenter Did this work for 45 yrs.
10. Industry or Business Cabinet maker Date last worked Nov. 1947
11. Birthplace Bremer County, Iowa (City or town) (State or foreign country)

- Father { 12. Name W. H. Denney
13. Birthplace New York (City or town) (State or foreign country)
- Mother { 14. Maiden name Mary Jane Kearns
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature E. H. Denney and Address Buhl, Idaho

17. (a) Burial (b) Date thereof June 25, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature D. J. Schertson and Address Buhl, Idaho

19. (a) June 28, 1948 (b) Erna B. Reed (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 22, 1948 (Month, Day, Year)
- at 1:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 1, 1948 to June 22, 1948
- I last saw him alive on June 21, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Failure Duration 2 min.

Due to Chronic Myocarditis

Due to Semility

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature V. H. Anderson M.D.

and Address Buhl, Ida (M. D. or other) Date 6-24-48

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948

CERTIFICATE OF DEATH  
STATE OF IDAHO

1948

State File No. 2355  
Local Reg. No. 472  
Reg. Dist. No. 460

1. PLACE OF DEATH:

(a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R. F. D. No. 3  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst. None Stayed No days  
(g) Lived in this county 31 years 3 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. 3  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) None

3. (a) FULL NAME Ben Johnson

3. (b) If veteran, name war No 3. (c) Social Security No. 519-24-2653

4. Sex Male 5. Color of race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nora Dixon 6. (c) Age of husband or wife if alive 52 years

7. Date of Birth (Month, Day, Year) March 2, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>3</u>	<u>25</u>	hrs min.

9. Exact Occupation Farmer Did this work for 30 yrs.

10. Industry or Business Farming Date last worked 5/28/47

11. Birthplace Hayesville, North Carolina (City or town) (State or foreign country)

12. Name W. H. Johnson

13. Birthplace Oldfort, N. C. (City or town) (State or foreign country)

14. Maiden name Roann Coe

15. Birthplace Oldfort, N. C. (City or town) (State or foreign country)

16. Informant's OWN Signature X. Nora Johnson and Address Buhl, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1948 (Month) (Day) (Year)

(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature D. J. Shurtson and Address Buhl, Idaho

19. (a) July 2, 1948 (Date received and filed) (b) E. B. Reed (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 27 1948  
(Month, Day, Year)  
at 11:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 25 1948 to June 27 1948  
I last saw him alive on June 26 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Branchial Cyst Duration 6 mos.  
Right Lung

Due to Unknown

Due to Unknown

Other conditions Undulant Fever 4 yrs.  
(Include pregnancy within 3 months of death)

Anemia & Infection 1 month

Where was disease contracted? Home PHYSICIAN

Name of operation    Date    Underline the cause to which death should be charged statistically.

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state where violence occurred

Place of Violence: Home    Farm    Industry    Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature E. B. Reed M.D. (M. D. or other) and Address Buhl, Idaho Date 6/29 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2356  
Local Reg. No. 46  
Reg. Dist. No. 320

1948

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. 52 West Liberty  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days days  
(g) Lived in this county 37 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 52 West Liberty  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Chicago, Illinois

## 3. (a) FULL NAME Leslie W. Johnson

3. (b) If veteran, name was None 3. (c) Social Security No. No.  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Dorothy 6. (c) Age of husband or wife if alive 40 years  
7. Date of Birth August 27 1906  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>9</u>	<u>4</u>	hrs min.

9. Exact Occupation Civil Engineer Did this work for 10 yrs.  
10. Industry or Business worked Date last worked 5/29/48  
11. Birthplace Chicago Illinois  
(City or town) (State or foreign country)

12. Name Robert K. Johnson  
13. Birthplace Chicago Illinois  
(City or town) (State or foreign country)  
14. Maiden name Glara Diesterfeld  
15. Birthplace Shamberg Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Med P. Johnson  
and Address 52 West Liberty, Weiser, Idaho

17. (a) Burial (b) Date thereof 6/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature A. Jones  
and Address Northam Jones, Weiser, Idaho

19. (a) 6/1/48 (b) Marie Hawthorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) June 1 19 48  
at 1:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 25 May 46 19 46 to 1 June 19 48  
I last saw him alive on 28 May 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Sclerosis Duration About 2 years  
Anginal Pectoris

Due to Coronary Disease

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation none Date none  
Major finding none  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? none Suicide? none Homicide? none  
Occurred 19 City, county, state Idaho  
where violence occurred Idaho  
Place of Violence: Home Idaho Farm Idaho Industry Idaho  
Public Place Idaho While at work? Idaho  
Means of injury Idaho

23. Attendant's OWN Signature By the Registrar, M.D.  
and Address Weiser, Idaho Date 6/1/48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 9357  
Local Reg. No. 49  
Reg. Dist. No. 320

JUN 18 1948

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R. F. D. No. 604 E. Commercial  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 48 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 727 E. Liberty  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME Olara Belle Brown

3. (b) If veteran, name was None  
3. (c) Social Security No. None  
5. Color or White  
6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Marshall  
6. (c) Age of husband or wife if alive 75 years  
7. Date of Birth March 11 1868  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	80	2	22	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Home Date last worked  
11. Birthplace Springfield Missouri  
(City or town) (State or foreign country)

12. Name William Chambers  
13. Birthplace Don't Know  
(City or town) (State or foreign country)  
14. Maiden name Martha Ferguson  
15. Birthplace Kentucky  
(City or town) (State or foreign country)

16. Informant's OWN Signature Maudie Ottebery  
and Address 604 E. Commercial, Weiser, Idaho

17. (a) Burial (b) Date thereof 6/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Manns Creek Cem. Weiser, Idaho

18. Funeral Director's OWN Signature A. Jones  
and Address Northan Jones, Weiser, Idaho

19. (a) 6/4/48 (b) Marie Hawthorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 1 1948  
(Month, Day, Year) at 6:35 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 24 to June 1 1948  
I last saw her alive on June 1 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis  
Due to Myocarditis  
Due to Chronic Myocarditis  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Physician  
Name of operation Date  
Major finding Underline the cause to which death should be charged statistically.  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury MS McArthur  
23. Attendant's OWN Signature MS McArthur  
(M. D. or other)  
and Address Weiser, Idaho Date 6/2/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2358  
Local Reg. No. 48  
Reg. Dist. No. 320

## 1. PLACE OF DEATH: JUN 19 1948

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Weiser Hoops Stayed 17 days  
(g) Lived in this county ..... years ..... months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Baker  
(c) City or town Huntington  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 17 days years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME WILLIAM A. PFEIFER

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Widower  
4. Sex Male race White  
6. (b) Name of husband or wife Marguerite (Dec'd 1930) 6. (c) Age of husband or wife if 30 years  
7. Date of Birth (Month, Day, Year) August 31 - 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>9</u>	<u>2</u>	hrs min.

9. Exact Occupation Miner (Retired) Did this work for Life yrs.  
10. Industry or Business Gold (Placer) Date last worked 1946  
11. Birthplace Indiana (City or town) (State or foreign country)

- Mother Father { 12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. C. N. Kristensen (Daug)  
and Address 3504 S.E. 63rd Avenue, Portland, Ore.

17. (a) Removal (b) Date thereof 6/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Holy Cross Cem. Spokane, Wn.

18. Funeral Director's OWN Signature C. Jones #357  
and Address Northam Jones, Weiser, Idaho

19. (a) 6/4/48 (b) Marie Hawthorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 0930

20. DATE OF DEATH (Month, Day, Year) June 2 1948  
at 5:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from May 17th 1948 to June 2nd 1948.  
I last saw him alive on June 2nd 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

- Sudden  
Sarcoma Thrombosis  
Due to Chronic Myocarditis  
Hypertension  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state

- where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of Injury Gun  
23. Attendant's OWN Signature W. M. McLeath (M. D. or other)

- and Address Weiser, Idaho Date 6/4/48 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUN 1 8 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2359  
Local Reg. No. 49  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place #  
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 15 min  
(g) Lived in this county 10 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. # R.F.D. #3  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Arnold, Nebraska

## 3. (a) FULL NAME Columbus Lorenzo Shields

3. (b) If veteran, name war None 3. (c) Social Security No. 519-10-0926  
5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
4. Sex Male 6. (b) Name of husband or wife Lemora (Dec'd '19) 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) September 14 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>8</u>	<u>27</u>	hrs min.

9. Exact Occupation Rancher Did this work for 5 yrs.  
10. Industry or Business Gen'l Farming Date last worked 1947  
11. Birthplace Einburg Missouri (City or town) (State or foreign country)

12. Name John K. Shields  
13. Birthplace Don't Know (City or town) (State or foreign country)  
14. Maiden name Louisa Ellen Hall  
15. Birthplace ???? Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Elva L. Maxson (Sister)  
and Address R.F.D. #3 Weiser, Idaho.

17. (a) Removal (b) Date thereof 6/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Arnold, Ouster Co. Nebraska

18. Funeral Director's OWN Signature A. S. Jones #E357  
and Address Northam-Jones Chapel, Weiser, Idaho.

19. (a) 6/11/48 (b) Musee Henthorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 10 1948  
at 1:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from May 22 1948 to June 10 1948  
I last saw him alive on June 10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary Thrombosis Duration 2 hrs.  
Chronic myocarditis  
Due to Anginal Pectoris 3 yrs.  
Generalized arteriosclerosis  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature M. D. or other  
and Address Weiser, Idaho Date 6/11/ 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2360  
Local Reg. No. 51  
Reg. Dist. No. 320

JUL 6 1948

1948

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 9 days  
(g) Lived in this county 31 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser, Idaho  
(d) Street Address or R.F.D. No. 153 E Galloway  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) Wichita, Kansas

## 3. (a) FULL NAME James Monroe Nettrower

3. (b) If veteran, name was None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Mabel E.  
6. (c) Age of husband or wife if alive 72 years  
7. Date of Birth August 31 1873  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>9</u>	<u>24</u>	hrs min.

9. Exact Occupation Retired City Employee Did this for 18 yrs.  
10. Industry or Business worked Date last worked 1937  
11. Birthplace Madison Indiana  
(City or town) (State or foreign country)

- Mother Father { 12. Name David Nettrower  
13. Birthplace Mahoning County, Ohio  
(City or town) (State or foreign country)  
14. Maiden name Isabella Bucher  
15. Birthplace Star County, Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Verna Kirk (Daughter)  
and Address Weiser, Idaho. Rt. # 1

17. (a) Burial (b) Date thereof .....  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature C. S. Jones  
and Address Northam Jones, Weiser, Idaho

19. (a) 6/25/48 (Date received and filed)  
(b) Marie Hawthorn (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH June 24 1948  
(Month, Day, Year) at 4:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from March 15 1948 to June 24 1948  
I last saw him alive on June 24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Primary thrombosis Duration

Due to arteriosclerosis  
atherosclerosis

Due to atherosclerosis  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature W. M. Keith (M. D. or other)  
and Address Weiser, Idaho Date 6/25/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2361  
Local Reg. No. 52  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 18 days  
(g) Lived in this county 59 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 455 E. Main St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 59 years  
(h) Former residence (city, state) Oak Grove, Missouri

## 3. (a) FULL NAME Melissa Florence Snider

3. (b) If veteran, name war None No. None  
5. Color or 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife John M. De'cd 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) February 7 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>4</u>	<u>20</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Own Home Date last worked March 1948  
11. Birthplace Bushnell Indiana (City or town) (State or foreign country)

- Mother Father { 12. Name William Bennell  
13. Birthplace Pennsylvania (City or town) (State or foreign country)  
14. Maiden name Mary Benton  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Pearl Carvin  
and Address 455 E. Main St. Weiser

17. (a) Burial (b) Date thereof 6/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature Chas. Jones  
and Address Northan Jones, Weiser, Idaho

19. (a) 6/28/48 (Date received and filed)  
(b) Marie Hawthorn (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 27 1948  
at 2:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1 Apr 1948, to 27 June 1948  
I last saw her alive on 27 June 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Patric Abscess - Rt. Lower Jaw Duration 3 months

Due to 2 weeks - work none

Due to .....  
Other conditions Septic  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation Dramatic Date 6.8.48  
Major finding Pus  
Finding of autopsy none performed

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature For L. Carvin  
and Address Weiser, Idaho Date 6/28/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 2362  
Local Reg. No. 348  
Reg. Dist. No. 370

JUL 1 3 1948

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 615-1329 N. 4th  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Nancy Kathleen Mangum

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W.

6. (b) Name of husband or wife

6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 30th 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Nampa, Idaho (City or town) (State or foreign country)

12. Name Ralph C. Mangum (City or town) (State or foreign country)

13. Birthplace Spanish Fork Utah (City or town) (State or foreign country)

14. Maiden name Mary Ball

15. Birthplace Rockville Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records and Address By George H. Marky

17. (a) Buried (b) Date thereof 7/3/48 (Month) (Day) (Year)

(c) Place Nampa Idaho

18. Funeral Director's OWN Signature George H. Marky and Address Nampa Idaho

19. (a) 7-1-48 (Date received and filed) (b) R. Sharp (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 1st 1948

at 5:30 o'clock P.M.

21. I HEREBY CERTIFY that I attended deceased from 6/30 1948 to 7-1 1948

I last saw h. er alive on 7-1 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: atelectasis

Duration

Due to Prematurity

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. Halliday, M.D.

and Address Nampa Id. Date 7/1 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# CERTIFICATE OF DEATH

JUL 8 1948

STATE OF IDAHO

1948 2363  
State File No. 241  
Local Reg. No. 370  
Reg. Dist. No.

1. PLACE OF DEATH:
- County Ada
  - City or town Boise
  - Street Address or R. F. D. No. 1617 N. 24th St.
  - Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - Died in a Home ☐ Hospital ☒ Institution ☐ Other place \_\_\_\_\_
  - Name Hosp. or Inst. Booth Memorial Stayed \_\_\_\_\_ days
  - Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- State Idaho (b) County Ada
  - City or town Boise
  - Street Address or R. F. D. No. \_\_\_\_\_
  - Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - Citizen of what country? USA
  - How long had deceased lived in Idaho? \_\_\_\_\_ years
  - Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Baby Sparks

3. (b) If veteran, name war No 3. (c) Social Security No. None
5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years
7. Date of Birth (Month, Day, Year) July 1, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>3 hrs 35 min.</u>

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise, Idaho  
(City or town) (State or foreign country)

12. Name Vera Edwards

13. Birthplace unknown  
(City or town) (State or foreign country)

14. Maiden name Mildred Sparks

15. Birthplace Parma, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Registrar - Capt. E. Barton  
and Address 1617 N. 24th

17. (a) Burial (b) Date thereof 7/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Morris Hill, Boise, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address 419 No. 9th, Boise, Idaho

19. (a) 7-2-48 (b) A. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 157H

20. DATE OF DEATH July 1, 1948  
(Month, Day, Year) at 10:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1, 1948 to July 1, 1948  
I last saw her alive on July 1, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cystic Disease of Kidneys Duration Congenital  
TKUHQ5

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Subtentorial Hemorrhage  
(Include pregnancy within 3 months of death)

Where was disease contracted? in utero

Name of operation NO OPE Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy As above

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Fraun L Fletcher

and Address Boise Ida. Date July 2, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2364  
Local Reg. No. 243  
Reg. Dist. No. 370

JUL 8 1948

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1502. N. 12 St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 46 years 0 months 7 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1411 1/2 N. 12 St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME DANIEL AVERY SAY.

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. 518-10-7504.  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Mrs. Bossie B. Say. 6. (c) Age of husband or wife if alive 44 years

7. Date of Birth (Month, Day, Year) June. 25. 1902.

8. AGE	Years	Months	Days	If less than 1 day
	<u>46.</u>	<u>0.</u>	<u>7.</u>	hrs. min.

9. Exact Occupation City Fire Department. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business of Boise, Idaho. Date last worked \_\_\_\_\_

11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

12. Name Lacey Graham Say.

13. Birthplace England. (City or town) (State or foreign country)

14. Maiden name Susan Drake.

15. Birthplace New Jersey. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. A. A. Say.

and Address 1411 1/2 N. 12 St., Boise, Idaho.

17. (a) Burial. (b) Date thereof July. 6. 1948. (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Charles E. Summers

and Address Boise, Idaho.

19. (a) 7-6-48 (b) H. Sharp (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July. 2. 19 48.  
at 11 o'clock P.M. saw  
21. I HEREBY CERTIFY, That I ### deceased from July. 3. 19 48. to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Cyanide Poisoning. Duration \_\_\_\_\_

Calcium Cyanamide.

Due to Suicide.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? Yes Homicide? \_\_\_\_\_

Occurred July. 2. 1948. 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred In Automobile Parked

Place of Violence: on Street at 1502. N. 12.

Public Place Yes While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Charles E. Summers Coroner of \_\_\_\_\_  
(M. D. or other) \_\_\_\_\_  
and Address Boise, Idaho. Date July. 3. 19 48.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

JUL 19 1948

STATE OF IDAHO

State File No. 2365  
Local Reg. No. 247  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 5 th and Grove  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 602 S. 17. St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Minnesota

## 3. (a) FULL NAME

GLENN MAFFETT.

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. 519-10-3341

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December. 9. 1881.

8. AGE	Years	Months	Days	If less than 1 day
	<u>66.</u>	<u>6.</u>	<u>24.</u>	hrs. min.

9. Exact Occupation Painter. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Minnesota. (City or town) (State or foreign country)

Father { 12. Name Unknown.

13. Birthplace Unknown. (City or town) (State or foreign country)

Mother { 14. Maiden name Unknown.

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Chas E Summers  
and Address 1205 Bannock St. Boise, Idaho

17. (a) Burial. (b) Date thereof July. 9. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Chas E Summers  
and Address Boise, Idaho.

19. (a) 1-8-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July. 3. 19 48.  
at 2 A.M. o'clock PM  
21. I HEREBY CERTIFY, That I did deceased from July. 3. 19 48. to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Accidentally Drown in Irrigation ditch, at 5 th and Grove Streets.

Due to Found in Irrigation Ditch.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred July. 3. 19 48. City, county, state Boise, Idaho.  
where violence occurred Boise, Idaho.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place X While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attending Physician Chas E Summers Coroner of Ada County.  
OWN Signature Chas E Summers (M. D. or other)  
and Address Boise, Idaho. Date July. 8. 19 48.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Smithson

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 13 1948

# Certificate of Death

STATE OF IDAHO

748 State File No. 2366  
Local Reg. No. 245  
Reg. Dist. No. 370

1. PLACE OF DEATH:  
(a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home.....Hospital.....Institution.....Other place.....  
(f) Name Hosp. or Inst. St. Lukes Stayed..... days  
(g) Lived in this county..... years..... months..... days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 1914 N 14th  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Wisconsin

3. (a) FULL NAME Charles Hutton

3. (b) If veteran, name war None 3. (c) Social Security No. 396-09-1753  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Millie  
6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) June 18th 1882  
8. AGE Years Months Days If less than 1 day  
66 0 15 hrs. min.

9. Exact Occupation Carpenter Did this work for..... yrs.  
10. Industry or Business Janessville Wis: Date last worked  
11. Birthplace Janessville Wis: (City or town) (State or foreign country)

Father { 12. Name William Hutton  
13. Birthplace Janessville Wis: (City or town) (State or foreign country)  
Mother { 14. Maiden name Lucy Tiff  
15. Birthplace Janessville Wis: (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Thelma Widdett  
and Address Vista Court Apt. Boise Idaho  
Burial 7/6/1948

17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreiber & McCann  
and Address Boise

19. (a) 7-7-48 (b) J. S. H. Sharp  
(Date received and filed) (Registrar's signature)

20. DATE OF DEATH (Month, Day, Year) July 3 - 1948  
at 10:15 o'clock P. M.

21. I HEREBY CERTIFY That I attended deceased from May 1947 to 7-7-3-1948  
I last saw h. l. m. alive on 7-7-3-1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis  
(Hypertensive Heart Disease)  
Due to Hypertension  
& Atherosclerosis  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....  
Name of operation none Date.....  
Major finding.....  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state  
where violence occurred.....  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....

Means of injury.....  
23. Attendant's OWN Signature Carl B. Smithson  
(M. D. or other)  
and Address Boise 2 Idaho Date 7-6-1948  
(For additional space, use reverse side)

093D  
094A

PHYSICIAN  
Underline the cause to which death should be charged statistically.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 8 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2367  
Local Reg. No. 242  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution ..... Other place .....  
(f) Name Hospital or Institution Deplanche Stayed ..... days  
(g) Lived in this county ..... years ..... months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 62 years  
(h) Former residence (city, state) Nampa Idaho

3. (a) FULL NAME JOHN FRUMKLEY BOWMAN

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) September 29, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>9</u>	<u>4</u>	hrs min.

9. Exact Occupation Laborer Did this work for 62 yrs.  
10. Industry or Business Farmer Date last worked 6/1/48  
11. Birthplace Richmond Utah (City or town) (State or foreign country)

12. Name Hiram W. Bowman  
13. Birthplace Pennsylvania (City or town) (State or foreign country)  
14. Maiden name Katrina Eskelson  
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Wm John W. Barbers  
and Address Idaho

17. (a) Removal (b) Date thereof July 3, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Preston Idaho

18. Funeral Director's OWN Signature Felix G. Ray  
and Address Mountain Home Idaho

19. (a) 7-6-48 (b) Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 3 1948  
at 6:15 o'clock 6:15 AM

21. I HEREBY CERTIFY, That I attended deceased from 7/2 1948, to 7/3 1948  
I last saw him alive on 7/3 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Uremia Duration 48 hrs.

Due to Prothrombotic Diathesis 2 wks.

Due to Pharyngeal Cancer 1944

Other conditions Pharyngeal Cancer 1944 to 48  
(Include pregnancy within 3 months of death)

Where was disease contracted? None

Name of operation none Date 7/3

Major finding none

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury

23. Attendant's OWN Signature Ernest D. ...

and Address Boise, Idaho Date 7/5 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 13 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2368  
Local Reg. No. 244  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St. Alphonsus Hosp  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. Alphonsus Stayed days  
(g) Lived in this county 15 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1004 No. 19th  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

JOHN W. CONDIE

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. None

## 4. Sex M 5. Color or

race W

## 6. (a) Single, widowed, married,

divorced Married

## 6. (b) Name of husband or

wife

## 6. (c) Age of husband or wife if

alive years

## 7. Date of Birth

(Month, Day, Year)

September 21, 1878

8. AGE	Years	Months	Days	If less than 1 day
	69	9	13	hrs min.

## 9. Exact Occupation Educator Did this

work for years

## 10. Industry or Business State of Idaho Date last

worked

## 11. Birthplace Croyden, Utah

(City or town) (State or foreign country)

## 12. Name Gibson Condie

## 13. Birthplace Scotland

(City or town) (State or foreign country)

## 14. Maiden name Lizabeth Robinson

## 15. Birthplace Unknown

(City or town) (State or foreign country)

## 16. Informant's OWN Signature J. P. Wiens

and Address Idaho Falls, Idaho

## 17. (a) Burial (b) Date thereof 7/7/48

(Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Cloverdale, Boise, Idaho

## 18. Funeral Director's McBratney Fowler Chapel

OWN Signature

and Address 419 No. 9th, Boise, Idaho

## 19. (a) 7-6-48 (b) A. Sharp

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 4 19 48  
at 11:45 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

July 3 19 48, to July 4 19 48  
I last saw h alive on July 3 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Thrombosis  
Heart Block

## Duration

7-3-48

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted? None

## Name of operation Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

## where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

## Means of injury

## 23. Attendant's

OWN Signature Richard T. Kohn

and Address Boise Date 7-6-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **2369**  
Local Reg. No. **349**  
Reg. Dist. No. **370**

JUL 13 1948

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1513. Grove St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1513. Grove St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Sweden

## 3. (a) FULL NAME

**John Peterson.**

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) August. 9. 1867.

8. AGE	Years	Months	Days	If less than 1 day
	<u>80.</u>	<u>10.</u>	<u>27.</u>	hrs. min.

9. Exact Occupation Laborer. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Sweden. (City or town) (State or foreign country)

12. Name Unknown.

13. Birthplace Unknown. (City or town) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Chas E Summers  
and Address 1205. Bannock Street, Boise.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July. 9. 1948. (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Chas E Summers  
and Address Boise, Idaho.

19. (a) 7-9-48 (Date received and filed) (b) K. Sharp (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July. 6. 19 48

at about 2 o'clock A. M SAW  
21. I HEREBY CERTIFY, That I did not know deceased from July. 6. 19 48 to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Suicide, hung himself

in wood shed with Rope.

Due to ill health.

Left Suicide note.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? X Homicide? \_\_\_\_\_

Occurred July. 6. 19 48 city, county, state

where violence occurred 1513. Grove St.

Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attended by Chas E Summers Coroner of Ada County.  
OWN Signature \_\_\_\_\_ (M. D. or other)

and Address Boise, Idaho. Date 7/8 19 48.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
JUL 29 1948  
Certificate of Death  
DIVISION OF VITAL STATE OF IDAHO

1948 2370  
State File No.  
Local Reg. No. 252  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. St. Lukes Stayed 2 Hrs.  
(g) Lived in this county 50 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 408. Idaho St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Oregon

3. (a) FULL NAME

THOMAS BARCLAY JACKSON.

3. (b) If veteran, name war No. ....

3. (c) Social Security No. 518-07-8632.

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Rena Jackson.

6. (c) Age of husband or wife if alive 57. years

7. Date of Birth (Month, Day, Year) July. 26. 1877.

8. AGE	Years	Months	Days	If less than 1 day
	<u>70.</u>	<u>11.</u>	<u>11.</u>	hrs. min.

9. Exact Occupation Retired, Boise Did this work for ..... yrs.

10. Industry or Business Water Corporation Date last worked

11. Birthplace Mc. Minnerville, Oregon. (City or town) (State or foreign country)

Father { 12. Name Aas Jackson.

13. Birthplace Amity, Oregon. (City or town) (State or foreign country)

Mother { 14. Maiden name Unknown.

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address 408. Idaho St, Boise, Idaho.

17. (a) Burial. (b) Date thereof July. 10. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloyerdale Memorial Park.

18. Funeral Director's OWN Signature Chas. E. Summers.

and Address Boise, Idaho.

19. (a) 7-14-48 (b) Mistle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July. 7. 1948.  
at 4.20. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 5-20-48  
6-20 1948 to 7-7- 1948  
I last saw him alive on 6-28 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Lympho Sarcoma

Duration 3mo

Due to.....  
Primary in lymph nodes

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation..... Date.....

Major finding.....

Finding of autopsy done

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred.

Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?

Means of injury.....  
23. Attendant's OWN Signature O. L. Swinell M.D.

and Address Boise Idaho Date 7-10 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar, and Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 18 1948

# Certificate of Death

STATE OF IDAHO

748  
State File No. 2371  
Local Reg. No. 250  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1715. N. 22.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 31 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1715. N. 22.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Oregon

3. (a) FULL NAME JAMES MUNRO.

3. (b) If veteran, name war No. 3. (c) Social Security No. \_\_\_\_\_  
5. Color or Male race White 6. (a) Single, widowed, married, divorced Widower  
4. Sex Male 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May, 7. 1879.

8. AGE	Years	Months	Days	If less than 1 day
	<u>69.</u>	<u>2.</u>	<u>1.</u>	hrs. min.

9. Exact Occupation Certified Public Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Accountant. Date last worked \_\_\_\_\_

11. Birthplace Edinburgh, Scotland.  
(City or town) (State or foreign country)

12. Name James Munro.

13. Birthplace Scotland.  
(City or town) (State or foreign country)

14. Maiden name Jane Dean.

15. Birthplace Scotland.  
(City or town) (State or foreign country)

16. Informant's OWN Signature James M Munro  
and Address 1012 O'Fallon Boise Idaho

17. (a) Buried (b) Date thereof July, 12, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Clyde E. Summers  
and Address Boise, Idaho.

19. (a) 7-12-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July, 8. 19 48.  
at 5.50. o'clock P.M.

21. I HEREBY CERTIFY That I attended deceased from July 8 1948 to July 8 1948  
I last saw him alive on July 8 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac arrest Duration 2 min

Due to Coronary occlusion 6 mo +

Due to Arteriosclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy Ant. descend.  
coronary occlusion

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred July 8 1948 City, county, state Boise, Ada, Ida.  
where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Richard A. Dorney MD  
(M. D. or other)  
and Address Boise Date July 8 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JUL 29 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948 State File No. **2372**  
Local Reg. No. **256**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **1919 State St.**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **45** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1919 State**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **45** years  
(h) Former residence (city, state) **Iowa**

## 3. (a) FULL NAME

**FRED. E. LANE.**

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. **None**

4. Sex **Male** race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Etta M. Lane**

6. (c) Age of husband or wife if alive **76** years

7. Date of Birth (Month, Day, Year) **December 24 1869**

AGE	Years	Months	Days	If less than 1 day
	<b>78</b>	<b>7</b>	<b>14</b>	hrs. min.

9. Exact Occupation **Retired Mail Carrier** Did this work \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Marshalltown, Iowa** (City or town) (State or foreign country)

12. Name **Ruben Hines Lane**

13. Birthplace **Ohio** (City or town) (State or foreign country)

14. Maiden name **Harriet Nelson**

15. Birthplace **Michigan** (City or town) (State or foreign country)

16. Informant's OWN Signature **Miss Hazel A. Lane** and Address **1919 State**

17. (a) **Burial** (b) Date thereof **July 12 1948** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Cloverdale Memorial Park**

18. Funeral Director's OWN Signature **Chas. E. Summers** and Address **Boise, Idaho**

19. (a) **7-15-48** (b) **Muriel Palmer** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July 8 1948** at **2:40** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **12-17** 19**47**, to **7/8** 19**48**  
I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Heart Plagia**

Due to **Myocardial Infarction**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Fred. E. Summers** and Address **Boise, Idaho** Date **7/14** 19**48**

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
JUL 29 1948

# Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL

1948  
State File No. \_\_\_\_\_

Local Reg. No. 119

Reg. Dist. No. 371

## 1. PLACE OF DEATH: STATISTICS

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 3321. Rosehill Ave.  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 47 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 3321. Rosehill Ave.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Maine

## 3. (a) FULL NAME

GEORGIA MASON GROVER.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) September, 24, 1860

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>9</u>	<u>14</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Fayette Maine (City or town) (State or foreign country)

Father { 12. Name Isaac Mason

13. Birthplace Maine (City or town) (State or foreign country)

Mother { 14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Edsel M. Grover  
and Address 2023 Ellesmere Boise Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1948 (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Chas. E. Summers  
and Address Boise, Idaho

19. (a) 7-14-48 (Date received and filed) (b) Mirtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July, 8, 19 48

at 5 P.M. o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 10 19 48 to July 4 19 48

I last saw him alive on July 4 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Myocardial failure Duration 2 months

Due to Hypertension 3 years

Due to Chronic nephritis 5 years

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Loosee Ward (M. D. or other)

and Address Boise, Idaho Date 7-10-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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JUL 29 1948

Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

STATE OF IDAHO

1948  
State File No. 2374  
Local Reg. No. 251  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County. **Ada**  
(b) City or town. **Boise**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. **St. Alphonsus** Stayed ..... days  
(g) Lived in this county. **10** years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Idaho** (b) County. **Ada**  
(c) City or town. **Boise**  
(d) Street Address or R.F.D. No. **418 Franklin St**  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **10** years  
(h) Former residence (city, state) **State of Wash**

3. (a) FULL NAME **Robert Byron Long**

3. (b) If veteran, name war **War No. 1**

3. (c) Social Security No. ....

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife **Helene**

6. (c) Age of husband or wife if alive. **53** years

7. Date of Birth (Month, Day, Year) **Dec 24th 1894**

8. AGE	Years	Months	Days	If less than 1 day
	<b>53</b>	<b>6</b>	<b>12</b>	hrs. min.

9. Exact Occupation **Service Mangr.** Did this work for ..... yrs.

10. Industry or Business **Capital Motor Co.** Date last worked

11. Birthplace **Minneapolis Minn.**

12. Name **Frederick E. Long** (City or town) (State or foreign country)

13. Birthplace **N.Y. State** (City or town) (State or foreign country)

14. Maiden name **Alice Gilman** (City or town) (State or foreign country)

15. Birthplace **Vermont** (City or town) (State or foreign country)

16. Informant's OWN Signature **Walter Long Carson**

and Address **Minneapolis, Minn.**

17. (a) **Removal** (b) Date thereof **7/14/1948**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Minneapolis Minn.**

18. Funeral Director's OWN Signature **Schreyer McCauley**

and Address **Boise.**

19. (a) **7-12-48** (b) **Mable Palmer**

(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **July 10th**

(Month, Day, Year) **July 10th** 19 **48**

at **9:40** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from **June 22** 19 **48** to **July 10** 19 **48**

I last saw him alive on **7/10** 19 **48**;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration **2 hours**

Due to **Essential Hypertension** **18 days.**

Due to **Essential Hypertension** **6 mo.**

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation. Date.

Major finding.

Finding of autopsy.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred. 19. City, county, state

where violence occurred.

Place of Violence: Home. Farm. Industry.

Public Place. While at work?

Means of injury.

23. Attendant's OWN Signature **Russ Jones M.D.**

and Address **Boise, Idaho** (M. D. or other) Date **7/12 48**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

Pittsburg 48

State File No.

2375

Local Reg. No.

253

Reg. Dist. No.

370

1. PLACE OF DEATH: STATISTICS
- (a) County Ada
- (b) City or town Boise
- (c) Street Address or R.F.D. No. X
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town
- (e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. St Alphonsus, 3 days
- (g) Lived in this county 46 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada
- (c) City or town Boise
- (d) Street Address or R.F.D. No. 703 N. 18
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 46 years
- (h) Former residence (city, state) Penn.

3. (a) FULL NAME EDWIN BEAUMONT ATKINSON

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. 518-09-2911

5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Luella H. Atkinson 6. (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year) April 22, 1882

- | AGE | Years | Months | Days | If less than 1 day |
|-----|-------|--------|------|--------------------|
| 66  | 2     | 17     | hrs. | min.               |

9. Exact Occupation Manager of Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Intermountain Glass Co. Date last worked \_\_\_\_\_

11. Birthplace Freeport, Penn. (City or town) (State or foreign country)

12. Name Milton M. Atkinson

13. Birthplace Penn. (City or town) (State or foreign country)

14. Maiden name Sarah Kirkwood

15. Birthplace Philadelphia Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature ma Luella Atkinson and Address 703 N. 18 Boise Idaho

17. (a) Burial (b) Date thereof July 12, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Chas. E. Summers and Address Boise, Idaho

19. (a) 7-14-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 9, 1948 at 5:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 2, 1948 to July 9, 1948 last saw him alive on July 8, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

City of pneumonia

Due to Miss Pneumonia

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Fred A. Pungler (M. D. or other)

and Address Boise Id Date 7/12/48

(For additional space, use reverse side)

200

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered, as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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JUL 29 1948

1948 index

State File No. 2376

Local Reg. No. 258

Reg. Dist. No. 370

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

STATISTICAL

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1320. N. 10.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years 6 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1320. N. 10.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

JOHN PETER WIMMER.

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None.

5. Color or  
Male. race White.

6. (a) Single, widowed, married,  
divorced Divorced.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) September, 23, 1873.

8. AGE	Years	Months	Days	If less than 1 day
	<u>74.</u>	<u>9.</u>	<u>17.</u>	hrs. min.

9. Exact Occupation Livestock. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Payson, Utah.  
(City or town) (State or foreign country)

12. Name John Peter Wimmer.

13. Birthplace Indiana.  
(City or town) (State or foreign country)

14. Maiden name Sarah Moore.

15. Birthplace Payson, Utah.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Elizabeth H. Allen  
and Address 1320 N. 10 St. Boise, Idaho.

17. (a) Burial. (b) Date thereof July, 13, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Elyse E. Summers.  
and Address Boise, Idaho.

19. (a) 7-15-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) July, 10, 1948.

at 11.25. o'clock P. M.

21. I HEREBY CERTIFY That I attended deceased from  
July 6, 1948 to July 10, 1948

I last saw him alive on July 10, 1948  
death is said to have occurred on the day and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration Indeterminate

Due to \_\_\_\_\_

Due to Sensitivity

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Myrtle Palmer  
(M. D. or other)  
and Address Boise Date 7/14, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JUL 29 1948

# Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL

Smithson

1948  
State File No. 2377  
Local Reg. No. 254  
Reg. Dist. No. 370

1. PLACE OF DEATH: **STATISTICAL**
- (a) County **Ada**
- (b) City or town **Boise**
- (c) Street Address or R.F.D. No. **1312. Grand Ave.**
- (d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town
- (e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
- (g) Lived in this county **20** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Ada**
- (c) City or town **Boise**
- (d) Street Address or R.F.D. No. **1312. Grand Ave.**
- (e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town
- (f) Citizen of what country? **U.S.A.**
- (g) How long had deceased lived in Idaho? **67** years
- (h) Former residence (city, state) **Nebraska**

3. (a) FULL NAME **ALBERT CHESTER BOWERMAN.**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**
5. Color or **White.** 6. (a) Single, widowed, married, divorced **Married.**
4. Sex **Male.** race **White.**
6. (b) Name of husband or wife **Marion M. Bowerman.** 6. (c) Age of husband or wife if alive **61.** years

7. Date of Birth (Month, Day, Year) **August. 7. 1869.**

- | 8. AGE | Years      | Months     | Days      | If less than 1 day |
|--------|------------|------------|-----------|--------------------|
|        | <b>78.</b> | <b>11.</b> | <b>3.</b> | hrs. min.          |

9. Exact Occupation **Retired Farmer.** Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace **Lincoln, Nebraska.** (City or town) (State or foreign country)
- Father { 12. Name **James C. Bowerman.**
13. Birthplace **Madina Ohio.** (City or town) (State or foreign country)
- Mother { 14. Maiden name **Mahalia Cheevers.**
15. Birthplace **Kosciusko, Indiana.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Dora E. Larson** and Address **Sumner, Idaho**

17. (a) **Burial.** (b) Date thereof **July. 13. 1948** (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **Morris Hill Cemetery.**
18. Funeral Director's OWN Signature **Charles E. Summers** and Address **Boise, Idaho**

19. (a) **7-14-48** (b) **Myrtle Palmer** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July. 10. 1948.** at **2.10.** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **July 7 1948.** to **July 10 1948.**

I last saw him alive on **July 10 1948.** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration **2 da**

Due to **Hypertension**

Due to **nephritis**

Other conditions **arteriosclerosis** (Include pregnancy within 3 months of death)

Where was disease contracted? **?**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding **None**

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19. \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **C.B. Smithson** (M.D. or other)

and Address **Boise, Idaho** Date **7-12 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 29 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2378  
Local Reg. No. 123  
Reg. Dist. No. 371

1. PLACE OF DEATH:  
(a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. 725 E. Boise Ave  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home. X Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county. 11 years. months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 725 E. Boise Ave  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Oklahoma

3. (a) FULL NAME William Arthur Gallaway

3. (b) If veteran, name war None 3. (c) Social Security No. 518-12-5611  
4. Sex. Male Color or race White 6. (a) Single, widowed, married, divorced. Widower  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive. years

7. Date of Birth (Month, Day, Year) Aug. 23rd 1882  
8. AGE 65 Months 10 Days 19 If less than 1 day hrs. min.

9. Exact Occupation Carpenter Did this work for. years.  
10. Industry or Business Batesville Oklahoma Date last worked  
11. Birthplace (City or town) (State or foreign country)

12. Name William Gallaway  
13. Birthplace (City or town) (State or foreign country) Virginia  
14. Maiden name Unknown  
15. Birthplace (City or town) (State or foreign country) Virginia

16. Informant's OWN Signature W. A. Gallaway  
and Address 725 E. Boise Ave. Boise Idaho

17. (a) Burial (b) Date thereof. 7/15/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreyer McCann  
and Address Boise.

19. (a) 7-15-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 12th 1948  
at 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-26 1947 to 7-12 1948  
I last saw him alive on 6-1 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration  
Due to Cardiac hypertrophy  
Due to Hypertension  
Other conditions Chronic nephritis  
(Include pregnancy within 3 months of death)

Where was disease contracted? ?  
Name of operation none Date ?  
Major finding.  
Finding of autopsy.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ? Suicide? ? Homicide? ?  
Occurred. 19 City, county, state where violence occurred.  
Place of Violence: Home. ? Farm. ? Industry. ?  
Public Place. ? While at work? ?

Means of injury.  
23. Attendant's OWN Signature C. B. Smithson  
(M. D. or other)  
and Address 335 S. Sennabell Date 7-14 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JUL 29 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2379  
Local Reg. No. 257  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St. Lukes Hosp.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Lukes Stayed days  
(g) Lived in this county 10 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1208 Leadville  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME ANNA E. HARRISON

3. (b) If veteran, name war No  
3. (c) Social Security No. None  
5. Color or No  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife   
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) March 23, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>3</u>	<u>20</u>	hrs min.

9. Exact Occupation Housewife Did this work for years  
10. Industry or Business  Date last worked   
11. Birthplace Greentown, Indiana  
(City or town) (State or foreign country)  
12. Name John W. Hollingsworth  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Emily E. Clements  
15. Birthplace Paoli, Indiana  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mary H. Harrison  
and Address 1208 Leadville, Boise, Idaho  
17. (a) Burial (b) Date thereof 7/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill, Boise, Idaho  
18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address 419 No. 9th, Boise, Idaho  
19. (a) 7-15-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 13, 1948  
at 6:05 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 22 1948 to July 13 1948  
Last saw her alive on June 29 1948 death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Coronary Arteriosclerosis Duration 095C 094A

- Due to Coronary Arteriosclerosis  
Due to Sclerosis  
Other conditions (Include pregnancy within 3 months of death)   
Where was disease contracted?   
Name of operation  Date   
Major finding   
Finding of autopsy   
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred 19 City, county, state   
where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury   
23. Attendant's OWN Signature Myrtle Palmer (M. D. or other)   
and Address Boise Date 7/14 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
AUG 2 - 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 2380  
Local Reg. No. 8  
Reg. Dist. No. 36

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Lukes Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 208 Blaine St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

Van C. Kirkpatrick

3. (b) If veteran,

name war Peace Time No. ....

5. Color or Army

4. Sex M race W.

3. (c) Social Security

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) May 29-1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>1</u>	<u>16</u>	hrs min.

9. Exact Retired mail Occupation carrier Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Keota, Iowa (City or town) (State or foreign country)

12. Name Chalmer Kirkpatrick

13. Birthplace Peoria, Illinois (City or town) (State or foreign country)

14. Maiden name Ada Smock

15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Merle Kirkpatrick

and Address Canyon Hill, Caldwell, Ida

17. (a) Burial (b) Date thereof 7-17-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill, Caldwell

18. Funeral Director's OWN Signature Peckham Baker Chapel

and Address Caldwell, Idaho

19. (a) 7-31-48 (b) James Dimman (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 15 19 48

at 10 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from July 9 1948, to death 19 48

I last saw him alive on July 15 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Lower hepatic syndrome

Septicemia

Due to Post operative prostatic

Due to Benign Hypertrophy of

Other conditions Prostate

(Include pregnancy within 3 months of death)

Duration

7 hrs

7 hrs

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's

OWN Signature James Dimman

and Address Boise (M. D. or other) Date 7/20 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 29 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948  
State File No. 2381  
Local Reg. No. 260  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus Stayed 11 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 11 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1103 N 12th St  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 Days years \_\_\_\_\_  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Michael Newlin

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Male Color or race White

5. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 4th. 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>11</u>	hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise Idaho (City or town) (State or foreign country)

12. Name F.L. Newlin

13. Birthplace LaGrande Oregon (City or town) (State or foreign country)

14. Maiden name Blia McWilliams

15. Birthplace Spokane Washington (City or town) (State or foreign country)

16. Informant's OWN Signature J. L. Newlin  
and Address 1103 N. 12th Boise Idaho  
Burial 7/16/1948

17. (a) \_\_\_\_\_ (b) Date thereof 7/16/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreiner McCarver  
and Address Boise

19. (a) 7-19-48 (b) J. Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 15 1948  
at 11:30 A o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from July 15 1948 to July 15 1948

I last saw him alive on July 15 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Acute Peritonitis

Duration 3 days

Due to Perforation of colon -

Due to Colitis - type?

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy as above

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature Samuel M. D

and Address 218 N 1st Boise (M. D. or other) Date 7/17 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 29 1948  
DIVISION OF VITAL STATISTICS

Certificate of Death  
NON-RESIDENT  
STATE OF IDAHO

748  
State File No. 2382  
Local Reg. No. 268267  
Reg. Dist. No. 370

1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Melrose Hotel 10  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Oregon (b) County Josephine  
(c) City or town Grants Pass  
(d) Street Address or R.F.D. No. 908 Oak St.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Oregon

3. (a) FULL NAME

CLAUS PAUL DRESSEL

200A

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex M race W

5. Color or V

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Kitty

6. (c) Age of husband or wife if alive 55 years

7. Date of Birth (Month, Day, Year) December 12, 1882

8. AGE	Years	Months	Days	If less than 1 day
65	7	3	hrs	min.

9. Exact Occupation Research Chemist Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Omaha, Neb. (City or town) (State or foreign country)

12. Name Peter J. Voegel

13. Birthplace Crete, Ill. (City or town) (State or foreign country)

14. Maiden name Johanna K. Rost

15. Birthplace Cleveland, Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Emma Wilson and Address 711 East Main

17. (a) Burial Burial (b) Date thereof 7/19/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Summers Funeral Home. and Address Boise, Idaho

19. (a) 7-21-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 15 19 48 (Month, Day, Year)

at about o'clock 1 P.M. saw

21. I HEREBY CERTIFY, That I ~~deceased~~ deceased from July 15, 19 48, to 19 is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes, Found dead in bed in Hotel room.

Due to Been ill for some months.

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry Public Place While at work?

Means of injury

23. Attendant's OWN Signature Clyde E. Summers and Address Boise, Idaho Date 7/20 19 48. (M. D. or other) (For additional space, use reverse side)

PHYSICIAN Underline the cause to which death should be charged statistically.

Coroner of Ada County.

700



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JUL 29 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2383  
Local Reg. No. 262  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St. Lukas Hosp.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Lukas Stayed 1-2 days  
(g) Lived in this county 0 years 0 months 1-2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1019 Euclid  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Infant Vogt

3. (b) If veteran, name war None  
3. (c) Social Security No. None  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) July 16, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>14 hrs 30 min.</u>

9. Exact Occupation None Did this work for 0 yrs.  
10. Industry or Business None Date last worked \_\_\_\_\_  
11. Birthplace Boise Idaho  
(City or town) (State or foreign country)

12. Name Henry Vogt  
13. Birthplace Dennison Iowa  
(City or town) (State or foreign country)  
14. Maiden name Dorothy Bragdon  
15. Birthplace Leasville Indiana  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lenny L. J. off.  
and Address 1019 Euclid, Boise, Idaho

17. (a) Burial (b) Date thereof July 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cloverdale Memorial Park, Boise

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
L. C. Fowler  
and Address 419 North 9th St., Boise, Ida.

19. (a) 7-20-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 16, 1948  
at 10:00 o'clock P.A.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Primarily 6 mos gestation  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Myrtle Palmer MD  
(M. D. or other)  
and Address Boise, Idaho Date 7-17 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

JUL 29 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

STATE OF IDAHO

1948 2384  
State File No. ....  
Local Reg. No. ~~267~~ 263  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1311 Franklin St  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 29 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1311 Franklin  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Spokane Wash.

## 3. (a) FULL NAME Benjamin Harrison Daniel

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 519-22-6592  
5. Color or Male race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Jan. 1st. 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>6</u>	<u>16</u>	hrs. min.

9. Exact Occupation Jeweler and Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Watchmaker Date last worked \_\_\_\_\_  
11. Birthplace Spokane Washington (City or town) (State or foreign country)

12. Name John Daniel  
13. Birthplace Metcalf Co. Kentucky (City or town) (State or foreign country)  
14. Maiden name Anna Ellen Ross  
15. Birthplace Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Dorothy Nichols  
and Address 1311 Franklin St Boise Idaho

17. (a) Burial (b) Date thereof 7/21/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Schreiber McCann  
and Address Boise

19. (a) 7-20-48 (b) M. J. Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 17th 1948  
(Month, Day, Year)  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 2-2 1948 to 6-30 1948  
I last saw him alive on 6-30 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Thrombosis of left coronary artery. Duration Sudden

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Thrombosis of left coronary artery

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature S. O. Hamilton

and Address Boise Ida Date 7-20 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 29 1948

DIVISION OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 2385

Local Reg. No. 262

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1315. Washington  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1315. Washington  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Indiana

## 3. (a) FULL NAME

DR. MARION DANIEL FLEMING.

## 3. (b). If veteran, name war

No.

## 3. (c) Social Security No.

None.

## 4. Sex Male race White

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Ida. W. Fleming

## 6. (c) Age of husband or wife if alive 69 years

## 7. Date of Birth (Month, Day, Year) February. 10. 1861.

8. AGE	Years	Months	Days	If less than 1 day
	<u>87.</u>	<u>5.</u>	<u>7.</u>	hrs. min.

## 9. Exact Occupation Optometrists. Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Hamilton, Indiana. (City or town) (State or foreign country)

## 12. Name Daniel Fleming.

## 13. Birthplace Illinois. (City or town) (State or foreign country)

## 14. Maiden name Delone. H. Herbert.

## 15. Birthplace Illinois. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Ida W. Fleming and Address 1315 N. Washington Boise Idaho

## 17. (a) Burial. (b) Date thereof July. 20. 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Morris Hill Cemetery.

## 18. Funeral Director's OWN Signature Elvete E. Summers and Address Boise, Idaho.

## 19. (a) 7-19-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) July. 17. 1948. at 9.20. o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 7/14 to 7/17 I last saw him alive on 7/17 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage

## Duration 3 da

Due to Cerebral Hemorrhage

Due to \_\_\_\_\_ Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While of work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Lucas H. Guss, M.D. or other \_\_\_\_\_

and Address Boise, Idaho Date 7/19 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

JUL 29 1948

U.S. BUREAU OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

State File No. 2386

Local Reg. No. 222

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1019. N. 18 St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 14 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1019. N. 18. St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

VADY JANE TERTELING.

3. (b) If veteran, name war No.

3. (c) Social Security No. \_\_\_\_\_

5. Color or White  
4. Sex Female

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) November, 6, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>8</u>	<u>12</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Johnson County, Missouri (City or town) (State or foreign country)

12. Name Lewis Nixon

13. Birthplace Illinois (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature J. Tertering and Address 1118 Harrison Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July, 21, 1948 (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Elvada Summers and Address Boise, Idaho

19. (a) 7-21-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July, 18, 1948

at 3 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1 1948 to July 18 1948

last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Senility

Due to Cardio-Vascular

Due to Renal Degeneration

Other conditions (include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

23. Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Frank Palmer (M.D. or other) and Address Boise, Idaho Date 7/20/48

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
JUL 29 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **2387**  
Local Reg. No. **265**  
Reg. Dist. No. **370**

1. PLACE OF DEATH: **State**
- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Inst. **St. Alphonsus** Stayed ..... days  
(g) Lived in this county **21** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **404 Washington**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **26** years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **IVELOU ELIZA MINGUS**

3. (b) If veteran, name war No. .... 3. (c) Social Security No. **519-12-9917**  
5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **F** 6. (b) Name of husband or wife **Robert Mingus** 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **10/29/1921**

8. AGE	Years	Months	Days	If less than 1 day
	<b>26</b>	<b>8</b>	<b>18</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **Soda Springs, Idaho**  
(City or town) (State or foreign country)

12. Name **Alfred Strutt**  
13. Birthplace **England**  
(City or town) (State or foreign country)  
14. Maiden name **Martha Smith**  
15. Birthplace **Soda Springs, Idaho**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Robert Mingus**  
and Address **404 Washington St**

17. (a) **Burial** (b) Date thereof **7/21/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Morris Hill Cemetery, Boise, Ida.**

18. Funeral Director's OWN Signature **McBratney Fowler**  
and Address **419 No. 9th St., Boise, Idaho**

19. (a) **7-21-48** (b) **Myrtle Palmer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July 18** 19 **48**  
at **10:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 1** 19 **43** to **July 18** 19 **48**  
Last saw h. alive on **July 18** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial Infarction** Duration **6 years**

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature **Lucas C. Ford** (M. D. or other)  
and Address **Boise** Date **7-20-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JUL 29 1948

OFFICE OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2388

Local Reg. No. 268

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1315. Borah St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 8 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 761. W. Galloway  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

William Paul Nichols

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
712-07-2228

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Widower

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) October. 15. 1872.

8. AGE	Years	Months	Days	If less than 1 day
	<u>75.</u>	<u>9.</u>	<u>5.</u>	hrs. min.

9. Exact Occupation Retired Railroad Engineer

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Columbus, Nebraska  
(City or town) (State or foreign country)

12. Name Erastus Nichols

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Anna Chivrell

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Nora Gaddy  
and Address 315 S. 13th Base

17. (a) Burial (b) Date thereof July. 23. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Weiser, Idaho

18. Funeral Director's OWN Signature Chas. E. Summers  
and Address Boise, Idaho

19. (a) 7-26-48 (b) Thurle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July. 20. 19 48.  
(Month, Day, Year) at 4. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1947 19 \_\_\_\_\_ to 7-19-48 19 \_\_\_\_\_  
I last saw h. in alive on 7-19-48 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral hemorrhage Duration 4 day

Due to Hypertension cardiac

Due to chronic renal disease

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. A. Springer M.D.  
(M. D. or other)

and Address Boise, Idaho Date 7-21-48  
(For additional space, use reverse side)

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1948

2389

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 29 1948

## Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. ....

Local Reg. No. 270Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
 (b) City or town Boise  
 (c) Street Address or R.F.D. No. ....  
 (d) Death Occurred Inside? X Outside? ..... city or town  
 (e) Died in a Home.....Hospital. X Institution.....Other place.....  
 (f) Name Hosp. or Inst. St Alphonsus Died 17 days  
 (g) Lived in this county 0 years 0 months 17 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
 (c) City or town Boise  
 (d) Street Address or R.F.D. No. 1103 N. 12th St  
 (e) Deceased lived Inside? X Outside? ..... city or town  
 (f) Citizen of what country? .....  
 (g) How long had deceased lived in Idaho? 17 Days years  
 (h) Former residence (city, state) .....

3. (a) FULL NAME Martin Newlin

3. (b) If veteran, name war None 3. (c) Social Security No. None  
 4. Sex Male Color or race white 5. Color or race white  
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive ..... years  
 7. Date of Birth (Month, Day, Year) July 4th. 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>17</u>	hrs. min.

9. Exact Occupation None Did this work for ..... yrs.  
 10. Industry or Business ..... Date last worked .....

11. Birthplace Boise Idaho  
 (City or town) (State or foreign country)

12. Name F.L. Newlin  
 13. Birthplace LaGrande Oregon  
 (City or town) (State or foreign country)

14. Maiden name Lola McWilliams  
 15. Birthplace Spokane Washington  
 (City or town) (State or foreign country)

16. Informant's OWN Signature F.L. Newlin  
 and Address 1103 N. 12th St. Boise Idaho

17. (a) Burial (b) Date thereof 7/21/1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schroeder McLean  
 and Address 7-26-48 J.S. McLean

19. (a) 7-26-48 (b) Myrtle Palmer  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 21 1948  
 (Month, Day, Year) at 6 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from July 5 1948 to July 21 1948  
 I last saw him alive on July 21 1948  
 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Dehydration - Duration 3 daysDue to Acute Enterocolitis & ulceration 14 days?Due to choleliths not determinedOther conditions .....  
 (Include pregnancy within 3 months of death)Where was disease contracted? ?

Name of operation ..... Date .....

Major finding .....

Finding of autopsy. As above  
 PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

Attendant's OWN Signature Robert S. McLean M.D.

(M. D. or other)

and Address 218 N. 1st Date 7/22 1948

(For additional space, use reverse side)

508

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**RECEIVED**  
**AUG 5 - 1948 Certificate of Death**  
**OF VITAL STATE OF IDAHO**

1948  
State File No. **2390**  
Local Reg. No. **271**  
Reg. Dist. No. **370**

**1. PLACE OF DEATH:**

**Ada**  
(a) County.....  
(b) City or town..... **Boise**  
(c) Street Address or R.F.D. No.....  
(d) Death Occurred Inside? ☒ Outside?..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. **St Alphonsus** Stayed..... days  
(g) Lived in this county..... **37** years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

(a) State..... **Idaho** (b) County..... **Ada**  
(c) City or town..... **Boise**  
(d) Street Address or R.F.D. No..... **617 Grove St.**  
(e) Deceased lived Inside? ☒ Outside?..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **37** years  
(h) Former residence (city, state)..... **Ireland**

**3. (a) FULL NAME James Moriarty**

**3. (b) If veteran, name war None**  
**3. (c) Social Security No.**  
**5. Color or race White**  
**4. Sex Male**  
**6. (a) Single, widowed, married, divorced Single**  
**6. (b) Name of husband or wife**  
**6. (c) Age of husband or wife if alive..... years**

**7. Date of Birth June 4th. 1888**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>60</b>	<b>1</b>	<b>17</b>	hrs. min.

**9. Exact Occupation Mining** Did this work for..... yrs.  
**10. Industry or Business Co. Kerry** Date last worked.....  
**11. Birthplace Ireland** (City or town) (State or foreign country)  
**12. Name Michael Moriarty**  
**13. Birthplace Ireland** (City or town) (State or foreign country)  
**14. Maiden name Mary Galvin**  
**15. Birthplace Ireland** (City or town) (State or foreign country)

**16. Informant's OWN Signature Myles Moriarty**  
**and Address 617 Grove St. Boise Idaho**

**17. (a) Burial** (b) Date thereof **7/23/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **St. John's Cemetery**

**18. Funeral Director's OWN Signature Schreger McLaune**  
**and Address Boise**

**19. (a) 7-26-48** (b) **Myrtle Palmer**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**  
(Month, Day, Year) **7/24** 19 **48**  
at **12:55** o'clock **A** M.

**21. I HEREBY CERTIFY, That I attended deceased from 5/28 1948 to 7/21 1948**  
I last saw him alive on **7/20** 19 **48**  
death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** **Cardiac Decompensation** **Duration 3 months**  
**Arteriosclerotic Heart Disease**

**Due to**.....  
**Due to**.....  
**Other conditions**.....  
(Include pregnancy within 3 months of death)

**Where was disease contracted?**  
**Name of operation**..... **Date**.....  
**Major finding**.....  
**Finding of autopsy**.....

**PHYSICIAN**  
Underline the cause to which death should be charged statistically

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

**Accident?**..... **Suicide?**..... **Homicide?**.....  
**Occurred**..... 19..... **City, county, state**  
**where violence occurred**.....  
**Place of Violence: Home**..... **Farm**..... **Industry**.....  
**Public Place**..... **While at work?**.....

**Means of injury**.....  
**Attendant's OWN Signature**..... **(M. D. or other)**  
**and Address Boise** **Date 7/21 1948**  
(No additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

AUG 5 - 1948

STATE OF IDAHO

State File No. 2391  
Local Reg. No. 278  
Reg. Dist. No. 370

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 220 No. 18th St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Middleton, Ida.

### 3. (a) FULL NAME

Daisy Bell McNair

### 3. (b) If veteran,

name war \_\_\_\_\_

### 3. (c) Social Security

No. \_\_\_\_\_

### 4. Sex

F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife William Ward McNair

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year)

October 26-1876

### 8. AGE

Years 71

Months 8

Days 27

If less than 1 day  
hrs min.

### 9. Exact Occupation

Did this work for \_\_\_\_\_ yrs.

### 10. Industry or Business

Date last worked \_\_\_\_\_

### 11. Birthplace Chicago, Illinois

(City or town) (State or foreign country)

### 12. Name

Lee

### 13. Birthplace

Not Known

(City or town) (State or foreign country)

### 14. Maiden name

Not Known

### 15. Birthplace

(City or town) (State or foreign country)

### 16. Informant's OWN Signature

Leslie D. McNair

and Address 112 Owyhee Blvd., Boise

### 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 7-28-48  
(Month) (Day) (Year)

(c) Place: Canyon Hill

### 18. Funeral Director's OWN Signature

Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 7-30-48  
(Date received and filed)

(b) Muriel Palmer  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) July 23 19 48  
at 10:30 o'clock P.M.

### 21. I HEREBY CERTIFY, That I attended deceased from

7-17-48 19 48, to 7-23 19 48  
I last saw h.R. alive on 7-23 19 48 death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Uremia

### Duration

5 days

### Due to

Hypertension

### Due to

Arteriosclerosis

### Other conditions

(Include pregnancy within 3 months of death)

### Where was disease contracted? U.S.R.

Name of operation 0 Date \_\_\_\_\_

### Major finding

Finding of autopsy 0

### PHYSICIAN

Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

### Means of injury

### Attendant's OWN Signature

David (M. D. or other)

and Address Boise, Idaho Date 7-28 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 1 2 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2392

Local Reg. No. 269

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1515. N. 21.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1515. N. 21.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

Sarah Ann Wood.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or  
4. Sex Female race White.

6. (a) Single, widowed, married, divorced Widow.

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) January. 21. 1869.

8. AGE	Years	Months	Days	If less than 1 day
	<u>79.</u>	<u>6.</u>	<u>4.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Mississippi.  
(City or town) (State or foreign country)

12. Name Unknown.

13. Birthplace Unknown.  
(City or town) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Mary E. Elles  
and Address 1515 N. 21 St. Boise, Idaho

17. (a) Removal (b) Date thereof July. 27. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mc Minnville, Oregon.

18. Funeral Director's OWN Signature Chas. E. Summers

and Address Boise, Idaho.

19. (a) 7-26-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) July. 25. 19 48.

at 8 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from once to once 46

I last saw him alive three days before death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

Myocarditis

senility

Due to age

Due to Edema

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Boate (M. D. or other) \_\_\_\_\_

and Address Boate Date 7/26/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

JUL 30 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2393

Local Reg. No. 274

Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 727. Main Street  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 21 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2513. Madison  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Oklahoma

3. (a) FULL  
NAME

ROY LESTER.

3. (b) If veteran, name war  
No. \_\_\_\_\_

3. (c) Social Security No. 519-12-9941

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife  
Edythe May Lester.

6. (c) Age of husband or wife if alive 43 years

7. Date of Birth  
(Month, Day, Year) December. 27. 1898.

8. AGE	Years	Months	Days	If less than 1 day
	<u>49.</u>	<u>7.</u>	<u>0.</u>	hrs. min.

9. Exact Occupation Truck driver. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Oklahoma. (City or town) \_\_\_\_\_ (State or foreign country)

12. Name Lincoln Lester.

13. Birthplace Unknown. (City or town) \_\_\_\_\_ (State or foreign country)

14. Maiden name Fannie Herrington.

15. Birthplace Iowa. (City or town) \_\_\_\_\_ (State or foreign country)

16. Informant's OWN Signature Edythe M. Lester  
and Address 2513 Madison St. Boise Idaho

17. (a) Burial. (b) Date thereof July. 30. 1948  
(Burial, cremation, or removal) \_\_\_\_\_ (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clyde E. Summers

and Address Boise, Idaho.

19. (a) 7-28148 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) July. 27. 19 48.

at 12.10. o'clock A. M.  
21. I HEREBY CERTIFY, That I ~~affirm~~ deceased from July  
27. 19 48

~~death is said to have occurred on the date and hour stated above.~~

Immediate Cause of Death: Natural Causes, Dropped dead on street. Duration \_\_\_\_\_

Due to No indication of foul play.

Due to had been having dizzy spells for several months.  
Other conditions for several months.  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Clyde E. Summers Coroner.  
(M D or other) \_\_\_\_\_  
and Address Boise, Idaho. Date July. 28. 1948.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

Homey

State File No. 2394  
Local Reg. No. 275  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Lukes Stayed 7 days  
(g) Lived in this county 1 years 2 months 21 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2314 N. 20  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Asheville N.C.

## 3. (a) FULL NAME

CELIA MELINDA GARRISON.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or  
4. Sex Female White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June. 24. 1873.

8. AGE	Years	Months	Days	If less than 1 day
	<u>75.</u>	<u>1.</u>	<u>4.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Asheville, North Carolina.  
(City or town) (State or foreign country)

12. Name Andrew Miles.

13. Birthplace Asheville, North Carolina.  
(City or town) (State or foreign country)

14. Maiden name Melinda Miles.

15. Birthplace Asheville, North Carolina.  
(City or town) (State or foreign country)

16. Informant's OWN Signature James Reid  
and Address 2314 N 20th Boise, Idaho

17. (a) Burial. (b) Date thereof July. 30. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Clyde E Summers  
and Address Boise, Idaho

19. (a) 7-27-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July. 28. 1948.

at 1 o'clock A.M.

21. I HEREBY CERTIFY That I attended deceased from July 18 1948 to July 28 1948  
I last saw him alive on July 28 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Peripheral Vascular collapse

Due to Post-operative

Due to Carcinoma of Stomach

Other conditions hypertension  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Gastrectomy Date 7-26-48

Major finding Ca. stomach

Finding of autopsy none done

Duration

18 hrs

40 hrs

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Richard A. Loring M.D.

and Address Boise, Idaho Date 7-29 1948  
(M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

AUG 14 1948

STATE OF IDAHO

State File No. 2395  
Local Reg. No. 137  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 101 Vine St.  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 5 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 101 Vine St.  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Roswell, Idaho

## 3. (a) FULL NAME

Olive May Robins

## 3. (b) If veteran,

name war   

## 3. (c) Social Security

No.   

## 4. Sex F race W

5. Color or

6. (a) Single, widowed, married,  
divorced M

## 6. (b) Name of husband or wife William Henry

6. (c) Age of husband or wife if  
alive    years

## 7. Date of Birth (Month, Day, Year) September 18-1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>10</u>	<u>11</u>	hrs min.

## 9. Exact Occupation Housekeeping

Did this work for    yrs.

## 10. Industry or Business

Date last worked   

## 11. Birthplace Camp Grove, Illinois

(City or town) (State or foreign country)

## 12. Name Henry M. Kellog

## 13. Birthplace Not Known

(City or town) (State or foreign country)

## 14. Maiden name Elizabeth Irewett

## 15. Birthplace Not Known

(City or town) (State or foreign country)

## 16. Informant's OWN Signature Jenneth W. Kellog

## and Address 703 Opal St., Boise

## 17. (a) Burial (b) Date thereof 8-2-48

(Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Cloverdale near Boise

## 18. Funeral Director's OWN Signature Peckham Dakan Chapel

## and Address Caldwell, Idaho

## 19. (a) 8-5-48 (b) Mittie Palmer

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 29 19 48  
at    o'clock P M.

## 21. I HEREBY CERTIFY, That I attended deceased from 7/29/48 to 7/29/48

I last saw her alive on 7/27/48, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Cardiac Decompensation Duration 1 yr

Due to Chronic Fibillation 1 yr

Due to Hypertensive Heart Disease ?

Other conditions   

(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

Attendant's OWN Signature   

and Address    Date    19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK RECORD typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

AUG 5 - 1948

STATE OF IDAHO

State File No. 2396  
Local Reg. No. 132  
Reg. Dist. No. 371

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 4304 So. Emerald  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed        days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 4304 So. Emerald  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state)

### 3. (a) FULL NAME DORA E. WRIGHT

3. (b) If veteran, name war No 3. (c) Social Security No.         
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) April 16, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>3</u>	<u>14</u>	hrs min.

9. Exact Occupation Housewife Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Rapid City, So. Dakota  
(City or town) (State or foreign country)

12. Name Garret Boyenger  
13. Birthplace Amsterdam, Holland  
(City or town) (State or foreign country)  
14. Maiden name Alice Bronkhurst  
15. Birthplace Amsterdam, Holland  
(City or town) (State or foreign country)

16. Informant's OWN Signature James W. Pucknell  
and Address 1007 Euclid St. San Diego, Cal.

17. (a) Burial (b) Date thereof. 8/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill, Boise, Idaho

18. Funeral Director's McBratney Fowler Chapel  
OWN Signature         
and Address 419 No. 9th, Boise, Idaho

19. (a) 8-2-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 30 1948  
(Month, Day, Year) at 8:00 o'clock A M.  
21. I HEREBY CERTIFY, That I attended deceased from        19      , to        19

I last saw h.        alive on        19      ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes. Been ill for several months with  
Due to Cancer. No Physician in attendance  
Due to Family Christian Science  
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?         
Name of operation        Date         
Major finding         
Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19       City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?

Means of injury         
23. Attendant's Philo E. Summers of Ada County  
OWN Signature        (M. D. or other)  
and Address Boise Idaho Date 7/31 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

AUG 12 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2397  
Local Reg. No. 281  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1218 E Bannock St  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1218 E Bannock  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? 67 years  
(h) Former residence (city, state) Maryland

3. (a) FULL NAME Lena German

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or  
4. Sex Female Race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 15th 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>0</u>	<u>16</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Baltimore Maryland (City or town) (State or foreign country)

Father { 12. Name Frank Genau

13. Birthplace Germany (City or town) (State or foreign country)

Mother { 14. Maiden name Unknown

15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address 1414 Franklin St. Boise Idaho

17. (a) Burial (b) Date thereof Aug. 2nd 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schneider McLean

and Address Boise, Idaho

19. (a) 8-3-48 (b) M. J. Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 7-31 1948  
at 1:40 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from 1946 to 7-30 1948  
I last saw h. er alive on 7-30 1948;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral Hemorrhage  
Arterio-sclerotic Heart Disease  
Due to Arterio-sclerosis Duration 3da Unknown

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature O. L. Swindell (M. D. or other)

and Address Boise Idaho Date 8-2 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 8 1948

# NON-RESIDENT

## Certificate of Death

STATE OF IDAHO

748  
State File No. 2398  
Local Reg. No. 115  
Reg. Dist. No. 371

### 1. PLACE OF DEATH:

- (a) County **ADA**  
(b) City or town **Boise Idaho**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? **X** ..... city or town  
(e) Died in a Home..... Hospital **X** Institution..... Other place.....  
(f) Name Hosp. or Inst. **VA Hospital** Stayed **5** days  
(g) Lived in this county ..... years ..... months ..... days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **washington** (b) County.....  
(c) City or town **Palouse**  
(d) Street Address or R.F.D. No. **Gen Del**  
(e) Deceased lived Inside?..... **X** ..... Outside?..... city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho?..... **NONE** ..... years  
(h) Former residence (city, state) **Salem Ill.**

### 3. (a) FULL NAME **FRANK HANNA**

3. (b) If veteran, name war **S. A. W.** 3. (c) Social Security No. **None**  
5. Color or ..... 6. (a) Single, widowed, married, divorced..... **Widowed**  
4. Sex **Male** race **White**  
6 (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) **March 9, 1868**

8. AGE	Years	Months	Days	If less than 1 day
	<b>80</b>	<b>3</b>	<b>25</b>	hrs. min.

9. Exact Occupation..... **Retired** Did this work for..... yrs  
10. Industry or Business..... **Retired** Date last worked.....  
11. Birthplace **Salem, Ill.** (City or town) (State or foreign country)

12. Name..... **unknown**  
13. Birthplace..... **unknown** (City or town) (State or foreign country)  
14. Maiden name..... **unknown**  
15. Birthplace..... **unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **[Signature]**  
and Address **W. O. Raburn M. D.**

17. (a) **Removal** (b) Date thereof **July 4, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Palouse, Wn.**

18. Funeral Director's OWN Signature **[Signature]**  
and Address **419 No. 5th, Boise, Idaho**

19. (a) **7/4/48** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

### MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July 3, 1948**  
at **4:30** o'clock **A** M

21. I HEREBY CERTIFY, That I attended deceased from **June 29, 1948** to **July 3, 1948**

I last saw him alive on **July 3, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Uremia**

Duration

**Terminal**

Due to **Prostatic Hypertrophy with urinary obstruction**

Prior to admission

Other conditions **Impacted fracture neck of left femur**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation **none** Date.....

Major finding.....

Finding of autopsy.....

**NONE**

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **Yes** Suicide?..... Homicide?.....

Occurred **June 25, 1948** 19..... City, county, state

where violence occurred **Palouse, Washington**

Place of Violence: Home **Home** Farm..... Industry.....

Public Place..... While at work?.....

Means of injury **Falling down stairs**

23. Attendants

OWN Signature **[Signature]**  
**J. K. McClintic M. D.**

and Address..... Date..... 19.....

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2399**  
Local Reg. No. **276**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **Rt. 3.**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **20** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **Rt. 3:**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in **Idaho**? **45** years  
(h) Former residence (city, state) **Ill.**

## 3. (a) FULL NAME **Elizabeth Blake Conway**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or **Female** Face **White**  
4. Sex **Female** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Christopher** 6. (c) Age of husband or wife if alive **78** years  
7. Date of Birth (Month, Day, Year) **Feb. 12th 1877**

8. AGE	Years	Months	Days	If less than 1 day
	<b>71</b>	<b>4</b>	<b>25</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for ☐ yrs.  
10. Industry or Business **Nauvoo Illinois** Date last worked ☐  
11. Birthplace (City or town) (State or foreign country)

- Father { 12. Name **Thompkins Blake**  
13. Birthplace **Ireland**  
Mother { 14. Maiden name **Alice Murphy**  
15. Birthplace **Ireland**

16. Informant's OWN Signature **Ellen Josephine Caddy**  
and Address **Boise Idaho**

17. (a) **Burial** (b) Date thereof **7/10/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Dry Creek Cemetery**

18. Funeral Director's OWN Signature **Schreibers McLean**  
and Address **Boise**

19. (a) **7-9-48** (b) **J. J. McLean**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **July 7th.** 19**48**  
(Month, Day, Year) at **9:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **6-17** 19**48**, to **7-7** 19**48**.  
I last saw her alive on **6-29** 19**48**.  
death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: **Hypostatic pneumonia** Duration **3 days**

- Due to **Myocardial decempruntion** **6 weeks**

- Due to **senility**  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? **Home**  
Name of operation ☐ Date ☐

- Major finding ☐  
Finding of autopsy ☐  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐

- Occurred ☐ 19 ☐ City, county, state where violence occurred ☐

- Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

- Means of injury ☐  
23. Attendant's OWN Signature **Queenweck**  
(M. D. or other)

- and Address **Boise Idaho** Date **7-9** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 29 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 2400  
Local Reg. No. 118  
Reg. Dist. No. 171

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 8  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 12 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 8  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME MARY ELLEN WILSON

3. (b) If veteran, name war No  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edward K.  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) August 12, 1882

8. AGE	Years	Months	Days	If less than 1 day
	65	10	27	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Jamestown, Kansas  
(City or town) (State or foreign country)

12. Name Ellias Reeves  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Emily Karr  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Edward H. Wilson  
and Address Route 8, Boise, Idaho

17. (a) Burial (b) Date thereof 1/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cloverdale, Boise, Idaho

18. Funeral Director's McBratney-Fowler Chapel  
OWN Signature \_\_\_\_\_  
and Address 419 No. 9th, Boise, Idaho

19. (a) 7-12-48 (b) Mirtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 9 1948  
at 5:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 1948, to July 9 1948  
I last saw h.e. alive on July 28 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration \_\_\_\_\_

Due to Heart Disease - Hypertension

Due to Hypertension & Arteriosclerosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? unk  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding None  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred June 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature C.B. Lindson  
and Address Boise Idaho (at \_\_\_\_\_ or other) \_\_\_\_\_  
Date 7-10 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON-RESIDENT Certificate of Death

JUL 13 1948

STATE OF IDAHO

1948  
State File No. 2401  
Local Reg. No. 117  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? XX city or town  
(e) Died in a Home.....Hospital XXInstitution.....Other place....  
(f) Name Hosp. or Inst. V.A. Hospital Stayed 215 days  
(g) Lived in this county.....years.....months.....days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Oregon (b) County.....  
(c) City or town. Baker  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside?..... Outside?.....city or town  
(f) Citizen of what country?..... U.S.A.  
(g) How long had deceased lived in Idaho?.....years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME BURNS, Isaac

3. (b) If veteran, name war SAW 3. (c) Social Security No. ....  
5. Color or .....  
4. Sex. Male race. White 6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife Lula Burns 6. (c) Age of husband or wife if alive.....years

7. Date of Birth (Month, Day, Year) February 20, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>4</u>	<u>22</u>	hrs. min.

9. Exact Occupation. Miner Did this work for..... yrs.  
10. Industry or Business..... Date last worked.....  
11. Birthplace. Delkarp Illinois  
(City or town) (State or foreign country)

- Father { 12. Name. Unknown  
13. Birthplace.....  
(City or town) (State or foreign country)  
Mother { 14. Maiden name. Unknown  
15. Birthplace.....  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, V.A. Hospital  
and Address. Boise, Idaho

17. (a) Removal (b) Date thereof. 7/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Salt Lake City, Utah

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address. Boise, Idaho

19. (a) 7-12-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 10, 19 48  
at 8:50 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from.....  
December 8, 1947, to July 10, 1948.  
I last saw him alive on July 10, 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Bronchopneumonia

Duration  
Terminal

Due to Coronary Arteriosclerosis  
with Myocardial Failure and  
non-Osteoarthritis, Chr. General-  
anemia humanized.

Prior to  
Admn.

(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy. No Autopsy

PHYSICIAN  
Underline the  
cause to which  
death should be  
charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state  
where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature J.K. McClintic, M.D., CMO  
(M.D. or other)

and Address. VAH, Boise, Ida. Date July 12, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

AUG 5 - 1948

STATE OF IDAHO

State File No. **2402**  
Local Reg. No. **121**  
Reg. Dist. No. **371**

DIVISION OF VITAL

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. County Hospital  
(d) Death Occured Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Ada Co Stayed        days  
(g) Lived in this county 17 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state)

3. (a) FULL NAME

Don Stewart

3. (b) If veteran, name war No 3. (c) Social Security No.         
5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
4. Sex M 6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) February 23, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>4</u>	<u>8</u>	hrs min.

9. Exact Occupation Retired Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Valley City, No. Dakato  
(City or town) (State or foreign country)  
Mother Father { 12. Name William R. Stewart  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Phoebe McFadden  
15. Birthplace Unknown  
(City or town) (State or foreign country)  
16. Informant's OWN Signature Records of County Hospital  
and Address Boise, Idaho  
17. (a) Removal        (b) Date thereof 7/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pocatello, Idaho  
18. Funeral Director's McBratney Fowler Chapel  
OWN Signature         
and Address 419 No. 9th, Boise, Idaho  
19. (a) 7/11/48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 109B  
20. DATE OF DEATH July 11 19 48  
(Month, Day, Year) at 3:45 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 3-17-48 to 7-11-48  
I last saw him alive on 7-10-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia - Duration 7 days  
Due to Septicemia - infected  
wound left neck  
Due to Staphylococci - Since  
Other conditions        3-17-48  
(Include pregnancy within 3 months of death)

Where was disease contracted?        PHYISICIAN         
Name of operation        Date        Underline the cause to which death should be charged statistically.  
Major finding         
Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury         
23. Attendant's OWN Signature D. O. B. Hamilton (M. D. or other)  
and Address Boise, Idaho Date 7-16-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JUL 29 1948

# Certificate of Death

OF VITAL

STATE OF IDAHO

1948

State File No.

2403

Local Reg. No. 122

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Near Star  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? ☒ city or town  
(e) Died in a Home ..... Hospital ..... Institution ..... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 50 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1205 Franklin St  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 79 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Edward Straus

3. (b) If veteran, name war None 3. (c) Social Security No. One  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Hattie 6. (c) Age of husband or wife if alive 68 years  
7. Date of Birth (Month, Day, Year) May 30th 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>1</u>	<u>11</u>	hrs. min.

9. Exact Occupation Insurance Did this work for ..... yrs.  
10. Industry or Business Agency Date last worked .....  
11. Birthplace Idaho City Idaho  
(City or town) (State or foreign country)

12. Name Aaron Straus  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hattie M. Straus  
and Address Boise

17. (a) Burial (b) Date thereof 7/14/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreiber McCann  
and Address Boise

19. (a) 7-15-48 (b) J. J. McLaughlin  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 7-11-1948  
at 2 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 19   to    19

I last saw him alive on Dec 1st 19  ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: extensive sclerotic heart disease Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

Attendant's OWN Signature J. J. McLaughlin

(M. D. or other) .....

and Address Boise Date 7-15-1948

(Additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JUL 29 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2404  
Local Reg. No. 120  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County. **Ada**  
(b) City or town. **Boise**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? **XX** city or town  
(e) Died in a Home. .... Hospital **XX** Institution. .... Other place  
(f) Name Hosp. or Inst. **V.A. Hosp.** Stayed **18** days  
(g) Lived in this county ..... years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 3. (a) FULL NAME **MEEK, Carl F.**

3. (b) If veteran, name war **WW II**  
5. Color or .....  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Maureen Meek**  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **May 6, 1922**

8. AGE	Years	Months	Days	If less than 1 day
	<b>26</b>	<b>2</b>	<b>7</b>	hrs. min.

9. Exact Occupation **None** Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked  
11. Birthplace **Mississippi** (State or foreign country)

- Father { 12. Name **Claude Meek**  
13. Birthplace **Unknown** (City or town) (State or foreign country)

- Mother { 14. Maiden name **Callie Bell**  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Records, V.A. Hospital**  
and Address **Boise, Idaho**

17. (a) **Removal** (b) Date thereof **7/14/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Lewiston, Idaho**

18. Funeral Director's OWN Signature **McBratney-Fowler Chapel**  
and Address **Boise, Idaho**

19. (a) **7-14-48** (b) **Myrtle Palmer**  
(Date received and filed) (Registrar's signature)

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County .....  
(c) City or town **Lewiston**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **2** years  
(h) Former residence (city, state) .....

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July 13, 1948**  
at **2:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **June 25, 1948** to **July 13, 1948**  
I last saw him alive on **July 13, 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Hypostatic Bronchopneumonia** Duration **Terminal**

Due to **Glioma, right cerebral hemisphere** Prior to **Admn.**

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy **Confirm Above**  
PHYSICIAN: Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work?

Means of injury **J.K. McClintic**  
23. Attendant's OWN Signature **J.K. McClintic, M.D., CMO**  
(M. D. or other)

and Address **VAH, Boise, Idaho** Date **July 13, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JUL 29 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2405  
Local Reg. No. 259  
Reg. Dist. No. 370

1. PLACE OF DEATH: STATE
- (a) County Ada
- (b) City or town Star
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
- (g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada
- (c) City or town Star
- (d) Street Address or R.F.D. No. \_\_\_\_\_
- (e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 41 years
- (h) Former residence (city, state) Colorado

3. (a) FULL NAME Alfred Burke

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male Color or race White
5. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Burke
6. (c) Age of husband or wife if alive 75 years

7. Date of Birth (Month, Day, Year) Jan 29th 1870
- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <u>78</u> | <u>5</u> | <u>16</u> | hrs. min.          |

9. Exact Occupation Farmer. Retired Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Carlsburg Sweden  
(City or town) (State or foreign country)

12. Name Swen Burke
13. Birthplace Sweden  
(City or town) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature Harry A. Burke  
and Address Omaha Nebraska

17. (a) Burial (b) Date thereof 7/17/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreiber & McCann  
and Address Boise

19. (a) 7-17-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 15 1948
- at 3:30 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Dec 1947 to July 14 1948
- I last saw him alive on July 14 1948
- death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration Repeated

Due to Hypertension Severe Yrs.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? Unknown

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_
- where violence occurred \_\_\_\_\_
- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_
- Means of injury \_\_\_\_\_
23. Attendant's OWN Signature Frank A. Rojas MD (M D. or other) \_\_\_\_\_
- and Address 214 East Date 7/16 1948
- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JUL 29 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 2406  
Local Reg. No. 127  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Kuna  
(c) Street Address or R.F.D. No. Rt #2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 10 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Kuna  
(d) Street Address or R.F.D. No. Rt #2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

Leslie Leon German

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

None

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive years

7. Date of Birth  
(Month, Day, Year) July 11, 1937

8. AGE	Years	Months	Days	If less than 1 day
	<u>11</u>	<u>0</u>	<u>5</u>	hrs. min.

9. Exact Occupation Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Nampa, Idaho  
(City or town) (State or foreign country)

12. Name Cwen German (deceased)

13. Birthplace Stone Co., Missouri  
(City or town) (State or foreign country)

14. Maiden name Letha Downum

15. Birthplace Bentenville Co. Ark.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Letha Fletcher  
and Address Kuna Ida Rt 2

17. (a) Burial (b) Date thereof 7/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kuna, Idaho Cemetery

18. Funeral Director's OWN Signature BW Robison

and Address Meridian, Idaho

19. (a) 7-26-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) July 16, 1948  
at 10:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Hemiplegia

Duration  
2 hrs

Due to Hypertension

10 yrs

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred 19 City, county, state  
where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Grace E. Sherrill  
(M. D. or other)

and Address Nampa Ida Date 7-18-19-48  
(For additional use, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

JUL 29 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

STATE OF IDAHO

State File No. 2407  
Local Reg. No. 124  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? xx city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital xx Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hosp. Stayed 57 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County \_\_\_\_\_  
(c) City or town Homedale  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Lifetime years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME SHEA, Guy J.

3. (b) If veteran, name war WW I

3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel M. Shea

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December 28, 1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>6</u>	<u>22</u>	hrs. min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Silver City Idaho  
(City or town) (State or foreign country)

12. Name Jerry Shea

13. Birthplace Silver City, Idaho Canada  
(City or town) (State or foreign country)

14. Maiden name Mary Fenick

15. Birthplace Silver City Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, V. A. Hospital  
and Address Boise, Idaho

17. (a) Removal (b) Date thereof 7/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Waldwell, Idaho

18. Funeral Director's OWN Signature McBratney-Powder Chapel  
and Address Boise, Idaho

19. (a) 7/21/48 (b) Muriel Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 20, 1948  
(Month, Day, Year) at 5:05 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 24, 1948 to July 20, 1948.  
I last saw him alive on July 20, 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Bronchogenic carcinoma, right, with extensive metastases.

Due to \_\_\_\_\_ Duration Before Mar. 1 1948

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Confirm Above

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature G. J. SHUELL, M.D., Act. CMO.  
(M. D. or other)

and Address Boise, Idaho Date July 21 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
AUG 5 - 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2408  
Local Reg. No. 126  
Reg. Dist. No. 371

D.V. OF VITAL

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 2  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Ada County 3 days  
(g) Lived in this county 50 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 513. South 12 th.  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Wisconsin

## 3. (a) FULL NAME

Frank Davidson

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No. None.

5. Color or White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year) March. 15. 1863.

8. AGE	Years	Months	Days	If less than 1 day
	<u>85.</u>	<u>4.</u>	<u>6.</u>	hrs. min.

9. Exact Occupation Retired. Did this work for years  
10. Industry or Business worked Date last worked

## 11. Birthplace Eau Claire, Wisconsin. (City or town) (State or foreign country)

## 12. Name Unknown.

## 13. Birthplace Unknown. (City or town) (State or foreign country)

## 14. Maiden name Unknown.

## 15. Birthplace Unknown. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs May Jenkins

and Address 5138 12th St. Boise, Idaho

## 17. (a) Burial. (b) Date thereof July. 24. 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

## 18. Funeral Director's OWN Signature Charles E. Summers

and Address Boise, Idaho

## 19. (a) 7-26-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) July. 21. 1948 at 10. o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from July 20 1948 to July 21 1948 I last saw him alive on July 21 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Left heart failure Duration: Sudden

Due to fracture of ribcage right 30 yr

Due to fracture of ribcage right work

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature Charles E. Summers

(M. D. or other)

and Address Boise, Idaho Date 7-22-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2409  
Local Reg. No. 276  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Eagle  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 58 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Eagle  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) Nevada

3. (a) FULL NAME FRANK DENTON

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Mrs. Sarah A. Denton 6. (c) Age of husband or wife if alive 74 years

7. Date of Birth (Month, Day, Year) May. 2. 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>4</u>	<u>20</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for ..... yrs.

10. Industry or Business Cherry Creek, Nevada Date last worked

11. Birthplace Cherry Creek, Nevada (City or town) (State or foreign country)

12. Name William Denton (City or town) (State or foreign country)

13. Birthplace Missouri (City or town) (State or foreign country)

14. Maiden name Unknown (City or town) (State or foreign country)

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Sarah Ann Denton and Address Eagle Idaho

17. (a) Burial (b) Date thereof July. 24. 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Charles E. Summers and Address Boise, Idaho

19. (a) 7-29-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July. 22. 1948 at 6.30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from July 10 19 48 to July 10 19 48

I last saw h. 1 m alive on July 10 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma probably gastric Duration 6 month

Due to .....  
Due to .....  
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation none Date .....  
Major finding .....  
Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature M. J. Joeloch (M. D. or other) Boise Date 7/26 19 48

and Address ..... (For additional space, use reverse side)

046B

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

JUL 29 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 2410

Local Reg. No. 125

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V. A. Hosp. Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Paul  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME ASHTON, Edward N.

3. (b) If veteran, name war WW I 3. (c) Social Security No. 519-01-3119  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced M  
4. Sex M race W  
6. (b) Name of husband or wife Elizabeth Ashton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Dec. 18, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>7</u>	<u>4</u>	hrs. min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Idaho (City or town) (State or foreign country)

12. Name Edward ASHTON  
13. Birthplace Wales England (City or town) (State or foreign country)  
14. Maiden name Elizabeth WERRY  
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Records, V. A. Hospital  
and Address Boise, Idaho

17. (a) Removal (b) Date thereof 7/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Rupert, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address Boise, Idaho

19. (a) 7/22/48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 22 19 48  
at 3:30 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from July 20 19 48 to July 22 19 48  
I last saw him alive on July 22 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Leukemic Infiltration of Myocardium

Due to Subacute Myelogenous Leukemia

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

Duration  
Unknown

7 Mo.

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature G. J. SHUELL, M.D., CMO  
(M.D. or other)  
and Address V. A. H., Boise, Idaho Date July 22 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JUL 30 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948 State File No. **2411**  
Local Reg. No. **128**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **State Penitentiary**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place ☒  
(f) Name Hosp. or Inst. ☒ Stayed ☒ days  
(g) Lived in this county **3** years ☒ months ☒ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **R.D. # 8**  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **3** years  
(h) Former residence (city, state) **New York**

3. (a) FULL NAME **Morgan. R. Cleveland.**

3. (b) If veteran, name war **World War # 1.** 3. (c) Social Security No.

5. Color or **White.** 6. (a) Single, widowed, married, divorced **Married.**

4. Sex **Male.** race **White.** 6. (b) Name of husband or wife **Lillian. M.** 6. (c) Age of husband or wife if alive **51.** years

7. Date of Birth (Month, Day, Year) **March. 14. 1898.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>50.</b>	<b>4.</b>	<b>10.</b>	hrs. min.

9. Exact Occupation **Laborer.** Did this work for ☒ yrs.

10. Industry or Business **Elmira, New York.** Date last worked

11. Birthplace **Elmira, New York.** (City or town) (State or foreign country)

12. Name **Frank Cleveland.**

13. Birthplace **Elmira, New York.** (City or town) (State or foreign country)

14. Maiden name **Grace Brown.**

15. Birthplace **Elmira, New York.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Lillian Cleveland**

and Address **route 8 41 St Boise Idaho**

17. (a) **Burial.** (b) Date thereof (Month) (Day) (Year)  
(c) Place **Morris Hill Cemetery.**

18. Funeral Director's OWN Signature **Chas. E. Summers**

and Address **Boise, Idaho.**

19. (a) **7-27-48** (b) **Myrtle Palmer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July. 24. 19 48.**  
at **about 10** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h. ☒ alive on **19** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Suicide., Cut his wrists with a razor blade.**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☒ Yes ☒ Homicide? ☒

Occurred **July. 24. 19 48** city, county, state

where violence occurred **Idaho State Penitentiary.**

Place of Violence: Home ☒ Farm ☒ Industry ☒

Public Place ☒ While at work? ☒

Means of injury

23. Attendant's OWN Signature **Chas. E. Summers** Coroner of **Ada County.**

(M. D. or other)

and Address **Boise, Idaho.** Date **July 27 19 48.**

(For additional space, use reverse side)

130

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748

2412

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 30 1948

## Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No.

Local Reg. No. 129

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Rt. 3  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 3 years 8 months 25 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Rt. 3  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) None

3. (a) FULL NAME Richard Vern Mencer

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male Color White 5. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Oct. 31st 1944

8. AGE	Years	Months	Days	If less than 1 day
	<u>3</u>	<u>8</u>	<u>25</u>	hrs. min.

9. Exact Occupation Child Did this work for years  
10. Industry or Business Boise Idaho Date last worked

11. Birthplace (City or town) (State or foreign country)

12. Name Edwin Mencer  
13. Birthplace (City or town) (State or foreign country) Eagle Idaho

14. Maiden name Olive Harris  
15. Birthplace (City or town) (State or foreign country) Colorado

16. Informant's OWN Signature Edwin E. Mencer  
and Address Rt. 3: Boise Idaho

17. (a) Burial (b) Date thereof 7/28/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreiber McLean  
and Address Boise

19. (a) 7-28-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 26 1948  
(Month, Day, Year) at 2 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 3/45 1944 to July 26 1948  
I last saw h. us alive on June 1 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral accident Duration 5 min

Due to Infantile Polio myelitis 3 yrs

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury  
23. Attendant's OWN Signature J. M. Braxton  
and Address Boise Idaho Date July 27 1948  
(For additional space, use reverse side)

025

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 1 2 1948

# Certificate Of Death

1048

State File No. \_\_\_\_\_  
Local Reg. No. 134  
Reg. Dist. No. 371

DIVISION OF VITAL STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Route # 8  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 1 years 6 months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Route # 8  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1 1/2 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME RONALD JAY PAVELEC

3. (b) If veteran, name war No 3. (c) Social Security No. none  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) 1/20/47

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>6</u>	<u>8</u>	hrs min.

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

12. Name Melford M. Pavelec  
13. Birthplace Marsing, Idaho (City or town) (State or foreign country)  
14. Maiden name Thelma Payne  
15. Birthplace Johnstown, Colorado (City or town) (State or foreign country)

16. Informant's OWN Signature Melford M. Pavelec  
and Address Rt. # 8, Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/48 (Month) (Day) (Year)  
(c) Place: Cloverdale Memorial Park, Boise, Ida.

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St., Boise, Ida.

19. (a) 8-2-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 28 19 48  
at 7:00 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental drowning in irrigation ditch Duration \_\_\_\_\_  
Due to accidents

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred July 28 19 48 City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Ida. Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Coroner of  
and Address Boise, Idaho Date 7/31/48 (M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 12 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2414  
Local Reg. No. 133  
Reg. Dist. No. 971

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hospital Stayed 1 days  
(g) Lived in this county 13 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. R. F. D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME THOMPSON, Fred W.

3. (b) If veteran, name war WW I

3. (c) Social Security No. \_\_\_\_\_

4. Sex M race W

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Bessie E. Thompson

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>5</u>	<u>7</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Guthrie, Oklahoma  
(City or town) (State or foreign country)

12. Name James F. Thompson

13. Birthplace Des Moines, Iowa  
(City or town) (State or foreign country)

14. Maiden name Adelaine Beasen

15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature McClintic  
and Address Records, V. A. Hospital  
Boise, Idaho

17. (a) Burial (b) Date thereof 8/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale, Boise Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address Boise, Idaho

19. (a) 8-2-48 (b) Maryle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 29, 1948  
(Month, Day, Year) at 8:04 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased ~~from~~ on  
July 29, 1948 to July 29, 1948

I last saw him alive on July 29, 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cachexia

Duration  
Prior to admission.

Due to Carcinoma of the pancreas,  
primary in body, with metastasis  
to the liver. Prior to admission.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy Confirm above.

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Motor vehicle

23. Attendant's OWN Signature J. K. McClintic, M.D., CMD  
(M. D. or other)

and Address VAH, Boise, Idaho Date July 29, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
AUG 5 - 1948  
DIVISION OF VITAL

NON-RESIDENT  
Certificate of Death  
STATE OF IDAHO

State File No. 2415  
Local Reg. No. 131  
Reg. Dist. No. 371

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 11 Miles East of Boise  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 0 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Kansas (b) County Finney  
(c) City or town Garden City  
(d) Street Address or R.F.D. No. 304 N. 4 St.  
(e) Deceased lived Inside? X Outside? 0 city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Celastiel Frances Melcum

3. (b) If veteran, name war No 3. (c) Social Security No. None

5. Color or White 6. (a) Single, widowed, married, divorced Married

4. Sex Female 6. (b) Name of husband or wife Charles Gilbert  
6. (c) Age of husband or wife if alive 81 years

7. Date of Birth (Month, Day, Year) February 18, 1871

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <u>77</u> | <u>5</u> | <u>12</u> | hrs. min.          |

9. Exact Occupation At Home Did this work for 0 yrs.

10. Industry or Business Iowa Date last worked

11. Birthplace Iowa (City or town) (State or foreign country)

12. Name Perry Stonehocker (City or town) (State or foreign country)

13. Birthplace Ohio (City or town) (State or foreign country)

14. Maiden name Sarah M. Sengood (City or town) (State or foreign country)

15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Clyde E. Summers  
and Address 1205 Bannock Street, Boise, Idaho

17. (a) Removal (b) Date thereof August 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Garden City, Kansas

18. Funeral Director's OWN Signature Clyde E. Summers  
and Address Boise, Idaho

19. (a) 7-30-48 (b) Marilyn Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 30, 1948

- at 10 o'clock A. saw

21. I HEREBY CERTIFY, That I deceased deceased from July 30, 1948 to July 30, 1948

- I last saw h alive on July 30, 1948

- death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Fractured skull. Duration

- Head-on Collision of Highway.

- Car he was driving run into another car on highway.

- Due to Fractured skull.

- Other conditions Head-on Collision of Highway.

- (Include pregnancy within 3 months of death)

- Where was disease contracted? Fractured skull.

- Name of operation Head-on Collision of Highway.

- Major finding Car he was driving run into another car on highway.

- Finding of autopsy Fractured skull.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? X Suicide? 0 Homicide? 0

- Occurred July 30, 1948 city, county, state

- where violence occurred Highway 30, 11 Miles East of Boise, Idaho

- Place of Violence: East of Boise, Idaho

- Public Place While at work?

- Means of injury Head-on Collision of Highway.

23. Attendant's OWN Signature Clyde E. Summers Coroner of Ada County  
(M. D. or other)

- and Address Boise, Idaho Date July 31, 1948

- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED NON-RESIDENT  
Certificate of Death

AUG 5-1948

STATE OF IDAHO

1948 2416  
State File No. \_\_\_\_\_  
Local Reg. No. 130  
Reg. Dist. No. 371

DEPT. OF VITAL

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 11 Miles East of Boise  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Kansas (b) County Finney  
(c) City or town Garden City  
(d) Street Address or R.F.D. No. 304 N. 4 St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME

Charles Gilbert Melcum

3. (b) If veteran, name war

No.

3. (c) Social Security No.

None

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Celastiel Frances

6. (c) Age of husband or wife if alive 77 years

7. Date of Birth (Month, Day, Year) November 7, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>8</u>	<u>23</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Iowa (City or town) \_\_\_\_\_ (State or foreign country)

12. Name Siles Day Melcum

13. Birthplace Indiana (City or town) \_\_\_\_\_ (State or foreign country)

14. Maiden name Cindrilla Pringle

15. Birthplace Indiana (City or town) \_\_\_\_\_ (State or foreign country)

16. Informant's OWN Signature Chyle E Summers  
and Address 1205 Bannock Street, Boise, Idaho

17. (a) Removal (b) Date thereof August 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Garden City, Kansas

18. Funeral Director's OWN Signature Chyle E Summers  
and Address Boise, Idaho

19. (a) 7-31-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) July 30 19 48

at 10 o'clock A.M. saw

21. I HEREBY CERTIFY, That I ~~have~~ have deceased from July 30 19 48 to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Fractured skull  
Head on collision on Highway  
Due to Car he was driving run into another of highway

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred July 30 19 48 City, county, state Boise, Idaho

Where violence occurred Highway 30, 11 miles East of Boise, Idaho

Place of Violence: Home \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_ Coroner of Ada County  
23. Attendant's OWN Signature Chyle E Summers (M. D. or other)  
and Address Boise, Idaho Date July 31, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 18 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2417  
Local Reg. No. 559  
Reg. Dist. No. 300

## 1. PLACE OF DEATH:

- (a) County Adams  
(b) City or town Rural Near Homestead Ore.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 1/2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Adams  
(c) City or town Rural Near Homestead Ore.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Arizona

## 3. (a) FULL NAME William H. Johns

3. (b) If veteran, name war None No. None  
5. Color or race White  
4. Sex Male divorced Married  
6. (b) Name of husband or wife Olara  
6. (c) Age of husband or wife 45 years

7. Date of Birth (Month, Day, Year) February 18 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>4</u>	<u>29</u>	hrs min.

9. Exact Occupation Retired Carpenter and Rancher Did this work for Life yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1940  
11. Birthplace Wales England (City or town) (State or foreign country)  
Mother Father { 12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Elizabeth ???  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Wm Johns  
and Address Homestead Oregon

17. (a) Burial (b) Date thereof 7/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Council I.O.O.F. Cem.

18. Funeral Director's OWN Signature C. S. Jones  
and Address Northam Jones, Weiser, Idaho

19. (a) 7/20/48 (b) Valuel Johnston  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 17 1948  
about 5 W o'clock CA M.

21. I HEREBY CERTIFY, That I attended deceased from July 1948 to July 1948  
I last saw him alive on death 7/15/48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Cervical Inert Disease 2 yrs  
Due to Cervical Inert Disease  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? Home  
Name of operation 0 Date \_\_\_\_\_  
Major finding 0  
Finding of autopsy 0  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Valuel Johnston  
and Address Council, Idaho (M D. or other) Date 7/20/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

AUG 18 1948

STATE OF IDAHO

State File No. **2418**  
Local Reg. No. **560**  
Reg. Dist. No. **300**

## 1. PLACE OF DEATH:

- (a) County **Adams**  
(b) City or town **Council**  
(c) Street Address or R.F.D. No. **0**  
(d) Death Occured Inside? **X** Outside? **city or town**  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Inst. **Community** Stayed... days  
(g) Lived in this county... years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Adams**  
(c) City or town **Council**  
(d) Street Address or R.F.D. No. **0**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **1 day**  
(h) Former residence (city, state) **—**

## 3. (a) FULL NAME

**Judith Aileen Fincher**

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

4. Sex **F** 5. Color **W** or race **W**

6. (b) Name of husband or wife **0**

6. (a) Single, widowed, married, divorced **S**

6. (c) Age of husband or wife if alive **0** years

7. Date of Birth (Month, Day, Year) **7/20/48**

8. AGE	Years	Months	Days	If less than 1 day
				<b>13 hrs 5 min.</b>

9. Exact Occupation **0** Did this work for... yrs.

10. Industry or Business **0** Date last worked

11. Birthplace **Council** (City or town) **Ida.** (State or foreign country)

12. Name **Vernon Elmer Fincher**

13. Birthplace **McCall** (City or town) **Ida.** (State or foreign country)

14. Maiden name **McCall**

15. Birthplace **Council** (City or town) **Ida.** (State or foreign country)

16. Informant's OWN Signature **Marion E. Fincher**

and Address **McCall, Idaho**

17. (a) **0** (b) Date thereof **7/21/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place:

18. Funeral Director's OWN Signature

and Address

19. (a) **7/21/48** (b) **Marion E. Fincher**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **7/21/48** 19**48**

at **5:15** o'clock **PM** M.

21. I HEREBY CERTIFY, That I attended deceased from **7/20** 19**48**, to **7/21** 19**48**

I last saw her alive on **7/21** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Asphyxia neonatorum** Duration **1 hr**

Due to **asphyxia**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **John A. Edrall MD** (M. D. or other)

and Address **Council** Date **7/21** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 18 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2419  
Local Reg. No. 561  
Reg. Dist. No. 300

1. PLACE OF DEATH: STATISTICAL
- (a) County: Adams  
(b) City or town: Council  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home: ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst.: Community Stayed: 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State: Idaho (b) County: Washington  
(c) City or town: Cambridge, Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) None

3. (a) FULL NAME Maurice Carriek

3. (b) If veteran, name war W.W.#2 3. (c) Social Security No. 519-30-1127  
5. Color or race: White 6. (a) Single, widowed, married, divorced: Single  
4. Sex: Male 6. (b) Name of husband or wife: XXX  
6. (c) Age of husband or wife if alive: XXX years  
7. Date of Birth (Month, Day, Year) August 7 1919

8. AGE	Years	Months	Days	If less than 1 day
	<u>28</u>	<u>11</u>	<u>15</u>	hrs min.

9. Exact Occupation: Farmer Did this work for Life yrs.  
10. Industry or Business: \_\_\_\_\_ Date last worked: 7/20/48  
11. Birthplace: Cambridge Idaho (City or town) (State or foreign country)

12. Name: Bert Carrick  
13. Birthplace: Wilson County Kansas (City or town) (State or foreign country)  
14. Maiden name: Grace Sutton  
15. Birthplace: Fair Play Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature: Wilma Mousin Carrick  
and Address: College Place, Wash.

17. (a) Removal (b) Date thereof: 7/22/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cambridge, Idaho

18. Funeral Director's OWN Signature: L. S. Jones  
and Address: Northam Jones, Weiser, Idaho

19. (a) 7/22/48 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 22 1948  
at 9:35 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 20 1948, to July 22 1948  
I last saw him above July 22 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_

Basal Skull Fracture 2 days

Ruptured transverse colon 2 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? home

Name of operation: laparotomy Date: 7/20/48

Major finding: ruptured transverse

Finding of autopsy: colon

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred: 7/20/48 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred Washington County

Place of Violence: Home \_\_\_\_\_ Farm XXX Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? yes

Means of injury: fell from top of hay stack

23. Attendant's OWN Signature: [Signature] (M.D. or other)

and Address: Council, Idaho Date: 7/22/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 18 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2420  
Local Reg. No. 562  
Reg. Dist. No. 300

## 1. PLACE OF DEATH:

- (a) County Adams  
(b) City or town Council  
(c) Street Address or R. F. D. No. Rural Near  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital K Institution... Other place  
(f) Name Hosp. or Inst. Council Hosp stayed 10M days  
(g) Lived in this county 28 years 8 months 15 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Adams  
(c) City or town Council  
(d) Street Address or R.F.D. No. City  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) XXXX

## 3. (a) FULL NAME RAYMOND MC FADDEN

3. (b) If veteran, name war W.W. #2 No. 518-14-7794  
5. Color or race White  
4. Sex Male divorced Married  
6. (b) Name of husband or wife Bonnie 6. (c) Age of husband or wife if alive 20 years

7. Date of Birth (Month, Day, Year) November 11 1919

8. AGE	Years	Months	Days	If less than 1 day
	<u>28</u>	<u>8</u>	<u>15</u>	hrs min.

9. Exact Occupation Timber Faller Did this work for 2 yrs.  
10. Industry or Business Lumbering Date last worked 7/26/48  
11. Birthplace Council Idaho (City or town) (State or foreign country)

12. Name F.D. McFadden  
13. Birthplace Kansas (City or town) (State or foreign country)  
14. Maiden name Carrie Parker  
15. Birthplace Weiser Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Bonnie J. McFadden (Wife)  
and Address Council, Idaho.

17. (a) Burial (b) Date thereof 7/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Council, Idaho

18. Funeral Director's OWN Signature Alvin S. Hunter #557  
and Address Northam Jones Chapel Weiser Idaho.

19. (a) 7/27/48 (b) Alvin S. Hunter  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 26 1948  
at 12:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 7/26/48 19, to 7/26/48 19.  
I last saw him alive on 7/26/48 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Skull fracture Duration 2 hours

Due to Extensive fracture of the vaults  
Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation o Date Underline the cause to which death should be charged statistically.  
Major finding o  
Finding of autopsy o

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? o Homicide? o  
Occurred 7/26/48 19, City, county, state where violence occurred Adams, Council Idaho  
Place of Violence: Home o Farm o Industry Yes Public Place o While at work? Yes

Means of injury hit on head by tree

23. Attendant's OWN Signature Alvin S. Hunter (M. D. or other)  
and Address Council, Idaho Date 7/27/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED Certificate Of Death**

**AUG 18 1948**

STATE OF IDAHO

State File No. **2421**  
Local Reg. No. **563**  
Reg. Dist. No. **300**

- 1. PLACE OF DEATH: STATISTICS**
- (a) County **Adams**  
(b) City or town **Council**  
(c) Street Address or R.F.D. No. **P.O. Box # 202**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

- 2. Usual Residence of Deceased: (Always fill in these)**
- (a) State **Idaho** (b) County **Adams**  
(c) City or town **Council**  
(d) Street Address or R.F.D. No. **P.O. Box # 202**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **65** years  
(h) Former residence (city, state) **John Day, Ore.**

- 3. (a) FULL NAME LEWIS KEITHLY LAKEY**

- 3. (b) If veteran, name war **None**** **3. (c) Social Security No. **None****
- 5. Color or **White**** **6. (a) Single, widowed, married, divorced **Widowed****
- 4. Sex **Male**** **6. (b) Name of husband or wife **Anna****
- 6. (c) Age of husband or wife if alive **De'd** years**
- 7. Date of Birth (Month, Day, Year) **June 5 1873****

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>1</b>	<b>25</b>	hrs min.

- 9. Exact Occupation **Rancher(Retired)** Did this work for **Life** yrs.**
- 10. Industry or Business **Gen'l Ranching** Date last worked **1946****
- 11. Birthplace **Wlaa Walls, Washington** (City or town) (State or foreign country)**

- 12. Name **Lewis Lakey****
- 13. Birthplace **Missouri** (City or town) (State or foreign country)**
- 14. Maiden name **Foster****
- 15. Birthplace **Missouri** (City or town) (State or foreign country)**

- 16. Informant's OWN Signature **Keith M Lakey** Son**
- and Address **Box # 202 Council, Idaho.****

- 17. (a) **Burial** (b) Date thereof **8/2/48** (Burial, cremation, or removal) (Month) (Day) (Year)**
- (c) Place: **Hornet Creek Cem, Council, Idaho****

- 18. Funeral Director's OWN Signature **C. Jones****
- and Address **Northam Jones, Weiser, Idaho****

- 19. (a) **7/31/48** (b) **C. Jones** (Date received and filed) (Registrar's signature)**

**MEDICAL CERTIFICATE OF DEATH**

- 20. DATE OF DEATH **July 30 1948** (Month, Day, Year)**
- at **4:30** P.M. o'clock **4** M.**

- 21. I HEREBY CERTIFY, That I attended deceased from **July 30 1948**, to **July 30th 1948****
- I last saw h. **alive** on **19**; death is said to have occurred on the date and hour stated above.**

**Immediate Cause of Death:**

**Coronary Thrombosis** **Duration **instant****

**Coronary heart disease.** ****death****

**Due to **myocarditis****

**Other conditions **Prostatitis** (Include pregnancy within 3 months of death)**

****senility****

**Where was disease contracted? **Home****

**Name of operation **o** Date **o****

**Major finding **o****

**Finding of autopsy **o****

- 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐**
- Occurred **19** City, county, state**
- where violence occurred**
- Place of Violence: Home ☐ Farm ☐ Industry ☐**
- Public Place ☐ While at work? ☐**
- Means of injury **o****

- 23. Attendant's OWN Signature **Albert T. Miller****
- and Address **Council, Idaho.** (M D. or other) **7/31/48** Date**
- (For additional space, use reverse side)**

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 18 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No.

2422

Local Reg. No.

187

Reg. Dist. No.

511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Lava Hot Springs  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

George Almy Svensen

033A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

518-28-7637

## 4. Sex M Color or race W

## 6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive 1 years

## 7. Date of Birth

(Month, Day, Year) October 4, 1877

## 8. AGE

Years

Months

Days

If less than 1 day

70

4

19

hrs. min.

## 9. Exact Occupation

Painter

Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last

worked

## 11. Birthplace

Big Cottonwood Utah

## 12. Name

Peter Svensen

## 13. Birthplace

Denmark

## 14. Maiden name

Martha Hale

## 15. Birthplace

New York N.Y.

## 16. Informant's

OWN Signature

Mrs. Mary Hammer

and Address

Idaho Falls, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 2-26-48

(c) Place

Mountainview

## 18. Funeral Director's

OWN Signature

Bryan B. Downard

and Address

Pocatello Idaho

## 19. (a)

(Date received and filed)

(b) Aug. 10, 1948

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) February 23 19 48

at 6:45 o'clock P. M.

## 21. I HEREBY CERTIFY That I attended deceased from

Nov. 6 19 47 to Feb. 23 19 48

I last saw him alive on Feb. 23 19 48

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Influenza & pneumonia

## Duration

3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operating \_\_\_\_\_ Date \_\_\_\_\_

Major finding Suppurative

Finding of autopsy None

PHYSICIAN

Underline the

cause to which

death should

be charged

statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature

H. H. Longhart

and Address

Pocatello Idaho

Date Aug. 9 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 18 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 2423  
State File No. \_\_\_\_\_  
Local Reg. No. 188  
Reg. Dist. No. 511

1. PLACE OF DEATH: **STATISTICS**
- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 1 days  
(g) Lived in this county 45 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bannock  
(c) City or town Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Charles S. Pfeiffer

3. (b) If veteran, name war L 3. (c) Social Security No. \_\_\_\_\_

5. Color or W 6. (a) Single, widowed, married, divorced married

4. Sex M race W 6. (c) Age of husband or wife if alive 35 years

6. (b) Name of husband or wife Evelyn

7. Date of Birth (Month, Day, Year) Feb. 18, 1873

8. AGE Years Months Days If less than 1 day

75 2 23 hrs. min.

9. Exact Occupation Plasterer Did this work for 30 yrs.

10. Industry or Business Self Date last worked 1948

11. Birthplace (City or town) (State or foreign country)

12. Name Pfeiffer

13. Birthplace (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records

and Address Pocatello Idaho

17. (a) Burial (b) Date thereof 5-14-48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho

18. Funeral Director's OWN Signature Byron B. Downard

and Address Pocatello Idaho

19. (a) Aug. 10, 1948 (b) Jessie Z. Gamell

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 11 19 48

at 5 o'clock A. M.

21. I HEREBY CERTIFY That I attended deceased from May 10 19 48 to May 11 19 48

I last saw him alive on May 10 19 48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio. renal Duration unknown

Due to \_\_\_\_\_

Due to Senility unknown

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding none

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John J. Smith

and Address Pocatello Idaho Date Aug. 9 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 10 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2424  
Local Reg. No. 164  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 101 S. JOHNSON  
(d) Death Occurred Inside? - Outside? - city or town  
(e) Died in a Home - Hospital - Institution - Other place -  
(f) Name Hosp. or Inst. GENERAL Stayed 3 days  
(g) Lived in this county 24 years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. 417 E. HALLIDAY  
(e) Deceased lived Inside? ✓ Outside? - city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) SALT LAKE CITY, UTAH.

## 3. (a) FULL NAME

CLARA HOPKINSON WESTWOOD

087C

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

## 6. (a) Single, widowed, married,

Sex FEMALE race WHITE

divorced MARRIED

(b) Name of husband or wife NEPHI J WESTWOOD

(c) Age of husband or wife if alive 63 years

## 7. Date of Birth

(Month, Day, Year) DECEMBER 10TH 1884

## 8. AGE

Years

Months

Days

If less than 1 day

63

6

22

hrs. min.

## 9. Exact

Occupation HOUSEWIFE

## Did this

work for - yrs.

## 10. Industry or

Business AT HOME

## Date last

worked -

## 11. Birthplace

BRADFORD

ENGLAND

(City or town)

(State or foreign country)

## 12. Name

WILLIAM HENRY HOPKINSON

## 13. Birthplace

ENGLAND

(City or town)

(State or foreign country)

## 14. Maiden name

EMMA LOUISE CLEGG

## 15. Birthplace

ENGLAND

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Frank Westwood

and Address Pocatello, Idaho

## 17. (a) REMOVAL

(Burial, cremation, or removal)

(b) Date thereof 7-4-48

(c) Place SALT LAKE CITY, UTAH

## 18. Funeral Director's

OWN Signature Arthur M. Hall

and Address POCATELLO, IDAHO

## 19. (a)

7/4/48

(Date received and filed)

## (b)

Joie J. Powell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) JULY 2ND, 1948

at 11:00 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

6/30 1948, to 7/2 1948

I last saw h. alive on 7/2 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Paralysis  
agitation

## Duration

Due to -

Due to -

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

## 23. Attendant's

OWN Signature Arthur M. Hall

and Address Pocatello, IDAHO

Date 7/4 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 10 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2425  
Local Reg. No. 145  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 230 W. BONNIVILLE  
(d) Death Occurred Inside? - Outside? - city or town  
(e) Died in a Home - Hospital - Institution - Other place -  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county - years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. 230 W. BONNIVILLE  
(e) Deceased lived Inside? - Outside? - city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? - years  
(h) Former residence (city, state) -

## 3. (a) FULL NAME

CHARLES MAURICE SMITH.

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

712-05-0971

## 5. Color or

Sex MALE race WHITE

## (b) Name of husband or wife

ELLA WOODBURN

## 7. Date of Birth

(Month, Day, Year) JANUARY 31, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>5</u>	<u>3</u>	hrs. min.

## 9. Exact Occupation CLERK Did this work for - yrs.

## 10. Industry or Business UNION PACIFIC R.R. Date last worked -

## 11. Birthplace HARRISBURG PENNSYLVANIA (City or town) (State or foreign country)

## 12. Name DAVID CHAYAN SMITH (City or town) (State or foreign country)

## 13. Birthplace RUSSIA-POLISH BORDER (City or town) (State or foreign country)

## 14. Maiden name ABRONOWITZ (City or town) (State or foreign country)

## 15. Birthplace UNKNOWN (City or town) (State or foreign country)

## 16. Informant's OWN Signature Charles M. Smith and Address 738 W. 3rd St. Richmond, Cal.

## 17. (a) BURIAL (Burial, cremation or removal) (b) Date thereof JULY 6, 1948 (Month) (Day) (Year)

## (c) Place POCATELLO, IDAHO

## 18. Funeral Director's OWN Signature Arthur W. Hall and Address POCATELLO, IDAHO

## 19. (a) JULY 7, 1948 (Date received and filed) (b) Jessie J. Fawell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH JULY 7 3 19 48 (Month, Day, Year) at - o'clock - M.

## 21. I HEREBY CERTIFY, That I attended deceased from - 19 - to - 19 -

I last saw h. - alive on - 19 -; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death? Gun shot wound in head. Duration -

Due to -

Due to -

Other conditions - (Include pregnancy within 3 months of death)

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autopsy -

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? ✓ Homicide? -

Occurred JULY 3 19 48 City, county, state POCATELLO, IDAHO

where violence occurred POCATELLO HOTEL

Place of Violence: Home ✓ Farm - Industry -

Public Place - While at work? -

Means of injury Gun shot

## 23. Attendant's OWN Signature Arthur W. Hall and Address POCATELLO, IDAHO Date JULY 5 19 48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948 State File No. **2426**  
Local Reg. No. **171**  
Reg. Dist. No. **511**

RECEIVED

JUL 21 1948

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH: **Bannock**  
(a) County **Pocatello**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **X**  
(d) Death Occurred Inside? **X** Outside? **X** city or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place **X**  
(f) Name Hosp. or Inst. **General** Stayed **1 hr.** days  
(g) Lived in this county **0** years **0** months **0** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Utah** (b) County **Weber**  
(c) City or town **Ogden**  
(d) Street Address or R.F.D. No. **2847 Wheelock**  
(e) Deceased lived Inside? **X** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **XXX** years  
(h) Former residence (city, state) **XXX**

3. (a) FULL NAME **DALE L. WILSON**

3. (a) If veteran, name war **WAR# 2**  
(b) Sex **M** Color or race **W**  
(c) Age **529-20-1319**  
(d) Single, widowed, married, divorced **M**  
(e) Name of husband or wife **Mary (Yeoman)**  
(f) Age of husband or wife if alive **21** years

7. Date of Birth (Month, Day, Year) **December 30, 1923**

8. AGE	Years	Months	Days	If less than 1 day
<b>24</b>	<b>24</b>	<b>6</b>	<b>3</b>	hrs. min.

9. Exact Occupation **Rodeo Cafe Mgr.** Did this work for **2** yrs.  
10. Industry or Business **Cafe** Date last worked **May 2**

11. Birthplace **Farr West Utah** (City or town) (State or foreign country)

12. Name **Clifford Wilson** (City or town) (State or foreign country)

13. Birthplace **Ogden Utah** (City or town) (State or foreign country)

14. Maiden name **Lella Brown** (City or town) (State or foreign country)

15. Birthplace **Grace Idaho** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Clifford Wilson**

and Address **Ogden Utah**

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof **July 3, 1948** (Month) (Day) (Year)

(c) Place **Ogden Utah**

18. Funeral Director's OWN Signature **Jack Henderson**

and Address **Pocatello, Idaho**

19. (a) **July 5, 1948** (Date received and filed) (b) **Jessie L. Farrell** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July 3, 1948**  
at **2:40** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **July 3, 1948**  
I last saw him alive on **July 3, 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Internal hemorrhage in left lung & abdomen** Duration **1 hr.**  
Due to **Rob. Fracture and Rupture of Right Kidney** **1 hr.**  
Due to **Auto accident** **1 hr.**  
Other conditions **Multiple Fractures** **1 hr.**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Public Place**  
Name of operation **none** Date **none**

Major finding **none**  
Finding of autopsy **none**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **yes** Suicide? **no** Homicide? **no**

Occurred **July 3, 1948** City, county, state **Pocatello, Bannock, Idaho**

where violence occurred **Pocatello, Bannock, Idaho**

Place of Violence: Home **no** Farm **no** Industry **no**

Public Place **yes** While at work? **no**

Means of injury **Auto accident**

23. Attendant's OWN Signature **George J. Cox M.D.**

and Address **417 E. Center, Pocatello, Idaho** (M. D. or other) **July 3, 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

JUL 21 1948

STATE OF IDAHO

48  
State File No. 2427  
Local Reg. No. 172  
Reg. Dist. No. 510

1. PLACE OF DEATH: **DIVISION OF VITAL**  
(a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 100 So. Johnson  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 5 Min  
(g) Lived in this county 3 years 4 months 9 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address 228 1/2 W. Custer St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME RICHARD ALAN BRESEE

3. (b) If veteran, name war X 3. (c) Social Security No. X  
5. Color or \_\_\_\_\_  
4. Sex M race W  
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Date of Birth (Month, Day, Year) February 23, 1948  
8. AGE Years Months Days If less than 1 day  
3 4 9 hrs. min.

9. Exact Occupation X Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business X Date last worked \_\_\_\_\_

11. Birthplace Pocatello Idaho  
(City or town) (State or foreign country)

12. Name Eldon E Bresee  
13. Birthplace Balboa Californina  
(City or town) (State or foreign country)

14. Maiden name Dalores Kay  
15. Birthplace Salt Lake City  
(City or town) (State or foreign country)

16. Informant's OWN Signature Dalores Kay Bresee  
and Address 228 1/2 W. Custer

17. (a) Burial (b) Date thereof July 6, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Mountain View, Pocatello, Idaho

18. Funeral Director's OWN Signature Jack Henderson  
and Address Pocatello, Idaho

19. (a) July 5, 1948 (b) Jessie Z. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 4, 1948  
at 10:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 4, 1948 to July 4, 1948

I last saw him alive on July 4, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Compound skull fracture Duration 1 1/2 hr

Due to Automobile accident

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? out of one common

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major findings \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred July 4, 1948 City, county, state

where violence occurred U.S. Highway # 30

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place X While at work? \_\_\_\_\_

Means of injury Fall from a moving automobile

23. Attendant's OWN Signature Richard P. Powell  
(M. D. or other)

and Address Pocatello, Idaho Date July 5, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

# Certificate of Death

STATE OF IDAHO

1948 2428  
State File No. ....  
Local Reg. No. 197  
Reg. Dist. No. 5-10

AUG 20 1948

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County BLAINE
- (b) City or town POCATELLO
- (c) Street Address or R.F.D. No. 437 W. HAYDEN
- (d) Death Occurred Inside? ☒ Outside? ☐ city or town
- (e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒
- (f) Name Hosp. or Inst. — Stayed — days
- (g) Lived in this county — years — months — days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State IDAHO (b) County BANNOCK
- (c) City or town POCATELLO
- (d) Street Address or R.F.D. No. 437 W. HAYDEN
- (e) Deceased lived Inside? ☒ Outside? ☐ city or town
- (f) Citizen of what country? UNITED STATES
- (g) How long had deceased lived in Idaho? — years
- (h) Former residence (city, state) —

3. (a) FULL NAME JOHN B. CARLSON

3. (b) If veteran, name war — 3. (c) Social Security No. —

5. Color or —
4. Sex MALE race WHITE
6. (b) Name of husband or wife ANNA CARLSON 6. (c) Age of husband or wife if alive DIED 1930 years

7. Date of Birth (Month, Day, Year) MAY 11, 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>2</u>	<u>1</u>	hrs. min.

9. Exact Occupation RETIRED Did this work for — yrs.

10. Industry or Business — Date last worked —

11. Birthplace (City or town) SWEDEN (State or foreign country)

12. Name UNKNOWN

13. Birthplace (City or town) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace (City or town) (State or foreign country)

16. Informant's C. A. Carlson

OWN Signature POCATELLO, IDAHO

17. (a) BURIAL (b) Date thereof 7-31-48 (Month) (Day) (Year)

(c) Place Mr. MORRIS POCATELLO, IDAHO

18. Funeral Director's Arthur W. Hall

OWN Signature POCATELLO, IDAHO

19. (a) Aug 18-1948 (b) Janie J. Samuel (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH JULY 12 19 48  
(Month, Day, Year) at — o'clock — M.

21. I HEREBY CERTIFY, That I attended deceased from — 19 — to — 19 —

I last saw h. — alive on — 19 —;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Sun shot ground in head. Duration

Due to —

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Where was disease contracted? —

Name of operation — Date —

Major finding —

Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? yes Homicide? —

Occurred July 12 19 48 City, county, state

where violence occurred Range at home

Place of Violence: Home yes Farm — Industry —

Public Place no While at work? no

Means of injury Sun shot

23. Attendant's Arthur W. Hall

OWN Signature POCATELLO, IDAHO

and Address POCATELLO, IDAHO Date Aug 18-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
JUL 21 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2429**  
Local Reg. No. **123**  
Reg. Dist. No. **511**

## 1. PLACE OF DEATH:

- (a) County **BANNOCK**  
(b) City or town **POCATELLO**  
(c) Street Address or R.F.D. No. **101 S. JOHNSON**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **GENERAL** Stayed **28** days  
(g) Lived in this county **7** years **7** months **7** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **POCATELLO**  
(d) Street Address or R.F.D. No. **RFD #2 NORTH**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **56** years  
(h) Former residence (city, state) **UTAH**

## 3. (a) FULL NAME

**JAMES RICHARD BAILEY**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
(b) Name of husband or wife **NANCY LIVINGSTON**  
(c) Age of husband or wife if alive **62** years

7. Date of Birth (Month, Day, Year) **FEBRUARY 26, 1867**

8. AGE	Years	Months	Days	If less than 1 day
	<b>81</b>	<b>4</b>	<b>16</b>	hrs. min.

9. Exact Occupation **RETIRED** Did this work for **28** yrs.

10. Industry or Business **FARMER** Date last worked

11. Birthplace **WELLSVILLE UTAH** (City or town) (State or foreign country)

12. Name **CHARLES A. BAILEY**

13. Birthplace **ENGLAND** (City or town) (State or foreign country)

14. Maiden name **SUSANNA HAWKINS**

15. Birthplace **ENGLAND** (City or town) (State or foreign country)

16. Informant's OWN Signature **James R. Bailey** and Address **POCATELLO, IDAHO**

17. (a) **BURIAL** (b) Date thereof **7-15-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **MOUNTAIN VIEW, POCATELLO, IDA.**

18. Funeral Director's OWN Signature **Theo. D. Allen** and Address **POCATELLO, IDAHO**

19. (a) **July 17-1948** (b) **Jessie J. Powell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **JULY 12TH** 19 **48**  
at **1:40** o'clock **P.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**July 12** 19 **48**  
I last saw him alive on **July 12** 19 **48**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Respiratory paralysis 2 hrs**

Due to **Cardio-renal** **Unknown**

Due to **Semiparalysis**

Other conditions **Senility** (Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**

Name of operating physician **Idaho**

Major findings **Systolic hypertension** Underline the

Findings of autopsy **Cardio-renal** death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **19** City, county, state

where violence occurred.

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **Heart**

23. Attendant's OWN Signature **H. H. Hughart** (M or other)

and Address **Pocatelto** Date **7/14** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

JUL 23 1948 Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL STATE OF IDAHO

State File No. 2430

Local Reg. No. 175

Reg. Dist. No. 511

1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town ocatella  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. St. Anthony's Stayed \_\_\_\_\_ days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Idaho  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Nevada

3. (a) FULL NAME

Jacob Browning

094A

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race OR

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Jeannette

6. (c) Age of husband or wife if alive ☒ years

7. Date of Birth (Month, Day, Year) 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>			hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Nevada (City or town) (State or foreign country)

12. Name Browning

13. Birthplace unknown (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Rosemet Browning and Address Fort Hall, Idaho

17. (a) Burial (b) Date thereof 7-19-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Fort Hall Cemetery

18. Funeral Director's OWN Signature Byron B. Browning and Address ocatella, Idaho

19. (a) July 21, 1948 (b) Jose L. Daniel (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 13, 1948  
at 6:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 13 July 1948 to 13 July 1948

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 5 min.

Due to coronary thrombosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? St. Hall, Idaho

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. R. Keown M.D. and Address ocatella, Idaho Date 15 July 1948 (M.D. or other) (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JUL 23 1948

DIVISION OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **2431**  
Local Reg. No. **176**  
Reg. Dist. No. **570**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **General** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months **1** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or R.F.D. No. **1024 W. Fremont**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? **26** years  
(h) Former residence (city, state) **Salt Lake Utah**

## 3. (a) FULL NAME

**Leroy J. Sherwood**

094A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

**700-09-1072**

## 4. Sex **M** Color or race **W**

## 6. (a) Single, widowed, married, divorced **divorced**

## 6. (b) Name of husband or wife **Eva**

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

**November 7, 1902**

8. AGE	Years	Months	Days	If less than 1 day
	<b>45</b>	<b>8</b>	<b>8</b>	hrs. min.

## 9. Exact Occupation **Shift Engineer** Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business **P.F.C.** Date last worked **7-15-48**

## 11. Birthplace **Levan Utah** (City or town) (State or foreign country)

## 12. Name **James T. Sherwood** (City or town) (State or foreign country)

## 13. Birthplace **Quab Utah** (City or town) (State or foreign country)

## 14. Maiden name **Mary Jensen** (City or town) (State or foreign country)

## 15. Birthplace **Levan Utah** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Byron B. Lounsbury** and Address **953 Panama Ave Salt Lake City Utah**

## 17. (a) **Removal** (b) Date thereof **7-19-48** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place **Levan Utah**

## 18. Funeral Director's OWN Signature **Byron B. Lounsbury** and Address **Pocatello Idaho**

## 19. (a) **July 21, 1948 (b) issue 2 well** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **July 15** 19 **48**  
at **2:10** o'clock **P.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **April** 19 **48** to **July** 19 **48**

I last saw him alive on **July 6** 19 **48**;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Coronary occlusion**

Due to **Heart failure**

Due to **myocardial infarction**

Due to **Coronary occlusion**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **at work**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature **K. M. Pearson, M.D.**

and Address **Pocatello Idaho** Date **July 16, 1948**  
(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **2432**  
Local Reg. No. **179**  
Reg. Dist. No. **511**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Anthony** stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello - Zyher**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **14** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**Richard Vialpando**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex **M** race **M**

6. (a) Single, widowed, married,  
divorced **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) **April 17, 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>3</b>	<b>8</b>	hrs. min.

9. Exact Occupation **none** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Pocatello Idaho**  
(City or town) (State or foreign country)

12. Name **Ray Vialpando**

13. Birthplace **Santa Fe N. Mex.**  
(City or town) (State or foreign country)

14. Maiden name **Thera Cde Baca**

15. Birthplace **Las Vegas N. Mex.**  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature **Ray Vialpando**  
and Address **Zyher Id.**

17. (a) **Burial** (b) Date thereof **7-19-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Mountainview**

18. Funeral Director's  
OWN Signature **Byron B. Downard**  
and Address **Pocatello Idaho**

19. (a) **July 27 - 1948** (b) **Jessie D. Cavell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **July 17** 19**48**

at **8** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **8 AM**  
**16 July 48** to **17 July 48**

I last saw him alive on **17 July 48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
**pneumonia,** Duration **4 days**

Due to **organism undetermined**

Due to \_\_\_\_\_

Other conditions **extreme marasmus;**  
(include pregnancy within 3 months of death)  
**dehydration**

Where was disease contracted? **home**

Name of operation **none** Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **none**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's  
OWN Signature **M. D. or other**  
and Address **Pocatello Idaho** Date **19 July 48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 24 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
Certificate of Death

748 2433  
State File No. 2433  
Local Reg. No. 177  
Reg. Dist. No. 510

1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 6 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 535 N. Lincoln  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Pershore England

3. (a) FULL NAME

Amy E. Trimming

046E

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Albert E.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) November 21, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>7</u>	<u>27</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 42 yrs.

10. Industry or Business Self Date last worked \_\_\_\_\_

11. Birthplace Pershore England (City or town) (State or foreign country)

12. Name William Robbins (City or town) (State or foreign country)

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Sarah (City or town) (State or foreign country)

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Jack Trimming

and Address Pocatello Idaho

17. (a) Burial (b) Date thereof 7-20-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Downard

and Address Pocatello Idaho

19. (a) July 22-1948 (b) Jessie J. Lawell (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 17 1948 at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from July 1 1948 to July 17 1948. I last saw him alive on July 17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Respiratory failure  
Due to Surgery & cancer of colon

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Duration

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. R. McPherson (M. D. or other)

and Address Pocatello Date 7/17 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK INK or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **2434**  
Local Reg. No. **180**  
Reg. Dist. No. **51D**

1. PLACE OF DEATH:
- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. Driggs Hotel  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Sawto

3. (a) FULL NAME Howard Lee Hale

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Mayne 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 1, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>3</u>	<u>18</u>	hrs. min.

9. Exact Occupation Caretaker Did this work for 3 yrs.

10. Industry or Business Naval Ord. Plant Date last worked 1946

11. Birthplace Crescent, Iowa (City or town) (State or foreign country)

Father { 12. Name Eliza Watson Hale (City or town) (State or foreign country)

13. Birthplace Idaho (City or town) (State or foreign country)

Mother { 14. Maiden name Martha E. Haggerty (City or town) (State or foreign country)

15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's OWN Signature H. Hale and Address McCammon Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-48 (Month) (Day) (Year)

(c) Place McCammon Cemetery

18. Funeral Director's OWN Signature Byron B. Davidson and Address Pocatello Idaho

19. (a) July 27-1948 (Date received and filed) (b) Jessie J. Powell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 18 19 48  
at 11:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 17 to July 18 19 48.  
I last saw him alive on July 18 19 48.  
Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 1-hr.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation none Date \_\_\_\_\_  
Major finding none  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature J. J. Davidson and Address Pocatello Idaho Date 7/22/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 9 - 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2435  
Local Reg. No. 181  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address 636 South 4th Ave.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ----- Stayed ----- days  
(g) Lived in this county 0 years 0 months 14 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. -----  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? ----- years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME

MERCIE MILES MORRIS

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

4. Sex female race white

6. (b) Name of husband or wife  
John C. Morris

6. (a) Single, widowed, married, divorced divorced

6. (c) Age of husband or wife if alive ----- years

7. Date of Birth  
(Month, Day, Year) June 15, 1879

8. AGE	Years	Months	Days	If less than 1 day
	69	1	3	hrs. min.

9. Exact Occupation housekeeper Did this work for ----- yrs.

10. Industry or Business Self Date last worked -----

11. Birthplace Fountain Green, Utah  
(City or town) (State or foreign country)

12. Name William Marks Miles  
(City or town) (State or foreign country)

13. Birthplace No Data  
(City or town) (State or foreign country)

14. Maiden name Martha Jane Curtis  
(City or town) (State or foreign country)

15. Birthplace Quincy, Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Adrian Curtis  
and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof July 21, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Moreland, Idaho Cemetery

18. Funeral Director's OWN Signature Jack Henderson  
and Address Pocatello, Idaho

19. (a) June 20, 1948 (b) Jessie L. Russell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 18 19 48  
(Month, Day, Year) at 6:20 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from 2 July 1948 to July 18 1948

I last saw her alive on July 18 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

coronary thrombosis Duration 3 hrs.

Due to arteriosclerotic heart disease. 4-5 yrs.

Due to -----

Other conditions hypertensive cardiac vascular disease 4-5 yrs.  
(Include pregnancy within 3 months of death)

Where was disease contracted? Pocatello, Idaho.

Name of operation ----- Date -----

Major finding -----

Finding of autopsy none.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state where violence occurred.

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature W. R. Harris M.D.  
(M. D. or other) and Address Pocatello, Idaho Date July 20 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 9 - 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2436  
Local Reg. No. 182  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony's Stayed 35 days  
(g) Lived in this county 3 years 11 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? about 60 years  
(h) Former residence (city, state) Richmond, Utah

## 3. (a) FULL NAME Herbert Adams

3. (b) If veteran, name war no \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fannie Allred Adams 6. (c) Age of husband or wife if alive 59 years  
7. Date of Birth (Month, Day, Year) December 4, 1878

8. AGE	Years	Months	Days	If less than 1 day
	69	7	16	hrs. min.

9. Exact Occupation Retired - Highway Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Construction. Date last worked \_\_\_\_\_  
11. Birthplace Richmond, Utah (City or town) (State or foreign country)  
Father { 12. Name Samuel F. Adams,  
13. Birthplace England (City or town) (State or foreign country)  
Mother { 14. Maiden name Sarah Wiggins  
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Fannie Adams  
and Address 597 Wayne Ave. Pocatello, Idaho

17. (a) Burial (b) Date thereof 7-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Riverside-Thomas, Bingham Co. Idaho.

18. Funeral Director's OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho.

19. (a) July 31, 1948 (b) Jenni L. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 20, 1948  
at 3:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 23 1948, to July 20, 1948  
I last saw him 1 M. alive on July 20, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Carcinoma  
Due to Carcinoma Left Kidney 6 Mo.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation Kidney Date 6/10/48  
Major finding Carcinoma  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature C. E. Groom, M.D.  
and Address Pocatello, Idaho Date July 23, 1948  
(For additional space, use reverse side)

AMENDED - SEPTEMBER 23, 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

## Certificate of Death

STATE OF IDAHO

State File No. 48-2437

Local Reg. No. 178

Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
 (b) City or town Pocatello  
 (c) Street Address or R.F.D. No. \_\_\_\_\_  
 (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
 (e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. General Stayed 2 days  
 (g) Lived in this county 22 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
 (c) City or town Pocatello  
 (d) Street Address or R.F.D. No. 704 North Harrison  
 (e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 22 years  
 (h) Former residence (city, state) Montana

## 3. (a) FULL NAME

**KARL ROGER FAIRBANKS**

## 3. (b) If veteran, name war

World War I

## 3. (c) Social Security No.

## 5. Color or

White4. Sex M race White

## 6. (b) Name of husband or wife

Rita6. (a) Single, widowed, married, divorced Divorced

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) October 29, 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>8</u>	<u>22</u>	hrs. min.

9. Exact Occupation Blacksmith Did this work for 22 yrs.10. Industry or Business U.P.R.R. Date last worked 7/20/4811. Birthplace Weymouth, Massachusetts  
(City or town) (State or foreign country)12. Name Frank R. Fairbanks13. Birthplace New Hampshire  
(City or town) (State or foreign country)14. Maiden name Isabel C. Cartwright15. Birthplace England  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature V. Gerald Fairbanks  
and Address 103 Liberty Street, Lynn, Mass.17. (a) Cremation (b) Date thereof 7/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place Swampscott, Massachusetts

## 18. Funeral Director's

OWN Signature Byron B. Downard  
and Address Pocatello, Idaho19. (a) July 27, 1948 (b) Jessie Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 21 19 48  
at 5:20 o'clock P. M.21. I HEREBY CERTIFY, That I attended deceased from July 20 19 48, to July 21 19 48I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

ThrombosisDuration  
1 dayDue to Contusion of mesentary1 dayDue to AccidentOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Where was disease contracted? at work

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy Mesenteric thrombosis  
ruptured viscusPHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry ☒ \_\_\_\_\_Public Place \_\_\_\_\_ While at work? ☒ \_\_\_\_\_Means of injury Contusion from Steel Bar

## 23. Attendant's

OWN Signature Forrest H. Howard

(M. D. or other)

and Address Pocatello, Ida Date July 22 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JUL 28 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2437  
Local Reg. No. 178  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 2 days  
(g) Lived in this county 15 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 704 N. Harrison  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) Montana

## 3. (a) FULL NAME

Charles R. Fairbanks

## 3. (b) If veteran, name war

World War I

## 3. (c) Social Security No.

5. Color or \_\_\_\_\_  
6. Sex M race W

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Gita

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October 29, 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>8</u>	<u>22</u>	hrs. min.

9. Exact Occupation Blacksmith Did this work for 15 yrs.

10. Industry or Business U. P. R. R. Date last worked 7-20-48

11. Birthplace Lynn Mass. (City or town) (State or foreign country)

12. Name Frank H. Fairbanks (City or town) (State or foreign country)

13. Birthplace New Hampshire (City or town) (State or foreign country)

14. Maiden name Isabel C. Cartwright (City or town) (State or foreign country)

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature V. Gault Fairbanks and Address 163 Liberty St. Lynn Mass.

17. (a) Funeral-Cremation (Burial, cremation, or removal) (b) Date thereof 7-28-48 (Month) (Day) (Year)

(c) Place Saugus Mass.

18. Funeral Director's OWN Signature Byron B. Dawns and Address Pocatello Idaho

19. (a) July 27-48 (Date received and filed) (b) Jessie L. Powell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 21 19 48  
at 5:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 20 July 1948 to 21 July 1948  
I last saw him alive on 21 July 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Thrombosis

## Duration

1 day

Due to Continued pressure 1 day

Due to Accident

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? at work

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Heart in thrombosis, ruptured vessel

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry X

Public Place \_\_\_\_\_ While at work? X

Means of injury Distraction from stool

23. Attendant's OWN Signature James H. Howard

and Address Pocatello Ida (M. D. or other) 23 July 1948

(For additional space, use reverse side)



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Massachusetts

County of Essex

SS.

Certificate No. ....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of DEATH

for CHARLES R. FAIRBANKS who DIED on JULY 21-1948  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in POCATELLO - IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by Personal knowledge - Birth Certificate - Insurance Policy, etc.  
(Bible Record, Insurance Policy, Etc.) prepared on ....., are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
1- <u>8</u> LIVED IN THIS COUNTY	15 YRS.	22 YRS.
2- <u>8</u> How LONG - LIVED IN IDAHO	20 YRS.	22 YRS.
3- <u>2</u> FULL NAME	CHARLES R. FAIRBANKS	KARL ROGER FAIRBANKS.

Subscribed and sworn to before me this 15 day of

September 1948

Notary Public, residing at Lynn Mass

My commission expires MY COMMISSION EXPIRES

(Seal)

MARCH 10, 1950

Signed V. Gerald Fairbanks

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

103 Liberty Street, Lynn, Massachusetts.

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Massachusetts

County of Essex

SS.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of

September 1948

Notary Public, residing at Lynn Mass

My commission expires MY COMMISSION EXPIRES

(Seal)

MARCH 10, 1950

Signed Roger G. Fairbanks

(Signature of Any Credible Person)

70 Lincoln Ave Saugus, Mass.

(Street Address, City, State)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Massachusetts }  
County of Essex } ss.

Certificate No. 48-2437

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of DEATH

for CHARLES R. FAIRBANKS who DIED on JULY 21-1948  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in POCATELLO - IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by Personal Knowledge - Birth Certificate - Insurance Policy etc.  
(Bible Record, Insurance Policy, Etc.) prepared on....., are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
<u>I DID THIS WORK FOR -</u>	<u>15 YRS</u>	<u>22 YRS.</u>
<u>BIRTH PLACE</u>	<u>LYNN - MASS.</u>	<u>WEYMOUTH - MASS.</u>
<u>7-C REMOVAL To - "PLACE"</u>	<u>SAUGHS - MASS.</u>	<u>SWAMPSCOTT - MASS.</u>

Subscribed and sworn to before me this 15 day of

September 1948  
Charles R. Fairbanks  
Notary Public, residing at Lynn, Mass.  
My commission expires MARCH 15 1950  
(Seal)

Signed V. Gerald Fairbanks  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
103 Liberty Street, Lynn, Massachusetts.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Massachusetts }  
County of Essex } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of

September 1948  
Charles R. Fairbanks  
Notary Public, residing at Lynn, Mass.  
My commission expires MARCH 15 1950  
(Seal)

Signed Roger G. Fairbanks  
(Signature of Any Credible Person)  
70 Lincoln Ave. Saugus, Mass.  
(Street Address, City, State)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 9 - 1948

OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2438

Local Reg. No. 174

Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address corner 7th Ave.  
(d) Death Occurred Inside? x Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital x Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ 3 \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address corner 830 E. Lander St.  
(e) Deceased lived Inside? x Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

BEULAH S. NEAL

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fay O. Neal

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October 24, 1908

8. AGE	Years	Months	Days	If less than 1 day
	39	8	27	hrs. min.

9. Exact Occupation housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business home Date last worked \_\_\_\_\_

11. Birthplace Watonga, Oklahoma (City or town) (State or foreign country)

12. Name Jess Cordell

13. Birthplace Kansas (City or town) (State or foreign country)

14. Maiden name Mabel Southerland

15. Birthplace Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature Fay O. Neal

and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof July 24, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello, Idaho

18. Funeral Director's OWN Signature Jack Henderson

and Address Pocatello, Idaho

19. (a) July 21, 1948 (b) Jessie Z. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 21 19 48  
at 6:15 o'clock a. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 48, to July 21 19 48.  
I last saw him alive on July 21 19 48.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Embolism Duration 5 minutes

Due to 10 Days Past Op.

Due to Suppurative Process

Other conditions overseas travel  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation Amputation Date 7/21/48

Major finding Suppurative Process

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature O. Kell (M. D. or other)  
and Address Pocatello, Idaho Date July 21 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
**RECEIVED**  
**AUG 18 1948**  
**DIVISION OF VITAL**

# Certificate of Death

STATE OF IDAHO

1948 2439  
State File No. \_\_\_\_\_  
Local Reg. No. 189  
Reg. Dist. No. 510

## 1. PLACE OF DEATH: STATISTICS

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 219 S. 10TH.  
(d) Death Occurred Inside? - Outside? - city or town  
(e) Died in a Home - Hospital - Institution - Other place -  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county LIFE years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. 219 S. 10TH.  
(e) Deceased lived Inside? - Outside? - city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state) NONE.

## 3. (a) FULL NAME

DALE RICHARD BRIMMALL

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

Sex MALE race WHITE

(a) Single, widowed, married, divorced SINGLE

## 6. (b) Name of husband or wife

(c) Age of husband or wife if alive - years

## 7. Date of Birth

(Month, Day, Year) JUNE 19, 1947

## 8. AGE

Years

Months

Days

If less than 1 day

hrs.

min.

## 9. Exact

Occupation INFANT

Did this

work for - yrs.

## 10. Industry or

Business AT HOME

Date last

worked -

## 11. Birthplace

POCATELLO

IDAHO

(City or town)

(State or foreign country)

## 12. Name

ALMA DELBE BRIMMALL

## 13. Birthplace

SILVER CITY

UTAH

(City or town)

(State or foreign country)

## 14. Maiden name

BETH PETERS

## 15. Birthplace

BRENNAN CITY

UTAH

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Alma D. Brimmall

and Address POCATELLO, IDAHO

## 17. (a) BURIAL

(Burial, cremation, or removal)

(b) Date thereof

7-22-48

(Month) (Day) (Year)

(c) Place MOUNTAIN VIEW POCATELLO, IDAHO

## 18. Funeral Director's

OWN Signature W. H. Allen

and Address POCATELLO, IDAHO

## 19. (a)

Date received and filed

(b)

July 31-1948

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) JULY 26 19 48  
at - o'clock - M.

## 21. I HEREBY CERTIFY, That I attended deceased from

- 19 - to - 19 -  
I last saw h. - alive on - 19 -;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Asphyxia

## Duration

20 min.

## Due to

Strangulation

## Due to

Other conditions -  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation - Date -

## Major finding

Finding of autopsy -

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? - Homicide? -

Occurred July 26 19 48 City, county, state  
where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury Caught in bed clothes

## 23. Attendant's

OWN Signature J. R. McMalon

(M. D. or other)

and Address POCATELLO Date 7/31 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
AUG 18 1948

# Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1948 State File No. 2440  
Local Reg. No. 191  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 956 West Wyeth St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years 1 months 4 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Kimberly  
(d) Street Address or R.F.D. No. ☐  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

MARY ELIZABETH WHITE

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex female race white

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife  
William A. White

6. (c) Age of husband or wife if  
alive 69 years

7. Date of Birth  
(Month, Day, Year) November 29, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>8</u>	<u>1</u>	hrs. min.

9. Exact Occupation housewife Did this work for 45 yrs.

10. Industry or Business home Date last worked ☐

11. Birthplace Illinois,  
(City or town) (State or foreign country)

Father { 12. Name P. T. Sutphen

13. Birthplace New Jersey  
(City or town) (State or foreign country)

Mother { 14. Maiden name Elizabeth A. Farley

15. Birthplace New Jersey  
(City or town) (State or foreign country)

16. Informant's OWN Signature Wm A White  
and Address Kimberly, Idaho

17. (a) Removal (b) Date thereof July 31, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Lexington, Nebraska

18. Funeral Director's OWN Signature Jessie L. Powell  
and Address Pocatello, Idaho

19. (a) July 31, 1948 (b) Jessie L. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) July 30 1948  
at 2:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 30 1948 to July 30 1948  
I last saw her alive on July 30 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of the bladder Duration 6 mo.

Due to ☐

Due to ☐

Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred.

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature J. R. McMahon (M. D. or other)  
and Address Pocatello, Idaho Date July 31 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 9 - 1948

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2441

Local Reg. No. 185

Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 5327 Garfield  
(d) Death Occurred Inside? L Outside? city or town  
(e) Died in a Home L Hospital institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 30 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 5327 Garfield  
(e) Deceased lived Inside? L Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Illinois

## 3. (a) FULL NAME

John H. Lynn M.D.

094A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex m 5. Color or race w

6. (b) Name of husband or wife Gladys

6. (a) Single, widowed, married married  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) January 1, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>8</u>	<u>0</u>	hrs. min.

9. Exact Occupation Physician & Surgeon Did this work for 34 yrs.

10. Industry or Business Self Date last worked 7-29-48

11. Birthplace Barrie Ont. Canada (City or town) (State or foreign country)

12. Name Lynn

13. Birthplace unknown (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Gladys P. Lynn

- and Address Pocatello Idaho

17. (a) Burial (b) Date thereof 8-3-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Downard

- and Address Pocatello Idaho

19. (a) Aug 5-1948 (b) Jessie E. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 30, 1948  
at o'clock M.

21. I HEREBY CERTIFY That I attended deceased from July 30, 1948 to July 30, 1948

I last saw deceased alive on July 30, 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration: few minutes

Due to Coronary Thrombosis

Due to Coronary Thrombosis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation none Date none

Major finding none

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? none Suicide? none Homicide? none

Occurred none 19 none City, county, state none

where violence occurred none

Place of Violence: Home none Farm none Industry none

Public Place none While at work? none

Means of injury none

23. Attendant's OWN Signature W. H. Hughes

and Address Pocatello Idaho Date 8/3 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **2442**  
Local Reg. No. **7**  
Reg. Dist. No. **511**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Downey  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 33 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Downey  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Emanuel Martin

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_  
5. Color or Wh 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race Wh  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) May 9 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>1</u>	<u>24</u>	hrs min.

9. Exact Occupation Farming Did this work for 33 yrs.  
10. Industry or Business Own Farm Date last worked 6/30/48  
11. Birthplace Lynby, Skona, Sweden  
(City or town) (State or foreign country)

12. Name Morton Nelson  
13. Birthplace Sweden  
(City or town) (State or foreign country)  
14. Maiden name Oliva P. Anderson  
15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature R. Lundgren  
and Address Downey Idaho

17. (a) Burial (b) Date thereof July 2 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Downey Idaho

18. Funeral Director's OWN Signature J. B. Hansen  
and Address Malad Idaho

19. (a) July 2, 1948 (b) Leta Helman Miller  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 1 19 48  
at 5:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 7/1 19 48  
I last saw h.a.m. alive on July 1 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 3 1/2 hrs.

Due to Arteriosclerosis  
Cardio cerebral disease 20 yrs.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? Due to age  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Leta Helman Miller  
and Address Downey Idaho Date 7/2 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2443**  
Local Reg. No. **766**  
Reg. Dist. No. **511**

## 1. PLACE OF DEATH:

- (a) County **BANNOCK**  
(b) City or town **CHUBBUCK**  
(c) Street Address or R.F.D. No. **R.F.D. NORTH**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **34** Stayed ☐ days  
(g) Lived in this county **34** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **TYNNE**  
(d) Street Address or R.F.D. No. **R.F.D. 2 NORTH**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **34** years  
(h) Former residence (city, state) **KENTUCKY**

3. (a) FULL NAME **JOSEPH ALLEN MOWREY**

3. (b) If veteran, name war **-** 3. (c) Social Security No. **1700**

5. Color or **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**  
4. Sex **MALE** race **WHITE**  
6. (b) Name of husband or wife **WILDA MOWREY** 6. (c) Age of husband or wife if alive **DIED 1945** years

7. Date of Birth (Month, Day, Year) **MARCH 7<sup>TH</sup> 1886**

8. AGE	Years	Months	Days	If less than 1 day
	<b>62</b>	<b>3</b>	<b>26</b>	hrs. min.

9. Exact Occupation **FARMER** Did this work for ☐ yrs.

10. Industry or Business **SELF** Date last worked ☐

11. Birthplace **CARTER CO. KENTUCKY** (City or town) (State or foreign country)

Father { 12. Name **GEORGE MOWREY**

13. Birthplace **UNKNOWN** (City or town) (State or foreign country)

Mother { 14. Maiden name **JEMIMA STACCS**

15. Birthplace **UNKNOWN** (City or town) (State or foreign country)

16. Informant's OWN Signature **Kessie Mowrey**

and Address **POLATELLO, IDAHO**

17. (a) **BURIAL** (b) Date thereof **7-8-48** (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place **POLATELLO, IDAHO**

18. Funeral Director's OWN Signature **Arthur M Hall**

and Address **POLATELLO, IDAHO**

19. (a) **July 7-1948** (b) **June 2, 1948** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **JULY 3<sup>RD</sup> 1948**

at ☐ o'clock ☐ M.

21. I HEREBY CERTIFY, That I attended deceased from ☐ 19 ☐ to ☐ 19 ☐

I last saw h. ☐ alive on ☐ 19 ☐

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Short hemorrhage** Duration **brushed chest**

Due to ☐

Due to ☐

Other conditions ☐

(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred **July 3, 1948** City, county, state **Idaho Highway 30 - north**

where violence occurred **Idaho Highway 30 - north**

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☒ While at work? ☐

Means of injury **Auto accident**

23. Attendant's OWN Signature **Arthur M Hall**

and Address **Polatello, Idaho** Date **July 5, 1948**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
AUG 9 - 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2444  
Local Reg. No. 183  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Fort Hall  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Fort Hall  
(d) Street Address or R.F.D. No. R. F. D.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

LUCY GORDON HAYNE

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex female race white

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife  
Paul H. Hayne

6. (c) Age of husband or wife if  
alive 75 years

7. Date of Birth  
(Month, Day, Year) January 21, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>6</u>	<u>0</u>	hrs. min.

9. Exact Occupation housekeeper Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Home Date last worked \_\_\_\_\_

11. Birthplace Rosebud, South Dakota  
(City or town) (State or foreign country)

12. Name Frank Gordon

13. Birthplace Ohio  
(City or town) (State or foreign country)

14. Maiden name No Data

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Ed Lessert

and Address Fort Hall, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 23, 1948  
(Month) (Day) (Year)

(c) Place Poplar, Montana

18. Funeral Director's OWN Signature Jack Robinson

and Address Pocatello, Idaho

19. (a) July 21, 1948 (b) Jessie L. Howell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 20 1948

at midnight o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from October 1947 to July 20 1948

I last saw h. er alive on July 1948 ;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

anoxemia

Duration 24 hrs.

Due to acute pulmonary edema

Due to crisis of lungs

Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

arteriosclerosis, generalized, severe 4 yrs.

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature M. R. Kearney, M.D.

(M. D. or other)  
and Address Pocatello, Idaho Date July 21 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JUL 21 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. **2445**  
Local Reg. No. **174**  
Reg. Dist. No. **511**

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

- (a) County **BANNOCK**  
(b) City or town **POCATELLO**  
(c) Street Address or R.F.D. No. **B. 1. SOUTH**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **30** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **POCATELLO**  
(d) Street Address or R.F.D. No. **B. 1. SOUTH**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **SWEDEN**

### 3. (a) FULL NAME

**CARL JOHN RANSTROM**

### 3. (b) If veteran, name war

### 3. (c) Social Security No.

5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **DIVORCED**  
6. (b) Name of husband or wife **MATILDA CARLSEN** 6. (c) Age of husband or wife if alive ☐ years

### 7. Date of Birth

(Month, Day, Year) **FEBRUARY 2ND, 1884**

8. AGE	Years	Months	Days	If less than 1 day
	<b>64</b>	<b>5</b>	<b>12</b>	hrs. min.

9. Exact Occupation **FARMER** Did this work for ☐ yrs.

10. Industry or Business ☐ Date last worked ☐

11. Birthplace **STOCKHOLM SWEDEN**  
(City or town) (State or foreign country)

12. Name **ANDREW L. RANSTROM**

13. Birthplace **SWEDEN**  
(City or town) (State or foreign country)

14. Maiden name **MATILDA LINDBERG**

15. Birthplace **SWEDEN**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Walter V. Ranstrom**

- and Address **POCATELLO, IDAHO**

17. (a) **BURIAL** (b) Date thereof **7-17-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **POCATELLO, IDAHO**

18. Funeral Director's OWN Signature **Theo. J. McLean**

- and Address **POCATELLO, IDAHO**

19. (a) **17-1948** (b) **Jenile J. Powell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) **JULY 14** 19**48**  
at **3:30** o'clock **A.** M.

### 21. I HEREBY CERTIFY, That I attended deceased from

19 ☐ to 19 ☐  
I last saw h. ☐ alive on 19 ☐

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **in anition** Duration

Due to **Septicemia**

Due to **infection**

Other conditions **pyorrhea**  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature **D C Ray** (M. D. or other)  
and Address **Pocateello** Date **7-16** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1048 2446  
State File No. \_\_\_\_\_  
Local Reg. No. 4  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Downey  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Downey  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Franklin Barnes

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_  
5. Color or race Whit. 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Nettie Jensen 6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth (Month, Day, Year) August 2 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>11</u>	<u>22</u>	hrs min.

9. Exact Occupation Farming Did this work for 50 yrs.  
10. Industry or Business Own Farm Date last worked April 48  
11. Birthplace Kaysville Utah (City or town) (State or foreign country)  
12. Name Lorenzo Barnes  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Sarah Ann Webb  
15. Birthplace Utah (City or town) (State or foreign country)  
16. Informant's OWN Signature Edmund F. Barnes and Address Downey Idaho  
17. (a) Burial (b) Date thereof July 27 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Downey Idaho  
18. Funeral Director's OWN Signature J. Guy Benson and Address Malad Idaho  
19. (a) July 26, 1948 (b) Leta Helman Dallow  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) July 24 1948  
at 9:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1947 to July 24 1948  
I last saw him alive on July 24 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

- Cerebro-vascular accident Duration 2 hours  
Due to Hypertensive  
Cerebro-vascular disease 3 years  
Due to Chronic Nephritis unknown  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

### Where was disease contracted?

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature E. L. Nelson, M.D. (M. D. or other)  
and Address Downey Idaho Date July 26 1948  
(For additional space, use reverse side)

1948 2447

State File No. ....

Local Reg. No. 190

Reg. Dist. No. 511

United States  
Department of Commerce  
Bureau of the Census

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AUG 18 1948

## Certificate Of Death

STATE OF IDAHO

DEPARTMENT OF VITAL

## 1. PLACE OF DEATH:

- (a) County Bannock  
 (b) City or town .....  
 (c) Street Address or R. F. D. No. ....  
 (d) Death Occurred Inside? ..... Outside? ☒ city or town  
 (e) Died in a Home... Hospital... Institution... Other place...  
 (f) Name Hosp. or Inst. .... Stayed days  
 (g) Lived in this county 54 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
 (c) City or town Central  
 (d) Street Address or R.F.D. No. ....  
 (e) Deceased lived Inside? ..... Outside? ☒ city or town  
 (f) Citizen of what country? U.S.  
 (g) How long had deceased lived in Idaho? 54 years  
 (h) Former residence (city, state) Ogden, Utah

## 3. (a) FULL NAME

Charles Gustaf Holsten

175A

## 3. (b) If veteran,

name war None

## 3. (c) Social Security

No. None

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy  
 6. (c) Age of husband or wife if alive 58 years

7. Date of Birth (Month, Day, Year) September 15, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>10</u>	<u>12</u>	hrs min.

9. Exact Occupation Farmer Did this work for 50 yrs.

10. Industry or Business Farming Date last worked 7-27-48

11. Birthplace Sweden  
 (City or town) (State or foreign country)

12. Name Charles Holsten

13. Birthplace Sweden  
 (City or town) (State or foreign country)

14. Maiden name Christina Anderson

15. Birthplace Sweden  
 (City or town) (State or foreign country)

16. Informant's OWN Signature Lucy Holsten

- and Address Central, Idaho

17. (a) Burial (b) Date thereof 7-30-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Central, Idaho

18. Funeral Director's OWN Signature Chas. D. Allen

- and Address Heathfield, Idaho

19. (a) Aug 10, 1948 (b) Jessie E. Powell  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 27, 1948  
 at 6:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Had never been before

I last saw h. alive on death 19 48; death is said to have occurred on the date and hour stated above.Immediate Cause of Death: Asphyxia Duration ?Due to Pressure of car frame on chestDue to Accident

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ..... Homicide? .....

Occurred July 27, 1948 City, county, statewhere violence occurred Central, Bannock, IdahoPlace of Violence: Home ..... Farm ☒ Industry

Public Place ..... While at work?

Means of injury Car slipped off Jack

23. Attendant's OWN Signature Charles Johnson, M.D.

and Address Grace, Idaho Date 7-27-1948  
 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **2448**  
Local Reg. No. **192**  
Reg. Dist. No. **511**

## 1. PLACE OF DEATH:

- (a) County **BANNACK**  
(b) City or town **McCAMMON**  
(c) Street Address or R.F.D. No. **-**  
(d) Death Occurred Inside? **-** Outside? **-** city or town **-**  
(e) Died in a Home **-** Hospital **-** Institution **-** Other place **-**  
(f) Name Hosp. or Inst. **-** Stayed **-** days  
(g) Lived in this county **36** years **-** months **-** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BANNACK**  
(c) City or town **McCAMMON**  
(d) Street Address or R.F.D. No. **-**  
(e) Deceased lived Inside? **-** Outside? **-** city or town **-**  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **36** years  
(h) Former residence (city, state) **UTAH**

## 3. (a) FULL NAME

**OLIVE JANE BUTTERFIELD BROWN**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**  
4. Sex **FEMALE**  
6. (b) Name of husband or wife **EDMUND JAMES BROWN** 6. (c) Age of husband or wife if **DEED 11-2-1919** years

## 7. Date of Birth

(Month, Day, Year) **APRIL 29<sup>TH</sup> 1866**

8. AGE	Years	Months	Days	If less than 1 day
	<b>82</b>	<b>3</b>	<b>2</b>	hrs. min.

9. Exact Occupation **HOUSEWIFE** Did this work for **-** yrs.  
10. Industry or Business **AT HOME** Date last worked **-**  
11. Birthplace **TAVERVILLE** **UTAH** (City or town) (State or foreign country)  
12. Name **JALOB KEMP BUTTERFIELD** (City or town) (State or foreign country)  
13. Birthplace **KENNEBEC COUNTY MAINE** (City or town) (State or foreign country)  
14. Maiden name **SARAH HAYES**  
15. Birthplace **DOVER** **ENGLAND** (City or town) (State or foreign country)

16. Informant's OWN Signature **BUTTERFIELD** and Address **LOCATELLO, IDAHO**

17. (a) **Removal** (b) Date thereof **8-3-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **MURRAY** **UTAH**

18. Funeral Director's OWN Signature **Arthur Hall** and Address **LOCATELLO, IDAHO**

19. (a) **Aug 10, 1948** (b) **June 2, 1948** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **JULY 31** 19 **48**  
at **12:00** o'clock **NOON**

21. I HEREBY CERTIFY, That I attended deceased from **April 24** 19 **48** to **July 31** 19 **48**.  
I last saw her alive on **July 27** 19 **48**.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Cerebral Hemorrhage**

## Duration

**7 d.**

Due to **Hypertensive Cardiac - vascular disease**

Due to **-**  
Other conditions **-**  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation **-** Date **-**  
Major finding **-**  
Finding of autopsy **-**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **-** Suicide? **-** Homicide? **-**  
Occurred **-** 19 **-** City, county, state where violence occurred **-**  
Place of Violence: Home **-** Farm **-** Industry **-**  
Public Place **-** While at work? **-**

Means of injury **-**  
23. Attendant's OWN Signature **E. L. Kelman (M.D.)** and Address **LOCATELLO, IDAHO** Date **8/3/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 19 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2449

Local Reg. No. 552

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Bear Lake  
(b) City or town Montpelier Idaho  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? \* Outside? city or town  
(e) Died in a Home Hospital \* Institution Other place .....  
(f) Name Hosp. or Inst. Bear Lake Hosp. Stayed 4 days  
(g) Lived in this county 57 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bear Lake  
(c) City or town Dingle Idaho  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? \* Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 63 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME George Hyrum Sparks

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White 6. (c) Age of husband or wife if Myrtle Cook Sparks alive 0 years  
7. Date of Birth (Month, Day, Year) Dec 31, 1924

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>6</u>	<u>6</u>	hrs. min.

9. Exact Occupation Farming Did this work for 0 yrs.  
10. Industry or Business 0 Date last worked 0

11. Birthplace Dingle Idaho (City or town) (State or foreign country)

12. Name Alfred William Sparks  
13. Birthplace Lehi Utah (City or town) (State or foreign country)

14. Maiden name Sarah Jane Grimmett  
15. Birthplace West Jordan Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Donald Welken  
and Address Montpelier, Idaho

17. (a) Burial (b) Date thereof July 9, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Dingle Idaho

18. Funeral Director's OWN Signature File Matthews  
and Address Montpelier, Idaho

19. (a) 7/12/48 (b) N. H. Hargis  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 7, 1948  
7:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 4, 1948 to July 7, 1948  
I last saw N.M. alive on July 4, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ruptured peptic ulcer Duration 5 days

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? Home  
Name of operation Physical Date .....  
Major finding Physical  
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred.....

Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work .....

Means of injury .....  
23. Attendant's OWN Signature Reed Hargis M.D.  
(D. or other) Montpelier, Idaho Date 7-8, 1948  
and Address Montpelier, Idaho (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 19 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2450  
Local Reg. No. 552  
Reg. Dist. No. 552

## 1. PLACE OF DEATH:

- (a) County Bear Lake  
(b) City or town Montpelier Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \* Outside? city or town \_\_\_\_\_  
(e) Died in a Home? \* Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bear Lake  
(c) City or town Montpelier Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \* Outside? city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Wyoming

## 3. (a) FULL NAME John Thomas Whittle

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
6. (b) Name of husband or wife \_\_\_\_\_

7. Date of Birth (Month, Day, Year) Dec 3, 1856

8. AGE	Years	Months	Days	If less than 1 day
	<u>91</u>	<u>7</u>	<u>6</u>	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Boiler Maker Date last worked \_\_\_\_\_  
11. Birthplace Bolton England (City or town) (State or foreign country)

- Father { 12. Name James Whittle  
13. Birthplace England (City or town) (State or foreign country)

- Mother { 14. Maiden name Mary Holden  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Beith W. Rich  
and Address Montpelier Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 11, 1948 (Month) (Day) (Year)

(c) Place Evanston Wyoming

18. Funeral Director's OWN Signature Wm. Matthews  
and Address Montpelier Idaho

19. (a) 7/10/48 (Date received and filed) (b) H. H. H. H. (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 9 1948  
at 3:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 9 1948 to July 9 1948.

I last saw him alive on July 9 1948.

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stroke Duration 6 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation None Date \_\_\_\_\_

Major finding Stroke

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? Yes

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Beith W. Rich

and Address Montpelier Idaho Date 7-10-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948

State File No.

2451

Local Reg. No.

Reg. Dist. No.

552

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Montpelier Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 83 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Montpelier Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 83 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Elizabeth Ann Smith

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

- (a) Color or race white (b) (a) Single, widowed, married, divorced Widow

- (b) Name of husband or wife William L. Smith (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Mar 13, 1863

8. AGE Years Months Days If less than 1 day  
85 4 2 hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Blaine Lake City, Utah (City or town) (State or foreign country)

12. Name David Morris King

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Lucy King

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Mary S. Parsey

and Address Montpelier, Idaho

17. (a) Burial (b) Date thereof July 19, 1948 (Month) (Day) (Year)

(c) Place Liberty Idaho

18. Funeral Director's OWN Signature Montpelier, Idaho

and Address 1514 1/2

19. (a) 1514 1/2 (b) 1514 1/2 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 15  
4:45 o'clock P.M.

## 21. I HEREBY CERTIFY That I attended deceased from

July 1 1948 to July 11 1948  
I last saw him alive on July 14 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial Failure Duration 2 hrs.

Due to Hypertension

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Montpelier, Idaho (M.D. or other)

and Address 1514 1/2 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 6 - 1948

# Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL

1948 2452

State File No.

Local Reg. No.

Reg. Dist. No.

552

## 1. PLACE OF DEATH: STATISTICS

- (a) County Bear Lake  
(b) City or town Montpelier Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \* \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \* \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bear Lake  
(c) City or town Montpelier Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \* \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME JoAnn Bissegger

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Single  
4. Sex Female race White 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Sept. 30, 1940

8. AGE	Years	Months	Days	If less than 1 day
	<u>7</u>	<u>9</u>	<u>16</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Montpelier Idaho  
(City or town) (State or foreign country)

12. Name Ralph Bissegger

13. Birthplace Montpelier Idaho  
(City or town) (State or foreign country)

14. Maiden name Blanch Prescott

15. Birthplace Cleveland Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ralph Bissegger  
and Address Montpelier Idaho

17. (a) Burial (b) Date thereof July 19, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Montpelier Idaho

18. Funeral Director's OWN Signature The Matthews  
and Address Montpelier Idaho

19. (a) 1/31/48 (b) W. H. King  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 16 1948  
at 3:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Skull Fracture Duration 2 hrs.

Due to Auto accident Duration 2 hrs.  
hit by automobile

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred July 16 1948 City, county, state

where violence occurred Montpelier Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Highway 30 N While at work? Yes

Means of injury hit by automobile

23. Attendant's OWN Signature R. B. Henderson, M.D.  
(M. D. or other)

and Address Montpelier Date 7-17 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
JUL 28 1948  
Certificate of Death  
DIVISION OF VITAL STATE OF IDAHO

446  
State File No. 2453  
Local Reg. No. 552  
Reg. Dist. No. 552

1. PLACE OF DEATH: **STATISTICS**
- (a) County Bear Lake  
(b) City or town St. Charles Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \* Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \* Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 78 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bear Lake  
(c) City or town St. Charles Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \* Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 78 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Heber Staniforth Pugmire

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Lucy Merkle Pugmire 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) April 23, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>2</u>	<u>14</u>	hrs. min.

9. Exact Occupation Farming & Ranching work for 55 yrs. Did this  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace St. Charles Idaho (City or town) (State or foreign country)

12. Name Jonathan Pugmire  
13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Mary Staniforth  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature H.C. Minor  
and Address St. Charles, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 12, 1948 (Month) (Day) (Year)

- (c) Place St. Charles cemetery

18. Funeral Director's OWN Signature Wiley Matthews  
and Address Montpelier Idaho

19. (a) 7/24/48 (Date received and filed) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 7, 1948  
at 10:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 23 June 1948 to 29 June 1948  
I last saw him alive on 29 June 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebro-vascular accident (Hemorrhage)

Duration

12 days

Due to Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Russell J. J. J. J.  
(M.D. or other)

and Address Montpelier Idaho Date 12 July 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 6 - 1948

DIVISION OF VITALS

# Certificate of Death

STATE OF IDAHO

1948

State File No. 2454

Local Reg. No. 552

Reg. Dist. No. 552

## 1. PLACE OF DEATH:

- (a) County Bear Lake  
(b) City or town Paris Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \* \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \* \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bear Lake  
(c) City or town Paris Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \* \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? Switzerland  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Conard Schlunegger

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex Male race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Feb, 21, 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>4</u>	<u>28</u>	hrs. min.

9. Exact Occupation Lumberman Did this work for 30 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Berne Switzerland  
(City or town) (State or foreign country)

12. Name Conrad Schlunegger

13. Birthplace Berne Switzerland  
(City or town) (State or foreign country)

14. Maiden name Anna Graf

15. Birthplace Berne Switzerland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Margaret Berke  
and Address Montpelier Idaho

17. (a) Removal (b) Date thereof July 22 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Paris Cemetery  
18. Funeral Director's OWN Signature Nile Matthews

- and Address Montpelier Idaho

19. (a) 7/31/48 (b) Matthew  
(Date received and filed) (Registrar's signature)

## \* MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 19 1948  
at 4:30 o'clock P. M.  
21. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accident Duration \_\_\_\_\_

Due to Killed by falling

Due to tree

Other conditions CO

(Including pregnancy within 8 months of death)

What was disease contracted \_\_\_\_\_

Name of physician \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred July 19, 1948 \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Nile Matthews (Coroner)

and Address Montpelier Idaho Date 7/25 1948

(For additional space, use reverse side)

000

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 6 - 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 2455

Local Reg. No.

Reg. Dist. No. 552

## 1. PLACE OF DEATH:

- (a) County Bear Lake Co.  
(b) City or town Driggs  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home? \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 19 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Camas  
(c) City or town Driggs  
(d) Street Address or R.F.D. No. P.O.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Joseph. Heber Thurber

## 3. (b) If veteran, name war

no.

## 3. (c) Social Security No.

no.

## 5. Color or

M. race \_\_\_\_\_

## 6. (a) Single, widowed, married,

divorced

## 6. (b) Name of husband or wife

Annell C.

## 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

may 23 - 1858

## 8. AGE

Years

Months

Days

If less than 1 day

hrs. min.

90

2

3

## 9. Exact

Occupation

Blacksmith

## Did this

work for 60 yrs.

## 10. Industry or

Business

Labor

## Date last

worked 1940

## 11. Birthplace

Spaulding, Idaho

(State or foreign country)

## 12. Name

Albert King Thurber

## 13. Birthplace

unknown, Idaho

## 14. Maiden name

Theresa Kierf.

## 15. Birthplace

unknown

## 16. Informant's

OWN Signature

W. H. Thurber

and Address

Driggs, Idaho

## 17. (a) removal

(Burial, cremation, or removal)

removal

(b) Date thereof

7/30/1948

(c) Place

Richfield, Utah

## 18. Funeral Director's

OWN Signature

Farrell Weaver

and Address

Driggs, Idaho

## 19. (a)

(Date received and filed)

7/3/48

(b)

(Registrar's signature)

W. H. Thurber

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

July 26

1948

at \_\_\_\_\_

2:30 clock PM

## 21. I HEREBY CERTIFY That I attended deceased from

7/20/1948

to 7-26

1948

I last saw him alive on 7-24 1948;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial Failure

## Duration

1 day

Due to \_\_\_\_\_

Semility

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

## PHYSICIAN

Underline the

cause to which

death should

be charged

statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature

W. H. Thurber

and Address

Driggs, Idaho

(For additional space, use reverse side)

709

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

AUG 9 - 1948

DIVISION OF VITAL

# CERTIFICATE OF DEATH

STATE OF IDAHO

1948

2457

State File No. ....

Local Reg. No. 11

Reg. Dist. No. 135

## 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town Near Tensed  
(c) Street Address or R. F. D. No. \*\*\*\*\*  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital Institution X Other place X  
(f) Name Hosp. or Inst. In a field, Stayed 1 days  
(g) Lived in this county 12 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town De Smet  
(d) Street Address or R. F. D. No. \*\*\*\*\*  
(e) Deceased lived Inside? X Outside? X city or town  
(f) If foreign born, in U. S. \*\* yrs. Citizen of U. S.? Yes  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) \*\*\*\*\*

## 3. (a) FULL NAME

Bartholomew Mocketlme

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or No. 6. (a) Single, widowed, married, Widow  
4. Sex Male race Indian divorced Widow  
6. (b) Name of husband or wife Mary Susan 6 (c) Age of husband or wife if alive Deceased years

7. Date of Birth (Month, Day, Year) No Record 1886

8. AGE	Years	Months	Days	If less than 1 day
<u>62</u>	<u>No Record.</u>		hrs	min.

9. Exact Occupation Farmer Did this work for 30 yrs.  
10. Industry or Business Farm Date last worked 1928  
11. Birthplace Idaho (City or town) (State or foreign country)

12. Name Peter Mocketlme  
13. Birthplace Idaho (City or town) (State or foreign country)

14. Maiden name Ag nes Whistocken  
15. Birthplace Washington (City or town) (State or foreign country)

16. Informant's OWN Signature Cecil Mocketlme Goddard  
and Address Tekoa, Washington

17. (a) Burial (b) Date thereof May 12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: De Smet, Idaho

18. Funeral Director's OWN Signature R. E. Wells  
and Address Tekoa, Washington

19. (a) May 11 - 1948 (b) Smelens Myne  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 8 1948  
About 2:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Exposure Duration 6 hrs.

Due to previous paralytic condition  
Walking across field on crutches  
Due to Fall and unable to get up.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease first contracted? \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? YES Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred May 8, 1948 City, county, state where violence occurred Tensed, Benewah co  
Place of Violence: Home \_\_\_\_\_ Farm X Industry \_\_\_\_\_  
Public Place Farm While at work? no  
Means of injury Unable to rise from ground

23. Attendant's OWN Signature R. E. Wells Coroner \_\_\_\_\_  
and Address St Maries, Idaho (M. Date) May 10/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

JUL 13 1948

State File No. **2458**  
Local Reg. No. **18**  
Reg. Dist. No. **130**

## 1. PLACE OF DEATH:

- (a) County Bennett  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Maries Stayed 14 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Clarksburg  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Baby Mc Donald

159X

3. (b) If veteran, name war none No. none  
5. Color or race W  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife none  
6. (c) Age of husband or wife if alive none years

7. Date of Birth (Month, Day, Year) July 1st 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>		<u>5 hrs 50 min.</u>

9. Exact Occupation none Did this work for none yrs.  
10. Industry or Business none Date last worked none  
11. Birthplace St. Maries, Idaho (City or town) (State or foreign country)  
12. Name Donald A. Mc Donald  
13. Birthplace Laramie, Wyoming (City or town) (State or foreign country)  
14. Maiden name Virginia Culver  
15. Birthplace Spokane, Wash. (City or town) (State or foreign country)

16. Informant's OWN Signature Donald A. Mc Donald  
and Address Clarksburg, Idaho

17. (a) Burial (b) Date thereof July 3, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Woodlawn cemetery St. Maries Idaho

18. Funeral Director's OWN Signature R. E. Messa  
and Address St. Maries, Idaho

19. (a) 7-10-48 (b) R. E. Messa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 2, 1948  
at 12:35 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from July 1, 1948 to July 3, 1948  
I last saw him alive on July 2, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration 1 hr  
Due to Premature birth 6 1/2 mo

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Donald A. Mc Donald  
and Address St. Maries, Idaho Date 7/8 1948  
(M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

JUL 13 1948

State File No. **2459**  
Local Reg. No. **19**  
Reg. Dist. No. **130**

## 1. PLACE OF DEATH:

(a) County **Benewah**  
(b) City or town **St. Maries**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Platt** Stayed **6** days  
(g) Lived in this county **25** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Benewah**  
(c) City or town **St. Maries**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **39** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**Audrey Geneva Jones**

## 3. (b) If veteran,

name war **None**

## 3. (c) Social Security

No. **518-05-3954**

5. Color or race **White**

4. Sex **Female**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Harley**

6. (c) Age of husband or wife if alive **44** years

## 7. Date of Birth

(Month, Day, Year) **August 3, 1908**

8. AGE	Years	Months	Days	If less than 1 day
<b>39</b>	<b>11</b>	<b>1</b>	<b>hrs</b>	<b>min.</b>

9. Exact Occupation **Housewife** Did this work for **11** yrs.

10. Industry or Business **Home** Date last worked **July 1947**

11. Birthplace **Troy** **Idaho**  
(City or town) (State or foreign country)

12. Name **Fred W. Pryne** **Penn.**

13. Birthplace (City or town) (State or foreign country)

14. Maiden name **Alvena Granly**

15. Birthplace **Norway**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Harley Jones**

and Address **St. Maries, Idaho**

17. (a) **Burial** (b) Date thereof **7-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **St. Maries, Idaho**

18. Funeral Director's OWN Signature **R. E. Wessa**

and Address **St. Maries, Idaho**

19. (a) **7-10-48** (b) **R. E. Wessa**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July 4, 1948** 19...

at **2:00** o'clock **A. M.**

21. I HEREBY CERTIFY, That I attended deceased from **Nov. 1947** to **July 4, 1948**

I last saw h.e.r. alive on **July 13, 1948** death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Metastatic Cancer of the Brain**

Due to **Cancer of the Breast**

Due to

Other conditions **Pathologic**  
(Include pregnancy within 3 months of death)

**Fract. Right Femur**

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

Duration

**1 wk +**

**3 yrs**

**5 mo**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **R. E. Wessa**

and Address **St. Maries, Idaho** Date **7/6** 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 21 1948  
DIVISION OF VITALS  
Certificate Of Death  
STATE OF IDAHO

1948 State File No. 2460  
Local Reg. No. 20  
Reg. Dist. No. 130

1. PLACE OF DEATH: **Benewah**  
(a) County .....  
(b) City or town **St. Maries**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **St. Maries** Stayed ..... days  
(g) Lived in this county **10** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Benewah**  
(c) City or town **St. Maries**  
(d) Street Address or R.F.D. No. **1913 Main St.**  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **17** years  
(h) Former residence (city, state) **Grangeville, Ida.**

3. (a) FULL NAME **Robert Howard Reidhaar**  
3. (b) If veteran, name was **None** 3. (c) Social Security No. **518- 30- 5646**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **July 15, 1931**

8. AGE	Years	Months	Days	If less than 1 day
	<b>17</b>	<b>0</b>	<b>3</b>	hrs min.

9. Exact Occupation **Blister Rust** Did this work for ..... yrs.  
10. Industry or Business **Forest Service** Date last worked **7- 17- 48**  
11. Birthplace **Grangeville Idaho**  
(City or town) (State or foreign country)

12. Name **James Joseph Reidhaar**  
13. Birthplace **Mount Angel Oregon**  
(City or town) (State or foreign country)  
14. Maiden name **Louis B. Heilmann**  
15. Birthplace **Frazee Minnesota**  
(City or town) (State or foreign country)

16. Informant's **OWN** Signature **Fred Luginbuhl**  
and Address **1913 Main, St. Maries**

17. (a) **burial** (b) Date thereof **July 21, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Woodlawn, St. Maries**

18. Funeral Director's **OWN** Signature **H. E. Wessa**  
and Address **St. Maries, Ida**

19. (a) **7-23-48** (b) **H. E. Wessa**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July 18** 19 **48**  
at **7:15** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **6:45** **July 18** 19 **48**, to **7:15** **July 18** 19 **48**  
I last saw h. **1** m alive on **18 July 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pulmonary hemorrhage** Duration **30 min**  
**30 min**

Due to **fracture of ribs & hemorrhage**  
Due to **Runover by truck**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ..... Homicide? .....  
Occurred **July 18** 19 **48** City, county, state where violence occurred **St. Maries, Idaho**  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place **on road** While at work? **no**  
Means of injury **Free from truck**  
23. Attendant's **OWN** Signature **H. E. Wessa** (M. D. or other)  
and Address **St. Maries, Ida** Date **7/20** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

AUG 6 - 1948

STATE OF IDAHO

## DIVISION OF VITAL

State File No. 2461  
Local Reg. No. 2  
Reg. Dist. No. 132

1. PLACE OF DEATH: STATISTICAL
- (a) County Bonewah  
(b) City or town Plummer  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home. X Hospital. Institution. Other place...  
(f) Name Hosp. or Inst. .... Stayed. .... days  
(g) Lived in this county 38 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State. Idaho (b) County. Bonewah  
(c) City or town Plummer  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Fred Lee Coe

3. (b) If veteran, name war None 3. (c) Social Security No. 518-05-0258
4. Sex. Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 26 years
7. Date of Birth (Month, Day, Year) March, 19, 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>4</u>	<u>4</u>	hrs min.

9. Exact Occupation Logger Did this work for 20 yrs.
10. Industry or Business Woods Date last worked 1945
11. Birthplace Waitsburg, Wash. (City or town) (State or foreign country)

12. Name William A. Coe
13. Birthplace Smyth County, Va. (City or town) (State or foreign country)
14. Maiden name Nannie Schueler
15. Birthplace Gracon County, Va. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Fred Coe  
and Address Plummer, Idaho

17. (a) Burial (b) Date thereof 7-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Plummer, Idaho

18. Funeral Director's OWN Signature R. E. Wissa  
and Address St. Maries, Idaho

19. (a) July 26 - 48 (b) Fred A. Robinson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 23, 1948  
(Month, Day, Year) at 4:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 1947, to June 18 1948.  
I last saw him alive on June 15, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes Duration

Due to (Died in Sleep)

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home. .... Farm. .... Industry  
Public Place. .... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature J. T. Longenecker, Jr., D.  
(M.D. or other) and Address St. Maries Date 7-24-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 11 1948

# Certificate Of Death

STATE OF IDAHO

2462  
State File No. \_\_\_\_\_  
Local Reg. No. 211  
Reg. Dist. No. 130

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Spokane, Wash.

### 3. (a) FULL NAME

Lizzie W. Sanborn

### 3. (b) If veteran, name war

None

### 3. (c) Social Security No.

None

### 4. Sex Female

5. Color or race White

### 6. (a) Single, widowed, married, divorced Widowed

### 6. (b) Name of husband or wife

### 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

### 7. Date of Birth (Month, Day, Year)

May 20, 1864

### 8. AGE

Years 84

Months 2

Days 10

If less than 1 day  
hrs min.

### 9. Exact Occupation

Housewife

### Did this work for \_\_\_\_\_ yrs.

### 10. Industry or Business

Home

### Date last worked May 1948

### 11. Birthplace

Amesbury

Mass.

(City or town)

(State or foreign country)

### 12. Name

Henry Williamson

### 13. Birthplace

Mass.

(City or town)

(State or foreign country)

### 14. Maiden name

Elvira Hill

### 15. Birthplace

Mass.

(City or town)

(State or foreign country)

### 16. Informant's

#### OWN Signature

Mrs. Abby Cardwell

#### and Address

St. Maries, Idaho

### 17. (a) Removal

### (b) Date thereof 8-3-48

(Burial, cremation, or removal)

(Month) (Day) (Year)

### (c) Place:

Spokane, Washington

### 18. Funeral Director's

#### OWN Signature

R. E. Wessa

#### and Address

St. Maries, Idaho

### 19. (a) 8-7-48

### (b) R. E. Wessa

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) July 30, 1948 19\_\_\_\_  
at 10:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 23, 1948 to July 30, 1948  
I last saw her alive on July 30, 1948 death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral Hemorrhage Duration 3 mo

Due to Generalized arteriosclerosis years

Due to \_\_\_\_\_  
Other conditions Diabetes m. 10 yrs.  
(Include pregnancy within 3 months of death)

### Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

### Major finding

### Finding of autopsy

### PHYSICIAN

Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

### Means of injury

### 23. Attendant's

#### OWN Signature

R. E. Wessa (M. D. or other)

and Address St. Maries Date 8/2/1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 14 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2463  
Local Reg. No. 70  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 515 No. Shilling  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 44 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 515 No. Shilling  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME William Ellis Hall

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex Male race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Harriet Jane Pratt 6. (c) Age of husband or wife if alive 75 years  
7. Date of Birth January 2, 1871  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>5</u>	<u>29</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 50 yrs.  
10. Industry or Business On farm. Date last worked 7/1/48  
11. Birthplace Ogden, Utah (City or town) (State or foreign country)

12. Name William Hall  
13. Birthplace Maine (City or town) (State or foreign country)

14. Maiden name Martha Gilson  
15. Birthplace English Colony, S. Africa (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Leo Switchee  
and Address 1820 Reservoir, Boise, Id.

17. (a) Burial (b) Date thereof 7/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Grove City Cem. Blf't. Ida.

18. Funeral Director's OWN Signature E T Reek  
and Address Blackfoot, Idaho

19. (a) 7/5/48 (b) Marshall E. Farnie  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 1, 1948  
(Month, Day, Year) July 1, 1948  
at 7 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from May 18 to July 1, 1948.  
I last saw him alive on July 1, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary Heart Disease Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature AB Miller MD  
(M. D. or other)

and Address Blf't. Ida. Date 7-2-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

JUL 28 1948

# Certificate of Death

48  
State File No. 2464  
Local Reg. No. 77  
Reg. Dist. No. 680

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Parsons Hospt. Stayed 30 days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Moreland  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) Burley, Idaho

## 3. (a) FULL NAME

Walter Wilken

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Male Color or race White

5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Eva Donner

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 2, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>3</u>	<u>19</u>	hrs. min.

9. Exact Occupation Retired Carpenter Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Chicago, Illinois  
(City or town) (State or foreign country)

Father { 12. Name Not Known

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

Mother { 14. Maiden name Not known

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Lena Henke  
and Address Moreland Idaho

17. (a) Burial (b) Date thereof 7-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Blackfoot Idaho

18. Funeral Director's OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho

19. (a) 7-26-48 (b) Mrs. Lena Henke  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July, 21, 1948  
at 2:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 5-16-47 to 7-21-48  
I last saw him alive on 7-27-48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary atherosclerosis Duration \_\_\_\_\_

Due to Chronic Myocarditis

Due to Hypertension

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. O. Hampton

and Address Blackfoot, Idaho Date 7-26-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 14 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2465  
Local Reg. No. 71  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County..... Bingham  
(b) City or town..... Blackfoot  
(c) Street Address or R.F.D. No.....  
(d) Death Occurred Inside?..... Outside? X city or town X  
(e) Died in a Home..... Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county Life years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State..... Idaho (b) County..... Bingham  
(c) City or town..... Blackfoot  
(d) Street Address or R.F.D. No..... 3  
(e) Deceased lived Inside?..... Outside? X city or town X  
(f) Citizen of what country?..... USA  
(g) How long had deceased lived in Idaho?..... Life years  
(h) Former residence (city, state)..... Ft. Hall, Ida.

3. (a) FULL NAME Luke Weiser (Sandy)

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race Indian

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Joann Weiser

6. (c) Age of husband or wife if alive..... years

7. Date of Birth March, 1897  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>			hrs. min.

9. Exact Occupation Farming Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace Ft. Hall, Idaho.  
(City or town) (State or foreign country)

12. Name..... Ed. Sandy

13. Birthplace Camas Prairie, Idaho.  
(City or town) (State or foreign country)

14. Maiden name Mammie Gem

15. Birthplace Camas Prairie, Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Rose Marie Sandy  
and Address Box 893, Blackfoot, Idaho.

17. (a) Burial (b) Date thereof 7-6-48  
(Burial, cremation, or removal) (Month, Day, Year)

(c) Place Idaho County, Ft. Hall, Idaho

18. Funeral Director's OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho

19. (a) 7-9-48 (Date received and filed)  
Mrs. Malvina E. France (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 1, 1948  
(Month, Day, Year) between 12 & 6 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from..... 19..... to..... 19.....

I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Fractured Skull

Head Lacerations

Due to..... Probably struck by train

Due to..... Had been drinking.

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide?..... Homicide?.....

Occurred..... July 1, 1948 City, county, state where violence occurred Blkft. Bingham, Idaho.

Place of Violence: Home..... Farm..... Industry.....

Public Place Railroad While at work? No

Means of injury..... Probably struck by train.

23. Attendant's OWN Signature H R Bover - Coroner

and Address Blackfoot, Idaho Date 7-2 1948  
(For additional space, use reverse side)

out)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

RECEIVED  
JUL 23 1948  
Certificate Of Death

1948  
State File No. 2466  
Local Reg. No. 77  
Reg. Dist. No. 601

1. PLACE OF DEATH:  
(a) County Bingham  
(b) City or town Shelley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 29 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bingham  
(c) City or town Shelley  
(d) Street Address or R.F.D. No. R#1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? Germany  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Germany

3. (a) FULL NAME Christian Franz Beck

3. (b) If veteran, name war None  
3. (c) Social Security No. None  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Ernestine  
6. (c) Age of husband or wife if alive 76 years  
7. Date of Birth Pfretzschner  
(Month, Day, Year) Oct. 14, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>8</u>	<u>21</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Germany  
(City or town) (State or foreign country)

12. Name Christian Fredrick Beck  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name Sophie Fredericke Haneiss  
15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Otto Beck  
and Address Shelley, R#1  
7-8-48  
17. (a) \_\_\_\_\_ (b) Date thereof 7-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Fielding Memorial

18. Funeral Director's OWN Signature \_\_\_\_\_  
and Address Shelley, Idaho

19. (a) 7-7-1948 (b) Mr. Walter E. Fairnie  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) July 5, 19 48  
at 5:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 6-30 19 48, to 6-5 19 48  
I last saw him alive on 6-5 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

- Death  
Due to Hypostatic pneumonia 1 wk  
hypoproteinemia 6 mo  
Due to anorexia 6 mo  
Other conditions Senility  
(Include pregnancy within 3 months of death)

- Where was disease contracted? At Home  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. H. Smith  
and Address Shelley, Idaho Date July 6, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 14 1948

# Certificate of Death

STATE OF IDAHO

1948 2467  
State File No. \_\_\_\_\_  
Local Reg. No. 72  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County..... Bingham  
(b) City or town..... Blackfoot.  
(c) Street Address or R.F.D. No. 3  
(d) Death Occurred Inside?..... Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. .... Stayed..... days  
(g) Lived in this county 38 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State..... Idaho (b) County..... Bingham  
(c) City or town..... Blackfoot  
(d) Street Address or R.F.D. No. 3  
(e) Deceased lived Inside?..... Outside? ☒ city or town  
(f) Citizen of what country?..... USA  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Fairview, Utah

3. (a) FULL NAME CELESTIA OPHELIA TUCKER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 518-26-3199  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex Female race White  
6. (b) Name of husband or wife Moroni Tucker 6. (c) Age of husband or wife if alive 67 years  
7. Date of Birth (Month, Day, Year) September, 15, 1879

8. AGE	Years	Months	Days	If less than 1 day
	68	9	22	hrs. min.

9. Exact Occupation Housewife Did this work for..... yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Fairview, Utah  
(City or town) (State or foreign country)

12. Name Samuel Bills,

13. Birthplace Council Bluffs, Iowa  
(City or town) (State or foreign country)

14. Maiden name Ophelia Howell

15. Birthplace Council Bluffs, Iowa.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Moroni Tucker

and Address Rt 3, Blackfoot, Idaho.

17. (a) Burial (b) Date thereof 7-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Blackfoot, Idaho.

18. Funeral Director's OWN Signature John C. Sandberg

and Address Blackfoot, Idaho.

19. (a) 7-10-48 (b) 7-10-48  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 7, 1948  
(Month, Day, Year) at 5:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 7-5 to 7-7 1948

I last saw h. alive on 7-7 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death (Engine Factory)

Duration (Intermittent attacks for days)

Due to (3 years)

Other conditions (Branchial cyst of throat)

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature AB Miller M.D.

(M. D. or other)

and Address Blackfoot, Idaho Date 7-8 1948

(For additional space, use reverse side)







Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**RECEIVED** **Certificate of Death**  
**JUL 22 1948** **STATE OF IDAHO**

1948 2470  
State File No. \_\_\_\_\_  
Local Reg. No. 71  
Reg. Dist. No. 601

1. PLACE OF DEATH: DIVISION OF VITAL  
(a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 9 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 9 days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Crouch, Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state) Crouch, Idaho

3. (a) FULL NAME Wayne Chenoweth  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex M. race W.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Feb. 15, 1881  
8. AGE  

Years	Months	Days	If less than 1 day
<u>67</u>	<u>4</u>	<u>27</u>	hrs. min.

  
9. Exact Occupation Lumberjack Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Red Oak, Iowa (City or town) (State or foreign country)  
Father { 12. Name Not given  
13. Birthplace Not Given (City or town) (State or foreign country)  
Mother { 14. Maiden name Not given  
15. Birthplace Not given (City or town) (State or foreign country)  
16. Informant's OWN Signature Records State Hospital South  
and Address Blackfoot, Idaho  
17. (a) Removal & Burial (b) Date thereof 7-13-48 (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place Caldwell, Idaho  
18. Funeral Director's OWN Signature Howard Pickham  
and Address Blackfoot, Idaho  
19. (a) 7-13-48 (Date received and filed) (b) Myrtle E. Feltus (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 0930  
20. DATE OF DEATH July 12, 1948  
at 1:00 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from July 3, 1948 to July 12, 1948.  
I last saw him alive on July 11, 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: cardiovascular disease Duration 6 mos.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature H. H. Brown, M.D. (M. D. or other)  
and Address Blackfoot, Idaho Date July 12, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

JUL 23 1948

United States  
Department of Commerce  
Bureau of the Census

DIVISION OF VITAL

STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 2471  
Local Reg. No. 678  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Firth  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county... 16 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Firth  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) Wyoming

## 3. (a) FULL NAME

Kathleen Belle Blair

3. (b) If veteran, name war ..... 3. (c) Social Security No. 319-30-6465  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Female 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Jan, 26, 1931

8. AGE	Years	Months	Days	If less than 1 day
	<u>17</u>	<u>5</u>	<u>17</u>	hrs min.

9. Exact Occupation School Did this work for 5 Mo yrs.  
10. Industry or Business Jackson Wyoming Date last worked 7-14-48  
11. Birthplace Jackson Wyoming (City or town) (State or foreign country)

12. Name Edwin Eynon Blair  
13. Birthplace Victor, Idaho (City or town) (State or foreign country)  
14. Maiden name Kittie Ellen Reed Blair  
15. Birthplace McCammon, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Ed Blair  
and Address Firth, Idaho

- (a) Burial (b) Date thereof 7-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Firth, Idaho

18. Funeral Director's OWN Signature H. M. Nader  
and Address Shelley, Idaho

19. (a) 7-17-48 (b) Shelley, Idaho  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 14, 1948  
(Month, Day, Year)  
at 3:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw Dead on Dead 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crushed Skull Duration

Due to Internal Injuries

Due to Highway Collision with Semi Truck

Other conditions 9/10

(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation Date Underline the cause to which death should be charged statistically.

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? Yes Homicide? Yes

Occurred 7-14-48 City, county, state Highway 21

where violence occurred Highway 21

Place of Violence: Home Yes Farm Yes Industry Yes

Public Place Yes While at work? Yes

Means of injury Car

23. Attendant's OWN Signature H. P. Boice (M. D. or other)

and Address 244 Broadway Date 7-17-48

(For address of signer, use reverse side)

State File No. 2472  
Local Reg. No. 76  
Reg. Dist. No. 601

1. PLACE OF DEATH: DIVISION OF VITALS

(a) County Blaine **STATISTICS**  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 3713 days  
(g) Lived in this county 10 years 2 months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)

(a) State..... **Idaho**..... (b) County..... **Bingham**.....

(c) City or town..... **Blackfoot**.....

(d) Street Address or R.F.D. No.....

(e) Deceased lived Inside? **X** Outside?.....city or town

(f) Citizen of what country? **U.S.A.**.....

(g) How long had deceased lived in Idaho?.....years

(h) Former residence (city, state)..... **Nampa, Idaho**.....

3. (a) FULL NAME Henry Herbert Smith

3. (b) If veteran, name war \_\_\_\_\_  
 \_\_\_\_\_  
 5. Color or \_\_\_\_\_  
 4. Sex M. race W.  
 6. (b) Name of husband or wife \_\_\_\_\_  
 \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_  
 \_\_\_\_\_  
 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) Jan. 2, 1908

8. AGE	Years	Months	Days	If less than 1 day	
	41	6	13	hrs.	min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Red Cloud, Nebr.  
(City or town) (State or foreign country)

Father { 12. Name E. Fredo Smith  
13. Birthplace North Branch, Kas.  
(City or town) (State or foreign country)

Mother { 14. Maiden name..... Della Smith (State or foreign country)  
15. Birthplace..... Red Cloud, Nebr. (City or town) (State or foreign country)

16. Informant's  
OWN Signature Records, State Hospital South.  
and Address... Blackfoot, Idaho.

17. (a) Burial (b) Date thereof: 7-17-48  
(Burial, cremation, or removal) (Month) (Day), (Year)  
(c) Place: Grange City Cemetery - Blft., Idaho

18. Funeral Director's  
OWN Signature.. Howard Packham  
and Address.. Blackfoot, Idaho

19. (a) 7/17-48. Wm. H. L. L. L.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 15, 1948  
(Month, Day, Year)  
at 7:05 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from.....  
Aug. 7, 1945.....19....., to July 15,.....19 48  
 I last saw him alive on July 14,.....19 48:

death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Carlin 03/5

Duration

Carlinosis 2-3 yrs

Due to lack of money

\_\_\_\_\_

Due to: Psychosis, Demen-  
Other conditions: \_\_\_\_\_

(Include pregnancy within 3 months of death)

TIC Pre-1945- 10 + 2

Where was disease contracted?.....

Name of operation.....Date.....

Major finding.....

PHYSICIAN  
Underline the cause to which

Finding of autopsy.....

If death was due to **EXTERNAL CAUSES**, also fill in the following:

22. If death was due to **EXTERNAL CAUSES**, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred.....19..... City, county, state

where violence occurred.....

Place of Violence: Home	Family	School	Other
1	1	1	1

Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_  
Public Place. \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury knife

Attendant's  
OWN Signature L. Kinnel

and Address **Blackfoot, Idaho**, Date **July 15, 1948**.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 3 - 1948

U. S. DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2473

Local Reg. No. 53

Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Rt. #1 Snake River  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 17 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. No. University  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Clarice Fern Wilde Hoskins

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or White  
4. Sex Fem. race

6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth August 11, 1930  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>17</u>	<u>11</u>	<u>9</u>	hrs. min.

9. Exact Occupation waitress Did this work for 1 yrs.

10. Industry or Business Club Cafe Date last worked 7/19/48

11. Birthplace Arap Idaho  
(City or town) (State or foreign country)

12. Name Clarence Wilde

13. Birthplace Howe, Idaho  
(City or town) (State or foreign country)

14. Maiden name Evelyn Rodgers

15. Birthplace Howe, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Buffy Rodgers

and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 7-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Howe, Idaho Cemetery

18. Funeral Director's OWN Signature Howard Pask

and Address Blackfoot, Idaho

19. (a) 7-27-48 (b) W. J. Pask  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 20, 1948  
(Month, Day, Year)

at probable o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Did not attend deceased 19 1948

I last Did not see her alive 19 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Drowning Duration

Due to (Possible Suicide)

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? ☒ Homicide?

Occurred 7-20-48 19 1948 City, county, state Snake Riv.

where violence occurred Snake Riv.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Drowning

Attendant's OWN Signature H. P. Boise  
(M. Coroner)

Address Blackfoot, Idaho 7-27-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

748 State File No. **2474**  
Local Reg. No. **80**  
Reg. Dist. No. **001**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 44 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 59 years  
(h) Former residence (city, state) St. Anthony, Idaho

3. (a) FULL NAME Rose Edith Mitchell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Brigham H. Mitchell

6. (c) Age of husband or wife if alive 90 years

7. Date of Birth (Month, Day, Year) October 16, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>8</u>	<u>7</u>	hrs. min.

9. Exact Occupation Housewife Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

12. Name William Lovatt, (City or town) (State or foreign country)

13. Birthplace Liverpool, England. (City or town) (State or foreign country)

14. Maiden name Elizabeth Ramsdon (City or town) (State or foreign country)

15. Birthplace England, (City or town) (State or foreign country)

16. Informant's OWN Signature Vella M. Adams

and Address Blackfoot, Idaho.

17. (a) Burial (b) Date thereof 7-27-48 (Month) (Day) (Year)

(c) Place Riverside Thomas Cemetery, Bingham Co

18. Funeral Director's OWN Signature John C. Sandberg

and Address Blackfoot, Idaho.

19. (a) 7-28-48 (Date received and filed)

(b) Wm. H. E. Peters (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July, 23 1948  
about 2:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from now 1940 to July 23 1948

I last saw him alive on July 23 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer incident Stage Duration

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

Attendant's OWN Signature W. H. E. Peters

and Address Blackfoot, Idaho. Date July 23 1948

(For additional space, use reverse side)

648



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 3 - 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2476

Local Reg. No. 82

Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hos. So. Stayed 113 days  
(g) Lived in this county \_\_\_\_\_ years 3 months 23 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Annette Quereau.

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex Female race white

6. (a) Single, widowed, married,  
divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) Oct. 21, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>9</u>	<u>6</u>	<u>X</u> hrs. min.

9. Exact Occupation Teacher - Music Arts Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Iowa City, Iowa (City or town) (State or foreign country)

12. Name John Yakish

13. Birthplace Iowa City, Iowa (City or town) (State or foreign country)

14. Maiden name Mary Bolecar

15. Birthplace Prague (City or town) (State or foreign country)

16. Informant's St. Hos. So. records.

OWN Signature \_\_\_\_\_ and Address C. J. Moore

17. (a) Burial & Removal Date thereof 7-29-48 (Month) (Day) (Year)

(c) Place Gooding, Idaho

18. Funeral Director's C. J. Moore

OWN Signature \_\_\_\_\_ and Address Pocatello, Idaho

19. (a) 7-28-48 (Date received and filed) Mrs. Helen E. Linn (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) July 27 19 48  
at 3:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from April 4th 19 48 to July 27 19 48  
I last saw him alive on 7-27 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration spontaneous

Due to Senile debility ?

Due to Infected decubitus ulcer 60 days

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's A. H. Moore M.D.

OWN Signature \_\_\_\_\_ (M. D. or other)

Date 7-27 19 48

For additional space, use reverse side

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

AUG 3 - 1948

STATE OF IDAHO

DIVISION OF VITAL

State File No. **2477**  
Local Reg. No. **84**  
Reg. Dist. No. **801**

## 1. PLACE OF DEATH:

- (a) County **Bingham**  
(b) City or town **Blackfoot,**  
(c) Street Address or R.F.D. No. **Box 390.**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution **X** Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Hospt. So.** Stayed **2962** days  
(g) Lived in this county **8** years **1** months **12** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho.** (b) County **Bingham**  
(c) City or town **Blackfoot,**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **23** years  
(h) Former residence (city, state) **Pual, Idaho.**

## 3. (a) FULL NAME

**Rhoda E. Corless**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex **F.** race **W.**

6. (a) Single, widowed, married,  
divorced **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) **July 1874.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>			hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Salt Lake City, Utan.**  
(City or town) (State or foreign country)

12. Name **Not Given Robert Corless**

13. Birthplace **" " Salt Lake City, Utah.**  
(City or town) (State or foreign country)

14. Maiden name **Not Given Mary Ann Elmer**

15. Birthplace **" " England**  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature **Records State Hospital South.**  
and Address **Blackfoot, Idaho.**

17. (a) **Funeral** (b) Date thereof **7-30-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Salt Lake City, Utah.**

18. Funeral Director's  
OWN Signature **John C. Anderson**  
and Address **Blackfoot, Idaho.**

19. (a) **7-30-48** (b) **Mrs. Helen E. Lane**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **July 29, 1948.** 19 \_\_\_\_\_  
at **11:56.** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from  
**Apr. 1,** 19 **48,** to **July 29,** 19 **48.**

I last saw h. **er** alive on **July 29,** 19 **48;**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac acute decompensation** Duration **7 days.**

Due to **Generalized tuberculosis** { **not**  
**pulmonary in origin** } **determined**

Due to **Involuntional Melancholia**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's  
OWN Signature **A. G. Moore M.D.**  
(M. D. or other)

and Address **Blackfoot, Idaho.** Date **July 29, 1948.**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown until after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
AUG 3 - 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital..... Institution ☒ Other place.....  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 2962 days  
(g) Lived in this county 8 years 1 months 12 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) Paul, Idaho.

3. (a) FULL NAME Rhoda E. Corless

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or White  
4. Sex Female race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) July 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>			hrs. min.

9. Exact Occupation Retired Stenographer Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked 1923

11. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

12. Name Robert Corless

13. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

14. Maiden name Mary Ann Elmer

15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Robt E Corless  
and Address R.F.D. Paul, Idaho.

17. (a) Removal (b) Date thereof 7-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Salt Lake City, Utah

18. Funeral Director's OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho.

19. (a) ..... (b) .....  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 29, 1948  
at 11:56 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac acute decompensation Duration 7 days

Due to Generalized tuberculosis pulmonary in origin ?

Due to Involuntional Melancholia

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature A. G. Moore, M.D.  
(M. D. or other)

and Address Blackfoot, Ida. Date 7-29-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 11 1948

**Certificate of Death**  
DIVISION OF VITAL STATISTICS STATE OF IDAHO

1948 State File No. **2478**  
Local Reg. No. **83**  
Reg. Dist. No. **601**

1. PLACE OF DEATH:  
(a) County Bingham  
(b) City or town Blackfoot,  
(c) Street Address or R.F.D. No. Box 390.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 8222 days  
(g) Lived in this county 22 years 6 months 9 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bingham  
(c) City or town Blackfoot,  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 40 years  
(h) Former residence (city, state) Boise, Idaho.

3. (a) FULL NAME Vernon Barker

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Single  
4. Sex M. race W.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) November 27, 1896.

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>8</u>	<u>4</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Nebraska  
(City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name Samuel, Louis Barker

13. Birthplace Nebr.  
(City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Emma E. Jeffers

15. Birthplace Nebr.  
(City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Records, State Hospital South  
and Address Blackfoot, Idaho.

17. (a) Removal & burial (b) Date thereof August 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place State

18. Funeral Director's OWN Signature Howard Jackson  
and Address Blackfoot, Idaho

19. (a) 8-2-48 (b) W. H. Hales, E. J. Hales  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) July 31, 19 48.  
at 9:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 1, 1948, to July 31, 19 48.  
I last saw him alive on July 31, 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary thrombosis

Duration

Due to Cardio-Vascular-Renal Disease

Due to Acute Nephritis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. G. Moore M.D.  
(M. D. or other)

and Address Blackfoot, Idaho. Date 7-31- 19 48.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2479  
Local Reg. No. 23  
Reg. Dist. No. 410

## 1. PLACE OF DEATH

- (a) County Blaine  
(b) City or town Bellevue  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 54 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Bellevue, Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Charles Edward Brockway

093D

## 3. (b) If veteran,

name war ☒

## 3. (c) Social Security

No. ☒

5. Color or race w.  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ruby  
6. (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) July 4, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>11</u>	<u>13</u>	hrs min.

9. Exact Occupation laborer Did this work for 55 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 7-46

11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

12. Name Edward E. Brockway

13. Birthplace Michigan (City or town) (State or foreign country)

14. Maiden name Garry Jamison

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Ruby Brockway

- and Address Bellevue, Idaho

17. (a) burial (b) Date thereof 7-29-48  
(Burial, cremation, or inhumation) (Month) (Day) (Year)

- (c) Place: Bellevue, Idaho

18. Funeral Director's OWN Signature Harold H. Wright

- and Address Idaho

19. (a) 7-26-48 (b) Robert A. Wright  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 17, 1948  
at 7:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 1946, to June 17, 1948

I last saw him alive on June 17, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive heart failure Duration \_\_\_\_\_

Due to essential hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John R. Moritz, Jr.

and Address San Valley, Idaho Date 6/17/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **2480**  
Local Reg. No. **24**  
Reg. Dist. No. **410**

## 1. PLACE OF DEATH:

- (a) County **Blaine**  
(b) City or town **Hailey**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **58** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Blaine**  
(c) City or town **Hailey**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **58** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**Rose Ellenore Donnelly**

## 3. (b) If veteran,

name war ☒

## 3. (c) Social Security

No. ☒

## 4. Sex **female** 5. Color or **w.** 6. (a) Single, widowed, married

**divorced**

## 6. (b) Name of husband or **was John** 6. (c) Age of husband or wife if

alive **65** years

## 7. Date of Birth

(Month, Day, Year) **Feb. 11, 1877**

## 8. AGE

Years

**71**

Months

**4**

Days

**23**

If less than 1 day

hrs min.

## 9. Exact

Occupation **housewife**

## Did this

work for **50** yrs.

## 10. Industry or

Business

## Date last

worked **6-27-48**

## 11. Birthplace

(City or town)

(State or foreign country)

## 12. Name

**John C. Cook**

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

**Rebekah Bonchie**

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

and Address

**Hailey, Idaho**

## 17. (a) **Burial** (b) Date thereof **7-7-48**

(Burial, cremation or removal)

(Month, Day, Year)

## (c) Place:

**Hailey, Idaho**

## 18. Funeral Director's

OWN Signature

and Address

**Hailey, Idaho**

## 19. (a) **7-26-1948** (b) **Robert H. Wright**

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

at **3:00** o'clock **A.M.**

## 21. I HEREBY CERTIFY That I attended deceased from

**7-7-48** 19..... to **7-7-48** 19.....

I last saw her alive on **7-7-48**; death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Chronic uricemia and**

**myocarditis**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation

Major finding

Finding of autopsy

Date

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19..... City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

OWN Signature

and Address

**Hailey, Idaho** (Date **7-6** 19**48**)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1448  
State File No. 2481  
Local Reg. No. 26  
Reg. Dist. No. 410

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Hailey  
(c) Street Address or R.F.D. No.   
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst.  Stayed  days  
(g) Lived in this county 10 years  months  days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Hailey  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Idelia Bodinstab

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or  (a) Single, widowed, married, divorced  
6. Sex Female race white  
(b) Name of husband or wife  (c) Age of husband or wife if alive  years

7. Date of Birth (Month, Day, Year) May 7 - 1881

8. AGE Years 67 Months 2 Days 9 If less than 1 day hrs min.

9. Exact Occupation housekeeper Did this work for  yrs.

10. Industry or Business  Date last worked 7-10-48

11. Birthplace LaFayette Co. Mo. (City or town) (State or foreign country)

12. Name Meyers

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Clarence Bodinstab

and Address Twinn Falls, Idaho

17. (a) burial (b) Date thereof 7-17-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Twinn Falls, Idaho

18. Funeral Director's OWN Signature Frank H. Hays

and Address Hailey, Idaho

19. (a) 7-26-1948 (b) Robert A. Wright (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

131B  
093D

20. DATE OF DEATH (Month, Day, Year) July 16 1948  
at 7:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1947, to July 15 1948  
I last saw her alive on July 15 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Congestive Cardiac Failure Duration 3 days

Due to Chronic Myocarditis & decompensation 5 yrs.

Due to   
Other conditions Chronic Nephritis 4 yrs.  
(Include pregnancy within 3 months of death)

Where was disease contracted?  Date  PHYSICIAN

Name of operation  Major finding  Underline the cause to which death should be charged statistically.

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature F. J. Fester

and Address Hailey, Idaho Date 7-16-1948 (M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2482  
Local Reg. No. 27  
Reg. Dist. No. 410

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Gannett  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these).

- (a) State Idaho (b) County Blaine  
(c) City or town Gannett  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Walter Brown.

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. None

4. Sex M 5. Color or race Wh.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife May

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Feb. 27, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>4</u>	<u>21</u>	hrs min.

9. Exact Occupation farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Edinburgh, Scotland. (City or town) (State or foreign country)

12. Name Brown

13. Birthplace Scotland. (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Robert C. Brown and Address Gannett, Idaho.

17. (a) burial (b) Date thereof 7-19-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Hailey, Idaho.

18. Funeral Director's OWN Signature W. W. Wright and Address Hailey, Idaho.

19. (a) 7-26-1948 (b) Robert C. Brown (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 16 1948  
at 11:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 7-15-48 1948, to 7-16-48 1948

I last saw h. alive on 7-16-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial infarction Duration 6 mo

Due to 16-48 - Paralysis (Atrial Fibrillation)

Due to (A. S. S. -)

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. W. Wright (M. D. or other) and Address Hailey, Idaho. Date 7-20-48 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State numbers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out card. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **NON-RESIDENT**  
**Certificate Of Death**  
AUG 19 1948  
DIVISION OF VITAL - STATE OF IDAHO

948  
State File No. **2483**  
Local Reg. No. **38**  
Reg. Dist. No. **410**

1. PLACE OF DEATH:

(a) County **Blaine**  
(b) City or town **Sun Valley**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **24** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State **W. V.** (b) County **Y.**  
(c) City or town **D. Y. C.**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) **D. Y. C.**

3. (a) FULL NAME

X

**Mary Randolph Cornwell**

**095C**

3. (b) If veteran,

name war **no**

3. (c) Social Security

No. **no**

5. Color or **W.**  
Sex **female** race **W.**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth

(Month, Day, Year) **June 26 - 1894 -**

8. AGE

Years **54**

Months

Days

If less than 1 day

hrs min.

9. Exact Occupation

**Artist**

Did this work for **26** yrs.

10. Industry or Business

Date last worked **July 1st**

11. Birthplace

**Annville Ky.**

(City or town) (State or foreign country)

12. Name

**Chas. E. Cornwell -**

13. Birthplace

**New Jersey**

(City or town) (State or foreign country)

14. Maiden name

**Margaret Dean**

15. Birthplace

**Annville Ky.**

(City or town) (State or foreign country)

16. Informant's OWN Signature

**Charles E. Cornwell**

and Address

**New York City, N. Y.**

17. (a) removal

(Burial, cremation, or removal)

(b) Date thereof

**7-23-48**

(c) Place:

**Louisville, Kentucky**

18. Funeral Director's OWN Signature

**Lena J. Harris**

and Address

**Hailey, Idaho**

19. (a) **8-11-1948**

(Date received and filed)

(b) **Robert H. Wright**

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) **July 22** 19**48**  
at **6:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Paroxysmal Angina Pectoris ?  
Premortally dead in bed**

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? **—**

Name of operation

Date

Major finding

Finding of autopsy **6**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_

While at work? \_\_\_\_\_

Means of injury

23. Attendant's OWN Signature

**Charles E. Cornwell**

and Address

**Hailey, Idaho**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 1 9 1948

DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 2484  
Local Reg. No. 29  
Reg. Dist. No. 410

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Hailey  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Hailey Clinic Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Hailey  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Carol Jean Rehn

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex female Color or race w.

## 6. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife \_\_\_\_\_

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

July 23 - '48

## 8. AGE

Years

Months

Days

If less than 1 day

5 hrs 30 min.

## 9. Exact

Occupation \_\_\_\_\_

Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last

worked \_\_\_\_\_

## 11. Birthplace

Hailey, Idaho  
(City or town) (State or foreign country)

## 12. Name

Clarence Rehn

## 13. Birthplace

Camden, Idaho  
(City or town) (State or foreign country)

## 14. Maiden name

Wynne Rehn

## 15. Birthplace

Richfield, Idaho  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Mrs. Clarence Rehn

and Address Hailey, Idaho

## 17. (a)

(Burial, cremation, or removal)

(b) Date thereof 7-24-48

(Month) (Day) (Year)

(c) Place: Hailey, Idaho

## 18. Funeral Director's

OWN Signature Lena J. Harris

and Address Hailey, Idaho

## 19. (a)

(Date received and filed) 8-11-1948

(b)

(Registrar's signature) Robert A. Wright

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

July 23 1948

at 2:00 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

7-23 1948 to 7-23 1948

I last saw her alive on 7-23 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Remission (7 months)  
Breast

Duration

5 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_

Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature E. W. J.

and Address Hailey, Idaho (M. D. or other) Date 8/4 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 20 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. **2485**  
Local Reg. No. **962**  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Boise  
(b) City or town 7th Banks rd  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 1 1/3 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boise  
(c) City or town Smiths Ferry  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) Iowa

3. (a) FULL NAME **DONALD E. STEVENS**

3. (b) If veteran, name war NO  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **March 23, 1902**

8. AGE	Years	Months	Days	If less than 1 day
	<b>46</b>	<b>3</b>	<b>11</b>	hrs. min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature R. E. McCall, State Police  
and Address Emmett, Idaho

17. (a) Burial (b) Date thereof 7/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Emmett, Idaho

18. Funeral Director's OWN Signature James R. Persons  
and Address Emmett, Idaho

19. (a) 7/17 (b) Mrs E. S. Rohan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 4<sup>th</sup> 1948  
at 1 o'clock 30 P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Drowning

Due to accidental leaving Highway  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred July 4<sup>th</sup> 1948 City, county, state 7th Banks Boise Idaho  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Highway While at work? \_\_\_\_\_

Means of injury Drowning

23. Attendant's OWN Signature Reginald John Mellor

and Address Idaho City Date July 11, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **2486**  
Local Reg. No. **71**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home..... Hospital **X** Institution..... Other place.....  
(f) Name Hosp. or Ins **Community** Stayed..... days  
(g) Lived in this county **0** years **0** months **7** hrs

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **502 N. Boyer Av**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **7 hrs** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**INFANT WEAVER**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **--** 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) **July 1st. 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b> hrs min.

9. Exact Occupation **None** Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **Sandpoint, Idaho.**  
(City or town) (State or foreign country)

12. Name **Ernest Weaver**  
13. Birthplace **Sandpoint, Idaho.**  
(City or town) (State or foreign country)  
14. Maiden name **June Patrick**  
15. Birthplace **Sandpoint, Idaho.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. June Patrick**  
and Address **Sandpoint, Idaho.**

17. (a) **Burial** (b) Date thereof **July 6, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO**

19. (a) **July 6, 1948** (b) **Summer D. Shaw**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **July 2,** 19 **48**  
(Month, Day, Year) at **7:20** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **7/1/48** 19 **48**, to **7/1** 19 **48**  
I last saw her alive on **7/1** 19 **48**; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**159- Premature birth.**  
**(42 wks gestation)**

Due to **Rupture of uterus of mother**

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....  
Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **William C. Hayden MD**  
(M.D. or other)  
and Address **Sandpoint** Date **7/6/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

JUL 22 1948

STATE OF IDAHO

State File No. 2487  
Local Reg. No. 73  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 709 Lake Street  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 30 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 709 Lake St  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

CHESTER ARTHUR SWEET

3. (b) If veteran, name war None 3. (c) Social Security No. 518-01-8553  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male 6. (b) Name of husband or wife Bertha G.  
6. (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) Sept. 2, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>10</u>	<u>4</u>	hrs min.

9. Exact Occupation Woodsman Did this life work for life yrs.  
10. Industry or Business Logging Date last worked 1944  
11. Birthplace -- Michigan (City or town) (State or foreign country)

- Mother Father  
12. Name William Henry Sweet  
13. Birthplace no record (City or town) (State or foreign country)  
14. Maiden name no record  
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's OWN Signature W. H. Sweet  
and Address Prineville, Oregon  
17. (a) Burial (b) Date thereof July 9, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO  
19. (a) July 9, 1948 (b) Registrar's signature  
(Date received and filed)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 6th 19 48  
at 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 5, 1948 to July 6, 1948  
I last saw him alive on July 6, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic myocarditis Duration 2 yrs.

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature Wm F. Tyler M.D. (M. D. or other)  
and Address Sandpoint, Idaho July 9, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 20 1948  
Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 2488  
Local Reg. No. 74  
Reg. Dist. No. 110

1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 514 N. Second  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Community Stayed 3 days  
(g) Lived in this county 30 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 602 N. 4th Ave  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state)

3. (a) FULL NAME WILLIAM MC CLAFFERTY

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) August 9, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>8</u>	<u>28</u>	hrs min.

9. Exact Occupation Woodsmen Did this work for life yrs.  
10. Industry or Business Logging Date last worked 1938  
11. Birthplace Wilmington, Delaware.  
(City or town) (State or foreign country)  
12. Name Bernard Mc Clafferty  
13. Birthplace no record  
(City or town) (State or foreign country)  
14. Maiden name Mary Mc Mahan  
15. Birthplace no record  
(City or town) (State or foreign country)

16. Informant's OWN Signature Dept. Public Assistance  
and Address Sandpoint, Idaho. Paul Evans  
Burial

17. (a) Burial (b) Date thereof July 11, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO.

19. July 11, 1948 (b) Lawrence E. Egan  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 7th 19 48  
(Month, Day, Year)  
at 4:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 19 48 to July 7 19 48  
I last saw him alive on July 16 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Supp. of stomach Duration 5 da  
Due to Chronic pyelitis 1 yr  
Due to Arterio Scl. brain 5 yr  
Other conditions Chronic prostatitis 2 yr  
(Include pregnancy within 2 months of death)  
Where was disease contracted?    PHYSICIAN  
Name of operation    Date     
Major finding    Underline the cause to which death should be charged statistically.  
Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state     
where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature Wm. F. Taylor M.D.  
(M.D. or other)  
and Address Sandpoint, Idaho Date 7-11-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be completed as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 30 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

State File No. 2489  
Local Reg. No. 75  
Reg. Dist. No. 110

1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 514 N. Second  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Community Stayed 7 yrs.  
(g) Lived in this county 26 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 601 N. Ella  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state)

3. (a) FULL NAME CARL AMANDUS BERGQUIST

3. (b) If veteran, name war None No. None  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
(b) Name of husband or wife -- (c) Age of husband or wife if alive  years  
7. Date of Birth (Month, Day, Year) June 13, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>1</u>	<u>5</u>	hrs min.

9. Exact Occupation Woodsman Did this work for 20 yrs.  
10. Industry or Business Logging Date last worked 1940  
11. Birthplace Belteberger, Sweden.  
(City or town) (State or foreign country)  
12. Name John August Bergquist  
13. Birthplace Kalmarlan, Sweden.  
(City or town) (State or foreign country)  
14. Maiden name Johannal Maria Karp  
15. Birthplace Kronobergslan, Sweden.  
(City or town) (State or foreign country)

16. Informant's OWN Signature E Olga Wilson  
and Address Spooner, Wisconsin.

17. (a) Burial (b) Date thereof July 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO

19. (a) July 17, 1948 (b) Ramona Wilson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 8th 1948  
(Month, Day, Year)  
at 10:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 1946 to July 8 1948.  
I last saw him alive on July 18 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral hemorrhage Duration 2 da

Due to

Due to

Other conditions Cerebral hemorrhage with hemorrhage 1943  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature Wm F Taylor M.D.

and Address Sandpoint, Ida Date 7-17 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 614 N. Second  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. Community Stayed 8 days  
(g) Lived in this county 41 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bonner  
(c) City or town Kootenai  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state)

3. (a) FULL NAME BEN GRAVES  
(b) If veteran, name war None (c) Social Security No. 519-10-4175  
(d) Sex Male (e) Color or race White (f) (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Rosa Graves (c) Age of husband or wife if alive 63 years  
(g) Date of Birth February 5, 1879 (Month, Day, Year)

8. AGE	Years 69	Months 5	Days 13	If less than 1 day
			hrs min.	

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH July 18th 1948  
(Month, Day, Year) at 4:10 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from Aug 1 1946, to July 18 1948  
I last saw him alive on July 17 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Chronic Myocarditis Duration 2 yrs  
Due to Arteriosclerosis 5 yrs  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature Wm F. Tyler M.D. (D. or other)  
and Address Sandpoint, Ida Date 7-21 1948  
(For additional space, use reverse side)

9. Exact Occupation Carpenter Did this work for 55 yrs.  
10. Industry or Business Building Date last worked 1946  
11. Birthplace Wilson, Wisconsin (City or town) (State or foreign country)  
Mother Father { 12. Name Alex Graves  
13. Birthplace Pennsylvania (City or town) (State or foreign country)  
14. Maiden name Hanith Rose  
15. Birthplace Pennsylvania (City or town) (State or foreign country)  
16. Informant's OWN Signature and Address 1101 N. Florence, Sandpoint, Ida  
17. (a) Burial (b) Date thereof July 21, 1948 (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.  
18. Funeral Director's OWN Signature MOON MORTUARY SANDPOINT, IDAHO  
and Address  
19. (a) July 21, 1948 (b) (Date received and filed) (Registrar's signature)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
Certificate Of Death  
AUG 9 - 1948  
STATE OF IDAHO  
DEPT. OF VITAL

State File No. 2491  
Local Reg. No. 81  
Reg. Dist. No. 110

1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 414 Church St  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. Community Stayed 2 days  
(g) Lived in this county years months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 414 Church St  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 Da years  
(h) Former residence (city, state) None

3. (a) FULL NAME

Albert Allen Abromeit

3. (b) If veteran, name war None No. None  
5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Date of Birth (Month, Day, Year) July 27, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>2</u>	hrs min.

9. Exact Occupation None Did this work for None yrs.  
10. Industry or Business None Date last worked  
11. Birthplace Sandpoint, Idaho  
(City or town) (State or foreign country)

12. Name Albert Abromeit  
13. Birthplace Cocolalla, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Omajean Drain  
15. Birthplace Wyoming  
(City or town) (State or foreign country)

16. Informant's OWN Signature Albert Abromeit  
and Address Sandpoint, Idaho

17. (a) Burial (b) Date of death JUL 31 1948  
(Burial, cremation, or removal) (Month, Day, Year)  
(c) Place SANDPOINT, IDAHO

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO

19. (a) Aug 1, 1948 (b) Lawrence E. Moon  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 29, 1948  
(Month, Day, Year) at 8:45 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from July 27, 1948, to July 29, 1948.  
I last saw him alive on July 29, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congenital malformation of heart Duration 2 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)  
Placental fibrosis

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy None performed

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 1948 City, county, state where violence occurred  
Place of Violence: Home Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature William C. Hendon (M. D. or other)  
and Address Sandpoint Date 7/31, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
JUL 9 - 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 2492  
Local Reg. No. 80  
Reg. Dist. No. 110

1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. County Farm  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. Community Stayed 29 days  
(g) Lived in this county 38 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. County Farm  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? Norway  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Norway

3. (a) FULL NAME

Hans Wiggins

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Date of Birth (Month, Day, Year) Dec. 25, 1856

8. AGE	Years	Months	Days	If less than 1 day
	<u>91</u>	<u>7</u>	<u>4</u>	hrs min.

9. Exact Occupation Woodsman Did this work for 60 yrs.  
10. Industry or Business Logging Date last worked 1930  
11. Birthplace Norway (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Norway (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature C. L. Larson  
and Address Sandpoint, Idaho

17. (a) Burial (b) Date thereof Aug. 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT IDAHO

19. (a) July 30, 1948 (b) Larson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 29, 1948  
(Month, Day, Year) at 2:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1946 to July 29, 1948.  
I last saw him alive on July 28, 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Hypostatic pneumonia Duration 1 wk  
Due to chronic myocarditis 3 yrs  
Due to Arterio Sclerosis 10 yrs  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury S

23. Attendant's OWN Signature Wm A. Tyler M.D.  
and Address Sandpoint Ida Date July 30, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

NON-RESIDENT  
RECEIVED Certificate Of Death  
AUG 20 1948  
STATE OF IDAHO

State File No. 2493  
Local Reg. No. 10-48  
Reg. Dist. No. 112

1. PLACE OF DEATH:

- (a) County Banner  
(b) City or town Priest River  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home? \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Pend Oreille  
(c) City or town Newport  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Annie Caroline Walker

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Alonso 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 2 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>1</u>	<u>10</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

12. Name Nelse Graham

13. Birthplace Denmark (City or town) (State or foreign country)

14. Maiden name Ingrid Anderson

15. Birthplace Sweeden (City or town) (State or foreign country)

16. Informant's OWN Signature Engene M. Smith

and Address Newport, Wash. 505

17. (a) Burial (b) Date thereof 6-16-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Priest River Idaho

18. Funeral Director's OWN Signature C. E. Sherman

and Address Newport Wash.

19. (a) 8/1/48 (b) F. H. Monch (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 12 1948  
at 6:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from July 2 1946, to June 12 1948  
I last saw her alive on June 12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 4 hours

Due to Hypertensive arteriosclerotic heart disease & generalized arteriosclerosis 12 yrs.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_ Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_ Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Robertson Winston (M D. or other) and Address Newport Wash. Date 6-16 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 15 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2494  
Local Reg. No. 70  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Banner county  
(b) City or town Kootenai  
(c) Street Address or R.F.D. No. Box 52  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☒ Stayed ☒ days  
(g) Lived in this county 30 years ☒ months ☒ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Banner  
(c) City or town Kootenai  
(d) Street Address or R.F.D. No. Box 52  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Battine, N. Dak

## 3. (a) FULL NAME

Mrs Bergit Hoise th.

046E

3. (b) If veteran, ☒ name war ✓ 3. (c) Social Security No. none  
5. Color or white 6. (a) Single, widowed, married, divorced widowed  
4. Sex Female race white  
6. (b) Name of husband or wife Knute Hoise th 6. (c) Age of husband or wife if alive ✓ years  
7. Date of Birth deceased -  
(Month, Day, Year) April 14, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>2</u>	<u>23</u>	hrs min.

9. Exact Occupation House wife Did this work for 46 yrs.  
10. Industry or Business ✓ Date last worked ✓  
11. Birthplace Veg. lig. Norway  
(City or town) (State or foreign country)

12. Name Knute Halvorsen  
13. Birthplace Veg. lig. Norway  
(City or town) (State or foreign country)  
14. Maiden name Aslaug Halvorsen  
15. Birthplace Veg. lig. Norway  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ingvald P. Hoise th  
and Address Kootenai, Ida.

17. (a) Burial (b) Date thereof 7-10-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Lakview Cemetery Sandpoint Ida

18. Funeral Director MOON MORTUARY  
OWN Signature Rob Moon  
and Address SANDPOINT, IDAHO

19. (a) July 8, 1948 (b) ASB Moon  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 055E

20. DATE OF DEATH  
(Month, Day, Year) July 6, 1948  
at 1:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 2, 1948, to July 6, 1948  
I last saw her alive on July 5, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Malnutrition Duration 3 mo.

Due to Carcinomatosis, general 10 mo.

Due to Cancer of large bowel 3 yrs  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? ✓  
Name of operation Laparotomy Date Sept 1947  
Major finding Carcinoma of colon  
Finding of autopsy with liver metastases  
None performed  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature William C. Hayden MD (M. D. or other)  
and Address Sandpoint, Ida. Date 7/7, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

AUG 20 1948

STATE OF IDAHO

State File No. **2495**  
Local Reg. No. **8-48**  
Reg. Dist. No. **112**

- 1. PLACE OF DEATH:**  
(a) County **Bonner**  
(b) City or town **Priest River**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **48** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

- 2. Usual Residence of Deceased: (Always fill in these)**  
(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Priest River**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **48** years  
(h) Former residence (city, state) \_\_\_\_\_

- 3. (a) FULL NAME** **JOHN OLAF HAMBERG**

- 3. (b) If veteran,** name war **None** **3. (c) Social Security** No. **None**  
**5. Color or** **Male** **6. (a) Single, widowed, married,** **White** **divorced** **Married**  
**4. Sex** **6. (b) Name of husband or** **6. (c) Age of husband or wife if**  
wife **Carrie Hamberg** alive **75** years  
**7. Date of Birth**  
(Month, Day, Year) **June 24, 1867**

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <b>81</b> | <b>0</b> | <b>28</b> | hrs min.           |

- 9. Exact Occupation** **Merchant** **Did this work for** **30** yrs.  
**10. Industry or Business** **Hardware** **Date last worked**  
**11. Birthplace** **Hirjedalen Linga Hede, Sweden.**  
(City or town) (State or foreign country)

- 12. Name** **no record**  
**13. Birthplace** **no record**  
(City or town) (State or foreign country)  
**14. Maiden name** **no record**  
**15. Birthplace** **no record**  
(City or town) (State or foreign country)

- 16. Informant's OWN Signature** **W. A. Hamberg**  
**and Address** **Priest River, Idaho**

- 17. (a) Burial** (b) Date thereof **July 15, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Priest River, Idaho.**

- 18. Funeral Director's OWN Signature** **MOON MORTUARY**  
**and Address** **SANDPOINT, IDAHO.**

- 19. (a)** **7/16/48** (b) **F. C. Hamberg**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

- 20. DATE OF DEATH** **July 12th.** 19 **48**  
(Month, Day, Year)  
at **7:55** o'clock **A.** M.

- 21. I HEREBY CERTIFY,** That I attended deceased from **March 8, 1944** to **June 30, 1948**  
I last saw him alive on **June 30, 1948**; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Cardiac degeneration** Duration **6 years**

Due to **senility**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

- 22. If death was due to EXTERNAL CAUSES,** also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

- 23. Attendant's OWN Signature** **Leslie J. Stauffer, M.D.**  
**and Address** **Priest River, Idaho** (M. D. or other)  
Date **8-3-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as fully as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

AUG 9 - 1948

STATE OF IDAHO

DIVISION OF VITAL

State File No. 2496  
Local Reg. No. 78  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Banner  
(b) City or town Clagstone  
(c) Street Address or R.F.D. No. Rural  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. none Stayed none days  
(g) Lived in this county 37 years 3 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Banner  
(c) City or town Clagstone  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Tiptonville Tenn.

## 3. (a) FULL NAME

Ethel "M" Larson -

094A

## 3. (b) If veteran,

name war none

## 3. (c) Social Security

No. none

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife George Larson

6. (c) Age of husband or wife if alive 64 years

## 7. Date of Birth

(Month, Day, Year) march 8, 1878

## 8. AGE

Years	Months	Days	If less than 1 day
<u>70</u>	<u>4</u>	<u>17</u>	<u>✓</u> hrs <u>✓</u> min.

## 9. Exact Occupation

House wife Did this work for 37 yrs.

## 10. Industry or Business

✓ Date last worked July 25, 48

## 11. Birthplace

Tiptonville Tennessee  
(City or town) (State or foreign country)

## 12. Name

Andy Glover

## 13. Birthplace

unknown  
(City or town) (State or foreign country)

## 14. Maiden name

unknown

## 15. Birthplace

unknown  
(City or town) (State or foreign country)

## 16. Informant's

### OWN Signature

Geo Larson

### and Address

Clagstone Idaho

## 17. (a) Removal

(Burial, cremation, or removal)

## (b) Date thereof

7-29-48  
(Month) (Day) (Year)

### (c) Place:

Coeur d'Alene Cemetery

## 18. Funeral Director's

### OWN Signature

MOON MORTUARY

### and Address

SANDPOINT, IDAHO

## 19. (a) Date received and filed

July 28, 1948

## (b)

Reverence Larson  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) July 25, 1948  
at 8:30 o'clock P.M.

### 21. I HEREBY CERTIFY, That I attended deceased from

JUNE 1947 to July 25, 1948

I last saw her alive on July 25, 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

ACUTE CORONARY THROMBOSIS

### Duration

### Due to

### Due to

### Other conditions

(Include pregnancy within 3 months of death)

### Where was disease contracted?

### Name of operation

### Date

### Major finding

### Finding of autopsy

### PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

### Means of injury

## 23. Attendant's

### OWN Signature

Don C. Brubaker MD

### and Address

Spirit Lake Idaho Date 7/27, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 9 - 1948

# Certificate Of Death

OF VITAL

STATE OF IDAHO

1948 State File No. 2497  
Local Reg. No. 79  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sagle  
(c) Street Address or R.F.D. No. Rural  
(d) Death Occurred Inside?..... Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place. ☒  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county... 0 years 0 months 14 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sagle  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside?..... Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 14 days  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME

PAUL ALBERT SMITH

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Date of Birth (Month, Day, Year) July 23, 1945

8. AGE	Years	Months	Days	If less than 1 day
	<u>3</u>	<u>0</u>	<u>5</u>	hrs min.

9. Exact Occupation None Did this work for -- yrs.

10. Industry or Business -- Date last worked --

11. Birthplace London, England  
(City or town) (State or foreign country)

12. Name Vernon Charles Smith

13. Birthplace Augusta, Kansas.  
(City or town) (State or foreign country)

14. Maiden name Ellen Callan

15. Birthplace London, England  
(City or town) (State or foreign country)

16. Informant's OWN Signature E. J. Gillis

and Address Route 1 c/o E. H. Moore

17. (a) Removal (b) Date thereof July 23, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Spokane, Washington.

18. Funeral Director's OWN Signature MOON MORTUARY

and Address SANDPOINT, IDAHO.

19. (a) July 28, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 27th 19 48  
(Month, Day, Year)  
at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h..... alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental Drowning Duration

Due to --

Due to --

Other conditions --  
(Include pregnancy within 3 months of death)

Where was disease contracted? -- PHYSICIAN

Name of operation -- Date -- Underline

Major finding -- the cause to

Finding of autopsy -- which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? -- Homicide? --

Occurred July 27, 1948 19 -- City, county, state

where violence occurred Lake Pend'O Oreille

Place of Violence: Home Bonner County, Ida.

Public Place yes While at work? no

Means of injury Fell into back water of lake

23. Attendant's OWN Signature [Signature] CORONER E  
(M. D. or other)

and Address Sandpoint, Ida. Date 7-28 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 18 1948

DEPARTMENT OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2498  
Local Reg. No. 82  
Reg. Dist. No. 110

## 1. PLACE OF DEATH: ~~San Francisco~~

- (a) County Bonner  
(b) City or town Sagle  
(c) Street Address or R.F.D. No. RFD#1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 6 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sagle  
(d) Street Address or R.F.D. No. RFD#1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Unknown

## 3. (a) FULL NAME EMMA MAGDALENE JOHNSON

3. (b) If veteran, name war none 3. (c) Social Security No. none  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Herman 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) October 9, 1887  
8. AGE  

Years	Months	Days	If less than 1 day
<u>60</u>	<u>9</u>	<u>21</u>	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.  
10. Industry or Business none Date last worked July, 1947  
11. Birthplace Holmestrand Norway  
(City or town) (State or foreign country)

12. Name Simonsen  
13. Birthplace Holmestrand, Norway  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Herman Johnson  
and Address R. Sagle Idaho

17. (a) Burial (b) Date thereof 8-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address Sandpoint Idaho

19. (a) Aug. 23, 1948. (b) Lawrence Moon  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 30 1948  
(Month, Day, Year)  
at 6 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from July 16 1948 to July 30 1948  
I last saw him alive on July 29 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 6 mo

Due to

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Wm J. Tyler MD  
(M. D. or other)  
and Address Sandpoint Idaho Date Aug 3 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 12 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2499  
Local Reg. No. 146  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls, Idaho.  
(c) Street Address or R.F.D. No. 290 N. Higby Ave.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 10 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No. ☐  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 53 years  
(h) Former residence (city, state) Denmark.

## 3. (a) FULL NAME

ANNIE ELIZABETH CHRISTENSEN.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F.M. Color or race White

5. (a) Single, widowed, married, divorced widowed.

6. (b) Name of husband or wife Chris.

6. (c) Age of husband or wife if alive X years

7. Date of Birth (Month, Day, Year) Oct. 27, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>8</u>	<u>5</u>	hrs. min.

9. Exact Occupation Housewife Did this work for life yrs.

10. Industry or Business Home Date last worked Dec 1947

11. Birthplace Denmark. (City or town) (State or foreign country)

12. Name Olie Nielsen. (City or town) (State or foreign country)

13. Birthplace Denmark. (City or town) (State or foreign country)

14. Maiden name Sophie ? (City or town) (State or foreign country)

15. Birthplace Denmark. (City or town) (State or foreign country)

16. Informant's OWN Signature Fred Christensen  
and Address Ririe, Idaho.

17. (a) burial (b) Date thereof 7/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rigby, Idaho.  
18. Funeral Director's OWN Signature W. S. Warner  
and Address Rigby, Idaho.

19. (a) 7-9-48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 2, 1948

at 8:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw her alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic Pneumonia Duration 4 days

Due to Cancer of breast 3 years

Due to Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown

Name of operation none Date none

Major finding none performed

Finding of autopsy none performed

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state

where violence occurred Idaho Falls, Idaho.

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury W. S. Warner

23. Attendant's OWN Signature W. S. Warner

and Address Idaho Falls, Idaho. 19 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 12 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2500  
Local Reg. No. 163  
Reg. Dist. No. 610

**1. PLACE OF DEATH:**  
(a) County Connerville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial St.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. U.S. Hosp. Stayed days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased:** (Always fill in the )  
(a) State Idaho (b) County Connerville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 279 Lava  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Utah

**3. (a) FULL NAME** George Gardner

**3. (b) If veteran, name war** **3. (c) Social Security No.**

**4. Sex** m **5. Color or race** w **6. (a) Single, widowed** married  
**6. (b) Name of husband or wife** Hellie K. Gardner **6. (c) Age of husband or wife if alive** 92 years

**7. Date of Birth** (Month, Day, Year) April 17, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>2</u>	<u>17</u>	hrs. min.

**9. Exact Occupation** Retired Farmer Did this work for years

**10. Industry or Business** Idaho Falls, Utah Date last worked worked

**11. Birthplace** (City or town) Idaho Falls, Utah (State or foreign country)

**12. Name** Elias Gardner

**13. Birthplace** (City or town) United States (State or foreign country)

**14. Maiden name** Ellen Elizabeth Abbott

**15. Birthplace** (City or town) United States (State or foreign country)

**16. Informant's OWN Signature** Hellie K. Gardner  
and Address Idaho Falls, Idaho

**17. (a) Place of Burial** (Burial, cremation, or removal) Idaho Falls, Idaho (b) Date thereof 7/7/48 (Month) (Day) (Year)

**18. Funeral Director's OWN Signature** Jack A. Wood  
and Address Idaho Falls, Idaho

**19. (a) Date received and filed** 8/10/48 (b) Uma Budger (Registrar's signature)

**20. DATE OF DEATH** (Month, Day, Year) July 4, 1948  
at 12:30 o'clock am

**21. I HEREBY CERTIFY** That I attended deceased from 19 to 19

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** Bronchopneumonia Duration

Due to Old Age (arteriosclerotic degeneration of brain)

Due to Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? None

Name of operation None Date

Major finding None

Finding of autopsy None

**22. If death was due to EXTERNAL CAUSES**, also fill in the following:

Accident? No Suicide? No Homicide? No

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home None Farm None Industry None

Public Place None While at work? None

Means of injury None

**23. Attendant's OWN Signature** Richard F. Furell (M. D. or other)

and Address Idaho Falls, Idaho Date 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON-RESIDENT Certificate of Death

JUL 13 1948

STATE OF IDAHO

State File No. 2501  
Local Reg. No. 137  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Dr.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. U.S. Hosp. Stayed 28 days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in the)

- (a) State Iowa (b) County Lyon  
(c) City or town George, Iowa  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

John Joseph Siebrand

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

## 7. Date of Birth

(Month, Day, Year) October 13, 1910

## 8. AGE

Years	Months	Days	If less than 1 day
<u>37</u>	<u>8</u>	<u>22</u>	hrs. min.

## 9. Exact Occupation

Manager Did this work for years

## 10. Industry or Business

Siebrand Carnival Date last worked

## 11. Birthplace

Remington, North Dakota  
(City or town) (State or foreign country)

## 12. Name

John Siebrand

## 13. Birthplace

Holland  
(City or town) (State or foreign country)

## 14. Maiden name

Minnie Nelson

## 15. Birthplace

Sweden  
(City or town) (State or foreign country)

## 16. Informant's OWN Signature

Wm. B. Siebrand  
and Address Phoenix, Arizona

## 17. (a) (Burial, cremation or removal)

Removal (b) Date thereof 7/17/48  
(Month) (Day) (Year)

## (c) Place

George, Iowa

## 18. Funeral Director's OWN Signature

Jack A. Wood  
and Address Idaho Falls, Idaho

## 19. (a)

7/17/48 (b) Anna Bulger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 5 19 48

at 1-45 o'clock PM

## 21. I HEREBY CERTIFY that I attended deceased from June 13

19 48 to July 5 19 48

I last saw him alive on July 4 19 48

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Bowel obstruction Duration 3 days

Due to Peritonitis 1 week

Due to Perforated appendicitis 4 days

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho Falls, Ida.

Name of operation Appendectomy Date 6-13-48

Major finding

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?

Occurred  19  City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

## 23. Attendant's OWN Signature

Asael Hall, M.D.

and Address Bigby, Idaho Date July 6 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED NON-RESIDENT

JUL 23 1948 Certificate of Death

DIVISION OF VITAL STATE OF IDAHO

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

2502  
State File No. 155  
Local Reg. No. 610  
Reg. Dist. No.

1. PLACE OF DEATH:

(a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital. X Institution..... Other place.....  
(f) Name Hosp. or Inst. Sacred Heart Stayed 13 days  
(g) Lived in this county. 0 years. 0 months. 13 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Montana (b) County Madison  
(c) City or town West Yellowstone  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 13 days  
(h) Former residence (city, state) Ridge, Montana

3. (a) FULL NAME

LEONARD BAUER

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or White  
4. Sex Male race White

6. (a) Single, widowed, married, divorced. Divorced

6. (b) Name of husband or wife Anna Bauer

6. (c) Age of husband or wife if alive. 61 years

7. Date of Birth (Month, Day, Year) July 19, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>11</u>	<u>18</u>	hrs. min.

9. Exact Occupation Repairman, retired Did this work for 35 yrs.

10. Industry or Business Telephone Company Date last worked June 1, 1933

11. Birthplace Port Washington Wisconsin  
(City or town) (State or foreign country)

12. Name Michael Bauer

13. Birthplace Germany  
(City or town) (State or foreign country)

14. Maiden name Barbara Unknown

15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mary J. Bauer  
and Address 10901 S. 2nd St. Chicago 43, Ill.

17. (a) Burial (b) Date thereof July 9, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Orland C. Buck  
and Address Idaho Falls Idaho

19. (a) 7/20/48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 7 1948  
at 2:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 24 June 1948, to 7 July 1948  
I last saw him alive on 7 July 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cholelithiasis with cholelithiasis and obstructive jaundice Duration 1 mo.

Due to Sensitivity  
Other conditions Sensitivity  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home  
Name of operation cholecystectomy Date 2 July 48  
Major finding Cholelithiasis and obstructive hepatitis  
Finding of autopsy obstructive hepatitis  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state  
where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature M. R. Abbott M.D.  
and Address Idaho Falls Idaho Date 12 July 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 1 2 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2503  
Local Reg. No. 147  
Reg. Dist. No. b10

1. PLACE OF DEATH  
(a) County Bannock  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Dr.  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. P.H.S. Hosp. Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bannock  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 421-7  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Montana

3. (a) FULL NAME Heliah E. Wilson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W  
6. (b) Name of husband or wife A.B. Wilson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth April 28, 1865  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>2</u>	<u>12</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Hamascus, Virginia  
(City or town) (State or foreign country)

12. Name Elihu Waltham

13. Birthplace Virginia  
(City or town) (State or foreign country)

14. Maiden name Mary E. Patton

15. Birthplace Virginia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Nigel E. Salton  
and Address 421-7 Idaho Falls

17. (a) Removal (b) Date thereof 7/13/48  
(Burial, cremation, or removal) (Month, Day, Year)

(c) Place Craig, Montana

18. Funeral Director's OWN Signature John A. Wood  
and Address Idaho Falls, Idaho

19. (a) 7/12/48 (b) Uma Buford  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 10 19 48  
(Month, Day, Year)  
at 2:30 o'clock PM.  
21. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage - massive Duration 24 hours

Due to Hypertension and Arteriosclerosis unknown

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John E. Worlton, M.D.  
(M. D. or other)  
and Address Idaho Falls, Idaho Date 14 July 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
AUG 12 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2504  
Local Reg. No. 149  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. LDS Hospital Stayed 8 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 8 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Mapleton, Utah

3. (a) FULL NAME James P. Larsen

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife LaVera Fullmer Larsen

6. (c) Age of husband or wife if alive 57 years

7. Date of Birth (Month, Day, Year) October 12, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>8</u>	<u>29</u>	hrs. min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)

Father { 12. Name James P. Larsen

13. Birthplace Denmark (City or town) (State or foreign country)

Mother { 14. Maiden name Christina Petrona Christensen

15. Birthplace Rosenberg, Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. James P. Larsen  
and Address Rt. 1, Blackfoot, Idaho.

17. (a) Burial (b) Date thereof 7-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Groveland Cemetery Blackfoot, Idaho

18. Funeral Director's OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho.

19. (a) 7/14/48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 11, 1948  
(Month, Day, Year) at 11:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 9, 1948 to July 11, 1948

I last saw him alive on July 11, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Paritanitis Duration 1 week

Due to Perforation of Jejunum

Due to Not Known

Other conditions Cerebral thrombosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation Intestinal resection Date July 11, 1948

Major finding Perforated bowel

Finding of autopsy Not reported

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature P. Merrill Packer  
(M. D. or other) and Address Blackfoot, Idaho. Date July 13, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. 2505  
Local Reg. No. 148  
Reg. Dist. No. 61D

## 1. PLACE OF DEATH

- (a) County Boise  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S.H. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Springville, Utah

## 3. (a) FULL NAME

Mr Stephen Hutchings

## 3. (b) If veteran, name war

no

## 3. (c) Social Security No.

no

4. Sex M 5. Color or race W

6. (b) Name of husband or wife Takitha Kersued

6. (a) Single, widowed, married, divorced widowed

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 30 - 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>2</u>	<u>12</u>	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Springville, Utah (City or town) (State or foreign country)

12. Name Shepherd Kera Hutchings (City or town) (State or foreign country)

13. Birthplace Norwalk Kent Ohio (City or town) (State or foreign country)

14. Maiden name Eliza Ann Glatol (City or town) (State or foreign country)

15. Birthplace Lloyd Co. Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Geo S Hutchings and Address Salmon Idaho

17. (a) Burial (b) Date thereof 7/13/48 (Month) (Day) (Year)

(c) Place Springville, Utah

18. Funeral Director's OWN Signature Edith Williams and Address Idaho Falls Idaho

19. (a) 7-12-48 (Date received and filed) (b) Anna Budger (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 12 1948

at \_\_\_\_\_ o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from July 10 1948 to July 12 1948

I last saw him alive on July 12 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia Duration \_\_\_\_\_

Due to Prostatic Hypertrophy

Due to \_\_\_\_\_

Other conditions cerebral Hemorrhage (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_ where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Johns Hutch MD (City, D. or other) Idaho Falls Date 7-13 1948 and Address \_\_\_\_\_ (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No.

2506

Local Reg. No.

152

Reg. Dist. No.

610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Dr.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 23 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

JENNIE MILDRED CHRISTENSEN.

3. (b) If veteran, name war X

3. (c) Social Security No.

4. Sex F.M. 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Austin

6. (c) Age of husband or wife if alive 45 years

7. Date of Birth (Month, Day, Year) Feb. 5, 1915

8. AGE	Years	Months	Days	If less than 1 day
	<u>33</u>	<u>5</u>	<u>7</u>	hrs. min.

9. Exact Occupation Housewife Did this work for life yrs.

10. Industry or Business Home Date last worked 6/15/48

11. Birthplace Rigby, Idaho. (City or town) (State or foreign country)

12. Name Peter LaVern Madsen. (City or town) (State or foreign country)

13. Birthplace Rigby, Idaho. (City or town) (State or foreign country)

14. Maiden name Jennie Briggs. (City or town) (State or foreign country)

15. Birthplace Lewisville, Idaho. (City or town) (State or foreign country)

16. Informant's Austin Christensen OWN Signature Rigby, Idaho. R. #1

and Address Rigby, Idaho. (Burial, cremation, or removal) (Month) (Day) (Year)

17. (a) burial (b) Date thereof 7/16/48 (c) Place Rigby, Idaho.

18. Funeral Director's C. Beckersell OWN Signature Rigby, Idaho.

and Address Rigby, Idaho.

19. (a) 7/16/48 (b) Anna Budge (date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 12 1948  
(Month, Day, Year) at 4:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 6/11/48 to July 12 1948.

I last saw her alive on July 11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia Duration 12 hrs

Due to Acute Nephritis 4 weeks

Due to Influenza 8 days

Other conditions Alcohol (Include pregnancy within 3 months of death)

Where was disease contracted? at Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's Dean Tall, M.D. OWN Signature Rigby, Ida (M. D. or other) 7/15 1948

and Address Rigby, Ida Date 7/15 1948 (For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 12 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2507  
Local Reg. No. 153  
Reg. Dist. No. 610

1. PLACE OF DEATH: Bonneville  
(a) County Idaho Falls, Idaho.  
(b) City or town Blvd.  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home. Hospital. ☒ Institution. Other place  
(f) Name Hosp. or Inst. Sacred Heart Stayed 4 days  
(g) Lived in this county. years. months. 4 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Blvd.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 days years  
(h) Former residence (city, state) None

3. (a) FULL NAME KIM ANDREW NIELSEN.

3. (b) If veteran, name war ☒ 3. (c) Social Security No. ☒  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S  
6. (b) Name of husband or wife ☒ 6. (c) Age of husband or wife if alive ☒ years

7. Date of Birth (Month, Day, Year) July 9, 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	0	4	hrs. min.

9. Exact Occupation Babe Did this work for ☒ yrs.

10. Industry or Business ☒ Date last worked ☒

11. Birthplace Idaho Falls, Idaho.  
(City or town) (State or foreign country)

12. Name Charles Leigh Neilsen.

13. Birthplace Kuna, Idaho.  
(City or town) (State or foreign country)

14. Maiden name Elaine Olsen

15. Birthplace Salt Lake City, Utah.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Charles L. Nielsen  
and Address Rigby, Idaho.

17. (a) burial (b) Date thereof 7/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rigby, Idaho

18. Funeral Director's OWN Signature C. Bicknell  
and Address Rigby, Idaho.

19. (a) 7-19-48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 13 19 48  
(Month, Day, Year)  
at 4:40 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19 im

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Erythroblastosis Fetalis Duration: since birth

Due to Rh Factor

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature John E. Worton, M.D.  
(M. D. or other)  
and Address Idaho Falls, Ida 16 July 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**RECEIVED** **Certificate of Death**  
**AUG 12 1948** **STATE OF IDAHO**

1948  
State File No. **2508**  
Local Reg. No. **165**  
Reg. Dist. No. **610**

1. PLACE OF DEATH: DIVISION OF VITAL

(a) County **Bonneville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **Memorial Dr.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **A. H. S. Hosp.** Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Bonneville**  
(c) City or town **Idaho Falls**  
(d) Street Address or R.F.D. No. **Rt #1**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

3. (a) FULL NAME **Harry Gene Honder**

3. (b) If veteran, name war ☐ 3. (c) Social Security No. ☐

5. Color or **m** race **w**

4. Sex **m** race **w**

6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) **August 13, 1946**

AGE	Years	Months	Days	If less than 1 day
	<b>1</b>	<b>11</b>	<b>2</b>	hrs. min.

9. Exact Occupation **None** Did this work for ☐ yrs.

10. Industry or Business **None** Date last worked ☐

11. Birthplace **Tacoma, Washington** (City or town) (State or foreign country)

Father { 12. Name **Timothy Honder**  
13. Birthplace **Truckee, California** (City or town) (State or foreign country)

Mother { 14. Maiden name **Evelyn Jean Honder**  
15. Birthplace **Idaho Falls, Idaho** (City or town) (State or foreign country)

16. Informant's OWN Signature **Timothy D. Dwyer**  
and Address **Idaho Falls, Idaho**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7/19/48** (Month) (Day) (Year)  
(c) Place **Lincoln County, Idaho**

18. Funeral Director's OWN Signature **Jack A. Wood**  
and Address **Idaho Falls, Idaho**

19. (a) **8-10-48** (Date received and filed) (b) **Anna Budge** (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July 15** 19 **48**  
at **7** o'clock **P.** M.

21. I HEREBY CERTIFY that I attended deceased from ☐ 19 ☐ to ☐ 19 ☐

I last saw h. ☐ alive on ☐ 19 ☐ death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Shock** Duration ☐

Due to **Hemorrhage**

Due to **Laceration Rt. internal**

Other conditions **Jugular Vein** (Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **yes** Suicide? ☐ Homicide? ☐

Occurred **15 July 48** 19 ☐ City, county, state **Idaho**

where violence occurred **Home**

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **Rt. Pelvic injury**

23. Attendant's OWN Signature **W. Paul**  
and Address **Idaho Falls, Idaho** Date **6 Aug 19 48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

948

State File No. 2509

Local Reg. No. 151

Reg. Dist. No. 610

DEPARTMENT OF VITAL

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial ch.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. L.D.S.H. Stayed 2 days  
(g) Lived in this county        years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Rt #1  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Glenn Marion Robinson

160A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single (b) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) July 14, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>2</u>	hrs. min.

9. Exact Occupation Infant Did this work for        yrs.

10. Industry or Business Idaho Falls, Idaho Date last worked       

11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

12. Name Arion Kott Robinson

13. Birthplace Idaho (City or town) (State or foreign country)

14. Maiden name Beth Robinson

15. Birthplace Alberta, Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Garmon L. Robinson

and Address Route 1 Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 7/20/48 (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Jack A. W. and

and Address Idaho Falls, Idaho

19. (a) 8-10-48 (b) Anna Budge (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 16 19 48

at        o'clock        M.

21. I HEREBY CERTIFY that I attended deceased from July 15 19 48 to July 16 19 48

I last saw him alive on July 16 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration       

Due to       

Due to       

Other conditions (Include pregnancy within 3 months of death)       

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Milton T. Rees M.D. (M.D. or other)

and Address Idaho Falls, Idaho Date 8-3-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. **2510**  
Local Reg. No. **150**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Shoshone Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. L.D.S. Stayed 1 days  
(g) Lived in this county..... years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Mr. Henry Williams Henderson **095B**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Beatrice Atkinson

6. (c) Age of husband or wife if alive 53 years

7. Date of Birth (Month, Day, Year) August 20 - 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>10</u>	<u>26</u>	hrs. min.

9. Exact Occupation Retired Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace Logan, Utah (City or town) (State or foreign country)

12. Name James Henderson (City or town) (State or foreign country)

13. Birthplace Glasgow Scotland (City or town) (State or foreign country)

14. Maiden name Mary Williams

15. Birthplace Pottersville Penna. (City or town) (State or foreign country)

16. Informant's OWN Signature Beatrice A. Henderson  
and Address Shoshone Falls, Idaho

17. (a) Removal (b) Date thereof 7/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello Idaho

18. Funeral Director's OWN Signature Geo. A. Williams  
and Address Idaho Falls, Idaho

19. (a) 7-18-48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 16 1948

at..... o'clock..... M.  
21. I HEREBY CERTIFY, That I attended deceased from July 15 1948 to July 16 1948

I last saw him alive on July 15 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary Thrombosis Duration 1 day

Due to Coronary occlusion

Due to arteriosclerosis and

Other conditions due to rheumatoid heart.

(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation None Date.....

Major finding.....  
Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature John O. Mellor, MD  
Idaho Falls (M, D or other) July 16, 1948  
and Address..... Date.....  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 12 1948

# Certificate of Death

STATE OF IDAHO

State File No.

2511

Local Reg. No.

156

Reg. Dist. No.

610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 10 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 10 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 252 No. Shilling  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 62 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Melinda Jane Nygard

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex Female race White

6. (a) Single, widowed, married,  
divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

JANUARY 20 - 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>5</u>	<u>28</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business AT HOME Date last worked \_\_\_\_\_

11. Birthplace OGDEN, UTAH  
(City or town) (State or foreign country)

12. Name EDWIN WATSON

13. Birthplace LANCASHIRE, ENGLAND  
(City or town) (State or foreign country)

14. Maiden name MARY ANN SWINGWOOD

15. Birthplace LANCASHIRE, ENGLAND  
(City or town) (State or foreign country)

16. Informant's OWN Signature M. J. Nygard

and Address Blackfoot, Idaho

17. (a) REMOVAL - BURIAL (b) Date thereof REMOVAL 7 - 18 - 48  
(Burial, cremation, or removal) (Burial Month - Day - Year)

(c) Place Blackfoot, Idaho

18. Funeral Director's OWN Signature Howard Packham

and Address Blackfoot, Idaho

19. (a) 7-20-1948 (b) Elmer Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 18 1948  
at 11:25 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

July 8 1948 to July 18 1948

I last saw him alive on July 18 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Bowel Obstruction

lower sigmoid

Due to to carcinoma

or sigmoid diverticulitis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation bowel resection Date 7/18/48

Major finding complete perforation

Finding of autopsy obstruction

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

H. Ray Hatch MD (D. or other)

and Address 204 W. 1st St. Date 7-21 1948

(For additional space, use reverse side)

0460

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 12 1948

DEPT. OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2512  
Local Reg. No. 154  
Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial St.  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. L.H.S. Hosp. Stayed 7 days  
(g) Lived in this county        years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County         
(c) City or town Blans  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

George Louis Oakley

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or W  
4. Sex M race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary J. Oakley

6. (c) Age of husband or wife if alive 66 years

7. Date of Birth (Month, Day, Year) August 28, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>10</u>	<u>22</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for        yrs.

10. Industry or Business        Date last worked

11. Birthplace Star Lake, Idaho (City or town) (State or foreign country)

12. Name Joseph Peter Oakley

13. Birthplace Paris, Idaho (City or town) (State or foreign country)

14. Maiden name Mary Jane Smith

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Mary J. Oakley

- and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/48 (Month) (Day) (Year)

- (c) Place Blans, Idaho

18. Funeral Director's OWN Signature Jack A. Wood

- and Address Idaho Falls, Idaho

19. (a) 8-10-48 (Date received and filed) (b) Anna Bridges (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 20, 1948  
at 12:55 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from May 10, 1948 to July 10, 1948

I last saw him alive on July 10, 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Ca of stroke Duration       

& left lung

Due to       

Due to       

Other conditions       

(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major findings       

Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury       

23. Attendant's OWN Signature Nathan R. [Signature] (M. D. or other)

and Address        Date 8/10/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 12 1948

# Certificate of Death

STATE OF IDAHO

148 2513  
State File No. 157  
Local Reg. No. 610  
Reg. Dist. No.

1. PLACE OF DEATH: Bonneville  
(a) County.....  
(b) City or town. Idaho Falls  
(c) Street Address or R.F.D. No.....  
(d) Death Occurred Inside? ☒ Outside?..... city or town  
(e) Died in a Home ☒ Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. Porter Rest Home Stayed 30 days  
(g) Lived in this county Abt. 32 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Bonneville  
(c) City or town. Idaho Falls  
(d) Street Address or R.F.D. No. 257 Gladstone  
(e) Deceased lived Inside? ☒ Outside?..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? Abt. 32 years  
(h) Former residence (city, state).....

3. (a) FULL NAME GEORGE L. HOGGARD

3. (b) If veteran, name war..... 3. (c) Social Security No. ....  
5. Color or White 6. (a) Single, widowed, married, divorced Divorced  
4. Sex Male race.....  
6. (b) Name of husband or wife Lizzie A. Hoggard 6. (c) Age of husband or wife if alive..... years  
7. Date of Birth November 30, 1867  
(Month, Day, Year)

- | 8. AGE | Years | Months | Days | If less than 1 day |
|--------|-------|--------|------|--------------------|
|        | 80    | 7      | 20   | hrs. min.          |

9. Exact Occupation. Farming Did this work for..... yrs.  
10. Industry or Business. American Fork Utah Date last worked.....  
11. Birthplace. (City or town) (State or foreign country)

12. Name. George Hoggard  
13. Birthplace. England (City or town) (State or foreign country)

14. Maiden name. Emily Eldridge  
15. Birthplace. Utah (City or town) (State or foreign country)

16. Informant's OWN Signature. Mrs Myrtle Burk  
and Address. 361 So. 1st East Pocatello

17. (a) Removal (b) Date thereof. July 23, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place. American Fork, Utah

18. Funeral Director's OWN Signature. Orland C. Burk  
and Address. Idaho Falls, Idaho

19. (a) 7-22-1948 (b) Anna Biedger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 20 1948  
(Month, Day, Year) at..... o'clock..... M.

21. I HEREBY CERTIFY, That I attended deceased from..... 19..... to..... 19.....  
I last saw h..... alive on..... 19.....  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of face  
Duration.....

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....  
Name of operation..... Date.....  
Major finding.....  
Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred..... 19..... City, county, state  
where violence occurred.....  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury.....

23. Attendant's OWN Signature. A. Paul  
and Address. Idaho Falls  
(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 12 1948

DIVISION OF VITAL STATISTICS

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. 2514  
Local Reg. No. 160  
Reg. Dist. No. 612

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 247 B roadway  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 0 years 0 months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County \_\_\_\_\_  
(c) City or town Bremmerton  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? Unknown  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) Bremmerton, Washing-  
ton

## 3. (a) FULL NAME

TORGELO OLAUSSON

3. (b) If veteran, name war  
Unknown

3. (c) Social Security No.  
537-20-7715

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Unknown

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	<u>63 ?</u>			hrs. min.

9. Exact Occupation Boilermaker Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Shipyards Date last worked \_\_\_\_\_

11. Birthplace Norway  
(City or town) (State or foreign country)

- Father { 12. Name Unknown

13. Birthplace Unknown  
(City or town) (State or foreign country)

- Mother { 14. Maiden name Unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's Information secured from papers  
OWN Signature in possession of deceased.

- and Address Orland C. Buck Ida. Falls, Ida.

17. (a) Burial (b) Date thereof July 28, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Idaho Falls, Idaho Rose Hill Cem.

18. Funeral Director's Orland C. Buck  
OWN Signature

- and Address Idaho Falls, Idaho

19. (a) 8-9-48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 22 1948  
(Month, Day, Year) at about 12:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Defenestration Sodium  
Acetonal

Due to Overdose of sleeping  
Tablets

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? X Homicide? \_\_\_\_\_

Occurred July 22 1948 City, county, state  
where violence occurred Hotel

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Hotel While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's Leo Williams (Coroner)  
OWN Signature Idaho Falls, Ida. (M. D. or other)

and Address Idaho Falls, Ida. Date 7/24 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

AUG 12 1948

STATE OF IDAHO

State File No. 2515  
Local Reg. No. 159  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonnaville  
(b) City or town Idaho Falls,  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. L. O. S. H. Stayed \_\_\_\_\_ days  
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonnaville  
(c) City or town Shelley, Idaho Falls.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U/S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Daniel Everett Gerdes

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or race White 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex Male 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) July 24, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>3</u>	hrs min.

9. Exact Occupation Child Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)

12. Name Everett Albert Gerdes  
13. Birthplace Wapello Idaho  
(City or town) (State or foreign country)  
14. Maiden name Relda Thompson  
15. Birthplace Clarkston Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Blackfoot R#3.

17. (a) Burial (b) Date thereof 7-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Basalt, Idaho

18. Funeral Director's OWN Signature [Signature]  
and Address Shelley, Idaho

19. (a) 7/29/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 27, 1948 19\_\_\_\_  
at 12:25 o'clock A:M.

21. I HEREBY CERTIFY, That I attended deceased from 7-24 1948, to 7-27 1948  
I last saw him alive on 7-29 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary atherosclerosis - heart failure  
only 54 months along

- Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Idaho Falls Date 7-29-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
AUG 1 2 1948

# Certificate of Death

OF VITAL

STATE OF IDAHO

State File No. **2516**  
Local Reg. No. **161**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Donnerville  
(b) City or town Edaho Falls  
(c) Street Address or R.F.D. No. 77 Sage  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home hospital Institution Other place  
(f) Name Hosp. or Inst. LOS Stayed 3 days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Donnerville  
(c) City or town Edaho Falls  
(d) Street Address or R.F.D. No. 77 Sage  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Donald Gilbert Monroe

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race W. C. C.  
6. (a) Single widowed, married, divorced  
6. (b) Name of husband or wife W. C. C.  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) July 28, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>3</u>	hrs. min.

9. Exact Occupation Infant Did this work for years

10. Industry or Business worked Date last worked

11. Birthplace Edaho Falls, Idaho (City or town) (State or foreign country)

12. Name Donald Gilbert Monroe (City or town) (State or foreign country)

13. Birthplace Bozeman, Montana (City or town) (State or foreign country)

14. Maiden name Thirley M. Bennett (City or town) (State or foreign country)

15. Birthplace Bozeman, Montana (City or town) (State or foreign country)

16. Informant's OWN Signature Albert H. Monroe

and Address 177 Sage ave Edaho Falls

17. (a) Burial (b) Date thereof 8/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Edaho Falls, Idaho

18. Funeral Director's OWN Signature Bo J. Williams

and Address Edaho Falls, Idaho

19. (a) 8-9-48 (b) Anna Bridger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 31, 1948  
at 6:30 o'clock AM

21. I HEREBY CERTIFY, That I attended deceased from July 28 to July 31, 1948  
I last saw him alive on July 31  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral hemorrhage Duration 2 days

Due to

Due to

Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?

Occurred  19  City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature Bo J. Williams

and Address Edaho Falls, Idaho

Date 8/3/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
AUG 12 1948

# Certificate of Death

OF VITAL

STATE OF IDAHO

1948  
State File No. 2517  
Local Reg. No. 158  
Reg. Dist. No. 611

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Edaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mr. Loren Jensen

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or M- race W  
4. Sex M-

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Agatha Briggs

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 10 - 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>0</u>	<u>2</u>	hrs. min.

9. Exact Occupation Salesman Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Me Niss Products Co. Date last worked \_\_\_\_\_

11. Birthplace Hals, Denmark (City or town) (State or foreign country)

12. Name Jens Clausen

13. Birthplace Denmark (City or town) (State or foreign country)

14. Maiden name Maren Lorens

15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Leo A. Williams

- and Address 467 E 70 St, Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 7/16/48 (Month) (Day) (Year)

- (c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Geo A. Williams

- and Address Idaho Falls, Idaho

19. (a) 7-22-48 (b) A. Briggs (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) July 12 1948  
at 9:00 o'clock P-M.

### 21. I HEREBY CERTIFY, That I attended deceased from Post 19\_\_\_\_ to 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Posterior Cranial  
Fracture  
Due to Car-Pedestrian  
Collision

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Duration

PHYSICIAN  
Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred July 12 1948 City, county, state

where violence occurred Yellowstone Highway

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury above

### 23. Attendant's OWN Signature Geo A. Williams (Coroner)

(M. D. or other) Idaho Falls, Idaho Date 7/12 1948  
and Address \_\_\_\_\_  
(For additional space, use reverse side)

650

NON-RESIDENT

AMENDED 8-9-48

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 27 1948

Certificate Of Death  
STATE OF IDAHO

1948

State File No. 2518  
Local Reg. No. 23-4  
Reg. Dist. No. 100

1. PLACE OF DEATH: **State**  
(a) County Boundary  
(b) City or town Near Leonia  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Colorado (b) County \_\_\_\_\_  
(c) City or town Denver  
(d) Street Address or R.F.D. No. 124 S. Sherman  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Tacoma, Wash

3. (a) FULL NAME Vernon Dillon  
3. (b) If veteran, name war 2 No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male race White divorced \_\_\_\_\_ Single X  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, \_\_\_\_\_  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) April 5, 1932

8. AGE	Years	Months	Days	If less than 1 day
	<u>16</u>	<u>1</u>	<u>20</u>	hrs min.

9. Exact Occupation Section Worker Did this work for 0 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Tacoma, Wash (City or town) (State or foreign country)  
Mother Father { 12. Name Wesley U. Dillon  
13. Birthplace Storlie, N. Dakota (City or town) (State or foreign country)  
14. Maiden name Ruth Dillon Judd  
15. Birthplace Hillsdale, Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature Wesley U. Dillon  
and Address 124 S. Sherman  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/48 (Month) (Day) (Year)  
(c) Place: Bonnerr's Ferry, Idaho  
18. Funeral Director's OWN Signature Frank Mores  
and Address Bonnerr's Ferry, Idaho  
19. (a) 7-12-48 (Date received and filed) (b) R. Bousie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 25th, 1948  
at 4:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: accidental Drowning Duration \_\_\_\_\_

Due to falling from raft into flood waters of Kootenai

Due to River

Other conditions \_\_\_\_\_ (Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 5/25/48 19\_\_\_\_ City, county, state where violence occurred Leonia Idaho  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place - River While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Coroner Lloyd Reed (If D. or other)  
and Address Bonnerr's Ferry Date 7/12/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

# Certificate Of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 73-48  
Reg. Dist. No. 100

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
(b) City or town \_\_\_\_\_  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Colorado (b) County Denver  
(c) City or town Denver  
(d) Street Address or R.F.D. No. 124 So Sherman  
(e) Deceased lived (Inside? Outside) city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in U.S.A. years \_\_\_\_\_  
(h) Former residence (city, state) Sacramento Wash.

## 3. (a) FULL NAME

Vernon Charles Dillon

## 3. (b) If veteran,

name war 2nd war

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male Color or race white  
5. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none  
6. (c) Age of husband or wife if alive none years

7. Date of Birth (Month, Day, Year) 5 Apr. 1932

8. AGE	Years	Months	Days	If less than 1 day
	<u>16</u>	<u>1</u>	<u>20</u>	hrs min.

9. Exact Occupation Unemployed Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Sacramento Wash. (State or foreign country)

12. Name of Mother Wesley Union Bill

13. Birthplace Storlie N. Dak. (City or town) (State or foreign country)

14. Maiden name Ruth D. Dillon

15. Birthplace Billings Mont. (City or town) (State or foreign country)

16. Informant's OWN Signature Wesley D. Dillon  
and Address 124 So Sherman

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: \_\_\_\_\_

18. Funeral Director's OWN Signature \_\_\_\_\_  
and Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 5/25 19 48  
at 6:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature \_\_\_\_\_

(M. D. or other)

and Address \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_

(For additional space, use reverse side)

R. M. BOWELL, M. D.  
BONNERS FERRY, IDAHO

Aug 3-1948

Registrar of Vital Statistics  
Boise Idaho  
Dear Sir:

I enclose some additional data  
on death certificate of Vernon  
Charles Dillon - It is not very  
neat - Also a request for a  
copy of it

Yours truly,  
R. M. Bowell  
bst/co

AUG 9 - 1948  
DIVISION OF VITAL  
STATISTICS

SEP 30 1948

AUG 10 1948

AUG 13 1948

AMENDED - NOVEMBER 7, 1949

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 48-2519  
Local Reg. No. 18-48  
Reg. Dist. No. 100

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonnors Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 5 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Bonnors Ferry  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) Coeur d'Alene, Ida.

## 3. (a) FULL NAME

Fredrick Albert Chevrier

3. (b) If veteran, name war None

3. (c) Social Security No. 518-03-0303

5. Color or \_\_\_\_\_  
4. Sex M race W

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife Carrie

6. (c) Age of husband or wife if alive 55 years

7. Date of Birth (Month, Day, Year) Dec. 21, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>6</u>	<u>1</u>	hrs. min.

9. Exact Occupation Railroad Did this work for 4 yrs.

10. Industry or Business Section Hand Date last worked 6-22-48

11. Birthplace Eau Claire, Wisconsin  
(City or town) (State or foreign country)

12. Name Odilon Chevrier

13. Birthplace Canada  
(City or town) (State or foreign country)

14. Maiden name Christine Brebart

15. Birthplace Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Fred Chevrier

and Address Bonnors Ferry, Idaho

17. (a) Removal (b) Date thereof 6-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Coeur d'Alene, Idaho

18. Funeral Director's OWN Signature Don English

and Address Coeur d'Alene, Idaho

19. (a) 6/22/48 (b) R. M. Bowell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 6-22-48 19\_\_\_\_  
at 6:35 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Arteriosclerotic Heart Disease Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Coronary Occlusion  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Lloyd Reed (M. D. or other)  
and Address Bonnors Ferry, Idaho Date 6/22/48 19 8  
(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **2519**  
Local Reg. No. **14-45**  
Reg. Dist. No. **100**

**JUL 12 1948**

## 1. PLACE OF DEATH:

- (a) County **Boundary**  
(b) City or town **Bonnerr's Ferry**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **X** city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **5** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Boundary**  
(c) City or town **Bonnerr's Ferry**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **23** years  
(h) Former residence (city, state) **Ca'A, Idaho**

## 3. (a) FULL NAME

**CHEVERIER, Fredrick Albert**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **518-03-0303**

4. Sex **M** race **W**

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife **Carrie**

6. (c) Age of husband or wife if alive **55** years

7. Date of Birth (Month, Day, Year) **Dec. 21, 1887**

8. AGE	Years	Months	Days	If less than 1 day
<b>60</b>	<b>6</b>	<b>1</b>	<b>1</b>	hrs. min.

9. Exact Occupation **Railroad** Did this work for **4** yrs.

10. Industry or Business **Section Hand** Date last worked **6-22-48**

11. Birthplace **Eau Claire, Wisconsin**  
(City or town) (State or foreign country)

Father { 12. Name **Odilon Cheverier**

13. Birthplace **Canada**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Christine Brebart**

15. Birthplace **Canada**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. J. A. Cheverier**  
and Address **Bonnerr's Ferry, Idaho**

17. (a) **Removal** (b) Date thereof **6-23-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Coeur d'Alene, Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene, Idaho**

19. (a) **June 22-1948** (b) **Don English**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **6-22-48**  
(Month, Day, Year) at **6:55** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

**Arteriosclerotic heart disease**

Due to \_\_\_\_\_

Due to **Coronary occlusion**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Lloyd M. Reed**  
(M. D. or other) **Bonnerr's Ferry** Date **6-22-48**  
and Address \_\_\_\_\_  
(For additional space, use reverse side)

093D

094A

PHYSICIAN  
Underline the cause to which death should be charged statistically.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Boundary } ss. Certificate No. 48-2519 Death  
Date Filed 11 2 49

The undersigned does solemnly swear that certain facts on the certificate of Death

for Fred Cheverier who died on June 22, 1948  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Bonnors Ferry are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by U. S. Savings bonds prepared on Sent. 24, 1943, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Last Name

Cheverier

Chevrier

Subscribed and sworn to before me this 2 day of  
November 19 49

Signed Carrie Cheverier  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Bonnors Ferry, Idaho

My commission expires residing at Bonnors Ferry, Idaho

(Seal)

My Commission expires June 8, 1950.

Bonnors Ferry, Idaho

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

(Street Address, City, State)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

JUL 27 1948

STATE OF IDAHO

DIVISION OF VITAL

1643

1948  
State File No. **2520**  
Local Reg. No. **24-48**  
Reg. Dist. No. **1.00**

1. PLACE OF DEATH:

STATISTICS

- (a) County Boundary  
(b) City or town Bonnars Ferry  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside XX Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed 1 days  
(g) Lived in this county 7 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Bonnars Ferry  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? XX Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) Twin Falls Ida.

3. (a) FULL NAME

Karen Mary Aldridge

3. (b) If veteran,

name war No

3. (c) Social Security

No. No

5. Color or No  
4. Sex Fem. race White divorced Child

6. (b) Name of husband or wife No  
6. (c) Age of husband or wife if alive No years

7. Date of Birth 6/14/1942  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>6</u>	<u>5</u>	<u>19</u>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

12. Name Hollice M. Aldridge

13. Birthplace Oklahoma  
(City or town) (State or foreign country)

14. Maiden name Mildred Bowles

15. Birthplace Idaho  
(City or town) (State or foreign country)

16. Informant's H.M. Aldridge  
OWN Signature

- and Address Bonnars Ferry, Idaho

17. (a) Burial (b) Date thereof 6/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Bonnars Ferry, Idaho

18. Funeral Director's Frank Morse  
OWN Signature

- and Address Bonnars Ferry, Idaho

19. (a) 7-8-48 (b) Frank Bowles  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **083B**

20. DATE OF DEATH  
(Month, Day, Year) July 3rd 1948  
at 9:10 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from June 20 1948, to July 3 1948  
I last saw her alive on July 3 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Respiratory pneumonia

Duration

terminal

Due to Respiratory pneumonia 2 weeks

Due to complications following postoperative 2 weeks

Other conditions congenital hypoxia  
(Include pregnancy within 3 months of death)

Myocardium

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's State Duane M.D.  
OWN Signature

(M. D. or other)

and Address Bonnars Ferry Date 7/8 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

948  
State File No. **2521**  
Local Reg. No. **21-48**  
Reg. Dist. No. **100**

**JUL 12 1948**

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Copeland  
(c) Street Address or R.F.D. No. Rural  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Copeland  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? Outside? XX city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) none

3. (a) **FULL NAME** Yenneth Lloyd Pedey

3. (b) If veteran, name No  
3. (c) Social Security No. No  
5. Color or White  
6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife alive  
6. (c) Age of husband or wife if years  
7. Date of Birth (Month, Day, Year) 7/29/1932

8. AGE	Years	Months	Days	If less than 1 day
	<u>15</u>	<u>11</u>	<u>4</u>	hrs min.

9. Exact Occupation Student Did this work for  yrs.  
10. Industry or Business worked Date last worked  
11. Birthplace Copeland, Idaho (City or town) (State or foreign country)

12. Name Leon Pedey  
13. Birthplace Manitoba, Can. (City or town) (State or foreign country)  
14. Maiden name Hazel Pearl  
15. Birthplace Minn. (City or town) (State or foreign country)

16. Informant's OWN Signature Leon Pedey  
and Address Copeland, Idaho

17. (a) Burial (b) Date thereof 7/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Copeland, Idaho

18. Funeral Director's OWN Signature Frank Moore  
and Address Bonniers Ferry, Idaho

19. (a) 7/6/48 (b) Paul Bonner  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 3rd. 1948  
at 6:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: accidental drowning in water two hours Duration

Due to

Due to

Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted?

Name of operation PHYSICIAN Date Underline the cause to which death should be charged statistically.

Major finding

Finding of autopsy

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? XX Suicide? XX Homicide? XX

Occurred July 3rd. 1948 City, county, state

where violence occurred near Copeland, Ida.

Place of Violence: Home Farm Industry Public Place

While at work?

Means of injury

23. Attendant's OWN Signature Lloyd N Reed Coroner.

and Address (M. D. or other) Date 7/6/19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED Certificate Of Death**  
**AUG 4 - 1948** STATE OF IDAHO

State File No. **2522**  
Local Reg. No. **25-48**  
Reg. Dist. No. **100**

**1. PLACE OF DEATH:**

- (a) County Boundary  
(b) City or town Bonnerr's Ferry  
(c) Street Address or R.F.D. No. Rural  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution X Other place...  
(f) Name Hosp. or Inst. Sunset Stayed 45 days  
(g) Lived in this county 27 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Boundary  
(c) City or town Bonnerr's Ferry  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Spirit Lake Ida

**3. (a) FULL NAME**

Prentice Brown

**3. (b) If veteran,**

name war No

**3. (c) Social Security**

No. No

5. Color or 6. (a) Single, widowed, married,  
4. Sex Male race White divorced Married

6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife Kate alive 81 years

7. Date of Birth  
(Month, Day, Year) 9/15/1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>10</u>	<u>8</u>	hrs min.

9. Exact Occupation Ret. Farmer Did this work for 40 yrs.

10. Industry or Business xxx Date last worked 1944

11. Birthplace Cal.  
(City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Kate Brown  
and Address Bonnerr's Ferry, Idaho.

17. (a) Burial (b) Date thereof 7/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Bonnerr's Ferry, Idaho.

18. Funeral Director's OWN Signature Frank Morse  
and Address Bonnerr's Ferry, Idaho.

19. (a) 7/26/48 (b) R. B. Bouville  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 097X

20. DATE OF DEATH  
(Month, Day, Year) July 23rd. 1948  
at 6:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from  
May 1948 to July 18 1948

I last saw him alive on July 18 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure

Duration terminal

Due to Cerebral hemorrhage

Due to Senile atherosclerosis

Other conditions Senility  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 19 City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ed. D. ... (M. D. or other)  
and Address Bonnerr's Ferry Date 7/26 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **2523**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF DEATH: *Butte*  
(a) County *Butte*  
(b) City or town *Arco*  
(c) Street Address or R.F.D. No. *✓*  
(d) Death Occurred Inside? *✓* Outside? *✓* city or town  
(e) Died in a Home? *✓* Hospital. Institution. Other place...  
(f) Name Hosp. or Inst. *None* Stayed *✓* days  
(g) Lived in this county *52* years *✓* months *✓* days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State *Idaho* (b) County *Butte*  
(c) City or town *Arco*  
(d) Street Address or R.F.D. No. *✓*  
(e) Deceased lived Inside? *✓* Outside? *✓* city or town  
(f) Citizen of what country? *U.S.A.*  
(g) How long had deceased lived in Idaho? *52* years  
(h) Former residence (city, state) *None*

3. (a) FULL NAME

*Rosa M. Larson Garner*

0638

3. (b) If veteran, name war *✓* No. ....  
3. (c) Social Security No. ....  
4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *widow*  
6. (b) Name of husband or wife *widow* 6. (c) Age of husband or wife if alive *✓* years  
7. Date of Birth (Month, Day, Year) *May 1 - 1896*

8. AGE	Years	Months	Days	If less than 1 day
	<i>52</i>	<i>2</i>	<i>0</i>	hrs min.

9. Exact Occupation *housewife* Did this work for *life* yrs.  
10. Industry or Business *home* Date last worked *Sept 26 - 1947*  
11. Birthplace *Clyde - Idaho* (City or town) (State or foreign country)

12. Name *Charles Larson*  
13. Birthplace *Idaho* (City or town) (State or foreign country)  
14. Maiden name *Anne Larson*  
15. Birthplace *Idaho* (City or town) (State or foreign country)

16. Informant's OWN Signature *Anna Braswell*  
and Address *Arco - Idaho*

17. (a) *Burial* (b) Date thereof *July 6 - 1948*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: *Hillcrest Cem - Arco - Idaho*

18. Funeral Director's OWN Signature *Betty J. Marnet*  
and Address *Arco - Idaho F.D.#19*

19. (a) *John W. Wright* (b) *John W. Wright*  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH *930*

20. DATE OF DEATH (Month, Day, Year) *July 1 1948*  
at *5:10* o'clock *P.* M.

21. I HEREBY CERTIFY, That I attended deceased from *Jan. 10 1948* to *July 1 1948*  
I last saw her alive on *June 30 1948* death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *myocarditis* Duration *3 years*

Due to *Hypertension* *18 months*

Due to *hypertension*

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? *PHYSICIAN*

Name of operation *Underline* Date *the cause to which death should be charged statistically.*

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *✓* Suicide? *✓* Homicide? *✓*  
Occurred *19* City, county, state *Arco, Butte, Idaho*  
where violence occurred *✓*  
Place of Violence: Home *✓* Farm *✓* Industry *✓*  
Public Place *✓* While at work? *✓*

Means of injury *gun*

23. Attendant's OWN Signature *J.P. Egbert M.D.*  
and Address *Arco Idaho* (M.D. or other) Date *7/5 1948*  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

JUL 24 1948

STATE OF IDAHO

DIVISION OF VITALS

State File No. 2524  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Camas  
(b) City or town Fairfield  
(c) Street Address or R.F.D. No. Fairfield  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. ----- Stayed --- days  
(g) Lived in this county 3 years 1 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Camas  
(c) City or town Fairfield  
(d) Street Address or R.F.D. No. "  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Denver, Colo.

## 3. (a) FULL NAME

Mary Shields Bush

## 3. (b) If veteran,

name war -----

## 3. (c) Social Security

No. -----

4. Sex female race white 5. Color or -----  
6. (b) Name of husband or wife James H. Bush 6. (a) Single, widowed, married, divorced widowed  
6. (c) Age of husband or wife if alive deceased years

7. Date of Birth  
(Month, Day, Year) Sept. 19, 1860

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>10</u>	<u>3</u>	hrs min.

9. Exact Occupation Invalid Did this work for 16 yrs.

10. Industry or Business housewife Date last worked 1932

11. Birthplace New Castle, Pennsylvania  
(City or town) (State or foreign country)

12. Name Robert S. Shields

13. Birthplace unknown  
(City or town) (State or foreign country)

14. Maiden name Emily McGuffey

15. Birthplace ----- Pennsylvania  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Anne B. Howland

and Address Fairfield, Idaho

17. (a) removal (b) Date thereof 7/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Washington, Iowa

18. Funeral Director's OWN Signature H.P. Bright

and Address Gooding, Idaho

19. (a) 7/23/48 (b) -----  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 22 July 1948  
(Month, Day, Year)  
at 12 o'clock PM M.

21. I HEREBY CERTIFY, That I attended deceased from 1946 to 22 July 1948  
I last saw her alive on 20 July 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Arteriosclerotic Heart Disease Duration year

Due to Heart Disease

Due to -----

Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred 19 City, county, state where violence occurred

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature Marion J. Terns

and Address Fairfield, Idaho (M. D. or other) Date 23 July 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JUL 28 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 2525

Local Reg. No. 458

Reg. Dist. No. 963

## 1. PLACE OF DEATH:

- (a) County. Canyon  
(b) City or town. Nampa  
(c) Street Address or R.F.D. No. 903-11th Ave So.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. \_\_\_\_\_ Hospital. \_\_\_\_\_ Institution. \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. Carters Stayed. 60 days  
(g) Lived in this county. 3 years 5 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Canyon  
(c) City or town. Nampa  
(d) Street Address or R.F.D. No. Route 3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 yrs years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Francis M Farnworth

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widowed  
6. (b) Name of husband or wife Katherine Farnworth 6. (c) Age of husband or wife if live. \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) August 21, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>10</u>	<u>6</u>	hrs. min.

9. Exact Occupation Ret. Farmer Did this work for. Life yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Mt. Pleasant, Utah (City or town) (State or foreign country)

12. Name Moroni Farnworth (City or town) (State or foreign country)

13. Birthplace Utah (City or town) (State or foreign country)

14. Maiden name Rosetta Reynolds (City or town) (State or foreign country)

15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature John Farnworth

- and Address Route 3 Nampa, Idaho.

17. (a) Burial (b) Date thereof. 6/30/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature John F. Alsip Jr.

- and address Nampa, Idaho

19. (a) July 14, 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 27, 1948  
at 3 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from January 31, 1948 to June 27, 1948

I last saw him alive on June 24, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Uremia Duration \_\_\_\_\_

Due to Renumatic heart disease 15 yrs

Due to hypertension 5 yrs

Other conditions Arterial thrombosis 3 yrs

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature F. D. Kachue, M.D.

(M. D. or other)

and Address Nampa, Idaho Date June 28, 1948

(For additional space, use reverse side)

131B  
095B

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2526  
Local Reg. No. 463  
Reg. Dist. No. 362

JUL 14 1948

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 1916 4th St. No.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 29 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 1916 4th St. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

John Calvin Brock

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex M race W

## 6. (a) Single, widowed, married, divorced M

## 6. (b) Name of husband or wife Dora

## 6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year)

July 4-1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>11</u>	<u>28</u>	hrs min.

## 9. Exact Occupation Farmer Did this work for yrs.

## 10. Industry or Business Date last worked

## 11. Birthplace Cassville, Missouri (City or town) (State or foreign country)

## 12. Name Ausney Alexander Brock

## 13. Birthplace Tennessee (City or town) (State or foreign country)

## 14. Maiden name Martha E. Wilson

## 15. Birthplace Oklahoma (City or town) (State or foreign country)

## 16. Informant's OWN Signature Dora Brock and Address 1916 4th St. North, Nampa

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Peckham and Address Caldwell, Idaho

## 19. (a) July 9-1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 045F

## 20. DATE OF DEATH (Month, Day, Year) July 2 19 48 at 8:00 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 7-2-1948 to 7-2-1948

I last saw him alive on 7-1-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of throat Duration 2 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

Attendant's OWN Signature J. C. Bellman

and Address Nampa, Ida Date 7-6-48 (M. D. or other)

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 9 1948

# Certificate of Death

STATE OF IDAHO

State File No. 146  
Local Reg. No. 368  
Reg. Dist. No. 368

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 87 days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME John Lewis Lill

3. (b) If veteran, name war No 3. (c) Social Security No. 523-03-3826  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White 6. (b) Name of husband or wife Ethel Lill  
6. (c) Age of husband or wife if alive 31 years

7. Date of Birth (Month, Day, Year) September 24, 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>9</u>	<u>8</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Latterhorn, Colorado  
(City or town) (State or foreign country)

12. Name John Lill  
13. Birthplace Germany  
(City or town) (State or foreign country)

14. Maiden name Larie Lynch  
15. Birthplace No Record  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Ethel L. Lill  
and Address Route 2, Nampa, Idaho

17. (a) Burial (b) Date thereof 7/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature John F. Alsup  
and Address Nampa, Idaho

19. (a) July 6, 1948 (b) Linda Robinson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 2, 1948  
at 10:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1948 to 7/2/48  
I last saw h. im alive on 7/2/48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio respiratory failure 12 months  
Due to adhesive pericarditis  
Due to Polycystic Kidney Disease 4 yrs.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy Adhesive pericarditis  
9 pleuritis, Polycystic Kidney Disease  
22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature L. Mangum  
and Address 1414 E. M St Date 7/2/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **2528**  
Local Reg. No. **456**  
Reg. Dist. No. **362**

## 1. PLACE OF DEATH, JUL 14 1948

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R.F.D. No. 912 10th Ave So.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 31 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R.F.D. No. 912-10th Ave So.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) Arkansas

## 3. (a) FULL NAME

Mrs. Elizabeth Elmina Dunn

093D

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## MEDICAL CERTIFICATE OF DEATH

033B

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) March 11 - 1869

AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>4</u>	<u>24</u>	hrs. min.

9. Exact Occupation At Home Did this work for years

10. Industry or Business At Home Date last worked years

11. Birthplace Hamper, Arkansas (City or town) (State or foreign country)

12. Name Elmina Moore (City or town) (State or foreign country)

13. Birthplace Tennessee (City or town) (State or foreign country)

14. Maiden name Elizabeth Knight (City or town) (State or foreign country)

15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Family Records

- and Address By G. A. Walker

17. (a) Buried (b) Date thereof 7 / 7 / 48 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place Hamper Idaho

18. Funeral Director's OWN Signature George H. Walker

- and Address Hamper Idaho

19. (a) July 14 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## 20. DATE OF DEATH

(Month, Day, Year) July 4th 1948  
at 11 o'clock A.M.

## 21. I HEREBY CERTIFY That I attended deceased from

July 4th 1948 to July 4th 1948

I last saw him alive on July 4th 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Edema Lung Duration 2 hrs start until death

Due to Acute Edema Lung

Due to Myocarditis

Other conditions hypertension  
(Include pregnancy within 6 months of death)

Where was disease contracted? At Home

Name of operation At Home Date July 4th 1948

Major finding At Home

Finding of autopsy At Home

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred July 4th 1948 City, county, state Hamper Idaho

where violence occurred At Home

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury At Home

## 23. Attendant's

OWN Signature H. O. Belknap

and Address Hamper Idaho Date July 13 1948

H. O. Belknap

012

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 14 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2529  
Local Reg. No. 454  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town \_\_\_\_\_  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐ \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 1 days  
(g) Lived in this county 12 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #4  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mr. J acob Kennel

3. (b) If veteran, name war none

3. (c) Social Security No. none

5. Color or white  
4. Sex male race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 60 years

7. Date of Birth (Month, Day, Year) April 12, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>2</u>	<u>25</u>	<u>hrs. min.</u>

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Farming Date last worked 7/6/48

11. Birthplace Ontario, Canada  
(City or town) (State or foreign country)

12. Name Joseph Kennel

13. Birthplace Alsace-Lorraine  
(City or town) (State or foreign country)

14. Maiden name Unobtainable

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's Henry Kennel  
OWN Signature and Address Melba, Idaho

17. (a) Burial (b) Date thereof 7/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

18. Funeral Director Robinson - Alsip Chapel  
OWN Signature John J Alsip, Jr.  
and Address Nampa, Idaho

19. (a) July 9, 1948 (b) Lydd Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 7, 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ P.M.

21. I HEREBY CERTIFY that I attended deceased from July 6, 1948 to July 7, 1948

I last saw him alive on July 7, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Traumatic Shock Duration 1 day

Due to Crushing Injury of Chest

Due to External trauma from

Other conditions wheels of farm vehicle  
(Include pregnancy within 3 months of death)

Fractured Ribs and Ribs

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred July 6, 1948 City, county, state Nampa, Idaho

where violence occurred Nampa, Idaho

Place of Violence: Home ☒ Farm ☒ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? ☒

Means of injury Hayrack passed over his chest

23. Attendant's OWN Signature Henry Kennel (M. D. or other) \_\_\_\_\_  
and Address Nampa Date July 7, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 14 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2530  
Local Reg. No. 450  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed 2 days  
(g) Lived in this county 23 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 134 Yale  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) Colton, Calif.

## 3. (a) FULL NAME George Storey Middlehurst

3. (b) If veteran, name war W. War #2 3. (c) Social Security No. 700-09-3355  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced married  
4. Sex male race white 6. (b) Name of husband or wife Florence  
6. (c) Age of husband or wife if alive 52 years

7. Date of Birth (Month, Day, Year) April 4, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>3</u>	<u>3</u>	hrs. min.

9. Exact Occupation Foreman Mach. Shop Did this work for 27 yrs.  
10. Industry or Business P.F.E. Shop Date last worked Feb. 1948  
11. Birthplace Martins Ferry, Ohio  
(City or town) (State or foreign country)

12. Name James C. Middlehurst  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Elizabeth Storey  
15. Birthplace Scotland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. George Middlehurst  
and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 7/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Cemetery Boise, Ida.  
18. Funeral Director's Robinson-Alsop Chapel  
OWN Signature John A. Alsop, Jr.  
and Address Nampa, Idaho

19. (a) July 9, 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 7, 1948  
at 12:07 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1947 to July 6, 1948

I last saw him alive on July 6, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Intestinal Obstruction Duration \_\_\_\_\_

Lymphoma, malignant probably heard of pancreas

Due to lymphoma obstructing

Primary site indefinite

Due to distal duodenum

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Obstruction

neoplasm of small intestine

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. Mangum

and Address Nampa (M.D. or other) \_\_\_\_\_

Date July 7, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JUL 28 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

48  
State File No. 2531  
Local Reg. No. 461  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 1208 12th Ave. S  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 48 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 1208 12th Ave. S  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

Mr. Charles Edward Andre

3. (b) If veteran, name war none

3. (c) Social Security No. 512-09-6008

5. Color or

4. Sex male race negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Amanda Andre

6. (c) Age of husband or wife if alive 84 years

7. Date of Birth (Month, Day, Year) December 8, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>7</u>	<u>7</u>	hrs. min.

9. Exact Occupation Janitor Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Dewey Inves. Co. Date last worked \_\_\_\_\_

11. Birthplace St. Genevieve, Mo. (City or town) (State or foreign country)

12. Name M. Andre

13. Birthplace St. Genevieve, Mo. (City or town) (State or foreign country)

14. Maiden name Jane Arthur

15. Birthplace St. Genevieve, Mo. (City or town) (State or foreign country)

16. Informant's OWN Signature Samuel L. Hayman and Address 1124 Grand Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/48 (Month) (Day) (Year)

(c) Place Mt. Calvary Cemetery

18. Funeral Director Robinson-Alsop Chapel OWN Signature John A. Alsop and Address Nampa, Idaho

19. (a) July-17-1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 15, 1948 at 3:40 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 6-1-1948 to 7-15-1948

I last saw him alive on 7-15-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremic Coma Duration 3 days

Due to Chronic Kidney Disease

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature V. C. Bell (M. D. or other) and Address Nampa, Idaho Date 7-16-1948

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
JUL 28 1948  
DIVISION OF VITAL STATISTICS

NON-RESIDENT  
Certificate of Death  
STATE OF IDAHO

1948  
State File No. 2532  
Local Reg. No. 460  
Reg. Dist. No. 363

1. PLACE OF DEATH
- (a) County Canyon
- (b) City or town Nampa
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. Mersey Stayed 7 days
- (g) Lived in this county \_\_\_\_\_ years 1 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State California (b) County Los Angeles
- (c) City or town Comond
- (d) Street Address or R.F.D. No. 661 - Nut 4th
- (e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? U. S. A.
- (g) How long had deceased lived in Idaho? 1 No. years
- (h) Former residence (city, state) California

3. (a) FULL NAME Mrs. Sarah Belle Hunt

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race A.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James H. Hunt
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 29th 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>4</u>	<u>18</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Holton, Indiana (City or town) (State or foreign country)

12. Name Tobias Bruce

13. Birthplace Indiana (City or town) (State or foreign country)

14. Maiden name Martha Thurman

15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address By Dr. H. Walker

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/18/48 (Month) (Day) (Year)

(c) Place Comond, California

18. Funeral Director's OWN Signature Lyda Rodgers  
and Address Nampa, Idaho

19. (a) July 17, 1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 16th 1948  
(Month, Day, Year)  
at 3:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 7-9 1948 to 7-16 1948  
I last saw her alive on 7-16 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gastric hemorrhage Duration \_\_\_\_\_

Ruptured blood vessel

Due to Hypertension

Due to arteriosclerosis

Other conditions uremia  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. B. Halliday, M.D.  
(M. D. or other)

and Address Nampa, ID Date 7-17 1948  
(For additional space, use reverse side)

Halliday

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 9 - 1948

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 2533  
Local Reg. No. 466  
Reg. Dist. No. 362

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Hampton  
(c) Street Address or R.F.D. No. 1011-14 2nd St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 22 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hampton  
(d) Street Address or R.F.D. No. 1011-14 2nd St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME

Mrs. Lucinda Reeves

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) April 4 - 1854

8. AGE	Years	Months	Days	If less than 1 day
	<u>94</u>	<u>4</u>	<u>15</u>	hrs. min.

9. Exact Occupation At Home Did this work for ☐ yrs.

10. Industry or Business At Home Date last worked ☐

11. Birthplace Adams Ohio (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Burton W. Reeves

and Address 1011-14 2nd St.

17. (a) Burial (b) Date thereof 7/19/48 (Month) (Day) (Year)

(c) Place Hampton Idaho

18. Funeral Director's OWN Signature Lyda Rodgers

and Address Hampton Idaho

19. (a) July 31 - 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 16th 1948

at 6 o'clock P. M.

21. I HEREBY CERTIFY that I attended deceased from 7-16 1948

I last saw him alive on 7-16 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Senility and Hypertension Duration years

Due to Senility and Hypertension

Due to Senility and Hypertension

Other conditions Senility and Hypertension (Include pregnancy within 3 months of death)

Where was disease contracted? Senility and Hypertension

Name of operation Senility and Hypertension Date 7-16 1948

Major finding Senility and Hypertension

Finding of autopsy Senility and Hypertension

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 1948 City, county, state Hampton Idaho

where violence occurred Hampton Idaho

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Senility and Hypertension

23. Attendant's OWN Signature V. C. Bellman (M.D. or other) Idaho Date 7-28 1948

and Address Hampton Idaho (For additional space, use reverse side)

V. C. Bellman

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
Certificate of Death

JUL 28 1948

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2534  
Local Reg. No. 464  
Reg. Dist. No. 362

1. PLACE OF DEATH: **STATISTICS**
- (a) County Canyon
- (b) City or town Hamper
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. Murray Stayed 7 days
- (g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon
- (c) City or town Hamper
- (d) Street Address or R.F.D. No. 903 - 11th Ave. S.
- (e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 20 years
- (h) Former residence (city, state) Missouri

3. (a) FULL NAME James Leslie Jones

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W

6. (b) Name of husband or wife \_\_\_\_\_

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Dec 6 - 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>8</u>	<u>12</u>	hrs. min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Marble Missouri  
(City or town) (State or foreign country)

12. Name Henry Jones

13. Birthplace Springfield Ill.  
(City or town) (State or foreign country)

14. Maiden name Mellie Gentry

15. Birthplace Larnworth Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address By Geo. H. Halper

17. (a) Removal (b) Date thereof 7/23/48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Boise Idaho

18. Funeral Director's OWN Signature George H. Halper

and Address Hamper Idaho

19. (a) July 22 - 1948 (b) Lyla Rodgers  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 20th 1948  
at 5 o'clock P. M.

21. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Exhaustion from  
extravasation of

Due to urine into  
tissues from spontaneous

Due to ruptured urethra

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Samuel A. Wayne M.D.

and Address Nampa Idaho Date 7-21-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

JUL 28 1948

STATE OF IDAHO

State File No. **2535**  
Local Reg. No. **462**  
Reg. Dist. No. **363**

DIVISION OF VITAL

1. PLACE OF DEATH: **STATISTICS**
- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Samaritan Stayed \_\_\_\_\_ days  
(g) Lived in this county 27 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Owyhee  
(c) City or town Homedale  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Orville Mitchell Felty

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Hattie Felty  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) August 6-1885

8. AGE	Years	Months	Days	If less than 1 day
	62	10	16	hrs min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Missouri  
(City or town) (State or foreign country)  
Mother Father { 12. Name Rufus Felty  
13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)  
14. Maiden name Umbarger  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hattie Felty  
and Address Homedale, Idaho Rt. 1  
17. (a) Burial (b) Date thereof 7-26-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Wilder, Idaho  
18. Funeral Director's OWN Signature Peckham Dakan Chapel  
and Address Calwell, Idaho  
19. (a) July 24-1948 (b) Lyla Rodgers  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 22 19 48  
at 7:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 6-22-1948 to 7-22-1948  
I last saw him alive on 7-21-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 2 days

Due to Pneumonia 2 days

Due to \_\_\_\_\_  
Other conditions Hypertension  
(Include pregnancies within 8 months of death)

Arterial hypertension 4 wks  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy Infection  
in the lungs

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Garrel E. Fresh  
(M. D. or other)

and Address Nampa, Idaho Date 7-20-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 9 - 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2536  
Local Reg. No. 465  
Reg. Dist. No. 363

## 1. PLACE OF DEATH: STATISTICS

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Wilder  
(d) Street Address or R.F.D. No. Route 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Jess Grover Lee

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Grace

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) May 23-1886

8. AGE	Years	Months	Days	If less than 1 day
	62	2	0	hrs min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Cleborne, Texas  
(City or town) (State or foreign country)

12. Name Thomas Jim Loe

13. Birthplace Texas  
(City or town) (State or foreign country)

14. Maiden name Mattie Squares

15. Birthplace Texas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Vada Goodson  
and Address Caldwell Idaho

17. (a) Burial (b) Date thereof 7-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill - Caldwell Idaho

18. Funeral Director's OWN Signature Peckham-Jackson Chapel  
and Address Caldwell, Idaho

19. (a) July 29-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 23 1948  
(Month, Day, Year) at: 3:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-5 1946, to 7-23 1948  
I last saw h/a alive on 7-23-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: perforated gastrectomy Duration \_\_\_\_\_  
ulcer

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation gastrectomy Date 7-20

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature \_\_\_\_\_

and Address \_\_\_\_\_ (M. D. or other)

Date 7-26-1948  
(For additional copies use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 9 - 1948

OFFICE OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

2537

470

363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sanavitan Stayed 1 hrs \_\_\_\_\_  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Melba  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years \_\_\_\_\_  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mrs. Itha Marie McClintick

3. (b) If veteran, name war none

3. (c) Social Security No. none

5. Color or white  
4. Sex female race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Arthur F.

6. (c) Age of husband or wife if alive 62 years

7. Date of Birth (Month, Day, Year) March 31, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>3</u>	<u>23</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Home Date last worked \_\_\_\_\_

11. Birthplace Stark, Kansas (City or town) (State or foreign country)

12. Name Andrew Jackson Smart (City or town) (State or foreign country)

13. Birthplace Arkansas (City or town) (State or foreign country)

14. Maiden name Lyda Rhodes (City or town) (State or foreign country)

15. Birthplace Neosha County, Arkansas (City or town) (State or foreign country)

16. Informant's OWN Signature A. F. M. L. Lintick and Address Melba, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/48 (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature John E. Alap, Jr. and Address Nampa, Idaho

19. (a) July 31, 1948 (Date received and filed) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 24, 1948 at 2:08 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from July 24, 1948 to July 24, 1948. I last saw him alive on July 24, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral Hemorrhage Duration 3 hrs

Due to Hypertension

Due to Essential

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_ Date \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature J. R. Mangum, M.D. (M. D. or other) and Address Nampa, Idaho Date Aug 2, 1948 (For additional space, use reverse side)

458

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

JUL 28 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

STATE OF IDAHO

State File No. 2538  
Local Reg. No. 423  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 28 days  
(g) Lived in this county \_\_\_\_\_ years 3 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 316 Fern St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 months years  
(h) Former residence (city, state) Camas, Washington

3. (a) FULL NAME Lydia Nicol

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 538-010 0278

4. Sex Female Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ian Nicol

6. (c) Age of husband or wife if alive 36 years

7. Date of Birth (Month, Day, Year) March 14, 1914

8. AGE	Years	Months	Days	If less than 1 day
	<u>34</u>	<u>4</u>	<u>10</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Calgary, Canada (City or town) (State or foreign country)

12. Name John Morasch (City or town) (State or foreign country)

13. Birthplace Russia (City or town) (State or foreign country)

14. Maiden name Anna Morasch (City or town) (State or foreign country)

15. Birthplace Russia (City or town) (State or foreign country)

16. Informant's OWN Signature LB Nicol and Address 316 Fern St - Nampa, Idaho

17. (a) Removal (b) Date thereof 7/24/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Camas, Washington

18. Funeral Director's OWN Signature John E. Alsip, Jr. and Address Nampa, Idaho

19. (a) July 24, 1948 (b) Lydia Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 24, 1948 19 \_\_\_\_\_ at 3:03 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 6-15-1948 to 7-24-1948

I last saw her alive on 7-23-1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction Duration 048A

Due to Myocardial Infarction

Due to probably cerebral

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Lydia Rodgers (M. D. or other) and Address Nampa, Idaho Date 7-24-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 2539  
Local Reg. No. 483  
Reg. Dist. No. 369

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Samaritan Stayed ..... days  
(g) Lived in this county 35 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #2  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Mina M. Butler

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

## 4. Sex F Color or race W

## 6. (a) Single, widowed, married, divorced M

## 6. (b) Name of husband or wife Murley L. Butler

## 6. (c) Age of husband or wife if 35 years

## 7. Date of Birth (Month, Day, Year)

September 22-1877

8. AGE	Years	Months	Days	If less than 1 day
	70	10	5	hrs min.

## 9. Exact Occupation Did this work for ..... yrs.

## 10. Industry or Business Date last worked .....

## 11. Birthplace New Providence, Iowa (City or town) (State or foreign country)

## 12. Name Reed Meek

## 13. Birthplace Indiana (City or town) (State or foreign country)

## 14. Maiden name Jennie Ellis

## 15. Birthplace Wisconsin (City or town) (State or foreign country)

## 16. Informant's OWN Signature Lawrence G. Butler

## and Address Caldwell, Idaho

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-48 (Month) (Day) (Year)

## (c) Place: Canyon Hill

## 18. Funeral Director's OWN Signature Peckham Pagan Chapel

## and Address Caldwell, Idaho

## 19. (a) Aug 13-1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH July 27 19 48

(Month, Day, Year) at 11:40 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from July 10 to July 27 1948

I last saw him alive on July 27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Pneumonia Duration 3 days

Heart failure 1 hr.

Due to Cachexia and 1 hr.

Due to Septic pneumonia 1 hr.

Other conditions None

(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation..... Date.....

Major finding.....

Finding of autopsy Pneumonia - Bilateral

infarction - peripheral

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature Lawrence G. Butler M.D.

and Address 1505 S. Lincoln (M.D. or other) July 29-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
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Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

Dr. Mangum

State File No. 2540  
Local Reg. No. 477  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ..... Other place....  
(f) Name Hosp. or Inst. Samaritan Stayed 30 days  
(g) Lived in this county ..... years 1 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. N.E. Comm. St.  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Ironsides, Ore.

## 3. (a) FULL NAME HENRY EUGENE FOSTER

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Lucy 6. (c) Age of husband or wife if alive 44 years  
7. Date of Birth (Month, Day, Year) January 5 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>6</u>	<u>23</u>	hrs min.

9. Exact Occupation Rancher-El. Estate Did this work for Life yrs.  
10. Industry or Business Gen'l Ranching Date last worked Fall '47  
11. Birthplace Joplin Missouri (City or town) (State or foreign country)

12. Name Malion Eugene Foster  
13. Birthplace No Record (City or town) (State or foreign country)  
14. Maiden name Paralee Nichols  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Nelson Foster  
and Address 1324 East Main St.  
17. (a) Removal (b) Date thereof 7/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Weiser, Washington Co., Idaho.

18. Funeral Director's OWN Signature C. Jones #E357  
and Address Northam Jones Chapel, Weiser, Ida.

19. (a) Aug. 7-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 28 1948  
(Month, Day, Year) at 9:35 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 18 1948 to July 28 1948  
I last saw him alive on July 28 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction Duration 1 day  
Due to Swiss Bronchial 4 mos.  
Due to Asthma  
Other conditions cause Undetermined  
(Include pregnancy within 8 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature Dr. Mangum (M. D. or other)  
and Address ..... Date 7/28 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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# Certificate Of Death

STATE OF IDAHO

State File No. 2541  
Local Reg. No. 468  
Reg. Dist. No. 369

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Samaritan Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 11th & Elgin Sts.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME William Henry Moffitt

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or 6. (a) Single, widowed, married,  
Sex M race W divorced W  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife Sarah Virginia alive \_\_\_\_\_ years  
7. Date of Birth April 14-1871  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	77	3	14	hrs min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business & Laborer Date last worked \_\_\_\_\_  
11. Birthplace Jackson County, Missouri  
(City or town) (State or foreign country)

12. Name Theodore Moffitt  
13. Birthplace Iowa  
(City or town) (State or foreign country)  
14. Maiden name Emma Allen  
15. Birthplace Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mr. Harvey E. Smith  
and Address Middleton Idaho May 15

17. (a) Burial (b) Date thereof 7-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Pekan Chapel  
and Address Caldwell, Idaho

19. (a) Aug-4-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 28<sup>1</sup> 1948  
(Month, Day, Year) at 11:05 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 27 1948, to July 28 1948  
I last saw him alive on July 28 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gangrene Toes Duration \_\_\_\_\_

Due to Diabetic mellitus

Due to Arteriosclerosis

Other conditions Serumity  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Henry C. White M.D.  
(M. D. or other)

and Address Nampa, Idaho Date 7-31-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2542  
Local Reg. No. 472  
Reg. Dist. No. 362

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 320 13th Ave. So.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 320 13th Ave. So.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Mrs. Blanche Dell Huss

3. (b) If veteran, name war none

3. (c) Social Security No. none

5. Color or race White

4. Sex fem.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles E. Huss

6. (c) Age of husband or wife if alive 59 years

7. Date of Birth (Month, Day, Year) October 31, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>8</u>	<u>28</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Home Date last worked \_\_\_\_\_

11. Birthplace Ringold County, Iowa (City or town) (State or foreign country)

Father { 12. Name Orlando Griffith

13. Birthplace Ohio (City or town) (State or foreign country)

Mother { 14. Maiden name May Scott

15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's Charles E. Huss  
OWN Signature by John Alsip  
and Address Nampa, Idaho.

17. (a) Burial (b) Date thereof 7/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Cemetery

18. Funeral Director's Robinson-Alsip Chapel  
OWN Signature John E. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) Aug 4 - 1948 (b) Lyla Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 29, 1948  
at 9:05 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from March 24, 1948 to July 29, 1948.  
I last saw him alive on July 28, 1948.  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Carcinoma Liver

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's Henry C. Wesche M.D.  
OWN Signature \_\_\_\_\_ (M. D. or other)

and Address Nampa, Idaho Date 8-2-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2543  
Local Reg. No. 474  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 204 12th Ave. No  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 204 12th Ave. No.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Mr. Jefferson A. Huff

3. (b) If veteran, name war none 3. (c) Social Security No. 519-12-3701  
5. Color or white 6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Elizabeth Huff 6. (c) Age of husband or wife if alive 72 years

7. Date of Birth (Month, Day, Year) February 14, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>5</u>	<u>16</u>	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Farming Date last worked \_\_\_\_\_  
11. Birthplace Lewiston, Utah (City or town) (State or foreign country)

12. Name Thaddeus Huff  
13. Birthplace Atlanta Ga. (City or town) (State or foreign country)  
14. Maiden name Frances Russell  
15. Birthplace Florence, Nebr. (City or town) (State or foreign country)

16. Informant's OWN Signature Elizabeth Huff and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 8/4/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Koberlawn Cemetery

18. Funeral Director's OWN Signature John E. Alsip, Jr. and Address Nampa, Idaho

19. (a) Aug 4 - 1948 (b) Lydal Rogers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 30, 1948  
at 12:05 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 7/29 1948 to 7/30 1948  
I last saw him alive on 7/29 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardio resp failure Duration -  
Due to Chronic Myocarditis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature L. Mangum, M.D. (M.D. or other)  
and Address Nampa, Idaho Date 8/2 1948  
(For additional space, use reverse side)

Dr. L. E. Mangum, Jr.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
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Bureau of the Census

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AUG 17 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

State File No. 2544  
Local Reg. No. 480  
Reg. Dist. No. 363

1. PLACE OF DEATH:

(a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. Mercy Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. I.O.O.F. Home  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME Adelbert Shay

3. (b) If veteran, name war No.  
3. (c) Social Security No.  
5. Color or race W  
4. Sex M  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) March 17-1862

8. AGE	Years	Months	Days	If less than 1 day
	86	4	14	hrs min.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 31 19 48  
(Month, Day, Year) at 4:10 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 7/2/1948, to 7/31/1948  
I last saw him alive on 7/30/1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic pneumonia Duration 3 da.

Due to Dilatation of heart 4 da.

Due to Senility

Other conditions Atherosclerosis of coronary arteries (Include pregnancy within 8 months of death) 29 da.

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

9. Exact Occupation Farmer and Did this work for yrs.  
10. Industry or Business Carpenter Date last worked  
11. Birthplace Montrose, Pennsylvania (City or town) (State or foreign country)

Mother Father { 12. Name George T. Shay  
13. Birthplace Not Known (City or town) (State or foreign country)  
14. Maiden name Margaret D. Canfield  
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's OWN Signature Harley J. Stephenson  
(a) and Address Caldwell, Idaho  
17. (a) Burial (b) Date thereof 8-3-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill  
18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
(a) and Address Caldwell, Idaho  
19. (a) Aug-12-1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 7/2/1948 City, county, state where violence occurred Caldwell, Idaho  
Place of Violence: Home X Farm Industry  
Public Place While at work?  
Means of injury Fall  
Attendant's OWN Signature Geo. D. H. Kelley M.D.  
(M.D. or other)  
and Address Nampa, Idaho Date 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 9 - 1948 Certificate Of Death

DIVISION OF VITAL STATE OF IDAHO

State File No. 2545  
Local Reg. No. 11  
Reg. Dist. No. 860

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R. F. D. No.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Sanitarium Stayed days  
(g) Lived in this county 4 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Owyhee  
(c) City or town Marsing  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Colorado

3. (a) FULL NAME

Thomas Zapata Perez

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or 6. (a) Single, widowed, married, divorced M  
4. Sex M race Y  
6. (b) Name of husband or wife Virgie  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) June 23-1923

8. AGE	Years	Months	Days	If less than 1 day
	24	11	21	hrs min.

9. Exact Occupation Laborer Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Hillrose, Colorado (City or town) (State or foreign country)

12. Name Manuel Perez

13. Birthplace Mexico (City or town) (State or foreign country)

14. Maiden name Magdalena Zapata

15. Birthplace Mexico (City or town) (State or foreign country)

16. Informant's OWN Signature

and Address Marsing, ID B-2-62

17. (a) Burial (b) Date thereof 6-17-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill

18. Funeral Director's OWN Signature

and Address Caldwell, Idaho

19. (a) 8-6-48 (b) Agnes M. Newman (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 14 1948 at 10 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 13, 1948 to June 14, 1948. Last saw him alive on June 14, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Buried wound of chest

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted Marsing

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 11 City, county, state

where violence occurred

Place of Violence: Home ☒ Farm ☐ Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature

and Address Marsing, ID B-2-62

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 12 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2546  
Local Reg. No. 86  
Reg. Dist. No. 36 D

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 406 N. Kimball  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst. Simmons Stayed    days  
(g) Lived in this county    years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 204 Cleveland  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Frank Wilson Arnold

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W  
6. (b) Name of husband or wife Mary E. 6. (c) Age of husband or wife if alive    years

7. Date of Birth  
(Month, Day, Year) May 19-1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>1</u>	<u>12</u>	hrs min.

9. Exact Occupation Retired Did this work for    yrs.

10. Industry or Business    Date last worked   

11. Birthplace Cassville, Tennessee  
(City or town) (State or foreign country)

12. Name Lindsey Arnold

13. Birthplace Cassville, Tennessee  
(City or town) (State or foreign country)

14. Maiden name Elizabeth Ann Baker

15. Birthplace Cassville, Tennessee  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mary E. Arnold

and Address 204 Cleveland Blvd, Caldwell

17. (a) Burial (b) Date thereof 7-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill  
Peckham-Dakan Chapel

18. Funeral Director's OWN Signature   

and Address Caldwell, Idaho

19. (a) 7-8-48 (b) Agnus Simman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 1 19 48  
(Month, Day, Year) at 5 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from June 2 19 47, to July 1 19 48  
I last saw him alive on July 1 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage Duration 24 hrs

Due to Arterial Sclerosis 10 yrs

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature    (M. D. or other)  
and Address Caldwell, Idaho Date 7-6-1948  
(For additional space, use reverse side)

1948 2547  
State File No. 3  
Local Reg. No. 360  
Reg. Dist. No.

United States  
Department of Commerce  
Bureau of the Census

JUL 19 1948

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital Institution Other place .....  
(f) Name Hosp. or Inst. Memorial Park days  
(g) Lived in this county ..... years ..... months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 110 Hannibal St  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Georgia Lee Eddins

3. (b) If veteran, name war ..... No. ....  
5. Color or race W  
6. (a) Single, widowed, married, divorced --  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) July 6-1948

8. AGE	Years	Months	Days	If less than 1 day
-	-	-	<u>3</u>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Caldwell, Idaho  
(City or town) (State or foreign country)

12. Name George W. Eddins  
13. Birthplace Lorenzo, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Edith Fuller  
15. Birthplace Alladin, Wyoming  
(City or town) (State or foreign country)

16. Informant's OWN Signature George Eddins  
and Address 110 Hannibal St., Caldwell

17. (a) Burial (b) Date thereof 7-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature W. D. Dorman  
and Address Caldwell, Idaho

19. (a) 7-15-48 (b) Agnes M. Dorman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 9 1948  
(Month, Day, Year) .....  
at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from July 8 1948 to July 9 1948  
last saw him alive on July 9 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Concussion Duration 1 da.

Due to Congenital Defect

Due to Prematurity

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature E. L. Munn

and Address Caldwell, Idaho (M. D. or other) .....

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED NON-RESIDENT  
Certificate Of Death  
AUG 2 - 1948  
STATE OF IDAHO  
DIVISION OF VITAL

76485  
State File No. 2548  
Local Reg. No. 10  
Reg. Dist. No. 360

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Sanitarium Stayed days  
(g) Lived in this county years months 14 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Baker  
(c) City or town Baker  
(d) Street Address or R.F.D. No. 1108 Walnut St.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME Mary Rebecca Davis

3. (b) If veteran, name war No.  
5. Color or F race W  
6. (a) Single, widowed, married, divorced W  
(b) Name of husband or wife William Henry  
(c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) December 31-1876

8. AGE	Years	Months	Days	If less than 1 day
	71	6	8	hrs min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Spanish Fork, Utah  
(City or town) (State or foreign country)

12. Name Henry Babcock  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Mary Jane Simmons  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. James Davis  
and Address Caldwell, Idaho Rt. 1

17. (a) Removal (b) Date thereof 7-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Baker Oregon

18. Funeral Director's OWN Signature  
and Address Caldwell, Idaho

19. (a) 7-31-48 (b) Eugene M. Denman  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 9 1948  
(Month, Day, Year) at 3:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from July 8 1948 to July 9 1948  
I last saw h.e.r. alive on July 9 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Bronchial Pneumonia  
Due to Stasis in plus of left kidney

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
Duration  
Physician Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Ester Frank  
and Address Caldwell, Idaho (M.D. or other)  
Date July 10 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 19 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. **2549**  
Local Reg. No. **4**  
Reg. Dist. No. **360**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 315 Main St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Multnomah  
(c) City or town Portland  
(d) Street Address or R.F.D. No. 2816 N.E. 53rd  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) years

## 3. (a) FULL NAME Bert Wallace Harmonson

3. (b) If veteran, name war No. 545-30-0631  
5. Color or W 6. (a) Single, widowed, married, divorced M  
4. Sex M race W  
6. (b) Name of husband or wife Minnie Marjorie 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) October 18, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>8</u>	<u>24</u>	hrs min.

9. Exact Occupation Salesman Did this work for  yrs.  
10. Industry or Business McClellan Laboratories, Los Angeles  
11. Birthplace Norton, Kansas  
(City or town) (State or foreign country)

12. Name Alva H. Harmonson  
13. Birthplace Indianapolis, Iowa  
(City or town) (State or foreign country)  
14. Maiden name Emma F. Hatcher  
15. Birthplace Indianapolis, Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Wm RWH Harmonson  
and Address 2816 N.E. 53rd, Portland

17. (a) Removal (b) Date thereof 7-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Portland, Oregon

18. Funeral Director's OWN Signature Peckham-Pakan Chapel  
and Address Caldwell, Idaho

19. (a) 7-16-48 (b) Amelia Demman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 12 1948  
at 1:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary thrombosis Duration  
Myocardial infarction  
Due to heart's core for  
some time and had just  
gone to work again.  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? None  
Name of operation None Date None  
Major finding None  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 7 Suicide? None Homicide? None  
Occurred July 12 1948 City, county, state Caldwell, Ida.  
where violence occurred Caldwell, Ida.  
Place of Violence: Home Home Farm Industry Public Place While at work?  
Means of injury Fell over while talking  
Attendant's OWN Signature Wm D. Talley  
and Address Wampa, Ida. Date 7/12/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

JUL 24 1948

DIVISION OF VITAL

STATE OF IDAHO

1948  
State File No. 2550  
Local Reg. No. 6  
Reg. Dist. No. 860

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 402 Elgin St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 12 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 402 Elgin St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Margaret Lucinda Howell

3. (b) If veteran, name war No.  
3. (c) Social Security No.  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Arthur H. 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) November 5-1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>8</u>	<u>12</u>	hrs min.

9. Exact Occupation Did this work for hrs.  
10. Industry or Business Date last worked  
11. Birthplace Ohio (City or town) (State or foreign country)

12. Name D. John Whitlatch  
13. Birthplace Pennsylvania (City or town) (State or foreign country)  
14. Maiden name Pheobe Boyer  
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Arthur Howell  
and Address 402 Elgin St., Caldwell

17. (a) Burial (b) Date thereof 7-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill, Caldwell

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 7-23-48 (b) Agnes M. Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 17 19 48  
(Month, Day, Year) at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 12 July 1948 to 17 July 1948  
I last saw h alive on 17 July 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic myocarditis 2 yrs Duration

Due to hypertensive cardiac vascular renal disease  
Due to 2 yrs  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation PHYSICIAN Underline the cause to which death should be charged statistically.  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

- Means of injury  
23. Attendant's OWN Signature W. B. Howard, MD  
and Address Caldwell (M.D. or other) Date 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
AUG 2 - 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 2551  
Local Reg. No. 9  
Reg. Dist. No. 36.0

**1. PLACE OF DEATH:**

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Memorial Hospital ... days  
(g) Lived in this county... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Canyon  
(c) City or town Wilder  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

**3. (a) FULL NAME**

Charles Eldon Miner

**3. (b) If veteran,**

name war .....

**3. (c) Social Security**

No. ....

4. Sex Male race W

6. (a) Single, widowed, married, divorced --

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth  
(Month, Day, Year)

July 17-1948

8. AGE	Years	Months	Days	If less than 1 day
	-	-	<u>1</u>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Caldwell, Idaho  
(City or town) (State or foreign country)

12. Name O. Dale Miner

13. Birthplace Logan, Oklahoma  
(City or town) (State or foreign country)

14. Maiden name Elise J. Evans

15. Birthplace Chilquin, Oregon  
(City or town) (State or foreign country)

16. Informant's OWN Signature O. Dale Miner

and Address Wilder, Idaho Rt. 1

17. (a) Burial (b) Date thereof 7-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham

and Address Caldwell, Idaho

19. (a) 7-31-48 (b) Regin Benman  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH  
(Month, Day, Year) July 18 19 48  
at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from 17 July 19 48, to 18 July 19 48  
I last saw h. in alive on 18 July 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Cerebral Hemorrhage 1 day

Due to .....

Due to .....

Other conditions atherosclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation none Date .....

Major finding .....

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home Farm Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature S. D. Simpson

and Address Caldwell Date Aug 2, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECORDED  
AUG 2 - 1948  
DIVISION OF VITALS

# Certificate Of Death

STATE OF IDAHO

State File No. **2552**  
Local Reg. No. **7**  
Reg. Dist. No. **360**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. Sanitarium Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 711 So. 18th St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Gaylord Allen McCampbell

3. (b) If veteran, name war World War 2 3. (c) Social Security No. 519 28 6633  
5. Color or race W 6. (a) Single, widowed, married, divorced M  
4. Sex M 6. (b) Name of husband or wife Frances 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) April 19-1918

8. AGE	Years	Months	Days	If less than 1 day
	<u>30</u>	<u>3</u>	<u>7</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Fontanelle, Iowa  
(City or town) (State or foreign country)

- Mother Father  
12. Name Vern H. McCampbell  
13. Birthplace Fontanelle, Iowa  
(City or town) (State or foreign country)  
14. Maiden name Myrtle Dory  
15. Birthplace Fontanelle, Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Myrtle L. Thorne  
and Address 1802 Fillmore St., Caldwell

17. (a) Burial (b) Date thereof 7-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 7-31-48 (b) Agnes Benman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 26 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Guy shot wound in right temple  
Due to Guy slipped to floor  
accidentally discharged.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy above.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred July 25 1948 City, county, state Caldwell - Id.  
where violence occurred \_\_\_\_\_  
Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wm D. Valley  
and Address Yampa, Idaho Date 7-27 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

JUL 24 1948

STATE OF IDAHO

DIVISION OF VITAL

1948  
State File No. **2553**  
Local Reg. No. **5**  
Reg. Dist. No. **36/1**

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Middleton  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 37 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Middleton  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

Henry Thomas Bowman

3. (b) If veteran, name war ..... No. ....  
5. Color or race W  
4. Sex M  
(b) Name of husband or wife Marjorie  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) August 7-1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>10</u>	<u>24</u>	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Williamsport, Indiana  
(City or town) (State or foreign country)

12. Name .....  
13. Birthplace .....  
(City or town) (State or foreign country)  
14. Maiden name .....  
15. Birthplace .....  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ernest D. ...  
and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 7-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Middleton, Idaho

18. Funeral Director's OWN Signature Peckham ...  
and Address Caldwell, Idaho

19. (a) 7-29-48 (b) Ernest D. ...  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 1 19 48  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1948 to Jul. 1, 1948  
I last saw him alive on Feb. 1, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Not Known Duration

Due to

Due to

Other conditions Feb. 1, 1948 Bronchial Pneumonia  
(Include pregnancy within 3 months of death)

Cardio Vascular disease  
Where was disease contracted? Years standing

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Earl Warner

and Address Caldwell (D. or other) D.O.

Date 7-3 1948

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

RECEIVED

AUG 7 - 1948

1. PLACE OF DEATH: **VISION OF VITAL**
- (a) County Canyon  
(b) City or town Parma  
(c) Street Address or R.F.D. No. Route #2  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. Route #2  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 66 years  
(h) Former residence (city, state)

3. (a) FULL NAME Henry Viaene
3. (b) If veteran, name war No.  
3. (c) Social Security No. No.  
4. Sex M Color or race W  
5. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Erma  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) August 16-1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>10</u>	<u>16</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for years  
10. Industry or Business worked  
11. Birthplace France (City or town) (State or foreign country)  
12. Name Not Known  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Henry Viaene Jr  
and Address 117 1st No Parma Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-48  
(c) Place: Ten Davis Cemetery

18. Funeral Director's OWN Signature Peckham Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 8-3-48 (Date received and filed) (b) W. B. Adams (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 2 19 48  
at 10 P.M. o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 3-9-1948 to July 2, 1948  
I last saw him alive on July 2, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Senile Pneumonia Duration 3 days  
Due to Age and  
Due to Paralysis  
Other conditions (Include pregnancy within months of death)

Where was disease contracted? Parma  
Name of operation Parma Date July 2, 1948  
Major finding Paralysis  
Finding of autopsy Paralysis

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

- Means of injury Paralysis  
23. Attendant's OWN Signature W. B. Adams (M. D. or other)  
and Address Caldwell, Idaho Date July 2, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

JUL 9 1948

STATE OF IDAHO

948  
State File No. 2555  
Local Reg. No. 432  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Box 531  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution X Other place  
(f) Name Hosp. or Inst. Sta Sch & Colony days  
(g) Lived in this county 8 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Box 531  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 11 1/2 years  
(h) Former residence (city, state) Hagerman, Idaho

## 3. (a) FULL NAME

**DELORES DICKERSON**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

Sex Female race white

(a) Single, widowed, married, divorced

## (b) Name of husband or wife

(c) Age of husband or wife if alive years

## 7. Date of Birth

(Month, Day, Year)

**December 19th 1931**

## 8. AGE

Years

**17**

Months

**6**

Days

**18**

If less than 1 day

hrs. min.

## 9. Exact Occupation

Did this work for years

## 10. Industry or Business

Date last worked

## 11. Birthplace

**Harrington, Kans**

(City or town)

(State or foreign country)

Father

## 12. Name

**Bert Dickerson**

Mother

## 13. Birthplace

**Everton, Mo**

(City or town)

(State or foreign country)

## 14. Maiden name

**Vera Bennett**

## 15. Birthplace

**Salina, Kans**

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

**Pearl D. Kickert Secy**

and Address

**State School & Colony, Nampa**

## 17. (a)

**Removal**  
(Burial, cremation, or removal)

## (b) Date thereof

**7-7-48**  
(Month) (Day) (Year)

## (c) Place

**Gooding, Idaho**

## 18. Funeral Director's

OWN Signature

**John F. Alsip, Jr.**

and Address

**Nampa, Idaho**

## 19. (a)

**July 7, 1948**  
(Date received and filed)

## (b)

**Lyla Rodgers**  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **July 7th 1948** 19

at **11:30AM** o'clock **M.**

## 21. I HEREBY CERTIFY, That I attended deceased from **July**

**10th 1948** 19 to **July 7 1948** 19

I last saw h. **er** alive on **July 7 1948** 19;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Paralysis of Respiration**

## Duration

Due to **Bed since admitted July 10 1940**

**Slowly failing since admittance, No**  
**recovery power**

Due to **Birth injury causing severe spasticity**

Other conditions **Birth injury causing severe spasticity**  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury 7/7/48

## 23. Attendant's

OWN Signature

**F. W. Wentworth M.D.**

and Address **Nampa, Idaho** (M. D. or other)

Date 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JUL 21 1948

# NON-RESIDENT CERTIFICATE OF DEATH

STATE OF IDAHO

148

State File No. 2556

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

DIVISION OF VITAL

- (a) County CORVALLIS  
(b) City or town  
(c) Street Address or R. F. D. No. #2 Parma Idaho  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed ☐ days  
(g) Lived in this county 1 1/2 years 1 1/2 months 1 1/2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Oregon (b) County Jackson  
(c) City or town Medford  
(d) Street Address or R. F. D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) If foreign born, in U. S. 55 yrs. Citizen of U. S.? Yes  
(g) How long had deceased lived in Idaho? 6 weeks  
(h) Former residence (city, state) Medford Oregon

## 3. (a) FULL NAME

Dink Selman

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or W 6. (a) Single, widowed, married, divorced Single  
4. Sex M race W  
6. (b) Name of husband or wife alive 6 (c) Age of husband of wife if years

## 7. Date of Birth (Month, Day, Year)

Oct 27 1866

AGE	Years	Months	Days	If less than 1 day
<u>81</u>	<u>8</u>	<u>14</u>	<u>hrs</u>	<u>min.</u>

## 9. Exact Occupation

Farming

Did this work for 55 yrs.

## 10. Industry or Business

Date last worked Jan 1948

## 11. Birthplace (City or town) (State or foreign country)

Venhuizen Holland

## 12. Name (City or town) (State or foreign country)

Dink Selman Holland

## 13. Birthplace (City or town) (State or foreign country)

Holland

## 14. Maiden name (City or town) (State or foreign country)

Jeatie Ruiter

## 15. Birthplace (City or town) (State or foreign country)

Holland

## 16. Informant's OWN Signature and Address

Mr. Gerrit Groen  
RFD #2 Parma Idaho

## 17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) (c) Place:

Cremation 7-16-48 Fortland Oregon

## 18. Funeral Director's OWN Signature and Address

Bl. L. L. L.

## 19. (a) (Date received and filed) (b) (Registrar's signature)

7-12-48 W. B. B.

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

July 11 1948  
at 6:00 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

7/10 1948, to 7/11 1948.

I last saw him alive on 7/10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma (Carcin) Duration 2 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted?

Name of operation Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature and Address (M. D. or other)

Warren 7/12 1948

and Address Medford Ore

(For additional space, use reverse side)

368

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

JUL 14 1948

STATE OF IDAHO

1948 2557  
State File No. ....  
Local Reg. No. 457  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Box 531  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital X Institution X Other place  
(f) Name Hosp. or Inst. St Sch & Colony days  
(g) Lived in this county years 1 months 7 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Twin Falls, Idaho

3. (a) FULL NAME FRANCIS CUTHBERTSON

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or .....  
4. Sex Male race .....  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth July 5th 1947  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>		<u>7</u>	hrs. min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....

11. Birthplace Unknown - Illegitimate  
(City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace .....  
(City or town) (State or foreign country)

14. Maiden name Marian Cuthbertson  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Pearl B. Vickert Secy  
and Address State School & Colony

17. (a) Burial (b) Date thereof 7/13/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place Nampa Idaho

18. Funeral Director's OWN Signature George H. Walker  
and Address Nampa Idaho

19. (a) July 14-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 12 1948  
(Month, Day, Year) 19.....  
at 4:55 o'clock A. M.

21. I HEREBY CERTIFY That I attended deceased from June 5th 1948 to July 12 1948  
I last saw him alive on July 12 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cutting teeth with indigestion  
Incoordination in swallowing, inability to take food.  
Congenital quadraplegia with bilateral hemiplegia due to internal hydrocephalis  
(Include pregnancy within 3 months of death)  
In continuous tonic or clonic spasm from entry.

Where was disease contracted? entry.  
Name of operation IDIT Date .....  
Major finding .....  
Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature A. W. Wentworth M.D.  
and Address Box 531, Nampa, Idaho July 12 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 30 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2558  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Parma  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 28 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

Fredrick J. Meinzer

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

## 4. Sex M race W

5. Color or

6. (a) Single, widowed, married, divorced M

## 6. (b) Name of husband or wife Florence

6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year)

September 1-1873

## 8. AGE

Years 74

Months 10

Days 14

If less than 1 day  
hrs min.

## 9. Exact Shoe and harness Occupation maker Did this work for hrs.

## 10. Industry or Business worked Date last worked

## 11. Birthplace Minnesota (City or town) (State or foreign country)

## 12. Name Fredrick Meinzer

## 13. Birthplace Germany (City or town) (State or foreign country)

## 14. Maiden name Anna Geiwitz

## 15. Birthplace Germany (City or town) (State or foreign country)

## 16. Informant's OWN Signature Florence & Anna Meinzer and Address Parma, Idaho

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-48 (Month) (Day) (Year)

## 18. Funeral Directors Veckel-Dakan Chapel OWN Signature W. M. Mitchell

## and Address Caldwell, Idaho

## 19. (a) 7-19-48 (Date received and filed) (b) W. M. Mitchell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

0513

0944

## 20. DATE OF DEATH

(Month, Day, Year) July 15 19 48  
at o'clock M.

## 21. I HEREBY CERTIFY, That I attended deceased from July 1 19 48 to July 15 19 48

I last saw him alive on July 15 19 48, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Thrombosis

## Duration

Due to

Due to

Other conditions Prostatic cancer

(For pregnancy within 3 months of death)

Where was disease contracted?

Name of operation None Date

Major finding

Finding of autopsy None

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature W. M. Mitchell M.D.

and Address Parma, Idaho Date 7-19 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

AUG 9 - 1948

# Certificate of Death

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

2559

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Route #2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 12 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Newton, Iowa

## 3. (a) FULL NAME

Mr. Charles B. Martin

3. (b) If veteran, name war none

3. (c) Social Security No. none

5. Color or

4. Sex male race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Label

6. (c) Age of husband or wife if alive 60 years

7. Date of Birth

(Month, Day, Year) September 25, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>9</u>	<u>29</u>	hrs. min.

9. Exact Occupation Retired Did this work for        yrs.

10. Industry or Business Retired Date last worked       

11. Birthplace Newton, Iowa (City or town) (State or foreign country)

12. Name John Martin

13. Birthplace Indiana (City or town) (State or foreign country)

14. Maiden name Rosetta Butler

15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's Wilma Mucker

OWN Signature Wilma Mucker

and Address 416 - Lane St.

17. (a) Burial (b) Date thereof 7/28/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kohler Lawn Cemetery

18. Funeral Director's Robinson-Elisip Chapel

OWN Signature John E. Elsip

and Address Nampa, Idaho

19. (a) Aug. 7-1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) July 24, 1948  
at 11:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 7-20-48 to 7-24-48

I last saw him alive on 7-24-48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Myocardial Infarction Duration 083A 109B

Due to Paralysis Reflexion

Due to Asphyxiation

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's       

OWN Signature        (M. D. or other)

and Address Nampa, Idaho Date 7-24-48 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
AUG 9 - 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

718  
State File No. 2560  
Local Reg. No. 471  
Reg. Dist. No. 363

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Canyon**
- (b) City or town **Nampa, Idaho**
- (c) Street Address or R.F.D. No. **Box 531**
- (d) Death Occurred Inside? ☐ Outside? ☒ city or town
- (e) Died in a Home ☐ Hospital ☐ Institution ☒ Other place ☐
- (f) Name Hosp. or Inst. **Sta Sch & Colony** days
- (g) Lived in this county **14** years **10** months **15** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Canyon**
- (c) City or town **Nampa**
- (d) Street Address or R.F.D. No. **Box 531**
- (e) Deceased lived Inside? ☐ Outside? ☒ city or town
- (f) Citizen of what country? **USA**
- (g) How long had deceased lived in Idaho? **Since 1900** years
- (h) Former residence (city, state) **May, Idaho**

**Patterson Creek**

3. (a) FULL NAME **JONES. ROBERT DOUGLAS**

3. (b) If veteran, name war
3. (c) Social Security No.
5. Color or
4. Sex **Male** race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Date of Birth **Dec 12 1892**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>55</b>	<b>7</b>	<b>16</b>	hrs. min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked

11. Birthplace **Woodland, Utah**  
(City or town) (State or foreign country)

12. Name **Robert Jones**

13. Birthplace **Prova, Utah**  
(City or town) (State or foreign country)

14. Maiden name **Cora Lewis**

15. Birthplace **Des Moines, Iowa**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Pearl B. Dickert** Secy  
and Address **State School & Colony, Nampa, Ida**

17. (a) **Burial** (b) Date thereof **8/5/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Koblenz Cemetery**

18. Funeral Director's OWN Signature **John E. Alsip, Jr.**  
and Address **Nampa, Idaho**

19. (a) **Aug 4 - 1948** (b) **Lyda Rodgers**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **July 28th 1948**  
(Month, Day, Year) 19  
at **5:30** o'clock **A.M.**

21. I HEREBY CERTIFY That I attended deceased from **Sept 13 1933** 19 to **July 28 1948** 19

I last saw him alive on **July 28 1948** 19;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Healed left lung tubercular condition which with declining idiomatic state Due to developed military tuberculosis over past month, of which patient died.**

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **H. W. Wentworth MD**

and Address **Nampa, Idaho** Date **July 28th 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 17 1948

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

2561

State File No. ....

Local Reg. No. 481

Reg. Dist. No. 363

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Hampton  
(c) Street Address or R.F.D. No. Rt #1  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 39 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hampton  
(d) Street Address or R.F.D. No. Rt #1  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Indiana

## 3. (a) FULL NAME

Elizabeth Catherine Mc Cain

131B

## 3. (b) If veteran, name was

## 3. (c) Social Security No.

## MEDICAL CERTIFICATE OF DEATH

099X

## 20. DATE OF DEATH

(Month, Day, Year) July 29 1948

at 2 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

26 1948 to July 29 1948

I last saw her alive on July 28 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Intestinal obstruction Duration 3 days

Due to menstrual cramps

Other conditions Chronic nephritis

(Include pregnancy within 3 months of death)

Where was disease contracted? Chronic nephritis

Name of operation Chronic nephritis

Major finding Chronic nephritis

Finding of autopsy Chronic nephritis

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

## 23. Attendant's

OWN Signature V.C. Bellman

(M.D. or other)

and Address Hampton Ida Date 7-31 1948

(For additional space, use reverse side)

8. AGE	Years	Months	Days	If less than 1 day
	<u>88</u>	<u>8</u>	<u>11</u>	hrs. min.

9. Exact Occupation At Home Did this work for ☐ yrs.

10. Industry or Business At Home Date last worked ☐

11. Birthplace Quadrille Indiana (City or town) (State or foreign country)

12. Name Adam Thom

13. Birthplace Indiana (City or town) (State or foreign country)

14. Maiden name Harriet Oakhurst

15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Family Records

and Address By Hope Mills

17. (a) Buried (b) Date thereof 7/31/48 (Month) (Day) (Year)

(c) Place Hampton Idaho

18. Funeral Director's OWN Signature George H. Walker

and Address Hampton Idaho

19. (a) Aug 13 - 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

V.C. Bellman

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
AUG 9 - 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2562  
Local Reg. No. 467  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Box 531  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution X Other place ...  
(f) Name Hosp. or Inst. Sta. Sch. & Colony days  
(g) Lived in this county 4 years 3 months 11 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Box 531  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 17 yrs years  
(h) Former residence (city, state) Canada  
& Clearwater Co., Idaho

3. (a) FULL NAME CHARLEY STUART

3. (b) If veteran, name war ... 3. (c) Social Security No. ...  
5. Color or Wh 6. (a) Single, widowed, married, divorced ...  
4. Sex M race Wh 6. (b) Name of husband or wife ... 6. (c) Age of husband or wife if alive ... years  
7. Date of Birth (Month, Day, Year) August 17 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>9</u>	<u>13</u>	hrs. min.

9. Exact Occupation ... Did this work for ... yrs.  
10. Industry or Business ... Date last worked ...  
11. Birthplace Manistee, Michigan (City or town) (State or foreign country)

- Father { 12. Name ...  
13. Birthplace Ontario, Canada (City or town) (State or foreign country)  
Mother { 14. Maiden name Jennie Shaw  
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Carl B. Hickert Secy  
and Address State School & Colony

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 8/2/48 (Month) (Day) (Year)  
(c) Place Nampa Idaho

18. Funeral Director's OWN Signature George A. Walker  
and Address Nampa Idaho

19. (a) July 31 - 1948 (Date received and filed) (b) Lida Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 30th 1948 19 ...  
at 6:40 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Apr 19 1944 19 ... to July 30 1948 19 ...  
I last saw h. im alive on July 30 1948 19 ...  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Diabetes Mellitis since entry Apr 19 '44  
Injured in woods 1940-Fell down stairs  
fractured skull followed by traumatic  
epilepsy 1940

Due to Bedridden gradually failing two yrs  
Other conditions Refused food for one week previous to death  
(Include pregnancy within 3 months of death)  
Where was disease contracted? death

Name of operation ... Date ...  
Major finding ...  
Finding of autopsy ...

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ... Suicide? ... Homicide? ...  
Occurred ... 19 ... City, county, state where violence occurred ...  
Place of Violence: Home ... Farm ... Industry ...  
Public Place ... While at work? ...

Means of injury ...  
23. Attendant's OWN Signature H. N. Wentworth  
Resident Physician  
and Address July 30th 1948 Date Nampa, Idaho  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County **CARLETON**  
(b) City or town **SODA SPRINGS, IDAHO.**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. **CARLETON COS.** stayed ☒ days  
(g) Lived in this county **10** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **CARLETON**  
(c) City or town **SODA SPRINGS**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state) **0**

## 3. (a) FULL NAME

**JOSEPH HOKANSON**

3. (b) If veteran, name war **WAR ONE** No. **519-14-4634**  
5. Color or race **WHITE** 3. (c) Social Security No. ....  
4. Sex **MALE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **NINA HOKANSON** 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **JUNE 9th 1891**

8. AGE	Years	Months	Days	If less than 1 day
	<b>57</b>	<b>0</b>	<b>27</b>	hrs min.

9. Exact Occupation **FARMER & CARPENTER** Did this work for **40** yrs.  
10. Industry or Business **FARMING & BUILDING** Date last worked **JUNE 1, 1948**  
11. Birthplace **ST CHARLES, IDAHO** (City or town) (State or foreign country)

12. Name **OLA HOKANSON**  
13. Birthplace **SWEDEN** (City or town) (State or foreign country)  
14. Maiden name **INGRI MARIE MAGNUSON**  
15. Birthplace **SWEDEN** (City or town) (State or foreign country)

16. Informant's OWN Signature **Charles C. Fulton**  
and Address **SODA SPRINGS, IDAHO.**

17. (a) **BURIAL** (b) Date thereof **JULY 8, 1948** (Month) (Day) (Year)  
(c) Place: **FREEDOM, WYOMING**

18. Funeral Director's OWN Signature **E. S. Whitman**  
and Address **SODA SPRINGS, IDAHO.**

19. (a) **7-7-48** (b) **Archie C. Merrill** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **JULY 6, 1948** 19.....  
at **1.10** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **JULY 12, 1948**, to **JUNE 6, 1948**  
I last saw him alive on **JULY 6, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Degenerative H.I. disease** Duration **6 months**

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, .....

where violence occurred .....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature **Allen H. T. Gent**

and Address **Soda Springs** Date **8 June 1948** (M. D. or other)  
(For additional space, use reverse side)

**Idaho**

**545**

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

JUL 21 1948

STATE OF IDAHO

State File No. **2564**  
Local Reg. No. **92**  
Reg. Dist. No. **520-521**

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH:

- (a) County **CARLEBOU**  
(b) City or town **SODA SPRINGS, IDAHO.**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **2** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **CARLEBOU**  
(c) City or town **CONDA, IDAHO**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **23** years  
(h) Former residence (city, state) ..... 0

3. (a) FULL NAME

**MARION CLARK**

3. (b) If veteran,

name war **WORLD 2**

3. (c) Social Security

No. **519-16-0012**

4. Sex. **MALE** race. **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MARGARET**

6. (c) Age of husband or wife if alive **21** years

7. Date of Birth

(Month, Day, Year) **JULY 13, 1925**

8. AGE	Years	Months	Days	If less than 1 day
	<b>23</b>	<b>0</b>	<b>1</b>	hrs min.

9. Exact Occupation **MINER** Did this work for **1 1/2** yrs.

10. Industry or Business **MINING** Date last worked **7/12/48**

11. Birthplace **RIGBY, IDAHO.** (City or town) (State or foreign country)

12. Name **WILLIAM I. CLARK**

13. Birthplace **RIGBY, IDAHO.** (City or town) (State or foreign country)

14. Maiden name **IRENE L. LAWSON**

15. Birthplace **SALT LAKE CITY, UTAH.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Margaret Clark**

and Address **SODA SPRINGS, IDAHO.**

17. (a) **MURIEL** (b) Date thereof **7-18-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **SODA SPRINGS, IDAHO**

18. Funeral Director's OWN Signature

and Address **Soda Springs, Idaho.**

19. (a) **7-17-48** (b) **Archie C. Merrill**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **JULY 14, 1948** 19  
at **1.30** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from 19..... to **7/14/48** 19.....

I last saw him alive on **7/14/48** 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Fractured neck**  
**Skull Fracture**

Duration

Due to **Fracture of right dist. femur, then, both ankles**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury **airplane crash**

23. Attendant's

OWN Signature **J. H. Hecker M.D.** (M. D. or other)

and Address **Soda Springs** Date **7-18 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
STATE OF IDAHO

State File No. **2565**  
Local Reg. No. **92**  
Reg. Dist. No. **520-521**

JUL 21 1948

1. PLACE OF DEATH:

- (a) County **CARLEBOU**  
(b) City or town **SODA SPRINGS, IDAHO.**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. .... Stayed ☐ days  
(g) Lived in this county **22** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **CARLEBOU**  
(c) City or town **CONDA, IDAHO.**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **22** years  
(h) Former residence (city, state) **0**

3. (a) FULL NAME

**LEON H RIGGS**

3. (b) If veteran, name war **two**

3. (c) Social Security No. **518-26-1620**

5. Color or **white** (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife **0** (c) Age of husband or wife if alive **0** years  
7. Date of Birth (Month, Day, Year) **JUNE 6, 1926.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>22</b>	<b>1</b>	<b>9</b>	hrs min.

9. Exact Occupation **MINER** Did this work for **2** yrs.  
10. Industry or Business **MINING** Date last worked **7/13/48**  
11. Birthplace **SODA SPRINGS, IDAHO.**  
(City or town) (State or foreign country)

12. Name **MOY JOHN RIGGS**  
13. Birthplace **MERCUR, UTAH.**  
(City or town) (State or foreign country)  
14. Maiden name **LEONA HIRST**  
15. Birthplace **PARADISE, UTAH**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Leona Riggs**  
and Address **CONDA, IDAHO**

17. (a) **BURIAL** (b) Date thereof **7-18-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **SODA SPRINGS, IDAHO.**

18. Funeral Director's OWN Signature **E. L. Whitman**  
and Address **SODA SPRINGS, IDAHO.**

19. (a) **7-17-48** (b) **W. E. Merrill**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **JULY 15, 1948.** 19  
at **6.20** o'clock **A**.M.  
21. I HEREBY CERTIFY, That I attended deceased from **7-14** 19**48**, to **7/15/48** 19  
I last saw him alive on **July 15** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Basal Skull Fracture** Duration **17 hrs**

- Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....  
Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state where violence occurred .....  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury **airplane accident**  
23. Attendant's OWN Signature **J. B. Koehler M.D.** (M. D. or other)  
and Address **Soda Springs** Date **7-15 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
AUG 6 - 1948  
DIVISION OF VITAL  
STATE OF IDAHO

NON-RESIDENT  
Certificate of Death

State File No. 2566  
Local Reg. No. 94  
Reg. Dist. No. 520-521

1. PLACE OF DEATH: STATE
- (a) County. Carbon  
(b) City or town. Soda Springs  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? \_\_\_\_\_ Hospital? ☒ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. Carbon County Hospital Stayed 24 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 24 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State. Wyoming (b) County. Lincoln  
(c) City or town. Codyville Wyo.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME Richard Wilde

3. (b) ☒ Veteran, name war WW 3. (c) Social Security No. None

4. Sex Male 5. Color of race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maryella Wilde 6. (c) Age of husband or wife if alive 66 years

7. Date of Birth (Month, Day, Year) Mar 18 1876

8. AGE Years Months Days If less than 1 day  
72 4 6 hrs. min.

9. Exact Occupation Farming Did this work for 10 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Codyville Utah (City or town) (State or foreign country)

12. Name Thomas Wilde

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Fanny Turner

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Ella Wilde  
and Address Codyville Wyoming

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 28 1948 (Month) (Day) (Year)

(c) Place Codyville Utah

18. Funeral Director's OWN Signature Wiley Matthews  
and Address Montpelier Idaho

19. (a) 7-27-48 (Date received and filed) (b) Wiley C. Murrell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 25 1948  
at 12:45 o'clock A. M.

21. I HEREBY CERTIFY, that I attended deceased from July 25 1948 to July 25 1948.  
I last saw him alive on July 24 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured rib with punctured left lung Duration 24 hrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred July 25 1948 City, county, state Codyville, Lincoln, Wyo.

Place of Violence: Home \_\_\_\_\_ Farm ☒ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? yes

Means of injury ladder broke

23. Attendant's OWN Signature Allen H. T. Gent, M.D.  
(M. D. or other)  
and Address Soda Springs Date 26 July 1948

Idaho

545



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 6 - 1948  
DIVISION OF VITAL

CERTIFICATE OF DEATH  
STATE OF IDAHO

State File No. 2567  
Local Reg. No. 95  
Reg. Dist. No. 520-521

1. PLACE OF DEATH:

(a) County CARIBOU  
(b) City or town SODA SPRINGS  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home Hospital Institution ..... Other place ....  
(f) Name Hosp. or Inst. CARIBOU CO. Stayed 10 days  
(g) Lived in this county 4 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Caribou  
(c) City or town Soda Springs  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) If foreign born, in U. S. .... yrs. Citizen of U. S.? yes  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) OREGON

3. (a) FULL NAME FREDA A. MASSIE

3. (b) If veteran, name war 0 3. (c) Social Security No. 0  
5. Color or 6. (a) Single, widowed, married,  
4. Sex FEMALE Race ..... divorced MARRIED  
6. (b) Name of husband or wife R. N. MASSIE 6 (c) Age of husband or wife if alive 44 years  
7. Date of Birth (Month, Day, Year) DECEMBER 2, 1905

AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>7</u>	<u>28</u>	hrs min.

9. Exact Occupation HOUSE WIFE Did this work for 20 yrs.

10. Industry or Business HOUSE KEEPING Date last worked 7/18/48

11. Birthplace COVE, OREGON (City or town) (State or foreign country)

12. Name HARVEY DAILSTROM

13. Birthplace SWEDEN (City or town) (State or foreign country)

14. Maiden name PHOEBE A. STEERS

15. Birthplace RICHMOND, UTAH (City or town) (State or foreign country)

16. Informant's OWN Signature: R. N. Massie  
and Address SODA SPRINGS, IDAHO

17. (a) EURIEL (b) Date thereof AUG. 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: POCATELLO, IDAHO

18. Funeral Director's OWN Signature: E. J. Whitman  
and Address SODA SPRINGS, IDAHO

19. (a) Aug. 2, 1948 (b) Allen C. Murrie  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JULY 30, 1948 19.....  
at 7.15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948, to 30 July 1948.  
I last saw her alive on 29 July 1948; death is said to have occurred on the date and hour/stated above.

Immediate Cause of Death: Ca of Stomach Duration 3 months

Due to .....

Due to .....

Other conditions. (Include pregnancy within 3 months of death)

Where was disease first contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature: Allen H. Tiger

and Address Soda Springs Date Aug 2, 1948  
(For additional space, use reverse side)

Idaho

545

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 19 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. \_\_\_\_\_  
Local Reg. No. 76  
Reg. Dist. No. 270

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 1318 Hannal Ave  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Magin Valley Stayed 90 days  
(g) Lived in this county 24 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley Idaho - Hannal Ave  
(d) Street Address or R.F.D. No. 1318 Hannal Ave  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) California

## 3. (a) FULL NAME

Elizabeth Salyer

083A

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex

F 5. Color or race W

## 6. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth (Month, Day, Year)

Sept. 4 - 1878

## 8. AGE

Years	Months	Days	If less than 1 day
<u>69</u>	<u>9</u>	<u>24</u>	hrs min.

## 9. Exact Occupation

None Did this work for ? yrs.

## 10. Industry or Business

None Date last worked No Data

## 11. Birthplace

Georgetown Texas (City or town) (State or foreign country)

## 12. Name

John E. Williams

## 13. Birthplace

Virginia (City or town) (State or foreign country)

## 14. Maiden name

Josephine Salyer

## 15. Birthplace

Texas (City or town) (State or foreign country)

## 16. Informant's

OWN Signature John Williams  
and Address 1318 Hannal Ave

## 17. (a)

Burial (b) Date thereof 7-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place:

Burley City Cemetery

## 18. Funeral Director's

OWN Signature John B. W. Salyer  
and Address Burley - Idaho

## 19. (a)

7-14-48 (b) John B. W. Salyer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 1 - 1948  
at 7:45 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

June 25 - 1948 to July 1 - 1948  
I last saw h. alive on July 27, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage Duration 3 hrs

## Due to

## Due to

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place

## Means of injury

## 23. Attendant's

OWN Signature John B. W. Salyer M.D.  
(M. D. or other)

and Address Burley Date 7-7-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **2569**  
Local Reg. No. **77**  
Reg. Dist. No. **470**

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Ins. Cottage Key Stayed \_\_\_\_\_ days  
(g) Lived in this county 8 years 2 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Oakley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Gary Dee Bell

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, \_\_\_\_\_  
4. Sex Male race White divorced Single  
6. (b) Name of husband or \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
wife \_\_\_\_\_ alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) April 29, 1940

## 8. AGE

Years	Months	Days	If less than 1 day
<u>8</u>	<u>2</u>	<u>5</u>	hrs min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Oakley, Idaho  
(City or town) (State or foreign country)

12. Name Joseph Floyd Bell

13. Birthplace Chandler, Utah  
(City or town) (State or foreign country)

14. Maiden name Jennie May Ritting

15. Birthplace Oakley, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Floyd Bell

and Address Oakley, Idaho

17. (a) Burial (b) Date thereof 7-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Oakley, Idaho

18. Funeral Director's OWN Signature Frank M. Culbert

and Address Burley, Idaho

19. (a) 7-14-48 (b) W. F. Wilson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

175A  
103X

## 20. DATE OF DEATH

(Month, Day, Year) July 5 1948  
at 3:10 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

July 5 1948, to July 5 1948

Last saw him alive on July 5 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Terminal Embolism Duration \_\_\_\_\_

Due to Massive Pneumo-thorax & hemothorax

Due to Crushed Chest &

Other conditions fractured ribs  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred July 5 1948 City, county, state \_\_\_\_\_

where violence occurred Oakley, Cassia, Ida

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Run over with back wheel of truck

23. Attendant's W. F. Wilson  
OWN Signature W. F. Wilson  
and Address Burley, Idaho Date 8 July 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 28 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 2570  
Local Reg. No. 79  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 2 Oakley  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Cottage Stayed 2 1/2 days  
(g) Lived in this county 20 years 8 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Oakley  
(d) Street Address or R.F.D. No. # 2  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Francis William Callahan 175A

## 3. (b) If veteran, name war

I No. 519-141130

## 4. Sex M. Color or race W.

5. Color or race W. 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Helen Aetha Archibald

6. (c) Age of husband or wife if 44 years

## 7. Date of Birth (Month, Day, Year)

Nov. 8 - 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>8</u>	<u>3</u>	hrs min.

## 9. Exact Occupation Farmer Did this work for life yrs.

## 10. Industry or Business Farming Date last worked

## 11. Birthplace South Utah (City or town) (State or foreign country)

## 12. Name Joseph Wm Callahan

## 13. Birthplace Smithfield Utah (City or town) (State or foreign country)

## 14. Maiden name Ann Scholts

## 15. Birthplace England (City or town) (State or foreign country)

## 16. Informant's OWN Signature Altha Callahan and Address Oakley R.F.D. # 2

## 17. (a) Burial (b) Date thereof 7-15-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Oakley Idaho

## 18. Funeral Director's OWN Signature Kerry B. McCallum and Address Burley Idaho

## 19. (a) 7-20-48 (b) W. D. Wilson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

## 20. DATE OF DEATH (Month, Day, Year) July 12 - 1948 at 1:30 clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from July 9 1948 to July 12 1948 I last saw him alive on July 12 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Cerebral hemorrhage Duration 3 da.

## Due to Skull fracture 3 da.

## Due to Hit by boom pole

## Other conditions (Include pregnancy within 8 months of death)

## Where was disease contracted? Name of operation Date

## Major finding

## Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? Yes Homicide? Yes

## Occurred July 9 1948 City, county, state

## where violence occurred Cassia

## Place of Violence: Home Yes Farm Yes Industry Yes

## Public Place Yes While at work? Yes

## Means of injury Hit by pole while stacking hay

## 23. Attendant's OWN Signature W. D. Wilson (M. D. or other) and Address Burley Date 7-18-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED JUL 28 1948  
NON-RESIDENT  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 2571  
Local Reg. No. 80  
Reg. Dist. No. 470

1. PLACE OF DEATH:  
(a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Cottage Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Utah (b) County Box Elder  
(c) City or town Tremonton  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME Samial Taylor  
(b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced w  
4. Sex m race w  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 23, 1865  
8. AGE Years Months Days If less than 1 day  
82 11 28 hrs. min.

9. Exact Occupation Rancher Did this work for 65 yrs.  
10. Industry or Business Retired Date last worked 1944  
11. Birthplace Bozelle Utah (City or town) (State or foreign country)

Father { 12. Name John Taylor  
13. Birthplace England (City or town) (State or foreign country)  
Mother { 14. Maiden name Eliza Matthews  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Harry Taylor  
and Address Tremonton Utah

17. (a) Removal Removal (b) Date thereof July 20  
(Burial, cremation, or removal) (Month, Day) (Year)  
(c) Place Tremonton Utah

18. Funeral Director's OWN Signature Rebecca S. Payne  
and Address Burley Idaho

19. (a) 7-20-48 (b) Rebecca S. Payne  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 19, 1948  
at 10:20 o'clock PM  
21. I HEREBY CERTIFY, That attended deceased from July 19, 1948 to July 19, 1948

I last saw him alive on July 19, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Peptic hemorrhage Duration 1 day

Due to Peptic Ulcer 6 yrs

Due to \_\_\_\_\_

Other conditions Arteriosclerosis 20 yrs  
(Include pregnancy within 3 months of death)

Where was disease contracted? Utah

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John W. Davis M.D.

and Address Burley Idaho Date 7/20 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
AUG 6 - 1948

# Certificate of Death

STATE OF IDAHO

1948 2572  
State File No. \_\_\_\_\_  
Local Reg. No. 81  
Reg. Dist. No. 470

DIVISION OF VITAL

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 960 N. Normal  
(d) Death Occurred Inside? X Outside? — city or town  
(e) Died in a Home X Hospital — Institution — Other place —  
(f) Name Hosp. or Inst. — Stayed — days  
(g) Lived in this county 65 years — months — days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 960 N. Normal  
(e) Deceased lived Inside? X Outside? — city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) —

## 3. (a) FULL NAME

Albert William Wahlstrom

046B

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex male race white  
6. (b) Name of husband or wife  
Bede Theresa

6. (a) Single, widowed, married,  
divorced married  
6. (c) Age of husband or wife if  
alive 67 years

7. Date of Birth (Month, Day, Year)	<u>January 13 1871</u>			
8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>6</u>	<u>10</u>	<u>—</u> hrs. <u>—</u> min.

9. Exact Occupation Laborer Did this work for — yrs.  
10. Industry or Business Brick yard Date last worked 1947

## 11. Birthplace

- (City or town) (State or foreign country)  
12. Name Olaf Wahlstrom  
13. Birthplace Sweden  
(City or town) (State or foreign country)  
14. Maiden name Gustava  
15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature Olga Boro  
and Address Burley Idaho

17. (a) Burial (b) Date thereof 7-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place St. Ignace Roman Catholic Church, Burley, Idaho

18. Funeral Director's OWN Signature Oliver M. Edwards  
and Address St. Ignace Roman Catholic Church, Burley, Idaho

19. (a) 7-29-48 (b) Edwards  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

107X

20. DATE OF DEATH  
(Month, Day, Year) July 23, 1948  
at 2:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from  
July 11, 1948 to July 23, 1948  
I last saw him alive on July 23, 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Brain Spleen Infection Duration 2 days

Due to Carcinoma of Stomach 1 yr.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Hugh E Dean md  
(M. D. or other)

and Address Burley ID Date 7-28 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH: **STATISTICS**  
(a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. 330 So Oakley  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 35 years ☐ months ☐ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these).  
(a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 330 So Oakley  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Ill.

3. (a) FULL NAME Estelle Vaight Johnson Stephenson 163B  
3. (b) If veteran, name war ☐ No. ☐  
3. (c) Social Security No. ☐  
4. Sex F 5. Color or race W.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife C. J. Stephenson 6. (c) Age of husband or wife if alive 63 years  
7. Date of Birth (Month, Day, Year) June 24 1885  
8. AGE  
Years 63 Months 1 Days 3 If less than 1 day hrs min.

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) July - 28 - 1948  
at 2 o'clock PM  
21. I HEREBY CERTIFY, That I attended deceased from 5-29 1948 to July 28 1948  
I last saw her alive on July 27 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Barbiturate poisoning Duration 2 hours  
Due to ☐  
Due to Myocarditis of heart 12 years  
Other conditions ☐  
(Include pregnancy within 3 months of death)

9. Exact Occupation House Wife Did this work for 35 yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace East Madison Iowa (City or town) (State or foreign country)  
12. Name John Milton Johnson  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name E. Vaight  
15. Birthplace no data (City or town) (State or foreign country)  
16. Informant's OWN Signature C. J. Stephenson  
and Address 330 So Oakley Ave.  
17. (a) Burial (b) Date thereof 7-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pleasant View Cemetery  
18. Funeral Director's OWN Signature Kenn B. McPullock  
and Address Burley Idaho  
19. (a) 8-6-48 (b) L. J. Whitson  
(Date received and filed) (Registrar's signature)

Where was disease contracted? ☐  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy not done  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☐  
Occurred July 28 1948 City, county, state where violence occurred Burley Cassia Idaho  
Place of Violence: Home ☒ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury Barbiturate poisoning  
23. Attendant's OWN Signature John W. Davis M.D.  
and Address Burley Idaho Date 7/30 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 19 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2574  
Local Reg. No. 74  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 1-  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 10 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME Merlan W. Phillips

3. (b) If veteran, name war - 3. (c) Social Security No. -  
5. Color or - 6. (a) Single, widowed, married, divorced S.  
4. Sex M. race W. 6. (c) Age of husband or wife if alive - years  
6. (b) Name of husband or wife -

7. Date of Birth (Month, Day, Year) Oct 7<sup>th</sup> 1931

8. AGE	Years	Months	Days	If less than 1 day
	<u>14</u>	<u>8</u>	<u>27</u>	hrs. min.

9. Exact Occupation Student Did this work for - yrs.  
10. Industry or Business - Date last worked -  
11. Birthplace Burley Idaho (City or town) (State or foreign country)  
Father { 12. Name Jack Phillips  
13. Birthplace - (City or town) (State or foreign country)  
Mother { 14. Maiden name Bessie Ida Valey  
15. Birthplace Burley Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Eugene P. Carleton  
and Address 116 N 1st Not Date State

17. (a) Burial (b) Date thereof July 10<sup>th</sup> 1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Burley Idaho

18. Funeral Director's OWN Signature Retta S. Barry  
and Address Burley Idaho

19. (a) 7-10-48 (b) R. S. Phillips (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 4<sup>th</sup> 1948  
at - o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from - 19 - to - 19 -  
I last saw h - alive on - 19 -  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to <u>drowning</u>	
Due to <u>accident</u>	
Other conditions <u>-</u> (Include pregnancy within 3 months of death)	
Where was disease contracted? <u>-</u>	
Name of operation <u>-</u> Date <u>-</u>	
Major finding <u>-</u>	
Finding of autopsy <u>-</u>	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Yes Suicide? - Homicide? -  
Occurred July 4<sup>th</sup> 1948 City, county, state where violence occurred none  
Place of Violence: Home - Farm - Industry -  
Public Place - While at work? -  
Means of injury -  
23. Attendant's OWN Signature Saul H. Sheriff (M. D. or other)  
and Address Burley Date July 9<sup>th</sup> 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 28 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 2575  
Local Reg. No. 78  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 37 years 1 months 22 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Merlin David Haskell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 566-07-4645

5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene S. Surriage 6. (c) Age of husband or wife if alive 32 years

7. Date of Birth (Month, Day, Year) May 17, 1911

8. AGE	Years	Months	Days	If less than 1 day
	<u>37</u>	<u>1</u>	<u>22</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked No data

11. Birthplace Sublett Idaho (City or town) (State or foreign country)

12. Name David Haskell

13. Birthplace Newton Utah (City or town) (State or foreign country)

14. Maiden name Gara Matilda Nelson

15. Birthplace Grover Wyoming (City or town) (State or foreign country)

16. Informant's OWN Signature Irene Haskell

and Address Route 2, Burley, Idaho

17. (a) Burial (b) Date thereof 8-14-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burley-Old-Gen-Mem-Park

18. Funeral Director's OWN Signature Vernon M. Callach

and Address Burley Idaho

19. (a) 7-20-48 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 10 1948  
at 10:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from May 1942 1942, to July 10 1948.  
I last saw him alive on June 10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction Duration 2 Days

Due to Coronary Artery Disease 2 years

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. J. Dean M.D. (M. D. or other)  
and Address Burley Id. Date 7-12-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 12 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2576  
Local Reg. No. 50  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Orofino  
(c) Street Address or R. F. D. No. State Hospt. H.  
(d) Death Occured Inside? Outside? Yes city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. State Hospt. Stayed 8644 days  
(g) Lived in this county 40 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Clearwater  
(c) City or town Orofino  
(d) Street Address or R.F.D. No. State Hospt. H.  
(e) Deceased lived Inside? Outside? Yes city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) unk now

## 3. (a) FULL NAME

Mantour Thielolt

0930

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓  
5. Color or race W 6. (a) Single, widowed, married, divorced single  
4. Sex M 6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years  
7. Date of Birth (Month, Day, Year) Nov. 24 - 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>7</u>	<u>7</u>	hrs min.

9. Exact Occupation none Did this work for ✓ yrs.  
10. Industry or Business ✓ Date last worked ✓  
11. Birthplace Colorado (City or town) (State or foreign country)  
12. Name Perre Celestine Thielolt  
13. Birthplace France (City or town) (State or foreign country)  
14. Maiden name Catherine Jean Green  
15. Birthplace unk. known (City or town) (State or foreign country)

16. Informant's OWN Signature E. R. Barry and Address Orofino Idaho

17. (a) Buried (b) Date thereof July 2, 1948 (Month) (Day) (Year)  
(c) Place: State Hospital Cemetery

18. Funeral Director's OWN Signature Sam Hanes and Address Idaho

19. (a) July 7/48 (b) Clair E. Bailey (date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

0840

20. DATE OF DEATH (Month, Day, Year) July 1 1948  
at 8-45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 6-1 1943, to 7-1 1948  
I last saw him alive on 6-30 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chronic myocanitis Duration unknown

Due to Arterio Sclerosis unknown

Due to Other conditions (Include pregnancy within 3 months of death)

Psychosis unclassified

Where was disease contracted? unk. known Name of operation unk. known Date unk. known

Major finding unk. known Finding of autopsy unk. known Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓  
Occurred 19 City, county, state Idaho  
where violence occurred Idaho  
Place of Violence: Home ✓ Farm ✓ Industry ✓  
Public Place ✓ While at work? ✓  
Means of injury unk. known

23. Attendant's OWN Signature E. R. Barry and Address Orofino Idaho (date) (Month) (Day) (Year) 7-28-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2577  
Local Reg. No. 49  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town ORFID  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 4 years 6 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDA (b) County CLEARWATER  
(c) City or town ORFID  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? A Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) WYO.

3. (a) FULL NAME William Fletcher Dickinson

052B

3. (b) If veteran, name war NO 3. (c) Social Security No. NO  
5. Color or race W. 6. (a) Single, widowed, married, divorced M.  
4. Sex M. 6. (b) Name of husband or wife MARGARET 6. (c) Age of husband or wife if alive 74 years  
7. Date of Birth (Month, Day, Year) JUNE 13, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>0</u>	<u>19</u>	hrs min.

9. Exact Occupation RETIRED Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace (City or town) (State or foreign country)

12. Name Joseph Wilson Dickinson  
13. Birthplace (City or town) (State or foreign country) ENGLAND  
14. Maiden name MARY CRIBBLE  
15. Birthplace (City or town) (State or foreign country) COENWALL ENGLAND

16. Informant's OWN Signature Margaret Walnath  
and Address ORFID, IDA.

17. (a) BURIAL (b) Date thereof July 6, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: RIVERSIDE CEM, ORFID

18. Funeral Director's OWN Signature Johnnie D. Bacharach  
and Address ORFID, IDA.

19. (a) 7/6/48 (b) Joelle J. Bailey  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 2 19 48  
at 7:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1948 to July 2, 1948  
I last saw him alive on July 2, 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Cancer of Bladder Duration 7 years

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....  
Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature P. P. Hopkins (M. D. or other) .....  
and Address ORFID Date 7/6 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 12 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2578  
Local Reg. No. 37  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town CTPA HEADQUARTERS  
(c) Street Address or R.F.D. No. 12 MISE Headquarters  
(d) Death Occured Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 2 years 2 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. 14  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? SWEDEN  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) SPOKANE, WASH.

## 3. (a) FULL NAME

CLARENCE ADOLPH KARSBERG

## 3. (b) If veteran, name war I

## 3. (c) Social Security No. 518-0199093

5. Color or race WHITE  
4. Sex MALE  
(b) Name of husband or wife divorced SINGLE  
(c) Age of husband or wife if alive SINGLE years  
7. Date of Birth (Month, Day, Year) MARCH 6, 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>4</u>	<u>1</u>	hrs min.

9. Exact Occupation WOODSWORKER Did this work for LIFE yrs.  
10. Industry or Business WOODS AREAS Date last worked MAR. 11/48  
11. Birthplace JONKOPING, SWEDEN (City or town) (State or foreign country)

12. Name ANDREW KARSBERG  
13. Birthplace SWEDEN (City or town) (State or foreign country)  
14. Maiden name AUGUSTA JONSON  
15. Birthplace SWEDEN (City or town) (State or foreign country)

16. Informant's OWN Signature NATURALIZATION PAPERS  
and Address OROFINO, IDAHO

17. (a) REMOVAL (b) Date thereof JULY 9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: ROCKFORD, ILLINOIS

18. Funeral Director's OWN Signature BLAKE FUNERAL HOME  
and Address OROFINO, IDAHO

19. (a) 7/19/48 (b) Elmer C. Stanley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JULY 7, 1948  
at 2:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from \*\*\*\*\* 19 \*\* to \*\*\*\*\* 19 \*\*  
I last saw h. \*\* alive on \*\*\*\*\* 19 \*\*, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CEREBRAL HEMORRHAGE Duration 25 MIN

Due to ACUTE ALCOHOLISM

Due to HYPERTENSION

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline the cause to which death should be charged statistically.  
Major finding Physician  
Finding of autopsy Physician

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? X Homicide? X  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home X Farm X Industry X  
Public Place X While at work? X

- Means of injury George B. Blake  
23. Attendant's OWN Signature GEORGE B. BLAKE  
and Address OROFINO, IDAHO Date 7/19/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 12 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2579  
Local Reg. No. 52  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Orofino  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place  
(f) Name Hosp. or Inst. Stayed 5 1/2 years  
(g) Lived in this county years 5 months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? many years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Arthur Ide

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or race W  
4. Sex M

6. (a) Single, widowed, married, divorced  
6. (c) Age of husband or wife if alive years

6. (b) Name of husband or wife

## 7. Date of Birth

(Month, Day, Year)

Oct 19 1867

## 8. AGE

Years

Months

Days

If less than 1 day

80

8

20

hrs min.

## 9. Exact

Occupation

miner

Did this

work for yrs.

## 10. Industry or

Business

Date last

worked

## 11. Birthplace

Minnesota

(City or town)

(State or foreign country)

## 12. Name

Frances Ide

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

Vernead

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

and Address

REMOVAL

Orofino, IDAHO

## 17. (a)

BURIAL

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place:

WALLACE, IDAHO

## 18. Funeral Director's

OWN Signature

and Address

Orofino, IDAHO

## 19. (a)

(Date received and filed)

(b)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

July 9 1948

at

6'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1-24-1948, to 7-9-1948

I last saw him alive on 7-8-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chen myocarditis

Duration

5

Due to

Arteriosclerosis

5

Due to

Senility

5

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred

19

City, county, state

where violence occurred

Place of Violence: Home

Farm

Industry

Public Place

While at work?

Means of injury

## 23. Attendant's

OWN Signature

and Address

Orofino, IDAHO

Date 7-9-1948

(For additional space, use reverse side)

# Certificate Of Death

STATE OF IDAHO

State File No. 2580  
Local Reg. No. 54  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town BETWEEN GRANGEMONT & OROFINO  
(c) Street Address or R. F. D. No. GRANGEMONT ROUTE  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 23 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. RURAL 3 MI. E.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) SPOKANE, WASH.

## 3. (a) FULL NAME ROSS C. TURNER

3. (b) If veteran, name war NO Social Security No. 518-14-4305  
5. Color or race WHITE 6. (a) Single X Married, divorced MARRIED  
4. Sex MALE  
6. (b) Name of husband or wife PEARL 6. (c) Age of husband or wife if alive 40 years  
7. Date of Birth (Month, Day, Year) JULY 11, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>0</u>	<u>1</u>	hrs min.

9. Exact Occupation TRUCK OWNER & OPERATOR Did this work for 20 yrs.  
10. Industry or Business LUMBERING Date last worked JULY 12, 1948  
11. Birthplace WILDNERESS, MISSOURI  
(City or town) (State or foreign country)

12. Name JAMES LEE TURNER  
13. Birthplace VIRGINIA  
(City or town) (State or foreign country)  
14. Maiden name NANNIA MAGDALENE TAYLOR  
15. Birthplace MISSOURI  
(City or town) (State or foreign country)

16. Informant's OWN Signature Bob Turner  
and Address 722-7th Ave. Lewiston, IDA.

17. (a) BURIAL (b) Date thereof JULY 15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: NORMAL HILL CEM. LEWISTON, IDA.

18. General Director's OWN Signature BLAKE FUNERAL HOME  
and Address OROFINO, IDAHO

19. (a) 7/14/48 (b) Blake E. Fairley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JULY 12 1948  
at about 6:40 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from \*\*\*\*\* 19 \*\*, to \*\*\*\*\* 19 \*\*  
I last saw h. \*\* alive on. \*\*\*\*\* 19 \*\*, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CARDIAC FAILURE Duration About 1 hr

Due to PROBABLE CORONARY THROMBOSIS

Due to \_\_\_\_\_  
Other conditions (Include pregnant within 3 months of death) \_\_\_\_\_

Where was disease contracted? HOME About 10yr  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Coroner  
and Address Orofino, Idaho Date 7/14/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVE Certificate Of Death

JUL 24 1948

STATE OF IDAHO

1948

State File No. 2581  
Local Reg. No. 53  
Reg. Dist. No. 210

DIV. OF VITAL

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No. P.O. BOX 135  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. OROFINO HOSP Stayed 7 days  
(g) Lived in this county 24 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town 1 1/2 MI. EAST  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? Outside X city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) SPOKANE, WASH.

## 3. (a) FULL NAME THOMAS JAMES MARTIN

3. (b) If veteran, name war NO 3. (c) Social Security No. 542-10-5669  
5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex MALE 6. (b) Name of husband or wife MAE KITCH MARTIN 6. (c) Age of husband or wife if alive 66 years  
7. Date of Birth (Month, Day, Year) OCTOBER 28, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>8</u>	<u>14</u>	hrs min.

9. Exact Occupation MILLWORKER Did this work for 24 yrs.  
10. Industry or Business WOODS-SAWMILLS Date last worked 6/30/48  
11. Birthplace MICHIGAN (City or town) (State or foreign country)

12. Name UNKNOWN  
13. Birthplace UNKNOWN (City or town) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address [Address]

17. (a) BURIAL (b) Date thereof 7/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: RIVERSIDE CEM. OROFINO, IDAHO

18. Funeral Director's OWN Signature BLAKE FUNERAL HOME  
and Address OROFINO, IDAHO

19. (a) 7/15/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 7-12-48 19 48  
at 9:30 o'clock AM  
21. I HEREBY CERTIFY, That I attended deceased from 7-11-48 19 48 to 7-12-48 19 48

I last saw h. alive on 7-12-48 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of liver Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature [Signature] M.D.

and Address Orofino Idaho (M. D. or other)

Date 7-15-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

JUL 24 1948

DIVISION OF VITAL

STATE OF IDAHO

State File No. **2582**  
Local Reg. No. **355**  
Reg. Dist. No. **210**

1. PLACE OF DEATH:

- (a) County **Clearwater**  
(b) City or town **Oroquieta**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **State Hosp North** \_\_\_\_\_ days  
(g) Lived in this county **2** years **6** months **10** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County \_\_\_\_\_  
(c) City or town **Oroquieta**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? **us**  
(g) How long had deceased lived in Idaho? **0** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

**Francis J. Brice**

3. (b) If veteran,

3. (c) Social Security

name war \_\_\_\_\_

No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (a) Single, widowed, married, divorced **Single**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year)

**May 10 1882**

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>	<b>2</b>	<b>5</b>	hrs min.

9. Exact Occupation **Carpenter** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Madison, Wis**  
(City or town) (State or foreign country)

12. Name \_\_\_\_\_  
13. Birthplace **New York**  
(City or town) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace **Wis**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **E. L. Berryman**  
and Address **Oroquieta, Ida**

17. (a) **Burial** (b) Date thereof **7/16/48**  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place **State Hospital North**

18. Funeral Director's OWN Signature **Carl York**  
and Address **Oroquieta, Ida**

19. (a) **7/20/48** (b) **Elaine E. Fairley**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July 15 1948**  
at **7:35** o'clock **10** M.

21. I HEREBY CERTIFY, That I attended deceased from **1-9** 1945, to **7-15** 1948  
I last saw **him** alive on **7-15** 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Tuberculosis**

Duration

**10-15 yrs**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **myocarditis**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **E. L. Berryman**

and Address **Oroquieta, Ida** (For additional space, use reverse side)

014



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 24 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1548  
State File No. 2583  
Local Reg. No. 57  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town WEIPPE  
(c) Street Address or R.F.D. No. POSTOFFICE  
(d) Death Occured Inside? YES Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 37 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town WEIPPE  
(d) Street Address or R.F.D. No. POSTOFFICE  
(e) Deceased lived Inside? YES Outside? city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) RANDOLPH CO. WEST VIRGINIA

## 3. (a) FULL NAME

DOTTIE BONNER

## 3. (b) If veteran, name war

## 3. (c) Social Security

No. 518-24-1895

5. Color or 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex FEMALE race WHITE  
6. (b) Name of husband or wife HARMON BONNER 6. (c) Age of husband or wife if alive 61 years

## 7. Date of Birth (Month, Day, Year) MAY 7, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>3</u>	<u>13</u>	hrs min.

## 9. Exact Occupation HOUSEWIFE Did this work for 37 yrs.

## 10. Industry or Business HOME Date last worked 2 1/2 Mo. Ago

## 11. Birthplace RANDOLPH COUNTY, WEST VIRGINIA (City or town) (State or foreign country)

## 12. Name WILLIAM VANDEVENDER

## 13. Birthplace UNKNOWN (City or town) (State or foreign country)

## 14. Maiden name PHOEBE ELLEN REINS

## 15. Birthplace UNKNOWN (City or town) (State or foreign country)

## 16. Informant's OWN Signature Harm and Gerner and Address WEIPPE, IDAHO

## 17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 25, 48 (Month) (Day) (Year)

## (c) Place: WEIPPE CEM., WEIPPE, IDAHO

## 18. Funeral Director's OWN Signature BLAKE FUNERAL HOME and Address OROFINO, IDAHO

## 19. (a) 7/23/48 (Date received and filed) (b) Blair C. Gairley (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) July 20 1948 at 3:30 clock P M.

## 21. I HEREBY CERTIFY, That I attended deceased from 3-5-48 1948, to 7-20-48 1948

I last saw h.o.r. alive on 6-17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Lung cancer of several months Duration

Due to Lung cancer of several months

Due to Lung cancer of several months

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? — PHYSICIAN

Name of operation — Date — Underline the cause to which death should be charged statistically.

Major finding —

Finding of autopsy —

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

## 23. Attendant's OWN Signature Blair C. Gairley (M. D. or other)

and Address Orofino Idaho Date 7-23-48 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 24 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

1948 State File No. **2584**  
Local Reg. No. **576**  
Reg. Dist. No. **210**

1. PLACE OF DEATH:

(a) County **CLEARWATER**  
(b) City or town **OROFINO**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? **YES** Outside? ..... city or town  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Inst. **BURNS** Stayed **8** days  
(g) Lived in this county... years ..... months **8** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State **IDAHO** (b) County **CLEARWATER**  
(c) City or town **WEIPPE**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

**DEANNA LEE HARMONY**

3. (b) If veteran,  
name war **NO**

3. (c) Social Security  
No. **NONE**

5. Color or  
4. Sex **FEMALE** race **WHITE**

6. (a) Single, widowed, married,  
divorced

6. (b) Name of husband or  
wife

6. (c) Age of husband or wife if  
alive ..... years

7. Date of Birth  
(Month, Day, Year) **JULY 12, 1948**

8. AGE	Years	Months	Days	If less than 1 day
			<b>8</b>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace **OROFINO, IDAHO**  
(City or town) (State or foreign country)

12. Name **ERVIN LeROY HARMONY**

13. Birthplace **ANHERST, NEBRASKA**  
(City or town) (State or foreign country)

14. Maiden name **MAXINE CHRISTINE TERRY**

15. Birthplace **GRASS RANGE MONTANA**  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature **E. L. Harmony**  
and Address **WEIPPE, IDAHO**

17. (a) **BURIAL** (b) Date thereof **JULY 21/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **RIVERSIDE CEM. OROFINO, IDAHO**

18. Funeral Director's  
OWN Signature **Blake**  
and Address **OROFINO, IDAHO**

19. (a) **7/21/48** (b) **Clare E. Fairley**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **July 20** 19**48**  
at **5:35** o'clock **A**.M.

21. I HEREBY CERTIFY, That I attended deceased from  
**July 12**, 19**48**, to **July 20**, 19**48**.  
Last saw h. **alive** on **July 20**, 19**48**; death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Due to **Probably pneumonia before birth**  
Due to **a light cold about week**  
Other conditions **Engulfed in flames**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy **✓**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **✓** Suicide? **✓** Homicide? **✓**  
Occurred **✓** 19**48** City, county, state  
where violence occurred  
Place of Violence: Home **✓** Farm **✓** Industry **✓**  
Public Place **✓** While at work? **✓**  
Means of injury **✓**

23. Attendant's  
OWN Signature **J. F. Robertson**  
and Address **Orfino Idaho** Date **7/20** 19**48**  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED Certificate Of Death**

JUL 24 1948

STATE OF IDAHO

DIVISION OF VITAL

State File No. **2585**  
Local Reg. No. **58**  
Reg. Dist. No. **210**

**1. PLACE OF DEATH:**

- (a) County **CLEARWATER**  
(b) City or town **SOUTHWICK 1 1/2 EAST**  
(c) Street Address or R. F. D. No. **#1**  
(d) Death Occurred Inside? **YES** Outside? **YES** City or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **19** months **days**

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **IDAHO** (b) County **CLEARWATER**  
(c) City or town **SOUTHWICK**  
(d) Street Address or R.F.D. No. **RT. #1**  
(e) Deceased lived Inside? **X** Outside? **X** City or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **62** years  
(h) Former residence (city, state) **NEOLA, IOWA**

**3. (a) FULL NAME**

**LeROY SYLVESTER WHITINGER**

**3. (b) If veteran, name war**

**3. (c) Social Security**

**No None**

5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive **years**  
7. Date of Birth (Month, Day, Year) **FEB. 26, 1874**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>4</b>	<b>25</b>	hrs min.

9. Exact Occupation **FARMER (RETIRED)** Did this work for **LIFE** yrs.

10. Industry or Business **SELF** Date last worked **UNK**

11. Birthplace **NEOLA IOWA**  
(City or town) (State or foreign country)

12. Name **JASON WHITINGER**

13. Birthplace **UNKNOWN**  
(City or town) (State or foreign country)

14. Maiden name **MARY JANE HOWARD**

15. Birthplace **UNKNOWN**  
(City or town) (State or foreign country)

16. Informant's **OWN** Signature **Clarence H. Whiting**  
and Address **SOUTHWICK, IDAHO RT. #1**

17. (a) **BURIAL** (b) Date thereof **JULY 26/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **GILBERT CEM. GILBERT, IDAHO**

18. Funeral Director's **OWN** Signature **BLAKE FUNERAL HOME**  
and Address **OROFINO, IDAHO**

19. (a) **7/23/48** (b) **Clarence H. Whiting**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH** **JULY 21** 19**48**  
(Month, Day, Year) at **10:00** o'clock **P** M.

**21. I HEREBY CERTIFY**, That I attended deceased from **\*\*\*\*\* 19 \*\***, to **\*\*\*\*\* 19 \*\***  
I last saw h. **\*\*** alive on **\*\*\*\*\* 19 \*\***, death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

**CARDIAC FAILURE**

Duration **UNK**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **HOME**

Name of operation **Date**

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES**, also fill in the following: Accident? **19** Suicide? **19** Homicide? **19**  
Occurred **19** City, county, state where violence occurred

Place of Violence: Home **19** Farm **19** Industry **19**

Public Place **19** While at work? **19**

Means of injury

**23. Attendant's** **OWN** Signature **Clarence H. Whiting**  
(M. D. or other)

and Address **OROFINO, IDAHO** Date **7-23-1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 3 - 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 2586  
State File No. \_\_\_\_\_  
Local Reg. No. 61  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County Clematis  
(b) City or town Orangefield  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph Stayed \_\_\_\_\_ days  
(g) Lived in this county 8 years 10 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Clematis  
(c) City or town Payson  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Ray Baker

## 3. (b) If veteran,

## 3. (c) Social Security

name war \_\_\_\_\_ No. \_\_\_\_\_

5. Color or race W  
6. (a) Single, widowed, married, divorced married

- (b) Name of husband or wife Howard Baker  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Aug 2 1906

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>11</u>	<u>25</u>	hrs min.

9. Exact Occupation House wife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Jackson Co. W. Va  
(City or town) (State or foreign country)

12. Name John F. Baker

13. Birthplace Jackson Co. W. Va  
(City or town) (State or foreign country)

14. Maiden name Clara

15. Birthplace Jackson Co. W. Va  
(City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Barry and Address Orangefield

17. (a) Buried (b) Date thereof 7-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: St. Joseph Cemetery

18. Funeral Director's OWN Signature E. L. Barry and Address Orangefield

19. (a) 7/30/48 (b) Elaine C. Fairley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 26 1948

at 4:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 6-1 1943, to 7-26 1948

I last saw her alive on 7-26 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: E. H. S. Lues Duration 20 yrs

Due to Probable cerebral hem- 30 min.  
orrhage

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? unk

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury E. L. Barry

23. Attendant's OWN Signature E. L. Barry and Address Orangefield Date 7-27-48  
(M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 3 - 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 2587  
Local Reg. No. 62  
Reg. Dist. No. 210

## DIVISION OF VITAL

1. PLACE OF DEATH: STATISTICAL
- (a) County CLEARWATER  
(b) City or town HEADQUARTERS  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State WASHINGTON (b) County \_\_\_\_\_  
(c) City or town CARSON  
(d) Street Address or R.F.D. No. Box 26  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? ? years  
(h) Former residence (city, state) ?

3. (a) FULL NAME WILLIAM EDWARDS  
(b) If veteran, \_\_\_\_\_ name war II  
(c) Social Security No. 533-10-9988  
(d) Sex M race W  
(e) Color or \_\_\_\_\_  
(f) (b) Name of husband or wife \_\_\_\_\_  
(g) (c) Age of husband or wife if alive \_\_\_\_\_ years  
(h) Date of Birth (Month, Day, Year) JAN. 18, 1901.

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>1</u>	<u>2</u>	hrs min.

9. Exact Occupation WOODSMAN Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Date last worked 7/26/48  
11. Birthplace INDEPENDENCE, COLORADO  
(City or town) (State or foreign country)

12. Name UNKNOWN  
13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature P.F.I. RECORDS  
and Address Griffin, Idaho

17. (a) Burial (b) Date thereof 7/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Riviera Bur. Griffin

18. Funeral Director's OWN Signature Edna D. Bachrach  
and Address Griffin, Idaho

19. (a) 7/30/48 (b) Joel E. Marley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JULY 26 1948  
at 9:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cranial Cerebral injury  
Crushing injury to skull. Duration 2 hrs.

Due to Struck by log in head  
and chest.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 7-26-48 19\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred Deseret County Idaho  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry X  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Struck by log  
23. Attendant's OWN Signature AB. Pappas M.D.  
(M. D. or other)

and Address Griffin, Idaho Date 7-29 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 3 - 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 2588  
Local Reg. No. 63  
Reg. Dist. No. 212

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No. BURNS HOSP  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home? ☒ Hospital? ☒ Institution? ☒ Other place  
(f) Name Hosp. or Inst. BURNS Stayed days  
(g) Lived in this county 23 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town AHSAHKA  
(d) Street Address or R.F.D. No. POSTOFFICE  
(e) Deceased lived Inside? Outside? ☒ YES city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) NEW HOPE, MONT.

## 3. (a) FULL NAME THOMAS DWIGHT CONVERSE

3. (b) If veteran, name NONE 3. (c) Social Security No. 518-01-2166  
5. Color or 6. (a) Single, widowed, married, divorced SINGLE  
4. Sex MALE race WHITE  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) JANUARY 13, 1875

8. AGE	Years	Months	Days	If less than 1 day
	73	7	15	hrs min.

9. Exact Occupation (RETIRE) RAILROAD WORKER Did this work for 25 yrs.  
10. Industry or Business Road Bed Maintenance Date last 2 Yrs. Ago  
11. Birthplace CONCORD, LOUISA CO., IOWA (City or town) (State or foreign country)  
12. Name THOMAS M. CONVERSE  
13. Birthplace ONTARIO, CANADA (City or town) (State or foreign country)  
14. Maiden name MATURA ALDRICH  
15. Birthplace ONTARIO, CANADA (City or town) (State or foreign country)

16. Informant's OWN Signature Barth M. Converse and Address Ahsahka Idaho Port 2  
17. (a) BURIAL (b) Date thereof 7/31/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: AHSAHKA CEM. AHSAHKA, IDAHO  
18. Funeral Director's OWN Signature Blake Funeral Home and Address OROFINO, IDAHO  
19. (a) 7/31/48 (b) Jaef E. Jaula (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 28, 1948 at 3:10 o'clock M.  
21. I HEREBY CERTIFY, That I attended deceased from 7/18/48 to 7/28/48 I last saw him alive on 7/28/48; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: apoplexy Duration 7 days  
Due to Alcoholism & hypertension Long standing  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted? R  
Name of operation Date  
Major finding  
Finding of autopsy  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ☒ Farm ☒ Industry ☒  
Public Place ☒ While at work? ☒  
Means of injury  
23. Attendant's OWN Signature J. W. Robertson (M. D. or other) and Address Orofino Idaho Date 7/31/48 (For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 12 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
Certificate Of Death

State File No. 2589  
Local Reg. No. 64  
Reg. Dist. No. 210

1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town ~~ROOFINO~~ OROFINO  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. OROFINO HOSP. Stayed 2 Hrs. days  
(g) Lived in this county ☒ years ☒ months ☒ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Banner  
(c) City or town Kootenai  
(d) Street Address or R.F.D. No. P.O. Box  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) Cornland Illinois

3. (a) FULL NAME

Fredrick John Dunn.

175D

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex M race W

5. Color or  
6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or  
wife Grace Dunn

6. (c) Age of husband or wife if  
alive 57 years

7. Date of Birth

(Month, Day, Year) APRIL 12, 1889

8. AGE

Years 59 Months 3 Days 17 If less than 1 day  
hrs min.

9. Exact

Occupation

Engineer

Did this

work for 23 yrs.

10. Industry or  
Business

Sawmills

Date last

worked July 29

11. Birthplace

Cornland

Illinois

12. Name

Fredrick James Dunn.

13. Birthplace

unknown

Illinois

14. Maiden name

Clara

Beck

15. Birthplace

unknown

Illinois

16. Informant's

OWN Signature

Robert R. Dunn

and Address

Kootenai, Idaho

17. (a) REMOVAL

(b) Date thereof JULY 31/48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place:

BANDPOINT, IDAHO

18. Funeral Director's

OWN Signature

Blake Funeral Home

and Address

Orofino, Idaho

19. (a)

(Date received and filed)

(b)

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) JULY 29 1948  
at about 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from

\*\*\*\*\* 19 \*\* to \*\*\*\*\* 19 \*\*

I last saw h\*\* alive on \*\*\*\*\* 19 \*; death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death:

MULTIPLE FRACTURES OF SKULL  
& JAWS

Duration

Due to SHOCK & TRAUMA

Due to SAWMILL ACCIDENT

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to EXTERNAL CAUSES, also fill in the fol-  
lowing: Accident? YES Suicide? Homicide?

Occurred JULY 29 1948 City, county, state

where violence occurred LEWIS COUNTY, IDAHO

Place of Violence: Home Farm Industry YES

Public Place While at work? YES

Means of injury SAWMILL MACHINERY

23. Attendant's

OWN Signature

Robert R. Dunn

and Address

Orofino, Idaho

(M. D. or other)

Date 8-1-1948

(For additional space, use reverse side)

United, States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 1 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2590  
Local Reg. No. 65  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town CAMP 14  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county 2 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME FRED BANE

3. (b) If veteran, name war I 3. (c) Social Security No 543-03-8599  
5. Color or 6. (a) Single, widowed, married, divorced SINGLE  
4. Sex MALE race WHITE  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) OCTOBER 15, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	9	4	hrs min.

9. Exact Occupation BUCKER Did this work for ? yrs.  
10. Industry or Business WOODS AREAS Date last worked 7/30/48  
11. Birthplace GALLIPOLIS, GALLIA CO., OHIO (City or town) (State or foreign country)

12. Name JAMES BANE  
13. Birthplace GALLIA CO., OHIO (City or town) (State or foreign country)  
14. Maiden name MARY SCHULTZ  
15. Birthplace GALLIA CO., OHIO (City or town) (State or foreign country)

16. Informant's OWN Signature BIRTH CERTIFICATE and Address OROFINO, IDAHO

17. (a) BURIAL (b) Date thereof 8-3-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place RIVERSIDE CEM. OROFINO, IDAHO

18. Funeral Director's OWN Signature BLAKE FUNERAL HOME and Address OROFINO, IDAHO

19. (a) 8-3-49 (b) (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JULY 30 19 48  
at 9:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \*\*\*\*\* 19 \*\* to \*\*\*\*\* 19 \*\*  
I last saw h. \*\* alive on. \*\*\*\*\* 19 \*\*; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

CRUSHED SKULL

### Duration

INSTANT

Due to FALLING SNAG

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? Homicide?

Occurred JULY 30 19 48 City, county, state

where violence occurred CLEARWATER CO., IDAHO

Place of Violence: Home Farm Industry YES

Public Place While at work? YES

Means of injury FALLING SNAG

23. Attendant's

OWN Signature CORONER and Address OROFINO, IDAHO Date 8-3-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED**  
**Certificate Of Death**  
**AUG 12 1948**  
**STATE OF IDAHO**

State File No. **2591**  
Local Reg. No. **67**  
Reg. Dist. No. **210**

**1. PLACE OF DEATH:**

- (a) County **CLEARWATER**  
(b) City or town **OROFINO**  
(c) Street Address or R.F.D. No. **POSTOFFICE**  
(d) Death Occurred Inside? **YES** Outside? **YES** city or town  
(e) Died in a Home **X** Hospital **...** Institution **...** Other place **...**  
(f) Name Hosp. or Inst. **...** Stayed **...** days  
(g) Lived in this county **...** years **2** months **19** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **IDAHO** (b) County **CLEARWATER**  
(c) City or town **OROFINO**  
(d) Street Address or R.F.D. No. **GLENWOOD**  
(e) Deceased lived Inside? **...** Outside? **YES** city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **2 Mos.** years  
(h) Former residence (city, state) **...**

**3. (a) FULL NAME**

**PATRICIA ELLEN RAMBEAU**

**3. (b) If veteran,**  
name war **...**

**3. (c) Social Security**  
No. **...**

5. Color or **...** 6. (a) Single, widowed, married, divorced **INFANT**  
4. Sex **FEMALE** race **WHITE**

6. (b) Name of husband or wife **...** 6. (c) Age of husband or wife if alive **...** years

7. Date of Birth (Month, Day, Year) **MAY 12, 1948**

8. AGE	Years	Months	Days	If less than 1 day
		<b>2</b>	<b>19</b>	hrs min.

9. Exact Occupation **INFANT** Did this work for **...** yrs.

10. Industry or Business **...** Date last worked **...**

11. Birthplace **OROFINO, IDAHO** (City or town) (State or foreign country)

12. Name **MAX G. RAMBEAU**

13. Birthplace **POTLATCH, IDAHO** (City or town) (State or foreign country)

14. Maiden name **DOROTHY ELLEN HILL**

15. Birthplace **LOS ANGELES, CALIFORNIA** (City or town) (State or foreign country)

16. Informant's OWN Signature **Max G. Rambeau** and Address **OROFINO, IDAHO**

17. (a) **BURIAL** (b) Date thereof **AUG. 2/48** (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **FORD CREEK CEM. OROFINO, IDAHO**

18. Funeral Director's OWN Signature **BLAKE FUNERAL HOME** and Address **OROFINO, IDAHO**

19. (a) **8/2/48** (b) **John E. Daily** (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

- 20. DATE OF DEATH** (Month, Day, Year) **JULY 31** 19 **48**  
at **About 3:00** o'clock **A.M.**

- 21. I HEREBY CERTIFY, That I attended deceased from**  
\*\*\*\*\* 19 \*\* to \*\*\*\*\* 19 \*\*

I last saw h. \*\* alive on \*\*\*\*\* 19 \*\*, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **STRANGULATION** Duration **?**

Due to **FROM STOMACH REGURGITATION**

Due to **...**

Other conditions **...** (Include pregnancy within 3 months of death)

Where was disease contracted? **...** Name of operation **...** Date **...**

Major finding **...** Finding of autopsy **...**

**22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **...** Suicide? **...** Homicide? **...****

Occurred **...** 19 **...** City, county, state where violence occurred **...**

Place of Violence: Home **...** Farm **...** Industry **...**

Public Place **...** While at work? **...**

Means of injury **...**

**23. Attendant's OWN Signature** **George B. Blake** and Address **OROFINO, IDAHO** Date **8/2** 19 **48** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 12 1948

DEPARTMENT OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 2592  
Local Reg. No. 66  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside?..... Outside?..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. .... Stayed..... days  
(g) Lived in this county..... years ..... months 13 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town WEIPPE  
(d) Street Address or R.F.D. No. POSTOFFICE  
(e) Deceased lived Inside YES Outside?..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 13 DAYS years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

RUTH MARGARET HOYT

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

4. Sex FEMALE race WHITE

5. Color or 6. (a) Single, widowed, married,  
divorced INFANT

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth  
(Month, Day, Year) JULY 18, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>13</u>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace WEIPPE, IDAHO  
(City or town) (State or foreign country)

12. Name ROBERT HOYT

13. Birthplace GOODRICH, KANSAS  
(City or town) (State or foreign country)

14. Maiden name RETHA M. CLINARD

15. Birthplace STAFFORD, KANSAS  
(City or town) (State or foreign country)

16. Informant's OWN Signature R. L. Hoyt  
and Address WEIPPE, IDAHO

17. (a) BURIAL (b) Date thereof 8-1-48  
(Burial, crenation, or removal) (Month) (Day) (Year)

- (c) Place: WEIPPE, CEM. WEIPPE, IDAHO

18. Funeral Director's OWN Signature George B. Blake  
BLAKE FUNERAL HOME

- and Address OROFINO, IDAHO

19. (a) 8/1/48 (b) John E. Hawley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 31, 1948  
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY That I attended deceased from 7/29/48 to 7/31/48

I last saw her alive on 7/31/48, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Inanition

## Duration

13 days

Due to Constitutional disease of small intestine

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation No Date .....

Major finding .....

Finding of autopsy Atresia of small intestine

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred .....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury .....

23. Attendant's OWN Signature R. J. Hopkins

and Address Orofino Date 8-2-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States

Department of Commerce

Bureau of the Census

JUL 28 1948

CERTIFICATE OF DEATH

STATE OF IDAHO

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

2593

396

680

1. PLACE OF DEATH:

- (a) County Custer  
(b) City or town Ellis  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Custer  
(c) City or town Ellis  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Provo, Utah

3. (a) FULL NAME Lamond Woods (no middle name) 183X

3. (b) If veteran, name war \_\_\_\_\_ No \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color or race W 6. (a) X Single widowed, married, divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 11-25-45

8. AGE	Years	Months	Days	If less than 1 day
	<u>2</u>	<u>7</u>	<u>10</u>	hrs min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Provo, Utah (City or town) (State or foreign country)

12. Name Adrien Laphel Woods

13. Birthplace Barclay, Nevada (City or town) (State or foreign country)

14. Maiden name Estella Ellis

15. Birthplace Provo, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Adrien L. Woods  
and Address Ellis, Idaho

17. (a) Removal (b) Date thereof July 7-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Provo - Utah

18. Funeral Director's OWN Signature Betty J. Marvel  
and Address Arco, Ida. - FD 19

19. (a) July 5-1948 (b) Edna M. Kany  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 7-5-48

at approx. 3 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from  
on 7-5-48 to 19

I last saw him alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Drowning Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 7-5-48 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Albert Y. ... M.D.  
and Address Arco, Ida. (M.D. or other) \_\_\_\_\_ Date 7-5-48

(For additional space, use reverse side)

RECEIVED

JUL 28 1948

United States

Department of Commerce  
Bureau of the CensusDIVISION OF VITAL  
STATISTICS

## CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. \_\_\_\_\_

Local Reg. No. 391Reg. Dist. No. 680

2594

## 1. PLACE OF DEATH:

- (a) County Custer  
 (b) City or town Challis  
 (c) Street Address or R. F. D. No. \_\_\_\_\_  
 (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
 (e) Died in a Home? X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
 (g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give  
 FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Custer  
 (c) City or town Challis  
 (d) Street Address or R. F. D. No. \_\_\_\_\_  
 (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
 (f) Citizen of what country? USA  
 (g) How long had deceased lived in Idaho? 38 years  
 (h) Former residence (city, state) Katispell, Mont.

3. (a) FULL NAME Phoebe Jane Kelley

083A

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex F 5. Color or race W 6. (a) Single (widowed), married, divorced  
 6. (b) Name of husband or wife Alfred Daniel Kelley 6. (c) Age of husband or wife if alive ✓ years  
 7. Date of Birth (Month, Day, Year) 11-19-71

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>8</u>		hrs min.

9. Exact Occupation Housewife Did this work for life yrs.  
 10. Industry or Business None Date last worked None  
 11. Birthplace Manchester, New Hampshire (City or town) (State or foreign country)  
 12. Name David Griffith Thomas  
 13. Birthplace Wain Falls, N. Wales (City or town) (State or foreign country)  
 14. Maiden name Elizabeth Williams  
 15. Birthplace Manchester, England (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. E. Jane Clark  
 and Address Challis, Idaho  
 17. (a) Burial (b) Date thereof 7/20/48  
 (Burial, cremation or removal) (Month) (Day) (Year)  
 (c) Place: Challis, Idaho  
 18. Funeral Director's OWN Signature W. S. Mayall  
 and Address Boise, Idaho  
 19. (a) July 20, 1948 (b) Edna L. Kennedy  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

102X

20. DATE OF DEATH (Month, Day, Year) 7-18-48  
 at 2:35 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 7-16-48 to 7-17-48  
 I last saw her alive on 7-17-48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Adema cerebral  
edema  
 Due to hypertension

## Duration

2 days  
7 yrs.

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Where was disease contracted?

## PHYSICIAN

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
 Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Albert G. Gurney M.D.  
 and Address Challis, Idaho (M.D. or other) \_\_\_\_\_  
 Date 7-18-48

(For additional space, use reverse side)

586

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

RECEIVED

STATE OF IDAHO

State File No. 2595  
Local Reg. No. 76  
Reg. Dist. No. 380

## 1. PLACE OF DEATH:

- JUL 21 1948  
DIVISION OF VITAL  
STATISTICS  
Elmore  
Mountain Home  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 33 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Rathbone N.Y.

## 3. (a) FULL NAME MARY ELLEN DAVIS

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Thomas M. 6. (c) Age of husband or wife if alive 81 years  
7. Date of Birth (Month, Day, Year) December 18, 1869

8. AGE	Years	Months	Days	If less than 1 day
78	6	20	hrs	min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Home Date last worked 5/8/48  
11. Birthplace Campbelltown New York (City or town) (State or foreign country)

12. Name Franklin Velie  
13. Birthplace New York (City or town) (State or foreign country)  
14. Maiden name Emily Woodward  
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Bertha H. Young  
and Address Eagle Point Oregon

17. (a) Burial (b) Date thereof July 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mountain View Cemetery

18. Funeral Director's OWN Signature J. G. Bay  
and Address Mountain Home Idaho

19. (a) July 8, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 7. 2. 19. 48  
(Month, Day, Year) at o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 6-25 1948, to 7-2 1948.  
I last saw her alive on 6-29 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

- Coronary occlusion  
Due to arteriosclerosis  
Due to aneurysm  
Other conditions (Include pregnancy within 6 months of death)

- Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature A. Cudmore D.O.  
and Address 1101-1/2 6th Boise Date 7-6 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 9 - 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2596  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town King Hill  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed ..... days  
(g) Lived in this county 38 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town King Hill  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Ithica N.Y.

## 3. (a) FULL NAME Mary Ellita Genung

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
4. Sex Female 6. (b) Name of husband or wife Henry A. 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) November 14, 1860

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>8</u>	<u>0</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Home Date last worked 1940  
11. Birthplace Dryden Co., New York  
(City or town) (State or foreign country)

12. Name Fredrick W. Thompkins  
13. Birthplace Dryden Co., New York  
(City or town) (State or foreign country)  
14. Maiden name Mollisa Prane  
15. Birthplace Ithica New York  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mary E. Genung  
and Address King Hill Idaho

17. (a) Burial (b) Date thereof July 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Glennrest Cemetery

18. Funeral Director's OWN Signature Edith G. Bay  
and Address Mountain Home Idaho

19. (a) July 16 - 48 (b) Mary Sullivan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 14 19 48  
at 4:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 15 19 45, to July 14 19 48.  
I last saw her alive on July 14 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary failure Duration 1 week

Due to Coronary sclerosis Unknown

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation ..... Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 ..... City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Mary E. Genung (M. D. or other)  
and Address Mountain Home Idaho Date July 14, 1948  
(For additional space, use reverse side)

14th - 4, P. 41

452

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL

RECEIVED

AUG 9 - 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2597  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Glenn Ferry  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside?..... Outside? X city or town  
(e) Died in a Home X Hospital..... Institution..... Other place....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 28 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Glenn Ferry  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside?..... Outside? X city or town  
(f) Citizen of what country? ..  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Pittsburg Penn.

## 3. (a) FULL NAME Anna Rohay

3. (b) If veteran, name war No. .... 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife Steve D. 6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth (Month, Day, Year) April 22, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>2</u>	<u>23</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Home Date last worked May/47  
11. Birthplace Czechoslovakia  
(City or town) (State or foreign country)

12. Name John Nisky  
13. Birthplace Czechoslovakia  
(City or town) (State or foreign country)  
14. Maiden name Mary Nisky  
15. Birthplace Czechoslovakia  
(City or town) (State or foreign country)

16. Informant's X OWN Signature Steve J. Rohay  
and Address Hailey Idaho

17. (a) Burial (b) Date thereof July 18, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Glennrest Cemetery

18. Funeral Director's OWN Signature Philip J. Ray  
and Address Mountain Home Idaho

19. (a) July 17-48 (b) Mary Sullivan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 061X 094A

20. DATE OF DEATH (Month, Day, Year) July 15 19 48  
at 4:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 22 19 46 to July 15 19 48  
I last saw her alive on July 8 19 48; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cardiac failure

### Duration

1 day

Due to Coronary sclerosis Unknown

Due to diabetes mellitus 2 years

Other conditions .....  
(Include pregnancy within 3 months of death)

### Where was disease contracted?

Name of operation ..... Date .....

### Major finding

Finding of autopsy .....

### PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred ..... 19..... City, county, state

where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....

Means of injury .....

23. Attendant's OWN Signature W. A. Sullivan, M.D.  
(M. D. or other)  
and Address Glenn Ferry Date July 15, 1948  
(For additional space, use reverse side)

4.45 A.M.

452

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 20 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2598  
Local Reg. No. 340  
Reg. Dist. No. 340

## 1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 206 West Oneida  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 7 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. 206 West Oneida  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) 164C

## 3. (a) FULL NAME

Lorin W. Peterson

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

## 4. Sex Male Color or race Married

## 6. (b) Name of husband or wife Dora Leone

## 6. (c) Age of husband or wife if alive years

## 7. Date of Birth May 29, 1908

8. AGE	Years	Months	Days	If less than 1 day
	40	1	7	hrs. min.

## 9. Exact Occupation Laborer Did this work for 7 yrs.

## 10. Industry or Business City Sanitation Date last worked July 1, 1948

## 11. Birthplace Trenton, Utah (City or town) (State or foreign country)

## 12. Name Hans T. Peterson (City or town) (State or foreign country)

## 13. Birthplace Denmark (City or town) (State or foreign country)

## 14. Maiden name Selma Soransen (City or town) (State or foreign country)

## 15. Birthplace Denmark (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs. H. B. Campbell

and Address Preston, Idaho

## 17. (a) Burial (b) Date thereof July 10, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Logan, Utah

## 18. Funeral Director's OWN Signature Vebb-Hendricks

and Address Preston, Idaho

## 19. (a) July 10-48 (b) Effie W. Brainer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 6 19 48  
at About 5:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Bullet wound in head  
self inflicted

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? X Homicide?

Occurred July 6 19 48 City, county, state where violence occurred Preston, Idaho

Place of Violence: Home X Farm Industry

Public Place While at work?

Means of injury Rifle wound

## 23. Attendant's

OWN Signature J. J. Lamer

and Address Preston, Ida Date July 10 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUL 20 1948 STATE OF IDAHO

1948  
State File No. 2599  
Local Reg. No. 2  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 44 N. 1st East  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Gen. Memo. Stayed 1 days  
(g) Lived in this county 3 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. 147 N. 1st East  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME Judy Ann Keller

3. (b) If veteran, name war                      No.                       
4. Sex Female 5. Color or race                       
6. (b) Name of husband or wife                      6. (c) Age of husband or wife if alive                      years  
7. Date of Birth (Month, Day, Year) April 29, 1945

8. AGE	Years	Months	Days	If less than 1 day
	<u>3</u>	<u>2</u>	<u>8</u>	hrs min.

9. Exact Occupation Child Did this work for                      yrs.  
10. Industry or Business                      Date last worked                       
11. Birthplace Preston, Idaho (City or town) (State or foreign country)

12. Name Elmo A. Keller  
13. Birthplace Mink Creek, Idaho (City or town) (State or foreign country)  
14. Maiden name Thelma Larson  
15. Birthplace Logan, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Judy Ann Keller  
and Address Preston, Idaho

17. (a) Burial (b) Date thereof July 9, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Preston, Idaho

18. Funeral Director's OWN Signature Webb-Hendricks  
and Address Preston, Idaho

19. (a) 7-9-1948 (b) Effie M. Brown  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 7 1948  
(Month, Day, Year) at 9:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 7/6/1948 to 7/7/1948  
I last saw her alive on 7/7/1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral hemorrhage - (Medulla -) Duration 12 hours  
Due to Convulsion - 10 Minutes

Due to Hypertension 4 hours  
Other conditions                       
(Include pregnancy within 3 months of death)

Where was disease contracted?                      Date                       
Name of operation                      Major finding                       
Finding of autopsy                       
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?                       
Occurred                      19                      City, county, state where violence occurred                       
Place of Violence: Home                      Farm                      Industry                       
Public Place                      While at work?                       
Means of injury                     

23. Attendant's OWN Signature R. L. Smith  
and Address Preston, Idaho Date 7/9/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2600  
Local Reg. No. 3  
Reg. Dist. No. 540

JUL 20 1948

## 1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 172 No. State  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Gen Memorial Stayed        days  
(g) Lived in this county 43 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. 172 No. State  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Ogden, Utah.

## 3. (a) FULL NAME

JAMES HOGGAN

3. (b) If veteran, name war        3. (c) Social Security No. 518-07-9824  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male  
6. (b) Name of husband or wife Venitia Winward 6 (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) May 5, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>2</u>	<u>5</u>	hrs min.

9. Exact Occupation Salesman Electric Appliances        work for        yrs.  
10. Industry or Business Utah Power & Light Co Date last worked 1940  
11. Birthplace Glasgow, Scotland  
(City or town) (State or foreign country)

- Mother Father { 12. Name Robert M. Hoggan  
13. Birthplace Glasgow, Scotland.  
(City or town) (State or foreign country)  
14. Maiden name Elizabeth Speedy  
15. Birthplace Glasgow, Scotland.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Sessie H. Bowcut  
and Address E 2 1/2 W. 1st. Ogden Utah

17. (a) Burial (b) Date thereof 7-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Preston, Idaho.

18. Funeral Director's OWN Signature Richard & Son Mortuary  
and Address Preston, Idaho

19. (a) 7-13-1948 (b) Epic W. Branner  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 10, 1948 19  
at 12:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 10, 1948, to July 11, 1948  
I last saw him alive on July 10, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 2 yrs  
Due to       

Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted? from  
Name of operation        Date         
Major finding         
Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state  
where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature O. R. Cutler  
and Address Preston, Idaho Date 7-10-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 6 - 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 2601  
Local Reg. No. 5  
Reg. Dist. No. 40

1. PLACE OF DEATH:
- (a) County Franklin
- (b) City or town Preston
- (c) Street Address or R.F.D. No. 147 N. 1st West
- (d) Death Occured Inside? ☒ Outside? ☐ city or town
- (e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐
- (f) Name Hosp. or Inst. Stayed ☐ days
- (g) Lived in this county 35 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Franklin
- (c) City or town Preston
- (d) Street Address or R.F.D. No. 147 N. 1st West
- (e) Deceased lived Inside? ☒ Outside? ☐ city or town
- (f) Citizen of what country? U.S.
- (g) How long had deceased lived in Idaho? 35 years
- (h) Former residence (city, state) Park City, Utah

3. (a) FULL NAME Ursula Vilate Pack Smith

3. (b) If veteran, name war No. 3. (c) Social Security No.
4. Sex Female Color, or race White 5. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife R. Smith 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug. 22, 1858

8. AGE	Years	Months	Days	If less than 1 day
	89	10	28	hrs min.

9. Exact Occupation House wife Did this work for yrs.
10. Industry or Business own home Date last worked
11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

12. Name John Pack
13. Birthplace St. Johns Canada (City or town) (State or foreign country)
14. Maiden name Ruth Mosher
15. Birthplace Prescott, Canada (City or town) (State or foreign country)

16. Informant's OWN Signature E. E. Burger and Address Preston, Idaho

17. (a) Burial (b) Date thereof July 22, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Richmond, Utah

18. Funeral Director's OWN Signature Webb-Hendricks and Address Preston

19. (a) 7-21-1948 (b) Effie M. Brainerd (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 20 1948  
(Month, Day, Year)  
at 1:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1 1945 to July 22 1948  
I last saw h.w. alive on July 19 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Semidity Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)  
Hypertension & arteriosclerosis

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Leo R. Hawkes M.D. and Address Preston, Idaho Date 7/20/48 (M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 6 - 1948  
Certificate of Death

DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 2602  
Local Reg. No. 6  
Reg. Dist. No. 540

1. PLACE OF DEATH:
- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 563 East Oneida  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 2 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Utah (b) County Salt Lake  
(c) City or town Salt Lake City  
(d) Street Address or R.F.D. No. 449 St 2nd East  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 2 1/2 years  
(h) Former residence (city, state) Salt Lake City, Utah

3. (a) FULL NAME  
Frances Coe Larson

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race Female  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife A.B. Larson  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Jan. 23, 1874

8. AGE	Years	Months	Days	If less than 1 day
	74	6	5	hrs min.

9. Exact Occupation House wife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Own Home Date last worked \_\_\_\_\_  
11. Birthplace Tarkio, Missouri  
(City or town) (State or foreign country)

12. Name Charles Coe  
13. Birthplace unknown  
(City or town) (State or foreign country)  
14. Maiden name Jewell Bennett  
15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Gaylord C Larson  
and Address Preston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30, 1948  
(c) Place: Salt Lake City, Utah

18. Funeral Director's OWN Signature Webb Funeral Home  
and Address Preston, Ida.

19. (a) 7-29-1948 (b) Effie B. Brainerd  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 7/28 1948  
at 7 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 7/26 1948, to 7/28 1948  
I last saw h. alive on 7/27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: cerebral hemorrhage Duration 3 days

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Leo R. Hawkes M.D.

and Address Preston, Idaho Date 7/28/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 20 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2603  
Local Reg. No. 4  
Reg. Dist. No. 540

## 1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Franklin  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place ....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 18 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Franklin  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME IVAN GEARY

3. (b) If veteran, name war World #1 3. (c) Social Security No. 518-07-1283  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Maude Rich 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) April 6, 1895.

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>3</u>	<u>9</u>	hrs min.

9. Exact Occupation Plant Supt. Did this work for 30 yrs.  
10. Industry or Business California Pack Date last worked 7-14-48  
11. Birthplace Morgan, Utah.  
(City or town) (State or foreign country)

- Mother Father  
12. Name Thomas Geary  
13. Birthplace Morgan, Utah.  
(City or town) (State or foreign country)  
14. Maiden name Laure Simmons  
15. Birthplace Morgan, Utah.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lle War Geary  
and Address 354 No 3rd E. Logan UT.

17. (a) Burial (b) Date thereof 7-17-48.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Smithfield, Utah.

18. Funeral Director's Richards & Son Mortuary  
OWN Signature Richards & Son  
and Address Preston, Idaho.

19. (a) 7-16-1948 (b) Effie W. Browne  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 061X 094A

20. DATE OF DEATH (Month, Day, Year) July 15, 1948  
at 10:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 14 1948 to July 16 1948  
I last saw him alive on July 15 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Coronary Occlusion 12hrs  
Due to

Due to  
Other conditions Deafness, Malnutrition 10 yrs  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

- Means of injury  
23. Attendant's OWN Signature O. B. Cutler MD  
(M. D. or other)  
and Address Preston Idaho Date 7-16 1948  
(For additional space, use reverse side)

Certificate Of Death

STATE OF IDAHO

1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 126 So. Bridge  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. A. Hosp Stayed 3 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

3. (a) FULL NAME

BABY BOY REYNOLDS

3. (b) If veteran,

name war

3. (c) Social Security

No.

5. Color or race White  
4. Sex Male

6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive years

6. (b) Name of husband or wife

7. Date of Birth (Month, Day, Year)

July 15, 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	0	3	hrs min.

9. Exact Occupation Did this work for years

10. Industry or Business Date last worked

11. Birthplace St. Anthony, Idaho  
(City or town) (State or foreign country)

12. Name Dallas Reynolds

13. Birthplace St. Anthony, Idaho  
(City or town) (State or foreign country)

14. Maiden name Aletha Neindorf

15. Birthplace Ashton, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Dallas E. Reynolds  
and Address St. Anthony, Idaho

17. (a) Burial (b) Date thereof July 18, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Willford, Idaho

18. Funeral Director's OWN Signature M. S. Hansen  
and Address St. Anthony, Idaho

19. (a) July 18, 1948 (b) M. S. Hansen  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) July 18 1948  
at 4 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from

12 June 1948, to 18 July 1948  
I last saw her alive on 18 July 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Fractured skull Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature

and Address St. Anthony, Idaho

Date 7-18 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK INK. Do not use a typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 2 - 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 2605  
Local Reg. No. 52  
Reg. Dist. No. 650

## 1. PLACE OF DEATH

- (a) County Fremont  
(b) City or town St Anthony  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Anthony Stayed 7 hr  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 3. (a) FULL NAME

Charles South

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

528-28-4302

## 4. Sex M Color or race W

## 6. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth (Month, Day, Year)

November 13, 1909

8. AGE	Years	Months	Days	If less than 1 day
	<u>38</u>	<u>8</u>	<u>8</u>	hrs. min.

## 9. Exact Occupation Owner of Saw mill Work for \_\_\_\_\_ yrs.

## 10. Industry or Business Saw mill Date last worked \_\_\_\_\_

## 11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

## 12. Name Samuel R. South (City or town) (State or foreign country)

## 13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

## 14. Maiden name Hannah Wilson (City or town) (State or foreign country)

## 15. Birthplace Randolph, Utah (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mr. Chas. South and Address 928 Ada St. Idaho Falls

## 17. (a) Burial (b) Date thereof 7/25/48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho

## 19. (a) July 25, 1948 (b) Mark Hansen (Date received and filed) (Registrar's signature)

## 2. Usual Residence of Deceased: (Always fill in three)

- (a) State Idaho (b) County Bonanza  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 928 Ada  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Idaho

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 21 19 48

at 10-35 o'clock P. M.

## 21. I HEREBY CERTIFY that I attended deceased from

21 July 19 48

I last saw him alive on 21 July 19 48

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Shock Duration 12 hr

Due to Liver damage

Due to Injury

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 21 July 19 48 City, county, state

where violence occurred Idaho Falls, Fremont, Ida

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry ☒

Public Place \_\_\_\_\_ While at work? ☒

Means of injury Slab off saw mill

## 23. Attendant's OWN Signature Act. A. Hansen (M. D. or other)

and Address Ada, Idaho Date 22 July 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 8 1948  
DIVISION OF VITAL STATISTICS  
**NON-RESIDENT**  
**Certificate of Death**  
STATE OF IDAHO

206  
State File No. 51  
Local Reg. No. 657  
Reg. Dist. No. 657

1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town Henrys Lake  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Utah (b) County Salt Lake  
(c) City or town Salt Lake City  
(d) Street Address or R.F.D. No. 1718 Harrison St.  
(e) Deceased lived Inside? \_\_\_\_\_ X \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 2 days years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME JULIET WHITAKER FOLSOM CLAYTON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 529-26-4236  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, \_\_\_\_\_  
4. Sex Female race White divorced \_\_\_\_\_  
6. (b) Name of husband or wife Waldemar Clayton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth December 30, 1906  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>6</u>	<u>3</u>	hrs min.

9. Exact Occupation Stenographer and Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business International Smelter Co. Date last worked \_\_\_\_\_  
11. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

12. Name Hugh B. Folsom  
13. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)  
14. Maiden name Josephine Whitaker  
15. Birthplace Centerville, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Josephine Whitaker  
and Address 1111 S. 1st St. Salt Lake City, Utah

17. (a) removal (b) Date thereof July 22, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Salt Lake City, Utah

18. Funeral Director's OWN Signature M. S. Hansen  
and Address St. Anthony, Idaho

19. (a) July 23, 1948 (b) M. S. Hansen  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 3 19 48  
(Month, Day, Year) at about 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
never attended, to \_\_\_\_\_ 19 \_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: accidental drowning Duration \_\_\_\_\_

Due to boat overturning during sudden windstorm

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred July 3, 1948 19 \_\_\_\_ City, county, state Idaho  
where violence occurred Henrys Lake, Fremont  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place YES While at work? NO  
Means of injury drowning due to boat overturning

23. Attendant's OWN Signature M. S. Hansen - Coroner  
(M. D. or other) and Address St. Anthony, Idaho Date July 22, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. **2607**  
Local Reg. No. **47**  
Reg. Dist. No. **651**

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town Henrys Lake  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Utah (b) County Salt Lake  
(c) City or town Salt Lake City  
(d) Street Address or R.F.D. No. 1718 Harrison St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 2 days  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME WALDEMAR YOUNG CLAYTON

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife Juliet Folsom  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March 3, 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>4</u>	<u>6</u>	hrs min.

9. Exact chief underwriter Did this Occupation U. S. A. work for \_\_\_\_\_ yrs.  
10. Industry or Business Salt Lake City worked 7-1-48  
11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

12. Name I. A. Clayton Sr.  
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)  
14. Maiden name Fannie VanCatt Young  
15. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Franklin R. Clark  
and Address Salt Lake City, Utah

17. (a) Removal (b) Date thereof July 12, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Salt Lake City, Utah

18. Funeral Director's OWN Signature Mal Hansen  
and Address St. Anthony, Idaho

19. (a) July 11, 1948 (b) Mal Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 3 1948  
at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
never attended 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

accidental drowning

Due to boat overturning during sudden wind storm

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred July 3 1948 City, county, state

where violence occurred Henrys Lake, Fremont County

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury drowning due to boat overturning

23. Attendant's OWN Signature Mal Hansen - coroner

and Address St. Anthony, Idaho Date July 11, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 29 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2608  
Local Reg. No. 49  
Reg. Dist. No. 651

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) ~~Street Address~~ or R.F.D. No. 1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 38 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) ~~Street Address~~ or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Longmont, Colo.

## 3. (a) FULL NAME KATHRYN COOK NEIDERHAUS

3. (b) If veteran, No.    3. (c) Social Security No. None  
name war    No.     
5. Color or 6. (a) Single, widowed, married,  
4. Sex Female race White divorced Married  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife Jacob Neiderhaus alive 75 years  
7. Date of Birth August 19, 1871  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>11</u>	<u>1</u>	hrs min.

9. Exact Occupation Housewife Did this work for    yrs.  
10. Industry or Business Own Home Date last worked     
11. Birthplace Hock, Russia  
(City or town) (State or foreign country)

12. Name Adam Cook  
13. Birthplace Russia  
(City or town) (State or foreign country)  
14. Maiden name Kathryn Michael  
15. Birthplace Russia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Bertus Herbs  
and Address St. Anthony RFD #1, Idaho.

17. (a) Burial (b) Date thereof 7-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Wilford, Idaho.

18. Funeral Director's OWN Signature M. D. Tanner  
and Address St. Anthony, Idaho.

19. (a) July 23 1948 (b) M. D. Tanner  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 20 19 48  
(Month, Day, Year) at 7 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 1948, to July 20 1948  
I last saw h.    alive on July 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Myocardial Failure, Chronic Duration 1 yr.

Due to   

Due to Tumor - abdominal  
Other conditions probable ovarian  
(Include pregnancy within 3 months of death) ?

Where was disease contracted?    PHYSICIAN     
Name of operation    Date    Underline the cause to which death should be charged statistically.  
Major finding     
Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature S. L. Smith  
and Address St. Anthony Date 7/21 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 29 1948  
Certificate Of Death  
STATE OF IDAHO

1948 State File No. 2609  
Local Reg. No. 50  
Reg. Dist. No. 657

1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town Chester  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Chester  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

CRAIG ELMA BROWN

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) August 22, 1945

8. AGE	Years	Months	Days	If less than 1 day
	<u>2</u>	<u>11</u>	<u>0</u>	hrs min.

9. Exact Occupation At home Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Rexburg, Idaho. (City or town) (State or foreign country)  
Mother Father { 12. Name Elmo R. Brown  
13. Birthplace Driggs, Idaho. (City or town) (State or foreign country)  
14. Maiden name Neva Hansen  
15. Birthplace Ashton, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature Craig Brown  
and Address Chester, Idaho.

17. (a) Burial (b) Date thereof July 26, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ashton, Idaho.

18. Funeral Director's OWN Signature Mrs Hansen  
and Address St. Anthony, Idaho.

19. (a) July 24, 1948 (b) Mrs Hansen  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 22 1948  
(Month, Day, Year) 7.20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 22, 1948, to 1948  
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Sublethal hemorrhage Duration

Due to Injury to brain

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation ..... Date

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? ..... Homicide? .....  
Occurred 22 July 1948 City, county, state Chester, Fremont, Idaho

where violence occurred Street Place of Violence: Home X Farm ..... Industry .....

Public Place Street While at work? .....

Means of injury Auto

23. Attendant's OWN Signature Mrs Hansen (M.D. or other)  
and Address St. Anthony, Idaho. Date July 23, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

AUG 2 - 1948

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2610  
Local Reg. No. 333  
Reg. Dist. No. 651

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town Warm River  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? Outside? XX city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed        days  
(g) Lived in this county        years        months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Fort Hall  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

WILVERT BATT

3. (b) If veteran, name war none. 3. (c) Social Security No. None  
5. Color or        6. (a) Single, widowed, married,         
4. Sex Male race Indian divorced Single  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) August 9, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>11</u>	<u>17</u>	hrs min.

9. Exact Occupation None Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Fort Hall, Idaho. (City or town) (State or foreign country)

- Mother Father { 12. Name Robert Batt  
13. Birthplace Fort Hall, Idaho. (City or town) (State or foreign country)  
14. Maiden name Freda George  
15. Birthplace Fort Hall, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature Mission George  
and Address Fort Hall, Idaho.

17. (a) Removal (b) Date thereof July 29, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Fort Hall, Idaho.

18. Funeral Director's OWN Signature Mal Hansen  
and Address St. Anthony, Idaho

19. (a) July 29, 1948 (b) Mal Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 28 19 48  
at 11 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from never attended to        19 48

I last saw h.        alive on July 28, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Concussion of brain Duration       

Due to Crushed head

Due to car accident

Other conditions        (Include pregnancy within 3 months of death)

Where was disease contracted?        PHYSICIAN       

Name of operation        Date        Underline the cause to which death should be charged statistically.

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? No. Homicide? No.  
Occurred July 28, 1948 City, county, state Warm River, Fremont County, Idaho  
where violence occurred

Place of Violence: Home        Farm        Industry       

Public Place Yes While at work? No.

Means of injury car overturning down embankment rolling over body.

23. Attendant's OWN Signature Mal Hansen (M. D. or other)

and Address St. Anthony Date July 29, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2611  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

(a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 2nd & Wash St  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Mary Secor Stayed 6 days  
(g) Lived in this county 15 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Gem  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. Rt. 1 West  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Hanna, Wyoming

## 3. (a) FULL NAME

MARY E JONES

3. (b) If veteran, no  
name war no

3. (c) Social Security No. no

4. Sex F 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James

6. (c) Age of husband or wife if alive 69 years

7. Date of Birth (Month, Day, Year) April 5 18 77

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>3</u>	<u>1</u>	hrs min.

9. Exact Occupation Homekeeper Did this work for 50 yrs.

10. Industry or Business Own Home Date last worked 6/31/48

11. Birthplace Germany (City or town) (State or foreign country)

12. Name Guestave Fuchs (City or town) (State or foreign country)

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name Augusta Hildbrent (City or town) (State or foreign country)

15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature James W Jones and Address Emmett, Idaho

17. (a) Removal (b) Date thereof 7/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Hanna, Wyoming

18. Funeral Director's OWN Signature Clarence R. Parsons and Address Emmett, Idaho

19. (a) 7/19/48 (b) Chas Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 102X

20. DATE OF DEATH July 6 1948  
(Month, Day, Year) at 4:15 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 7.1 1948, to 7.6 1948

I last saw her alive on 7.5 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 5 days

Due to Cerebral arteriosclerosis & Hypertensive vascular disease of 10 years.

Due to disease

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation none Date —

Major finding —

Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —

Occurred 19 City, county, state, where violence occurred

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature H. H. Jones (M. D. or other) and Address Emmett, Idaho Date 7.8 1948  
(For additional space, use reverse side)

*Michigan*

# Certificate Of Death

United States  
Department of Commerce  
Bureau of the Census

JUL 19 1948

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett, Idaho  
(c) Street Address or R.F.D. No. 424 E. 4th  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. Mary Secor Stayed 1 days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 424 E. 4th  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

**LAWRENCE BYBEE**

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. 518-07-6441

## 4. Sex

M race W

## 6. (a) Single, widowed, married,

divorced married

## 6. (b) Name of husband or wife

Nellie

## 6. (c) Age of husband or wife if

alive 63 years

## 7. Date of Birth

(Month, Day, Year) Sept. 12 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>9</u>	<u>26</u>	hrs min.

9. Exact Occupation Bookkeeper Did this work for 40 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 6/15/47

11. Birthplace Slaterville, Utah  
(City or town) (State or foreign country)

12. Name Bluford A. Bybee

13. Birthplace No.  
(City or town) (State or foreign country)

14. Maiden name Margaret Slater

15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Nellie Bybee

and Address 424 East 4th

17. (a) Removal (b) Date thereof 7/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Rigby, Idaho

18. Funeral Director's OWN Signature Flahiff Chapel

and Address Emmett, Idaho

19. (a) 7/19/48 (b) Chas. Flahiff  
(Date received and filed) (Registrar's signature)

## -A MEDICAL CERTIFICATE OF DEATH 046B 095C

20. DATE OF DEATH (Month, Day, Year) July 8 1948  
at 5:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 8 1948 to 8 July 1948  
I last saw h. alive on 8 July 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Due to Pulmonary edema 2 days  
Due to Cardiac decompensation 2 months  
Other conditions Chronic kidney 14 months  
(Include pregnancy within 3 months & death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

23. Attendant's OWN Signature P. A. ...  
(M. D. or other)

and Address Emmett, Idaho Date 10 July 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 24 1948  
Certificate Of Death

DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. 2613  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 2nd & Wash  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. Mary Secor Stayed    days  
(g) Lived in this county 1 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Smithfield Utah

3. (a) FULL NAME ELIZABETH JANE WILLIAMS

3. (b) If veteran, name war no 3. (c) Social Security No. no  
5. Color or race W 6. (a) Single, widowed, married, divorced married  
4. Sex F 6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 70 years  
7. Date of Birth (Month, Day, Year) January 1, 1894

8. AGE	Years	Months	Days	If less than 1 day
	54	6	15	hrs min.

9. Exact Occupation Housewife Did this work for    yrs.  
10. Industry or Business Home Date last worked     
11. Birthplace New Castle, England  
(City or town) (State or foreign country)

12. Name John Black  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Francis Winham  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Jane M. Barnes  
and Address Emmett, Idaho

17. (a) Removal (b) Date thereof 7/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Smithfield, Utah

18. Funeral Director's OWN Signature Clarence St. Benson  
and Address Emmett, Idaho

19. (a) 7/22/48 (b) Chas. T. Plaff  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 055E 095C

20. DATE OF DEATH (Month, Day, Year) July 16 1948  
at 9:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 7-2- 1948, to 7-16- 1948  
I last saw h alive on 7-14- 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Decompensation Duration  
exhaustion  
Due to Cerebral  
pellets - 8 years duration  
Due to     
Other conditions General debility of old age  
(Include pregnancy within 3 months of death)

Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy     
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?

- Means of injury     
23. Attendant's OWN Signature J. L. Reynolds  
(M. D. or other)  
and Address 7-19-48 Date 7-22-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 24 1948  
DIVISION OF VITAL

Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 2614  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH: STA: Gem  
(a) County  
(b) City or town Emmett, Idaho  
(c) Street Address or R.F.D. No. 2nd & Wash.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Mary Secor Stayed 22 days  
(g) Lived in this county 2 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Gem  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 1 1/2 years  
(h) Former residence (city, state) Calif.

3. (a) FULL NAME BLAINE NELSON LEE  
3. (b) If veteran, 11 name war  
4. Sex M 5. Color W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Thelma  
6. (c) Age of husband or wife if alive 21 years  
7. Date of Birth (Month, Day, Year) Sept. 12 1923  
8. AGE Years 24 Months 10 Days 8 If less than 1 day hrs min.  
9. Exact Occupation Farmer Did this work for 1 1/2 yrs.  
10. Industry or Business Self Employed Date last worked 7/16/48  
11. Birthplace Hinkley, Utah (City or town) (State or foreign country)  
Mother Father { 12. Name James H. Lee  
13. Birthplace Ogden, Utah (City or town) (State or foreign country)  
14. Maiden name Jennie May Woodbury  
15. Birthplace Unknown (City or town) (State or foreign country)  
16. Informant's OWN Signature Raymond Diney and Address Idaho  
17. (a) Burial (b) Date thereof 7/21/48 (Month) (Day) (Year)  
(c) Place: Emmett, Idaho  
18. Funeral Director's OWN Signature Flahiff Chapel and Address Emmett, Idaho  
19. (a) 7/23/48 (b) Chas Flahiff (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH July 18 1948 (Month, Day, Year) at 6:50 o'clock P M.  
21. I HEREBY CERTIFY, That I attended deceased from July 16 1948 to July 18 1948. I last saw him alive on July 18 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Cerebral edema Duration 1 day  
Due to Skull fracture 2 days  
Due to Auto accident 2 days  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted? Public place  
Name of operation Craniotomy Date 7/18/48  
Major finding Depressed fracture of skull  
Finding of autopsy  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? Homicide?  
Occurred 7. 16. 1948 City, county, state where violence occurred Emmett, Ida.  
Place of Violence: Home Farm Industry  
Public Place Yes While at work? Yes  
Means of injury Struck by truck  
23. Attendant's OWN Signature H. F. Aycock M.D. and Address Emmett, Idaho Date 7.20.1948 (For additional space, use reverse side)

170C

183



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 24 1948

DIVISION OF VITAL

STATE OF IDAHO

# Certificate of Death

1948 State File No. 2615  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:  
(a) County. Gem  
(b) City or town. Emmett Idaho  
(c) Street Address or R.F.D. No. 2nd & Wash.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home. Hospital ☒ Institution. Other place  
(f) Name Hosp. or Inst. Mary Secor. Stayed 480 days  
(g) Lived in this county 43 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Gem  
(c) City or town. Emmett, Idaho  
(d) Street Address or R.F.D. No. 922 S Hayes  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 51 years  
(h) Former residence (city, state) Nevada, Mo.

3. (a) FULL NAME ELIZA JANE YATES

3. (b) If veteran, name war no  
3. (c) Social Security No. no  
5. Color or W.  
4. Sex F. race W.  
6. (b) Name of husband or wife no  
6. (c) Age of husband or wife if alive no years  
7. Date of Birth (Month, Day, Year) Sept. 17, 1869

8. AGE	Years	Months	Days	If less than 1 day
	78	10	2	hrs. min.

9. Exact Occupation. Homekeeper Did this work for 55 yrs.  
10. Industry or Business. Own Home Date last worked 1/1/46  
11. Birthplace. Nevada, Mo.

12. Name. Charles Ashmead  
13. Birthplace. Scotland  
14. Maiden name. Sarah Collins  
15. Birthplace. Ireland

16. Informant's OWN Signature. Geneva Jones  
and Address. 922 S. Hayes

17. (a) Burial (b) Date thereof 7/22/48  
(c) Place. Emmett Idaho

18. Funeral Director's OWN Signature. J. H. P. Jones  
and Address. Emmett, Idaho

19. (a) 7/24/48 (b) Chas. Platt  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH July 19 1948  
(Month, Day, Year) 4:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar. 1947 to July 19 1948  
I last saw him alive on July 18 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Neuritis  
Duration  
Where was disease contracted?  
Name of operation. Date.  
Major finding.  
Finding of autopsy.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred. City, county, state  
where violence occurred.  
Place of Violence: Home. Farm. Industry.  
Public Place. While at work?

Means of injury.  
23. Attendant's OWN Signature. J. H. P. Jones  
and Address. Emmett, Idaho Date 7-20 1948  
(For additional space, use reverse side)

093F  
087B

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK recovery typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JUL 27 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 2616  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 3509 S. Hays  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. 901 S. Hays  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Olka.

## 3. (a) FULL NAME

FLOYD

ESTLE

SMITH

## 3. (b) If veteran, name war

no

## 3. (c) Social Security No.

519-01-7253

## 4. Sex M 5. Color or W race

## 6. (a) Single, widowed, married, divorced

married

## 6. (b) Name of husband or wife

Pearl

## 6. (c) Age of husband or wife if alive

43

## 7. Date of Birth (Month, Day, Year)

April 20, 1891

8. AGE	Years	Months	Days	If less than 1 day
	57	3	5	hrs. min.

## 9. Exact Occupation Carpenter Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business Marion, Mo. Date last worked \_\_\_\_\_

## 11. Birthplace (City or town) (State or foreign country)

Marion, Mo.

## 12. Name Joseph M Smith

## 13. Birthplace (City or town) (State or foreign country)

Marion Mo.

## 14. Maiden name Louise Strother

## 15. Birthplace (City or town) (State or foreign country)

Kentucky

## 16. Informant's OWN Signature Pearl Smith

## and Address Emmett, Idaho

## 17. (a) Burial (b) Date thereof 7/28/48

(Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Emmett, Idaho

## 18. Funeral Director's OWN Signature Charles F. Persons

## and Address Emmett, Idaho

## 19. (a) 7/26/48 (b) Chas F. Persons

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) July 25 1948

## at 5:00 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

## \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

## I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

## death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

## Hemorrhage from lungs

## Due to Cause Tuberculosis

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Chas F. Persons

## and Address Emmett Date 7/26 1948

(For additional space, use reverse side)

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 12 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2617

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 2nd & Washington  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Institution Mary Secor Stayed 10 days  
(g) Lived in this county 39 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 715 S. Hayes  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME ANGELA BREMMER

3. (b) If veteran, name war no 3. (c) Social Security No. no  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) August 25, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>11</u>	<u>3</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Home Date last worked \_\_\_\_\_  
11. Birthplace Hanover, Germany (City or town) (State or foreign country)  
Father { 12. Name John Hopster  
13. Birthplace Hanover Germany (City or town) (State or foreign country)  
Mother { 14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Joe Bremmer  
and Address Emmett, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/48 (Month) (Day) (Year)  
(c) Place Emmett, Idaho

18. Funeral Director's OWN Signature Flahiff Chapel  
and Address Emmett, Idaho

19. (a) 8/10/48 (Date received and filed) (b) Chas Flahiff (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 28 1948  
at 2:50 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from April 5 1948 to July 28 1948.  
I last saw h. in alive on July 28 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hyperstatic Pneumonia Duration 2 days

Due to Chronic Myocarditis years

Due to Arteriosclerosis years  
Other conditions Chronic  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Paula P. Rawhouser (M. D. or other)  
and Address Emmett, Idaho Date July 28, 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 19 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2618  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

(a) County Gem  
(b) City or town Emmett, Idaho  
(c) Street Address or R.F.D. No. Rt. 11  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst. Home Stayed    days  
(g) Lived in this county 35 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Gem  
(c) City or town Emmett Idaho  
(d) Street Address or R.F.D. No. Rt. 11  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Redman, Oregon

## 3. (a) FULL NAME

FRED HOMER SHERWOOD

093D

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 5. Color W race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Carrie

6. (c) Age of husband or wife if alive 58 years

7. Date of Birth (Month, Day, Year) May 12, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>1</u>	<u>25</u>	hrs min.

9. Exact Occupation Farmer Did this work for 60 yrs.

10. Industry or Business Retired Farmer Date last worked 1/1/45

11. Birthplace Griswold, Iowa  
(City or town) (State or foreign country)

12. Name Francis Sherwood

13. Birthplace Medina, New York  
(City or town) (State or foreign country)

14. Maiden name Sabra Maus

15. Birthplace New York  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hettie M. Gosh  
and Address Emmett, Idaho

17. (a) Burial (b) Date thereof 7/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature James A. Persons  
and Address Emmett, Idaho

19. (a) 7/19/48 (b) Chas. Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083D

20. DATE OF DEATH (Month, Day, Year) July 7 19 48  
at 3:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 19 47 to July 5 48  
I last saw h. in-alive on July 1 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertensive pneumonia Duration 5 days

Due to Mesocarditis year

Other condition Chronic Phosphorus poisoning year

(Include pregnancy within 3 months of death)

Where was disease contracted?    Date   

Major finding   

Finding of autopsy   

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred    19    City, county, state

where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Ronald P. Lawhorn (M. D. or other)  
and Address Emmett Date 7/12 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JUL 27 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2619**  
Local Reg. No. ....  
Reg. Dist. No. ....

## DIVISION OF VITAL

1. PLACE OF DEATH: **STATE**
- (a) County **Gem**  
(b) City or town **Emmett**  
(c) Street Address or R.F.D. No. **Route 2**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **10** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Gem**  
(c) City or town **Emmett**  
(d) Street Address or R.F.D. No. **Route 2**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **10** years  
(h) Former residence (city, state) **Greely, Colorado**

3. (a) FULL NAME **JOSEPH W. SALAZAR**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**  
5. Color **Spanish** 6. (a) Single, widowed, married, divorced **single**  
4. Sex **m** race **American**  
6. (b) Name of husband or wife ☒ 6. (c) Age of husband or wife if alive ☒ years

7. Date of Birth (Month, Day, Year) **Feb 24, 1932**

8. AGE	Years	Months	Days	If less than 1 day
	<b>16</b>	<b>4</b>	<b>25</b>	hrs. min.

9. Exact Occupation **Farmer** Did this work for ☐ yrs.  
10. Industry or Business **Farm** Date last worked **7-19-48**

11. Birthplace **Ault, Colorado**  
(City or town) (State or foreign country)

12. Name **Onofre Salazar**

13. Birthplace **Baldez, New Mexico**  
(City or town) (State or foreign country)

14. Maiden name **Jesse Quintana**

15. Birthplace **San Pedro, Colorado**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Onofre Salazar**  
and Address **Emmett, Idaho**

17. (a) **Burial** (b) Date thereof **7/23/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Emmett, Idaho**

18. Funeral Director's OWN Signature **Charles P. Persons**  
and Address **Emmett, Idaho**

19. (a) **7/27/48** (b) **Charles P. Persons**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July 19, 1948**  
at **5:30** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from **head to toe** 19 **decease**.  
I last saw h. ☐ alive on ☐ 19 ☐;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Infection of Brain** Duration **intermittently**  
Due to **Multiple depressed fractures of skull**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ☐ Date ☐  
Major finding ☐

Finding of autopsy ☐

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place **Highway** While at work? ☐

Means of injury **Motor cycle & Car wheel**

23. Attendant's OWN Signature **Ronald P. Rawburn**  
(M. D. or other)

and Address **Emmett, Idaho** Date ☐ 19 ☐  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 4 - 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

1. PLACE OF DEATH: Gooding  
(a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ✓ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Valentine's Stayed 4 days  
(g) Lived in this county — years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. —  
(e) Deceased lived Inside? — Outside? 5 city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Turn Falls Idaho

3. (a) FULL NAME Dwight David Eisenhower

3. (b) If veteran, name war — No. —  
5. Color or — 6. (a) Single, widowed, married —  
4. Sex m race w divorced —  
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) November 14, 1943

8. AGE	Years	Months	Days	If less than 1 day
	<u>4</u>	<u>6</u>	<u>0</u>	hrs min.

9. Exact Occupation child Did this work for — yrs.  
10. Industry or Business — Date last worked —  
11. Birthplace Turn Falls Idaho (City or town) (State or foreign country)

12. Name Dwight David Eisenhower  
13. Birthplace Alton, Mo. (City or town) (State or foreign country)  
14. Maiden name Mildred E. Eisenhower  
15. Birthplace Washington, D.C. (City or town) (State or foreign country)

16. Informant's OWN Signature D. D. Eisenhower  
and Address Gooding Idaho

17. (a) burial (b) Date thereof 5/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Winifred cemetery

18. Funeral Director's OWN Signature —  
and Address —

19. (a) 7/30/48 (Date received and filed)  
(b) — (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 086X

20. DATE OF DEATH (Month, Day, Year) May 14, 1948  
at 9:30 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 5-11-48 to death 1948  
I last saw him alive on 5-14 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Encephalopathy - convulsions & fever  
Due to producing exhaustion Duration 3 days  
Cause undetermined  
Due to —  
Other conditions Blind since birth  
(Include pregnancy within 3 months of death)

Where was disease contracted? — PHYSICIAN —  
Name of operation — Date —  
Major finding —  
Finding of autopsy Hyperemia & focal hemorrhages in cerebral cortex in Calcarian & 2nd frontal lobes  
If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —

Occurred — 19— City, county, state —  
where violence occurred —  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature H. Holsinger M.D. (M. D. or other)  
and Address Gooding Date 7-29-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
JUL 14 1948 STATE OF IDAHO

**1. PLACE OF DEATH:**

- (a) County Gooding  
(b) City or town Wendell  
(c) ~~Street Address~~ or R. F. D. No. #1  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institute    Other place     
(f) Name Hosp. or Inst. St. Valentines days 0  
(g) Lived in this county 10 years 3 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Gooding  
(c) City or town Wendell  
(d) ~~Street Address~~ or R.F.D. No. 1  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 22 Mo., 22  
(h) Former residence (city, state) none

**3. (a) FULL NAME**

Terryl Nelson King

**3. (b) If veteran,**

**3. (c) Social Security**

name war ---

No. -----

5. Color or    6. (a) Single, widowed, married,  
4. Sex male race white divorced -----  
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if  
alive ----- years

7. Date of Birth  
(Month, Day, Year) Sept. 5, 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>10</u>	<u>3</u>	hrs min.

9. Exact Occupation ----- Did this work for --- yrs.

10. Industry or Business ----- Date last worked ---

11. Birthplace Wendell, Idaho  
(City or town) (State or foreign country)

12. Name Nelson R. King

13. Birthplace Wanatah, Indiana  
(City or town) (State or foreign country)

14. Maiden name Anna Laura Petersen

15. Birthplace Decle, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Nelson R. King

and Address Wendell, Idaho

17. (a) burial (b) Date thereof 7/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Wendell, Idaho

18. Funeral Director's OWN Signature HP Bright

and Address Gooding, Idaho

19. (a) 7/6/48 (b) Sister M. Rose  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**

(Month, Day, Year) 7 - 2 1948  
at 8 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from birth 19   to death 19  

I last saw him alive on 6/30 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Tearing of Medulla & Sp. Cord Duration 10 min

Due to Fracture C2 & 3 Vertebra 10 min

Due to Concussion of brain 10 min

Other conditions Probably other internal injuries

(Include pregnancy within 3 months of death)

Where was disease contracted?    PHYSICIAN

Name of operation    Date    Underline the cause to which death should be charged statistically.

Major finding   

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide?    Homicide?   

Occurred Wendell Ida 7-2-1948 City, county, state

where violence occurred 1 mile west of city

Place of Violence: Home    Farm    Industry   

Public Place Highway While at work?   

Means of injury Struck by automobile

23. Attendant's OWN Signature Harold G. Holmberg, M.D.

and Address Wendell, Ida (M. D. or other)

Date 7 - 6 1948

(For additional space, use reverse side)

170C

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

STATE OF IDAHO  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 2622  
Local Reg. No. 1342  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Hagerman  
(c) ~~Street-Address or~~ R.F.D. No. 1  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. ----- Stayed --- days  
(g) Lived in this county 10 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Hagerman  
(d) ~~Street-Address or~~ R.F.D. No. 1  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Laura Ellen Harman

## 3. (b) If veteran,

name war -----

## 3. (c) Social Security

No. -----

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Arthur O.

6. (c) Age of husband or wife if alive 60 years

7. Date of Birth  
(Month, Day, Year)

April 14, 1890

8. AGE	Years	Months	Days	If less than 1 day
<u>58</u>	<u>2</u>	<u>21</u>	<u>hrs</u>	<u>min.</u>

9. Exact Occupation housewife Did this work for life yrs.

10. Industry or Business ----- Date last worked -----

11. Birthplace Downey, Idaho  
(City or town) (State or foreign country)

12. Name Olana Walker

13. Birthplace unknown  
(City or town) (State or foreign country)

14. Maiden name Laura Larsen

15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Arthur O Harman

and Address Hagerman Idaho

17. (a) burial (b) Date thereof 7/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Hagerman, Idaho

18. Funeral Director's OWN Signature H.P. Bright

and Address Gooding, Idaho

19. (a) 7-8-48 (b) J.C. Cuneo  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 5, 1948  
(Month, Day, Year)

at 7:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 5, 1948 to July 5, 1948

I last saw h. alive on July 4, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Induritis Duration 10 yrs

Due to -----

Due to -----

Other conditions Hypertension (Include pregnancy within 3 months of death) 3 yrs

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature F.E. O'Rourke

and Address Gooding Idaho Date 7/5/48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census JUL 14 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

18  
State File No. 2623  
Local Reg. No. 102  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County Boading  
(b) City or town Shoshone  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Vincent stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Utah (b) County Freder  
(c) City or town Ogden  
(d) Street Address or R. F. D. No. #2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ✓ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Frederick James Cobake

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. No

4. Sex M race W

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Hazel

6. (c) Age of husband or wife if alive 61 years

7. Date of Birth  
(Month, Day, Year)

July 22, 1878

## 8. AGE

Years	Months	Days	If less than 1 day
<u>68</u>	<u>11</u>	<u>18</u>	hrs min.

## 9. Exact

Occupation retired farmer Did this work for \_\_\_\_\_ yrs.

## 10. Industry or

Business \_\_\_\_\_ Date last worked 4 years

## 11. Birthplace

Ogden, Utah  
(City or town) (State or foreign country)

## 12. Name

William Ferdinand Cobake

## 13. Birthplace

Copenhagen, Denmark  
(City or town) (State or foreign country)

## 14. Maiden name

Unknown

## 15. Birthplace

(City or town) (State or foreign country)

## 16. Informant's

## OWN Signature

Frederick J. Cobake  
and Address 1812 Ogden Utah

## 17. (a)

removal (Burial, cremation, or removal) (b) Date thereof 7/17/48  
(Month) (Day) (Year)

## (c) Place:

Ogden, Utah

## 18. Funeral Director's

## OWN Signature

Jerome V. Harris  
and Address Jerome Idaho

## 19. (a)

July 19, 1948 (Date received and filed) Sister M. Rose (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 6, 1948  
at 3:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

7-5-1948 to 7-6-1948

I last saw him alive on 7-6-1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart failure  
ruptured bladder

Due to Auto accident

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the fol-

lowing: Accident? ✓ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 7-5-48 19\_\_\_\_ City, county, state

where violence occurred Lincoln County

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Highway While at work? \_\_\_\_\_

Means of injury Automobile accident

## 23. Attendant's

OWN Signature H. H. Hebert

and Address Jerome (M. D. or other) Date 7-8-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

JUL 21 1948

STATE OF IDAHO

State File No. 2624  
Local Reg. No. 105  
Reg. Dist. No. 421

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R. F. D. No. Main St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. St. Valentine's days  
(g) Lived in this county 1 years 1 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Shoshone  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state)

### 3. (a) FULL NAME

Vicky Louise Jones

### 3. (b) If veteran,

name war ---

### 3. (c) Social Security

No. -----

### 4. Sex female race white

### 5. Color or

### 6. (b) Name of husband or wife

### 6. (c) Age of husband or wife if alive

### 7. Date of Birth

(Month, Day, Year) July 11, 1948

### 8. AGE

Years

Months

Days

If less than 1 day

1

hrs

min.

### 9. Exact

Occupation

Did this

work for --- yrs.

### 10. Industry or Business

Date last

worked

### 11. Birthplace

Wendell, Idaho

(City or town)

(State or foreign country)

### 12. Name

Archie T. Jones

### 13. Birthplace

Fay, Oklahoma

(City or town)

(State or foreign country)

### 14. Maiden name

Francis Ladora Abter

### 15. Birthplace

Pocatello, Idaho

(City or town)

(State or foreign country)

### 16. Informant's

OWN Signature

Archie T. Jones

and Address

Shoshone, Idaho

### 17. (a) burial

(Burial, cremation, or removal)

(b) Date thereof 7/14/48

(Month) (Day) (Year)

(c) Place: Elmwood Cem. Gooding, Idaho

### 18. Funeral Director's

OWN Signature

H.P. Bright

and Address

Gooding, Idaho

### 19. (a) 7/16/48

(Date received and filed)

(b) Lester M. Rose, JR.

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) 7-16

1948

at 5 o'clock PM

### 21. I HEREBY CERTIFY, That I attended deceased from

birth 19--- to death 19---

I last saw her alive on 7 1948, death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Duration

Transition & immaturity

Due to removal from womb

Due to umbilical cord during labor

Due to inadequate intra-uterine nourishment

Other conditions intermediate

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Major finding

Finding of autopsy

### 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred --- 19 --- City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

### 23. Attendant's

OWN Signature Holsinger, M.D.

(M. D. or other)

and Address Wendell, Idaho

Date 7-16 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **2625**  
Local Reg. No. **104**  
Reg. Dist. No. **421**

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R. F. D. No. Idaho St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. St. Valentine's days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Glenns Ferry  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Baby William Bellegante

## 3. (b) If veteran,

name war       

## 3. (c) Social Security

No.       

## 5. Color or

Male

## 6. (b) Name of husband or

wife       

## 6. (a) Single, widowed, married,

divorced

## 6. (c) Age of husband or wife if

alive        years

## 7. Date of Birth

(Month, Day, Year)

July 12, 1948

## 8. AGE

Years

Months

Days

If less than 1 day

2 hrs 5 min.

## 9. Exact

Occupation

Did this

work for        yrs.

## 10. Industry or

Business

Date last

worked       

## 11. Birthplace

Wendell, Idaho

(City or town)

Idaho

(State or foreign country)

## 12. Name Eugene James Bellegante

## 13. Birthplace Rocksprings, Wyoming

(City or town)

(State or foreign country)

## 14. Maiden name Eunice L. Owings

## 15. Birthplace Colton, California

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Eunice L. Bellegante

and Address Glenns Ferry, Idaho

## 17. (a) burial

(Burial, cremation, or removal)

(b) Date thereof 7/13/48

(Month) (Day) (Year)

(c) Place: Glenns Ferry, Idaho

## 18. Funeral Director's

OWN Signature Eugene J. Bellegante

and Address Glenns Ferry, Idaho

## 19. (a)

7/29/48

(Date received and filed)

Sister M. Ann, O.B.

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 12, 1948 19

at 11:55 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

birth 1948, to death 1948

I last saw him alive on July 12, 1948; death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

prematurity 5 1/2 months

Duration

## Due to

unknown

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation        Date       

## Major finding

## Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred        19        City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

## Means of injury

## 23. Attendant's

OWN Signature W. A. Puckin, M.D.

and Address Glenns Ferry, Idaho Date July 12, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2627  
Local Reg. No. 105  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. Main St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Ins. St. Valentines stayed 1 days  
(g) Lived in this county 10 years 10 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. RR  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Junior Carl Broadhead

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No.         

5. Color or white 6. (a) Single, widowed, married, divorced divorced  
4. Sex male race white

6. (b) Name of husband or wife          6. (c) Age of husband or wife if alive          years

7. Date of Birth (Month, Day, Year) Sept. 14, 1924

8. AGE	Years	Months	Days	If less than 1 day
	<u>23</u>	<u>10</u>	<u>10</u>	hrs min.

9. Exact Occupation Cowboy Did this work for life yrs.

10. Industry or Business          Date last worked 7/24/48

11. Birthplace Albian, Idaho  
(City or town) (State or foreign country)

12. Name William Carl Broadhead

13. Birthplace Heber City, Utah  
(City or town) (State or foreign country)

14. Maiden name Lela Edna Asher

15. Birthplace Albian, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature William Carl Broadhead

- and Address Gooding, Idaho

17. (a) burial (b) Date thereof 7/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's OWN Signature H. C. Bright

- and Address Gooding, Idaho

19. (a) July 27, 1948 (b) State M. Rose  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 7-24 1948  
at 10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 8:30 p.m. 7/24/48 to death 19

I last saw him alive on 7-24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Internal Hemorrhage Duration 2 hrs  
& Shock 2 hrs

Due to gunshot wounds 2 hrs

Due to         

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation          Date         

Major finding         

Finding of autopsy         

22. If death was due to EXTERNAL CAUSES, also fill in the fol

18-Accident? Suicide?          Homicide? ☒

Occurred 7-24 1948 City, county, state Gooding, Idaho

where violence occurred Highway

Place of Violence: Home          Farm          Industry         

Public Place Pool Hall While at work?         

Means of injury 3.2 Cal. Bullet

23. Attendant's OWN Signature Harold T. Holmberg

(M. D. or other)

and Address Wendell, Idaho Date 7/27 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **2628**  
Local Reg. No. **106**  
Reg. Dist. No. **421**

## 1. PLACE OF DEATH:

- (a) County ~~Butte~~ **Gooding**  
(b) City or town **Hagerman**  
(c) Street Address or R.F.D. No. **Hagerman**  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Gooding**  
(c) City or town **Hagerman**  
(d) Street Address or R.F.D. No. **Hagerman**  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME **BENNETT, John Alfred**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Male** 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **July 1, 1864**

8. AGE	Years	Months	Days	If less than 1 day
	<b>84</b>	<b>0</b>	<b>23</b>	hrs min.

9. Exact Occupation **Retired** Did this work for ? yrs.  
10. Industry or Business **Farmer** Date last worked ?

11. Birthplace **Payson, Utah**  
(City or town) (State or foreign country)

Mother Father  
12. Name **Unknown Bennett**  
13. Birthplace **Unknown**  
(City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Geo. Steele**  
and Address **Hagerman, Idaho**

17. (a) **Removal** (b) Date thereof **7/25/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Twin Falls, Idaho**

18. Funeral Director's OWN Signature **Aug. H. Phillips**  
and Address **White Mortuary-Twin Falls, Ida.**

19. (a) **July 27, 1948** (b) **Sister M. Rose**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **July 24th 1948**  
(Month, Day, Year) at **1135** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Unknown - probably due to senility + heart dis.**  
Due to **base**

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature **Dr. H. M. F.**  
(M.D. or other) and Address **Gooding, Ida.** Date **7-26-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 21 - 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 2629  
Local Reg. No. 1344  
Reg. Dist. No. 420

1. PLACE OF DEATH: STATISTICS
- (a) County Boeing  
(b) City or town Hagerman, #1  
(c) Street Address or R.F.D. No. Rd. #1  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home? ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 4 years 2 months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Boeing  
(c) City or town Hagerman  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? four years  
(h) Former residence (city, state) Detroit, Michigan

3. (a) FULL NAME Donovan Arthur Martin

3. (b) If veteran, name war  3. (c) Social Security No. 367-14-5307

5. Color or white  
4. Sex male race white  
6. (a) Name of husband or wife Nellie K. Martin  
6. (c) Age of husband or wife if alive  years

7. Date of Birth (Month, Day, Year) 6/7/1904

8. AGE	Years	Months	Days	If less than 1 day
<u>44</u>	<u>44</u>	<u>1</u>	<u>19</u>	hrs. min.

9. Exact Occupation Laborer Did this work for 1 yrs.  
10. Industry or Business Construction Date last worked July 24-48

11. Birthplace Person Iowa (City or town) (State or foreign country)

12. Name Peter Martin

13. Birthplace Oakland Iowa (City or town) (State or foreign country)

14. Maiden name Nellie Evans

15. Birthplace Michigan County Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Nellie Martin and Address Hagerman Idaho

17. (a) Burial (Burial, cremation, or removal) Hagerman (b) Date thereof July 26 1948 (Month) (Day) (Year)

(c) Place Hagerman

18. Funeral Director's OWN Signature J. J. Jarrist of Jager and Address Wendell Idaho

19. (a) 7-30-48 (Date received and filed) (b) J. H. Cornwell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 7-24 1948  
at 11 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased on 4-1-48 and not again to 1948.  
I last saw him alive on 4-1-48 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration few minutes

Due to Unknown

Body sent for identification and certificate of death  
Other conditions on 7-29-48  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?

Occurred  19  City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature W. H. Hoberger M.D.

(M. D. or other)

and Address Wendell Idaho Date 7-29 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 6 - 1948  
DIVISION OF VITAL

NON-RESIDENT  
Certificate of Death  
STATE OF IDAHO

State File No. 2630  
Local Reg. No. 15  
Reg. Dist. No. 242

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Parladyke Stayed 3 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash (b) County Spoкане  
(c) City or town Spoкане  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

WILLIAM B. MESSINGER

127B

3. (b) If veteran, No 3. (c) Social Security No. 518-03-5963  
name war \_\_\_\_\_  
4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced Divorced  
race \_\_\_\_\_  
6. (b) Name of husband or wife Grace 6. (c) Age of husband or wife if alive 53 years  
7. Date of Birth (Month, Day, Year) April 3-1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>			hrs min.

9. Exact Occupation Machinist Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Peack Wash (City or town) (State or foreign country)  
Mother { 12. Name Ira Messinger  
13. Birthplace Idaho (City or town) (State or foreign country)  
14. Maiden name Mary Matting  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Clifford William Messinger  
and Address P.O. Box 312 Tacoma

17. (a) Burial (b) Date thereof 7-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Springfield

18. Funeral Director's OWN Signature W. E. O'Connell  
and Address Boise

19. (a) July 6, 1948 (b) W. E. O'Connell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 4 1948  
at 12:10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 3 1948, to July 4 1948  
I last saw him alive on 7-4 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Myocardial Infarction Duration 1 day

Due to Toxemia 10 day

Due to Ruptured Gall Bladder 3 day

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home PHYSICIAN  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_ Underline the cause to which death should be charged statistically.

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. E. O'Connell (M. D. or other)  
and Address Cottonwood Date 7-6 1948  
(For additional space, use reverse side)

1948  
State File No. 2631  
Local Reg. No. 3  
Reg. Dist. No. 240

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? ☐ city or town \_\_\_\_\_  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 1 days  
(g) Lived in this county 56 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Kooskia  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state) Lyons, Colorado

## 3. (a) FULL NAME

Johnnie Charles Fitting

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race white  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Mildred  
6. (c) Age of husband or wife if alive 56 years  
7. Date of Birth (Month, Day, Year) April 25, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>2</u>	<u>16</u>	hrs min.

9. Exact Occupation Woodsman Did this work for All life

10. Industry or Business lumber Date last worked Nov 1946

11. Birthplace Boulder, Colorado (City or town) (State or foreign country)

12. Name August T. Fitting

13. Birthplace Wisconsin (City or town) (State or foreign country)

14. Maiden name Mary Gilroy

15. Birthplace St. Paul, Minnesota (City or town) (State or foreign country)

16. Informant's OWN Signature Mildred Fitting and Address 4400 N. Idaho

17. (a) Removal (b) Date thereof July 11, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Kooskia, Idaho

18. Funeral Director's OWN Signature Claude Newman and Address Kooskia, Idaho

19. (a) July 14, 1948 (b) Emma Cone (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 11, 1948 at 4:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11 July 1948 to 11 July 1948. I last saw him alive on 11 July 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart Failure Duration 5 days

Due to Myocardial degeneration + decompensation 2 years

Due to Pneumonia 2 years ago  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_ Major finding \_\_\_\_\_ Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_ Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dorothy Patton and Address Grangeville (M. D. or other) July 1948 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 19 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **2632**  
Local Reg. No. **2**  
Reg. Dist. No. **240**

1. PLACE OF DEATH: **IDAHO**  
(a) County .....  
(b) City or town **GRANGEVILLE**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Ins. **General** Stayed **8** days  
(g) Lived in this county **29** years ..... months ..... days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **IDAHO** (b) County **IDAHO**  
(c) City or town **GRANGEVILLE**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **29** years  
(h) Former residence (city, state) **ILL.**

3. (a) FULL NAME **ELSIE M. BUNTING**

3. (b) If veteran, name war .....  
3. (c) Social Security No. ☒  
4. Sex **F** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **WIDOW**  
6. (b) Name of husband or wife **LOUISE**  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **FEB. 5, 1882**

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>	<b>5</b>	<b>8</b>	hrs min.

9. Exact Occupation **Housewife, Clerk** Did this work for ..... yrs.  
10. Industry or Business **Probate Court** Date last worked **7-1-48**  
11. Birthplace **ALBION, ILL.**  
(City or town) (State or foreign country)

12. Name **George Eimers**  
13. Birthplace **Germany**  
(City or town) (State or foreign country)  
14. Maiden name **Mary Ellen Kimbrell**  
15. Birthplace **Albion, ILL.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Elsie M. Bunting**  
and Address **Sacramento, California**

17. (a) **Cremation** (b) Date thereof **7-17-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Spokane, Wash.**

18. Funeral Director's OWN Signature **Charles W. Peterson**  
and Address **Grangeville, Idaho**

19. (a) **July 15, 1948** (b) **Emma Cane**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **JULY 13** 19 **48**  
at **11:30** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **4 July** 19 **48**, to **13 July** 19 **48**  
I last saw **U.S.** alive on **13 July** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Surgical shock & toxemia** Duration

Due to **menstrual sepsis** **2 weeks?**

Due to **Cause unknown**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **laparotomy** Date **3 July 48**

Major findings **menstrual sepsis**  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury

23. Attendant's OWN Signature **Donald Saltman**

and Address **Grangeville** (M. D. or other) Date **15 July 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 23 1948

DIVISION OF VITAL STATISTICS

STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948

State File No.

Local Reg. No.

Reg. Dist. No.

2633

## 1. PLACE OF DEATH:

- (a) County IDAHO  
(b) City or town  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed 18 days  
(g) Lived in this county 27 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

ELIZABETH SHADDUCK

083B

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color of race W  
6. (b) Name of husband or wife Nallace 6. (c) Age of husband or wife if alive 19.71 years  
7. Date of Birth (Month, Day, Year) Sept. 19, 1855

## 8. AGE

Years	Months	Days	If less than 1 day
92	9	26	hrs min.

9. Exact Occupation Housewife Did this work for yrs.  
10. Industry or Business Philadelphie Penn Date last worked  
11. Birthplace James Mc Kithrick (City or town) (State or foreign country)

12. Name Sarah Jane Wilson  
13. Birthplace Ireland (City or town) (State or foreign country)  
14. Maiden name Ireland  
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature E. V. Shadduck  
and Address Grangeville, Idaho

17. (a) Funeral (b) Date thereof 9-20-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place Grangeville, Idaho

18. Funeral Director's OWN Signature W. H. Heston  
and Address Grangeville, Idaho

19. (a) July 19, 1948 (b) Lena C. Cline  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 15 1948  
(Month, Day, Year) at 10 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 3 July 1948, to 15 July 1948  
I last saw h.c. alive on 15 July 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Thrombosis Duration 1 hour

Due to ARTERIOSCLEROSIS  
General Senility

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Daniel Heston (M. D. or other)  
and Address Grangeville, Idaho Date 17 July 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OVEN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use B.L.A.C.K. ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED NON-RESIDENT  
JUL 2 1 1948  
DIVISION OF VITAL  
STATE OF IDAHO  
CERTIFICATE OF DEATH

1948 2634  
State File No.  
Local Reg. No. 5  
Reg. Dist. No. 240

1. PLACE OF DEATH:

- (a) County Idaho - Butte  
(b) City or town Fish Lake  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

3. (a) FULL NAME

Richard Caryl

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

5. Color or

6. (a) Single, widowed, married,

4. Sex Male race White divorced Married

6. (b) Name of husband or wife Bernice 6 (c) Age of husband or wife if alive 23 years

7. Date of Birth (Month, Day, Year) March 1, 1920

8. AGE	Years	Months	Days	If less than 1 day
	<u>28</u>	<u>4</u>	<u>17</u>	hrs min.

9. Exact Occupation Staff Sergeant Did this work for \_\_\_\_\_ yrs.

10. Industry or Business U. S. Army Date last worked \_\_\_\_\_

11. Birthplace Spokane Washington (City or town) (State or foreign country)

12. Name Asa E. Caryl

13. Birthplace Boyceville, Wisconsin (City or town) (State or foreign country)

14. Maiden name Lulu Short

15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature By Records of Spokane Air Force Base and Address Spokane, Wash

17. (a) Burial (b) Date thereof 7-23-48 (Month) (Day) (Year)

(c) Place Ft. Geo. Wright, Wash.

18. Funeral Director's OWN Signature By Hazen & Jaeger and Address N. 1306 Monroe St., Spokane, Wn.

19. (a) July 24, 1948 (b) John Cone (Date received and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Washington (b) County Spokane  
(c) City or town Spokane  
(d) Street Address or R. F. D. No. W. 4017 Sanson Av.  
(e) Deceased lived Inside? X \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) If foreign born, in U. S. \_\_\_\_\_ yrs. Citizen of U. S.? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 18 1948 at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from seen after death 19 \_\_\_\_\_ I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Concussion and hemorrhage of brain  
Due to Skull fracture (frontal)

Due to Aircraft accident  
Other conditions Extensive fracture of facial bones  
(Include pregnancy within 3 months of death)

Where was disease first contracted? \_\_\_\_\_

Name of operation None Date \_\_\_\_\_

Major finding 3

Finding of autopsy 3

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred July 18 1948 City, county, state where violence occurred Fish Lake, Idaho Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place Yes While at work? No Means of injury Airplane crash

23. Attendant's OWN Signature Ray T. Rose (M. D. or other) and Address Spokane Air Force Base Date July 20, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 20-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **NON-RESIDENT**  
**Certificate of Death**  
JUL 24 1948  
STATE OF IDAHO

State File No. **2635**  
Local Reg. No. ....  
Reg. Dist. No. ....

DIVISION OF VITALS

1. PLACE OF DEATH: **Idaho**  
(a) County **Idaho**  
(b) City or town **Fish Lake**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. .... Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Wash** (b) County **Spokane**  
(c) City or town **Spokane**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) **Spokane, Wash**

3. (a) FULL NAME **John William Krels**

3. (b) If veteran, name was **World 11** 3. (c) Social Security No. **539-07-5379**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth (Month, Day, Year) .....

8. AGE	Years	Months	Days	If less than 1 day
	<b>30</b>			hrs min.

9. Exact Occupation **Laborer** Did this work for ☐ yrs.  
10. Industry or Business **Pomeroy, Washington** Date last worked .....  
11. Birthplace **Pomeroy, Washington**  
(City or town) (State or foreign country)

Mother Father  
12. Name .....  
13. Birthplace .....  
(City or town) (State or foreign country)  
14. Maiden name .....  
15. Birthplace .....  
(City or town) (State or foreign country)

16. Informant's OWN Signature **James C. ...**  
and Address **Grangeville, Idaho**

17. (a) Removal **Removal** (b) Date thereof **7/22/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Spokane, Washington**

18. Funeral Director's OWN Signature **James C. ...**  
and Address **Grangeville, Idaho**

19. (a) **July 21, 1948** (b) **James C. ...**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **July 18, 1948**  
(Month, Day, Year) at ☐ o'clock **M.**

21. I HEREBY CERTIFY, That I attended deceased from ☐ 19 ☐ to ☐ 19

I last saw h. .... alive on ☐ 19 ☐; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration  
**Fracture frontal of**

Due to **forehead**

Due to **air plane wreck**

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ☐ Date ☐

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred **July 18, 1948** City, county, state where violence occurred **Fish Lake**  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☒ While at work? ☐  
Means of injury **Fracture forehead**

23. Attendant's OWN Signature **James C. ...** (M. D. or other)  
and Address **Grangeville, Idaho** Date **7/21/1948**  
(For additional space, use reverse side)

Coroner of Idaho County

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce JUL 24 1948  
Bureau of the Census DIVISION OF VITAL STATE OF IDAHO

# NON-RESIDENT Certificate Of Death

1948  
State File No. 2636  
Local Reg. No. 6  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Harper  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside?..... Outside?.....city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county..... years ..... months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash (b) County SpoKane  
(c) City or town SPOKANE  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside?..... Outside?.....city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho?..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

AMOS MacEachren

175E

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or W  
6. (a) Single, widowed, married, divorced Single  
(b) Name of husband or wife .....  
(c) Age of husband or wife if alive ..... years

## 7. Date of Birth (Month, Day, Year) July 30, 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>11</u>	<u>23</u>	hrs min.

## 9. Exact Occupation ..... Did this work for ..... yrs.

## 10. Industry or Business ..... Date last worked .....

## 11. Birthplace ..... (City or town) (State or foreign country)

## 12. Name ..... (City or town) (State or foreign country)

## 13. Birthplace ..... (City or town) (State or foreign country)

## 14. Maiden name ..... (City or town) (State or foreign country)

## 15. Birthplace ..... (City or town) (State or foreign country)

## 16. Informant's OWN Signature Glenn Miller and Address Conquill

## 17. (a) Burial (b) Date thereof 7/24/48 (Month) (Day) (Year)

## (c) Place: SpoKane Wash

## 18. Funeral Director's OWN Signature Glenn Miller and Address Conquill

## 19. (a) July 24, 1948 (b) Anna Cone (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) 7/23 1948 at ..... o'clock M

## 21. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Fracture Skull

## Due to .....

## Due to .....

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation ..... Date .....

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

## Occurred 7/23 1948 City, county, state where violence occurred Comp 38

## Place of Violence: Home..... Farm..... Industry.....

## Public Place..... While at work?.....

## Means of injury Logging accident

## 23. Attendant's OWN Signature Glenn Miller and Address Conquill Date 7/24/48

## (For additional space, use reverse side)

Cover of Idaho County

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 28 1948  
DIVISION OF VITAL STATISTICS  
NON-RESIDENT  
Certificate Of Death  
STATE OF IDAHO

State File No. 2637  
Local Reg. No. 2637  
Reg. Dist. No. 2

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Highway 95-Whitford  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash (b) County King  
(c) City or town Seattle  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state)

3. (a) FULL NAME

EAROLEY E. HAWKS.

3. (b) If veteran,  
name war

3. (c) Social Security  
No 51-20-4912

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife if alive 40 years  
7. Date of Birth Aug 18- 1896  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	51	11	7	hrs min.

9. Exact Occupation Contractor Did this work for Life yrs.  
10. Industry or Business Building Date last worked date  
11. Birthplace Mesa, Arizona  
(City or town) (State or foreign country)

12. Name Amos J. Hawks-  
13. Birthplace Salt Lake City  
(City or town) (State or foreign country)  
14. Maiden name Florence E. Farley  
15. Birthplace Salt Lake City  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. Cleauda A. Hawks  
and Address Seattle Wash

17. (a) Removal (b) Date thereof 7-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place:

18. Funeral Director's OWN Signature J. W. Hutton  
and Address Grangeville, Id.

19. (a) July 26, 1948 (b) J. W. Hutton  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 25 1948  
(Month, Day, Year)  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Seen after death, to 1948

I last saw h. alive on 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Duration

Concussion and hemorrhage of

- Due to brain  
Skull fracture (frontal)  
Due to auto accident  
Other conditions  
(Include pregnancy within 3 months of death)

- Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? YES Suicide? Homicide?  
Occurred July 25, 1948 City, county, state  
where violence occurred Highway 95

- Place of Violence: Home Farm Industry  
Public Place YES While at work?  
Means of injury Auto accident

23. Attendant's OWN Signature J. W. Hutton  
(M. D. or other)  
and Address Grangeville Date 7/26 1948  
(For additional space, use reverse side)

Coroner of Idaho County

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 29 1948  
DIVISION OF VITAL  
STATISTICS

NON-RESIDENT  
Certificate Of Death  
STATE OF IDAHO

State File No. 2638  
Local Reg. No. 8  
Reg. Dist. No. 278

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Drangeville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 22 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash (b) County King  
(c) City or town Seattle  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Steven Terry Hawks

170C

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex

M 5. Color of brn  
race \_\_\_\_\_

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year)

Oct. 3 - 1943

8. AGE	Years	Months	Days	If less than 1 day
	<u>4</u>	<u>9</u>	<u>23</u>	hrs min.

9. Exact Occupation Child Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Seattle - Wash (City or town) (State or foreign country)

12. Name Franklin A. Hawks (City or town) (State or foreign country)

13. Birthplace Alaska (City or town) (State or foreign country)

14. Maiden name Blasenda Webb (City or town) (State or foreign country)

15. Birthplace Alaska (City or town) (State or foreign country)

16. Informant's OWN Signature Blasenda A. Hawks and Address Seattle

17. (a) Removal (b) Date thereof 7-27-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Seattle, Wash

18. Funeral Director's OWN Signature James Robertson and Address Spangville, Ida.

19. (a) July 27, 1948 (b) James Cane (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) July 26 1948  
at 6:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 25 July 1948 to 26 July 1948  
I last saw him alive on 26 July 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Contusion - brain

Duration

Due to depressed skull fracture

+ penetrating wound of brain

Due to auto accident

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 25 July 1948 City, county, state

where violence occurred State Creek, Idaho, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Daniel Keltner (M. D. or other) and Address Grangeville Date 27 July 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 30 1948

# Certificate of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 2  
Reg. Dist. No. 640

1. PLACE OF DEATH: Jefferson  
(a) County Rigby  
(b) City or town 291 No. 2nd West.  
(c) Street Address or R.F.D. No. 291 No. 2nd West.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 48 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No. 291 No. 2nd West.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Salt Lake City, Utah

3. (a) FULL NAME WILLIAM ARTHUR TALL.

3. (b) If veteran, name war X  
3. (c) Social Security No. \_\_\_\_\_  
5. Color of white  
4. Sex Male race white  
6. (b) Name of husband or wife Belle K.  
6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth June 29, 1883  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>0</u>	<u>7</u>	hrs. min.

9. Exact Occupation Bldg. Custodian Did this work for 2 yrs.  
10. Industry or Business Medical Bldg. Date last worked 5/23/48  
11. Birthplace Salt Lake City, Utah.  
(City or town) (State or foreign country)  
Father { 12. Name John William Tall.  
13. Birthplace Salt Lake City, Utah.  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Matilda Ball.  
15. Birthplace England.  
(City or town) (State or foreign country)  
16. Informant's OWN Signature William Tall, M.D.  
and Address Rigby, Idaho.  
17. (a) burial (b) Date thereof 7/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Rigby, Idaho.  
18. Funeral Director's OWN Signature Mrs. A. E. Echensell  
and Address Rigby, Idaho.  
19. (a) July 26-48 (b) Mrs. A. E. Echensell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 6 19 48  
(Month, Day, Year) at 8:34 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from November 15 19 48 to July 6 19 48  
I last saw him alive on July 6 19 48  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Uremia Duration 5 weeks  
Due to Pyelonephritis 1 year  
Due to Interstitial Nephritis 4 yrs  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? at home  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Asael Tall, M.D.  
(M. D. or other)  
and Address Rigby, Idaho. Date 7/7/ 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JUL 30 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2640  
Local Reg. No. 1  
Reg. Dist. No. 640

1. PLACE OF DEATH: State of Idaho  
(a) County Jefferson  
(b) City or town Rigby  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. McKee Mat. Stayed 1 days  
(g) Lived in this county years months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 day ~~year~~  
(h) Former residence (city, state) None.

3. (a) FULL NAME JOHN LAKE WILLIAMS.

3. (b) If veteran, name war ☒ 3. (c) Social Security No. ☒  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ☒ 6. (c) Age of husband or wife if alive ☒ years

7. Date of Birth (Month, Day, Year) July 11, 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	0	1	hrs. min.

9. Exact Occupation Babe Did this work for ☒ yrs.  
10. Industry or Business ☒ Date last worked ☒

11. Birthplace Rigby, Idaho.  
(City or town) (State or foreign country)

12. Name Francis Williams.  
Father { (City or town) (State or foreign country)

13. Birthplace Roberts, Idaho.  
Mother { (City or town) (State or foreign country)

14. Maiden name Odetta Lake.  
15. Birthplace Richfield, Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Francis P. Williams  
and Address Dubois, Idaho.

17. (a) burial (b) Date thereof 7/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Dubois, Idaho.

18. Funeral Director's OWN Signature C. B. Echemull  
and Address Rigby, Idaho.

19. (a) 27 1948 (b) Mrs. A. B. Echemull  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH July 12 1948  
(Month, Day, Year) at 3:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 7-11-48 to 7-12-48.  
I last saw him alive on 7-12-48.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Failure Duration

Due to Prematurity  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred.  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature C. B. Echemull  
and Address Rigby, Idaho Date 7-15-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

JUL 30 1948 Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL

STATE OF IDAHO

1948 State File No. 2641  
Local Reg. No. 4  
Reg. Dist. No. 640

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Rigby  
(c) Street Address or R.F.D. No. 150 Clark St.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 29 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Grace, Idaho.

3. (a) FULL NAME

RICHARD HENRY HAYES.

3. (b) If veteran, name war ☒

3. (c) Social Security No. ☒

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife  
Susana Black

6. (c) Age of husband or wife if alive 68 years

7. Date of Birth  
(Month, Day, Year) March 8, 1876

8. AGE	Years	Months	Days	If less than 1 day
	72	4	14	hrs. min.

9. Exact Occupation Farmer Did this work for life yrs.

10. Industry or Business Farm Date last worked 1938

11. Birthplace Harrisville, Utah.  
(City or town) (State or foreign country)

12. Name Richard Hayes.  
(City or town) (State or foreign country)

13. Birthplace England.  
(City or town) (State or foreign country)

14. Maiden name Anna Turner.  
(City or town) (State or foreign country)

15. Birthplace Wales.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Richard W. Hayes  
and Address Rigby, Idaho.

17. (a) burial (b) Date thereof 7/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rigby, Idaho.

18. Funeral Director's OWN Signature C. B. Beckersell  
and Address Rigby, Idaho.

19. (a) 7-29-48 (b) Mrs. C. Beckersell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 22 1948  
(Month, Day, Year) at 6:25 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from July 20 1948 to July 22 1948.  
I last saw him alive on July 22, 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic pneumonia 24 hr.  
Duration

Due to Cardiac failure

Due to Embolism in left popliteal artery 10 days

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho.

Name of operation Date.

Major finding.

Finding of autopsy.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry.

Public Place While at work?

Means of injury C. B. Rigby M.D.

23. Attendant's OWN Signature C. B. Rigby M.D.  
and Address Rigby, Idaho. Date 7-29 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
**RECEIVED**  
**AUG 6 - 1948**  
**DIVISION OF VITALS**

# Certificate Of Death

STATE OF IDAHO

State File No. **2642**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No. **X**  
(d) Death Occurred **Inside?** **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **2** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **67** years  
(h) Former residence (city, state) **Tuscorora Nev**

## 3. (a) FULL NAME **Caroline Amelia Bailey**

3. (b) If veteran, name war ..... No. ....  
5. Color or ..... 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Female** race **White**  
6. (b) Name of husband or wife **William** 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **Nov 10.1863**

8. AGE	Years	Months	Days	If less than 1 day
	<b>84</b>	<b>6</b>	<b>5</b>	hrs min.

9. Exact Occupation **At Home** Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **Souvier Island, Oregon**  
(City or town) (State or foreign country)

- Mother Father  
12. Name **Thomas Redsell**  
13. Birthplace **England**  
(City or town) (State or foreign country)  
14. Maiden name **Amelia Spence**  
15. Birthplace **Canada**  
(City or town) (State or foreign country)

16. Informant's **X Vera J. Fomaine**  
OWN Signature **Jerome, Idaho**  
and Address

17. (a) **Burial** (b) Date thereof **May 17.1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Hailey Idaho**

18. Funeral Director's **JOR W. Jay**  
OWN Signature **Jerome, Idaho**  
and Address

19. (a) **May 16 -** (b) **J. M. Reynolds**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **132X**

20. DATE OF DEATH **May 15 1948**  
(Month, Day, Year) at **1:50** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **5-7 1948**, to **5-13 1948**  
I last saw him alive on **5-14 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **myocarditis** Duration **1wk**

Due to **a cold** **1wk.**  
**nephritis** **1mo?**

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's **Reuben C. Mahon**  
OWN Signature **Jerome, Idaho** (M D. or other)  
and Address **Jerome, Idaho** Date **5-17 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED NON-RESIDENT  
Certificate Of Death  
AUG 6 - 1948  
STATE OF IDAHO

State File No. 2643  
Local Reg. No.  
Reg. Dist. No.

DIVISION OF VITAL

1. PLACE OF DEATH:  
(a) County Jerome  
(b) City or town Jerome  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months 2 days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Not Known (b) County  
(c) City or town  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) Mexico

3. (a) FULL NAME Emanuel Bricher  
3. (b) If veteran, name war  
3. (c) Social Security No. 551-28-6628  
5. Color or race Mexican  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) 1898

8. AGE	Years	Months	Days	If less than 1 day
49				hrs min.

9. Exact Occupation Laborer Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Sonora Mexico (City or town) (State or foreign country)  
Mother { 12. Name Oscar Bricher  
13. Birthplace Mexico (City or town) (State or foreign country)  
14. Maiden name Delors Lopez  
15. Birthplace Mexico (City or town) (State or foreign country)  
16. Informant's From Social Sec, Record  
OWN Signature  
and Address  
17. (a) Burial (b) Date there June 12-48 (Month, Day, Year)  
(c) Place: Jerome, Idaho  
18. Funeral Director's FOR Wiley  
OWN Signature  
and Address Jerome, Idaho  
19. (a) July 12 - (b) (c) (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 26 19 48  
(Month, Day, Year)  
at 11:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis  
Duration  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's FOR Wiley (Cruoner)  
OWN Signature  
and Address Jerome Idaho Date May 29 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 6 - 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No.

2644

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **22** years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **34** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME **Emmert J. Bruce**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or **White**  
4. Sex **Male** race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Evelyn**  
6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth **August 1 1876**

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>11</b>	<b>29</b>	hrs. min.

## 9. Exact Occupation **Mechanic** Did this work for ..... yrs.

## 10. Industry or Business **Garage owner** Date last worked .....

## 11. Birthplace **Springfield Minn** (City or town) (State or foreign country)

## 12. Name **Sylvian Bruce**

## 13. Birthplace **Marion Iowa** (City or town) (State or foreign country)

## 14. Maiden name **Martha Heimmel**

## 15. Birthplace **Felton Opwa** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Robert J. Bruce**

## and Address **500 AVE. F. JEROME IDAHO**

## 17. (a) **Burial** (b) Date thereof **Aug. 1. 1948** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place **Jerome, Idaho**

## 18. Funeral Director's OWN Signature **For Wiley**

## and Address **Jerome, Idaho**

## 19. (a) **Aug 3-48** (b) **W. M. Reynolds** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH **July 30 1948**

## at ..... o'clock **A** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **Aug 27** to **July 30 1948**

## I last saw him alive on **June 29 1948**

## death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: **Cerebral vascular accident** Duration **22 hrs**

## Due to **Hypertension** **10 yrs**

## Due to **arteriosclerosis** **10 yrs**

## Other conditions **Carcinoma prostate** **1 year**

## (Include pregnancy within 3 months of death)

## Where was disease contracted? **Jerome, Idaho**

## Name of operation ..... Date .....

## Major finding ..... Cause to which death should be charged statistically

## Finding of autopsy .....

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? ..... Suicide? ..... Homicide? .....

## Occurred ..... 19 ..... City, county, state

## where violence occurred .....

## Place of Violence: Home ..... Farm ..... Industry .....

## Public Place ..... While at work? .....

## Means of injury .....

## 23. Attendant's OWN Signature **James E. Hoat**

## and Address **Jerome, Idaho** Date **July 3 1948**

## (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 6 - 1948 **Certificate of Death**

DIVISION OF VITAL

STATE OF IDAHO

State File No. 2645  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:

(a) County **Jerome**  
(b) City or town **Hazelton**  
(c) Street Address or R.F.D. No. **X**  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county..... years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Gooding**  
(c) City or town **Wendell**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **47** years  
(h) Former residence (city, state) **Nebraska**

3. (a) FULL NAME **Burtón Lloyd Barton**

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex **Male** 5. Color or race **White**  
6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive **66** years

7. Date of Birth (Month, Day, Year) **Oct, 15 1879**

8. AGE	Years	Months	Days	If less than 1 day
	<b>68</b>	<b>8</b>	<b>19</b>	hrs. min.

9. Exact Occupation **Merchant** Did this work for ..... yrs.

10. Industry or Business **Machine Co** Date last worked .....

11. Birthplace **Cedar Rapids Iowa** (City or town) (State or foreign country)

12. Name **Walter Barton**

13. Birthplace **Vermont** (City or town) (State or foreign country)

14. Maiden name **Ella Arnold**

15. Birthplace **New York, N.Y.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mary Barton** and Address **Wendell, Idaho**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 8, 1948** (Month) (Day) (Year)

(c) Place **Wendell Idaho**

18. Funeral Director's OWN Signature **J R Wiley** and Address **Jerome, Idaho**

19. (a) **July 12** (Date received and filed) (b) **Wendell** (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **July 4** 19 **48**  
(Month, Day, Year) at ..... o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **July 4** 19 **48** to **July 4** 19 **48**.  
I last saw h. **im** alive on **July 4** 19 **48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Thrombosis** Duration **2 hrs**

Due to **Clot in coronary artery**

Due to .....  
Other conditions **None**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**  
Name of operation..... Date.....

Major finding.....  
Finding of autopsy.....

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state  
where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature **W. H. Hopper** (M. D. or other)

and Address **Hazelton, Ida** Date **7 - 4** 19 **48**.  
(For additional space, use reverse side)

RECEIVED Certificate Of Death

AUG 6 - 1948

STATE OF IDAHO

State File No. 2646

Local Reg. No.

Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Jerome  
(b) City or town Jerome  
(c) Street Address or R. F. D. No. rural  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. none Stayed days  
(g) Lived in this county 11 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. No. of town  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Massillon, Ohio

3. (a) FULL NAME ROSS R. UPDEGRAFF

3. (b) If veteran, name war no 3. (c) Social Security No. 518-09-2974  
5. Color or race Wh 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lulu 6. (c) Age of husband or wife if alive 61 years  
7. Date of Birth (Month, Day, Year) May 24, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>2</u>	<u>7</u>	hrs min.

9. Exact Occupation Watermaster Did this work for 11 yrs.

10. Industry or Business Canal Co. Date last worked 7/31/48

11. Birthplace Massillon, Ohio (City or town) (State or foreign country)

12. Name Joseph C. Updegraff

13. Birthplace Massillon, Ohio (City or town) (State or foreign country)

14. Maiden name Emma L. Wampler

15. Birthplace Massillon, Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Lulu E. Updegraff

and Address Jerome, Idaho

17. (a) burial (b) Date thereof 8/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Jerome Cemetery

18. Funeral Director's OWN Signature W. H. H. H. H.

and Address Jerome, Idaho

19. (a) 8/4/38 (b) W. H. H. H. H.  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 7-31 1948  
at 7:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from none 1948, to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crushed chest. Duration

Due to Auto accident

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? Home

Occurred 7-31 1948 City, county, state Jerome County

where violence occurred Home Farm Industry

Place of Violence: Highway While at work?

Means of injury Auto accident

23. Attendant's OWN Signature W. H. H. H. H. (M. D. or other)

and Address Jerome Date 8-3-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 12 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. **2647**  
Local Reg. No. **119**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Ambulance Stayed \_\_\_\_\_ days  
(g) Lived in this county 21 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Montana (b) County \_\_\_\_\_  
(c) City or town Etkridge  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) Unknown

## 3. (a) FULL NAME CHARITY HILY DE GOLIER

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White 6. (c) Age of husband or wife if alive Died 1927 years  
6. (b) Name of husband or wife George  
7. Date of Birth (Month, Day, Year) May 7, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>2</u>	<u>24</u>	hrs min.

9. Exact Occupation Houseworker Did this work for Life yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Maiden Rock, Wisconsin  
(City or town) (State or foreign country)

12. Name Unknown Gifford  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Marjorie C. Warren  
and Address Englewood, Calif.  
7/14/48

17. (a) Burial (b) Date thereof 7/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Forest Cemetery

18. Funeral Director's OWN Signature Marjorie C. Warren  
and Address Coeur d'Alene, Idaho

19. (a) July 7, 1948 (b) Marjorie C. Warren  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D 046D

20. DATE OF DEATH July 1 1948  
(Month, Day, Year) at 10:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1, 1948 to July 1, 1948  
I last saw him alive on July 1, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiovascular disease Duration \_\_\_\_\_

Due to Old age  
2. Possible intestinal  
Due to Cancer Bowel Obstruction  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy Not done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
Attendant's OWN Signature JE Kaiser MD  
and Address 609 Shorman Date July 7, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **2648**  
Local Reg. No. **126**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH:

(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **412 Lakeside**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **LCG Hosp** Stayed **4** days  
(g) Lived in this county **40** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **Cd'A Homes**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **Almira, Wash.**

3. (a) FULL NAME **WEAVER, Samuel Alisson**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**  
4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **|||||** 6. (c) Age of husband or wife if alive **|||||** years

7. Date of Birth **June 6, 1960**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>88</b>	<b>0</b>	<b>26</b>	hrs. min.

9. Exact Occupation **Farmer** Did this work for **60** yrs.

10. Industry or Business **Own Farm** Date last worked **1938**

11. Birthplace **Hamilton, Ohio**  
(City or town) (State or foreign country)

12. Name **John P Weaver**

13. Birthplace **Ohio**  
(City or town) (State or foreign country)

14. Maiden name **Marietta Strawhoyer**

15. Birthplace **Ohio**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Edith Brebner**  
and Address **615 Foster Cd'A, Ida.**

17. (a) Burial (b) Date thereof **7-6-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene, Idaho**

19. (a) **July 15, 1948** (b) **Mary C. Hammett**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **7-2-48**  
(Month, Day, Year) 19\_\_\_\_ at **4:00** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **July 1936** to **July 2, 1948**  
I last saw him alive on **July 2, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Cardiac Failure**

Duration **5 Months**

Due to **Arteriosclerosis**

**20 years**

Due to \_\_\_\_\_

Other conditions **0**

(Include pregnancy within 3 months of death)

Where was disease contracted? **?**

Name of operation **0** Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **0**

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's

OWN Signature **James W Hawkins MD**

(M or other)

and Address **Coeur d'Alene Ida** Date **7-12-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 2649  
State File No. ....  
Local Reg. No. 125  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **412 Lakeside**  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home..... Hospital **X** Institution..... Other place.....  
(f) Name Hosp. or Inst. **L.C.Gen.** Stayed **1** days  
(g) Lived in this county **2** years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **1021 Garden Ave**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **18** years  
(h) Former residence (city, state) **Hargard Idaho**

## 3. (a) FULL NAME

**THOMPSON MOLLIE**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Adrian**

6. (c) Age of husband or wife if alive **43** years

7. Date of Birth (Month, Day, Year) **Sept. 3, 1904**

8. AGE	Years	Months	Days	If less than 1 day
	<b>41</b>	<b>10</b>	<b>3</b>	hrs. min.

9. Exact Occupation **House Wife** Did this work for **19** yrs

10. Industry or Business **Own Home** Date last worked **1947**

11. Birthplace **Russia** (City or town) (State or foreign country)

12. Name **Con H. Eckhardt**

13. Birthplace **Russia** (City or town) (State or foreign country)

14. Maiden name **Kattie Walter**

15. Birthplace **Russia** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mollie Thompson**  
and Address **1021 Garden Coeur d'Alene, Idaho**

17. (a) **Burial** (b) Date thereof **7-9-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Forest Comty Cda. Idaho**

18. Funeral Director's OWN Signature **Mooney-English Chapel**  
and Address **Coeur d'Alene, Idaho**

19. (a) **July 15, 1948** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July 6, 1948**  
at **5:15** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from **6/7** 19 **48** to **7/6** 19 **48**  
I last saw h..... alive on **7/6** 19 **48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Cerebral embolus** Duration **1 day**

Due to **Metastatic carcinoma breast - to liver - past**

Due to **few days to brain.**

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation **Radical Breast** Date **12 July**

Major finding **Carcinoma Breast**

Finding of autopsy **none**

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

Was violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury **[Signature]**

23. Attendant's OWN Signature **[Signature]** (M D or other)

and Address **Coeur d'Alene** Date **7/7** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **2650**  
Local Reg. No. **122**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH:

(a) County **Kootenai**  
(b) City or town **Coeur d'Alene,**  
(c) Street Address or R.F.D. No. **2018 N 4th St**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **40** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **2018 N 4th St**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **Billings Mont.**

## 3. (a) FULL NAME

**SMITH MARY M.**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

5. Color or **W**  
4. Sex **F** race **W**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **Oct, 19, 1859**

8. AGE	Years	Months	Days	If less than 1 day
<b>88</b>	<b>7</b>	<b>18</b>	hrs.	min.

9. Exact Occupation **Housewife** Did this work for **60** yrs.

10. Industry or Business **Own Home v** Date last worked **1933**

11. Birthplace **Adair Co. Missouri** (City or town) (State or foreign country)

12. Name **Benjamin Wilson**

13. Birthplace **Penn.** (City or town) (State or foreign country)

14. Maiden name **Frances McClarkenhau**

15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Chera Taber**

and Address **Coeur d'Alene, Idaho**

17. (a) **Burial** (b) Date thereof **7-9-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Forest Cemty Cda, Idaho**

18. Funeral Director's OWN Signature **Don English**

and Address **Coeur d'Alene, Idaho**

19. (a) **July 15, 1948** (b) **Mary E. Smith** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July 7, 1948** 19  
at **11:40** o'clock **A.**M.

21. I HEREBY CERTIFY, That I attended deceased from **7-7** 19**48**, to **7-7** 19**48**

I last saw h **ea** alive on **7-7** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pulmonary Embolism** Duration **3 days**

Due to **Arteriosclerosis heart disease** **10 yrs.**

Due to **Atherosclerosis** **25 yrs.**

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **E R Carlson M.D.**

(M D or other)

and Address **Coeur d'Alene** Date **7-9** 19**48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JUL 24 1948

# Certificate of Death

DIVISION OF VITAL STATE OF IDAHO

9048 2651

State File No. ....

Local Reg. No. 128

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lakeside Ave.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Lake City Gen. Stayed 2 days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 19th & Young  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) -- Pennsylvania

## 3. (a) FULL NAME

William S. Gentry

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Widowed

6. (b) Name of husband or wife  
Do not know

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth November 3, 1865  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>8</u>	<u>6</u>	hrs. min.

9. Exact Occupation Timberworker Did this work for Life yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 1930?

11. Birthplace Pennsylvania  
(City or town) (State or foreign country)

12. Name Do not know

13. Birthplace Do not know  
(City or town) (State or foreign country)

14. Maiden name Do not know

15. Birthplace Do not know  
(City or town) (State or foreign country)

16. Informant's OWN Signature Edgar Proby

and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 7/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Coeur d'Alene, Idaho

18. Funeral Director's OWN Signature A. B. Nelson

and Address Rathdrum, Idaho

19. (a) July 22, 1948 (b) \_\_\_\_\_  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 9, 1948  
(Month, Day, Year) at 6:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 8  
1948, to July 9 1948.

I last saw h. in alive on July 9 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Myocarditis (Chronic) 4 years

Due to Nephritis (Chronic) 1 year

Due to Hypertrophic prostate 10 years

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. E. Nelson, M.D.

(M. D. or other) \_\_\_\_\_

and Address Coeur d'Alene Date July 12, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON RESIDENT Certificate of Death

STATE OF IDAHO

State File No. **2652**  
Local Reg. No. **121**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH:

(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **963 6th St**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years **6** months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Montana** (b) County **Chouteau**  
(c) City or town **Highwood**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **6Months** years  
(h) Former residence (city, state) **Highwood Mont**

3. (a) FULL NAME **MADSON ELISE M.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or **F** race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **July 10, 1870**

8. AGE	Years	Months	Days	If less than 1 day
	<b>78</b>	<b>0</b>	<b>1</b>	hrs. min.

9. Exact Occupation **House Wife** Did this work for **55** yrs.  
10. Industry or Business **Own Home** Date last worked **6-20-48**

11. Birthplace **Neenah Wis.**  
(City or town) (State or foreign country)

12. Name **Ole Myhu**  
(City or town) (State or foreign country)

13. Birthplace **Norway**  
(City or town) (State or foreign country)

14. Maiden name **Unkown**

15. Birthplace **Unkown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Charles M. Madson**  
and Address **Coeur d'Alene Idaho**

17. (a) **Removal** (b) Date thereof **8-13-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Fort Benton Montana**  
18. Funeral Director's OWN Signature **Mooney-English Chapel**  
and Address **Don English**

19. (a) **July 15, 1948** (b) **Marie E. Jamison**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **July 11 1948**  
(Month, Day, Year)

at **9:15** o'clock **A**M

21. I HEREBY CERTIFY, That I attended deceased from **June 23 1948** to **July 11 1948**

I last saw him alive on **July 8 1948**  
death is said to have occurred on the date and hour stated above

## Immediate Cause of Death:

**Pulmonary Embolism** Duration **2 weeks**

Due to **Granulomatous Arteritis** **20 y.**

Due to **Chronic Glomerular Nephritis** **20 y.**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendants OWN Signature **DR Carlson M.D.**

and Address **318 N 4th COA** Date **July 12, 1948**  
(M D or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
**Certificate Of Death**  
JUL 24 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

348 State File No. **2653**  
Local Reg. No. **129**  
Reg. Dist. No. **120**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **KOOTENAI**  
(b) City or town **COEUR D' ALENE**  
(c) Street Address or R.F.D. No. **WALLACE & GOVERNMENT WAY**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **40** Stayed ☐ days  
(g) Lived in this county **40** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **IDAHO** (b) County **KOOTENAI**  
(c) City or town **COEUR D' ALENE**  
(d) Street Address or R.F.D. No. **WALLACE & GOVERNMENT WAY**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **BUTTE, MONTANA**

3. (a) FULL NAME **WILLIAM BIRCH MCCARTNEY**

3. (b) If veteran, name war **SPANISH AMERICAN** ✓  
4. Sex **MALE** 5. Color **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **HELVIDGE** 6. (c) Age of husband or wife if alive **66** years  
7. Date of Birth (Month, Day, Year) **JULY 22, 1874**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>0</b>	<b>9</b>	hrs min.

9. Exact Occupation **JUDGE** Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace **FORT WAYNE, INDIANA** (City or town) (State or foreign country)

12. Name **JOHN MCCARTNEY**  
13. Birthplace **FORT WAYNE, INDIANA** (City or town) (State or foreign country)  
14. Maiden name **MARY E. PIERCE**  
15. Birthplace **FORT WAYNE, INDIANA** (City or town) (State or foreign country)

16. Informant's OWN Signature **S. O. McCartney**  
and Address **COEUR D' ALENE, IDAHO**  
**BURIAL**

17. (a) (Burial, cremation, or removal) **FOREST CH. BURIAL** (b) Date thereof **7/19/48** (Month) (Day) (Year)  
(c) Place: **FOREST CH. BURIAL**

18. Funeral Director's OWN Signature **M. E. Samuel**  
and Address **COEUR D' ALENE, IDAHO**

19. (a) (Date received and filed) **July 22, 1948** (b) (Registrar's signature) **M. E. Samuel**

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **JULY 14** 19 **48**  
(Month, Day, Year)  
at **6:30** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **5-14** 19 **48**, to **5-14** 19 **48**  
I last saw h. **WM** alive on **5-14** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Coronary Thrombosis** Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **E. D. Barclay**

and Address **C. Da** (M. D. or other)

Date **7-19-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JUL 30 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948

2654

State File No.

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **1016 Wallace**  
(d) Death Occurred Inside? **X** Outside? **X** city or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place **X**  
(f) Name Hosp. or Inst. **X** Stayed **X** days  
(g) Lived in this county **41** years **41** months **41** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **1016 Wallace**  
(e) Deceased lived Inside? **X** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **41** years  
(h) Former residence (city, state) **Wis.**

## 3. (a) FULL NAME

**CARYL MAUDE MAE**

## 3. (b) If veteran, name war

**None**

## 3. (c) Social Security No.

**None**

## 4. Sex **F** Color or **W** race **W**

## 6. (b) Name of husband or wife

## 6. (a) Single, widowed, married, divorced **Divorced**

## 6. (c) Age of husband or wife if alive **41** years

## 7. Date of Birth (Month, Day, Year) **Nov 10, 1881**

8. AGE	Years	Months	Days	If less than 1 day
<b>66</b>	<b>8</b>	<b>7</b>	<b>hrs.</b>	<b>min.</b>

## 9. Exact Occupation **House wife** Did this work for **40** yrs.

## 10. Industry or Business **Own Home** Date last worked **7-16-48**

## 11. Birthplace **Connersville Wis.** (City or town) (State or foreign country)

## 12. Name **John Whistler**

## 13. Birthplace **Indiana** (City or town) (State or foreign country)

## 14. Maiden name **Jessie Green**

## 15. Birthplace **Unknown** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Mrs Mae E McEwen**

## and Address **Coeur d'Alene Idaho**

## 17. (a) **Burial** (b) Date thereof **7-20-48** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place **Forest Cmty Cda Idaho**

## 18. Funeral Director's OWN Signature **Mooney-English Chapel**

## and Address **Coeur d'Alene Idaho**

## 19. (a) **July 29, 1948** (b) **Mary E. Hamilton** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) **July 17, 1948**

## at **12:30** o'clock **AM**

## 21. I HEREBY CERTIFY, That I attended deceased from **7/17/48** to **7/17/48**

## I last saw h. **W** alive on **7/17/48** 19 **48**

## death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: **Diabetes Mellitus** Duration **40 1/2 years**

## Due to **Diabetes Mellitus**

## Due to **Diabetes Mellitus**

## Other conditions **Arteriosclerosis**

## (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation **Arteriosclerosis** Date **7/17/48**

## Major finding **Arteriosclerosis**

## Finding of autopsy **Arteriosclerosis**

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? **Swicide? **Homicide?****

## Occurred **1948** City, county, state **Idaho**

## where violence occurred **Idaho**

## Place of Violence: Home **Farm **Industry****

## Public Place **While at work?**

## Means of injury **Arteriosclerosis**

## 23. Attendant's OWN Signature **Mary E. Hamilton**

## and Address **Coeur d'Alene Idaho** Date **7/20/48**

## (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
JUG 9 - 1948  
NON-RESIDENT  
Certificate of Death  
STATE OF IDAHO

State File No. 2655  
Local Reg. No. 139  
Reg. Dist. No. 120

1. PLACE OF DEATH:  
(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lksde Ave  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. LCG Hosp Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 4 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State California (b) County Los Angeles  
(c) City or town Sherman Oaks  
(d) Street Address or R.F.D. No. 4734 Tobias  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 4 days years  
(h) Former residence (city, state) Californian

3. (a) FULL NAME FARLEY, Mary Opal  
3. (b) If veteran, name was Unknown  
3. (c) Social Security No. Unknown  
4. Sex F 5. Color or W race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George Roland  
6. (c) Age of husband or wife if alive 17 years  
7. Date of Birth (Month, Day, Year) Jan. 19 1895

AGE	Years	Months	Days	If less than 1 day
8.	<u>53</u>	<u>5</u>	<u>29</u>	hrs. min.

9. Exact Occupation Public Librarian Did this work for 12 yrs.  
10. Industry Chelan Pub. Library Date last worked 1946  
Business Chelan Lake, Washington  
11. Birthplace (City or town) (State or foreign country)  
12. Name George Roland  
13. Birthplace (City or town) (State or foreign country) Iowa  
14. Maiden name Ema Boyd  
15. Birthplace (City or town) (State or foreign country) Iowa  
16. Informant's OWN Signature Helen Thomas Farley  
and Address Chelan, Washington  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-19-48 (Month) (Day) (Year)  
(c) Place Chelan, Washington  
18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho  
19. (a) Aug 5 1948 (Date received and filed) (b) Wm. F. Hamilton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH 7-18-48  
(Month, Day, Year) at 1:40 o'clock P M.  
21. I HEREBY CERTIFY, That I attended deceased from 7-17 1948, to 7-18 1948.  
I last saw him/her alive on 7-18 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Probable acute myocardial failure Duration 1 day  
Due to Hypertension unknown  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? X  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
Attendant's OWN Signature William F. Hamilton (M.D. or other)  
and Address Coeur d'Alene, Idaho Date 7-23 1948  
(For additional space, use reverse side)



694

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

JUL 30 1948

STATE OF IDAHO

DIVISION OF VITAL

State File No. 2657  
Local Reg. No. 132  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County KOOTENAI  
(b) City or town COEUR D'ALENE  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. Hospital X Institution. Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. LAKE CITY HOSP Stayed 6 days  
(g) Lived in this county 26 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County KOOTENAI  
(c) City or town COEUR D'ALENE  
(d) Street Address or R.F.D. No. 1115 NORTH FOURTH  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) Roshtern, Canada

## 3. (a) FULL NAME FREEDA ANNA KROLL

3. (b) If veteran, name war \_\_\_\_\_ No. X  
5. Color or race W  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife FREDRICK  
6. (c) Age of husband or wife if alive 69 years  
7. Date of Birth (Month, Day, Year) NOVEMBER, 1, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>8</u>	<u>20</u>	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for LIFE yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1948  
11. Birthplace UNKNOWN, GERMANY (City or town) (State or foreign country)

12. Name L. WURSTER  
13. Birthplace GERMANY (City or town) (State or foreign country)  
14. Maiden name ANNA ROSSMAN  
15. Birthplace GERMANY (City or town) (State or foreign country)

16. Informant's OWN Signature Egon H. Kroll  
and Address Box 1079, Kellon, Idaho

17. (a) B URIAL (b) Date thereof 7/23/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: FOREST CEMETERY, COEUR D'ALENE

18. Funeral Director's OWN Signature [Signature]  
and Address COEUR D'ALENE, IDAHO

19. (a) July 29, 1948 (b) Mary C. Hamilton (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 126X 093D

20. DATE OF DEATH (Month, Day, Year) JULY, 21, 1948 19\_\_\_\_  
at 3:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 7/15 1948, to 7/21 1948  
I last saw h. alive on 7/21 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bilateral Bronchopneumonia  
1. pneumonia  
2. acute heart failure

Due to Acute heart failure  
Due to Arteriosclerotic  
Other conditions Heart disease 5 yrs.  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation G.B. Date 7/6/48  
Major finding Diagnosis: myocardial  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address [Signature] Date 7-23-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 30 1948  
OF VITAL  
NON-RESIDENT  
Certificate of Death  
STATE OF IDAHO

State File No. 2658  
Local Reg. No. 131  
Reg. Dist. No. 120

1. PLACE OF DEATH:

- (a) County KOOTENAI  
(b) City or town COEUR D'ALENE  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. LAKE CITY Stayed 7 days  
(g) Lived in this county years 2 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State MINNESOTA (b) County CROW WING  
(c) City or town BRAINERD  
(d) Street Address or R.F.D. No. RT. #1 BEECH ST.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 2 MONTHS  
(h) Former residence (city, state) SAME

3. (a) FULL NAME PETER HERBERT KREMER

3. (b) If veteran, name war ☒ No. 503-24-6708  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife ☒ 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) JUNE, 27, 1929.

8. AGE	Years	Months	Days	If less than 1 day
	19	0	28	hrs min.

9. Exact Occupation STUDENT Did this work for LIFE yrs.  
10. Industry or Business Date last worked  
11. Birthplace ST PAUL, MINNESOTA (City or town) (State or foreign country)

12. Name CLINTON KREMER  
13. Birthplace BRYANT, SOUTH DAKOTA (City or town) (State or foreign country)  
14. Maiden name AMY BALLARD  
15. Birthplace ATHENS COUNTY, OHIO (City or town) (State or foreign country)

16. Informant's OWN Signature Clinton F. Kremer and Address Rt. 1, Beech St Brainerd Minn

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 7/26/48 (Month) (Day) (Year)  
(c) Place: BRAINERD, MINNESOTA

18. Funeral Director's OWN Signature C. H. Ciplinger and Address Coeur d'Alene Idaho

19. (a) Date received and filed July 29, 1948 (b) Registrar's signature Mary C. Hamilton

MEDICAL CERTIFICATE OF DEATH 122 B

20. DATE OF DEATH (Month, Day, Year) July 25 1948  
at 7:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 17, 1948, to July 25, 1948.  
I last saw him alive on July 24, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Intestinal obstruction Duration 8 da

Due to Adhesions, Peritonitis, Obstruction 6 mo.

Due to Previous operation  
Other conditions Appendicitis, acute (Include pregnancy within 3 months of death)

Where was disease contracted? (7-17-48)  
Name of operation Appendectomy Date 7-22-48  
Major finding Peritonitis 7-23-48  
Finding of autopsy Acute appendicitis, bowel obstruction  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state

where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature C. H. Ciplinger (M. D. or other)

and Address Coeur d'Alene Date 7-25 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
JUL 9 - 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2659  
Local Reg. No. 140  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **412 Ekade**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **LCG Hosp** Stayed **3** days  
(g) Lived in this county **43** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **500 Govt Way**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **43** years  
(h) Former residence (city, state) **Washburn, Wisc**

3. (a) FULL NAME **HANER, William Shenk**

3. (b) If veteran, name war **World War 1** 3. (c) Social Security No. **541-03-4205**

4. Sex **M** 5. Color or race **W**

6. (b) Name of husband or wife **XXXXXXXXXXXX** 6. (c) Age of husband or wife if alive **XXXXXXXXXXXX** years

7. Date of Birth **Oct 19, 1889**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>58</b>	<b>9</b>	<b>7</b>	hrs. min.

9. Exact Occupation **Public Relations** Did this work for **18** yrs.

10. Industry **Western Pine Assn** Date last worked **1-19-48**

11. Birthplace **Washburn, Wisconsin**  
(City or town) (State or foreign country)

12. Name **William H. Haner**  
(City or town) (State or foreign country)

13. Birthplace **Wisc.**  
(City or town) (State or foreign country)

14. Maiden name **Kittie Shenk**  
(City or town) (State or foreign country)

15. Birthplace **Wisconsin**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **W.H. Haner**

and Address **Coeur d'Alene, Idaho**

17. (a) Burial (b) Date thereof **7-29-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Mooney-English Funeral**

and Address **Coeur d'Alene, Idaho**

19. (a) **Aug 5, 1948** (b) **Myrtle G. Yarnall**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **7-26-48**  
(Month, Day, Year)

at **4:30** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **2/3** 19 **48** to **7/26** 19 **48**

I last saw h. **7/26** alive on **7/26** 19 **48**

Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic Adhesive Pericarditis (Pick's Disease)** Duration

Due to **Coronary thrombosis 5 yrs.**

Due to **5 yrs ago**

Other conditions **Arteriosclerosis**

(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation **None** Date

Major finding **Chronic Adhesive Pericarditis**

Finding of autopsy **and marked enlargement of heart**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **F.P. Manning MD**

and Address **Bozeman** (M D or other)

Date **7/29** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

JUL 30 1948 Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPT. OF VITAL

STATE OF IDAHO

State File No.

2660

Local Reg. No.

185

Reg. Dist. No.

120

1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeurd'Alene  
(c) Street Address or R.F.D. No. 1806 Elm St.  
(d) Death Occurred Inside? X Outside? - city or town  
(e) Died at Home X Hospital - Institution - Other place -  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county 3 years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeurd'Alene  
(d) Street Address or R.F.D. No. 1806 Elm St  
(e) Deceased lived Inside? X Outside? - city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Yakima, Wash.

3. (a) FULL NAME Delilah Almira Pruitt

3. (b) If veteran, name war no 3. (c) Social Security No. none  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female  
6. (b) Name of husband or wife Ephraim A. Pruitt 6. (c) Age of husband or wife if alive 58 years  
7. Date of Birth April 17, 1880  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	68	3	9	hrs. min.

9. Exact Occupation housewife Did this work for life yrs.  
10. Industry or Business - Date last worked July 1942  
11. Birthplace Meramec, Missouri (City or town) (State or foreign country)  
12. Name James Whitworth  
13. Birthplace Do not know (City or town) (State or foreign country)  
14. Maiden name Elmira Do not know  
15. Birthplace Do not know (City or town) (State or foreign country)

16. Informant's OWN Signature E A Pruitt 1806 Elm St  
and Address Coeurd'Alene Idaho

17. (a) Burial (b) Date thereof 7/28/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Forest, Coeurd'Alene Idaho.

18. Funeral Director's OWN Signature A. B. Nelson  
and Address Rathdrum Idaho.

19. (a) July 29 1948 (b) Mary E. Hamilton  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 26 19 48  
(Month, Day, Year) at 6:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 26 19 48 to July 26 19 48.  
I last saw him alive on July 26 19 48.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebral Hemorrhage Duration 1 day

Due to hypertension 10 years

Due to -  
Other conditions -  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation - Date -  
Major finding -  
Finding of autopsy -

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state  
where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature A. B. Nelson M D  
and Address Coeurd'Alene Idaho Date July 27 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 9 - 1948

# Certificate of Death

VISION OF VITAL

STATE OF IDAHO

State File No. 2661

Local Reg. No. 141

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **1309 1/2 Fifth St.**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **14** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **1309 1/2 Fifth St**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **28** years  
(h) Former residence (city, state) **Harrison Idaho**

## 3. (a) FULL NAME **HARRIS, Ellsworth Devillo**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**  
4. Sex **M** 5. Color or race **W**  
6. (b) Name of husband or wife **Ellen** 6. (c) Age of husband or wife if alive **71** years  
7. Date of Birth (Month, Day, Year) **April 14, 1862**

8. AGE	Years	Months	Days	If less than 1 day
	<b>86</b>	<b>3</b>	<b>12</b>	hrs. min.

9. Exact Occupation **Farmer** Did this work for **65** yrs.  
10. Industry or Business **Own Farm** Date last worked **1933**

11. Birthplace **Noth Fork, Penn**  
(City or town) (State or foreign country)

- Father { 12. Name **Robert E. Harris**  
13. Birthplace **Pa.**  
(City or town) (State or foreign country)

- Mother { 14. Maiden name **Synchia Vroon**  
15. Birthplace **New York**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Phoebe H. Green**  
and Address **Coeur d'Alene, Idaho**

17. (a) **Burial** (b) Date thereof **7-30-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene, Idaho**

19. (a) **Aug 5, 1948** (b) **Martha Hamilton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July 26, 1948**  
at **11:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **June 1, 1948** to **July 26, 1948**

I last saw h. **in** alive on **July 26, 1948**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Due to **Chronic Myocarditis** Duration **10 years**

Due to \_\_\_\_\_  
Other conditions **Chronic Nephritis** **2 years**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
Attendant's OWN Signature **Dr. E. J. Jensen - M.D.**  
(M. D. or other)

and Address **Coeur d'Alene** Date **July 28, 1948**  
(For additional space, use reverse side)

**Idaho**

144

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 9 - 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **2662**  
Local Reg. No. **144**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH: STATISTICS

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **502 S 15th**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **19** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **502 S 15th**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **19** years  
(h) Former residence (city, state) **Bemidji Minn.**

## 3. (a) FULL NAME

**VOLTZ GEORGE WASHINGTON**

## 3. (b) If veteran, name war

**None**

## 3. (c) Social Security No.

**none**

## 4. Sex **M** Color or race **W**

## 6. (a) Single, widowed, married, divorced **Married**

## 6. (b) Name of husband or wife **Lena**

## 6. (c) Age of husband or wife if alive **78** years

## 7. Date of Birth (Month, Day, Year) **Oct 25, 1865**

8. AGE	Years	Months	Days	If less than 1 day
	<b>82</b>	<b>9</b>	<b>1</b>	hrs. min.

## 9. Exact Occupation **Stone Mason** Did this work for **25** yrs.

## 10. Industry or Business **Own Business** Date last worked **May 1948**

## 11. Birthplace **Beaver Dam Wis.** (City or town) (State or foreign country)

## 12. Name **William Henry Voltz**

## 13. Birthplace **Prussia** (City or town) (State or foreign country)

## 14. Maiden name **Harriett Pryor**

## 15. Birthplace **Beaver Dam Wis.** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Mrs. E. C. Smith** and Address **Coeur d'Alene, Idaho**

## 17. (a) **Burial** (b) Date thereof **7-29-48** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place **Forest Cmty Cdd. Idaho**

## 18. Funeral Director's OWN Signature **Mooney English Chapel** and Address **Coeur d'Alene, Idaho**

## 19. (a) **Aug 5, 1948** (b) **Mary E. Hamilton** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) **July 26, 1948** at **6:50** o'clock **P.M.**

## 21. I HEREBY CERTIFY, That I attended deceased from **1-16** 1948 to **7-26** 1948. I last saw h. **in** alive on **7-26** 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: **Carcinoma of prostate** Duration **4 mo. +**

## Due to \_\_\_\_\_

## Due to \_\_\_\_\_

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 22. Attendant's OWN Signature **William T. Wood, M.D.** (M. D. or other)

## and Address **Coeur d'Alene, Idaho** Date **7-29** 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 9 - 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2663

Local Reg. No. 137

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **1319 Front Ave**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **12** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **1319 Front Ave**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **12** years  
**Minneapolis, Minn.**  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**BORST, Charles Manning**

## 3. (b) If veteran, name war

**World War I**

## 3. (c) Social Security No.

**518-05-4004**

## 4. Sex **M** Color or race **W**

## 5. (a) Single, widowed, married, divorced **Married**

## 6. (b) Name of husband or wife **Hazel**

## 6. (c) Age of husband or wife if alive **47** years

## 7. Date of Birth (Month, Day, Year)

**Feb. 9, 1892**

8. AGE	Years	Months	Days	If less than 1 day
	<b>56</b>	<b>5</b>	<b>19</b>	hrs. min.

## 9. Exact Occupation **Salesman** Did this work for **14** yrs.

## 10. Industry or Business **Musical Instruments** Date last worked **1936**

## 11. Birthplace **Independence, Wisc.** (City or town) (State or foreign country)

## 12. Name **Virgil Borst**

## 13. Birthplace **Wisc.** (City or town) (State or foreign country)

## 14. Maiden name **Orfino Estes**

## 15. Birthplace **Wisc.** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Mrs Charles M. Borst**

## and Address **Coeur d'Alene, Idaho**

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **7-31-48** (Month) (Day) (Year)

## (c) Place **Forest Cem. Co'A Idaho**

## 18. Funeral Director's OWN Signature **Don English**

## and Address **Coeur d'Alene, Idaho**

## 19. (a) Date received and filed **Aug 5, 1948** (b) Registrar's Signature

## MEDICAL CERTIFICATE OF DEATH.

## 20. DATE OF DEATH

(Month, Day, Year) **7-28-48** 19\_\_\_\_  
at **6:30** o'clock **P** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **1938**

19\_\_\_\_ to **7/28** 19\_\_\_\_  
I last saw him alive on **7/28** 19\_\_\_\_  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Coronary Occlusion** Duration **2 days**

Due to **Angina Pectoris** **3 months**

**Bayer's Disease** **12 yrs.**

Other conditions **None**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation **None** Date \_\_\_\_\_

Major finding **None**

Finding of autopsy **None**

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature **P. F. Hairy MD**

(M. D. or other) **Coeur d'Alene** Date **7/31** 19\_\_\_\_

and Address \_\_\_\_\_ (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
NON-RESIDENT  
Certificate of Death  
STATE OF IDAHO

State File No. 2664  
Local Reg. No. 143  
Reg. Dist. No. 120

1. PLACE OF DEATH:

- (a) County. **Kootenai**  
(b) City or town. **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **Cd'A Homes**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. \_\_\_\_\_ Hospital. \_\_\_\_\_ Institution. ☒ Other place  
(f) Name Hosp. or Inst. **Cd'A Homes** Stayed **3 yrs**  
(g) Lived in this county **3** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Washington** (b) County. **Spokane**  
(c) City or town. **Spokane**  
(d) Street Address or R.F.D. No. **4011 E 30th**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **3** years  
(h) Former residence (city, state) **Spokane Wn.**

3. (a) FULL NAME **OLSON, Anne**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex. **F** Color or race. **W**

6. (a) Single, widowed, married, divorced. **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **Nov 6, 1859**

8. AGE	Years	Months	Days	If less than 1 day
	<b>88</b>	<b>8</b>	<b>23</b>	hrs. min.

9. Exact Occupation. **Cook** Did this work for. **40** yrs.

10. Industry or Business. **Domestic** Date last worked. **1925**

11. Birthplace. **Norway** (City or town) (State or foreign country)

12. Name. **Unknown**

13. Birthplace. **Unknown** (City or town) (State or foreign country)

14. Maiden name. **Unknown**

15. Birthplace. **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature. **Oscar S. Hartman**  
and Address. **612 N. Cherokee Ave**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof. **8-2-48** (Month) (Day) (Year)  
(c) Place. **Spokane, Washington**

18. Funeral Director's OWN Signature. **Don English**  
and Address. **Coeur d'Alene, Idaho**

19. (a) **May 5, 1948** (Date received and filed) (b) **May 5, 1948** (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **7-29-48** (Month, Day, Year) at **7:45** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **May 18, 1948** to **7-29** 19 **48**  
I last saw him alive on **May 15** 19 **48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Endocarditis** Duration **4 mos**

Due to **arteriosclerosis, heart** **20 yrs**

Due to **hypertension** **20 yrs**

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation. \_\_\_\_\_ Date. \_\_\_\_\_

Major finding. \_\_\_\_\_

Finding of autopsy. \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury. \_\_\_\_\_

23. Attendant's OWN Signature. **E. Phelan M.D.** (M D or other)

and Address. **315 W. Canal** Date. **8-2** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 16 1948

DEPT. OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No.

2665

Local Reg. No.

146

Reg. Dist. No.

120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d' Alene  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Home Hospital Stayed 17-Months  
(g) Lived in this county 45 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d' Alene  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Unknown

## 3. (a) FULL NAME

JULIA ETTA YOUNG

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 5. Color or

Female race White

## 6. (b) Name of husband or wife

John

## 6. (a) Single, widowed, married, divorced

Widowed

## 6. (c) Age of husband or wife if alive

dead

## 7. Date of Birth

(Month, Day, Year) October 12, 1873

## 8. AGE

Years

74

Months

8

Days

19

If less than 1 day

hrs. min.

## 9. Exact Occupation

Housewife

## Did this work for

Life

## 10. Industry or Business

Date last worked

## 11. Birthplace

(City or town)

(State or foreign country)

## 12. Name

Unknown

## 13. Birthplace

Unknown

(City or town)

(State or foreign country)

## 14. Maiden name

Unknown

## 15. Birthplace

Unknown

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

and Address

John Lyons

Rt. 2, 94 West CDA, IDA

## 17. (a)

Cremation

(b) Date thereof

8/7/48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place Spokane Washington

## 18. Funeral Director's

OWN Signature

and Address

Mary C. Hamilton

Aug 18, 1948

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 31 1948

at 8:00 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

May 15, 48 1948 to July 31, 48 1948

I last saw him alive on July 30 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Endocarditis 10 years

Due to

Rheumatic fever

Due to

Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Idaho

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature

and Address

Robert L. Hamilton M.D.

(M. D. or other)

Coeur d'Alene, Ida Date Aug 4, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. **2666**  
1948 Local Reg. No. **124**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Rehoboth  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed      days  
(g) Lived in this county      years      months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Spokane  
(c) City or town Spokane  
(d) Street Address or R.F.D. No. W. 3427 Kiernan  
(e) Deceased lived Inside Yes Outside?      city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho?      years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**BIRDIE STILES**

## 3. (b) If veteran,

name war     

## 3. (c) Social Security

No.     

5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
4. Sex F. race White  
6. (b) Name of husband or wife Leslie V.  
6. (c) Age of husband or wife if alive 41 years

7. Date of Birth May 10, 1910  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>39</u>	<u>2</u>	<u>24</u>	hrs min.

9. Exact Occupation Housewife Did this work for      yrs.  
10. Industry or Business Own home Date last worked       
11. Birthplace Hood River, Ore.  
(City or town) (State or foreign country)

12. Name James Cramblett  
13. Birthplace Unobt.  
(City or town) (State or foreign country)  
14. Maiden name Bertha Brown  
15. Birthplace Unobt.  
(City or town) (State or foreign country)

16. Informant's OWN Signature By [Signature]  
and Address W. 3427 Kiernan, Spok. Wn.

17. (a) Removal (b) Date thereof July 5 '48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Klamath Falls, Ore.

18. Funeral Director's OWN Signature [Signature]  
and Address S. 327 Jefferson St. Spok. Wn.

19. (a) July 15, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 4 1948  
at      o'clock      M.

21. I HEREBY CERTIFY, That I attended deceased from not at all 19      to 19     

I last saw h.      alive on dead not 19     ; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

1 skull fracture

Duration

Due to auto accident

Due to     

Other conditions       
(Include pregnancy within 3 months of death)

Where was disease contracted? Public place

Name of operation none Date     

Major finding     

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide?      Homicide?       
Occurred 7-4 1948 City, county, state where violence occurred Kootenai, Idaho  
Place of Violence: Home      Farm      Industry       
Public Place      While at work?       
Means of injury auto accident

23. Attendant's OWN Signature William T. Wood, M.D.  
(M. D. or other)  
and Address Coeur d'Alene Date 7-7 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

JUL 30 1948

STATE OF IDAHO

748  
State File No. 2667  
Local Reg. No. 136  
Reg. Dist. No. 120

1. PLACE OF DEATH: **Kootenai**  
(a) County **Kathdrum**  
(b) City or town  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? **X** Outside? **-** city or town  
(e) Died in **at** Home **X** Hospital **-** Institution **-** Other place **-**  
(f) Name Hosp. or Inst. **-** Stayed **-** days  
(g) Lived in this county **14** years **-** months **-** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Kathdrum**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? **X** Outside? **-** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **14** years  
(h) Former residence (city, state) **Prescho South-Dakota**

3. (a) FULL NAME **Anthony J. Wolf**  
3. (b) If veteran, name war **no** 3. (c) Social Security No. **519-03-5442**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Grace E. Wolf** 6. (c) Age of husband or wife if alive **66** years  
7. Date of Birth **July 1. 1882**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>	<b>0</b>	<b>18</b>	hrs. min.

9. Exact Occupation **Carpenter** Did this work for **Life** yrs.  
10. Industry or Business **Nov. 1947** Date last worked  
11. Birthplace **Madus South Dakota** (City or town) (State or foreign country)

12. Name **Henry Wolf**  
13. Birthplace **Saint Paul Minnesota** (City or town) (State or foreign country)  
14. Maiden name **Rosie Jocmet**  
15. Birthplace **Do not know Switzerland** (City or town) (State or foreign country)

16. Informant's OWN Signature **Grace E. Wolf**  
and Address **Kathdrum Idaho**

17. (a) **Burial** (b) Date thereof **7/23/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Pine Grove, Kathdrum Idaho**

18. Funeral Director's OWN Signature **A. B. Nelson**  
and Address **Kathdrum Idaho**

19. (a) **July 29, 1948** (b) **Mary E. Hamilton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **July 19** 19 **48**  
(Month, Day, Year)  
at **11:30** o'clock **P.** M.  
21. I HEREBY CERTIFY, That I attended deceased from **1937**  
to **7/19** 19 **48**

I last saw him alive on **Nov 1947**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Cranery thrombosis** Duration **2 hrs**

Due to **Previous thrombosis 1941**  
**Anginal pain since 1941**

Due to **1941**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation **none** Date

Major finding **none**  
Finding of autopsy **none**

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **-** Suicide? **-** Homicide? **-**

Occurred **-** 19 **-** City, county, state

where violence occurred

Place of Violence: Home **-** Farm **-** Industry **-**

Public Place **-** While at work? **-**

Means of injury **-**

23. Attendant's OWN Signature **P. J. Hamilton**  
(M. D. or other)

and Address **Coonsdale** Date **7/20 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

JUL 30 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

STATE OF IDAHO

State File No. 2668

Local Reg. No. 133

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Garwood  
(c) Street Address or R.F.D. No. Hayden Lake Rt#1  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 59 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Garwood  
(d) Street Address or R.F.D. No. Hayden Lake Rt#1  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 59 years  
(h) Former residence (city, state) Spangle Wash

## 3. (a) FULL NAME

NORTHWAY, SARAH NELLA

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 4. Sex F Color or Wv race Wv

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife William

## 6. (c) Age of husband or wife if alive 76 years

## 7. Date of Birth (Month, Day, Year) Oct 11, 1871

8. AGE	Years	Months	Days	If less than 1 day
<u>76</u>	<u>9</u>	<u>10</u>	<u>hrs.</u>	<u>min.</u>

## 9. Exact Occupation House Wife Did this work for 50 yrs.

## 10. Industry or Business Own Home Date last worked 7-21-48

## 11. Birthplace Council Bluff Iowa (City or town) (State or foreign country)

## 12. Name David Saunders

## 13. Birthplace Unknown (City or town) (State or foreign country)

## 14. Maiden name Downing

## 15. Birthplace Unknown (City or town) (State or foreign country)

## 16. Informant's OWN Signature E. N. Northway and Address Bathdrum Idaho Rt# 2

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-48 (Month) (Day) (Year)

## (c) Place Forest Cmty Cda. Idaho

## 18. Funeral Director's OWN Signature Mooney-English Chapel and Address Coeur d'Alene, Idaho

## 19. (a) July 24 1948 (Date received and filed) (b) Wm E Hamilton (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) July 21 19 48

at 5:45 o'clock P M.

## 21. I HEREBY CERTIFY, That I attended deceased from 1946 to July 21 19 48

I last saw h. in alive on Jan 2 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary occlusion

## Duration

1 hr

Due to Arteriosclerosis

10 yrs.

Due to   

Other conditions   

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

## 23. Attendant's OWN Signature R. H. Parker, M.D. (M.D. or other)

and Address Coeur d'Alene Idaho 7-23 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

JUL 30 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

STATE OF IDAHO

1948 2669

State File No.

Local Reg. No. 134

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Rathdrum  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town \_\_\_\_\_  
(e) Died at Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Rathdrum  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) South Dakota

## 3. (a) FULL NAME

Nancy A. Phelps

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female Color or Race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hiel A. Phelps

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October 3, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>9</u>	<u>19</u>	hrs. min.

9. Exact Occupation Housewife Did this work for Life yrs.

10. Industry or Business July-1945 Date last worked

11. Birthplace Sarcoxi Missouri (City or town) (State or foreign country)

12. Name Joseph Davidson (City or town) (State or foreign country)

13. Birthplace Do not know Missouri (City or town) (State or foreign country)

14. Maiden name Lydia A. Cimberlin (City or town) (State or foreign country)

15. Birthplace Do not know (City or town) (State or foreign country)

16. Informant's OWN Signature J. B. Phelps

and Address Rathdrum Idaho

17. (a) Removal (b) Date thereof 7/25/1948 (Month) (Day) (Year)

(c) Place Spokane Wash. (Cremation)

18. Funeral Director's OWN Signature A. B. Nelson

and Address Rathdrum Idaho

19. (a) Date received and filed July 29, 1948 (b) Registrar's signature Mary E. Hamilton

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 22, 1947  
at 2:35 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 1948, to July 22 1948.

I last saw her alive on July 7, 1948. death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chronic Myocarditis Duration 1 year

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. B. Nelson, M.D. (M. D. or other)

and Address Coeur d'Alene Date July 23, 1948

(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED NON-RESIDENT  
Certificate of Death

AUG 9 - 1948

DIVISION OF VITAL

STATE OF IDAHO

1948 File No. 2670  
Local Reg. No. 143  
Reg. Dist. No. 120

1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Rathdrum  
(c) Street Address or R.F.D. No. -  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county - years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Michigan (b) County Wayne  
(c) City or town Detroit  
(d) Street Address or R.F.D. No. Do not know  
(e) Deceased lived Inside? X Outside? - city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? unknown years  
(h) Former residence (city, state) -

3. (a) FULL NAME Wilbert S. Hoffman

3. (b) If veteran, name war World War II.  
3. (c) Social Security No. 372-10-6678  
5. Color or race White  
4. Sex Male race White  
6. (b) Name of husband or wife -  
6. (c) Age of husband or wife if alive - years

7. Date of Birth (Month, Day, Year) September 19, 1907

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>10</u>	<u>11</u>	hrs. min.

9. Exact Occupation Machinist Did this work for ? yrs.  
10. Industry or Business - Date last worked Do not know  
11. Birthplace Springfield Illinois (City or town) (State or foreign country)  
Father { 12. Name Nelson Charles Hoffman  
13. Birthplace Rockport Indiana (City or town) (State or foreign country)  
Mother { 14. Maiden name Della Flower  
15. Birthplace Springfield Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature A. B. Nelson  
and Address Rathdrum, Idaho

17. (a) Removal (b) Date thereof 8/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Detroit, Michigan

18. Funeral Director's OWN Signature A. B. Nelson  
and Address Rathdrum, Idaho

19. (a) Aug 5, 1948 (b) Myrtle Hamilton  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 30 19 48  
(Month, Day, Year)  
at 11:45 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from Did not.

I last saw h. - alive on - 19 -;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Traumatic amputation right leg, right arm Duration Immediate

Due to Train accident.

Due to -  
Other conditions -  
(Include pregnancy within 3 months of death)

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autopsy -

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? - Homicide? -

Occurred 7-30 19 48 City, county, state near Rathdrum, Kootenai, Idaho.

where violence occurred near Rathdrum, Kootenai, Idaho.

Place of Violence: Home - Farm - Industry -

Public Place Railroad track While at work? -

Means of injury apparently fell from train

23. Attendant's OWN Signature William T. Wood, M.D. Coroner.  
(M. D. or other)

and Address Camden, Idaho Date 8-3 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

AUG 9 - 1948

# Certificate of Death

STATE OF IDAHO

STATE OF IDAHO

State File No. 2671

Local Reg. No. 138

Reg. Dist. No. 120

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Spirit Lake  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? - city or town \_\_\_\_\_  
(e) Died in a Home - Hospital X Institution - Other place -  
(f) Name Hosp. or Inst. Spirit Lake Stayed 13 days  
(g) Lived in this county 32 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Spirit Lake  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? - city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Asotin, Wash.

3. (a) FULL NAME James Alfred Coston

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosa Ellen Coston 6. (c) Age of husband or wife if alive 72 years

7. Date of Birth (Month, Day, Year) February 14, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>5</u>	<u>16</u>	hrs. min.

9. Exact Occupation Blacksmith Did this work for 40 yrs.

10. Industry or Business retired Date last worked 1938

11. Birthplace Coos Bay Oregon (City or town) (State or foreign country)

12. Name Henry Coston

13. Birthplace Walla Walla Washington (City or town) (State or foreign country)

14. Maiden name Elizabeth Turner

15. Birthplace Roseburg Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Rosa Coston and Address Spirit Lake Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/1948 (Month) (Day) (Year)

(c) Place Greenwood Cemetery, Spirit Lake

18. Funeral Director's OWN Signature A. B. Nelson and Address Rathdrum, Idaho

19. (a) Aug 5, 1948 (b) Mary G. Smith (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 30, 1948

at 7:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 21, 1948 to July 30, 1948

I last saw him alive on July 30, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute coronary thrombosis Duration \_\_\_\_\_

Due to Coronary heart disease, arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. C. Fredrikson M.D.

and Address Spirit Lake (M.D. or other) Date 8/1/48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

JUL 10 1948 STATE OF IDAHO

1948 State File No. 2672  
Local Reg. No. 83  
Reg. Dist. No. 222

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 9 days  
(g) Lived in this county 42 years 9 months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. So. Asbury  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Donald Nathaniel Luvaas

3. (b) If veteran, name war None 3. (c) Social Security No 518-01-8014  
5. Color or white 6. (a) Single, widowed, married, divorced divorced  
4. Sex Male race white  
6. (b) Name of husband or wife Unk 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) August 26, 1905

8. AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>9</u>	<u>9</u>	hrs min.

9. Exact Occupation Gas Station Did this work for ..... yrs.  
10. Industry or Business Service Stn. Date last worked July 3rd  
11. Birthplace Moscow Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name B. P. Luvaas  
13. Birthplace Norway (City or town) (State or foreign country)  
14. Maiden name Martha Dahl  
15. Birthplace Norway (City or town) (State or foreign country)  
16. Informant's OWN Signature B. P. Luvaas and Address Moscow, Idaho  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-48 (Month) (Day) (Year)  
(c) Place: Moscow, Idaho  
18. Funeral Director's OWN Signature H. R. Short and Address Moscow, Idaho  
19. (a) 7/7/48 (Date received and filed) (b) Louis E. Anderson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 170C 083A

20. DATE OF DEATH (Month, Day, Year) July 5, 1948 19.....  
at 6:05 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 4-74 to 7-5-1948  
I last saw him alive on 7-5-1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Arterial Occlusion Duration 9 hours

Due to With hemorrhage skull fracture 9 hours

Due to fractured pelvis fractured right leg 9 hours

Other conditions fractured right leg (Include pregnancy within 9 months of death)

Where was disease contracted? at home

Name of operation set right leg Physician Dr. J. H. Anderson

Major finding set right leg Underline the cause to which death should be charged statistically.

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred 7-4-48 City, county, state Latah County  
where violence occurred back porch  
Place of Violence: Home farm Industry public place  
Public Place public place while at work? yes  
Means of injury gun gas fall burn

23. Attendant's OWN Signature Joseph H. Anderson (M.D. or other) and Address Moscow, Idaho Date 7-6-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 15 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2673  
Local Reg. No. 84  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

(a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Critman Stayed 2hrs days  
(g) Lived in this county Life years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Baby Boy Herrmann

3. (b) If veteran, None 3. (c) Social Security None  
name war \_\_\_\_\_ No. \_\_\_\_\_  
4. Sex M 5. Color or W 6. (a) Single, widowed, married,  
race W divorced single  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife None alive \_\_\_\_\_ years  
7. Date of Birth July 6, 1948  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
--	--	--	- <u>2</u>	2 hrs 6 min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business None Date last worked \_\_\_\_\_  
11. Birthplace Moscow, Idaho  
(City or town) (State or foreign country)

Mother Father { 12. Name Maynard Herrmann  
13. Birthplace Grainfield Kansas  
(City or town) (State or foreign country)  
14. Maiden name Zola Packer  
15. Birthplace Stites Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature M. Herrmann  
and Address Moscow, Ida.

17. (a) Burial (b) Date thereof 7-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow cemetery

18. Funeral Director's OWN Signature W. R. Short  
and Address Moscow, Idaho

19. (a) 7/9/48 (b) L. E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 7, 1948  
(Month, Day, Year) 19\_\_\_\_  
at 2:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 7-7-48 to 7-7-48  
I last saw h.l.m. alive on 7-7-48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: gunshot Duration 2 hrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature L. E. Anderson (M. D. or other)  
and Address Moscow, Idaho Date 7/9 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 15 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2674  
Local Reg. No. 85  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? ☒ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. Loehr-Klaassen Stayed 1 days  
(g) Lived in this county --- years 1 months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Pt. 1, Garfield, Wn.  
(d) Street Address or R.F.D. No. Rt 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1 mo --- years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME Ronald Charles Nearing

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Date of Birth (Month, Day, Year) June 8, 1948

8. AGE	Years	Months	Days	If less than 1 day
	---	<u>1</u>	---	hrs min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business None Date last worked \_\_\_\_\_  
11. Birthplace Moscow, Idaho  
(City or town) (State or foreign country)

12. Name Charles A. Nearing  
13. Birthplace Webb, Saskatchewan, Canada  
(City or town) (State or foreign country)  
14. Maiden name Laurene Normington  
15. Birthplace Moscow, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Charles A. Nearing  
and Address Pt. 1, Garfield, Washington

17. (a) Burial (b) Date thereof 7-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature H.R. Short  
and Address Moscow, Idaho

19. (a) 7-12-48 (b) Leis E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 8, 1948  
(Month, Day, Year) at 5:40 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from June 8, 1948 to July 8, 1948.  
I last saw him alive on July 8, 1948. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death aspiration  
of pneumonia Duration 1 wk.

- Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature L. E. Klaassen  
(For additional space, use reverse side)  
and Address Moscow, Idaho Date 7-12-48

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED** **Certificate Of Death**  
**AUG 13 1948**  
**STATE OF IDAHO**

1948 State File No. **2675**  
Local Reg. No. **88**  
Reg. Dist. No. **200**

**1. PLACE OF DEATH:**

**STATISTICS**

- (a) County **Latah**  
(b) City or town **MOSCOW**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. **Gritman** Stayed **8** hrs  
(g) Lived in this county **0** years **0** months **8** hrs

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Latah**  
(c) City or town **MOSCOW**  
(d) Street Address or R.F.D. No. **North Main**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **Life** years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

**Mary Jayne Jasper**

**3. (b) If veteran,**  
name war **No**

**3. (c) Social Security**  
No. **None**

**4. Sex** **F** **5. Color or**  
race **W**

**6. (a) Single, widowed, married,**  
divorced **single**

**6. (b) Name of husband or**  
wife \_\_\_\_\_

**6. (c) Age of husband or wife if**  
alive \_\_\_\_\_ years

**7. Date of Birth**  
(Month, Day, Year) **July 29, 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>0</b>	<b>8 hrs 35 min.</b>

**9. Exact Occupation** **None** **Did this**  
work for \_\_\_\_\_ yrs.

**10. Industry or Business** **None** **Date last**  
worked \_\_\_\_\_

**11. Birthplace** **MOSCOW** **Idaho**  
(City or town) (State or foreign country)

**12. Name** **John R. Jasper**

**13. Birthplace** **Vida** **Montana**  
(City or town) (State or foreign country)

**14. Maiden name** **Lillis Ethel Dehaven**

**15. Birthplace** **Billings** **Montana**  
(City or town) (State or foreign country)

**16. Informant's OWN Signature** **John R. Jasper**  
and Address **MOSCOW, Idaho**

**17. (a) Burial** **(b) Date thereof** **7-30-48**  
(Burial, cremation or removal) (Month) (Day) (Year)

**(c) Place:** **MOSCOW, Idaho**

**18. Funeral Director's OWN Signature** **H. R. Hunt**  
and Address **MOSCOW, Idaho**

**19. (a) 8/3/48** **(b) L. E. Anderson**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH** **July 29, 1948**  
(Month, Day, Year) **19**  
at \_\_\_\_\_ o'clock **9** A. M.

**21. I HEREBY CERTIFY, That I attended deceased from**  
**8-29-48 to 7-29-48**  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is  
said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** **Asphyxia neonatorum** **Duration**

**Due to** **cerebral hemorrhage**

**Due to** **large baby smother**

**Other conditions** **asphyxia**  
(Include pregnancy within 3 months of death)

**Where was disease contracted?** **Long before**

**Name of operation** **none** **Date** \_\_\_\_\_

**Major finding** **none**

**Finding of autopsy** **none**

**22. If death was due to EXTERNAL CAUSES, also fill in the following:** Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

**Occurred** \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

**Place of Violence:** Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

**Means of injury** **asphyxia**

**23. Attendant's OWN Signature** **Joseph E. Anderson**  
and Address **Medical Bldg** **Date** **8-3-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

JUL 23 1948

Certificate Of Death

State File No. 2676  
Local Reg. No. 86  
Reg. Dist. No. 200

United States  
Department of Commerce  
Bureau of the Census

DIVISION OF VITAL  
STATE OF IDAHO

1. PLACE OF DEATH:

(a) County Latah  
(b) City or town Troy  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 38 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Troy  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state)

3. (a) FULL NAME Albert Benard Benson

3. (b) If veteran, name war None 3. (c) Social Security No. 518-22-5000  
5. Color or race W 6. (a) Single, widowed, married, divorced married  
4. Sex M 6. (b) Name of husband or wife Grace Draper 6. (c) Age of husband or wife if alive 31 years  
7. Date of Birth (Month, Day, Year) January 15, 1910

8. AGE	Years	Months	Days	If less than 1 day
	38	5	29	hrs min.

9. Exact Occupation Logging Trucker Did this work for 6 yrs.  
10. Industry or Business Lumbering Date last worked 7-14-48  
11. Birthplace Troy Idaho (City or town) (State or foreign country)

12. Name Ole S. Benson  
13. Birthplace Norway (City or town) (State or foreign country)  
14. Maiden name Johanna Stivland  
15. Birthplace Minn. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Grace Benson and Address Troy Idaho

17. (a) Burial (b) Date thereof 7-17-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow cemetery

18. Funeral Director's OWN Signature W. R. Short and Address Moscow, Idaho

19. (a) 7/20/48 (b) Edw. S. Anderson (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 14, 1948 (Month, Day, Year) 19  
at Apt 11:30 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from July 14 1948 to July 14 1948  
I last saw him alive on July 14 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Concussion Duration 10 MIN

Due to Falling log from truck

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? YES Suicide? Homicide?  
Occurred July 14 1948 City, county, state where violence occurred Troy, LATAH CO, IDAHO  
Place of Violence: Home Farm Industry Public Place While at work? YES  
Means of injury Falling log from truck

23. Attendant's OWN Signature Kirk David M.D. and Address Moscow, Ida Date July 19 1948 (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

United States  
Department of Commerce  
Bureau of the Census  
AUG 4 - 1948  
Certificate Of Death  
ON OF VITAL  
STATE OF IDAHO

1948 State File No. 2677  
Local Reg. No. 87  
Reg. Dist. No. 200

1. PLACE OF DEATH:

(a) County Latah  
(b) City or town Genesee  
(c) Street Address or R.F.D. No. Rt. 1  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 49 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Genesee  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state)

3. (a) FULL NAME August Swan Johnson

3. (b) If veteran, name war None No. None  
5. Color or 6. (a) Single, widowed, married, divorced married  
4. Sex M race W  
6. (b) Name of husband or wife Ida Mary  
6. (c) Age of husband or wife if alive 86 years  
7. Date of Birth (Month, Day, Year) February 28, 1859

8. AGE	Years	Months	Days	If less than 1 day
	89	4	22	hrs min.

9. Exact Occupation Retired Did this work for yrs.  
10. Industry or Business Farming Date last worked  
11. Birthplace Blaken Sweden (City or town) (State or foreign country)

12. Name John Peter Johnson  
13. Birthplace Sweden (City or town) (State or foreign country)  
14. Maiden name Unk  
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature J. A. Huntback  
and Address Moscow, Idaho

17. (a) Burial (b) Date thereof 7-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Genesee Valley Lutheran

18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho

19. (a) July 23, 1948 (b) L. E. Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 20, 1948  
(Month, Day, Year) at 2:35 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 20, 1947, to July 20, 1948.  
I last saw him alive on July 20, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration 6 mo

Due to Sudden Changes 5 yrs

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Jack W. Clarke, M.D.  
(M. D. or other)  
and Address Genesee, Idaho Date July 23, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 16 1948

# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 2678  
Local Reg. No. 2878  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Potlatch  
(c) Street Address or R.F.D. No. 820 Larch  
(d) Death Occurred Inside? Yes Outside? city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 20 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Potlatch  
(d) Street Address or R.F.D. No. 820 Larch  
(e) Deceased lived Inside? Yes Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Martha Salome Rinco

## 3. (b) If veteran,

name war None

## 3. (c) Social Security

No. None

## 4. Sex Female Color or race white

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife George

## 6. (c) Age of husband or wife if alive 71 years

## 7. Date of Birth

(Month, Day, Year) December 13, 1885

## 8. AGE

Years

Months

Days

If less than 1 day

62

7

16

hrs

min.

## 9. Exact Occupation

Housewife

## Did this

work for 20 yrs.

## 10. Industry or Business

Own Home

## Date last

worked 9-1945

## 11. Birthplace

Jacksonville Tenn.

(City or town)

(State or foreign country)

## 12. Name James Judkins

## 13. Birthplace

Tenn.

(City or town)

(State or foreign country)

## 14. Maiden name

Edna Cantrell

## 15. Birthplace

Tenn.

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Leo Rinco

and Address 820 Larch Potlatch, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof 8-1-48

(Month) (Day) (Year)

## (c) Place:

Potlatch, Idaho

## 18. Funeral Director's

OWN Signature H. E. Kuntz

and Address Palouse, Washington

## 19. (a) 7-31-48

(Date received and filed)

## (b) Lois E. Lindgren

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 29 1948

at 2 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

September 1945 to June 18 1948

I last saw her alive on June 18 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Diabetes mellitus

## Duration

10 years

## Due to

Diabetes mellitus

Other conditions Chronic nephritis

(Include pregnancy within 3 months of death)

## Where was disease contracted? Idaho

Name of operation none

Date   

## Major finding

Finding of autopsy none performed

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

## 23. Attendant's

OWN Signature Thomas B. Murphy M.D.

and Address Potlatch, Idaho Date 7-30-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 16 1948

NON-RESIDENT  
Certificate of Death

STATE OF IDAHO

State File No. 2679  
Local Reg. No. 200  
Reg. Dist. No. 200

1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Highway 95, North end  
(c) Street Address or R.F.D. No. of Latah county  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these).

- (a) State California (b) County Los Angel  
(c) City or town Los Angeles  
(d) Street Address or R.F.D. No. 11603S Western  
(e) Deceased lived Inside? X Outside? Canada city or town  
(f) Citizen of what country? Canada  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Robert William Kelly

3. (b) If veteran, name war None 3. (c) Social Security No. 545-40-7591  
5. Color or W 6. (a) Single, widowed, married, divorced single  
4. Sex M race W  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) July 22, 1931

8. AGE	Years	Months	Days	If less than 1 day
	<u>17</u>	<u>0</u>	<u>7</u>	hrs min.

9. Exact Occupation Student Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business High School Date last worked \_\_\_\_\_  
11. Birthplace Calgary Alberta Canada  
(City or town) (State or foreign country)

12. Name Robert Moore Kelly  
13. Birthplace Isle of Man  
(City or town) (State or foreign country)  
14. Maiden name Florence E. Burns  
15. Birthplace Ottawa, Ontario, Canada  
(City or town) (State or foreign country)

16. Informant's X OWN Signature Myron M. Baxter  
and Address 11603 S. Western, Los Angeles

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-31-48  
(Month) (Day) (Year)  
(c) Place: Calgary, Alberta, Canada

18. Funeral Director's OWN Signature F.R. Short  
and Address Moscow, Idaho

19. (a) 7/31/48 (b) Lois S. Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 29, 1948 19\_\_\_\_  
at 2:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Basal skull fracture Duration \_\_\_\_\_

Due to Auto accident

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred July 29 1948 City, county, state  
where violence occurred Highway 95  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place X While at work? \_\_\_\_\_  
Means of injury Thrown from car

23. Attendant's OWN Signature F.R. Short coroner  
and Address Moscow, Idaho Date 7-29-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
AUG 12 1948

# NON-RESIDENT Certificate of Death

1948  
State File No. 2680  
Local Reg. No. 690  
Reg. Dist. No.

OF VITAL

STATE OF IDAHO

1. PLACE OF DEATH: *Lemhi*  
(a) County *Salmon Idaho*  
(b) City or town  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? *X* Outside? *X* city or town  
(e) Died in a Home *X* Hospital *X* Institution *X* Other place  
(f) Name Hosp. or Inst. *White Truck* Stayed *X* days  
(g) Lived in this county *X* years *X* months *8* days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State *Montana* (b) County  
(c) City or town *Bridger*  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? *X* Outside? *X* city or town  
(f) Citizen of what country? *American born*  
(g) How long had deceased lived in Idaho? *8 days* years  
(h) Former residence (city, state) *Bridger, Mont*

3. (a) FULL NAME *Pete Hunsaid*

3. (b) If veteran, name war  
3. (c) Social Security No. *516-16-2652*

5. Color or *male* race *white*  
6. (a) Single, widowed, married, divorced *divorced*  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive *years*

7. Date of Birth (Month, Day, Year) *January 23rd, 1892*

8. AGE	Years	Months	Days	If less than 1 day
	<i>56</i>	<i>4</i>	<i>8</i>	hrs. min.

9. Exact Occupation *Trucker* Did this work for *7* yrs.

10. Industry or Business *hauling gravel* Date last worked *14 May*

11. Birthplace *United States* (City or town) (State or foreign country)

Father { 12. Name *Hunsaid*

13. Birthplace *Norway* (City or town) (State or foreign country)

Mother { 14. Maiden name

15. Birthplace *Norway* (City or town) (State or foreign country)

16. Informant's OWN Signature *Mrs. Kenneth Harvey*  
and Address *Blackduck, Minn.*

17. (a) *Burial* (b) Date thereof *6-8-48*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place *Salmon Cemetery*

18. Funeral Director's OWN Signature *Ray McJaldrick*  
and Address *Salmon, Idaho*

19. (a) *Aug-9-48* (b) *W. G. Johnson*  
(Date received and filed) (Registrar's signature)

20. DATE OF DEATH (Month, Day, Year) *June 1st* 19 *48*  
at *6:30* o'clock *P*. M.

21. I HEREBY CERTIFY, That I attended deceased from *19* to *19*

I last saw h. *alive on* *19* death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Truck accident* Duration  
*drowned in Williams Creek*

Due to *road*  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation *Driving truck onto soft shoulder* Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? *Yes* Suicide? Homicide?  
Occurred *June 1, 1948* 19 City, county, state  
where violence occurred *Lemhi county*

Place of Violence: Home Farm Industry  
Public Place *Road* While at work?  
Means of injury *Driving truck onto soft shoulder*  
*overturning in Williams Creek*

23. Attendant's OWN Signature *Robert G. Sherry*  
*Lemhi County* (M. D. or other)  
and Address *Salmon, Idaho* Date *6-1st 1948*  
(For additional space, use reverse side)

170C

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED**  
**Certificate Of Death**  
**AUG 12 1948**  
**STATE OF IDAHO**

048  
State File No. **2681**  
Local Reg. No. **670**  
Reg. Dist. No. \_\_\_\_\_

**1. PLACE OF DEATH:**

- (a) County **Lemhi**  
(b) City or town **Salmon**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Highway** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years **8** months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Custer**  
(c) City or town **Challis**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **60** years  
(h) Former residence (city, state) **Idaho**

**3. (a) FULL NAME**

**August Lapke**

**3. (b) If veteran,**  
name war \_\_\_\_\_

**3. (c) Social Security**  
No. **None**

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male** race **white**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) \_\_\_\_\_

8. AGE	Years	Months	Days	If less than 1 day
	<b>84</b>	<b>?</b>	<b>?</b>	hrs min.

9. Exact Occupation **None** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked **1938**  
11. Birthplace **Austria** (City or town) (State or foreign country)

12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature **Ray McGoldrick**  
and Address **Box 404, Challis, Idaho**

17. (a) **SALMON** (b) Date thereof **7-31-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **CHALLIS, IDAHO**

18. Funeral Director's OWN Signature **Ray McGoldrick**  
and Address **Salmon**

19. (a) **Aug-9-48** (b) **Vivla C. Johnson**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

- 20. DATE OF DEATH**  
(Month, Day, Year) **June 27 1948** 19\_\_\_\_  
at **12.25** ? o'clock **A.M.**

- 21. I HEREBY CERTIFY, That I attended deceased from**  
**19\_\_\_\_, to 19\_\_\_\_**

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **FRacture of SKULL**  
**FRONTAL BONE + NOSE**  
**Due to CRUSHED CHEST**  
**BROKEN LEFT ARM**  
**Due to HIGHWAY ACCIDENT.**

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

**HITCH-HIKER**

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

- 22. If death was due to EXTERNAL CAUSES, also fill in the following:** Accident? ☒ Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **6/27-48** 19\_\_\_\_ City, county, state where violence occurred **Salmon, Idaho**

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place **Highway** While at work? **NO.**

Means of injury **Struck by automobile**

- 23. Attendant's**  
OWN Signature **Ray McGoldrick** (M. D. or other)

and Address **Salmon** Date **6-27-48**  
(For additional space, use reverse side)

**170C**

Duration  
**INSTANT**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 7 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2682  
Local Reg. No. 670  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Leadore  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☒ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 131 S. Garfield  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Albert Merlin Havell

173X

## 3. (b) If veteran, name war

World War II

## 3. (c) Social Security No.

4. Sex M race W

5. Color or

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife

Shirley Jean

6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth

(Month, Day, Year) September 6, 1922

8. AGE	Years	Months	Days	If less than 1 day
	<u>25</u>	<u>9</u>	<u>28</u>	hrs. min.

9. Exact Occupation Laborer

Did this work for ☐ yrs.

10. Industry or Business Naval Ordnance Plant

Date last worked 7-3-48

11. Birthplace Pocatello Idaho

(City or town) (State or foreign country)

12. Name John D. Havell

13. Birthplace Ky.

(City or town) (State or foreign country)

14. Maiden name Rosa Brasore

15. Birthplace Ky.

(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Lloyd Arnold

and Address Pocatello Idaho

17. (a) Removal (b) Date thereof 7-5-48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place Pocatello Idaho

18. Funeral Director's OWN Signature Byron B. Downard

and Address Pocatello Idaho

19. (a) July 13, 48 (b) Viola G. Johnson

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 4 19 48  
at 6:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from ☐ 19 ☐ to ☐ 19 ☐

I last saw h. ☐ alive on ☐ 19 ☐

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: SHOCK - 2 Broken

Legs

Due to 2nd Degree Burns

Due to airplane crash. PILOT

Other condition fractured

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred 7-4-48 19 48 City, county, state near Leadore Ida

where violence occurred near Leadore Ida

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? no

Means of injury airplane crash

23. Attendant's OWN Signature Ray McGoldrick

and Address Salmon Date 7-4-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 16 1949

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2683  
Local Reg. No. 690  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Leadore  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county 1 years 9 months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Leadore  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 1 yr - 9 mo years  
(h) Former residence (city, state) MINNEAPOLIS MINN

## 3. (a) FULL NAME

ROBERT HOMER RIGGLE

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

15. Color or W 6. (a) Single widowed, married, divorced  
4. Sex M race W  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive ... years  
7. Date of Birth (Month, Day, Year) SEPT 20 1929

8. AGE	Years	Months	Days	If less than 1 day
	<u>18</u>	<u>9</u>	<u>14</u>	hrs min.

9. Exact Occupation COLLEGE STUDENT Did this work for ... yrs.  
10. Industry or Business STUDENT Date last worked 7-3-48  
11. Birthplace Superior Wis. (City or town) (State or foreign country)

12. Name A. G. RIGGLE  
13. Birthplace Sherrardville, Ohio (City or town) (State or foreign country)  
14. Maiden name Harriet Zimmer  
15. Birthplace Minneapolis Minn (City or town) (State or foreign country)

16. Informant's OWN Signature A. J. Riggle  
and Address Leadore, Idaho

17. (a) (Burial, cremation or removal) (b) Date thereof 7-16-48  
(c) Place: Salmon Ida

18. Funeral Director's OWN Signature Wayne Goldrick  
and Address SALMON

19. (a) July 13 - 48 (b) Vicki C. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JULY 4TH 1948  
at 6:45 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

A FRACTURE OF SKULL  
BOTH LEGS BROKEN  
Due to SHOCK  
2ND DEGREE BURNS  
Due to AIR PLANE CRASH  
Other conditions PASSENGER  
(Include pregnancy within 3 months of death)

Duration

## Where was disease contracted?

Name of operation PHYSICIAN Date Underline  
Major finding the cause to which death should be charged statistically.  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 7-4-48 19 Idaho City, county, state where violence occurred LEADORE IDAHO  
Place of Violence: Home Farm Industry  
Public Place While at work? No

- Means of injury AIRPLANE CRASH  
23. Attendant's OWN Signature Wayne Goldrick Coroner  
and Address Salmon (M. D. or other) 7-4 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 12 1948

# Certificate Of Death

OF VITAL STATE OF IDAHO

1948 State File No. 2684  
Local Reg. No. 678  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 48 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Mo.

## 3. (a) FULL NAME

ALICE L IBACH

## 3. (b) If veteran,

name war No.

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex F. 5. Color or race W.

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife B.F. IBACH

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Jan 21, 18

8. AGE Years Months Days If less than 1 day hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs

10. Industry or Business \_\_\_\_\_ Date last worked 7-2-48

11. Birthplace (City or town) (State or foreign country) no.

12. Name ELIBERT

13. Birthplace (City or town) (State or foreign country) no.

14. Maiden name \_\_\_\_\_

15. Birthplace (City or town) (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Carrie L Christman

- and Address \_\_\_\_\_

17. (a) BURIAL (b) Date thereof 7-13-48

- (Burial, cremation or removal) (Month, Day, Year)

- (c) Place: Salmon, IDAHO

18. Funeral Director's OWN Signature Ray McGoldrick

- and Address \_\_\_\_\_

19. (a) Aug 9-48 (b) Violet E Johnson

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 7-11-48 19 \_\_\_\_\_  
at 8:45 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from May 3 1945, to July 11 1948

I last saw her alive on July 11 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion Duration 5 min.

Due to Coronary Thrombosis 5 weeks

Due to Essential Hypertension 3 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Salmon, Ida

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None made

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature P. T. Stratton

and Address Salmon, Idaho Date 7/12/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

AUG 3 - 1948

STATE OF IDAHO

DIVISION OF VITAL

State File No. **2685**  
Local Reg. No. **59**  
Reg. Dist. No. **210**

1. PLACE OF DEATH: **STATISTIC**
- (a) County **LEWIS COUNTY**  
(b) City or town **GREER 3 MILES SOUTH**  
(c) Street Address or R.F.D. No. **RIVER**  
(d) Death Occured Inside? Outside? **YES** city or town  
(e) Died in a Home... Hospital... Institution... Other place **X**  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county... years... months... **1** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **IDAHO** (b) County **IDAHO**  
(c) City or town **GRANGEVILLE**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? **YES** Outside? city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **20** years  
(h) Former residence (city, state)

3. (a) FULL NAME **LENIAL PATRICK TRUSTY**

3. (b) If veteran, name war  
3. (c) Social Security No. **518-12-2676**  
5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**  
4. Sex **MALE**  
6. (b) Name of husband or wife **RUBY** 6. (c) Age of husband or wife if alive... years  
7. Date of Birth (Month, Day, Year) **MARCH 8, 1921**

8. AGE	Years	Months	Days	If less than 1 day
	<b>27</b>	<b>4</b>	<b>7</b>	hrs min.

9. Exact Occupation **WORKER CONSTRUCTION** Did this work for **SEVERAL**  
10. Industry or Business **ROAD CONSTRUCTION** Date last worked **2** ago  
11. Birthplace **NEW CASTLE, COLORADO** (City or town) (State or foreign country)

12. Name **LENIAL PATRICK TRUSTY**  
13. Birthplace **BEVERLY, MISSOURI** (City or town) (State or foreign country)  
14. Maiden name **BELVA COX**  
15. Birthplace **FORSYTH, MISSOURI** (City or town) (State or foreign country)

16. Informant's OWN Signature **L. P. K...**  
and Address **Penetlon Oregon 2 10**

17. (a) BURIAL (b) Date thereof **7-27-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **RIVERSIDE CEM. OROFINO, IDAHO**

18. Funeral Director's OWN Signature **BLAKE FUNERAL HOME**  
and Address **OROFINO, IDAHO**

19. (a) **7/27/48** (b) **Jackie Stanley**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **JULY 19** 19 **48**  
at **9:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from \*\*\*\*\* 19 \*\* to \*\*\*\*\* 19 \*\*  
I last saw h. \*\* alive on \*\*\*\*\* 19 \*\*; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **DROWNING** Duration

Due to **CAR ACCIDENT**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? **YES** Suicide? Homicide?  
Occurred **JULY 19** 19 **48** City, county, state where violence occurred **LEWIS COUNTY, IDAHO**  
Place of Violence: Home Farm Industry  
Public Place **YES** While at work? **NO**  
Means of injury **CAR ACCIDENT**

23. Attendant's OWN Signature **Coroner**  
and Address **OROFINO, IDAHO** Date **7/27** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 3 - 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **2686**  
Local Reg. No. **60**  
Reg. Dist. No. **210**

## 1. PLACE OF DEATH:

- (a) County **LEWIS**  
(b) City or town **2 MI. SOUTH - GREER IDAHO**  
(c) Street Address or R.F.D. No. **STATE-HIWAY**  
(d) Death Occured Inside? Outside **YES** city or town  
(e) Died in a Home... Hospital... Institution... Other place **X**  
(f) Name Hosp. or Inst. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months **1** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **VALLEY CO.**  
(c) City or town **CASCADE**  
(d) Street Address or R.F.D. No. **POSTOFFICE**  
(e) Deceased lived Inside? **YES** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **38** years  
(h) Former residence (city, state) **SHOSHONE, IDAHO**

## 3. (a) FULL NAME

**CLARA FRANCES ROSA**

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex **FEMALE** race **WHITE**

## 6. (a) Single, widowed, married, divorced **MARRIED**

## 6. (b) Name of husband or wife **HAROLD ROSA**

## 6. (c) Age of husband or wife if alive **UNK** years

## 7. Date of Birth

(Month, Day, Year) **AUGUST 5, 1909**

## 8. AGE

Years **38**

Months **11**

Days **11**

If less than 1 day  
hrs min.

## 9. Exact

Occupation **HOUSEWIFE & WAITRESS** Did this \_\_\_\_\_ yrs.

## 10. Industry or Business

**HOME & RESTAURANTS** Date last worked **7/48**

## 11. Birthplace **SOLDIER, IDAHO**

(City or town) (State or foreign country)

## 12. Name **CLAUDE RICHTER SHONK**

## 13. Birthplace **CHARLSTON, COLO COUNTY, ILL.**

(City or town) (State or foreign country)

## 14. Maiden name **CORDIA MAY BURNER**

## 15. Birthplace **LOUISVILLE, KENTUCKY**

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature **Paul H. Carrio**

and Address **Paul H. Carrio, 1000 S. 1st St.**

## 17. (a) REMOVAL

(Burial, cremation, or removal) (b) Date thereof **7/24/48**

(c) Place: **BUHL, IDAHO**

## 18. Funeral Director's

OWN Signature **Blake** **ORFENO FUNERAL HOME**

and Address **ORFENO, IDAHO**

## 19. (a) **7/24/48**

(Date received and filed)

(b) **Joe E. Gassley**

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **July 19** 19 **48**  
**about 9:30** o'clock **P. M.**

## 21. I HEREBY CERTIFY, That I attended deceased from

\*\*\*\*\* 19\*\*., to \*\*\*\*\* 19\*\*

I last saw h. \*\* alive on. \*\*\*\*\* 19. \*\*, death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**DROWNING**

Duration

## Due to **CAR ACCIDENT**

## Due to

Other conditions **SHOCK & TRAUMA**

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **YES** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **JULY 19** 19 **48** City, county, state

where violence occurred **CLEARWATER CO. IDAHO**

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place **YES** While at work **NO**

Means of injury **CAR ACCIDENT**

## 23. Attendant's

OWN Signature **Blake** **CORONER**

and Address **ORFENO, IDAHO** Date **7/24 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 File No. 2687  
Local Reg. No. 294  
Reg. Dist. No. 432

## 1. PLACE OF DEATH

- (a) County Lincoln  
(b) City or town Richfield  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 11 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lincoln  
(c) City or town Richfield  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? None  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Idaho - Hunt.

## 3. (a) FULL NAME

Eva H. Carter

## 3. (b) If veteran,

name war NO

## 3. (c) Social Security

No. L

4. Sex F race W

5. Color or

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles H. Carter

6. (c) Age of husband or wife if alive 64 years

7. Date of Birth (Month, Day, Year) Oct - 21 - 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>9</u>	<u>7</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Home Date last worked July 25

11. Birthplace Sego - Kansas  
(City or town) (State or foreign country)

12. Name Clark Henry

13. Birthplace Lova  
(City or town) (State or foreign country)

14. Maiden name Mayey Long

15. Birthplace Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Mervin D. Johnson

and Address Richfield - Idaho

17. (a) Burial (b) Date thereof Aug 21 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Richfield - Idaho

18. Funeral Director's OWN Signature Myrtle C. Burdett

and Address Shoshone - Idaho

19. (a) July - 28 - 48 (b) Myrtle C. Burdett  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July - 28 1948  
at 1:45 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

May 30 1948 to July 28 1948  
I last saw her alive on July 27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Crown Aneurysm 10 min.

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. H. Meyer, M.D.

and Address Shoshone, Idaho Date 7-28-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 11 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. 2688  
Local Reg. No. 24  
Reg. Dist. No. 630

## 1. PLACE OF DEATH: *Madison*

- (a) County *Madison*  
(b) City or town *Replugh*  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital ☒ Institution \_\_\_\_\_ Other place...  
(f) Name Hosp. or Inst. *Maternity Home* Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State *Idaho* (b) County *Madison*  
(c) City or town *Replugh*  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

*Baby Bood*

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex *Male* Color or race *W*

## 5. Color or race *W* 6. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

*July 11, 1948*

## 8. AGE

Years

Months

Days

If less than 1 day

*7* hrs min.

## 9. Exact Occupation

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

(City or town)

(State or foreign country)

## 12. Name

*Clarence T. Bood*

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

*Verne Bood*

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

## OWN Signature

*Clarence T. Bood*

## and Address

*Thornton, Idaho*

## 17. (a) *Burial*

(Burial, cremation, or removal)

## (b) Date thereof

*7/13/48* (Month) (Day) (Year)

## (c) Place:

*Burton Cem.*

## 18. Funeral Director's

## OWN Signature

*Russell G. Lamm*

## and Address

*Replugh, Idaho*

## 19. (a) *7-12-48*

(Date received and filed)

## (b) *W. H. Young*

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) *July 11* 1948  
at *11:00* o'clock *A.M.*

## 21. I HEREBY CERTIFY That I attended deceased from

*July 11* 1948 to *July 11* 1948  
last saw h. *alive* on *July 11* 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

*Prematurity*

## Duration

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation *none* Date \_\_\_\_\_

## Major finding

Finding of autopsy *none*

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_

While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's

## OWN Signature

*M. F. Rigby M.D.*

## and Address

*Replugh, Idaho* (City or town)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
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Bureau of the Census

**RECEIVED Certificate Of Death**

AUG 11 1948

STATE OF IDAHO

State File No. **2689**  
Local Reg. No. **25**  
Reg. Dist. No. **630**

DIVISION OF VITAL

**1. PLACE OF DEATH:**

- (a) County Madison  
(b) City or town Boise  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Madison  
(c) City or town Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

Amos Kerr Parkinson

**3. (b) If veteran,**

name war \_\_\_\_\_

**3. (c) Social Security**

No. 518-07-6931

4. Sex Male Color Cauc  
5. Color of \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married

7. (b) Name of husband or wife Hella D. Jones (c) Age of husband or wife if alive 57 years

7. Date of Birth (Month, Day, Year) Aug 16 1879

8. AGE  
Years 68 Months 11 Days 2 If less than 1 day hrs min.

9. Exact Occupation Salesman Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Wellsville Utah (City or town) (State or foreign country)

12. Name Henry Parkinson (City or town) (State or foreign country)

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Agnes Kerr (City or town) (State or foreign country)

15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's OWN Signature Henry Shuler and Address Boise

17. (a) Burial (b) Date thereof 7/21/48 (Month) (Day) (Year)

- (c) Place: Peter's Cem.

18. Funeral Director's OWN Signature Russell P. Gamm and Address Boise, Idaho

19. (a) 7-19-48 (b) Maude Gamm (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) 7/18 1948  
at 6 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 7/15 1948, to 7/18 1948

I last saw him alive on 7/18 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Coronary Duration \_\_\_\_\_

Due to Chronic myocardial

Due to Chronic Hypertension

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature M. F. Rigby MD and Address Boise (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as fully as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
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Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 26  
Reg. Dist. No. 630

## 1. PLACE OF DEATH

- (a) County Madison  
(b) City or town Boylburg  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. Hospital ☒ Institution. Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. Boylburg Hosp. Stayed \_\_\_\_\_ days  
(g) Lived in this county 56 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Boylburg  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Margaret E. Cannell Taylor

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex Female Race W  
6. (b) Name of husband or wife Peter Taylor  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Oct. 7, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>9</u>	<u>17</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Orchard Village, Isle of Man, England (City or town) (State or foreign country)

12. Name Thomas Cannell  
13. Birthplace Isle of Man, England (City or town) (State or foreign country)  
14. Maiden name Jane Cross  
15. Birthplace Isle of Man, England (City or town) (State or foreign country)

16. Informant's OWN Signature Clarence J. Taylor  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 7/27/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Burton Cem.

18. Funeral Director's OWN Signature Russell W. Tanner  
and Address Boylburg, Idaho

19. (a) 7-26-48 (b) Mrs. M. E. Taylor  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 7-24 1948  
at 9:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 1st 1948 to July 24 1948  
last saw her alive on July 24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Myocarditis  
Paroxysmal fibrillation

Due to Senility

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. B. Rigby, M.D.  
(M.D. or other)

and Address Boylburg, Idaho Date 7-26 1948

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

1948 State File No. **2691**  
Local Reg. No. **27**  
Reg. Dist. No. **630**

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Replung  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Rutherford Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years 5 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Replung  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Stephen Grover Moss

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male 5. Color or race W.

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Feb. 17, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>5</u>	<u>8</u>	hrs min.

9. Exact Occupation Infant Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

12. Name Wardell H. Moss

13. Birthplace Gona, Idaho (City or town) (State or foreign country)

14. Maiden name Shelma Grover

15. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Wardell H. Moss

- and Address Replung, Idaho

17. (a) Burial (b) Date thereof 7/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Idaho Falls, Idaho

18. Funeral Director's OWN Signature Russell G. Mann

- and Address Replung, Idaho

19. (a) 7-26-48 (b) Must Exposing  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 25 - July 1948  
(Month, Day, Year) at 3:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 23 July 1948 to 25 July 1948  
I last saw him alive on 25 - July 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Broncho-Pneumonia Duration 5 days

Due to \_\_\_\_\_

Due to Acute Meningitis 3 days

Other conditions (Include pregnancy within 3 months of death) pneumococcic meningitis

Where was disease contracted? home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. Rutherford

and Address Replung, Idaho Date 7-26-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 11 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2692  
Local Reg. No. 28  
Reg. Dist. No. 630

1. PLACE OF DEATH: STATE Idaho
- (a) County Madison  
(b) City or town Reeburg  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Reeburg Int'l Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Madison  
(c) City or town Reeburg  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Jony Allen Blackburn

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_
- name war \_\_\_\_\_ No. \_\_\_\_\_
4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 27, 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>3 hrs 30 min.</u>

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Reeburg, Idaho (City or town) (State or foreign country)

12. Name Allen Nephi Blackburn  
13. Birthplace Idaho (City or town) (State or foreign country)  
14. Maiden name Elda Hansen  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Elda Blackburn  
and Address Idaho

17. (a) Burial (b) Date thereof 7/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Idaho

18. Funeral Director's OWN Signature Reginald Hansen  
and Address Reeburg, Idaho

19. (a) 7-28-48 (b) Mo. H. G. G. G.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 27, 1948  
at 2:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from July 27, 1948 to July 27, 1948  
I last saw him alive on July 27, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Attestasis Duration 3 1/2 hr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature O. S. H. Hansen, M.D.  
(M. D. or other)

and Address Reeburg, Idaho Date 7-27-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 12 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2693  
Local Reg. No. 22  
Reg. Dist. No. 631

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Archer  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 47 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Archer  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Katie D. Browning Grover

013B

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex Female  
6. (b) Name of husband or wife Raymond Grover  
6. (c) Age of husband or wife if alive 51 years  
7. Date of Birth (Month, Day, Year) Nov. 23, 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>7</u>		hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Forense, Idaho (City or town) (State or foreign country)

12. Name Edmund Browning  
13. Birthplace Eden, Utah (City or town) (State or foreign country)  
14. Maiden name Elizabeth Wetzel  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Raymond Grover  
and Address Archer, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/48 (Month) (Day) (Year)  
(c) Place: Archer

18. Funeral Director's OWN Signature W. F. Reilly  
and Address Archer, Idaho

19. (a) 7-4-48 (Date received and filed) (b) Mrs. H. G. Young (Registrar's Signature)

## MEDICAL CERTIFICATE OF DEATH

103X

20. DATE OF DEATH (Month, Day, Year) July 1, 1948  
at 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 10, 1948 to July 1, 1948  
I last saw her alive on 6/7/48. 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

pulmonary hemorrhage  
Due to pulmonary tuberculosis  
2 yrs.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. F. Reilly  
and Address Archer, Idaho (Not additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 12 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2694  
Local Reg. No. 23  
Reg. Dist. No. 63

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Hubbard  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 11 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Reynolds R.F.D. 1  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Cassadore Williams

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male Color or race W.  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Emma Rickes (c) Age of husband or wife if alive 42 years  
7. Date of Birth (Month, Day, Year) Feb. 1, 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>5</u>	<u>7</u>	hrs min.

9. Exact Occupation Farmer Did this work for Lifetime  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Nounan, Idaho (City or town) (State or foreign country)

12. Name Oliver Williams  
13. Birthplace Paris, Idaho (City or town) (State or foreign country)  
14. Maiden name Hanna Johnson  
15. Birthplace Quind, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Emma Rickes Williams  
and Address Reynolds R.F.D. 1

17. (a) Burial (b) Date thereof 7-9-48 (Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Sugar City

18. Funeral Director's OWN Signature Russell G. Gamm  
and Address Reynolds, Idaho

19. (a) 7-8-48 (b) Mrs. H. E. Young (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 7 1948  
at 11:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 7 1948, to July 7 1948.  
I last saw h. deceased arrived 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration \_\_\_\_\_

Due to Chronic Myocarditis Myocarditis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Russell G. Gamm (M.D. or other)  
and Address Reynolds, Idaho Date 7-8-48 (1948)  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

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AUG 19 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 45  
Reg. Dist. No. 40-0

## 1. PLACE OF DEATH:

- (a) County Mynedoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital, Institution, Other place...  
(f) Name Hosp. or Inst. Christensen Med. Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Kathy Lee Anderson

157E

## 3. (b) If veteran,

## 3. (c) Social Security

name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 26, 1948

8. AGE	Years	Months	Days	If less than 1 day
	—	—	2	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Rupert, Idaho  
(City or town) (State or foreign country)

12. Name Ray Foster Anderson

13. Birthplace Burley, Idaho  
(City or town) (State or foreign country)

14. Maiden name Danna Madde Hutchison

15. Birthplace Providence  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ray F. Anderson

and Address Burley, Idaho

17. (a) Removal (b) Date thereof 6-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burley, Idaho

18. Funeral Director's OWN Signature Ken M. Culdorch

and Address Burley, Idaho

19. (a) 8-17-48 (b) K. H. H. H. H.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) June 28 1948  
at 10:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 26 1948, to June 28 1948  
I last saw him alive on June 28 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive Duration \_\_\_\_\_

Due to Heart disease

Due to Myocardia  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. H. H.

and Address 6-37 (M. D. or other) \_\_\_\_\_

(For additional space, use reverse side)

Rupert, Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
AUG 19 1948  
Certificate Of Death  
STATISTICS  
STATE OF IDAHO

1948  
State File No. 2696  
Local Reg. No. 17  
Reg. Dist. No. 420

1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town New Heyburn  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 0 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these).

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

George Leo Haycock 163B

3. (b) If veteran, name war no No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex M Color or race White  
5. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Aug 2 1917

8. AGE	Years	Months	Days	If less than 1 day
	<u>30</u>	<u>10</u>	<u>19</u>	hrs min.

9. Exact Occupation Drug Clerk Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Burley Idaho (City or town) (State or foreign country)

12. Name Geo. H. Haycock

13. Birthplace Panguitch Utah (City or town) (State or foreign country)

14. Maiden name Edna J. Haycock

15. Birthplace Edna Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Geo. H. Haycock

- and Address Burley Idaho

17. (a) Burial (b) Date thereof 6-28-48 (Month) (Day) (Year)

- (c) Place: Burley Idaho

18. Funeral Director's OWN Signature Robert B. Boardman

- and Address Burley Idaho

19. (a) 8-3-1948 (b) E. Elmore (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 21 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_  
I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Swicide - June 21 1948

Due to Personal Reason

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? ☒ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place ☒ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Robert B. Boardman

and Address Burley Idaho Date 7-1 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 19 1948

DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2697  
Local Reg. No. 43  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Mingidola  
(b) City or town August  
(c) Street Address or R.F.D. No. Box 33  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home? Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 41 years 5 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Mingidola  
(c) City or town August  
(d) Street Address or R.F.D. No. Box 33  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) California

## 3. (a) FULL NAME

Charles William Laxton

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. no

- 5 Color or 6 (a) Single, widowed, married,  
4 Sex male race white divorced Married  
(b) Name of husband or wife Elva (c) Age of husband or wife if  
alive 65 years

7. Date of Birth Feb 14 1880  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>4</u>	<u>12</u>	hrs min.

9. Exact Occupation Farmer Did this work for no yrs.

10. Industry or Business Farmer Date last worked no

11. Birthplace Shupnuck California  
(City or town) (State or foreign country)

12. Name William W. Laxton

13. Birthplace Mayville Tennessee  
(City or town) (State or foreign country)

14. Maiden name Marcia Jones

15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Elva Laxton

and Address August Idaho

17. (a) Burial (b) Date thereof 6-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: August Idaho

18. Funeral Director's OWN Signature Rodney B. Boardman

and Address August Idaho

19. (a) 3-48 (b) Elva Laxton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 153X

20. DATE OF DEATH June 26 1948  
(Month, Day, Year)  
at 3:00 o'clock P M.

21. I HEREBY CERTIFY that I attended deceased from June 1946 to June 26 1948  
I last saw him alive on Feb 25 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Sclerosis 5 years

Due to Thrombosis

Due to Abstinence 10 years

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation None Date None  
Major finding None  
Finding of autopsy None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Elva Laxton

and Address August Idaho Date 6-26-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. **2698**  
1948 Local Reg. No. **293**  
Reg. Dist. No. **430**

## 1. PLACE OF DEATH:

- (a) County Minidoka (?)  
(b) City or town On Streamliner N.P.R.R.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Train Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county X years X months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Nebraska (b) County \_\_\_\_\_  
(c) City or town Lincoln  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? X years  
(h) Former residence (city, state) Lincoln Nebraska

3. (a) FULL NAME Miss Nellie M. Vanlaningham

3. (b) If veteran, name war L No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex Female race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Feb. 23-1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>4</u>	<u>19</u>	hrs min.

9. Exact Occupation home maker Did this work for X yrs.  
10. Industry or Business self Date last worked X  
11. Birthplace near Tecumseh Nebraska (City or town) (State or foreign country)

12. Name Albert A. Vanlaningham  
13. Birthplace Indiana (City or town) (State or foreign country)  
14. Maiden name Azulah Bush  
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Nellie M. Vanlaningham  
and Address Lincoln Nebraska

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July-14-48 (Month) (Day) (Year)  
(c) Place: Tecumseh - Nebraska

18. Funeral Director's OWN Signature Myrtle C. Burdett  
and Address Shoshone Idaho

19. (a) July-13-48 (Date received and filed) (b) Myrtle C. Burdett (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July-12 1948  
at about 7:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from did not attend 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute respiratory failure Duration \_\_\_\_\_

Due to Cardiac involvement 8 hrs.

Due to Overweight  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

did not train # 105 - near Minidoka

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding L  
Finding of autopsy L  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home L Farm L Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Myrtle C. Burdett - Boxer  
and Address Shoshone Idaho Date 7/12 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 19 1948

DIVISION OF VITAL STATISTICS STATE OF IDAHO

# Certificate Of Death

1948 State File No. 2699  
Local Reg. No. 42  
Reg. Dist. No. 45-0

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Lula Ann Hacker

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. 519-09-7782

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Albert 6. (c) Age of husband or wife if alive 47 years

7. Date of Birth (Month, Day, Year) Aug 11 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>11</u>	<u>18</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Broken Bow Neb (City or town) (State or foreign country)

12. Name C W Basore

13. Birthplace Canada (City or town) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature A. W. Hacker

- and Address Rupert Idaho

17. (a) Burial (b) Date thereof 7-31-48 (Month) (Day) (Year)

- (c) Place: Rupert Idaho

18. Funeral Director's OWN Signature Robert E. Broadman

- and Address Rupert Idaho

19. (a) 8-3-48 (b) E. H. Elmore (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 29 1948 at 4 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 16 1948 to July 29 1948 I last saw her alive on July 29 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis or Coronary Thrombosis Duration 3 hrs 1 hour

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Edema of Lgs (Include pregnancy within 3 months of death)

Where was disease contracted? at Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. H. Elmore (M. D. or other)

and Address Rupert Ida Date 8-3 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 6 1948 **Certificate Of Death**

STATE OF IDAHO

State File No. **2700**  
Local Reg. No. **123**  
Reg. Dist. No. **120**

1. PLACE OF DEATH:

- (a) County **Nez Perce**  
(b) City or town **Lewiston**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **St. Joseph's**. Stayed **4** days  
(g) Lived in this county **30** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Nez Perce**  
(c) City or town **Lewiston**  
(d) Street Address or R.F.D. No. **711-7th St**  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **Wash.**

3. (a) FULL NAME **Dr. Haward Rouse**

3. (b) If veteran, name war **1** No. ....  
5. Color or 3. (c) Social Security No. ....  
4. Sex **male** race **white** divorced **Married**  
6. (b) Name of husband or 6. (c) Age of husband or wife if **Edith** alive **40** years  
7. Date of Birth (Month, Day, Year) **Dec 28, 1892**

8. AGE	Years	Months	Days	If less than 1 day
	<b>55</b>	<b>6</b>	<b>26</b>	hrs min.

9. Exact Occupation **Physician & Surgeon** Did this work for **30** yrs.  
10. Industry or Business Date last worked  
11. Birthplace **Mason City Neb.** (City or town) (State or foreign country)

12. Name **Ira Rouse**  
13. Birthplace **N.Y.** (City or town) (State or foreign country)  
14. Maiden name **Mary Jane Laydon**  
15. Birthplace **Lowell Mass.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Margaret S. Williamson**  
and Address **2016 - 8th Ave. Lewiston, Id.**

17. (a) **Burial** (b) Date thereof **June 26, 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Lewiston, Idaho**

18. Funeral Director's OWN Signature **Vassar-Bawls Funeral Home**  
and Address **Lewiston, Idaho**

19. (a) **June 29, 1948** (b) **Norma Jean Ockert**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **June 24** 19**48**  
(Month, Day, Year) at **4** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **June 24** 19**48**, to **June 24** 19**48**  
I last saw him alive on **June 24** 19**48**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Gunshot wound Rt. face & head - whole**  
Due to **to some structure**  
**shot & struck & penetrated**  
Due to **brain exposed**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**  
Name of operation Date Underline  
Major finding the cause to which death should be charged statistically.  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? **yes** Homicide?  
Occurred **June 24** 19**48** City, county, state where violence occurred **Lewiston, Nez Perce Co.**  
Place of Violence: Home **yes** Farm Industry  
Public Place While at work?  
Means of injury **shot gun**

23. Attendant's OWN Signature **P. Paul G. Hume M.D.**  
(D. or other)  
and Address **Lewiston, Id.** Date **June 29, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2701  
Local Reg. No. 127  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Noz Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place. X  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county. 7 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County Noz Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) Wash.

## 3. (a) FULL NAME Fay Duane Brannin

3. (b) If veteran, name war no No. 537-09-6316  
5. Color or 3. (c) Social Security No. 537-09-6316  
4. Sex male race white 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) March 17, 1919

8. AGE	Years	Months	Days	If less than 1 day
	<u>29</u>	<u>3</u>	<u>17</u>	hrs min.

9. Exact Occupation Clerk Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Bozeman, Mont (City or town) (State or foreign country)

12. Name A.C. Smith  
13. Birthplace Minn. (City or town) (State or foreign country)  
14. Maiden name Zona P. Schenfield  
15. Birthplace Kansass (City or town) (State or foreign country)

16. Informant's OWN Signature Elizabeth Wadford  
and Address Clarkston, Wash.

17. (a) Burial (b) Date thereof 7/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Normal Hill

18. Funeral Director's Vassar-Bawls Funeral Home  
OWN Signature by W. Vassar  
and Address Lewiston Idaho.

19. (a) July 6, 1948 (b) Norma Jean  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 4th 1948  
(Month, Day, Year)  
at about 5:30 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from .....  
19....., to 19.....

I last saw h..... alive on 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gun shot in head Duration

Due to Ill health

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? X Homicide? .....  
Occurred July 4th 1948. City, county, state where violence occurred Lewiston, Idaho.  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place. X While at work? .....  
Means of injury gun shot in head

23. Attendant's OWN Signature W. Vassar  
(Medical Examiner) Coroner  
and Address Lewiston, Idaho. Date 7/7/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2702  
Local Reg. No. 128  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

(a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 1607 SnakeRiver Ave.  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 3 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1607 SnakeRiver Av  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state)   

## 3. (a) FULL NAME MARTHA JEANETTE LAZIER

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex Female Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive 77 years  
7. Date of Birth (Month, Day, Year) Dec. 25, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>6</u>	<u>11</u>	hrs min.

9. Exact Occupation House Wife Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Kentucky (City or town) (State or foreign country)

12. Name William Carl Allen  
13. Birthplace Kentucky (City or town) (State or foreign country)  
14. Maiden name Matilda Allen ??  
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's X OWN Signature Mrs. Les Arneson  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof July 9, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by 15H. Malcom  
and Address Lewiston, Idaho

19. (a) July 8, 1948 (b) Donna Jean Orcutt  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 4, 1948  
(Month, Day, Year) at 7:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from on July 4, 1948, to    19   .  
I last saw    alive on    19   ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction Duration 1 hour  
Due to Coronary Thrombosis 1 hour  
Due to Coronary Atherosclerosis 2 yrs.  
Other conditions    (Include pregnancy within 3 months of death)

Where was disease contracted? Photo  
Name of operation    Date     
Major finding     
Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury   

23. Attendant's OWN Signature O. M. Mackey, Jr., M.D.  
and Address 707-1129, Lewiston, Idaho (Date) July 1948  
(For additional use, use back of certificate)

Dr. O. Mackey

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 15 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2703  
Local Reg. No. 131  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed \_\_\_\_\_ days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 519-7th St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

ARNOLD P. HENZELL

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex Male race White

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife May

6. (c) Age of husband or wife if alive 62 years

## 7. Date of Birth (Month, Day, Year)

Oct. 28, 1882

8. AGE	Years	Months	Days	If less than 1 day
	65	8	12	hrs min.

## 9. Exact Occupation Insurance Agent Did this work for 15 yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace New XCastle, England (City or town) (State or foreign country)

## 12. Name William Henzell (City or town) (State or foreign country)

## 13. Birthplace England (City or town) (State or foreign country)

## 14. Maiden name Florence Herrington (City or town) (State or foreign country)

## 15. Birthplace England (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs. May Henzell and Address Lewiston, Idaho

## 17. (a) Burial (b) Date thereof 7-13-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Lewiston, Idaho

## 18. Funeral Director's OWN Signature Brower-Wann by K.H. Malcom and Address Lewiston, Idaho

## 19. (a) July 13, 1948 (b) Norma Jean Eckert (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) July 10, 1948

at 9:35 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from July 10, 1948 to July 10, 1948

I last saw him alive on July 10, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration July 24-48

Due to Hypertension

Due to \_\_\_\_\_

Other conditions None (Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation None Date \_\_\_\_\_

Major finding None

Finding of autopsy Not done

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no

Occurred no 19\_\_\_\_ City, county, state where violence occurred no violence

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place no While at work? \_\_\_\_\_

Means of injury None

## 23. Attendant's OWN Signature James G. Baldeck (M. D. or other) and Address 1702 1st St. Date July 13, 1948

(For additional space, use reverse side)

Dr. J. Baldeck

605



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2704  
Local Reg. No. 132  
Reg. Dist. No. 220

1. PLACE OF DEATH: **NezPerce**
- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 415-12th St  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 38 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State: Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 415-12th St  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state)

3. (a) FULL NAME **Mrs. Exie Lou Duffy**
3. (b) If veteran, name war no 3. (c) Social Security No.
5. Color or 6. (a) Single, widowed, married, divorced Widowed
4. Sex Female race w
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years
7. Date of Birth (Month, Day, Year) **Aug, 11, 1883**

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>11</u>	<u>1</u>	hrs min.

9. Exact Occupation at home Did this work for  yrs.
10. Industry or Business  Date last worked
11. Birthplace Morgan Texas (City or town) (State or foreign country)

12. Name **John Smith**
13. Birthplace no re cord (City or town) (State or foreign country)
14. Maiden name Lou Pierce
15. Birthplace Ga. (City or town) (State or foreign country)

16. Informant's OWN Signature W. John Duffy  
and Address W. 1803 Olympic, Spokane, W.S.

17. (a) Burial (b) Date thereof 7-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho.

18. Funeral Director's OWN Signature Vassar Rawls  
and Address Lewiston, Ida.

19. (a) July 14, 1948 (b) Donna Jean Ockert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 195E

20. DATE OF DEATH (Month, Day, Year) July 12 19 48  
at 5.00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to July 12 19 48

I last saw h.er alive on July 12 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary tuberculosis Duration 5 yrs

Due to

Due to

Other conditions Fracture neck of left femur May 10 1948, nailed.  
(Include pregnancy within 8 months of death)

Where was disease contracted? Unknown

Name of operation none Date

Major finding none

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no  
Occurred 19 City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature W. S. Douglas m.d. (M. D. or other)  
and Address Lewiston, Idaho Date July 12 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

JUL 24 1948

STATE OF IDAHO

State File No. **2705**  
Local Reg. No. **133**  
Reg. Dist. No. **220**

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. ---  
(d) Death Occured Inside? X Outside? --- city or town  
(e) Died in a Home --- Hospital X Institution --- Other place ---  
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days  
(g) Lived in this county 19 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lapwai  
(d) Street Address or R.F.D. No. ---  
(e) Deceased lived Inside? X Outside? --- city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) ---

### 3. (a) FULL NAME

REGINALD PENNY

### 3. (b) If veteran,

name war No

### 3. (c) Social Security

No. ---

### 4. Sex Male race Indian

5. Color or --- 6. (a) Single, widowed, married, divorced Single

### 6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive --- years

### 7. Date of Birth (Month, Day, Year)

March 9, 1927

### 8. AGE

Years 21

Months 4

Days 5

If less than 1 day  
hrs min.

### 9. Exact Occupation

Student

Did this work for --- yrs.

### 10. Industry or Business

Date last worked ---

### 11. Birthplace

Kamiah, Idaho

(City or town) (State or foreign country)

### 12. Name

Benjamin D. Penny Sr.

### 13. Birthplace

Kooskia, Idaho

(City or town) (State or foreign country)

### 14. Maiden name

Stella Amera

### 15. Birthplace

Kamiah, Idaho

(City or town) (State or foreign country)

### 16. Informant's

OWN Signature

Stella Penny

and Address Lapwai, Idaho

### 17. (a) Removal

(b) Date thereof July 17, 1948

(Burial, cremation, or removal)

(c) Place: Kamiah, Idaho

### 18. Funeral Director's

OWN Signature

Brower-Wann by K.H. Malcom

and Address Lewiston, Idaho

### 19. (a) Date received and filed

July 16, 1948

### (b) Registrar's signature

Donna Jean Clark

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) July 14, 19 48  
at 12:25 o'clock P M.

### 21. I HEREBY CERTIFY, That I attended deceased from

7-13 Pm 1948, to 7-14 1948

I last saw --- alive on 10 Pm 7-14 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Pneumonia

### Duration

Due to long standing

Heart condition

Due to ---

Other conditions ---

(Include pregnancy within 3 months of death)

### Where was disease contracted?

Name of operation --- Date ---

Major finding ---

Finding of autopsy ---

PHYSICIAN  
Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---

Occurred --- 19 --- City, county, state

where violence occurred

Place of Violence: Home --- Farm --- Industry ---

Public Place --- While at work? ---

Means of injury ---

### 23. Attendant's

OWN Signature

R.V. Rogers

(M. D. or other)

and Address Lapwai Date 7-15 1948

(For additional space, use reverse side)

D. Rogers

47

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 24 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 2706  
Local Reg. No. 136  
Reg. Dist. No. 220

1. PLACE OF DEATH:

- (a) County NEZ PERCE  
(b) City or town LEWISTON  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. ST. JOSEPH Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? YES Outside? ..... city or town  
(f) Citizen of what country? FINLAND  
(g) How long had deceased lived in Idaho? UNK years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

EINAR SIMOLA

3. (b) If veteran,

name war NO

3. (c) Social Security

No. 379-09-3168

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth

(Month, Day, Year) JULY 27, 1892

8. AGE	Years	Months	Days	If less than 1 day
<u>55</u>	<u>11</u>	<u>18</u>	<u>hrs</u>	<u>min.</u>

9. Exact Occupation WOODSWORKER

Did this work for LIFE yrs.

10. Industry or Business WOODS AREAS

Date last worked UNKNOWN

11. Birthplace FINLAND

(City or town) (State or foreign country)

12. Name UNKNOWN

13. Birthplace UNKNOWN

(City or town) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN

(City or town) (State or foreign country)

16. Informant's

OWN Signature POTLATCH FORESTS RECORDS

and Address OROFINO, IDAHO

17. (a) BURIAL

(b) Date thereof JULY 19/48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place RIVERSIDE CEM. OROFINO, IDAHO

18. Funeral Director's

OWN Signature BLAKE FUNERAL HOME

and Address OROFINO, IDAHO

19. (a) July 24, 1948

(b) Donna Jean Roberts

(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) July 19 1948  
at ..... o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from

March 1948 to July 17 1948

I last saw him alive on July 13 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary atherosclerosis Duration 6/10

Due to myocardial infarction

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature David D. McRobert

and Address Unit 100 (M. D. or other) Date 7/22 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JUL 24 1948

DIVISION OF VITAL

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. **2707**  
Local Reg. No. **134**  
Reg. Dist. No. **220**

1. PLACE OF DEATH: **STATION**  
(a) County **Nas Perce**  
(b) City or town **Lawiston**  
(c) Street Address or R.F.D. No. **-----**  
(d) Death Occurred Inside? **X** Outside? **-----** city or town  
(e) Died in a Home **-----** Hospital **X** Institution **-----** Other place **-----**  
(f) Name Hosp. or Inst. **St. Joseph** Stayed **2** days  
(g) Lived in this county **-----** years **-----** months **2** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Washington** (b) County **Asotin**  
(c) City or town **Asotin**  
(d) Street Address or R.F.D. No. **1st Street**  
(e) Deceased lived Inside? **X** Outside? **-----** city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **-----** years  
(h) Former residence (city, state) **Washington**

3. (a) FULL NAME **John L Johnson**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or **W** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **M** race **W** 6. (b) Name of husband or wife **Jennie** 6. (c) Age of husband or wife if alive **62** years

7. Date of Birth (Month, Day, Year) **August 17, 1883**

8. AGE	Years	Months	Days	If less than 1 day
	<b>64</b>	<b>10</b>	<b>29</b>	hrs. min.

9. Exact Occupation **Ret. Cattleman** Did this work for **Life** yrs.  
10. Industry or Business **Walowa, Oregon** Date last worked **-----**

11. Birthplace (City or town) (State or foreign country)

12. Name **Joseph Johnson**

13. Birthplace **Missouri** (City or town) (State or foreign country)

14. Maiden name **Fannie Applegate**

15. Birthplace **Oregon** (City or town) (State or foreign country)

16. Informant's OWN Signature **Jennie Johnson** and Address **Asotin, Washington**

17. (a) **Removal** (b) Date thereof **7/19/48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Enterprise, Oregon**

18. Funeral Director's OWN Signature **W.C. Merchant** and Address **Clarkston, Washington**

19. (a) **July 17, 1948** (b) **Wanna Jean Ockert** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July 16** 19 **48**  
at **7:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **-----** 19 **-----** to **-----** 19 **-----**

I last saw h **-----** alive on **-----** 19 **-----**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pneumonia** Duration **5 days**

Due to **Aspirin Poisoning** **1 week**

Due to **-----**

Other conditions **Cerebral Palsy** **2-3 yrs.**

(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation **-----** Date **-----**

Major finding **-----**

Finding of autopsy **-----**

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? **-----** Suicide? **-----** Homicide? **-----**  
Occurred **-----** 19 **-----** City, county, state  
where violence occurred **-----**  
Place of Violence: Home **-----** Farm **-----** Industry **-----**  
Public Place **-----** While at work? **-----**  
Means of injury **-----**

23. Attendant's OWN Signature **W.C. Merchant** (M.D. or other)

and Address **Clarkston, Washington** Date **7/19** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 24 1948  
DIVISION OF VITAL STATE OF IDAHO  
**Certificate Of Death**

1948 State File No. **2708**  
Local Reg. No. **138**  
Reg. Dist. No. **220**

1. PLACE OF DEATH:

- (a) County **Nez Perce**  
(b) City or town **Lewiston**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Inst. **St Joseph's** Stayed **5** days  
(g) Lived in this county **47** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Nez Perce**  
(c) City or town **Lewiston**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **47** years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

**Philip Nutting**

3. (b) If veteran, name war **no** No. ....  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Ida** alive **76** years  
7. Date of Birth (Month, Day, Year) **March 4, 1876**

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>4</b>	<b>14</b>	hrs min.

9. Exact Occupation **Retired** Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **Lansingberg, N.Y.**  
(City or town) (State or foreign country)

- Mother { 12. Name **No Record**  
13. Birthplace .....  
(City or town) (State or foreign country)  
14. Maiden name **No Record**  
15. Birthplace .....  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Grey Whitthorne**  
and Address **Lewiston, Idaho.**

17. (a) **Burial** (b) Date thereof **7-20-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Lewiston, Idaho.**

18. Funeral Director's **Vassar-Bayle Funeral Home**  
OWN Signature by **W. Vassar**  
and Address **Lewiston, Idaho.**

19. (a) **July 24, 1948** (b) **Dorcas J. Chubb**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **July, 18, 1948** 19.....  
(Month, Day, Year) at **12:40** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **7-12** 1948, to **7-18** 1948.  
I last saw him alive on **7-18** 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Peritonitis, generalized** Duration **3 da**  
Due to **Perforated large bowel** **5 da**  
Due to **diverticulitis colon** **9 years**  
Other conditions **the of R. hip**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **at home** PHYSICIAN  
Name of operation **Lewiston** Date **7-17-48** Underline the cause to which death should be charged statistically.  
Major finding **Gross distention**  
Finding of autopsy **None**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred. 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **J. S. Newton** (M. D. or other)  
and Address **Lewiston, Idaho** Date **7-22-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
JUL 24 1948 STATE OF IDAHO

7948

State File No. **2709**  
Local Reg. No. **135**  
Reg. Dist. No. **220**

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH: STATISTICAL  
(a) County **NezPerce**  
(b) City or town **Lewiston**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **St. Joseph** Stayed **5** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months **5** days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Lewis**  
(c) City or town **Craigmont**  
(d) Street Address or R.F.D. No. **PO Bx**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **US**  
(g) How long had deceased lived in Idaho? **39** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **IDA HELENA HUNTER**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **None**  
4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **William**  
6. (c) Age of husband or wife if alive **49** years  
7. Date of Birth (Month, Day, Year) **May 12, 1909**  
8. AGE  

Years	Months	Days	If less than 1 day
<b>39</b>	<b>2</b>	<b>7</b>	hrs min.

  
9. Exact Occupation **House Wife** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Mohler, Idaho**  
(City or town) (State or foreign country)  
12. Name **Amos E. Fredrickson**  
13. Birthplace **Sweeden**  
(City or town) (State or foreign country)  
14. Maiden name **Laura D. Tetzloff**  
15. Birthplace **Kendrick, Idaho**  
(City or town) (State or foreign country)  
16. Informant's OWN Signature **M. G. Hunter**  
and Address **Craigmont, Idaho**  
17. (a) **Burial** (b) Date thereof **7-22-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Lewiston, Idaho**  
18. Funeral Director's OWN Signature **Brower-Wann by H. M. Malcom**  
and Address **Lewiston, Idaho**  
19. (a) **July 22, 1948** (b) **Donna Jean Ockert**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **107X**  
20. DATE OF DEATH (Month, Day, Year) **July 19, 1948**  
at **3:15** o'clock **P.** M.  
21. I HEREBY CERTIFY, That I attended deceased from **June 8, 1948**, to **July 19, 1948**  
last saw him alive on **July 14, 1948**; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Relapsing Bronchial Pneumonia**  
**Aspiration**  
Due to **Anaesthesia for**  
**Chol. Hydronephrosis**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? **Home**  
Name of operation **Appendectomy** Date **July 15, 1948**  
Major finding **2. Bronchial infection**  
Finding of autopsy **Bilateral Bronchial Pneumonia - suppurative**  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred **19** City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **Paul G. Haury M.D.**  
and Address **Lewiston, Idaho** Date **July 21, 1948**  
(For additional space, use reverse side)

Dr. P. Haury

#61

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 2 - 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 2710  
Local Reg. No. 141  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph's Stayed 21 days  
(g) Lived in this county 21 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

mrs. Minnie Klappenbach

## 3. (b) If veteran, name war

no

## 3. (c) Social Security

No. 519-14-6139

## 4. Sex Female Color or Race White

## 6. (b) Name of husband or wife

## 6. (a) Single, widowed, married, divorced widowed

## 7. Date of Birth (Month, Day, Year) March 3, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>4</u>	<u>14</u>	hrs min.

## 9. Exact Occupation

Did this work for ..... yrs.

## 10. Industry or Business Janes Cleaners

Date last worked .....

## 11. Birthplace Verndale, Minn.

(City or town) (State or foreign country)

## 12. Name Nelson Harrison

## 13. Birthplace Farmington, Minn.

(City or town) (State or foreign country)

## 14. Maiden name Eleanor Van Patter

## 15. Birthplace Osage, Iowa

(City or town) (State or foreign country)

## 16. Informant's OWN Signature Evelyn K. Merrill

and Address .....

## 17. (a) Burial (b) Date thereof 7-27-48

(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Lewiston, Idaho

## 18. Funeral Director's OWN Signature Vassar Rawls

and Address Lewiston, Idaho

## 19. (a) July 29, 1948 (b) Donna Jean Asker

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) July 25 19 48

at 3:42 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from May 4 19 48 to July 25 19 48

I last saw her alive on July 25 19 48 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cervical adenoma

Due to metastasis

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

## Where was disease contracted?

Name of operation Exp. 144 Date May 4, 1948

Major finding .....

Finding of autopsy .....

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place. While at work?

Means of injury .....

## 23. Attendant's OWN Signature Donna Jean Asker

and Address Lewiston, Idaho Date July 29, 1948

(For additional space, use reverse side)

C49A

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 15 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2711  
Local Reg. No. 130  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Cottonwood Creek  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? X city or town  
(e) Died in a Home X Hospital ..... Institution .. Other place....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 60 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Cottonwood Creek  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Edward Broncheau

3. (b) If veteran, name war no 3. (c) Social Security No. none  
5. Color or race Red 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife if alive Louise  
7. Date of Birth (Month, Day, Year) Jan, 27, 1857

8. AGE	Years	Months	Days	If less than 1 day
<u>91</u>	<u>5</u>	<u>7</u>	hrs	min.

9. Exact Occupation Retired Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace ..... (City or town) (State or foreign country)

12. Name Thomas Broncheau  
13. Birthplace ..... (City or town) (State or foreign country)  
14. Maiden name Angelique Sanvagesse  
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's OWN Signature J. D. Broncheau  
and Address Culdesac, Idaho.

17. (a) Burial (b) Date thereof 7/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Slickpoo Mission

18. Funeral Director's OWN Signature Vassar-Rawls Funeral Home  
by Andrew P. Vassar  
and Address Lewiston, Idaho.

19. (a) July 12, 1948 (b) Wanna Jean Coker  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 7-7-48  
at 7 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
for 2 yrs. 19....., to 19.....  
I last saw him alive on 7-1-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Extension Duration

Due to Smoking

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature R. V. Rogers  
(D.O. or other) .....  
and Address Lewiston Date 7-7-48 19.....  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2712  
Local Reg. No. 129  
Reg. Dist. No. 220

JUL 13 1948

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston, Spalding  
(c) Street Address or R.F.D. No. Rural  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 50 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Spalding  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME MARY REUBEN JONES

3. (b) If veteran, no name war no  
3. (c) Social Security No. None  
5. Color or race Indian  
4. Sex Female  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife ?  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) June ? , 1856

8. AGE	Years	Months	Days	If less than 1 day
	<u>92</u>	<u>1</u>	<u>?</u>	hrs min.

9. Exact Occupation House Wife Did this work for years  
10. Industry or Business --- Date last worked  
11. Birthplace Mont. (City or town) (State or foreign country)

- Mother { 12. Name Unknown  
13. Birthplace Mont. (City or town) (State or foreign country)  
14. Maiden name Cecilia ??  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Thomas Reuben  
and Address Lapwai, Idaho

17. (a) Burial (b) Date thereof July 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Spalding, Idaho

18. Funeral Director's OWN Signature Brower-Wann by K.H. Malcom  
and Address Lewiston, Idaho

19. (a) July 8, 1948 (b) Donna Jean Robert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 6 , 19 48  
at 12:00 o'clock A P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw her alive on July 6, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stroke Duration

Due to Sanidity

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature R.V. Roore mal

(M. D. or other)

and Address Lapwai, Idaho Date 19

(For additional space, use reverse side)

Dr. Rogers

407

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 24 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

48 State File No. 2713  
Local Reg. No. 137  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? .. Outside? x .. city or town  
(e) Died in a Home .. Hospital .. Institution x .. Other place ..  
(f) Name Hosp. or Inst. Summerville .. Stayed 5yr .. days  
(g) Lived in this county. 20 years .. months .. days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 405-12th St  
(e) Deceased lived Inside? x .. Outside? .. city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) ..

## 3. (a) FULL NAME

James H. Hennigan

200A

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. ....

5. Color or no  
6. (a) Single, widowed, married, divorced widowed  
4. Sex male race white  
6. (b) Name of husband or wife ..  
6. (c) Age of husband or wife if alive .. years

## 7. Date of Birth (Month, Day, Year)

1803

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>			hrs min.

9. Exact Occupation labor Did this work for .. yrs.  
10. Industry or Business retired Date last worked ..  
11. Birthplace .. (City or town) (State or foreign country)

- Mother Father  
12. Name no record  
13. Birthplace .. (City or town) (State or foreign country)  
14. Maiden name no record  
15. Birthplace .. (City or town) (State or foreign country)

16. Informant's OWN Signature Deas Ferguson  
and Address Lewiston, Idaho.

17. (a) Burial (b) Date thereof 7-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho.

18. Funeral Director's OWN Signature Vassar-Bawls Funeral Home  
by Ch. Vassar  
and Address Lewiston, Idaho.

19. (a) July 24, 1948 (b) Donna Jean Robert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 18, 1948 1948  
at 3:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from JUNE 30 1948 to JULY 14 1948  
I last saw him alive on JULY 14 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Transition

## Duration

- Due to ..  
Due to ..  
Other conditions .. (Include pregnancy within 3 months of death)

- Where was disease contracted? Lewiston  
Name of operation none Date ..  
Major finding ..  
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? .. Suicide? .. Homicide? ..  
Occurred .. 19 .. City, county, state where violence occurred  
Place of Violence: Home .. Farm .. Industry ..  
Public Place .. While at work? ..  
Means of injury ..

23. Attendant's OWN Signature P.W. Eastman M.D.  
(M. D. or other)  
and Address 415 W. Wiegand Date July 23, 1948  
(For additional space, use reverse side)

Lewiston, Idaho. 671

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 2 - 1948

NON-RESIDENT  
Certificate Of Death

STATE OF IDAHO

State File No. 2714  
Local Reg. No. 140  
Reg. Dist. No. 221

DIVISION OF VITAL

1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston,  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 7 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. 1322 4th St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? X 8 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME LYNN VERNON TIGGES

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_ ?  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Ruth 6. (c) Age of husband or wife if alive 41 years  
7. Date of Birth (Month, Day, Year) Sept. 17, 1901

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>10</u>	<u>5</u>	hrs min.

9. Exact Occupation Monoraik operator Did this work for 8 1/2 yrs.  
10. Industry or Business Lunbering Date last worked 7-22-48  
11. Birthplace Minnapolis, Minn. (City or town) (State or foreign country)  
Mother { 12. Name Frank C. Tigges  
13. Birthplace Wisconsin (City or town) (State or foreign country)  
14. Maiden name Rose Ann Sofer  
15. Birthplace Wisconsin (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Ruth Tigges  
and Address Lewiston, Idaho

17. (a) Removal (b) Date thereof 7-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Coeur d'Alene, Idaho

18. Funeral Director's OWN Signature Brower-Wann by B.H. Malton  
and Address Lewiston, Idaho

19. (a) July 26, 1948 (b) Wonna Jan Clark  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 22, 19 48  
at 9:20 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him alive on July 5th 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured Skull. Duration  
Fractured Back.

Due to Fall from Monorail.  
Death instantaneous.

Due to \_\_\_\_\_  
Other conditions None.  
(Include pregnancy within 3 months of death)

Where was disease contracted? At Work  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy Not Done.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Pat. with fork City, county, state where violence occurred Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry ✓  
Public Place \_\_\_\_\_ While at work? Yes

Means of injury Fall about 25 ft.

23. Attendant's OWN Signature Joseph B. Baudry  
and Address 707 11th St Date \_\_\_\_\_ 19 \_\_\_\_\_  
(For additional space, use reverse side)

Dr. Joe B k

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

JUL 24 1948

STATE OF IDAHO

State File No. 2715  
Local Reg. No. 139  
Reg. Dist. No. 220

DIVISION OF VITAL

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston, I  
(c) Street Address or R. F. D. No. 1012 N St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 37 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston, I  
(d) Street Address or R.F.D. No. 1012 N St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

NORVIL RAYMOND HILL

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. 519-28-9002

## 4. Sex Male race White

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Lillian

## 6. (c) Age of husband or wife if alive 66 years

## 7. Date of Birth (Month, Day, Year)

April 1, 1873

## 8. AGE

Years 75

Months 3

Days 21

If less than 1 day  
hrs min.

## 9. Exact

Occupation Retired Farmer Did this work for  yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

Lawrence  
(City or town)

Kansas  
(State or foreign country)

## 12. Name

G. W.

Hill

## 13. Birthplace

Kansas  
(City or town)

Kansas  
(State or foreign country)

## 14. Maiden name

Ruth

?

## 15. Birthplace

Kansas  
(City or town)

Kansas  
(State or foreign country)

## 16. Informant's

OWN Signature Mrs John Raymond

and Address 1002 71 Street Lewiston

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof 7-23-48

(Month) (Day) (Year)

(c) Place: Lewiston, Idaho

## 18. Funeral Director's

OWN Signature Brower Mann by H.F. Malcom

and Address Lewiston, Idaho

## 19. (a) July 24, 1948

(Date received and filed)

## (b) Donna Jean Roberts

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 22 19 48  
at 7:20 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

July 6, 1948, to July 19, 1948

I last saw him alive on July 19, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Thrombosis

## Duration

July 6, 1948

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted? None

Name of operation None Date

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

## Means of injury

## 23. Attendant's

OWN Signature Donna J. Roberts

and Address Donna J. Roberts Date 7/22/1948

(For additional space, use reverse side)

Dr. Mc Roberts

439

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-208 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 9 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2716  
Local Reg. No. 17  
Reg. Dist. No. 530

## 1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 77 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 77 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Rachel Jane Stubbs Jones

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or Wh. 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race Wh.  
6. (b) Name of husband or wife Wm P. Jones 6. (c) Age of husband or wife if alive 79 years

7. Date of Birth (Month, Day, Year) June 2 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>0</u>	<u>29</u>	hrs min.

9. Exact Occupation Housewife Did this work for 57 yrs.

10. Industry or Business Own Home Date last worked 1940

11. Birthplace Malad Idaho (City or town) (State or foreign country)

12. Name UNKNOWN

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

14. Maiden name Elizabeth Vreeland

15. Birthplace Malad Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. C. E. Pieper

and Address Walla Walla Wash.

17. (a) Burial (b) Date thereof July 4 48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Malad Idaho.

18. Funeral Director's OWN Signature J. Guy Benson

and Address Malad Idaho

19. (a) 7-4-1948 (b) J. Guy Benson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 1 19 48  
at 11:25 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 1 19 48  
to July 1 19 48

I last saw h. alive on July 1 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: apoplexy Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 2nd attach

Other conditions 2nd attach (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 19 City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D. H. Malley

and Address Malad (M. D. or other) \_\_\_\_\_

Date 7-3-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 29 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

State File No. 2717  
Local Reg. No. 20  
Reg. Dist. No. 530

1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital Institution Other place....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 59 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

Anne Marie Bywater Peck

3. (b) If veteran,  
name war

No

3. (c) Social Security  
No. None

5. Color or 6. (a) Single, widowed, married,  
divorced Married

4. Sex Female race Wht.

6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife Chas. H. Peck alive 81 years

7. Date of Birth  
(Month, Day, Year) March 27, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>3</u>	<u>10</u>	hrs min.

9. Exact Occupation Housewife Did this work for 60 yrs.

10. Industry or Business Own Home Date last worked June 48

11. Birthplace Brigham City Utah  
(City or town) (State or foreign country)

12. Name James Bywater

13. Birthplace England  
(City or town) (State or foreign country)

14. Maiden name Maria Thomas

15. Birthplace Wales  
(City or town) (State or foreign country)

16. Informant's OWN Signature Jay Lew Peck

and Address Malad Idaho

17. (a) Burial (b) Date thereof July 10 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Malad Idaho

18. Funeral Director's OWN Signature J. S. Benson

and Address Malad Idaho

19. 7-9-1948 (Date received and filed) (b) J. S. Benson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) July 7 19 48  
at 5:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from

1944 to 7-9-48

I last saw her, alive on July 7, 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Myocardial infarction  
Intestinal obstruction  
Adhesions

Due to Intestinal obstruction

Due to Adhesions

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Malad

Name of operation Date

Major finding

Finding of autopsy Obstruction at outlet of stomach

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature V. P. Parst M.D.  
(M. D. or other) and Address Malad Idaho Date 7-9-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to, State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 29 1948  
NON-RESIDENT  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

7048  
State File No. 2718  
Local Reg. No. 21  
Reg. Dist. No. 530

1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Utah (b) County Salt Lake  
(c) City or town Salt Lake City  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Karen Lee Plumley

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or Wh. 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex Female 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 22 1945

8. AGE	Years	Months	Days	If less than 1 day
	<u>3</u>	<u>2</u>	<u>16</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Salt Lake City Utah  
(City or town) (State or foreign country)

12. Name Edward Benjamin Plumley  
13. Birthplace Austin Texas  
(City or town) (State or foreign country)  
14. Maiden name Atta Jean Koil  
15. Birthplace Salt Lake City Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Atta Jean Plumley  
and Address Salt Lake City Utah

17. (a) Removal (b) Date thereof July 9 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Salt Lake City Utah

18. Funeral Director's OWN Signature James Benson  
and Address Malad Idaho

19. (a) 7-9-1948 (b) James Benson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 8 19 48  
at \_\_\_\_\_ o'clock 12.5 M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Brown  
Fell from bridge

Motor  
riding

Due to into  
Other conditions ditto

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred July 8 19 48 (City) county, state

where violence occurred Utah Oneida Idaho

Place of Violence: Home Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place yes While at work? no

Means of injury Fell from bridge with

23. Attendant's OWN Signature James Benson

and Address Malad (M. D. or other) \_\_\_\_\_

Date 7-9-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 9 - 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 2719  
Local Reg. No. 24  
Reg. Dist. No. 530

## 1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Oneida Stayed 1 days  
(g) Lived in this county... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Gordon Paul Crowther

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. None

## 5. Color or

## 6. (a) Single, widowed, married,

Sex Male race Wht.

divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth

(Month, Day, Year) July 28 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	<u>3 1/2</u> hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked

11. Birthplace Malad - Idaho  
(City or town) (State or foreign country)

12. Name William Gordon Crowther

13. Birthplace Malad Idaho  
(City or town) (State or foreign country)

14. Maiden name Betty Jane Hendricks

15. Birthplace Richmond Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature S.A. Hendricks

and Address Malad Idaho

17. (a) Burial (b) Date thereof July 29 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Malad Idaho

18. Funeral Director's OWN Signature J. B. Berman

and Address Malad Idaho

19. (a) July 29, 1948 (b) J. B. Berman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 29 19 48  
at 8:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 28 19 48 to July 29 19 48  
I last saw him alive on July 29, 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Premature 25 wk Duration

Due to Placenta previa.

Due to

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ..... Date ..... Underline the cause to which death should be charged statistically.

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry ..... Public Place ..... While at work? .....

Means of injury

23. Attendant's OWN Signature D. H. Mader (M. D. or other)

and Address Malad Date 7-29-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JUL 29 1948

# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

1948

State File No. 2720  
Local Reg. No. 22  
Reg. Dist. No. 530

## 1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Samaria  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county Life years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Samaria  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Francis Williams

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or Whit. 6. (a) Single, widowed, married, divorced Widow  
4. Sex Female 6. (b) Name of husband or wife S. J. Williams 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) April 8 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>3</u>	<u>10</u>	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.  
10. Industry or Business Own Home Date last worked June 1948  
11. Birthplace Malad Idaho (City or town) (State or foreign country)

12. Name John Henry Williams  
13. Birthplace Wales (City or town) (State or foreign country)  
14. Maiden name Sarah Jane Davis  
15. Birthplace Wales (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Samaria Idaho

17. (a) Burial (b) Date thereof July 21 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Samaria Idaho

18. Funeral Director's OWN Signature [Signature]  
and Address Malad Idaho

19. (a) 7-20-1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH (Month, Day, Year) July 18 1948  
at 8:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 18 1948 to July 18 1948  
I last saw him alive on July 12 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Anger disease Duration

Due to .....

Due to Senile

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature [Signature]

and Address Malad (M. D. or other) Date 7-20-1948

(For additional space, use reverse slide)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **2721**  
Local Reg. No. **116**  
Reg. Dist. No. **392**

## 1. PLACE OF DEATH:

- (a) County Owyhee  
(b) City or town Homedale  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years 10 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Owyhee  
(c) City or town Homedale  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Burley, Idaho

## 3. (a) FULL NAME Edford Holbrook

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Maude 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) April 13-1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>2</u>	<u>27</u>	hrs min.

9. Exact Occupation Watermaster Did this work for ..... yrs.  
10. Industry or Business Burley Irrigation District Date last worked 1947  
11. Birthplace Glenwood, Kentucky  
(City or town) (State or foreign country)

12. Name Calvin Holbrook  
13. Birthplace Kentucky  
(City or town) (State or foreign country)  
14. Maiden name Margaret Twinam  
15. Birthplace Kentucky  
(City or town) (State or foreign country)

16. Informant's OWN Signature Maude E. Holbrook  
and Address Homedale, Idaho

17. (a) Burial (b) Date thereof 7-12-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Wildon, Idaho

18. Funeral Director's OWN Signature William D. Dakan  
and Address Caldwell, Idaho

19. (a) July 14, 48 (b) Guia Frosig  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 10 19. 48  
at 1:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from August 19, 47 to July 19, 48  
I last saw him alive on July 21, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Carcinoma Pancreas 4 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19. City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury

23. Attendant's OWN Signature William D. Dakan (M. D. or other)  
and Address Homedale, Idaho Date 7-14 19. 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JUL 28 1948

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

148

2722

State File No.

Local Reg. No.

Reg. Dist. No.

459

363

## 1. PLACE OF DEATH:

- (a) County Owyhee  
(b) City or town Homedale  
(c) Street Address or R.F.D. No. Route #1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years 1 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Owyhee  
(c) City or town Homedale  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 months  
(h) Former residence (city, state) Elgin, Oregon

## 3. (a) FULL NAME

Mrs. Minnie Louise Zeamer

3. (b) If veteran, name war none

3. (c) Social Security No. none

5. Color or

4. Sex fer. race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth  
(Month, Day, Year) May 21, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>1</u>	<u>22</u>	hrs. min.

9. Exact Occupation housewife Did this work for  yrs.

10. Industry or Business Home Date last worked

11. Birthplace Dessau Anhalt Germany  
(City or town) (State or foreign country)

12. Name Herman Stouber

13. Birthplace Germany  
(City or town) (State or foreign country)

14. Maiden name Louise

15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Robt W. Harvies  
and Address Homedale Idaho

17. (a) Removal (b) Date thereof 7 / 15 / 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Elgin, Oregon

18. Funeral Director's OWN Signature John J. Alsip, Jr.  
and Address Idaho

19. (a) July 14 - 1948 Lynna Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 13, 1948  
(Month, Day, Year) at 7:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 1948 to July 13 1948  
last saw h. or alive on July 12 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

acute coronary thrombosis Duration 1 day

Due to fracture left femur 6 weeks

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Major finding Date

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? Homicide?

Occurred June 15, 1948 19 City, county, state where violence occurred Homedale

Place of Violence: Home X Farm Industry

Public Place While at work?

Means of injury Fell on stairs

23. Attendant's OWN Signature William J. Kelly, M.D.  
(or D. or other)

and Address Homedale Idaho 7-14 1948  
(For additional space, use reverse side)

**CERTIFICATE OF DEATH**  
JUL 12 1948  
STATE OF IDAHO

**1. PLACE OF DEATH:**

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. Star Route  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital—Institution—Other place...  
(f) Name Hosp. or Inst. ----- Stayed ----- days  
(g) Lived in this county 65 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. Star Route  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) Nebraska

**3. (a) FULL NAME FRED SIGNOR HURD**

3. (b) If veteran, name war --- 3. (c) Social Security No. -----  
5. Color or race white 6. (a) Single, widowed, married, divorced married  
4. Sex male 6. (b) Name of husband or wife Edna Mae Hurd 6. (c) Age of husband or wife if alive 68 years  
7. Date of Birth (Month, Day, Year) May 5, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>1</u>	<u>3</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 50 yrs.  
10. Industry or Business Farm Date last worked -----  
11. Birthplace Rochelle, Illinois (City or town) (State or foreign country)

12. Name Francis Hurd  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's Edna Mae Hurd  
OWN Signature Payette, Idaho  
and Address Payette, Idaho

17. (a) Burial (b) Date thereof 6/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Riverside Cem., Payette, Ida.

18. Funeral Director's Gifford R. Shaffer  
OWN Signature Payette, Idaho E-344  
and Address Payette, Idaho

19. (a) June 10 1948 (b) Gifford R. Shaffer  
(Date received and filed) (Registrar's Signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH June 8, 1948  
(Month, Day, Year)  
at 12:00 o'clock noon.

21. I HEREBY CERTIFY, That I attended deceased from June 8, 1948, to June 8, 1948.  
I last saw him alive on June 8, 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Coronary Thrombosis

Due to Hypertension

Due to -----

Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred -----, 1948 City, county, state where violence occurred -----  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's A. B. Catron  
OWN Signature Payette, Idaho 6/10/48  
(M. D. or other) 6/10/48  
and Address Payette, Idaho  
(For additional space, use reverse side)

CERTIFICATE OF DEATH

STATE OF IDAHO

Local Registrar's Duplicate

Local Reg. No. 20

Reg. Dist. No. 3-330

1. PLACE OF DEATH:

(a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. 237 S. 10th St.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home—Hospital X Institution—Other place  
(f) Name Hosp. or Inst. Payette Mem. Stayed 18 days  
(g) Lived in this county 46 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. S. 12th St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Grand Island, Nebr

3. (a) FULL NAME GORA ELLEN CARPENTER

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Carpenter 6. (c) Age of husband or wife if alive 76 years

7. Date of Birth (Month, Day, Year) July 24, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>11</u>	<u>2</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 52 yrs.

10. Industry or Business Home Date last worked

11. Birthplace King City, Missouri (City or town) (State or foreign country)

12. Name Ed Richards

13. Birthplace Missouri (City or town) (State or foreign country)

14. Maiden name Emiline King

15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Gora Carpenter and Address Payette, Idaho

17. (a) Burial (b) Date thereof 6/28/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Riverside Cem., Payette, Ida.

18. Funeral Director's OWN Signature Giffard R. Shaffer and Address Payette, Idaho E-344

19. 6/28/48 (Date received and filed) (b) Giffard R. Shaffer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 26, 1948 at 3:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 26, 1948, to June 26, 1948. I last saw her alive on June 26, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Starvation Acidosis Duration Febrile  
Due to Generalized Carcinomatosis

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Physician  
Name of operation Date  
Major finding  
Finding of autopsy Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide? Occurred June 26, 1948. City, county, state where violence occurred. Place of Violence: Home Farm Industry Public Place While at work?

Means of injury  
23. Attendant's OWN Signature J. H. Kaiser (M. D. or other) and Address Payette, Idaho E-344 Date 6/28/48 1948 (For additional space, use reverse side)

1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town 1119 N. 4th St., Payette  
(c) Street Address or R. F. D. No. 1119 N. 4 St.  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital Institution Other place....  
(f) Name Hosp. or Inst. -- Stayed -- days  
(g) Lived in this county 40 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME ALOYIS FREDERICK RUPP

3. (b) If veteran, name war ---- 3. (c) Social Security No. 518-24-8983

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary A. Rupp 6. (c) Age of husband or wife if alive 67 years

7. Date of Birth (Month, Day, Year) June 23, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>0</u>	<u>15</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 54 yrs.

10. Industry or Business Farm Date last worked

11. Birthplace Germany (City or town) (State or foreign country)

12. Name Englebert Rupp

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name Nolte

15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Mary A. Rupp

- and Address Payette, Idaho

17. (a) Burial (b) Date thereof 7/10/48 (Month) (Day) (Year)

- (c) Place: Riverside Cem., Payette, Ida.

18. Funeral Director's OWN Signature Giffard R. Shaffer E-344

- and Address Payette, Idaho

19. (a) July 10, 1948 (b) Alta E. Shaffer (Date received and filed) (Registrar's signature)

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. 1119 N. 4th St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Grand Valley, Colo

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 8, 1948  
at 01:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from held in inquiry to me on July 8, 1948  
I last saw him alive on July 8, 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Cardiac Failure Duration

- Due to

- Due to

- Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? Physician

- Name of operation Date

- Major finding

- Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

- Occurred -----, 19 ----- City, county, state where violence occurred

- Place of Violence: Home ----- Farm ----- Industry -----

- Public Place ----- While at work? -----

- Means of injury -----

23. Attendant's OWN Signature Giffard R. Shaffer E-344

- and Address Payette, Idaho Date 7/9/48, 19 -----

(For additional space, use reverse side)

RECEIVED - CERTIFICATE OF DEATH

JUL 21 1948

STATE OF IDAHO

Local Registrar's Duplicate

Local Reg. No. 33

Reg. Dist. No. 2330

2726

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. 520 River St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home—Hospital—Institution—Other place ☒  
(f) Name Hosp. or Inst. Carter Nursing Home Stayed 5 days  
(g) Lived in this county 33 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME HENRY HANSON

3. (b) If veteran, name war -- 3. (c) Social Security No. --  
5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
4. Sex male 6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) September 29, 1857

8. AGE	Years	Months	Days	If less than 1 day
	<u>90</u>	<u>9</u>	<u>12</u>	hrs. min.

9. Exact Occupation Stockman Did this work for 60 yrs.  
10. Industry or Business Retired Date last worked ----  
11. Birthplace Stavanger, Norway (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Gertrude Peterson  
and Address Payette, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/48 (Month) (Day) (Year)  
(c) Place: Rosedale Mem. Park, Payette

18. Funeral Director's OWN Signature Giffard R Shaffer E-344  
and Address Payette, Idaho

19. (a) July 14, 1948 (Date received and filed) (b) Giffard R Shaffer (Registrar's signature)

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Payette  
(c) City or town 520 River St., Payette  
(d) Street Address or R. F. D. No. 520 River  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) South Dakota

MEDICAL CERTIFICATE OF DEATH 1623

20. DATE OF DEATH (Month, Day, Year) July 11, 1948  
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19, 1948, to 19, 1948.  
I last saw him alive on 19, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to Organic Heart Disease  
Due to Old Age  
Other conditions (Include pregnancy within 3 months of death) --

Where was disease contracted? -- Physician --  
Name of operation -- Date --  
Major finding --  
Finding of autopsy --  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? -- Suicide? -- Homicide? --  
Occurred 1948, 1948. City, county, state where violence occurred Idaho  
Place of Violence: Home -- Farm -- Industry --  
Public Place -- While at work? --  
Means of injury --

23. Attendant's OWN Signature G R Shaffer M.D. (M. D. or other)  
and Address Payette, Idaho Date 7/14/48 1948  
(For additional space, use reverse side)

RECEIVED  
JUL 21 1948  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH  
STATE OF IDAHO

2727  
Local Registrar's Duplicate  
Local Reg. No. 34  
Reg. Dist. No. 3-330

1. PLACE OF DEATH:

(a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. 313 N. 6th St.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 32 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME

Orle Mell Beeman

3. (b) If veteran, name war -- -- -- 3. (c) Social Security No. -- -- --

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Beeman 6. (c) Age of husband or wife if alive 75 years

7. Date of Birth (Month, Day, Year) February 18, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>4</u>	<u>26</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 55 yrs.

10. Industry or Business Home Date last worked July 1948

11. Birthplace Olathe, Kansas (City or town) (State or foreign country)

12. Name Rufus King Boggs

13. Birthplace Ohio (City or town) (State or foreign country)

14. Maiden name Eliza Ann Johnson

15. Birthplace Jackson County, Mo. (City or town) (State or foreign country)

16. Informant's OWN Signature W H Beeman  
and Address Payette, Idaho

17. (a) Burial (b) Date thereof 7-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Park View Cem-New Plymouth, Ida.

18. Funeral Director's OWN Signature Gifford R. Shaffer  
and Address Payette, Idaho E-344

19. (a) July 16-1948 (b) Beeman  
(Date received and filed) (Registrar's signature)

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. 313 N. 6th St.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Pueblo, Colo.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 14, 1948  
at 08:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 20, 191948 to July 14, 1948  
I last saw her alive on July 14, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

atherosclerosis, cerebral (97) Duration 4 mos

Due to arteriosclerosis, diffuse, generalized 2+ yrs.

Due to generalized

Other conditions --  
(Include pregnancy within 3 months of death)

Where was disease contracted? -- Physician --

Name of operation -- Date --

Major finding --

Finding of autopsy --

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? -- Suicide? -- Homicide? --  
Occurred --, 19-- City, county, state where violence occurred.

Place of Violence: Home -- Farm -- Industry --  
Public Place -- While at work? --

Means of injury --

23. Attendant's OWN Signature Walter S. K. Starnes

and Address Payette, Idaho (M. D. or other) 7-16, 1948  
(For additional space, use reverse side)



RECEIVED

JUL 30 1948

OF VITAL

NON-RESIDENT  
CERTIFICATE OF DEATH

STATE OF IDAHO

148 2728  
Local Registrar's Duplicate  
Local Reg. No. 335  
Reg. Dist. No. 3-331

1. PLACE OF DEATH:

(a) County Payette  
(b) City or town Fruitland  
(c) Street Address or R. F. D. No. on highway west of  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home—Hospital—Institution—Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county — years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Oregon (b) County Malheur  
(c) City or town Ontario  
(d) Street Address or R. F. D. No. Box 575  
(e) Deceased lived Inside? X Outside? — city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? — years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Warren L. Skeens

3. (b) If veteran, World War II 3. (c) Social Security No. 512-16-4420

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) May 5, 1927

8. AGE	Years	Months	Days	If less than 1 day
	<u>21</u>	<u>2</u>	<u>13</u>	hrs. min.

9. Exact Occupation Stone Mason Did this work for 1 yrs.

10. Industry or Business Construction Date last worked 7-18-48

11. Birthplace Miami County, Kansas  
(City or town) (State or foreign country)

12. Name Wm. M. Skeens

13. Birthplace Kansas  
(City or town) (State or foreign country)

14. Maiden name Hazel Ricketts

15. Birthplace Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature C. W. Heatley

and Address Ontario, Oregon

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-20-48 (Month) (Day) (Year)

(c) Place: Osawatimie, Kansas

18. Funeral Director's OWN Signature Geo. C. Boechler

and Address Ontario, Oregon

19. (a) July 20-1948 (Date received and filed) (b) Bessie M. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 18, 1948  
at 11:40 o'clock P.M.

I HEREBY CERTIFY, That I ~~attended deceased from~~  
with inquiry on July 18, 1948  
I last saw h. — alive on —, 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Accidental death  
resulting from Automobile  
accident

Due to —  
Other conditions —  
(Include pregnancy within 3 months of death)

Where was disease contracted? — Physician —

Name of operation — Date —

Major finding —

Finding of autopsy —

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —

Occurred July 18, 1948 City, county, state

where violence occurred Fruitland, Payette, Idaho

Place of Violence: Home — Farm — Industry —

Public Place Highway While at work? —

Means of injury Automobile accident

23. Attendant's OWN Signature Gifford R. Shaffer, Coroner

and Address Payette, Idaho Date July 19, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2729  
Local Reg. No. 21  
Reg. Dist. No. 500

## 1. PLACE OF DEATH:

- (a) County Power  
(b) City or town Am. Falls, Ida.  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Stayed 3 days  
(g) Lived in this county 0 years 0 months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Power  
(c) City or town Am. Falls, Ida.  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 0-0-3 days  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Marilynn

Wedel

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) July 8, 1948

8. AGE Years Months Days If less than 1 day hrs. min.  
2 hrs. min.

9. Exact Occupation None Did this work for years  
10. Industry or Business None Date last worked None  
11. Birthplace Am. Falls, Idaho (City or town) (State or foreign country)  
12. Name Maurice Wedel  
13. Birthplace Aberdeen, Ida. (City or town) (State or foreign country)  
14. Maiden name Lair Wenger  
15. Birthplace Aberdeen, Ida. (City or town) (State or foreign country)

16. Informant's OWN Signature Maurice Wedel  
and Address Aberdeen, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12-48 (Month) (Day) (Year)  
(c) Place Homestead Cemetery

18. Funeral Director's OWN Signature J. L. Davis  
and Address Am. Falls, Idaho

19. (a) July 12-1948 (Date received and filed) (b) Lois Daling (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 11, 1948  
at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 8, 1948 to July 11, 1948  
last saw h. or alive on July 10, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage and Bronchial pneumonia Duration 4h.  
Due to Aspiration Ida.

Due to Cleft palate  
Other conditions Gumata and differentiated  
(Include pregnancy within 6 months of death)

Where was disease contracted? Idaho  
Name of operation None Date None  
Major finding None  
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? None Suicide? None Homicide? None  
Occurred None 19 None City, county, state where violence occurred None  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None

Means of injury None  
23. Attendant's OWN Signature J. L. Davis M.D.  
and Address Aberdeen, Ida. Date July 11, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

JUL 21 1948

STATE OF IDAHO

1948 State File No. 2730  
Local Reg. No. 22  
Reg. Dist. No. 500

1. PLACE OF DEATH: DIVISION OF VITAL  
(a) County Power  
(b) City or town American Falls  
(c) Street Address or R.F.D. No. ✓  
(d) Death Occurred Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst. Sch: ITZ Mem Stayed 4 days  
(g) Lived in this county ✓ years ✓ months ✓ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Power  
(c) City or town Rockland  
(d) Street Address or R.F.D. No. ✓  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Roy, Idaho

3. (a) FULL NAME James Virgil Schmett

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓  
5. Color or white  
4. Sex male race white  
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Date of Birth (Month, Day, Year) March 16, 1942  
8. AGE Years Months Days If less than 1 day  
6 3 26 hrs. min.

9. Exact Occupation ✓ Did this work for ✓ yrs.  
10. Industry or Business ✓ Date last worked ✓  
11. Birthplace American Falls, Idaho (City or town) (State or foreign country)  
Father { 12. Name Virgil Wm. Schmett  
13. Birthplace Lynnville Indiana (City or town) (State or foreign country)  
Mother { 14. Maiden name Mary June Givson  
15. Birthplace Malad Idaho (City or town) (State or foreign country)  
16. Informant's OWN Signature Virgil Schmett  
and Address Rockland, Idaho  
17. (a) burial (b) Date thereof 7-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Rockland, Idaho  
18. Funeral Director's OWN Signature W. J. D. D. D.  
and Address American Falls, Idaho  
19. (a) July 14-1948 (b) Boone Dalweg  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 12 1948  
at 5:45 o'clock a M.  
21. I HEREBY CERTIFY, That I attended deceased from July 8-48 to July 12, 1948  
I last saw him ✓ alive on July 11 1948;  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Acute Myocardial Infarction Duration  
Due to Acute Myocardial Infarction  
Due to Acute Myocardial Infarction  
Other conditions ✓  
(Include pregnancy within 3 months of death)  
Where was disease contracted? ✓  
Name of operation ✓ Date ✓  
Major finding ✓  
Finding of autopsy ✓  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ✓ Suicide? ✓ Homicide? ✓  
Occurred ✓ 19 ✓ City, county, state ✓  
where violence occurred ✓  
Place of Violence: Home ✓ Farm ✓ Industry ✓  
Public Place ✓ While at work? ✓  
Means of injury ✓  
23. Attendant's OWN Signature W. J. D. D. D. (M. D. or other) ✓  
and Address Am. Falls, Idaho Date 7/13 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

JUL 21 1948

STATE OF IDAHO

1948 2731  
State File No. \_\_\_\_\_  
Local Reg. No. 23  
Reg. Dist. No. 500

## 1. PLACE OF DEATH:

- (a) County POWER  
(b) City or town AMERICAN FALLS  
(c) Street Address or R.F.D. No. -  
(d) Death Occurred Inside? - Outside? - city or town  
(e) Died in a Home - Hospital - Institution - Other place ✓  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county - years - months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. 409 S 11TH  
(e) Deceased lived Inside? ✓ Outside? - city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state) -

## 3. (a) FULL NAME

David Jon Winter

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

Sex MALE race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive - years

## 7. Date of Birth

(Month, Day, Year) JUNE 15, 1939

## 8. AGE

Years

Months

Days

If less than 1 day

9

1

0

hrs.

min.

## 9. Exact

Occupation AT SCHOOL

Did this

work for - yrs.

## 10. Industry or

Business -

Date last

worked -

## 11. Birthplace

POCATELLO, IDAHO

(City or town)

(State or foreign country)

## 12. Name

HAROLD WINTERS

## 13. Birthplace

SALT LAKE CITY, UTAH

(City or town)

(State or foreign country)

## 14. Maiden name

FLORENCE MANN

## 15. Birthplace

OGDEN, UTAH

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Harold Winters

and Address POCATELLO, IDAHO

## 17. (a) REMOVAL (Burial, cremation, or removal)

(b) Date thereof 7-15-48

(Month) (Day) (Year)

(c) Place POCATELLO, IDAHO

## 18. Funeral Director's

OWN Signature Thos. J. Allen

and Address POCATELLO, IDAHO

## 19. (a)

July 17-1948

(Date received and filed)

(b) Vene Salung

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 7-15-1948

at 5:00 o'clock P. M.

## 21. I HEREBY CERTIFY, That I deceased dead

7-15-1948 to 7-15-1948

I last saw him dead 7-15-1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

accidental drowning  
at Indian Springs

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? - Homicide? -

Occurred 7-15-1948 City, county, state

where violence occurred.

Place of Violence: Home - Farm - Industry -

Public Place X While at work? -

Means of injury

## 23. Attendant's

OWN Signature Thos. J. Allen

(M. D. or other)

and Address Am. Falls, Id.

Date 7-15-1948

(For additional space, use reverse side)

600

550

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

REC-1

JUL 23 1948

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 2733

Local Reg. No. 25

Reg. Dist. No. 500

## 1. PLACE OF DEATH:

- (a) County POWER  
(b) City or town 15 miles S. E. of Am. Falls, Ida.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 13 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Power  
(c) City or town American Falls, Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Ogden, Utah

## 3. (a) FULL NAME

DERLIN LA MAR STAKER

## 3. (b) If veteran, name war

NO

## 3. (c) Social Security No.

## 4. Sex Male Color or race White

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Verda

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) April 10, 1915

8. AGE	Years	Months	Days	If less than 1 day
	<u>33</u>	<u>3</u>	<u>14</u>	hrs. min.

## 9. Exact Occupation Sheep Tender Did this work for 13 yrs.

## 10. Industry or Business Vern James Ranch Date last worked 7-23-48

## 11. Birthplace Ogden, Utah (City or town) (State or foreign country)

## 12. Name George H. Staker

## 13. Birthplace Ogden, Utah (City or town) (State or foreign country)

## 14. Maiden name Hannah May

## 15. Birthplace Ogden, Utah (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs Verda Staker and Address American Falls, Ida.

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-48 (Month) (Day) (Year)

## (c) Place Reckland, Idaho.

## 18. Funeral Director's OWN Signature H. D. Davis

## and Address Am. Falls, Idaho

## 19. (a) July 28, 1948 (Date received and filed) (b) Donnie Dalving (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) 7-24-1948 at 7:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That ~~deceased~~ deceased was dead on our arrival 19

I last saw him live on dead 7-24-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Crushed Head Duration \_\_\_\_\_

## Due to Truck accident,

## Due to \_\_\_\_\_ Other conditions Broken Clavicle, Broken leg. (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_ Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_ Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred 7-24- 1948 City, county, state 15 Mi. S.E. 17M. Falls, Ida.

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place Highway While at work? yes

## Means of injury Truck accident

## 23. Attendant's OWN Signature H. D. Davis (M. D. or other)

## and Address Am. Falls, Ida. Date 7-26-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 9 - 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2734  
Local Reg. No. 37  
Reg. Dist. No. 172

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Arco  
(c) Street Address or R.F.D. No.   
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Arco Stayed 3 days  
(g) Lived in this county 42 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Arco  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? Yugoslavia  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Dan DeJanovich

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. 518-03-2363

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive  years

7. Date of Birth (Month, Day, Year) Nov 15, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>7</u>	<u>16</u>	hrs min.

9. Exact Occupation M. in Did this work for 36 yrs.

10. Industry or Business M. in Date last worked Jan

11. Birthplace Arco (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. J. A. Neal

and Address Arco, Idaho

17. (a) Burial (b) Date thereof July 3, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Arco, Idaho

18. Funeral Director's OWN Signature John M. Plack

and Address 102 N. Main St.

19. (a) 8/4/48 (b) J. A. Neal (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 7-1 1948  
at 6:45 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 6-24 1948, to 7-1 1948

I last saw h alive on 7-1 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration

Due to Substantial Accident

Due to

Other conditions  (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred Arco, Idaho City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☒

Public Place ☐ While at work? ☐

Means of injury Caught by one gear.

23. Attendant's OWN Signature John M. Plack (M. D. or other) and Address Arco, Idaho Date 8-15-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 24 1948 **Certificate Of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. **2735**  
Local Reg. No. **30**  
Reg. Dist. No. **142**

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R. F. D. No. 1000  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home... Hospital X Institution    Other place...  
(f) Name Hosp. or Inst. Harvard Stayed 14 days  
(g) Lived in this county 46 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. 1000 W Park  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state)

3. (a) FULL NAME

Charles W BROWN

094A

3. (b) If veteran,

name war   

3. (c) Social Security

No. 518-01-3712

5. Color or race W  
4. Sex Male

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife Georgia

6. (c) Age of husband or wife if  
alive 70 years

7. Date of Birth  
(Month, Day, Year) September 11 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>9</u>	<u>23</u>	hrs min.

9. Exact Occupation Retired Did this work for    yrs.

10. Industry or Business Retired Date last worked 1945

11. Birthplace Channah, Wyoming  
(City or town) (State or foreign country)

12. Name Myron H Brown

13. Birthplace Idaho  
(City or town) (State or foreign country)

14. Maiden name Lucy H. Brown

15. Birthplace Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Myron H Brown  
and Address Kellogg, Idaho

17. (a) Burial Date thereof 7/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: The Valley, Oregon

18. Funeral Director's OWN Signature Paul H. Had  
and Address Kellogg, Idaho

19. (a) 7-20-48 (b) John Brown  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

097X

20. DATE OF DEATH  
(Month, Day, Year) July 2 1948  
at 12 15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 18 1948 to July 2 1948

I last saw him alive on July 2 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 14 days

Due to arteriosclerosis

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted? Kellogg

Name of operation none Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred    19    City, county, state where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Oliver McCooper  
(M. D. or other)

and Address Kellogg Date 7-4-1948  
(For additional space, use reverse side)

158



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RECEIVED

248

2736

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 29 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- County Shoshone
- City or town Wallace
- Street Address or R.F.D. No. \_\_\_\_\_
- Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- Name Hosp. or Inst. Providence Stayed \_\_\_\_\_ days
- Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- State Idaho
- County Shoshone
- City or town \_\_\_\_\_
- Street Address or R.F.D. No. \_\_\_\_\_
- Deceased lived inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- Citizen of what country? \_\_\_\_\_
- How long had deceased lived in Idaho? \_\_\_\_\_ years
- Former residence (city, state) \_\_\_\_\_

## 3. (a)

NAME Stephen Arthur Davis

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex Male Color White

## 5. Color White

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 2 - 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Wallace Idaho (City or town) (State or foreign country)

12. Name Clayton Davis

13. Birthplace Rayfield Wash. (City or town) (State or foreign country)

14. Maiden name Verba Hamilton

15. Birthplace Mt. Rose Colo. (City or town) (State or foreign country)

16. Informant's OWN Signature Clayton Davis

17. (a) Funeral (b) Date thereof July 2 - 48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Wallace Idaho

18. Funeral Director's OWN Signature John Brown

and Address Wallace Idaho

19. (a) July 2 48 (b) John Brown (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 2 at 1:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: PREMATURE Duration 6 MONTHS

Due to PREMATURE SEPARATION OF PLACENTA

Due to ETIOLOGY UNDET.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation NONE Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Glen M. Whitehead M.D. (or other)

and Address Kellings Idaho Date 26 July 48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

JUL 24 1948

STATE OF IDAHO

DIVISION OF VITAL

State File No. **2737**  
Local Reg. No. **31**  
Reg. Dist. No. **142**

1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Ellettsville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? Y Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Harvard Stayed 6 days  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Ellettsville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Y Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Ivok Lou Garber

092B

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

5. Color or White  
6. (a) Sex Female  
(b) Name of husband or wife Clyde  
(c) Age of husband or wife if alive 64 years  
7. Date of Birth (Month, Day, Year) June 10, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>0</u>	<u>24</u>	hrs min.

9. Exact Occupation Home Did this work for 40 yrs.  
10. Industry or Business Home Date last worked 1948  
11. Birthplace Harvard Ohio (City or town) (State or foreign country)

12. Name No Record  
13. Birthplace No Record (City or town) (State or foreign country)  
14. Maiden name No Record  
15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature Clyde Garber  
and Address Ellettsville Idaho

17. (a) Burial (b) Date thereof 7/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mountain View

18. Funeral Director's OWN Signature Robert N. Cordwell  
and Address Ellettsville Idaho

19. (a) 7/22/48 (b) Ellettsville  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 4, 1948  
at 1:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 29, 1948 to July 4, 1948  
I last saw h.e. alive on July 4, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Heart Failure Duration 3 wks.

Due to Myocardial stenosis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Robert N. Cordwell, M.D. (M. D. or other)  
and Address Ellettsville Idaho Date July 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 29 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 2738  
Local Reg. No. 2  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in if here)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Virgil R. Hodges

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

538-14-6729

## 5. Color or

Sex M race W

(a) Single, widowed, married, divorced Single

(b) Name of husband or wife

(c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

Dec 20, 1923

8. AGE	Years	Months	Days	If less than 1 day
	<u>24</u>	<u>6</u>	<u>16</u>	hrs. min.

9. Exact Occupation Registration Offr Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Quincy, Wn (City or town) (State or foreign country)

12. Name William A. Hodges (City or town) (State or foreign country)

13. Birthplace Iowa (City or town) (State or foreign country)

14. Maiden name Mary H. Richardson (City or town) (State or foreign country)

15. Birthplace Buena Vista (City or town) (State or foreign country)

16. Informant's OWN Signature Time Virgil Hodges  
and Address Wallace Idaho 20, 10th St.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof July 9-48 (Month) (Day) (Year)  
(c) Place Wallace Idaho

18. Funeral Director's OWN Signature John A. Bower  
and Address Wallace Idaho

19. (a) July 8-48 (Date received and filed) (b) John A. Bower (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

at 3:45 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 2 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. H. Mowery (M. D. or other) \_\_\_\_\_  
and Address Wallace Idaho (City, county, state) \_\_\_\_\_

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 9 - 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2739  
Local Reg. No. 25  
Reg. Dist. No. 142

## 1. PLACE OF DEATH: STATISTICS

- (a) County Shoshone  
(b) City or town Killing  
(c) Street Address or R.F.D. No.   
(d) Death Occurred Inside? X Outside?  city or town  
(e) Died in a Home  Hospital X Institution  Other place   
(f) Name Hosp. or Inst. Wardlaw Stayed 24 days  
(g) Lived in this county 43 years 3 months 29 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Killing  
(d) Street Address or R.F.D. No. Killing  
(e) Deceased lived Inside? X Outside?  city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

INGRID OLTMAN

037C

## 3. (b) If veteran,

name war -

## 3. (c) Social Security

No. 518-26-6727

5. Color or race W  
4. Sex Female

6. (a) Single, widowed, married, divorced married  
6. (c) Age of husband or wife if alive 48 years

6. (b) Name of husband or wife Arthur

## 7. Date of Birth (Month, Day, Year)

September 7, 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>9</u>	<u>29</u>	hrs min.

9. Exact Occupation Nurse aid Did this work for 5 yrs.

10. Industry or Business Hospital Date last worked 4-8

11. Birthplace Idaho (City or town) (State or foreign country)

12. Name Edna Johnson

13. Birthplace Sweden (City or town) (State or foreign country)

14. Maiden name No record

15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Arthur Oltman

- and Address Killing Idaho

17. (a) Buried (b) Date thereof 7-6-48 (Month) (Day) (Year)

- (c) Place: Killing Idaho

18. Funeral Director's OWN Signature John M. Clark

- and Address Killing Idaho

19. (a) 214 (b) John M. Clark (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 7-6-48 1948  
at 10:16 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 6-12 1948, to 7-6 1948  
I last saw him alive on 7-6 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration

Due to Lobar pneumonia

Due to   
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature Dr. J. M. Clark (M. D. or other)  
and Address Killing Idaho Date 7-6 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JUL 29 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 2740

Local Reg. No. 3

Reg. Dist. No. 140

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 41 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Canada

## 3. (a) FULL NAME

Mary Anne Batechelor

## 3. (b) If veteran,

## 3. (c) Social Security

name war \_\_\_\_\_ No. \_\_\_\_\_

5. Color or White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Michael 6. (c) Age of husband or wife if alive 83 years

7. Date of Birth (Month, Day, Year) June-30

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>			hrs min.

9. Exact Occupation at Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Montreal Date last worked Canada

11. Birthplace Montreal (City or town) Canada (State or foreign country)

12. Name Patrice Canada

13. Birthplace Canada (City or town) Canada (State or foreign country)

14. Maiden name Unknown

15. Birthplace Canada (City or town) Canada (State or foreign country)

16. Informant's OWN Signature Kurtie P. Batechelor

17. (a) Washed (b) Date thereof July 13-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Spokane Wash.

18. Funeral Director's OWN Signature John Brown

and Address Wallace Idaho

19. (a) July 12-48 (b) John Brown (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 10 1948  
at 2:15 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 1- 1946, to 7-10-48 1948

I last saw her alive on 7-9 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Coronary Artery

Due to Coronary Artery 4 yrs

Due to Coronary Artery

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John Brown (St. D. of other) John Brown and Address Wallace Idaho Date 7/12 1948 (For additional space, use reverse side)

Certificate Of Death

STATE OF IDAHO

1948

State File No. 2741  
Local Reg. No. 36  
Reg. Dist. No. 142

1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R. F. D. No. 119 W. Cameron  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 27 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. 119 W. Cameron  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) 170C

3. (a) FULL NAME

DALE CALVIN SMITH

3. (b) If veteran,

name war no

3. (c) Social Security

No. 518-05-4274

4. Sex M race W

5. Color or 6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife Orlita

6. (c) Age of husband or wife if alive 19 years

7. Date of Birth

(Month, Day, Year) October 23, 1920

8. AGE

Years	Months	Days	If less than 1 day
<u>27</u>	<u>8</u>	<u>18</u>	hrs min.

9. Exact

Occupation Bulldozer operator Did this work for 1 yrs.

10. Industry or

Business " Date last worked July 19, 1948

11. Birthplace

Kellogg, Idaho (City or town) (State or foreign country)

12. Name

Lee Calvin Smith

13. Birthplace

Unknown (City or town) (State or foreign country)

14. Maiden name

Clea Bertha Bonner

15. Birthplace

Unknown (City or town) (State or foreign country)

16. Informant's

OWN Signature Mrs. Dale Smith

and Address Kellogg, Idaho

17. (a) Burial

(Burial, cremation, or removal) (b) Date thereof July 14, 1948

(c) Place: Kellogg, Idaho (Month) (Day) (Year)

18. Funeral Director's

OWN Signature James M. Glad

and Address 152 Main St.

19. (a) 8/4/48

(Date received and filed) (b) J. L. Davis

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) 7-11-48 at 12:30 o'clock P

21. I HEREBY CERTIFY, That I attended deceased from

19 7-10-48 to 19 7-11-48

I last saw him on 7-10-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stroke Duration

Stroke Stroke Stroke

Stroke Stroke Stroke

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020

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
JUL 9 - 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 2743  
Local Reg. No. 37  
Reg. Dist. No. 142

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. Hospital Institution Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. Washburn Stayed 1 days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Pineville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

AXEL L. ANDERSON

108X

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. 518-01-7725

5. Color or \_\_\_\_\_  
4. Sex M race W

6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

6. (b) Name of husband or wife \_\_\_\_\_

## 7. Date of Birth

(Month, Day, Year) November 11, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>8</u>	<u>3</u>	hrs min.

9. Exact Occupation mining Did this work for 30 yrs.

10. Industry or Business Sidney Mines Date last worked 7/1948

11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

12. Name No Record

13. Birthplace No Record (City or town) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature Sidney Mines

and Address Kellogg Idaho

17. (a) Burial (b) Date thereof 7/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Kellogg Idaho

18. Funeral Director's OWN Signature Robert H. Caldwell

and Address Kellogg Idaho

19. (a) 8/7/48 (b) Robert H. Caldwell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 5. DATE OF DEATH

(Month, Day, Year) 14 July 1948  
at 11:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 14 July 1948, to 15 July 1948

I last saw him alive on 14 July 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Pneumonia 10 days

Due to Myeloproteinemia

Due to Chronic & Acute Alcoholism

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Robert H. Caldwell (M. D. or other)  
and Address Kellogg Idaho Date 7/15 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 29 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 2744  
Local Reg. No. 6  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside?    Outside?    city or town \_\_\_\_\_  
(e) Died in a Home    Hospital    Institution    Other place     
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside?    Outside?    city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Charlotte Violet McCully

093E

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

516-18-1000

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife

George

6. (c) Age of husband or wife if alive 41 years

## 7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
				hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Virginia City, Mont (City or town) (State or foreign country)

12. Name Walter Fison

13. Birthplace Idaho (City or town) (State or foreign country)

14. Maiden name Ethel

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature George McCully and Address Wallace Idaho

17. (a) Burial (b) Date thereof 7-19-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Wallace Idaho

18. Funeral Director's OWN Signature John H. Power

- and Address Wallace Idaho

19. (a) 7-19-48 (b) W. J. Schenck (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 15 1948

at 3:30 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 7-14 1948 to 7-15 1948

I last saw her alive on 7-15 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocarditis

## Duration

3 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ethel Fison

and Address Wallace Idaho Date 7-19 1948

(For additional space, use reverse side)

078

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JUL 29 1948 **Certificate of Death**

VI O F VITAL STATE OF IDAHO

State File No. 2745  
Local Reg. No. 8  
Reg. Dist. No. 140

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Providence \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Josephine Anna Valtolini

3. (b) If veteran, name was

3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year)

July 20, 1948

- | 8. AGE | Years | Months | Days | If less than 1 day  |
|--------|-------|--------|------|---------------------|
|        |       |        |      | <u>13</u> hrs. min. |

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Wallace Idaho (City or town) (State or foreign country)

12. Name Sue Valtolini (City or town) (State or foreign country)

13. Birthplace Roch Spring Wyo (City or town) (State or foreign country)

14. Maiden name Cona Keim

15. Birthplace Copper Mt. B.C. (City or town) (State or foreign country)

16. Informant's OWN Signature August A. Valtolini and Address Bx 754 Wallace Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (Month) (Day) (Year)

- (c) Place Wallace Idaho

18. Funeral Director's OWN Signature John A. Over and Address Wallace Idaho

19. (a) July 21 48 (Date received and filed) (b) John A. Over (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) July 20 1948  
at 4:05 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 20 July 48 to 20 July 48

I last saw him alive on 20 July 48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cardiopulmonary failure

Due to Central nervous damage

Due to birth trauma

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature

Robert H. Hurling (M.D. or other)

and Address Wallace Date 2 Aug 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2746  
Local Reg. No. 39  
Reg. Dist. No. 142

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R.F.D. No. 621 Park  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 25 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. 621 Park  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

Hannah Henwood

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

4. Sex F race W

5. Color or ☐ divorced ☒  
6. (a) Single, widowed, married,

6. (b) Name of husband or wife Arthur

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth  
(Month, Day, Year)

July 1 1867

8. AGE  
Years 81 Months 0 Days 20 If less than 1 day hrs min.

9. Exact Occupation None Did this work for 40 yrs.

10. Industry or Business Home Date last worked 1945

11. Birthplace St Austell England  
(City or town) (State or foreign country)

12. Name No Record

13. Birthplace No Record  
(City or town) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record  
(City or town) (State or foreign country)

16. Informant's OWN Signature Arthur Henwood  
and Address Kellogg Idaho

17. (a) Burial (b) Date thereof 7/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Campaney Way

18. Funeral Director's OWN Signature Charles E. Clark  
and Address 1111 1st St Kellogg

19. (a) 7/23/48 (b) Jeff Dineen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 055E

20. DATE OF DEATH  
(Month, Day, Year) 7/21 1948

- at 4:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 21 1948  
1948, to July 21 1948

- I last saw h. alive on 7-18 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Cerebral Anemia Duration

- Due to Ca of Scurvy

- Due to Exhaustion

- Other conditions Wilms Tumor

- (Include pregnancy within 3 months of death)

- Where was disease contracted? ☐

- Name of operation ☐ Date ☐

- Major finding ☐

- Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

- Occurred ☐ 19 ☐ City, county, state

- where violence occurred ☐

- Place of Violence: Home ☐ Farm ☐ Industry ☐

- Public Place ☐ While at work? ☐

- Means of injury ☐

23. Attendant's OWN Signature John E. Steen  
and Address 7-22-48 Date 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
AUG 1 6 1948  
STATE OF IDAHO

State File No. **2747**  
Local Reg. No. **9**  
Reg. Dist. No. **140**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Shoshone**  
(b) City or town **Wallace**  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Handman** stayed **3** days  
(g) Lived in this county **30** years **3** months **3** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town  
(d) Street Address or R.F.D. No. **Letrus Creek**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state)

3. (a) FULL NAME **Christine Hoerschgen** **083A**

3. (b) If veteran, name war No.  
5. Color or race **W**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Robert**  
6. (c) Age of husband or wife if alive **23** years

7. Date of Birth (Month, Day, Year) **February 5, 1887**

8. AGE  
Years **68** Months **4** Days **16** If less than 1 day hrs min.

9. Exact Occupation **Home** Did this work for yrs.  
10. Industry or Business **Home** Date last worked **1948**  
11. Birthplace **Sweden** (City or town) (State or foreign country)

12. Name **Edlund**  
13. Birthplace **Sweden** (City or town) (State or foreign country)  
14. Maiden name **W. R. R. R.**  
15. Birthplace **Sweden** (City or town) (State or foreign country)

16. Informant's OWN Signature **Robert Hoerschgen**  
and Address **Letrus Creek Idaho**

17. (a) **Burial** (b) Date thereof **7/24/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Killgus Idaho**

18. Funeral Director's OWN Signature **Glen M. Whitecel**  
and Address **Killgus Idaho**

19. (a) **Aug 3-48** (b) **W. M. A. S. W.**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **111C**

20. DATE OF DEATH (Month, Day, Year) **7/21/48** 1948  
at **1** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **22nd** 1948, to **21 July** 1948.  
I last saw h. **ed** alive on **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **HYPOTATATIC PNEUM.** Duration **6 DAYS**

Due to **HEMIPARESIS** **7 YR**

Due to **CEREBRAL ACCIDENT**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **CATALPO, PAN**  
Name of operation **None** Date  
Major finding  
Finding of autopsy **None**  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **Glen M. Whitecel**  
and Address **Killgus, Idaho** Date **21 July 48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
AUG 16 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

348  
State File No. 2748  
Local Reg. No. 10  
Reg. Dist. No. 140

1. PLACE OF DEATH: Shoshone  
(a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ 6 months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Wash.

3. (a) FULL NAME Wilbert Paul Henderson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 526-03-4248

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced married

4. Sex M race W 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 12 1898

8. AGE Years 50 Months 0 Days 14 If less than 1 day hrs. min.

9. Exact Occupation miner Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Malone N.Y. (City or town) (State or foreign country)

12. Name Robert Henderson

13. Birthplace Idaho (City or town) (State or foreign country)

14. Maiden name cy Henderson

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature John A. Bruce and Address Wallace Idaho

17. (a) Funeral (b) Date thereof July 31-48 (Month) (Day) (Year)

(c) Place Grand Forks S.C.

18. Funeral Director's OWN Signature John A. Bruce and Address Wallace Idaho

19. (a) July 31-48 (b) John A. Bruce (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) July 26 1948  
at 10 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration \_\_\_\_\_

due to coronary thrombosis

Due to coronary thrombosis

Other conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John A. Bruce and Address Wallace Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 16 1948

# Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL

State File No. 2749  
Local Reg. No. 12  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Watchee  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Provident Stayed \_\_\_\_\_ days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Shoshone  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Wash.

## 3. (a) FULL NAME

Annie Lafon

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex F. Color or race W.

## 5. (a) Single, married, divorced Married

## 6. (b) Name of husband or wife Morton

## 6. (c) Age of husband or wife if alive 68 years

## 7. Date of Birth May-14- (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>2</u>	<u>13</u>	hrs. min.

## 9. Exact Occupation at home. Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Elmore, Kansas (City or town) (State or foreign country)

## 12. Name Joseph Skalsky

## 13. Birthplace Elmore, Kansas (City or town) (State or foreign country)

## 14. Maiden name Burton Lough

## 15. Birthplace Ohio (City or town) (State or foreign country)

## 16. Informant's OWN Signature Morton Lafon

## 17. (a) Burial (b) Date thereof 7-30-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature John A. Burr

## 19. (a) July 28-48 (b) John A. Burr (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH July 27 (Month, Day, Year) at 5:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of entry \_\_\_\_\_

23. Attention \_\_\_\_\_

OWN Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

and Address \_\_\_\_\_ (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

1948 State File No. 2750  
Local Reg. No. 33  
Reg. Dist. No. 142

JUL 24 1948  
DIVISION OF VITAL STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Pinehurst  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. .... Stayed ☐ days  
(g) Lived in this county 12 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Malheur  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

FRANK VAN HOUTEN

## 3. (b) If veteran,

name war none

## 3. (c) Social Security

No. 518-31-3876

## 4. Sex M race white

5. Color or

## 6. (a) Single, widowed, married, divorced divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth

(Month, Day, Year) December 25, 1892

## 8. AGE

Years	Months	Days	If less than 1 day
<u>55</u>	<u>6</u>	<u>6</u>	hrs min.

## 9. Exact Occupation

M. m.

## Did this

work for 12 yrs.

## 10. Industry or Business

Mining

## Date last

worked

## 11. Birthplace

Idaho

Idaho

(City or town)

(State or foreign country)

## 12. Name

William Van Houten

Idaho

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

Walter Van Gorter

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

### OWN Signature

### and Address

George Van Houten  
Post Office, Idaho

## 17. (a) Cause

## (b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

## (c) Place: Idaho

## 18. Funeral Director's

### OWN Signature

### and Address

Chas. M. Plady  
124 N. Main

## 19. (a)

(Date received and filed)

## (b)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) July 1 1948  
at 7:30 o'clock P. M.

### 21. I HEREBY CERTIFY, That I attended deceased from 19  , to 19

I last saw h. ☐ alive on 19  ; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

### Duration

### Due to

### Due to

### Other conditions

(Include pregnancy within 3 months of death)

### Where was disease contracted?

### Name of operation

### Date

### Major finding

### Finding of autopsy

### PHYSICIAN

Underline the cause to which death should be charged statistically

### 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

### Means of injury

### 23. Attendant's

### OWN Signature

### and Address

Wm. W. Corney  
Idaho (M. D. or Reg.)  
Date 7/1 1948  
(For additional copies, see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 9 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2751  
Local Reg. No. 66  
Reg. Dist. No. 148

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Salmon  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ch. Hosp. Stayed \_\_\_\_\_ days  
(g) Lived in this county 5 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

William P. Munn

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. 561-09-7833

4. Sex Male 5. Color of White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 3-8-1906

8. AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>3</u>	<u>23</u>	hrs min.

9. Exact Occupation Boxer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Shoshone (City or town) Idaho (State or foreign country)

12. Name Not Known

13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

14. Maiden name u.

15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

16. Informant's OWN Signature W. Schenck

and Address Walton Road

17. (a) Removal (b) Date thereof July 2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Shoshone

18. Funeral Director's OWN Signature John A. Bower

and Address Walton Road

19. (a) July 3-48 (b) John A. Bower  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 1 1948  
at 3:40 o'clock a. M.

21. HEREBY CERTIFY, That I attended deceased from May 29 1948 to July 1 1948.  
I last saw him alive on June 30 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart trouble Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature F. W. Peltier

and Address Mullan (M. D. or other) \_\_\_\_\_

Date July 2 1948  
(For additional space, use reverse side)





Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 24 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 2753  
Local Reg. No. 32  
Reg. Dist. No. 172

1. PLACE OF DEATH: STATISTICS  
(a) County Shoshone  
(b) City or town Conville  
(c) Street Address or R. F. D. No. -  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place -  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county 0 years 16 months - days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Shoshone  
(c) City or town Valley  
(d) Street Address or R.F.D. No. 510 Main  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 1 1/2 years  
(h) Former residence (city, state) Minnesota

3. (a) FULL NAME HAROLD J. NYBORG 183X

3. (b) If veteran, name war No 3. (c) Social Security No. 519-30-4588  
5. Color or race W 6. (a) Single, widowed, married, divorced M.  
4. Sex M. 6. (b) Name of husband or wife E. Rose 6. (c) Age of husband or wife if alive 40 years  
7. Date of Birth (Month, Day, Year) October 17, 1911

8. AGE	Years	Months	Days	If less than 1 day
	<u>36</u>	<u>9</u>	<u>0</u>	hrs min.

9. Exact Occupation mill worker Did this work for 1 1/2 yrs.  
10. Industry or Business Mining Date last worked July 17  
11. Birthplace Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Jack Nyborg  
13. Birthplace Illinois (City or town) (State or foreign country)  
14. Maiden name Hanna Bonstedt  
15. Birthplace Minnesota (City or town) (State or foreign country)

16. Informant's OWN Signature Harold Nyborg  
and Address Valley Idaho  
17. (a) Removal (b) Date thereof 7/20/48 (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: Jackson, Minnesota  
18. Funeral Director's OWN Signature Harold Nyborg  
and Address Valley Idaho  
19. (a) (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 17 1948  
at 8 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from 19- to 19-

I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Spontaneous while fishing Duration few min  
Due to heart failure  
Due to heart failure  
Other conditions none (Include pregnancy within 3 months of death)

Where was disease contracted?.....  
Name of operation..... Date.....  
Major finding.....  
Finding of autopsy.....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? No Suicide? No Homicide? No  
Occurred 1/11 City or town Idaho Date 7/17/48  
where violence occurred No  
Place of Violence: Home No Farm No Industry No  
Public Place No While at work No  
Means of injury fell in deep hole  
23. Attendant's OWN Signature Harold Nyborg (a) (b) (c) or other  
and Address Valley Idaho (For burial, cremation, etc.)

United States  
Department of Commerce  
Bureau of the Census

AUG 16 1948

ION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2754  
Local Reg. No. 11  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Shoshone  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Shoshone Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kelllogg  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Jacob Hootkeeper

200A

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) October 27, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>8</u>	<u>29</u>	hrs min.

## 9. Exact Occupation Retired Miner Did this Occupation \_\_\_\_\_ mark for \_\_\_\_\_ yrs.

## 10. Industry or Business Mining Date last worked 7-1

## 11. Birthplace Holland (City or town) (State or foreign country)

## 12. Name No Record

## 13. Birthplace No Record (City or town) (State or foreign country)

## 14. Maiden name No Record

## 15. Birthplace No Record (City or town) (State or foreign country)

## 16. Informant's OWN Signature County Records

## and Address Shoshone County

## 17. (a) Burial, cremation, or removal Burial (b) Date thereof July 30, 1948 (Month) (Day) (Year)

## (c) Place: Kelllogg Idaho

## 18. Funeral Director's OWN Signature James E. Hoot

## and Address Kelllogg Idaho

## 19. (a) Aug 3-48 (Date received and filed) (b) J. Hootkeeper (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) July 26 1948 at 11:05 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from June 10 1948 to July 26 1948. I last saw him alive on July 26 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

## Due to Heart failure

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature F. W. Rolfe, Jr.

## and Address Idaho Date July 26, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED NON-RESIDENT  
Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 16 1948

DIVISION OF VITAL

STATE OF IDAHO

State File No. 2755  
Local Reg. No. 13  
Reg. Dist. No. 141

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Osburn  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town Sanford  
(d) Street Address or R.F.D. No. Manitoba  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? Canada city or town \_\_\_\_\_  
(f) Citizen of what country? Canada  
(g) How long had deceased lived in Idaho? 1 day years  
(h) Former residence (city, state) Canada

3. (a) FULL NAME

Joan E Winters

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race white

6. (a) Single, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife Lena

6. (c) Age of husband or wife if alive 45 years

7. Date of Birth (Month, Day, Year) March 23 - 1899

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>4</u>	<u>8</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace St. Jean, Manitoba, Canada (City or town) (State or foreign country)

12. Name Carl Gustav Winters (City or town) (State or foreign country)

13. Birthplace Russia (City or town) (State or foreign country)

14. Maiden name Margaret Fritzen (City or town) (State or foreign country)

15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Mary Winters

and Address 23 W. Main St. Winnipeg, Canada

17. (a) Removal (b) Date thereof July 31 - 48 (Month) (Day) (Year)

(c) Place Winnipeg, Manitoba, Canada

18. Funeral Director's OWN Signature Wallace John

and Address Wallace John

19. (a) July 31 - 48 (Date received and filed) (b) John E. Bower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 31 1948  
at 7:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 7-21 1948 to 7-31 1948

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute coronary occlusion Duration instant

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wallace John (M. D. or other)

and Address Wallace John Date 7-31 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States

Department of Commerce

Bureau of the Census

AUG 9 - 1948 CERTIFICATE OF DEATH

Bureau of the Census

STATE OF IDAHO

State File No.

2756

Local Reg. No.

Reg. Dist. No.

1. PLACE OF DEATH: *Teton*  
(a) County *Driggs*  
(b) City or town *Driggs*  
(c) Street Address or R. F. D. No. *Driggs*  
(d) Death Occurred Inside? *X* Outside? *city or town*  
(e) Died in a Home *Hospital* Institution *X* Other place *Driggs*  
(f) Name Hosp. or Inst. *Teton Valley* Stayed *1* days  
(g) Lived in this county *1* years *12* months *12* days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME *Bary Nickell*

3. (b) If veteran, name war *No.*  
3. (c) Social Security No. *No.*  
4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *single*  
6. (b) Name of husband or wife *single* 6. (c) Age of husband or wife if alive *single* years  
7. Date of Birth (Month, Day, Year) *July 6, 1948*

8. AGE	Years	Months	Days	If less than 1 day
				<i>13 hrs</i> min.

9. Exact Occupation *None* Did this work for *None* yrs.  
10. Industry or Business *None* Date last worked *None*  
11. Birthplace *Driggs* (City or town) *Idaho* (State or foreign country)

12. Name *Stanton Nickell*  
13. Birthplace *Driggs* (City or town) *Idaho* (State or foreign country)  
14. Maiden name *Glenn Little*  
15. Birthplace *Driggs* (City or town) *Idaho* (State or foreign country)

16. Informant's OWN Signature *Phyllis Knutson*  
and Address *Driggs, Idaho*

17. (a) *Burial* (b) Date thereof *July 7, 1948*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: *Driggs Idaho*

18. Funeral Director's OWN Signature *None*  
and Address *Driggs Idaho*

19. (a) *7-13-1948* (b) *Ethel Packrell*  
(Date received and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State *Idaho* (b) County *Blaine*  
(c) City or town *Driggs*  
(d) Street Address or R. F. D. No. *Driggs*  
(e) Deceased lived Inside? *Outside?* *city or town*  
(f) Citizen of what country? *USA*  
(g) How long had deceased lived in Idaho? *15* years  
(h) Former residence (city, state) *159X*

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *July 6, 1948*  
at *9* o'clock *P*. M.

21. I HEREBY CERTIFY, That I attended deceased from *July 6, 1948* to *July 6, 1948*  
I last saw him alive on *July 6, 1948*; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Premature birth* Duration *159X*

Due to *Premature birth*

Due to *Premature birth*

Other conditions. (Include pregnancy within 8 months of death)

Where was disease contracted? *PHYSICIAN*

Name of operation *Underline the cause to which death should be charged statistically.*

Major finding *Underline the cause to which death should be charged statistically.*

Finding of autopsy *Underline the cause to which death should be charged statistically.*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *Swimming* Suicide? *Homicide?*  
Occurred *1948* City, county, state where violence occurred *Driggs Idaho*

Place of Violence: Home *Farm* Industry *Public Place*

While at work? *Means of injury*

23. Attendant's OWN Signature *Gordon M. Jensen*  
(M.D. or other)

and Address *Driggs Idaho* Date *7-13-1948*

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States

Department of Commerce

Bureau of the Census

RECEIVED

9-1948

OF VITAL

CERTIFICATE OF DEATH

STATE OF IDAHO

9448

State File No.

2757

Local Reg. No.

12

Reg. Dist. No.

62-0

1. PLACE OF DEATH: *Eaton*  
(a) County *Driggs*  
(b) City or town *Driggs*  
(c) Street Address or R. F. D. No. *1*  
(d) Death Occurred Inside? *X* Outside? *city or town*  
(e) Died in a Home *X* Hospital *X* Institution *Other place*  
(f) Name Hosp. or Inst. *Eaton Valley* Stayed *1* days  
(g) Lived in this county *years* *months* *1* days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME *Terry Nickell*

3. (b) If veteran, name war *No.*  
3. (c) Social Security No. *159X*

4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *S*

6. (b) Name of husband or wife *Stanton* 6. (c) Age of husband or wife if alive *years*

7. Date of Birth (Month, Day, Year) *July 6, 1948*

- | 8. AGE | Years | Months | Days | If less than 1 day |
|--------|-------|--------|------|--------------------|
|        |       |        |      | 17 hrs min.        |

9. Exact Occupation *None* Did this work for *years*

10. Industry or Business *Idaho* Date last worked *Idaho*

11. Birthplace *Driggs* (City or town) *Idaho* (State or foreign country)

12. Name *Stanton Nickell*

13. Birthplace *Driggs* (City or town) *Idaho* (State or foreign country)

14. Maiden name *Arlene Little*

15. Birthplace *Driggs* (City or town) *Idaho* (State or foreign country)

16. Informant's OWN Signature *Ghyllia F. Jensen* and Address *Driggs, Idaho*

17. (a) *Burial* (b) Date thereof *July 7 1948*  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: *Driggs, Idaho*

18. Funeral Director's OWN Signature *None* and Address *Driggs, Idaho*

19. (a) *7-10-1948* (b) *Ethel Fackrell*  
(Date received and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State *Idaho* (b) County *Idaho*

- (c) City or town *Driggs*

- (d) Street Address or R. F. D. No. *1*

- (e) Deceased lived Inside? *Outside?* *city or town*

- (f) Citizen of what country? *Idaho*

- (g) How long had deceased lived in Idaho? *years*

- (h) Former residence (city, state) *Idaho*

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *July 7 1948*

- at *1:45* o'clock *A.M.*

21. I HEREBY CERTIFY, That I attended deceased from *July 6 1948* to *July 7 1948*

- I last saw him alive on *July 7 1948*; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: *Premature birth*

- Due to *Idaho*

- Due to *Idaho*

- Other conditions. (Include pregnancy within 3 months of death)

- Where was disease contracted? *Idaho*

- Name of operation *Idaho* Date *Idaho*

- Major finding *Idaho*

- Finding of autopsy *Idaho*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *Idaho* Suicide? *Idaho* Homicide? *Idaho*

- Occurred *Idaho* 19 *Idaho* City, county, state where violence occurred *Idaho*

- Place of Violence: Home *Idaho* Farm *Idaho* Industry *Idaho*

- Public Place *Idaho* While at work? *Idaho*

- Means of injury *Idaho*

23. Attendant's OWN Signature *Gordon M. Jensen* and Address *Driggs, Idaho* Date *7-17 1948*  
(For additional space, use reverse side)

1. PLACE OF DEATH:

- (a) County Teton  
(b) City or town Driggs  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Teton  
(c) City or town Driggs  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state)

3. (a) FULL NAME IDA NETTIE JOHNSON HATT

3. (b) If veteran, name war No. 3. (c) Social Security No. 519-08-5124  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife William G. Hatt 6. (c) Age of husband or wife if alive 58 years  
7. Date of Birth June 26, 1891  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	57	0	11	hrs min.

9. Exact Occupation Housewife and clerk Did this work for 5 yrs.  
10. Industry or Business Rammell Market Date last worked July 7, 1948  
11. Birthplace Logan, Utah  
(City or town) (State or foreign country)

12. Name James Johnson  
13. Birthplace Denmark  
(City or town) (State or foreign country)  
14. Maiden name Ida Jensen  
15. Birthplace Logan, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Wm G Hatt  
and Address Driggs, Idaho

17. (a) Burial (b) Date thereof July 12, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Driggs, Idaho.

18. Funeral Director's OWN Signature M. S. Hansen  
and Address St. Anthony, Idaho.

19. (a) 7-10-1948 (b) Ethel Fackrell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 7, 1948  
(Month, Day, Year) at 8:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1947, to June 19, 1948  
I last saw her alive on July 6, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute cardiac failure Duration

Due to Coronary occlusion

Due to Arterio sclerotic heart disease 1 year

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature Gordon M. Jensen, M.D.

and Address Driggs, Idaho (M. D. or other) Date 7-10-1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED Certificate Of Death**

AUG 9 - 1948

STATE OF IDAHO

State File No. 2759  
Local Reg. No. 13  
Reg. Dist. No. 620

**1. PLACE OF DEATH:**

- (a) County Teton  
(b) City or town Driggs  
(c) Street Address or R.F.D. No. 1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 44 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Teton  
(c) City or town Driggs  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME** REBECCA MICKELSEN MOFFAT WOOD

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced married  
4. Sex Female race White  
6. (b) Name of husband or wife Walter J. Wood 6. (c) Age of husband or wife if alive 66 years  
7. Date of Birth (Month, Day, Year) December 30, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>6</u>	<u>14</u>	hrs min.

9. Exact Occupation Housewife Did this work for 40 yrs.  
10. Industry or Business Own Home Date last worked  
11. Birthplace Lago, Idaho.  
(City or town) (State or foreign country)

12. Name Antone Mickelsen  
13. Birthplace Denmark  
(City or town) (State or foreign country)  
14. Maiden name Bergetta Jensen  
15. Birthplace Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature Blade M. Moffat  
and Address Pocatello, Idaho.

17. (a) Burial (b) Date thereof July 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bates cemetery, Driggs, Idaho.

18. Funeral Director's OWN Signature Mal Hansen  
and Address St. Anthony, Idaho

19. (a) 7-16-1948 (b) Ethel Jackrell  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH July 14, 1948  
(Month, Day, Year) at 1:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from August 1947 to July 1948  
I last saw her alive on July 12, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cachexia Duration \_\_\_\_\_

Due to Carcinoma of pancreas

Due to \_\_\_\_\_  
Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Gordon M. Jensen MA  
and Address Driggs, Idaho Date 7-16-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
AUG 9 - 1948  
DIVISION OF VITAL STATISTICS

Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 2760  
Local Reg. No. 14  
Reg. Dist. No. 020

1. PLACE OF DEATH: (a) County Teton (b) City or town Driggs (c) Street Address or R.F.D. No. (d) Death Occured Inside? X Outside? city or town (e) Died in a Home X Hospital Institution Other place (f) Name Hosp. or Inst. Stayed days (g) Lived in this county 46 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these) (a) State Idaho (b) County Teton (c) City or town Driggs (d) Street Address or R.F.D. No. (e) Deceased lived Inside? Yes Outside? city or town (f) Citizen of what country? U. S. (g) How long had deceased lived in Idaho? 46 years (h) Former residence (city, state)

3. (a) FULL NAME FLORENCE BUXTON BOWEN

3. (b) If veteran, name war No. (c) Social Security No. None (5) Color or (6) (a) Single, widowed, married, divorced Married (4) Sex Female race White (6) (b) Name of husband or wife David K. Bowen (6) (c) Age of husband or wife if alive 63 years (7) Date of Birth (Month, Day, Year) September 9, 1887

8. AGE	Years	Months	Days	If less than 1 day
	60	10	14	hrs min.

9. Exact Occupation Housewife Did this work for yrs. 10. Industry or Business Date last worked 11. Birthplace Smithfield, Utah (City or town) (State or foreign country) 12. Name John Buxton 13. Birthplace England (City or town) (State or foreign country) 14. Maiden name Mary Ann Pond 15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Berta B. Griffith and Address Driggs, Idaho

17. (a) Burial (b) Date thereof July 26, 1948 (c) Place: Bates Cemetery, Driggs, Idaho

18. Funeral Director's OWN Signature William M. Hansen and Address St. Anthony, Idaho

19. (a) 7-26-1948 (b) Ethel Fackrell (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 23 1948 at 12:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 1946 to July 21 1948 I last saw her alive on July 21 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to Hypertensive Cardio-vascular disease

Due to Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation Date Major finding Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state

23. Attendant's OWN Signature Gordon M. Jensen and Address Driggs Idaho (M.D. or other) Date 7-26-1948

23. Attendant's OWN Signature Gordon M. Jensen and Address Driggs Idaho (M.D. or other) Date 7-26-1948 (For additional space, use reverse side)

093D

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 14 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2761  
Local Reg. No. 480  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls
- (b) City or town Twin Falls
- (c) Street Address or R.F.D. No. West Addison
- (d) Death Occured Inside? X Outside?    city or town
- (e) Died in a Home    Hospital    Institution    Other place
- (f) Name Hosp. or Inst. TF County Stayed 8 days
- (g) Lived in this county 35 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls
- (c) City or town Twin Falls
- (d) Street Address or R.F.D. No. RR #1
- (e) Deceased lived Inside?    Outside? X city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 35 years
- (h) Former residence (city, state) Houlton, Me.

## 3. (a) FULL NAME

Jennie Margaret Henderson

## 3. (b) If veteran,

name war   

## 3. (c) Social Security

No.   

- 4. Sex Female Color or Race W

- 6. (a) Single, widowed, married, divorced Widowed

- 6. (b) Name of husband or wife Elmer

- 6. (c) Age of husband or wife if alive    years

- 7. Date of Birth (Month, Day, Year) July 22, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>11</u>	<u>10</u>	hrs min.

- 9. Exact Occupation Housewife Did this work for    yrs.

- 10. Industry or Business    Date last worked

- 11. Birthplace Houlton, Maine (City or town) (State or foreign country)

- 12. Name Arthur Ingraham (City or town) (State or foreign country)

- 13. Birthplace Ireland (City or town) (State or foreign country)

- 14. Maiden name Eliza Davis (City or town) (State or foreign country)

- 15. Birthplace Ireland (City or town) (State or foreign country)

- 16. Informant's OWN Signature Mrs. George J. Roberts and Address Twin Falls, Ida.

- 17. (a) Burial (b) Date thereof 7/6/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Sunset Memorial Park

- 18. Funeral Director's OWN Signature James E. Reynolds and Address Twin Falls, Idaho

- 19. (a) July 9, 1948 (b) Ernest B. Reed (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

046F

## 20. DATE OF DEATH

(Month, Day, Year) July 2, 1948 at 11:30 o'clock a.m.

## 21. I HEREBY CERTIFY That I attended deceased from

June 24, 1948 to July 2, 1948  
I last saw him alive on July 2, 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

embolism of lung Duration 48 hr

Due to Coronary atherosclerosis

Due to Acute infarct of liver

Other conditions with tobacco (include pregnancy within 3 months of death)

Arteriosclerosis

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

## 23. Attendant's

OWN Signature M. J. Henderson and Address Twin Falls, Idaho (M, P or other) 7/6/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
JUL 14 1948

# Certificate Of Death

STATE OF IDAHO

1948 2762  
State File No. \_\_\_\_\_  
Local Reg. No. 483  
Reg. Dist. No. 460

1. PLACE OF DEATH:

(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed 3 days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 611 Highland Ave.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Nevada

3. (a) FULL NAME George Clark

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced widowed

4. Sex Male race White

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 11, 1854

8. AGE	Years	Months	Days	If less than 1 day
	<u>94</u>	<u>2</u>	<u>23</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace England (City or town) (State or foreign country)

Mother Father { 12. Name Clark

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Phoda E. Bacon and Address Deer Park, Wash.

17. (a) Burial (b) Date thereof 7-10-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J. J. Kelly and Address Twin Falls, Idaho

19. (a) July 10, 1948 (b) Emma B. Reed (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 0930

20. DATE OF DEATH (Month, Day, Year) July 4 1948  
at 3:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hemorrhage, severe, from multiple cerebral vasculature, due to associated with chronic cirrhosis of the liver. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Aneurysm of left ventricle (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. J. Kelly (M. D. or other) and Address Twin Falls, Idaho Date 7/5 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **2763**  
Local Reg. No. **474**  
Reg. Dist. No. **460**

## 1. PLACE OF DEATH:

- (a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed **1** days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Twin Falls**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? ..... **one day**  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME **ADAMS, Beverly Jean**

3. (b) If veteran, name war ..... No. ....  
5. Color or .....  
6. (a) Single, widowed, married, divorced **single**  
4. Sex **F.** race **white**  
6. (b) Name of husband or wife ..... (c) Age of husband or wife if alive ..... years

7. Date of Birth **July 4, 1948**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>1</b>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **Twin Falls, Idaho**  
(City or town) (State or foreign country)

12. Name **Lawrence R. Adams**  
13. Birthplace ..... **Iowa**  
(City or town) (State or foreign country)  
14. Maiden name **Arlene Johnson**  
15. Birthplace ..... **Iowa**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Lawrence R. Adams**  
and Address **566 No. Washington, Twin Falls**

17. (a) **burial** (b) Date thereof **7-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Twin Falls Cemetery**

18. Funeral Director's OWN Signature **Wm. H. Hall**  
and Address **Twin Falls, Idaho**

19. (a) **July 7, 1948** (b) **Emma B. Reed**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **July 5** 19**48**  
(Month, Day, Year)  
at **3:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h. **alive** on **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **hemorrhage, diarrhea** Duration

**Characterized by multiple hemorrhage of multiple**  
Due to **acute papillary necrosis**  
Due to **pericardial hemorrhage**  
Other conditions **of either kidney atelectasis**  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred **19** City, county, state

where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **J. Woodson Creed**  
**Twin Falls, Idaho** (M. D. or other)  
and Address **July 5, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 14 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2764  
Local Reg. No. 484  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. Nd734 Kimberly Rd.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 27 years 27 months 27 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. Nd734 Kimberly Rd  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Joel Alfred Hutchin

3. (b) If veteran, name war No.  
3. (c) Social Security No. No.  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Oma Hutchin 6. (c) Age of husband or wife if alive 74 years  
7. Date of Birth (Month, Day, Year) August 10, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>10</u>	<u>24</u>	hrs min.

9. Exact Occupation Retired Did this work for Yrs.  
10. Industry or Business Grocery Date last worked 1947  
11. Birthplace Jefferson County, Iowa (City or town) (State or foreign country)

12. Name James T. Hutchin  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Maiden name Mary Hadley  
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Letha Denton  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 7-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J. Phillips  
and Address Twin Falls, Idaho

19. (a) July 10, 1948 (b) Erma B Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 6 19 48  
at 2:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 7-5-48 to 7-6-48 1948  
I last saw h alive on 7-5-48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Due to Stroke

Due to Stroke

Other conditions Stroke  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation Stroke Date 7-5-48

Major finding Stroke

Finding of autopsy Stroke

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? No Suicide? No Homicide? No

Occurred 19 City, county, state

where violence occurred 19 City, county, state

Place of Violence: Home No Farm No Industry No

Public Place No While at work? No

Means of injury Stroke

23. Attendant's OWN Signature J. Phillips

and Address Idaho Date 7-7-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

48-11402

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2765  
Local Reg. No. 177  
Reg. Dist. No. 460

1. PLACE OF DEATH:
- (a) County Twin Falls
  - (b) City or town Twin Falls
  - (c) Street Address or R.F.D. No. \_\_\_\_\_
  - (d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town
  - (e) Died in a Home... Hospital ☒ Institution... Other place...
  - (f) Name Hosp. or Inst. T. Falls Stayed 6 hrs days
  - (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 6 hrs days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County T. Falls
  - (c) City or town Twin Falls
  - (d) Street Address or R.F.D. No. \_\_\_\_\_
  - (e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town
  - (f) Citizen of what country? United States
  - (g) How long had deceased lived in Idaho? \_\_\_\_\_ years
  - (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Infant Houston
3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced single
4. Sex female race white
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years
7. Date of Birth (Month, Day, Year) July 7, 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>6</u> hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)
- Mother Father { 12. Name James Stanley
- { 13. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)
- { 14. Maiden name Eather Houston
- { 15. Birthplace McAllester, Okla.  
(City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Mathie Leonard  
and Address Twin Falls, Idaho
17. (a) Burial (b) Date thereof 7-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature [Signature]  
and Address Twin Falls, Idaho
19. (a) July 7, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 7, 1948  
(Month, Day, Year) at 10:30 clock A M.
21. I HEREBY CERTIFY, That I attended deceased from 7-7 1948, to 7-7 1948.  
I last saw h.e. alive on 7-7 1948; death is said to have occurred on the date and hour stated above.
- Immediate Cause of Death: Premature birth 4 hrs Duration \_\_\_\_\_
- Due to unk \_\_\_\_\_
- Due to \_\_\_\_\_
- Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)
- Where was disease contracted? \_\_\_\_\_
- Name of operation \_\_\_\_\_ Date \_\_\_\_\_
- Major finding \_\_\_\_\_
- Finding of autopsy \_\_\_\_\_
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_
- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_
- Means of injury \_\_\_\_\_
23. Attendant's OWN Signature [Signature] (M. D. or other) \_\_\_\_\_  
and Address Twin Falls, Idaho Date 7-7 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

JUL 14 1948

STATE OF IDAHO

State File No. 2766  
Local Reg. No. 485  
Reg. Dist. No. 460

1. PLACE OF DEATH: **Twin Falls**  
(a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **County Hospital** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months **4** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No. **120 E Ave D**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **34** years  
(h) Former residence (city, state) **Paola, Kansas**

3. (a) FULL NAME **Mary C Kleinau**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or race **Female White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Female** 6. (b) Name of husband or wife **Charles**  
6. (c) Age of husband or wife if alive **76** years

7. Date of Birth (Month, Day, Year) **January 20. 1873**

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>5</b>	<b>17</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Harrisonville Missouri**  
(City or town) (State or foreign country)

12. Name **Charles Samuels**

13. Birthplace **Harrisonville Missouri**  
(City or town) (State or foreign country)

14. Maiden name **Josephine Brooks**

15. Birthplace **Harrisonville Missouri**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mary C Kleinau**  
and Address **Jerome, Idaho**

17. (a) **Burial** (b) Date thereof **July 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Jerome, Idaho**

18. Funeral Director's OWN Signature **J R Wiley**  
and Address **Jerome, Idaho**

19. (a) **July 9, 1948** (b) **Erna B. Reed**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **July 7 48**  
(Month, Day, Year)  
at **7:30** o'clock **A** : M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb. 1946** to **July 7 48**  
I last saw him alive on **July 7 48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Arctic Regurgitation** Duration **unknown**  
Due to **unknown**

Due to **none**  
Other conditions **none**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Jerome**  
Name of operation **none** Date \_\_\_\_\_  
Major finding **none**  
Finding of autopsy **none**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred **none** 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **Chas. B. Reymers**  
and Address **Twin Falls 8th** Date **12 July 48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 14 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2767  
Local Reg. No. 489  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. T. Falls Stayed 40 days  
(g) Lived in this county 25 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME Henry Finn White

3. (b) If veteran, name war ..... No. ....  
5. Color or 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White  
6. (b) Name of husband or wife Olive White 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) October 19, 1861

8. AGE	Years	Months	Days	If less than 1 day
	86	8	20	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Fairfield, Utah  
(City or town) (State or foreign country)

12. Name William White  
13. Birthplace Texas  
(City or town) (State or foreign country)  
14. Maiden name Caroline Finn  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature L. W. White  
and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 7-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature S. Phillips  
and Address Twin Falls, Idaho

19. (a) July 13, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 9 19 48  
(Month, Day, Year) at 2:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 7-9 19 48  
19....., to 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death ..... Duration

Due to Myocardial infarction

Due to arteriosclerosis

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....

Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature J. J. Blom  
and Address Idaho Date 7-13-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 14 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2768  
Local Reg. No. 477  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 430 4th Ave. E.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 27 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 430 4th Ave. E.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) Burley, Ida.

## 3. (a) FULL NAME Ida C. Roberts

3. (b) If veteran, name war ☐ No. ☐  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female  
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth (Month, Day, Year) April 26, 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>89</u>	<u>2</u>	<u>14</u>	hrs min.

9. Exact Occupation Housewife Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace Beaver Dam, Wisconsin  
(City or town) (State or foreign country)

12. Name James C. Bennett  
13. Birthplace Wisconsin  
(City or town) (State or foreign country)  
14. Maiden name Annette B. Storm  
15. Birthplace New York  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lora Roberts  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 7/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Mem. Park

18. Funeral Director's Reynolds Funeral Home  
OWN Signature James E. Reynolds  
and Address Twin Falls, Idaho

19. (a) July 13, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 10, 1948  
(Month, Day, Year) at 4:10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 7/6/48 to 7/10/48  
I last saw h. 91 alive on 7/6/48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Due to Cardiac failure acute  
Senility, arterio-  
Due to sclerosis, etc.  
Other conditions ☐  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

- Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred ☐  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature Malcolm Sawyer  
(D. or other) MD  
and Address Twin Falls, Idaho Date July 13, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED** **Certificate Of Death**  
**JUL 21 1948** **STATE OF IDAHO**

1948  
State File No. **2769**  
Local Reg. No. **490**  
Reg. Dist. No. **460**

**1. PLACE OF DEATH: DIVISION OF VITAL**

- (a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. **T.F.Co.Hosp.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. **T.F.Co.Hosp.** Stayed **16** days  
(g) Lived in this county **21** years **21** months **21** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Idaho**  
(c) City or town **Richfield**  
(d) Street Address or R.F.D. No. **Richfield**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **33** years  
(h) Former residence (city, state)

**3. (a) FULL NAME**

**MRS. GERTRUDE F. ERWIN**

3. (b) If veteran, name war **None** No. **None**  
5. Color or **W** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **F** race **W** 6. (c) Age of husband or wife if alive **71** years  
6. (b) Name of husband or wife **Grant**

7. Date of Birth (Month, Day, Year) **December 4, 1876**

8. AGE	Years	Months	Days	If less than 1 day
	<b>71</b>	<b>7</b>	<b>7</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **None** yrs.  
10. Industry or Business **None** Date last worked **None**  
11. Birthplace **Iowa** (City or town) (State or foreign country)

12. Name **Unknown Marks**  
13. Birthplace **Holland** (City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Holland** (City or town) (State or foreign country)

16. Informant's OWN Signature **Joy E. Riedemann**  
and Address **Twin Falls, Idaho**

17. (a) **Burial** (b) Date thereof **7/14/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Richfield, Cam.**

18. Funeral Director's OWN Signature **Weyl H. Stitt**  
and Address **White Mortuary-Twin Falls, Idaho**

19. (a) **July 13, 1948** (b) **Erna O. Reed**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **July 11th, 1948**  
(Month, Day, Year) at **3:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **June 23, 1948** to **19**

I last saw h.**er** alive on **July 1, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Thrombosis** Duration **Stroke**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **19** City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

23. Attendant's OWN Signature **O. P. Drake** (M. D. or other)

and Address **Twin Falls, Ida** Date **7/12 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 21 1948

CERTIFICATE OF DEATH  
STATE OF IDAHO

1948  
State File No. 2770  
Local Reg. No. 491  
Reg. Dist. No. 460

1. PLACE OF DEATH: DIVISION OF VITAL
- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. T. F. County Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME Janet Ilene Herrick

3. (b) If veteran, No name war \_\_\_\_\_ 3. (c) Social Security No. None  
4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X years  
7. Date of Birth (Month, Day, Year) July 14, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>10</u> hrs <u>20</u> min.

9. Exact Occupation None Did this work for No yrs.  
10. Industry or Business None Date last worked X

11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

12. Name Russel Herrick  
13. Birthplace Greenfield Iowa  
(City or town) (State or foreign country)

14. Maiden name Edna Johnson  
15. Birthplace Buhl, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature X Russel C. Herrick  
and Address Castleford

17. (a) Burial (b) Date thereof July 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Buhl City Cemetery  
18. Funeral Director's OWN Signature B. T. Albertson  
and Address Buhl, Idaho

19. (a) July 19, 1948 (b) Enna B. Reed  
(Date received and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- Idaho Twin Falls  
(a) State (b) County  
(c) City or town Castleford  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) X

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 15 1948  
at 7:10 o'clock AM.

21. I HEREBY CERTIFY, That I attended deceased from July 14, 1948 to July 15, 1948  
I last saw h. alive on July 15, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Pulmonary Atelectasis 11 hrs  
Due to congenital

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Enna B. Reed  
and Address Twin Falls, Idaho (M. D. or other) Enna B. Reed  
(For additional space, use reverse side) Date 7/16/1948

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 23 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

748 State File No. 2771  
Local Reg. No. 499  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. 633 5th Ave. W.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home? X Hospital? Institution Other place? city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 10 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 633 5th Ave. W.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Walker, Mo.

## 3. (a) FULL NAME

Melissa Ellen Cummings

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Marshall  
6. (c) Age of husband or wife if alive 70 years

7. Date of Birth (Month, Day, Year) January 15, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>6</u>	<u>2</u>	hrs min.

9. Exact Occupation Housewife Did this work for  yrs.

10. Industry or Business worked Date last worked

11. Birthplace Benton Co., Missouri  
(City or town) (State or foreign country)

12. Name Fredrick Kellings

13. Birthplace Germany  
(City or town) (State or foreign country)

14. Maiden name Sarah McGee

15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature M. Cummings

and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 7/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature James C. Reynolds

and Address Twin Falls, Idaho

19. (a) July 26, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 17, 19 48  
(Month, Day, Year) at 9:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 1948, to July 17, 1948  
I last saw him alive on 2 July 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration acute  
chronic myocarditis

Due to malnutrition chronic

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury M. Cummings

23. Attendant's OWN Signature M. Cummings

and Address Twin Falls (M. D. or other)

Date 23 July 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2772  
Local Reg. No. 494  
Reg. Dist. No. 460

1. PLACE OF DEATH: JUL 21 1948  
(a) County D. Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. T. Falls Stayed 14 days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 268 Blue Lakes  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Wash

3. (a) FULL NAME William I. Potter

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced widowed  
4. Sex Male race white  
6. (b) Name of husband or wife Emma Potter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) July 14, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>		<u>3</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Osceola, Penn. (City or town) (State or foreign country)

12. Name David Potter  
13. Birthplace Penn. (City or town) (State or foreign country)  
14. Maiden name Lydia Kephart  
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Robert Johnston  
and Address 268 Blue Lakes So.

17. (a) Burial (b) Date thereof 7-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J. Phillips  
and Address Twin Falls, Idaho

19. (a) July 20, 1948 (b) Emma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 111 C

20. DATE OF DEATH (Month, Day, Year) July 17 1948  
at 5:40 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 7-7-48 1948, to 7-17-48 1948.  
I last saw h.a.m. alive on 7-17-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration 7 days

Due to Hypertensive Pneumonia 7 days  
Seminal

Due to Fracture left femur 10 days  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred July 7, 1948 1948 City, county, state Twin Falls  
where violence occurred Twin Falls  
Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Fall from porch

23. Attendant's OWN Signature G. L. Stowe (M. D. or other)  
and Address Twin Falls, Idaho Date 7-20 1948  
(For additional space, use reverse side)

**Certificate Of Death**  
JUL 21 1948  
STATE OF IDAHO

State File No. **2773**  
Local Reg. No. **493**  
Reg. Dist. No. **460**

1. PLACE OF DEATH: **DIVISION OF VITAL**  
(a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. **331 Polk Ave**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **14** years ☐ months ☐ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Twin Falls**  
(d) Street Address or R.F.D. No. **331 Polk Ave**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? ☐  
(g) How long had deceased lived in Idaho? **14** years  
(h) Former residence (city, state) ☐

3. (a) FULL NAME **KILLINGER, Roscoe Lee**  
3. (b) If veteran, name war **none**  
3. (c) Social Security No. **519-07-8358**  
5. Color or **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Lula**  
6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth **January 20th, 1886**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>62</b>	<b>5</b>	<b>27</b>	hrs min.

9. Exact Occupation **Carpenter** Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace **Hagers Grove, Mo.**  
(City or town) (State or foreign country)

12. Name **Mitchell Killinger**  
13. Birthplace **Virginia**  
(City or town) (State or foreign country)  
14. Maiden name **Jennie Herriott**  
15. Birthplace **Virginia**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Rubrey Killinger**  
and Address **Twin Falls, Idaho**

17. (a) **Burial** (b) Date thereof **7-22-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sunset Memorial Park Cem.**

18. Funeral Director's OWN Signature **W. H. Phillips**  
and Address **White Mortuary-Twin Falls, Idaho**

19. (a) **July 20, 1948** (b) **Erma B. Reed**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH  
(Month, Day, Year) **July 17th 1948**  
at **11** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **5-15** 19 **48**, to **7-17** 19 **48**.  
I last saw h. **im** alive on **7-17** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac decompensation** Duration ☐

Due to **myocardial**

Due to **—**

Other conditions **—**  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐  
Name of operation ☐ Date ☐  
Major finding **—**  
Finding of autopsy **—**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature **Helen / P. Smith**  
and Address **Twin Falls, Idaho** Date **7/19 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

093E

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 28 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 2774  
Local Reg. No. 500  
Reg. Dist. No. 460

1. PLACE OF DEATH:  
(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Addison West  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed 2 hrs  
(g) Lived in this county 0 years 0 months 0 days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Tennessee (b) County Polk  
(c) City or town Copper Hill  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) McCaysville, Ga.

3. (a) FULL NAME William Hoyt Chancey

3. (b) If veteran, name war  3. (c) Social Security No. 413-42-3252  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years  
7. Date of Birth (Month, Day, Year) October 28, 1930

8. AGE	Years	Months	Days	If less than 1 day
	17	8	20	hrs min.

9. Exact Occupation Mill worker Did this work for  yrs.  
10. Industry or Business  Date last worked   
11. Birthplace McCaysville, Ga.  
(City or town) (State or foreign country)

12. Name Haskins Chancey  
13. Birthplace Georgia  
(City or town) (State or foreign country)  
14. Maiden name Vadie Mann  
15. Birthplace Georgia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Samuel R. Ballantyne  
and Address Twin Falls, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/19/48  
(Month) (Day) (Year)  
(c) Place: Blue Ridge, Ga.

18. Funeral Director's OWN Signature James C. Reynolds  
and Address Twin Falls, Idaho

19. (a) July 26, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) July 18, 1948  
at 9:20 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw him Did not see alive alive on 9; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Multiple lacerations of brain with extensive hemorrhage  
Due to complete single gunshot fracture of temporal bone of skull  
Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?   
Name of operation  Date   
Major finding   
Finding of autopsy   
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred 7/18/1948 City, county, state where violence occurred Twin Falls, Idaho  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☒ While at work? ☐  
Means of injury Car wreck

23. Attendant's OWN Signature J. Woodson Creed  
and Address Twin Falls County, Idaho Date July 19, 1948  
(For additional space, use reverse side)

170C  
103X

125

CERTIFICATE OF DEATH  
GEORGIA DEPARTMENT OF PUBLIC HEALTH

State File No. \_\_\_\_\_

1. Place of Death

(a) County **Fannin** M.H.D. Dist. No. \_\_\_\_\_

(b) City or Town **McGaysville, Ga.**  
(If Outside City or Town Limits, Write Rural)

(c) Name of Hosp. or Institution \_\_\_\_\_

(d) Length of Stay Before Death: Hosp. or Institution \_\_\_\_\_ In This Community \_\_\_\_\_

2. Usual Residence of Deceased

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or Town \_\_\_\_\_  
(If Outside City or Town Limits, Write Rural)

(d) R.F.D. and Box No. \_\_\_\_\_

(e) Citizen of \_\_\_\_\_ (Yes ) If Yes, Name of Country \_\_\_\_\_  
(e) Foreign Country? \_\_\_\_\_

If Veteran Name War \_\_\_\_\_

Social Security Number \_\_\_\_\_

Full Name \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

4. Sex **Male** 5. Race **White** Marital **Single** S. M. W. D. \_\_\_\_\_

7. Give Name of Spouse \_\_\_\_\_

8. Age **17** Years **8** Months **20** Days If less than 24 hrs. Hrs. Min. \_\_\_\_\_

9. Birth **10-28-30** Date of Birth Mo. Day Year Birth Place **Georgia**

10. Usual Occupation **Labor**

11. Industry or Business \_\_\_\_\_

12. Name **W.H.Chancey**

13. Birthplace **Ga**

14. Name **Vadie Mann**

15. Birth Place **Ga**

16. Own Signature **W.H.Chancey**  
17. Informants P. O. Address **McGaysville, Ga.**

18. Burial, Cremation or Removal **Burial** **7-24-48**  
**Barnes Chapel Cemetery**

19. P. O. Address of **Blue Ridge, Ga. Rt 1**

20. Signature of Person Burying Body **Blue Ridge, Ga.** Date Filed with L. R. \_\_\_\_\_

21. P. O. Address of Undertaker \_\_\_\_\_

22. Registrar's Own Signature \_\_\_\_\_  
(Check Certificate Carefully Before Signing)

MEDICAL CERTIFICATION

23. Date of Death **July 18th 1948** 19 \_\_\_\_\_ Time \_\_\_\_\_ A. M. P. M. (Hour : Minute)

24. I hereby certify that I attended the deceased who died on the above date. I last saw \_\_\_\_\_

H \_\_\_\_\_ Alive on \_\_\_\_\_ 19 \_\_\_\_\_

Primary Cause of Death \_\_\_\_\_

(Please Underline the Cause to Which This Death Should Be Charged)

Contributory Causes \_\_\_\_\_

(Including Any Pregnancy Within Three Months of Death)

Operation Date of Operation \_\_\_\_\_ Diagnosis: Clinical, Lab., X-Ray (Check) \_\_\_\_\_ Was Autopsy Performed: \_\_\_\_\_

25. If death was due to external violence please answer the following questions:

(a) Accident, Suicide, Homicide (Specify) \_\_\_\_\_ (b) Date of Occurrence \_\_\_\_\_

(c) Place of Accident \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(d) Where: Home, Farm, Industry, Public Place \_\_\_\_\_ While at Work \_\_\_\_\_

(e) Means of Injury \_\_\_\_\_

Physician's Own Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Physician's P. O. Address \_\_\_\_\_

Please answer carefully all questions to avoid receiving questions for certified information. Please give age, occupation and Social Security No. to assist in setting S. S. claims.

203 41-401M-4-47



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 28 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

1948

State File No. 2775  
Local Reg. No. 498  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 193 Harrison  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 18 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 193 Harrison  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Dodge City, Kan.

3. (a) FULL NAME William Byron Finch

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife May  
6. (c) Age of husband or wife if alive 55 years  
7. Date of Birth (Month, Day, Year) March 24, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>3</u>	<u>26</u>	hrs min.

9. Exact Occupation Ret. Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace West Virginia  
(City or town) (State or foreign country)

12. Name D.B. Finch  
13. Birthplace unknown  
(City or town) (State or foreign country)  
14. Maiden name Margaret Ann Pitzer  
15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. May Finch  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 7/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature James E. Reynolds  
and Address Twin Falls, Idaho

19. (a) July 28, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 20, 1948  
at 1:22 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 7-20 1948, to 7/20/ 1948  
I last saw him alive on 7-20 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebral Hemorrhage Duration 4 days  
Due to Senility

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature aa Lester mo  
(M. D. or other)  
and Address Twin Falls, Ida. Date 7/23/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 4 - 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 2776  
Local Reg. No. 502  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. T.F.Co.Hosp.  
(d) Death Occurred Inside? X Outside? .....city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. T.F.Co.Hosp. Stayed 21 days  
(g) Lived in this county 33 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 231 4th St So.  
(e) Deceased lived Inside? X Outside? .....city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME TUCKER, Pleasant Lee

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary R. 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) November 1, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>8</u>	<u>20</u>	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.  
10. Industry or Business Farmer Date last worked .....  
11. Birthplace Davie County, North Carolina  
(City or town) (State or foreign country)

12. Name Fredrick M. Tucker  
13. Birthplace Virginia  
(City or town) (State or foreign country)  
14. Maiden name Sasanna Bailey  
15. Birthplace No. Carolina  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mary Tucker  
and Address 231- 4th St. So.

17. (a) Burial (b) Date thereof 7/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Com.

18. Funeral Director's OWN Signature W. H. Stiller  
and Address White Mortuary Twin Falls

19. (a) July 31, 1948 (b) E. B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 21, 1948 19.....  
at 7:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 8 July 1948 to 21 July 1948  
I last saw him alive on 21 July 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Stomach Carcinoma Duration 1 mo.  
Prostate Carcinoma 1 yr.

Due to Prostate Carcinoma 1 yr.

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? Home PHYSICIAN  
Name of operation None Date .....  
Major finding .....  
Finding of autopsy None Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? ..... Homicide? .....  
Occurred None 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Charles B. Reymier  
Idaho Twin Falls, Ida. (M. D. or O. D.) 7/22 1948  
and Address ..... Date .....  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
**RECEIVED**  
**AUG 4 - 1948**  
**DIVISION OF VITAL**

# Certificate Of Death

STATE OF IDAHO

State File No. **2777**  
Local Reg. No. **504**  
Reg. Dist. No. **460**

## 1. PLACE OF DEATH:

- (a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. **T.F. Co. Hosp.**  
(d) Death Occurred Inside? **Outside?** city or town  
(e) Died in a Home? **Hospital** Institution Other place  
(f) Name Hosp. or **T.F. Co. Hosp.** Stayed **1** days  
(g) Lived in this county **3** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Twin Falls**  
(d) Street Address or R.F.D. No. **331 Witt Street**  
(e) Deceased lived Inside? **X** Outside? city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **3** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME **Mc CLAIN, Henry**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **514-09-1413**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** 6. (b) Name of husband or wife **Faye** 6. (c) Age of husband or wife if alive **66** years  
7. Date of Birth **June 13, 1882**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>	<b>11</b>	<b>13</b>	hrs min.

9. Exact Occupation **Laborer** Did this work for yrs.  
10. Industry or Business worked  
11. Birthplace **Smith Center, Kansas**  
(City or town) (State or foreign country)

12. Name **John McClain**  
13. Birthplace **Wisconsin**  
(City or town) (State or foreign country)  
14. Maiden name **Jane Hall**  
15. Birthplace **Wisconsin**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Henry Mc Clain**  
and Address **140 Austin St.**

17. (a) **Burial** (b) Date thereof **7/29/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sunset Man. Park Cem.**

18. Funeral Director's OWN Signature **Dr. H. H. Hall**  
and Address **White Mortuary - Twin Falls, Idaho**

19. (a) **July 31, 1948** (b) **E. B. Reed**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **July 26, 1948**  
(Month, Day, Year)  
at **12:10 P. M.** **Mock** M.

21. I HEREBY CERTIFY, That I attended deceased from **7-26-48** 19 to **7-26-48** 19  
I last saw h. **alive** on **7-26-48** 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiovascular renal disease**  
Due to

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **Dr. H. H. Hall** (M. D. or other)  
and Address **Twin Falls, Idaho** **7/27/1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 4 - 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

2778  
State File No. 2778  
Local Reg. No. 506  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. T. Falls Stayed 100 days  
(g) Lived in this county 16 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 448 Washington  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) Montana

3. (a) FULL NAME

Mary Berroth

3. (b) If veteran,

name war .....

3. (c) Social Security

No. ....

5. Color or 6. (a) Single, widowed, married,

4. Sex female race white divorced married

6. (b) Name of husband or wife Peter Berroth 6. (c) Age of husband or wife if alive 73 years

7. Date of Birth

(Month, Day, Year) December 23, 1886

8. AGE

Years

Months

Days

If less than 1 day

61

7

7

hrs

min.

9. Exact

Occupation Housewife

Did this

work for ..... yrs.

10. Industry or

Business

Date last

worked

11. Birthplace

Edgely, N. Dak.

(City or town) (State or foreign country)

12. Name

Ludwig Piepke

13. Birthplace

Russia

(City or town) (State or foreign country)

14. Maiden name

Catherine Remford

15. Birthplace

Russia

(City or town) (State or foreign country)

16. Informant's

OWN Signature Mrs. Chris Kutz

and Address Wendell, Idaho

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 8-2-48

(Month) (Day) (Year)

(c) Place: Twin Falls Cemetery

18. Funeral Director's

OWN Signature J. C. Phillips

and Address Twin Falls, Idaho

19. (a) Aug 2, 1948

(Date received and filed)

(b) Erna B. Reed

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) July 30

19 48

at 2:55 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from

Jan 17 1948 to July 30 1948

I last saw h.e. alive on July 30 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Carcinoma of Cervix

Duration

16 Mts.

Due to .....

Due to .....

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Twin Falls, Idaho

Name of operation None Date .....

Major finding

Finding of autopsy not done

Underline

the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry

Public Place ..... While at work? .....

Means of injury

23. Attendant's

OWN Signature E. A. Reed

and Address Twin Falls, Idaho

(M. D. or other)

Date 8-2 1948

(For additional space, use reverse side)

466

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 12 1948

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

2779

507

460

1. PLACE OF DEATH: STATISTICS
- (a) County Twin Falls
- (b) City or town Twin Falls
- (c) Street Address or R. F. D. No. X
- (d) Death Occurred Inside? X Outside? city or town
- (e) Died in a Home X Hospital X Institution Other place
- (f) Name Hosp. or Inst. T. F. County stayed 32 days
- (g) Lived in this county 30 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- (a) State Idaho (b) County Twin Falls
- (c) City or town Buhl
- (d) Street Address or R. F. D. No. Rt. # 1
- (e) Deceased lived Inside? Outside? X city or town
- (f) Citizen of what country? United States
- (g) How long had deceased lived in Idaho? 30 years
- (h) Former residence (city, state) X

3. (a) FULL NAME Katherina Gesena Jagels

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Jagels
6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) February 16, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>5</u>	<u>15</u>	hrs min.

9. Exact Occupation Housewife Did this work for 55 yrs.
10. Industry or Business None Date last worked X
11. Birthplace Lake Creek, Missouri (City or town) (State or foreign country)
12. Name Herman Schnackenburg
13. Birthplace Germany (City or town) (State or foreign country)
14. Maiden name Anna Rodenburg
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Chloe G. Jagels
- and Address Rt. 1, Buhl, Idaho

17. (a) Burial (b) Date thereof Aug. 4, 1948
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Clover Cemetery
18. Funeral Director's OWN Signature B. J. Robertson
- and Address Buhl, Idaho

19. (a) Aug 4, 1948 (b) Anna B. Reed
- (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 31, 1948
- (Month, Day, Year) 19
- at 4:40 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from July 1, 1948 to July 31, 1948
- I last saw her alive on July 31, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic Pneumonia Duration 4 days

Due to Emaciation & Debility 1 MONTH

Due to Fracture Left Hip 1 MONTH

Other conditions. SENSITIVITY, HYPER-

(Include pregnancy within 8 months of death)

TENSION & ARTERIO SCLEROSIS

Where was disease contracted? HOME PHYSICIAN

Name of operation TRACTASE Date 6/15/48

Major finding NAILED

Finding of autopsy Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? YES Suicide? NO Homicide? NO
- Occurred 6/10/48 19 City, county, state where violence occurred

Place of Violence: Home ✓ Farm NO Industry NO

Public Place NO While at work? NO

Means of injury FELL ON FLOOR

23. Attendant's OWN Signature E. J. Robertson (M. D. or other)

and Address Buhl Idaho Date 8/2 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 14 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2780  
Local Reg. No. 481  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Filer  
(c) Street Address or R.F.D. No. RR # 2  
(d) Death Occured Inside?..... Outside? X city or town  
(e) Died in a Home X Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. 40 Stayed..... days  
(g) Lived in this county..... years..... months..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T/Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No. RR # 2  
(e) Deceased lived Inside?..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Canby, Oregon

## 3. (a) FULL NAME

Laura M. Kalbfleisch

## 3. (b) If veteran,

name war.....

## 3. (c) Social Security

No. ....

5. Color or White  
6. (a) Single, widowed, married, divorced Widowed

4. Sex Female  
6. (b) Name of husband or wife Jacob  
6. (c) Age of husband or wife if alive..... years

7. Date of Birth  
(Month, Day, Year) February 25, 1882

8. AGE	Years	Months	Days	If less than 1 day
	66	4	7	hrs min.

9. Exact Occupation Housewife Did this work for..... yrs.

10. Industry or Business worked Date last worked.....

11. Birthplace Portland, Oregon  
(City or town) (State or foreign country)

12. Name Charles Lucke

13. Birthplace Germany  
(City or town) (State or foreign country)

14. Maiden name Ida Druschell

15. Birthplace Pennsylvania  
(City or town) (State or foreign country)

16. Informant's OWN Signature Laura M. Kalbfleisch

- and Address Filer, Idaho

17. (a) Burial (b) Date thereof 7/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Sunset Mem. Park

18. Funeral Director's OWN Signature Raynolds

- and Address Twin Falls, Idaho

19. (a) July 9, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) July 2, 1948

at 5:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 3-26 1947, to 7/2 1948

I last saw h.er alive on 7-2 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration minutes

Due to arteriosclerosis

Due to Myocardial Infarction

Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred. 19 City, county, state

where violence occurred.....

Place of Violence: Home — Farm — Industry —

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature Erna B. Reed (M. D. or other)

and Address Twin Falls, Idaho Date 7/8/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

748  
State File No. 2781  
Local Reg. No. 475  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Hansen  
(c) Street Address or R.F.D. No. 2.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. 35 Stayed days  
(g) Lived in this county 35 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Hansen  
(d) Street Address or R.F.D. No. 2.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state)

3. (a) FULL NAME FENNEWALD, Mrs Albertina L.

3. (b) If veteran, name war --- No. ---  
5. Color or --- 3. (c) Social Security  
4. Sex female race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife W.E. Fennewald 6. (c) Age of husband or wife if alive 67 years  
7. Date of Birth (Month, Day, Year) Oct., 28, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>8</u>	<u>4</u>	hrs min.

9. Exact Occupation Housewife Did this work for 35 yrs.  
10. Industry or Business  Date last worked   
11. Birthplace Rockville, Missouri  
(City or town) (State or foreign country)

- Mother Father  
12. Name Fernand Schepeler  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name Catherine Koffman  
15. Birthplace Switzerland  
(City or town) (State or foreign country)

16. Informant's OWN Signature M.E. Fennewald  
and Address Hansen, Idaho. Rt. #2.

17. (a) burial (b) Date thereof 7-6-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Ellen M. White E-249  
and Address Twin Falls, Idaho

19. (a) July 1, 1948 (b) Erma B Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 2, 1948 19  
at 11:42 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 7-2- to 7-2- 19 48

I last saw her alive on 7-2- 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration

Due to Hypertension  
Rt. hemiplegia

Due to

Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred 19 City, county, state where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature Kimberly, Ida (M. D. or other)  
and Address Kimberly, Ida. Date 7/6 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2782  
Local Reg. No. 476  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Filer  
(c) Street Address or R.F.D. No. 2  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 42 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state)

## 3. (a) FULL NAME LINCOLN, Mrs. Lennie Adelia

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----  
5. Color or 6. (a) Single, widowed, married, divorced married  
4. Sex female race white  
6. (b) Name of husband or 6. (c) Age of husband or wife if W.A. Lincoln alive years  
7. Date of Birth (Month, Day, Year) April 16, 1886

8. AGE	Years	Months	Days	If less than 1 day
62	2	16	hrs	min.

9. Exact Occupation Housewife Did this work for 40 yrs.  
10. Industry or Business Date last worked 1946  
11. Birthplace Nupher, Idaho (City or town) (State or foreign country)

12. Name Franklin Daniels  
13. Birthplace Wanship, Utah (City or town) (State or foreign country)  
14. Maiden name Emma Stanley  
15. Birthplace Bountiful, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature W.A. Lincoln  
and Address Rt. #2, Filer, Idaho  
17. (a) burial (b) Date thereof 7-6-1948 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Sunset Memorial Park  
18. Funeral Director's White Mortuary OWN Signature Ellen M. White E-249  
and Address Twin Falls, Idaho

19. (a) July 1, 1948 (b) Emma B Reed (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 2nd, 1948 19 11 C  
(Month, Day, Year) at 1:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1947 to 7-2-1948  
I last saw h.e.r. alive on 6-11-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic Pneumonia Duration 4 days  
Due to Cancer of Breast 3 years

Due to Senescent carcinoma 9 mo.  
Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury M.W. Barker M.D.

23. Attendant's OWN Signature M.W. Barker M.D. (M. D. or other)  
and Address Filer, Idaho Date 7-6-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
JUL 9 1948  
STATE OF IDAHO

State File No. 2783  
Local Reg. No. 478  
Reg. Dist. No. 460

**1. PLACE OF DEATH:**

- (a) County Twin Falls  
(b) City or town \_\_\_\_\_  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County T. Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Theodore Ray Dean

3. (b) If veteran, name war War II 3. (c) Social Security No. 518-30-1883  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) November 9, 1918

8. AGE	Years	Months	Days	If less than 1 day
	<u>29</u>	<u>7</u>	<u>25</u>	hrs min.

9. Exact Occupation Mechanic Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace McDonald, Kansas  
(City or town) (State or foreign country)

- Mother Father  
12. Name C. T. Dean  
13. Birthplace Georgia  
(City or town) (State or foreign country)  
14. Maiden name Ella LaFollette  
15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Neal B. Dean  
and Address Filer, Idaho

17. (a) Burial (b) Date thereof 7-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Filer, Idaho

18. Funeral Director's OWN Signature J. Phillips  
and Address Twin Falls, Idaho

19. (a) July 7, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) July 4 - 1948  
at 3:35 clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
Did not see alive 19\_\_\_\_\_, alone 19\_\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: asphyxiation by drowning Duration \_\_\_\_\_  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Snake River, Filer, 19\_\_\_\_\_, City, county, state where violence occurred Twin Falls County  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry ✓  
Public Place ✓ While at work? \_\_\_\_\_  
Means of injury Crushing

23. Attendant's OWN Signature J. Woodson Creed  
and Address Twin Falls County (M. D. or other) July 5, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 14 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2784  
Local Reg. No. 482  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls
- (b) City or town Twin Falls
- (c) Street Address or R.F.D. No. 2
- (d) Death Occurred Inside? Outside? ☒ city or town
- (e) Died in a Home ☒ Hospital Institution Other place
- (f) Name Hosp. or Inst. Stayed days
- (g) Lived in this county years months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State California (b) County San Diego
- (c) City or town San Diego, Calif.
- (d) Street Address or R.F.D. No. 2058 Reed St.
- (e) Deceased lived Inside? ☒ Outside? city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 10 days years
- (h) Former residence (city, state) Jerome, Idaho

## 3. (a) FULL NAME

Charles V. F. Ray

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

529-16-4206

## 4. Sex Male race white

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Grace

## 6. (c) Age of husband or wife if alive 35(?) years

## 7. Date of Birth

(Month, Day, Year) June 30, 1907

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>0</u>	<u>5</u>	hrs min.

## 9. Exact Occupation Laborer Did this work for        yrs.

## 10. Industry or Business        Date last worked

## 11. Birthplace Sunnyside, Utah (City or town) (State or foreign country)

## 12. Name Charles R. Ray

## 13. Birthplace Parker, Penn. (City or town) (State or foreign country)

## 14. Maiden name Irena Peterson

## 15. Birthplace Castledale, Utah (City or town) (State or foreign country)

## 16. Informant's OWN Signature Maryl C. Ray and Address Twin Falls, Idaho

## 17. (a) Burial (b) Date thereof July 8, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Twin Falls Cemetery

## 18. Funeral Director's OWN Signature James C. Reynolds and Address Twin Falls, Idaho

## 19. (a) July 5, 1948 (b) Earl B. Reed (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 4, 1948  
at 9:00 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Gun shot wound, .22 rifle--self-inflicted. Duration

Point of entrance       

Due to mouth.

Due to Missile lodged in brain

Other conditions        (Include pregnancy within 3 months of death)

## Where was disease contracted?        PHYSICIAN

Name of operation        Date        Underline the cause to which death should be charged statistically.

Major finding       

Finding of autopsy       

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?

Occurred Twin Falls County, July 4, 1948 City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury 22 Rifle

## 23. Attendant's OWN Signature J. Woodson Creed, M.D. and Address Twin Falls County (M. D. or other) Date July 5, 1948 (For additional space, use reverse side)

164C

685

# Certificate Of Death

STATE OF IDAHO

State File No. **2785**  
Local Reg. No. **488**  
Reg. Dist. No. **462**

## 1. PLACE OF DEATH:

- (a) County **Twin Falls**  
(b) City or town **Filer**  
(c) Street Address or R.F.D. No. **RFD #1**  
(d) Death Occured Inside? Outside? **X** city or town  
(e) Died in a Home **X** Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **11** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **T. Falls**  
(c) City or town **Filer**  
(d) Street Address or R.F.D. No. **RFD #1**  
(e) Deceased lived Inside? Outside? **X** city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **11** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Paul Jerald Lundin

3. (b) If veteran, name war No.  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male** 6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) **October 19, 1936**

8. AGE	Years	Months	Days	If less than 1 day
	<b>11</b>	<b>8</b>	<b>19</b>	hrs min.

9. Exact Occupation **Student** Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace **Filer, Idaho** (City or town) (State or foreign country)

12. Name **Nathan Lundin**  
13. Birthplace **Colorado** (City or town) (State or foreign country)  
14. Maiden name **Ruby Sligar**  
15. Birthplace **Stilwell, Okla.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Leona Lundin**  
and Address **RFD #1, Filer, Idaho**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **7-12-48** (Month) (Day) (Year)  
(c) Place: **Twin Falls Cemetery**

18. Funeral Director's OWN Signature **S. Phillips**  
and Address **Twin Falls, Idaho**

19. (a) **July 13, 1948** (b) **Edna B. Reed**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July 8** 19 **48**  
at **2:50** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **July 8** 19**48**, to **July 8** 19**48**  
I last saw him alive on **July 8** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pulmonary edema** Duration **48 hrs**

Due to **Acute Glomerular Nephritis** **1 year**

Due to **4**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **at home**  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature **M. W. Bauer M.D.**

and Address **Filer, Idaho** (M. D. or other) Date **7-10-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 14 1948

CERTIFICATE OF DEATH  
STATE OF IDAHO

1948 2786  
State File No. \_\_\_\_\_  
Local Reg. No. 486  
Reg. Dist. No. 460

1. PLACE OF DEATH:
- County Twin Falls
  - City or town Buhl
  - Street Address or R. F. D. No. none
  - Death Occurred Inside? none Outside? # city or town
  - Died in a Home? Hospital? Institution? Other place? none
  - Name Hosp. or Inst. none Stayed ? days
  - Lived in this county 32 years ? months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- State Idaho (b) County Twin Falls
  - City or town Buhl
  - Street Address or R. F. D. No. none
  - Deceased lived Inside? none Outside? # city or town
  - Citizen of what country? U. S.
  - How long had deceased lived in Idaho? 32 years
  - Former residence (city, state) same

3. (a) FULL NAME John Lawrence Kirkbride

3. (b) If veteran, name war no 3. (c) Social Security No. 518-10-9391
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) Nov. 3, 1878

8. AGE	Years	Months	Days	If less than 1 day
	69	8	7	hrs min.

9. Exact Occupation Laborer Did this work for life yrs.
10. Industry or Business none Date last worked 1/5/48
11. Birthplace Smithfield, Utah (City or town) (State or foreign country)

12. Name James Kirkbride
13. Birthplace England (City or town) (State or foreign country)
14. Maiden name Lucinda Gibson
15. Birthplace Cottonwood, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature J. L. Kirkbride and Address Buhl, Idaho

17. (a) Removal (b) Date thereof 7/15/48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Smithfield, Utah

18. Funeral Director's OWN Signature B. T. Albertson and Address Buhl, Idaho

19. (a) July 13, 1948 (b) Erma B. Reed (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 10, 1948  
(Month, Day, Year)  
at 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948 to 7-10-1948  
I last saw him alive on 7-10-1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Carcinoma of Stomach  
Due to obstruction \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation lap Date Apr  
Major finding Carcinoma  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature M. A. Drake and Address Buhl, Idaho (M. D. or other) Date 7-12-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED**  
**Certificate Of Death**  
STATE OF IDAHO

State File No. **2787**  
Local Reg. No. **492**  
Reg. Dist. No. **460**

**JUL 21 1948**

1. PLACE OF DEATH: (Always fill in these)  
(a) County **Twin Falls**  
(b) City or town **Kimberly**  
(c) Street Address or R.F.D. No. **Co. Farm**  
(d) Death Occurred Inside? Outside? **X** city or town  
(e) Died in a Home... Hospital... Institution **X** Other place...  
(f) Name Hosp. **County Farm** Stayed **14** days  
(g) Lived in this county **unk** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Kimberly**  
(d) Street Address or R.F.D. No. **Co. Farm**  
(e) Deceased lived Inside? Outside? **X** city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? **unk** years  
(h) Former residence (city, state)

3. (a) FULL NAME **BEARCE, Jasper Lawrence**

3. (b) If veteran, name war **Unone** 3. (c) Social Security No. **none**  
5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Adeline Bearce** 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) **November 5, 1865**

8. AGE	Years	Months	Days	If less than 1 day
	<b>82</b>	<b>8</b>	<b>9</b>	hrs min.

9. Exact Occupation **Retired** Did this work for yrs.  
10. Industry or Business **Farmer** Date last worked  
11. Birthplace **Fayette County, Illinois** (City or town) (State or foreign country)

12. Name **Daniel Bearce**  
13. Birthplace **Canada** (City or town) (State or foreign country)  
14. Maiden name **Sadie Hohr**  
15. Birthplace **Penn.** (City or town) (State or foreign country)

16. Informant's OWN Signature **W H Wallace**  
and Address **Twin Falls, Idaho**

17. (a) **Burial** (b) Date thereof **7/16/48**  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: **Sunset Memorial Park com.**

18. Funeral Director's OWN Signature **W H Wallace**  
and Address **White Mortuary Twin Falls,**

19. (a) **July 20, 1948** (b) **E. B. Reed**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **July 14th 1948**  
(Month, Day, Year) at **3** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **July 14, 1948** to **July 14, 1948**  
Last saw him alive on **July 14, 1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic pyelonephritis** Duration  
Due to **infection**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **W H Wallace** (M D. or other)  
and Address **Twin Falls, Ida** Date **7/15 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
STATE OF IDAHO

State File No. 2788  
Local Reg. No. 495  
Reg. Dist. No. 460

1948

JUL 21 1948

1. PLACE OF DEATH: DIVISION OF VITAL  
(a) County Twin Falls  
(b) City or town Filer  
(c) Street Address or R.F.D. No. 93 & 30 Highway  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. 93 & 30 Highway Stayed        days  
(g) Lived in this county        years        months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Texas (b) County Tarrant Co.  
(c) City or town Fort Worth  
(d) Street Address or R.F.D. No. Fort Worth  
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country?         
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state)

3. (a) FULL NAME WATKINS, Mrs. Willie Jane

3. (b) If veteran, name war None No. 229-34-4886  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) April 3, 1931

8. AGE	Years	Months	Days	If less than 1 day
	<u>17</u>	<u>3</u>	<u>15</u>	hrs min.

9. Exact Occupation        Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Texas (Fort Worth, Texas)  
(City or town) (State or foreign country)

12. Name Jasper Lee Ball  
13. Birthplace Texas  
(City or town) (State or foreign country)  
14. Maiden name Birtie Lee Moon  
15. Birthplace Texas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Frank Watkins  
and Address Fort Worth, Texas

17. (a) Removal (b) Date thereof 7/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Fort Worth, Texas

18. Funeral Director's OWN Signature Edna B. Reed  
and Address White Mortuary-Twin Falls,

19. (a) July 20, 1948 (b) Edna B. Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 18th 19 48  
(Month, Day, Year)  
at        o'clock        M.

21. I HEREBY CERTIFY, That I attended deceased from 7.18 19 48 to 7.18 19 48  
I last saw h. or dead 19       ; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Multiple lacerations and extensive hemorrhage due to fracture of brain, associated with complete simple fracture of acetabulum  
Due to         
Due to         
Other conditions         
(Include pregnancy within 3 months of death)

- Where was disease contracted?        PHYSICIAN         
Name of operation        Date         
Major finding         
Finding of autopsy         
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury Auto accident

23. Attendant's Signature J. Woodson Creed, M.D.  
and Address Twin Falls, Idaho 7/18 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States

Department of Commerce

Bureau of the Census

RECEIVED

AUG 4 - 1948

DIVISION OF VITAL

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No.

2789

Local Reg. No.

501

Reg. Dist. No.

460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R. F. D. No. 616 8th Ave. N.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital None Institution None Other place None  
(f) Name Hosp. or Inst. None Stayed None days  
(g) Lived in this county 14 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. None  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 27 yrs years  
(h) Former residence (city, state) X

3. (a) FULL NAME

John Lee Mason

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex M race White 5. Color or White  
6. (b) Name of husband or wife Louella 6. (c) Age of husband or wife if alive 59 years  
7. Date of Birth (Month, Day, Year) Oct 4, 1878

8. AGE	Years	Months	Days	If less than 1 day
	69	9	21	hrs min.

9. Exact Occupation Section Foreman Did this work for 47 yrs.  
10. Industry or Business Railroad Date last worked Dec. 1945  
11. Birthplace Buena Vista, Virginia (City or town) (State or foreign country)

- Mother { 12. Name William Mason  
13. Birthplace Virginia (City or town) (State or foreign country)  
14. Maiden name Mildred Mason  
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature X Lyle L. Mason  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof July 29, 1948  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place Wallsberg, Utah

18. Funeral Director's OWN Signature Ross Dralier  
and Address Buhl, Idaho

19. (a) July 30, 1948 (b) Bruce B. Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH July 25, 1948  
(Month, Day, Year) at 1:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from July 25, 1948 to July 25, 1948  
I last saw him alive on July 25, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary thrombosis Duration 1/2 h

Due to Arteriosclerosis yrs

Due to Chronic Myocarditis yrs

\* Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Buhl, Idaho PHYSICIAN

Name of operation none Date July 25, 1948

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred None 19 1948 City, county, state where violence occurred

- Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None

- Means of injury

23. Attendant's OWN Signature John H. Anderson  
and Address Buhl, Idaho Date July 25, 1948  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JUL 23 1948

CERTIFICATE OF DEATH  
DIVISION OF VITAL STATE OF IDAHO

State File No. 2790  
Local Reg. No. 497  
Reg. Dist. No. 460

1. PLACE OF DEATH:
- County Twin Falls
  - City or town Buhl
  - Street Address or R. F. D. No. 205 Floral Ave.
  - Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town
  - Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
  - Name Hosp. or Inst. None Stayed No days
  - Lived in this county 18 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- State Idaho (b) County Twin Falls
  - City or town Buhl
  - Street Address or R. F. D. No. 205 Floral Ave.
  - Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town
  - Citizen of what country? United States
  - How long had deceased lived in Idaho? 30 years
  - Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME John Wesley Neal

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_
5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie 6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) August 23, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>10</u>	<u>26</u>	hrs min.

9. Exact Occupation Farmer Did this work for 18 yrs.
10. Industry or Business Farmer Date last worked 1943
11. Birthplace Bedford, Iowa (City or town) (State or foreign country)
- Father { 12. Name John Neal
13. Birthplace Unknown (City or town) (State or foreign country)
- Mother { 14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature x Mrs. L. E. Gillett and Address Buhl, Idaho
17. (a) Burial (b) Date thereof July 22, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Buhl City Cemetery
18. Funeral Director's OWN Signature D. J. J. J. J. and Address Buhl, Idaho
19. (a) July 26, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 19, 1948  
(Month, Day, Year)  
at 6:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948 to 7-19-1948  
I last saw him alive on 7-19-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertensive Pneumonia Duration 1 week  
Due to Chronic Myocarditis  
Due to Sensitivity  
Other conditions Sensitivity  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_ PHYSICIAN  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Mrs. Drake (M. D. or other)  
and Address Buhl, Idaho Date 7-22-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

JUL 28 1948

STATE OF IDAHO

'948 State File No. 2791  
Local Reg. No. 446  
Reg. Dist. No. 46

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Hansen  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 25 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Hansen  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME Dora Bell Stewart

3. (b) If veteran, name war ..... No. ....  
5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
4. Sex Female  
6. (b) Name of husband or wife Calvin Stewart 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) June 22, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>		<u>28</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Manti, Utah (City or town) (State or foreign country)

12. Name John Mackey  
13. Birthplace Utah (City or town) (State or foreign country)  
14. Maiden name Sarah Parsons  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. J. L. Bidcock  
and Address Hansen, Ida

17. (a) Burial (b) Date thereof 7-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J. C. Phillips  
and Address Twin Falls, Idaho

19. (a) July 21, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 20 1948  
at 7:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 17 1948 to July 20 1948  
I last saw her alive on July 20 1948, death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

- Apoplexy Duration 4 days  
Due to arterial sclerosis & high blood pressure 3 yrs  
Due to .....  
Other conditions ..... (Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature J. E. Lengenwaller (M. D. or other)  
and Address Twin Falls Date 7-21 1948  
(For additional space, use reverse side)

State File No. 2792  
Local Reg. No. 503  
Reg. Dist. No. 460

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

RECEIVED  
AUG 4 1948

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. RFD #3  
(d) Death Occured Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. XXXXXXXXXX Stayed XX days  
(g) Lived in this county 28 years 6 months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. RFD #3  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state)

### 3. (a) FULL NAME HOLMES, Charles Edward

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Rhea 6. (c) Age of husband or wife if alive    years

### 7. Date of Birth April 25, 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>2</u>	<u>28</u>	hrs min.

9. Exact Occupation Cement Contractor Did this work for 25 yrs.  
10. Industry or Business    Date last worked 1946  
11. Birthplace Des Moines, IOWA  
(City or town) (State or foreign country)

12. Name Alfred F. Holmes  
13. Birthplace Missouri  
(City or town) (State or foreign country)  
14. Maiden name Liza Foster  
15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. C.E. Holmes  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 7-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature White Mortuary  
and Address Twin Falls, Idaho

19. (a) July 31, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 23, 1948  
(Month, Day, Year) at 7:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 23 July 1948 to 23 July 1948  
I last saw him alive on 23 July 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Thrombosis Coronary Arteries Duration   

Due to unknown

Due to     
Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation None Date     
Major finding none  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide?    Homicide?     
Occurred None 19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature Charles B. Bayman  
and Address Twin Falls, Idaho Date 28 July 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 4 - 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2793  
Local Reg. No. 505  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. RFD #1  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. RFD #1  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

Harold Clyde Wheeler

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

4. Sex Male 5. Color or race White  
6. (b) Name of husband or wife Ethel Wheeler 6. (c) Age of husband or wife if alive 51 years

## 7. Date of Birth

(Month, Day, Year) March 3, 1892

## 8. AGE

Years	Months	Days	If less than 1 day
<u>56</u>	<u>4</u>	<u>24</u>	hrs min.

9. Exact Occupation Farmer Did this work for 25 yrs.  
10. Industry or Business Date last worked  
11. Birthplace Des Moines, Iowa  
(City or town) (State or foreign country)

12. Name Carl Wheeler  
13. Birthplace Vermont  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace "  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. M. C. Wheeler  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 7-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Sephillips  
and Address Twin Falls, Idaho

19. (a) August 2, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 27 1948  
at 9:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

July 19, 1946 to July 27, 1948  
I last saw h.i.m. alive on July 27, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral hemorrhage Duration 2 weeks

Due to Cardio-vascular-renal disease with hypertension 10 years

Due to  
Other conditions Chr. osteomyelitis 50 years  
(Include pregnancy within 3 months of death)

Where was disease contracted? Not known

Name of operation Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature H. L. Stow

and Address Twin Falls, Idaho Date 7-27-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL STATISTICS

Certificate Of Death  
STATE OF IDAHO

State File No. 2794  
Local Reg. No. 222  
Reg. Dist. No. 310

1. PLACE OF DEATH:  
(a) County Valley  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Visiting  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed        days  
(g) Lived in this county        years        months        days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. R.F.D. 2  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho 37 months 24 days  
(h) Former residence (city, state) None

3. (a) FULL NAME Donald Ellis Harris  
3. (b) If veteran, name war        No. None  
3. (c) Social Security No. None  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced         
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) March 12, 1948  
8. AGE  

Years	Months	Days	If less than 1 day
<u>3</u>	<u>24</u>	<u>hrs</u>	<u>min.</u>

  
9. Exact Occupation        Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Caldwell, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Donald D. Harris  
13. Birthplace Minnesota (City or town) (State or foreign country)  
14. Maiden name Eula Curtis  
15. Birthplace Shower, Colorado (City or town) (State or foreign country)  
16. Informant's OWN Signature Nellie Curtis and Address Caldwell, Idaho  
17. (a) Burial (b) Date thereof 7-8-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon  
18. Funeral Director's OWN Signature Peckham Dakan Chapin and Address Caldwell, Idaho  
19. (a) July 26, 1948 (b) Nythe Gardner (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) July 6 1948  
at 1:00 o'clock PM M.  
21. I HEREBY CERTIFY, That I attended deceased from        19      , to        19        
I last saw h.        alive on        19      ; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Fulminating, Acute, Pneumonia Duration hrs.  
Due to PROBABLY VIRAL in origin.  
Due to         
Other conditions        (Include pregnancy within 3 months of death)  
Where was disease contracted? 7  
Name of operation        Date         
Major finding         
Finding of autopsy AS UNDER IMMEDIATE CAUSE OF DEATH  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19       City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury         
Attendant's OWN Signature D. B. Patterson m.d. and Address Cascade Date July 9, 1948 (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **2795**  
Local Reg. No. **223**  
Reg. Dist. No. **310**

## 1. PLACE OF DEATH:

- (a) County Valley  
(b) City or town McCall  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years 6 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Valley  
(c) City or town McCall  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Elkin North Carolina

## 3. (a) FULL NAME

Joseph Patterson Parks

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Single  
4. Sex M race W  
6. (b) Name of husband or wife none  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) 24 Dec. 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>6</u>	<u>27</u>	hrs min.

9. Exact Occupation Sheep operator Did this work for 45 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1946  
11. Birthplace Elkin North Carolina  
(City or town) (State or foreign country)

12. Name Angie Parks  
13. Birthplace Elkin North Carolina  
(City or town) (State or foreign country)  
14. Maiden name Wade Cordell  
15. Birthplace Elkin North Carolina  
(City or town) (State or foreign country)

16. Informant's OWN Signature Glyde U. Parks  
and Address McCall, Idaho

17. (a) Burial (b) Date thereof 7/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Emmett Idaho

18. Funeral Director's OWN Signature Charles J. Peterson  
and Address Emmett Idaho

19. (a) July 26 - 1948 (b) Hydell Hardman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 21 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: by natural causes Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Taylor Bowden, Coroner  
and Address Coeur d'Alene, Idaho Date 24 July 1948  
(For additional space, use reverse side)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Valley</u>		City of <u>W. End</u>		Registration District No. ....		Primary Registration District No. <u>310</u>		State File No. ....	
								Local Registrar's No. <u>224</u>	
2. FULL NAME <u>Stanley E. Robinson</u>		(a) Residence. No. <u>1623 Park Avenue</u> St. ....		Length of residence in city or town where death occurred. yrs. mos. ds.		(If nonresident give city or town and state) yrs. mos. ds.		117A 093E	
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>					
5a. If married, widowed, or divorced <u>HUSBAND of</u> <u>Estrid Robinson</u>									
6. DATE OF BIRTH (month, day, and year) <u>1 / 21 / 1887</u>									
7. AGE Years <u>61</u>		Months <u>6</u>		Days <u>8</u>		If LESS than 1 day, .... hrs. or min.			
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, beekeeper, etc. <u>Prop. R. &amp; V. oil</u>							
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Oil Business</u>							
		10. Date deceased last worked at this occupation (month and year) <u>Marathon, Ohio</u>							
MOTHER FATHER		11. Total time (years) spent in this occupation							
		12. BIRTHPLACE (city or town) (State or country) <u>Marathon, Ohio</u>							
		13. NAME <u>Harry Robinson</u>							
MOTHER FATHER		14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>							
		15. MAIDEN NAME <u>Effie Wyatt</u>							
		16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>							
MOTHER FATHER		17. INFORMANT (Address) <u>Mrs. Stanley Robinson</u>							
		18. BURIAL, CREMATION, OR REMOVAL Place <u>Funeral</u> Date <u>8/3/1948</u>							
		19. UNDERTAKER <u>John A. Johnson</u> (Address) <u>Alsin Chapel</u> <u>Rampa, Idaho</u>							
20. FILER <u>Aug 3</u> 1948 <u>Myrtle Gardner</u>		Registrar.							
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year) <u>7 / 29 / 1948</u>									
22. I HEREBY CERTIFY, That I attended deceased from <u>July 28</u> 1948, to <u>July 29</u> 1948. I last saw him alive on <u>July 29</u> 1948; death is said to have occurred on the date stated above, at <u>11:30</u> m. The principal cause of death and related causes of importance were as follows: <u>Coronary Thrombosis + Congestive Cardiac Failure + Sudden + acute attack</u>									
Other contributory causes of importance: <u>Gastric Ulcer (long standing)</u> <u>Cardiac Hypertrophy</u>									
Name of operation ..... Date of .....									
What test confirmed diagnosis? ..... Was there an autopsy? .....									
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 193. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury ..... Nature of injury .....									
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify ..... (Signed) <u>Don S. Numbers</u> M. D. (Address) <u>DON S. NUMBERS, M. D.</u> <u>SURGEON FOR THE UNION PACIFIC</u> <u>McCALL, IDAHO</u>									

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

JUL 9 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2797  
Local Reg. No. 320  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. 644 W. Idaho  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home. X Hospital. Institution Other place.  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 5 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Bristow, Okla.

## 3. (a) FULL NAME MAGGIE EMMA SNEED

3. (b) If veteran, name war None No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife Perry 6. (c) Age of husband or wife if alive Dec'd 27####  
7. Date of Birth (Month, Day, Year) April 5 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>2</u>	<u>27</u>	hrs min.

9. Exact Occupation Housewife Did this work for        yrs.  
10. Industry or Business        Date last worked 1945  
11. Birthplace Giles Co. Tennessee  
(City or town) (State or foreign country)

12. Name Rednick Godwin  
13. Birthplace Giles Co. Tennessee  
(City or town) (State or foreign country)  
14. Maiden name Mary Land  
15. Birthplace Giles Co. Tennessee  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lela Foster (Daug)  
and Address 644 West Idaho St. Weiser, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/7/1948  
(Month) (Day) (Year)  
(c) Place: Rosedale Cem. Payette, Idaho

18. Funeral Director's OWN Signature C. Jones # E557  
and Address Northam Jones, Weiser, Idaho

19. (a) 7/2/48 (Date received and filed) (b) Marie Hawthorn (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 1 1948  
at 10:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 14 June 1948, to 1 July 1948  
I last saw her alive on 1 July 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Sensility

## Duration

?

Due to       

Due to       

Other conditions       

(Include pregnancy within 3 months of death)

Where was disease contracted? unknown

Name of operation        Date       

Major finding       

Finding of autopsy none performed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state

where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Hyden Benner (M. D. or other)

and Address Weiser, Idaho Date 7/2/ 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 23 1948

**Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

State File No. 2798  
Local Reg. No. 3  
Reg. Dist. No. 320

1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R. F. D. No. Rural  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 1 1/2 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. Weiser Hotel  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 1/2 years  
(h) Former residence (city, state) American Forks Utah

3. (a) FULL NAME Alva LeRoy Kelly

3. (b) If veteran, name war None  
3. (c) Social Security No. 529-26-6869  
5. Color or White  
6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Lydia  
6. (c) Age of husband or wife if alive 60 years  
7. Date of Birth (Month, Day, Year) March 8 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>4</u>	<u>5</u>	hrs min.

9. Exact Occupation Construction Laborer Did this work for 8 yrs.  
10. Industry or Business Laborer Date last worked 7/13/48  
11. Birthplace American Forks, Utah  
(City or town) (State or foreign country)

12. Name William Kelly  
13. Birthplace Isle of Mann  
(City or town) (State or foreign country)  
14. Maiden name Christina Braudahl  
15. Birthplace Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature J.W. Kelly  
and Address Weiser, Idaho

17. (a) Removal (b) Date thereof 7/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: American Forks, Utah

18. Funeral Director's OWN Signature C.S. Jones  
and Address Northam-Jones, Weiser, Idaho

19. (a) 7/14/48 (b) Maurice Hawthorn  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 13 19 48  
at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Subject working as cleanup man on a Morrison-Knudsen rock crusher was killed by a 1 1/2 ton boulder which rolled from a mountain top.

Duration  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? Yes Homicide? Yes  
Occurred 7/13/48 19 City, county, state  
where violence occurred Rural near Weiser, Idaho  
Place of Violence: Home Farm Industry Yes  
Public Place While at work? Yes  
Means of injury Crushed by boulder

23. Attendant's OWN Signature C.S. Jones Coroner  
(M. D. or other)  
and Address Weiser, Idaho Date 7/14/48  
(For additional space, use reverse side)

over



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 28 1948  
DIVISION OF VITAL

Dr. Thurston  
**Certificate Of Death**

STATE OF IDAHO

State File No. **2799**  
Local Reg. No. **4**  
Reg. Dist. No. **320**

1. PLACE OF DEATH:

- (a) County **Washington**  
(b) City or town **Cambridge**  
(c) Street Address or R.F.D. No. **Rural**  
(d) Death Occured Inside? Outside? **X** city or town  
(e) Died in a Home **X** Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **15** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Washington**  
(c) City or town **Cambridge**  
(d) Street Address or R.F.D. No. **R.F.D.**  
(e) Deceased lived Inside? Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **15** years  
(h) Former residence (city, state) **Wheeler, Wisconsin**

3. (a) FULL NAME **Arnold William Jensen**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Ira** 6. (c) Age of husband or wife if alive **30** years  
7. Date of Birth **November 21 1915**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>32</b>	<b>7</b>	<b>22</b>	hrs min.

9. Exact Occupation **Rancher** Did this work for **Life** yrs.  
10. Industry or Business **Ranch** Date last worked **7/13/48**  
11. Birthplace **Union Grove Wisconsin**  
(City or town) (State or foreign country)

12. Name **Miller Jensen**  
13. Birthplace **Denmark**  
(City or town) (State or foreign country)  
14. Maiden name **Christiana Larsen**  
15. Birthplace **Denmark**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Jenna Jensen**  
and Address **Cambridge, Idaho. Box 105**

17. (a) **Burial** (b) Date thereof **7/18/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Cambridge, Idaho Cemetery**

18. Funeral Director's OWN Signature **A. S. Jones**  
and Address **Northam Jones, Weiser, Idaho**

19. (a) **7/14/48** (b) **Marie Hawthorn**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **July 13 1948**  
at **10:30** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **2-8-48** to **7-7-48**  
I last saw him alive on **7-7-48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

- Fibrillation**  
Due to **Pan-carditis**  
Due to **Congestive heart disease**  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? **Home**  
Name of operation **0** Date  
Major finding **0**  
Finding of autopsy **0**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **0** Suicide? Homicide?  
Occurred **19** City, county, state where violence occurred **0**  
Place of Violence: Home Farm Industry  
Public Place While at work?

23. Attendant's OWN Signature **Alvin Thurston MD**  
(M D. or other)  
and Address **Council, Idaho** Date **7/14/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED**  
**Certificate Of Death**  
JUL 28 1948  
STATE OF IDAHO  
DIVISION OF VITA

State File No. **2800**  
Local Reg. No. **3**  
Reg. Dist. No. **320**

**1. PLACE OF DEATH:**

- (a) County **Washington**  
(b) City or town **Cambridge**  
(c) Street Address or R. F. D. No. **Rural**  
(d) Death Occurred Inside? Outside? **X** city or town  
(e) Died in a Home **X** Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed **35** days  
(g) Lived in this county **35** years **35** months **35** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Washington**  
(c) City or town **Cambridge**  
(d) Street Address or R.F.D. No. **Rural**  
(e) Deceased lived Inside? Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **35** years  
(h) Former residence (city, state) **Neil Kansas**

**3. (a) FULL NAME Fredrick Arthur Kester**

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Emma**  
6. (c) Age of husband or wife if alive **Dead** years  
7. Date of Birth (Month, Day, Year) **August 15 1878**

8. AGE	Years	Months	Days	If less than 1 day
	<b>69</b>	<b>11</b>	<b>7</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for **Lifers**  
10. Industry or Business **General Farming** Date last worked **1930**  
11. Birthplace **Greenwood County Kansas**  
(City or town) (State or foreign country)

12. Name **Isaac Kester**  
13. Birthplace **Unknown**  
(City or town) (State or foreign country)  
14. Maiden name **Julia Harmon**  
15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Joy Kester**  
and Address **Cambridge Idaho**

17. (a) **Burial** (b) Date thereof **7/24/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Cambridge Cemetery**

18. Funeral Director's OWN Signature **A. S. Jones** # **E357**  
and Address **Northam Jones, Weiser, Idaho**

19. (a) **7/23/48** (b) **M. H. Hutton**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

- 20. DATE OF DEATH**  
(Month, Day, Year) **July 22 1948**  
at **4:20** o'clock **A.** M.

- 21. I HEREBY CERTIFY, That I attended deceased from**  
**19**, to **19**

I last saw h. alive on **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Subject was a paralytic. Had been bedfast for 18 years. No medical care.**  
Duration

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

- 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred**  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

- 23. Attendant's OWN Signature A. S. Jones** Coroner  
(M. D. or other)  
and Address **Weiser, Idaho** Date **7/23/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 12 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 2801  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Cambridge  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed        days  
(g) Lived in this county 58 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) Coun Washington  
(c) City or town Cambridge  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) Switzerland

## 3. (a) FULL NAME Jacob Moritz

3. (b) If veteran, name war None  
3. (c) Social Security No. None  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hannah  
6. (c) Age of husband or wife if alive 58 years  
7. Date of Birth (Month, Day, Year) July 24 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>11</u>	<u>29</u>	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.  
10. Industry or Business Own Farm Date last worked 7/48  
11. Birthplace Bern Switzerland (City or town) (State or foreign country)

12. Name Jacob Moritz  
13. Birthplace Bern Switzerland (City or town) (State or foreign country)  
14. Maiden name Marie Schwenkfelder  
15. Birthplace ??? Switzerland (City or town) (State or foreign country)

16. Informant's OWN Signature Hannah Moritz  
and Address Cambridge, Idaho R.R. #1

17. (a) Burial (b) Date thereof 7/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cambridge, Idaho

18. Funeral Director's OWN Signature U.S. Jones  
and Address Northam Jones, Idaho

19. (a) 7/29/48 (b) Marie Schwenkfelder  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 23 19 48  
at 9:30 o'clock A. M.

21. I HEREBY CERTIFY That I attended deceased from July 24 to July 23 19 48  
I last saw him alive on July 23 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

<u>Cerebral Heart Disease</u>	<u>10yr</u>
Due to <u>hypertension</u>	<u>12yr</u>
Due to <u>hypertension</u>	<u>12yr</u>
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? home  
Name of operation 0 Date  
Major finding 0  
Finding of autopsy 0  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature U.S. Jones (M D. or other)  
and Address Council, Idaho Date 7/24/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

AUG 25 1948

STATE OF IDAHO

State File No. 2802  
Local Reg. No. 286  
Reg. Dist. No. 370

1. PLACE OF DEATH
- (a) County Ada
- (b) City or town Boise
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town
- (e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. St. Luke's Stayed \_\_\_\_\_ days
- (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon
- (c) City or town Wilder
- (d) Street Address or R.F.D. No. Route #1
- (e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 7 years
- (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Marlon LeRoy Jarvis

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_
5. Color or \_\_\_\_\_
6. (a) Single, widowed, married, divorced S
4. Sex M race W
6. (b) Name of husband or wife \_\_\_\_\_
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 17-1937

8. AGE	Years	Months	Days	If less than 1 day
	<u>11</u>	<u>3</u>	<u>4</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Holyoke, Colorado (City or town) (State or foreign country)

12. Name Roy H. Jarvis
13. Birthplace Manchester, Kentucky (City or town) (State or foreign country)
14. Maiden name Mary Ellen Burge
15. Birthplace Holyoke, Colorado (City or town) (State or foreign country)

16. Informant's OWN Signature Roy H. Jarvis

and Address Rt. 1, Wilder, Idaho

17. (a) Burial (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 7-26-48 (Month) (Day) (Year)

(c) Place: Wilder, Idaho

18. Funeral Director's OWN Signature Peckham Dakan Chapel

and Address Caldwell, Idaho

19. (a) 8-11-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 21 19 48  
(Month, Day, Year)  
at 8:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 21, 1948, to death  
I last saw him alive on 7/21 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebral hemorrhage Duration 12 hrs

Due to subdural hemorrhage 3 days

Due to trauma - cerebral laceration 3 days

Other conditions history of  
(include pregnancy within 3 months of death)  
familial bleeding

Where was disease contracted? \_\_\_\_\_

Name of operation Yephine Date 7/21

Major finding subdural hemorrhage

Finding of autopsy cerebral laceration

small vessel fracture

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? homicide

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred near home

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Fall from height

23. Attendant's OWN Signature Myrtle Palmer

and Address Boise, Idaho Date 8/8 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 12 1948

OFFICE OF VITAL

# Certificate Of Death

STATE OF IDAHO

10/48

State File No. 2803

Local Reg. No. 280

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County ADA  
(b) City or town BOISE  
(c) Street Address or R.F.D. No. 1808 No. 19th  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 48 years 48 months 48 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1808 No. 19th  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME JAMES WELLER GIBSON

3. (b) If veteran, name war NO  
3. (c) Social Security No. NONE  
4. Sex M race W  
5. Color or W  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife EVA E. Gibson  
6. (c) Age of husband or wife if alive 48 years  
7. Date of Birth (Month, Day, Year) October 12, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>9</u>	<u>19</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for 48 yrs.  
10. Industry or Business worked Date last worked  
11. Birthplace Helena, Montana (City or town) (State or foreign country)

12. Name James R. Gibson  
13. Birthplace Tennessee (City or town) (State or foreign country)  
14. Maiden name Sarah F. Goans  
15. Birthplace Pike County, Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Eva E. Gibson  
and Address 1808 No. 19th, Boise, Idaho

17. (a) Burial (b) Date thereof 8/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill, Boise, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address 419 No. 9th, Boise, Idaho

19. (a) 8-3-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 1, 1948  
at 8:10 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 1946, to July 31, 48  
I last saw him alive on July 21, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Malignant

Due to Gastric intestinal

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation None Date \_\_\_\_\_

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 19 City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ White at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. M. Rulauka  
(M. D. or other) \_\_\_\_\_

and Address Boise Date 8/2/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 14 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2804  
Local Reg. No. 279  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Lukes Stayed days  
(g) Lived in this county years months 10 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1519. Fort Street.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Kansas.

## 3. (a) FULL NAME

WALTER DIEFENDORF.

3. (b) If veteran, name war No. 3. (c) Social Security No. 518-07-5549.  
5. Color or White. 6. (a) Single, widowed, married, divorced Married.  
4. Sex Male. race White. 6. (b) Name of husband or wife Alice Marie Diefendorf. 6. (c) Age of husband or wife if 53. years

7. Date of Birth (Month, Day, Year) November. 30. 1883.

8. AGE	Years	Months	Days	If less than 1 day
	<u>64.</u>	<u>8.</u>	<u>1.</u>	hrs. min.

9. Exact Occupation Retired. Did this work for  yrs.  
10. Industry or Business worked. Date last worked  
11. Birthplace Leavenworth, Kansas. (City or town) (State or foreign country)

12. Name Elisha Diefendorf.  
13. Birthplace Syracuse, New York. (City or town) (State or foreign country)  
14. Maiden name Martha. A. Hollenbeck.  
15. Birthplace Springfield, Ohio. (City or town) (State or foreign country)

16. Informant's OWN Signature Alice Marie Diefendorf  
and Address 1519 Fort St.

17. (a) Burial. (b) Date thereof Aug. 4. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.  
18. Funeral Director's OWN Signature Elmer E. Summers  
and Address Boise, Idaho.

19. (a) 8-3-48 (b) Minnie Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 1 - 19 48  
at 6:07 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 1946 to Aug 1 19 48  
I last saw h. live alive on 7-31- 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma right Mam. Breaches Duration 15mo  
Metastasis to Prostate

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Right Breast Date 7-46  
Major finding Primary Carcinoma  
Finding of autopsy Metastatic carcinoma

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature O. J. Sundell M.D.  
(M. D. or other)  
and Address Boise Idaho Date 8-1- 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

*Edmundson*  
Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 12 1948

# Certificate of Death

OF VITAL

STATE OF IDAHO

State File No. 2805  
Local Reg. No. 282  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus days \_\_\_\_\_  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 3 M. days \_\_\_\_\_

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Idaho  
(d) Street Address or R.F.D. No. Rt. 6  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Martin Michael Harkovich

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or White  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Aug. 2nd 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0 hrs. 3 min.</u>

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise Idaho  
(City or town) (State or foreign country)

12. Name Michael Harkovich

13. Birthplace McRock Penn.  
(City or town) (State or foreign country)

14. Maiden name Lucy Lee Brooks

15. Birthplace Boise Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Michael Harkovich  
and Address Rt. 6. Boise Idaho

17. (a) Burial (b) Date thereof 8/3/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreiber McCann  
and Address Boise

19. (a) 8-3-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Aug 2 1948  
(Month, Day, Year) at 6:00 o'clock 12 M.

21. I HEREBY CERTIFY, That I attended deceased from Birth 8-2 1948 to 8-2 1948  
I last saw him alive on 8-2-1 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Prematurely 5 1/2 mos gestation  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature Mal J. Edmundson

and Address Boise Idaho Date 8-2 1948

(M.D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 12 1948

# Certificate Of Death

STATE OF IDAHO

948

State File No. 2806

Local Reg. No. 283

Reg. Dist. No. 70

## 1. PLACE OF DEATH, VISION OF VITAL

- (a) County ADA  
(b) City or town BOISE  
(c) Street Address or R.F.D. No. ST. ALPHONSUS  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. ST. ALPHONSUS Stayed days  
(g) Lived in this county 30 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County ADA  
(c) City or town BOISE, IDAHO  
(d) Street Address or R.F.D. No. 405 So. 4th. st  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) 048A

## 3. (a) FULL NAME ANNETTE KIRBY GROESBECK

3. (b) If veteran, name war no 3. (c) Social Security No. 518-09-8983  
5. Color or W 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex F race W 6. (b) Name of husband or wife DELBERT D. GROESBECK  
6. (c) Age of husband or wife if alive years  
7. Date of Birth November 25, 1918  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>29</u>	<u>6</u>	<u>8</u>	hrs min.

9. Exact Occupation BEAUTY OPERATOR Did this work for years  
10. Industry or Business worked Date last worked worked  
11. Birthplace BOISE, IDAHO (City or town) (State or foreign country)  
12. Name WILLIAM A. KIRBY  
13. Birthplace PINEVILLE, MISSOURI (City or town) (State or foreign country)  
14. Maiden name AUGUSTA MAY BUTLER  
15. Birthplace STELLA, MISSOURI (City or town) (State or foreign country)

16. Informant's OWN Signature Robert D. Groesbeck  
and Address 405 So. 4th. st. Boise, Idaho

17. (a) BURIAL (b) Date thereof 8/6/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: CLOVERDALE MEMORIAL PARK

18. Funeral Director's OWN Signature McBRATNEY-FOWLER CHAPEL  
and Address 419 No. 9th. Boise, Idaho

19. (a) 8-6-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 131A

20. DATE OF DEATH August 3, 1948  
(Month, Day, Year) at 4:02 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 7-11 1947, to 8-3 1948  
I last saw her alive on 8-3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: uremia Duration 12 days

Due to Cardiovascular and diabetic 6 mo.

Due to pernicious 15 mo.

Other conditions arising in chronic  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation None Date None

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None

Occurred 19 City, county, state Boise, Ada, Idaho  
where violence occurred

Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None

Means of injury None

23. Attendant's OWN Signature Robert D. Groesbeck (M. D. or other) None  
and Address Boise, Idaho Date 8-5 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 11 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **2807**  
Local Reg. No. **284**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **X**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St Alphonsus**, d. **1** days  
(g) Lived in this county \_\_\_\_\_ years **11** months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **2501 Regan**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **5 Years**  
(h) Former residence (city, state) **X**

## 3. (a) FULL NAME

**FRANCES MAYE RUGE.**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **None.**

5. Color or  
4. Sex **Female** **White.**

6. (a) Single, widowed, married, divorced **Single.**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) **July. 14. 1943.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>5</b>	<b>0</b>	<b>20.</b>	hrs. min.

9. Exact Occupation **None.** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Twin Falls, Idaho.**  
(City or town) (State or foreign country)

12. Name **James Ruge.**

13. Birthplace **Everly, Iowa.**  
(City or town) (State or foreign country)

14. Maiden name **La Verla Downing.**

15. Birthplace **Salt Lake City, Utah.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **James Ruge**  
and Address **2501 Regan Boise, Ida.**

17. (a) **Burial.** (b) Date thereof **August 6, 1948.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Morris Hill Cemetery.**

18. Funeral Director's OWN Signature **Phyllis Summers**  
and Address **Boise, Idaho.**

19. (a) **8-6-48** (b) **Myrtle Palmer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **August. 4.** 19 **48**  
at **8.45.** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Aug 4** to **Aug 7** 19 **48**  
I last saw h. **or** alive on **Aug 7** 19 **48**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Surgical shock during tonsillectomy**

Due to **congenital weakness and enlarged adenoid glands**

Due to **hypertrophied glands and**

Other conditions **enlarged thymus**  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **The above.**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Forrest C. Ward**

and Address **Boise, Idaho** Date **8-5-48**

(M. D. or other)  
(For additional space, use reverse side)

# DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Frances Maye Ruge

now lying buried in Morris Hill Cemetery, in the City or Town of Boise

County of Ada State of Idaho, who died on the 4th day of August, 1948, Aged 5 years 0 months

20 days, the cause of death being Tonsillectomy and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Dr. Roscoe C. Ward attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance to Twin Falls Cemetery in the City or Town of Twin Falls County of Twin Falls

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Ada it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

Permit issued to:

**Hugh U. Phillips**  
**White Mortuary**  
**Twin Falls, Idaho**

this 28th day of August, A.D. 1962.

W. F. Benson

by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of \_\_\_\_\_ State of Idaho, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Health Officer

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2808  
Local Reg. No. 283  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Alphonsus days  
(g) Lived in this county... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #5  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? Japan  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME Juzo Yamate

3. (b) If veteran, name war ..... 3. (c) Social Security No. 723-12-7099  
5. Color or race Y 6. (a) Single, widowed, married, divorced S  
4. Sex M 6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) November 27-1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>8</u>	<u>7</u>	hrs min.

9. Exact Occupation Laborer Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Takata, Hiroshima, Japan  
(City or town) (State or foreign country)

12. Name Ichisuke Yamate  
13. Birthplace Japan  
(City or town) (State of foreign country)  
14. Maiden name Not Known  
15. Birthplace Japan  
(City or town) (State or foreign country)

16. Informant's OWN Signature Alan M. ...  
and Address Caldwell, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-48  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Beckham-Bakan Chapel  
and Address Caldwell, Idaho

19. (a) 8-11-48 (b) Muriel Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 4 19 48  
at 3:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
19 ..... to ..... 19 .....

I last saw him alive on 8-3- 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 8 weeks

Due to .....

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home  
Name of operation none Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature L. Hollingsworth

and Address Boise, Idaho Date 8-9-48  
(For additional space, use reverse side)

094A

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

DEPT. OF COM.  
AUG 21 1948  
DIVISION OF VITAL STATE OF IDAHO

# Certificate Of Death

State File No. 2809  
Local Reg. No. 287  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Luke's Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Rt. 3  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Alexander Louis McConaughy

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Naggie M.

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) November 10-1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>8</u>	<u>25</u>	hrs min.

9. Exact Occupation Farming Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Columbus, Ohio (City or town) (State or foreign country)

12. Name Robert McConaughy

13. Birthplace Bridgeport, Ohio (City or town) (State or foreign country)

14. Maiden name Elizabeth Strain

15. Birthplace Wooster, Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Anna B. McConaughy

and Address Rt. 6, Caldwell, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/48 (Month) (Day) (Year)

(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dakan Chapel

and Address Caldwell, Idaho

19. (a) 8-11-48 (Date received and filed) (b) Muriel Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 5 19 48

at 6:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from July 24 19 48, to death 19 48

I last saw him alive on Aug 4 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: arterio sclerosis (heart disease) Duration (not known)

Due to .....

Due to .....

Other conditions uremia - due to enlarged prostate - benign (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation none Date .....

Major finding .....

Finding of autopsy not done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Jo B. Jeppesen

and Address Boise (M. D. or other) Date Aug 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
STATE OF IDAHO

State File No. **2810**  
Local Reg. No. **288**  
Reg. Dist. No. **370**

**1. PLACE OF DEATH:**

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1302 Roosevelt  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 40 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1302 Roosevelt  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME** EDWIN S. HAMILL

- 3. (b) If veteran,** name war No  
**3. (c) Social Security** No. None  
**5. Color or** White  
**6. (a) Single, widowed, married,** divorced Married  
**4. Sex** M **race** W  
**6. (b) Name of husband or** William Hamill  
**wife** alive years  
**7. Date of Birth** Sept. 29, 1867  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	80	10	11	hrs min.

- 9. Exact** Ret. carpenter **Did this** work for yrs.  
**Occupation** Ret. carpenter  
**10. Industry or** worked  
**Business** worked  
**11. Birthplace** Rochester Mills, Penn.  
(City or town) (State or foreign country)

- 12. Name** William Hamill  
**13. Birthplace** Penn.  
(City or town) (State or foreign country)  
**14. Maiden name** Ruth Miller  
**15. Birthplace** Plumville, Penn.  
(City or town) (State or foreign country)

**16. Informant's**  
**OWN Signature** Mrs. E. S. Hamill  
**and Address** 1302 Roosevelt St., Boise, Ida.

- 17. (a) Burial** Morris Hill Cemetery, Boise, Ida.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill Cemetery, Boise, Ida.

**18. Funeral Director's**  
**OWN Signature** McBratney Fowler Chapel  
**and Address** 419 No. 9th St., Boise, Ida.

- 19. (a) 8-12-48** (Date received and filed)  
(b) Myrtle Palmer (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH** August 10 19 48  
(Month, Day, Year)  
at 8:00 o'clock A. M.

**21. I HEREBY CERTIFY,** That I attended deceased from July 1948 to Aug 9 1948  
I last saw h. alive on Aug 8 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Senile Dementia

**Duration**

6 months

**Due to** \_\_\_\_\_

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Where was disease contracted?** \_\_\_\_\_

**Name of operation** \_\_\_\_\_ **Date** \_\_\_\_\_

**Major finding** \_\_\_\_\_

**Finding of autopsy** \_\_\_\_\_

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following:** Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 19 City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

**23. Attendant's** W. A. Auloch

**OWN Signature** \_\_\_\_\_

**and Address** Boise, Ida. (M. D. or other)

**Date** 8-11 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 21 1948 **Certificate of Death**  
DIVISION OF VITAL STATE OF IDAHO

State File No. **2811**  
Local Reg. No. **289**  
Reg. Dist. No. **370**

1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **X**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St Alphonsus** **15** days  
(g) Lived in this county **35** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **209. N. 4 St.**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **35** years  
(h) Former residence (city, state) **Washington**

3. (a) FULL NAME

**JEAN. M. KECK.**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **None.**

5. Color or  
4. Sex **Female** **White.**

6. (a) Single, widowed, married, divorced **Single.**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) **May. 26. 1883.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>65.</b>	<b>2.</b>	<b>15.</b>	hrs. min.

9. Exact Occupation **Beauty Operator** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Walla Walla, Washington.**  
(City or town) (State or foreign country)

12. Name **John Keck;**

13. Birthplace **Missouri.**  
(City or town) (State or foreign country)

14. Maiden name **Mary Musgrave.**

15. Birthplace **Missouri.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Jean M. Keck**  
and Address **P.O. Arkwata Ave.**

17. (a) **Removal.** (b) Date thereof **Aug. 13. 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Walla Walla Washington.**

18. Funeral Director's OWN Signature **Charles E. Summers**  
and Address **Boise, Idaho.**

19. (a) **8-13-48** (b) **Muriel Palmer**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **August. 11. 1948.**  
(Month, Day, Year) at **1.20.** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **January 1948** to **8-11** 19**48**  
I last saw her alive on **8-11** 19**48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Carcinomatous** Duration **8 mo**  
Due to **Carcinoma body** **8 mo**  
Due to **uterus**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **Green**

23. Attendant's OWN Signature **Green**

(M. D. or other)

and Address **Boise Ida** Date **8-12** 19**48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 21 1948  
DIVISION OF VITAL

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2812  
Local Reg. No. 290  
Reg. Dist. No. 370

1. PLACE OF DEATH:  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus days 3  
(g) Lived in this county \_\_\_\_\_ years 1 months 15 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Nebraska (b) County Webster  
(c) City or town Red Cloud  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 Days years  
(h) Former residence (city, state) Nebraska

3. (a) FULL NAME Nathan Allen Platt

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. 506-22-3466  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Dora E. Platt 6. (c) Age of husband or wife if alive 62 years  
7. Date of Birth (Month, Day, Year) July, 13, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>0</u>	<u>29</u>	hrs. min.

9. Exact Occupation Groceryman Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Mineral Point, Wisconsin (City or town) (State or foreign country)

12. Name David Platt (City or town) (State or foreign country)  
13. Birthplace Wisconsin (City or town) (State or foreign country)  
14. Maiden name Margaret Allen (City or town) (State or foreign country)  
15. Birthplace Wisconsin (City or town) (State or foreign country)

16. Informant's OWN Signature Dora E Platt  
and Address Red Cloud Nebr

17. (a) Removal (b) Date thereof Aug. 13, 1948 (Month) (Day) (Year)  
(c) Place Red Cloud, Nebraska

18. Funeral Director's OWN Signature Summers  
and Address Boise Idaho

19. (a) 8-13-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August, 12, 1948  
at 7:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 10 1948 to Aug 12 1948  
I last saw him alive on Aug 4 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Myocardial Failure Duration Immediate  
Due to Aspiration of Foreign Body 2 days  
& Generalized Peritonitis  
Due to Ruptured Cecum 3 days  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation Laparotomy Date 8-10-48 PHYSICIAN \_\_\_\_\_  
Major finding Ruptured Cecum Underline the cause to which death should be charged statistically.  
Finding of autopsy as cause of death

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Simonton (M. D. or other) \_\_\_\_\_  
and Address Boise Date 8-12-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 21 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **2813**  
Local Reg. No. **291**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **X**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Alphonsus** days **1**  
(g) Lived in this county **30** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **312. Peasley St.**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **Wisconsin**

## 3. (a) FULL NAME **Eddie Earl Stilson.**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Esther L. Stilson.** 6. (c) Age of husband or wife if alive **43** years  
7. Date of Birth (Month, Day, Year) **March 3, 1898.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>50.</b>	<b>5.</b>	<b>9.</b>	hrs. min.

9. Exact Occupation **Meat Packer.** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Stilson Packing Co.** Date last worked \_\_\_\_\_  
11. Birthplace **Mindoro, Wisconsin.** (City or town) (State or foreign country)  
Father { 12. Name **Edwin D. Stilson.**  
13. Birthplace **New York, N.Y.** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Mabel Barclay.**  
15. Birthplace **Mindoro, Wisconsin.** (City or town) (State or foreign country)  
16. Informant's OWN Signature **Esther L. Stilson**  
and Address **312 Peasley Boise 2nd**  
17. (a) **Burial.** (b) Date thereof **Aug. 16, 1948.** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Morris Hill Cemetery.**  
18. Funeral Director's OWN Signature **Charles E. Summers**  
and Address **Boise, Idaho.**  
19. (a) **8-16-48** (b) **Myrtle Palmer** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **August 12, 1948.**  
at **3.30** o'clock **P.** M.  
21. I HEREBY CERTIFY, That I attended deceased from **Aug 11, 1948** to **Aug 12, 1948**  
I last saw him alive on **Aug 12, 1948**  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Cerebral Hemorrhage** Duration \_\_\_\_\_  
Due to **Hypertension**  
**arterial**  
Due to **none**  
Other conditions **Obesity**  
(Include pregnancy within 8 months of death)  
Where was disease contracted? **Unknown**  
Name of operation **none** Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **none**  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred **none** 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **Carl B. Smithson** (M.D. or other)  
and Address **Boise, Idaho** Date **8-14-1948**  
(For additional space, use reverse side)

093A  
066B

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

10A6  
State File No. 2814  
Local Reg. No. 299  
Reg. Dist. No. 370

RECEIVED

AUG 28 1948

DEPT. OF VITAL  
STATISTICS

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Blaine  
(c) Street Address or R.F.D. No. 15. Blaine  
(d) Death Occurred Inside? — Outside? — city or town  
(e) Died in a Home — Hospital — Institution — Other place —  
(f) Name Hosp. or Inst. Blaine Stayed 2 days  
(g) Lived in this county 1 years — months — days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Blaine  
(d) Street Address or R.F.D. No. 15.2  
(e) Deceased lived Inside? — Outside? — city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Metairie, Wyo.

## 3. (a) FULL NAME

Rose Perkins

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

None

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced —

6. (b) Name of husband or wife Andrew

6. (c) Age of husband or wife if alive 65 years

7. Date of Birth (Month, Day, Year) April 25, 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>3</u>	<u>18</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 32 yrs.

10. Industry or Business — Date last worked 8/11/48

11. Birthplace Philadelphia, Penn. (City or town) (State or foreign country)

12. Name Ank Wynn (City or town) (State or foreign country)

13. Birthplace Ank Wynn (City or town) (State or foreign country)

14. Maiden name Ank Wynn (City or town) (State or foreign country)

15. Birthplace Philadelphia, Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature A. L. Perkins and Address Blaine, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/48 (Month) (Day) (Year)

(c) Place Cody, Wyoming

18. Funeral Director's OWN Signature B. B. Robinson and Address Blaine, Idaho

19. (a) 8-17-48 (Date received and filed) (b) Muriel Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8/13 19 48  
at 12:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 8/13 19 47 to 8/13 19 48

I last saw him alive on 8/13 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Decomposition Duration 1 year

Due to Rheumatic heart disease

Due to Left Hemiplegia 36 hrs.

Other conditions: — (Include pregnancy within 3 months of death)

Where was disease contracted? —

Name of operation — Date —

Major finding —

Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature B. B. Robinson (M.D. or other) and Address Blaine Date 8/13 19 48  
(For additional space, use reverse side)

095B

083D

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

AUG 21 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2815  
Local Reg. No. 293  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Luke's Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Notus  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Delta, Colorado

## 3. (a) FULL NAME

Guthrie Ferd McKinney

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex M race W

6. (b) Name of husband or wife Dora S. McKinney  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) September 28-1865

8. AGE	Years	Months	Days	If less than 1 day
	82	10	15	hrs min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Sullivan, Indiana  
(City or town) (State or foreign country)

12. Name T.M. R. McKinney

13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

14. Maiden name Martha Johnson

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature William F. McKinney

- and Address 607 N. Davis, Boise, Mont.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-48  
(Month) (Day) (Year)

- (c) Place: Canyon Mill

18. Funeral Director's OWN Signature Peckham-Pakan Chapel

- and Address Caldwell, Idaho

19. (a) 8-18-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 13 19 48  
at 8:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 8-9- 1948, to 8-13- 1948

I last saw h. live alive on 8-12 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia

## Duration

4da

Due to arterio-sclerotic disease with decomposition

6 wks

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature O. J. Grinnell

and Address Boise, Ida. Date 8-16 1948  
(M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 21 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. **2816**  
Local Reg. No. **372**  
Reg. Dist. No. **370**

1. PLACE OF DEATH: **STATE OF IDAHO**
- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **1812 Idaho**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **11** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1812 Idaho**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **11** years  
(h) Former residence (city, state) ☐

3. (a) FULL NAME **EDWARD W. WOODS**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **531-05-0968**  
5. Color or **No** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **M** race **W** 6. (b) Name of husband or wife **Gladys**  
6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth **August 24, 1903**  
(Month, Day, Year)

- | 8. AGE | Years     | Months    | Days      | If less than 1 day |
|--------|-----------|-----------|-----------|--------------------|
|        | <b>44</b> | <b>11</b> | <b>20</b> | hrs. min.          |

9. Exact Occupation **Salesmanager** Did this work for ☐ yrs.  
10. Industry or Business **Logsdon Motor Co** Date last worked ☐  
11. Birthplace **Deep Water, Missouri** (City or town) (State or foreign country)  
Father { 12. Name **Albert Woods**  
13. Birthplace **West Virginia** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Cynthia Weir**  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Gladys M. Woods**  
and Address **1812 Idaho St. Boise, Idaho**  
17. (a) Burial (b) Date thereof **8/17/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Cloverdale, Boise, Idaho**  
18. Funeral Director's **McBratney Fowler Chapel**  
OWN Signature **Fowler**  
and Address **419 No. 9th, Boise, Idaho**  
19. (a) **8-16-48** (b) **Myrtle Palmer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **August 14** 19 **48**  
(Month, Day, Year) at **2:30** o'clock **A.** M.  
21. I HEREBY CERTIFY, That I attended deceased from ☐ 19 ☐ to ☐ 19 ☐

I last saw h. ☐ alive on ☐ 19 ☐

Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Thrombosis** Duration ☐

Due to **Coronary Heart Disease** =

Due to ☐

Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation **Nons** Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature **James O. Rice M.D.**

(M. D. or other)

and Address **500 Eastman Bldg. Date 8-14 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 2817  
Local Reg. No. 296  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 820 1/2 Idaho  
(d) Death Occurred Inside? X Outside? — city or town Boise  
(e) Died in a Home — Hospital X Institution — Other place —  
(f) Name Hosp. or Inst. St. Luke's Stayed 1 days  
(g) Lived in this county 0 years 0 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 820 1/2 Idaho  
(e) Deceased lived Inside? X Outside? — city or town Boise  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? — years  
(h) Former residence (city, state) —

## 3. (a) FULL NAME

Infant Marriott

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race white  
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

## 7. Date of Birth

(Month, Day, Year) Aug 14, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>1</u>	<u>—</u> hrs. <u>—</u> min.

9. Exact Occupation None Did this work for — yrs.

10. Industry or Business Boise Ida Date last worked —

11. Birthplace Boise Ida (City or town) (State or foreign country)

12. Name Robert L Marriott (City or town) (State or foreign country)

13. Birthplace Lansing, Mich (City or town) (State or foreign country)

14. Maiden name Erle Joan Brown (City or town) (State or foreign country)

15. Birthplace Meridian Ida (City or town) (State or foreign country)

16. Informant's OWN Signature Robert L Marriott

- and Address Boise

17. (a) Meridian Idaho (b) Date thereof 8-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. Funeral Director's OWN Signature Meridian Ida

- and Address Boise

19. (a) 8-21-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 15 1948  
at 11:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 14 1948 to Aug 15 1948  
I last saw him alive on Aug 15 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Hemorrhage - intra-cranial, intra-pulmonary  
Due to — and intra-NEPHROTIC

## Duration

3 hrs

Due to —  
Other conditions —  
(Include pregnancy within 3 months of death)

Where was disease contracted? —

Name of operation — Date —

Major finding —  
Finding of autopsy As above

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury 7 L Fletcher m d

23. Attendant's OWN Signature 311 Idaho (M. D. or other)

and Address Boise Date 8-19 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

AUG 28 1948

STATE OF IDAHO

State File No. **2818**  
Local Reg. No. **295**  
Reg. Dist. No. **370**

1. PLACE OF DEATH: DIVISION OF VITAL  
(a) County. Ada St. A.  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. St. Alphonsus  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. X Hospital. X Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus Stayed \_\_\_\_\_ days  
(g) Lived in this county 46 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 2504 W. Jefferson  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME HANUEL E. WILMOT

3. (b) If veteran, name war No 3. (c) Social Security No. 518-07-7588  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Single  
4. Sex. M race W 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
6. (b) Name of husband or wife \_\_\_\_\_  
7. Date of Birth (Month, Day, Year) January 15, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>7</u>	<u>1</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Utica, Minnesota  
(City or town) (State or foreign country)

12. Name Hanuel E. Wilmot  
13. Birthplace Scribner New York  
(City or town) (State or foreign country)

14. Maiden name Francis M. Phillips  
15. Birthplace New York  
(City or town) (State or foreign country)

16. Informant's OWN Signature \_\_\_\_\_  
and Address 2504 W. Jefferson, Boise, Idaho

17. (a) Burial (b) Date thereof 8/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale, Boise, Idaho  
18. Funeral Director's McBratney-Bowler Chapel  
OWN Signature \_\_\_\_\_

and Address 419 No 9th, Boise, Idaho

19. (a) 8-17-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 16 1948  
(Month, Day, Year) at 4:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 7-12-48 to 8-16-48  
I last saw him alive on 8-16-48  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Uremia  
Due to Cardiovascular renal disease

Due to \_\_\_\_\_  
Other conditions Chronic myocardiopathy  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature D. Williams  
(M. D. or other) \_\_\_\_\_  
and Address Boise, Idaho Date 8-18-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 13 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2819  
Local Reg. No. 300  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Luke's Stayed... days  
(g) Lived in this county... years ... months ... 2 ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 208 Mt. View Dr  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 days years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Dennis Robert Gehr

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced --

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth  
(Month, Day, Year)

August 15-1948

8. AGE	Years	Months	Days	If less than 1 day
-	-	-	2	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Boise, Idaho  
(City or town) (State or foreign country)

12. Name Robert E. Gehr

13. Birthplace Coolie City, Washington  
(City or town) (State or foreign country)

14. Maiden name Mary Perryman

15. Birthplace Conway, Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Robert E. Gehr

and Address 208 Mt. View Drive, Boise

17. (a) Burial (b) Date thereof 8-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Pekan Chapel

and Address Caldwell, Idaho

19. (a) 8-25-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 17 19 48  
at 10 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Aug 15 19 48 to Aug 17 19 48  
I last saw him alive on Aug 17 19 48 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

ATELECTASIS - pulmonary Duration 2 days

Due to .....

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy AS ABOVE

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

Attendant's OWN Signature Frank L. Fletcher MD  
(M. D. or other)

and Address 31 W. Idaho Date Aug 20 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2820  
Local Reg. No. 298  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. St. Alphonses Stayed 70 days  
(g) Lived in this county        years        months 70 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) Pocatello Idaho

## 3. (a) FULL NAME FRANK ASBORO WILCOX

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Stella I. 6. (c) Age of husband or wife if alive 61 years  
7. Date of Birth (Month, Day, Year) April 6, 1869

8. AGE	Years	Months	Days	If less than 1 day
	79	4	12	hrs min.

9. Exact Occupation Retired Sta. Agent Did this work for 30 yrs.  
10. Industry or Business Union Pacific R.R. Date last worked 1937  
11. Birthplace Springford Ontario Canada  
(City or town) (State or foreign country)

12. Name Ambrose Wilcox  
13. Birthplace Canada  
(City or town) (State or foreign country)  
14. Maiden name Elvina Wilcox  
15. Birthplace Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature Stella I. Wilcox  
and Address Mountain Home Idaho

17. (a) Removal (b) Date thereof Aug. 18, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Mountain Home Idaho

18. Funeral Director's OWN Signature Edith J. Berry  
and Address Mountain Home Idaho

19. (a) 8-23-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 18 19 48  
at 5 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from June 20 1948 to 8/18 19 48  
I last saw him alive on 8/18 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Chronic Thrombosis Duration 1

Due to Heart Attack

Due to Arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? At home  
Name of operation        Date         
Major finding         
Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred June 8, 1948 19 48 City, county, state where violence occurred Mountain Home, Idaho

Place of Violence: Home ☒ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐ no  
Means of injury Slipped and fell

23. Attendant's OWN Signature Frank J. Farnsworth  
(M. D. or other)  
and Address Boise Idaho Date 8/20/48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 13 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **2821**  
Local Reg. No. **301**  
Reg. Dist. No. **970**

1. PLACE OF DEATH: **Boise**
- (a) County **Ada**
- (b) City or town **Boise**
- (c) Street Address or R.F.D. No. **1712. State St.**
- (d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town
- (e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
- (g) Lived in this county **4** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Ada**
- (c) City or town **Boise**
- (d) Street Address or R.F.D. No. **1712. State St.**
- (e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town
- (f) Citizen of what country? **U.S.A.**
- (g) How long had deceased lived in Idaho? **4** years
- (h) Former residence (city, state) **California**

3. (a) FULL NAME **TEISABURO UDA.**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**
5. Color or **Yellow.** 6. (a) Single, widowed, married, divorced **Widower.**
4. Sex **Male.** race **Yellow.** 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **March. 10. 1877.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>71.</b>	<b>5.</b>	<b>11.</b>	hrs. min.

9. Exact Occupation **Laborer.** Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Japan.** (City or town) (State or foreign country)

- Father { 12. Name **Unknown.**
13. Birthplace **Unknown.** (City or town) (State or foreign country)

- Mother { 14. Maiden name **Unknown.**
15. Birthplace **Unknown.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Teisa Uda.** and Address **1712 State St. Boise Idaho**

17. (a) **Removal.** (b) Date thereof **Aug. 23. 1948.** (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **Sacramento, California.**
18. Funeral Director's **Summers Funeral Home.**

- OWN Signature **Charles E. Summers,** and Address **Boise, Idaho.**

19. (a) **9-25-48** (b) **Marilyn Palmer** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **August, 21. 19 48.** at **12:10.** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Oct 10,** 19 **48,** to **8-21** 19 **48.**

I last saw him alive on **April 22** 19 **48;** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Coronary**

Due to **Hypertension**

Due to **Cardiovascular renal Degeneration**

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occupied \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Frank A. Sumner** (M. D. or other)

and Address **Boise Id** Date **9-24** 19 **48** (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Bureau of Investigation  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
NON-RESIDENT  
Certificate of Death  
SEP 13 1948  
STATE OF IDAHO

1948  
State File No. 2822  
Local Reg. No. 2822  
Reg. Dist. No. 370

1. PLACE OF DEATH:  
(a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. St. Lukes  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes. Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Oregon. (b) County. Multnomah.  
(c) City or town. Portland.  
(d) Street Address or R.F.D. No. 1603 N.E. 48.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 Days. years  
(h) Former residence (city, state) Oregon.

3. (a) FULL NAME STEPHEN ALLEGRIANT

3. (b) If veteran, name war No 3. (c) Social Security No. 540-05-2891

5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White

6. (b) Name of husband or wife Theima P. Allegrani 6. (c) Age of husband or wife if alive 51 years

7. Date of Birth (Month, Day, Year) January 3, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>7</u>	<u>18</u>	hrs. min.

9. Exact Occupation Salesman Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Pacific Metals Co. Date last worked \_\_\_\_\_

11. Birthplace Portland, Oregon (City or town) (State or foreign country)

12. Name Stefano Allegrani

13. Birthplace Genoa, Italy (City or town) (State or foreign country)

14. Maiden name Frederika Bente Reinonstein

15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Theima Allegrani  
and Address 1603 N.E. 48th Portland, Oregon

17. (a) Removal (b) Date thereof Aug. 22, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Portland, Oregon

18. Funeral Director's OWN Signature Chas. E. Summers  
and Address Boise, Idaho

19. (a) 8-25-48 (b) Nijette Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 21, 1948  
at \_\_\_\_\_ o'clock 12 M.

21. I HEREBY CERTIFY, That I attended deceased from 8-19-48 to 8-21-48

I last saw him alive on 8-20-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral shock Duration 2 days

Due to Concussion Cerebral

Due to fracture of skull - possible

Other conditions fracture of cervical spine  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 8-19-1948 City, county, state Elmore Co. Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place X While at work? \_\_\_\_\_

Means of injury Automobile accident

23. Attendant's OWN Signature John T. Brown MD  
(M, D, or other)

and Address Boise, Idaho Date 8/21/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

AUG 23 1948

STATE OF IDAHO

1948

State File No. 2823

Local Reg. No. 297

Reg. Dist. No. 370

1. PLACE OF DEATH: DIVISION OF VITAL
- (a) County. Ada State
- (b) City or town. Boise
- (c) Street Address or R.F.D. No. St. Lukes
- (d) Death Occurred Inside? ☒ Outside? city or town
- (e) Died in a Home. Hospital. ☒ Institution. Other place
- (f) Name Hosp. or Inst. St. Lukes Stayed. days
- (g) Lived in this county. years. months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State. (b) County.
- (c) City or town.
- (d) Street Address or R.F.D. No.
- (e) Deceased lived Inside? Outside? city or town
- (f) Citizen of what country?
- (g) How long had deceased lived in Idaho? years
- (h) Former residence (city, state).

3. (a) FULL NAME Infant Reed

3. (b) If veteran, name war no
3. (c) Social Security No. none
5. Color or W
6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive. none years

7. Date of Birth (Month, Day, Year) August 22, 1948

8. AGE	Years	Months	Days	If less than 1 day
				2 hrs. 22 min.

9. Exact Occupation. none Did this work for yrs.
10. Industry or Business. none Date last worked

11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father { 12. Name. Philip E. Reed

13. Birthplace. Boise, Idaho (City or town) (State or foreign country)

Mother { 14. Maiden name. Alwilda Gearhart

15. Birthplace. Boise, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature. Philip E. Reed and Address. 1916 No. 32nd. Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 8-23-48 (Month) (Day) (Year)

(c) Place. Morris Hill

18. Funeral Director's OWN Signature. McBratney-Fowler Chapel and Address. 419 No. 9th. Boise, Idaho

19. (a) 8-23-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 22, 1948 at 9:04 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 6:42 am Aug 22 1948 to 7:04 am Aug 22 1948. I last saw him alive on 22 aug 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

~~Myocardial infarction~~  
atelectasis  
Due to. Pressure at birth

Due to. Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation. Date. Major finding. Finding of autopsy.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred. City, county, state where violence occurred. Place of Violence: Home. Farm. Industry. Public Place. While at work?

Means of injury. 23. Attendant's OWN Signature. Max L. Bell, M.D. (M. D. or other) and Address. Same, Idaho Date 8-23 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JUL 30 1948

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948

State File No. 2824

Local Reg. No. 272

Reg. Dist. No. 370

1. PLACE OF DEATH: **Ada**
- (a) County **Ada**
- (b) City or town **Boise**
- (c) Street Address or R.F.D. No. **X**
- (d) Death Occurred Inside? **X** Outside? **city or town**
- (e) Died in a Home **X** Hospital **X** Institution **Other place**
- (f) Name Hosp. or Inst. **St. Alphonsus** days
- (g) Lived in this county **30** years **months** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Ada**
- (c) City or town **Boise**
- (d) Street Address or R.F.D. No. **1302 State St**
- (e) Deceased lived Inside? **X** Outside? **city or town**
- (f) Citizen of what country? **U.S.A.**
- (g) How long had deceased lived in **Idaho**? **52** years
- (h) Former residence (city, state) **Ohio**

3. (a) FULL NAME **Charles F. Rowe**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Josephine**

6. (c) Age of husband or wife if alive **years**

7. Date of Birth (Month, Day, Year) **Sept. 25th. 1876**

8. AGE	Years	Months	Days	If less than 1 day
	<b>71</b>	<b>9</b>	<b>29</b>	hrs. min.

9. Exact Occupation **Butcher.** ~~XXXXXX~~ and this work for **years**

10. Industry or Business **Retired** Date last worked **Youngstown Ohio**

11. Birthplace **Youngstown Ohio** (City or town) (State or foreign country)

12. Name **Richard G. Rowe**

13. Birthplace **Springfield Ill.** (City or town) (State or foreign country)

14. Maiden name **Elizabeth Trathen**

15. Birthplace **Devonshire England** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Fred A. Day** and Address **1302 State Boise Idaho**

17. (a) **Burial** (b) Date thereof **7/27/1948** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **St. John's Cemetery**

18. Funeral Director's OWN Signature **Schryber McClann** and Address **Boise. J. J. McCann**

19. (a) **7-27-48** (b) **Martha Palmer** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Chas. F. Rowe 7/24/48** at **7:20** o'clock **7:20** A.M.

21. I HEREBY CERTIFY, That I attended deceased from **7/20** in **1948**, to **7/24** in **1948**. I last saw him alive on **7/20** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Thrombosis** Duration

Due to **Coronary Thrombosis**

Due to **Coronary Thrombosis**

Other conditions **Myocardial Infarction**

(Include conditions which preceded the death)

Where was disease contracted? **Home**

Name of operation **None** Date **None**

Major finding **None**

Finding of autopsy **None**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **None** Suicide? **None** Homicide? **None**

Occurred **None** 19 **1948** City, county, state

where violence occurred **None**

Place of Violence: Home **None** Farm **None** Industry **None**

Public Place **None** While at work? **None**

Means of injury **None**

23. Attendant's OWN Signature **Fred A. Day** (M.D. or other)

and Address **Boise Idaho** Date **7/24/48**

(For additional space, use reverse side)

This man died on road to Hospital

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2825  
Local Reg. No. 302  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 907 Warren  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 23 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 907 Warren  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 70 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME ELLEN L. PRATT

3. (b) If veteran, name war 10 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Widowed  
4. Sex F race W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) January 26, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>1</u>	<u>0</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Ogden, Utah  
(City or town) (State or foreign country)

Father { 12. Name Henry White  
13. Birthplace Unknown  
(City or town) (State or foreign country)

Mother { 14. Maiden name Celia Bolt  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ethel Livingston  
and Address 753 Browning Ave. Shoshone, Idaho

17. (a) Burial (b) Date thereof 8/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Hagerman, Idaho

18. Funeral Director's McBratney-Fowler Chapel  
OWN Signature \_\_\_\_\_

and Address 419 No. 9th, Boise, Idaho

19. (a) 8-27-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 26, 1948  
at 5:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 8/20 1947, to 8/26 1948.  
I last saw him alive on 8/26 1948.  
Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration \_\_\_\_\_

Due to Coronary sclerosis ?

Due to Branchitis ?  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Boyle, Idaho (M. D. or other)

and Address Boise, Idaho Date 8/26 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

SEP 15 1948

STATE OF IDAHO

State File No. **2826**  
Local Reg. No. **306**  
Reg. Dist. No. **370**

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonse Stayed 14 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Glenn Ferry  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 69 years  
(h) Former residence (city, state) Glenn Ferry Ida.

3. (a) FULL NAME JOHN JAMES Mc Ginnies

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Widower  
4. Sex Male race White  
6. (b) Name of husband or wife Ida May 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) September 9, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>11</u>	<u>18</u>	hrs min.

9. Exact Occupation Retired Rancher Did this work for 10 yrs.  
10. Industry or Business Cattle raising Date last worked 1938  
11. Birthplace Decatur Iowa (City or town) (State or foreign country)

12. Name James Mc Ginnies  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Roy M. Spargner  
and Address Glenn Ferry Idaho

17. (a) Removed (b) Date thereof Aug. 27, 1948  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Glenn Ferry Idaho

18. Funeral Director's OWN Signature J. J. Boy  
and Address Mountain Home Idaho

19. (a) \_\_\_\_\_ (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8-27 1948  
at 6 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 8-2 1948, to 8-27 1948  
I last saw him alive on 8-27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure Duration \_\_\_\_\_

Due to operation  
resection

Due to hypertrophy of prostate  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Fred A. Palmer  
and Address Boise Date 8/31/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
SEP 18 1948  
Certificate Of Death  
STATE OF IDAHO

State File No. 2827  
Local Reg. No. 305  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution ☒ Other place...  
(f) Name Hosp. or Inst. Durand Stayed 975 days  
(g) Lived in this county 3 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 69 years  
(h) Former residence (city, state) Bruneau Idaho

3. (a) FULL NAME ALICE LORAIN STRICKLAND

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Widow  
4. Sex Female race White  
6. (b) Name of husband or wife John L. 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) June 16, 1855

8. AGE	Years	Months	Days	If less than 1 day
	93	2	12	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Home Date last worked 1934  
11. Birthplace Ottawa Illinois (City or town) (State or foreign country)

12. Name Henry H. Wilson  
13. Birthplace Fredonia New York (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's ☒ OWN Signature Eva J. Haves  
and Address 513 Franklin Boise Idaho

17. (a) Removal (b) Date thereof Aug. 28, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bruneau Idaho

18. Funeral Director's J. G. Bay  
OWN Signature Mountain Home Idaho  
and Address

19. (a) Myrtle Palmer (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 28 1948  
at Am. o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from May 1948 to Aug 1948  
I last saw live alive on Aug 24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Bronchial Pneumonia Duration 10 days

Due to Upper respiratory Inf.

Due to Smoking

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry..... Public Place..... While at work? Means of injury

23. Attendant's OWN Signature Harold T. Nokes M.D. (M. D. or other)  
and Address Boise Date 8-31-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 13 1948

# Certificate of Death

STATE OF IDAHO

1948. State File No. 2828  
Local Reg. No. 303  
Reg. Dist. No. 370

1. PLACE OF DEATH: **STANDARD**  
(a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St Alphonsus** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1202 Wash: St**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **5 Mos.** years  
(h) Former residence (city, state) **Calif:**

3. (a) FULL NAME **Titus Berhl Buffington**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **568-20-2867**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White** 6. (b) Name of husband or wife **Beulah**  
6. (c) Age of husband or wife if alive **65** years

7. Date of Birth (Month, Day, Year) **Aug. 6th 1881**

8. AGE	Years	Months	Days	If less than 1 day
	<b>67</b>	<b>0</b>	<b>23</b>	hrs. min.

9. Exact Occupation **Real Estate** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Broker** Date last worked \_\_\_\_\_

11. Birthplace **Illinois** (City or town) (State or foreign country)

12. Name **Jessie Buffington** (City or town) (State or foreign country)

13. Birthplace **Illinois** (City or town) (State or foreign country)

14. Maiden name **Ella Pope** (City or town) (State or foreign country)

15. Birthplace **Illinois** (City or town) (State or foreign country)

16. Informant's OWN Signature **T. M. Buffington** and Address **Rt. 4 Boise Idaho**

17. (a) **Burial** (b) Date thereof **9/1/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Cloverdale Memorial Park**

18. Funeral Director's OWN Signature **Schreiber McClann** and Address **Boise**

19. (a) **9-1-48** (b) **Myrtle Palmer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Aug 29 1948**  
at **10:20** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Apr. 5 1948** to **Aug-28 1948**  
I last saw h. l. m. alive on **Aug 28 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Uremia** Duration **10 da**

Due to **arterosclerosis** **unk.**

Due to **Chn. nephritis** **unk.**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **unk**

Name of operation **none** Date \_\_\_\_\_

Major finding **none**

Finding of autopsy **none**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Carl B. Snidman** and Address **Boise Idaho** Date **8-30 1948**  
(M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 12 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 2829  
Local Reg. No. 307  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Boise  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Luke's Stayed 35 days  
(g) Lived in this county \_\_\_\_\_ years 1 months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. 326 Montana St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

William J. Deasy

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. 518-22-7503

## 5. Color or race

Male white

## 6. (a) Single, widowed, married, divorced

married

## 6. (b) Name of husband or wife

Katherine

## 6. (c) Age of husband or wife if alive

60 years

## 7. Date of Birth

(Month, Day, Year) Feb. 12, 1888

## 8. AGE

Years	Months	Days	If less than 1 day
<u>60</u>	<u>6</u>	<u>18</u>	hrs min.

## 9. Exact

Occupation Stockman Did this work for life yrs.

## 10. Industry or Business

Date last worked Feb. 24, 1948

## 11. Birthplace

Soldier, Idaho

(City or town) (State or foreign country)

## 12. Name

Dennis Deasy

## 13. Birthplace

Ireland

(City or town) (State or foreign country)

## 14. Maiden name

Mary Hurley

## 15. Birthplace

unknown

(City or town) (State or foreign country)

## 16. Informant's

### OWN Signature

Katherine Deasy

### and Address

326 Montana St. Gooding, Idaho

## 17. (a) burial

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Elmwood Cem. Gooding, Idaho

## 18. Funeral Director's

### OWN Signature

H.P. Bright

### and Address

Gooding, Idaho

## 19. (a)

9-3-48 (Date received and filed)

## (b)

Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

at 122 o'clock at M.

## 21. I HEREBY CERTIFY, That I attended deceased from

July 26, 1948 to death 1948

I last saw him alive on 1948; death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pulmonary Emboli

## Duration

2 wks

## Due to

(multiple)  
(Post-operative)

## Due to

Other conditions Carcinoma of prostate  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Prostatectomy

Major finding Aug 2 1948

## Finding of autopsy

## PHYSICIAN

Underline

the cause to

which death

should be

charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

### OWN Signature

Boise (For additional space, use reverse side)

### and Address

Boise (M.D. or other)

SEP 2 1948



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 13 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2830  
Local Reg. No. 150  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. 3414 State  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home. X Hospital. Institution. Other place  
(f) Name Hosp. or Inst. Stayed. days  
(g) Lived in this county. 2 years.  months.  days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 3414 State  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME THERON R. BEERS

3. (b) If veteran, name war No 3. (c) Social Security No. 516-20-1343  
5. Color or No 6. (a) Single, widowed, married, divorced Married  
4. Sex. M race W 6. (c) Age of husband or wife if alive  years  
6. (b) Name of husband or wife Elizabeth  
7. Date of Birth (Month, Day, Year) September 21, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>11</u>	<u>10</u>	hrs. min.

9. Exact Occupation Retired Rancher Did this work for  yrs.  
10. Industry or Business  Date last worked

11. Birthplace Clinton Co., Iowa  
(City or town) (State or foreign country)

12. Name Seth Avery Beers  
13. Birthplace Thompson Co., New York  
(City or town) (State or foreign country)

14. Maiden name Eleanora E. Phillips  
15. Birthplace Cordova, Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Jennie M. Beers  
and Address Seattle, Washington

17. (a) Removal  (b) Date thereof 9/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Ontario, Oregon

18. Funeral Director's OWN Signature McBratney-Fowler Charles  
and Address 419 No. 9th, Boise, Idaho

19. (a) 9-1-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 31 19 48  
at 2:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from July 28 19 48 to Aug 31 19 48  
I last saw him alive on Aug 30 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage 36 hrs.

Due to Arterial arteriosclerosis

Due to Generalized Arteriosclerosis

Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?

Occurred  19  City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature Phonility M.D.  
(M. D. or other)

and Address Boise Date 8/31 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 2831  
Local Reg. No. 304  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1628. Vermont St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 16 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1628. Vermont.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) North Dakota

## 3. (a) FULL NAME

ELLA ROGSTAD MORTIMER.

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

5. Color or  
4. Sex Female White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Walter B. 6. (c) Age of husband or wife if alive 48 years

## 7. Date of Birth (Month, Day, Year) October, 11, 1899.

8. AGE	Years	Months	Days	If less than 1 day
	<u>48.</u>	<u>10.</u>	<u>19.</u>	hrs. min.

## 9. Exact Occupation Nurse. Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Cavalier County, North Dakota. (City or town) (State or foreign country)

## 12. Name John Edward Rogstad. (City or town) (State or foreign country)

## 13. Birthplace Norway. (City or town) (State or foreign country)

## 14. Maiden name Sofie Mary Braaten. (City or town) (State or foreign country)

## 15. Birthplace Norway. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Walter B. Mortimer

## and Address 1628 - Vermont Ave. Boise, Idaho

## 17. (a) Burial (b) Date thereof Sept. 3, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Morris Hill Cemetery.

## 18. Funeral Director's OWN Signature Clifford E. Summers

## and Address Boise, Idaho

## 19. (a) 9-1-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) August, 30. 19 48.

## at 4:50 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Aug 27 19 48 to Aug 30 19 48

## I last saw her alive on Aug 30 19 48

## death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

## Sarcinoma of the Right Ovary 6mo.

## Due to \_\_\_\_\_

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_

## (Include pregnancy within 3 months of death)

## Where was disease contracted? None

## Name of operation Laparotomy Date Aug 15

## Major finding Stages of Ovarian 19 48

## Finding of autopsy Sarcinoma of the right ovary

## PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Everett Jones (M. D. or other)

## and Address Boise, Idaho Date 8/31 19 48

## (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 12 1948

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. 2832  
Local Reg. No. 136  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Ada Co. Hospital  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. Ada County Stayed        days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME FRANK FELTHAN

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) December 1, 1865

8. AGE	Years	Months	Days	If less than 1 day
	82	8	0	hrs min.

9. Exact Occupation Retired Miner Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Champaign, Illinois (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace        (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace        (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Ward T. Fox (Mother)  
and Address Ada County Hospital

17. (a) Burial (b) Date thereof 8/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill, Boise, Idaho

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th, Boise, Idaho

19. (a) 8-5-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 1 1948  
(Month, Day, Year)  
at 8:25 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Feb - 15 - 1947 to 8-1-48 1948  
I last saw him alive on 8-1-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration Sudden

Due to Myocardial degeneration years

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature W. O. Hamilton

and Address Boise, Ida (M. D. or other)

Date 8-4 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 12 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2833  
Local Reg. No. 135  
Reg. Dist. No. 371

1. PLACE OF DEATH: OF VITAL
- (a) County Ada
- (b) City or town Boise
- (c) Street Address or R.F.D. No. ....
- (d) Death Occurred Inside? ..... Outside? XX ..... city or town
- (e) Died in a Home ..... Hospital XX Institution ..... Other place
- (f) Name Hosp. or Inst. V.A. Hosp. Stayed 1 days
- (g) Lived in this county 10 years 10 months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada
- (c) City or town Boise
- (d) Street Address or R.F.D. No. ....
- (e) Deceased lived Inside? ..... Outside? XX ..... city or town
- (f) Citizen of what country? USA
- (g) How long had deceased lived in Idaho? 10 years
- (h) Former residence (city, state) .....

3. (a) FULL NAME HUTCHESON, Raymond R.

3. (b) If veteran, name war WWI 3. (c) Social Security No. ....

5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) April 8, 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>3</u>	<u>26</u>	hrs. min.

9. Exact Occupation Bartender Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....

11. Birthplace Idaho (City or town) (State or foreign country)

12. Name Sargent W. Hutcheson

13. Birthplace Missouri (City or town) (State or foreign country)

14. Maiden name Esther A. Barber

15. Birthplace Calgary, Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Records, V. A. Hospital and Address Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/4/48 (Month) (Day) (Year)

(c) Place Meridian, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel and Address Boise, Idaho

19. (a) 8-4-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 3, 1948 at 11:30 o'clock A.M.
21. I HEREBY CERTIFY, That I attended deceased from August 2, 1948 to August 3, 1948 I last saw him alive on August 3, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Emboli, lft. cerebral hemisphere Duration Prior to Admn.

Due to V.H.D., Mitral Stenosis with auricular fibrillation and mural thrombus in left auricle Prior to Admn.

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? Name of operation None Date .....

Major finding ..... Finding of autopsy Confirm Above

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? ..... Suicide? ..... Homicide? .....
- Occurred ..... 19. .... City, county, state where violence occurred.
- Place of Violence: Home ..... Farm ..... Industry ..... Public Place ..... While at work? .....
- Means of injury .....

23. Attendant's OWN Signature J.K. McClintic, M.D., CMO (M D or other) and Address VAH, Boise, Idaho Date Aug. 3, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 21 1948

**Certificate of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. **2834**  
Local Reg. No. **139**  
Reg. Dist. No. **371**

**1. PLACE OF DEATH:**

- (a) County **Ada**  
(b) City or town **Eagle**  
(c) Street Address or R.F.D. No. **R.D. # 1**  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **41** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Eagle**  
(d) Street Address or R.F.D. No. **R.D. # 1**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **41** years  
(h) Former residence (city, state) **South Dakota**

**3. (a) FULL NAME** **LORY EARL RICE.**

3. (b) If veteran, name was **World War # 2.** 3. (c) Social Security No. **None.**  
5. Color or **White.** 6. (a) Single, widowed, married, divorced **Married.**  
4. Sex **Male.** 6. (b) Name of husband or wife **Dorothy G. Rice.** 6. (c) Age of husband or wife if alive **45** years  
7. Date of Birth (Month, Day, Year) **March. 12. 1896.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>52.</b>	<b>4.</b>	<b>26.</b>	hrs. min.

9. Exact Occupation **Farmer.** Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace **Hillview, South Dakota.** (City or town) (State or foreign country)

12. Name **Lory Allen Rice.** (City or town) (State or foreign country)  
13. Birthplace **Iowa.** (City or town) (State or foreign country)

14. Maiden name **Hattie Dunbar.** (City or town) (State or foreign country)  
15. Birthplace **Minnesota.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Dorothy G Rice**  
and Address **R D # 1 Boise Idaho**

17. (a) **Burial.** (Burial, cremation, or removal) (b) Date thereof **August, 11, 1948.** (Month) (Day) (Year)  
(c) Place **Meridian, Idaho.**

18. Funeral Director's OWN Signature **Clayton E Summers**  
and Address **Boise, Idaho**

19. (a) **8-11-48** (Date received and filed) (b) **Myrtle Palmer** (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **August. 8. 19 48.**  
at **3.** o'clock **P.** M.

21. I HEREBY CERTIFY, That I ~~am~~ deceased from **August 8, 19 48**  
~~was born in~~ ~~Idaho~~ ~~and~~ ~~resided in~~ ~~Idaho~~ ~~for~~ ~~at least~~ ~~one~~ ~~year~~ ~~before~~ ~~death~~ ~~occurred~~ ~~in~~ ~~Idaho~~ ~~and~~ ~~that~~ ~~the~~ ~~cause~~ ~~of~~ ~~death~~ ~~is~~ ~~not~~ ~~the~~ ~~result~~ ~~of~~ ~~an~~ ~~accident~~ ~~or~~ ~~other~~ ~~external~~ ~~cause~~ ~~and~~ ~~that~~ ~~the~~ ~~cause~~ ~~of~~ ~~death~~ ~~is~~ ~~not~~ ~~the~~ ~~result~~ ~~of~~ ~~an~~ ~~accident~~ ~~or~~ ~~other~~ ~~external~~ ~~cause~~ ~~and~~ ~~that~~ ~~the~~ ~~cause~~ ~~of~~ ~~death~~ ~~is~~ ~~not~~ ~~the~~ ~~result~~ ~~of~~ ~~an~~ ~~accident~~ ~~or~~ ~~other~~ ~~external~~ ~~cause~~ ~~and~~ ~~that~~ ~~the~~ ~~cause~~ ~~of~~ ~~death~~ ~~is~~ ~~not~~ ~~the~~ ~~result~~ ~~of~~ ~~an~~ ~~accident~~ ~~or~~ ~~other~~ ~~external~~ ~~cause~~ ~~and~~ ~~that~~ ~~the~~ ~~cause~~ ~~of~~ ~~death~~ ~~is~~ ~~not~~ ~~the~~ ~~result~~ ~~of~~ ~~an~~ ~~accident~~ ~~or~~ ~~other~~ ~~external~~ ~~cause~~ ~~and~~ ~~that~~ ~~the~~ ~~cause~~ ~~of~~ ~~death~~ ~~is~~ ~~not~~ ~~the~~ ~~result~~ 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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

R  
AUG 21 1948  
DEPT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 2835  
Local Reg. No. 138  
Reg. Dist. No. 371

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital XX Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hospital Stayed 134 days  
(g) Lived in this county 42 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County \_\_\_\_\_  
(c) City or town Coeur d'Alene, Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME HENRY, Thomas J.

3. (b) If veteran, name war Spanish American  
5. Color or \_\_\_\_\_  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 27, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>3</u>	<u>10</u>	hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Minnesota (City or town) (State or foreign country)

- Father { 12. Name Unknown  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

- Mother { 14. Maiden name Unknown  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Records, V. A. Hospital  
and Address Boise, Idaho

17. (a) Removal (b) Date thereof 8/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Coeur d'Alene, Idaho

18. Funeral Director's Summers Funeral Home  
OWN Signature Clyde E. Summers  
and Address 1205 Bannock Boise, Idaho

19. (a) 8-9-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 8, 19 48  
at 2:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 27, 19 48, to August 8, 19 48.  
I last saw him alive on August 8, 19 48.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Insufficiency Duration Terminal

Due to Rheumatoid Arthritis & Ulcer, Prior  
Duodenal with Malnutrition and to  
xxx Anemia, Secondary Admn.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy NO AUTOPSY

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury J. K. McClintic  
23. Attendant's OWN Signature J. K. McClintic, M. D., CMO  
(M D or other)  
and Address VAH, Boise, Idaho Date Aug. 9, 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

AUG 21 1948 **Certificate of Death**

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

U.S. DEPT. OF VITAL

STATE OF IDAHO

State File No. **2836**

Local Reg. No. **140**

Reg. Dist. No. **371**

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Malba  
(c) Street Address or R.F.D. No. Rt. #1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 5 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Malba  
(d) Street Address or R.F.D. No. Rt. #1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state)

3. (a) FULL NAME LESLIE L. HARVEY

3. (b) If veteran, name war No

3. (c) Social Security No. 574 03 1921

5. Color or W  
4. Sex M race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) 11/6/1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>9</u>	<u>3</u>	hrs. min.

9. Exact Occupation Retired Painter Did this work for  yrs.

10. Industry or Business worked Date last worked

11. Birthplace Columbia Kentucky (City or town) (State or foreign country)

12. Name Cantoner P. Harvey

13. Birthplace Columbia, Kentucky (City or town) (State or foreign country)

14. Maiden name Partha Ann Bennett

15. Birthplace Columbia, Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature x Mrs Lula H Beck and Address Rt. 1, Malba, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 12 1948 (Month) (Day) (Year)

(c) Place Dry Creek Cemetery, Boise, Ida.

18. Funeral Director's OWN Signature McBratney Fowler Chapel and Address 419 No 9th St. Boise, Idc.

19. (a) 8-16-48 (Date received and filed) (b) Murphy Palmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 9 19 48  
at 7:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 5 1948 to Aug 9 1948

I last saw him alive on Aug 8 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart dilatation Duration

Due to chronic

Due to myocarditis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding.

Finding of autopsy.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury.

23. Attendant's OWN Signature W. B. Palmer (M. D. or other) and Address Boise Date 8 10 19 48

124B  
093E

PHYSICIAN Underline the cause to which death should be charged statistically.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 21 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

J. Parkinson

State File No. 2837  
Local Reg. No. 141  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 3  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. X Stayed X days  
(g) Lived in this county 45 years X months X days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 516 S. 16 St.  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Missouri

3. (a) FULL NAME AUG 21 1948 Henry Bennett Scheer.

3. (b) If veteran, name war No Social Security No. None  
5. Color or White  
6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Mary Ann Scheer 6. (c) Age of husband or wife if alive 67 years

7. Date of Birth (Month, Day, Year) March. 20. 1872.

8. AGE	Years	Months	Days	If less than 1 day
	<u>76.</u>	<u>4.</u>	<u>22.</u>	hrs. min.

9. Exact Occupation Retired Teamster Did this last for X yrs.  
10. Industry or Business Mt Zion, Missouri Date last worked X  
11. Birthplace Mt Zion, Missouri (City or town) (State or foreign country)

12. Name Henry Scheer  
13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Retham J. Scheer and Address Montreal Wash.

17. (a) Burial (b) Date thereof Aug. 14. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery  
18. Funeral Director's OWN Signature Charles E. Summers and Address Boise, Idaho

19. (a) 8-16-KS (b) M. Pittle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August. 12. 19 48.  
at 8 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Failure Duration 1 week

Due to Myocardial Failure  
Due to Myocardial Failure  
Other conditions: (Include pregnancy within 3 months of death)

Where was disease contracted? Germany  
Name of operation None Date None  
Major finding None  
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? X Homicide? X  
Occurred 19 City, county, state where violence occurred Boise, Ada Co., Idaho

Place of Violence: Home X Farm X Industry X  
Public Place X While at work? X

Means of injury None  
23. Attendant's OWN Signature J. Parkinson (M. D. or other)

and Address Boise, Idaho Date 19  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 2 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **2838**  
Local Reg. No. **142**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **xx** city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital **xx** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **VA Hospital** Stayed **8** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise, Idaho**  
(d) Street Address or R.F.D. No. **Rt. #2**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **xx** city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME **KELLER, Oren C.**

3. (b) If veteran, name war **WWII**

3. (c) Social Security No. **487-03-5666**

5. Color or \_\_\_\_\_  
4. Sex **M** race **W**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **unknown**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth **3/5/10**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>38</b>	<b>5</b>	<b>9</b>	hrs. min.

9. Exact Occupation **Pharmacist** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Pharmacy** Date last worked \_\_\_\_\_

11. Birthplace **Montpelier, Indiana**  
(City or town) (State or foreign country)

12. Name **Carey Keller**

13. Birthplace **Montpelier, Indiana**  
(City or town) (State or foreign country)

14. Maiden name **Blanche A. McGeath**

15. Birthplace **Montpelier, Indiana**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Records, VA Hospital**  
and Address **Boise, Idaho**

17. (a) **Burial** (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Cloverdale Cemetery, Boise, Idaho**

18. Funeral Director's OWN Signature **McBratney-Fowler Chapel**

and Address **Boise, Idaho**

19. (a) **8-18-48** (b) **Myrtle Palmer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **August 14** 19 **48**  
(Month, Day, Year) at **3:45** o'clock **PM.**

21. I HEREBY CERTIFY, That I attended deceased from **Aug. 6** 19 **48** to **Aug. 14** 19 **48**

I last saw him alive on **Aug. 14** 19 **48** ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral edema with convulsive seizures** Duration **Terminal**

Due to **Cerebral concussion**

Due to **Contusion right temporal region and anterior chest with fracture of spine of left scapula.**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Finding of autopsy **Cerebral edema**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **Yes** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **Aug. 6** 19 **48** City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place **Yes** While at work? \_\_\_\_\_

Means of injury **Automobile accident**

23. Attendant's OWN Signature **J. K. McCLINTIC, M.D., CMO**

and Address **VAH, Boise, Idaho** Date **8/16** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**RECEIVED** **Certificate of Death**  
**AUG 28 1948** **STATE OF IDAHO**

1948 2839  
State File No. \_\_\_\_\_  
Local Reg. No. 144  
Reg. Dist. No. 371

1. PLACE OF DEATH: **DIVISION OF VITAL STATISTICS**  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ada Co. Stayed 16 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 419 So. 14th.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 Yr. years  
(h) Former residence (city, state) Yugoslavia

3. (a) FULL NAME Joe Simunich

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex Male race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 1891  
8. AGE Years Months Days If less than 1 day  
About 57 hrs. min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Bilojosko Yugoslavia (City or town) (State or foreign country)

Father { 12. Name Blaz Simunich  
13. Birthplace Yugoslavia (City or town) (State or foreign country)  
Mother { 14. Maiden name Mary Blntich  
15. Birthplace Yugoslavia (City or town) (State or foreign country)

16. Informant's OWN Signature Mike Simunich  
and Address 4516 Franklin Rd. Boise Idaho

17. (a) Burial (b) Date thereof 8/25/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreiber McCann  
and Address Boise, Idaho

19. (a) 8-23-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) 8-22 1948  
at 9:30 o'clock P M.  
21. I HEREBY CERTIFY, That I attended deceased from 8-2 1948 to 8-22 1948  
I last saw him alive on 8-22 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Degeneration 3 No.  
Due to Coronary occlusion Inddca  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Dr. O. Hamilton  
and Address Boise Idaho Date 8/23 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

REVISED  
1943  
Certificate of Death  
STATE OF IDAHO

1948 State File No. **2840**  
Local Reg. No. **145**  
Reg. Dist. No. **371**

1. PLACE OF DEATH:  
(a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? **XX** city or town  
(e) Died in a Home..... Hospital **XX** Institution..... Other place.....  
(f) Name Hosp. or Inst. **VA Hospital** Stayed **1** days  
(g) Lived in this county **Unknown** months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Payette**  
(c) City or town **Fruitland**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? **XX** city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **DIXON, Hobart G.**

3. (b) If veteran, name war **WWII** 3. (c) Social Security No. ....  
5. Color or **W** 6. (a) Single, widowed, married, divorced **M**  
4. Sex **M** race **W**  
6. (b) Name of husband or wife **Mary Helen Dixon** 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **Dec. 13, 1909**

8. AGE	Years	Months	Days	If less than 1 day
	<b>38</b>	<b>8</b>	<b>9</b>	hrs. min.

9. Exact Occupation..... Did this work for..... yrs.  
10. Industry or Business..... Date last worked.....

11. Birthplace **Ashland, Ky.**  
(City or town) (State or foreign country)

Father { 12. Name **George Dixon**  
13. Birthplace **Ashland, Ky.**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Ethel Miller**  
15. Birthplace **Ashland, Ky.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Records, VA Hospital**  
and Address **Boise, Idaho**

17. (a) **Removal** (b) Date thereof **Aug. 23, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Payette, Idaho**

18. Funeral Director's OWN Signature **McBratney Funeral Chapel**  
and Address **419 No. 9th Boise, Idaho**

19. (a) **8-24-48** (b) **Myrtle Palmer**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **August 22** 19**48**  
(Month, Day, Year) at **4:40** o'clock **A.** M.  
21. I HEREBY CERTIFY, That I attended deceased from **Aug. 21**  
19**48** to **Aug. 22** 19**48**  
I last saw him alive on **Aug. 22** 19**48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Bilateral Bronchial Pneumonia** Duration **Terminal**

Due to **Cerebral edema, etiology undetermined**

Due to .....  
Other conditions **Pleurisy, fibrinous, left**  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation..... Date.....

Major finding.....  
Finding of autopsy **Confirms the above**  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ..... Suicide? ..... Homicide? .....  
Occurred..... 19..... City, county, state where violence occurred.  
Place of Violence: Home ..... Farm..... Industry.....  
Public Place..... While at work? .....

Means of injury.....  
23. Attendant's OWN Signature **J. K. McClintic, M.D., CMO**  
(M D or other)  
and Address **VAH., Boise, Idaho** Date **Aug. 23** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

1948

# Certificate of Death

DEPT. OF VITAL

STATE OF IDAHO

State File No. **2841**  
Local Reg. No. **146**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **XX** city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital **XX** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **VA Hospital** Stayed **77** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town \_\_\_\_\_  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **KIRKPATRICK, Thomas H.**

3. (b) If veteran, name war **SAV** 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex **M** race **W**  
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **Nov. 5, 1875**

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>9</b>	<b>19</b>	hrs. min.

9. Exact Occupation **Adjutant clerk** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Illinois** (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Father { 12. Name **Unknown**

13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Mother { 14. Maiden name **Unknown**

15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature **Records, VA Hospital** and Address **Boise, Idaho**

17. (a) **Burial** (b) Date thereof **8/26/48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Morris Hill, Boise, Idaho**

18. Funeral Director's OWN Signature **McBratney-Fowler Chapel** and Address **Boise, Idaho**

19. (a) **8-26-48** (b) **Myrtle Palmer** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **August 24** 19**48**  
at **3:00 A.M.** o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from **June 8, '48** 19**48**  
to **Aug. 24** 19**48**

I last saw him alive on **Aug. 23** 19**48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Uremia**

Duration **Terminal**

Due to **Pyelonephritis and diabetes mellitus**

Prior to Admission

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_

Finding of autopsy **None**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **J. K. McClintic, M.D., CMO** (M. D. or other)

and Address **VAH., Boise, Idaho** 19 \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

1957  
131942  
Certificate of Death  
STATE OF IDAHO

State File No. 2842  
Local Reg. No. 148  
Reg. Dist. No. 371

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? xx city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital xx Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. VA Hospital Stayed 4 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County \_\_\_\_\_  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 303 Gourley Street  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? xx city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state). \_\_\_\_\_

3. (a) FULL NAME TALMA, Jacob

3. (b) If veteran, name war WWII 3. (c) Social Security No. --  
5. Color or \_\_\_\_\_  
4. Sex Male race White  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) June 9, 1899

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>2</u>	<u>18</u>	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Retired Date last worked \_\_\_\_\_

11. Birthplace Raton, New Mexico  
(City or town) (State or foreign country)

12. Name First name unknown - Last, NIEBOR

13. Birthplace City unknown - Holland  
(City or town) (State or foreign country)

14. Maiden name Jacoba - last name unknown

15. Birthplace City unknown - Holland  
(City or town) (State or foreign country)

16. Informant's OWN Signature M. G. Bull  
and Address Records, VA Hospital  
Boise, Idaho

17. (a) Burial (b) Date thereof 8/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Morris Hill Cemetery, Boise, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address Boise, Idaho

19. (a) 8-30-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 27 19 48  
at 7:40 A.M. o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 23 19 48 to Aug. 27 19 48

I last saw him alive on Aug. 27 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hepatic Insufficiency Duration Terminal

Due to Bant's Disease with Hepatic Cirrhosis & Ascites Prior to Admn.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation Paracentesis Date 8-23-48

Major finding Abdominal  
Finding of autopsy Confirms above

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury J. K. McClintic

23. Attendant's OWN Signature J. K. McClintic, M.D., CMO  
(M.D. or other)

and Address VAH., Boise, Ida. Date Aug. 27 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
13 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2843  
Local Reg. No. 149  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ada County Hospital  
(g) Lived in this county 14 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 909 1/2 main st.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) Texas

## 3. (a) FULL NAME

SCOTT L. ROSS

3. (b) If veteran, name war NO

3. (c) Social Security No. \_\_\_\_\_

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) June 29, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>2</u>	<u>0</u>	hrs. min.

9. Exact Occupation Carpenter Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Retired Date last worked \_\_\_\_\_

11. Birthplace Leonard, Texas  
(City or town) (State or foreign country)

12. Name Charles W. Ross

13. Birthplace Alabama  
(City or town) (State or foreign country)

14. Maiden name Mattie Monds

15. Birthplace Tennessee  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Mrs. Ruth Hurley  
and Address Boise Idaho

17. (a) Burial (b) Date thereof 10/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's  
OWN Signature Chas. E. Summers  
and Address 1205 Bannock Boise, Idaho

19. (a) 9-1-48 (b) Mattie Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 29, 1948  
(Month, Day, Year) at 5 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 4-10 1947 to 8-29 1948  
I last saw him alive on 8-29 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary T.B. Duration years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's  
OWN Signature L. O. Hamilton  
(M. D. or other)  
and Address Boise Id. Date 9-1 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
AUG 18 1948  
STATE OF IDAHO

State File No. **2844**  
Local Reg. No. **264**  
Reg. Dist. No. **300**

1. PLACE OF DEATH:
- (a) County **Adams**
  - (b) City or town **Council**
  - (c) Street Address or R.F.D. No. ....
  - (d) Death Occurred Inside? **X** Outside? ..... city or town
  - (e) Died in a Home..... Hospital..... Institution..... Other place.....
  - (f) Name Hosp. or Inst. **Council** Stayed **11** days
  - (g) Lived in this county **3** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Adams**
  - (c) City or town **New Meadows**
  - (d) Street Address or R.F.D. No. ....
  - (e) Deceased lived Inside? ..... Outside? **X** city or town
  - (f) Citizen of what country? **U.S.A.**
  - (g) How long had deceased lived in Idaho? **3** years
  - (h) Former residence (city, state) **Salinas, Calif.**

3. (a) FULL NAME **Ellis Venter Laird**

3. (b) If veteran, name was **None** 3. (c) Social Security No. **[REDACTED]**
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**
4. Sex **Male** 6. (b) Name of husband or wife **XXXX** 6. (c) Age of husband or wife if alive **XXXXX** years
7. Date of Birth (Month, Day, Year) **April 7 1910**

8. AGE	Years	Months	Days	If less than 1 day
	<b>38</b>	<b>3</b>	<b>27</b>	hrs min.

9. Exact Occupation **Ranch Hand** Did this work for **3** yrs.
10. Industry or Business **Circle O Ranch** Date last worked **7/22/48**
11. Birthplace **Wizard Wells, Texas** (City or town) (State or foreign country)

12. Name **George Laird**
13. Birthplace **Shreveport, La** (City or town) (State or foreign country)
14. Maiden name **Mabel Compton**
15. Birthplace **Belton, Texas** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mabel Laird** and Address **120 B. Burnel Drive, Salinas, Calif.**

17. (a) Burial (Burial, cremation, or removal) (c) Place: **Council, Idaho** (b) Date thereof **8/3/48** (Month) (Day) (Year)

18. Funeral Director's OWN Signature **A. Jones** and Address **Northam Jones, Weiser, Idaho**

19. (a) **8/2/48** (Date received and filed) (b) **[Signature]** (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **August 2** 19 **48** at **7:38** A.M.'s'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from **July 22nd** 19 **48**, to **Aug 2** 19 **48** I last saw him alive on **8/2/48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Peritonitis** Duration **ten days**

Due to **Ruptured appendix**  
Due to **Self-administration of**  
Other conditions **catharsis**  
(Include pregnancy within 9 months of death)

Where was disease contracted? **home** Name of operation **Appendectomy** Date **7/22/48** Major finding **[REDACTED]** Finding of autopsy **none** Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? ..... Occurred **19** City, county, state where violence occurred Place of Violence: Home..... Farm..... Industry..... Public Place..... While at work?..... Means of injury.....

23. Attendant's OWN Signature **[Signature]** (M. D. or other) and Address **Council, Idaho** Date **8/2/48** 19 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

NON-RESIDENT  
Certificate Of Death  
AUG 18 1948  
DIVISION OF VITALS  
STATE OF IDAHO

State File No. 2845  
Local Reg. No. 565  
Reg. Dist. No. 300

1. PLACE OF DEATH: **DEATH PLACE**
- (a) County **Adams**  
(b) City or town **Bear,**  
(c) Street Address or R.F.D. No. **Rural**  
(d) Death Occurred Inside? **Outside?** ☒ city or town  
(e) Died in a Home ☒ Hospital **Institution** Other place  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **years 3** months **days**

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Oregon** (b) County **Lane**  
(c) City or town **Eugene**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? **city or town**  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **3mo.** years  
(h) Former residence (city, state) **Eugene, Oregon**

3. (a) FULL NAME **William Eugene Smith**

3. (b) If veteran, name war **None** No. **518-09-2000**  
5. Color or 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Pearl** 6. (c) Age of husband or wife if alive **58** years  
7. Date of Birth (Month, Day, Year) **March 1 1890**

8. AGE	Years	Months	Days	If less than 1 day
	<b>58</b>	<b>5</b>	<b>4</b>	hrs min.

9. Exact Occupation **Retired Blacksmith** Did this work for **life** yrs.  
10. Industry or Business **Mining Blacksmith** Date last worked **8/4**  
11. Birthplace **Elba** **Idaho** (City or town) (State or foreign country)  
Mother { 12. Name **Frank Smith**  
13. Birthplace **Utah** (City or town) (State or foreign country)  
14. Maiden name **Amy Warner**  
15. Birthplace **Utah** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Wm. E. Smith**  
and Address **122 N. 14th Eugene Ore**

17. (a) **Removal** (b) Date thereof **8/9/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Hillcrest Cem. Weiser, Idaho**

18. Funeral Director's OWN Signature **L.S. Jones**  
and Address **Northam Jones, Weiser, Idaho**

19. **8/6/48** (b) **Alvin Smith MR**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **093D 094A**

20. DATE OF DEATH (Month, Day, Year) **August 5** 19**48**  
at **11:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**  
I last saw him **live on** dead **8/5/48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **coronary thrombosis** Duration **instant death**

Due to **myocarditis**

Due to  
Other conditions **chrhypertension** **3 yrs**  
(Include pregnancy within 8 months of death)

Where was disease contracted? **home**  
Name of operation **none** Date  
Major finding **no**  
Finding of autopsy **Utah**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **no** Suicide? **no** Homicide? **no**  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home **Farm** Industry  
Public Place While at work?

- Means of injury  
23. Attendant's OWN Signature **Alvin Smith MR**

(M. D. or other) and Address **Council, Idaho** Date **8/6/48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2846  
Local Reg. No. 522  
Reg. Dist. No. 300

## 1. PLACE OF DEATH:

- (a) County Adams  
(b) City or town Council  
(c) Street Address or R.F.D. No. SPANISTICS  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home? X Hospital? Institution Other place? community  
(f) Name Hosp. or Inst. Community Stayed days  
(g) Lived in this county years 3 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Adams  
(c) City or town Council  
(d) Street Address or R.F.D. No. SPANISTICS  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Caldwell, Idaho

## 3. (a) FULL NAME Samuel Irving Naramore

3. (b) If veteran, name war name war No. No.  
5. Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Edith Marie  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) January 22-1868

8. AGE	Years	Months	Days	If less than 1 day
	80	6	18	hrs min.

9. Exact Stage Station Occupation & Stock man work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Ridge Mills, New York  
(City or town) (State or foreign country)

12. Name Samuel Naramore  
13. Birthplace New York  
(City or town) (State or foreign country)  
14. Maiden name Sophia Shephard  
15. Birthplace New York  
(City or town) (State or foreign country)

16. Informant's OWN Signature Edith Naramore  
and Address Council, Idaho

17. (a) Removal (b) Date thereof 8-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Morris Hill, Boise

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 8/16/48 (b) Wm. P. P. P.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 10 1948  
at 1:35 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 22 1948 to Aug 10 1948  
I last saw him alive on Aug 10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: John 4 carcinoma of abdomen Duration 3 mo.

Due to Primary carcinoma of prostate 4 mo.

Due to Senility  
Other conditions —  
(Include pregnancy within 3 months of death)

Where was disease contracted? —  
Name of operation — Date —  
Major finding —  
Finding of autopsy —  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred 19 City, county, state where violence occurred —  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —  
Attendant's OWN Signature Alvin J. P. P. (M. D. or other)  
and Address Council, Idaho Date 8/16 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 9 - 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2847  
Local Reg. No. 186  
Reg. Dist. No. 511

1. PLACE OF DEATH: STATISTICAL
- (a) County Bannock  
(b) City or town Tocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 5 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bingham  
(c) City or town Pingree  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) Italy

3. (a) FULL NAME Cecelia de Giulio

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W  
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 18, 1899  
8. AGE Years Months Days If less than 1 day  
49 1 12 hrs. min.

9. Exact Occupation Housewife Did this work for 31 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Castro-dei Volini, Italy (City or town) (State or foreign country)

- Father { 12. Name Santo Garofali  
13. Birthplace Italy (City or town) (State or foreign country)  
Mother { 14. Maiden name Angela Maria de Giulio  
15. Birthplace Italy (City or town) (State or foreign country)

16. Informant's OWN Signature John De Giulio  
and Address Pingree

17. (a) Burial (b) Date thereof 8-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Mountain View

18. Funeral Director's OWN Signature Byron B. Leonard  
and Address Tocatello, Idaho

19. (a) Aug 5-1948 (b) Jos. D. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 1, 1948  
at 3:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 7/26/48 to Aug 1, 1948.  
I last saw her alive on Aug 1, 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Paralytic Illness Duration 2 hrs  
post operation

Due to Hysterectomy 4 Rs

Due to Subsided Tumor  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation Hysterectomy Date 7/27/48  
Major finding Subsided tumor  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature O. Cade (M. D. or other)  
and Address Pocatello Date 8/4 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
DIVISION OF VITAL STATISTICS

RECEIVED

AUG 18 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2848  
Local Reg. No. 193  
Reg. Dist. No. 5-11

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 1015 JOHNSON  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. GENERAL Stayed 1 days  
(g) Lived in this county 3 years 3 months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State ARIZONA (b) County COCHISE  
(c) City or town CANADO  
(d) Street Address or R.F.D. No. 170 C  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? UNKNOWN  
(g) How long had deceased lived in Idaho? 3 MONTHS  
(h) Former residence (city, state) CANADO, ARIZONA

## 3. (a) FULL NAME

LEONARD CORNFIELD

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

720-07-3977

## 5. Color or

## 4. Sex MALE race INDIAN

## 6. (a) Single, widowed, married, divorced MARRIED

## 6. (b) Name of husband or wife LOUISE BEARY

## 6. (c) Age of husband or wife if alive — years

## 7. Date of Birth

(Month, Day, Year) MAY 20, 1927

## 8. AGE

Years

Months

Days

If less than 1 day

21

2

12

hrs. min.

## 9. Exact

Occupation LABORER

Did this

work for — yrs.

## 10. Industry or

Business U.P.R.R.

Date last

worked —

## 11. Birthplace

UNKNOWN

(City or town)

(State or foreign country)

## 12. Name

GUY CORNFIELD

## 13. Birthplace

UNKNOWN

(City or town)

(State or foreign country)

## 14. Maiden name

UNKNOWN

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature W. H. Edwards, Jay & I. I. I.

and Address Pocatello, Idaho

## 17. (a) BURIAL

(Burial, cremation, or removal)

## (b) Date thereof 8-10-48

(Month) (Day) (Year)

## (c) Place

POCATELLO, IDAHO

## 18. Funeral Director's

OWN Signature Arthur K. Hall

and Address POCATELLO, IDAHO

## 19. (a) Aug 10, 1948

(Date received and filed)

## (b) Jessie J. Powell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 1st 19 48

at — o'clock — M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1948 to Aug 1, 1948

I last saw him alive on Aug 1, 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Extradural Hemorrhage

## Duration

Due to Fracture of Skull

Due to —

Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation — Date —

Major finding Extracranial

Finding of autopsy Extracranial

fracture of skull

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred July 31, 1948 19 48 City, county, state

where violence occurred Pocatello, Idaho

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☒

Means of injury Struck by car striking head

## 23. Attendant's

OWN Signature J. J. J.

and Address Pocatello, Idaho Date Aug 6, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 1 3 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2849

Local Reg. No. 213

Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address ~~Bannock~~ 7th Ave., North  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. St. Anthony Stayed 4 days  
(g) Lived in this county 37 years 3 months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address ~~Bannock~~ 1009 So. 3rd Ave  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

HELEN KANE WOODWORTH

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

## 6. (a) Single, widowed, married, divorced

Sex female Race white

(b) Name of husband or wife Herbert C. Woodworth

(c) Age of husband or wife if alive died 1931 years

## 7. Date of Birth

(Month, Day, Year) February 28, 1913

## 8. AGE

Years

Months

Days

If less than 1 day  
hrs. min.

## 9. Exact

Occupation housekeeper

Did this work for  yrs.

## 10. Industry or

Business home

Date last worked

## 11. Birthplace

(City or town)

New York  
(State or foreign country)

## 12. Name

Orland Guernsey

## 13. Birthplace

(City or town)

New York  
(State or foreign country)

## 14. Maiden name

Ellen Scott

## 15. Birthplace

(City or town)

New York  
(State or foreign country)

## 16. Informant's

OWN Signature Margaret Hoptine

and Address Pocatello, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Aug. 6, 1948  
(Month) (Day) (Year)

(c) Place Pocatello, Idaho

## 18. Funeral Director's

OWN Signature Jack Henderson

and Address Pocatello, Idaho

## 19. (a) Aug. 6, 1948

(Date received and filed)

(b) Jessie L. Powell  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 4, 1948  
at 1:20 o'clock a.m.

## 21. I HEREBY CERTIFY, That I attended deceased from

1948 to August 4, 1948  
I last saw h. er alive on August 4, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac Failure

## Duration

3 days

Due to arteriosclerosis and bowel obstruction, complete

Due to Carcinoma of sigmoid

Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation none Date

Major finding

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?

Occurred  19  City, county, state where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

## 23. Attendant's

OWN Signature W. L. Skarn, M.D.

(M. D. or other)

and Address Pocatello, Idaho Date Aug. 6, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

948  
State File No. 2850  
Local Reg. No. 95  
Reg. Dist. No. 519

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 16 days  
(g) Lived in this county 8 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 511 N. Main  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Provo Utah

## 3. (a) FULL NAME

Joseph Edwin Foust

131A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

528-10-8676

## 4. Sex M Color or race W

## 6. (a) Single, widowed, married, divorced widowed

## 6. (b) Name of husband or wife Edna

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) February, 17, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>5</u>	<u>19</u>	hrs. min.

## 9. Exact Occupation Blacksmith Did this work for 8 yrs.

## 10. Industry or Business U. P. R. R. Date last worked \_\_\_\_\_

## 11. Birthplace Jackson Tenn. (City or town) (State or foreign country)

## 12. Name Foust

## 13. Birthplace unknown (City or town) (State or foreign country)

## 14. Maiden name unknown

## 15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

## 16. Informant's OWN Signature Woodrow Foust and Address Salt Lake Utah

## 17. (a) Removal Provo, Utah (b) Date thereof 8-9-48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Byron B. Dornard and Address Pocatello Idaho

## 19. (a) Aug 10, 1948 (Date received and filed) (b) Jesse L. Camell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

112X

## 20. DATE OF DEATH (Month, Day, Year) August 6 1948

at \_\_\_\_\_ o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from July 21, 1948 to Aug 6, 1948

last saw him alive on Aug 6, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Cardio-renal unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Bronchitis (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding Edema feet & legs

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature H. H. Foust and Address Pocatello Idaho Date Aug 8, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 1 3 1948

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2851  
Local Reg. No. 211  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address xxxxxx So. Johnson Ave  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Poca. General Stayed 21 days  
(g) Lived in this county 39 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address xxxxxx 1033 No. Harrison  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

AGUSTA O. PETERSON

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex female race white

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife  
Nels Peterson

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year)

September 3, 1866

8. AGE	Years	Months	Days	If less than 1 day
	82	11	4	hrs. min.

9. Exact Occupation housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Home Date last worked \_\_\_\_\_

11. Birthplace Sweden  
(City or town) (State or foreign country)

12. Name Tyre Peterson

13. Birthplace Sweden  
(City or town) (State or foreign country)

14. Maiden name No Data

15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mob of Peterson

and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof Aug. 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello, Idaho

18. Funeral Director's OWN Signature Jack Henderson

and Address Pocatello, Idaho

19. (a) Aug. 9, 1948 (b) Jessie J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 7 19 48  
(Month, Day, Year) at 9:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 18 19 48, to August 7 19 48.  
I last saw him or alive on August 7 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Due to myocarditis 4 day

Due to Fractured femur

Other conditions  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred at home 7-21-48 City, county, state  
where violence occurred Pocatello - Idaho

Place of Violence: Home yes Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Fall from step & hip

23. Attendant's OWN Signature Dr. Ray  
(M. D. or other)

and Address Pocatello, Idaho Date Aug. 9 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 18 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2852  
Local Reg. No. 196  
Reg. Dist. No. 5-11

1. PLACE OF DEATH: STATISTIC  
(a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? L Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital L Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 30 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bannock  
(c) City or town Lava Hot Springs  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? L Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Bakersfield Cal.

3. (a) FULL NAME Frank John Espitalier 131A

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced single  
4. Sex m race w  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February 16, 1866  
8. AGE  
Years Months Days If less than 1 day  
82 5 21 hrs. min.

9. Exact Occupation retired shepherd Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Self Date last worked 1933  
11. Birthplace Hautes Alpes France (City or town) (State or foreign country)  
Father { 12. Name Espitalier  
13. Birthplace unknown (City or town) (State or foreign country)  
Mother { 14. Maiden name unknown  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Ernest Espitalier  
and Address Pocatello Idaho  
17. (a) Burial (b) Date thereof 8-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Mountainview  
18. Funeral Director's OWN Signature Byron B. Dawson  
and Address Pocatello Idaho  
19. (a) Aug 10, 1948 (b) Jessie B. Smith  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 7, 1948  
at 1:15 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from July 12, 1948 to Aug. 6, 1948  
last seen h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cardio-renal Duration unknown  
Due to \_\_\_\_\_

Due to Senility unknown  
Other conditions Senility (Include pregnancy within 3 months of death)

Where was disease contracted? State  
Name of operation none Date \_\_\_\_\_  
Major finding: none  
Finding of autopsy: \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature W. H. F. Fughart (M.D. or other)  
and Address Pocatello Idaho Date Aug 8, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2853  
Local Reg. No. 198  
Reg. Dist. No. 5-11

DIVISION OF VITAL

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Fort Hall  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? L city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Infant Bourvia

161A

## 3. (b) If veteran, name war

L

## 3. (c) Social Security No.

none

## 4. Sex M 5. Color or race W

## 6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) August 9, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>1</u>	hrs. min.

## 9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Pocatello Idaho (City or town) (State or foreign country)

## 12. Name Paul Bourvia

## 13. Birthplace Bannock Iowa (City or town) (State or foreign country)

## 14. Maiden name Evelyn Smith

## 15. Birthplace Pocatello Ia (City or town) (State or foreign country)

## 16. Informant's OWN Signature Paul Bourvia and Address Fort Hall Ia.

## 17. (a) Burial (b) Date thereof 8-13-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Mountainview

## 18. Funeral Director's OWN Signature Byron B. Darnard and Address Pocatello Idaho

## 19. (a) Aug 15 1948 (b) Jessie J. Farnell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) August 10 1948

## 21. I HEREBY CERTIFY, That I attended deceased from August 9 at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## I last saw h. alive on Aug 10 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Bilateral atelectasis Duration \_\_\_\_\_

## Due to \_\_\_\_\_

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Ralph B. Legsted M.D. (M.D. or other) and Address Fort Hall Idaho Date Aug 12 1948



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

- 1948

State File No. 2854

Local Reg. No. 201

Reg. Dist. No. 5-10

1. PLACE OF DEATH: STATISTICAL
- (a) County Bannock
- (b) City or town Pocatello
- (c) Street Address or R.F.D. No. 1041 N. Garfield
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town
- (e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. -- Stayed \_\_\_\_\_ days
- (g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bannock
- (c) City or town Pocatello
- (d) Street Address or R.F.D. No. 1041 N. Garfield
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town
- (f) Citizen of what country? United States
- (g) How long had deceased lived in Idaho? 28 years
- (h) Former residence (city, state) Utah

3. (a) FULL NAME OLIVE EUDORA STRATFORD

3. (b) If veteran, name war -- 3. (c) Social Security No. --
5. Color or \_\_\_\_\_
4. Sex Female Race White
6. (b) Name of husband or wife Mae P. Stratford
6. (c) Age of husband or wife if alive 257 years

7. Date of Birth (Month, Day, Year) December 21, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>7</u>	<u>19</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 28 yrs.
10. Industry or Business At home Date last worked 8-10-48
11. Birthplace Brigham City, Utah (City or town) (State or foreign country)

12. Name Nels Jensen Father
13. Birthplace Sweden (City or town) (State or foreign country)
14. Maiden name Linnie Holmgren Mother
15. Birthplace Bear River City Utah (City or town) (State or foreign country)

16. Informant's OWN Signature R. P. Stratford and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof 8-13-48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place Mountain View - Pocatello, Ida.

18. Funeral Director's OWN Signature Arthur W. Hall and Address Pocatello, Idaho

19. (a) Aug. 26, 1948 (b) Jessie J. Russell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 10 19 48  
at 4:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from August 10 19 48 to August 10 19 48  
I last saw h. et alive on August 10 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Heart Block Duration momentary

Due to Coronary Artery Sclerosis 4 years and Thrombosed

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Pocatello, Idaho  
Name of operation none Date \_\_\_\_\_  
Major finding none  
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature George J. Cox (M. D. or other)  
and Address 417 E. Center Date Aug 13, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 26 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2855  
Local Reg. No. 222  
Reg. Dist. No. 510

1. PLACE OF DEATH: STATISTICS
- (a) County Bannock
- (b) City or town Pocatello
- (c) Street Address XXXXXX South Johnson Ave
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town
- (e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. General Stayed 0 days
- (g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bannock
- (c) City or town Pocatello
- (d) Street Address XXXXXX 610 No. 4th Ave
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town
- (f) Citizen of what country? U. S. A.
- (g) How long had deceased lived in Idaho? \_\_\_\_\_ years
- (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME BENJAMIN W. FOX

3. (b) If veteran, name war World War #2 3. (c) Social Security No. \_\_\_\_\_
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced married
4. Sex male race colored
6. (b) Name of husband or wife Leone Clinton Fox 6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) May 30, 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>2</u>	<u>15</u>	hrs. min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.
10. Industry or Business Union Pacific R. R. Date last worked 8/14/48
11. Birthplace Chicago, Illinois (State or foreign country)

12. Name Phillip Fox
13. Birthplace No Data (City or town) (State or foreign country)
14. Maiden name Prudence Bibbs
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Mass Lone Fox and Address Pocatello, Idaho

17. (a) Removal (b) Date thereof Aug. 19, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place Chicago, Illinois

18. Funeral Director's OWN Signature J. H. Henderson and Address Pocatello, Idaho

19. (a) August 17, 1948 (Date received and filed) (b) Jessie J. Farrell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 15 19 48 at 1:15 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from August 15 19 48 to August 15 19 48. I last saw him alive on August 15 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Hemorrhage

Duration: 20 min

Stroke caused by

pulmonary artery

Due to none

Other conditions none (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation none Date \_\_\_\_\_

Major finding rupture of pulmonary artery

Finding of autopsy rupture of pulmonary artery

PHYSICIAN Underline the cause to which death should be charged statistically.

22. Death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? yes

Occurred August 15 19 48 City, county, state

where violence occurred Pocatello, Bannock, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place yes While at work? yes

Means of injury Rifle

23. Attendant's OWN Signature W. W. Shighart (M. D. or other)

and Address Pocatello, Ida Date Aug. 17 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 26 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 2856  
Local Reg. No. 199  
Reg. Dist. No. 5-0

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. No. 7th Ave  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 0 days  
(g) Lived in this county 7 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address 315 No. 13th Ave  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

ARTHUR A. MINGO

## 3. (b) If veteran, name war

3. (c) Social Security No. 519-07-8543

5. Color or  
4. Sex male race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife  
Neta Frandsen

6. (c) Age of husband or wife if alive 39 years

7. Date of Birth  
(Month, Day, Year) December 13, 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>8</u>	<u>2</u>	hrs. min.

9. Exact Occupation Electrician Did this work for 11 yrs.

10. Industry or Business C-L Electric Co. Date last worked 8/14/48

11. Birthplace Michigan, North Dakota  
(City or town) (State or foreign country)

12. Name Charles R. Mingo

13. Birthplace Nova Scotia  
(City or town) (State or foreign country)

14. Maiden name Grace P. Edwards

15. Birthplace North Dakota  
(City or town) (State or foreign country)

16. Informant's OWN Signature Neta Mingo  
and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof Aug. 19, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello, Idaho

18. Funeral Director's OWN Signature Jack Frandsen

and Address Pocatello, Idaho

19. (a) Aug. 17, 1948 (b) Jessie J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 15 19 48  
(Month, Day, Year) at 10:30 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to 8-15 19 48  
I last saw him alive on August 15 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion Duration 20 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ralph B. Hegsted M.D.

and Address Pocatello, Ida Date Aug. 17 19 48

(M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **2857**  
Local Reg. No. **206**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **BANNOCK**  
(b) City or town **POCATELLO**  
(c) Street Address or R.F.D. No. **152 S. 1ST**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **UNKNOWN** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **POCATELLO**  
(d) Street Address or R.F.D. No. **152 S. 1ST**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **UNKNOWN** years  
(h) Former residence (city, state) **UNKNOWN**

## 3. (a) FULL NAME

**JOHN WESLEY KELDER**

**2006**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

4. Sex **MALE** race **WHITE**

6. (a) Single, widowed, married, divorced **DIVORCED**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth

(Month, Day, Year) **NOVEMBER 26, 1905**

## 8. AGE

Years

Months

Days

If less than 1 day  
hrs. min.

**42**

**8**

**30**

## 9. Exact Occupation

**UNKNOWN** work for ☐ yrs.

## 10. Industry or Business

**UNKNOWN** worked ☐

## 11. Birthplace

(City or town)

(State or foreign country)

**POCATELLO IOWA**

## 12. Name

**PETER KELLER**

## 13. Birthplace

(City or town)

(State or foreign country)

**UNKNOWN**

## 14. Maiden name

**JESSIE WYER**

## 15. Birthplace

(City or town)

(State or foreign country)

**UNKNOWN**

## 16. Informant's OWN Signature

**Police Records Ray E. Shuman**

and Address **Pocatello, Idaho**

## 17. (a) Burial

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **POCATELLO, IDAHO**

## 18. Funeral Director's OWN Signature

**Arthur M. Hall**

and Address **Pocatello, Idaho**

## 19. (a) Aug. 26, 1948

(Date received and filed)

## (b) James E. Powell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **August 16** 19 **48**  
at ☐ o'clock ☐ M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 ☐ to 19 ☐

I last saw h. ☐ alive on 19 ☐

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cause unknown found dead in bed** Duration

Due to **after four days**

Had been drinking

Due to ☐

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ☒ Date ☐

Major finding ☒

Finding of autopsy ☒

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred ☒ 19 ☐ City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

## 23. Attendant's OWN Signature

**Arthur M. Hall**

and Address **Pocatello, Idaho**

Date **Aug 17, 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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AUG 26 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

STATE OF IDAHO  
BUREAU OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. **2858**  
Local Reg. No. **201**  
Reg. Dist. No. **5-1-1**

## 1. PLACE OF DEATH:

(a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **No. 7th**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **St. Anthony** Stayed **13** days  
(g) Lived in this county **0 1/2** years **10** months **13** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Bingham**  
(c) City or town **Blackfoot**  
(d) Street Address or R.F.D. No. **Poplar**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state)

3. (a) FULL NAME **Bonifacia Elespuru Monserrat**

3. (b) If veteran, name war 3. (c) Social Security No.

5. Color or race **Caucasian** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Female**  
6. (b) Name of husband or wife **Mike Monserrat** 6. (c) Age of husband or wife if alive **60** years

7. Date of Birth (Month, Day, Year) **November 8, 1887**

8. AGE	Years	Months	Days	If less than 1 day
	<b>60</b>	<b>9</b>	<b>9</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **31** yrs.

10. Industry or Business **at home** Date last worked

11. Birthplace **Sastao Bittocaya, Spain**  
(City or town) (State or foreign country)

12. Name **Eulogio Elespuru**

13. Birthplace **Placencia, Quipuzcoa, Spain**  
(City or town) (State or foreign country)

14. Maiden name **Lorenza Aguiriano**

15. Birthplace **Elorrio, Vizcaya, Spain**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Maria Merrill**

and Address **Box 363, Blackfoot Idaho**

17. (a) **Removal** (b) Date thereof **8-17-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Blackfoot, Idaho**

18. Funeral Director's OWN Signature **Howard Packham**

and Address **Blackfoot, Idaho**

19. (a) **Aug 17-1948** (b) **James J. Powell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **August 17, 1948**  
(Month, Day, Year) at **133A** o'clock **132X** M.

21. I HEREBY CERTIFY, That I attended deceased from **7 August 1948** to **17 Aug 1948**  
I last saw her alive on **17 Aug 1948**

## Immediate Cause of Death:

**Uremia** Duration **4 months**

Due to **Chronic pyelonephritis** **6 years**

Due to **Colostomy 10 years ago**  
Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation **none** Date  
Major finding  
Finding of autopsy **none**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred **19** City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **C. D. Shoon**

and Address **Koriska Bldg** Date **20 Aug 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 26 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **2859**  
Local Reg. No. **203**  
Reg. Dist. No. **511**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Anthony** stayed **1** days  
(g) Lived in this county **66** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Dawney**  
(d) Street Address or R.F.D. No. **R.F.D.**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **66** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **John Willard Wakley**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **none**

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced **married**

4. Sex **M** race **W** 6. (b) Name of husband or wife **Cara** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **June 8, 1882**

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>	<b>2</b>	<b>13</b>	hrs. min.

9. Exact Occupation **Rancher** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Self** Date last worked \_\_\_\_\_

11. Birthplace **Dawney Idaho** (City or town) (State or foreign country)

12. Name **George Nelson Wakley** (City or town) (State or foreign country)

13. Birthplace **Salt Lake Utah** (City or town) (State or foreign country)

14. Maiden name **Lucy Ann Blomham**

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature **Wilford B. Wakley** and Address **Malad Idaho**

17. (a) **Removal** (b) Date thereof **8-21-48** (Month) (Day) (Year)

(c) Place **Malad Idaho**

18. Funeral Director's OWN Signature **Benson Mortuary** and Address **Malad Idaho**

19. (a) **Aug. 21-48** (b) **John J. Small** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **August 20, 1948**

at **6:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **8-20** 19**48**, to **19** 19**48**.

I last saw **h.l.m.** alive on **8-20** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Intestinal obstruction** Duration **3 days.**

Due to **mesenteric thrombosis** **3 days.**

Due to **Hypertensive Cardiovascular disease** **months**

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? **at home**

Name of operation **none** Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **—**

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Melvin M. Graves** (M.D. or other) and Address **Pocatello** Date **8-21** 19**48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 26 1948 Certificate of Death

STATE OF IDAHO

STATE OF IDAHO

State File No. 2860

Local Reg. No. 202

Reg. Dist. No. 511

1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Anthony** Stayed **2** days  
(g) Lived in this county **2** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Blackfoot**  
(d) Street Address or R.F.D. No. **265 E. Pacific**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **43** years  
(h) Former residence (city, state) **Portsmouth, O.**

3. (a) FULL NAME **Mary Margaret Bonzo Blackburn**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Fem.** 6. (b) Name of husband or wife **Parley P. Blackburn**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **September 23, 1882**

8. AGE	Years	Months	Days	If less than 1 day
	<b>65</b>	<b>10</b>	<b>27</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **42** yrs.  
10. Industry or Business **At home** Date last worked **4-29-48**

11. Birthplace **Lois, Ohio**  
(City or town) (State or foreign country)

12. Name **Joshua Bonzo**

13. Birthplace **no data**  
(City or town) (State or foreign country)

14. Maiden name **Dodge**

15. Birthplace **no data**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Raymond J. Blackburn**  
and Address **977 S. Oak St.**

17. (a) **Removal** (b) Date thereof **8-20-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Blackfoot, Idaho**

18. Funeral Director's OWN Signature **Howard Packham**  
and Address **Blackfoot, Idaho**

19. (a) **Aug 23 1948** (b) **J. L. Powell**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **August 20, 1948**  
at **2:45** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **8-18** 19**48**, to **8-20** 19**48**.

I last saw h. **ER** alive on **8-19** 19**48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Uremia**  
due to **embolism of renal arteries**  
due to **embolism of sup. mesenteric artery**  
due to **atrial fibrillation**  
Other conditions **arteriosclerosis heart & vessels**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation **resection of small intestine 8-18**  
Major finding **gangrene of ileum & jejunum**  
Finding of autopsy **none**  
PHYSICIAN Underline the cause of death to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Melvin M. Graves**  
(M. D. or other)  
and Address **Pocatello** Date **8-23-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 27 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2861

Local Reg. No. 28

Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 650 N. 7TH  
(d) Death Occurred Inside? 1 Outside? 1 city or town  
(e) Died in a Home 1 Hospital 1 Institution 1 Other place 1  
(f) Name Hosp. or Inst. ST. ANTHONY Stayed 1 days  
(g) Lived in this county 43 years 13 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. 170 So. 9TH  
(e) Deceased lived Inside? 1 Outside? 1 city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) UTAH

## 3. (a) FULL NAME

FRED HENRY STEDTFELD

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

4. Sex MALE race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife PAULINE ELINS

6. (c) Age of husband or wife if alive 68 years

## 7. Date of Birth

(Month, Day, Year) OCTOBER 13, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>10</u>	<u>8</u>	hrs. min.

9. Exact Occupation OWNER-MANAGER Did this work for - yrs.

10. Industry or Business FRED'S CAFE. Date last worked -

11. Birthplace INDIANAPOLIS INDIANA  
(City or town) (State or foreign country)

12. Name HENRY STEDTFELD

13. Birthplace GERMANY  
(City or town) (State or foreign country)

14. Maiden name SOPHIA FROEDMAN

15. Birthplace GERMANY  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lawman Stedtfeld

and Address POCATELLO, IDAHO

17. (a) BURIAL (b) Date thereof 8-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place MOUNTAINVIEW POCATELLO, IDAHO

18. Funeral Director's OWN Signature Arthur W. Hall

and Address POCATELLO, IDAHO

19. (a) Aug 26, 1948 (b) Jessie E. Daniel  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 21 1948  
at 5 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 23

MARCH 1948 to 21 AUG 1948

I last saw him alive on 21 AUG 1948 ;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

ANOXEMIA - PROGRESSIVE Duration 7 DAYS

Due to PULMONARY FIBROSIS AND 4 WRS.  
CONGESTION.

Due to PROBABLE TUBERCULOSIS

Other conditions DIABETES MELLITUS, YEARS.

(Include pregnancy within 3 months of death)

ARTERIOSCLEROSIS, PROSTATISM.

Where was disease contracted? UNKNOWN

Name of operation - Date -

Major finding -

Finding of autopsy NONE

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

## 23. Attendant's OWN Signature

M. R. Egan, M.D.

and Address POCATELLO, IDAHO Date 23 Aug 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 27 1948

# Certificate of Death

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

48.

State File No. 2862

Local Reg. No. 209

Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County B 1c. 1c.  
(c) City or town Piggins  
(d) Street Address or R.F.D. No. L  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? L years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Robert Michael Riceci

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race W

(b) Name of husband or wife \_\_\_\_\_

(a) Single, widowed, married, divorced Single

(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) August 20, 1948

AGE	Years	Months	Days	If less than 1 day
	0	0	1	hrs. min.

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Pocatello 2d. (City or town) (State or foreign country)

12. Name Piggins Riceci

13. Birthplace San Francisco Cal. (City or town) (State or foreign country)

14. Maiden name Dorothy Brennan

15. Birthplace Oakland Cal. (City or town) (State or foreign country)

16. Informant's OWN Signature R. Riceci

and Address Piggins Idaho

17. (a) Burial (b) Date thereof 8-23-48 (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Raymond

and Address Pocatello Idaho

19. (a) Aug 26, 1948 (b) Jessie J. Howell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August, 21, 1948  
at 6:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 20 August 1948 to 21 August 1948  
I last saw him alive on 21 August 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Prematurity

## Duration.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Louis G. Bush, M.D. (M. D. or other)

and Address 252 W. Main Date 24 Aug 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 27 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2863  
Local Reg. No. 210  
Reg. Dist. No. 510

DIVISION OF VITAL

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 1034 N. 9TH.  
(d) Death Occurred Inside? - Outside? - city or town  
(e) Died in a Home - Hospital - Institution - Other place -  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county 2 years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. 1034 N. 9TH.  
(e) Deceased lived Inside? - Outside? - city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state) -

## 3. (a) FULL NAME

WILMA ALPHEDINE LEIGH

181X

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

518-30-7091

## 5. Color or

4. Sex FEMALE race WHITE

6. (a) Single, widowed, married, divorced -

## 6. (b) Name of husband or wife

W. B. LEIGH

6. (c) Age of husband or wife if alive 45 years

## 7. Date of Birth

(Month, Day, Year) MARCH 6, 1902

## 8. AGE

Years

Months

Days

If less than 1 day

46

5

16

hrs.

min.

## 9. Exact Occupation

HOUSEKEEPER

## Did this

work for - yrs.

## 10. Industry or Business

## Date last

worked -

## 11. Birthplace

OAKLEY

IDAHO

(City or town)

(State or foreign country)

## 12. Name

JOHN C. MARTINDALE

## 13. Birthplace

GRANTSVILLE UTAH

(City or town)

(State or foreign country)

## 14. Maiden name

IDA LOUISE GEE

## 15. Birthplace

GRANTSVILLE UTAH

(City or town)

(State or foreign country)

## 16. Informant's

## OWN Signature

Louise Dickinson

## and Address

POCATELLO, IDAHO

## 17. (a) REMOVAL

(Burial, cremation, or removal)

## (b) Date thereof

8-22-48

(Month) (Day) (Year)

## (c) Place

BURLEY IDAHO

## 18. Funeral Director's

## OWN Signature

Arthur W. Hall

## and Address

POCATELLO, IDAHO

## 19. (a) Aug. 26-1948

(Date received and filed)

## (b) June 2. Powell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 22 1948

at - o'clock - M

## 21. I HEREBY CERTIFY, That I attended deceased from

19- to 19-

I last saw h. - alive on - 19-;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Shock 3rd degree Burns

## Duration

Due to -

Due to -

Other conditions -

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation - Date -

Major finding -

Finding of autopsy -

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? - Homicide? -

Occurred Aug 22 1948 City, county, state

where violence occurred at Home

Place of Violence: Home Yes Farm - Industry -

Public Place - While at work? -

Means of injury accidental fire clothing

## 23. Attendant's

## OWN Signature

Arthur W. Hall

## and Address

Pocatello, Idaho

Aug 23 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
AUG 26 1948  
DIVISION OF VITAL STATISTICS  
NON-RESIDENT  
Certificate of Death  
STATE OF IDAHO

1948  
State File No. 2864  
Local Reg. No. 227  
Reg. Dist. No. 5-11

1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State California (b) County Sacramento  
(c) City or town Florin  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Kathryn Crane Hodge

3. (b) If veteran, name war

L

3. (c) Social Security No.

none

4. Sex F 5. Color or race W

6. (b) Name of husband or wife

Ray R

6. (a) Single, widowed, married, divorced married

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December 29, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>7</u>	<u>23</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 32 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Sauwa (City or town) (State or foreign country)

12. Name Charles E. Crane (City or town) (State or foreign country)

13. Birthplace New Jersey (City or town) (State or foreign country)

14. Maiden name Anna Brady (City or town) (State or foreign country)

15. Birthplace Sauwa (City or town) (State or foreign country)

16. Informant's OWN Signature C. H. Hodge and Address Florin Cal.

17. (a) Removal (b) Date thereof 8-23-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Sacramento, Cal.

18. Funeral Director's OWN Signature Byron B. Darnard and Address Pocatello Idaho

19. (a) Aug 23, 1948 (b) Emil J. Fumei (Date received and filed) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) August 22 1948  
at 4 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from

19 to Aug 22 1948  
I last saw her dead on Aug 22 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Acute myocarditis

Duration

Sudden

Due to Cancer of bowels 7 years  
+ ulcers

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? home

Name of operation Cholecystectomy Date \_\_\_\_\_

Major finding Carcinoma

Finding of autopsy ulcers

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature D. C. Ray (M. D. or other)  
and Address Pocatello Date 8-22 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 20 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2865

Local Reg. No. 231

Reg. Dist. No. 510

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County BANNACK
- (b) City or town POCATELLO
- (c) Street Address or R.E.D. No. 824 S. 3RD
- (d) Death Occurred Inside? ☒ Outside? ☐ city or town
- (e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐
- (f) Name Hosp. or Inst. - Stayed - days
- (g) Lived in this county 3 years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State IDAHO (b) County BANNACK
- (c) City or town POCATELLO
- (d) Street Address or R.F.D. No. 824 S. 3RD
- (e) Deceased lived Inside? ☒ Outside? ☐ city or town
- (f) Citizen of what country? UNITED STATES
- (g) How long had deceased lived in Idaho? 64 years
- (h) Former residence (city, state) UTAH

3. (a) FULL NAME ROBERT FREDRICK ANDOUS

3. (b) If veteran, name war - 3. (c) Social Security No. -

5. Color or MALE race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MATILDA FELT
6. (c) Age of husband or wife if alive - years

7. Date of Birth (Month, Day, Year) SEPTEMBER 17, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>11</u>	<u>6</u>	hrs. min.

9. Exact Occupation RETIRED Did this work for - yrs.

10. Industry or Business FARMER Date last worked -

11. Birthplace HUNTSVILLE UTAH (City or town) (State or foreign country)

12. Name CHARLES ANDOUS

13. Birthplace ENGLAND (City or town) (State or foreign country)

14. Maiden name LUCY DRAKE

15. Birthplace ILLINOIS (City or town) (State or foreign country)

16. Informant's OWN Signature Odetta Goodrich

and Address POCATELLO, IDAHO

17. (a) REMOVAL & BURIAL (b) Date thereof 8-20-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place DOWNNEY, IDAHO

18. Funeral Director's OWN Signature William P. Hall

and Address POCATELLO, IDAHO

19. (a) 8-20-48 (b) Jessie D. Danel (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) AUGUST 23 19 48  
at 3:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 13 19 48 to Aug 23 19 48  
I last saw him alive on Aug 13 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: myocardial infarction Duration

Due to senility

Due to -

Other conditions -  
(Include pregnancy within 3 months of death)

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autopsy -

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature W. P. Hall M. D. or other

and Address Pocatello, Ida. Date 8-9-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 13 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2866  
Local Reg. No. 216  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address ~~xxxxxx~~ 82 Ravine Drive  
(d) Death Occurred Inside? x Outside?        city or town  
(e) Died in a Home x Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 8 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Poca tello  
(d) Street Address ~~xxxxxx~~ 82 Ravine Drive  
(e) Deceased lived Inside? x Outside?        city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

WARD DALLMAN SYMES

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex male race white

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife  
Vera Palmer Symes

6. (c) Age of husband or wife if  
alive 37 years

7. Date of Birth  
(Month, Day, Year) August 19, 1910

8. AGE	Years	Months	Days	If less than 1 day
	<u>38</u>	<u>0</u>	<u>5</u>	hrs. min.

9. Exact Occupation Telegrapher Did this work for 20 yrs.

10. Industry or Business Union Pacific RR Date last worked 8/23/248

11. Birthplace Hoytsville Utah  
(City or town) (State or foreign country)

12. Name Hugh Bartlett Symes

13. Birthplace No data  
(City or town) (State or foreign country)

14. Maiden name Ruby Dallman

15. Birthplace No Data  
(City or town) (State or foreign country)

16. Informant's OWN Signature Vera P. Symes  
and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof Aug. 26, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Preston, Idaho

18. Funeral Director's OWN Signature James J. Powell  
and Address Pocatello, Idaho

19. (a) Aug. 25, 1948 (b) James J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) August 24 19 48  
at 1:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
August 23 19 48 to August 24 19 48

I last saw h. im alive on August 24 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Coronary Artery  
occlusion

## Duration

90 min.

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation none Date       

Major finding       

Finding of autopsy none

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state  
where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature George J. Cox M.D.  
(M. D. or other)

and Address Pocatello, Idaho Date Aug. 25 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 13 1948

# Certificate of Death

DEPARTMENT OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2867  
Local Reg. No. 277  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? L Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital L Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 8 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 357 N. 4th  
(e) Deceased lived Inside? L Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 7/3 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Linda Diaz

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December 21, 1947

8. AGE	Years	Months	Days	If less than 1 day
		<u>8</u>	<u>4</u>	hrs. min.

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Pocatello Idaho (City or town) (State or foreign country)

12. Name Joe Vincent Diaz (City or town) (State or foreign country)

13. Birthplace Auguste Kansas (City or town) (State or foreign country)

14. Maiden name Lucile Wazera

15. Birthplace Fort Wall Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Lucile Diaz

and Address Pocatello Idaho

17. (a) Burial (b) Date thereof 8-28-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Downard

and Address Pocatello Idaho

19. (a) Sept 1, 1948 (b) Jessie J. Gwinn (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 25, 1948  
at 1:35 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 8-23-48

19 \_\_\_\_\_ to 8-25 1948  
I last saw h. er alive on 8-25 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death acute diarrhea Duration 10 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Measles 1 month ago

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D. C. Ray

and Address Pocatello (M. D. or other) Date 8-27 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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SEP 13 1948

# Certificate of Death

State File No. 2868

Local Reg. No. 218

Reg. Dist. No. 511

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 7 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Power  
(c) City or town Rockland  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

John Bode

## 3. (b) If veteran, name was

## 3. (c) Social Security No.

4. Sex M. 5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Jan. 19, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>7</u>	<u>3</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Milton, Oregon (City or town) (State or foreign country)  
Father { 12. Name William Bode  
13. Birthplace Not Known (City or town) (State or foreign country)  
Mother { 14. Maiden name Rachel Lee  
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's OWN Signature Am. Falls, Ida.  
and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 8-28-48 (Month) (Day) (Year)  
(c) Place Fallenier Cemetery

18. Funeral Director's OWN Signature W. H. Dring  
and Address Am. Falls, Idaho

19. (a) Aug. 30, 1948 (Date received and filed) (b) Josie J. Powell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8-25 19 48  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from 8/18/48 to 8/25/48  
I last saw him alive on 8/24 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Rockland

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ben Roberts (M. D. or other)

and Address Pocatello to 8/26 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2869

Local Reg. No. 219

Reg. Dist. No. 511

DIVISION OF VITAL

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ✓ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 7 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Peggy  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Molly Ricci

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or \_\_\_\_\_  
4. Sex D race N

(b) Name of husband or wife \_\_\_\_\_

(a) Single, widowed, married, divorced single

(c) Age of husband or wife if alive 2 years

7. Date of Birth (Month, Day, Year) August 20, 1948

AGE	Years	Months	Days	If less than 1 day
	0	0	7	hrs. min.

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Pocatello, Idaho (City or town) (State or foreign country)

12. Name Fiorino Ricci

13. Birthplace Sacramento, Cal. (City or town) (State or foreign country)

14. Maiden name Dorothy Brennan

15. Birthplace San Francisco, Cal. (City or town) (State or foreign country)

16. Informant's OWN Signature J Ricci

and Address Peggy, Ida

17. (a) Burial (b) Date thereof 8-28-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Downard

and Address Pocatello, Idaho

19. (a) Sept 1, 1948 (b) Jenni J. Gavell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 27, 1948  
at 10 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 21 Aug 1948 to 27 Aug 1948

I last saw her alive on 27 Aug 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Prematurity

## Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Louis G. Bush; M.D.

and Address 252 W. Main Date 30 Aug 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 19 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2870  
Local Reg. No. 214  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) ~~Street Address~~ R.F.D. No. 2 North of City  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ----- Stayed ----- days  
(g) Lived in this county 18 years ----- months ----- days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) ~~Street Address~~ R.F.D. No. 2 North  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME

CARRIE STEVENSON THOMPSON

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race white  
6. (a) Sex female (b) (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Benjamin H. Thompson 6. (c) Age of husband or wife if alive decd 1909 years

7. Date of Birth Cotober 13, 1867  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	80	8	22	hrs. min.

9. Exact Occupation housekeeper Did this work for ----- yrs.

10. Industry or Business home Date last worked -----

11. Birthplace Seward Nebraska  
(City or town) (State or foreign country)

Father { 12. Name Samuel Stevenson

13. Birthplace No Data  
(City or town) (State or foreign country)

Mother { 14. Maiden name Garaphelia Osborne

15. Birthplace No Data  
(City or town) (State or foreign country)

16. Informant's OWN Signature Bliss L. Rice  
and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof Aug. 7, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello, Idaho

18. Funeral Director's OWN Signature Jack Henderson

and Address Pocatello, Idaho

19. (a) Aug. 6, 1948 (b) Jessie J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 5 19 48  
(Month, Day, Year) at 8:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from April 4 19 48 to Aug 5 19 48

I last saw h. or alive on Aug 1 19 48;  
death is said to have occurred on the day and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration -----

Due to three small hemorrhages during past four months

Due to -----

Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ----- 19 ----- City, county, state

where violence occurred -----

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury -----

23. Attendant's OWN Signature G. M. Newton M.D.  
(M. D. or other)

and Address Pocatello, Ida Date Aug. 6 19 48

(For additional space, use reverse side)

37-259720

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36  
State File No. 2871Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 18 1948

## Certificate of Death

STATE OF IDAHO

Local Reg. No. 194

Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
 (b) City or town LAUREL HOT SPRINGS  
 (c) Street Address or R.F.D. No. -  
 (d) Death Occurred Inside? - Outside? - city or town  
 (e) Died in a Home - Hospital - Institution - Other place -  
 (f) Name Hosp. or Inst. LAUREL HOT SPRINGS days  
 (g) Lived in this county LIFE years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
 (c) City or town McCammon  
 (d) Street Address or R.F.D. No. -  
 (e) Deceased lived Inside? - Outside? - city or town  
 (f) Citizen of what country? UNITED STATES  
 (g) How long had deceased lived in Idaho? LIFE years  
 (h) Former residence (city, state) NONE

3. (a) FULL NAME DENZIL LEON CRUMP

184X

3. (b) If veteran, name war -3. (c) Social Security No. -4. Sex MALE race WHITE6. (a) Single, widowed, married, divorced SINGLE6. (b) Name of husband or wife -6. (c) Age of husband or wife if alive - years7. Date of Birth (Month, Day, Year) SEPTEMBER 26, 1938

8. AGE	Years	Months	Days	If less than 1 day
	9	10	10	hrs. min.

9. Exact Occupation AT SCHOOL Did this work for - yrs.10. Industry or Business - Date last worked -11. Birthplace McCammon IDAHO  
(City or town) (State or foreign country)Father { 12. Name LEO CRUMP13. Birthplace PRIMO IDAHO  
(City or town) (State or foreign country)Mother { 14. Maiden name GWENDOLYNN CRUMP15. Birthplace - (City or town) (State or foreign country)16. Informant's OWN Signature Leo Crumpand Address McCammon, IDAHO17. (a) BURIAL (b) Date thereof 8-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place McCammon, IDAHO18. Funeral Director's OWN Signature Arthur W. Halland Address POPLATELLO, IDAHO19. (a) Aug 10, 1948 (b) Jose J. Crump  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) AUGUST 6 19 48  
at 1:30 o'clock P. M.21. I HEREBY CERTIFY, That I attended deceased from - 19 - to - 19 -I last saw h. - alive on - 19 -; death is said to have occurred on the date and hour stated above.Immediate Cause of Death: Gun shot wound in head. Duration -Due to -Due to -Other conditions - (Include pregnancy within 3 months of death)Where was disease contracted? -Name of operation - Date -Major finding -Finding of autopsy -

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? - Homicide? -Occurred Aug 6 19 48 City, county, state where violence occurred at Home.Place of Violence: Home yes Farm - Industry -Public Place - While at work? -Means of injury Gun shot wound.23. Attendant's OWN Signature Arthur W. Halland Address Boca Ida Date Aug 9, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 20 1948

# Certificate of Death

STATE OF IDAHO

1048  
State File No. 2872  
Local Reg. No. 230  
Reg. Dist. No. 510

1. PLACE OF DEATH: **STATISTICS**
- (a) County: **IDAHO**
- (b) City or town: **McLannan**
- (c) Street Address or R.F.D. No. **-**
- (d) Death Occurred Inside? **-** Outside? **-** city or town
- (e) Died in a Home **-** Hospital **-** Institution **-** Other place **-**
- (f) Name Hosp. or Inst. **-** Stayed **-** days
- (g) Lived in this county **UNKNOWN** years **UNKNOWN** months **UNKNOWN** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State: **UNKNOWN** County **-**
- (c) City or town: **UNKNOWN**
- (d) Street Address or R.F.D. No. **-**
- (e) Deceased lived Inside? **-** Outside? **-** city or town
- (f) Citizen of what country? **U.S.A.**
- (g) How long had deceased lived in Idaho? **UNKNOWN** years
- (h) Former residence (city, state) **UNKNOWN**

3. (a) FULL NAME **CASPER MURNEY CHRISTIANSEN**

077E

3. (b) If veteran, name war **-**
3. (c) Social Security No. **493-07-2337**
5. Color or **-**
6. (a) Single, widowed, married, divorced **MARRIED**
4. Sex **MALE** race **WHITE**
6. (b) Name of husband or wife **-**
6. (c) Age of husband or wife if alive **-** years

7. Date of Birth (Month, Day, Year) **1900**

AGE	Years	Months	Days	If less than 1 day
	<b>48</b>			hrs. min.

9. Exact Occupation **UNKNOWN** Did this work for **-** yrs.
10. Industry or Business **-** Date last worked **-**
11. Birthplace **UNKNOWN** (City or town) (State or foreign country)

12. Name **UNKNOWN**
13. Birthplace (City or town) (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature **Passage of person** and Address **Laurel, Idaho**

17. (a) **BURIAL** (Burial, cremation or removal) (b) Date thereof **8-22-48** (Month) (Day) (Year)
- (c) Place **LOCATELLO, IDAHO**

18. Funeral Director's OWN Signature **Arthur J. Hall** and Address **LOCATELLO, IDAHO**

19. (a) **9-14-48** (Date received and filed) (b) **Jessie J. Powell** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **August 13** 19**48**
- at **-** o'clock **-** M.
21. I HEREBY CERTIFY, That I attended deceased from **-** 19 **-** to **-** 19 **-**

I last saw h. **-** alive on **-** 19 **-**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Dropsy my accident** Duration **-**

Due to **Probable Cardiac**

Due to **Died on train enroute from**

Due to **not Yellowstone**

Other conditions **Los Angeles**

(Include pregnancy within 3 months of death)

Where was disease contracted? **-**

Name of operation **-** Date **-**

Major finding **-**

Finding of autopsy **-**

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? **-** Suicide? **-** Homicide? **-**
- Occurred **-** 19 **-** City, county, state where violence occurred **-**
- Place of Violence: Home **-** Farm **-** Industry **-**
- Public Place **-** While at work? **-**
- Means of injury **-**
23. Attendant's OWN Signature **Arthur J. Hall** and Address **Locateello, Idaho** Date **Aug 23 1948**
- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
AUG 27 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 2873  
Local Reg. No. 207  
Reg. Dist. No. 511

1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Lava Hot Springs  
(c) Street Address or R.F.D. No. ✓  
(d) Death Occurred Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home? ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst. ✓ Stayed ✓ days  
(g) Lived in this county 4 years ✓ months ✓ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Lava Hot Springs  
(d) Street Address or R.F.D. No. ✓  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Pynum, Montana

3. (a) FULL NAME

Marion John Greene

094A

3. (b) If veteran, name war

WWII

3. (c) Social Security

No. 519-28-8620

5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife IDA HIGGINS 6. (c) Age of husband or wife if alive 77 years

7. Date of Birth (Month, Day, Year) August 12, 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>0</u>	<u>10</u>	hrs min.

9. Exact Occupation Farming + Laborer Did this work for 30 yrs.

10. Industry or Business General Date last worked ✓

11. Birthplace Tooele, Utah (City or town) (State or foreign country)

12. Name George B. Green

13. Birthplace Tooele, Utah (City or town) (State or foreign country)

14. Maiden name Emma Goerner

15. Birthplace Tooele, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Ida Greene and Address LAVA HOT SPRINGS, IDAHO

17. (a) BURIAL (b) Date thereof 8-26-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: LAVA HOT SPRINGS, IDAHO

18. Funeral Director's OWN Signature Arthur Hall and Address POCATELLO, IDAHO

19. (a) Aug 26, 1948 (b) Jessie J. Howell (Date received and filed) (Registrar's signature)

\* MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 21, 1948 at 1100 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 15, 1948 to August 21, 1948 I last saw him alive on Aug. 21, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion (?) Duration

Due to Influenza 3 days

Due to Note: Head + Body Injuries Sustained

Other conditions June 15, 1948 (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation ✓ Date ✓ Underline the cause to which death should be charged statistically.

Major finding ✓

Finding of autopsy ✓

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓

Occurred 19 City, county, state where violence occurred

Place of Violence: Home ✓ Farm ✓ Industry ✓

Public Place ✓ While at work? ✓

Means of injury ✓

23. Attendant's OWN Signature Howard C. Whitehead (M. D. or other)

and Address Lava Hot Springs Date 8/22/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 27 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2874  
Local Reg. No. 211  
Reg. Dist. No. 5-11

1. PLACE OF DEATH: STATISTICS
- (a) County BANNOCK  
(b) City or town McCammon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? - city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place -  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 2 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State UTAH (b) County WEBER  
(c) City or town OGDEN  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? - Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) UTAH

3. (a) FULL NAME JACK B. POLAND.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced MARRIED

4. Sex MALE race WHITE

6. (b) Name of husband or wife MARY KITCHENS 6. (c) Age of husband or wife if alive 48 years

7. Date of Birth (Month, Day, Year) OCTOBER 22, 1919

8. AGE	Years	Months	Days	If less than 1 day
	<u>28</u>	<u>10</u>	<u>2</u>	hrs. min.

9. Exact Occupation CIRCULATION DEPT. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business KANSAS CITY STEEL Date last worked 1938

11. Birthplace COTTER ARKANSAS  
(City or town) (State or foreign country)

12. Name CHARLES LERT POLAND

13. Birthplace MISSOURI  
(City or town) (State or foreign country)

14. Maiden name LILLIE BULLEN

15. Birthplace ARKANSAS  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mary K. Poland  
and Address McCammon, IDAHO

17. (a) REMOVAL (b) Date thereof 8-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place OGDEN, UTAH

18. Funeral Director's OWN Signature Arthur M. Hall  
and Address POCAHONTAS, IDAHO

19. (a) Aug 25 1948 (b) and J. Paul  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 24 1948  
at 6:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration \_\_\_\_\_

Due to Bronchial Asthma

Due to in years duration

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Arthur M. Hall  
and Address Poca Idaho Date 8-25-1948  
(For additional space, use reverse side)

094A

112X

PHYSICIAN  
Underline the cause to which death should be charged statistically

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 13 1948

DEPT. OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 2875

Local Reg. No. 220

Reg. Dist. No. 211

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town LUND  
(c) Street Address or R.F.D. No. -  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county 53 years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town LUND  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 53 years  
(h) Former residence (city, state) UTAH

## 3. (a) FULL NAME

SELMA CHRISTINA SANDERS

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife AUGUST SANDERS 6. (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) MARCH 17, 1879

AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>5</u>	<u>10</u>	hrs. min.

9. Exact Occupation HOUSEWIFE Did this work for - yrs.

10. Industry or Business AT HOME Date last worked -

11. Birthplace (City or town) SWEDEN (State or foreign country)

12. Name H. B. SANDERS

13. Birthplace (City or town) SWEDEN (State or foreign country)

14. Maiden name HEDDA KATMIN

15. Birthplace (City or town) SWEDEN (State or foreign country)

16. Informant's OWN Signature Orval A. Sanders

and Address LUND, IDAHO

17. (a) BURIAL (b) Date thereof Sept 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place LUND, IDAHO

18. Funeral Director's OWN Signature Arthur Hall

and Address POCAHONTAS, IDAHO

19. (a) Aug 31, 1948 (b) Jessie L. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) AUGUST 27 1948  
at 10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 25 1948 to Aug 27 1948

I last saw him alive on Aug 25 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 5 minutes

Due to -

Due to -

Other conditions (Include pregnancy within 3 months of death) -

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autopsy -

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature Allen H. Tigert, M.D.

and Address Soda Springs Date Aug 29, 1948  
(For additional space, use reverse side)

Idaho

548

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 20 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2876  
Local Reg. No. 732  
Reg. Dist. No. 5-11

1. PLACE OF DEATH: CRANFORTH  
(a) County BLANDOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. SOUTH OF CITY  
(d) Death Occurred Inside? ✓ Outside? X city or town  
(e) Died in a Home.....Hospital.....Institution.....Other place.....  
(f) Name Hosp. or Inst. .... Stayed..... days  
(g) Lived in this county.....years.....months...../.....days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State UTAH (b) County SALT LAKE  
(c) City or town SALT LAKE CITY  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ✓ Outside? ..... city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? NEAR years  
(h) Former residence (city, state) .....

3. (a) FULL NAME MARIE ELLENBACH MORRISON

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or ..... 6. (a) Single, widowed, married, divorced. MARRIED  
4. Sex FEMALE race WHITE  
6. (b) Name of husband or wife JOSEPH S. MORRISON 6. (c) Age of husband or wife if alive 41 years

7. Date of Birth (Month, Day, Year) OCTOBER 23, 1905  
8. AGE Years Months Days If less than 1 day  
42 9 5 hrs. min.

9. Exact Occupation HOUSEWIFE Did this work for..... yrs.  
10. Industry or Business AT HOME Date last worked.....  
11. Birthplace BERN SWITZERLAND (City or town) (State or foreign country)

Father { 12. Name EMIL ELLENBACH  
13. Birthplace SWITZERLAND (City or town) (State or foreign country)  
Mother { 14. Maiden name ANNA ELLENBACH  
15. Birthplace SWITZERLAND (City or town) (State or foreign country)

16. Informant's OWN Signature Charles H. Morrison  
and Address SALT LAKE CITY UTAH

17. (a) REMOVAL (b) Date thereof Aug 31, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place SALT LAKE CITY, UTAH  
18. Funeral Director's OWN Signature Arthur J. Hall  
and Address POCATELLO, IDAHO

19. (a) Aug 30, 1948 (b) James J. Howell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) AUGUST 28 19 48  
at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from..... 19..... to..... 19.....

I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Broken Neck fracturing skull  
crushed chest  
Due to auto accident

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....  
Name of operation..... Date.....  
Major finding.....  
Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide?..... Homicide?.....  
Occurred Aug 28 19 48 City, county, state  
where violence occurred Highway 91-10  
Place of Violence: Home..... Farm..... Industry.....

Public Place yes While at work?.....  
Means of injury auto accident

23. Attendant's OWN Signature Arthur J. Hall  
and Address Pocahontas, Idaho Date 8-30-1948  
(For additional space, use reverse side)

rrd

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED NON-RESIDENT  
Certificate of Death

SEP 13 1948

STATE OF IDAHO

State File No. 2877  
Local Reg. No. 224  
Reg. Dist. No. 5-11

DEPARTMENT OF VITAL

1. PLACE OF DEATH: (Always fill in these)  
(a) County: DANBOCK  
(b) City or town: FOCATELLO  
(c) Street Address or R.F.D. No.: 650 N. 7TH  
(d) Death Occurred Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst.: ST ANTHONY Stayed 2 hrs. days  
(g) Lived in this county ✓ years ✓ months ✓ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State: UTAH (b) County: SALT LAKE  
(c) City or town: SALT LAKE CITY  
(d) Street Address or R.F.D. No.: ✓  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? NEVER years  
(h) Former residence (city, state) ✓

3. (a) FULL NAME: RALPH ARVIN THALMANN

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓  
5. Color or MALE race WHITE 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Date of Birth (Month, Day, Year) JANUARY 6, 1929  
8. AGE: Years 18 Months 7 Days 22 If less than 1 day hrs. min.

9. Exact Occupation: SHIFT FOREMAN Did this work for ✓ yrs.  
10. Industry or Business: SERVICE STATION Date last worked ✓  
11. Birthplace: SALT LAKE CITY (City or town) UTAH (State or foreign country)  
12. Name: ARVIN A. THALMANN  
13. Birthplace: UTAH (City or town) (State or foreign country)  
14. Maiden name: VEDA L. HEINER  
15. Birthplace: MORGAN (City or town) (State or foreign country)

16. Informant's OWN Signature: Charles H. Morrison  
and Address: SALT LAKE CITY UTAH  
17. (a) REMOVAL (Burial, cremation, or removal) ✓ (b) Date thereof: Aug 31, 1948 (Month) (Day) (Year)  
(c) Place: SALT LAKE CITY UTAH  
18. Funeral Director's OWN Signature: Anthony P. Hall  
and Address: FOCATELLO, IDAHO  
19. (a) Aug 30, 1948 (Date received and filed) (b) Jessie J. Powell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) AUGUST 28 1948  
at ✓ o'clock ✓ M.

21. I HEREBY CERTIFY, That I attended deceased from ✓ 19✓ to ✓ 19✓

I last saw h. ✓ alive on ✓ 19✓; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: fractured skull shock hemorrhage Duration ✓  
Due to ✓

Due to ✓  
Other conditions: ✓ (Include pregnancy within 3 months of death)

Where was disease contracted? ✓  
Name of operation: ✓ Date: ✓  
Major finding: ✓  
Finding of autopsy: ✓

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? yes Suicide? ✓ Homicide? ✓  
Occurred Aug 28 1948 City, county, state Highway 91 - To  
where violence occurred ✓  
Place of Violence: Home ✓ Farm ✓ Industry ✓  
Public Place yes While at work? ✓  
Means of injury: Auto Accident  
23. Attendant's OWN Signature: Anthony P. Hall  
and Address: Pocatello, Idaho Date: 8-30, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 13 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2878

Local Reg. No. 223

Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. SOUTH OF CITY  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place ✓  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State UTAH (b) County SALT LAKE  
(c) City or town SALT LAKE CITY  
(d) Street Address or R.F.D. No. 170C  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho NEVER years  
(h) Former residence (city, state) -

## 3. (a) FULL NAME

JOSEPH SMITH MORRISON

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

## 6. (a) Single, widowed, married, divorced

MALE race WHITE

MARRIED

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

MARIE ELLENBACH

## 7. Date of Birth

(Month, Day, Year) OCTOBER 23, 1906

## 8. AGE

Years

Months

Days

If less than 1 day

41

10

5

hrs.

min.

## 9. Exact Occupation

HEAD FIREMAN

## Did this work for

years

## 10. Industry or Business

UTAH POWER & LIGHT

## Date last worked

-

## 11. Birthplace

EUREKA

UTAH

(City or town)

(State or foreign country)

## 12. Name

CHARLES H. MORRISON

## 13. Birthplace

RICHFIELD

UTAH

(City or town)

(State or foreign country)

## 14. Maiden name

ISABELLA DUNN

## 15. Birthplace

GLASGOW

SCOTLAND

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

Charles H. Morrison

## and Address

SALT LAKE CITY, UTAH

## 17. (a) REMOVAL

(Burial, cremation, or removal)

## (b) Date thereof

Aug 31, 1948

## (c) Place

SALT LAKE CITY, UTAH

## 18. Funeral Director's OWN Signature

Arthur Hall

## and Address

POCATELLO, IDAHO

## 19. (a)

Aug 30, 1948

## (b)

James D. Powell

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) AUGUST 28

at 170C o'clock 19 M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Fractured Skull  
Crushed Chest

Due to Auto Accident

Due to -

Other conditions -

(Include pregnancy within 3 months of death)

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autopsy -

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? - Homicide? -

Occurred Aug 28 19 48 City, county, state Highway 91 - South

where violence occurred Place of Violence: Home Farm Industry

Public Place Yes While at work? -

Means of injury Auto Accident

## 23. Attendant's OWN Signature

Arthur Hall

and Address Poc 9th Date 8-30 19 48

(For additional space, use reverse side)

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered, as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 1 1948

DIVISION OF VITAL

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2879  
Local Reg. No. 222  
Reg. Dist. No. 511

1. PLACE OF DEATH: STATISTICS
- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. SOUTH OF CITY  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county - years - months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State UTAH (b) County SALT LAKE  
(c) City or town SALT LAKE CITY  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? NEVER years  
(h) Former residence (city, state) -

3. (a) FULL NAME Jo Ann Morrison

3. (b) If veteran, name war - 3. (c) Social Security No. -
5. Color or WHITE 6. (a) Single, widowed, married, divorced SINGLE  
4. Sex FEMALE  
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Date of Birth (Month, Day, Year) JUNE 12, 1938

AGE	Years	Months	Days	If less than 1 day
	<u>10</u>	<u>2</u>	<u>16</u>	hrs. min.

9. Exact Occupation AT SCHOOL Did this work for - yrs.  
10. Industry or Business - Date last worked -
11. Birthplace SALT LAKE CITY UTAH  
(City or town) (State or foreign country)
- Father { 12. Name JOSEPH S. MORRISON  
13. Birthplace EUREKA UTAH  
(City or town) (State or foreign country)
- Mother { 14. Maiden name MARIE ELLENBACH  
15. Birthplace BERN SWITZERLAND  
(City or town) (State or foreign country)
16. Informant's OWN Signature Charles H. Morrison  
and Address SALT LAKE CITY, UTAH
17. (a) REMoval (b) Date thereof Aug 31, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place SALT LAKE CITY UTAH
18. Funeral Director's OWN Signature Arthur W. Hall  
and Address POCATELLO, IDAHO
19. (a) Aug 30, 1948 (b) Janie L. Howell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH AUGUST 28 1948  
(Month, Day, Year) at - o'clock - M.

21. I HEREBY CERTIFY, That I attended deceased from - 19- to - 19-

I last saw h. - alive on - 19-; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crushed Chest Duration  
Auto Accident

Due to -

Due to -

Other conditions X  
(Include pregnancy within 3 months of death)

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autops X

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? - Homicide? -

Occurred Aug 28 1948 City, county, state

where violence occurred Highway 91 - E

Place of Violence: Home - Farm - Industry -

Public Place Yes While at work? -

Means of injury Auto Accident

23. Attendant's OWN Signature Arthur W. Hall

and Address Pocatello, Idaho Date 8/30 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
NON-RESIDENT  
Certificate of Death

SEP 13 1948

STATE OF IDAHO

1948 State File No. 2880  
Local Reg. No. 221  
Reg. Dist. No. 311

1. PLACE OF DEATH: STATISTICS  
(a) County. BRANCO  
(b) City or town. POCAHELLO  
(c) Street Address or R.F.D. No. SOUTH OF CITY  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home. Hospital. Institution. Other place. X  
(f) Name Hosp. or Inst. Stayed. days  
(g) Lived in this county. years. months. 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. UTAH (b) County. SALT LAKE  
(c) City or town. SALT LAKE CITY  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? NEVER years  
(h) Former residence (city, state)

3. (a) FULL NAME CAROL MORRISON

3. (b) If veteran, name war 3. (c) Social Security No.

5. Color or 6. (a) Single, widowed, married,  
4. Sex FEMALE race WHITE divorced SINGLE  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if  
alive. years

7. Date of Birth (Month, Day, Year) JULY 4, 1945  
8. AGE Years Months Days If less than 1 day  
3 1 24 hrs. min.

9. Exact Occupation AT HOME Did this work for. yrs.  
10. Industry or Business Date last worked

11. Birthplace SALT LAKE CITY UTAH  
(City or town) (State or foreign country)

12. Name JOSEPH S. MORRISON  
13. Birthplace EUREKA UTAH  
(City or town) (State or foreign country)

14. Maiden name MARIE ELLENBACH  
15. Birthplace BERN SWITZERLAND  
(City or town) (State or foreign country)

16. Informant's OWN Signature Charles F. Morrison  
and Address SALT LAKE CITY UTAH

17. (a) LE TOWAL (b) Date thereof Aug 31, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place SALT LAKE CITY UTAH

18. Funeral Director's OWN Signature Arthur M. Hall  
and Address POCAHELLO, IDAHO

19. (a) Aug 30, 1948 (b) Jessie L. Howell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH AUGUST 28 1948  
(Month, Day, Year) at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crushed Skull Duration

Due to auto accident

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? Homicide?

Occurred Aug 28 1948 City, county, state where violence occurred Highway 91 - 50

Place of Violence: Home. Farm. Industry.

Public Place. While at work?

Means of injury auto accident

23. Attendant's OWN Signature Arthur M. Hall  
and Address POCAHELLO IDAHO Date Aug 30 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 2881  
Local Reg. No. 233  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town BATH HOT SPRINGS  
(c) Street Address or R.F.D. No. 100  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. LIAVA Stayed 1 days  
(g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State WASHINGTON (b) County AMBOY  
(c) City or town AMBOY  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 1 day years  
(h) Former residence (city, state) -

## 3. (a) FULL NAME

Nick Louis Cozad

## 3. (b) If veteran, name war

## 3. (c) Social Security

No. 505-10-0911

5. Color or WHITE 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex MALE race WHITE  
6. (b) Name of husband or wife VIRGINIA MAE Cozad 6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year)

May 20, 1912

## 8. AGE

Years	Months	Days	If less than 1 day
<u>36</u>	<u>3</u>	<u>10</u>	hrs min.

## 9. Exact Occupation

TRACTOR OPERATOR Did this work for years

## 10. Industry or Business

Date last worked -

## 11. Birthplace

MARYSVILLE, MISSOURI  
(City or town) (State or foreign country)

## 12. Name

LEUI LOUIS COZAD

## 13. Birthplace

PEORIA, ILLINOIS  
(City or town) (State or foreign country)

## 14. Maiden name

AMY SANDERS

## 15. Birthplace

OKLAHOMA  
(City or town) (State or foreign country)

## 16. Informant's OWN Signature

Virginia Mae Cozad

## and Address

AMBOY, WASHINGTON

## 17. (a) Burial (Burial, cremation, or removal)

BURIAL (b) Date thereof 9-14-48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature

Shea & Allen

## and Address

POCAHONTAS, IDAHO

## 19. (a) Date received and filed

Sept. 14, 1948 (b) Registrar's signature James S. James

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 30, 1948  
at 10:15 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

August 29, 1948, to Aug 30, 1948

I last saw h. 1 PM alive on Aug 30, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Shock + hemorrhage  
cardiac concussion Duration 1 day

## Due to

Hit + Run accident with automobile and motorcycle  
on Highway 30  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

PHYSICIAN

## Name of operation

Underline the cause to which death should be charged statistically.

## Major finding

PHYSICIAN

## Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state Bannock, Idaho

where violence occurred Bannock, Bannock, Idaho

Place of Violence: Home Farm Industry Public Place

Means of injury Hit + Run accident

## 23. Attendant's OWN Signature

Howard Cowlishaw (M. D. or other)

and Address Bath Hot Springs Date 8/30 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

AUG 20 1948

STATE OF IDAHO

1948 State File No. 2882

Local Reg. No.

Reg. Dist. No. 253

1. PLACE OF DEATH: (Always fill in these)
- (a) County... Bear Lake
- (b) City or town... Montpelier Idaho
- (c) Street Address or R.F.D. No. ....
- (d) Death Occurred Inside? ☒ Outside? ☐ city or town
- (e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐
- (f) Name Hosp. Bear Lake Hospital Stayed 2 hrs.
- (g) Lived in this county 2 years 7 months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bear Lake
- (c) City or town Dingle Idaho
- (d) Street Address or R.F.D. No. ....
- (e) Deceased lived Inside? ☐ Outside? ☒ city or town
- (f) Citizen of what country? .....
- (g) How long had deceased lived in Idaho 2 years
- (h) Former residence (city, state) .....

3. (a) FULL NAME Sandra Kaye Keetch

3. (b) If veteran name war No 3. (c) Social Security No. none

5. Color or race white 6. (a) Single, widowed, married single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Jan 2 1946

AGE	Years	Months	Days	If less than 1 day
	<u>2</u>	<u>7</u>	<u>3</u>	hrs. min.

9. Exact Occupation At home Did this work for years

10. Industry or Business Montpelier Idaho Date last worked

11. Birthplace Montpelier Idaho (City or town) (State or foreign country)

12. Name Golden B. Keetch (City or town) (State or foreign country)

13. Birthplace Dingle Idaho (City or town) (State or foreign country)

14. Maiden name John Christensen

15. Birthplace Shelby Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Golden B. Keetch and Address Dingle Idaho

17. (a) Burial (b) Date thereof Aug 8, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Wardboro Idaho

18. Funeral Director's OWN Signature Neil Matthews and Address Montpelier Idaho

19. (a) 8/17/48 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 5 1948  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Skull fracture Duration 1 hour

Due to Automobile accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? no Homicide? no

Occurred Aug 5 1948 City, county, state Montpelier, Bear Lake, Idaho

where violence occurred Montpelier, Bear Lake, Idaho

Place of Violence: Home yes Farm no Industry no

Public Place no While at work? yes

Means of injury Run over by automobile

23. Attendant's OWN Signature R. B. Lindsey, M.D. (M. D. or other) and Address Montpelier Date 8-18 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

AUG 20 1948

STATE OF IDAHO

1948  
State File No. 2883  
Local Reg. No.  
Reg. Dist. No. 552

1. PLACE OF DEATH: DIVISION OF VITAL  
(a) County. Bear Lake  
(b) City or town. Montpelier Idaho  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place?  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 74 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bear Lake  
(c) City or town Montpelier Idaho  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 74 years  
(h) Former residence (city, state)

3. (a) FULL NAME Fannie Lucinda Hymas

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Samuel E. Hymas 6. (c) Age of husband or wife if alive 80 years

7. Date of Birth (Month, Day, Year) Nov 2, 1873

8. AGE Years 74 Months 9 Days 6 If less than 1 day hrs. min.

9. Exact Occupation Housewife Did this work for 55 yrs.

10. Industry or Business Liberty Idaho Date last worked

11. Birthplace (City or town) (State or foreign country)

12. Name James M. C. Murray

13. Birthplace Hagerstown Penn. (City or town) (State or foreign country)

14. Maiden name Elizabeth Stevenson

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Samuel E. Hymas and Address Montpelier Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11, 1948 (Month) (Day) (Year)

(c) Place Liberty Cemetery

18. Funeral Director's OWN Signature J. P. Galton and Address Montpelier Idaho

19. (a) Date received and filed 8/17/48 (b) Registrar's signature

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 8 1948 at 2 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 8-4-48 to 8-7-48

I last saw h. alive on 8-7-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry Public Place While at work?

Means of injury J. P. Galton 23. Attendant's OWN Signature (M. D. or other) and Address Montpelier Date 8-11 1948 (For additional space, use reverse side)

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
NON-RESIDENT  
Certificate of Death  
AUG 20 1948  
STATE OF IDAHO

State File No. 2884  
Local Reg. No.  
Reg. Dist. No. 582

1. PLACE OF DEATH: DIVISION OF VITAL  
(a) County. Bear Lake  
(b) City or town. Montpelier Idaho  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home. ☐ Hospital. ☐ Institution. ☐ Other place.  
(f) Name Hosp. Bear Lake Hosp. 16 hrs.  
(g) Lived in this county 1 1/2 years 1 1/2 months 1 1/2 days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Missouri (b) County. Cass County  
(c) City or town. Garden City Mo.  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 1/2 days  
(h) Former residence (city, state) Mo.

3. (a) FULL NAME Anna Kauffman

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race white 6. (a) Single, widowed, married, divorced. widow  
4. Sex Female 6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Mar. 20, 1878  
8. AGE Years 70 Months 4 Days 26 If less than 1 day hrs. min.

9. Exact Occupation Housewife Did this work for years  
10. Industry or Business worked Date last worked  
11. Birthplace Morgan County Mo. (City or town) (State or foreign country)

12. Name David Neysenschwander (City or town) (State or foreign country)  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Maiden name Elizabeth Lopinbill  
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Rich H. Garrett  
and Address Satou, Missouri

17. (a) Removal Aug 17, 1948 (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place Garden City Cemetery

18. Funeral Director's OWN Signature Wm. W. H. H. H.  
and Address Montpelier Idaho

19. (a) Aug 17, 1948 (b) W. H. H. H.  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 16 1948  
at 1:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased on Aug 15 1948  
at 4:30 to August 16 1948  
I last saw her ex alive on August 16 1948  
Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 2 days

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Montpelier Idaho  
Name of operating physician Physician Date  
Major finding Physical  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred 19 City, county, state  
where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work ☐

Means of injury Reed H. H. H.  
23. Attendant's OWN Signature Montpelier Idaho Date 8-16 1948  
and Address Montpelier Idaho (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 16 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2885  
Local Reg. No. 52  
Reg. Dist. No. 52

1. PLACE OF DEATH:  
(a) County Butt Lake  
(b) City or town Paris, Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 59 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Butt Lake  
(c) City or town Paris, Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 59 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME Margaret May Dewey Athay

3. (b) If veteran name war no

3. (c) Social Security No. none

5. Color or race white  
6. (a) Single, widowed, married, divorced Widow  
(b) Name of husband or wife Samuel James Athay (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 5, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>2</u>	<u>10</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 59 yrs.

10. Industry or Business Butt Lake City, Utah Date last worked \_\_\_\_\_

11. Birthplace Butt Lake City, Utah (City or town) (State or foreign country)

12. Name Benjamin Franklin Athay

13. Birthplace Tennessee (City or town) (State or foreign country)

14. Maiden name Fissey Parallele Russell

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Parallele Kendall and Address Paris, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 6, 1948 (Month) (Day) (Year)

(c) Place Paris, Idaho

18. Funeral Director's OWN Signature File Matthews and Address Montpelier, Idaho

19. (a) 10/9/48 (Date received and filed) (b) [Signature] (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 3 1948  
at 10 o'clock 7 M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 18 1948 to Aug 3 1948

I last saw him alive on Aug 3 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Decompensation & Mo. Duration \_\_\_\_\_

Due to arterial hypertension 4 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operating \_\_\_\_\_ Date \_\_\_\_\_

Major findings Cardiac irregularity  
Cause of death Cardiac Decompensation  
Mode of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Spencer's fork

23. Attendant's OWN Signature [Signature]

and Address 403 W. Main St. Paris, Idaho Date Aug 3 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 18 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2886  
Local Reg. No.  
Reg. Dist. No. 552

## 1. PLACE OF DEATH

- (a) County Beaver Lake  
(b) City or town Paris Idaho  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 50 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Beaver Lake  
(c) City or town Paris Idaho  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Myrlee Bunn Mattson

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

## 5. Color or race

Female white

## 6. (a) Single, widowed, married, divorced

married

## 6. (b) Name of husband or wife

Leo F. Mattson

## 6. (c) Age of husband or wife if alive

57 years

## 7. Date of Birth

(Month, Day, Year)

Dec 31, 1897

## 8. AGE

Years

Months

Days

If less than 1 day

50

7

4

hrs.

min.

## 9. Exact Occupation

Housewife

Did this work for

31 yrs.

## 10. Industry or Business

Paris Idaho

Date last worked

worked

## 11. Birthplace

Paris Idaho

(City or town)

(State or foreign country)

## 12. Name

George F. Bunn

## 13. Birthplace

Morgan, Utah

(City or town)

(State or foreign country)

## 14. Maiden name

Bella Mae

## 15. Birthplace

Paris Idaho

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

Leo F. Mattson

## and Address

Paris Idaho

## 17. (a) Removal

Removal

(Burial, cremation or removal)

(Month) (Day) (Year)

Aug 9, 1948

## (c) Place

Paris Idaho

## 18. Funeral Director's OWN Signature

Myrlee Bunn Mattson

## and Address

1019 1/2 N. 1st St. Paris Idaho

## 19. (a)

9/14/48

(Date received and filed)

(b) Myrlee Bunn Mattson

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

Aug 5, 1948

at

5 o'clock

17 M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Feb 4, 1948

to

Aug 5, 1948

I last saw him

alive on

Aug 5, 1948

death is said to have occurred on the date and hour stated above

Immediate Cause of Death

Cardiac Decompensation 3 mo.

Due to

arterial Hypertension 3 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Home

Name of operation

None

Major findings

Generalized edema

Finding of autopsy

None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?

Swicide?

Homicide?

Occurred

19

City, county, state

where violence occurred

Place of Violence: Home

Farm

Industry

Public Place

While at work

Means of injury

## 23. Attendant's OWN Signature

Spencer H. Hink

and Address

Paris Idaho

Date

Aug 5, 1948

(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 16 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2887

Local Reg. No. JT

Reg. Dist. No. JT

1. PLACE OF DEATH: **STATISTICS**
- (a) County Blaine Lake  
(b) City or town Lanark  
(c) Street Address or R.F.D. No. Blaine Lake  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☐ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. Blaine Lake Stayed 1 days  
(g) Lived in this county 1 years 1 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Blaine Lake  
(c) City or town Lanark Idaho  
(d) Street Address or R.F.D. No. Blaine Lake  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Blaine Lake

3. (a) FULL NAME Johan Egley

3. (b) If veteran, name war WW 3. (c) Social Security No. None

5. Color or white 6. (a) Single, widowed, married Single

4. Sex Male race white 6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Date of Birth (Month, Day, Year) April 5 1859

8. AGE 89 Years 4 Months 9 Days If less than 1 day hrs. min.

9. Exact Occupation Farming Did this work for None yrs.

10. Industry or Business Switzerland Date last worked None

11. Birthplace Switzerland (City or town) (State or foreign country)

12. Name Nicholas Egley

13. Birthplace Switzerland (City or town) (State or foreign country)

14. Maiden name Marie Wirthwiler

15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's OWN Signature Marie Beck

- and Address Lanark Idaho

17. (a) Burial (b) Date there Aug 17 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Lanark Cemetery

18. Funeral Director's OWN Signature Wm. Matthews

- and Address Montpelier Idaho

19. (a) 19 1948 (b) Wm. Matthews  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Aug 14 1948

- (Month, Day, Year) 4:50 o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 12 1948 to Aug 14 1948

- I last saw him alive on Aug 14 1948

- death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death Perforation of stomach

- Duration None

- Due to Gastric ulcer

- Due to None

- Other conditions None

- (Include pregnancy within 3 months of death)

- Where was disease contracted? Home

- Name of operation None

- Major findings Gastric ulcer

- Finding of autopsy None

- PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? ☐ Suicide? ☐ Homicide? ☐

- Occurred Aug 14 1948 City, county, state Lanark Idaho

- where violence occurred None

- Place of Violence: Home ☐ Farm ☐ Industry ☐

- Public Place ☐ While at work? ☐

- Means of injury Spontaneous

23. Attendant's OWN Signature Wm. Matthews

- and Address Montpelier Idaho

- Date Aug 14 1948

- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 4 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 2888  
Local Reg. No. 552  
Reg. Dist. No. 552

1. PLACE OF DEATH: (Always fill in these)  
(a) County Blaine  
(b) City or town Alton Idaho  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? ☒ city or town  
(e) Died in a Home ..... Hospital ..... Institution ..... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years Just going through

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Indiana (b) County Elkhart  
(c) City or town Goshen Indiana  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Indiana Just going through years  
(h) Former residence (city, state) Indiana

3. (a) FULL NAME David Howard

3. (b) If veteran, name war No. 3. (c) Social Security No. ....

4. Sex Male Color or race white 5. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Max Howard 6. (c) Age of husband or wife if alive 70 years

7. Date of Birth (Month, Day, Year) Aug 28 1874

AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>11</u>	<u>27</u>	hrs. min.

9. Exact Occupation Mill worker Did this work for ..... yrs.

10. Industry or Business ..... Date last worked

11. Birthplace Kansas (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Chas Hopie and Address Reedport Ore

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 28 1948 (Month) (Day) (Year)  
(c) Place Goshen Indiana

18. Funeral Director's OWN Signature W. B. Lindsay and Address Montpelier Idaho

19. (a) 8/28/48 (Date received and filed) (b) W. B. Lindsay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) Aug 25 1948  
at 10:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 8-25-48 to 8-25-48

I last saw him alive on 8-25-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute coronary occlusion Duration 2 hrs.

Due to arteriosclerosis 10 yrs.

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state  
where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature W. B. Lindsay, M.D. (M. D. or other)  
and Address Montpelier Date 8-26-48  
(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 31 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 2889  
Local Reg. No. 22  
Reg. Dist. No. 190

## 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Grace Noyen

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife Abe 6. (c) Age of husband or wife if alive 68 years  
7. Date of Birth (Month, Day, Year) September 1, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>11</u>	<u>9</u>	hrs min.

9. Exact Occupation Housewife Did this work for 40 yrs.  
10. Industry or Business Home Date last worked 1947  
11. Birthplace Kalamazoo, Mich  
(City or town) (State or foreign country)

12. Name George Myard  
13. Birthplace Mich.  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Mich.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Abe Noyen  
and Address St. Maries, Idaho

17. (a) Burial (b) Date thereof 8-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wissa  
and Address St. Maries, Idaho

19. (a) 8-29-48 (b) R. E. Wissa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 10, 1948 19\_\_\_\_  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1948, to Aug. 10, 1948.  
I last saw her alive on Aug. 10, 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardio-Respiratory failure Duration 8 hrs.  
Due to Metastatic Cancer 1 yr?

Due to Cancer of Cervix 2 yrs.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. E. Wissa (M. D. or other)  
and Address St. Maries, Idaho Date Aug. 13, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 31 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 2890  
Local Reg. No. 23  
Reg. Dist. No. 130

## 1. PLACE OF DEATH: STATISTICS

- (a) County Benewah  
(b) City or town Tensed  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 66 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town Tensed  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 66 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Ole Langerak

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) February 28, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>5</u>	<u>13</u>	hrs min.

9. Exact Occupation Farmer Did this work for 30 yrs.  
10. Industry or Business Farming Date last worked Unknown  
11. Birthplace Norway  
(City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

17. (a) Burial (b) Date thereof 8-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

19. (a) 8-29-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 11, 1948 19  
About 7:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19, to ..... 19

I last saw h..... alive on ..... 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Chronic Myocarditis Years

Due to Died in sleep

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? ..... PHYSICIAN

Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy None  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature R. E. Wessa Coroner  
and Address St. Maries, Idaho Date 8-12-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
**Certificate Of Death**

State File No. **2891**  
Local Reg. No. **25**  
Reg. Dist. No. **130**

1. PLACE OF DEATH:

(a) County **Benewah**  
(b) City or town **St. Maries**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **St. Maries** Stayed **17** days  
(g) Lived in this county **26** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Benewah**  
(c) City or town **St. Maries**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **26** years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **Paul Berglund**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **518-03-3008**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male**  
6. (b) Name of husband or wife **Mildred** 6. (c) Age of husband or wife if alive **47** years  
7. Date of Birth (Month, Day, Year) **November 20, 1895**

8. AGE	Years	Months	Days	If less than 1 day
	<b>52</b>	<b>8</b>	<b>27</b>	hrs min.

9. Exact Occupation **Carpenter** Did this work for **35** yrs.  
10. Industry or Business **Construction** Date last worked .....  
11. Birthplace **Pitea** **Sweden**  
(City or town) (State or foreign country)

12. Name **Johan** **Berglund** **Sweden**  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name **Margrata Larson**  
15. Birthplace **Sweden**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Paul Berglund**  
and Address **St. Maries, Idaho**

17. (a) **Burial** (b) Date thereof **8-20-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **St. Maries, Idaho**

18. Funeral Director's OWN Signature **R. E. Wessa**  
and Address **St. Maries, Idaho**

19. (a) **8-29-48** (b) **R. E. Wessa**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **083B**

20. DATE OF DEATH (Month, Day, Year) **August 17, 1948** 19.....  
at **12:28** o'clock **P. M.**

21. I HEREBY CERTIFY, That I attended deceased from **1 Aug 1948**, to **17 Aug 1948**.  
I last saw him alive on **17 Aug 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pulmonary edema** Duration **12 hrs.**

Due to **Right hemiplegia** **2 1/2 hrs.**

Due to **Cerebral embolism** **2 1/2 hrs.**

Other conditions **Initial status**  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation **None** Date .....  
Major finding .....  
Finding of autopsy **None**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **Bergen A. Rapp**  
and Address **St. Maries, Idaho** Date **18 Aug 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 31 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 2892  
Local Reg. No. 24  
Reg. Dist. No. 130

## 1. PLACE OF DEATH: STATISTICS

- (a) County Benewah  
(b) City or town Plummer  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Spokane  
(c) City or town Spokane  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? Unknown  
(g) How long had deceased lived in Idaho? 10 Days  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Frank R. Blackmer

3. (b) If veteran, name war Unknown 3. (c) Social Security No. 539-16-3646  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Unknown  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
<u>About 65</u>				hrs min.

9. Exact Occupation Laborer Did this work for Unknown yrs.  
10. Industry or Business Farm Date last worked 8-17-48  
11. Birthplace Unknown (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Plummer, Idaho

17. (a) Burial (b) Date thereof 8-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

19. (a) 8-29-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 17, 1948 19\_\_\_\_  
(Month, Day, Year) at 7:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Skull Fracture Duration Minutes

Fractured Ribs right side  
Due to Struck by hay rack

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred August 17, 1948 City, county, state where violence occurred Plummer, Benewah, Ida.

Place of Violence: Home \_\_\_\_\_ Farm Yes Industry \_\_\_\_\_  
Public Place No While at work? Yes  
Means of injury Team ran away with hay rack

23. Attendant's OWN Signature R. E. Wessa Coroner  
and Address St. Maries, Ida Date 8-25-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. **2893**  
Local Reg. No. **26**  
Reg. Dist. No. **130**

## 1. PLACE OF DEATH:

- (a) County **Benewah**  
(b) City or town **St. Maries**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **St. Maries** stayed **1 1/2** days  
(g) Lived in this county ..... years ..... months **1 1/2** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Harrison**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **10** years  
(h) Former residence (city, state) **Beaver Dam, Wisc.**

## 3. (a) FULL NAME

**Albert Warren Mason**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **February 19, 1862**

8. AGE	Years	Months	Days	If less than 1 day
	<b>86</b>	<b>6</b>	<b>0</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for **50** yrs.  
10. Industry or Business **Farming** Date last worked **1947**  
11. Birthplace **Calamus Wisconsin**  
(City or town) (State or foreign country)

12. Name **Sherburn Mason**  
13. Birthplace **Malone N. Y.**  
(City or town) (State or foreign country)  
14. Maiden name **Louisa Johnson**  
15. Birthplace **N. Y.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Martha L. Pake**  
and Address **Harrison, Idaho**

17. (a) **Removal** (b) Date thereof **8-21-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Beaver Dam, Wisconsin**

18. Funeral Director's OWN Signature **R. E. Weller**  
and Address **St. Maries, Idaho**

19. (a) **8-29-48** (b) **R. E. Weller**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **August 19, 1948** 19.....  
at **7:20** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **August 17, 1948**, to **August 19, 1948**  
I last saw him alive on **August 18, 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Due to **Cardiac failure** **12 hrs**  
**Branch pneumonia** **6 hrs**

Due to .....  
Other conditions **possible Malony**  
(Include pregnancy within 3 months of death) **3 mo**

Where was disease contracted? .....  
Name of operation **Permit** Date **8/17/48** PHYSICIAN  
Major finding **permit** underline the cause to which death should be charged statistically.  
Finding of autopsy .....  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature **R. E. Weller** (M. D. or Other) **M.D.**  
and Address **St. Maries, Ida.** Date **8/19/48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 2894  
Local Reg. No. 27  
Reg. Dist. No. 130

## 1. PLACE OF DEATH:

(a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ..... Outside? X city or town  
(e) Died in a Home .. Hospital .. Institution .. Other place ..  
(f) Name Hosp. or Inst. Huepless Stayed 3 days  
(g) Lived in this county 40 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME James McKinney

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) December 15, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>8</u>	<u>7</u>	hrs min.

9. Exact Occupation Logger Did this work for 25 yrs.  
10. Industry or Business Woods Date last worked 1944  
11. Birthplace Mich.

12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. Informant's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

17. (a) Burial (b) Date thereof 8-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Ida

18. Funeral Director's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

19. (a) 8-29-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 22, 1948  
at About 5:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from JUNE 1947, to JULY 25 1948  
I last saw him alive on JULY 25, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Unknown - Died in sleep Duration

Due to Cerebral hemorrhage 3 yr.

Due to Generalized Atherosclerosis years

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state  
where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho Date 8/25/48  
(At D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 2895  
Local Reg. No. 28  
Reg. Dist. No. 130

## 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. St. Maries Stayed 7 days  
(g) Lived in this county 18 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Gertrude Edith Becker

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female 6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) March 31, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>4</u>	<u>23</u>	hrs min.

9. Exact Occupation Housekeeper Did this work for 15 yrs.  
10. Industry or Business Home Date last worked 8-16-48  
11. Birthplace Stillwater Minn.  
(City or town) (State or foreign country)

12. Name Burns  
13. Birthplace Ireland  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature John W. Becker  
and Address E-2937 Nebraska, Spokane, Wash.

17. (a) Burial (b) Date thereof 8-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

19. (a) 8-29-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 059B

20. DATE OF DEATH (Month, Day, Year) August 24, 1948 19.....  
at 7:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 20 Aug 1948 to 24 Aug 1948.  
I last saw him alive on 24 Aug 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Pulmonary edema Duration 2 days  
Due to Congestive heart failure 4 days  
Due to Arteriosclerotic heart disease ?  
Other conditions Bronchial asthma  
(Include pregnancy within 3 months of death) Osteoarthritis

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state  
where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature Bergen A. Rapp  
and Address St. Maries, Idaho Date 27 Aug 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 31 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **2896**  
Local Reg. No. **29**  
Reg. Dist. No. **130**

## 1. PLACE OF DEATH: STATISTICS

- (a) County **Benewah**  
(b) City or town **St. Maries**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Platt** Stayed **5** days  
(g) Lived in this county **41** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Benewah**  
(c) City or town **St. Maries**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **41** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME **Martha Malissa Schofield**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Female** 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **September 1, 1870**

8. AGE	Years	Months	Days	If less than 1 day
	<b>77</b>	<b>11</b>	<b>27</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **45** yrs.  
10. Industry or Business **Home** Date last worked **8-23-48**  
11. Birthplace **Canada**  
(City or town) (State or foreign country)

12. Name **William Simons**  
13. Birthplace **England**  
(City or town) (State or foreign country)  
14. Maiden name **Martha E. Upper**  
15. Birthplace **Canada**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mabel Schofield**  
and Address **St. Maries, Idaho**

17. (a) **Removal** (b) Date thereof **8-31-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sanders, Idaho**

18. Funeral Director's OWN Signature **R. E. Wess**  
and Address **St. Maries, Idaho**

19. (a) **8-29-48** (b) **R. E. Wess**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **August 28, 1948** 19.....  
at **5:00** o'clock **A. M.**

21. I HEREBY CERTIFY, That I attended deceased from **Dec. 1946** to **Aug. 28, 1948**  
I last saw her alive on **Aug. 28, 1948**, death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Cardio-respiratory Failure**  
Due to **Generalized arteriosclerosis & old stroke**  
Due to **Fall of fracture of Right Humerus**  
(Include pregnancy within 3 months of death)

### Duration

**4hr**  
**2 years**  
**5 days**

### Where was disease contracted?

Name of operation ..... Date .....

### Major finding

Finding of autopsy .....

### PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ..... Homicide? .....

Occurred **August 23, 1948** City, county, state where violence occurred **St. Maries, Benewah, Ida.**  
Place of Violence: Home ☒ Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury **Accidentally, Fall in yard**  
23. Attendant's OWN Signature **R. E. Wess**  
(M. D. or other)

and Address **St. Maries, Idaho** Date **8/29/1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 16 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2897  
Local Reg. No. 88  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County **Bingham**  
(b) City or town **Blackfoot**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Beek Hospt.** Stayed **1** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months **1** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Blackfoot,**  
(d) Street Address or R.F.D. No. **N. Poplar**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**Steven Van Buttane**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex **Male** Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **August 5, 1948**

8. AGE	Years	Months	Days	If less than 1 day
			<b>1</b>	hrs. min.

9. Exact Occupation **Infant** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Blackfoot, Idaho**  
(City or town) (State or foreign country)

12. Name **Floyd E. Buttane**

13. Birthplace **Blackfoot, Idaho.**  
(City or town) (State or foreign country)

14. Maiden name **Mary E. Brook**

15. Birthplace **Omaha, Nebraska**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Floyd E. Buttane**  
and Address **Box 825, Blackfoot, Idaho.**

17. (a) **Burial** (b) Date thereof **Aug. 7, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Blackfoot, Idaho**

18. Funeral Director's OWN Signature **John C. Sandberg**  
and Address **Blackfoot, Idaho**

19. (a) **Aug. 7, 1948** (b) **Dr. Walter E. Farnie**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **August, 6, 1948**  
at **10:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Aug 5, 1948** to **Aug 6, 1948**  
I last saw him alive on **Aug 6, 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Cerebral hemorrhage** Duration **1 day**

Due to **Blood dyscrasia**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation **none** Date \_\_\_\_\_

Major finding **none**

Finding of autopsy **none**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Phyllis A. Mor Jones M.D.**

and Address **Blackfoot, Ida.** Date **8-7-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 16 1948

Certificate of Death  
STATE OF IDAHO

1948  
State File No. 2898  
Local Reg. No. 89  
Reg. Dist. No. 600

DIVISION OF VITAL

1. PLACE OF DEATH:

- (a) County. **Bingham**  
(b) City or town. **Blackfoot.**  
(c) Street Address or R.F.D. No. **New Tourist Hotel**  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home.....Hospital.....Institution.....Other place ☒  
(f) Name Hosp. or Inst. .... Stayed..... days  
(g) Lived in this county. **37** years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Idaho** (b) County. **Bingham**  
(c) City or town. **Blackfoot.**  
(d) Street Address or R.F.D. No. **New Tourist Hotel**  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **37** years  
(h) Former residence (city, state) **Kirkville, Mo.**

3. (a) FULL NAME **ARCHIE R. KNOX**

3. (b) If veteran, name war **W.W. 1** 3. (c) Social Security No. **518-22-2029**  
4. Sex **Male** Color or race **White** 5. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife **Vera** 6. (c) Age of husband or wife if alive..... years

7. Date of Birth **February 12, 1901**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>47</b>	<b>6</b>	<b>27</b>	hrs. min.

9. Exact Occupation **Cook** Did this work for..... yrs.  
10. Industry or Business..... Date last worked.....

11. Birthplace **Kirkville, Missouri**  
(City or town) (State or foreign country)

12. Name **Samuel Jefferson Knox**  
(City or town) (State or foreign country)

13. Birthplace **Illinois**  
(City or town) (State or foreign country)

14. Maiden name **Allie E. Bell**  
(City or town) (State or foreign country)

15. Birthplace **Kirkville, Mo.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Albert Knox**  
and Address **Blackfoot, Idaho.**

17. (a) **Burial** (b) Date thereof **8-12-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Blackfoot, Idaho.**

18. Funeral Director's OWN Signature **John C. Sandberg**  
and Address **Blackfoot, Idaho.**

19. (a) **Aug. 12-1948** (b) **Wm. Alan C. Latimer**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **August 9, 1948**  
(Month, Day, Year) death is said to have occurred on the date and hour stated above.

at **about 8:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased **from 8-9-48 to 8-4-48**

I last saw him alive on **8-4-48**

Immediate Cause of Death: **Coronary occlusion** Duration **Instantly**

Due to **Hypertension**

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature **W. O. Hampton**  
(M. D. or other) and Address **Blackfoot, Idaho.** Date **8-10-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. 2899  
Local Reg. No. 91  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 210 So. Maple  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 27 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 210 So. Maple  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

Sadie A. Wadsworth Burke

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race White  
6. Sex Fem.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Earl P. Burke

6. (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year) December 21, 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>7</u>	<u>24</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 27 yrs.

10. Industry or Business at home Date last worked 8-15-48

11. Birthplace Hooper, Utah  
(City or town) (State or foreign country)

12. Name Joseph W. Wadsworth

13. Birthplace Mountain Green, Utah  
(City or town) (State or foreign country)

14. Maiden name Henrietta McCloy

15. Birthplace Kaysville, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Donald E. Burke

and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 8-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Grove City Cem. Bl'f't. Idaho.

18. Funeral Director's OWN Signature Howard Packham

and Address Blackfoot, Idaho

19. (a) 8-17-48 (b) Mrs. Walter E. Patie  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 15, 1948  
at 3:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1 hr. prior to death 19 48

I last saw h. er alive on 1 P. M. 8-15 19 48;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ruptured Aortic Aneurysm Duration 6 hrs.

Due to apparently by dissecting in character. Cause not proven

Due to ☐  
Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy Ruptured Aortic Aneurysm

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature Phoniel Parker M.D.  
and Address Blackfoot Date 8-15- 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEPT. OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No. 2900

Local Reg. No. 86

Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hosp. So. Stayed 771 days  
(g) Lived in this county 2 years 1 months 10 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 yrs. years  
(h) Former residence (city, state) Illinois

## 3. (a) FULL

NAME CHASE, EMMA

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex F. race W.

6. (a) Single, widowed, married,  
divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) April 7, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>3</u>	<u>26</u>	<u>1</u> hrs. <u>20</u> min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Illinois  
(City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name Emmanuel Wagner

13. Birthplace Washington, Maryland  
(City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Elizabeth Fridley

15. Birthplace Washington, Maryland  
(City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's

OWN Signature St. Hosp. So. Records  
and Address Box 390, Blackfoot, Idaho

17. (a) Removal (b) Date thereof 8-4-48  
(Burial, cremation or removal) \_\_\_\_\_ (Month) (Day) (Year) \_\_\_\_\_

(c) Place Boise, Idaho

18. Funeral Director's

OWN Signature John C. Snyder  
and Address Blackfoot, Idaho

19. (a) 8-4-48 (Date received and filed) \_\_\_\_\_  
(Registrar's signature) Myra E. Atine

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 3 19 48  
at 1:20 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from  
April 1 1948, to August 3 1948.

I last saw her alive on August 2 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Cardiac Dilatation

Duration

7

Due to Circulatory collapse

7

Due to Senile Debility

7

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's

OWN Signature A. G. Moon M.D.  
(M. D. or other)

and Address Box 390, Blackfoot Date Aug. 3 1948  
(For additional pages, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2901  
Local Reg. No. 87  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County. Bingham  
(b) City or town. Blackfoot,  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home. ☐ Hospital. ☒ Institution ☒ Other place  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 8598 days  
(g) Lived in this county 23 years 6 months 20 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Bingham  
(c) City or town. Blackfoot,  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Mackey, Idaho.

## 3. (a) FULL NAME Addison Addison-Clark

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex. M. race. W.

6. (a) Single, widowed, married,  
divorced. Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive  years

7. Date of Birth  
(Month, Day, Year) Jan. 23, 1905.

8. AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>6</u>	<u>12</u>	hrs. min.

9. Exact Occupation.  Did this work for  yrs.

10. Industry or Business.  Date last worked

11. Birthplace. Mackey, Idaho.  
(City or town) (State or foreign country)

Father { 12. Name. William Clark

13. Birthplace. Hadley, Indiana  
(City or town) (State or foreign country)

Mother { 14. Maiden name. Elizabeth Smith

15. Birthplace. New York.  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature. Records, State Hospital South.  
and Address. Blackfoot, Idaho.

17. (a) Burial (b) Date thereof. 8-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place. Mount McCall Cem. Mackay, Idaho

18. Funeral Director's  
OWN Signature. Howard Pickham  
and Address. Blackfoot, Idaho

19. (a) 8-9-48. (b) W. H. Hulse  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) August 5, 19 48.  
at 12:35 A.M. o'clock  M.

21. I HEREBY CERTIFY, That I attended deceased from  
Aug. 7, 19 48 to Aug. 5, 19 48.  
I last saw him alive on Aug. 4, 19 48.

death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Cardiovascular system + 4th rib fracture Duration

Due to

Due to

Other conditions.   
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation.  Date.

Major finding.

Finding of autopsy.

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?

Occurred.  19  City, county, state

where violence occurred.

Place of Violence: Home  Farm.  Industry.

Public Place.  While at work?

Means of injury.

23. Attendant's  
OWN Signature. Arthur B. Bernal M.D.  
(M. D. or other)

and Address. Blackfoot, Idaho Date 8-5- 19 48.  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL

State File No. 2902  
Local Reg. No. 910  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County..... **Bingham**  
(b) City or town..... **Firth**  
(c) Street Address or R.F.D. No. **1**  
(d) Death Occurred Inside?..... Outside? **X**..... city or town  
(e) Died in a Home..... **X** Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county..... **42** years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State..... **Idaho** (b) County..... **Bingham**  
(c) City or town..... **Firth**  
(d) Street Address or R.F.D. No. **1**  
(e) Deceased lived Inside?..... Outside? **X**..... city or town  
(f) Citizen of what country?..... **Lithuania**  
(g) How long had deceased lived in Idaho?..... **42** years  
(h) Former residence (city, state)..... **Lithuania**

3. (a) FULL NAME **Anton (Tony) Bartauskys**

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or **White**  
4. Sex..... **Male**..... race.....

6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife  
**Josephine**

6. (c) Age of husband or wife if alive..... years

7. Date of Birth  
(Month, Day, Year) **Not Known**

AGE	Years	Months	Days	If less than 1 day
<b>About</b>	<b>80</b>			hrs. min.

9. Exact Occupation..... **Farming** Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace..... **Lithuania**  
(City or town) (State or foreign country)

12. Name..... **Frank Bartauskys**

13. Birthplace..... **Lithuania**  
(City or town) (State or foreign country)

14. Maiden name..... **Elizabeth Charkaska**  
(City or town) (State or foreign country)

15. Birthplace..... **Lithuania**  
(City or town) (State or foreign country)

16. Informant's OWN Signature..... **Mrs Adolph Bartauskys**  
and Address..... **Rt. 1, Firth, Idaho.**

17. (a) **Burial** (b) Date thereof **8 - 14 - 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place..... **Blackfoot, Idaho.**

18. Funeral Director's OWN Signature..... **John C. Sandberg**  
and Address..... **Blackfoot, Idaho.**

19. (a) **8-13-48** (b) **Mrs. Helen E. Feltner**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **August 10, 1948**  
(Month, Day, Year) at **9:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **July 28, 1948** to **July 31, 1948**

I last saw him alive on **July 31, 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to..... **Cardiac failure**..... **8 weeks**

Due to..... **Arteriosclerosis**

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy..... **not done**

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature..... **J. Merrill Parker M.D.**

(M. D. or other)

and Address..... **Blackfoot, Idaho.** Date **8-13** 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

1948

State File No. 2903

Local Reg. No. 6

Reg. Dist. No. 602

DEPARTMENT OF VITAL

STATISTICS

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town 5 mi. S. Aberdeen  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 14 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Near Aberdeen, Ida.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Chris. C. Michaelson

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M. 5. Color or race white  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Thalia 6. (c) Age of husband or wife if alive 36 years

7. Date of Birth (Month, Day, Year) July 10 - 1884

8. AGE Years 64 Months 1 Days 4 If less than 1 day hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Farm Date last worked 8-14-48

11. Birthplace Alburg, Denmark (City or town) (State or foreign country)

12. Name Loren Christensen

13. Birthplace Denmark (City or town) (State or foreign country)

14. Maiden name Risten Marie Hansen

15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Chris. C. Michaelson

and Address Aberdeen, Idaho

17. (a) Burial (b) Date thereof 8-17-48 (Month) (Day) (Year)

(c) Place Aberdeen Cemetery

18. Funeral Director's OWN Signature H. J. Davis

and Address Am. Falls, Ida.

19. (a) 8-14-48 (b) F. L. Farms M.D. (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Aug. 14, 1948  
at 9:45 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from July 1948 to Aug 14, 1948

I last saw h. in alive on Mar. 15, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 2h.

Due to Arteriosclerosis 4 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature F. L. Farms M.D. Date Aug 14, 1948  
and Address Aberdeen, Ida. (For additional space, use reverse side)

094A

097X

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
SEP 1 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2904  
Local Reg. No. 96  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Shelley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Shelley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Lester Kent Jones

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race White  
6. (a) Single, widowed, married, divorced Child  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) August 12, 1942

8. AGE	Years	Months	Days	If less than 1 day
	<u>6</u>	<u>0</u>	<u>4</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Payson Utah  
(City or town) (State or foreign country)

12. Name Llewellyn Jones  
13. Birthplace Spanish Fork Utah  
(City or town) (State or foreign country)  
14. Maiden name Blanche Stone  
15. Birthplace Salem Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Dora Jensen  
and Address Shelley, Idaho

17. (a) Removal (b) Date thereof 8-19-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Spanish Fork Utah

18. Funeral Director's OWN Signature Edwin Cutler M.D.  
and Address Shelley, Idaho

19. (a) 8-19-1948 (b) Mr. Walter Patie  
(Date received and filed) (Registrar's signature)  
by J. B. Brown

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 16, 1948  
at 11:15 clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 7-18-1948, to 8-16-1948  
I last saw him alive on 8-16-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

- Due to Exhaustion  
Exaggerated Spastic Paralysis  
Due to \_\_\_\_\_  
Other conditions Perinatal development  
(Include pregnancy within 3 months of death)

- Where was disease contracted? at home  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Edwin Cutler M.D.  
and Address Basalt, Idaho Date 8-19-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 26 1948

DEPT. OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **2905**  
Local Reg. No. **93**  
Reg. Dist. No. **600**

## 1. PLACE OF DEATH:

- (a) County **Bingham**  
(b) City or town **Blackfoot,**  
(c) Street Address or R.F.D. No. **Box 390**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☒ Other place  
(f) Name Hosp. or Inst. **Stayed 6 days**  
(g) Lived in this county **years 6 months 6 days**

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Gooding**  
(c) City or town **Gooding,**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **11** years  
(h) Former residence (city, state) **Gooding, Idaho.**

## 3. (a) FULL NAME

**Martina Chastain**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex **F** race **W.**

6. (a) Single, widowed, married,  
divorced **Married**

6. (b) Name of husband or wife  
**Wilber Chastain**

6. (c) Age of husband or wife if  
alive **years**

7. Date of Birth  
(Month, Day, Year) **Mar. 2, 1887.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>61</b>	<b>5</b>	<b>14.</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for  **yrs.**

10. Industry or Business **worked** Date last worked

11. Birthplace **Parsia, Iowa.** (City or town) (State or foreign country)

12. Name **Thomas Chambers**

13. Birthplace **Iowa.** (City or town) (State or foreign country)

14. Maiden name **McKee**

15. Birthplace **Salt Lake City, Utah.** (City or town) (State or foreign country)

16. Informant's  
OWN Signature **Records State Hospital South.**  
and Address **Blackfoot, Idaho.**

17. (a) **Burial** (b) Date thereof **8-17-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Gooding**

18. Funeral Director's  
OWN Signature **H. P. Bright**  
and Address **Gooding, Ida.**

19. (a) **8-18-48** (b) **W. J. Walter & Patie**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **Aug. 16, 1948.**

at **11:35** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from  
**Aug 10, 1948, to Aug. 16, 1948.**

I last saw her alive on **Aug. 16, 1948.**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac Insufficiency** Duration **Brief (?)**

Due to **Multiple Cerebral Hemorrhages determined**

Due to **Thromboplegia + throat paralysis**

Other conditions **—**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **—**

Name of operation **—** Date **—**

Major finding **—**

Finding of autopsy **—**

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **—** Suicide? **—** Homicide? **—**

Occurred **—** 19 **—** City, county, state

where violence occurred **—**

Place of Violence: Home **—** Farm **—** Industry **—**

Public Place **—** While at work? **—**

Means of injury **—**

23. Attendant's  
OWN Signature **A. G. Moore M.D.**

(M. D. or other)

and Address **Blackfoot, Idaho** Date **8-17-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 26 1948

OFFICE OF VITAL

STATE OF IDAHO

# Certificate of Death

State File No. 2996  
Local Reg. No. 2996  
Reg. Dist. No. 600

1. PLACE OF DEATH: STATISTICS
- (a) County. Bingham
- (b) City or town. Blackfoot,
- (c) Street Address or R.F.D. No. Box 390
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home. \_\_\_\_\_ Hospital. \_\_\_\_\_ Institution. X Other place. \_\_\_\_\_
- (f) Name Hosp. or Inst. St. Hospt. S.C. Stayed 13554 days
- (g) Lived in this county. 37 years. 1 months. 19 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State. Idaho (b) County. Boise
- (c) City or town. McCall,
- (d) Street Address or R.F.D. No. \_\_\_\_\_
- (e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? \_\_\_\_\_
- (g) How long had deceased lived in Idaho? 49 years
- (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME John Arola

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_
5. Color or \_\_\_\_\_
4. Sex. M. race. W.
6. (b) Name of husband or wife Fiina Arola
6. (a) Single, widowed, married, divorced. married
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 1873.

8. AGE	Years	Months	Days	If less than 1 day
	75			hrs. min.

9. Exact Occupation. Farmer-Gardner Did this work for. \_\_\_\_\_ yrs.
10. Industry or Business. \_\_\_\_\_ Date last worked. \_\_\_\_\_
11. Birthplace. Finland (City or town) (State or foreign country)

12. Name. Not Known
13. Birthplace. Finland (City or town) (State or foreign country)
14. Maiden name. Not Known
15. Birthplace. Finland (City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital South.  
and Address. Blackfoot, Idaho.

17. (a) Burial (b) Date thereof. 8-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place. St. Hospital South

18. Funeral Director's OWN Signature R. J. Yancy  
and Address. State Hospital

19. (a) 8-18-48 (b) Mrs. Walter C. Patne  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8-17-48  
at. 9:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 12-1-47 to 8-17-48

I last saw h. M. alive on 8-17-48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory failure Duration 1 hr.

Due to Squamous cell Carcinoma involving left frontal sinus & temporal bone

Due to Senile Debility

Other conditions. Toxicity  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation. \_\_\_\_\_ Date. \_\_\_\_\_

Major finding. \_\_\_\_\_

Finding of autopsy. \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred. \_\_\_\_\_ 19. \_\_\_\_\_ City, county, state where violence occurred. \_\_\_\_\_

Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_

Public Place. \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury. \_\_\_\_\_

23. Attendant's OWN Signature A. G. Moore M.D.  
and Address. State Hosp. South (M.D. or other)  
Blackfoot, Idaho Date 8-17-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

AUG 26 1948

STATE OF IDAHO

1948 State File No. 2907  
Local Reg. No. 94  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot,  
(c) Street Address or R.F.D. No. box 390  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Ins. St. Hosptl. So. Stayed 54 days  
(g) Lived in this county \_\_\_\_\_ years 1 months 24 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls,  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Idaho Falls, Idaho.

## 3. (a) FULL NAME

T.E.Ricks

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

4. Sex M. race W.

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

June 16, 1883

## 8. AGE

Years

Months

Days

If less than 1 day

66

2

2

hrs. min.

9. Exact Occupation none

Did this work for \_\_\_\_\_ yrs.

10. Industry or Business

Date last worked

11. Birthplace Logan, Utan.

(City or town)

(State or foreign country)

12. Name Thomas Edwin Ricks

13. Birthplace Centerville, Utan.

(City or town)

(State or foreign country)

14. Maiden name Mary Ann Hibbard

15. Birthplace Salt Lake City, Utan.

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Records State Hospital South.  
and Address Blackfoot, Idaho.

17. (a) Removal (b) Date thereof 8-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Replurg, Idaho

18. Funeral Director's OWN Signature Howard Packham

and Address Blackfoot, Idaho

19. (a) 8-18-48 (b) Mrs. Walter C. Felt  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Aug. 18, 1948.  
at 8:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 16, 1948. to Aug. 18, 1948.

I last saw him alive on Aug. 18, 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

RESPIRATORY FAILURE

## Duration

6 HRS.

Due to PULMONARY EMBOLISM 6-8 HRS(?)

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. G. Moore M.D.

(M. D. or other)

and Address Blackfoot, Idaho. Date 8-19-48,

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

SEP 1 1948

# Certificate Of Death

VISITATION OF VITAL

STATE OF IDAHO

STATISTICS

1948  
State File No. 2908  
Local Reg. No. 95  
Reg. Dist. No. 607

## 1. PLACE OF DEATH:

(a) County Bingham  
(b) City or town Shelley  
(c) Street Address or R.F.D. No. R# 2  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. ----- Stayed ----- days  
(g) Lived in this county 2 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bingham  
(c) City or town Shelley  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Mark Craig Christensen

3. (b) If veteran, ----- 3. (c) Social Security No. -----  
name war ----- No. -----  
5. Color or 6. (a) Single, widowed, married,  
4. Sex Male race White divorced -----  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife ----- alive ----- years  
7. Date of Birth  
(Month, Day, Year) March 15 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>2</u>	<u>5</u>	<u>9</u>	hrs min.

9. Exact ----- Did this  
Occupation ----- work for ----- yrs.  
10. Industry or ----- Date last  
Business ----- worked -----  
11. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)

12. Name Walter C. Christensen  
13. Birthplace Joseph Utah  
(City or town) (State or foreign country)  
14. Maiden name Melva Priest  
15. Birthplace Taylor Idaho  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Walter Christensen  
and Address Shelley R# 2

17. (a) Burial (b) Date thereof 8-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hill Crest, Shelley, Idaho

18. Funeral Director's  
OWN Signature L M Nader  
and Address Shelley, Idaho

19. (a) 8-23-1948 (b) Walter C. Christensen  
(Date received and filed) (Registrar's Signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Aug. 21, 1948  
(Month, Day, Year) at 1:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1948, to Aug 21, 1948.  
I last saw him alive on ----- 19 -----; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Saw him only after death  
Drowning  
Due to fall into canal

Due to none  
Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? no disease  
Name of operation no operation Date -----  
Major finding -----  
Finding of autopsy no autopsy

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? no Homicide? no  
Occurred 21 Aug 19 48 City, county, state  
where violence occurred Bingham County  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? no  
Means of injury drowning

23. Attendant's  
OWN Signature Walter C. Christensen (M.D. or other)  
and Address Shelley, Idaho Date 23 Aug 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 30 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2909  
Local Reg. No. 33  
Reg. Dist. No. 410

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Sun Valley  
(c) Street Address or R.F.D. No. ✓  
(d) Death Occurred Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst. Sun Valley Stayed 7 days  
(g) Lived in this county ✓ years 1 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town American Falls  
(d) Street Address or R.F.D. No. ✓  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Antone S Nelson

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race white  
4. Sex male

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edna

6. (c) Age of husband or wife if alive 74 years

7. Date of Birth  
(Month, Day, Year) June 12, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>0</u>	<u>23</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 50 yrs.

10. Industry or Business ✓ Date last worked 1945

11. Birthplace Denmark  
(City or town) (State or foreign country)

12. Name Paul Nelson

13. Birthplace Denmark  
(City or town) (State or foreign country)

14. Maiden name Paul

15. Birthplace Copenhagen, Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature Eric A. Nelson  
and Address Petchum

17. (a) buried (b) Date thereof July 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place American Falls, Idaho

18. Funeral Director's OWN Signature Robert H. Wright  
and Address American Falls, Idaho

19. (a) 8-27-1948 (b) Robert H. Wright  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 7-5 1948  
at 4 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

6-20-48 to 7-5-48 1948  
I last saw h. alive on 7-5 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral vascular accident Duration 7-5-48

Due to Acute asthma

Due to ✓  
Other conditions ✓  
(Include pregnancy within 3 months of death)

Where was disease contracted? ✓

Name of operation none Date ✓

Finding of autopsy ✓

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ✓ Suicide? ✓ Homicide? ✓

Occurred ✓ 19 48 City, county, state where violence occurred.

Place of Violence: Home ✓ Farm ✓ Industry ✓

Public Place ✓ While at work? ✓

Means of injury ✓

23. Attendant's OWN Signature John R. Monty

and Address American Falls, Idaho Date 7-5-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 19 1948  
NON-RESIDENT  
Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2910  
Local Reg. No. 30  
Reg. Dist. No. 410

1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Blaine  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 2 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County \_\_\_\_\_  
(c) City or town Salt Lake City  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 months  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

George Archibald Wilcox

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. 529 14 5565

4. Sex Male race White 5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Dumm 6. (c) Age of husband or wife if alive 53 years

7. Date of Birth (Month, Day, Year) March 9 - 1893

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <u>55</u> | <u>4</u> | <u>24</u> | hrs min.           |

9. Exact Occupation Miner Did this work for 30 yrs.

10. Industry or Business W.C. Swing Date last worked Aug 2 - 1948

11. Birthplace Paris Idaho (City or town) (State or foreign country)

12. Name Geo. E. Wilcox

13. Birthplace Paris Idaho (City or town) (State or foreign country)

14. Maiden name Carmie Clayton

15. Birthplace Paris Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature John R. Wilcox

and Address Medvale Utah

17. (a) removed (b) Date thereof 8-4-48  
(Burial, cremation, or removal) (Month Day Year)

- (c) Place: to Salt Lake City, Utah

18. Funeral Director's OWN Signature Kenyon Harris

and Address Hailey Idaho

19. (a) 8-11-1948 (b) Robert H. Wright  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 2 19 48  
at 11:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 8/2 19 48, to 8/2 19 48

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above

Immediate Cause of Death: Carbon monoxide poisoning from gasoline engine on Bonanza dirt at base of Puerco tunnel. James fell through where man was working

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 8-2 19 48 City, county, state

where violence occurred Altura Lake - Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry ☒

Public Place \_\_\_\_\_ While at work? ☒

Means of injury monoxide

23. Attendant's OWN Signature S. W. Jones

and Address Hailey Idaho Date 8/4 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

AUG 19 1948

Certificate Of Death

1. PLACE OF DEATH  
(a) County Blaine  
(b) City or town Hailey  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Hailey Clinic Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Lemhi  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Elizabeth Noyes  
3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or race w.  
4. Sex female  
6. (a) Name of husband or wife John  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March 18, 1882  
8. AGE  

Years	Months	Days	If less than 1 day
66	4	16	hrs min.

MEDICAL CERTIFICATE OF DEATH 127A  
20. DATE OF DEATH (Month, Day, Year) Aug. 3 19 48  
at 4:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 8/1 1948, to 8/3 1948  
I last saw h. er alive on 8/3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Chronic interstitial nephritis Duration 2 yrs?  
Due to hypertension 2 yrs  
Due to acute cholecystitis 1 wk.  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

9. Exact Occupation housewife Did this work for 45 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 8-2-48  
11. Birthplace Gallatin, Oregon (City or town) (State or foreign country)  
Mother { 12. Name Joseph Hurst  
13. Birthplace Salem, Oregon (City or town) (State or foreign country)  
14. Maiden name Mary Jane Grant  
15. Birthplace Idaho (City or town) (State or foreign country)  
16. Informant's OWN Signature John Noyes  
and Address Blackfoot, Idaho  
17. (a) Burial (b) Date thereof 8-6-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Betterview, Idaho  
18. Funeral Director's OWN Signature Lene Harris  
and Address Hailey, Idaho  
19. (a) 8-11-1948 (b) Robert H. Wright  
(Date received and filed) (Registrar's signature)

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature E. W. Fox  
and Address Hailey, Ids (M. D. or other) Date 8/4 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
AUG 19 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

State File No. 2912  
Local Reg. No. 32  
Reg. Dist. No. 410

1. PLACE OF DEATH:

- (a) County Blairstown  
(b) City or town Postville, Ida.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home? ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 44 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town on farm  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1910 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME

Aaron Clements

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security

name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex Male race White (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Marrett Pegabdt (c) Age of husband or wife if alive 78 years  
7. Date of Birth (Month, Day, Year) March 30 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>4</u>	<u>7</u>	hrs min.

9. Exact Occupation Farmer Did this work for 25 yrs.  
10. Industry or Business he owned his own farms Date last worked 3 years  
11. Birthplace (City or town), (State or foreign country)

12. Name Baldwin Clements  
13. Birthplace unknown  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_

16. Informant's OWN Signature Robert H. Gardner  
and Address Marrett - Idaho

17. (a) Burial (b) Date thereof Aug 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Harley Eagle Plot

18. Funeral Director's OWN Signature Anna J. Harris  
and Address Idaho

19. (a) 8-15-1948 (b) Robert H. Wright  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 051B 055E

20. DATE OF DEATH (Month, Day, Year) Aug 7 1948  
at 1:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from April 1947 to Aug 7 1948  
I last saw him alive on July 10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: metastatic carcinoma Duration \_\_\_\_\_

Due to Carcinoma, prostate gland

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John R. Monty  
and Address John Valley (M. D. or other) 8/12/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 30 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2913  
Local Reg. No. 574  
Reg. Dist. No. 410

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Hailey  
(c) Street Address or R.F.D. No. 1  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Clinical Stayed        days  
(g) Lived in this county        years 11 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Butte  
(c) City or town Stanley  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 months  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Katherine Kay Pearce

## 3. (b) If veteran,

name war ☒

## 3. (c) Social Security

No. ☒

## 4. Sex Female Color or race W

## 6. (a) Single, widowed, married, divorced ☒

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive        years

## 7. Date of Birth

(Month, Day, Year) Aug 29 - 1947

## 8. AGE

Years

Months

Days

If less than 1 day

11

10

hrs

min.

## 9. Exact Occupation

Did this

work for        yrs.

## 10. Industry or Business

Date last

worked       

## 11. Birthplace

Hailey - Idaho  
(City or town) (State or foreign country)

## 12. Name

Raymond Richard Pearce

## 13. Birthplace

Meridian - Calif.  
(City or town) (State or foreign country)

## 14. Maiden name

Eugene Louise Kroff

## 15. Birthplace

Great Falls Montana  
(City or town) (State or foreign country)

## 16. Informant's OWN Signature

M. L. Kroff  
and Address Stanley, Idaho

## 17. (a)

(Burial, cremation, or removal)

(b) Date thereof 8-30-48

## (c) Place:

Hailey, Idaho

## 18. Funeral Director's OWN Signature

Lena Harris  
and Address Hailey, Idaho

## 19. (a)

(Date received and filed)

8-27-48

(b)

Robert H. Wright

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Aug 9 1948  
at 5:50 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

8/9 1948 to 8/9 1948

I last saw her alive on 8/9 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Subsiding - acute Endocarditis

of Rheumatic Subminans

Due to Staphylococcus aureus

infection - 6 hrs

## Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Manley, Idaho

Name of operation        Date       

Major finding       

Finding of autopsy       

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred        19        City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury       

## 23. Attendant's OWN Signature

E. W. J. J.

and Address Hailey, Idaho (M. D. or other) Date 8/11 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 18 1948

# Certificate Of Death

STATE OF IDAHO

1348  
State File No. 2914  
Local Reg. No. 25  
Reg. Dist. No. 110

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

(a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 602 N. 4th Ave  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. 45 Stayed 45 days  
(g) Lived in this county 45 years 45 months 45 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 602 N. 4th Ave  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) 45

### 3. (a) FULL NAME ROBERT L. YOUNG

3. (b) If veteran, name war World I 3. (c) Social Security No. 518-05-0690  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alta Young 6. (c) Age of husband or wife if alive 39 years  
7. Date of Birth (Month, Day, Year) MARCH 27, 1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>5</u>	<u>11</u>	hrs min.

9. Exact Occupation Caretaker Did this work for 6 yrs.  
10. Industry or Business Cemetery Date last worked 8-7-48  
11. Birthplace Sheridan, Iowa. (City or town) (State or foreign country)

12. Name Linh Young  
13. Birthplace Iowa. (City or town) (State or foreign country)  
14. Maiden name Ella Smith  
15. Birthplace Iowa. (City or town) (State or foreign country)

16. Informant's OWN Signature Alta M Young  
and Address Sandpoint, Idaho.

17. (a) Burial (b) Date thereof Aug. 12, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
SANDPOINT, IDAHO  
and Address SANDPOINT, IDAHO

19. (a) Aug 12, 1948 (b) James  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH August 8th. 1948  
(Month, Day, Year) at 8:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 1946, to Aug 8 1948.  
I last saw him alive on Aug 6 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration

Due to Myocarditis

Due to Myocarditis  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline Date the cause to  
Major finding which death  
Finding of autopsy should be  
charged stat-  
istically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19  
Occurred 19 City, county, state where violence occurred 19  
Place of Violence: Home 19 Farm 19 Industry 19  
Public Place 19 While at work? 19

Means of injury 19  
23. Attendant's OWN Signature EBB (M. D. or other)

and Address Sandpoint, Idaho Date 8-12-1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 18 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2915  
Local Reg. No. 34  
Reg. Dist. No. 110

DIVISION OF VITAL

1. PLACE OF DEATH: STATISTICS  
Bonner  
(a) County  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 601 Cedar St.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 27 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 601 Cedar St  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state)

3. (a) FULL NAME NELLIE MOORE

3. (b) If veteran, name war None  
3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) March 31, 1877

8. AGE	Years	Months	Days	If less than 1 day
	71	4	9	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.  
10. Industry or Business Own Home Date last worked -  
11. Birthplace Pointe, Canada.  
(City or town) (State or foreign country)

12. Name Hughie Mc Gill  
13. Birthplace Canada  
(City or town) (State or foreign country)  
14. Maiden name Ellen Sugars  
15. Birthplace Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature H. Moore  
and Address Flat Springs, Montana  
17. (a) Burial (b) Date thereof Aug. 12, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO.  
19. (a) Aug 12, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A 097X

20. DATE OF DEATH August 9th 1948  
(Month, Day, Year) at 7:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 4 1948, to Aug 9 1948.  
I last saw him alive on Aug 9 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 5 days

Due to arteriosclerosis 15 years

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? Pusher  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature Dale D. Cornell and  
and Address Sandpoint, Idaho (City, D. or other) Aug 10 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948

State File No. 2916

Local Reg. No. 110

Reg. Dist. No. 110

1. PLACE OF DEATH: **Bonner**  
(a) County **Sandpoint**  
(b) City or town **215 Cedar St.**  
(c) Street Address or R.F.D. No. **215 Cedar St.**  
(d) Death Occurred Inside? **X** Outside? **X** city or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place **X**  
(f) Name Hosp. or Inst. **X** Stayed **X** days  
(g) Lived in this county **50** years **50** months **50** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **215 Cedar St**  
(e) Deceased lived Inside? **X** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state)

3. (a) FULL NAME **JAMES HARRISON GILLIS**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **518-10-1390**  
5. Color or **White**  
4. Sex **Male** race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **years**

7. Date of Birth **FEBRUARY 7, 1882**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>	<b>6</b>	<b>22</b>	hrs. min.

9. Exact Occupation **Carpenter** Did this work for **Life** yrs.

10. Industry or Business **Building** Date last worked **8-28-48**

11. Birthplace **Osman, Wisconsin.**  
(City or town) (State or foreign country)

12. Name **James Gillis**

13. Birthplace **Wisconsin**  
(City or town) (State or foreign country)

14. Maiden name **Mary Agnes Cody**

15. Birthplace **Wisconsin**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Minnie A. Lu Fond.**  
and Address **215 Cedar St. Sandpoint, Ida.**

17. (a) **Burial** (b) Date thereof **Sept. 1, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
**SANDPOINT IDAHO**  
and Address **SANDPOINT IDAHO**

19. (a) **Sept. 6, 1948** (b) **James A. Moon**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **August 29th. 1948**  
(Month, Day, Year) at **3:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h. **alive** on **19** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration

**Expired Suddenly**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding.

Finding of autopsy.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred **19** City, county, state

where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **James A. Moon** Coroner

(M. D. or other)

and Address **Sandpoint, Ida. Co.** Date **Sept. 1, 1948**

(For additional space, use reverse side)

RECEIVED  
SEP 15 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2917  
Local Reg. No. 98  
Reg. Dist. No. 114

DEPARTMENT OF VITAL STATISTICS

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Bonner  
(b) City or town Clarksfork  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Spokane  
(c) City or town Spokane  
(d) Street Address or R.F.D. No. 4814 N. Cooke  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**SIDNEY SPRECHER**

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) November 5, 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>6</u>	<u>16</u>	hrs min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Great Falls, Montana. (City or town) (State or foreign country)

12. Name Irwin Sprecher  
13. Birthplace Lebanon, Pennsylvania. (City or town) (State or foreign country)  
14. Maiden name Marion Galarneau  
15. Birthplace Detroit, Michigan. (City or town) (State or foreign country)

16. Informant's OWN Signature Marion Sprecher  
and Address 4814 N. Cooke Spokane

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 21, 1948 (Month) (Day) (Year)  
(c) Place: Spokane, Washington.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO.

19. (a) May 21, 1948 (Date received and filed) (b) Brooks (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 21, 1948 19 48  
at 2:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental - Carbon Monoxide Gas absorption. Duration \_\_\_\_\_  
Due to Fumes from Automobile Exhaust, in auto.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? No Homicide? \_\_\_\_\_  
Occurred May 21, 1948 19 48 City, county, state where violence occurred Clarks Fork, Bonner Co., Idaho.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place Yes While at work? No  
Means of injury Carbon Monoxide Gas in Auto.

23. Attendant's OWN Signature Lawrence E. [unclear] Corner (M. D. or other)  
and Address Sandpoint, Id. Date May 21, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, each should be answered as completely as possible. State answers as unknown only after a full and complete search of records. (ICA 38-206 and 215). Address of Bureau of Vital Statistics, Boise, Idaho.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 15 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2918  
Local Reg. No. 99  
Reg. Dist. No. 114

## 1. PLACE OF DEATH:

- (a) County Banner  
(b) City or town Hope  
(c) Street Address or R. F. D. No. ✓  
(d) Death Occured Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home? ✓ Hospital? ✓ Institution? ✓ Other place? ✓  
(f) Name Hosp. or Inst. None Stayed ✓ days  
(g) Lived in this county 3 years ✓ months ✓ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Banner  
(c) City or town Hope  
(d) Street Address or R.F.D. No. ✓  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Cheyenne Wyo.

## 3. (a) FULL NAME

Ethel Viola Aichele

083A

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. none

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Chas. Arthur Aichele

6. (c) Age of husband or wife if alive 71 years

## 7. Date of Birth

(Month, Day, Year) Dec. 12, 1881.

## 8. AGE

Years 66

Months 7

Days 10

If less than 1 day  
- hrs - min.

## 9. Exact Occupation

House wife

## Did this

work for 46 yrs.

## 10. Industry or Business

✓

## Date last

worked July 20, 1948

## 11. Birthplace

Rifle

Colorado

(City or town)

(State or foreign country)

## 12. Name

Mac Donald Oshier

## 13. Birthplace

unknown

(State or foreign country)

## 14. Maiden name

Delia Mullins

## 15. Birthplace

Alma

Colorado

(City or town)

(State or foreign country)

## 16. Informant's

### OWN Signature

Miss D. J. Spata

### and Address

Cheyenne Wyoming

## 17. (a) (Burial, cremation, or removal)

### (c) Place:

Cheyenne Wyoming

## 18. Funeral Director's

### OWN Signature

MOON MORTUARY

### and Address

SANDPOINT, IDAHO

## 19. (a)

(Date received and filed)

July 24, 1948

## (b)

(Registrar's signature)

Wille Dwyer

## MEDICAL CERTIFICATE OF DEATH

097X

## 20. DATE OF DEATH

(Month, Day, Year)

July 22

1948

at 11:20 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

July 21

1948 to July 22

1948

I last saw her alive on July 22, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral hemorrhage

## Duration

2 days

## Due to

arteriosclerosis

10 years

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted? Public

## Name of operation none Date July 22, 1948

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

### OWN Signature

Delia D. Cornell MD

and Address Sandpoint Idaho Date July 23, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
AUG 20 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 2919  
Local Reg. No. 9-48  
Reg. Dist. No. 112

1. PLACE OF DEATH: STATISTICAL
- (a) County Bonner  
(b) City or town Newport  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 30 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bonner  
(c) City or town Newport  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME GRACE MARGARET MacARTHUR

3. (b) If veteran, name war ..... 3. (c) Social Security No. none  
5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
4. Sex female 6. (b) Name of husband or wife Alexander 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) December 25 1849

8. AGE	Years	Months	Days	If less than 1 day
	<u>98</u>	<u>7</u>	<u>17</u>	hrs min.

9. Exact Occupation Housewife (ret) Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Ontario Canada (City or town) (State or foreign country)  
Mother { 12. Name Thomas Baker  
13. Birthplace New York (City or town) (State or foreign country)  
14. Maiden name Margaret  
15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's OWN Signature Arthur R. MacArthur  
and Address Newport, Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-48 (Month) (Day) (Year)  
(c) Place: IOOF Newport, Wn.

18. Funeral Director's OWN Signature B. E. Sherman  
and Address Newport, Washington

19. (a) Aug 17, 1948 (Date received and filed) (b) F. A. Vanech (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 12 1948  
at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from July 1 1948, to Aug 12 1948  
Last saw her alive on Aug 12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility Duration .....

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature Robert W. Robertson MD (M. D. or other)  
and Address Newport, Wn. Date 8/13 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

AUG 27 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

1948 State File No. 2920

Local Reg. No. 119

Reg. Dist. No. 85

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Granite  
(c) Street Address or R.F.D. No. R.F.D.  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 1 years 1 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Granite  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 yr 1 mo years  
(h) Former residence (city, state) Pillsbury, Minn. Dak.

## 3. (a) FULL NAME

Keith "K." McKay -

183X

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

5. Color or  
4. Sex M race W.

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife  
no

6. (c) Age of husband or wife if  
alive no years

7. Date of Birth  
(Month, Day, Year) 11 mo. 6 day - 1930

8. AGE	Years	Months	Days	If less than 1 day
<u>17</u>	<u>17</u>	<u>9</u>	<u>10</u>	<u>2</u> hrs. <u>✓</u> min.

9. Exact Occupation Student Did this work for 11 yrs.

10. Industry or Business Sandpoint High School Date last worked May 1948

11. Birthplace Pillsbury North Dakota  
(City or town) (State or foreign country)

12. Name Malcolm D. McKay

13. Birthplace Hope North Dakota  
(City or town) (State or foreign country)

14. Maiden name Eva McKee

15. Birthplace Kagan Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature M. D. McKay  
and Address Granite Idaho

17. (a) Burial (b) Date thereof Aug 20, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Sandpoint, Idaho

18. Funeral Director's OWN Signature MOON MORTUARY  
SANDPOINT, IDAHO  
and Address Sandpoint, Idaho

19. (a) Aug 16, 1948 (b) J. Lawrence Moon  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 15<sup>th</sup> 19 48  
at 2:00 o'clock Op. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 to 19  
I last saw h. alive on 19  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Accidental Drowning

## Duration

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date  
Major finding

Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? — Homicide? —

Occurred Aug 15 19 48 City, county, state  
where violence occurred Granite, Bonner Co. Idaho

Place of Violence: Home — Farm — Industry —

Public Place Yes While at work? No

Means of injury Drowned while bathing

23. Attendant's OWN Signature J. Lawrence Moon Coroner  
(M. D. or other)  
and Address Sandpoint, Ida. Date Aug 16 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 4 1948  
DIVISION OF VITALS  
STATE OF IDAHO  
**Certificate Of Death**

48  
State File No. 2921  
Local Reg. No. 17-48  
Reg. Dist. No. 112

1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Priest River  
(c) Street Address or R.F.D. No. R.F.D.  
(d) Death Occurred Inside?..... Outside? X city or town  
(e) Died in a Home X Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. K Stayed ✓ days  
(g) Lived in this county 46 years ✓ months ✓ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Priest River  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside?..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

Edward Hamshar

097X

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or race W 6. (a) Single, widowed, married, divorced Married  
4. Sex M 6. (c) Age of husband or wife if alive — years  
6. (b) Name of husband or wife Rose

7. Date of Birth (Month, Day, Year) May 15 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>3</u>	<u>9</u>	<u>✓</u> hrs - min.

9. Exact Occupation Farmer Did this work for 40 yrs.

10. Industry or Business OWN Farm Date last worked May 1948

11. Birthplace London England (City or town) (State or foreign country)

12. Name Henry Hamshar

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Edw. A. Hamshar and Address Priest River, Idaho

17. (a) Burial (b) Date thereof 8-28-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Priest River, Idaho

18. Funeral Director's OWN Signature OT and Address Penetration, Ida

19. (a) 8/1/48 (b) F.R. March (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 24 1948  
at 8:20 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 5-18 1948, to 7-6 1948.  
I last saw him alive on 7-6 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration 3-4 mo.

Due to Hypertension 10 yr.

Due to Arteriosclerosis 20 yr.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature Elmer A. Leino

and Address Newport Wn. (M. D. or other) Date 9-1 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in GIVN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 10 1947  
DIVISION OF VITAL

# NON-RESIDENT CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. **2922**  
Local Reg. No. **86**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

(a) County Bonner  
(b) City or town Garfield Bay  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. --- Stayed --- days  
(g) Lived in this county --- years --- months 1 hr --- days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Washington (b) County Spokane  
(c) City or town Spokane  
(d) Street Address or R. F. D. No. E. 2423 Girard Pl.  
(e) Deceased lived Inside? ☒ Outside? --- city or town  
(f) If foreign born, in U. S. --- yrs. Citizen of U. S.? ---  
(g) How long had deceased lived in Idaho? --- years  
(h) Former residence (city, state) ---

## 3. (a) FULL NAME

Edna Mae Pengelly

094A

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or 5. (a) Single, widowed, married, ---  
4. Sex Female race White divorced Widowed  
6. (b) Name of husband or wife William 6 (c) Age of husband or wife if alive --- years  
7. Date of Birth (Month, Day, Year) May 2, 1884

AGE	Years	Months	Days	If less than 1 day
<u>64</u>	<u>3</u>	<u>24</u>	<u>hrs</u>	<u>min.</u>

9. Exact Occupation Proprietor Did this work for --- yrs.  
10. Industry or Business Zigay Fur Co. Date last worked ---  
11. Birthplace Minnesota (City or town) (State or foreign country)

12. Name W. S. DeCamp  
13. Birthplace Massachusetts (City or town) (State or foreign country)

14. Maiden name Sarah E. Foster  
15. Birthplace Massachusetts (City or town) (State or foreign country)

16. Informant's Records of Hazen & Jaeger  
OWN Signature By [Signature]  
and Address N. 1306 Monroe St., Spokane, Wn.

17. (a) Removal (b) Date thereof 8-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Spokane / Washington

18. Funeral Director's Hazen & Jaeger  
OWN Signature By [Signature]  
and Address N. 1306 Monroe St., Spokane, Wn.

19. (a) 8-30-1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 26 1948.  
at --- o'clock --- M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1930, to Aug 26 1948.  
I last saw h. alive on July 24 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

### Duration

Acute Coronary occlusion (recurrent) minutes  
Due to Coronary arterio-  
sclerosis 10 yrs  
Due to ---  
Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease first contracted? --- PHYSICIAN ---  
Name of operation no Date ---  
Major finding no Underline the cause to which death should be charged statistically.  
Finding of autopsy no

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred no 19 --- City, county, state where violence occurred. ---  
Place of Violence: Home --- Farm --- Industry ---  
Public Place --- While at work? ---  
Means of injury ---

23. Attendant's [Signature]  
OWN Signature [Signature] (M. D. or other)  
and Address Spokane, Wn Date 8-30 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 7 1948

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2923  
Local Reg. No. 764  
Reg. Dist. No. 618

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Drive  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. P.D.S. Hosp. Stayed 3 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Memorial Drive  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 3 days years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Keith Vern Jensen

## 3. (b) If veteran, name war

X

## 3. (c) Social Security No.

X

## 4. Sex male race white

## 5. Color or (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife

X

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) July 4, 1948

## 8. AGE

Years

Months

Days

If less than 1 day

3

hrs.

min.

## 9. Exact Occupation

Baby

## Did this work for \_\_\_\_\_ yrs.

\_\_\_\_\_

## 10. Industry or Business

## Date last worked

\_\_\_\_\_

## 11. Birthplace

Idaho Falls, Idaho

(City or town) (State or foreign country)

## 12. Name

Mr. Delbert V. Jensen

## 13. Birthplace

Burton

Idaho

(City or town)

(State or foreign country)

## 14. Maiden name

Myrba Yeaman

Idaho

## 15. Birthplace

Rigby

Idaho

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

Delbert V. Jensen

## and Address

Idaho Falls, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

7-9-48

## (c) Place

Idaho Falls, Idaho

## 18. Funeral Director's OWN Signature

Jack A. Wood

## and Address

Idaho Falls, Idaho

## 19. (a) 8-10-48

(Date received and filed)

## (b) Anna Budger

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

July 7

19 48

at 9:20 o'clock 10 A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

7/4

19 48

to 7/7

19 48

I last saw him alive on 7/6 19 48;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Congenital Heart

## Duration

3 days

## Due to

## Due to

Other conditions Hydrocephalus  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation none Date \_\_\_\_\_

## Major finding

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

Idaho Falls, Idaho

## and Address

Rigby, Idaho Date 7/7 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**RECEIVED**  
**Certificate of Death**  
**AUG 12 1948**  
**STATE OF IDAHO**

1948  
State File No. **2924**  
Local Reg. No. **162**  
Reg. Dist. No. **610**

1. PLACE OF DEATH:
- County Bonneville
  - City or town Idaho Falls
  - Street Address or R.F.D. No. ....
  - Death Occurred Inside? ..... Outside? ..... city or town
  - Died in a Home..... Hospital X Institution..... Other place.....
  - Name Hosp. or Inst. LOS Stayed..... days
  - Lived in this county..... years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- State..... (b) County.....
  - City or town.....
  - Street Address or R.F.D. No. ....
  - Deceased lived Inside? ..... Outside? ..... city or town
  - Citizen of what country? .....
  - How long had deceased lived in Idaho? ..... years
  - Former residence (city, state).....

3. (a) FULL NAME Baby - David Allen

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) August 1 - 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	hrs. min.

9. Exact Occupation Infant Did this work for..... yrs.
10. Industry or Business..... Date last worked.....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

12. Name Rollin L. Allen (City or town) (State or foreign country)
13. Birthplace Neon, Idaho (City or town) (State or foreign country)
14. Maiden name Neon, Idaho (City or town) (State or foreign country)
15. Birthplace Neon, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Rollin L. Allen  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 8/3/48 (Month) (Day) (Year)
- (c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Geo A Williams  
and Address Idaho Falls, Idaho

19. (a) 8-9-48 (Date received and filed) (b) Anna Judson (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH August 2 19 48  
(Month, Day, Year) at ..... o'clock M. Aug 22

21. I HEREBY CERTIFY, That I attended deceased from Aug 1 - 1948 to Aug 2 19 48  
I last saw him alive on Aug 2 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity Duration

Due to 6 months baby

Due to .....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident?..... Suicide?..... Homicide?.....
- Occurred..... 19..... City, county, state
- where violence occurred.....
- Place of Violence: Home..... Farm..... Industry.....
- Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature John S. Hatch MD (M. D. or other)

and Address Idaho Falls Date 8-3-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 7 1948

RECEIVED

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2925  
Local Reg. No. 179  
Reg. Dist. No. 610

1. PLACE OF DEATH
- (a) County Bonneville
- (b) City or town Idaho Falls
- (c) Street Address or R.F.D. No. Memorial Dr.
- (d) Death Occurred Inside? ☒ Outside? ☐ city or town
- (e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐
- (f) Name Hosp. or Inst. U.S. Hosp. Stayed ☐ days
- (g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bonneville
- (c) City or town Idaho Falls
- (d) Street Address or R.F.D. No. Carl - 1st Street
- (e) Deceased lived Inside? ☒ Outside? ☐ city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? ☐ years
- (h) Former residence (city, state) ☐

3. (a) FULL NAME

Carol Jean Pickett

157E

3. (b) If veteran, name war ☐
3. (c) Social Security No. ☐
4. Sex F 5. Color or race W
6. (b) Name of husband or wife ☐
6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) August 4, 1948
- | AGE | Years | Months | Days     | If less than 1 day |
|-----|-------|--------|----------|--------------------|
|     |       |        | <u>2</u> | hrs. min.          |

9. Exact Occupation none Did this work for ☐ yrs.
10. Industry or Business ☐ Date last worked ☐

11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

12. Name Rogner L. Pickett (City or town) (State or foreign country)

13. Birthplace Logan, Utah (City or town) (State or foreign country)

14. Maiden name White Pickett (City or town) (State or foreign country)

15. Birthplace Reynolds, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Reynolds L. Pickett and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 8/7/48 (Month) (Day) (Year)

- (c) Place Idaho Falls, Boise Hill

18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho

19. (a) 9-2-48 (b) Anna Pickett (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Aug 6 19 48  
(Month, Day, Year) at ☐ o'clock ☐ M.

21. I HEREBY CERTIFY That I attended deceased from Aug 6 19 48 to Aug 6 19 48

I last saw h. ☐ alive on ☐ 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death multiple congenital anomalies Duration ☐

Due to congenital heart disease

Due to congenital heart disease

Other conditions ☐ (Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature John S. Statton M.D. and Address Idaho Falls Date 8-5-48 (M. D. or other) (For additional space, use reverse side)

642



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 7 1948

# Certificate of Death

DEPT. OF VITAL

STATE OF IDAHO

1948

State File No. 2926

Local Reg. No. 167

Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. LDS Hospt. Stayed 5 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Woodville, Idaho.

3. (a) FULL NAME LAMOND CHAFFIN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or White  
4. Sex Male race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lenna Rider Chaffin  
6. (c) Age of husband or wife if alive 50 years

7. Date of Birth (Month, Day, Year) September 6, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>11</u>	<u>1</u>	hrs. min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked July-48

11. Birthplace Circleville, Utah  
(City or town) (State or foreign country)

12. Name Henry A. Chaffin

13. Birthplace La Harp, Illinois  
(City or town) (State or foreign country)

14. Maiden name Leatha Jane Crow

15. Birthplace Longvalley, Calif.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Leona Salisbury  
and Address Rt. 1, Blackfoot, Idaho.

17. (a) Burial (b) Date thereof 8-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Feilding Memorial, Idaho Falls, Ida.

18. Funeral Director's OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho.

19. (a) 8-11-48 (b) Anna Blidger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 7, 1948  
at 12:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Spine +  
intestine hemorrhage

Due to Spine

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy ulceration

small bowel with dilatation

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Johns Hater MD

and Address Idaho falls Date 8-9-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 7 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2927  
Local Reg. No. 171  
Reg. Dist. No. 610

1. PLACE OF DEATH
- (a) County Connersville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 361 Cliff  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. Spring  
(e) Deceased lived Inside? Spring Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Mr. Marion H. Koof

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lilly Aircraft 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) August 25, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>4</u>	<u>15</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Hyde Park, Utah (City or town) (State or foreign country)

12. Name James Starry (City or town) (State or foreign country)

13. Birthplace This York State (City or town) (State or foreign country)

14. Maiden name Emma Starry (City or town) (State or foreign country)

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Arnold Woolf

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/48 (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Geo. A. Williams

and Address Idaho Falls, Idaho

19. (a) 8-24-48 (Date received and filed) (b) Anna Bridges (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 8 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from 6-7-46 to 8-8-48 1948

I last saw h. live on 8-8-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration \_\_\_\_\_

Due to Coronary heart disease

Due to \_\_\_\_\_

Other conditions Ca of prostate

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred X 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John S. Hater (M.D.)

and Address Idaho Falls Date 8-16-48 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 7 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2928**  
Local Reg. No. **170**  
Reg. Dist. No. **610**

1. PLACE OF DEATH
- (a) County Bonneville  
(b) City or town Archer Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? ..... city or town  
(e) Died in a Home ..... Hospital ☒ Institution ..... Other place .....  
(f) Name Hosp. or Inst. U. O. S. Stayed 2 days  
(g) Lived in this county ..... years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Jefferson  
(c) City or town Archer  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Mrs. Elsie Miller Beck

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....
4. Sex ♀ 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Clarence L. Beck 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) August 11, 1897

AGE	Years	Months	Days	If less than 1 day
	<u>50</u>			hrs. min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....

11. Birthplace Germany (City or town) (State or foreign country)

12. Name George Miller (City or town) (State or foreign country)

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name Elizabeth Steinz (City or town) (State or foreign country)

15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Clarence L. Beck and Address Archer Idaho

17. (a) Removal (b) Date thereof 8/11/48 (Month) (Day) (Year)

(c) Place Archer, Idaho

18. Funeral Director's OWN Signature Leo A. Williams and Address Idaho Falls, Idaho

19. (a) 8/15/48 (b) Anna Bridges (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 10 1948  
at 8:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 8 1948 to Aug 10 1948.  
I last saw h. or alive on Aug 10 1948.  
Death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Bowel Obstruction Duration 3 days.

Due to mesenteric thrombosis 3 days.

Due to auricular fibrillation 5 yrs.

Other conditions Rheumatic Heart Disease 20 yrs.

(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation none Date .....

Major finding .....

Finding of autopsy not done

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Allen Tall m. ll.

and Address Idaho Date Aug 10 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 7 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. **2029**  
Local Reg. No. **767**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH

- (a) County Donnerville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 269 1st  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 73 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mrs David Peter Davis

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex M Color or race W

## 6. (a) Single, widowed, married, divorced Widowed

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Effie Cornelia Fowler

## 7. Date of Birth

(Month, Day, Year) May 29, 1854

## 8. AGE

Years

Months

Days

If less than 1 day

94

2

hrs.

min.

## 9. Exact Occupations

Farmer-retired

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

(City or town)

(State or foreign country)

Glamorganshire, Wales

Wales

## 12. Name

David William Davis

## 13. Birthplace

(City or town)

(State or foreign country)

Idaho Falls

Idaho

## 14. Maiden name

Charlotte Nett Jeremy

## 15. Birthplace

(City or town)

(State or foreign country)

Idaho Falls

Idaho

## 16. Informant's OWN Signature

David P. Davis

## and Address

Idaho Falls, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 8/16/48

(Month) (Day) (Year)

## (c) Place

Sheldon Cemetery

## 18. Funeral Director's OWN Signature

J. A. Sheldon

## and Address

Idaho Falls, Idaho

## 19. (a) 8-24-48

(Date received and filed)

(b) Anna Bridger

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August - 12

1948

at 6:00 o'clock 2 M.

## 21. I HEREBY CERTIFY, That I attended deceased from Aug 3

1948 to Aug 10 1948

I last saw him alive on Aug 10 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chronic Myocarditis

## Duration

1yr

## Due to

Senility

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

Allen E. Smith M.D.

(M. D. or other)

and Address 200 7th St Date Aug 17 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

48-9123  
Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 7 1948

DEPT. OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2930  
Local Reg. No. 788  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 0 days  
(g) Lived in this county 0 years 0 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these) (Mother)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Route # 4  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

DARLENE GRAY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive ☒ years

7. Date of Birth (Month, Day, Year) August 16, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>9 hrs. 58 min.</u>

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

12. Name Leslie E. Gray

13. Birthplace Tower City, North Dakota (City or town) (State or foreign country)

14. Maiden name Lillian Bradshaw

15. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Leslie E. Gray

and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22, 1948 (Month) (Day) (Year)

(c) Place Idaho Falls, Ida., Rose Hill Cem

18. Funeral Director's OWN Signature Orland C. Buck

and Address Idaho Falls, Idaho

19. (a) 9-3-1948 (Date received and filed) (b) Lillian Bradshaw (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) August 16 19 48  
at 1:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1948 to Aug 16, 1948

I last saw him alive on Aug 16 19 48  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Premature delivery Duration 7 1/2 mo gestation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature St. George

and Address Idaho Falls Date 9/3/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

STATE OF IDAHO  
Certificate Of Death

State File No. 2021  
Local Reg. No. 2172  
Reg. Dist. No. 610

1. PLACE OF DEATH:

- (a) County Bonnaville  
(b) City or town Idaho Falls.  
(c) Street Address or R.F.D. No. 348-1  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. I.D.S. Stayed days  
(g) Lived in this county 11 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonnaville  
(c) City or town Idaho Falls.  
(d) Street Address or R.F.D. No. 348 1st St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) years

3. (a) FULL NAME

Lola Irene Wilde

3. (b) If veteran,

name war -----

3. (c) Social Security

No. 519-22-2153

5. Color or 6. (a) Single, widowed, married,

4. Sex Female race White

divorced Married

6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife Clarence Wilde alive 36 years

7. Date of Birth

(Month, Day, Year) Nov. 7, 1925

8. AGE

Years

Months

Days

If less than 1 day

22

9

13

hrs

min.

9. Exact

Occupation Housewife

Did this

work for years

10. Industry or

Business

Date last

worked

11. Birthplace Payette

Idaho

(City or town)

(State or foreign country)

12. Name Ray Alfred Corbit

13. Birthplace Swan Valley

Idaho

(City or town)

(State or foreign country)

14. Maiden name Cora May Sorenson

15. Birthplace Montana

(City or town)

(State or foreign country)

16. Informant's

OWN Signature Clarence Wilde

and Address 348 I St. Idaho Falls.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 8-27-48

(c) Place: Rose Hill

18. Funeral Director's

OWN Signature L M Nader

and Address Shelley

19. (a) 8-26-1948

(Date received and filed)

(b) Anna Bridges

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Aug 21, 1948

at 9:40 o'clock P. M.

21. (HEREBY CERTIFY, That I attended deceased from

July 8, 1948 to Aug 21, 1948

I last saw h. alive on Aug 21, 1948; death is

said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Peritonitis

Duration

6 weeks

Due to Abdominal abscess

6 wks

Due to Salpingitis

2 mos

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline

the cause to

which death

should be

charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home 19 Farm 19 Industry 19

Public Place 19 While at work? 19

Means of injury

23. Attendant's

OWN Signature H B Buehler

and Address Idaho Falls Date 8-26-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED **Certificate of Death**  
SEP 7 1948  
STATE OF IDAHO

1048 2932  
State File No. 2932  
Local Reg. No. 181  
Reg. Dist. No. 610

1. PLACE OF DEATH: (Always fill in town)  
(a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial dr.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Idaho Falls Stayed 5 days  
(g) Lived in this county 2-4-5 years 4 months 5 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in town)  
(a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 1035 Briscoe  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME Oliver Mathilda Albright

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harrison Albright 6. (c) Age of husband or wife if alive 48 years

7. Date of Birth (Month, Day, Year) September 13, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>			hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Monroe, Utah Date last worked \_\_\_\_\_

11. Birthplace Monroe, Utah (City or town) (State or foreign country)

12. Name Hans Henson (City or town) (State or foreign country)

13. Birthplace Utah (City or town) (State or foreign country)

14. Maiden name Betty Olsen (City or town) (State or foreign country)

15. Birthplace United States (City or town) (State or foreign country)

16. Informant's OWN Signature Lincoln Albright

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 8/24/48 (Month) (Day) (Year)

(c) Place Rose Hill, Idaho Falls, Idaho

18. Funeral Director's OWN Signature Jack A. Wood

and Address Idaho Falls, Idaho

19. (a) 9-2-48 (b) Uma Budger (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 21, 1948  
at 9 o'clock AM

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw her alive on 21 Aug 48 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchopneumonia Duration \_\_\_\_\_

Due to Shock

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home ☐ Farm ☐ Industrial ☐

Public Place ☐ While at work? ☐

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. R. Paul Date 27 Aug 48  
and Address Idaho Falls, Idaho (For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2933  
Local Reg. No. 182  
Reg. Dist. No. 610

1. PLACE OF DEATH: **STABLE**
- (a) County **Bonnerville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **752 1/2 Bayfield**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in this)
- (a) State **Idaho** (b) County **Bonnerville**  
(c) City or town **Idaho Falls**  
(d) Street Address or R.F.D. No. **752 1/2 Bayfield**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

3. (a) FULL NAME

**Colleen Marie Bohi**

107X

3. (b) If veteran, name war ☐ 3. (c) Social Security No. ☐
4. Sex **F** 5. Color or race **W** 6. (a) ☒ Single ☐ widowed, married, divorced ☐
6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) **June 17, 1948**
- | AGE | Years | Months   | Days     | If less than 1 day |
|-----|-------|----------|----------|--------------------|
|     |       | <b>2</b> | <b>7</b> | hrs. min.          |

9. Exact Occupation **none** Did this work for ☐ yrs.
10. Industry or Business **Idaho Falls** Date last worked **Idaho**
11. Birthplace **Idaho Falls** (City or town) (State or foreign country)

12. Name **William H. Bohi** (City or town) (State or foreign country)
13. Birthplace **Bethany, Idaho** (City or town) (State or foreign country)
14. Maiden name **Eugene Marie Hamill**
15. Birthplace **Sugar City, Idaho** (City or town) (State or foreign country)

16. Informant's OWN Signature **William H. Bohi** and Address **752 1/2 Bayfield, S. F.**

17. (a) **Burial** (Burial, cremation or removal) (b) Date thereof **8/26/48** (Month) (Day) (Year)
- (c) Place **Idaho Falls** (City or town) (State or foreign country)

18. Funeral Director's OWN Signature **W. A. Wood** and Address **Idaho Falls**

19. (a) **9-2-48** (Date received and filed) (b) **Anna Bridges** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **August 24** 19 **48**  
at **6** o'clock **2** M.

21. I HEREBY CERTIFY, That I attended deceased from **June 17** 19 **48** to **Aug 24** 19 **48**  
I last saw him alive on **Aug 4** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **aspiration pneumonia** Duration **12 hrs.**

Due to ☐

Due to ☐

Other conditions (Include pregnancy within 3 months of death) ☐

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature **Blaine Edwards** (M. D. or other)

and Address **Idaho Falls** Date **Aug 27** 19 **48**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 7 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2934  
Local Reg. No. 789  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 2 days  
(g) Lived in this county 0 years 0 months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Terreton  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

LYLE BENJAMIN MITCHELL

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 4. Sex Male race White

## 6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

None

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

September 4, 1931

8. AGE	Years	Months	Days	If less than 1 day
	<u>16</u>	<u>11</u>	<u>19</u>	hrs. min.

## 9. Exact Occupation Student Did this work for 9 yrs.

## 10. Industry or Business Public schools Date last worked 8/23/48

## 11. Birthplace Roberts Idaho (City or town) (State or foreign country)

## 12. Name Thomas Mitchell

## 13. Birthplace Fort Benton Montana (City or town) (State or foreign country)

## 14. Maiden name Bessie May Finck

## 15. Birthplace Longdale Oklahoma (City or town) (State or foreign country)

## 16. Informant's OWN Signature Warren Mitchell

and Address Montevieu, Idaho

## 17. (a) Burial (b) Date thereof Aug. 27, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Fielding Mem. Park, Idaho Falls, Ida.

## 18. Funeral Director's OWN Signature Orland LaBuck

and Address Idaho Falls, Idaho

## 19. (a) 9-3-1948 (b) Anna Ring (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) August 23 19 48 at 10:43 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 23 Aug 19 48 to 23 Aug 19 48; I last saw him alive on 23 Aug 19 48; death is said to have occurred on the date of hour stated above.

## Immediate Cause of Death:

Skull Fracture

Duration 7-8 hours

## Due to Trauma

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred Aug 23, 1948 19 \_\_\_\_\_ City, county, state

## where violence occurred Terreton, Idaho

## Place of Violence: Home \_\_\_\_\_ Farm X Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? Yes

## Means of injury Derrick pole broke, fell on head

## 23. Attendant's OWN Signature John E. Worlton, M.D. (M.D. or other)

and Address Idaho Falls, Idaho Date 3 Sept 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
SEP 7 1948  
DIVISION OF VITAL

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SEP 7 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2935  
Local Reg. No. 190  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sacred Heart Hosp. 34 days  
(g) Lived in this county 37 years 2 months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 168 11th Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Boulder, Colorado

## 3. (a) FULL NAME

LIONEL EDWARD FISHER

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

5. Color or race White  
4. Sex Male

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Janet Bertram Fisher

6. (c) Age of husband or wife if alive 72 years

7. Date of Birth (Month, Day, Year) December 21, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>8</u>	<u>3</u>	hrs. min.

9. Exact Occupation Architect Did this work for 50 yrs.

10. Industry or Business Building design Date last worked 1938

11. Birthplace Tremont Illinois (City or town) (State or foreign country)

12. Name Jess Fisher

13. Birthplace No record U.S.A. (City or town) (State or foreign country)

14. Maiden name Emily Campbell

15. Birthplace Woodford County Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Janet B. Fisher and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Aug. 26, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Orland L. Buck and Address Idaho Falls, Idaho

19. (a) 9-3-1948 (b) Rena Budger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 24 19 48

at 8:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 13 June 19 48, to 24 August 19 48

I last saw him alive on 24 August 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Thrombosis Duration 12 hours

Due to Generalized arteriosclerosis

Due to Senility

Other conditions Prostatic Hypertrophy 2 years (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operating physician Dr. W. B. Worton M.D. or other \_\_\_\_\_

Major finding Benign Hypertrophy

Finding of autopsy Not done

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John E. Worton, M.D. M.D. or other \_\_\_\_\_

and Address Idaho Falls, Idaho Date 3 Sept 19 48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 7 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. **2936**  
Local Reg. No. **174**  
Reg. Dist. No. **61D**

## 1. PLACE OF DEATH:

- (a) County **Bonneville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **L.D.S. Hospt.** Stayed **1** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Blackfoot,**  
(d) Street Address or R.F.D. No. **20 E. Court St.**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **54** years  
(h) Former residence (city, state) **Sugar, Idaho.**

## 3. (a) FULL NAME

**Va Letta N. Trego**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race **White**  
4. Sex **Female**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Byrd Trego**

6. (c) Age of husband or wife if alive **80** years

7. Date of Birth **March 3, 1893**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>55</b>	<b>5</b>	<b>22</b>	hrs. min.

9. Exact Occupation **Housewife & Nursing** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Logan, Utah**  
(City or town) (State or foreign country)

Father { 12. Name **Nick Nielsen**  
13. Birthplace **Denmark**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Annie Eggerts,**  
15. Birthplace **Logan, Utah**  
(City or town) (State or foreign country)

16. Informant's **Byrd Trego**  
OWN Signature **Blackfoot, Idaho**  
and Address \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **8-28-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Blackfoot, Idaho.**

18. Funeral Director's **John C. Sandberg**  
OWN Signature **Blackfoot, Idaho.**  
and Address \_\_\_\_\_

19. (a) **8-31-48** (b) **Annie Byrd**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **August 25 19 48**  
(Month, Day, Year) **9:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **24 Aug 19 48** to **25 Aug 19 48**  
I last saw \_\_\_\_\_ alive on **25 Aug 19 48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral hemorrhage** Duration **1 day.**

Due to **Arteriosclerosis and hypertension**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **at home**

Name of operation **none** Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's **H. R. Abbott M.D.**  
OWN Signature **Idaho Falls, Idaho 30 Aug 19 48**  
(M. D. or other)  
and Address \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 7 1948

# Certificate of Death

VICINITY OF VITAL

STATE OF IDAHO

State File No. **2937**  
Local Reg. No. **183**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH

- (a) County **Bonneville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **Memorial Dr.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **L. H. S.** Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in three)

- (a) State **Idaho** (b) County **Bonneville**  
(c) City or town **Idaho Falls**  
(d) Street Address or R.F.D. No. **Rt #1**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **46** years  
(h) Former residence (city, state) **Utah**

## 3. (a) FULL NAME

**James Henry Walker**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex **M** Color or race **W**

## 5. Color or race **W**

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth (Month, Day, Year)

**March 28, 1871**

## 8. AGE

Years

Months

Days

If less than 1 day  
hrs. min.

**77**

**4**

**29**

## 9. Exact Occupation

**Farmer**

Did this work for ☐ yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

**Int Pleasant, Utah** (City or town) (State or foreign country)

## 12. Name

**James H. Walker**

## 13. Birthplace

**England** (City or town) (State or foreign country)

## 14. Maiden name

**Marjorie Ann**

## 15. Birthplace

**England** (City or town) (State or foreign country)

## 16. Informant's OWN Signature

**James H. Walker**

## 17. (a) Burial

(Burial, cremation or removal)

(b) Date thereof **8/31/48** (Month) (Day) (Year)

## (c) Place

**Idaho Falls, Idaho**

## 18. Funeral Director's OWN Signature

**Jack A. Wood**

## 19. (a)

**9-2-1948** (Date received and filed)

(b) **Anna Budger** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **Aug 28** 19**48**  
at **12-35** o'clock **a**.M.

## 21. I HEREBY CERTIFY, That I attended deceased from ☐ 19 ☐ to ☐ 19

I last saw him alive on ☐ 19 ☐ death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

**Acute heart failure**

## Duration

## Due to

**old stenotic myocarditis**

## Due to

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ☐ Date ☐

## Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

## Means of injury

## 23. Attendant's OWN Signature

**H. B. Paul** (M. D. or other)

and Address ☐ Date ☐ 19 ☐

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 7 1948  
Certificate of Death  
STATE OF IDAHO

1948  
State File No. 2938  
Local Reg. No. 176  
Reg. Dist. No. 610

1. PLACE OF DEATH:

- (a) County. Bonneville  
(b) City or town. IDAHO FALLS  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home. ☐ Hospital. ☒ Institution. ☐ Other place. ....  
(f) Name Hosp. or Inst. L.D.S. Stayed. 4 days  
(g) Lived in this county        years.        months. 4 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Twin Falls  
(c) City or town. Twin Falls  
(d) Street Address or R.F.D. No. 444 - 6th Ave West  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state)

3. (a) FULL NAME

Mr. Louis Albert Fifield

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex. M 5. Color or race. W

6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive.        years

7. Date of Birth (Month, Day, Year) Jan 16, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>7</u>	<u>13</u>	hrs. min.

9. Exact Occupation. LABORER. Did this work for.        yrs.

10. Industry or Business.        Date last worked.

11. Birthplace. Heston Idaho (City or town) (State or foreign country)

12. Name. Charles Byron Fifield (City or town) (State or foreign country)

13. Birthplace. Unknown (City or town) (State or foreign country)

14. Maiden name. Lucy Jane Harder (City or town) (State or foreign country)

15. Birthplace. unknown (City or town) (State or foreign country)

16. Informant's OWN Signature. Cora Starry

- and Address. Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 8/31/48 (Month) (Day) (Year)

- (c) Place. Idaho Falls, Idaho

18. Funeral Director's OWN Signature. Geo. A. Williams

- and Address. Idaho Falls, Idaho

19. (a) 8-31-48 (Date received and filed) (b) Anna Budger (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 29 - 1948

- at        o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 28 1948, to Aug 29 1948

- I last saw him alive on Aug 28 1948;

- death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Cerebral hemorrhage Duration 5 days

- Due to. Cerebral arteriosclerosis 1-2 yrs

- Due to.

- Other conditions.

- (Include pregnancy within 3 months of death)

- Where was disease contracted?

- Name of operation.        Date.

- Major finding.

- Finding of autopsy.

- PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? ☐ Suicide? ☐ Homicide? ☐

- Occurred.        19.        City, county, state

- where violence occurred.

- Place of Violence: Home. ☐ Farm. ☐ Industry. ☐

- Public Place. ☐ While at work? ☐

- Means of injury.

23. Attendant's OWN Signature. H. B. Pugh

- and Address. Idaho Falls, Idaho Date. Aug 29, 48

- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 7 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2939  
Local Reg. No. 197  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 325 Cliff Street  
(d) Death Occurred Inside? X Outside?        city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst. None Stayed        days  
(g) Lived in this county 35 years 7 months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 325 Cliff Street  
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Grant, Nebraska

## 3. (a) FULL NAME

MINNIE ANDERSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Neil Anderson

6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) December 13, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>8</u>	<u>26</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 63 yrs.

10. Industry or Business At home Date last worked 7/7/48

11. Birthplace Hinckley Illinois  
(City or town) (State or foreign country)

12. Name John Ott

13. Birthplace Germany  
(City or town) (State or foreign country)

14. Maiden name Sophie Wagner

15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Fred L. Anderson

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Sept. 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Orland L. Buck

and Address Idaho Falls, Idaho

19. (a) 9-3-1948 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 29 19 48  
(Month, Day, Year) at 8:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 29 19 48 to Aug 29 19 48  
I last saw him expired on Aug 29 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Smothering Duration 6 months

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature N E G... 9/3/48

and Address Idaho Falls, Idaho

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. 2940  
Local Reg. No. 185  
Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonnerville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 240-6  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonnerville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 240-6  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Parsons

## 3. (a) FULL NAME

Charles H. Aiman

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M race W  
5. Color or W  
6. (a) Single ☒ widowed ☐ married ☐  
divorced ☐  
6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) August 2, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>0</u>	<u>27</u>	hrs. min.

9. Exact Occupation Owner of Seed Company Did this work for ☐ yrs.

10. Industry or Business Junction City Katsaps Date last worked 9/29/48

11. Birthplace Chicago, Ill. (City or town) (State or foreign country)

12. Name George M. Aiman

13. Birthplace Bedford, Mass. (City or town) (State or foreign country)

14. Maiden name For. Elth. Fiskrich

15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Frances Auerman  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 9/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Helding Memorial Park, Idaho Falls

18. Funeral Director's OWN Signature Jack A. Wood  
and Address Idaho Falls, Idaho

19. (a) 9-2-48 (b) Lena Budget  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 29 19 48  
at 6 o'clock P M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 to 19  
I last saw h. alive on 19;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary Occlusion Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Coronary Occlusion

23. Attendant's OWN Signature Dr. H. Williams (Coroner)

(M. D. or other)

and Address Idaho Falls Date 9/3 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
SEP 7 1948  
Certificate Of Death  
STATISTICS  
OF VITAL  
STATE OF IDAHO

1948  
State File No. 2941  
Local Reg. No. 786  
Reg. Dist. No. 610

1. PLACE OF DEATH:

- (a) County Bonnaville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. Hospital X Institution. Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. J.P.S. Stayed 18 days  
(g) Lived in this county. \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Lyrum Kappner

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex Male race W.  
6. (b) Name of husband or wife Grace Bessley 6. (c) Age of husband or wife if alive 59 years  
7. Date of Birth (Month, Day, Year) Feb 5, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>9</u>	<u>25</u>	hrs min.

9. Exact Occupation Farmer & stockman Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Logan Utah (City or town) (State or foreign country)

12. Name Lyrum Kappner

13. Birthplace Baden Baden, Germany (City or town) (State or foreign country)

14. Maiden name Christina Nelson

15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Lyrum Kappner

- and Address Idaho Falls, Idaho

17. (a) \_\_\_\_\_ (b) Date thereof 9/1/48 (Month) (Day) (Year)

- (c) Place: Idaho Falls

18. Funeral Director's OWN Signature W. R. Alford

- and Address Idaho Falls, Idaho

19. (a) 9-2-1948 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 30 Aug 1948  
at 3:45 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 12 Aug 1948, to 30 Aug 1948  
I last saw him alive on 30 Aug 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Subacute Ulcer

Duration

2 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation Gastric Date 17 Aug 48

Major finding Subacute ulcer

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. R. Alford M.D.

and Address Idaho Falls, Idaho (M.D. or other)

Date 1 Sept 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 7 1948

DIVISION OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

1948

State File No.

Local Reg. No.

Reg. Dist. No.

2942

187

610

## 1. PLACE OF DEATH:

- (a) County Bingham Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L. D. S. Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 1 day years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Infant Kenneth Lovell Callister

### 3. (b) If veteran, name war \_\_\_\_\_

### 3. (c) Social Security No. \_\_\_\_\_

4. Sex male Color or race White 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth August 30, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>1</u>	hrs. min.

## 9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business None Date last worked \_\_\_\_\_

## 11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

## 12. Name Lovell J. Callister

## 13. Birthplace Moreland, Idaho (City or town) (State or foreign country)

## 14. Maiden name Lois Ann Sowers (City or town) (State or foreign country)

## 15. Birthplace Edinburg, Illinois (City or town) (State or foreign country)

## 16. Informant's OWN Signature Lovell J. Callister

## and Address Blackfoot, Idaho

## 17. (a) Rem. & Bur. (b) Date thereof 8-31-48

## (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Groveland Cemetery

## 18. Funeral Director's OWN Signature Howard Pickham

## and Address Blackfoot, Idaho

## 19. (a) 9-3-1948 (b) Anna Bridges

## (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH August 31, 1948

(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Cerebral Hemorrhage Duration 12 hours

## Due to Birth Injury

## Due to Brachial Delivery

## Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation none Date \_\_\_\_\_

## Major finding ✓

## Finding of autopsy ✓

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Joseph M. Welch MD.

## and Address Idaho Falls, Idaho (M. D. or other) Sept. 2, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 7 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 2943  
Local Reg. No. 177  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 380 Hill  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Boo Stayed 35 days  
(g) Lived in this county 35 years 35 months 35 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 380 Hill St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Mr. Robert E. Collet

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leahle Moore

6. (c) Age of husband or wife if alive 35 years

7. Date of Birth (Month, Day, Year) Sept 25, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>11</u>	<u>16</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for 35 yrs.

10. Industry or Business Payson - Utah Date last worked

11. Birthplace Payson - Utah (City or town) (State or foreign country)

12. Name Robert E. Collet Sr. (City or town) (State or foreign country)

13. Birthplace Payson - Utah (City or town) (State or foreign country)

14. Maiden name Caroline Pickle (City or town) (State or foreign country)

15. Birthplace Payson - Utah (City or town) (State or foreign country)

16. Informant's OWN Signature J. M. Louette

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 9/3/48 (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Per A. Williams

and Address Idaho Falls, Idaho

19. (a) 8-31-48 (b) Anna Budgen (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 31, 1948

at 8:31 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 1944 to Aug 31, 1948

I last saw him alive on 8-31 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of stomach Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature John Hatch (M. D. or other)

and Address Idaho Falls Date 8-31-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 7 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948

State File No.

2944

Local Reg. No.

165

Reg. Dist. No.

610

1. PLACE OF DEATH: **STATISTICS**
- (a) County Bonneville
- (b) City or town Idaho Falls
- (c) Street Address or R.F.D. No. Rigby, Ida. Rt #1
- (d) Death Occurred Inside? Outside? city or town
- (e) Died in a Home X Hospital    Institution    Other place
- (f) Name Hosp. or Inst.    Stayed    days
- (g) Lived in this county    years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine
- (c) City or town Idaho Falls
- (d) Street Address or R.F.D. No.
- (e) Deceased lived Inside? Outside? city or town
- (f) Citizen of what country?
- (g) How long had deceased lived in Idaho?    years
- (h) Former residence (city, state)

3. (a) FULL NAME

Ronald Wayne Bird

182X

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or race W
4. Sex M

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year)

July 19, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>17</u>	hrs. min.

9. Exact Occupation    Did this work for    yrs.

10. Industry or Business    Date last worked

11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

12. Name Ronald Bird (City or town) (State or foreign country)

13. Birthplace Milo, Idaho (City or town) (State or foreign country)

14. Maiden name Flora May Bean (City or town) (State or foreign country)

15. Birthplace Sugar City, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Ronald Bird and Address Idaho Falls Ida. R-1.

17. (a) Burial (b) Date thereof 8/7/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Milo, Idaho

18. Funeral Director's OWN Signature Leo A. Williams and Address Idaho Falls, Idaho

19. (a) 8-11-1948 (b) Anna Budger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) August 5 1948

21. I HEREBY CERTIFY, That I attended deceased from 75 at    o'clock    M.

1948 to 75 1948

I last saw him in bed death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

1. Suspected Suffocation

Duration

Due to   

Due to   

Other conditions None (Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation None Date   

Major finding None

Finding of autopsy none performed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide?    Homicide?   

Occurred 75 1948 City, county, state

where violence occurred Rigby Idaho R.F.D. #1

Place of Violence: Home X Farm    Industry   

Public Place    While at work?   

Means of injury Asphyxiated in Bed

23. Attendant's OWN Signature Leo A. Williams (M. D. or other)

and Address Rigby Idaho Date 75 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 7 1948

# Certificate of Death

STATE OF IDAHO

State File No. 2945  
Local Reg. No. 180  
Reg. Dist. No. 611

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Milo  
(c) Street Address or R.F.D. No. Right Pt # 2  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst. ✓ Stayed ✓ days  
(g) Lived in this county ✓ years ✓ months ✓ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Milo  
(d) Street Address or R.F.D. No. Right Pt # 2  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 51 years  
(h) Former residence (city, state) ✓

## 3. (a) FULL NAME

Willard Levi Hammon

## 3. (b) If veteran, name war #1 world 3. (c) Social Security No. ✓

5. Color or W  
6. (a) Single, widowed, married  
divorced ✓  
(b) Name of husband or wife Elizabeth Hammon  
(c) Age of husband or wife if alive 49 years

7. Date of Birth April 6, 1897  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>4</u>	<u>10</u>	hrs. min.

9. Exact Occupation Farmer Did this work for ✓ yrs.

10. Industry or Business ✓ Date last worked ✓

11. Birthplace Groton, Idaho  
(City or town) (State or foreign country)

12. Name Jonathan M. Hammon

13. Birthplace East Weber, Utah  
(City or town) (State or foreign country)

14. Maiden name Lodema Wilhelm

15. Birthplace Chouteau, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Elizabeth Hammon

and Address Right Pt # 2 Milo, Idaho

17. (a) Buried (b) Date thereof 8/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Milo, Idaho

18. Funeral Director's OWN Signature Jack A. Wood

and Address Idaho Falls, Idaho

19. (a) 9-2-48 (b) Anna Rudy  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 16, 1948  
(Month, Day, Year) at 1-30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 10/15 1943 to 8/16 1948.  
I last saw h. in alive on 8/2/48 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

1. Cerebral Embolism

## Duration

Due to Arrhythmia + fibrillation

Due to Hypertension

Other conditions ✓  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation none Date ✓

Major finding ✓  
Finding of autopsy none performed

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ✓ Suicide? ✓ Homicide? ✓

Occurred ✓ 19 48 City, county, state ✓

where violence occurred ✓

Place of Violence: Home ✓ Farm ✓ Industry ✓

Public Place ✓ While at work? ✓

Means of injury ✓

23. Attendant's OWN Signature Deacon Tall, M.D.

and Address Right, Idaho Date 8/28 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 7 1948

# Certificate of Death

STATE OF IDAHO

State File No. **2946**  
Local Reg. No. **173**  
Reg. Dist. No. **611**

1. PLACE OF DEATH  
(a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 1  
(d) Death Occurred Inside?.....Outside? X.....city or town  
(e) Died in a Home.....Hospital.....Institution.....Other place X  
(f) Name Hosp. or Inst. ....Stayed.....days  
(g) Lived in this county.....years.....months.....days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State.....(b) County.....  
(c) City or town.....  
(d) Street Address or R.F.D. No. 1 Ave  
(e) Deceased lived Inside? X.....Outside?.....city or town  
(f) Citizen of what country.....  
(g) How long had deceased lived in Idaho?.....years  
(h) Former residence (city, state).....

3. (a) FULL NAME Lewis Thayne Bebold

3. (b) If veteran, name war.....3. (c) Social Security No. 183X

4. Sex M.....5. Color or race W  
6. (b) Name of husband or wife.....6. (c) Age of husband or wife if alive.....years

7. Date of Birth (Month, Day, Year) June 14, 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>2</u>	<u>2</u>	<u>12</u>	hrs. min.

9. Exact Occupation Infant Did this work for.....yrs.

10. Industry or Business.....Date last worked.....

11. Birthplace Terreton Idaho (City or town) (State or foreign country)

12. Name Lewis Bebold

13. Birthplace Bellevue, Washington (City or town) (State or foreign country)

14. Maiden name Ruby Guntton

15. Birthplace.....(City or town) (State or foreign country)

16. Informant's X OWN Signature S. Lewis Bebold and Address Idaho Falls, Idaho R-1

17. (a) Removal (b) Date thereof 8/28/48 (Month) (Day) (Year)  
(c) Place Aberdeen, Idaho

18. Funeral Director's OWN Signature Leo A. Williams and Address Idaho Falls, Idaho

19. (a) 8-28-48 (Date received and filed) (b) Anna Budger (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) August 26, 1948  
at.....o'clock.....M.

21. I HEREBY CERTIFY, That I attended deceased from.....19.....to.....19.....

I last saw h.....alive on.....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Suffocation Duration.....

Due to Drowning

Due to.....

Other conditions.....(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation.....Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? X.....Suicide?.....Homicide?.....

Occurred Aug 26 19 48 City, county, state where violence occurred Bonn Co.

Place of Violence: Home.....Farm.....Industry.....

Public Place Canal While at work?.....

Means of injury Drowning

23. Attendant's OWN Signature Leo A. Williams (M. D. or other) Coroner  
and Address Idaho Falls Date 8-27 19 48  
(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 7 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2947  
Local Reg. No. 184  
Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in three)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 243 N. Ridge  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Illinois

## 3. (a) FULL NAME

Le Moine Painter Lawson

094A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed ☒ married divorced

5. (b) Name of husband or wife Mary Hunt Lawson

6. (c) Age of husband or wife if alive 80 years

7. Date of Birth (Month, Day, Year) January 2, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>7</u>	<u>26</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Henderson County, Illinois (City or town) (State or foreign country)

12. Name Oliver Lawson (City or town) (State or foreign country)

13. Birthplace Pentucky (City or town) (State or foreign country)

14. Maiden name Lacey Ann Boyer (City or town) (State or foreign country)

15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's OWN Signature Oliver Lawson

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 8/31/48 (Month) (Day) (Year)

(c) Place Rock Hill, Idaho Falls, Idaho

18. Funeral Director's OWN Signature John P. Wood

and Address Idaho Falls, Idaho

19. (a) 9-2-48 (b) Laura Ruger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 28 1948  
at \_\_\_\_\_ o'clock 9 A.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral Thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Les A. Whicome (Coroner)

and Address Idaho Falls (M.D. or other) Date 9/3 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
AUG 27 1948  
DIVISION OF VITAL

STATE OF IDAHO

1948

State File No. **2948**  
Local Reg. No. **28-48**  
Reg. Dist. No. **100**

1. PLACE OF DEATH: **STATISTICS**

- (a) County Boundary  
(b) City or town Naples  
(c) Street Address or R.F.D. No. Star Route  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home XX Hospital XX Institution XX Other place XX  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 38 years XX months XX days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Naples  
(d) Street Address or R.F.D. No. Star Route  
(e) Deceased lived Inside? Outside XX city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Newport, Wn.

3. (a) FULL NAME

Ida B. Bond

3. (b) If veteran,

name war No

3. (c) Social Security

No. No

5. Color or 6. (a) Single, widowed, married,  
race White divorced Wid.

4. Sex Fem. 6. (b) Name of husband or wife John  
6. (c) Age of husband or wife if alive Dec. years

7. Date of Birth (Month, Day, Year) 1/25/1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>6</u>	<u>6</u>	hrs min.

9. Exact Occupation Housewife Did this work for 60 yrs.

10. Industry or Business at home Date last worked 8/1/48

11. Birthplace St. Cloud Minn.  
(City or town) (State or foreign country)

12. Name Unknown Wandron

13. Birthplace Switzerland  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Switzerland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. E. E. Saunders

- and Address Bonnors Ferry Idaho

17. (a) Burial (b) Date thereof 8/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Bonnors Ferry Idaho

18. Funeral Director's OWN Signature Frank Moore

- and Address Bonnors Ferry Idaho

19. (a) 8/24/48 (b) Paul Bonville  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) 8/1/48 19.  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from

19 to 19.  
I last saw h alive on 19.; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary failure Duration terminal

Due to Chronic myocarditis years

Due to Senile arteriosclerosis years

Other conditions Emphysema

(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation Date Underline the cause to which death should be charged statistically.

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature W. H. ...

(M. D. or other)

and Address Bonnors Ferry Date 8/23/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 18 1948

# Certificate Of Death

STATE OF IDAHO

348

State File No. 2949  
Local Reg. No. 26-48  
Reg. Dist. No. 100

## 1. PLACE OF DEATH: STATISTICS

- (a) County Marie V. Bliss Boundary  
(b) City or town Bonnars Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? XX Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed 21 days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Bonnars Ferry  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Creston B.C.

## 3. (a) FULL NAME

Marie V. Bliss

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. No

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced wid.  
4. Sex Female race White  
6. (b) Name of husband or wife Dell 6. (c) Age of husband or wife if alive Dec. years  
7. Date of Birth (Month, Day, Year) 10/17/1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>9</u>	<u>14</u>	hrs min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Berlin Germany (City or town) (State or foreign country)

12. Name John Bahnke  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Julia Crouch  
and Address Bonnars Ferry Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/48 (Month) (Day) (Year)  
(c) Place: Bonnars Ferry Idaho

18. Funeral Director's OWN Signature Frank Morse  
and Address Bonnars Ferry Idaho

19. (a) 8-2-48 (Date received and filed) (b) R.M. Bonree (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 131B

20. DATE OF DEATH (Month, Day, Year) 8/11/48 19\_\_\_\_  
at 3:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from January 1948, to 8-1 1948  
I last saw he alive on 8-1 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Due to Chronic Nephritis 5 years

## Due to

Other conditions Systolic Melthia years  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R.M. Bonree (M. D. or other)  
and Address Bonnars Ferry Date 8-2 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 88-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 18 1948

Certificate Of Death  
STATE OF IDAHO

1948 State File No. 2950  
Local Reg. No. 27-48  
Reg. Dist. No. 100

1. PLACE OF DEATH: STATISTICS  
(a) County Boundary  
(b) City or town Naples  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? XX city or town  
(e) Died in a Home Hospital Institution Other place XX  
(f) Name Hosp. or Inst Stayed days  
(g) Lived in this county 2 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bound.  
(c) City or town Naples  
(d) Street Address or R.F.D. No. Star Route  
(e) Deceased lived Inside? Outside? XX city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Seattle, Wash.

3. (a) FULL NAME John Dorsett  
(b) If veteran, name war 111  
(c) Social Security No. 553 26 6699  
(d) Color or race white  
(e) Sex Male  
(f) (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Marjorie  
(c) Age of husband or wife if alive 37 years  
(g) Date of Birth (Month, Day, Year) 5/15/1896

8. AGE	Years	Months	Days	If less than 1 day
	52	2	22	hrs min.

9. Exact Occupation Common laborer Did this work for 35 yrs.  
10. Industry or Business unemployed Date last worked 7/31/48  
11. Birthplace Livingston Mont. (City or town) (State or foreign country)  
12. Name George Dorsett  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name Elizabeth Payne  
15. Birthplace unknown (City or town) (State or foreign country)  
16. Informant's OWN Signature Mrs. Marjorie Dorsett and Address Naples Idaho  
17. (a) Burial (b) Date thereof 8/19/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bonners Ferry, Idaho  
18. Funeral Director's OWN Signature Paul Moose and Address Bonners Ferry Idaho  
19. (a) 8-9-48 (b) Paul Dorsett (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8/7/ 1948  
at 2:45 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Motor-vehicle accident Duration

Due to crushed chest received when truck rolled over due to on him.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation Date Major finding Finding of autopsy Crushed chest hemorrhage into heart wall. PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? Homicide? Occurred 8/7/48 19 City, county, state where violence occurred 3/4 M. south Naples Place of Violence: Home Farm Industry Public Place Highway 95 While at work? Means of injury truck ran off road  
23. Attendant's OWN Signature Coroner Paul Reed (M. D. or other) and Address Bonners Ferry Date 8/9/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
AUG 27 1948  
DIVISION OF VITAL STATE OF IDAHO

1948 State File No. 2951  
Local Reg. No. 29-48  
Reg. Dist. No. 100

1. PLACE OF DEATH:

**SAINTS**

- (a) County Boundary  
(b) City or town Bonnors Ferry  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside XX city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 1 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bound.  
(c) City or town Bonnors Ferry  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside XX city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Port Orchard Wn.

3. (a) FULL NAME

Margaret Elnora Fitz

3. (b) If veteran,

name war No

3. (c) Social Security

No. No

5. Color or

6. (a) Single, widowed, married,

4. Sex Fem. race White divorced Wid.

6. (b) Name of husband or wife Thomas J. 6. (c) Age of husband or wife if alive Dec. years

7. Date of Birth  
(Month, Day, Year) 9/2/1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>11</u>	<u>11</u>	hrs min.

9. Exact Occupation Ret. H. Wife Did this work for 50 yrs.

10. Industry or Business at home Date last worked 1945

11. Birthplace Council Bluffs Iowa  
(City or town) (State or foreign country)

12. Name Levi Hoover

13. Birthplace Iowa  
(City or town) (State or foreign country)

14. Maiden name Mathilda unknown

15. Birthplace Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Clyde Fitz

and Address Hamilton Mont.

17. (a) removal (b) Date thereof 8-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Whitehall, Mont.

18. Funeral Director's OWN Signature Frank Moore

and Address Bonnors Ferry Idaho

19. (a) 8-14-48 (b) Carl Bonnell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) 8/13/1948 19 48  
at 9:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 1947 to 8-13-1948

I last saw    alive on 8-13-1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Valvular Heart Disease Duration years

Due to   

Due to     
Other conditions Myocardial failure  
(Include pregnancy within 8 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Carl Bonnell M.D.

and Address    (M. D. or other)   

Date 8/14/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED NON-RESIDENT  
Certificate Of Death  
AUG 27 1948  
STATE OF IDAHO

1948

State File No. 2052  
Local Reg. No. 50-48  
Reg. Dist. No. 100

1. PLACE OF DEATH: STATISTICS

- (a) County Boundary  
(b) City or town Near Addy Idaho  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Cal. (b) County Stockton  
(c) City or town Stockton  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) unknown

3. (a) FULL NAME John Elmer Sherfey

3. (b) If veteran, name war No 3. (c) Social Security No. 555 03 7026  
5. Color or White 6. (a) Single, widowed, married, divorced wid.  
4. Sex Male race White 6. (c) Age of husband or wife if wife unknown alive years  
7. Date of Birth (Month, Day, Year) 7/10/1884

8. AGE	Years	Months	Days	If less than 1 day
	61	1	4	hrs min.

9. Exact Occupation Ret. Machinist Did this work for 40 yrs.  
10. Industry or Business at large Date last worked 1945  
11. Birthplace Tenn. (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Tenn. (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Blade W. Sherfey  
and Address 1709 Argonne Drive

17. (a) Removal (b) Date thereof 8/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Stockton, Cal.

18. Funeral Director's OWN Signature Frank Morse  
and Address Bonner's Ferry, Idaho

19. (a) 8/24/48 (b) R. B. Sourell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8/14/48 19  
at 9:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19  
I last saw h alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary failure Duration

Due to Chronic myocarditis 2 years

Due to Coronary thrombosis - result of chronic 1 year  
Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline Date the cause to which death should be attributed statistically.  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home 19 Farm 19 Industry 19  
Public Place 19 While at work? 19

- Means of injury 19  
Attendant's OWN Signature Frank Morse (M. D. or other)  
and Address Bonner's Ferry, Idaho Date 8/14/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
AUG 27 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. **2953**  
Local Reg. No. **354-8**  
Reg. Dist. No. **120**

1. PLACE OF DEATH: **STATISTICS**

- (a) County Boundary  
(b) City or town Bonnere Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside XX Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Bound. Co. Stayed 8 days  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Bonnere Ferry  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? XX Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Med. Lake, Mont.

3. (a) FULL NAME Axel E. Johnson

3. (b) If veteran, name war WW1 No. \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) 6.15/1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>2</u>	<u>4</u>	hrs min.

9. Exact Occupation Ret. Logger Did this work for 20 yrs.  
10. Industry or Business at large Date last worked 1935  
11. Birthplace Stode, Sweden  
(City or town) (State or foreign country)

12. Name John Larson  
13. Birthplace Sweden  
(City or town) (State or foreign country)  
14. Maiden name Christina Jensen  
15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature Carl Johnson  
and Address Grenora N. Dakota

17. (a) Burial (b) Date thereof 8/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bonnere Ferry Idaho

18. Funeral Director's OWN Signature Travis Mays  
and Address Bonnere Ferry Idaho

19. (a) 8-20-48 (b) Carl Johnson  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) 8/19/1948 19  
at 1:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 15 1948 to 8/19/48 1948  
I last saw him alive on 8-18 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to cerebral embolism

Due to Right hemiplegia

Other conditions Pharyngeal & Respiratory  
(Include pregnancy within 3 months of death) paralysis

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Carl Johnson M.D.  
and Address Boundary (M.D. or other) 8/20/48 1948  
(For additional space, use reverse side)

083B

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-246 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

SEP 13 1948

DIVISION OF VITAL

NON-RESIDENT  
Certificate Of Death

STATE OF IDAHO

State File No. 2954  
Local Reg. No. 33-48  
Reg. Dist. No. 100

1. PLACE OF DEATH: STATISTICS
- (a) County Boundary  
(b) City or town Bonners Ferry  
(c) Street Address or R.F.D. No. Deep Creek  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years 1 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Wash.  
(b) County  
(c) City or town Auburn  
(d) Street Address or R.F.D. No. Box 686 Rt #1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1 mo. years  
(h) Former residence (city, state) Auburn, Wash.

3. (a) FULL NAME WILLIAM ARTHUR KORSVIK

3. (b) If veteran, name war  
3. (c) Social Security No. 486-32-7598  
5. Color or 6. (a) Single, widowed, married, divorced single  
4. Sex Male race white  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) July 18, 1933

8. AGE	Years	Months	Days	If less than 1 day
	15	1	6	hrs min.

9. Exact Occupation Laborer Did this 1 mo. work for yrs.  
10. Industry or Business Date last worked 8/24/1948  
11. Birthplace Bismark, No. Dakota (City or town) (State or foreign country)

12. Name Joseph Korsvik  
13. Birthplace Bismark, No. Dakota (City or town) (State or foreign country)  
14. Maiden name Mary Catherine McDougall  
15. Birthplace Minnesota (City or town) (State or foreign country)

16. Informant's OWN Signature Frank Morse  
and Address 181 Box 686 Auburn Wash

17. (a) Burial (b) Date thereof 8/26/48 (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: Bonners Ferry, Idaho

18. Funeral Director's OWN Signature Frank Morse  
and Address Bonners Ferry, Idaho

19. (a) 9/17/48 (b) R. B. Bourree (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 24 1948  
at 2:45 o'clock M

21. I HEREBY CERTIFY That I attended deceased from Aug 24 1948 to Aug 25 1948  
I last saw him alive on Aug 24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxiation Duration

Due to Drowning

Due to  
Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred Aug 24 1948 City, county, state where violence occurred Bonners Ferry Idaho  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of Injury Fall out of boat

23. Attendant's OWN Signature Frank Morse  
and Address Bonners Ferry Idaho Date 8/27 1948  
(For additional space, use reverse side)

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Department of Commerce  
Bureau of the Census  
AUG 2 - 1948  
DIVISION OF VITAL  
STATE OF IDAHO

1. PLACE OF DEATH:  
(a) County Butte  
(b) City or town Arco Idaho  
(c) Street Address or R. F. D. No. Arco  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Doc. office Stayed days  
(g) Lived in this county 2 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Butte  
(c) City or town Arco  
(d) Street Address or R. F. D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U. S. A  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Ida Falls Ida

3. (a) FULL NAME James David Elzey  
(b) If veteran, name war  
(c) Social Security No.  
(d) Sex Male (e) Color or race W (f) (a) Single, widowed, married, divorced  
(g) (b) Name of husband or wife (c) Age of husband or wife if alive years  
(h) Date of Birth (Month, Day, Year) Feb 28 - 1943  
(i) 8. AGE Years 5 Months 4 Days 24 If less than 1 day hrs. min.

MEDICAL CERTIFICATE OF DEATH  
103X  
20. DATE OF DEATH (Month, Day, Year) July 22, 1948  
at 3:20 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from July 22, 1948, to July 22, 1948; I last saw him alive on July 22, 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Fracture of vault of skull and hemorrhage.  
Duration

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Latah County, Moscow, Idaho (City or town) (State or foreign country)  
Mother { 12. Name James B. Elzey  
13. Birthplace Chattanooga, Tenn (City or town) (State or foreign country)  
14. Maiden name Jeanette Strey  
15. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)  
16. Informant's OWN Signature James B. Elzey and Address Arco, Idaho  
17. (a) (b) Date thereof July 24, 48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rose Hill Cem - Ida Falls, Idaho  
18. Funeral Director's OWN Signature Mrs. Betty Marnel and Address Arco, Idaho  
19. (a) Aug 21 - 1948 (b) Mary G. Dietrich (Date received and filed) (Registrar's signature)

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred July 22, 1948 City, county, state where violence occurred Arco, Butte Co Idaho  
Place of Violence: Home Farm Industry Public Place While at work  
Means of injury Fall from horse  
23. Attendant's OWN Signature J. R. Ebert M.D. and Address Arco, Idaho Date July 23, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL

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AUG 16 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2956  
Local Reg. No. 9  
Reg. Dist. No. 670

1. PLACE OF DEATH: **STATISTICS**
- (a) County Butte  
(b) City or town Darlington  
(c) Street Address or R.F.D. No. ✓  
(d) Death Occurred Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst. ✓ Stayed ✓ days  
(g) Lived in this county 30 years ✓ months ✓ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Butte  
(c) City or town Darlington  
(d) Street Address or R.F.D. No. ✓  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? U. S. A  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Dumont - Iowa

3. (a) FULL NAME

Alexander Chesley Bell

3. (b) If veteran, name war ✓ No. ✓  
3. (c) Social Security No. ✓  
4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Maud Pauline 6. (c) Age of husband or wife if alive 62 years  
7. Date of Birth (Month, Day, Year) January 15 - 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>6</u>	<u>24</u>	hrs min.

9. Exact Occupation Rancher Did this work for life. yrs. ✓  
10. Industry or Business Ranch Date last worked 1947  
11. Birthplace Dumont - Iowa (City or town) (State or foreign country)  
12. Name John Calvin Bell  
13. Birthplace ✓ (City or town) (State or foreign country)  
14. Maiden name Rebecca Mackintyre  
15. Birthplace ✓ (City or town) (State or foreign country)

16. Informant's OWN Signature G. Sara Hagil  
and Address Darlington Idaho  
17. (a) Burial (b) Date thereof Aug 15 1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem - Arco Ida  
18. Funeral Director's OWN Signature Betty J. Marvel  
and Address Arco - FD #19  
19. (a) Aug 13 - 1948 (b) Mary G. Dietrich (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 9 1948  
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw h. ✓ alive on 19; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Duration

Coronary Thrombosis

Due to ✓  
Due to ✓  
Other conditions Virus Pneumonia (Include pregnancy within 3 months of death) 4 days

Where was disease contracted? ✓

Name of operation ✓ Date ✓

Major finding ✓

Finding of autopsy ✓

### PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓  
Occurred 19 City, county, state ✓  
where violence occurred ✓  
Place of Violence: Home ✓ Farm ✓ Industry ✓  
Public Place ✓ While at work? ✓  
Means of injury ✓

23. Attendant's OWN Signature Betty J. Marvel  
and Address Arco - Ida (at home or other) Date 8-10 1948  
(For additional space, use reverse side)

Butte Co. Coroner

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

AUG 24 1948

STATE OF IDAHO

1948 State File No. 2957  
Local Reg. No. 486  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Ada  
(b) City or town Nampa  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Owyhee  
(c) City or town Homedale  
(d) Street Address or R.F.D. No. Marsing Hi-way  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12hrs years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Billie Joe Parker

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex M race W  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 18-1948

8. AGE	Years	Months	Days	If less than 1 day
	-	-	-	12 hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Nampa, Idaho  
(City or town) (State or foreign country)

12. Name Donald Parker  
13. Birthplace Richfield, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Amelia Jerab  
15. Birthplace Rock Springs, Wyoming  
(City or town) (State or foreign country)

16. Informant's OWN Signature Donald Parker  
and Address Homedale, Idaho

17. (a) Burial (b) Date thereof 6-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hills, Caldwell, Idaho

18. Funeral Director's OWN Signature Beckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) Aug 18-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 18 19 48  
at 8:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Heart Disease Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Lyda Rodgers  
and Address \_\_\_\_\_ Date Aug 16 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. 2958  
Local Reg. No. 484  
Reg. Dist. No. 363

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Rt #1  
(d) Death Occurred Inside? X Outside? ✓ city or town Nampa  
(e) Died in a Home ✓ Hospital X Institution ✓ Other place ✓  
(f) Name Hosp. or Inst. Merry Stayed 30 days  
(g) Lived in this county 12 years ✓ months ✓ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Rt #1  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town Nampa  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male Color or race White (a) Single, widowed, married, divorced

6. (b) Name of husband or wife (c) Age of husband or wife if alive 20 years

7. Date of Birth (Month, Day, Year) Dec 23rd 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>7</u>	<u>9</u>	hrs. min.

9. Exact Occupation Laborer Did this work for ✓ yrs.

10. Industry or Business Unknown Date last worked

11. Birthplace Burlington Kansas (City or town) (State or foreign country)

12. Name Christopher Gracey

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address By George H. Walker

17. (a) Buried (b) Date thereof 8/3/48 (Month) (Day) (Year)

(c) Place Claydale Cemetery

18. Funeral Director's OWN Signature George H. Walker

and Address Nampa Idaho

19. (a) Aug 18 1948 (b) Lida Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 1st 19 48  
at 12:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 20 19 48 to Aug 1 19 48

I last saw him alive on Aug 1 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute congestive cardiac failure Duration

Due to myocarditis & coronary occlusion

Due to coronary occlusion

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Where was disease contracted? —

Name of operation — Date —

Major finding —

Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature O. Halliday, M.D.

and Address Nampa, Idaho Date 8/1 19 48

(For additional space, use reverse side)

Halliday

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 2959

Local Reg. No. 469

Reg. Dist. No. 362

1. PLACE OF DEATH: STATISTICAL
- (a) County Canyon
- (b) City or town Hamper
- (c) Street Address or R.F.D. No. 316-10th and
- (d) Death Occurred Inside? ☒ Outside? ☐ city or town
- (e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐
- (f) Name Hosp. or Inst. ☐ Stayed ☐ days
- (g) Lived in this county 35 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon
- (c) City or town Hamper
- (d) Street Address or R.F.D. No. 316-10th and
- (e) Deceased lived Inside? ☒ Outside? ☐ city or town
- (f) Citizen of what country? U. S. A.
- (g) How long had deceased lived in Idaho? 35 years
- (h) Former residence (city, state) Nebraska

3. (a) FULL NAME William Lynch

3. (b) If veteran, name war ☐ 3. (c) Social Security No. 013B

4. Sex Male Color or race W.

6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive Single years

7. Date of Birth (Month, Day, Year) May 6 - 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>3</u>	<u>26</u>	hrs. min.

9. Exact Occupation Seaman Did this work for ☐ yrs.

10. Industry or Business Colton Date last worked Nebraska

11. Birthplace (City or town) (State or foreign country)

12. Name John Lynch

13. Birthplace (City or town) (State or foreign country)

14. Maiden name John Hays

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Family Records

- and Address By George H. Halper

17. (a) Burial (b) Date thereof 8/5/48 (Month) (Day) (Year)

- (c) Place Hamper Idaho

18. Funeral Director's OWN Signature George H. Halper

- and Address Hamper Idaho

19. (a) Aug-4-1948 (b) Lida Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8-2-48
- at 10:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 7/18/48 to 8/2/48
- I last saw him alive on 7/31/48
- death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Collapse of lung Duration 2 hrs.

Due to acute Tuberculosis and cavity formation

Due to acute Pulmonary Tbc. 3-6 mo.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature Geo. D. Halper, M.D. (M. D. or other)
- and Address Hamper, Idaho Date 8/3/48
- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

2960

476

323

1. PLACE OF DEATH:

STATIST

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 4 hrs days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Glenns Ferry  
(d) Street Address or R.F.D. No. Box 116  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Mr. Thomas F. Wooles

3. (b) If veteran, name war none

3. (c) Social Security No. 712-09-4658

5. Color or white  
4. Sex male race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James

6. (c) Age of husband or wife if alive 46 years

7. Date of Birth (Month, Day, Year) November 23, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>8</u>	<u>9</u>	hrs. min.

9. Exact Occupation Engineer Did this work for 27 yrs.

10. Industry or Business U.P. Railroad Date last worked 8/1/48

11. Birthplace Canada (City or town) (State or foreign country)

12. Name Charles D. Wooles (City or town) (State or foreign country)

13. Birthplace Canada (City or town) (State or foreign country)

14. Maiden name Unobtainable (City or town) (State or foreign country)

15. Birthplace Unobtainable (City or town) (State or foreign country)

16. Informant's OWN Signature Agnes Wooles

and Address Glenns Ferry, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/3/48 (Month) (Day) (Year)

(c) Place Glenns Ferry, Idaho

18. Funeral Director's OWN Signature John J. Alsup, Jr.

and Address Nampa, Idaho

19. (a) Aug-3-1948 (Date received and filed) (b) Lyle Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 2, 1948

at 2:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1948 to Aug 2, 1948

I last saw h. 11 am alive on Aug 2, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Failure Duration

Due to Post Operative Shock

Due to Ruptured Appendicitis

Other conditions Pneumonia (Include pregnancy within 6 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. H. Manzum

and Address Nampa, Idaho (M. D. or other) Date Aug 5, 1948

(For additional space, use reverse side)

458

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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# Certificate of Death

1948

State File No. 2961

Local Reg. No. 495

Reg. Dist. No. 362

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OFFICE OF VITAL

STATE OF IDAHO

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Terminal Hotel  
(d) Death Occurred Inside? Yes Outside? No city or town Nampa  
(e) Died in a Home No Hospital No Institution No Other place No  
(f) Name Hosp. or Inst. None Stayed 1 days  
(g) Lived in this county 9 years 7 months 9 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Terminal Hotel  
(e) Deceased lived Inside? Yes Outside? No city or town Nampa  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

Joseph O. Carlin

## 3. (b) If veteran, name war

3. (c) Social Security No. 518-26-8289

## 4. Sex M 5. Color or race W

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive single years

## 7. Date of Birth (Month, Day, Year) Aug 18 - 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>11</u>	<u>20</u>	hrs. min.

## 9. Exact Occupation Janitor Did this work for 9 yrs.

## 10. Industry or Business Terminal Hotel Date last worked 1947

## 11. Birthplace Nebraska City, Nebr. (City or town) (State or foreign country)

## 12. Name William Carlin

## 13. Birthplace Pennsylvania (City or town) (State or foreign country)

## 14. Maiden name Unknown

## 15. Birthplace Unknown (City or town) (State or foreign country)

## 16. Informant's OWN Signature Hospital Records

## and Address By Dr. H. Walker

## 17. (a) Burial (b) Date thereof 8/9/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Calvary Cemetery Nampa

## 18. Funeral Director's OWN Signature John H. Walker

## and Address Nampa Idaho

## 19. (a) Aug 18 - 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Aug 7 th 19 48

## 21. I HEREBY CERTIFY, That I attended deceased from Aug 6 at 3 o'clock P. M.

I last saw him alive on Aug 7 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Myocardial Failure Duration 2-3 days

## Due to Chronic Myocarditis

## Due to Terminal Pneumonia

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation Date

## Major finding

## Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? Suicide? Homicide?

## Occurred 19 City, county, state

## where violence occurred

## Place of Violence: Home Farm Industry

## Public Place While at work?

## Means of injury

## 23. Attendant's OWN Signature J. Mangum (M.D. or other)

## and Address Nampa Idaho Date 8-10 19 48 (For additional space, use reverse side)

J. R. Mangum

458

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

AUG 17 1948

STATE OF IDAHO

State File No. 2962  
Local Reg. No. 482  
Reg. Dist. No. 362

## 1. PLACE OF DEATH: DIVISION OF VITAL

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 620 - Fairview  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 19 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 620 - Fairview  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

Mrs. Floy Shepstall

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nathaniel

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) Nov 25 - 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>9</u>	<u>13</u>	hrs. min.

9. Exact Occupation At Home Did this work for ☐ yrs.

10. Industry or Business Idaho Date last worked ☐

11. Birthplace Genoa, Illinois (City or town) (State or foreign country)

12. Name James Housh (City or town) (State or foreign country)

13. Birthplace Newark, Ohio (City or town) (State or foreign country)

14. Maiden name Mary Campbell (City or town) (State or foreign country)

15. Birthplace Frankfort, Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Wm D. Talley

and Address 711 - 11th Ave So.

17. (a) Burial (b) Date thereof 8/11/48 (Month) (Day) (Year)

(c) Place Clarendale Cemetery

18. Funeral Director's OWN Signature Shirley H. Harker

and Address Nampa, Idaho

19. (a) Aug. 13 - 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 7 19 48  
at 10 o'clock AM

21. I HEREBY CERTIFY, That I attended deceased from Aug 7 19 48

I last saw her alive on Aug 7 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Coronary Duration 5 days

Due to Chronic Nephritis years

Due to Chronic Diabetes years

Other conditions Chronic Diabetes years  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature W. C. Belknap (M.D. or other)

and Address Nampa, Idaho Date 8-7-1948  
(For additional space, use reverse side)

W. C. Belknap

013

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OFFICE OF VITAL

# Certificate of Death

STATE OF IDAHO

1048 2963  
State File No. 478  
Local Reg. No. 362  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 211 16th Ave. So.  
(d) Death Occurred Inside? X Outside?        city or town  
(e) Died in a Home        Hospital        Institution X Other place         
(f) Name Hosp. or Inst. Wyatt's Stayed 1 1/2 days  
(g) Lived in this county 3 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 320 5th Ave. So.  
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Melrose, Montana

## 3. (a) FULL NAME

Mrs. Lydia J Swofford

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

## 5. Color or

Sex female race white

## 6. (a) Single, widowed, married, divorced

widowed

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth

(Month, Day, Year) September 30, 1861

## 8. AGE

Years

Months

Days

If less than 1 day  
hrs. min.

86

10

8

## 9. Exact Occupation

Housewife

Did this work for        yrs.

## 10. Industry or Business

Home

Date last worked       

## 11. Birthplace

Marion County, Iowa  
(City or town)

        
(State or foreign country)

## 12. Name

Fischer

## 13. Birthplace

Unobtainable  
(City or town)

        
(State or foreign country)

## 14. Maiden name

Unobtainable

## 15. Birthplace

Unobtainable  
(City or town)

        
(State or foreign country)

## 16. Informant's

OWN Signature

Jesse L Swofford  
and Address Nampa

## 17. (a) Removal

(b) Date thereof 8/10/48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place Melrose, Montana

## 18. Funeral Director's

OWN Signature

Robinson-Alsin Chapel  
Elva M. Sower  
and Address Nampa, Idaho

## 19. (a) Date received and filed

Aug 9-1948

## (b) Registrar's signature

Lyda Rodgers

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 8, 19 48  
at 9:50 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

       19        to        19       

I last saw him alive on        19       ;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial Failure

## Duration

## Due to

Chronic Myocarditis  
Hypertensive Ht. Disease

## Due to

Arteriosclerosis  
Obesity  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation        Date       

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

## 23. Attendant's

OWN Signature

W. Mangum  
(M. or other)

and Address Nampa, Idaho 19       

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record paper. Do not use white ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 17 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 2964  
State File No. 479  
Local Reg. No. 363  
Reg. Dist. No.

1. PLACE OF DEATH: STATISTICS
- (a) County Canyon
- (b) City or town Nampa
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. Mercy Stayed 3 days
- (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Payette
- (c) City or town Payette
- (d) Street Address or R.F.D. No. 2025 Center Avenue
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 32 years
- (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Mr. W.H. Hasingill

3. (b) If veteran, name war none 3. (c) Social Security No. 712-07-2133
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced married
4. Sex male race white
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October 9, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>10</u>	<u>0</u>	hrs. min.

9. Exact Occupation Retired Conductor Did this work for \_\_\_\_\_ yrs.

10. Industry or Business U.P. Railroad Date last worked \_\_\_\_\_

11. Birthplace Hattiesville, Arkansas (City or town) (State or foreign country)

12. Name G.J. Hasingill

13. Birthplace Arkansas (City or town) (State or foreign country)

14. Maiden name Jennie Houston

15. Birthplace Arkansas (City or town) (State or foreign country)

16. Informant's OWN Signature Barthel Hasingill and Address Payette, Ida.

17. (a) Burial (b) Date thereof 8/12/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Cemetery

18. Funeral Director's OWN Signature Robinson and Address Nampa, Idaho

19. (a) Aug 12 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 9, 1948 at 1:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 8 1948 to Aug 9 1948

I last saw him alive on Aug 9 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary edema Duration 4 hrs.

Due to Coronary occlusion

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death.)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature F.D. Kachue, M.D. and Address Nampa, Idaho Date 8-10 1948 (M.D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 2965  
Local Reg. No. 488  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R.F.D. No. 903 1/2 E. Ave. S.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Carter Stayed 1 yr. days  
(g) Lived in this county 1 years 1 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Clatsop  
(c) City or town Mc Home  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Unknown

## 3. (a) FULL NAME

Sam Stroom

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race M

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive  years

## 7. Date of Birth

(Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>			hrs. min.

9. Exact Occupation Laborer Did this work for  yrs.

10. Industry or Business  Date last worked

11. Birthplace Unknown (City or town) (State or foreign country)

12. Name Unknown (City or town) (State or foreign country)

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown (City or town) (State or foreign country)

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records

- and Address By George H. Walker

17. (a) Burial (b) Date thereof 8/19/48 (Month) (Day) (Year)

- (c) Place Hamper Idaho

18. Funeral Director's OWN Signature George H. Walker

- and Address Hamper Idaho

19. (a) Aug. 18, 1948 (b) Lida Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 11th 1948  
at 8 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1948 to Aug. 11, 1948

I last saw him alive on Aug. 10, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral hemorrhage Duration 2 day

Due to

Due to

Other conditions  (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?

Occurred  19  City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

## 23. Attendant's OWN Signature

F. A. Roehne, M.D. (M. D. or other)

and Address Hamper, Ida Date Aug. 13, 1948

(For additional space, use reverse side)

Dr. Roehne



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 24 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **2966**  
Local Reg. No. **490**  
Reg. Dist. No. **363**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Owyhee  
(c) City or town Homedale  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Fred William Zurcher

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Gertrude  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) July 27-1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>0</u>	<u>17</u>	hrs min.

## 9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Crofton, Nebraska (City or town) (State or foreign country)

## 12. Name Jacob Zurcher (City or town) (State or foreign country)

## 13. Birthplace Germany (City or town) (State or foreign country)

## 14. Maiden name Not Known " " (City or town) (State or foreign country)

## 15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

## 16. Informant's OWN Signature Gertrude Zurcher

## and Address Homedale, Idaho

## 17. (a) Burial (b) Date thereof 8-19-48

## (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Wilder

## 18. Funeral Director's OWN Signature W. Beckham-Dakan Chapel

## and Address Caldwell, Idaho

## 19. (a) Aug 19-1948 (b) Lida Rodgers

## (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH August 14 19 48 (Month, Day, Year) at 6:05 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: coronary thrombosis & embolism Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature \_\_\_\_\_

and Address \_\_\_\_\_ Date 8-17-1948

(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
DIVISION OF VITAL STATISTICS

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AUG 24 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 2967

Local Reg. No. 489

Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Manapa  
(c) Street Address or R.F.D. No. RE 1  
(d) Death Occurred Inside? ✓ Outside?    city or town     
(e) Died in a Home    Hospital    Institution    Other place     
(f) Name Hosp. or Inst. Samaritan Stayed    days     
(g) Lived in this county    years    months 4 ~~hrs~~

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Eagle  
(d) Street Address or R.F.D. No. RE 1  
(e) Deceased lived Inside? ✓ Outside?    city or town     
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 hrs  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

Roger Lee Berkeim

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or W  
4. Sex M race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife   

6. (c) Age of husband or wife if alive    years   

7. Date of Birth  
(Month, Day, Year) August 14, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>4</u> hrs. min.

9. Exact Occupation    Did this work for    yrs.   

10. Industry or Business    Date last worked   

11. Birthplace Manapa Idaho  
(City or town) (State or foreign country)

12. Name Alfred Berkeim

13. Birthplace Brown Co. S. Dakota  
(City or town) (State or foreign country)

14. Maiden name Paul E. Haer

15. Birthplace York, Mo. Dakota  
(City or town) (State or foreign country)

16. Informant's OWN Signature Alfred Berkeim  
and Address Eagle Idaho

17. (a) Buried (b) Date thereof 8/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Memorial Cemetery

18. Funeral Director's OWN Signature Lyda Rodgers  
and Address Manapa, Ida

19. (a) Aug 19-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Aug 14 19 48  
at 12:45 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Aug 14 19 48 to Aug 14 19 48  
I last saw him alive on Aug 14 19 48;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity Duration   

Due to   

Due to   

Other conditions   

(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

## 23. Attendant's OWN Signature

Herm C Wesche M.D. (M. D. or other)  
and Address Manapa, Ida Date Aug 18 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

AUG 24 1948

# Certificate of Death

State File No.

2968

Local Reg. No.

491

Reg. Dist. No.

562

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL STATISTICS

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa, Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Carter's Stayed \_\_\_\_\_ days  
(g) Lived in this county 26 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 504 Elder  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) Thomas, Okla.

## 3. (a) FULL

NAME Mr. John R. Herald

3. (b) If veteran, name war none

3. (c) Social Security No. none

5. Color or  
4. Sex male race white

6. (a) Single, widowed, married,  
divorced widowed

6. (b) Name of husband or wife  
Emma

6. (c) Age of husband or wife if  
alive deceased years

7. Date of Birth  
(Month, Day, Year) September 19, 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>88</u>	<u>10</u>	<u>28</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Retired Date last worked \_\_\_\_\_

11. Birthplace Kosciusko County, Indiana  
(City or town) (State or foreign country)

12. Name Herald

13. Birthplace No Record  
(City or town) (State or foreign country)

14. Maiden name Mary Horn

15. Birthplace No Record  
(City or town) (State or foreign country)

16. Informant's OWN Signature J.C. Herald  
and Address Nampa

17. (a) Burial (b) Date thereof 8/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Kohlerlawn Cemetery Nampa Ida

18. Funeral Director's Robinson-Alsin Chapel  
OWN Signature Lea M. Souer  
and Address Nampa, Idaho

19. (a) Aug. 19 1948 (b) Lida Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) August 17, 1948

at 7:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1948 to Aug. 17, 1948

I last saw h. in alive on Aug. 17, 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Cerebral Occlusion 6 days

Due to Nephritis 2 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature F.D. Keckne M.D.  
(M. D. or other)

and Address Nampa, Ida Date 8-17 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

SEP 2 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 2969

State File No.

Local Reg. No. 492

Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution. Other place...  
(f) Name Hosp. or Inst. Samaritan Stayed..... days  
(g) Lived in this county 14 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #5  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Mildred Hickok

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race W  
6. (a) Single, widowed, married, divorced S  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth (Month, Day, Year)

December 11-1933

8. AGE	Years	Months	Days	If less than 1 day
	<u>14</u>	<u>8</u>	<u>6</u>	hrs min.

## 9. Exact Occupation Student Did this work for ..... yrs.

## 10. Industry or Business ..... Date last worked

## 11. Birthplace Caldwell, Idaho (City or town) (State or foreign country)

## 12. Name Harlo Hickok (City or town) (State or foreign country)

## 13. Birthplace Black Hills, South Dakota (City or town) (State or foreign country)

## 14. Maiden name Beatrice Hoyland (City or town) (State or foreign country)

## 15. Birthplace Nebraska (City or town) (State or foreign country)

## 16. Informant's OWN Signature Harlo J. Hickok and Address Caldwell Idaho Rt. 5

## 17. (a) Burial (b) Date thereof 8-18-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Canyon Hill

## 18. Funeral Director's OWN Signature Peckham-Bakan Chapel and Address Caldwell Idaho

## 19. (a) Aug 23-1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH August 17 19 48 (Month, Day, Year) at 12:45 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from Aug 16 19 48, to Aug 17 19 48. I last saw her alive on Aug 16 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Extensive third degree Burns Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? Homicide?

Occurred Oct. 17, 1948 19 City, county, state where violence occurred

Place of Violence: Home X Farm Industry

Public Place While at work?

Means of injury Building fire & caught clothing

## 23. Attendant's OWN Signature Derry C. Wessh MD

and Address Nampa, Idaho Date 8-19-48 (M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 2970  
Local Reg. No. 497  
Reg. Dist. No. 363

RECEIVED

1. PLACE OF DEATH: SEPT 9 1948  
(a) County Canyon  
(b) City or town Hampton  
(c) Street Address or R.F.D. No. 903 F 11 Rd  
(d) Death Occurred Inside? Yes Outside? No city or town  
(e) Died in a Home Yes Hospital No Institution No Other place No  
(f) Name Hosp. or Inst. Carter Stayed 120 days  
(g) Lived in this county 26 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Hampton  
(d) Street Address or R.F.D. No. Rt # 5  
(e) Deceased lived Inside? Yes Outside? No city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) Illinois

3. (a) FULL NAME John George Heber

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male Color or race white 5. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Feb 3 - 1862

AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>6</u>	<u>17</u>	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Stuckardt Date last worked \_\_\_\_\_

11. Birthplace Germany (City or town) (State or foreign country)

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Family Records  
and Address By George H. Heber

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place Hampton Idaho

18. Funeral Director's OWN Signature George H. Heber  
and Address Hampton Idaho

19. (a) Sept 9 - 1948 (b) Lydal Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 20th 1948  
at 2 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 10 - 1948 to Aug 20 1948  
I last saw him alive on 8-18 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive heart failure Duration 3 months  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature V.C. Belknap

and Address Hampton Idaho Date 8-27 1948  
(For additional space, use reverse side)

V.C. Belknap

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 8 1948

DEPARTMENT OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 2971  
Local Reg. No. 495  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 808 9th Ave. So.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days days  
(g) Lived in this county 28 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 808 9th Ave. So.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

MRS. LUCY MAY DAY

3. (b) If veteran, name war none

3. (c) Social Security No. none

5. Color or white  
4. Sex female race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Arthur Day

6. (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) January 26, 1882

8. AGE	Years	Months	Days	If less than 1 day
	66	7	4	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Home Date last worked \_\_\_\_\_

11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

12. Name Abraham Liddell

13. Birthplace Glasgow, Scotland (City or town) (State or foreign country)

14. Maiden name Lucy Jones

15. Birthplace Neith Wales (City or town) (State or foreign country)

16. Informant's OWN Signature Arthur Day

and Address 808 9th Ave So Nampa, Ida.

17. (a) Burial (b) Date thereof 9/2/48 (Month) (Day) (Year)

(c) Place Cloverdale Cemetery

18. Funeral Director's OWN Signature John J. Alsip, Jr.

and Address Nampa, Idaho

19. (a) Sept-2-1948 (b) Lyla Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 30, 1948  
at 8:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Pancreas Duration 2 yrs

Due to Gastro-colic fistula 2 wks

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date 1948

Major finding Carcinoma of Pancreas

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Joe Salty MD. (M. D. or other)

and Address Nampa, Idaho Date 9/1 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Assistant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

AUG 16 1948

STATE OF IDAHO

State File No. 2072  
Local Reg. No. 13  
Reg. Dist. No. 360

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sanitarium Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 511 Blaine St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Orrie A. Dilley

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Anna A.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year)

September 30-1877

8. AGE

Years 70

Months 10

Days 3

If less than 1 day  
hrs min.

9. Exact Occupation Laborer

Did this work for \_\_\_\_\_ yrs.

10. Industry or Business

Date last worked \_\_\_\_\_

11. Birthplace Bedford, Iowa

(City or town)

(State or foreign country)

12. Name Emmett A. Dilley

13. Birthplace Marion Co., Ohio

(City or town)

(State or foreign country)

14. Maiden name May McCracken

15. Birthplace Ohio

(City or town)

(State or foreign country)

16. Informant's

OWN Signature Claude A. Dilley

and Address Council Bluffs, Iowa

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 8-5-48

(Month) (Day) (Year)

(c) Place: Canyon Hill

18. Funeral Director's Peckham-Daken Chapel

OWN Signature Caldwell, Idaho

and Address Caldwell, Idaho

19. (a) 8-9-48

(Date received and filed)

(b) Agnes M. Sumner

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) August 3 19 48  
at 2 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from

Aug 2 1948, to Aug 3 1948

I last saw him alive on Aug 2 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Multiple Fractures of skull

Due to

Fell from tree

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Osage Co.

Name of operation None Date

Major finding

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? Yes Homicide? Yes

Occurred Aug 2 1948 City, county, state Caldwell, Idaho

where violence occurred Caldwell, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? at home

Means of injury Fell from tree

23. Attendant's

OWN Signature Will Coen (M. D. or other)

and Address Caldwell, Idaho Date 8/5 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

AUG 16 1948 Certificate Of Death

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. Memorial Park days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 808 Brumback St.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME

Janet Kay Kelso

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex F race W

5. Color or

6. (a) Single, widowed, married, divorced -

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth  
(Month, Day, Year)

August 7-1948

8. AGE

Years

Months

Days

If less than 1 day

-

-

2

hrs

min.

9. Exact

Occupation

Did this

work for yrs.

10. Industry or

Business

Date last

worked

11. Birthplace Caldwell, Idaho

(City or town)

(State or foreign country)

12. Name

Milo M. Kelso

13. Birthplace

Nyssa, Oregon

(City or town)

(State or foreign country)

14. Maiden name

Leona Bell Claney

15. Birthplace

Royal, Nebraska

(City or town)

(State or foreign country)

16. Informant's

OWN Signature

Milo M. Kelso

and Address 808 Brumback St., Boise

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 8-9-48

(Month) (Day) (Year)

(c) Place:

Canyon Hill

18. Funeral Director's

OWN Signature

Peckham-Dakan Chapel

and Address Caldwell, Idaho

19. (a) 8-13-48

(Date received and filed)

(b) Regum Denman

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) August 9 19 48  
at 6 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from

7 Aug 19 48, to 9 Aug 19 48

I last saw her alive on 9 Aug 19 48; death is

said to have occurred on the date and hour stated above.

Immediate Cause of Death

Cerebral hemorrhage

Duration

2 days

Due to

prematurity

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation none Date

Major finding

Finding of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's

OWN Signature

S. D. Simpson M.D.

(M. D. or other)

and Address Caldwell Date 11 Aug 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

AUG 25 1948

STATE OF IDAHO

State File No. 2974  
Local Reg. No. 18  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Sanatorium Stayed 126 days  
(g) Lived in this county 75 years 7 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 324 Dearborn  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Tim Bridges. Mont

## 3. (a) FULL NAME Hart Alanson Pease

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 19-283-296  
5. Color or race W. 6. (a) Single, widowed, married, divorced married  
4. Sex M. 6. (b) Name of husband or wife Martha E. Pease 6. (c) Age of husband or wife if alive 60 years  
7. Date of Birth (Month, Day, Year) 12-9-1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>7</u>	<u>1</u>	hrs min.

9. Exact Occupation Pharmacist Did this work for 30 yrs.  
10. Industry or Business Cash Drug Co Date last worked 1935  
11. Birthplace Colorado Springs, Colo.  
(City or town) (State or foreign country)

12. Name David A. Pease  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Maiden name Louise Smith  
15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature James H. Young  
and Address 364 Reardon, Caldwell, Ida

17. (a) Burial (b) Date thereof 8-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Walter D. Dorman  
and Address Caldwell, Idaho

19. (a) 8-25-48 (b) Walter Dorman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 10 19 48  
(Month, Day, Year) at 10:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 1946 19 Aug 10 19 48  
I last saw h./M. alive on Aug 10 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cornary Pulsesin Duration 20 hours

Due to arteriosclerosis 10 years

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Walter D. Dorman  
and Address 364 Reardon, Caldwell, Ida Date 8-13-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 13 1948

# Certificate Of Death

STATE OF IDAHO

1548 2975  
State File No. \_\_\_\_\_  
Local Reg. No. 23  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 2423 College Ave.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 3.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 1710 Cleveland  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Oklahoma

## 3. (a) FULL NAME Christian Harstine Leighty

3. (b) If veteran, name war No  
5. Color or race W  
6. (a) Single, widowed, married, divorced W  
(b) Name of husband or wife Label  
(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February 23-1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>5</u>	<u>18</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Riverton, Iowa (City or town) (State or foreign country)

12. Name Christian Leighty  
13. Birthplace Pennsylvania (City or town) (State or foreign country)  
14. Maiden name Elizabeth (Not Known)  
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's OWN Signature C. P. Leighty  
and Address 2423 College Ave, City

17. (a) Burial (b) Date thereof 8-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Bakan Chapel  
and Address Caldwell, Idaho

19. (a) 9-7-48 (b) Agnes Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH (Month, Day, Year) August 11 19 48  
at 7:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 11 19 48, to Aug 11 19 48  
I last saw h/m alive on Aug 11 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 2 1/2 hours

Due to Generalized arteriosclerosis none 20 years

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Doctor Thule M. (M. D. or other)  
and Address Caldwell Date 8-30-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED Certificate Of Death**

AUG 25 1948

STATE OF IDAHO

1948  
State File No. 2976  
Local Reg. No. 16  
Reg. Dist. No. 360

**DIVISION OF VITAL**

**1. PLACE OF DEATH: STATISTICS**

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 208 So. 6th St  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 8 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Stayed  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Greenfield, Okla

**3. (a) FULL NAME** Clora Mildred Greer

3. (b) If veteran, name war No.  
5. Color or W 6. (a) Single, widowed, married, divorced M  
4. Sex F race W  
6. (b) Name of husband or wife James Millard 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) January 27-1911

8. AGE	Years	Months	Days	If less than 1 day
	37	6	16	hrs min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace St. John, Kansas (City or town) (State or foreign country)

12. Name James LeRoy Morford  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name Roxie Pettit  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature James M. Greer  
and Address Caldwell, Idaho

17. (a) Burial (b) Date thereof 8-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 8-23-48 (b) Agnes M. Denman  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH August 13 19 48  
(Month, Day, Year) at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from July 24, 1948, to Aug 13, 1948  
I last saw her alive on Aug 13, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure Duration

Due to Carcinoma of liver

Due to Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation Date Underline the cause to which death should be charged statistically.

Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide? Occurred 19 City, county, state where violence occurred Place of Violence: Home Farm Industry Public Place While at work?

- Means of injury Attendant's OWN Signature Thos E. Mangum (M. D. or other)

and Address Nampa, Idaho Date 8-16-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

SEP 3 10 19

# Certificate Of Death

STATE OF IDAHO

State File No. 2077  
Local Reg. No. 227  
Reg. Dist. No. 360

- 1. PLACE OF DEATH:**
- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 818 Logan St.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Ins. Sanitarium Stayed days  
(g) Lived in this county 3 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

- 2. Usual Residence of Deceased:** (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 824 Denver St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Malalla, Oregon

- 3. (a) FULL NAME** Mary Elizabeth Schacht

3. (b) If veteran, name war No  
5. Color or race W  
4. Sex F  
6. (b) Name of husband or wife Louis A.  
7. Date of Birth (Month, Day, Year) May 19-1900

3. (c) Social Security No. No  
6. (a) Single, widowed, married, divorced M  
6. (c) Age of husband or wife if alive years

8. AGE	Years	Months	Days	If less than 1 day
	48	3	4	hrs min.

9. Exact Occupation Practical Nurse Did this work for 10 yrs.  
10. Industry or Business work Date last worked 1932  
11. Birthplace Erie, Oklahoma (City or town) (State or foreign country)

12. Name John T. Pickens  
13. Birthplace Tenn. (City or town) (State or foreign country)  
14. Maiden name Mary Casey  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Louis A. Schacht  
and Address 824 Denver St., Caldwell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-48 (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Agnes M. Dorman  
and Address Caldwell, Idaho

19. (a) 8-30-48 (Date received and filed) (b) Agnes M. Dorman (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

- 20. DATE OF DEATH** (Month, Day, Year) August 23 1948  
at 5:27 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from August 1947 to August 23 1948  
I last saw h. alive on August 23 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 6 days

Due to Hypertensive Heart Disease 10 years

Due to Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date  
Major finding Underline the cause to which death should be charged statistically.  
Finding of autopsy Physician

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury Public Place

23. Attendant's OWN Signature Fester Shupe (M. D. or other)  
and Address Caldwell Date 8/25 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

SEP 2 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 2978  
Local Reg. No. 20  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 1024 Logan St.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 41 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 1024 Logan St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Wyoming

## 3. (a) FULL NAME

George Henry Horrace

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. No

## 4. Sex

Male

## 5. Color or

race White

## 6. (a) Single, widowed, married,

divorced Widower

## 6. (b) Name of husband or

wife Mary

## 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) November 17, 1869

## 8. AGE

Years 78

Months 9

Days 6

If less than 1 day  
hrs min.

## 9. Exact

Occupation Farmer

## Did this

work for Life yrs.

## 10. Industry or

Business \_\_\_\_\_

## Date last

worked \_\_\_\_\_

## 11. Birthplace

Sweetwater, Wyoming

(City or town)

(State or foreign country)

## 12. Name

George Horrace

## 13. Birthplace

Wheeling, Virginia

(City or town)

(State or foreign country)

## 14. Maiden name

Almira Rachel Caldwell

## 15. Birthplace

Ohio

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature John H Horrace

and Address Caldwell, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 8-26-48

(Month) (Day) (Year)

## (c) Place:

Canyon Hill

## 18. Funeral Directors

OWN Signature John H Horrace

and Address Caldwell, Idaho

## 19. (a)

8-28-48  
(Date received and filed)

## (b)

Agnes M. Demman  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 23 1948  
at \_\_\_\_\_ o'clock M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Aug. 22 1948, to Aug. 22 1948

I last saw h/m. alive on Aug. 22 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage  
Hypostatic Pneumonia

## Duration

4 days

1 day

## Due to

Arteriosclerosis

15 years

## Due to

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_

Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_

While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's

OWN Signature John H Horrace

and Address Caldwell

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 9 - 1948

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 State File No. 2979  
Local Reg. No. 473  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Route 5  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 25 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route 5  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state)

3. (a) FULL NAME Ella O Basey

3. (b) If veteran, name war No

3. (c) Social Security No. None

5. Color or  
4. Sex Female Race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Bert R Basey

6. (c) Age of husband or wife if  
alive 72 years

7. Date of Birth  
(Month, Day, Year) October 5, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>9</u>	<u>25</u>	hrs. min.

9. Exact Occupation Housewife Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Curwensville, Penn.  
(City or town) (State or foreign country)

12. Name P.A. Caldwell

13. Birthplace Penn.  
(City or town) (State or foreign country)

14. Maiden name Sarah Bloom

15. Birthplace Penn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Bert Basey

and Address Rt. 5, Nampa, Idaho.

17. (a) Burial (b) Date thereof 8/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Cemetery

18. Funeral Director's OWN Signature John A Alsip Jr.

and Address Nampa, Idaho.

19. (a) Aug 4 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) July 30, 1948.  
at 7:40 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from        19       to        19      .

I last saw her alive on        19      ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: myocardial heart failure Duration       

Due to hypertension

Due to hypertension

Other conditions over weight  
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19       City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Shoo E Mangum

and Address Nampa, Idaho Date        19        
(For additional space, use reverse side)

061X  
093D

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Dr. J. B. Mangum, Sr.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED**  
**Certificate Of Death**  
**AUG 16 1948**  
STATE OF IDAHO

State File No. 2280  
Local Reg. No. 17  
Reg. Dist. No. 36/

**1. PLACE OF DEATH AND LOCATION OF VITAL**

- (a) County Canyon  
(b) City or town Wilder  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 14 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Canyon  
(c) City or town Wilder  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME** Roy David Martin

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Labadieth  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) January 7-1914

8. AGE	Years	Months	Days	If less than 1 day
	<u>34</u>	<u>7</u>	<u>11</u>	hrs min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Topeka, Kansas  
(City or town) (State or foreign country)

12. Name Morris Eugene Martin  
13. Birthplace Pontiac, Michigan  
(City or town) (State or foreign country)  
14. Maiden name Helen Burk  
15. Birthplace Wyoming  
(City or town) (State or foreign country)

16. Informant's OWN Signature Labadieth Martin  
and Address Wilder, Idaho

17. (a) Burial (b) Date thereof 8/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Wilder

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 8-13-48 (b) Agnes D. Denman  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH August 7 19 48  
(Month, Day, Year) at 12 noon o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from August 7, 19 48 to August 7, 19 48.  
I last saw him alive on August 7, 19 48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. H. ...  
(M. D. or other)

and Address Homedale, Idaho Date Aug 11 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

# Certificate Of Death

AUG 25 1948

STATE OF IDAHO

State File No. 2091  
Local Reg. No. 17  
Reg. Dist. No. 360

1. PLACE OF DEATH: **PLACE OF VITAL STATISTICS**
- (a) County Canyon  
(b) City or town Greenleaf  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Greenleaf  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Eliza Ellen Still

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced W  
4. Sex F race W  
6. (b) Name of husband or wife Solomon D.  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 25-1861

8. AGE	Years	Months	Days	If less than 1 day
	86	9	16	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Knox Co., Ohio  
(City or town) (State or foreign country)

12. Name Benjamin Craft  
13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)  
14. Maiden name Matilda Logsdon  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Myrtle Holton  
and Address Greenleaf, Idaho

17. (a) Burial (b) Date thereof 8-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Greenleaf

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 8-23-48 (b) Agnes M. Benman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 11 19 48  
at 8:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 7 19 48, to Aug 11 19 48  
I last saw h. alive on Aug 10 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 4 days

Due to Myocardial heart disease

Due to \_\_\_\_\_  
Other conditions Dr. pneumonia  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding none  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. J. Dietler M.D.  
and Address 1205 So. Kinkaid Date Aug 12 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

AUG 28 1948

STATE OF IDAHO

1948 2982  
State File No. 2982  
Local Reg. No. 143  
Reg. Dist. No. 377

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Canyon  
(b) City or town Near Star Idaho  
(c) Street Address or R.F.D. No. Eagle Rural Rt.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 31 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Near Star. Idaho  
(d) Street Address or R.F.D. No. Eagle Rt.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Calvin Lee House

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mollie 6. (c) Age of husband or wife if alive 75 years

7. Date of Birth (Month, Day, Year) June 23rd 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>1</u>	<u>24</u>	hrs. min.

9. Exact Occupation Farmer Did this work for    yrs.

10. Industry or Business    Date last worked

11. Birthplace Edina Missouri (City or town) (State or foreign country)

12. Name William House

13. Birthplace Ohio (City or town) (State or foreign country)

14. Maiden name Margaret Oldfather

15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Merle House and Address Eagle Idaho

17. (a) Burial (b) Date thereof 8/21/1948 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreyer McLean and Address Boise

19. (a) 8-19-48 (b) Mable Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Aug. 17th. 1948  
(Month, Day, Year) at Nine o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 1 1948 to Aug 17 1948

I last saw him alive on Aug 15 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 10 hrs

Due to Generalized Arteriosclerosis with 2 yrs.

Due to hypertension

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?    Suicide?    Homicide?

Occurred    19    City, county, state where violence occurred.

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature R. E. Jewell (M. D. or other) and Address    Date Aug 19 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
SEP 2 1949  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 2983  
Local Reg. No. 21  
Reg. Dist. No. 361

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Black Canyon  
(c) Street Address or R.F.D. No. County Road  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 40 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #3  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Missouri

3. (a) FULL NAME William Elbert Gray

3. (b) If veteran, name war No. 3. (c) Social Security No. No.  
5. Color or race W 6. (a) Single, widowed, married, divorced M  
4. Sex M  
6. (b) Name of husband or wife Jessie Gray 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) August 3-1883

8. AGE	Years	Months	Days	If less than 1 day
	65	0	21	hrs min.

9. Exact Occupation Farmer Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Thomas Hill, Missouri (City or town) (State or foreign country)

12. Name William Gray  
13. Birthplace Missouri (City or town) (State or foreign country)  
14. Maiden name Ella Johnson  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. W. E. Gray  
and Address Rt. 3, Caldwell, Idaho

17. (a) Burial (b) Date thereof 8-27-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature J. H. Jackson  
and Address Caldwell, Idaho

19. (a) 8-30-48 (b) Aquim Denman (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 24 19 48  
(Month, Day, Year)  
at 3:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration  
Probably Cardiac Thromboses.  
History: Had been under physician's care for some time.  
Factoring for such a condition.  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred Aug 24 1948 City, county state  
where violence occurred near Caldwell, Ida  
Place of Violence: Home Farm Industry  
Public Place On Highway While at work?  
Means of injury

23. Attendant's OWN Signature W. D. Tally  
and Address Harps, Ida Date 8/26 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
SEP 2 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 2985  
Local Reg. No. 494  
Reg. Dist. No. 363

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Route #3  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county 29 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #3  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Wilder, Idaho

3. (a) FULL NAME Maggie Mae McConaughey

3. (b) If veteran, name war No. No.  
5. Color or race W  
4. Sex F  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Alexander L.  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) April 14-1883

8. AGE	Years	Months	Days	If less than 1 day
	65	4	12	hrs min.

9. Exact Occupation Housekeeping Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Cherry Box, Missouri (City or town) (State or foreign country)

12. Name John Glenn  
13. Birthplace Indiana (City or town) (State or foreign country)  
14. Maiden name Margaret Gow  
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature and Address Caldwell, Ida. Rt. 6

17. (a) Burial (b) Date thereof 8-30-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature and Address Peckham-Dakan Chapel

19. (a) Sept-1-1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 26 19 48  
at 11:55 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 19 48, to Aug 19 48  
I last saw h. alive on Aug 26 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Carcinoma of intestinal tract  
Due to (Primary unknown) 1-2 yrs

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature and Address Nampa Date 8/28 19 48 (M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED  
AUG 2 1948  
NON-RESIDENT  
Certificate Of Death  
STATISTICAL  
DIVISION OF VITAL  
STATE OF IDAHO

State File No. 2936  
Local Reg. No. 96  
Reg. Dist. No. 520-221

1. PLACE OF DEATH:  
(a) County CARLEOU  
(b) City or town SODA SPRINGS, IDAHO  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place O  
(f) Name Hosp. or Inst. O Stayed O days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State COLORADO (b) County \_\_\_\_\_  
(c) City or town DEL NORTE  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? O Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) COLOBADO

3. (a) FULL NAME FRANK MARTENZ  
3. (b) If veteran, name war O 3. (c) Social Security No. O  
5. Color or O 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex male race MEX.  
6. (b) Name of husband or wife Mickey Martenz 6. (c) Age of husband or wife if alive O years  
7. Date of Birth (Month, Day, Year) unknown

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>ABOUT</u>		hrs min.

9. Exact Occupation SHEPHERD Did this work for 30 yrs.  
10. Industry or Business SHEEP RAISING Date last worked 8/7/48  
11. Birthplace DEL NORTE, COLORADO  
(City or town) (State or foreign country)

12. Name UNKNOWN  
13. Birthplace UNKNOWN  
(City or town) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City or town) (State or foreign country)

16. Informant's OWN Signature Charles McCracken SHERIFF  
and Address SODA SPRINGS, IDAHO.

17. (a) BURIAL (b) Date thereof 8/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: DEL NORTE, COLORADO

18. Funeral Director's OWN Signature E. S. Whitman  
and Address SODA SPRINGS, IDAHO

19. (a) 8-10-48 (b) Arnell L. Merrill  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) AUG. 7, 1948 19\_\_\_\_  
at TWO o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from Instantaneous to Death 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to ACCIDENT TREE FALLING  
on SHEEP CAMP AND KILLING  
Due to HIM INSTANTLY  
Other conditions WIND STORM  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? O Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 8/7/48 19\_\_\_\_ City, county, state where violence occurred at sheep camp  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? O  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Russell L. Lash, MD  
(D. or other) \_\_\_\_\_  
and Address \_\_\_\_\_ Date 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 9 1948

# Certificate of Death

STATE OF IDAHO

948  
State File No. 2987  
Local Reg. No. 98  
Reg. Dist. No. 520-521

## 1. PLACE OF DEATH:

- (a) County Caribou  
(b) City or town Soda Springs, Ida.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. Caribou Hospital Stayed 6 hrs days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 6 hrs days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bear Lake  
(c) City or town Liberty  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 6 hrs years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Lyman Nelson Hyman

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color of Male white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Aug 18 1948

8. AGE  
Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than 1 day 6 hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Soda Springs Idaho (City or town) (State or foreign country)

12. Name Lyman Nelson Hyman (City or town) (State or foreign country)

13. Birthplace Liberty Idaho (City or town) (State or foreign country)

14. Maiden name Lyman Nelson (City or town) (State or foreign country)

15. Birthplace Caribou Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Lyman Nelson Hyman

and Address Liberty Idaho

17. (a) Burial (b) Date thereof Aug 20 1948 (Month) (Day) (Year)

(c) Place Liberty Idaho

18. Funeral Director's OWN Signature W. M. Wuthrich

and Address Montpelier Idaho

19. (a) \_\_\_\_\_ (b) Earl M. Wuthrich (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 18 1948 at \_\_\_\_\_ o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from birth 3-14 1948, to 2 P.M. 1948. I last saw him alive on 8-14 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: congenital debility Duration \_\_\_\_\_

Due to new born

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature G. P. Garbutt (M. D. or other)

and Address Montpelier Date 8-23 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 9 - 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2988  
Local Reg. No. 83  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. Oakley Ave  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. — Stayed — days  
(g) Lived in this county 2 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. Oakley Ave  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? — years  
(h) Former residence (city, state) —

## 3. (a) FULL NAME

James Ronald Kirkpatrick

## 3. (b) If veteran,

name war —

## 3. (c) Social Security

No. 519-18-7590

5. Color or White (a) Single, widowed, married, divorced Married  
6. Sex Male race White

- (b) Name of husband or wife Martha Mae Kirkpatrick (c) Age of husband or wife if alive 41 years

7. Date of Birth November 26, 1901  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>8</u>	<u>5</u>	hrs min.

9. Exact Occupation Mechanic Did this work for — yrs.

10. Industry or Business — Date last worked 7-31-48

11. Birthplace Hella, Minnesota  
(City or town) (State or foreign country)

12. Name H. C. Kirkpatrick

13. Birthplace Iowa  
(City or town) (State or foreign country)

14. Maiden name Lena Medco

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Martha Mae Kirkpatrick

- and Address W. Oakley Ave

17. (a) Removal (b) Date thereof 8-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Paul - Idaho

18. Funeral Director's OWN Signature Kenneth M. Gullach

- and Address Burley, Idaho

19. (a) 8-6-48 (b) W. A. Wilson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 1 1948  
at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from — 19—, to — 19—

I last saw h — alive on — 19—, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary Thrombosis Duration 8 hrs

Due to arterio sclerosis ?

Due to —

Other conditions —  
(Include pregnancy within 3 months of death)

Where was disease contracted? — **PHYSICIAN**

Name of operation — Date — Underline the cause to which death should be charged statistically.

Major finding —

Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒

Occurred — 19— City, county, state where violence occurred —

Place of Violence: Home? ☒ Farm? ☒ Industry? ☒

Public Place? ☒ While at work? ☒

Means of injury —

23. Attendant's OWN Signature Kenneth M. Gullach

and Address Burley, Idaho Date 8-1-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 31 1948

OFFICE OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2989

Local Reg. No. 86

Reg. Dist. No. 470

1. PLACE OF DEATH
- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? ☒ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. College Hosp. Stayed \_\_\_\_\_ days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Indiana

3. (a) FULL NAME Charles Melvin Jeter

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_
- name war \_\_\_\_\_ No. \_\_\_\_\_
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, \_\_\_\_\_  
Sex Male race White divorced married
6. (b) Name of husband or \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
wife Beldie McElie alive 56 years
7. Date of Birth Sept. 14, 1867  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>10</u>	<u>28</u>	hrs min.

9. Exact Occupation Bricklayer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked retired  
11. Birthplace Holden Smith, Indiana  
(City or town) (State or foreign country)

12. Name Maybelle Jeter  
13. Birthplace Holden Smith, Indiana  
(City or town) (State or foreign country)  
14. Maiden name Sarah Ann (no data)  
15. Birthplace Linton, Indiana  
(City or town) (State or foreign country)

16. Informant's OWN Signature Oren F. Jeter  
and Address Burley Idaho

17. (a) Burial (b) Date thereof 8-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pleasant View Cemetery - Burley

18. Funeral Director's OWN Signature Wm. H. McLaughlin  
and Address Burley, Idaho

19. (a) 8-18-48 (b) D. L. Wilson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug-11- 1948  
at 8:45 o'clock PM M.

21. I HEREBY CERTIFY, That I attended deceased from 8-11-48  
8:45 1948, to 8-11-48 1948  
I last saw him alive on 8-11-48 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Peritonitis Duration 4 days

Due to acute bacterial peritonitis 4 days

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. J. & D. W. McO  
(M. D. or other)  
and Address Burley, ID Date 8-16-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be completed as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 16 1948

RECEIVED

# Certificate of Death

STATE OF IDAHO

State File No. 29901  
Local Reg. No. 87  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County..... Cassia  
(b) City or town..... Burley  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? -- city or town  
(e) Died in a Home -- Hospital X Institution -- Other place  
(f) Name Hosp. or Cottage Stayed -- days  
(g) Lived in this county -- years -- months -- days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State..... Idaho (b) County..... Cassia  
(c) City or town..... Burley  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? -- city or town  
(f) Citizen of what country?..... American  
(g) How long had deceased lived in Idaho? Less than years  
(h) Former residence (city, state).....

## 3. (a) FULL NAME

INFANT, BARLOW

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex Female Race White

6. (a) Single, widowed, married,  
divorced \*

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive ---- years

## 7. Date of Birth

(Month, Day, Year) August 17, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>--</u>	<u>--</u>	<u>--</u>	<u>10</u> hrs. <u>--</u> min.

9. Exact Occupation..... Did this work for -- yrs.

10. Industry or Business..... Date last worked --

11. Birthplace..... Burley, Idaho  
(City or town) (State or foreign country)

12. Name..... Kimber Ray Barlow

13. Birthplace..... Burley, Idaho  
(City or town) (State or foreign country)

14. Maiden name..... Francis McDonald

15. Birthplace..... Burley, Idaho  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature.....  
and Address.....

17. (a) Burial (b) Date thereof 8/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pleasant View Cem. Burley,

18. Funeral Director's  
OWN Signature.....  
and Address..... Burley, Idaho

19. (a) 9-4-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 17, 1948

at 4:00 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

17 Aug 48 to 17 Aug 48

I last saw h. alive on 12:30 17 Aug 48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Pneumonia Child Duration

6 Month

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

## 23. Attendant's

OWN Signature.....

(M.D. or other)

and Address..... Burley, Idaho Date 18 Aug 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. #1  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Cottage Hosp Stayed 4 days  
(g) Lived in this county 39 years 3 months 0 days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. #1  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Delaware, New

3. (a) FULL NAME Thomas A. Pajarola  
3. (b) If veteran, name war ~  
3. (c) Social Security No. 518-07-1655  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ~  
6. (c) Age of husband or wife if alive ~ years  
7. Date of Birth (Month, Day, Year) Dec. 27, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>7</u>	<u>28</u>	hrs min.

9. Exact Occupation Farmer Did this work for ~ yrs.  
10. Industry or Business ~ Date last worked ~  
11. Birthplace Eureka, Nevada (City or town) (State or foreign country)

12. Name Anton Pajarola  
13. Birthplace St. Bernard, Calif. (City or town) (State or foreign country)  
14. Maiden name Caroline James  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Richard C. Pajarola  
and Address R. F. D. #1, Burley, Idaho

17. (a) Burial (b) Date thereof 8-27-48 (Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Pleasant View Cemetery, Burley

18. Funeral Director's OWN Signature Sam B. McCallister  
and Address Burley, Idaho

19. (a) 9-4-48 (b) Dr. Peterson (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) August 24 1948  
at 11:20 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug - 19 1948, to Aug 24 1948  
I last saw him alive on Aug 20 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Cardio Myo Cardial Duration 3 day.  
Fatigue  
Due to Broncho - Pneumonia 4 day.

Due to Hepatitis - 2 mo.  
Other conditions ~  
(Include pregnancy within 3 months of death)

Where was disease contracted? ?  
Name of operation None Date ~  
Major finding ~  
Finding of autopsy Listed above  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? No Suicide? ~ Homicide? ~  
Occurred ~ 19 ~ City, county, state where violence occurred  
Place of Violence: Home ~ Farm ~ Industry ~  
Public Place ~ While at work? ~  
Means of injury ~

23. Attendant's OWN Signature R. P. Hutton, M.D.  
(M. D. or other)  
and Address Burley, Idaho Date 8/31/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 1 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 2992  
Local Reg. No. 90  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 430 N. Burton  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 23 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 430 N. Burton  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) —

## 3. (a) FULL NAME

George N. Holden

## 3. (b) If veteran,

name war —

## 3. (c) Social Security

No. 519-09-7048

## 4. Sex

Male race White

## 5. Color or (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife

Marjorie Holden alive 48 years

## 7. Date of Birth

(Month, Day, Year) March 10, 1890

## 8. AGE

Years	Months	Days	If less than 1 day
<u>58</u>	<u>5</u>	<u>17</u>	hrs min.

## 9. Exact Occupation

Labour Did this work for — yrs.

## 10. Industry or Business

— Date last worked June 1948

## 11. Birthplace

Colonia Diaz, Mexico  
(City or town) (State or foreign country)

## 12. Name

Anderson Holden

## 13. Birthplace

Iowa  
(City or town) (State or foreign country)

## 14. Maiden name

Marjorie Anderson

## 15. Birthplace

Denmark  
(City or town) (State or foreign country)

## 16. Informant's OWN Signature

Robert D. Holden

## and Address

Montpelier, Idaho

## 17. (a) Burial

(Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place

Pleasant View Cemetery - Burley

## 18. Funeral Director's OWN Signature

Vern B. McPulloch

## and Address

Burley, Idaho

## 19. (a) 9-4-48

(Date received and filed)

## (b) R. D. Wilson

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 27, 1948  
at 9:45 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 to Aug. 27, 1948.  
I last saw him alive on Aug. 27, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Coronary Occlusion. Duration 1 day.

## Due to

## Due to

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation — Date —

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred — 19 — City, county, state

## where violence occurred

Place of Violence: Home — Farm — Industry —

## Public Place

While at work? —

## Means of injury

## 23. Attendant's OWN Signature

James R. Fisher M.D.

## and Address

Burley, Idaho Date Sept 1, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

SEP 16 1948

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. 2993  
Local Reg. No. 91  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County CASSIA  
(b) City or town BURLEY  
(c) Street Address or R. F. D. No. —  
(d) Death Occurred Inside? ☒ Outside? — city or town  
(e) Died in a Home — Hospital — Institution — Other place —  
(f) Name Hosp. or Inst. COTTAGE Stayed 6 days  
(g) Lived in this county 69 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CASSIA  
(c) City or town ALBION  
(d) Street Address or R.F.D. No. —  
(e) Deceased lived Inside? ☒ Outside? — city or town  
(f) Citizen of what country? U. S. A  
(g) How long had deceased lived in Idaho? 69 years  
(h) Former residence (city, state) COLEVILLE, UTAH

## 3. (a) FULL NAME

JAMES WILLIAM MAHONEY

046B

## 3. (b) If veteran,

name war —

## 3. (c) Social Security

No. —

## 5. Color or

6. (a) Single, widowed, married, divorced WIDOWED

## 4. Sex MALE race WHITE

## 6. (b) Name of husband or wife ANNIE LOUIE BRIM alive — years

## 7. Date of Birth

(Month, Day, Year) FEB. 1, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>6</u>	<u>28</u>	hrs min.

## 9. Exact Occupation RANCHER Did this work for 50 yrs.

## 10. Industry or Business — Date last worked 1948

## 11. Birthplace COLEVILLE, UTAH (City or town) (State or foreign country)

## 12. Name JAMES MAHONEY

## 13. Birthplace ELKTON, MARYLAND (City or town) (State or foreign country)

## 14. Maiden name MIRIAM WILLIAMS

## 15. Birthplace ENGLAND (City or town) (State or foreign country)

## 16. Informant's OWN Signature Anna M. Parish

and Address —

## 17. (a) BURIAL (b) Date thereof — (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: ALBION, IDAHO

## 18. Funeral Director's OWN Signature Retta S. Payne

and Address Burley, Idaho

## 19. (a) 9-8-48 (b) B. T. Wilson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 075F

## 20. DATE OF DEATH

(Month, Day, Year) August 29, 1948  
at 8:05 o'clock PM

## 21. I HEREBY CERTIFY, That I attended deceased from August 2, 1948, to August 29, 1948. I last saw him alive on August 28, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Hypostatic pneumonia Duration 3 days  
Due to Carcinoma of stomach 6 mos.

Due to —  
Other conditions Secondary cancer 6 mo  
(Include pregnancy within 3 months of death)

## Where was disease contracted? Home

Name of operation None Date —

## Major finding

Finding of autopsy Not done

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

## 23. Attendant's OWN Signature John W. Davis MD

and Address Burley, Idaho (M. D. or other) Date 8/31, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL  
STATE OF IDAHO  
Certificate Of Death

State File No. 2994  
Local Reg. No. 89  
Reg. Dist. No. 70

1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. No. Overland  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 10 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. No. Overland  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME Albert Ludwig Giesen

3. (b) If veteran, name war        3. (c) Social Security No. 562-12-9011  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Lillian Rose Giesen 6. (c) Age of husband or wife if alive 46 years  
7. Date of Birth (Month, Day, Year) March 20, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>5</u>	<u>10</u>	hrs min.

9. Exact Occupation Cook Did this work for        yrs.  
10. Industry or Business        Date last worked June 1948  
11. Birthplace Disch, Germany (City or town) (State or foreign country)

12. Name Jacob Giesen  
13. Birthplace Holland (City or town) (State or foreign country)  
14. Maiden name Cordellia Dorese  
15. Birthplace Holland (City or town) (State or foreign country)

16. Informant's OWN Signature Lillian Giesen  
and Address Route #1, Burley, Idaho

17. (a) Burial (b) Date thereof 9-2-48 (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: New Cemetery - Burley, Idaho

18. Funeral Director's OWN Signature Thos B. McCulloch  
and Address Burley, Idaho

19. (a) 9-4-48 (Date received and filed) (b) Philson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 30 1948  
at 4 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 20 1948, to Aug 30 1948  
I last saw h. i. m. alive on Aug 30 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 12 hr  
Due to arteriosclerosis ?

Due to         
Other conditions (Repeated Coronary occlusion for 3 years)  
(Include pregnancy within 3 months of death)

Where was disease contracted?         
Name of operation        Date         
Major finding         
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? No Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?

- Means of injury         
23. Attendant's OWN Signature J. H. Sutton M.D.  
and Address Burley, Ida Date 9/1/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 31 1948

DEPARTMENT OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

48 State File No. 2995  
Local Reg. No. 83  
Reg. Dist. No. 471

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Albion  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Albion  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Clara Nellie Satchwell Engelking

## 3. (b) If veteran,

## 3. (c) Social Security

name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank E. Engelking 6. (c) Age of husband or wife if alive 62 years

7. Date of Birth (Month, Day, Year) Sept. 7 - 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>11</u>	<u>2</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Woodlake, Minnesota (City or town) (State or foreign country)

12. Name Ernest R. Satchwell

13. Birthplace No Data (City or town) (State or foreign country)

14. Maiden name Oralia B. Otto

15. Birthplace No Data (City or town) (State or foreign country)

16. Informant's OWN Signature Frank E. Engelking and Address Albion Idaho

17. (a) Burial (b) Date thereof 8-18-48 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Albion Masonic Center

18. Funeral Director's OWN Signature Kenn B. McCullach and Address Burley Idaho

19. (a) 8-18-48 (b) W. H. Wilson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Aug 9 - 1948  
at 11:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1947, to Aug 3 1948. I last saw her alive on Aug 3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic Pneumonia Duration 4 days

Due to Chronic Myocarditis 20 years

Due to Arteriosclerosis & Hypertension 10 years

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation None Date \_\_\_\_\_

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury

23. Attendant's OWN Signature Ernest R. Satchwell MD and Address Burley Idaho Date 8-17 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 12 1948

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. 2096  
Local Reg. No. 62  
Reg. Dist. No. 210

## 1. PLACE OF DEATH

- (a) County Clearwater  
(b) City or town Orangus  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Mary's Stayed \_\_\_\_\_ days  
(g) Lived in this county 3 years 10 months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payson  
(c) City or town Payson  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? us  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Michael Kouni

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex cu Color cu race cu

## 5. Color or race cu

## 6. (b) Name of husband or wife Marjorie Kouni

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

Feb 5 - 1861

## 8. AGE

Years 87

Months 6

Days \_\_\_\_\_

If less than 1 day  
hrs min.

## 9. Exact Occupation Retired farmer

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_

Date last worked \_\_\_\_\_

## 11. Birthplace \_\_\_\_\_

(City or town)

(State or foreign country)

## 12. Name Jacob Kouni

## 13. Birthplace \_\_\_\_\_

(City or town)

(State or foreign country)

## 14. Maiden name Marjorie

## 15. Birthplace \_\_\_\_\_

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature E. P. Berry

## and Address Orangus

## 17. (a) removal (b) Date thereof 8-4-48

(Burial, cremation, or removal)

(Month) (Day) (Year)

## (c) Place: Lewiston, Idaho

## 18. Funeral Director's OWN Signature Vincent V. Vassar

## and Address Payson, Idaho

## 19. (a) 8-4-48 (b) Alvin E. Taylor

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Aug 4

1948

at 8:35 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

9-18 1944, to 8-4 1948

I last saw him alive on 8-4 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral hemorrhage

## Duration

36 hr

## Due to arteriosclerosis

15 yrs

## Due to \_\_\_\_\_

## Other conditions Smoking

(Include pregnancy within 3 months of death)

10 yrs

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_

Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_

While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature E. P. Berry

## and Address Orangus

(City, county, state) Idaho

Date 8-4-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED Certificate Of Death**

AUG 12 1948

STATE OF IDAHO

DIVISION OF VITAL

1948  
State File No. 2997  
Local Reg. No. 69  
Reg. Dist. No. 210

**1. PLACE OF DEATH:**

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? Outside YES city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed .... days  
(g) Lived in this county 6 years .... months .... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. 7 MI. N.E.  
(e) Deceased lived Inside? Outside YES city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? SIX years  
(h) Former residence (city, state) HARPER, OREGON

**3. (a) FULL NAME** HAROLD LLOYD BUCHERT

3. (b) If veteran, name war I 3. (c) Social Security No. 542-12-1422  
5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex MALE 6. (b) Name of husband or wife BERTHA DILL 6. (c) Age of husband or wife if alive 52 years  
7. Date of Birth (Month, Day, Year) APRIL 19, 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>3</u>	<u>7</u>	hrs min.

9. Exact Occupation FARMER Did this work for LIFE yrs.  
10. Industry or Business FARMING & RANCHES Date last worked 8/5/48  
11. Birthplace TRACY, MINNESOTA (City or town) (State or foreign country)

12. Name HENRY BUCHERT  
13. Birthplace UNKNOWN (City or town) (State or foreign country)  
14. Maiden name MARGARET HOLLOWAY  
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature Bertha Buchert  
and Address OROFINO, IDAHO

17. (a) BURIAL (b) Date thereof 8-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place WESEMAN CEM. OROFINO, IDAHO

18. Funeral Director's OWN Signature Blake Funeral Home  
and Address OROFINO, IDAHO

19. (a) 8/8/48 (b) Joel E. Husky  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) AUGUST 5 1948  
at 1:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \*\*\*\*\* 19 \*\* to \*\*\*\*\* 19 \*\*  
I last saw h\*\* alive on \*\*\*\*\* 19 \*\* death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CRUSHED CHEST & TRAUMA Duration

Due to FALLING LOG

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? YES Suicide? ..... Homicide? .....  
Occurred AUG. 5 1948 City, county, state where violence occurred CLEARWATER CO., IDAHO  
Place of Violence: Home ..... Farm YES Industry .....  
Public Place ..... While at work? YES  
Means of injury FALLING LOG

23. Attendant's OWN Signature CORONER XXXXX  
and Address OROFINO, IDAHO Date 8-8 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

AUG 30 1948

STATE OF IDAHO

DIVISION OF VITAL

1948  
State File No. 2998  
Local Reg. No. 299  
Reg. Dist. No. 210

## 1. PLACE OF DEATH: STATISTICS

- (a) County Clearwater  
(b) City or town Orangefield  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Mary's Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 2 months 11 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida (b) County Clearwater  
(c) City or town Orangefield  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Wesley Wilson

0950

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced unmarried

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Jan 18 - 1867

## 8. AGE

Years	Months	Days	If less than 1 day
81	6	18	hrs min.

## 9. Exact

Occupation Lumber jack Did this work for \_\_\_\_\_ yrs.

## 10. Industry or

Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace

(City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

## 12. Name

Wesley Wilson N.Y.

## 13. Birthplace

Wesley Wilson Mich

## 14. Maiden name

Wesley Wilson Mich

## 15. Birthplace

Wesley Wilson Mich

## 16. Informant's

OWN Signature E. L. Barry

and Address Orangefield

## 17. (a) BURIAL

(Burial, cremation, or removal) \_\_\_\_\_ (Month) (Day) (Year) 8/11/48

(c) Place: STATE HOSPITAL NORTH CEM.

## 18. Funeral Director's

OWN Signature Blake

and Address BLAKE FUNERAL HOME

## 19. (a)

8/11/48 (Date received and filed)

(b) Orangefield, Idaho (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Aug 5 1948

at 10:25 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

5-26 1948, to Aug 5 1948

I last saw him alive on Aug 5 1948; death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Decompensation Duration 4 hrs

## Due to

## Due to

Other conditions Senility 5 yrs

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's

OWN Signature E. L. Barry

and Address Orangefield (Date 8-5 1948)

(For additional space, use reverse side)

State File No. 2999  
Local Reg. No. 70  
Reg. Dist. No. 210

**2. Usual Residence of Deceased:** (Always fill in these)

and Address 1000 1st St. S.W. Date 2-15-70  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 30 1948

# Certificate Of Death

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. 3000  
Local Reg. No. 72  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CHEROKEE  
(b) City or town OR PIERCE  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? 1 Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDA (b) County CHEROKEE  
(c) City or town PIERCE  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? 1 Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) ELBERTA, CANADA

3. (a) FULL NAME William Edgar Cramer

3. (b) If veteran, name war NO 3. (c) Social Security No. 58-03-9040  
5. Color or W 6. (a) Single, widowed, married, divorced M  
4. Sex M race W 6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 44 years  
7. Date of Birth (Month, Day, Year) NOV. 22, 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>8</u>	<u>15</u>	hrs min.

9. Exact Occupation CARPENTER Did this work for 35 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked May 25 - 48  
11. Birthplace LACOMB ALBERTA CANADA  
(City or town) (State or foreign country)

- Mother { 12. Name JOHN FRANKLIN CRAMER  
13. Birthplace ILL.  
(City or town) (State or foreign country)  
14. Maiden name MARY TUCKER  
15. Birthplace CANADA  
(City or town) (State or foreign country)

16. Informant's OWN Signature Gladys Cramer  
and Address PIERCE, IDA

17. (a) BURIAL (b) Date thereof Aug 9 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Crem., Ida

18. Funeral Director's OWN Signature Johnie D. Bacharach  
and Address Proffins Idaho

19. (a) 8/19/48 (b) Goette Bailey  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 6 1948  
at 4:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 15 1948 to Aug 6 1948  
I last saw him alive on July 20 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of lung with metastasis Duration Several Months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation X Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature AB Rappenhoyer M.D.  
(M. D. or other)

and Address Proffins Idaho Date 8/9 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 30 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3001  
Local Reg. No. 74  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town LEWIS-CLEARWATER LINE  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside YES city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County IDAHO  
(c) City or town KAMIAH (EAST)  
(d) Street Address or R.F.D. No. POSTOFFICE  
(e) Deceased lived Inside? \_\_\_\_\_ Outside YES city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) **FULL NAME** EVERETT C. OATMAN

3. (b) If veteran, name war II No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, \_\_\_\_\_  
4. Sex MALE race INDIAN divorced MARRIED  
6. (b) Name of husband or wife ELEANOR PABALO 6. (c) Age of husband or wife if alive 22 years  
7. Date of Birth (Month, Day, Year) DECEMBER 6, 1917

8. AGE	Years	Months	Days	If less than 1 day
	<u>30</u>	<u>8</u>	<u>2</u>	hrs min.

9. Exact Occupation FARMER-RANCHER Did this work for LIFE yrs.  
10. Industry or Business RANCH Date last worked 8/7/48  
11. Birthplace KAMIAH, IDAHO CO., IDAHO  
(City or town) (State or foreign country)

12. Name JAMES OATMAN  
13. Birthplace IDAHO COUNTY, IDAHO  
(City or town) (State or foreign country)  
14. Maiden name JANE ALLEN  
15. Birthplace MYRTLE, IDAHO  
(City or town) (State or foreign country)

16. Informant's OWN Signature Jane Oatman  
and Address KAMIAH, IDAHO

17. (a) **REMOVAL** (Burial, cremation, or removal) (b) Date thereof 8/9/48  
(c) Place: KAMIAH, IDAHO (Month) (Day) (Year)

18. Funeral Director's OWN Signature Blake  
and Address OROFINO, IDAHO

19. (a) 8/9/48 (Date received and filed) (b) Elaine C. Stanley (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) AUGUST 8 1948  
at 7:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from \_\_\_\_\_  
\*\*\*\*\* 19 \*\*, to \*\*\*\*\* 19 \*\*  
I last saw h\*\* alive on \*\*\*\*\* 19 \*\*, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: DROWNING Duration \_\_\_\_\_

Due to CAR ACCIDENT

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? YES Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred AUG. 8 1948 City, county, state CLEARWATER CO., IDAHO  
where violence occurred CLEARWATER CO., IDAHO  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place YES While at work? NO  
Means of injury CAR ACCIDENT

23. Attendant's OWN Signature Elaine C. Stanley  
and Address OROFINO, IDAHO Date 8/9 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 30 1948

DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 3092  
Local Reg. No. 732  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County Lewis-Clearwater Line  
(b) City or town Orofino  
(c) Street Address or R. F. D. No. Highway  
(d) Death Occured Inside?..... Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed..... days  
(g) Lived in this county..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Mohler  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside?..... Outside? X city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME ELI ISAC WILSON

3. (b) If veteran, name war No 3. (c) Social Security No. ....  
5. Color or 6. (a) Single, widowed, married,  
4. Sex Male race Indian divorced Married  
6. (b) Name of husband or wife Emilie 6. (c) Age of husband or wife if alive 31 years  
7. Date of Birth (Month, Day, Year) Oct. 18, 1901

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>9</u>	<u>20</u>	hrs min.

9. Exact Occupation Farming Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Juliattea, Idaho (City or town) (State or foreign country)

12. Name Wilson  
13. Birthplace ..... (City or town) (State or foreign country)  
14. Maiden name .....  
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's OWN Signature Emilie B Wilson  
and Address Mohler, Idaho

17. (a) Removal (b) Date thereof 8-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Leaverton, Idaho

18. Funeral Director's OWN Signature Blake Funeral Home  
and Address Orofino, Idaho

19. (a) 8/19/48 (b) Elaine B. Bailey  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 8, 19 48  
at 7:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
\*\*\*\*\* 19 \*\*, to \*\*\*\*\* 19\*\*  
I last saw h. \*\* alive on \*\*\*\*\* 19\*\*; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: MULTIPLE FRACTURED SKULL Duration

Due to CAR ACCIDENT

Due to .....  
Other conditions SHOCK TRAUMA, HEMORRHAGE  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident YES Suicide? ..... Homicide? .....  
Occurred AUGUST 8 19 48 City, county, state where violence occurred CLEARWATER CO., IDAHO  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place YES While at work? .....  
Means of injury CAR ACCIDENT

23. Attendant's OWN Signature Elaine B. Bailey  
and Address Orofino, Idaho Date 8/19 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County CLEARWATER  
(b) City or town PIERCE  
(c) Street Address or R. F. D. No. RURAL  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county 1 years ... months ... days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State IDAHO  
(b) County CLEARWATER  
(c) City or town PIERCE  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME SAM ZUBICK  
3. (b) If veteran, name war No.  
3. (c) Social Security No.  
4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) 1879  
8. AGE 69 Years Months Days If less than 1 day hrs min.

9. Exact Occupation SECTION WORKER Did this work for 1 yrs.  
10. Industry or Business RAILROAD Date last worked 9-11-48  
11. Birthplace YUGOSLAVIA (City or town) (State or foreign country)  
12. Name UNKNOWN  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature GENERAL INFORMATION  
and Address OROFINO, IDAHO  
17. (a) BURIAL (b) Date thereof 8-15-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place RIVERSIDE CEM. OROFINO, IDAHO  
18. Funeral Director's OWN Signature BLAKE FUNERAL HOME  
and Address OROFINO, IDAHO  
19. (a) 8/15/48 (b) (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) AUGUST 12 19 48  
at 5:30 o'clock A.: M.  
21. I HEREBY CERTIFY, That I attended deceased from \*\*\*\*\* 19 \*\*, to \*\*\*\*\* 19 \*\*  
I last saw h. \*\* alive on \*\*\*\*\* 19 \*\*. death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: CARDIAC FAILURE Duration  
Due to  
Due to  
Other conditions (Include pregnancy within 8 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature CORONER  
and Address OROFINO, IDAHO Date 8-15 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 30 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3004  
Local Reg. No. 76  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Orofino  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed 8 days  
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Kamiah  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 1.5 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

ELMER BOWLES

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No. 519-18-6483

## 4. Sex

Male

## 5. Color or

race

## 6. (a) Single, widowed, married,

divorced

## 6. (b) Name of husband or

wife

## 6. (c) Age of husband or wife if

alive

## 7. Date of Birth (Month, Day, Year)

Nov. 8, 1911

## 8. AGE

36

9

9

hrs min.

## 9. Exact Occupation

Laborer

Did this work for 9 yrs.

## 10. Industry or Business

Logger

Date last worked 8/17/48

## 11. Birthplace

Mooskwa

(City or town) (State or foreign country)

## 12. Name

Chas Bowles

## 13. Birthplace

Ill.

(City or town) (State or foreign country)

## 14. Maiden name

Katie Faye

## 15. Birthplace

Kansas

(City or town) (State or foreign country)

## 16. Informant's

## OWN Signature

Arthur D Bowles

## and Address

Lewiston, Ida.

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

8-20-48

## (c) Place:

Kamiah, Idaho

## 18. Funeral Director's

## OWN Signature

Robertson

## and Address

Boise, Idaho

## 19. (a)

(Date received and filed)

## (b)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Aug 17 1948

at o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

8/17/48 to 8/17/48

I last saw him alive on 8/17/48; death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Shock

Due to

Compounded fracture

Due to

Probable internal

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

OWN Signature

and Address

(M. D. or other)

Date

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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SEP 13 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 3005  
Local Reg. No. 77  
Reg. Dist. No. 210

1. PLACE OF DEATH: Clearwater
- (a) County Clearwater  
(b) City or town Oring  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. State Hosp. No. Stayed 14 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 14 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Ida (b) County May Perce  
(c) City or town Remerton  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Remerton Ida

3. (a) FULL NAME Joseph Harrison

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race W  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Apr 4 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>4</u>	<u>23</u>	hrs min.

9. Exact Occupation Barber Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Kansas (City or town) (State or foreign country)

12. Name \_\_\_\_\_  
13. Birthplace Kansas (City or town) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Berryman  
and Address Oring Ida

17. (a) Removal Removal (b) Date thereof 8-28-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Remerton, Idaho

18. Funeral Director's OWN Signature V. J. Janssen  
and Address Remerton, Idaho

19. (a) 8/28/48 (b) Goel E. Sawley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH C95C

20. DATE OF DEATH (Month, Day, Year) Aug 27 1948  
at 10:37 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 8-13 1948, to 8-27 1948  
I last saw him alive on 8-27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Decompensation Duration 6 hrs

Due to Coronary renal disease 5 yrs

Due to \_\_\_\_\_  
Other conditions Arteriosclerosis 5 yrs  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. L. Berryman  
and Address Oring Ida Date 8-28-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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SEP 13 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3006  
Local Reg. No. 78  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town WEIPPE  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? YES city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County NEZ PERCE  
(c) City or town LEWISTON  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? YES Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? FOUR years  
(h) Former residence (city, state) PORTLAND, ORE.

## 3. (a) FULL NAME

LUCILLE NADINE KRESS HEITSTUMAN

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No 541-26-1157

## 4. Sex FEMALE race WHITE

## 6. (a) Single, widowed, married, divorced MARRIED

## 6. (b) Name of husband or wife VICTOR A.

## 6. (c) Age of husband or wife if alive 38 years

## 7. Date of Birth

(Month, Day, Year) MAY 9, 1926

## 8. AGE

Years	Months	Days	If less than 1 day
<u>22</u>	<u>3</u>	<u>20</u>	hrs min.

## 9. Exact

Occupation HOUSEWIFE Did this work for 4 yrs.

## 10. Industry or Business

HOME Date last worked 1 Yr. ago

## 11. Birthplace

PORTLAND, OREGON  
(City or town) (State or foreign country)

## 12. Name

PAT KRESS

## 13. Birthplace

IOWA  
(City or town) (State or foreign country)

## 14. Maiden name

EVA MAY HAMILTON

## 15. Birthplace

ETNA, WASHINGTON  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature \_\_\_\_\_

and Address Barrow Creek, Anty, Co.

## 17. (a) BURIAL

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: NORMAL HILL CEM. LEWISTON, IDA.

## 18. Funeral Director's

OWN Signature BLAKE FUNERAL HOME

and Address OROFINO, IDAHO

## 19. (a) 9/11/48

(Date received and filed) (b) Joie Taylor (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) AUGUST 29 1948  
at 9:30 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

\*\*\*\*\* 1948 to \*\*\*\*\* 1948

I last saw h. \*\* alive on \*\*\*\*\* 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

SHOCK, TRAUMA, CRUSHED LEFT CHEST AND SHOULDER

## Duration

INSTANT

## Due to

CAR ACCIDENT

## Due to

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

## Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? YES Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred AUG. 29 1948 City, county, state

where violence occurred CLEARWATER CO., IDAHO

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place YES While at work? NO

Means of injury CAR ACCIDENT

## 23. Attendant's

OWN Signature Coroner

and Address OROFINO, IDAHO Date 9-1 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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13440

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United States

Department of Commerce AUG 27 1948 CERTIFICATE OF DEATH

Bureau of the Census DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. \_\_\_\_\_

Local Reg. No. 398

Reg. Dist. No. 684

1. PLACE OF DEATH:

- (a) County Custer  
(b) City or town \_\_\_\_\_  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Outside? city or town \_\_\_\_\_  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Custer  
(c) City or town Challis  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME William McClure Cameron 174X

3. (b) If veteran, name war WWII (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) 12-1-26

8. AGE	Years	Months	Days	If less than 1 day
	<u>21</u>	<u>8</u>	<u>14</u>	hrs min.

9. Exact Occupation Student Did this work for 2 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Challis, Idaho (City or town) (State or foreign country)  
12. Name William Angus Cameron  
13. Birthplace Nova Scotia (City or town) (State or foreign country)  
14. Maiden name Laura May McClure  
15. Birthplace Boise Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Guyman J. Symley  
and Address Challis, Idaho 16-48  
17. (a) Challis, Idaho (b) Date thereof 16-48 (Month) (Day) (Year)  
(c) Place: Challis, Idaho  
18. Funeral Director's OWN Signature Ray McFadden  
and Address Challis, Idaho  
19. (a) Aug 16 1948 (b) Edna M. K...  
(Date received and filed) (Registrar's signature)

\* MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8-14-48 19\_\_\_\_  
at approx 11:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Brain injury

Due to Depressed skull fracture

Due to result of being hit by

Other conditions iron bar at work  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 8-14-48 19\_\_\_\_ City, county, state where violence occurred Challis, Custer, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? yes

Means of injury Machinery

Attendant's OWN Signature Albert J. Symley

and Address Challis, Idaho (M. D. or other) \_\_\_\_\_

Date 8-16-48

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

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SEP 1 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3008  
Local Reg. No. 299  
Reg. Dist. No. 680

**1. PLACE OF DEATH:**

- (a) County Cluster  
(b) City or town Boyle Ranch on Loon Cr.  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 1 months \_\_\_\_\_ days

**Note.** For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased:** (Always fill in these)

- (a) State Idaho (b) County Benham  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had ~~deceased~~ lived in Idaho? 16 years  
(h) Former residence (city, state) Ordgen, Utah

3. (a) **FULL NAME** FRANK LESLIE BRIAN

3. (b) If veteran, name war no 3. (c) Social Security No. 519 05 2211  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Meda Nichols 6. (c) If husband or wife if deceased alive unknown years  
7. Date of Birth (Month, Day, Year) April 26, 1889

8. AGE	Years	Months	Days	If less than 1 day	
	59	3	20	hrs	min.

9. Exact Occupation Electrical Eng. Did this work for 40 yrs.
10. Industry or Business \_\_\_\_\_ Date last worked 1946
11. Birthplace Salt Lake City, Utah

- Mother { 12. Name Daniel Gross Brian  
 Father { 13. Birthplace Pennsylvania  
 (City or town) (State or foreign country)  
 14. Maiden name Marath Ashworth  
 15. Birthplace England  
 (City or town) (State or foreign country)

16. Informant's  
OWN Signature Mede Brian  
and Address 1353 No. Sennar Harley Blvd
17. (a) Burial (b) Date thereof 8-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. Funeral Director's  
OWN Signature Delbert A. Jones  
and Address Salmon, Idaho

19. (a) Aug 19 1948 (b) Edna M. Kearney  
(Date received and filed) (Registrar's signature)

# MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**  
(Month, Day, Year) Aug. 16 19 48  
at 8:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
 ..... 19..... to ..... 19.....

I last saw h..... alive on..... 3-20-49.....; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Heart attack

Due to

Due to .....

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....PHYSICIAN:

Name of operation..... Date.....

Major finding	Underline the cause to
---------------	------------------------

Major finding .....	which death
Finding of autopsy .....	should be

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....

lowing: Accident?..... Suicide?..... Homicide?.....

Occurred	19	City county state
----------	----	-------------------

where violence occurred

Place of Violence: Home      Farm      Industry:

Place of Violence: Home.....Farm.....Industry.....  
Public Place.....Mail.....at work?.....

Public Place..... While at work?.....

Means of injury by a knife

23. Attendant's  
OWN Signature Robert Campbell

*Copied* (M.D. *other*)

and Address 1234 Main St, New York, NY 10001 Date 12/15/2023

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

SEP 16 1948

STATE OF IDAHO

1948

State File No. **3009**  
Local Reg. No. **18**  
Reg. Dist. No. **386**

1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Mountain Home  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ..... Outside? X city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 25 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Killarney Canada

3. (a) FULL NAME THOMAS WELLINGTON MILLIKEN

3. (b) If veteran, name war No. .... 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Febuary 19, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>5</u>	<u>18</u>	hrs min.

9. Exact Occupation Retired Barber Did this work for 20 yrs.  
10. Industry or Business Barbering Date last worked 1932  
11. Birthplace Manitoba Canada  
(City or town) (State or foreign country)

12. Name James Milliken  
13. Birthplace Glasgow Scotland  
(City or town) (State or foreign country)  
14. Maiden name Susan Jane Blow  
15. Birthplace Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Rebecca Pilliner  
and Address Mountain Home Idaho

17. (a) Burial (b) Date thereof Aug. 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mountain View Cemetery

18. Funeral Director's OWN Signature John J. Bay  
and Address Mountain Home Idaho

19. (a) August 9, 1948 (Date received and filed)  
(b) W. H. Evans (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 8 1948  
at 3:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 8-1-1948 to 8-8-1948  
I last saw him alive on 8-5-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Parenchymatous Nephritis  
Due to ..... Duration 1 year

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature W. H. Evans  
and Address Mtn. Home Idaho Date 8-9 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED Certificate Of Death**

AUG 23 1948

STATE OF IDAHO

1948  
State File No. 3010  
Local Reg. No. 8  
Reg. Dist. No. 540

**1. PLACE OF DEATH:**

- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Memorial days  
(g) Lived in this county 16 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? America  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

FLORENCE HOOPS LUND

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex Female Race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Leonard B. Lund 6. (c) Age of husband or wife if alive 35 years  
7. Date of Birth (Month, Day, Year) January 1, 1911.

8. AGE	Years	Months	Days	If less than 1 day
	<u>37</u>	<u>7</u>	<u>5</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Own Home Date last worked \_\_\_\_\_  
11. Birthplace Idaho Falls, Idaho.  
(City or town) (State or foreign country)

12. Name John H. Hoops  
13. Birthplace Idaho.  
(City or town) (State or foreign country)  
14. Maiden name Annie Lund  
15. Birthplace Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Leonard B. Lund  
and Address Preston, Idaho.

17. (a) Burial (b) Date thereof 8-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Preston, Idaho.

18. Funeral Director's Richards & Son Mortuary  
OWN Signature Harold B. Richards  
and Address Preston, Idaho.

19. (a) 8-8-1948 (b) E. W. Brower  
(Date received and filed) (Registrar's signature)

**\* MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH**  
(Month, Day, Year) August 6, 1948  
at 6:50 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 8-4 1948, to 8-6 1948.  
I last saw her alive on 8-6 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ischemic Duration 24 hrs

Due to Pregnancy 4 m

Due to Chronic Hypertension 6 yrs  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature O. B. Cullen (M. D. or other)  
and Address Preston, Idaho. Date 8-6 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 3011  
Local Reg. No. 9  
Reg. Dist. No. 540

1. PLACE OF DEATH: Franklin  
(a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 243 East 1st So.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days days  
(g) Lived in this county 56 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. 243 East 1st So  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Joel Miller Chadwick

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma N. Chadwick 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) July 26, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>0</u>	<u>29</u>	hrs min.

9. Exact Occupation Painter Did this work for Life yrs.  
10. Industry or Business Self Date last worked \_\_\_\_\_  
11. Birthplace Franklin Idaho (City or town) (State or foreign country)

12. Name Wm Chadwick  
13. Birthplace Weber, Utah (City or town) (State or foreign country)  
14. Maiden name Loretta Nesley  
15. Birthplace Franklin, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Joel M Chadwick  
and Address Preston, Idaho

17. (a) Burial (b) Date thereof Aug. 28, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Preston, Idaho

18. Funeral Director's OWN Signature Webb Funeral Home  
and Address Preston

19. (a) 8-28-1948 (b) Eppie M. Brainer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 25 19 48  
at 8:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1948, to Aug 25, 1948  
I last saw him alive on Aug 25, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hemorrhage Duration 2 hours

Due to Sarcoma of Neck 6 Mths  
X-ray therapy 1 month

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. Smith M.D.  
and Address Preston, Idaho Date 8/26 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 23 1948  
Certificate Of Death

DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. 2012  
Local Reg. No. 546  
Reg. Dist. No. 546

1. PLACE OF DEATH:

Franklin  
(a) County  
(b) City or town Mink Creek  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst Stayed days  
(g) Lived in this county 62 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Franklin  
(c) City or town Mink Creek  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 62 years  
(h) Former residence (city, state) Mantua, Utah

3. (a) FULL NAME

Urias Keller

3. (b) If veteran,

3. (c) Social Security

name war No.

5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie S. Keller  
6. (c) Age of husband or wife if alive years

7. Date of Birth  
(Month, Day, Year) April 7, 1878

8. AGE	Years	Months	Days	If less than 1 day
	70	3	28	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.

10. Industry or Business Own Farm Date last worked 1947

11. Birthplace Mantua, Utah  
(City or town) (State or foreign country)

12. Name James M. Keller

13. Birthplace Denmark  
(City or town) (State or foreign country)

14. Maiden name Christina Larsen

15. Birthplace Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature Oscar Wilder  
and Address

17. (a) Burial (b) Date thereof Aug. 9, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mink Creek, Idaho

18. Funeral Director's OWN Signature Webb Funeral Home  
and Address Preston

19. (a) 8-6-1948 (b) Effie W. Brewer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Aug. 5 19 48  
(Month, Day, Year)  
at 9:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1947 to Aug 5 1948  
I last saw him alive on Aug 4 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 1 hr

Due to Myocarditis 5 yrs

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

Attendant's OWN Signature O.B. Carter M.D.

and Address Preston Idaho Date 8-6-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 8 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3013  
Local Reg. No. 10  
Reg. Dist. No. 540

1. PLACE OF DEATH: Franklin  
(a) County Franklin  
(b) City or town Dayton  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 60 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Franklin  
(c) City or town Dayton  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 78 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME DAVID ALMA PERKINS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, \_\_\_\_\_  
4. Sex Male race White divorced Married  
6. (b) Name of husband or wife Mary Callan 6. (c) Age of husband or wife if alive 79 years  
7. Date of Birth (Month, Day, Year) February 11, 1870.

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>6</u>	<u>20</u>	hrs min.

9. Exact Occupation Farmer Did this work for 65 yrs.  
10. Industry or Business Own Farm Date last worked 8-31-48  
11. Birthplace Franklin, Idaho. (City or town) (State or foreign country)

12. Name Joseph Perkins  
13. Birthplace Wales (City or town) (State or foreign country)  
14. Maiden name Margaret Martin  
15. Birthplace Wales (City or town) (State or foreign country)

16. Informant's OWN Signature Henry C. Perkins  
and Address 639 Ogden Ave. Ogden, Utah  
17. (a) Burial (b) Date thereof 9-3-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Dayton, Idaho.

18. Funeral Director's Richards & Son Mortuary  
OWN Signature Richardson  
and Address Preston, Idaho.

19. (a) 9-3-1948 (b) Effie W. Branner (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH (Month, Day, Year) August 31, 1948  
at 10:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1948, to Aug 31, 1948  
I last saw him alive on 8-31, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 2 hrs

Due to Arteriosclerosis 10 yrs

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature O-R. Arthur (M. D. or other)  
and Address Preston, Idaho Date 9-3-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, Registrar must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as taken down only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

AUG 17 1948

STATE OF IDAHO

948  
State File No. 3014  
Local Reg. No. 37  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 126 So. Bridge  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home    Hospital XX Institution    Other place     
(f) Name Hosp. or Inst. St. A. Hosp Stayed 5 days  
(g) Lived in this county 7 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. P. O. Box 251  
(e) Deceased lived Inside?    Outside? XX city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) Ventura, Calif.

## 3. (a) FULL NAME

WILLIAM ALVIN BUDD

## 3. (b) If veteran, name war

No.   

## 3. (c) Social Security

No. 55-10-0277

5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Laura VanDane  
(c) Age of husband or wife if alive 40 years

7. Date of Birth (Month, Day, Year) November 4, 1907

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>8</u>	<u>7</u>	hrs min.

9. Exact Occupation Grocery and gas station Did this work for 2 yrs.  
10. Industry or Business Budds Place own business Date last worked 1948  
11. Birthplace Garfield, Utah (City or town) (State or foreign country)

12. Name William A. Budd  
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)  
14. Maiden name Jane Lay  
15. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Laura L Budd  
and Address P. O. Box 251, St. Anthony, Idaho

17. (a) Burial (b) Date thereof Aug. 16, 1948 (Month) (Day) (Year)  
(c) Place: Ashton, Idaho

18. Funeral Director's OWN Signature McL. Hansen  
and Address St. Anthony, Idaho

19. (a) August 12, 1948 (b) W. A. Hansen (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 11, 1948 1948  
at 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 28 July 1948, to 11 Aug. 1948  
I last saw him alive on 11 Aug. 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: RT. heart failure Duration   

Due to Uremia 2

Due to Chronic gl. nephritis 2  
Other conditions Med. ment  
(Include pregnancy within 3 months of death)

Hypertension

Where was disease contracted? Idaho PHYSICIAN   

Name of operation    Date    Underline the cause to which death should be charged statistically.

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19   City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature    (M. D. or other)

and Address Ashton Date 13 Aug. 1948  
(For additional space, use reverse slide)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3015  
Local Reg. No. 57  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. W. 6th S.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place ...  
(f) Name Hosp. or Inst. Stayed days ...  
(g) Lived in this county 6 years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. W 6th South  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state) ...

## 3. (a) FULL NAME

ALBERT GILBERT

## 3. (b) If veteran,

name war No. ...

## 3. (c) Social Security

No. None.

5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Genie Gifford  
6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth (Month, Day, Year) November 8, 1870

8. AGE	Years	Months	Days	If less than 1 day
	77	9	21	hrs min.

9. Exact Occupation Retired Farmer Did this work for ... yrs.  
10. Industry or Business Own Business Date last worked ...  
11. Birthplace Eastgrafen, Wilshire, England  
(City or town) (State or foreign country)

12. Name James Gilbert  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Sarah Choules  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Herbert Gilbert  
and Address Tetonia, Idaho

17. (a) Burial (b) Date thereof Sept. 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Tetonia, Idaho (Haden cemetery)

18. Funeral Director's OWN Signature M. S. Hansen  
and Address St. Anthony, Idaho

19. (a) Sept. 1, 1948 (b) M. S. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 29, 1948  
at 5:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1948, to Aug 29, 1948  
I last saw him alive on Aug 29, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Coronary Occlusion Duration 10 hr

Due to ...  
Due to ...  
Other conditions ...  
(Include pregnancy within 3 months of death)

Where was disease contracted? ...  
Name of operation ... Date ...  
Major finding ...  
Finding of autopsy ...  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ... Suicide? ... Homicide? ...  
Occurred ... 19 ... City, county, state  
where violence occurred ...  
Place of Violence: Home ... Farm ... Industry ...  
Public Place ... While at work? ...  
Means of injury ...

23. Attendant's OWN Signature E. L. Lamb (M. D. or other)  
and Address St. Anthony Date 9/1/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED Certificate Of Death**

AUG 27 1948

DIVISION OF VITALS

STATE OF IDAHO

State File No. 3016  
Local Reg. No. 33  
Reg. Dist. No. 651

**1. PLACE OF DEATH:**

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed        days  
(g) Lived in this county 7 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) .....

**3. (a) FULL NAME** BURT W. OSBURN

3. (b) If veteran, name war WW I No. ....  
5. Color or race White  
4. Sex Male race White divorced Single  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) June 6, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>2</u>	<u>14</u>	hrs min.

9. Exact Occupation Shepherd Did this work for 25 yrs.  
10. Industry or Geo. W. Hill Business        Date last worked 8-20-48  
11. Birthplace Manhattan, Kansas  
(City or town) (State or foreign country)

12. Name Eugene Wright Osburn  
13. Birthplace Speedville, N. Y.  
(City or town) (State or foreign country)  
14. Maiden name Nettie Maude Wills  
15. Birthplace Putnamville, Indiana  
(City or town) (State or foreign country)

16. Informant's OWN Signature Leueasburn  
and Address Box 561, The Dalles, Ore

17. (a) Removal (b) Date thereof August 24, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Newton, Kansas

18. Funeral Director's OWN Signature M. J. Hansen  
and Address St. Anthony, Idaho

19. (a) August 23 1948 (b) M. J. Hansen  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) August 20 1948  
at        o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from         
attended at time of death 19        
I last saw h.        alive on        19      ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration Instant

Due to         
Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?        **PHYSICIAN**  
Name of operation        Date        Underline the cause to which death should be charged statistically.  
Major finding         
Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19       City, county, state  
where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature M. J. Hansen - County coroner  
and Address St. Anthony, Idaho Date Aug 23 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 30 1948

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1046  
State File No. 3017  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 610 North Commercial  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 3 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 610 N. Commercial  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 67 years  
(h) Former residence (city, state) Bentonville, Ark.

## 3. (a) FULL NAME ROBERT BURTON PHILLIPS

3. (b) If veteran, name war none 3. (c) Social Security No. none  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Ann 6. (c) Age of husband or wife if alive 86 years  
7. Date of Birth (Month, Day, Year) October 8, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>9</u>	<u>23</u>	hrs. min.

9. Exact Occupation Hotel Operator Did this work for 42 yrs.  
10. Industry or Business Hotel Date last worked 1945  
11. Birthplace Bentonville, Arkansas  
(City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's W. L. Phillips  
OWN Signature Pocatello, Idaho  
and Address

17. (a) Burial (b) Date thereof 8/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Emmett, Idaho

18. Funeral Director's Blahiff Chapel  
OWN Signature Jarance B. Persons  
and Address Emmett, Idaho

19. (a) 8/28/48 (b) Chas. Blahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 31 19 48  
at 10:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1947 to July 31, 1948  
I last saw him alive on 31 July 19 48;  
death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Pulmonary edema Duration 2 days  
Due to myocarditis 2 months  
Due to chronic valvular 10 years  
Other conditions heart disease  
(Include pregnancy within 3 months of death) 20 years  
Arthritis

- Where was disease contracted? X Date X  
Name of operation X  
Major finding X  
Finding of autopsy X

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? X Suicide? X Homicide? X  
Occurred X 19 X City, county, state  
where violence occurred X  
Place of Violence: Home X Farm X Industry X  
Public Place X While at work? X

- Means of injury X  
23. Attendant's Blahiff, W. L.  
OWN Signature Emmett (M. D. or other)  
and Address Emmett Date 8/28 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 3018  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Gem  
(b) City or town Emmett, Idaho  
(c) Street Address or R.F.D. No. 209 1/2 E. 2nd  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 21 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Gem  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. 209 1/2 E. 2nd  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) Texas

3. (a) FULL NAME MARGARET ANN SMITH

3. (b) If veteran, name war no

3. (c) Social Security No. 519-01-0294

4. Sex F. 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William

6. (c) Age of husband or wife if alive 69 years

7. Date of Birth (Month, Day, Year) November 4, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>9</u>	<u>6</u>	hrs. min.

9. Exact Occupation House wife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Home Date last worked \_\_\_\_\_

11. Birthplace Inveriness, Scotland (City or town) (State or foreign country)

12. Name John Johnstone

13. Birthplace Scotland (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature William Smith and Address Emmett, Idaho

17. (a) Burial (b) Date thereof 8/12/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Emmett, Idaho

18. Funeral Director's OWN Signature Clarence O. Persons and Address Emmett, Idaho

19. (a) 8/10/48 (b) Chas. Flaherty (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 10 19 48

at 6:10 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1 19 47 to Aug 10 19 48

I last saw him alive on Aug 9 19 48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Carcinoma of Duration \_\_\_\_\_

Due to Carcinoma of

Due to breast

Other conditions Metastases (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. O. Persons (M. D. or other)

and Address Emmett Date 8-10-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

AUG 30 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL

STATE OF IDAHO

1948

State File No.

3019

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett, Idaho  
(c) Street Address or R.F.D. No. 2nd & Wash.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. Lary Secor Stayed 7 days  
(g) Lived in this county years months 7 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boise  
(c) City or town Horseshoe Bend  
(d) Street Address or R.F.D. No. General Delivery  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) Id.

## 3. (a) FULL NAME

JAMES RICHARD BOWMAN

## 3. (b) If veteran, name war

no

## 3. (c) Social Security No.

519-18-7803

## 4. Sex M Color or race W

## 6. (b) Name of husband or wife

no

## 6. (a) Single, widowed, married, divorced

Divorced

## 6. (c) Age of husband or wife if alive

no

## 7. Date of Birth (Month, Day, Year) Feb. 22, 1878

8. AGE	Years	Months	Days	If less than 1 day
	70	5	24	hrs. min.

## 9. Exact Occupation Farmer Did this work for yrs.

## 10. Industry or Business Farming Date last worked

## 11. Birthplace Taney Co. Mo. (City or town) (State or foreign country)

## 12. Name John Bowman (City or town) (State or foreign country)

## 13. Birthplace Unknown (City or town) (State or foreign country)

## 14. Maiden name Mary Mathis (City or town) (State or foreign country)

## 15. Birthplace Unknown (City or town) (State or foreign country)

## 16. Informant's OWN Signature H. C. Bowman and Address Horseshoe Bend Idaho

## 17. (a) Burial (b) Date thereof 8/20/48 (c) Place Emmett, Idaho (Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Mahaffey Chapel and Address Emmett, Idaho

## 19. (a) 8/27/48 (b) Chas F. Lotz (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH August 16, 1948 (Month, Day, Year)

## 21. I HEREBY CERTIFY, That I attended deceased from 11 Aug 1948 to Aug 16 1948 at 2 o'clock P. M.

## I last saw him alive on Aug 19, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Destruction of large bowel as splenic flexure

## Due to 3 days

## Due to

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation: dense adhesions of spleen

## Major finding: flexure.

## Finding of autopsy: Underline the word to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? Suicide? Homicide?

## Occurred 19 City, county, state where violence occurred.

## Place of Violence: Home Farm Industry

## Public Place While at work?

## Means of injury

## 23. Attendant's OWN Signature Ronald P. Rawls and Address Emmett, Idaho Date 8/19 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
JUN 25 1948 STATE OF IDAHO

1948 3020  
State File No.  
Local Reg. No. 1340  
Reg. Dist. No. 420

1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed --- days  
(g) Lived in this county 40 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Wendell  
(d) Street Address or R.F.D. No. Wendell  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Chicago, Ill.

3. (a) FULL NAME

Mae E. Jackson

3. (b) If veteran,

name war ---

3. (c) Social Security

No. ---

5. Color or 6. (a) Single, widowed, married,  
4. Sex female race white divorced married

6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife H.D. Jackson alive 68 years

7. Date of Birth  
(Month, Day, Year) Feb. 10, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>5</u>	<u>21</u>	hrs min.

9. Exact Occupation housewife Did this work for life yrs.

10. Industry or Business Music & Civic Date last worked Jan. 1946

11. Birthplace Wenona, Illinois  
(City or town) (State or foreign country)

12. Name William H. Parkinson

13. Birthplace Ohio  
(City or town) (State or foreign country)

14. Maiden name Isabel Gibson

15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature M. E. Jackson  
and Address Wendell

17. (a) burial (b) Date thereof 8/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Wendell, Idaho

18. Funeral Director's OWN Signature H. P. Bright  
and Address Gooding, Idaho

19. (a) 8-4-48 (b) J. H. Cronmull  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 16-1

20. DATE OF DEATH  
(Month, Day, Year) July 30 1948  
at 2 o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from  
Jan 1945 to death 1948

I last saw her alive on July 30 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Adipose Disease

Duration

25 yrs

Due to Unknown

Due to Chromatin

Other conditions Chromatin  
(Include pregnancy within 3 months of death)

old age

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry

Public Place ..... While at work?

Means of injury

23. Attendant's OWN Signature Harold H. Bright

and Address Wendell Date 8-4-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

RECORDED  
AUG 19 1948  
Certificate Of Death

State File No. 3021  
Local Reg. No. 106  
Reg. Dist. No. 421

1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. Main St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Valentines stayed 4 days  
(g) Lived in this county 31 years 31 months 31 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding Utah St.  
(d) Street Address or R.F.D. No. Utah St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) Topeka, Kansas

3. (a) FULL NAME

John H. Wright

3. (b) If veteran,

name war -----

3. (c) Social Security

No. -----

5. Color or race white  
4. Sex male

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Ellen

6. (c) Age of husband or wife if alive deceased years

7. Date of Birth

(Month, Day, Year) Feb 21, 1972

8. AGE

Years	Months	Days	If less than 1 day
<u>76</u>	<u>5</u>	<u>20</u>	hrs min.

9. Exact Occupation

farming

Did this work for 31 yrs.

10. Industry or Business

retired

Date last worked 1937

11. Birthplace

Gannett, Kansas

(City or town) (State or foreign country)

12. Name

Joshua L. Wright

13. Birthplace

Decatur, Illinois

(City or town) (State or foreign country)

14. Maiden name

Patsy M. Sutton

15. Birthplace

Greeley, Kansas

(City or town) (State or foreign country)

16. Informant's

OWN Signature

Raymond Wright

and Address

Tuttle, Idaho

17. (a) burial

(Burial, cremation, or removal)

(b) Date thereof 8/12/48

(Month) (Day) (Year)

(c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's

OWN Signature

H.P. Bright

and Address

Gooding, Idaho

19. (a) 8/16/48

(Date received and filed)

(b) Wendell M. Rose

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Aug 10 19 48

at 7:25 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from

7-6-1948 to death 19 48

I last saw him alive on 8-9 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Acute Cholecystitis

Duration

8 days

Due to

Due to

Other conditions Obesity, old age

(Include pregnancy within 3 months of death)

Myocardial infarction

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home 19 Farm 19 Industry 19

Public Place 19 While at work? 19

Means of injury 19

23. Attendant's

OWN Signature

H. Holzinger, MD

and Address

Wendell, Idaho

Date 8-14 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
SEP 4 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

48 State File No. 3022  
Local Reg. No. 409  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County Gordon  
(b) City or town Wendell  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lincoln  
(c) City or town Richfield  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 19 yrs years  
(h) Former residence (city, state) Richfield Idaho

## 3. (a) FULL NAME

Maxine Carter

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex F race W  
5. Color or \_\_\_\_\_

6. (a) Single, widowed, married, divorced infant  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

6. (b) Name of husband or wife \_\_\_\_\_

## 7. Date of Birth (Month, Day, Year)

Dec 19 - 1946

## 8. AGE

Years	Months	Days	If less than 1 day
<u>1</u>	<u>7</u>	<u>23</u>	hrs min.

## 9. Exact

Occupation infant Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked \_\_\_\_\_

## 11. Birthplace

Trin Falls - Idaho  
(City or town) (State or foreign country)

## 12. Name

Douglas Carter

## 13. Birthplace

Logan - Utah  
(City or town) (State or foreign country)

## 14. Maiden name

Rose Kodish

## 15. Birthplace

Richfield Idaho  
(City or town) (State or foreign country)

## 16. Informant's

### OWN Signature

Trin general information

### and Address

M. C. Burdett Shoshone

## 17. (a) Burial

(Burial, cremation, or removal) \_\_\_\_\_

## (b) Date thereof

Aug 13 - 48 (Month) (Day) (Year)

## (c) Place:

Richfield - Idaho

## 18. Funeral Director's

### OWN Signature

Myrtle C. Burdett

### and Address

Shoshone Idaho

## 19. (a)

9/1/48 (Date received and filed)

## (b) Registrar's signature

Walter M. Rose, M.D.

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Aug - 11 19 48  
at 11:50 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

11 19 48 to Aug 11 19 48  
I last saw her alive on Aug 11 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Typhemia

## Duration

2 hrs

## Due to

Shock and burn damage 2 hrs

## Due to

2nd & 3rd degree burns Edema

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

## Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Aug 11 19 48 City, county, state

where violence occurred Richfield, Lincoln, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury accidental burns

## 23. Attendant's

### OWN Signature

Walter M. Rose, M.D.

and Address Shoshone Ida Date 8-12-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 3023  
Local Reg. No. 1346  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Hagerman  
(c) Street Address or R.F.D. No. Hagerman  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ----- Stayed --- days  
(g) Lived in this county 8 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Hagerman  
(d) Street Address or R.F.D. No. Hagerman  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Arkansas

## 3. (a) FULL NAME

Flora Annes Claiborne

## 3. (b) If veteran,

name war ---

## 3. (c) Social Security

No. -----

5. Color or white  
6. (a) Single, widowed, married, divorced married

4. Sex female  
6. (b) Name of husband or wife John A.  
6. (c) Age of husband or wife if alive 70 years

7. Date of Birth  
(Month, Day, Year) March 24, 1883

- | 8. AGE    | Years    | Months    | Days       | If less than 1 day |
|-----------|----------|-----------|------------|--------------------|
| <u>65</u> | <u>4</u> | <u>24</u> | <u>hrs</u> | <u>min.</u>        |

9. Exact Occupation housewife Did this work for life yrs.

10. Industry or Business ----- Date last worked 1945

11. Birthplace Prestonia, Missouri  
(City or town) (State or foreign country)

12. Name LaFrancis Davis

13. Birthplace ----- Virginia  
(City or town) (State or foreign country)

14. Maiden name Ida Jane King

15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature E. E. Claiborne

- and Address Umatilla, Ore.

17. (a) burial (b) Date thereof 8/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Hagerman, Idaho

18. Funeral Director's OWN Signature H. P. Bright

- and Address Gooding, Idaho

19. (a) Aug 20 - 48 (b) J. H. Connelley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) August 17 19 48

- at 8:20 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 1943 19 to death 19 ---

I last saw h.c. alive on 8-16 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Intestinal Obstruction Duration 5 days

Due to Voluntarily of Stomach 5 days

Due to Unknown

Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature Harold H. Volminger M.D.

and Address Undell, Ida. Date 8-19 1948  
(M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 3 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3024  
Local Reg. No. 108  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. Main St.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Valentines Stayed 7 days  
(g) Lived in this county 31 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. 306 Ill. St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) Castor City, Oklahoma

## 3. (a) FULL NAME

Raymond Archie Norman Noll

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Norah Noll  
6. (c) Age of husband or wife if alive 62 years

7. Date of Birth (Month, Day, Year) November 22, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>8</u>	<u>27</u>	hrs min.

9. Exact Occupation merchant Did this work for 17 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 8/8/48

11. Birthplace Melton Vill, Kansas  
(City or town) (State or foreign country)

12. Name William Henry Noll

13. Birthplace Pennsylvania  
(City or town) (State or foreign country)

14. Maiden name Julia Sophie Mariman

15. Birthplace Pennsylvania  
(City or town) (State or foreign country)

16. Informant's OWN Signature Norah Noll

and Address Gooding, Idaho

17. (a) burial (b) Date thereof 8/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's OWN Signature H.P. Bright

and Address Gooding, Idaho

19. (a) 8/27/48 (b) Arthur M. Rose, O.S.B.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 18, 1948  
at 1 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1948, to Aug 18, 1948.  
I last saw him alive on Aug 17, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Lobar pneumonia 10 da  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Coronary atherosclerosis 10 da  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J.H. Crumwell  
(M. D. or other)  
and Address Gooding, Idaho Date 8-21-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 27 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No.

3025

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Valentines Stayed \_\_\_\_\_ days  
(g) Lived in this county None \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Hazleton  
(d) Street Address or R.F.D. No. Rt. #3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 9 mo. years  
(h) Former residence (city, state) born here

## 3. (a) FULL NAME JUDY SOLIDA

3. (b) If veteran, name war no 3. (c) Social Security No. none  
4. Sex F 5. Color or race Wh. 6. (a) Single, widowed, married, divorced child  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years  
7. Date of Birth (Month, Day, Year) November 1, 1948

8. AGE	Years	Months	Days	If less than 1 day
		<u>9</u>	<u>20</u>	hrs min.

9. Exact Occupation child Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business child Date last worked \_\_\_\_\_  
11. Birthplace Wendell, Idaho  
(City or town) (State or foreign country)

12. Name Virgil H. Solida  
13. Birthplace Bradford, Arkansas  
(City or town) (State or foreign country)  
14. Maiden name Billie Ruth Roberts  
15. Birthplace Bradford, Arkansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Virgil H. Solida  
and Address Hazleton, Idaho

17. (a) burial (b) Date thereof 8/23/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Jerome Cemetery

18. Funeral Director's OWN Signature LeRoy C. Magill  
and Address Jerome, Idaho

19. (a) Aug 25 - 1948 (b) H. W. Reynolds  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 21, 1948  
at 3 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 8-19-48 1948, to 8-21-48 1948

I last saw h.e. alive on 8-21-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Severe burns to body Duration 4 hrs.  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 8-17-1948 City, county, state \_\_\_\_\_  
where violence occurred no

Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Burns from burning tent

23. Attendant's OWN Signature Reuben C. Matson MD  
(M. D. or other) \_\_\_\_\_  
and Address Jerome, Ida Date 8-22-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 8 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3026  
Local Reg. No. 110  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. Main St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Valentines Stayed 1 days  
(g) Lived in this county 1 years 1 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. 110 Oregon St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 1 Mo. years  
(h) Former residence (city, state) Maricopa, Arizona

## 3. (a) FULL NAME

Thadus Leon Brock

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. 526-07-9857

## 4. Sex male race white

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Madeline

## 6. (c) Age of husband or wife if alive 31 years

## 7. Date of Birth (Month, Day, Year) July 5, 1914

8. AGE	Years	Months	Days	If less than 1 day
	<u>34</u>	<u>1</u>	<u>26</u>	hrs min.

## 9. Exact Occupation laborer Did this work for life yrs.

## 10. Industry or Business Date last worked 8/31/48

## 11. Birthplace Pocasset, Oklahoma (City or town) (State or foreign country)

## 12. Name Calvin E. Brock

## 13. Birthplace Kansas (City or town) (State or foreign country)

## 14. Maiden name Willie May Murrah

## 15. Birthplace Oklahoma (City or town) (State or foreign country)

## 16. Informant's OWN Signature Madeline Brock and Address Gooding Idaho

## 17. (a) burial (b) Date thereof 9/4/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Elmwood Cem. Gooding, Idaho

## 18. Funeral Director's OWN Signature H.P. Bright and Address Gooding, Idaho

## 19. (a) 9/3/48 (b) Sister M. Rose, OLB (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Aug 31 1948  
at 11:00 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from Aug 31 1948 to death 1948 I last saw him alive on Aug 31 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Arteriosclerosis

Due to Coronary Arteriosclerosis

Due to Coronary Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation None Date None

Major finding None

Finding of autopsy None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? No Homicide? No

Occurred Aug 31 1948 City, county, state Gooding, Gooding, Idaho

Place of Violence: Home Yes Farm Yes Industry Yes

Public Place Yes While at work? Yes

Means of injury Qualitative

## 23. Attendant's OWN Signature H.E. O'Connell (M. D. or other)

and Address Gooding, Idaho Date 9/2 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 20 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3027  
Local Reg. No. 9  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

BABY PRATT

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex

M

Color W

## 6. (a) Single, widowed, married, divorced

Baby

## 6. (b) Name of husband or wife

\_\_\_\_\_

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

July 31, 1948

## 8. AGE

Years

Months

Days

If less than 1 day

10 hrs min.

## 9. Exact Occupation

\_\_\_\_\_

Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or Business

\_\_\_\_\_

Date last

worked \_\_\_\_\_

## 11. Birthplace

Grangeville, Ida

(City or town)

(State or foreign country)

## 12. Name

Ralph Pratt

## 13. Birthplace

Cottonwood Ida

(City or town)

(State or foreign country)

## 14. Maiden name

Pelle McDonough

## 15. Birthplace

Nyc

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

Ralph Pratt

and Address Grangeville

## 17. (a) Burial, cremation, or removal

Burial

## (b) Date thereof

8-2-48 (Month) (Day) (Year)

## (c) Place:

Grangeville Ida

## 18. Funeral Director's OWN Signature

Wes Robertson

and Address Superior, Ida

## 19. (a) August 2, 1948

(Date received and filed)

## (b) Esma Cone

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

Aug 1

1948

at 2 o'clock PM

## 21. I HEREBY CERTIFY, That I attended deceased from

July 31, 1948 to Aug 1, 1948

I last saw him alive on Aug 1, 1948; death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Congenital Atelectasis

Duration 34 min

Due to cause mentioned

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

Wes Robertson

and Address Grangeville (M. D. or other)

Date Aug 2, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 9 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3038  
Local Reg. No. 16  
Reg. Dist. No. 242

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hospital or Institution Our Lady of Consolation Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Winchester  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

SUSAN N. SIMMONS

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. None

## 4. Sex Female race White 5. Color or 6. (a) Single, widowed, married, divorced Widowed

## 6. (b) Name of husband or wife John Wesley Simmons 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) July 19 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>0</u>	<u>23</u>	hrs min.

## 9. Exact Occupation Housewife Did this work for life \_\_\_\_\_ yrs.

## 10. Industry or Business Own home Date last worked 1942

## 11. Birthplace Houston, Texas (City or town) (State or foreign country)

## 12. Name Stone

## 13. Birthplace Unknown (City or town) (State or foreign country)

## 14. Maiden name Cranshaw

## 15. Birthplace Texas (City or town) (State or foreign country)

## 16. Informant's OWN Signature Chas May Hancock and Address Winchester, Idaho.

## 17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-11-48 (Month) (Day) (Year)

## (c) Place: Craigmont, Idaho.

## 18. Funeral Director's OWN Signature C. E. Clovis and Address Craigmont, Idaho.

## 19. (a) Aug 12, 1948 (Date received and filed) (b) W. J. Orr, M.D. (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) August 11 19 48 at 8:15 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 8-5-1948 to 8-11-1948

I last saw h. alive on 8-11 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Duration

Cerebral Hemorrhage 1 day

Due to Hypertension ?

Due to Arteriosclerosis ?

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature J. H. Collins M. D.

and Address Craigmont, Ida Date 8-12 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 13 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3020  
Local Reg. No. 583  
Reg. Dist. No. 244

## 1. PLACE OF DEATH: STATISTICS

- (a) County Idaho  
(b) City or town Stites  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 63 years 0 months 28 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Stites  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 63 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Ella Sarah Baldwin

048B

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Alfred  
6. (c) Age of husband or wife if alive 65 years  
7. Date of Birth (Month, Day, Year) July - 16 - 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>0</u>	<u>28</u>	hrs min.

9. Exact Occupation Housewife Did this work for All life yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked July, 1948  
11. Birthplace Pleasant Valley - Idaho  
(City or town) (State or foreign country)

12. Name Thomas F SENSE  
13. Birthplace Iowa  
(City or town) (State or foreign country)  
14. Maiden name Sarah Capps  
15. Birthplace Colorado  
(City or town) (State or foreign country)

16. Informant's OWN Signature Georgie Garretson  
and Address Grangeville Ida.

17. (a) Burial (b) Date thereof Aug. 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Tahoe Cem. - Kootenai

18. Funeral Director's OWN Signature Claude Thuan  
and Address Kootenai Idaho

19. (a) 8/16/48 (b) Claude Thuan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 13 1948  
at 11:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 7-15 1947, to 8-13 1948

I last saw her alive on July 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Physical depletion

## Duration

Due to Metastatic Cancer

Due to Cause of Metastasis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Exploratory Date 7-18-47

Major finding General Metastasis

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wesley J. Orr MD (M. D. or other)  
and Address Cottonwood, Idaho Date 8-15 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 30 1948

VISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3030  
Local Reg. No. 10  
Reg. Dist. No. 240

1. PLACE OF DEATH: Idaho  
(a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. General Stayed 5 days  
(g) Lived in this county 19 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City or town Winona  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) Winona, Idaho

3. (a) FULL NAME Robert Donald Killmar

3. (b) If veteran, name war No.  
5. Color or 6. (a) Single, widowed, married,  
4. Sex Male race White divorced Single  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife alive years  
7. Date of Birth March 16, 1928  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	20	4	28	hrs min.

9. Exact Occupation Farm Laborer Did this work for Life yrs.  
10. Industry or Business Date last worked 8/4/48  
11. Birthplace Winona, Idaho  
(City or town) (State or foreign country)  
Mother Father  
12. Name Alfred Killmar  
13. Birthplace Winona, Idaho  
(City or town) (State or foreign country)  
14. Maiden name June Sprague  
15. Birthplace Winona, Idaho  
(City or town) (State or foreign country)  
16. Informant's OWN Signature Alfred Killmar  
and Address Grangeville  
17. (a) Burial (b) Date thereof 8/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grangeville, Idaho  
18. Funeral Director's OWN Signature  
and Address Grangeville, Idaho  
19. (a) August 17, 1948 (b) Irma Cone  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Aug 14, 1948  
(Month, Day, Year)  
at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from August 10, 1948 to August 14, 1948  
I last saw him alive on Aug 14, 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Eczema  
Duration 4 days.

Due to Chronic Nephritis 5 years

Due to Lobar pneumonia 10 days  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? at home  
Name of operation None Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place White at work?  
Means of injury  
23. Attendant's OWN Signature J. M. Duttonary M.D.  
(M. D. or other)  
and Address Grangeville Date Aug 14, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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SEP 9 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3031  
Local Reg. No. 17  
Reg. Dist. No. 242

## 1. PLACE OF DEATH: STATISTICS

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. O.L. of C.H. Stayed 6 days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Cottonwood  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Maerchi, Sister Mary Mechtilde, O.S.B.

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race W  
4. Sex Female  
(b) Name of husband or wife \_\_\_\_\_  
6. (c) Social Security No. \_\_\_\_\_  
(a) Single, widowed, married, divorced single  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) May 29, 1863

8. AGE	Years	Months	Days	If less than 1 day
	85	2	20	hrs min.

9. Exact Occupation Teacher Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Steinerberg, Switzerland (City or town) (State or foreign country)

12. Name Francis J. Maerchi  
13. Birthplace Steinerberg, Switzerland (City or town) (State or foreign country)  
14. Maiden name Mary Anna Schiltes  
15. Birthplace Steinerberg, Switzerland (City or town) (State or foreign country)

16. Informant's OWN Signature Mother M. Eugene and Address Cottonwood Idaho

17. (a) Burial (b) Date thereof 8-21-48 (Month) (Day) (Year)  
(c) Place St. Gertrude's Cemetery

18. Funeral Director's OWN Signature Chas. M. ... and Address Cottonwood, Idaho

19. (a) 8-20-1948 (Date received and filed) (b) W. J. ... M.D. (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 18, 1948  
at 12:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 8-13 1948, to 8-18 1948  
I last saw h. alive on 8-17 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Pneumonia Duration 4 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature K. H. Collins M.D.

and Address Craigmont Ida (M. D. or other) Date 8-19 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3039  
Local Reg. No. 18  
Reg. Dist. No. 242

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home, Hospital, Institution, Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Our Lady of Consolation Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 2 months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Keuterville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME JOHN FRANCIS POXLEITNER

3. (b) If veteran, name war \*\*\*\*\* No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex male race white  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 6 1948

8. AGE	Years	Months	Days	If less than 1 day
----	<u>2</u>		<u>17</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Cottonwood, Idaho  
(City or town) (State or foreign country)

12. Name Vincent M. Poxleitner  
13. Birthplace Ferdinand, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Alma Rose Sarbacher  
15. Birthplace Ferdinand, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Vincent M. Poxleitner  
and Address Keuterville, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-23-48  
(Month) (Day) (Year)  
(c) Place: Craigmont, Idaho

18. Funeral Director's OWN Signature C. E. Clowis  
and Address Craigmont, Idaho

19. (a) 8-24-1948 (b) W. J. Doe M.D. by TB  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 23 1948  
at 11:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 8-22 1948 to 8-23 1948  
I last saw h. alive on 8-23 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Bronch Pneumonia Duration 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. H. Collins M.D.

(M. D. or other)

and Address Craigmont, Idaho Date 8-24 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 13 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **3033**  
Local Reg. No. **11**  
Reg. Dist. No. **240**

## 1. PLACE OF DEATH:

- (a) County **Idaho**  
(b) City or town **Whitebird**  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. Stayed ☐ days  
(g) Lived in this county **49** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Idaho**  
(c) City or town **Whitebird**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? **59** years  
(h) Former residence (city, state) **UTAH**

## 3. (a) FULL NAME

**LORENA I. PAINTER**

**083A**

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

## 4. Sex

**F**

Color **W**

## 6. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife

**FRED**

## 6. (c) Age of husband or wife if alive

**83** years

## 7. Date of Birth

(Month, Day, Year)

**Aug 20 - 1879**

## 8. AGE

Years

Months

Days

If less than 1 day

**69**

**0**

**11**

hrs

min.

## 9. Exact Occupation

**Housewife**

## Did this work for

**Life** yrs.

## 10. Industry or Business

## Date last worked

## 11. Birthplace

**MINERSVILLE, Utah**

## 12. Name

**ROBERT GRIFFITH**

## 13. Birthplace

**CLAY CO. MO.**

## 14. Maiden name

**Alving ZABRISKI**

## 15. Birthplace

**Utah**

## 16. Informant's OWN Signature

**L. B. Painter**

## and Address

**WHITE BIRD IDAHO**

## 17. (a)

(Burial, cremation, or removal)

## (b) Date thereof

**9-2-48**

## (c) Place:

**WHITE BIRD Idaho**

## 18. Funeral Director's OWN Signature

**James A. Tolson**

## and Address

**Washington D.C.**

## 19. (a)

(Date received and filed)

## (b)

(Registrar's signature)

**Sept 2 1948**

**Isma Cone**

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

**Aug 31**

**19**

at **1:30** o'clock

**P** M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**19**

to

**19**

I last saw h. **alive** on **19**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Cerebral Hemorrhage**

## Duration

Due to **Heart Condition**

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

## Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **19** City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

## 23. Attendant's OWN Signature

**James A. Tolson**

(M. D. or other)

and Address **Washington D.C.**

Date **9/2** 19**48**

(For additional space, use reverse side)

48-9574

148

3034

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 10 1947

## Certificate of Death

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF DEATH: **Jefferson**
- (a) County **Jefferson**
- (b) City or town **Rigby**
- (c) Street Address or R.F.D. No. **Dubois Star R.**
- (d) Death Occurred Inside? **X** Outside? ..... city or town
- (e) Died in a Home ..... Hospital **X** Institution ..... Other place
- (f) Name Hosp. or Inst. **McKee Nat.** Stayed **1** days
- (g) Lived in this county ..... years ..... months **1** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Jefferson**
- (c) City or town **Rigby**
- (d) Street Address or R.F.D. No. **219 No. State**
- (e) Deceased lived Inside? **X** Outside? ..... city or town
- (f) Citizen of what country? **U.S.A.**
- (g) How long had deceased lived in Idaho? **1 day xxx**
- (h) Former residence (city, state) **None**

3. (a) FULL NAME **WILLIE DICK LOWE.**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**
4. Sex **Male** 5. Color or race **White**
6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years

7. Date of Birth (Month, Day, Year) **July 28, 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>1</b>	hrs. min.

9. Exact Occupation **Babe** Did this work for **X** yrs.
10. Industry or Business **X** Date last worked **X**
11. Birthplace **Rigby, Idaho.**

12. Name **Daniel Wesley Lowe.**
13. Birthplace **Idaho Falls, Idaho.**

14. Maiden name **Loveda Butt.**
15. Birthplace **Idaho Falls, Idaho.**

16. Informant's OWN Signature **Daniel W. Lowe**
- and Address **Dubois, Idaho. Star R.**

17. (a) **burial** (b) Date thereof **7/30/48**
- (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place **Grant, Idaho.**

18. Funeral Director's OWN Signature **C. B. Eckersall**
- and Address **Rigby, Idaho.**

19. (a) **Sept 6 1948** (b) **Mrs. A. B. Eckersall**
- (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **July 28 19 48**
- (Month, Day, Year) at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h. .... alive on ..... 19 .....

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: ..... Duration

Due to **Premature Birth** **19 hrs.**

Due to **Stillbirth 7 mos.**

Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation **none** Date .....  
Major finding .....  
Finding of autopsy **none**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? ..... Suicide? ..... Homicide? .....
- Occurred ..... 19 ..... City, county, state where violence occurred .....
- Place of Violence: Home ..... Farm ..... Industry .....
- Public Place ..... While at work? .....

Means of injury **Asail Fall, m.d.**

23. Attendant's OWN Signature **Rigby, Idaho** (M. D. or other)
- and Address **Rigby, Idaho** Date **July 31 19 48**
- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 1 1947

**Certificate of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

48  
State File No. 3035  
Local Reg. No. 9  
Reg. Dist. No. 640

1. PLACE OF DEATH: Jefferson  
(a) County: Jefferson  
(b) City or town: Rigby  
(c) Street Address or R.F.D. No. 350 Idaho Ave.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 41 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No. 350 Idaho Ave.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Utah.

3. (a) FULL NAME MARY ELLEN CHILDS.

3. (b) If veteran, name war ☒ 3. (c) Social Security No. ☒  
4. Sex F.M. 5. Color of race white  
6. (a) Single, widowed, married divorced  
6. (b) Name of husband or wife John Henry  
6. (c) Age of husband or wife if alive 79 years

7. Date of Birth (Month, Day, Year) Feb. 14, 1869

8. AGE	Years	Months	Days	If less than 1 day
	79	5	15	hrs. min.

9. Exact Occupation Housewife Did this life work for yrs.  
10. Industry or Business Home Date last worked 7/28/48  
11. Birthplace Union, Utah. (City or town) (State or foreign country)

12. Name Bartran Helm. (City or town) (State or foreign country)  
13. Birthplace Unknown. (City or town) (State or foreign country)  
14. Maiden name Emily J. Griffin  
15. Birthplace Sheboygen, Wisconsin. (City or town) (State or foreign country)

16. Informant's OWN Signature Edith Rumsey  
and Address Idaho Falls, Idaho. R. #1

17. (a) burial (b) Date thereof 7/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Rigby, Idaho.

18. Funeral Director's OWN Signature E. B. Rigby  
and Address Rigby, Idaho.

19. (a) Sept 6 1948 (b) Registrar's signature E. B. Rigby  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 29 1948  
(Month, Day, Year)  
at 12:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from July 28, 1948  
at 19 to July 29, 1948  
I last saw her alive on July 28, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic pneumonia 3 hrs.

Due to Cerebral hemorrhage 5 hrs.

Due to Hypertension ?

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho.

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature E. B. Rigby M.D.

and Address Rigby, Idaho Date 7-30-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 30 1948

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1048  
State File No. 3036  
Local Reg. No. 3  
Reg. Dist. No. 640

## 1. PLACE OF DEATH:

- (a) County. Jefferson  
(b) City or town. Rigby  
(c) Street Address or R.F.D. No. Rt. #2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home. X Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. Stayed. days  
(g) Lived in this county. 45 years months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Jefferson  
(c) City or town. Rigby  
(d) Street Address or R.F.D. No. Rt. #2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Salt Lake City, Ut.

## 3. (a) FULL NAME Alice May Quinton Hanks

3. (b) If veteran, name war X 3. (c) Social Security No. X  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Ebonezer J. Hanks 6. (c) Age of husband or wife if alive 83 years

7. Date of Birth (Month, Day, Year) July 28, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>0</u>	<u>3</u>	hrs. min.

9. Exact Occupation. Housewife Did this work for. Life yrs.  
10. Industry or Business. X Date last worked. 11- -47  
11. Birthplace. England (City or town) (State or foreign country)

12. Name George Quinton (City or town) (State or foreign country)  
13. Birthplace. England (City or town) (State or foreign country)  
14. Maiden name Elizabeth Riggs  
15. Birthplace. England (City or town) (State or foreign country)

16. Informant's OWN Signature. Mrs. A. P. Smith  
and Address. Rigby Idaho.

17. (a) Burial (b) Date thereof. 8-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place. Pioneer Cemetery

18. Funeral Director's OWN Signature. C. B. Eckersell  
and Address. Rigby Idaho.

19. (a) 8/15/48 (b) Mrs. A. P. Smith  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 1, 1948  
at 7:45 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from July 1946 to Aug. 1, 1948  
I last saw her alive on Aug. 1, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Arterial fibrillation 2 yrs.

Due to Hypertension 10 yrs.

Due to Other conditions.  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation. none Date.

Major finding. none

Finding of autopsy. none

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred. 19. City, county, state

where violence occurred.

Place of Violence: Home Farm. Industry.

Public Place While at work?

Means of injury. Assault

23. Attendant's OWN Signature. Assault Hall m.d.  
(M. D. or other)

Address. Rigby, Idaho Date Aug. 5, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Service Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

AUG 30 1948

STATE OF IDAHO

State File No. 3037  
Local Reg. No. 6  
Reg. Dist. No. 640

1. PLACE OF DEATH: **Jefferson**
- (a) County **Jefferson**
- (b) City or town **Rigby**
- (c) Street Address or R.F.D. No. **219 No. State**
- (d) Death Occurred Inside? ☒ Outside? ☐ city or town
- (e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place
- (f) Name Hosp. or Inst. **McKee Nat** Stayed **2** days
- (g) Lived in this county **years** months **2** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Jefferson**
- (c) City or town **Rigby**
- (d) Street Address or R.F.D. No. **219 No. State**
- (e) Deceased lived Inside? ☒ Outside? ☐ city or town
- (f) Citizen of what country? **U.S.A?**
- (g) How long had deceased lived in Idaho? **2 days** years
- (h) Former residence (city, state) **None.**

3. (a) FULL NAME **CLAIR ASPER**
3. (b) If veteran, name war **X**
3. (c) Social Security No. **X**
4. Sex **Male** 5. Color or race **White**
6. (b) Name of husband or wife **X**
6. (c) Age of husband or wife if alive **X** years

7. Date of Birth (Month, Day, Year) **August 3, 1948**

AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>2</b>	hrs. min.

9. Exact Occupation **Babe** Did this work for **X** yrs.
10. Industry or Business **X** Date last worked **X**
11. Birthplace **Rigby, Idaho.**

12. Name **Claude William Asper.**
13. Birthplace **Harrisville, Utah.**
14. Maiden name **Donetta Schult**
15. Birthplace **Cotton, Idaho.**

16. Informant's OWN Signature **Claude Asper**

and Address **Lorenzo, Idaho. R. #1**

17. (a) **burial** (b) Date thereof **8/6/48**
- (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place **Annis, Idaho.**

18. Funeral Director's OWN Signature **C. B. Ebernell**

and Address **Rigby, Idaho.**

19. (a) **8/15/48** (b) **Mr. C. B. Ebernell**
- (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **August 4, 1948**

(Month, Day, Year) at **10:00** o'clock **P.** M.

21. I HEREBY CERTIFY That I attended deceased from **August 2, 1948** to **August 4, 1948**
- I last saw h. **im** alive on **8-4** 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac Failure** Duration

Due to **Prematurity (5 1/2 Mo)**

Due to **?**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **Clifford B. Fisher MD**

(M. D. or other)

and Address **Rigby, Ida** Date **8-8-48**

(For additional space, use reverse side)

PHYSICIAN Underline the cause to which death should be charged statistically.



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**AUG 30 1948 Certificate of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948 State File No. **3038**  
Local Reg. No. **7**  
Reg. Dist. No. **640**

**1. PLACE OF DEATH:**

- (a) County **Jefferson**  
(b) City or town **Clark**  
(c) Street Address or R.F.D. No. **2** **Rigby**  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **St. Mary's** Stayed **25** days  
(g) Lived in this county **25** years **0** months **0** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Jefferson**  
(c) City or town **Clark**  
(d) Street Address or R.F.D. No. **2** **Rigby**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **53** years  
(h) Former residence (city, state) **Shelton, Ida**

**3. (a) FULL NAME**

**RAYMOND PETERSON**

**3. (b) If veteran, name war**

**3. (c) Social Security No.**

5. Color or  
4. Sex **Male** race **White**

6. (a) Single, widowed, married,  
divorced **married**

6. (b) Name of husband or wife  
**Mary E.**

6. (c) Age of husband or wife if  
alive **48** years

7. Date of Birth  
(Month, Day, Year) **June 23, 1895**

8. AGE	Years	Months	Days	If less than 1 day
	<b>53</b>	<b>1</b>	<b>15</b>	hrs. min.

9. Exact Occupation **Farming** Did this work for **life** yrs.

10. Industry or Business **Farm** Date last worked **8/7/48**

11. Birthplace **Milo, Idaho.**  
(City or town) (State or foreign country)

12. Name **Otto Peterson.**  
(City or town) (State or foreign country)

13. Birthplace **Sweden.**  
(City or town) (State or foreign country)

14. Maiden name **Mary Rachel Coles.**  
(City or town) (State or foreign country)

15. Birthplace **Cedar City, Utah.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Otto Peterson**  
and Address **Rigby, Idaho. R. #2**

17. (a) **burial** (b) Date thereof **8/11/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Rigby, Idaho.**

18. Funeral Director's OWN Signature **A. Becknell**  
and Address **Rigby, Idaho.**

19. (a) **8/15/48** (b) **Mrs. A. Becknell**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **August 7** 19 **48**  
(Month, Day, Year) at **2:50** o'clock **P**.M.

21. I HEREBY CERTIFY, That I attended deceased from **8/7** to **8/7** 19 **48**  
I last saw h. **Deceased** on **8/7** 19 **48**;  
death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

**Coronary Occlusion**

**Duration**

**30 minutes**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted? **At Home**

Name of operation **None** Date.....

Major finding **None**

Finding of autopsy **None**

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state  
where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature **Dean Tall, M.D.**  
(M. D. or other)

and Address **Rigby, Idaho.** Date **8/7** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 30 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3039  
Local Reg. No. 8  
Reg. Dist. No. 690

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Rigby  
(c) Street Address or R.F.D. No. #2  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 30 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho?    years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Margarett Ellen Spracher

## 3. (b) If veteran,

name war   

## 3. (c) Social Security

No.   

5. Color or    6. (a) Single, widowed, married, divorced Widowed

4. Sex Female race White  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

## 7. Date of Birth

(Month, Day, Year) Sept. 27, 1864

## 8. AGE

Years 83

Months 10

Days 24

If less than 1 day  
hrs min.

9. Exact Occupation Housewife Did this work for    yrs.

10. Industry or Business    Date last worked

11. Birthplace Far West, Utah  
(City or town) (State or foreign country)

12. Name Robert Fisher

13. Birthplace England  
(City or town) (State or foreign country)

14. Maiden name Elizabeth Bretton

15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature George Radford

- and Address Rigby, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-24-48  
(Month) (Day) (Year)

- (c) Place: Ogden Cemetery

18. Funeral Director's OWN Signature L M Nader

- and Address Shelley, Idaho

19. (a) 8-28-48 (b) M. J. O'Connell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 21 19 48  
at 3:40 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 7-27-1948 to 8-21-1948

I last saw h. or alive on 7-27-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Apoplexy Duration   

Due to Myocarditis

Due to   

Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation    Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred    19    City, county, state

where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Clifford B. Rigby  
(M. D. or other)

and Address Rigby, Idaho Date 8-24-48  
(For additional space, use reverse side)

093D

083A

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 10 1947

# Certificate of Death

STATE OF IDAHO

State File No. 3040  
Local Reg. No. 10  
Reg. Dist. No. 640

## 1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Rigby  
(c) Street Address or R.F.D. No. 158 W. 1st So.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 39 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No. 158 W. 1st So.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Lewiston, Utah.

## 3. (a) FULL NAME

ELSIE ELIZABETH ALLEN.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F.M. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Rial

6. (c) Age of husband or wife if alive 70 years

7. Date of Birth (Month, Day, Year) Jan. 17, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>7</u>	<u>13</u>	hrs. min.

9. Exact Occupation Housewife Did this work for life yrs.

10. Industry or Business Home Date last worked 8/29/48

11. Birthplace Lewiston, Utah.  
(City or town) (State or foreign country)

12. Name Isaac Preston Bright.

13. Birthplace Illinois  
(City or town) (State or foreign country)

14. Maiden name Cordelia Brower.

15. Birthplace Grantsville, Utah.  
(City or town) (State or foreign country)

16. Informant's J R Allen  
OWN Signature Rigby, Idaho.  
and Address

17. (a) burial (b) Date thereof 9/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rigby, Idaho.

18. Funeral Director's J R Allen  
OWN Signature Rigby, Idaho.  
and Address

19. (a) Sept 6 1948 (b) Mrs. A. B. Allen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 30 19 48  
at 2:10 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 14 19 46 to Aug. 30 19 48.  
I last saw h. er alive on Aug. 130 19 48.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Embolism Duration 3 days

Due to auricular fibrillation + 7w.

Due to Hypertension 8 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy none performed

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's Asael Hall m.d.  
OWN Signature Rigby, Idaho. (M. D. or other)

and Address Rigby, Idaho. Date Aug. 2 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

STATE OF IDAHO

STATE OF IDAHO

State File No. 3041

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? **X** Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **4** years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? **X** Outside? city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **18** years  
(h) Former residence (city, state) **TenSleep Wyo**

## 3. (a) FULL NAME **Mary F Anderson**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race **White**  
4. Sex **Female**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Anders C Anderson**  
6. (c) Age of husband or wife if alive **78** years

7. Date of Birth (Month, Day, Year) **May 25. 1876**

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>2</b>	<b>26</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace (City or town) **France** (State or foreign country)

12. Name **Not Known**

13. Birthplace (City or town) **France** (State or foreign country)

14. Maiden name **Not Known**

15. Birthplace (City or town) **France** (State or foreign country)

16. Informant's **\* Anderson** OWN Signature and Address **Jerome, Idaho.**

17. (a) **Burial** (b) Date thereof **Aug 25. 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Jerome, Idaho,**

18. Funeral Director's **J R Wiley** OWN Signature and Address **Jerome, Idaho**

19. (a) **Aug 25-1948** (b) **J R Wiley**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **August 21 1948**  
(Month, Day, Year) at **8:15** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **7-26-48** to **Aug 21 1948**  
I last saw him alive on **Aug 21 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Coronary Thrombosis** Duration **20 hrs.**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date  
Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's **Reuben C. Matson MD** OWN Signature (D. or other)

and Address **Jerome Ida** Date **8-24 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1548

State File No. 3042

Local Reg. No.

Reg. Dist. No.

1. PLACE OF DEATH: **Jerome**
- (a) County **Jerome**
- (b) City or town **Jerome**
- (c) Street Address or R.F.D. No.
- (d) Death Occurred Inside? ☒ Outside? ☒ city or town
- (e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place
- (f) Name Hosp. or Inst. Stayed ☐ days
- (g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Jerome**
- (c) City or town **Jerome**
- (d) Street Address or R.F.D. No.
- (e) Deceased lived Inside? ☐ Outside? ☒ city or town
- (f) Citizen of what country?
- (g) How long had deceased lived in Idaho? ☐ years
- (h) Former residence (city, state)

3. (a) FULL NAME **Pete Anderson**

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or  
4. Sex **Male** race **White**

6. (a) Single, widowed, married,  
divorced **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive ☐ years

7. Date of Birth **April 7. 1872**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>4</b>	<b>00</b>	hrs. min.

9. Exact Occupation **Retired** Did this work for ☐ yrs.

10. Industry or Business **Worked** Date last worked

11. Birthplace **Not Known**  
(City or town) (State or foreign country)

Father { 12. Name **Not Known**

13. Birthplace **"**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **"**

15. Birthplace **"**  
(City or town) (State or foreign country)

16. Informant's **Information from public assistance office**  
OWN Signature **Jerome, Co, Idaho**  
and Address

17. (a) **Burial** (b) Date thereof **Aug 6. 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Jerome, Idaho**

18. Funeral Director's **FOR Wiley**  
OWN Signature **Jerome, Idaho**  
and Address

19. (a) **Aug 3** (b) **FOR Wiley**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Aug 3** 19**48**  
(Month, Day, Year)

at ☐ o'clock ☐ M.

21. I HEREBY CERTIFY, That I attended deceased from ☐ 19 ☐ to ☐ 19 ☐

I last saw him alive on ☐ 19 ☐ ;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Coronary Thromboses** Duration

Due to **Found dead in his Cabin**

Due to

Other conditions **work**  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ☐ Date ☐

Major finding

Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state  
where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

23. Attendant's **FOR Wiley (Coroner)**  
OWN Signature **Jerome Idaho** (Date, Day, or other)

and Address **Jerome Idaho** Date **Aug 6. 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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AUG 27 1948

# Certificate of Death

1948

3043

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

## DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

### 1. PLACE OF DEATH:

- (a) County Jerome  
(b) City or town Jerome  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Spain

3. (a) FULL NAME Antonia Rosalia Oneida

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or race White  
4. Sex Female  
(b) Name of husband or wife Rupert Oneida  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive 53 years

7. Date of Birth (Month, Day, Year) Jan 12 1894

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>6</u>	<u>25</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business At Home Date last worked \_\_\_\_\_  
11. Birthplace Artiga Spain (City or town) (State or foreign country)

12. Name Joe Meave Basterrechea  
13. Birthplace Spain (City or town) (State or foreign country)  
14. Maiden name Muniatger  
15. Birthplace Spain (City or town) (State or foreign country)

16. Informant's OWN Signature Rupert Oneida  
and Address Jerome, Idaho

17. (a) Burial (b) Date thereof Aug 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Shoshone, Idaho

18. Funeral Director's OWN Signature ROR Wiley  
and Address Jerome, Idaho

19. (a) Aug 9 1948 (b) J. M. Reynolds  
(Date received and filed) (Registrar's signature)

### MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 7 1948  
at 12:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 11-19 1946 to Aug 7 1948  
I last saw h. er alive on Aug 7 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Skull fracture (Basal) Duration 30 min

Due to Fall from Truck 30 min

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation no Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Aug 7 1948 City, county, state Jerome County Idaho  
where violence occurred Jerome County Idaho  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place ✓ Road While at work? \_\_\_\_\_

Means of injury Fall from Truck  
23. Attendant's OWN Signature Heuben C. Malson MD.  
(M. D. or other) \_\_\_\_\_  
and Address Jerome Ida Date 8-9 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3044  
Local Reg. No. 143  
Reg. Dist. No. 120

1. PLACE OF DEATH: STATISTICS  
(a) County. Kootenai  
(b) City or town. Coeur d'Alene  
(c) Street Address or R.F.D. No. 1112 CDA Avenue  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. X Hospital. \_\_\_\_\_ Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county. 33 years. \_\_\_\_\_ months. \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Kootenai  
(c) City or town. Coeur d'Alene  
(d) Street Address or R.F.D. No. 1112 CDA Avenue.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Huson, Montana

3. (a) FULL NAME JOSEPH HARLEY HANRATTY

3. (b) If veteran, name war W.W. #2 3. (c) Social Security No. 518-12-3718  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced. Single  
4. Sex. Male race. White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April, 4, 1889.

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>3</u>	<u>29</u>	hrs. min.

9. Exact Occupation. Laborer Did this work for life yrs.  
10. Industry or Business. \_\_\_\_\_ Date last worked. 7/26/48.  
11. Birthplace Franktown, Montana (City or town) (State or foreign country)

12. Name. Kingston-Ontario, Canada.  
13. Birthplace. John O. Hanratty (City or town) (State or foreign country)

14. Maiden name. Winfred Meehan  
15. Birthplace. Detroit, Michigan. (City or town) (State or foreign country)

16. Informant's OWN Signature James E. Hanratty  
and Address 1112 Coeur d'Alene Ave. D.D.A.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 8/7/48. (Month) (Day) (Year)  
(c) Place. St. Thomas Cem. Coeur d'Alene, Idaho.

18. Funeral Director's OWN Signature H. J. Riplinger  
and Address Coeur d'Alene, Idaho.

19. (a) August 13, 1948 (Date received and filed) (b) W. E. Hamilton (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August, 3, 1948. 19\_\_\_\_  
at 12:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to 5-1 1948

I last saw him alive on 5-1 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Rectal Hemorrhage Duration 10 hrs.

Due to Carcinoma of Rectum ?

Due to \_\_\_\_\_

Other conditions. Alcoholism (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation. \_\_\_\_\_ Date. \_\_\_\_\_

Major finding. \_\_\_\_\_

Finding of autopsy. \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred. \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_

Public Place. \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury. \_\_\_\_\_

23. Attendant's OWN Signature William T. Wood, M.D. Coroner (M. D. or other)  
and Address C.O.A. Idaho Date 8-6 1948 (For additional space, use reverse side)

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 19 1948

# NON-RESIDENT Certificate of Death

1948 State File No. 3045  
Local Reg. No. 148  
Reg. Dist. No. 120

DIVISION OF VITAL

STATE OF IDAHO

STATISTICAL

## 1. PLACE OF DEATH:

- (a) County Montana  
(b) City or town Col'a  
(c) Street Address or R.F.D. No. 412 Pkade  
(d) Death Occurred Inside? ✓ Outside?    city or town     
(e) Died in a Home    Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county    years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Montana (b) County Pondera  
(c) City or town Conrad  
(d) Street Address or R.F.D. No. Rt #2  
(e) Deceased lived Inside?    Outside? X city or town     
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 1 day years  
(h) Former residence (city, state) Conrad Mont.

## 3. (a) FULL NAME KACK, Joanne Claire

3. (b) If veteran, name war    3. (c) Social Security No.     
4. Sex F 5. Color or W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) Nov. 22, 1943

8. AGE	Years	Months	Days	If less than 1 day
	<u>4</u>	<u>8</u>	<u>14</u>	hrs. min.

9. Exact Occupation None Did this work for    yrs.  
10. Industry None Date last worked

11. Birthplace Conrad, Montana  
(City or town) (State or foreign country)

12. Name Charles J. Kack

13. Birthplace Hibbing Minnesota  
(City or town) (State or foreign country)

14. Maiden name Freda Morhardt

15. Birthplace Agawam, Montana  
(City or town) (State or foreign country)

16. Informant's OWN Signature Joe Zack

and Address Conrad, Montana

17. (a) Removal    (b) Date thereof 8-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Conrad, Montana

18. Funeral Director's OWN Signature Don English

and Address Coeur d'Alene, Idaho

19. (a) Aug 8, 1948 (b)     
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 6, 1948  
at 7:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from    to     
Did not.

I last saw h.    alive on    19   ;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured right Femur Duration     
Internal crushing injury.

Due to     
Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide?    Homicide?     
Occurred August 6, 1948 City, county, state Conrad, Pondera, Idaho.  
where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place Highway While at work?     
Means of injury Struck by a truck.

23. Attendant's OWN Signature William T. Wood, M.D., Coroner  
(M. D. or other)

and Address Conrad, Idaho Date 8-7, 1948  
(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically.



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NON-RESIDENT

3046

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 19 1948

Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

149  
120

1. PLACE OF DEATH:

- (a) County. KOOTENAI  
(b) City or town. COEUR D' ALENE  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. LAKE CITY GEN Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State. COLORADO (b) County \_\_\_\_\_  
(c) City or town. COLORADO SPRINGS  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) COLORADO SPRINGS, COLO.

3. (a) FULL NAME MATHRYN FRANCES PHILLIPS

3. (b) If veteran, name war NONE 3. (c) Social Security No. 522-09-7418  
4. Sex FEMALE Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED  
6. (b) Name of husband or wife HOMER ALBERT 6. (c) Age of husband or wife if alive 50 years  
7. Date of Birth (Month, Day, Year) SEPTEMBER 10, 1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>11</u>	<u>21</u>	hrs. min.

9. Exact Occupation Restaurant WORKER Did this work for LIFE yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1948  
11. Birthplace KANSAS CITY, MISSOURI (City or town) (State or foreign country)  
Father { 12. Name WILLIAM MALCOM  
13. Birthplace KANSAS CITY MISSOURI (City or town) (State or foreign country)  
Mother { 14. Maiden name FRANCES PARKER  
15. Birthplace MISSOURI (City or town) (State or foreign country)

16. Informant's OWN Signature Thomer a Phillips  
and Address 15 LOCUST ST. COEUR D' ALENE, IDAHO

17. (a) BURIAL (b) Date thereof 8/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place FOREST CEMETERY COEUR D' ALENE, IDAHO

18. Funeral Director's OWN Signature J. H. Ciplinger  
and Address COEUR D' ALENE, IDAHO

19. (a) Aug 18, 1948 (b) Myrtle Hamilton  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH AUGUST 9 1948  
(Month, Day, Year) at 12:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1948, to Aug 9, 1948.  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Industrial obstruction by  
accidental thrombosis  
Due to Arteriosclerosis

Duration

5 days -  
15 yrs.

Due to Peritonitis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Intestinal Peritonitis  
Major finding Perforated small  
Finding of autopsy Intestine

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
Attendant's OWN Signature R. H. Barker M.D.  
(M.D. or other) \_\_\_\_\_  
and Address Coeur d'Alene, Idaho Date 8-11 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 19 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 3047

Local Reg. No. 147

Reg. Dist. No. 120

1. PLACE OF DEATH: **Kootenai**
- (a) County **Kootenai**
- (b) City or town **Coeur d'Alene**
- (c) Street Address or R.F.D. No. **412 Lakeside**
- (d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. **LCG Hosp** Stayed **8** days
- (g) Lived in this county **30** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Kootenai**
- (c) City or town **Rose Lake**
- (d) Street Address or R.F.D. No. \_\_\_\_\_
- (e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? **USA**
- (g) How long had deceased lived in Idaho? **43** years
- (h) Former residence (city, state) **Sweden**

3. (a) FULL NAME **CARLSON, Mildred**

3. (b) If veteran name was **Frank R.**
3. (c) Social Security No. **72**
5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Frank R.**
6. (c) Age of husband or wife if alive **72** years
7. Date of Birth (Month, Day, Year) **Aug. 14, 1874**

8. AGE	Years	Months	Days	If less than 1 day
	<b>73</b>	<b>11</b>	<b>27</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **40** yrs.
10. Industry or Business **Own Home Sweden** Date last worked **1947**
11. Birthplace (City or town) (State or foreign country)

12. Name **Unknown**
13. Birthplace (City or town) (State or foreign country) **Sweden**

14. Maiden name **Unknown**
15. Birthplace (City or town) (State or foreign country) **Sweden**

16. Informant's OWN Signature **Frank Carlson**
- and Address **Rose Lake, Idaho**

17. (a) **Burial** (b) Date thereof **8-14-48**
- (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place **Rose Lake, Idaho**

18. Funeral Director's OWN Signature **Don English**
- and Address **Coeur d'Alene, Idaho**

19. (a) **Aug 18, 1948** (b) **W. J. Hamilton**
- (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **8-11-48**
- at **9:45** o'clock **A** M.
21. I HEREBY CERTIFY, That I attended deceased from **July 17** to **Aug 11** 19 **48**

I last saw her alive on **Aug 11** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral hemorrhage** Duration **7 days**

Due to **Hypertension** **3 years**

Due to **Chronic Endocarditis** **10 years**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_
- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_
- Means of injury \_\_\_\_\_
23. Attendant's OWN Signature **Frank Carlson M. D.** (M. D. or other)
- and Address **Coeur d'Alene** Date **Aug 13, 1948**
- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 26 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3048

Local Reg. No. 157

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 1008 Hasting Ave.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 31 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 1008 Hasting Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) St. Maries, Idaho.

## 3. (a) FULL

NAME BERNARD ROBERT BRETZ

## 3. (b) If veteran, name war

X

## 3. (c) Social Security No.

X

## 5. Color or

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

Estella Grace

6. (c) Age of husband or wife if alive 66 years

## 7. Date of Birth

(Month, Day, Year) May, 30, 1871.

## 8. AGE

Years

Months

Days

If less than 1 day

77

2

13

hrs.

min.

## 9. Exact

Occupation Lumberman

Did this

work for life yrs.

## 10. Industry or

Business

Date last

worked 1935

## 11. Birthplace

Bauler, Germany

(City or town)

(State or foreign country)

## 12. Name

John Bretz

## 13. Birthplace

Germany

(City or town)

(State or foreign country)

## 14. Maiden name

Katherine Reichert

## 15. Birthplace

Germany

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Estella J. Bretz

and Address 1008 Hasting Ave. Coeur d'Alene

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 8/18/48

(Month)

(Day)

(Year)

(c) Place Forest Cemetery Coeur d'Alene, Idaho.

## 18. Funeral Director's

OWN Signature J. H. Ciplinger

and Address Coeur d'Alene, Idaho.

## 19. (a)

Aug 24, 48

(Date received and filed)

## (b)

Mary Hamilton

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August, 13, 1948. 19 \_\_\_\_\_

at 8:00 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion

## Duration

14 hours

Due to Coronary Occlusion

12 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_

Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the

cause to which

death should

be charged

statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature R. H. Banker M.D.

(M.D. or other)

and Address Coeur d'Alene, Idaho 8-17-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 26 1948

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3049  
Local Reg. No. 153  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **912 9th St**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county? **?** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **912 9th St**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **18** years  
(h) Former residence (city, state) **Colbert Wn**

## 3. (a) FULL NAME

**SNYDER, Wayne**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex **M** race **W**

5. Color or

6. (a) Single, widowed, married, divorced **Single**

6 (b) Name of husband or wife **|||||**

6. (c) Age of husband or wife if alive **|||||** years

7. Date of Birth  
(Month, Day, Year) **About 1888**

8. AGE	Years	Months	Days	If less than 1 day
<b>About 60</b>				hrs. min.

9. Exact Occupation **Unknown** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Unknown** Date last worked \_\_\_\_\_

11. Birthplace **Iowa**  
(City or town) (State or foreign country)

12. Name **Unknown**

13. Birthplace **Unknown**  
(City or town) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Don English**

and Address **Coeur d'Alene, Idaho**

17. (Burial, cremation, or removal) **Burial** (b) Date thereof **8-17-48**  
(Month) (Day) (Year)

(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**

and Address **Coeur d'Alene, Idaho**

19. (a) **Aug 24, 1948** (b) **Mary C. Hamilton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **8-14-48**  
(Month, Day, Year) at **12:30** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **Did not** 19\_\_\_\_ to 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **probable Coronary Occlusion** Duration **?**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred. \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendants OWN Signature **William T. W. M. D. Brown**

and Address **CDA, Idaho** Date **8-14-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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National Office of Vital Statistics

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# Certificate of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

1948

State File No.

30511

Local Reg. No.

156

Reg. Dist. No.

120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lksde  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. LCG Hosp Stayed 1 days  
(g) Lived in this county 41 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. Rt # 3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Wisc

## 3. (a) FULL NAME HODGE, Clyde C.

3. (b) If veteran, name war World 1 & 11 3. (c) Social Security No. 518-03-0501  
5. Color or M race W  
4. Sex M divorced Married  
6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive 55 years  
7. Date of Birth May 5, 1894  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>3</u>	<u>10</u>	hrs. min.

9. Exact Occupation Printer Did this work for 40 yrs.  
10. Industry or Business Cd'A Press Date last worked 8-14-48  
11. Birthplace Iron River, Wisc.  
(City or town) (State or foreign country)

- Father { 12. Name Wm. C. Hodge  
13. Birthplace New York  
(City or town) (State or foreign country)

- Mother { 14. Maiden name Clara A. Middlebrook  
15. Birthplace Blue Earth, Minn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Clyde C. Hodge  
and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 8-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Forest Cem. Cd'A, Idaho

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) Aug 24, 1948 (b) Mary E. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 8-15-48  
(Month, Day, Year) 19\_\_\_\_\_  
at 11:45 o'clock P M.  
21. I HEREBY CERTIFY, That I attended deceased from 8-5-48  
19\_\_\_\_\_, to 8-15-48 19\_\_\_\_\_.  
I last saw him alive on 8-15-48 19\_\_\_\_\_.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Medullary Failure Duration \_\_\_\_\_

Due to Cerebral hemorrhage 4 hrs.

Due to Hypertensive cardio-vascular 1 yr.

Other conditions Renal disease  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_\_. City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature CG Barclay M.D.  
(M D or other) Coeur d'Alene Date 8-16 1948  
and Address \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 19 1948

Certificate of Death

STATE OF IDAHO

1948 State File No. 3051  
Local Reg. No. 150  
Reg. Dist. No. 12d

DIVISION OF VITAL

1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 415 Park Drive  
(d) Death Occurred Inside? X Outside?        city or town         
(e) Died in a Home        Hospital        Institution        Other place         
(f) Name Hosp. or Inst. Lake City Stayed 1 days  
(g) Lived in this county 40 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 415 Park Drive  
(e) Deceased lived Inside? X Outside?        city or town         
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) none

3. (a) FULL NAME

RAYMOND EARL DEROSHIA

3. (b) If veteran, name war X

3. (c) Social Security No. NONE

5. Color or White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) July, 12, 1908

8. AGE	Years	Months	Days	If less than 1 day
	40	1	3	hrs. min.

9. Exact Occupation None (Disabled) Did this work for X yrs.

10. Industry or Business        Date last worked       

11. Birthplace Coeur d'Alene, Idaho (City or town) (State or foreign country)

12. Name Harry Deroshia

13. Birthplace Shebougian, Michigan (City or town) (State or foreign country)

14. Maiden name Nellie Haroldson

15. Birthplace Scolfield, Wisconsin (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Ewart Johnson and Address 415 Park Drive Coeur d'Alene, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/48 (Month) (Day) (Year)

(c) Place Forest Cemetery Coeur d'Alene, Idaho

18. Funeral Director's OWN Signature A. Ciplinger and Address Coeur d'Alene, Idaho

19. (a) Aug 18, 1948 (Date received and filed) (b) Mary E. Hamilton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August, 15, 1948 19 48  
at 6:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1940 19 40 to Aug 15 19 48  
I last saw him alive on Aug 15 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Epileptic attack  
Respiratory encephalitis  
Due to thoracic 1 day.

Due to Encephalitis thoracica 1940  
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation        Date         
Major finding         
Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state         
where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?       

Means of injury         
23. Attendant's OWN Signature John O'Leary (M. D. or other)  
and Address Coeur d'Alene Date Aug 17 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 26 1948

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 3052  
State File No. \_\_\_\_\_  
Local Reg. No. 125  
Reg. Dist. No. 120

1. PLACE OF DEATH: Kootenai  
(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 1321 Lksde  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. New Home Hosp. 1 days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 711 Cd'A Ave  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Spokane, Wash.

3. (a) FULL NAME MILLS, Ada Mae

3. (b) If veteran name was \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F Color W 5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 22, 1878

8. AGE	Years	Months	Days	If less than 1 day
	70	2	22	hrs. min.

9. Exact Occupation Housewife Did this work for 50 yrs.  
10. Industry or Business Own Home Date last worked 4-1-48  
11. Birthplace St Cloud, Minnesota (City or town) (State or foreign country)

12. Name Father Jacob H. Orton  
13. Birthplace Canada (City or town) (State or foreign country)

14. Maiden name Mother Mary Dunn  
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Sherill D. Mills  
and Address Coeur d'Alene, Idaho

17. (a) Removal (b) Date thereof 8-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Spokane, Washington

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) Aug 24, 1948 (b) Mary Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 8-16-48  
(Month, Day, Year) at 10:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Multiple myeloma Duration 6 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature William T. Wood, M.D.

(M. D. or other)

and Address CDA, Idaho Date 8-18, 1948.

(For additional space, use reverse side)

PHYSICIAN  
Underline the  
cause to which  
death should be  
charged  
statistically

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
AUG 26 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3053  
Local Reg. No. 152  
Reg. Dist. No. 120

## 1. PLACE OF DEATH: STATISTICS

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lksde  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. ICG Hosp Stayed 2 days  
(g) Lived in this county 21 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 4931 Sherman  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) Kingsley, Iowa

## 3. (a) FULL NAME WILSON, Clayton W.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex M Color or W race \_\_\_\_\_  
5. (b) Name of husband or wife Elizabeth 5. (c) Age of husband or wife if alive 73 years  
6. (a) Single, widowed, married, divorced Married  
7. Date of Birth (Month, Day, Year) Oct 1, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>10</u>	<u>17</u>	hrs. min.

9. Exact Occupation Druggist Did this work for 60 yrs.  
10. Industry or Business Own Store Date last worked 1942  
11. Birthplace Ontario Canada  
(City or town) (State or foreign country)

12. Name Ira Wilson  
13. Birthplace Ontario, Canada  
(City or town) (State or foreign country)

14. Maiden name Oliva Wilson  
15. Birthplace Ontario, Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature Victor C. Wilson  
and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 8-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Forest Cem. Cd'A, Idaho

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) Aug 24, 1948 (b) Myr. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8-18-48 19 48  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 40 to Aug 18 19 48  
I last saw him alive on Aug 17 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Broncho pneumonia  
Due to hypostatic 2 dy.  
Due to cerebral arteriosclerosis  
Other conditions 13 years  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John O Mead M.D.  
(M.D. or other)  
and Address Coeur d'Alene, Idaho Date Aug 20, 1948  
(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

1948

State File No. 3054

Local Reg. No. 158

Reg. Dist. No. 120

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 4 1948 Certificate of Death

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lksde  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. LCG Hosp. Stayed 4 days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 611 Hubbard  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Walla Walla, Wn.

3. (a) FULL NAME JOHNSON, Dora

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife William Stolta 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Feb. 22, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>6</u>	<u>3</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 50 yrs.  
10. Industry or Business Own Home Date last worked 8-15-48  
11. Birthplace Germany (City or town) (State or foreign country)

- Father { 12. Name William Stolta  
13. Birthplace Germany (City or town) (State or foreign country)  
Mother { 14. Maiden name Unknown  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Mable Acton  
and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 8-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Forest Cem. Cd'A, Idaho

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) Sept 1, 1948 (b) Marie J. Hamilton  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 8-25-48  
(Month, Day, Year) at 8:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Carcinoma of liver with  
Due to metastasis to lung 6 mo.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Onykested M S  
(M. D. or other) \_\_\_\_\_

and Address Coeur d'Alene, Idaho Date Sept 1, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 4 1948

# Certificate of Death

VISION OF VITAL  
STATISTICS

STATE OF IDAHO

1948  
State File No. 3055  
Local Reg. No. 157  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **404 15th St**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **2** years **3** months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **404 15th St**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **2** years  
(h) Former residence (city, state) **Vancouver, B.C.**

## 3. (a) FULL NAME

**MCDONALD, Duncan J.**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **Feb. 22, 1871**

8. AGE	Years	Months	Days	If less than 1 day
	<b>77</b>	<b>6</b>	<b>3</b>	hrs. min.

9. Exact Occupation **Grocer** Did this work for **20** yrs.

10. Industry or Business **Own Store** Date last worked **1940**

11. Birthplace **Ontario, Canada**  
(City or town) (State or foreign country)

12. Name **Archibald McDonald**

13. Birthplace **Ontario Canada**  
(City or town) (State or foreign country)

14. Maiden name **Henrietta McMillan**

15. Birthplace **Ontario Canada**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mary McDonald**

and Address **Coeur d'Alene, Idaho**

17. (a) **Burial** (b) Date thereof **8-27-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **St Thomas Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**

and Address **Coeur d'Alene, Idaho**

19. (a) **Sept 1, 1948** (b) **Mary McDonald**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **8-25-48**  
(Month, Day, Year) \_\_\_\_\_ 19\_\_\_\_  
at **1:15** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **5-21** 19**48** to **8-25** 19**48**.  
I last saw him alive on **8-16-48** 19\_\_\_\_.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Carcinoma, pancreas.**

## Duration

**1 yr ±**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **Carcinoma, pancreas**  
**hepatic metastases**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Howard S. Hughes MD**

(M. D. or other) \_\_\_\_\_

and Address **Coeur d'Alene** Date **8-27-48**

(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 13 1948

# Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL

NON-RESIDENT

State File No. 3056

Local Reg. No. 167

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. W Lskeshore  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash. (b) County Spokane  
(c) City or town Spokane  
(d) Street Address or R.F.D. No. ☐  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) Spokane, Wn.

3. (a) FULL NAME SARGENT, Joel E.

3. (b) If veteran, name war World War 11

3. (c) Social Security No. 539-10-3971

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife ??????????

6. (c) Age of husband or wife if alive ?????????? years

7. Date of Birth (Month, Day, Year) Nov. 22, 1903

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>9</u>	<u>4</u>	hrs. min.

9. Exact Occupation Unknown Did this work for ☐ yrs.

10. Industry or Business Unknown Date last worked ☐

11. Birthplace Spokane, Washington (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Don English Source Enlisted Record and Address Coeur d'Alene, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-48 (Month) (Day) (Year)

(c) Place Forest Cem. Cd'A, Idaho

18. Funeral Director's OWN Signature Don English and Address Coeur d'Alene, Idaho

19. (a) Sept 9, 1948 (Date received and filed) (b) Mary S. Campbell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8-26-48 at App. 8:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. live on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gunsbot frontal lobe of brain Duration ?

Due to ?

Due to ?

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ?

Name of operation ? Date ?

Major finding ?

Finding of autopsy ?

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ? Suicide? yes Homicide? ?

Occurred 8-26-48 1948 City, county, state

where violence occurred Coeur d'Alene, Idaho

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☒ While at work? ☐

Means of injury Gunsbot

23. Attendant's OWN Signature William T. Hall, M.D. Coroner (M. D. or other)

and Address CDA, Idaho Date 9-1-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use 'BLACK' for BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 4 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3057  
Local Reg. No. 160  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Lake City Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 14 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Snohomish  
(c) City or town Monroe  
(d) Street Address or R.F.D. No. Rt. # 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 14 days years \_\_\_\_\_  
(h) Former residence (city, state) Granite Falls, Wn.

## 3. (a) FULL NAME

RAYMOND LEONARD ROSS

3. (b) If veteran, name war World War II

3. (c) Social Security No. 536-07-6692

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife June Ross

6. (c) Age of husband or wife if alive 24 years

7. Date of Birth (Month, Day, Year) November, 3, 1915.

8. AGE	Years	Months	Days	If less than 1 day
	32	9	23	hrs. min.

9. Exact Occupation Laborer Did this work for life yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 8/25/48.

11. Birthplace Granite Falls, Washington. (City or town) (State or foreign country)

12. Name Herman Ross

13. Birthplace Granite Falls, Washington. (City or town) (State or foreign country)

14. Maiden name Mattie Paker

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. June Ross and Address Rt. #2 Monroe, Washington.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/28/48. (Month) (Day) (Year)

(c) Place Monroe, Washington.

18. Funeral Director's OWN Signature J. E. Kasper and Address Coeur d'Alene, Idaho.

19. (a) Sept. 1, 1948 (Date received and filed) (b) Mary E. Summerton (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August, 26, 1948. 19\_\_\_\_  
at 6:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 25 1948, to Aug 26 1948.

I last saw him alive on Aug 26 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage and contusion Duration \_\_\_\_\_

Due to Skull fracture

Due to Fall from tree

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? No Homicide? No

Occurred Aug 25 1948 City, county, state where violence occurred Thur. Hayden Lake

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? Yes

Means of injury Fall from tree

23. Attendant's OWN Signature J. E. Kasper (M. D. or other) and Address 609 Sherman, C.A.B. Date Aug 28, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 13 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 3058  
Local Reg. No. 166  
Reg. Dist. No. 120

1. PLACE OF DEATH: **Kootenai**  
(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **412 Lakeside**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **LCG Hosp.** Stayed **7** days  
(g) Lived in this county **14** years **14** months **14** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Wash.** (b) County **Whitman**  
(c) City or town **Pullman**  
(d) Street Address or R.F.D. No. **500 Morgan**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **20** years  
(h) Former residence (city, state) **Ojo, Colorado**

3. (a) FULL NAME **PARKISON, Margaret Moser**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**  
4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Wayne** 6. (c) Age of husband or wife if alive **28** years

7. Date of Birth (Month, Day, Year) **Dec. 31, 1920**

8. AGE	Years	Months	Days	If less than 1 day
	<b>27</b>	<b>7</b>	<b>30</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **8** yrs.  
10. Industry or Business **Own Home** Date last worked **8-24-48**

11. Birthplace **Ojo, Colorado**  
(City or town) (State or foreign country)

Father { 12. Name **Edwin D. Moser**

13. Birthplace **Audubon, Iowa**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Mattie Hughes**

15. Birthplace **Streeter, Illinois**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Wayne M. Parkison**  
and Address **Pullman, Washington**

17. (a) ~~Place of Burial~~ Date thereof **9-2-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Forest Cam. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Dor English**  
and Address **Coeur d'Alene, Idaho**

19. (a) **Sept 9, 1948** (b) **Mary E. Hamu**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **8-30-48**  
(Month, Day, Year) 19 **48**  
at **8:15** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **8/24/48**  
at **8:15** to **8/30/48**  
I last saw him alive on **8/30** 19 **48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Intestinal Strangulation** Duration **1 day**  
Due to **Post-operative adhesions** **8 months**  
Due to **Other conditions**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Operation** Date **7/26/48**  
Name of operation **Resection**  
Major finding **Strangulation loop of ileum**  
Finding of autopsy **PHYSICIAN Underline the cause to which death should be charged statistically.**

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state where violence occurred **19**  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury **Gunshot**  
23. Attendant's OWN Signature **ONEKUSTAL M.D.**  
(M. D. or other)  
and Address **19**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3059  
Local Reg. No. 168  
Reg. Dist. No. 120

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **909 D. St.**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **14** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **909 D. St.**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **14** years  
(h) Former residence (city, state) **Wisconsin**

3. (a) FULL NAME **SOPER, Palmer Loyd**

3. (b) If veteran, name war **//////////** 3. (c) Social Security No. **//////////**  
5. Color or **W** race **W**  
4. Sex **M**  
6. (b) Name of husband or wife **//////////** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **May 30, 1876**

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>3</b>	<b>0</b>	hrs. min.

9. Exact Occupation **Painter** Did this work for **50** yrs.  
10. Industry **Private Contractor** Date last worked **1945**  
11. Birthplace **Menominee Wisconsin** (City or town) (State or foreign country)  
Father { 12. Name **H.D. Soper**  
13. Birthplace **Conn.** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Matilda Laudry**  
15. Birthplace **Wisc.** (City or town) (State or foreign country)  
16. Informant's OWN Signature **Wm. D. M. Schattler**  
and Address **Spokane, Washington**  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **9-2-48** (Month) (Day) (Year)  
(c) Place **Forest Cem. Cd'A, Idaho**  
18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene, Idaho**  
19. (a) **Sept 9, 1948** (b) **Margie J. J. J.** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **8-30-48** 19\_\_\_\_  
at **3:45** o'clock **A**M.

21. I HEREBY CERTIFY, That I attended deceased from **June 1, 1948 to Aug 30, 1948**  
last saw h. in alive on **Aug 29, 1948**  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Due to **Pulmonary Tuberculosis** 5 years  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
**Endocarditis Chini** 1 year  
Where was disease contracted? **Idaho**  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **Don English** (M. D. or other)  
and Address **Coeur d'Alene, Idaho** Date **Sept 7, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 13 1948

# Certificate of Death

OFFICE OF VITAL

STATE OF IDAHO

1048  
State File No. 3060  
Local Reg. No. 763  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **312 Forest Dr.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed ☐ days  
(g) Lived in this county **26** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **312 Forest Dr.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **26** years  
(h) Former residence (city, state) **Oaksdale, Wash.**

## 3. (a) FULL NAME

**COE, John Knox**

3. (b) If yes, name was

3. (c) Social Security No.

4. Sex **M** Color or race **W**

5. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Cora N.**

6. (c) Age of husband or wife if alive **64** years

7. Date of Birth  
(Month, Day, Year)

**Jan. 10, 1973**

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>7</b>	<b>21</b>	hrs. min.

9. Exact Occupation **Newspaper Publisher** Did this work for **50** yrs.

10. Industry or Business **Own Papers** Date last worked **1945**

11. Birthplace **Fullersburg, Illinois**  
(City or town) (State or foreign country)

12. Name **Samuel A Coe**

13. Birthplace **Unknown**  
(City or town) (State or foreign country)

14. Maiden name **(Unknown) Whitney**

15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Cora N. Coe**

and Address **Coeur d'Alene, Idaho**

17. (a) **Burial** (b) Date thereof **9-2-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**

and Address **Coeur d'Alene, Idaho**

19. (a) **Sept 9, 1948** (b) **Mary E. Hamilton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) **8-31-48**  
at **6:00** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **8-26-48** to **8-31-48**

I last saw him alive on **8-30** 19 **48**;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Coronary thrombosis**

Duration **1 mo.**

Due to **art. sclerosis**

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's

OWN Signature

and Address

**Herbert Barclay MD**  
**C.D.H.** (M. D. or other)  
Date **9-1-48**

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 26 1948

CERTIFICATE OF DEATH  
STATE OF IDAHO

State File No. 3061  
Local Reg. No. 151  
Reg. Dist. No. 120

1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Conkling Park  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place Res.  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Conkling Park  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) If foreign born, in U. S. \_\_\_\_\_ yrs. Citizen of U. S.? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Minnesota

3. (a) FULL NAME Hiram A. Coon

3. (b) If veteran, name war No 3. (c) Social Security No. None

5. Color or 6. (a) Single, widowed, married,

4. Sex Male race White divorced Married

6. (b) Name of husband or wife Molly Coon 6 (c) Age of husband or wife if alive 78 years

7. Date of Birth (Month, Day, Year) December 28, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>7</u>	<u>18</u>	hrs min.

9. Exact Occupation Retired- Logger Did this work for 27 yrs.

10. Industry or Business Lumber Date last worked 27 yrs. ago

11. Birthplace Owatonna Minnesota  
(City or town) (State or foreign country)

Father { 12. Name Jerome B. Coon

13. Birthplace Unknown New York  
(City or town) (State or foreign country)

Mother { 14. Maiden name Emma E. Greenwood

15. Birthplace Unknown New York  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hiram A. Coon  
and Address Conkling Park, Idaho

17. (a) Burial (b) Date thereof 8-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Colfax, Washington

18. Funeral Director's BRENNING FUNERAL HOME  
OWN Signature H. E. Brennan  
and Address COLFAX, WASHINGTON

19. (a) Aug 24, 1948 (b) Mary Hamilton  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 16 19 48  
(Month, Day, Year)

at 3:30 o'clock P..M.

21. I HEREBY CERTIFY, That I attended deceased from June 25 19 47, to November 14 19 47.  
I last saw h.f.m. alive on November 14 19 47; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Coronary occlusion Terminal

Due to arteriosclerotic

cardiovascular disease

Due to and old age

Other conditions.  
(Include pregnancy within 3 months of death)

Where was disease first contracted?

PHYSICIAN

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. E. Hart M.D.  
and Address Fairfield, Wash. (M. D. or other) Date 8-17-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 26 1948

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3062  
Local Reg. No. 154  
Reg. Dist. No. 128

1. PLACE OF DEATH: STATISTICS  
(a) County Kootenai  
(b) City or town Post Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 46 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Kootenai  
(c) City or town Post Falls  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Knox, N. Dakota

3. (a) FULL NAME RUSSELL, Thomas J.

3. (b) If veteran, name, war WWI  
5. Color or race M W  
4. Sex M race W  
6. (b) Name of husband or wife Nellie  
3. (c) Social Security No. XXXXXX  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive 73 years

7. Date of Birth (Month, Day, Year) July 1, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>1</u>	<u>15</u>	hrs. min.

9. Exact Occupation Watchmaker Did this work for 45 yrs.  
10. Industry or Business Own Shop Date last worked 1933  
11. Birthplace North Hamdon, New York  
(City or town) (State or foreign country)

12. Name Wm D. Russell  
13. Birthplace Middleton, New York  
(City or town) (State or foreign country)  
14. Maiden name Mary Ann Shurder  
15. Birthplace North Wooster, New York  
(City or town) (State or foreign country)

16. Informant's OWN Signature Thos Russell  
and Address Harrison, Idaho

17. (a) Burial (b) Date thereof 9-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Egn. Cem. Post Falls, Idaho

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) Aug 24, 1948 (b) Wm J. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 8-17-48  
(Month, Day, Year) 19\_\_\_\_  
at 2:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from aper  
5 1946 to 8/17 1948

I last saw h. alive on 8/16 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac decompensation Duration 1/14/48

Due to Chronic Myocarditis 3 yrs  
complicated by chronic  
arteriosclerotic aorta

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature W. J. Higgins M.C.  
1107-4 ch (M.D. or other)  
and Address \_\_\_\_\_ Date Aug 19, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3063  
Local Reg. No. 161  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Spirit Lake  
(c) Street Address or R.F.D. No. -  
(d) Death Occurred Inside? X Outside? - city or town  
(e) Died in a Home - Hospital X Institution - Other place -  
(f) Name Hosp. or Inst. Spirit Lake Stayed 12 days  
(g) Lived in this county 6 years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Rathdrum  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? X Outside? - city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

William J. Alt

## 3. (b) If veteran, name war

--

## 3. (c) Social Security No.

518-05-3383

## 4. Sex Male Color or race White

## 5. (a) Single, widowed, married, divorced Widowed

## 6. (b) Name of husband or wife Dinne Alt

## 6. (c) Age of husband or wife if alive -- years

## 7. Date of Birth (Month, Day, Year) April 22, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>4</u>	<u>5</u>	hrs. min.

## 9. Exact Occupation Carpenter Did this work for 50 yrs.

## 10. Industry or Business Do not know Date last worked 10/19/47

## 11. Birthplace (City or town) Do not know (State or foreign country) Austria

## 12. Name Do not know

## 13. Birthplace (City or town) Do not know (State or foreign country) Do not know

## 14. Maiden name Do not know

## 15. Birthplace (City or town) Do not know (State or foreign country) Do not know

## 16. Informant's OWN Signature Wm Banks and Address Rathdrum, Idaho

## 17. (a) Burial (Burial, cremation, or removal) St. Thomas Cemetery, Coeur d'Alene (b) Date thereof 8/30/48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature A. B. Nelson and Address Rathdrum, Idaho

## 19. (a) Date received and filed Sept 19, 1948 (b) Registrar's signature Mary E. Hamilton

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 27 1948  
at 4:55 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from June 1948 to August 26 1948

I last saw him alive on August 26 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Carcinoma of prostate with generalized metastases

Duration 1-2 yrs.

## Due to

## Due to

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation Date

## Major finding

## Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

## Means of injury

## 23. Attendant's

OWN Signature Don C. Fredrickson M.D. (M. D. or other)

and Address Spirit Lake Date Aug 30 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 13 1948

# Certificate of Death

STATE OF IDAHO

STATE OF IDAHO

State File No. 3064

Local Reg. No. 162

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Spirit Lake  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Spirit Lake Stayed 63 days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Rathdrum  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Seattle, Wash.

## 3. (a) FULL NAME

Luella Baker

## 3. (b) If veteran, name war

---

## 3. (c) Social Security No.

none

4. Sex M. 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Carl Baker

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October 28, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>10</u>	<u>1</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 50 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 3/48

11. Birthplace Knoxville, Tenn. (City or town) (State or foreign country)

12. Name William R. Kerr (City or town) (State or foreign country)

13. Birthplace Blount County, Tenn. (City or town) (State or foreign country)

14. Maiden name Ellen Donahue

15. Birthplace Richmond, Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Ellen B. Brocker

and Address 1611 S. Maple Spokane Wash.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/48 (Month) (Day) (Year)

(c) Place Pine Grove Cemetery Rathdrum

18. Funeral Director's OWN Signature A. B. Nelson

and Address Rathdrum Idaho

19. (a) Sept 9, 1948 (Date received and filed) (b) Mary E. Jamison (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 29 1948

at 4:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from October 1947 to August 29 1948

I last saw him alive on Aug 28 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of sigmoid with generalized metastases Duration 2-3 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Lynn C. Jackson M.D. (M. D. or other) Spirit Lake Date Aug 30 1948

and Address \_\_\_\_\_ (For additional space, use reverse side)

046E  
055E

PHYSICIAN  
Underline the cause to which death should be charged statistically

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 13 1948

STATE OF IDAHO

# Certificate of Death

STATE OF IDAHO

State File No. 3065  
Local Reg. No. 164  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Post Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Post Falls  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Dickenson N.D.

## 3. (a) FULL NAME

KILWEIN, GEORGE

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

4. Sex M 5. Color or race W.

6. (b) Name of husband or wife Elizabeth

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

April 16 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>4</u>	<u>3</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 60 yrs.

10. Industry or Business Own Farm Date last worked 1943

11. Birthplace Russia (City or town) (State or foreign country)

12. Name Ned Kilwein

13. Birthplace Russia (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Russia (City or town) (State or foreign country)

16. Informant's OWN Signature Julia Bushnell

- and Address Post Falls, Idaho

17. (a) Burial (b) Date thereof 9-1-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place St Thomas Cem. Co'da Idaho

18. Funeral Director's OWN Signature Mooney-English, Chapel

- and Address Coeur d'Alene, Idaho

19. (a) Sept 9, 1948 (b) Mary E. Hamill (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 29 1948

- at 10:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 1 1948 to Aug. 29 1948.

- I last saw him alive on Aug. 27 1948;

- death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Duration

- Myocardial Infarction 3 mo.

- Due to \_\_\_\_\_

- Due to \_\_\_\_\_

- Other conditions Hypertensive Pneumonia 2 weeks (Include pregnancy within 3 months of death)

- Where was disease contracted? Idaho

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_

- Major finding \_\_\_\_\_

- Finding of autopsy \_\_\_\_\_

- PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

- where violence occurred \_\_\_\_\_

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Reese E. Jensen, M.D.

- (M. D. or other)

- and Address Coeur d'Alene, Idaho Date Aug. 31 1948

- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

AUG 13 1948

STATE OF IDAHO

State File No. 3066  
Local Reg. No. 92  
Reg. Dist. No. 200

DIVISION OF VITAL

## 1. PLACE OF DEATH:

(a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. 710 S. Main  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Gritman Stayed        days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2. 11 1/2 Hrs.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state)       

## 3. (a) FULL NAME

Baby Anderson

## 3. (b) If veteran,

name war       

## 3. (c) Social Security

No.       

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife       

6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year)

August 2, 1948

## 8. AGE

Years

Months

Days

If less than 1 day

11 hrs 30 min.

## 9. Exact

Occupation

Did this

work for        yrs.

## 10. Industry or

Business

Date last

worked

## 11. Birthplace

MOSCOW

Idaho

(City or town)

(State or foreign country)

## 12. Name

Kenneth Anderson

## 13. Birthplace

MOSCOW Ida.

(City or town) (State or foreign country)

## 14. Maiden name

Doris French

## 15. Birthplace

Idaho

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature

and Address

Burial

(b) Date thereof 8-2-48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: MOSCOW Cemetery

## 18. Funeral Director's

OWN Signature

and Address

B. E. Gilbert

MOSCOW Idaho

## 19. (a) 8/4/48

(Date received and filed)

## (b) John E. Anderson

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 2 19 48  
at 2:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 2 19 48, to Aug 2 19 48.  
I last saw her alive on Aug. 2 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Prematurity

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred        19        City, county, state

where violence occurred

Place of Violence: Home        Farm        Industry       

Public Place       

While at work?       

Means of injury       

## 23. Attendant's

OWN Signature

and Address

J. Stephens M.D. (M. D. or other)

Thoscan Date 8-4 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 13 1948  
OFFICE OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 3067  
Local Reg. No. 94  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. ---  
(d) Death Occured Inside? X Outside? --- city or town  
(e) Died in a Home --- Hospital X Institution --- Other place ---  
(f) Name Hosp. or Inst. Moscow Stayed --- days  
(g) Lived in this county 14 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Genesee  
(d) Street Address or R.F.D. No. ---  
(e) Deceased lived Inside? --- Outside? --- city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) ---

## 3. (a) FULL NAME

INGA TAYLOR

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Richard 6. (c) Age of husband or wife if alive 67 years

7. Date of Birth (Month, Day, Year) Oct. 9, 1887

8. AGE	Years	Months	Days	If less than 1 day
	60	9	26	hrs min.

9. Exact Occupation House Wife Did this work for 39 yrs.

10. Industry or Business --- Date last worked ---

11. Birthplace Fisher, Minn. (City or town) (State or foreign country)

12. Name Thomas Berg

13. Birthplace Norway (City or town) (State or foreign country)

14. Maiden name Ingaboard ?

15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature Kenneth R. Taylor

- and Address Genesee, Idaho

17. (a) Burial-Removal (b) Date thereof 8-5-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by H.H. Malcom

- and Address Lewiston, Idaho

19. (a) 8/11/48 (b) Leis E. Anderson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 5, 1948 at 3:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1948 to Aug 5, 1948. I last saw her alive on Aug 5, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage, left, cerebellar fibrous Duration 24 hrs.

Due to Hypertension & Arterio-sclerosis

Due to ---

Other conditions Angerive failure (Include pregnancy within 3 months of death)

Where was disease contracted? ---

Name of operation --- Date ---

Major finding ---

Finding of autopsy ---

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home --- Farm --- Industry ---

Public Place --- While at work? ---

Means of injury ---

23. Attendant's OWN Signature Clyde Culp, M.D.

and Address Moscow, Idaho Date 8/5/48 (M.D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 16 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3068  
Local Reg. No. 97  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. 322 So. Asbury  
(d) Death Occured Inside? # Outside? city or town  
(e) Died in a Home? # Hospital? Institution Other place? city or town  
(f) Name Hosp. or Inst. 42 Stayed days  
(g) Lived in this county 42 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. 322 S. Asbury  
(e) Deceased lived Inside? # Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) 186 A

## 3. (a) FULL NAME

Lizzie Ann Hugo

3. (b) If veteran, name war F. 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (c) Age of husband or wife if alive 80 years  
7. Date of Birth (Month, Day, Year) Feb 23, 1867

8. AGE	Years	Months	Days	If less than 1 day
<u>81</u>	<u>5</u>	<u>16</u>	<u>hrs</u>	<u>min.</u>

9. Exact Occupation Housewife Did this work for  yrs.  
10. Industry or Business Cottage Grove Minn. Date last worked    
11. Birthplace Simon Shingledecker (City or town) (State or foreign country)  
12. Name Germany  
13. Birthplace Margaret Truax (City or town) (State or foreign country)  
14. Maiden name Canada  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Etta A. Williams  
and Address Moscow, Ida.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-11-48 (Month) (Day) (Year)  
(c) Place: MOSCOW

18. Funeral Director's OWN Signature H. R. Short  
and Address MOSCOW

19. (a) 8/12/48 (Date received and filed) (b) Louis E. Anderson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 094 A

20. DATE OF DEATH (Month, Day, Year) August 8, 1948 19 48  
at 7:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 12-18-45 to 8-8-48  
I last saw h. alive on 8-8-48 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration 3-4 hours

Due to

Due to    
Other conditions old  
(Include pregnancy within 3 months of death) unwarranted procedure right up to now

Where was disease contracted?   PHYSICIAN    
Name of operation none Date   Underline the cause to which death should be charged statistically.  
Major finding    
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?   Suicide?   Homicide?    
Occurred Aug 7, 1948 19 48 City, county, state where violence occurred Moscow, Idaho  
Place of Violence: Home?   Farm?   Industry?    
Public Place?   While at work?    
Means of injury Fell from wheel chair

23. Attendant's OWN Signature Joseph L. Wilson  
and Address Moscow, Ida. Date 8-8-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3069  
Local Reg. No. 98  
Reg. Dist. No. 200

## DIVISION OF VITAL STATISTICS

### 1. PLACE OF DEATH: Latah

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? # Outside? city or town  
(e) Died in a Home Hospital # Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 40 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? # Outside? city or town  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state)

### 3. (a) FULL NAME Lilla C. Mix

3. (b) If veteran, name war 3. (c) Social Security No. Yes  
5. Color or race Female white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Frank Mix  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Sept 8, 1888

8. AGE	Years	Months	Days	If less than 1 day
	59	11	1	hrs min.

9. Exact Occupation Housekeeper Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Whitman Co. Wash.  
(City or town) (State or foreign country)

12. Name Julius Cherpillod  
13. Birthplace Switzerland  
(City or town) (State or foreign country)  
14. Maiden name Clara McCurdy  
15. Birthplace New Castle Pa.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mary M. Bunning  
and Address Tulsa, Okla.  
17. (a) burial (b) Date thereof 8-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: MOSCOW

18. Funeral Director's OWN Signature H. B. Short  
and Address MOSCOW

19. (a) 8/12/48 (b) L. E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Aug. 9, 1948  
(Month, Day, Year) at 6 A. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 6 1948 to Aug 9 1948  
I last saw her alive on Aug 9 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

1. Uremia  
2. Cerebral hemorrhage  
Due to Hypertension

- Due to  
Other conditions  
(Include pregnancy within 3 months of death)

- Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Clyde Culp  
(M. D. or other)  
and Address Moscow, Ida Date Aug 11 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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# Certificate Of Death

1948

State File No. 3070

Local Reg. No. 99

Reg. Dist. No. 200

United States  
Department of Commerce  
Bureau of the Census

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. 115 So. Polk  
(d) Death Occured Inside? # Outside? city or town  
(e) Died in a Home? # Hospital Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 58 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Moscow  
(d) Street Address or R.F.D. No. 115 So. Polk  
(e) Deceased lived Inside? # Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Margaret Elizabeth Olesen

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No. none

5. Color or race white  
(a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Peder C.  
(c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Jan. 5, 1860

8. AGE	Years	Months	Days	If less than 1 day
	<u>88</u>	<u>7</u>	<u>7</u>	hrs min.

9. Exact Occupation At home Did this work for yrs.

10. Industry or Business worked Date last

11. Birthplace Ballaugh, Isle of Man, England

(City or town) (State or foreign country)

12. Name Thomas Teare

13. Birthplace Isle of Man, England

(City or town) (State or foreign country)

14. Maiden name Leatitia Collister

15. Birthplace Isle of Man, England

(City or town) (State or foreign country)

16. Informant's OWN Signature Moscow

and Address Moscow

17. (a) burial (b) Date thereof 8/14/48

(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Moscow

18. Funeral Director's OWN Signature H. R. Short

and Address Moscow

19. (a) 8/26/48 (b) Lea E. Anderson

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Aug. 12, 1948

(Month, Day, Year) 19

at 1:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 7/23 1948 to 8/12 1948

I last saw her alive on 8/12/48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Heart Thrombosis

Sudden heart failure

Due to Advanced age

Due to Arteriosclerosis

Other conditions None

(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation None Date

Major finding None

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? No Suicide? No Homicide? No

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Thurston m. d

and Address Moscow Ida (M. D. or other)

Date 8/14 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

STATE OF IDAHO

State File No. 3071

Local Reg. No. 99

Reg. Dist. No. 202

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. 816 W. 'C'  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days days  
(g) Lived in this county 16 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Moscow  
(d) Street Address or R.F.D. No. 816 West C  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state)

3. (a) FULL NAME Pauline J. Crites

3. (b) If veteran, name war None No. None  
5. Color or race W  
4. Sex F  
(b) Name of husband or wife widowed  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) May 24, 1888

8. AGE	Years	Months	Days	If less than 1 day
	60	3	2	hrs min.

9. Exact Occupation At home Did this work for years  
10. Industry or Business worked Date last worked worked  
11. Birthplace Wilmington Ohio (City or town) (State or foreign country)

12. Name R. Austin Jones  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Maiden name Edith Stephenson  
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Judith C. Hann  
and Address Moscow, Idaho

17. (a) Burial (b) Date thereof '8-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature Short's Funeral Chapel  
and Address Moscow, Idaho

19. (a) 8-28-48 (b) L. E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 26, 1948 19  
(Month, Day, Year) at 12:10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1934 19 8/26 19 48  
I last saw her alive on 8/26 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration Sudden

Due to Hypertension 15 years

Due to Cerebral  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Doyle M. Leehr  
and Address Moscow, Idaho (M. D. or other) 8/27 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
SEP 9 1948 STATE OF IDAHO

1948 State File No. 3079  
Local Reg. No. 100  
Reg. Dist. No. 200

1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow, Idaho  
(c) Street Address or R.F.D. No. Gritman  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Gritman Stayed 11 days  
(g) Lived in this county 39 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town AVON  
(d) Street Address or R.F.D. No. AVON  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) --

3. (a) FULL NAME Frank Howard Craine

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or white 6. (a) Single, widowed, married, divorced widowed  
4. Sex Male race white  
6. (b) Name of husband or wife Ida (deceased) 6. (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) 8-29-1854

8. AGE	Years	Months	Days	If less than 1 day
	<u>94</u>	<u>1</u>	<u>21</u>	hrs min.

9. Exact Occupation Retired Did this work for -- yrs.  
10. Industry or Business Machonist Date last worked 1918  
11. Birthplace Iowa (City or town) (State or foreign country)

12. Name Giles Craine  
13. Birthplace United States (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature May W. Craine  
and Address Avon, Idaho

17. (a) Burial (b) Date thereof 9-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Avon Cemetery

18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho

19. (a) 9-1-48 (b) Lois E. Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 29 1948  
(Month, Day, Year) at 9:07 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 8/18 1948 to 8/29 1948  
I last saw h.l.m. alive on 8/29 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary heart failure Duration

Due to fractured right femur & humerus

Due to --

Other conditions --

(Include pregnancy within 3 months of death)

Where was disease contracted? --

Name of operation Hip packing Date 8/19/48

Major finding fractured femur

Finding of autopsy --

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? -- Homicide? --  
Occurred 8/18 1948 City, county, state where violence occurred --  
Place of Violence: Home X Farm -- Industry --  
Public Place -- While at work? --  
Means of Injury fell on floor

23. Attendant's OWN Signature Clyde Ceelp  
and Address Moscow (M. D. or other) Date 8/30/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

State File No. **3073**  
Local Reg. No. **102**  
Reg. Dist. No. **200**

1. PLACE OF DEATH:

- (a) County **Latah**  
(b) City or town **Moscow, Idaho**  
(c) Street Address or R.F.D. No. **Gritman**  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. **Gritman** Stayed ..... days  
(g) Lived in this county **30** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Latah**  
(c) City or town **Troy**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **Louis Nelson**

3. (b) If veteran, No name war ..... 3. (c) Social Security No. **None**  
5. Color or ..... 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Anna Nelson** 6. (c) Age of husband or wife if alive **68** years  
7. Date of Birth (Month, Day, Year) **April 1, 1872**

8. AGE	Years	Months	Days	If less than 1 day
	<b>76</b>	<b>4</b>	<b>30</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for **23** yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **Sweden**  
(City or town) (State or foreign country)

12. Name **Nels Anderson**  
13. Birthplace **Sweden**  
(City or town) (State or foreign country)  
14. Maiden name **Hannah Pearson**  
15. Birthplace **Sweden**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Alfred Nelson**  
and Address **Troy Idaho**

17. (a) **Burial** (b) Date thereof **9-5-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Troy, Idaho (Westdala)**

18. Funeral Director's OWN Signature **Short's Funeral Chapel**  
and Address **Moscow, Idaho**

19. (a) **9-7-48** (b) **Louis Nelson**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Aug. 31 1948**  
at **6:45** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from **August 9 1948**, to **Aug 31 1948**.  
I last saw him alive on **Aug 31 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Cardia failure**  
**Arteriosclerosis**  
Due to **old age**

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death is attributed statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature **Doyle M. Loch**  
(M. D. or other)

and Address **Moscow, Idaho** Date **9/7 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

2

State File No. 3074

Local Reg. No. 90

Reg. Dist. No. 200

## 1. PLACE OF DEATH:

Latah

- (a) County .....  
(b) City or town .....  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ..... Outside? # city or town  
(e) Died in a Home... Hospital... Institution... Other place. #  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 15 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Genesee  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? ..... Outside? # city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Myrna Lee Carbuhn

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) Dec. 4, 1932

8. AGE	Years	Months	Days	If less than 1 day
	15	7	27	hrs min.

9. Exact Occupation H.S. Student Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Genesee Idaho (City or town) (State or foreign country)

12. Name George Harold Carbuhn (City or town) (State or foreign country)

13. Birthplace Portland, Ore. (City or town) (State or foreign country)

14. Maiden name Laura Dennis (City or town) (State or foreign country)

15. Birthplace Orofino, Ida. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Anne Dennis

- and Address Lewiston, Ida.

17. (a) burial (b) Date thereof 8-4-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Lewiston, Ida.

18. Funeral Director's OWN Signature H.R. Short

- and Address Moscow

19. (a) 8/13/48 (b) Lois E. Anderson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 1 48 (Month, Day, Year) 19 at about 1 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19.

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Multiple injuries. accident

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident # Suicide? Homicide?

Occurred 8-1 1948 City, county, state

where violence occurred N.P. Railroad

Place of Violence: Home Farm Industry

Public Place # While at work?

Means of injury auto struck by train

23. Attendant's OWN Signature H.R. Short

and Address Moscow (M. D. or other) Date 8-3 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States...  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

AUG 13 1948

STATE OF IDAHO

DEPARTMENT OF VITAL STATISTICS

1948 State File No. 3075  
Local Reg. No. 91  
Reg. Dist. No. 200

1. PLACE OF DEATH: **STATISTICS**  
**Latah**  
(a) County **Latah**  
(b) City or town **NP track between Kendrick**  
(c) Street Address or R.F.D. No. & **Juliaette**  
(d) Death Occured Inside? Outside? **X** city or town  
(e) Died in a Home... Hospital... Institution... Other place **X**  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county... years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Latah**  
(c) City or town **Genesee**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? **X** Outside? city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **35** years  
(h) Former residence (city, state)

3. (a) FULL NAME **Palmer Marion Anderson**

3. (b) If veteran, name war **WW 2** 3. (c) Social Security No. **519-28-9567**  
5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**  
4. Sex **M** 6. (b) Name of husband or wife **Mary Lorraine** 6. (c) Age of husband or wife if alive **18** years  
7. Date of Birth (Month, Day, Year) **Sept. 25, 1912**

8. AGE	Years	Months	Days	If less than 1 day
	<b>35</b>	<b>10</b>	<b>6</b>	hrs min.

9. Exact Occupation **Mechanic** Did this work for... yrs.  
10. Industry **Person Garage** Date last worked **8-2-48**  
11. Birthplace **Genesee Idaho**  
(City or town) (State or foreign country)

12. Name **Thomas Anderson**  
13. Birthplace **Norway**  
(City or town) (State or foreign country)  
14. Maiden name **Mary Hood**  
15. Birthplace **Norway**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **T. E. Anderson**  
and Address **Genesee Idaho**

17. (a) **burial** (b) Date thereof **8-3-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Genesee Valley Cem**

18. Funeral Director's OWN Signature **F. R. Short**  
and Address **MOSCOW Idaho**

19. (a) **8/31/48** (b) **L. E. Anderson**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **August 1 1948**  
(Month, Day, Year) **at 1:00** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h. alive on **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Multiple injuries** Duration

Due to **Accident**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **Z** Suicide? Homicide?  
Occurred **August 1 1948** City, county, state  
where violence occurred **N.P.R.R.**

Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury **In Auto struck by train**

23. Attendant's OWN Signature **F. R. Short** Coroner  
and Address **MOSCOW Ida.** (M. D. or other) **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 13 1948 Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

748  
State File No. 3076  
Local Reg. No. 89  
Reg. Dist. No. 240

1. PLACE OF DEATH:

- Latah  
(a) County  
(b) City or town N.P. Track between  
(c) Street Address or R.F.D. No. Kendrick and  
(d) Death Occured Inside? Outside? Juliaetta  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Genesee  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state)

3. (a) FULL NAME Mary Lorraine Fox Anderson

3. (b) If veteran, name war 3. (c) Social Security No. 518-30-5881  
F 5. Color of hair W 6. (a) Single, widowed, married, divorced, married  
4. Sex F race W 6. (b) Name of husband or wife Palmer 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Nov. 13, 1929

8. AGE	Years	Months	Days	If less than 1 day
19	8	18	hrs	min.

9. Exact Occupation at home Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace DePree South Dakota  
(City or town) (State or foreign country)

12. Name George E. Fox  
13. Birthplace Irene Ill.  
(City or town) (State or foreign country)  
14. Maiden name Edith A. Johnson  
15. Birthplace Madera California  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. E. Fox  
and Address Genesee Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-48  
(c) Place: Genesee Valley Cem

18. Funeral Director's OWN Signature H.R. Short  
and Address Moscow, Idaho

19. (a) 8/3/48 (b) Laine E. Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 1 1948  
(Month, Day, Year)  
At 1:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Multiple injuries Duration

Due to Accident

Due to Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation Date. Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? Homicide?  
Occurred August 1, 1948 City, county, state where violence occurred N.P.R.R.

Place of Violence: Home Farm Industry Public Place While at work?  
Means of injury in Auto struck by train

23. Attendant's OWN Signature H.R. Short coroner  
and Address Moscow, Idaho Date 8/3/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

AUG 13 1948

STATE OF IDAHO

State File No. 3877  
Local Reg. No. 280  
Reg. Dist. No. 280

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Bozill  
(c) Street Address or R.F.D. No. rural  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash. (b) County Whitman  
(c) City or town Hooper  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S. A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Lee Burden

3. (b) If veteran, name war  3. (c) Social Security No. none  
5. Color or race male 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife uby 6. (c) Age of husband or wife if alive 42 years  
7. Date of Birth (Month, Day, Year) Oct. 10, 1898

8. AGE	Years	Months	Days	If less than 1 day
	49	9	24	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.  
10. Industry or Business Potlatch Date last worked Idaho  
11. Birthplace (City or town) (State or foreign country)

12. Name John Burden  
13. Birthplace (City or town) (State or foreign country) Oregon  
14. Maiden name Osta Hughes  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Willard L. Burden  
and Address Hooper, Wn.

17. (a) Burial, cremation or removal (b) Date thereof 8/8/48  
(c) Place: Bury

18. Funeral Director's OWN Signature F. R. Short  
and Address POSCOW

19. (a) 8/6/48 (b) Lois L. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 4, 1948  
at unknown o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: sudden death Duration

Due to Cerebral hemorrhage

Due to   
Other conditions died while driving car  
(Include pregnancy within 3 months of death)

Where was disease contracted?  PHYSICIAN  
Name of operation  Date  Underline the cause to which death should be charged statistically.  
Major finding   
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature F. R. Short (M. D. or Dr.)  
and Address Hooper Date 8/5/48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 20 1948

DEPT. OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

1948

State File No.

3078

Local Reg. No.

690

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Lehigh  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County unknown  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

PATRICK J. COLLINS

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race W

4. Sex M

6. (b) Name of husband or wife \_\_\_\_\_

6. (a) Single ☒ widowed, married, divorced

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 3-4-1877

8. AGE	Years	Month	Days	If less than 1 day
	<u>71</u>	<u>4</u>	<u>14</u>	hrs. min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ years

10. Industry or Business Parkersburg W. Va. Date last worked unknown

11. Birthplace (City or town) (State or foreign country) unknown

12. Name \_\_\_\_\_

13. Birthplace (City or town) (State or foreign country) \_\_\_\_\_

14. Maiden name \_\_\_\_\_

15. Birthplace (City or town) (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Kenneth Blumley  
and Address Salmon, Idaho

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 8-17-48  
(c) Place Salmon, Idaho

18. Funeral Director's OWN Signature Ray McGoldrick  
and Address Salmon

19. (a) Sept. 15-48 (b) Viola C. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 18 1948  
at 8:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Possible drowning while under the influence of Duration \_\_\_\_\_  
liquor

Coroner's Jury Verdict Verdict

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_ Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred July 18 1948 City, county, state SALMON RIVER  
where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place yes While at work? no

Means of injury DROWN

23. Attendant's OWN Signature Ray McGoldrick  
and Address Salmon (M. D. or other) 8-17-48  
(For additional space, use reverse side)

PHYSICIAN Underline the cause to which death should be charged statistically

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
SEP 2 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

3246  
State File No. 3079  
Local Reg. No. 670  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County LEMMING  
(b) City or town SALMON  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. SILBAUGH Stayed 180 days  
(g) Lived in this county 62 years 6 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County LEMMING  
(c) City or town SALMON  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 62 years  
(h) Former residence (city, state) Wis.

## 3. (a) FULL NAME

HORACE E. OSTRANDER 092B

## 3. (b) If veteran,

name war NO.

## 3. (c) Social Security

No.

4. Sex M 5. Color or race W.

6. (a) Single ☒ widowed ☐ married, divorced ☐

6. (b) Name of husband or wife ABBIE

6. (c) Age of husband or wife if alive 180 years

7. Date of Birth (Month, Day, Year)

March 11, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>4</u>	<u>21</u>	hrs min.

9. Exact Occupation Contractor Did this work for 20 yrs.

10. Industry or Business Contractor Date last worked 1940

11. Birthplace Wis. (City or town) (State or foreign country)

12. Name Christopher Ostrander

13. Birthplace Penn. (City or town) (State or foreign country)

14. Maiden name Helenetta Baldwin

15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Eileen Carlson

and Address Mullan Idaho 137 902

17. (a) (Burial, cremation, or removal) SALMON IDAHO (b) Date thereof 3-4-48

(c) Place: SALMON IDAHO

18. Funeral Director's OWN Signature Raymond Goldrick

and Address SALMON

19. (a) Aug. 30, 1948 (b) Viola E. Johnson

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH AUG. 2 1948  
(Month, Day, Year) at 8 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 9 1948, to Aug. 1 1948

I last saw h. im alive on Aug. 1 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive Heart failure Duration 1 yr.

Due to Mitral insufficiency with lost compensation

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Salmon

Name of operation None Date

Major finding

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Stratton

23. Attendant's OWN Signature G. F. Stratton, M. D.

and Address Salmon, Ida. Date 8/7/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

# Certificate Of Death

SEP 2 1948

STATE OF IDAHO

State File No. 3080  
Local Reg. No. 690  
Reg. Dist. No. ✓

1. PLACE OF DEATH: *Lehigh* OF VITAL
- (a) County *Lehigh*  
(b) City or town *Salmon*  
(c) Street Address or R. F. D. No. *✓*  
(d) Death Occurred Inside? *✓* Outside? *✓* city or town  
(e) Died in a Home? *✓* Hospital. Institution. Other place...  
(f) Name Hosp. or Inst. *Home for aged* Stayed *✓* days  
(g) Lived in this county *✓* years *✓* months *✓* days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State *Idaho* (b) County *Lehigh*  
(c) City or town *Salmon*  
(d) Street Address or R.F.D. No. *✓*  
(e) Deceased lived Inside? *✓* Outside? *✓* city or town  
(f) Citizen of what country? *U. S. A.*  
(g) How long had deceased lived in Idaho? *89* years  
(h) Former residence (city, state) *Arco - Idaho*

3. (a) FULL NAME *Preston Edwin Kempton* 005x

3. (b) If veteran, name war *✓* 3. (c) Social Security No. *✓*
4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *widowed*  
6. (b) Name of husband or wife *✓* 6. (c) Age of husband or wife if alive *✓* years
7. Date of Birth (Month, Day, Year) *July 28 - 1879*

8. AGE	Years	Months	Days	If less than 1 day
	<i>69</i>		<i>14</i>	hrs min.

9. Exact Occupation *farming* Did this work for *life* yrs.  
10. Industry or Business *farm* Date last worked *19*  
11. Birthplace *Idaho*

12. Name *Jerome Kempton*  
13. Birthplace *Idaho* (City or town) (State or foreign country)  
14. Maiden name *Rosetta* (not known)  
15. Birthplace *Idaho* (City or town) (State or foreign country)

16. Informant's OWN Signature *Mrs. Bertha Mitchell*  
and Address *County Supervisor - Mackay Idaho*

17. (a) *Burial* (b) Date thereof *8-15-48*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: *Arco - Idaho - Hillcrest Cemetery*

18. Funeral Director's OWN Signature *Betty J. Marne*  
and Address *Arco - Idaho - F.D. #19*

19. (a) *Aug-30-48* (b) *V. G. Johnson*  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083D

20. DATE OF DEATH (Month, Day, Year) *Aug 12* 19 *48*  
at *1:00* o'clock *A.* M.

21. I HEREBY CERTIFY, That I attended deceased from *October 24 1947*, to *August 12 1948*  
I last saw him alive on *August 11 1948* death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Brucellosis* Duration *8 mo.*  
*Not diagnosed until last episode*  
Due to *7/1 to 8/12/48*

Due to *✓*  
Other conditions *Hemiplegia some years*  
(Include pregnancy within 3 months of death) *before my observation.*

Where was disease contracted? *None*  
Name of operation *None* Date *None*  
Major finding *None*  
Finding of autopsy *None*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *✓* Suicide? *✓* Homicide? *✓*  
occurred *19* City, county, state *Idaho*

where violence occurred *✓*  
Place of Violence: Home *✓* Farm *✓* Industry *✓*  
Public Place *✓* While at work? *✓*

Means of injury *✓*  
23. Attendant's OWN Signature *O. P. Stratton*

and Address *Salmon, Ida.* Date *8/20/48*  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 2 1948

DIVISION OF VITALS

# Certificate of Death

STATE OF IDAHO

State File No. 3081  
Local Reg. No. 690  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Salmon  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. Salmon  
(d) Death Occurred Inside? ✓ Outside? ✓ city or town Salmon  
(e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst. Salmon Stayed ✓ days ✓  
(g) Lived in this county ✓ years ✓ months ✓ days ✓

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. Salmon  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town Salmon  
(f) Citizen of what country? Salmon  
(g) How long had deceased lived in Idaho? ✓ years ✓  
(h) Former residence (city, state) SANDY, UTAH

## 3. (a) FULL NAME

NORCASSA VIOLA STOCKS 1318

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) no Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ✓ years ✓

7. Date of Birth (Month, Day, Year) JAN. 10. 1929

8. AGE Years 19 Months 7 Days 7 If less than 1 day hrs. min.

9. Exact Occupation none Did this work for ✓ yrs.

10. Industry or Business SANDY, UTAH Date last worked 6-1948

11. Birthplace (City or town) (State or foreign country)

12. Name WALLACE H. STOCKS

13. Birthplace DRAPER UTAH

14. Maiden name BLANCHE MUIR

15. Birthplace BAUNTFUL UTAH

16. Informant's OWN Signature John F. Stocks

and Address Salmon Idaho

17. (a) 8-20-48 (b) Date thereof (Month) (Day) (Year)

(c) Place SALMON IDAHO

18. Funeral Director's OWN Signature Ray McFarland

and Address SALMON

19. (a) Aug. 30-1948 (b) Viola B. Johnson

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Aug 17 1948

21. I HEREBY CERTIFY, That I attended deceased from June 14 1948 to Aug 17 1948

I last saw h. ✓ alive on Aug 16 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary Artery Duration 1 day

Due to Valvular Heart Disease 8 mo.

Due to Chronic Nephritis 8 mo.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ✓ Suicide? ✓ Homicide? ✓

Occurred ✓ 19 ✓ City, county, state ✓

where violence occurred ✓

Place of Violence: Home ✓ Farm ✓ Industry ✓

Public Place ✓ While at work? ✓

Means of injury ✓

23. Attendant's OWN Signature J. P. Mueller M.D.

and Address Salmon Id Date 8-24 1948

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 20 1948

DEPARTMENT OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **3082**  
Local Reg. No. **678**  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 15 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) North Dakota

## 3. (a) FULL NAME

ALEXANDER STEPHANISHEN

3. (b) If veteran, name war no 3. (c) Social Security No. 518-14-2996  
5. Color or race white 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Antonia 6. (c) Age of husband or wife if alive 65 years  
7. Date of Birth (Month, Day, Year) March 30, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>4</u>	<u>28</u>	hrs min.

9. Exact Occupation Farmer & Ship-fitter Did this work for 50 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1947  
11. Birthplace unknown Austria  
(City or town) (State or foreign country)

12. Name Jacob Stephanishen  
13. Birthplace Austria  
(City or town) (State or foreign country)  
14. Maiden name Barbara Vanchuk  
15. Birthplace Austria  
(City or town) (State or foreign country)

16. Informant's OWN Signature Antonia Stephanishen  
and Address Salmon, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-48  
(c) Place: Salmon, Idaho  
(Month) (Day) (Year)

18. Funeral Director's OWN Signature Robert C. Jones  
and Address Salmon, Idaho

19. (a) Sept 15-48 (b) Kida E. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 28 19 48  
at 6:00 o'clock 2 P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 25 1948, to August 28 1948.  
I last saw him alive on Aug 27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

unknown

Due to Carcinoma of bowel

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Harry McGee, M.D.

and Address Salmon, Idaho Date Aug 30 19 48  
(M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 12 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3083  
Local Reg. No. 295  
Reg. Dist. No. 432

DIVISION OF VITAL

## 1. PLACE OF DEATH:

- (a) County Lincoln  
(b) City or town Shoshone  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Alexanders Nursing Home  
(g) Lived in this county 16 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lincoln  
(c) City or town Shoshone  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) Puertec - Wyo.

## 3. (a) FULL NAME

Daniel Wilbur Costrer

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex M 5. Color or race White  
6. (b) Name of husband or wife Lydia L. Walkup 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Jan. 27 - 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>6</u>	<u>8</u>	hrs min.

9. Exact Occupation Farmer Did this work for 30 yrs.  
10. Industry or Business self Date last worked 1942  
11. Birthplace Parnell - Mo. (City or town) (State or foreign country)

12. Name George W. Costrer  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name Ruth Needles  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Orville L. Costrer  
and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Aug. 7 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Shoshone Idaho

18. Funeral Director's OWN Signature Myrtle C. Burdett  
and Address Shoshone - Idaho

19. (a) Aug. 5 - 48 (b) Myrtle C. Burdett  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

030D

## 20. DATE OF DEATH

(Month, Day, Year) Aug. 4 19 48  
at about 8 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3 - 1 19 48, to Aug 4 19 48  
I last saw him alive on Aug 4 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute hemorrhage

Duration instant

Due to Acute hemorrhage

10 years

Due to Arteriosclerosis

20 years

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Myrtle C. Burdett (M. D. or other)  
and Address Shoshone, Idaho Date Aug. 5 - 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
SEP 13 1948  
Certificate Of Death  
STATISTICS  
STATE OF IDAHO

1948  
State File No. 3084  
Local Reg. No. 30  
Reg. Dist. No. 630

1. PLACE OF DEATH:

- (a) County Madison Rexburg  
(b) City or town Rexburg  
(c) Street Address or R. F. D. No. Parker  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place city or town  
(f) Name Hosp. or Inst. Parker Stayed 1 days  
(g) Lived in this county 1 years — months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Premont  
(c) City or town Parker  
(d) Street Address or R.F.D. No. 160C  
(e) Deceased lived Inside? — Outside? — city or town —  
(f) Citizen of what country? —  
(g) How long had deceased lived in Idaho? — years  
(h) Former residence (city, state) —

3. (a) FULL NAME

Baby Miller

3. (b) If veteran, — (c) Social Security No. —  
name war — No. —  
5. Color White (a) Single, widowed, married, —  
6. Sex Male race White divorced —  
7. (b) Name of husband or wife — (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) August 10th 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>—</u>	<u>—</u>	<u>1</u>	hrs min.

9. Exact Occupation — Did this work for — yrs.

10. Industry or Business — Date last worked —

11. Birthplace Rexburg Idaho (City or town) (State or foreign country)

12. Name Ralph Daniel Miller

13. Birthplace Parker Idaho (City or town) (State or foreign country)

14. Maiden name Worlene Miller

15. Birthplace Parker Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Ralph Daniel Miller

and Address Parker Idaho

17. (a) Burial (b) Date thereof Aug 12-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Parker Idaho

18. Funeral Director's OWN Signature William M. Hanson

and Address St. Anthony Idaho

19. (a) 8/14/48 (b) Thos H. Young  
(Date received and filed) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Aug. 11, 1948  
(Month, Day, Year) at 3:30 o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1948 to Aug. 11, 1948  
I last saw him alive on Aug. 10, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature Infant Duration 159X

Due to Craniocerebral Rupture

Due to Spontaneous

Other conditions —

(Include pregnancy within 3 months of death)

Where was disease contracted? —

Name of operation Manual Delivery

Major finding —

Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature H. B. Rigby M.D.  
(M. D. or other) and Address Parker Idaho Date 8-11-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States *IN* RECEIVED  
Department of Commerce SEP 13 1948 **Certificate Of Death**  
Bureau of the Census DIVISION OF VITAL STATE OF IDAHO

State File No. *3085*  
Local Reg. No. *39*  
Reg. Dist. No. *630*

1. PLACE OF DEATH:

- (a) County *Madison*  
(b) City or town *Prepburg*  
(c) Street Address or R. F. D. No. *Prepburg*  
(d) Death Occurred Inside? *X* Outside? *city or town*  
(e) Died in a Home *Hospital* Institution *Other place*  
(f) Name Hosp. or Inst. *Richland* Stayed *days*  
(g) Lived in this county *years* months *days*

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State *Idaho* (b) County *Madison*  
(c) City or town *Prepburg*  
(d) Street Address or R.F.D. No. *Prepburg*  
(e) Deceased lived Inside? *X* Outside? *city or town*  
(f) Citizen of what country? *U.S.*  
(g) How long had deceased lived in Idaho? *47* years  
(h) Former residence (city, state) *Idaho*

3. (a) FULL NAME

*Sherry Lin Siepert*

3. (b) If veteran,

name war No.

4. Sex *Female* Color or *W*  
5. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife (c) Age of husband or wife if alive *years*

7. Date of Birth (Month, Day, Year) *Aug. 13, 1948*

8. AGE Years Months Days If less than 1 day *22 hrs min.*

9. Exact Occupation Did this work for *years*

10. Industry or Business Date last worked

11. Birthplace *Prepburg, Idaho* (City or town) (State or foreign country)

12. Name *Merlin Siepert*

13. Birthplace *Idaho* (City or town) (State or foreign country)

14. Maiden name *Ida Thomas*

15. Birthplace *Idaho* (City or town) (State or foreign country)

16. Informant's OWN Signature *Merlin Siepert* and Address *Prepburg, Idaho*

17. (a) *Burial* (b) Date thereof *8/15/48* (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: *Burton*

18. Funeral Director's OWN Signature *Merlin Siepert* and Address *Prepburg, Idaho*

19. (a) *8-15-48* (b) *Merlin Siepert* (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *Aug 13* 19*48*  
at *8* o'clock *A*. M.

21. I HEREBY CERTIFY, That I attended deceased from *Aug 8* 19*48* to *Aug 14* 19*48*.  
I last saw her alive on *Aug 14* 19*48*, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *premature birth* Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *—* Suicide? *—* Homicide? *—*  
Occurred *19* City, county, state

where violence occurred

Place of Violence: Home *—* Farm *—* Industry *—*

Public Place *—* While at work? *—*

Means of injury

23. Attendant's OWN Signature *Merlin Siepert* and Address *Prepburg, Idaho* Date *8-15-48*

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 13 1948

STATE OF IDAHO

# Certificate Of Death

STATE OF IDAHO

State File No. 3086

Local Reg. No. 32

Reg. Dist. No. 630

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Rebberg  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 48 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Rebberg  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mary Sillitto Simmons

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or W 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female 6. (b) Name of husband or wife George W. Simmons 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March 19, 1869

8. AGE Years 79 Months 4 Days 29 If less than 1 day hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Bristol Staffordshire, England (City or town) (State or foreign country)

12. Name Moses Sillitto  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Rebecca Herrick  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Myrtle Farmer and Address Rebberg

17. (a) Burial (b) Date thereof 8/20/48 (Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Rebberg

18. Funeral Director's OWN Signature Burial & Cremation and Address Rebberg, Idaho

19. (a) 8-19-48 (b) Mrs. W. E. Young (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 17 1948  
at 8:30 p.m.

21. I HEREBY CERTIFY, That I attended deceased from June 10 1948, to Aug 17 1948. I last saw her alive on 8/17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility Duration \_\_\_\_\_

Due to Chronic myocarditis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature M. J. Righy M.D. and Address Rebberg, Idaho (For additional space, see reverse side)

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SEP 13 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **3087**  
Local Reg. No. **33**  
Reg. Dist. No. **630**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Madison**  
(b) City or town **Rebberg**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Madison**  
(c) City or town **Rebberg**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **Nela Jean Marshall**

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or race **Cauc.**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **July 25, 1948**

8. AGE

Years	Months	Days	If less than 1 day
		<b>24</b>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Rebberg Idaho**  
(City or town) (State or foreign country)

12. Name **Nela Jean Marshall**  
13. Birthplace **Huntington, W. Va.**  
(City or town) (State or foreign country)  
14. Maiden name **Legg**  
15. Birthplace **St. Anthony, Mo.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Blanche Perryman**  
and Address **822 Rebberg Idaho**

17. (a) **Burial** (b) Date thereof **8/21/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Rebberg Idaho**

18. Funeral Director's OWN Signature **Franklin H. Hannon**  
and Address **Rebberg Idaho**

19. (a) **8-21-48** (b) **Mr. H. E. Young**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Aug 19 1948**  
at **10:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **7/25 1948** to **8/19 1948**  
I last saw her alive on **8/19 1948**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

**undetermined prematurity**  
Due to \_\_\_\_\_

**Head on arrival**  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation **Iron Date** \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **none**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **M. J. Rigby**  
and Address **Rebberg Idaho** Date **8/19 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 13 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1046

State File No. 3088

Local Reg. No. 34

Reg. Dist. No. 630

1. PLACE OF DEATH: **STATISTICS**
- (a) County Madison  
(b) City or town Reeburg  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Reeburg Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Tremont  
(c) City or town Ashton  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Nancy Dawn Davis

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race White  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Aug 21, 1948

8. AGE

Years	Months	Days	If less than 1 day
			<u>3 hrs 10 min.</u>

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Reeburg, Idaho (City or town) (State or foreign country)

12. Name Stephen Reese Davis  
13. Birthplace Idaho (City or town) (State or foreign country)  
14. Maiden name Willa Ann Murdock  
15. Birthplace Reeburg, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Stephen P. Davis  
and Address Ashton, Idaho

17. (a) Burial (b) Date thereof 9/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ashton

18. Funeral Director's OWN Signature Wynne H. Hays  
and Address Reeburg, Idaho

19. (a) 8-21-48 (b) Mrs. H. E. Young  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Aug 21 1948  
(Month, Day, Year) at 4:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 21 1948, to Aug 21 1948.  
I last saw h. alive on Aug 21 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature 6 1/2 months Duration \_\_\_\_\_

Due to Placenta Praevia & hemorrhage

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D. H. Hays, M.D.  
and Address Reeburg, Idaho Date 21 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 13 1948

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3089  
Local Reg. No. 36  
Reg. Dist. No. 630

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Madison  
(b) City or town Rexburg  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. Rigby Stayed 1 days  
(g) Lived in this county 0 years 0 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Salt Lake City, Ut.

## 3. (a) FULL

NAME Hazel Mae Gordon

## 3. (b) If veteran, name war

X

## 3. (c) Social Security No.

X

## 5. Color or

4. Sex Female race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leo Gordon

6. (c) Age of husband or wife if alive 59 years

## 7. Date of Birth

(Month, Day, Year) Dec. 31, 1889

8. AGE	Years	Months	Days	If less than 1 day
	58	7	23	hrs. min.

9. Exact Occupation Housewife Did this work for Life yrs.

10. Industry or Business Housewife Date last worked 8/24/48

11. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

12. Name George H. Walton

13. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

14. Maiden name Laura Harwood

15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hazel Mae Gordon  
and Address Rigby Idaho

17. (a) Buried (b) Date thereof 8 27 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pioneer Cemetery Rigby

18. Funeral Director's OWN Signature C. B. Chappell  
and Address Rigby Idaho

19. (a) 9-8-48 (b) W. H. Young  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 24, 1948 19  
at 6:45 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from    19    to    19   

I last saw her    alive on August 24, 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Auto accident.  
Recreation, School.  
Due to multiple lacerated wounds.

Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide?    Homicide?   

Occurred Aug 24, 1948 19    City, county, state

where violence occurred Teton county

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury Auto accident, Highway 20

23. Attendant's OWN Signature H. B. Rigby M.D.  
(M. D. or other)

and Address Rexburg, Idaho Date 9-3 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

SEP 13 1948

# CERTIFICATE OF DEATH

OFFICE OF VITAL

STATE OF IDAHO

1948

State File No. 3090  
Local Reg. No. 29  
Reg. Dist. No. 631

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Rehburg  
(c) ~~Street Address~~ or R. F. D. No. 4  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 44 years 44 months 44 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these).

- (a) State Idaho (b) County Madison  
(c) City or town Rehburg  
(d) Street Address or R. F. D. No. 1  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Elizabeth Earl Lee

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Female 5. Color or race White  
(a) Single, widowed, married, divorced Widow  
(b) Name of husband or wife John Lee (c) Age of husband or wife if alive 44 years  
7. Date of Birth (Month, Day, Year) July 22, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>0</u>	<u>20</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Home Date last worked May 1948  
11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

12. Name Michael Earl  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Elizabeth Woolnough  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Mable L. Stevens  
and Address Route 1 - Rehburg, Idaho

17. (a) Burial (b) Date thereof 7/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rehburg, Idaho  
18. Funeral Director's OWN Signature Rolland B. Nemer  
and Address Rehburg, Idaho  
19. (a) 8-24-48 (b) Miss H. E. Young  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Aug. 11 1948  
(Month, Day, Year)  
at 10:15 P.M. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1947, to Aug. 11 1948  
I last saw her alive on Aug. 8, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Myocarditis  
Due to Senility

Due to Senility  
Other conditions Senility  
(Include pregnancy within 3 months of death)

Where was disease contracted? Senility  
Name of operation Senility Date Aug. 11, 1948  
Major finding Senility  
Finding of autopsy Senility

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Senility Suicide? Senility Homicide? Senility  
Occurred 19 City, county, state where violence occurred Rehburg, Idaho  
Place of Violence: Home Rehburg, Idaho Farm Rehburg, Idaho Industry Rehburg, Idaho  
Public Place Rehburg, Idaho While at work? Rehburg, Idaho  
Means of injury Senility  
23. Attendant's OWN Signature H. B. Nemer  
and Address Rehburg, Idaho Date Aug. 16, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 1 1948  
NON-RESIDENT  
Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3091  
Local Reg. No. 49  
Reg. Dist. No. 450

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Boise Stayed 2 days  
(g) Lived in this county 0 years 0 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State California (b) County Yuba  
(c) City or town Blather  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Calif.

3. (a) FULL NAME

Roy Lambert

3. (b) If veteran,

name war No.

3. (c) Social Security

No. 558196487

4. Sex Male Color or race White  
(a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise  
(c) Age of husband or wife if alive 24 years

7. Date of Birth  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	56	7		hrs min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

16. Informant's OWN Signature Papine

- and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof July 7, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Burial 2nd St

18. Funeral Director's OWN Signature Admiral

- and Address \_\_\_\_\_

19. (a) 8-3-48 (b) Admiral  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 5 19 48  
(Month, Day, Year)

- at 6 AM o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from July 3 19 48, to July 5 19 48

- I last saw him alive on July 3 19 48; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Pulmonary embolism Duration \_\_\_\_\_

- Due to Gun shot wound

- in right leg

- Due to Accident

- Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_

- Major finding \_\_\_\_\_

- Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

- Occurred July 3 19 48 City, county, state where violence occurred Boise, Idaho

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Admiral

- and Address Boise, Idaho Date 7-7 19 48

- (For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED Certificate Of Death**

SEP 1 1948

STATE OF IDAHO

State File No. **3092**  
Local Reg. No. **46**  
Reg. Dist. No. **450**

**1. PLACE OF DEATH: VISION OF VITAL**

- (a) County **Idaho**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **44** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Blaine**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **44** years  
(h) Former residence (city, state) **Marion**

**3. (a) FULL NAME**

**Anna Louise Hale**

**083B**

**3. (b) If veteran,**

**3. (c) Social Security**

name war **Mo** No. **no**

5. Color or **white** (a) Single, widowed, married, divorced **widow**  
6. (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **April 7 1875**

8. AGE	Years	Months	Days	If less than 1 day
	<b>73</b>	<b>4</b>	<b>7</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Ansonia Conn.** (City or town) (State or foreign country)

12. Name **Conrad Elzsch**

13. Birthplace **Hamburg Germany** (City or town) (State or foreign country)

14. Maiden name **Clara Stadach**

15. Birthplace **Hamburg Germany** (City or town) (State or foreign country)

16. Informant's OWN Signature **George Elzsch** and Address **2593 1/2 Ingle Ave. California**

17. (a) **Burial** (b) Date thereof **8-16-48** (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: **Boise Idaho**

18. Funeral Director's OWN Signature **Regina Elzsch** and Address **Boise Idaho**

19. (a) **8-23-48** (b) **Elzsch** (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **Aug. 14** 19 **48**  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from **Aug 13** 19 **48**, to **Aug 17** 19 **48**  
I last saw h. **per** alive on **Aug 17** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

**Cerebral embolism** **2 days**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Chas. H. Moore M.D.** (M.D. or other) and Address **Boise Idaho** Date **8-21-48** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3093  
Local Reg. No. 50  
Reg. Dist. No. 450

1. PLACE OF DEATH: STATISTICS
- (a) County... Blaine
- (b) City or town... Rupert
- (c) Street Address or R.F.D. No. -
- (d) Death Occurred Inside? X Outside? - city or town
- (e) Died in a Home - Hospital X Institution - Other place -
- (f) Name Hosp. or Inst. Rupert Hos. Stayed 19 days
- (g) Lived in this county - years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State... Idaho (b) County... Cassia
- (c) City or town... Declo
- (d) Street Address or R.F.D. No. RT 1
- (e) Deceased lived Inside? - Outside? X city or town
- (f) Citizen of what country? American
- (g) How long had deceased lived in Idaho? 11 years
- (h) Former residence (city, state) Arkansas

3. (a) FULL NAME Jessie Brichard Estes

3. (b) If veteran, name war - 3. (c) Social Security No. -

5. Color or white 6. (a) Single, widowed, married, divorced married

4. Sex Female race white 6. (b) Name of husband or wife James E. Estes

6. (c) Age of husband or wife if alive 40 years

7. Date of Birth (Month, Day, Year) September 13, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>11</u>	<u>7</u>	<u>-</u> hrs. <u>-</u> min.

9. Exact Occupation Housewife Did this work for 37 yrs.

10. Industry or Business - Date last worked -

11. Birthplace Yellville, Arkansas (City or town) (State or foreign country)

12. Name Joseph F. Brichard (City or town) (State or foreign country)

13. Birthplace Kentucky (City or town) (State or foreign country)

14. Maiden name Josephine George (City or town) (State or foreign country)

15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature James M. Estes and Address Declo, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23 - 48 (Month) (Day) (Year)

(c) Place Burial

18. Funeral Director's OWN Signature Alta J. Payne and Address Burley, Idaho

19. (a) 8-23-48 (Date received and filed) (b) W. H. Shores (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 20 1948  
at 2:05 o'clock P.M.

21. HEREBY CERTIFY, That I attended deceased from June 21 1948 to Aug 20 1948  
I last saw her alive on June 21 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute glomerular nephritis  
Due to hypertension and  
Due to edema  
Other conditions coronary sclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? -  
Name of operation - Date -  
Major finding -  
Finding of autopsy -

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? - Suicide? - Homicide? -  
Occurred - 19 - City, county, state where violence occurred -

Place of Violence: Home - Farm - Industry -  
Public Place - While at work? -

Means of injury -  
23. Attendant's OWN Signature Therapy Md (M. D. or other)

and Address Rupert, Idaho Date Aug 23 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States

Department of Commerce

Bureau of the Census

AUG 19 1948

# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

STATISTICS

State File No.

3094

Local Reg. No.

41

Reg. Dist. No.

450

## 1. PLACE OF DEATH:

- (a) County MINADOKA  
(b) City or town RUPERT  
(c) Street Address or R.F.D. No. R.F.D.  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. — Stayed — days  
(g) Lived in this county 5 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County MINADOKA  
(c) City or town RUPERT  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 3.5 years  
(h) Former residence (city, state) BURLEY, IDAHO

## 3. (a) FULL NAME

RALPH KENT FORGEON

093E

## 3. (b) If veteran,

name war —

## 3. (c) Social Security

No. NONE

## 4. Sex MALE race WHITE

## 6. (b) Name of husband or wife ROSETTA LEE

## 7. Date of Birth (Month, Day, Year) MAY 14 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>2</u>	<u>18</u>	hrs min.

## 9. Exact Occupation FARMER

## 10. Industry or Business —

## 11. Birthplace COKEVILLE, WYOMING

## 12. Name VICTOR LOUIS FORGEON

## 13. Birthplace PARIS, FRANCE

## 14. Maiden name SARA FRANCIS TANNER

## 15. Birthplace SALT LAKE CITY, UTAH

## 16. Informant's OWN Signature Mr. J. Grover Rush

## and Address 271-9-4 Ave. S.E.C. Utah

## 17. (a) BURIAL (b) Date thereof 8/5/48

## (c) Place: Burley, Idaho

## 18. Funeral Director's OWN Signature Ralph S. Payne

## and Address Burley, Idaho

## 19. (a) 8-4-48 (b) —

## MEDICAL CERTIFICATE OF DEATH

094A

## 20. DATE OF DEATH (Month, Day, Year) 8 — 2 19 48

## at 5 o'clock PM

## 21. I HEREBY CERTIFY, That I attended deceased from — to 8-2-48

## I last saw him alive on June 12 19 48 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Myo. Carditis

## Due to Coronary occlusion?

## Due to —

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation — Date —

## Major finding —

## Finding of autopsy —

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

## Occurred — 19 — City, county, state

## where violence occurred —

## Place of Violence: Home — Farm — Industry —

## Public Place — While at work? —

## Means of injury —

## 23. Attendant's OWN Signature Ralph S. Payne MD

## and Address Burley, Idaho Date 8-2 19 48

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 1 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. **m 3095**  
Local Reg. No. **47**  
Reg. Dist. No. **450**

## DIVISION OF VITAL

### 1. PLACE OF DEATH: STATISTICS

- (a) County **Minidoka**  
(b) City or town **Paul**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. .... Stayed. .... days  
(g) Lived in this county **13** years **13** months **13** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Minidoka**  
(c) City or town **Paul**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **US**  
(g) How long had deceased lived in Idaho? **21** years  
(h) Former residence (city, state) **Colorado**

### 3. (a) FULL NAME

**David Weimer**

**093D**

### 3. (b) If veteran,

name war

### 3. (c) Social Security

No. ....

5. Color or **W** (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** . race **White**  
6. (b) Name of husband or wife **Katherine** 6. (c) Age of husband or wife if alive **76** years  
7. Date of Birth (Month, Day, Year) **Dec 16 1872**

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>7</b>	<b>11</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for .... yrs.  
10. Industry or Business .... Date last worked ....  
11. Birthplace **New Weimer, Russia** (City or town) (State or foreign country)

12. Name **David Weimer**  
13. Birthplace **Russia** (City or town) (State or foreign country)  
14. Maiden name **Sulach**  
15. Birthplace **Russia** (City or town) (State or foreign country)

16. Informant's OWN Signature **David Weimer**  
and Address **Paul, Idaho**

17. (a) **Burial** (b) Date thereof **8-11-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Paul, Idaho**

18. Funeral Director's OWN Signature **Robert E. ...**  
and Address **Paul, Idaho**

19. (a) **8-23-48** (b) **Robert E. ...**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

**1620**

20. DATE OF DEATH (Month, Day, Year) **Aug 7 1948**  
at **7** o'clock **PM**

21. I HEREBY CERTIFY, That I attended deceased from **June 1943** to **Aug 7 1948**  
I last saw h. alive on **Aug 7 1948**; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Myocardial**

### Duration

**5 years**

- Due to ....  
Due to **Scrub**  
Other conditions **Scrub**  
(Include pregnancy within 3 months of death)

- Where was disease contracted? **PHYSICIAN**  
Name of operation .... Date ....  
Major finding ....  
Finding of autopsy ....

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? .... Suicide? .... Homicide? ....  
Occurred **19** City, county, state  
Where violence occurred  
Place of Violence: Home **19** Farm **19** Industry **19**  
Public Place **19** While at work? **19**  
Means of injury **19**

23. Attendant's OWN Signature **Robert E. ...**  
(M. D. or other)  
and Address **Paul, Idaho** Date **8-11-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 23 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 3096  
Local Reg. No. 147  
Reg. Dist. No. 220

1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. St. Joseph Stayed 6 weeks  
(g) Lived in this county 6 years 6 months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.H.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

George Bellekanicz

055E

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

5. Color or race white  
6. (a) Sex male (b) Single, widowed, married, divorced single  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) 4-23-1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>3</u>	<u>14</u>	hrs min.

9. Exact Occupation Laborer Did this work for ..... yrs.  
10. Industry or Business Lumber Date last worked March 1948  
11. Birthplace Austria (City or town) (State or foreign country)

12. Name Ivan Bellekanicz  
13. Birthplace Austria (City or town) (State or foreign country)  
14. Maiden name Julia Svadeba  
15. Birthplace Austria (City or town) (State or foreign country)

16. Informant's OWN Signature J. Vasser  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 8-12-48 (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Vincent V. Vasser  
and Address Lewiston, Idaho

19. (a) Aug. 14, 1948 (b) Donna Jean Akert (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8-7 1948  
at 10:30 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from 3/8 1948 to 8/7 1948.  
I last saw him alive on 8/7 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

myocardial infarction

Duration

Due to Coronary Artery disease

Due to High blood pressure and  
Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? when

Name of operation ..... Date .....

Major finding

Finding of autopsy not done

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred 20 miles 1948 City, county, state where violence occurred 20 miles  
Place of Violence: Home ☒ Farm ☐ Industry ☐  
Public Place ☒ While at work? ☐

Means of injury none

23. Attendant's OWN Signature Joseph E. Buehler  
and Address Box 114 5-55 Date 8/12/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 26 1948

DIVISION OF VITAL

STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3097  
Local Reg. No. 153  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution X Other place  
(f) Name Hosp. or Inst. St. Joseph's Stayed 13 days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Mrs. Julia S. Auer

3. (b) If veteran, name war ..... No. 502-03-4434  
5. Color or .....  
6. (a) Single, widowed, married, divorced Married  
(b) Name of ~~husband~~ or husband Pete or Wife alive ..... years  
7. Date of Birth (Month, Day, Year) 6/9/05

8. AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>1</u>	<u>29</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Ca. (City or town) (State or foreign country)

- Mother { 12. Name No record  
13. Birthplace ..... (City or town) (State or foreign country)  
14. Maiden name No record  
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's OWN Signature Pete S. Auer  
and Address Lewiston, Idaho.

17. (a) Burial (b) Date thereof 8/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Lewiston, Idaho.

18. Funeral Director's Vassar-Bawls Funeral Home  
OWN Signature by W. Vassar  
and Address Lewiston, Idaho.

19. (a) Aug 26, 1948 (b) Donna Jean Ockert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 109B

20. DATE OF DEATH (Month, Day, Year) August 8 1948  
at 11:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 1947, to Aug. 8 1948  
I last saw her alive on Aug. 8 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Apnea Duration 1 day  
Due to Pneumonia 1 day

Due to Selera Burns (Vabod) 2 wks  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? ..... Homicide? .....  
Occurred July 27, 1948 19..... City, county, state where violence occurred Lewiston, Idaho  
Place of Violence: Home X Farm ..... Industry .....  
Public Place ..... While at work? no  
Means of injury Flames from burning house

23. Attendant's OWN Signature K. C. Keeler, M.D. (M. D. or other)  
and Address Summit, Id. Date 8-11-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
Certificate Of Death

AUG 23 1948

DEPARTMENT OF VITAL STATISTICS

STATE OF IDAHO

State File No. 3098  
Local Reg. No. 143  
Reg. Dist. No. 220

1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston,  
(c) Street Address or R.F.D. No. 1507 19th Ave.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston,  
(d) Street Address or R.F.D. No. 1507 19th Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) North Dakota

3. (a) FULL NAME

KNUD OLE KNUDSON

3. (b) If veteran,  
name war

NO

3. (c) Social Security  
No.

NONE

4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or  
wife Anna

6. (c) Age of husband or wife if  
alive 89 years

7. Date of Birth  
(Month, Day, Year)

Oct. 4, 1858

8. AGE	Years	Months	Days	If less than 1 day
<u>89</u>	<u>10</u>	<u>4</u>	<u>hrs</u>	<u>min.</u>

9. Exact Occupation Retired Farmer Did this work for 53 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 12 yrs

11. Birthplace Waupaca, Wis.  
(City or town) (State or foreign country)

12. Name Ole Knudson

13. Birthplace Norway  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Norway  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Cora Knudson

and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 8-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by W.H. Melton

and Address Lewiston, Idaho

19. (a) August 11, 1948 (b) Corra Jean Eckert  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 9, 1948  
(Month, Day, Year) at 10:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from July 23 1948, to Aug 4 1948

I last saw h. 1 AM, alive on Aug 4 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia Duration \_\_\_\_\_

Due to Consecutive Heart Failure

Due to Old age

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature Dr. W. Smith M.D.

and Address Lewiston, Idaho Date Aug 10, 1948  
(For additional space, use reverse side)

Dr. W. Smith

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

45-408191  
United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
AUG 23 1948  
DIVISION OF VITALS  
Certificate Of Death  
STATE OF IDAHO

458  
State File No. 3099  
Local Reg. No. 148  
Reg. Dist. No. 220

1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Joseph's Stayed 2 days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1507-G St  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Patricia Ann Wright

3. (b) If veteran, name war no 3. (c) Social Security No. no  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Female race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 18, 1945

8. AGE	Years	Months	Days	If less than 1 day
	<u>3</u>	<u>2</u>	<u>23</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

- Mother Father  
12. Name Jess Overett  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name Lisle Ackey  
15. Birthplace Olona Montana (City or town) (State or foreign country)

16. Informant's OWN Signature Thomas Wright  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof Aug, 14, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's Vassar-Bawls Funeral Home  
OWN Signature by [Signature]  
and Address Lewiston, Idaho

19. (a) Aug 14, 1948 (b) Thomas Ann Ackey  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 108X

20. DATE OF DEATH (Month, Day, Year) Aug, 9, 1948 19 \_\_\_\_\_  
at 5:20 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 9 19 48  
to Aug 9 19 48

I last saw her alive on Aug 9 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: pneumococcal meningitis Duration 3 hrs.

Due to Bacterial pneumonia 24 hr

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John E. Carson (M. D. or other)  
and Address Boise Date 8-12-19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED**  
**Certificate Of Death**  
AUG 23 1948  
STATE OF IDAHO

State File No. 3100  
Local Reg. No. 146  
Reg. Dist. No. 220

**1. PLACE OF DEATH: STATISTICS**

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 527-Prospect  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 15 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 527-Prospect  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Wash

**3. (a) FULL NAME**

Grover Rudolph Beckman

3. (b) If veteran, name war No. 533-01-8070  
5. Color or White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Eva L.  
6. (c) Age of husband or wife if alive 62 years  
7. Date of Birth (Month, Day, Year) April 25, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>3</u>	<u>15</u>	hrs min.

9. Exact Occupation Manager Did this work for 30 yrs.  
10. Industry or Business Lewiston Div. W.W. Date last worked 8-9-48  
11. Birthplace Syracuse, Neb. (City or town) (State or foreign country)

12. Name No Record  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name No Record  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Grover Beckman  
and Address Lewiston, Idaho.

17. (a) Burial (b) Date thereof 8-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho.

18. Funeral Director's Vassar-Rawls Funeral Home  
OWN Signature by W. Vassar  
and Address Lewiston, Idaho.

19. (a) Aug. 14, 1948 (b) Norman J. Inkert  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH Aug. 10, 1948 19 48  
(Month, Day, Year) at 3:40 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1948, to Aug. 15, 1948.  
I last saw him alive on Aug. 30, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 10 min.

Due to Coronary occlusion

Due to Heart attack  
Other conditions Expired  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date  
Major finding Underline the cause to which death should be charged statistically.  
Finding of autopsy Exp. 10/15/48

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

- Means of injury John E. Carson  
23. Attendant's OWN Signature John E. Carson (M.D. or other)  
and Address Idaho Date 8-12-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 23 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3101  
Local Reg. No. 145  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez. Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 1126-Idaho st  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 20 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston, Idaho.  
(d) Street Address or R.F.D. No. 1126-Idaho St  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Wash.

## 3. (a) FULL NAME

Henry Niebuhr

3. (b) If veteran, name war no 3. (c) Social Security No. 519-03-5196  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Dec. 4 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>9</u>	<u>7</u>	hrs min.

9. Exact Occupation Sawfiler Did this work for 15 yrs.  
10. Industry or Business Self Date last worked 8-10-48  
11. Birthplace Germany (City or town) (State or foreign country)

12. Name Geo Niebuhr  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Mary Maier  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Anna Hazelton  
and Address Lewiston, Idaho.

17. (a) Burial (b) Date thereof 8-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho.

18. Funeral Director's Vassar, Rawls Funeral  
OWN Signature by John Vassar  
and Address Lewiston, Idaho.

19. (a) Aug. 14, 1948 (b) Donna Jean Ackert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 11 1948 19  
at about 1:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hung him self some time in the early morning  
Due to the early morning

Due to the early morning  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? X Homicide? Occurred Aug 11 1948 City, county, state where violence occurred Lewiston, NezPerce, Ida.  
Place of Violence: Home ☒ Farm ☐ Industry ☐ Public Place ☐ While at work? ☐  
Means of injury Same as above

23. Attendant's Andrew H. Vassar Coroner.  
OWN Signature Andrew H. Vassar (or other)  
and Address Lewiston, Ida Date 8-11-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 23 1948

NON-RESIDENT  
Certificate of Death

STATE OF IDAHO

State File No. 3102  
Local Reg. No. 144  
Reg. Dist. No. 220

1. PLACE OF DEATH:
- (a) County. **Nez Perce**
- (b) City or town. **Lewiston**
- (c) Street Address or R.F.D. No. - - - - -
- (d) Death Occurred Inside? ☒ Outside? - - - - - city or town
- (e) Died in a Home. ☒ Hospital. ☒ Institution. ☐ Other place. - - - - -
- (f) Name Hosp. or Inst. **St. Joseph** Stayed. **1** days
- (g) Lived in this county. - - - - - years. - - - - - months. **1** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State. **Washington** (b) County. **Asotin**
- (c) City or town. **Anatone**
- (d) Street Address or R.F.D. No. - - - - -
- (e) Deceased lived Inside? - - - - - Outside? ☒ city or town
- (f) Citizen of what country? **USA**
- (g) How long had deceased lived in Idaho? - - - - - years
- (h) Former residence (city, state). **Washington**

3. (a) FULL NAME **Nellie May Shumaker**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**
5. Color or **F** race. **W**
4. Sex **F** race. **W**
6. (b) Name of husband or wife **C L**
6. (c) Age of husband or wife if alive. **68** years

7. Date of Birth (Month, Day, Year) **July 26, 1887**

8. AGE	Years	Months	Days	If less than 1 day
	<b>61</b>	<b>- -</b>	<b>16</b>	hrs. min.

9. Exact Occupation. **At Home** Did this work for - - - yrs.
10. Industry or Business. - - - - - Date last worked. - - -
11. Birthplace. **Asotin County Washington** (City or town) (State or foreign country)

12. Name. **Andrew Mosier**
13. Birthplace. **USA** (City or town) (State or foreign country)

14. Maiden name. **May Jilson**
15. Birthplace. **USA** (City or town) (State or foreign country)

16. Informant's OWN Signature. **Nellie Shumaker**
- and Address. **Anatone, Washington**

17. (a) **Removal** (b) Date thereof. **8/13/48** (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place. **Clarkston, Washington**

18. Funeral Director's OWN Signature. **W.C. Merchant**
- and Address. **Clarkston, Washington**

19. (a) **Aug 13, 1948** (b) **Norma Van Derent** (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **August 12** 19 **48**  
at **7:00** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **October 19 47** to **August 12 19 48**.  
I last saw her alive on **August 12** 19 **48**.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac failure** Duration **1 month**

Due to **Branchial asthma** over 20 yrs.

Due to. - - - - -  
Other conditions. - - - - -  
(Include pregnancy within 3 months of death)

Where was disease contracted? - - - - -  
Name of operation. - - - - - Date. - - - - -  
Major finding. - - - - -  
Finding of autopsy. - - - - -

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? - - - - - Suicide? - - - - - Homicide? - - - - -
- Occurred. - - - - - 19 - - - - - City, county, state where violence occurred.
- Place of Violence: Home. - - - - - Farm. - - - - - Industry. - - - - -
- Public Place. - - - - - While at work? - - - - -

- Means of injury. - - - - -  
23. Attendant's OWN Signature. **B R Stein MD** (M D or other)  
and Address. **307 S. 1st** Date. **Aug 13** 19 **48**.  
(For additional cause of death use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 23 1948

DIVISION OF VITAL

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3103  
Local Reg. No. 149  
Reg. Dist. No. 220

1. PLACE OF DEATH: STATISTICS
- (a) County Her Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed -1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months -1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Wash. (b) County \_\_\_\_\_  
(c) City or town Everett  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? -1 years  
(h) Former residence (city, state) Everett, Wash.

3. (a) FULL NAME C. B. Christie

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced widowed  
4. Sex male race white  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) 11-22-1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>8</u>	<u>22</u>	hrs min.

9. Exact Occupation no record Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace England (City or town) (State or foreign country)

- Mother Father  
12. Name no record  
13. Birthplace no record (City or town) (State or foreign country)  
14. Maiden name no record  
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's OWN Signature C. B. Christie  
and Address Spokane, Washington

17. (a) removal (b) Date thereof 8-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Davids Lake, H. D.

18. Funeral Director's OWN Signature Union U. Vasser  
and Address Lewiston, Idaho

19. (a) Aug 16 1948 (b) Anna Van Ockert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8-14 19 48  
at 9:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 8-14-48 19, to 8-14-48 19  
I last saw h. im alive on Dead when seen; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
<u>Crushing injury left thorax</u>	<u>2 hrs</u>
<u>fracture comp. comm. <del>right</del> right forearm</u>	<u>2 hrs</u>
<u>Shock</u>	<u>2 hrs</u>
Other conditions _____ (Include pregnancy within 3 months of death)	

- Where was disease contracted? Unknown  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 8-14-48 19 \_\_\_\_\_ City, county, state where violence occurred Near Anatone, Wash.  
Place of Violence: Home - Farm - Industry -  
Public Place Highway While at work? no  
Means of injury Collision between trucks

23. Attendant's OWN Signature W.S. Douglas MD  
(M. D. or other)  
and Address Lewiston, Idaho Date Aug 16 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

1948

State File No. 3101  
Local Reg. No. 149-A  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 1227-Idaho  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 43 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1227-Idaho St  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

Henry Block

3. (b) If veteran, name war no No. ☐  
5. Color or White 6. (a) Single, widowed, married, divorced Divorced  
4. Sex Male race White  
6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth (Month, Day, Year) April 9 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>4</u>	<u>6</u>	hrs min.

9. Exact Occupation Retired Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace Arlington Minn (City or town) (State or foreign country)  
Mother Father { 12. Name Michel Block  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Amelia Kurtzweg  
15. Birthplace Minn. (City or town) (State or foreign country)

16. Informant's OWN Signature Mable Bertalan  
and Address Lewiston Idaho

17. (a) Burial (b) Date thereof 8/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cameron, Idaho

18. Funeral Director's Vassar-Rawls Funeral Home  
OWN Signature by W. H. Vassar  
and Address Lewiston, Idaho

19. (a) Aug. 19, 1948 (b) Norma Jan Ockert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Aug. 15, 1948 19  
(Month, Day, Year) at about 11:30 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Gun shot in abdomen Duration ☐

Due to self inflicted -----

Due to -----

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? yes Homicide? ☐  
Occurred Aug. 15, 1948 City, county, state where violence occurred Lewiston, NezPerce, Ida.  
Place of Violence: Home ☒ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury Same as above

23. Attendant's OWN Signature Andrew P. Vassar Coroner  
(or other)

and Address Lewiston, Idaho Date 8/16 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 23 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3195  
Local Reg. No. 151  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 357-Delsol Lane  
(d) Death Occurred Inside? x Outside?    city or town  
(e) Died in a Home x Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 15 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 357-Delsollane  
(e) Deceased lived Inside? x Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Peter Dion M'mory( Memory)

## 3. (b) If veteran,

name war   

## 3. (c) Social Security

No.   

5. Color or    6. (a) Single, widowed, married, divorced     
4. Sex Male race White  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

## 7. Date of Birth (Month, Day, Year) Nov, 3, 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>10</u>	<u>13</u>	hrs min.

## 9. Exact Occupation Retired Did this work for    yrs.

## 10. Industry or Business    Date last worked

## 11. Birthplace Texas (City or town) (State or foreign country)

## 12. Name no record

## 13. Birthplace    (City or town) (State or foreign country)

## 14. Maiden name no record

## 15. Birthplace    (City or town) (State or foreign country)

## 16. Informant's Papers found on him & county OWN Signature Records

## and Address

## 17. (a) Burial (b) Date thereof 8/20/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Lewiston, Idaho.

## 18. Funeral Director's Vassar-Rawls Funeral Home OWN Signature by J. H. Vassar

## and Address Lewiston, Idaho.

## 19. (a) Aug 19, 1948 (b) John C. ... (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Aug, 16, 1948 19 at about 8:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from    19   , to    19

I last saw h.    alive on    19   ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Apparently a heart attack Duration   

Due to   

Due to   

Other conditions    (Include pregnancy within 3 months of death)

Where was disease contracted?    PHYSICIAN   

Name of operation    Date    Underline the cause to which death should be charged statistically.

Major finding   

Finding of autopsy   

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

## 23. Attendant's Andrew H. Vassar OWN Signature Coroner

and Address Lewiston, Idaho Date 8/17/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
**RECEIVED**  
**AUG 23 1948**  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3100  
Local Reg. No. 150  
Reg. Dist. No. 220

## 1. PLACE OF DEATH: STATISTIC

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. 932 Prospect Ave.  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. Home Stayed    days  
(g) Lived in this county 41 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 932 Prospect Ave.  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Julia Alice Ankney

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Married Single widowed married  
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive dec. years  
7. Date of Birth (Month, Day, Year) August 10, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>0</u>	<u>7</u>	hrs min.

9. Exact Occupation House Wife Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Eau Clair, Wisconsin  
(City or town) (State or foreign country)

12. Name Ezra Sisson  
13. Birthplace Wis.  
(City or town) (State or foreign country)  
14. Maiden name Amelia Plemmon  
15. Birthplace Wis.  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. A. Ankney  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 8-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by J. H. Malcom  
and Address Lewiston, Idaho

19. (a) Aug. 18, 1948 (b) Donna J. Ackert  
(Date received and filed) (Registrar's signature)

## 20. MEDICAL CERTIFICATE OF DEATH 083B

- DATE OF DEATH August 17 1948  
(Month, Day, Year) at 10:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 21, 1948, to Aug 17, 1948  
I last saw her alive on Aug. 17, 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Acute Paratyphoid, bilateral Duration 2 days  
Broncho pneumonia 2 days  
Due to Cerebral thrombosis  
Uncomplicated arteriosclerosis  
Due to arteriosclerosis. Heart  
Other conditions absent  
(Include pregnancy within 3 months of death)

- Where was disease contracted? Idaho  
Name of operation None Date     
Major finding     
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature O. M. Mackey, Jr., M.D.  
and Address 707-11th St. Date Aug 18, 1948  
(M. D. or other) (For additional space, use reverse side)

Dr. Oliver Mackey

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 23 1948

DIVISION OF VITAL STATISTICS

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. 3107  
Local Reg. No. 152  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No.                       
(d) Death Occurred Inside? ☒ Outside?                      city or town  
(e) Died in a Home                      Hospital ☒ Institution                      Other place                       
(f) Name Hosp. or Inst. St. Joseph Stayed 3 days  
(g) Lived in this county                      years                      months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. Route 1  
(e) Deceased lived Inside?                      Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho?                      years  
(h) Former residence (city, state)

3. (a) FULL NAME William Gerald Howlett Jr

3. (b) If veteran, name war                      3. (c) Social Security No.                       
5. Color or                      6. (a) Single, widowed, married, divorced Single  
4. Sex M race W  
6. (b) Name of husband or wife                      6. (c) Age of husband or wife if alive                      years

7. Date of Birth (Month, Day, Year) August 16, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>  </u>	<u>  </u>	<u>3</u>	hrs. min.

9. Exact Occupation Infant Did this work for    yrs.  
10. Industry or Business                      Date last worked

11. Birthplace Lewiston, Idaho  
(City or town) (State or foreign country)

12. Name William G Howlett Sr.

13. Birthplace Wausau, Wisconsin  
(City or town) (State or foreign country)

14. Maiden name Afton Nielsen

15. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature William G. Howlett  
and Address Clarkston, Washington

17. (a) Removal (b) Date thereof 8/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Clarkston, Washington

18. Funeral Director's OWN Signature Mc Merchant  
and Address Clarkston, Washington

19. (a) Aug 20, 1948 (b) Donna Jean Ackert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 19, 1948  
at 5:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 16 Aug 1948 to 19 August 1948  
I last saw him alive on 19 August 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Asphyxia  
Due to Aspiration  
Due to cerebral hemorrhage  
Other conditions weakness  
(Include pregnancy within 3 months of death)

Where was disease contracted?                       
Name of operation                      Date                       
Major finding                       
Finding of autopsy                     

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?                      Suicide?                      Homicide?                       
Occurred                      19                      City, county, state  
where violence occurred                       
Place of Violence: Home                      Farm                      Industry                       
Public Place                      While at work?                     

Means of injury                       
23. Attendant's OWN Signature John W. Finley, MD  
(M D or other)  
and Address 307 St Johns way date 20 Aug 1948  
(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
AUG 30 1948  
NON-RESIDENT  
Certificate of Death  
STATE OF IDAHO  
STATISTICS

1948  
State File No. 3108  
Local Reg. No. 155  
Reg. Dist. No. 220

1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. Interstate Bridge  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. 1100 6th Street  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) Washington

3. (a) FULL NAME LEON (LEE) MORRIS

3. (b) If veteran, name war ☐ Social Security No. ☐  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Harriet  
6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) October 8, 1871

8. AGE	Years	Months	Days	If less than 1 day
<u>76</u>	<u>76</u>	<u>10</u>	<u>16</u>	hrs. min.

9. Exact Occupation Retired Merchant Did this work for Life yrs.  
10. Industry or Business Retail Drygoods Date last worked 1945  
11. Birthplace Blue Earth Minnesota (City or town) (State or foreign country)  
Father { 12. Name Joe Morris  
13. Birthplace Unknown (City or town) (State or foreign country)  
Mother { 14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature P. W. Kienle and Address Clarkston, Washington

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 26, 1948 (Month) (Day) (Year)  
(c) Place Clarkston, Washington

18. Funeral Director's OWN Signature The Merchant and Address Clarkston, Washington

19. (a) 8/25/48 (Date received and filed) (b) Norma Jean Oberst (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 24 1948  
at 11:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from ☐ 19 ☐ to ☐ 19 ☐

I last saw h. ☐ alive on ☐ 19 ☐ death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Broken neck Duration ☐

Due to jumping off interstate bridge

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☒ Homicide? ☐

Occurred Aug 24 1948 City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☒ While at work? ☐

Means of injury same as above

23. Attendant's OWN Signature Andrew H. Vassar

and Address Lewiston, Ida Date Aug 24, 1948

(For additional space, use reverse side)

164E

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 30 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
Certificate Of Death

1948  
State File No. 3109  
Local Reg. No. 156  
Reg. Dist. No. 220

1. PLACE OF DEATH:

(a) County NezPerce  
(b) City or town Lewiston,  
(c) Street Address or R.F.D. No. ----  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. Joseph Stayed days  
(g) Lived in this county 4 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County NezPerce  
(c) City or town Lewiston,  
(d) Street Address or R.F.D. No. 321- 13th St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) -----

3. (a) FULL NAME

PLEASANT NORTON WILLIAMS

3. (b) If veteran,

name war -----

3. (c) Social Security No.

519-12-4566A

4. Sex Male race White

5. Color or White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie H.

6. (c) Age of husband or wife if alive 72 years

7. Date of Birth (Month, Day, Year)

Feb. 10, 1869

8. AGE

Years 79

Months 6

Days 14

If less than 1 day  
hrs min.

9. Exact 1937 Retired Jeweler

Did this work for 33 yrs.

10. Industry or Business

Date last worked 1937

11. Birthplace

Cassapolis,

Michigan

(City or town)

(State or foreign country)

12. Name John Williams

Unknown

13. Birthplace

(City or town)

(State or foreign country)

14. Maiden name ??

Thompson

15. Birthplace

(City or town)

Mich.

(State or foreign country)

16. Informant's

OWN Signature Minnie H. Williams

and Address Lewiston, Idaho

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 8-26-48

(c) Place: Lewiston, Idaho

18. Funeral Director's

OWN Signature Brower-Wann

H.H. Malcom

and Address Lewiston, Idaho

19. (a)

(Date received and filed) 8/27/48

(b)

(Registrar's signature) Donna Jean Roberts

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) August 24, 19 48  
at 2:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from

March 1, 1948, to August 24, 1948

I last saw h. alive on August 23, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Senile  
arteriosclerosis

Duration

Due to -----

Due to -----

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ----- Farm ----- Industry -----

Public Place -----

While at work? -----

Means of injury -----

23. Attendant's

OWN Signature Donna Jean Roberts

and Address Lewiston, Idaho Date 8-25 19 48

(For additional space, use reverse side)



Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each as completely as possible. State answers as unknown only after a careful investigation. Use BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 30 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 3110  
Local Reg. No. 120  
Reg. Dist. No. 220

1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 412-4th Ave.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 16 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 412-4th Ave.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state)

3. (a) FULL NAME

William R. Finley

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

5. Color or White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary E.  
6. (c) Age of husband or wife if alive 61 years

7. Date of Birth  
(Month, Day, Year) February 16, 1880

8. AGE	Years	Months	Days	If less than 1 day
	68	6	8	hrs min.

9. Exact Occupation retired Did this work for  yrs.

10. Industry or Business  Date last worked

11. Birthplace Jamesville, Minnesota  
(City or town) (State or foreign country)

12. Name Joseph D. Finley

13. Birthplace Appleton, Wisconsin  
(City or town) (State or foreign country)

14. Maiden name Anna De Voe

15. Birthplace no  
(City or town) (State or foreign country)

16. Informant's OWN Signature John W. Finley, MD  
and Address 412-4th Ave - Lewiston

17. (a) Burial (b) Date thereof 3-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Cheyenne, Idaho

18. Funeral Director's OWN Signature Vincent U. Vasser  
and Address Cheyenne, Idaho

19. (a) 8/28/48 (b) Hanna Jean Robert  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 1093

20. DATE OF DEATH  
(Month, Day, Year) 8-24 1948  
at 10:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from May 1948, to August 1948  
I last saw him alive on 8-24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 4 d.

Due to arteriosclerotic heart disease, & failure Over 1 year

Due to   
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?

Occurred  19  City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature B R Stein MD

(M. D. or other)

and Address 307-5th Ave Date Aug 26 1948

(For additional signatures, use reverse side)

Stein

652

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED Certificate Of Death**  
**AUG 30 1948**  
**STATE OF IDAHO**

State File No. **3111**  
Local Reg. No. **159**  
Reg. Dist. No. **220**

**1. PLACE OF DEATH:**

- (a) County **Key Person**  
(b) City or town **Lawton**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Joseph** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years **1** months **15** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State **Idaho** (b) County **Key Person**  
(c) City or town **Lawton**  
(d) Street Address or R.F.D. No. **0220-22nd St.**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **1** years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

**Diana Rae Hawkins**

**108X**

**3. (b) If veteran,**

name war \_\_\_\_\_

**3. (c) Social Security**

No. \_\_\_\_\_

5. Color or **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **July 10, 1948**

8. AGE	Years	Months	Days	If less than 1 day
		<b>1</b>	<b>15</b>	hrs min.

9. Exact Occupation **none** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **none** Date last worked \_\_\_\_\_

11. Birthplace **Lawton, Idaho** (City or town) (State or foreign country)

12. Name **H. R. Hawkins**

13. Birthplace **Kamiah, Idaho** (City or town) (State or foreign country)

14. Maiden name **Peggy Congleton**

15. Birthplace **Sheboygan, Wis.** (City or town) (State or foreign country)

16. Informant's OWN Signature **H. R. Hawkins**

- and Address **0220-22nd St. Lawton**

17. (a) **Burial** (b) Date thereof **8-28-48** (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Lawton**

18. Funeral Director's OWN Signature **U. J. J. J.**

- and Address **Lawton, Idaho**

19. (a) **8/28/48** (b) **Diana Jean Ober** (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **8-25** 19**48**  
at **10:30** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **8-25** 19**48**, to **8-25** 19**48**.

I last saw **h. r.** alive on **19**; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Duration

**acute pneumonia** **24 hours**  
Due to **pneumonia**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **home**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **M. J. J.**

and Address **Lawton, Idaho** (M. D. or other) Date **8/26 1948**  
(For additional space, use reverse side)

**H. R. Pae**

**165**

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 1 1948

# Certificate of Death

STATE OF IDAHO

NON-RESIDENT

State File No. 3112

Local Reg. No. 161

Reg. Dist. No. 22

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occurred Inside? ☒ Outside? ----- city or town  
(e) Died in a Home ----- Hospital ☒ Institution ----- Other place -----  
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days  
(g) Lived in this county ----- years ----- months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. 1232 8th Street  
(e) Deceased lived Inside? ----- Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? ----- years  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME

**VICTORIA RENEE COURTNEY**

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

## 4. Sex F race W

## 6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive ----- years

## 7. Date of Birth (Month, Day, Year) August 25, 1948

8. AGE	Years	Months	Days	If less than 1 day
<u>---</u>	<u>---</u>	<u>--</u>	<u>1</u>	hrs. min.

## 9. Exact Occupation Infant Did this work for ----- yrs.

## 10. Industry or Business ----- Date last worked -----

## 11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

## 12. Name Bill Vern Courtney

## 13. Birthplace Troy, Oregon (City or town) (State or foreign country)

## 14. Maiden name Stella May Brown

## 15. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

## 16. Informant's OWN Signature Bill Vern Courtney and Address Clarkston, Washington

## 17. (a) Removal (b) Date thereof 8/28/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Clarkston, Washington

## 18. Funeral Director's OWN Signature W. Merchant and Address Clarkston, Washington

## 19. (a) 8-30-48 (b) Anna Jean Ober (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 26 1948  
at 4:30 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from ----- 19----- to ----- 19-----

I last saw h. ----- alive on ----- 19-----;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Anaesthesia

## Duration

Due to Prementally

Due to 6 months Preg.  
Other conditions -----  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation h. pre Date -----

## Major finding

Finding of autopsy -----

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19----- City, county, state  
where violence occurred

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

## Means of injury

23. Attendant's OWN Signature Eugene J. Baerlund (M.D. or other)

and Address 1101 Main Date Aug 28 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

SEP 14 1948

STATE OF IDAHO

State File No. 3113  
Local Reg. No. 162  
Reg. Dist. No. 220

1. PLACE OF DEATH: STATISTICAL
- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph's Stayed 12 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Lewis  
(c) City or town Craigmont  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME EVERETT EUGENE VALLEM

3. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) May 2 1928

8. AGE	Years	Months	Days	If less than 1 day
	<u>20</u>	<u>3</u>	<u>25</u>	hrs min.

9. Exact Occupation P. O. Clerk Did this work for 4 mos.  
10. Industry or Business U.S. Post Office Date last worked 8-14-48  
11. Birthplace Winchester, Idaho  
(City or town) (State or foreign country)

12. Name Robert Walter Vallem  
13. Birthplace Alpine County, Calif.  
(City or town) (State or foreign country)  
14. Maiden name Cora Ester Freeburn  
15. Birthplace Garfield County, Wash.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Robert W. Vallem  
and Address Winchester, Idaho

17. (a) Removal (b) Date thereof 8-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Craigmont, Idaho

18. Funeral Director's OWN Signature St. Clair  
and Address Craigmont, Idaho

19. (a) 8-30-48 (b) Norma Jean Clark  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 132X

20. DATE OF DEATH (Month, Day, Year) August 27 1948.  
at 7:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 1946, to Aug 27 1948.  
I last saw him alive on Aug 27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

uremia

Duration

Due to Uremic Poisoning  
of Bladder

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. Scott M. D.  
(M. D. or other)

and Address Lewiston, Ida Date 19 \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

NON-RESIDENT  
RECEIVED Certificate Of Death  
SEP 1 1948  
STATE OF IDAHO

1948  
State File No. 3114  
Local Reg. No. 163  
Reg. Dist. No. 220

DIVISION OF VITAL

1. PLACE OF DEATH:

STATISTICS

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \*\*\*\*\*  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. Joseph Stayed 4 days  
(g) Lived in this county 0 years 0 months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash. (b) County Asotin  
(c) City or town Clarkston 406 2nd St.  
(d) Street Address or R.F.D. No. 406 2nd St.  
(e) Deceased lived Inside? \* Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 4dys years  
(h) Former residence (city, state)

3. (a) FULL NAME WILLIAM FREDRICK HADLEY

0838(adopted)

3. (b) If veteran, name war No 3. (c) Social Security No. 537-20-2024  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Enada 6. (c) Age of husband or wife if alive 57 years  
7. Date of Birth (Month, Day, Year) August 5, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>00</u>	<u>25</u>	hrs min.

9. Exact Occupation Realestate Did this work for  yrs.  
10. Industry or Business Houses Date last worked   
11. Birthplace Walla Walla, Washington  
(City or town) (State or foreign country)

12. Name Benjamin Myers  
13. Birthplace Holland (City or town) (State or foreign country)  
14. Maiden name Anna Mathews  
15. Birthplace Calif. (City or town) (State or foreign country)

16. Informant's OWN Signature Enada & Hadley  
and Address Clarkston, Washington  
17. (a) Burial (b) Date thereof 9-148  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by K.H. Malcom  
and Address Lewiston, Idaho

19. (a) 8-31-48 (b) Ann Jean Rebut  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 30 1948  
(Month, Day, Year) at 5:47 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 48 to Aug 30 48  
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebral embolus

Due to

Due to

Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature A. J. White, M.D.  
(M. D. or other) and Address Lewiston Date 8-30-48  
(For additional space, use reverse side)

Dr. A. J. White

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 23 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3115  
Local Reg. No. 242  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Culdesac  
(c) Street Address or R.F.D. No. Rt 3  
(d) Death Occured Inside? Outside? City or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 57 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Culdesac  
(d) Street Address or R.F.D. No. Rt 3  
(e) Deceased lived Inside? Outside? City or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 57 years  
(h) Former residence (city, state) Ore.

## 3. (a) FULL NAME William Fraser McKenzie

3. (b) If veteran, name war no 3. (c) Social Security No. no  
5. Color or race white 6. (a) Single, widowed, married, divorced married  
4. Sex male 6. (b) Name of husband or wife if Clara alive 60 years  
6. (c) Age of husband or wife if 60 years  
7. Date of Birth (Month, Day, Year) Dec. 14th 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>8</u>	<u>20</u>	hrs min.

9. Exact Occupation Farmer Did this work for 40 yrs.  
10. Industry or Business worked Date last 8-4-48  
11. Birthplace New York City, N.Y. (City or town) (State or foreign country)

12. Name Hector McKenzie  
13. Birthplace Scotland (City or town) (State or foreign country)  
14. Maiden name Fraser  
15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Clara McKenzie  
and Address Culdesac, Idaho.

17. (a) Burial (b) Date thereof 8-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho.

18. Funeral Director's Vassar-Rawls Funeral Home  
OWN Signature by R. Vassar  
and Address Lewiston, Idaho.

19. (a) August 9, 1948 (b) Ronna Jean Ockert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 4, 1948 19  
at about 1:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart attack----- Duration

Due to -----

Due to -----

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation Date Underline the cause to which death should be charged statistically.

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's Andrew P. Vassar Coroner  
OWN Signature (M.D. or other)

and Address Lewiston, Idaho. Date 8-5-48 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
AUG 30 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 3116  
Local Reg. No. 154  
Reg. Dist. No. 221

1. PLACE OF DEATH:

- (a) County Mex Perce  
(b) City or town Lewiston Orchard  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Lewiston Stayed 2 days  
(g) Lived in this county 18 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Mex Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

James R Burley

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 20, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>5</u>	<u>28</u>	hrs min.

9. Exact Occupation retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Frankfort Kentucky (City or town) (State or foreign country)

12. Name Richard Burley

13. Birthplace Frankfort Kentucky (City or town) (State or foreign country)

14. Maiden name Adelle Lusher

15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Oscar Ferguson and Address Lewiston Idaho

17. (a) Burial (b) Date thereof 8-20-48 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Lewiston Idaho

18. Funeral Director's OWN Signature W. Eastman and Address Lewiston Idaho

19. (a) 8/24/48 (b) Donna Jean (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 18 1948  
at 2:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from April 1948, to Aug 1948  
I last saw him alive on Aug 11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration

Cerebral accident and respiratory failure  
Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? Lewiston

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. Eastman (M. P. other)

and Address 4150 Wagoner Date Aug 19 48

(For additional space, use reverse side)

Lewiston, Idaho 670

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 30 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
**Certificate Of Death**

State File No. 3117  
Local Reg. No. 158  
Reg. Dist. No. 221

1. PLACE OF DEATH:
- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 1  
(d) Death Occured Inside? X city or town  
(e) Died in a Home X Hospital  Institution  Other place   
(f) Name Hosp. or Inst. Somerville Home 6 years  
(g) Lived in this county  years  months  days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside?  Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state)

3. (a) FULL NAME Mary James

3. (b) If veteran, name war  No.   
5. Color or   
6. (a) Single, widowed, married, divorced widowed  
4. Sex female race white  
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years

7. Date of Birth (Month, Day, Year) December 15, 1855

8. AGE	Years	Months	Days	If less than 1 day
	<u>93</u>	<u>8</u>	<u>5</u>	hrs min.

9. Exact Occupation none Did this work for  yrs.  
10. Industry or Business  Date last worked   
11. Birthplace Indiana (City or town) (State or foreign country)

12. Name no record  
13. Birthplace no record (City or town) (State or foreign country)  
14. Maiden name no record  
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's OWN Signature V. W. Comezys  
and Address Lewiston, Idaho

17. (a) burial (b) Date thereof 8-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Vincent W. Dasser  
and Address Lewiston, Idaho

19. (a) 8/28/48 (b) Kenna Jean Robert  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A 097X

20. DATE OF DEATH August 20, 1948  
(Month, Day, Year) at 5:05 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1948 to Aug. 18, 1948  
I last saw h. or alive on Aug 18, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory failure Duration

Due to Cerebral accident

Due to Cerebral arteriosclerosis  
Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted? Florida  
Name of operation none Date   
Major finding   
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature Kay W. Eastman  
(M. D. or other) and Address 415 W. 1st St. Date Aug 26, 1948  
(For additional space, use reverse side)

Lewiston, Ida.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 30 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3118  
Local Reg. No. 157  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town \_\_\_\_\_  
(c) Street Address or R.F.D. No. Route One Box 182B  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. Route One Box 182  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Wis.

## 3. (a) FULL NAME

Olive Josephine Davis

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced widowed  
4. Sex Female race White  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) May 28, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>3</u>	<u>28</u>	hrs min.
	<u>1891</u>	<u>5</u>	<u>28</u>	

9. Exact Occupation housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Chetek, Wisconsin  
(City or town) (State or foreign country)

12. Name Lewis Gibson  
13. Birthplace Mauston, Wis.  
(City or town) (State or foreign country)  
14. Maiden name Myrtle Calkins  
15. Birthplace Bloomer, Wis.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Marion Davis  
and Address Route One Box 182 B. Lewiston  
Burial

17. (a) \_\_\_\_\_ (b) Date thereof 8/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature E. S. Rawls  
and Address Lewiston, Idaho

19. (a) 8/28/48 (b) Wanna Jean Oakes  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 24 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to Aug. 24, 1948 19\_\_\_\_  
I last saw et alive on Aug. 24, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Carcinoma of pancreas  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation pancreatic Date Aug 24, 1948  
Major finding Carcinoma of pancreas  
Finding of autopsy pancreatic carcinoma metastases to liver  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. J. White, M.D.  
(M. D. or other) \_\_\_\_\_  
and Address Lewiston Date 8-26-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 9 - 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3119  
Local Reg. No. 25  
Reg. Dist. No. 530

## 1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Oneida Stayed 11 days  
(g) Lived in this county Life years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Dávid W. Morgan

3. (b) If veteran, name war No  
3. (c) Social Security No. 519-10-7235  
5. Color or Wh.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Leah Davis  
6. (c) Age of husband or wife if alive 60 years  
7. Date of Birth (Month, Day, Year) May 26 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>2</u>	<u>0</u>	hrs min.

9. Exact Occupation Operating Farm Machinery Did this work for 7 yrs.  
10. Industry or Business Soil Conservation Administration Date last worked 6/28/48  
11. Birthplace Malad Idaho (City or town) (State or foreign country)

12. Name David J. Morgan  
13. Birthplace Wales (City or town) (State or foreign country)  
14. Maiden name Elizabeth Williams  
15. Birthplace California (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Leah Morgan  
(a) Leah (b) Date thereof July 29 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Malad Idaho  
18. Funeral Director's OWN Signature J. B. Benson  
(a) July 26 1948 (b) J. B. Benson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 26 19 48  
at 5:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 16 19 48 to July 26 19 48  
I last saw h. 2 alive on July 25 19 48; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Coronary Thrombosis Duration .....

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state

Where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

Attendant's OWN Signature O. B. Benson

and Address 3-25-48 (M. D. or other) 19

(For additional space, use reverse side)

1948

 State File No. **3120**  
 Local Reg. No. **25**  
 Reg. Dist. No. **530**

 United States  
 Department of Commerce  
 Bureau of the Census

RECEIVED

## Certificate Of Death

AUG 31 1948

STATE OF IDAHO

DIVISION OF VITAL

## 1. PLACE OF DEATH: STATISTIC

- (a) County Oneida  
 (b) City or town Malad  
 (c) Street Address or R.F.D. No. \_\_\_\_\_  
 (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
 (e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
 (g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
 (c) City or town Malad  
 (d) Street Address or R.F.D. No. \_\_\_\_\_  
 (e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
 (f) Citizen of what country? \_\_\_\_\_  
 (g) How long had deceased lived in Idaho? 25 years  
 (h) Former residence (city, state) Utah

## 3. (a) FULL NAME

James Parkinson

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

4. Sex Male race Whit. 5. Color or 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Henetta Harris 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Date of Birth (Month, Day, Year) May 6 1850

8. AGE	Years	Months	Days	If less than 1 day
	<u>98</u>	<u>3</u>	<u>17</u>	hrs min.

9. Exact Occupation Farming Did this work for 50 yrs.10. Industry or Business Own Farm Date last worked 192111. Birthplace W Ray, Lancashire, England (City or town) (State or foreign country)12. Name Thomas Parkinson (City or town) (State or foreign country)13. Birthplace England (City or town) (State or foreign country)14. Maiden name Elizabeth King (City or town) (State or foreign country)15. Birthplace England (City or town) (State or foreign country)16. Informant's OWN Signature Mrs. Etta Spearly and Address Malad Idaho17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 26 48 (Month) (Day) (Year)18. Funeral Director's OWN Signature J. S. Sorenson and Address Malad Idaho19. (a) Aug. 24 1948 (Date received and filed) (b) J. S. Sorenson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 23 19 48 at 4:15 o'clock P. M.21. I HEREBY CERTIFY, That I attended deceased from Aug 23 19 48 to Aug 23 19 48
 I last saw him alive on Aug 20 1948; death is said to have occurred on the date and hour stated above.

 Immediate Cause of Death: General Debility Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

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Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

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Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED

CERTIFICATE OF DEATH

STATE OF IDAHO

Local Registrar's Duplicate  
Local Reg. No. 42  
Reg. Dist. No. 3-390

1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. 234 - S. 9th St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 24 years 6 months -- days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. 234 - S. 9th St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) Portland, Oregon

3. (a) FULL NAME Emma S. Wood

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John J. Wood 6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) April 24, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>3</u>	<u>29</u>	<u>--</u> hrs. <u>---</u> min.

9. Exact Occupation Housewife Did this work for 45 yrs.

10. Industry or Business Home Date last worked ----

11. Birthplace Hardin County, Kentucky (City or town) (State or foreign country)

12. Name Calvin Gray

13. Birthplace Hardin County, Kentucky (City or town) (State or foreign country)

14. Maiden name Mary Frances Coyle

15. Birthplace Hardin County, Kentucky (City or town) (State or foreign country)

16. Informant's Edna M. Wood OWN Signature Payette, Idaho and Address

17. (a) burial (b) Date thereof 8-25-1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Riverside Cem--Payette, Idaho

18. Funeral Director's Giffard R. Shaffer 8344 OWN Signature Payette, Idaho and Address

19. (a) August 26-1948 (b) Bessie M. Woodward (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 23, 1948. at 3 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 1942 to August 23, 1948.

I last saw her alive on Aug 22, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Diabetic Coma 3 days  
Due to Diabetes Mellitus years  
Due to Paralysis 3 mos  
Other conditions --- (Include pregnancy within 3 months of death)

Where was disease contracted? ---

Name of operation --- Date ---  
Major finding ---  
Finding of autopsy ---  
Physician ---  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred ---, 19 --- City, county, state where violence occurred.  
Place of Violence: Home --- Farm --- Industry ---  
Public Place --- While at work? ---  
Means of injury ---

23. Attendant's John J. Kasey OWN Signature Payette, Idaho (M. D. or other) and Address Payette, Idaho Date 8-24, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 2 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No.

3122

Local Reg. No.

44

Reg. Dist. No.

3-330

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R.F.D. No. 520 No. River St.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home? Hospital Institution. Other place Centers Nursing Home  
(f) Name Hosp. or Inst. Centers Nursing Home 20 months  
(g) Lived in this county 52 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R.F.D. No. 520 No. River St.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) Berne Switzerland

## 3. (a) FULL NAME

ELISE IRETON

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or race

## 6. (b) Name of husband or wife

## 7. Date of Birth

(Month, Day, Year) Feb 20, 1869

## 8. AGE

Years

Months

Days

If less than 1 day

79

6

5

hrs.

min.

## 9. Exact Occupation

Retired Housewife Did this work for 55 yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

(City or town)

(State or foreign country)

## 12. Name

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

## OWN Signature

## and Address

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

(Month) (Day) (Year)

## (c) Place

## 18. Funeral Director's

## OWN Signature

## and Address

## 19. (a) Aug 31 - 48

(Date received and filed)

## (b) Bernice M. Woodward

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 26 1948  
at 11:40 o'clock 12 M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1920 19   to Aug 20 1948  
I last saw her alive on Aug 20 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

## Date

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

## 23. Attendant's

## OWN Signature

## and Address

B. Woodward, M.D.  
Payette Ida Date 8/27 1948  
(For additional space, use reverse side)

United States

Department of Commerce

Bureau of the Census

RECEIVED  
SEP 2 1948

## CERTIFICATE OF DEATH

STATE OF IDAHO

1948

3123

Local Registrar's Duplicate

Local Reg. No. 43

Reg. Dist. No. 3-331

## 1. PLACE OF DEATH:

(a) County Payette  
 (b) City or town Payette  
 (c) Street Address or R. F. D. No. 237-S. 10th St.  
 (d) Death Occurred Inside? Outside? city or town  
 (e) Died in a Home—Hospital—Institution—Other place....  
 (f) Name Hosp. or Inst. Payette Hosp. days 3  
 (g) Lived in this county 11 years -- months -- days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette  
 (c) City or town Fruitland  
 (d) Street Address or R. F. D. No. -----  
 (e) Deceased lived Inside? Outside? city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 11 years  
 (h) Former residence (city, state) Neligh, Nebraska

3. (a) FULL NAME Rose Ella Estelle Hoppell

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Elmer L. Hoppell 6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) February 5, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>6</u>	<u>21</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 30 yrs.

10. Industry or Business Home Date last worked -----

11. Birthplace Omaha, Nebraska (City or town) (State or foreign country)

12. Name Joseph Horn

13. Birthplace New York State (City or town) (State or foreign country)

14. Maiden name Sarah Ella Niles

15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's OWN Signature Vernon Hoppell  
and Address New Plymouth

17. (a) burial (b) Date thereof 8-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rosedale Mem. Park-Payette, Ida.

18. Funeral Director's OWN Signature Gifford R. Shaffer  
and Address Payette, Idaho E-344

19. (a) Aug 30-1948 (b) Bessie M. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 26, 1948  
(Month, Day, Year) at 05:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from August 26, 1948

I last saw her alive on August 25, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Myocarditis Duration 3 days

Due to Chronic Myocarditis 1 yr.

Due to Chronic Rheumatoid arthritis 5-6 yrs

Other conditions and thin Myelitis  
(Include pregnancy within 3 months of death)

Where was disease contracted? ----- Physician -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred -----, 19----- City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature Walter J. Kolas m d

(M. D. or other)

and Address Payette, Ida. Date 8-28, 1948

(For additional space, use reverse side)

United States

Department of Commerce

Bureau of the Census

RECEIVED

AUG 11 1948 CERTIFICATE OF DEATH

DIVISION OF VITAL

STATE OF IDAHO

1948

3124

Local Registrar's Duplicate

Local Reg. No. 36

Reg. Dist. No. 3-33/

## 1. PLACE OF DEATH:

- (a) County Payette  
 (b) City or town New Plymouth  
 (c) Street Address or R. F. D. No. --  
 (d) Death Occurred Inside? ☒ Outside? -- city or town  
 (e) Died in a Home—Hospital—Institution—Other place ☒  
 (f) Name Hosp. or Inst. -- Stayed -- days  
 (g) Lived in this county 2 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
 (c) City or town New Plymouth  
 (d) Street Address or R. F. D. No. --  
 (e) Deceased lived Inside? ☒ Outside? -- city or town  
 (f) Citizen of what country? USA  
 (g) How long had deceased lived in Idaho? 2 years  
 (h) Former residence (city, state) --

## 3. (a) FULL NAME

GLOYD B. MILLER

200A

3. (b) If veteran, name war -- 3. (c) Social Security No. --  
 5. Color or race white 6. (a) Single, widowed, married, divorced single  
 4. Sex Male 6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years  
 7. Date of Birth (Month, Day, Year) March 18, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>3</u>	<u>16</u>	hrs. min.

9. Exact Occupation Farmer, retired Did this work for life Yrs.  
 10. Industry or Business Retired Date last worked retired  
 11. Birthplace McAlevy's Fort, Pennsylvania (City or town) (State or foreign country)

12. Name Silas W. Miller  
 13. Birthplace Huntington County, Pa. (City or town) (State or foreign country)  
 14. Maiden name Nannie K. Bigelow  
 15. Birthplace Mifflin County, Pa. (City or town) (State or foreign country)

16. Informant's OWN Signature Thomas J. Miller  
 and Address Salina, Kansas

17. (a) Burial (b) Date thereof 8/9/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: Park View, New Plymouth, Ida.

18. Funeral Director's OWN Signature Gifford R. Shaffer E-344  
 and Address Payette, Idaho

19. (a) August 10-1948 (b) Benjamin M. Woodard (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 4, 1948  
 (Month, Day, Year) at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I ~~attended deceased from~~  
~~held in inquiry~~ on Aug. 4, 1948  
 I last saw h. alive on, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Cardiac Failure

Duration

- Due to --  
 Due to --  
 Other conditions --  
 (Include pregnancy within 3 months of death)

- Where was disease contracted? -- Physician --  
 Name of operation -- Date --  
 Major finding --  
 Finding of autopsy --  
 Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? -- Suicide? -- Homicide? --  
 Occurred --, 19-- City, county, state where violence occurred --  
 Place of Violence: Home -- Farm -- Industry --  
 Public Place -- While at work? --  
 Means of injury --

23. Attendant's OWN Signature Gifford R. Shaffer, Coroner (M. D. or other)  
 and Address Payette, Ida. Date Aug. 5, 1948  
 (For additional space, use reverse side)

RECEIVED  
AUG 11 1948  
OF VITAL

CERTIFICATE OF DEATH  
STATE OF IDAHO

1948 3125  
Local Registrar's Duplicate  
Local Reg. No. 37  
Reg. Dist. No. 3-33/

1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town New Plymouth  
(c) Street Address or R. F. D. No. ---  
(d) Death Occurred Inside? X Outside? --- city or town  
(e) Died in a Home X Hospital --- Institution --- Other place ---  
(f) Name Hosp. or Inst. --- Stayed --- days  
(g) Lived in this county 48 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town New Plymouth  
(d) Street Address or R. F. D. No. ---  
(e) Deceased lived Inside? X Outside? --- city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) ---

3. (a) FULL NAME JOE WILLIAM PHILLIPS

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Gertrude Phillips 6. (c) Age of husband or wife --- years

7. Date of Birth (Month, Day, Year) November 24, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>9</u>	<u>12</u>	hrs. min.

9. Exact Occupation Painter Did this work for --- yrs.

10. Industry or Business --- Date last worked 7/28/48

11. Birthplace Madison County, Wisconsin (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Gertrude Phillips and Address New Plymouth, Idaho

17. (a) Burial (b) Date thereof 8/10/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Park View Cem., New Plymouth, Idaho

18. Funeral Director's OWN Signature Giffard R. Shaffer E-344 and Address Payette, Idaho

19. (a) August 10, 1948 (b) Bessie M. Woodward (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 6 (Month, Day, Year) 1948 at 4:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from July 28, 1948, to Aug. 6, 1948. I last saw him alive on Aug. 5, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Bronchial pneumonia Duration 3 days

Due to Right lung atelectasis 5 days

Due to Traumatic injury of chest July 28, 48

Other conditions. Chronic emphysema of lungs 10 yrs. (Include pregnancy within 3 months of death)

Where was disease contracted? Physician

Name of operation. --- Date. ---

Major finding ---

Finding of autopsy ---

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? --- Homicide? ---

- Occurred July 28, 1948, 19 --- City, county, state where violence occurred New Plymouth

- Place of Violence: Home X Farm --- Industry ---

- Public Place --- While at work? Yes

- Means of injury Fall from ladder 20 feet

23. Attendant's OWN Signature Les E. Davis M.D. and Address New Plymouth, Idaho (M. D. or other) Date Aug 6, 1948 (For additional space, use reverse side)



RECEIVED

AUG 19 1948

CERTIFICATE OF DEATH

STATE OF IDAHO

Local Registrar's Duplicate  
Local Reg. No. 38  
Reg. Dist. No. 3-330

1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. Rural  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home—Hospital—Institution—Other place X  
(f) Name Hosp. or Inst. -- Stayed -- days  
(g) Lived in this county 5 years 10 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. Rt. 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) --

3. (a) FULL NAME DENNIS LYNN MOYES

3. (b) If veteran, name war -- 3. (c) Social Security No. --  
5. Color or race White 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) October 11, 1942

8. AGE 

Years	Months	Days	If less than 1 day
<u>5</u>	<u>10</u>	<u>2</u>	hrs. min.

9. Exact Occupation -- Did this work for -- yrs.  
10. Industry or Business -- Date last worked --  
11. Birthplace Payette, Idaho (City or town) (State or foreign country)

12. Name Arlo A. Moyes  
13. Birthplace Lyman, Wyoming (City or town) (State or foreign country)  
14. Maiden name Florence Rasmussen  
15. Birthplace Burley, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Dennis Lynn Moyes  
and Address Rt. 2, Payette, Idaho

17. (a) Burial (b) Date thereof 8/17/48 (Month) (Day) (Year)  
(c) Place: Rosedale Memorial Park, Payette, Idaho

18. Funeral Director's OWN Signature Giffard R. Shaffer E-348  
and Address Payette, Idaho

19. (a) August 17-1948 (Date received and filed) (b) Russell M. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 13, 1948  
at 3:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from ill injury to on Aug. 14, 1948  
I last saw him alive on 13; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Accidental drowning Duration --

- Due to --  
Due to --  
Other conditions -- (Include pregnancy within 3 months of death)

- Where was disease contracted? -- Physician --  
Name of operation -- Date --  
Major finding --  
Finding of autopsy --  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? -- Homicide? --  
Occurred Aug. 13, 1948 City, county, state Payette, Payette, Ida.  
Place of Violence: Home -- Farm -- Industry --

- Public Place -- While at work? --  
Means of injury accidental drowning  
23. Attendant's OWN Signature Giffard R. Shaffer E-348 (M. D. or other)  
and Address Payette, Idaho Date Aug. 14, 1948  
(For additional space, use reverse side)

AUG 19 1948

CERTIFICATE OF DEATH  
STATE OF IDAHO

Local Registrar's Duplicate  
Local Reg. No. 89  
Reg. Dist. No. 3 - 331

1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town New Plymouth  
(c) Street Address or R. F. D. No. -----  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home—Hospital—Institution—Other place....  
(f) Name Hosp. or Inst. ----- Stayed ----- days  
(g) Lived in this county 46 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME Edgar L. Dotson

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----  
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mattie Dotson 6. (c) Age of husband or wife if alive 74 years  
7. Date of Birth (Month, Day, Year) December 19, 1872

Years	Months	Days	If less than 1 day
8. AGE <u>75</u>	<u>8</u>	<u>24</u>	hrs. min.

9. Exact Occupation Deputy Assessor Did this work for 30 yrs.  
10. Industry or Business ----- Date last worked -----  
11. Birthplace Forest City, Missouri (City or town) (State or foreign country)

12. Name A.C. Dotson  
13. Birthplace Maysville, Kentucky (City or town) (State or foreign country)  
14. Maiden name Tabitha Leech Hill  
15. Birthplace Maysville, Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Mattie B Dotson  
and Address New Plymouth, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-48 (Month) (Day) (Year)  
(c) Place: New Plymouth, Idaho

18. Funeral Director's OWN Signature Gifford R. Shaffer E-344  
and Address Payette, Idaho

19. (a) August 17 - 1948 (Date received and filed) (b) Bessie M. Woodward (Registrar's signature)

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town New Plymouth  
(d) Street Address or R. F. D. No. -----  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) -----

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 13, 1948  
at 3:40 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1948 to Aug. 13, 1948  
I last saw him alive on Aug. 13, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary occlusion Duration 30 minutes

Due to chronic coronary disease 3 yrs.

Due to Generalized arteriosclerosis 20 yrs.

Other conditions Myocarditis, chronic Hypertension, Chondroarthrosis 5 yrs.

Where was disease contracted? Physician

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred -----, 19 ----- City, county, state where violence occurred.

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature Geo E. Davis M.D.

and Address New Plymouth, Idaho Date Aug. 14, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

AUG 19 1943

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3128  
Local Reg. No. 40  
Reg. Dist. No. 3-331

## 1. PLACE OF DEATH: STATISTICS

- (a) County Payette  
(b) City or town New Plymouth  
(c) Street Address or R.F.D. No. --  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place ---  
(f) Name Hosp. or Inst. --- Stayed --- days  
(g) Lived in this county 32 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town New Plymouth  
(d) Street Address or R.F.D. No. --  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Three Rivers Oregon

## 3. (a) FULL NAME CHARLES G. PICKETT

3. (b) If veteran, name war --- 3. (c) Social Security No. ---  
5. Color or --- 6. (a) Single, widowed, married, ---  
4. Sex male race white divorced married  
6. (b) Name of husband or wife Mellie R. Pickett 6. (c) Age of husband or wife if 62 years  
7. Date of Birth (Month, Day, Year) March 18, 1884

8. AGE	Years	Months	Days	If less than 1 day
	64	5	27	hrs min.

9. Exact Occupation Farmer Did this work for --- yrs.  
10. Industry or Business Farm Date last worked ---  
11. Birthplace Three Rivers, Oregon  
(City or town) (State or foreign country)

12. Name John Pickett  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Mary Downs  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Melissa R. Pickett  
and Address New Plymouth, Idaho

17. (a) Burial (b) Date thereof 8/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Park View Cem., New Plymouth, Ida.

18. Funeral Director's OWN Signature Giffard R. Shaffer E-344  
and Address Payette, Idaho

19. (a) August 17 - 48 (b) Bessie M. Woodward  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 15 1948  
at 7:05 o'clock AM

21. I HEREBY CERTIFY, That I attended deceased from Aug. 5 1948, to Aug. 15 1948  
I last saw him alive on Aug. 15 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 6 hrs

Due to Chronic coronary disease 7 yrs.

Due to ---  
Other conditions (Include pregnancy within 3 months of death) Generalized arteriosclerosis

Where was disease contracted? --- PHYSICIAN Underline the cause to which death should be charged statistically.  
Name of operation --- Date ---  
Major finding ---  
Finding of autopsy ---

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred --- 19 --- City, county, state

where violence occurred  
Place of Violence: Home --- Farm --- Industry ---  
Public Place --- While at work? ---

Means of injury ---  
23. Attendant's OWN Signature Geo. E. Davis MD  
(M. D. or other)

and Address New Plymouth, Ida. Date Aug 15 1948  
(For additional space, use reverse side)

RECEIVED  
AUG 19 1948  
DIVISION OF VITAL  
STATISTICS

CERTIFICATE OF DEATH  
STATE OF IDAHO

1948 3129  
Local Registrar's Duplicate  
Local Reg. No. 41  
Reg. Dist. No. 3-331

1. PLACE OF DEATH:

(a) County Payette  
(b) City or town New Plymouth  
(c) Street Address or R. F. D. No. ---  
(d) Death Occurred Inside? X Outside? --- city or town  
(e) Died in a Home X Hospital --- Institution --- Other place ---  
(f) Name Hosp. or Inst. --- Stayed --- days  
(g) Lived in this county 37 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME ALICE T. REINHART

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife John H. Reinhart 6. (c) Age of husband or wife if alive 65 years

7. Date of Birth (Month, Day, Year) November 5, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>9</u>	<u>10</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 37 yrs.

10. Industry or Business Home Date last worked ---

11. Birthplace Ladue, Missouri (City or town) (State or foreign country)

12. Name William Turner

13. Birthplace Kentucky (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature John H. Reinhart  
and Address New Plymouth, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/48 (Month) (Day) (Year)

(c) Place: Park View Cem., New Plymouth, Idaho

18. Funeral Director's OWN Signature Giffard R. Shaffer E-344  
and Address Payette, Idaho

19. (a) August 17, 1948 (Date received and filed) (b) Bessie M. Woodward (Registrar's signature)

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette  
(c) City or town New Plymouth  
(d) Street Address or R. F. D. No. ---  
(e) Deceased lived Inside? X Outside? --- city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) LaDue, Mo.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 15, 1948  
at 2:45 o'clock PM M.

21. I HEREBY CERTIFY, That I attended deceased from July 29, 1948, to Aug 15, 1948.  
I last saw her alive on Aug 15, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Diabetes Mellitus  
Diabetic Coma

Due to

Due to

Other conditions Chloraemia  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

Duration

20 yrs  
2 days

Physician

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred ---, 19--- City, county, state where violence occurred

Place of Violence: Home --- Farm --- Industry ---  
Public Place --- While at work? ---

Means of injury ---

23. Attendant's OWN Signature Geo E. Davis, M.D.  
and Address New Plymouth, Idaho (City or town) (State or foreign country)

Date Aug 15, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
DIVISION OF VITAL

RECEIVED

AUG 12 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3130  
Local Reg. No. 26  
Reg. Dist. No. 500

## 1. PLACE OF DEATH:

- (a) County Pomer  
(b) City or town Am. Falls, Ida.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ 3 \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Pomer  
(c) City or town American Falls, Ida.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Hazel Killian Brown

C46D

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F. 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Earl F. 6. (c) Age of husband or wife if alive 41 years

## 7. Date of Birth (Month, Day, Year) Sept. 25, 1909.

8. AGE	Years	Months	Days	If less than 1 day
	<u>38</u>	<u>10</u>	<u>7</u>	hrs. min.

## 9. Exact Occupation Housewife. Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business Home. Date last worked \_\_\_\_\_

## 11. Birthplace Blackfoot, Idaho. (City or town) (State or foreign country)

## 12. Name Lucian Killian (City or town) (State or foreign country)

## 13. Birthplace Missouri (City or town) (State or foreign country)

## 14. Maiden name Elizabeth Olson (City or town) (State or foreign country)

## 15. Birthplace Ovid, Idaho. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Earl F. Brown and Address Am. Falls, Idaho.

## 17. (a) Buried. (b) Date thereof Aug 5, 1948 (Month) (Day) (Year)

## (c) Place Gravel Canyon, Blackfoot

## 18. Funeral Director's OWN Signature H. Davis and Address Am. Falls, Idaho.

## 19. (a) Aug 5, 1948 (Date received and filed) (b) Joanne Daling (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) August 2 19 48 at 4 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 8/2/48 to 8/24/48

I last saw him alive on 7/30 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Carcinoma - tris Duration \_\_\_\_\_

## Due to Ca. of rectum

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature M. H. Jones and Address Am. Falls, Ida. Date 8/3 19 48.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 17 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 3131  
Local Reg. No. 27  
Reg. Dist. No. 500

## 1. PLACE OF DEATH:

- (a) County Power  
(b) City or town Am. Falls, Ida.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Shultz Mrs. Stayed 7 days  
(g) Lived in this county 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Power  
(c) City or town 14 Mi. S.W. of Am. Falls  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME

Joseph Muehlberger

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race white

6. (b) Name of husband or wife

6. (a) Single, widowed, married, divorced single

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year)

June 5, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>1</u>	<u>8</u>	hrs. min.

9. Exact Occupation Janitor Did this work for 35 yrs.

10. Industry or Business Bartender Date last worked Aug. 1948

11. Birthplace France (City or town) Austria (State or foreign country)

12. Name Antoine Muehlberger

13. Birthplace Austria (City or town) Austria (State or foreign country)

14. Maiden name Mary Kalzer

15. Birthplace Austria (City or town) Austria (State or foreign country)

16. Informant's OWN Signature Antoine Muehlberger

and Address Am. Falls, Idaho

17. (a) burial (b) Date thereof 8-16-48 (Month) (Day) (Year)

(c) Place Fallsview Cemetery

18. Funeral Director's OWN Signature H. Davis

and Address Am. Falls, Idaho

19. (a) Aug 16-1948 (Date received and filed) (b) Innes Talbot (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) Aug - 13 - 1948  
at 3:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 10 1948 to Aug 13 1948  
I last saw him alive on Aug 13 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of Esophagus Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature V. J. Logan M.D.

and Address Am. Falls, Idaho Date 8-16-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 3 1948

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3122  
Local Reg. No. 28  
Reg. Dist. No. 500

## 1. PLACE OF DEATH:

- (a) County Power  
(b) City or town Am. Falls, Ida.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Power  
(c) City or town Am. Falls, Ida.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Illinois

## 3. (a) FULL NAME

Pauline Bethlee

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Albert

6. (c) Age of husband or wife if alive 79 years

## 7. Date of Birth

(Month, Day, Year) Dec. 12 1875

## 8. AGE

Years	Months	Days	If less than 1 day
<u>72</u>	<u>8</u>	<u>18</u>	hrs. min.

## 9. Exact Occupation

Housewife Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked \_\_\_\_\_

## 11. Birthplace

Reigrad, Germany  
(City or town) (State or foreign country)

## 12. Name

Friedrich Duschinski

## 13. Birthplace

Poland  
(City or town) (State or foreign country)

## 14. Maiden name

not known

## 15. Birthplace

Poland  
(City or town) (State or foreign country)

## 16. Informant's OWN Signature

Wm. Bethlee  
and Address Pioche, Nevada

## 17. (a) (Burial, cremation or removal)

Burial (b) Date thereof 9-1-48

## (c) Place

Fallenview Cemetery

## 18. Funeral Director's OWN Signature

H. S. Danic

## and Address

Am. Falls, Idaho

## 19. (a) (Date received and filed)

Sept 1 - 1948

## (b) (Registrar's signature)

Joanne Selving

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Aug. 30 1948

at 4:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1948 to 8/30 1948

I last saw him alive on Aug 30 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Ca. of G.B. + Stomach

## Duration

## Due to

\_\_\_\_\_

## Due to

Mr. Valentin had been

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

M. J. Farrell (M. D. or other)

and Address Am. Falls, Ida. Date 8/31 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

AUG 26 1948

STATE OF IDAHO

DIVISION OF VITAL

1948  
State File No. 3133  
Local Reg. No. 20  
Reg. Dist. No. 140

## 1. PLACE OF DEATH: STATISTICS

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. 314 River St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Providence Stayed ☐ days  
(g) Lived in this county 5 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. 314 River st.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Lester Julius Brass

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or white 6. (a) Single, widowed, married, divorced divorced  
4. Sex M race white

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years

7. Date of Birth (Month, Day, Year) Aug 11-1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>10</u>	<u>15</u>	hrs min.

9. Exact Occupation Barber Did this work for 30 yrs.

10. Industry or Business Barber Shop Date last worked

11. Birthplace Wallace Idaho (City or town) (State or foreign country)

12. Name Julius Brass

13. Birthplace Wallace Idaho (City or town) (State or foreign country)

14. Maiden name Anna Ryan

15. Birthplace California (City or town) (State or foreign country)

16. Informant's OWN Signature Anna Brass and Address Wallace, Idaho.

17. (a) (Burial, cremation, or removal) 629-48 (b) Date thereof (Month) (Day) (Year)

- (c) Place: Wallace, Idaho.

18. Funeral Director's OWN Signature W. J. Mott and Address Wallace, Idaho.

19. (a) 8-23-48 (b) W. J. Mott (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 26 1948  
at 6 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 6 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Tuberculosis pulmonary 10-15 yrs. Duration

Due to Tuberculosis pulmonary 10-15 yrs.

Due to Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? 3

Name of operation Date

Major finding PHYSICIAN

Finding of autopsy Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury PHYSICIAN

23. Attendant's OWN Signature W. J. Mott

and Address Wallace, Idaho. Date 8-23-48 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

JUL 29 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

VI: 10, 4 OF VITAL

STATE OF IDAHO

State File No. 3134  
Local Reg. No. 7  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? — Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town  Eagle  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Larry Easter

## 3. (b) If veteran, name war

(c) Social Security No. 519-10-5662

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married, divorced.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Aug 28, 1913

8. AGE	Years	Months	Days	If less than 1 day
	<u>34</u>	<u>10</u>	<u>17</u>	hrs. min.

9. Exact Occupation Woodman Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name Guy Easter

13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature O. Schenck (Records)  
and Address Wallace Idaho

17. (a) Burial (b) Date thereof 7-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Wallace Idaho

18. Funeral Director's OWN Signature W. A. Bower  
and Address Wallace Idaho

19. (a) 7-20-48 (b) O. Schenck  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 15 1948  
(Month, Day, Year) \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ to \_\_\_\_\_  
I last saw \_\_\_\_\_ alive on \_\_\_\_\_ 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Major \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? YES Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred July 9, 1948 City, county, state Eagle, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry YES

Public Place \_\_\_\_\_ While at work? YES

Means of injury Block slipped off logging truck

23. Attendant's OWN Signature W. A. Bower  
and Address Wallace Idaho  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 26 1948  
DIVISION OF VITAL

*John*  
**Certificate Of Death**  
STATE OF IDAHO

1948  
State File No. **3135**  
Local Reg. No. **19**  
Reg. Dist. No. **140**

1. PLACE OF DEATH: **STATISTICS**  
**Shoshone,**  
(a) County **Shoshone,**  
(b) City or town **Wallace,**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **County** Stayed \_\_\_\_\_ days  
(g) Lived in this county **30** years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Shoshone,**  
(c) City or town **Wallace**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **Johnson, John S.**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex **M** race **W**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **Dec 4 1870**

8. AGE	Years	Months	Days	If less than 1 day
	<b>77</b>	<b>7</b>	<b>12</b>	hrs min.

9. Exact Occupation **Cement** Did this work for **30** yrs.  
10. Industry or Business **Cement work** Date last worked \_\_\_\_\_  
11. Birthplace **Sweden** (City or town) (State or foreign country)

12. Name **Unknown**  
13. Birthplace **"** (City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **"** (City or town) (State or foreign country)

16. Informant's OWN Signature *John S. Johnson*  
and Address \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **7-19-48**  
(Burial, cremation, removal) (Month) (Day) (Year)  
(c) Place: **Wallace, Idaho**

18. Funeral Director's OWN Signature *W. J. Steele*  
and Address **Wallace, Idaho**

19. (a) **8-23-48** (b) *J. Schuler*  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **July 16 1948**  
at **2:30** o'clock **P**.M.

21. I HEREBY CERTIFY, That I attended deceased from **May 8 1947** to **July 16 1948**  
I last saw him alive on **July 15 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Heart failure** Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature *F. W. Rolfs MD.*  
(M. D. or other)  
and Address **Mullan Id.** Date **July 16 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 18 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3129  
Local Reg. No. 40  
Reg. Dist. No. 172

1. PLACE OF DEATH: (Always fill in)
- (a) County Shoshone  
(b) City or town Ketchikan  
(c) Street Address or R. F. D. No. 1714 m. N. Hwy  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home? X Hospital? Institution Other place? city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years 1 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Shoshone  
(c) City or town Phoenix Arizona  
(d) Street Address or R.F.D. No. city or town  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1 mo. years  
(h) Former residence (city, state) Phoenix Arizona

3. (a) FULL NAME Andrew Ross

3. (b) If veteran, name war No. 712-05-4105

5. Color or race white 6. (a) Single, widowed, married, divorced married

4. Sex M. 6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 69 years

7. Date of Birth (Month, Day, Year) March 16, 1879

8. AGE Years Months Days If less than 1 day  
69 4 25 hrs min.

9. Exact Occupation Retired R.M. Engineer for 23 yrs. Did this

10. Industry or Business U.P. Railroad worked 17 yrs. Date last

11. Birthplace Ontario Canada (City or town) (State or foreign country)

12. Name Andrew Ross 13. Birthplace Idaho (City or town) (State or foreign country)

14. Maiden name Sarah Crawford 15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Josephine Ross and Address Ketchikan Idaho

17. (a) Funeral (b) Date thereof 8/14/48 (Month) (Day) (Year)

- (c) Place: Spokane Wash.

18. Funeral Director's OWN Signature Frank M. Kelly and Address Ketchikan Idaho

19. (a) 8/13/48 (b) W. D. Laine (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8/11/48 1948  
at 5 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 8-11-1948 to 8-11-1948  
I last saw him alive on 8-11-1948 death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Coronary Arteriosclerosis Duration

- Due to Coronary Arteriosclerosis  
Due to Coronary Arteriosclerosis  
Other conditions Coronary Arteriosclerosis (Include pregnancy within 3 months of death)

- Where was disease contracted? Coronary Arteriosclerosis  
Name of operation Coronary Arteriosclerosis Date Coronary Arteriosclerosis  
Major finding Coronary Arteriosclerosis  
Finding of autopsy Coronary Arteriosclerosis

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Coronary Arteriosclerosis Suicide? Coronary Arteriosclerosis Homicide? Coronary Arteriosclerosis  
Occurred Coronary Arteriosclerosis 19 Coronary Arteriosclerosis City, county, state  
where violence occurred Coronary Arteriosclerosis  
Place of Violence: Home Coronary Arteriosclerosis Farm Coronary Arteriosclerosis Industry Coronary Arteriosclerosis  
Public Place Coronary Arteriosclerosis While at work? Coronary Arteriosclerosis  
Means of injury Coronary Arteriosclerosis

23. Attendant's OWN Signature Robert E. Steen (M. D. or other)  
and Address Idaho Date 8-13-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

1948

# Certificate Of Death

1948

State File No. **3137**  
Local Reg. No. **42**  
Reg. Dist. No. **112**

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R.F.D. No. 1st  
(d) Death Occured Inside? Y Outside? city or town  
(e) Died in a Home... Hospital? Institution... Other place...  
(f) Name Hosp. or Inst. Wardman Stayed 2 days  
(g) Lived in this county 6 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Smelterville  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? Y Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Earl Rishor

## 3. (b) If veteran,

name war War

## 3. (c) Social Security

No. 51-7-07-9762

5. Color or W  
6. (a) Sex M race W

- (b) Single, widowed, married, divorced Married  
(c) Age of husband or wife if alive 40 years

- (b) Name of husband or wife Josephine

7. Date of Birth (Month, Day, Year) August 12, 1892

## 8. AGE

Years 56 Months 11 Days 25 hrs min.

## 9. Exact

Occupation Miner Did this work for 1943 yrs.

10. Industry or Business Brickyard

Date last worked 1943

## 11. Birthplace

Idaho (City or town) (State or foreign country)

## 12. Name

James Risher

## 13. Birthplace

Canada (City or town) (State or foreign country)

## 14. Maiden name

Margaret Shepherd

## 15. Birthplace

Idaho (City or town) (State or foreign country)

## 16. Informant's

### OWN Signature

### and Address

Josephine Risher  
Smelterville Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 8/16/48 (Month) (Day) (Year)

## 18. Funeral Director's

### OWN Signature

### and Address

Robert H. Cordwell  
Kellogg Idaho

## 19. (a)

9/10/48 (Date received and filed)

(b) Earl Risher (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 8/12/1948  
at 8:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 8/12, to 8/12 19 48  
I last saw him alive on 8/12/1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Decompensation

Due to Myocardial and aortic stenosis

Due to Chronic rheumatic heart disease

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

## 23. Attendant's

OWN Signature Robert H. Cordwell, M.D. (M.D. or other)

and Address Kellogg Idaho Date 8/13/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 3128  
Local Reg. No. 21  
Reg. Dist. No. 140

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Wallace Stayed \_\_\_\_\_ days  
(g) Lived in this county 7 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? Bo. 7 Jr. years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mable H Taylor

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or W.  
6. Sex M. race W.

(b) Name of husband or wife  
(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Sept. 5 - 1877

AGE	Years	Months	Days	If less than 1 day
70		11	23	hrs. min.

9. Exact Occupation at home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Walworth Ontario Canada.  
(City or town) (State or foreign country)

12. Name Joseph Gilmore.

13. Birthplace Canada  
(City or town) (State or foreign country)

14. Maiden name Kathleen Black.

15. Birthplace Canada.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Edward J. Small  
and Address Wallace Idaho

17. (a) Removed (b) Date thereof Aug 30 - 48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place Grand Forks B.C.

18. Funeral Director's OWN Signature John A. Brown  
and Address Wallace Idaho

19. (a) Aug 30 - 48 (b) John A. Brown  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 28 1948  
at 11:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 8-26-48 to 8-28-48  
1948

I last saw h. alive on 8-28-48 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Acute myocardial infarction 3 days

Due to myocarditis 1 year.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. E. Bouelbrake  
(M. D. or other)

and Address Wallace Idaho Date 8-31-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 15 1948  
VITAL

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. **3139**  
Local Reg. No. **22**  
Reg. Dist. No. **140**

## 1. PLACE OF DEATH:

- (a) County **Shoshone**  
(b) City or town **Wallace**  
(c) Street Address or R.F.D. No. **✓**  
(d) Death Occurred Inside? **✓** Outside? **✓** city or town  
(e) Died in a Home **✓** Hospital **✓** Institution **✓** Other place **✓**  
(f) Name Hosp. or Inst. **Hill** Stayed **✓** days  
(g) Lived in this county **✓** years **3** months **3** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Blaine**  
(c) City or town **Blaine**  
(d) Street Address **222 North 1st**  
(e) Deceased/lived Inside? **✓** Outside? **✓** city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **3** years  
(h) Former residence (city, state) **Idaho**

## 3. (a) FULL NAME

**Verne Hobbes Fall**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex **Male** 5. Color of **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **48** years

## 7. Date of Birth

(Month, Day, Year) **April 29 - 1885**

8. AGE	Years	Months	Days	If less than 1 day
	<b>63</b>	<b>4</b>	<b>1</b>	hrs. min.

9. Exact Occupation **Newspaperman** Did this work for **✓** yrs.

10. Industry or Business **✓** Date last worked **✓**

## 11. Birthplace

(City or town)

(State or foreign country)

12. Name **Jonathan Fall**

13. Birthplace **Indiana**

(City or town)

(State or foreign country)

14. Maiden name **Florence Helen Murphy**

## 15. Birthplace

(City or town)

(State or foreign country)

16. Informant's OWN Signature **Dorothy E. Fall**  
and Address **18862 - Military Rd.**

17. (a) **Burial** (b) Date thereof **Aug 18**  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place **Yellowknife**

18. Funeral Director's OWN Signature **John A. Brown**

and Address **Yellowknife**  
19. (a) **Apr. 2 - 48** (b) **John A. Brown**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **Aug - 30 - 1948**  
at **10** o'clock **PM**

## 21. I HEREBY CERTIFY, That I attended deceased from

**19** to **19**  
I last saw him **✓** alive on **19** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Found Dead in Room**  
**Apparently Heart Failure**

Due to **Heart Failure**

Due to **Heart Failure**

Other conditions **✓**  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **✓** Date **✓**

Major finding **✓**

Finding of autopsy **✓**

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **✓** Suicide? **✓** Homicide? **✓**

Occurred **✓** 19 **✓** City, county, state **✓**

where violence occurred **✓**

Place of Violence: Home **✓** Farm **✓** Industry **✓**

Public Place **✓** While at work? **✓**

Means of injury **✓**

23. Attendant's OWN Signature **John A. Brown**

and Address **Yellowknife**  
(For additional space, use back of certificate)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 15 1948  
OFFICE VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 31411  
Local Reg. No. 23  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Wallace Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho, (b) County Shoshone  
(c) City or town Pinehurst  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? - years  
(h) Former residence (city, state) -

## 3. (a) FULL NAME

Infant Girl Thompson

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 5. Color or

6. (a) Single, widowed, married, divorced Single

## 4. Sex Female

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) August 30 1948

## 8. AGE

Years

Months

Days

If less than 1 day

hrs

min.

## 9. Exact

Occupation \_\_\_\_\_

Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business \_\_\_\_\_

Date last

worked \_\_\_\_\_

## 11. Birthplace

Wallace Idaho

(City or town)

(State or foreign country)

## 12. Name

Laurence Thompson

## 13. Birthplace

Killbuck Idaho

(City or town)

(State or foreign country)

## 14. Maiden name

Christy Thompson

## 15. Birthplace

Idaho

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Laurence Thompson

and Address Pinehurst Idaho

## 17. (a) Burial

- (b) Date thereof 9/2/48

(Burial, cremation, or removal)

(c) Place: Killbuck Idaho

## 18. Funeral Director's

OWN Signature Robert J. Glendon

and Address Killbuck Idaho

## 19. (a)

9-5-48

(Date received and filed)

(b) R. J. Schenck

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 31 August

1948

at 4:45 o'clock

A.M.

## 21. I HEREBY CERTIFY That I attended deceased from

5:38 30 August 48 to 31 Aug 1948

I last saw her alive on 31 Aug 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Post-NATAL Asphyxia

Duration

12 hrs.

Due to Respiratory Failure

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_

Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Levin B Hunter

and Address Wallace Idaho

(M.D. or other)

Date 8-31-48

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEATH  
1948  
OFFICE OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 3141  
Local Reg. No. 25  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? — Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Wallace Stayed \_\_\_\_\_ days  
(g) Lived in this county 54 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Mullan  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state or foreign land) Andover, N.H.

## 3. (a) FULL NAME

John B. Finley

## 3. (b) If veteran, name war

3. (c) Social Security No. 518-05-2152

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced Wid.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) May-17-1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>3</u>	<u>14</u>	hrs. min.

9. Exact Occupation Hotel Mgr Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Little Bay, Newfoundland (City or town) (State or foreign country)

12. Name John B. Finley

13. Birthplace Newfoundland (City or town) (State or foreign country)

14. Maiden name Charlotte M. Lee

15. Birthplace Newfoundland (City or town) (State or foreign country)

16. Informant's OWN Signature M. A. W. Martin

and Address Burke Idaho

17. (a) Buried (b) Date thereof Sept 3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Wallace Idaho

18. Funeral Director's OWN Signature John A. Burr

and Address Wallace Idaho

19. (a) Sept. 1-48 (b) John A. Burr  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) Aug 31 1948

at 11:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1945  
\_\_\_\_\_ 19 \_\_\_\_\_ to 8-31-48 19 \_\_\_\_\_

I last saw him alive on 8-31-48 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Failure Duration 2 yrs.

Due to Coronary atherosclerosis and  
myocarditis 5-10 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Pulmonary Tuberculosis 20 yrs.

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. E. Bonebrake

and Address Wallace Idaho Date 9-2 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 16 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 3142  
Local Reg. No. 16  
Reg. Dist. No. 140

## DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH: **STATISTICS**  
(a) County Shoshone  
(b) City or town Pey Creek  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Shoshone  
(c) City or town Pey Creek  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME James Richard Shavene

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 518-01-3789

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married

4. Sex M race W

6. (b) Name of husband or wife Leann 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Oct 29, 1914

8. AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>9</u>	<u>6</u>	hrs. min.

9. Exact Occupation Office Mgr Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Business Mgr Date last worked \_\_\_\_\_

11. Birthplace Coalinga, Ca (City or town) (State or foreign country)

Father { 12. Name Frank Shavene

13. Birthplace Leesburg, Va (City or town) (State or foreign country)

Mother { 14. Maiden name Catherine Mary Shavene

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Joseph Shavene

and Address Wallace Adams

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 8-9-48 (Month) (Day) (Year)

(c) Place Shoshone, Wn

18. Funeral Director's OWN Signature John A. Scholbach

and Address Wallace Adams

19. (a) 8-9-48 (Date received and filed) (b) John A. Scholbach (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 8-5 19 48  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

I last saw deceased on Aug 5 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Heart failure Duration \_\_\_\_\_

Due to Coronary artery disease

Due to Heart failure

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? \_\_\_\_\_ Homicide? Yes

Occurred Aug 5 19 48 City, county, state Idaho

where violence occurred near

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Yes While at work \_\_\_\_\_

Means of Injury Heart failure

23. Attendant's OWN Signature John A. Scholbach (M.D. or other) \_\_\_\_\_  
and Address Wallace Adams Date 8-9-48  
(For additional space, use reverse side)

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

AUG 16 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 3143  
Local Reg. No. 15  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town near Kellogg  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Big Creek  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

James Richard Shreve Jr.

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

4. Sex M race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) June 28, 1938

8. AGE	Years	Months	Days	If less than 1 day
	<u>10</u>	<u>1</u>	<u>7</u>	hrs. min.

9. Exact Occupation Student Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Wallace Idaho (City or town) (State or foreign country)

12. Name James R Shreve

13. Birthplace Idaho (City or town) (State or foreign country)

14. Maiden name Theresa Moriemi

15. Birthplace Wallace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Joseph Shreve and Address Wallace Idaho

17. (a) Burial (b) Date thereof 8-9-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Shoshone Wn

18. Funeral Director's OWN Signature Joseph Shreve and Address Wallace Idaho

19. (a) 8-6-48 (b) John A. Kene (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 8-5 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him alive on Aug 5 1948

Death is said to have occurred on the date and hour stated above

Immediate Cause of Death Proscribed neck snapped Duration \_\_\_\_\_

Due to accident

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Aug 5 1948 City, county, state \_\_\_\_\_

where violence occurred. near Big Creek

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work \_\_\_\_\_

Means of injury neck snapped

23. Attendant's OWN Signature John A. Kene (M. D. or other) \_\_\_\_\_ and Address Wallace Idaho Date 8-6-48 1948

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL

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AUG 16 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3144  
Local Reg. No. 17  
Reg. Dist. No. 141

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Arden  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. C. Hosp. Stayed \_\_\_\_\_ days  
(g) Lived in this county 22 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Mullan  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) Mont.

## 3. (a) FULL NAME

William Leberk.

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. 518-03-7026

## 4. Sex

Male

## 5. Color of race

White

## 6. (a) Single, widowed, married, divorced

Married

## 6. (b) Name of husband or wife

Wilma

## 6. (c) Age of husband or wife if alive

30 years

## 7. Date of Birth

(Month, Day, Year)

Aug - 25 - 1905

## 8. AGE

Years 42

Months 11

Days 10

If less than 1 day  
hrs min.

## 9. Exact

Occupation

Janitor

## Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business

Missing

## Date last

worked

## 11. Birthplace

Missoula, Mont.

(City or town) (State or foreign country)

## 12. Name

Maie Leberk.

## 13. Birthplace

Idaho

(City or town) (State or foreign country)

## 14. Maiden name

Maie

## 15. Birthplace

Idaho

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature

Wilma Leberk

and Address

Waller St.

## 17. (a)

(Burial, cremation, or removal)

Removed

## (b) Date thereof

Aug 10 - 48

(c) Place:

Crematorium

## 18. Funeral Director's

OWN Signature

John B. Bower

and Address

Waller St.

## 19. (a)

(Date received and filed)

Aug 8 - 48

## (b)

(Registrar's signature)

John B. Bower

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

Aug 5

1948

at 9:15 o'clock ap M.

## 21. I HEREBY CERTIFY, That I attended deceased from

May 27 1948, to Aug 5 1948

I last saw him alive on Aug 4 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pulmonary T.B.

## Duration

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature

F. W. Ralph

(M. D. or other)

and Address

Mullan

Date Aug 6 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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AUG 16 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3145  
Local Reg. No. 18  
Reg. Dist. No. 141

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Millan  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in case)

- (a) State Idaho (b) County Shoshone  
(c) City or town Millan  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Chicago Ill.

## 3. (a) FULL NAME

Anton Tutsch

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth Feb 5 - 1890  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>6</u>	<u>9</u>	hrs. min.

9. Exact Occupation Miner Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Emmerich Austria  
(City or town) (State or foreign country)

12. Name John Tutsch  
(City or town) (State or foreign country)

13. Birthplace Austria  
(City or town) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace Not known  
(City or town) (State or foreign country)

16. Informant's OWN Signature John Bover  
and Address Water 30th

17. (a) Burial, cremation, or removal \_\_\_\_\_ (b) Date thereof Aug - 14 - 48  
(c) Place Millan Idaho  
(Day) (Year)

18. Funeral Director's OWN Signature John Bover  
and Address Water 30th

19. (a) Aug 12 - 48 (b) Boise  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Aug - 10 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Heart failure

Due to Coronary sclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John Bover  
and Address Water 30th Date Aug 12 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

VITAL STATE OF IDAHO

State File No. 3146  
Local Reg. No. 27  
Reg. Dist. No. 141

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Idaho  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution. Other place...  
(f) Name Hosp. or Inst. St. Joseph Stayed. days  
(g) Lived in this county 30 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Boise  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) ....

## 3. (a) FULL NAME

Lee Kurd

## 3. (b) If veteran

name was Francis M.

## 3. (c) Social Security

No. ....

4. Sex Male Color White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife alive years  
6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year)

May 24 - 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>3</u>	<u>26</u>	hrs min.

## 9. Exact Occupation

Retired

Did this work for yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

(City or town)

(State or foreign country)

## 12. Name

Not known

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

John A. Burr

and Address Wallace 2d St

## 17. (a) Date thereof

Sept. 3-48

(c) Place: Wallace Idaho

## 18. Funeral Director's OWN Signature

John A. Burr

and Address Wallace 2d St

## 19. (a) Date received and filed

Sept. 1-48

(b) Registrar's signature John A. Burr

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Aug. 31 1948  
at 7:30 o'clock PM

## 21. I HEREBY CERTIFY, That I attended deceased from

Aug. 20 1948 to Aug. 31 1948

I last saw him alive on Aug. 30 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Carcinoma of  
lower abdomen

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Date

## Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature

F. W. Rolf M.D.

and Address Boise Date Sept. 1, 1948

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

DIVISION OF VITALS

STATE OF IDAHO

748

State File No. 3147  
Local Reg. No. 15  
Reg. Dist. No. 620

1. PLACE OF DEATH: STATISTICS
- (a) County Teton  
(b) City or town Driggs  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Unknown (b) County \_\_\_\_\_  
(c) City or town Unknown  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME TOMMY WATERS (Tentative name-exact name not known) 074A

3. (b) If veteran, name war Possibly WWI No. ?  
3. (c) Social Security \_\_\_\_\_  
5. Color or race White  
6. (a) Single, widowed, married, divorced ?  
4. Sex Male  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth Unknown  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
				hrs min.

9. Exact Occupation Laborer Did this work for ? yrs.  
10. Industry or Business Farm labor Date last worked 7-31-48  
11. Birthplace Unknown  
(City or town) (State or foreign country)

- Mother { 12. Name Unknown  
13. Birthplace "  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace "  
(City or town) (State or foreign country)

16. Informant's OWN Signature Gordon M. Jensen  
and Address St. Anthony, Idaho

17. (a) Burial (b) Date thereof August 6, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Anthony, Idaho

18. Funeral Director's OWN Signature Gordon M. Jensen  
and Address St. Anthony, Idaho

19. (a) Aug 8, 1948 (b) Edith Packard  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 31, 1948 19\_\_\_\_  
at 4 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from never 19\_\_\_\_, to never 19\_\_\_\_.  
I last saw him alive on never 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: cardiac failure Duration \_\_\_\_\_  
Due to coronary occlusion

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 19 City, county, state

1948 where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Gordon M. Jensen, MD

and Address Driggs, Idaho Date 8-8-48 1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

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AUG 16 1948

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 3148

Local Reg. No. 309

Reg. Dist. No. 460

1. PLACE OF DEATH:
- (a) County Twin Falls
- (b) City or town Twin Falls
- (c) Street Address or R. F. D. No. 3
- (d) Death Occurred Inside? # Outside? # city or town
- (e) Died in a Home # Hospital # Institution # Other place #
- (f) Name Hosp. or Inst. Twin Falls Co. Stayed 1 days
- (g) Lived in this county 11 years ? months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- (a) State Idaho (b) County Twin Falls
- (c) City or town Buhl
- (d) Street Address or R. F. D. No. Peck Add'n.
- (e) Deceased lived Inside? # Outside? # city or town
- (f) Citizen of what country? U. S.
- (g) How long had deceased lived in Idaho? 11 years
- (h) Former residence (city, state) Idaho

3. (a) FULL NAME Ed Sisson

3. (b) If veteran, name war no 3. (c) Social Security No. 507-09-1007
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) March 16, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>4</u>	<u>19</u>	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business Farming Date last worked 8/4/48
11. Birthplace Centralia, Missouri (City or town) (State or foreign country)
12. Name Benjamin Franklin Sisson
13. Birthplace Unknown, Missouri (City or town) (State or foreign country)
14. Maiden name Mary Rice
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature X Lyle Sisson and Address Burley, Idaho
17. (a) Burial (b) Date thereof 8/7/48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Buhl City Cemetery
18. Funeral Director's OWN Signature D. L. Robertson and Address Buhl, Idaho
19. (a) Aug. 12, 1948 (b) Orna B. Reed (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 103X

20. DATE OF DEATH Aug. 4, 1948 (Month, Day, Year) at 12:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1948 to Aug 4, 1948 I last saw him alive on Aug 4, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hemorrhage & shock Duration 3 hrs.

Due to sev. laceration of face 3 hrs.

Due to Back injury 3 hrs.

Due to pos. internal injuries 3 hrs.

Other conditions. Farm accident - run away

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho PHYSICIAN

Name of operation \_\_\_\_\_ Date \_\_\_\_\_ Underline the cause to which death should be charged statistically.

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred Aug 4, 1948 City, county, state Buhl, Twin Falls, Idaho
- Place of Violence: Home yes Farm yes Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work? yes
- Means of injury Fell from hay rack
23. Attendant's OWN Signature V. H. Anderson (M. D. or other) Address Buhl, Ida Date 8-7-1948

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 16 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3149  
Local Reg. No. 512  
Reg. Dist. No. 460

## DIVISION OF VITAL STATISTICS

### 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? x Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital x Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. T.F. Co. Stayed 30 days  
(g) Lived in this county \_\_\_\_\_ years 18 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 473 Jackson  
(e) Deceased lived Inside? x Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1 1/2 years  
(h) Former residence (city, state) \_\_\_\_\_

### 3. (a) FULL NAME

David Michael Brinson

### 3. (b) If veteran, name war \_\_\_\_\_

### 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

### 7. Date of Birth (Month, Day, Year) February 5, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>6</u>	<u>1</u>	hrs min.

9. Exact Occupation Child Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

12. Name Troy Brinson  
13. Birthplace Indianola, Oklahoma  
(City or town) (State or foreign country)  
14. Maiden name Allene Brinson Hall  
15. Birthplace Oilhill, Kansas  
(City or town) (State or foreign country)

### 16. Informant's OWN Signature Troy Brinson and Address 473 Jackson, T.F., Idaho

17. (a) Burial (b) Date thereof 8-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

### 18. Funeral Director's OWN Signature Dupont and Address 136 4th Ave. E. T.F.

19. (a) August 14, 1948 (b) B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH (Month, Day, Year) August 6, 1948 at 5:00 o'clock A.M.

### 21. I HEREBY CERTIFY, That I attended deceased from 8-6-1948 to Aug., 6, 1948 I last saw him alive on 8-6-1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

unknown

### Duration

Due to from the encephalitis

Due to from the stroke

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

### Where was disease contracted? 8-

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

### 23. Attendant's

OWN Signature H. Hume

(M. D. or other)  
Address Twin Falls, Idaho Date 8-11-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
**RECEIVED**  
**AUG 16 1948**  
**DIVISION OF VITAL STATISTICS**

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **3150**  
Local Reg. No. **511**  
Reg. Dist. No. **460**

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town T.F.Co. Gen. Hosp.  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. T.F.Co. Gen Stayed ..... days  
(g) Lived in this county ..... years ..... months 2-hrs days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Jolley, Margaret Jane

## 3. (b) If veteran,

name war ..... No. ....

## 3. (c) Social Security

5. Color or 6. (a) Single, widowed, married,

4. Sex F race White divorced single

6. (b) Name of husband or 6. (c) Age of husband or wife if wife ..... alive ..... years

## 7. Date of Birth

(Month, Day, Year) August 6, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u> - hrs <u>45</u> - min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

12. Name William A. Jolley

13. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

14. Maiden name Cleo Ann Briles

15. Birthplace Hanover, Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature William A. Jolley  
and Address Twin Falls, Idaho

17. (a) burial (b) Date thereof 8-9-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Twin Falls Cemetery

18. Funeral Director's White Mortuary  
OWN Signature Ella M. White E-249

and Address Twin Falls, Idaho

19. (a) Aug 14, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 6, 1948  
at ..... o'clock 4 M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Aug 6 19 48 to Aug 6 19 48  
I last saw him alive on Aug 6 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia, 6 months of Duration  
prolonged illness

Due to in upper chest development

Due to what is reported

Other conditions after

(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date ..... PHYSICIAN

Major finding ..... Underline

Finding of autopsy ..... the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

## 23. Attendant's

OWN Signature Erna B. Reed (Print name or other)

Address Twin Falls Date 8-11-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

AUG 25 1948

STATE OF IDAHO

State File No. 3151  
Local Reg. No. 514  
Reg. Dist. No. 460

## 1. PLACE OF DEATH: DEATH OF VITAL

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 533 2nd Ave. So.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 40 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 533 2nd Ave. So.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? ?  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Bari, Italy

## 3. (a) FULL NAME Sam Carone

3. (b) If veteran, name war ☐ No. ☐  
5. Color or race Male Italian  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth (Month, Day, Year) March 1, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>5</u>	<u>12</u>	hrs min.

9. Exact Occupation farm laborer Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace Bitritto - Bari, Italy  
(City or town) (State or foreign country)  
12. Name Vincenzo Carone  
13. Birthplace Bari, Italy  
(City or town) (State or foreign country)  
14. Maiden name Matilda  
15. Birthplace Bari, Italy  
(City or town) (State or foreign country)

16. Informant's OWN Signature Sam Carone  
and Address Manteca, California.

17. (a) Removal (b) Date thereof 8/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Modesto, California

18. Funeral Director's OWN Signature James E. Reynolds  
and Address Twin Falls, Idaho

19. (a) August 17, 1948 (b) Erma P. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 13 19 48  
at 9:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from ? to ?  
I did not see, to ?

I last saw h. ☐ alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CORONARY occlusion, Duration Asxtd

Due to ☐

Due to ☐

Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature J. Woodson Creed

and Address Twin Falls, Idaho (If D. or other) Aug 13, 1948

(For additional space, use reverse side)

COUNTY CORONER

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 25 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3159  
Local Reg. No. 520  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 435 3rd Ave South  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 435 3rd Ave So.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? city or town  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) city or town

## 3. (a) FULL NAME SHIPP, John T.

3. (b) If veteran, name war none No. None  
5. Color or white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Rosa T. 6. (c) Age of husband or wife if alive 78 years

7. Date of Birth May 22, 1878  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>2</u>	<u>24</u>	hrs min.

9. Exact Occupation Retired Did this work for years  
10. Industry or Business worked Date last worked worked  
11. Birthplace Louisville, Ky. (City or town) (State or foreign country)

12. Name Unknown Shipp  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature J. W. Co. Gen'l  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 8/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park Cem.

18. Funeral Director's OWN Signature Aug 24, Phillips  
and Address White Mortuary - Twin Falls, Idaho

19. (a) Aug 20, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 16th 19 48  
(Month, Day, Year)  
at About 11 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 8/17 19 48, to 8/17 19 48  
I last saw h. in person dead 8/17/48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CORONARY occlusion, Acute Duration

Due to Due to  
Due to Due to  
Other conditions Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? Where was disease contracted?  
Name of operation Name of operation Date Date  
Major finding Major finding  
Finding of autopsy Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Accident? Suicide? Suicide? Homicide? Homicide?  
Occurred Occurred 19 19 City, county, state City, county, state  
where violence occurred where violence occurred  
Place of Violence: Home Home Farm Farm Industry Industry  
Public Place Public Place While at work? While at work?  
Means of injury Means of injury

23. Attendant's OWN Signature J. W. Co. Gen'l  
and Address T.F. Co. Gen'l (M. D. or other) 8/17/48  
(For additional space, use reverse side)

( county CORONER )

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
Certificate Of Death

AUG 25 1948

DIVISION OF VITALS

STATE OF IDAHO

State File No. 3153  
Local Reg. No. 519  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 262 5th Ave No.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 8 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 262 5th Ave Nor  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? city or town  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) city or town

3. (a) FULL NAME JUDD, Daniel F.

3. (b) If veteran,

name war none

3. (c) Social Security

No. 094A

5. Color or White  
6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Mable  
6. (c) Age of husband or wife if alive 62 years

7. Date of Birth September 27, 1886  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>10</u>	<u>21</u>	hrs min.

9. Exact Occupation Retired Did this work for  yrs.

10. Industry or Business Hardware Salesman Date last worked  yrs.

11. Birthplace Pima, Arizona (City or town) (State or foreign country)

12. Name Frank Judd

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Ann D. Judd

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Frank Judd

and Address Twin Falls, Idaho

17. (a) Removal Ashton, Idaho (b) Date thereof 8/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Ashton, Idaho

18. Funeral Director's OWN Signature White Mortuary

and Address White Mortuary - Twin Falls, Idaho

19. (a) Aug 19, 1948 (b) Ernest B. Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) August 18th 19 48  
at 5:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 8-18 19 48, to 8-18 19 48

I last saw h. alive on 8-18 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure Duration

Coronary occlusion

Due to Heart failure

Due to Coronary occlusion

Other conditions Coronary occlusion

(Include pregnancy within 3 months of death)

Where was disease contracted? Coronary occlusion

Name of operation Coronary occlusion Date 8-18 19 48

Major finding Coronary occlusion

Finding of autopsy Coronary occlusion

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred 19 City, county, state

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Heart failure

23. Attendant's OWN Signature White Mortuary

and Address White Mortuary - Twin Falls, Idaho

(Date received and filed) (Registrar's signature)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 3154  
Local Reg. No. 528  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. F. Co. Hosp.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. F. Co. Hosp. Stayed 2 days  
(g) Lived in this county 29 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No. Filer  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME DWYER, Daniel

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Emily Jackson Dwyer 6. (c) Age of husband or wife if years  
7. Date of Birth December 23, 1870  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>8</u>	<u>2</u>	hrs min.

9. Exact Occupation Retired Did this work for  yrs.  
10. Industry or Business Farmer Date last worked  
11. Birthplace Iowa (City or town) (State or foreign country)

- Mother Father  
12. Name Edward Dwyer  
13. Birthplace Ireland (City or town) (State or foreign country)  
14. Maiden name Catherine Dwyer  
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Harry W. Yaw  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 8/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Sunset Mem. Park Cem.

18. Funeral Director's OWN Signature Wm. H. Miller  
and Address White Mortuary Twin Falls

19. (a) September 2, 1948 (b) Selen L. Haley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 25th, 19 48  
(Month, Day, Year) at 5:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from August 16 19 48, to August 25 19 48.  
I last saw him alive on August 25 19 48; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Myocarditis, acute  
2 cardiac failure  
Due to myocardial infection  
coronary atherosclerosis  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

- Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Max D. Larver M.D.  
and Address Filer, Idaho (M. D. or other) Date 8/27 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 8 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

State File No. 3156  
Local Reg. No. 526  
Reg. Dist. No. 460

1. PLACE OF DEATH: STATISTICS
- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. T.F.C.O. Hosp. 4 days  
(g) Lived in this county 39 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Chris Erickson (Erikson)

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex male race white  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>			hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Norway (City or town) (State or foreign country)

- Mother Father  
12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Aug H. Stilling  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 9-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Mem. Park Cem.

18. Funeral Director's OWN Signature Aug H. Stilling  
and Address White Oakway, Twin Falls

19. (a) September 2, 1948 (b) Helen L. Galay  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 28 1948  
at 8:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchopneumonia Duration 2 days

Due to Age

Due to Fractured leg  
Other conditions + Trauma  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 8-25 1948 City, county, state Twin Falls City  
where violence occurred Twin Falls City  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Auto accident

23. Attendant's OWN Signature Dean H. Appleck  
and Address Twin Falls, Idaho Date 8-30 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
STATE OF IDAHO

State File No. 3156  
Local Reg. No. 531  
Reg. Dist. No. 460

**1. PLACE OF DEATH:**

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. West Addison  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. T.F. County Stayed 6 days  
(g) Lived in this county 31 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Waverly Apt's  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) Oklahoma

3. (a) **FULL NAME** Allen McEachern

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex Male race White  
6. (b) Name of husband or wife Belle  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) August 23, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>0</u>	<u>6</u>	hrs min.

9. Exact Occupation Railroader Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Toronto, Canada (City or town) (State or foreign country)  
Mother { 12. Name Malcolm McEachern  
13. Birthplace Scotland (City or town) (State or foreign country)  
14. Maiden name Sarah McDougal  
15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Twin Falls, Idaho  
17. (a) Burial (b) Date thereof 9/1/48 (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: Twin Falls Cemetery  
18. Funeral Director's OWN Signature [Signature]  
and Address Twin Falls, Idaho  
19. (a) September 13, 1948 (b) Nelson L. Galay (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH** (Month, Day, Year) August 29, 1948  
at 4:30 o'clock P.M.  
21. **I HEREBY CERTIFY**, That I attended deceased from Aug 28, 1948 to August 29, 1948  
I last saw him alive on Aug 29, 1948; death is said to have occurred on the date and hour stated above.  
**Immediate Cause of Death:** Cerebral hemorrhage & hypoxia Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature [Signature] (M.D. or other)  
and Address Twin Falls, Idaho Date 8-29-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 25 1948

DIVISION OF VITAL

CERTIFICATE OF DEATH

STATE OF IDAHO

1948

State File No.

3157

Local Reg. No.

515

Reg. Dist. No.

460

1. PLACE OF DEATH: Twin Falls  
(a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R. F. D. No. Mc Collum Addn.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Other place  
(f) Name Hosp. or Inst. None Stayed No days  
(g) Lived in this county 30 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. Mc Collum Addn.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country United States  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) X

3. (a) FULL NAME Anton Makousky

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive X years  
7. Date of Birth (Month, Day, Year) October 21, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>9</u>	<u>16</u>	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.  
10. Industry or Business Farming Date last worked 1942  
11. Birthplace Teleci, Austria (City or town) (State or foreign country)  
Father { 12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
Mother { 14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Don W. Wagar  
and Address Buhl, Idaho  
17. (a) Burial (b) Date thereof Aug. 9, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery  
18. Funeral Director's Albertson Funeral Home  
OWN Signature by: A. Albertson  
and Address Buhl, Idaho  
19. (a) Aug 18, 1948 (b) Emma B. Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 5 1948  
(Month, Day, Year)  
at 11:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 4 1948 to Aug 5 1948  
I last saw him alive on Aug 5 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration 2 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature M. A. Drake M.D. (M. D. or other)  
and Address Buhl, Idaho Date 8-9 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States  
Department of Commerce  
Bureau of the Census

AUG 25 1948  
CERTIFICATE OF DEATH  
OF VITAL STATE OF IDAHO

State File No. 3158  
Local Reg. No. 516  
Reg. Dist. No. 460

1. PLACE OF DEATH:  
(a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R. F. D. No. 513-8th Ave. N.  
(d) Death Occurred X Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. None Stayed No days  
(g) Lived in this county 17 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
Idaho Twin Falls  
(a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. 513-8th Ave. N.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME James Robert Brandon

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Obedience 6. (c) Age of husband or wife if alive 77 years  
7. Date of Birth (Month, Day, Year) March 15, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>4</u>	<u>20</u>	hrs min.

9. Exact Occupation Carpenter Did this work for 60 yrs.  
10. Industry or Business Building Date last worked 1942  
11. Birthplace Dresden, Tennessee  
(City or town) (State or foreign country)

- Father { 12. Name John C. Brandon  
13. Birthplace Raleigh, N. C.  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Melinda  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Oscar R. Brandon  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof Aug. 10, 1948  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Buhl City Cemetery  
18. Funeral Director's OWN Signature B. J. Albertson  
and Address Buhl, Idaho

19. (a) Aug 18, 1948 (b) E. M. B. Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 7 1948  
at 6:42 o'clock P. M.  
21. I HEREBY CERTIFY That I attended deceased from July 30 1948 to Aug 7 1948  
I last saw him alive on Aug 7 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Failure Duration 1 wk

Due to Chronic Myocarditis

Due to Senility

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Buhl, Ida PHYSICIAN

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature V. H. Anderson MD  
and Address Buhl, Ida (M. D. or other) Aug 16 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 16 1948

Certificate of Death

STATE OF IDAHO

State File No. 3159

Local Reg. No. 508

Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Filer  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 0 years 0 months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wyoming (b) County Natrona  
(c) City or town Casper  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 21 days  
(h) Former residence (city, state) None

3. (a) FULL NAME Edward Robert Sutton, Jr.

3. (b) If veteran, name war ..... No. ....  
5. Color or race white  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) January 25, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>6</u>	<u>21</u>	hrs min.

9. Exact Occupation Infant Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Casper Wyoming (City or town) (State or foreign country)

12. Name Edward Robert Sutton  
13. Birthplace Casper, Wyoming (City or town) (State or foreign country)  
14. Maiden name Layona Marie Vincent  
15. Birthplace Bayard, Nebraska (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. E. R. Sutton  
and Address Casper, Wyoming

17. (a) Burial (b) Date thereof 8/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Filer I.O.O.F. Cemetery

18. Funeral Director Reynolds Funeral Home  
OWN Signature James E. Reynolds  
and Address Twin Falls, Idaho

19. (a) August 11, 1948 (b) B. Reed  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 9, 1948  
(Month, Day, Year) at 1:25 o'clock 4 M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 8 to August 9, 1948

I last saw him alive on Aug 8 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Intestinal infection, dysentery, diarrhea, Duration 1 week

Due to Dysentery, Bacillary 1 no

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? Wyoming  
Name of operation ..... Date .....

Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature M. W. Larned M.D.  
and Address Filer, Idaho (M.D. or other) Date Aug 11 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 16 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3160  
Local Reg. No. 570  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twinfalls  
(b) City or town Buhl  
(c) Street Address or ~~R.R.~~ No. 516, 13th St.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or ~~R.R.~~ No. Nevada St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) Canada

## 3. (a) FULL NAME

Martha Jane Eubankes

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex female race white

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Charles J.

## 6. (c) Age of husband or wife if alive 83 years

## 7. Date of Birth

(Month, Day, Year) Nov. 23, 1869

## 8. AGE

Years

Months

Days

If less than 1 day

80

8

18

hrs

min.

## 9. Exact

Occupation housewife

## Did this

work for life yrs.

## 10. Industry or

Business

## Date last

worked 5/15/48

## 11. Birthplace

Benning Co. Missouri

(City or town)

(State or foreign country)

## 12. Name George McCamas

## 13. Birthplace

\_\_\_\_\_

Kentucky

(City or town)

(State or foreign country)

## 14. Maiden name

Elmira Hadley

## 15. Birthplace

\_\_\_\_\_

Kentucky

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature J. W. Eubankes

and Address Gooding, Id.

## 17. (a) burial

(b) Date thereof 8/13/48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: Elmwood Cem. Gooding, Idaho

## 18. Funeral Director's

OWN Signature H. P. Bright

and Address Gooding, Idaho

## 19. (a) Aug 13 1948

(Date received and filed)

(Registrar's signature) B. Read

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) August 10 19 48  
at 1 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from May 1948 to Aug 10 1948  
I last saw her alive on Aug 6 1948; death is said to have occurred on the day and hour stated above.

## Immediate Cause of Death:

Chronic myo. Carditis

## Duration

Due to Age

Due to \_\_\_\_\_

Other conditions reflexes

(Include pregnancy within 3 months of death)

Where was disease contracted? home

Name of operation \_\_\_\_\_

Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature J. H. Cornwall

and Address Gooding, Idaho

(Date received and filed) Aug 13 1948 (Registrar's signature) B. Read

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States

Department of Commerce

Bureau of the Census

AUG 25 1948

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No.

3161

Local Reg. No.

517

Reg. Dist. No.

460

STATISTICS

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R. F. D. No. Rt. # 4  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. None Stayed No days  
(g) Lived in this county 32 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. Rt. # 4  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) X

3. (a) FULL

NAME Frank Kenneth Hyde

3. (b) If veteran,

name war. No

3. (c) Social Security

No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Margaret Ellis

6. (c) Age of husband or wife if alive X years

7. Date of Birth

(Month, Day, Year) Sept. 10, 1891

8. AGE

Years 56

Months 11

Days 0

If less than 1 day  
hrs min.

9. Exact

Occupation Farmer

Did this

work for 7 yrs.

10. Industry or Business

Farming

Date last

worked 8/9/48

11. Birthplace

Helena, N. Dakota

(City or town)

(State or foreign country)

Father

12. Name

Winfield S. Hyde

Mother

13. Birthplace

Unknown

(City or town)

(State or foreign country)

14. Maiden name

Lillian Barber

15. Birthplace

Appleton, Wis.

(City or town)

(State or foreign country)

16. Informant's

OWN Signature Frank Hyde

and Address Buhl, Idaho

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Aug. 12, 1948

(Month) (Day) (Year)

(c) Place:

Buhl City Cemetery

18. Funeral Director's

OWN Signature D. J. Robertson

and Address Buhl, Idaho

19. (a) Aug. 18, 1948

(Date received and filed)

(b)

Erna B. Reed

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

August 10

102 X

(Month, Day, Year) 19 48

at 7:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from

February 15, 1948, to Aug 10, 1948

I last saw him alive on Aug 10, 1948; death is

said to have occurred on the date and hour stated above.

Immediate Cause of Death:

CEREBRAL HEMORRHAGE

Duration

30 MIN.

Due to

HYPERTENSION

5 YRS

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? HOME

PHYSICIAN

Name of operation NONE Date

Major finding

Finding of autopsy NONE

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's

OWN Signature E. N. McBratney, M.D.

(M. D. or other)

and Address Buhl, Idaho

Date 8/10, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item shall be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 25 1948

# CERTIFICATE OF DEATH

STATE OF IDAHO

1948

3162

State File No.

Local Reg. No. 518

Reg. Dist. No. 460

## 1. PLACE OF DEATH: STATISTICS

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R. F. D. No. 729 9th Ave. N.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. None Stayed No days  
(g) Lived in this county 33 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. 729 9th Ave. N.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME Gladys Faith Baxter

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife Ernest Baxter  
6. (c) Age of husband or wife if alive 51 years  
7. Date of Birth (Month, Day, Year) Nov. 20, 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>8</u>	<u>22</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business None Date last worked 1 yr.

11. Birthplace Cairo, Neb.  
(City or town) (State or foreign country)

12. Name James Wilson

13. Birthplace Ohio  
(City or town) (State or foreign country)

14. Maiden name Flossie Bright

15. Birthplace Lodi, Indiana  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ernest R. Baxter  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof Aug. 14, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature E. J. McRatney  
and Address Buhl, Idaho

19. (a) Aug. 18, 1948 (b) Erma B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 11 1948  
(Month, Day, Year)  
at 9:35 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from August 7 1948, to August 10 1948  
I last saw her alive on August 10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: GENERALIZED CARCINOMATOSIS Duration 6 mos.

Due to ADENOCARCINOMA OF UTERUS 1 yr

Due to \_\_\_\_\_ 2 mos.  
Other conditions ANEMIA + INANITION  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home PHYSICIAN

Name of operation NONE Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_ Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. J. McRatney (M. D. or other)  
and Address Buhl, Idaho Date 8/12 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 19 1948

# Certificate Of Death

STATE OF IDAHO DIVISION OF VITAL STATISTICS

RECEIVED

AUG 19 1948

State File No. 3163  
Local Reg. No. 513  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. R.R. #3  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county 0 years 0 months 13 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 9 mos. years  
(h) Former residence (city, state) Salinas, Calif.

## 3. (a) FULL NAME Masaka Naito

3. (b) If veteran, name war No.  
5. Color or 6. (a) Single, widowed, married,  
4. Sex Female race Japanese divorced Single  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife alive years  
7. Date of Birth  
(Month, Day, Year) April 6, 1928

8. AGE	Years	Months	Days	If less than 1 day
	<u>20</u>	<u>4</u>	<u>10</u>	hrs min.

9. Exact Occupation Laborer Did this work for yrs.  
10. Industry or Business worked Date last  
11. Birthplace Salinas, California  
(City or town) (State or foreign country)

12. Name Hyakuichi Naito  
13. Birthplace Hiroshima, Japan  
(City or town) (State or foreign country)  
14. Maiden name Kimiko Yoshida  
15. Birthplace Kohala, Hawaii  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Nampa, Idaho

17. (a) Removal (b) Date thereof 8/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Nampa, Idaho

18. Funeral Director's OWN Signature [Signature] Reynolds Funeral Home  
and Address Twin Falls, Idaho

19. (a) Aug 17, 1948 (b) Erna B. Reed  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) Aug 16th 1948  
at 2:00 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I did not see alive

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxiation by strangulation Duration  
Self-inflated

Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? X Homicide?  
Occurred Aug 16th 1948 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place X While at work?  
Means of injury Silk head scarf

23. Attendant's OWN Signature [Signature] Wooden Creek, mo.  
and Address Twin Falls, Idaho (M. D. or other) Date Aug 16, 1948  
(For additional space, use reverse side)

County CORNER

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

SEP 1 1948

DEPARTMENT OF VITAL  
STATISTICS

CERTIFICATE OF DEATH

STATE OF IDAHO

1948

State File No. **3164**  
Local Reg. No. **525**  
Reg. Dist. No. **460**

1. PLACE OF DEATH:
- County Twin Falls
  - City or town Twin Falls
  - Street Address or R. F. D. No. 1
  - Death Occurred Inside? Outside? X city or town
  - Died in a Home X Hospital    Institution    Other place
  - Name Hosp. or Inst. None Stayed No days
  - Lived in this county 22 years 7 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- State Idaho
  - County Twin Falls
  - City or town Twin Falls
  - Street Address or R. F. D. No. 1
  - Deceased lived Inside? Outside? X city or town
  - Citizen of what country? United States
  - How long had deceased lived in Idaho? Life years
  - Former residence (city, state) X

3. (a) FULL  
NAME Leona Jesser

3. (b) If veteran, name war No
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roy Russell Jesser
6. (c) Age of husband or wife if alive 22 years
7. Date of Birth (Month, Day, Year) January 16, 1926

8. AGE	Years	Months	Days	If less than 1 day
	<u>22</u>	<u>7</u>	<u>1</u>	hrs min.

9. Exact Occupation Housewife Did this work for 1 yrs.
10. Industry or Business None Date last worked Jan. 1948

11. Birthplace Filer, Idaho (City or town) (State or foreign country)

- Father { 12. Name J. H. Patterson
13. Birthplace Orfino, Neb. (City or town) (State or foreign country)

- Mother { 14. Maiden name Alice Gardner
15. Birthplace Farnam, Neb. (City or town) (State or foreign country)

16. Informant's OWN Signature Ray E. Jesser
- and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 8/20/48
- (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Sunset Memorial - Twin Falls

18. Funeral Director's OWN Signature D. T. Schurman
- and Address Buhl, Idaho

19. (a) August 27, 1948 (b) Helen L. Galey
- (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Aug. 17, 1948
- (Month, Day, Year) 1:00 P. M.
- at 1:00 o'clock P. M.

21. I HEREBY CERTIFY That I attended deceased from 5-1 1948 to Aug 17, 1948
- I last saw her alive on 8-16 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Suicide

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. J. Schurman

and Address Twin Falls, Idaho (M. D. or other) \_\_\_\_\_

Date \_\_\_\_\_ 19 \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

AUG 25 1948

STATE OF IDAHO

1948  
State File No. **3165**  
Local Reg. No. **522**  
Reg. Dist. No. **460**

1. PLACE OF DEATH: **STATISTICS**

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 2  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 22 years 29 months 29 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) Raton, New Mex.

3. (a) FULL NAME Minnie May Hixenbaugh

3. (b) If veteran, name war No. 5  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife W.R.  
6. (c) Age of husband or wife if alive 78 years  
7. Date of Birth (Month, Day, Year) December 11, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>8</u>	<u>6</u>	hrs min.

9. Exact Occupation Housewife Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Washington Co., Kansas  
(City or town) (State or foreign country)

12. Name Joseph Wolf  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Maiden name Sarah C. Hildebrand  
15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Catherine McDonald  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 8/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Reynolds Funeral Home  
and Address Twin Falls, Idaho

19. (a) August 23, 1948 (b) Nelson L. Bolay  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) August 17, 1948  
at 11:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 8/17/1948

I last saw 12 alive on 148; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Lympho sarcoma Duration 4 yrs

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation None Date       

Major finding       

Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Dean H Affleck

and Address Twin Falls, Idaho Date 8-19-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
AUG 25 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3166  
Local Reg. No. 521  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. Sugar Factory, Amalgamated  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Amalgamated Sugar Co Stayed        days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 751 2nd Ave West  
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state)

## 3. (a) FULL NAME McMillan, Robert D.

3. (b) If veteran, name war None 3. (c) Social Security No. 519-24-3245  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth July 9, 1930  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>18</u>	<u>1</u>	<u>9</u>	hrs min.

9. Exact Occupation Factory Worker Did this work for Few Wks  
10. Industry or Business Sugar Factory Date last worked 8/18/48  
11. Birthplace Wallace, Idaho  
(City or town) (State or foreign country)

12. Name Robert D. McMillan  
13. Birthplace Stratford, No. Carolina  
(City or town) (State or foreign country)  
14. Maiden name Mary Paulson  
15. Birthplace Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature R.D. McMillan  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 8/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park Cem.

18. Funeral Director's OWN Signature Aug. L. Fiddle  
and Address White Mortuary-Twin Falls, Idaho

19. (a) August 23, 1948 (b) Nelson L. Galay  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) August 18th, 19 48  
at 11 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 8/18 19 48, to 8/18 19 48.  
I last saw h. 1m mondead 8/18/48; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Emerson Suffocation  
in sugar Duration 6 minutes

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide?        Homicide?         
Occurred 8-18 19 48 City, county, state Twin Falls, Twin Falls, Id  
where violence occurred Twin Falls, Twin Falls, Id  
Place of Violence: Home        Farm        Industry ✓  
Public Place        While at work? ✓  
Means of injury Suffocation from Emerson  
sugar

23. Attendant's OWN Signature Ed L. Stover  
(M. D. or other)

and Address Twin Falls, Ida Date 8/19/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

SEP 1 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3167  
Local Reg. No. 524  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Kimberly  
(c) Street Address or R.F.D. No. none  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 24 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Kimberly  
(d) Street Address or R.F.D. No. none  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) North Carolina

## 3. (a) FULL NAME Jessie J. Waddell

3. (b) If veteran, name war No.  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Sarah  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) August 31, 1853

8. AGE	Years	Months	Days	If less than 1 day
	<u>94</u>	<u>11</u>	<u>21</u>	hrs min.

9. Exact Occupation Ret. Farmer Did this work for years  
10. Industry or Business worked Date last worked  
11. Birthplace Piney Creek, North Carolina  
(City or town) (State or foreign country)

12. Name Alson Waddell  
13. Birthplace unknown  
(City or town) (State or foreign country)  
14. Maiden name Caroline Griffith  
15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. J. L. Edwards  
and Address Hollister, Idaho

17. (a) Burial (b) Date thereof 8/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature James C. Reynolds  
and Address Twin Falls, Idaho

19. (a) August 25, 1948 (b) Nelen L. Galay  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 22, 1948  
at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 1/3/1948 to 8/22/1948  
I last saw him alive on 8/1/1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: St. Heart Failure due to  
cardio-vascular renal disease

Due to cardio-vascular renal disease

Due to Senility  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline the cause to which death should be charged statistically.  
Major finding Senility  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home 19 Farm 19 Industry 19  
Public Place 19 While at work? 19

- Means of injury 19  
23. Attendant's OWN Signature James C. Reynolds  
(M. Do not other)  
and Address Kimberly, Idaho Date 8/22/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

AUG 26 1948

STATE OF IDAHO

1948  
State File No. **3168**  
Local Reg. No. **523**  
Reg. Dist. No. **460**

1. PLACE OF DEATH:

- (a) County **Twin Falls**  
(b) City or town \_\_\_\_\_  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? **X** city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place **X**  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **12** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **T. Falls**  
(c) City or town **Twin Falls**  
(d) Street Address or R.F.D. No. **844 Blue Lakes**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **Nebraska**

3. (a) FULL NAME **Olin Kenneth Barton**

3. (b) If veteran, name war **World War 1** No. \_\_\_\_\_  
3. (c) Social Security \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, \_\_\_\_\_  
4. Sex **Male** race **White** divorced **Married**  
6. (b) Name of husband or wife **Rose Barton** 6. (c) Age of husband or wife if alive **44** years  
7. Date of Birth (Month, Day, Year) **May 30, 1895**

8. AGE	Years	Months	Days	If less than 1 day
	<b>53</b>	<b>2</b>	<b>22</b>	hrs min.

9. Exact Occupation **Wire Chief** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Id. States Tel. Co.** Date last worked **Aug. 21**  
11. Birthplace **Papillion, Neb.** (City or town) (State or foreign country)  
Mother Father { 12. Name **Robert C. Barton**  
13. Birthplace **Unknown** (City or town) (State or foreign country)  
14. Maiden name **Ava Sage**  
15. Birthplace **Indiana** (City or town) (State or foreign country)  
16. Informant's OWN Signature **Mrs. Rose Barton**  
and Address **Twin Falls, Idaho**  
17. (a) Removal (b) Date thereof **8-25-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Cloverdale Cemetery, Boise, Ida.**  
18. Funeral Director's OWN Signature **J. Phillips**  
and Address **Twin Falls, Idaho**  
19. (a) **Aug. 24, 1948** (b) **Robert L. Galsy**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **August 22, 1948**  
at **Approx. 3** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Asphyxiation, by Submersion in Water** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **X** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **3 P.M. 8-22-1948** City, county, state \_\_\_\_\_

where violence occurred **Twin Falls**

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place **X** **Salmon River** While at work? \_\_\_\_\_

Means of injury **Boat overturned**

23. Attendant's OWN Signature **J. Woodson Creech, M.D.**

and Address **Twin Falls, Idaho** (M. D. or other) \_\_\_\_\_

Date **8-24, 1948** (For additional space, use reverse side)

685

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 8 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3169  
Local Reg. No. 527  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Kimberly  
(c) Street Address or R.F.D. No. F. Co. Farm  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution X Other place  
(f) Name Hospital F. Co. Farm Stayed 2 mos days  
(g) Lived in this county 40 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Twin Falls  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 40 yrs years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME Mrs. Laura Ellen Whitney

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
4. Sex F 6. (b) Name of husband or wife E. N. Whitney 6. (c) Age of husband or wife if alive 0 years  
7. Date of Birth (Month, Day, Year) December 16th, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>8</u>	<u>8</u>	hrs min.

9. Exact Occupation Housewife Did this work for 0 yrs.  
10. Industry or Business Business Date last worked 0  
11. Birthplace Kansas (City or town) (State or foreign country)

12. Name John Jacobs Cobbs  
13. Birthplace Virginia (City or town) (State or foreign country)  
14. Maiden name Susan Snider  
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Fred A. Cobb  
and Address Jerome Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27, 1948 (Month) (Day) (Year)  
(c) Place: Twin Falls Cem.

18. Funeral Director's OWN Signature W. L. Tillis  
and Address White Mortuary-Twin Falls

19. (a) September 2, 1948 (Date received and filed) (b) Helen L. Colay (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 24, 1948 19  
at 7:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 7-13 1948, to 8-24 1948  
I last saw h.ER alive on 7-12 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of the Duration 6 mo

Due to Cancer and Drug 18 mo

Due to 0  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? 0  
Name of operation 0 Date 0  
Major finding 0  
Finding of autopsy 0  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? 0 Homicide? 0  
Occurred 19 City, county, state 0  
where violence occurred 0  
Place of Violence: Home 0 Farm 0 Industry 0  
Public Place 0 While at work? 0  
Means of injury 0

23. Attendant's OWN Signature J. J. Blum  
and Address Twin Falls, Idaho Date 8/25 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 13 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3170  
Local Reg. No. 233  
Reg. Dist. No. 320

1. PLACE OF DEATH: STATISTIC
- (a) County Valley  
(b) City or town Warren  
(c) Street Address or R.F.D. No. Near Pilot Peak  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home. Hospital. Institution. Other place. ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county. years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 1014 Fillmore  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

3. (a) FULL NAME Martha Adelaide Baldrige

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or race W 6. (a) Single, widowed, married, divorced W  
4. Sex F 6. (b) Name of husband or wife Donald Lee 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) May 26-1913

8. AGE	Years	Months	Days	If less than 1 day
	<u>34</u>	<u>10</u>	<u>22</u>	hrs min.

9. Exact Occupation Housekeeping Did this work for  yrs.  
10. Industry or Business Caldwell, Idaho Date last worked   
11. Birthplace Caldwell, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name A.K. Platt  
13. Birthplace Haysville, North Carolina (City or town) (State or foreign country)  
14. Maiden name Martha Hurt  
15. Birthplace Abeline, Texas (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Martha Platt  
and Address 322 So. Kimball - Caldwell, Idaho

17. (a) Burial (b) Date thereof 9-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill  
Peckham-Baker Chapel

18. Funeral Director's OWN Signature Peckham-Baker  
and Address Caldwell, Idaho

19. (a) Sept 8 1948 (b) Lytle Gardner  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 18 1948  
at  o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Airplane Wreck  
Due to

Due to

Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?

Occurred 18 April 1948 City, county, state

where violence occurred Blk Mountain, Ida

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature Taylor Bowlden, Coroner

(M. D. or other)

and Address  Date 8 Sept 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 13 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3171  
Local Reg. No. 239  
Reg. Dist. No. 3/8

## 1. PLACE OF DEATH: STATISTICS

- (a) County Valley  
(b) City or town Warren  
(c) Street Address or R.F.D. Near Pilot Peak  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 1014 Filmore  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) years

## 3. (a) FULL NAME

Donald Lee Baldrige

3. (b) If veteran, name war No 3. (c) Social Security No 518-30-9521  
5. Color or race W 6. (a) Single, widowed, married, divorced W  
4. Sex M 6. (b) Name of husband or wife Adelaide  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) August 29-1906

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>7</u>	<u>19</u>	hrs min.

9. Exact Occupation Owner Did this work for  yrs.  
10. Industry or Business Crookham Seed Co. Date last worked worked  
11. Birthplace Carlock, Illinois  
(City or town) (State or foreign country)

12. Name James Lee Baldrige  
13. Birthplace Dound City, Kansas  
(City or town) (State or foreign country)  
14. Maiden name Grace English  
15. Birthplace Dounds, Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Jethia M. Baldrige  
and Address Caldwell, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/3/48  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) Sept 8-1948 (b) Myrtle Gardner  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 18 19 48  
at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accident Duration Plane crash

Due to Plane crash

Due to Plane crash

Other conditions (Include pregnancy within 3-months of death)

Where was disease contracted? PHYSICIAN

Name of operation Date Underline the cause to which death should be charged statistically.

Major finding Plane crash

Finding of autopsy Plane crash

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? City, county, state

Occurred 18 April 19 48 Blk Mountain

Place of Violence: Home Farm Industry Industry

Public Place While at work?

Means of injury Plane crash

Attendant's OWN Signature Taylor Bowler, Crown

and Address Caldwell, Idaho Date 8 Sept 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 13 1948

# Certificate Of Death

STATE OF IDAHO

1948 3172  
State File No. 233  
Local Reg. No. 310  
Reg. Dist. No. 310

## 1. PLACE OF DEATH:

- (a) County Valley  
(b) City or town Warren  
(c) Street Address or R.F.D. Near Pilot Peak  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Indiana Ave.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME

Virginia Ruth McNeill

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or race W 6. (a) Single, widowed, married, divorced W  
4. Sex F 6. (b) Name of husband or wife Richard Harlan 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) March 18-1916

8. AGE	Years	Months	Days	If less than 1 day
	<u>32</u>	<u>1</u>	<u>0</u>	hrs min.

9. Exact Occupation Housekeeping Did this work for  yrs.  
10. Industry or Business worked Date last worked worked  
11. Birthplace Atchison, Kansas (City or town) (State or foreign country)

12. Name William Henry Arensberg  
13. Birthplace Atchison, Kansas (City or town) (State or foreign country)  
14. Maiden name Edith Blanche Wigginston  
15. Birthplace Farina, Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature W H Arensberg  
and Address 584 FAIRVIEW N. B. 193 B. IDA.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-48 (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham Baker  
and Address Caldwell, Idaho

19. (a) Sept 8, 1948 (Date received and filed) (b) Myrtle Gardner (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 18, 19 48  
at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Plane Wreck  
Due to Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓  
Occurred 19 City, county, state Idaho  
where violence occurred of the mountain  
Place of Violence: Home ✓ Farm ✓ Industry ✓  
Public Place ✓ While at work? ✓  
Means of injury ✓

23. Attendant's OWN Signature Taylor Bowden, Coroner  
and Address Idaho M. D. or other Idaho  
Date 8 Sept 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 13 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No.

Local Reg. No.

Reg. Dist. No.

3173

232

318

## 1. PLACE OF DEATH:

- (a) County Valley  
(b) City or town Warren  
(c) Street Address or R.F.D. Near Pilot Peak  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Indiana Ave.  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME

Richard Harlan McNeill

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. 518-07-0570

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Virginia Ruth

6. (c) Age of husband or wife if alive years

7. Date of Birth  
(Month, Day, Year)

March 24-1912

8. AGE	Years	Months	Days	If less than 1 day
	<u>36</u>	<u>0</u>	<u>24</u>	hrs min.

9. Exact Occupation Manager Did this work for  yrs.

10. Industry of Idaho Meat Date last Business Packers worked

11. Birthplace Dunlap, New Mexico  
(City or town) (State or foreign country)

12. Name W.W. McNeill

13. Birthplace Huntington, West Virginia  
(City or town) (State or foreign country)

14. Maiden name Dora Dean

15. Birthplace Randolph, Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature W.H. Chambers

and Address 524 Franklin Nampa Ida

17. (a) Burial (b) Date thereof 9-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Doran Chapel

and Address Caldwell, Idaho

19. (a) Sept 8 1948 (b) Lyette Gardner  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) April 18 19 48  
at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Airplane Wreck

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? X Homicide? X

Occurred 18 April 1948 City, county, state where violence occurred Caldwell, Canyon, Ida

Place of Violence: Home X Farm X Industry X

Public Place X While at work? X

Means of injury X

Attendant's

OWN Signature Taylor Bowden, Coroner

and Address Cascade, Ida Date Sept 4 1948  
(For additional space, use reverse side)



1948  
State File No. 3174  
Local Reg. No. 337  
Reg. Dist. No. 310

# RECEIVED Certificate of Death

AUG 26 1948

STATE OF IDAHO

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

1. PLACE OF DEATH: DIVISION OF VITAL
- (a) County Valley
- (b) City or town McCall
- (c) Street Address or R.F.D. No. Box No 266
- (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
- (g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Valley
- (c) City or town McCall
- (d) Street Address or R.F.D. No. Box no 266
- (e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 14 years
- (h) Former residence (city, state) Pennsylvania

3. (a) FULL NAME GEORGE ALLEN THOMPSON

3. (b) If veteran, name war World War II 3. (c) Social Security No. 519-18-1602
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Norma Lucille
6. (c) Age of husband or wife if alive 21 years

7. Date of Birth (Month, Day, Year) December 12, 1924

8. AGE	Years	Months	Days	If less than 1 day
	<u>23</u>	<u>4</u>	<u>13</u>	hrs. min.

9. Exact Occupation Dry Cleaner Did this work for 2 yrs.

10. Industry or Business Dry Cleaner Date last worked 4/24/48

11. Birthplace Wilksburg, Pa

(City or town) (State or foreign country)

12. Name Walter Leslie Thompson

(City or town) (State or foreign country)

13. Birthplace Wilksburg, Penn

(City or town) (State or foreign country)

14. Maiden name Florence Jane Friend

(City or town) (State or foreign country)

15. Birthplace Wilksburg, Penn

(City or town) (State or foreign country)

16. Informant's Information obtained

OWN Signature Informant refuses to sign

and Address Mc Call, Idaho

17. (a) Burial (b) Date thereof 4/30/48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale, Boise, Idaho

18. Funeral Director's Chaffin Chapel

OWN Signature Emmett R. Peterson

and Address Emmett, Idaho

19. (a) Aug 23 1948 (b) Myrtle Gardner

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH April 25 1948

(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_

Dead on Arrival

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gun shot wound from Duration \_\_\_\_\_

gun held by

Due to gun shot

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 25 April 1948 City, county, state McCall, Idaho

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury gun shot

23. Attendant's Taylor Bowlden, Coroner

OWN Signature \_\_\_\_\_

(M.D. or other)

and Address Boise, Idaho Date 23 Aug 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO 948

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 3175

PLACE OF DEATH

County of Valley  
City of McCall

RECEIVED

AUG 24 1948

Registration District No. ....

Primary Registration District No. ....

Local Registrar's No. 225

West 310

DIVISION OF VITALS If death occurred in a hospital or institution, give its name instead of street and number.

2. STATUS

(a) Residence. No. R 2

(Usual place of abode)

Length of residence in city or town where death occurred. 3 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Japanese

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

XXX

6. DATE OF BIRTH (month, day, and year) Jan. 1, 1945

7. AGE

Years

3

Months

7

Days

10

If LESS than 1 day, hrs.

or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ontario, Oregon.

13. NAME Thomas T. Itami, Sr.

14. BIRTHPLACE (city or town) (State or country) LaGrande, Oregon.

15. MAIDEN NAME Mary Kanetomi

16. BIRTHPLACE (city or town) (State or country) Seattle, Wash.

17. INFORMANT (Address)

Thomas T. Itami, Sr.  
Rt. 2, Payette, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place

Ontario, Ore. Date 8-17, 1948

19. UNDERTAKER (Address)

J. C. Beecher  
Ontario, Oregon.

20. FILED

Aug 28, 1948

Myrtle Gardner  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-11-1948

22. I HEREBY CERTIFY, That I attended deceased from after drowning, to 8-11, 1948

I last saw him alive on 8-11, 1948; death is said

to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows: Boat capsized & boy was beneath it for 10 to 15 minutes & possibly fatally injured or instantly killed (just drowned)

Other contributory causes of importance: None

Artificial respiration was done steadily for 2 1/2 hrs. with no response.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8-11-48

Where did injury occur? Near McCall, Idaho

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Lake

Manner of injury Boat tipped over on boy in the

Nature of injury water

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Don S. Numbers M. D.

(Address) McCall, Idaho

SURGEON FOR THE UNION PACIFIC

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

AUG 24 1948

# Certificate of Death

VISION OF VITAL

STATE OF IDAHO

State File No. 3176  
Local Reg. No. 226  
Reg. Dist. No. 310

## 1. PLACE OF DEATH:

- (a) County Valley  
(b) City or town Patrol Dannelly  
(c) Street Address or R.P.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 46 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Valley  
(c) City or town Dannelly  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) McCook, Neb.

## 3. (a) FULL NAME

Franklin Alfred Loomis

16 2 R

## 3. (b) If veteran, name war

no

## 3. (c) Social Security No.

no

## 4. Sex M Color or race W

## 5. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife

Jennie

## 6. (c) Age of husband or wife if alive 85 years

## 7. Date of Birth (Month, Day, Year)

June 20, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>1</u>	<u>25</u>	hrs. min.

## 9. Exact Occupation Farmer Did this work for 50 yrs.

## 10. Industry or Business Farm Date last worked 1938

## 11. Birthplace Galapagos, Mich (City or town) (State or foreign country)

## 12. Name Russel Loomis

## 13. Birthplace Ohio (City or town) (State or foreign country)

## 14. Maiden name Edelia Cook

## 15. Birthplace Michigan (City or town) (State or foreign country)

## 16. Informant's OWN Signature Hazel Withers and Address Dannelly Idaho

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Charles J. Parsons and Address Emmett Idaho

## 19. (a) Aug 21-1948 (Date received and filed) (b) Myrtle Cadman (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Aug 19 19 48 at 11:30 o'clock 8 M.

## 21. I HEREBY CERTIFY, That I attended deceased from Apr 1 19 46 to Aug 19 19 48

I last saw h. malive on Aug 19 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Malnutrition

## Duration

Due to Senility

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature C. J. Perkins and Address McCook, Neb. Date 8/20/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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SEP 3 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3177  
Local Reg. No. 28  
Reg. Dist. No. 370

## 1. PLACE OF DEATH

- (a) County Valley  
(b) City or town McCall  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State ..... (b) County .....  
(c) City or town .....  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

William Lawrence Greene

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

524-20-8800

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced .....  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) .....

8. AGE	Years	Months	Days	If less than 1 day
<u>40</u>	<u>50</u>			hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace ..... (City or town) (State or foreign country)

- Mother Father  
12. Name .....  
13. Birthplace ..... (City or town) (State or foreign country)  
14. Maiden name .....  
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's OWN Signature .....  
and Address .....

17. (a) Bureau (b) Date thereof 8-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Private Cem. Emmett, Ida  
18. Funeral Director's OWN Signature James H. Persons

- and Address Emmett, Idaho  
19. (a) Aug 23, 1948 (b) W. L. Greene  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 23 1948  
at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h. .... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Suicide by hanging

Due to .....

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? X ..... Homicide? .....

Occurred Aug 23, 1948 19..... City, county, state where violence occurred McCall, Idaho

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... Public ..... While at work? .....

Means of injury Hanging

23. Attendant's OWN Signature Jay B. Boulden, coroner

and Address Cascade, Ida Date 23 Aug 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 9 1948

# Certificate of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

State File No. 3178  
Local Reg. No. 299  
Reg. Dist. No. 3/10

1. PLACE OF DEATH: STATISTICS
- (a) County Valley  
(b) City or town Stibnite  
(c) Street Address or R.F.D. No. Box 127  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stibnite Hosp. Stayed 1 days  
(g) Lived in this county 1 years 1 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Blaine  
(c) City or town Stibnite  
(d) Street Address or R.F.D. No. Same as 1.  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 159 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME Baby Girl Lacy (Karen Ann)

3. (b) If veteran, name war None 3. (c) Social Security No. 159X
5. Color or W. 6. (a) Single, widowed, married, divorced Single  
4. Sex F. race W.  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Date of Birth 8-26-48  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
				8 hrs. 0 min.

9. Exact Occupation Infant Did this work for None yrs.  
10. Industry or Business None Date last worked None  
11. Birthplace Stibnite Idaho (City or town) (State or foreign country)

12. Name Ralph Lacy  
13. Birthplace Denney Co. Oklahoma (City or town) (State or foreign country)  
14. Maiden name Genie E. Keener  
15. Birthplace Randolph Neb. (City or town) (State or foreign country)

16. Informant's OWN Signature Ralph Lacy  
and Address Stibnite

17. (a) Burial (b) Date thereof 8-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Hillcrest Memorial Newberg, Ore

18. Funeral Director's OWN Signature Donald C. Godson  
and Address Newberg, Ore

19. (a) Aug 27-1948 (b) Myrtle Gaudin  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 158X  
(Month, Day, Year) August 26 1948  
at 10:19 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 8-26-48  
- 1:30 P.M. 19 to 8-26-48 1:30 P.M.  
I last saw h. er alive on 8-26-48 19 at Stibnite  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory Failure Duration 10 min

Due to Prematurity  
Due to None  
Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease contracted? None  
Name of operation None Date None  
Major finding None  
Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred None 19 None City, county, state  
where violence occurred None  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury None  
23. Attendant's OWN Signature J. Mortensen, M.D.  
(M. D. or other)  
and Address Stibnite Idaho Date 8-26 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

948  
State File No. **3179**  
Local Reg. No. **2207**  
Reg. Dist. No. **311**

## 1. PLACE OF DEATH

- (a) County **Valley**  
(b) City or town **McCall**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years **2** months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Valley**  
(c) City or town **McCall**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **Oregon**

## 3. (a) FULL NAME

**Louisa Margaret Prinz**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex **F** 5. Color or race **W**

6. (b) Name of husband or wife

6. (a) Single, widowed, married, divorced **Widowed**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) **Oct 11, 1868**

8. AGE	Years	Months	Days	If less than 1 day
	<b>79</b>	<b>10</b>	<b>16</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **60** yrs.

10. Industry or Business **Home** Date last worked \_\_\_\_\_

11. Birthplace (City or town) **Missouri** (State or foreign country)

12. Name **William H. Heines**

13. Birthplace (City or town) **Missouri** (State or foreign country)

14. Maiden name **Sarah Berke**

15. Birthplace (City or town) **Missouri** (State or foreign country)

16. Informant's OWN Signature **Jac. R. White**

and Address **McCall**

17. (a) **Curse** (b) Date thereof **8 27 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **McCall Idaho**

18. Funeral Director's OWN Signature **Glenn J. Persons**

and Address **2207 2d St. McCall Idaho**

19. (a) **Aug 27 1948** (b) **W. H. Gudrun**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **8 - 27** 19 **48**  
at **8:00** o'clock **2** M.

21. I HEREBY CERTIFY, That I attended deceased from **1-1-45** to **8-27** 19 **48**

I last saw h. **in** alive on **8-26** 19 **48**;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

**Cardiac Failure**  
Due to **Previous apoplexy**  
Due to **Smoking**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Don B. ... M.D.**

and Address **McCall Idaho** (M. D. or other) Date **8-27-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 17 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3180  
Local Reg. No. 7  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home. Hospital X Institution. Other place. ....  
(f) Name Hosp. or Ins. Weiser Stayed 5 hrs. days  
(g) Lived in this county 38 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Illinois

## 3. (a) FULL NAME Fredrick Russell Stahl

3. (b) If veteran, name was None 3. (c) Social Security No. 518-09-6276  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Naomi 6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth (Month, Day, Year) July 25 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>0</u>	<u>13</u>	hrs min.

9. Exact Occupation Carpenter Did this work for Life yrs.  
10. Industry or Business ..... Date last worked 1947  
11. Birthplace Lanark, Illinois (City or town) (State or foreign country)

12. Name Christian G. Stahl  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Mary Jane Rifley  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Marie Vanthorn  
and Address 316 - 12 Ave NWampa

17. (a) Burial (b) Date thereof 8/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature A. S. Jones  
and Address Northam Jones, Weiser, Idaho

19. (a) 8/6/48 (b) Marie Vanthorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH (Month, Day, Year) August 6 1948  
at 6:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 3rd 1943 to Aug 6th 1948  
I last saw him alive on Aug 6th 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Chronic nephritis Duration Ther.

Due to Chronic nephritis  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 .. City, county, state where violence occurred  
Place of Violence: Home. Farm. Industry. Public Place. While at work?  
Means of injury .....  
23. Attendant's OWN Signature Marie Vanthorn (M. D. or other) and Address Weiser, Idaho Date 8/7/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 26 1948  
OFFICE OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 3121  
Local Reg. No. 9  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ....  
(f) Name Hosp. or Inst. Weiser Hosp. 6 days  
(g) Lived in this county 2 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. R.F.D. #3  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) Conway Mo.

## 3. (a) FULL NAME George Lee Ray

3. (b) If veteran, name war None No. None  
5. Color or White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lillie Mae  
6. (c) Age of husband or wife if alive 56 years  
7. Date of Birth (Month, Day, Year) August 18 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>11</u>	<u>29</u>	hrs min.

9. Exact Occupation Rancher Did this work for Life yrs.  
10. Industry or Business 1944 Date last worked  
11. Birthplace Conway Missouri (City or town) (State or foreign country)

- Mother { 12. Name William Ray  
13. Birthplace Tennessee (City or town) (State or foreign country)  
14. Maiden name Mahalley Haynes  
15. Birthplace Springfield Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Dewey Ray  
and Address Weiser, Idaho

17. (a) Burial (b) Date thereof 8/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature C. S. Jones  
and Address Northam Jones, Weiser, Idaho

19. (a) 8/18/48 (b) Marie Haultorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 18 1948  
at 1:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1948 to Aug. 17, 1948  
I last saw him alive on Aug. 17, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cancer of Stomach Duration 5 Days  
Due to Pericarditis  
Due to Pericarditis  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline Date the cause to which death should be charged statistically.  
Major finding PHYSICIAN  
Finding of autopsy PHYSICIAN

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury PHYSICIAN

23. Attendant's OWN Signature M. S. Leath (M. D. or other)  
and Address Weiser, Idaho Date 8/18/48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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AUG 26 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 312  
Local Reg. No. 8  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R. F. D. No. RFD #1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed        days  
(g) Lived in this county 10 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. R.F.D. #1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state) Courtland, Nebr.

## 3. (a) FULL NAME Ruth Wilma Balderson

3. (b) If veteran, name war None  
3. (c) Social Security No.         
5. Color or         
6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Robert  
6. (c) Age of husband or wife if alive 32 years  
7. Date of Birth (Month, Day, Year) January 8 1916

8. AGE	Years	Months	Days	If less than 1 day
	<u>32</u>	<u>7</u>	<u>4</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Home Date last worked 8/12/48  
11. Birthplace Courtland, Nebraska  
(City or town) (State or foreign country)

12. Name Al Jungmeyer  
13. Birthplace Dont Know  
(City or town) (State or foreign country)  
14. Maiden name Una Sauaman  
15. Birthplace Dont Know  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Weiser, Idaho Rt. #1

17. (a) Burial (b) Date thereof 8/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature [Signature]  
and Address Northam Jones, Weiser, Idaho

19. (a) 8/13/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) August 12 1948  
at 6:00 o'clock P. M.

21. I HEREBY CERTIFY That I attended deceased from Aug 12 1948 to Aug 13 1948

I last saw him alive on        19       ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Accidental Death Duration         
Crushed by farm tractor

Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?                       
Name of operation        Date         
Major finding         
Finding of autopsy         
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide?        Homicide?         
Occurred Aug 12 1948 City, county, state Weiser, Co. Idaho  
where violence occurred         
Place of Violence: Home        Farm X Industry         
Public Place        While at work?

- Means of injury Crushed by tractor  
23. Attendant's OWN Signature [Signature]  
(M. D. or other)

and Address Weiser, Idaho Date 8/13/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 13 1948

# Certificate of Death

STATE OF IDAHO

Sanimon 1948

State File No.

3183

Local Reg. No.

309

Reg. Dist. No.

370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 2 days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 207 N. 19. St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME

Elizabeth Haas Haskin

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

None

## 4. Sex Female Color or White

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife John J. Haskin

## 6. (c) Age of husband or wife if alive 75 years

## 7. Date of Birth (Month, Day, Year) August 14, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>0</u>	<u>19</u>	hrs. min.

## 9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Vining, Kansas (City or town) (State or foreign country)

## 12. Name Robert Haas (City or town) (State or foreign country)

## 13. Birthplace Germany (City or town) (State or foreign country)

## 14. Maiden name Mary Fromizer

## 15. Birthplace Germany (City or town) (State or foreign country)

## 16. Informant's OWN Signature R. Haskin and Address 1804 Idaho St. Boise

## 17. (a) Removal (b) Date thereof Sept. 4, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Salina, Kansas

## 18. Funeral Director's OWN Signature Charles E. Summers and Address Boise, Idaho

## 19. (a) 9-7-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) September 3, 1948 at 7:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral hemorrhage Duration 2 hrs

Pinhead Arterio-sclerosis Duration 2-3 yrs

Partial abax Duration 6 wks

Due to \_\_\_\_\_

Other conditions accites (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of physician Dr. Haskin Date 9-2-48

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature R. Haskin (M. D. or other)

and Address Boise Date 9-4-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
SEP 25 1948 STATE OF IDAHO

1948  
State File No. 3184  
Local Reg. No. 312  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. St. Lukes Stayed 10 days  
(g) Lived in this county..... years ..... months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Anderson Mo.

3. (a) FULL NAME

HENRY FOSTER MC GUIRE

3. (b) If veteran, name war No. .... 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Anita P. 6. (c) Age of husband or wife if alive 65 years  
7. Date of Birth (Month, Day, Year) November 8, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>9</u>	<u>28</u>	hrs min.

9. Exact Occupation Park Superintant Did this work for 8 yrs.  
10. Industry or Business City Park Date last worked 8/26/48  
11. Birthplace Anderson Missouri (City or town) (State or foreign country)

12. Name John B. McGuire  
13. Birthplace Illinois (City or town) (State or foreign country)  
14. Maiden name Elizabeth Evans  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Foster M. Guire and Address Mountain Home Idaho

17. (a) Removal (b) Date thereof Sept. 6, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Mountain Home Idaho

18. Funeral Director's OWN Signature John G. Bay and Address Mountain Home Idaho

19. (a) 9-10-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 6 1948  
at 7:20 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from August 28, 1948 to Sept. 6, 1948  
I last saw him alive on Sept. 6, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

MYOCARDIAL INFARCTION

Duration

14 days

Due to ARTERIOSCLEROTIC HEART DISEASE

10 yrs.

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation None Date .....  
Major finding .....  
Finding of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Maurice H. Runkhaldt, M.D. and Address 205 Eastman Bldg. (For additional space, use reverse side) Boise 9-10-48

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 25 1948

# Certificate of Death

1948

STATE OF IDAHO

*Hallingsworth*  
State File No. **3185**  
Local Reg. No. **320**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH, VICTIM, OF VITAL

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 409 1/2 Main St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME PAUL HERMAN DZUCK

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 518-10-2034  
5. Color or White  
4. Sex male race White  
6. (b) Name of husband or wife Golda H. 6. (c) Age of husband or wife if alive 48 years  
7. Date of Birth May 16, 1895  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>3</u>	<u>21</u>	hrs. min.

9. Exact Occupation Upholster Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Boise Upholstry Co Date last worked 9/7/48  
11. Birthplace Duluth, Minn. (City or town) (State or foreign country)

12. Name William Dzuck  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Louise Sass  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature X Golda H. Dzuck  
and Address 409 1/2 Main St. Boise, Idaho

17. (a) Burial (b) Date thereof 9/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Charles E. Summers  
and Address 1205 Panhook Boise, Idaho

19. (a) 9-15-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 7, 1948  
(Month, Day, Year) at 7:35 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 2-26-48 to 8-14-48  
I last saw him alive on 8-14-48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration \_\_\_\_\_

Due to Rheumatic heart disease

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature James Hallingsworth

and Address Boise, Idaho Date 9-11-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 25 1948

# Certificate of Death

STATE OF IDAHO

State File No. **3186**  
Local Reg. No. **315**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. Died in the City Jail  
(g) Lived in this county 59 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1505 Boise Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 59 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME EDGAR SHERMAN CRANE.

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex Male, race White.  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

3. (c) Social Security No. 518-32-8046.  
(a) Single, widowed, married, divorced. Divorced  
(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) January, 23, 1889.

8. AGE	Years	Months	Days	If less than 1 day
	<u>59.</u>	<u>7.</u>	<u>15.</u>	hrs. min.

9. Exact Occupation Lumber Worker. Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

12. Name George Sherman Crane. (City or town) (State or foreign country)

13. Birthplace Iowa. (City or town) (State or foreign country)

14. Maiden name Alice Jane Obenchain. (City or town) (State or foreign country)

15. Birthplace Kansas. (City or town) (State or foreign country)

16. Informant's OWN Signature George E. Crane  
and Address 1505 Boise Ave.

17. (a) Burial. (b) Date thereof Sept. 11, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Clayton E. Summers  
and Address Boise, Idaho

19. (a) 9-13-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September, 8, 1948.  
at \_\_\_\_\_ o'clock P M.

21. I HEREBY CERTIFY That I attended deceased from Sept 8 1948 to Sept 9 1948  
I last saw him alive on Sept 8 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: The Overdose of Dilaudid for Asthma Duration 2 hours  
Due to Self Treatment  
contributing to disorientation  
Due to for Asthma  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature R L Nurse MD  
and Address Boise, Idaho Date Sept 9 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

NON-RESIDENT

STATE OF IDAHO

State File No. 3127  
Local Reg. No. 314  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? yes Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ✓ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Luke Stayed 7 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Baker  
(c) City or town Baker  
(d) Street Address or R.F.D. No. 374 Spring Garden  
(e) Deceased lived Inside? inside Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Baker, Oregon

## 3. (a) FULL NAME Lester Stemen Culp

3. (b) If veteran, name war No  
5. Color or Male race white  
6. (b) Name of husband or wife Selene Culp  
6. (c) Age of husband or wife if alive 61 years

7. Date of Birth (Month, Day, Year) February 26, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>6</u>	<u>12</u>	hrs. min.

9. Exact Occupation Salesman Did this work for 20 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Elida Ohio (City or town) (State or foreign country)

- Father { 12. Name John B Culp  
13. Birthplace Unknown (City or town) (State or foreign country)  
Mother { 14. Maiden name Anna Stemen  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Lester Donald Culp  
and Address 318 So. 7th St Corvallis, Oregon

17. (a) Buriak (b) Date thereof Sept 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Masonic Cemetery, La Grande, Oregon

18. Funeral Director's OWN Signature Charles E. Summers  
and Address Boise, Idaho

19. (a) 7-11-48 (b) Muriel Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 8 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.  
21. I HEREBY CERTIFY, That I attended deceased from Sept 1 1948 to death 1948  
I last saw him alive on Sept 7 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Terminal Pneumonia Duration 1 day

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Braun Cyst 12 yrs?  
(Include pregnancy within 3 months of death) Hematuria 10 days  
Where was disease contracted? ✓  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy Terminal pneumonia  
Cyst of Brain PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature W. J. Jappesen (M. D. or other)  
and Address Boise Idaho Date 9/10 1948  
(For additional space, use reverse side)

autopsy performed by Dr. J. Beaman  
125 of Boise

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 29 1948

STATE OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

NON-RESIDENT 1948

State File No. 3188

Local Reg. No. 313

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St. Alphonsus Hosp.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. St. Alphonsus Stayed        days  
(g) Lived in this county 0 years 1 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County         
(c) City or town Shady Cove  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) New Meadows, Idaho

## 3. (a) FULL NAME ALICE BARTLETT

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex F 5. Color or race W  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) January 17, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>7</u>	<u>22</u>	hrs. min.

9. Exact Occupation Housewife Did this work for        yrs.  
10. Industry or Business Housewife Date last worked

11. Birthplace Klickitat, Washington  
(City or town) (State or foreign country)

12. Name James A. Riggs

13. Birthplace Missouri  
(City or town) (State or foreign country)

14. Maiden name Kiziah Anderson

15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Jay Hoover  
and Address Parma, Idaho

17. (a) Removal (b) Date thereof 9/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Grants Pass, Oregon

18. Funeral Director's OWN Signature McBratney Fowler  
and Address 419 No. 9th, Boise, Idaho

19. (a) 9-10-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 9, 1948  
at 8 p.m. o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 8-14-1948 to 9-9-1948  
I last saw him alive on 9-9-1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial failure Duration 3 hrs

Due to Paryoxysmal Tachycardia 3 hrs

Due to Coronary Artery Sclerosis Indef

Other conditions Fracture Simple

(Include pregnancy within 3 months of death)

Community led H. W. P.

Where was disease contracted? Residence

Name of operation Hip hailing

Major finding Fracture H. W. P.

Finding of autopsy       

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred 8-13-1948 City, county, state Langon Co Idaho

where violence occurred Langon Co Idaho

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Patent

23. Attendant's OWN Signature Myrtle Palmer

(M.D. or other)

and Address        Date        19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 22 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 3189  
Local Reg. No. 154  
Reg. Dist. No. 371

## DEPARTMENT OF VITAL STATISTICS

### 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 220 Phillippi Lane  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 1 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 220 Phillippi Lane  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state)

### 3. (a) FULL NAME

DOUGLAS OWEN WELLS

### 3. (b) If veteran, name war

### 3. (c) Social Security No.

### 4. Sex Male 5. Color or race White

### 6. (a) Single, widowed, married, divorced Single

### 6. (b) Name of husband or wife

### 6. (c) Age of husband or wife if alive years

### 7. Date of Birth (Month, Day, Year) August 21, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>		<u>18</u>	hrs. min.

### 9. Exact Occupation Did this work for hrs. min.

### 10. Industry or Business Date last worked

### 11. Birthplace Boise, Idaho (City or town) (State or foreign country)

### 12. Name Daniel O. Wells (City or town) (State or foreign country)

### 13. Birthplace Nebraska (City or town) (State or foreign country)

### 14. Maiden name Winifred Rasley (City or town) (State or foreign country)

### 15. Birthplace Spokane Wash. (City or town) (State or foreign country)

### 16. Informant's OWN Signature Daniel O. Wells and Address 220 Phillippi Lane Boise

### 17. (a) Burial (b) Date thereof 9/11/48 (Month) (Day) (Year)

### (c) Place Cloverdale Memorial Park

### 18. Funeral Director's Summers Funeral Home OWN Signature Charles E. Summers and Address 1205 Bannock Boise, Idaho

### 19. (a) 9-10-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) September 9, 1948  
at 10:15 o'clock A. M.

### 21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Accidental Drowning in irrigation ditch  
Due to

Due to   
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

### Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide?  Homicide?

Occurred Sept 9 19 48 City, county, state near Bone

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

### 23. Attendant's OWN Signature Charles E. Summers and Address Boise, Idaho Date Sept 10 19 48

(M. D. or other)

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 25 1948

# Certificate of Death

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

948

State File No. 3190

Local Reg. No. 317

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home. \_\_\_\_\_ Hospital. ☒ Institution. \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 1 days  
(g) Lived in this county. 0 years 0 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 1107 Main St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

David MacKenzie

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 4. Sex. Male Color or race. White

## 6. (a) Single, widowed, married, divorced. Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Sept 10th 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>1</u>	hrs. min.

## 9. Exact Occupation. None Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business. \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace. Boise Idaho (City or town) (State or foreign country)

## 12. Name. Stewart L. MacKenzie

## 13. Birthplace. Boise Idaho (City or town) (State or foreign country)

## 14. Maiden name. Jane Row

## 15. Birthplace. Kingman Canada (City or town) (State or foreign country)

## 16. Informant's OWN Signature. Stewart L. MacKenzie and Address. 1107 Main St. Boise Idaho

## 17. (a) Removal (b) Date thereof. 9/15/1948 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place. Jordan Valley Oregon

## 18. Funeral Director's OWN Signature. Schreiber McLean and Address. Boise

## 19. (a) 9-14-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Sept 11 1948

at 1:30 o'clock P M.

## 21. I HEREBY CERTIFY, That I attended deceased from Sept 10 1948 to Sept 11 1948

I last saw him alive on Sept 11 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Congenital atelectasis

prematurity  
Due to prematurity

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Congenital

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Duration 28 hrs

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_

Public Place. \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature. George E. Leach M.D.

(M. D. or other)

and Address. 311 W. Idaho Date. 9/14 1948

Boise Idaho (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 25 1948

# Certificate of Death

STATE OF IDAHO

948

3191

State File No. \_\_\_\_\_  
Local Reg. No. 318  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes. Stayed 7 days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 805 Linden Ave.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME CHARLES WILLIAM BRAGUNIER.

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Pearl Adair Bragunier 6. (c) Age of husband or wife if alive 64 years

7. Date of Birth (Month, Day, Year) March 24, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>5</u>	<u>17</u>	hrs. min.

9. Exact Occupation Owner of Riverside Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Dance Hall Date last worked \_\_\_\_\_

11. Birthplace Peabody, Kansas  
(City or town) (State or foreign country)

12. Name Charles William Bragunier

13. Birthplace Indianapolis, Indiana  
(City or town) (State or foreign country)

14. Maiden name Sarah Mahood

15. Birthplace Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature Pearl Adair Bragunier

and Address 805 Linden Ave, Boise, Idaho

17. (a) Burial (b) Date thereof September 14, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Chas. E. Summers

and Address Boise, Idaho

19. (a) 9-14-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 11, 1948  
at 6:40 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 14th 1948 to Sept 11th 1948.  
I last saw h.j.m. alive on Sept 11 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Rupture Abdominal Aneurysm  
Due to Arteriosclerosis Duration 6 da

Due to Rupture Duodenum  
Other conditions Ulcer 7 da.  
(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown  
Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy Aneurysm Rupture Duodenum Ulcer Rupture  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature C. B. Smithson

and Address Boise Idaho Date 9-12 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 25 1948

# Certificate Of Death

1948

State File No. 3192  
Local Reg. No. 319  
Reg. Dist. No. 370

## DIVISION OF VITAL

STATE OF IDAHO

### 1. PLACE OF DEATH: STATISTICS

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. St. Alphonse Stayed 30 days  
(g) Lived in this county..... years ..... months 30 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Mtn. Home Idaho

### 3. (a) FULL NAME FAY ANNETT BISWELL

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex Female race White  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) January 28, 1933

8. AGE	Years	Months	Days	If less than 1 day
	<u>15</u>	<u>7</u>	<u>14</u>	hrs min.

9. Exact Occupation School-girl Did this work for ..... yrs.  
10. Industry or Business School Date last worked .....  
11. Birthplace Hammett Idaho (City or town) (State or foreign country)

- Mother Father  
12. Name Mordie Biswell  
13. Birthplace Hill City Idaho (City or town) (State or foreign country)  
14. Maiden name Gladys Bryant  
15. Birthplace Hagerman Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature William N. Needham  
and Address Mountain Home Idaho

17. (a) Removal (b) Date thereof Sept. 12, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mountain Home Idaho

18. Funeral Director's OWN Signature Felix J. Bay  
and Address Mountain Home Idaho

19. (a) 9-15-48 (b) Myrtle Halmer  
(Date received and filed) (Registrar's signature)

### MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH SEPT. 12 19 48  
(Month, Day, Year) at 2:30 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from 8-17 19 48 to 9-10 19 48

I last saw h. ER alive on SEPT 10 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

ACUTE LYMPHOBLASTIC  
Due to LEUKEMIA

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? UNKNOWN  
Name of operation NONE Date .....  
Major finding .....  
Finding of autopsy AS ABOVE

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state  
where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature J. E. Criffard MD  
(M. D. or other)

and Address 311 Idaho, Boise Date 9/14 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 25 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3193  
Local Reg. No. 321  
Reg. Dist. No. 370

1. PLACE OF DEATH:  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St. Luke's Hospital  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Luke's Stayed days  
(g) Lived in this county 30 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1317 No. 12th St  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state)

3. (a) FULL NAME ROSA MARY GREEN  
(b) If veteran, name war No (c) Social Security No. None  
5. Color or  6. (a) Single, widowed, married, divorced Widowed  
4. Sex F race W 6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) May 2, 1859  
8. AGE Years Months Days If less than 1 day  
89 3 14 hrs. min.  
9. Exact Occupation Housewife Did this work for years  
10. Industry or Business  Date last worked   
11. Birthplace England (City or town) (State or foreign country)  
Father { 12. Name Henry Green  
13. Birthplace England (City or town) (State or foreign country)  
Mother { 14. Maiden name Hariett A. Lane  
15. Birthplace England (City or town) (State or foreign country)  
16. Informant's OWN Signature E. J. Green and Address   
17. (a) Burial (b) Date thereof 9/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cloverdale, Boise, Idaho  
18. Funeral Director's McBratney Fowler Chapel  
OWN Signature  and Address 419 No. 9th, Boise, Idaho  
19. (a) 9-15-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) September 12 1948  
at 11:45 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from September 11, 1948 to September 12, 1948  
I last saw him alive on September 12, 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Cerebral Hemorrhage Duration 32 hours  
Due to Hemorrhagic Cerebral Arteriosclerosis unknown  
Due to   
Other conditions  (Include pregnancy within 3 months of death)  
Where was disease contracted?   
Name of operation  Date   
Major finding   
Finding of autopsy   
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state   
where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury   
23. Attendant's OWN Signature Russ Jones M.D. (M.D. or other)  
and Address Boise Idaho Date 9/13, 1948  
(For additional space, use reverse side)

083A  
097X

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 25 1948

# Certificate of Death

OFFICE OF VITAL

STATE OF IDAHO

486  
State File No. 3194  
Local Reg. No. 323  
Reg. Dist. No. 370

1. PLACE OF DEATH: **Boise**
- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St Alphonsus** days \_\_\_\_\_  
(g) Lived in this county **9** years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **311 N. 5th St**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **13 Yrs.** years  
(h) Former residence (city, state) **Kansas**

3. (a) FULL NAME **Leona Marie Daniels**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **518-09-7820**
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
4. Sex **Female** 6. (b) Name of husband or wife **Dan L. Daniels** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **April 18th 1919**

8. AGE	Years	Months	Days	If less than 1 day
	<b>29</b>	<b>4</b>	<b>25</b>	hrs. min.

9. Exact Occupation **Waitress** Did this work for **7** yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Morland Kansas**  
(City or town) (State or foreign country)

12. Name **Oscar Edward Heisel**

13. Birthplace **Moulton Iowa**  
(City or town) (State or foreign country)

14. Maiden name **Elizabeth Pfeifer**

15. Birthplace **Victoria Kansas**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Dan L. Daniels**  
and Address **311 N. 5th St Boise Idaho**

17. (a) **Removal** (b) Date thereof **9/15/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Rupert Idaho**

18. Funeral Director's OWN Signature **Scherber McClure**

and Address **Boise**

19. (a) **9-15-48** (b) **Myrtle Palmer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **9/13** 19 **48**  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from **9/8** 19 **48** to **9/13** 19 **48**  
I last saw him alive on **9/13** 19 **48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Auto accident** Duration \_\_\_\_\_

**Back broken**  
Due to **chest crushed**

**paralyzed**  
Due to **fracture**

Other conditions **shock**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **9/24** 19 **48** City, county, state **Spencer, Chert**

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **Car accident**

23. Attendant's OWN Signature **A. J. Coats**

(M. D. or other)

and Address **Boise** Date **9/14** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
**Certificate of Death**

SEP 25 1948

STATE OF IDAHO

1948  
State File No. 3125  
Local Reg. No. 322  
Reg. Dist. No. 370

- 1. PLACE OF DEATH:** **STATISTICS**
- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St. Lukes  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

- 2. Usual Residence of Deceased:** (Always fill in these)
- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 217 Myrtle St  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 51 years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME** **ROBERT B. WILSON**

- 3. (b) If veteran, name war** No **3. (c) Social Security No.** \_\_\_\_\_
- 5. Color or** \_\_\_\_\_ **6. (a) Single, widowed, married,** \_\_\_\_\_  
**4. Sex** M **race** W **divorced** Married
- 6. (b) Name of husband or wife** Ida E. Wilson **6. (c) Age of husband or wife if** \_\_\_\_\_  
**7. Date of Birth** December 27, 1869 **alive** 80 years

8. AGE	Years	Months	Days	If less than 1 day
	78	8	16	hrs. min.

- 9. Exact Occupation** Retired farmer **Did this work for** \_\_\_\_\_ yrs.  
**10. Industry or Business** \_\_\_\_\_ **Date last worked** \_\_\_\_\_

**11. Birthplace** Murphysboro, Illinois  
(City or town) (State or foreign country)

**12. Name** Robert B. Wilson Sr

**13. Birthplace** Unknown  
(City or town) (State or foreign country)

**14. Maiden name** Sarah Rollins

**15. Birthplace** Unknown  
(City or town) (State or foreign country)

**16. Informant's OWN Signature** Ruth Hall  
**and Address** 1623 S. Atlantic St.

**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof** 9/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place** Morris Hill, Boise, Idaho

**18. Funeral Director's OWN Signature** McBratney Fowler Chapel

**and Address** 419 No. 9th, Boise, Idaho

**19. (a)** 9-15-48 **(b)** Myrtle Palmer  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH** September 13 1948  
(Month, Day, Year) at 8:50 o'clock A.M.

**21. I HEREBY CERTIFY**, That I attended deceased from Sept. 10 1948 to Sept. 13 1948  
I last saw him alive on Sept. 13 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Cerebral Hemorrhage

**Duration** 3 days

**Due to** Hypertension and Arteriosclerosis

15 Yrs.

**Due to** DIABETES Mellitus  
(Include pregnancy within 3 months of death)

20 Yrs.

**Where was disease contracted?**

**Name of operation** None **Date** \_\_\_\_\_

**Major finding** \_\_\_\_\_

**Finding of autopsy** None

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES**, also fill in the following:

**Accident?** \_\_\_\_\_ **Suicide?** \_\_\_\_\_ **Homicide?** \_\_\_\_\_

**Occurred** \_\_\_\_\_ 19 \_\_\_\_\_ **City, county, state** \_\_\_\_\_  
**where violence occurred** \_\_\_\_\_

**Place of Violence:** Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

**Public Place** \_\_\_\_\_ **While at work?** \_\_\_\_\_

**Means of injury** \_\_\_\_\_

**23. Attendant's OWN Signature** Maurice K. Burkholder, M.D.

**and Address** 203 Eastman Bldg. **Date** Sept. 13, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

# Certificate of Death

SEP 25 1948

STATE OF IDAHO

1948

State File No. 3196

Local Reg. No. 324

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada STATISTICS  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St Lukes  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Lukes Stayed 3 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boise  
(c) City or town Centerville  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

GERALDINE DORCHEUS BEDAL.

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female Color White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Isaac Vern Bedal

6. (c) Age of husband or wife if alive 35 years

7. Date of Birth (Month, Day, Year) September 24, 1917

8. AGE	Years	Months	Days	If less than 1 day
	<u>30</u>	<u>11</u>	<u>20</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Benjamin, Utah  
(City or town) (State or foreign country)

12. Name John Alexander Dorcheus  
(City or town) (State or foreign country)

13. Birthplace Ashton, Idaho  
(City or town) (State or foreign country)

14. Maiden name Mary Ann Dudley  
(City or town) (State or foreign country)

15. Birthplace Spanish Fork, Utah  
(City or town) (State or foreign country)

16. Informant's Vern Bedal  
OWN Signature \_\_\_\_\_

and Address Centerville, Idaho

17. (a) Burial (b) Date thereof Sept. 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's Summers Funeral Home  
OWN Signature \_\_\_\_\_

and Address Boise, Idaho

19. (a) 9-16-48 (b) Myrtle Salmeron  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept 14 1948  
(Month, Day, Year)

at \_\_\_\_\_ o'clock P M.

21. I HEREBY CERTIFY That I attended deceased from Sept 4 1948 to Sept 14 1948

I last saw h. en alive on Sept 14 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Acute Bacterial Endocarditis

Due to \_\_\_\_\_ 2 weeks

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Myocardial Infarct Sept 4 '48

Where was disease contracted? \_\_\_\_\_

Name of operation None

Major findings Acute Bacterial endocarditis  
Embolic phenomenon

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's Wm Chaloupka  
OWN Signature \_\_\_\_\_ (M. D. or other)

and Address Boise, Idaho Date Sept 14, 48  
(For additional space, use reverse side)

487

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 25 1948

# Certificate of Death

STATE OF IDAHO

1948 3197  
State File No. \_\_\_\_\_  
Local Reg. No. 325  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 518 So. 14th  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 37 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 518 So. 14th  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME WESLEY FRANCIS KEETON

3. (b) If veteran, name war No 3. (c) Social Security No. none  
5. Color or W 6. (a) Single, widowed, married, divorced Married  
4. Sex M race W  
6. (b) Name of husband or wife Myrtle Keeton 6. (c) Age of husband or wife if alive 71 years

7. Date of Birth (Month, Day, Year) 8/24/1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>0</u>	<u>21</u>	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Kalop, Oregon  
(City or town) (State or foreign country)

Father { 12. Name Wesley R. Keeton

13. Birthplace Louisiana, Missouri  
(City or town) (State or foreign country)

Mother { 14. Maiden name E.O. Miller

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Harry Keeton  
and Address 2802 1/2 Reg.

17. (a) Burial (b) Date thereof 9/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill, Boise, Idaho

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St., Boise, Ida.

19. (a) 9-17-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 15 19 48  
at 8:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 12 19 48 to Sept 15 19 48  
I last saw him alive on Sept 15 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration \_\_\_\_\_

Due to Chronic Myocarditis

Due to Senility

Other conditions \_\_\_\_\_  
(Include pregnancy within 6 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Stanley T. Wokes (M. D. or other) M.D.

and Address Boise Date 9-17-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

1948

State File No. 3198

Local Reg. No. 327

Reg. Dist. No. 370

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 25 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. St Lukes Stayed 2 days  
(g) Lived in this county    years 5 months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 2  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 Months  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME

GARLAND. D. CROGHAN.

3. (b) If veteran, name war  
World War # 1.

3. (c) Social Security No.  
524-10-0087.

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife  
Arvilla Croghan.

6. (c) Age of husband or wife if alive 40 years

7. Date of Birth  
(Month, Day, Year) July. 15. 1898.

8. AGE	Years	Months	Days	If less than 1 day
	<u>50.</u>	<u>2.</u>	<u>2.</u>	hrs. min.

9. Exact Occupation Laborer. Did this work for    yrs.

10. Industry or Business    Date last worked   

11. Birthplace Liberty, Missouri.  
(City or town) (State or foreign country)

12. Name William Croghan.  
(City or town) (State or foreign country)

13. Birthplace Unknown.  
(City or town) (State or foreign country)

14. Maiden name Maude Warn.  
(City or town) (State or foreign country)

15. Birthplace Unknown.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Arvilla Croghan  
and Address Rt 2 Boise Idaho

17. (a) Burial. (b) Date thereof Sept 23 1948.  
(Burial, cremation, or removal) (Month), (Day), (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Chas E Summers  
and Address Boise, Idaho.

19. (a) 9-21-48 (b) Muriel Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) September 17, 1948  
at 3 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from  
Sept. 16, 1948 to Sept. 17, 1948  
I last saw him alive on Sept. 17, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Intestinal obstruction Duration 4 days

Due to adhesions from old bowel resection (1943)

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation none Date   

Major finding Intestinal obstruction

Finding of autopsy   

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Paul F. Miner MD.  
(M. D. or other)

and Address Boise, Idaho Date 9/18 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 25 1948

# Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1948  
State File No. \_\_\_\_\_  
Local Reg. No. 328  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County ADA  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 2616 W. Jefferson  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County ADA  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2616 W. Jefferson  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) KANSAS

## 3. (a) FULL NAME

THOMAS JEFFERSON COONROD

093D

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

No

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

Feb 25, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>6</u>	<u>23</u>	hrs. min.

9. Exact Occupation School Teacher Did this work for 50 yrs.

10. Industry or Business Schools - Farm Date last worked

11. Birthplace ILLINOIS (City or town) (State or foreign country)

12. Name John Coonrod (City or town) (State or foreign country)

13. Birthplace UNKNOWN (City or town) (State or foreign country)

14. Maiden name UNKNOWN (City or town) (State or foreign country)

15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Zola Coonrod

and Address 2616 W. Jefferson, Boise, Ida

17. (a) Burial (b) Date thereof 9-21-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place EMMETT, IDAHO

18. Funeral Director's OWN Signature EMMETT, IDAHO

and Address EMMETT, IDAHO

19. (a) 9-22-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) September 18 1948

at 12:00 o'clock NOON PM

## 21. I HEREBY CERTIFY, That I attended deceased from

8-5-1948 to 9-18-1948

I last saw him alive on 9-8 1948;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Arteriosclerosis  
heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

Dr. Thomas (M. D. or other)

and Address Boise, Idaho Date 9-21 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 29 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3200  
Local Reg. No. 329  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Luke's Stayed 1 days  
(g) Lived in this county 23 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1211. Washington  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) Minnesota

## 3. (a) FULL NAME

IDA. B. MARSH.

## 3. (b) If veteran, name war

No.

## 3. (c) Social Security No.

None.

## 4. Sex Female Race White

5. Color or

## 6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) December. 13. 1877.

## 8. AGE

Years

Months

Days

If less than 1 day

70.

9.

8.

hrs.

min.

## 9. Exact

Occupation Retired School

## Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or Business

teacher.

Date last worked

## 11. Birthplace

Marshall, Minnesota

(City or town) (State or foreign country)

## 12. Name

Carlos Eugene Marsh.

## 13. Birthplace

Wisconsin.

(City or town) (State or foreign country)

## 14. Maiden name

Ella Eastman.

## 15. Birthplace

Kenyon, Minnesota.

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Clyde E Summers

and Address 1205 E. Bannock Street, Boise

## 17. (a) Removal

(Burial, cremation, or removal)

## (b) Date thereof

Sept. 24. 1948

(Month) (Day) (Year)

(c) Place Compton, California

## 18. Funeral Director's

OWN Signature Clyde E Summers

and Address Boise Idaho

## 19. (a)

9-23-48

(Date received and filed)

## (b)

Myrtle Palmer

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) September. 21. 1948.

at 11.30 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

6/6 1946 to 9/21 1948

I last saw her alive on \_\_\_\_\_ 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Cerebral Hemorrhage

## Duration

1 hour

Due to Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Clyde E Summers

and Address Boise Idaho

Date 9/23 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 20 1948

STATE OF IDAHO

# Certificate of Death

STATE OF IDAHO

1948

State File No.

3201

Local Reg. No.

330

Reg. Dist. No.

370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 9 days  
(g) Lived in this county 3 years 11 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Eagle  
(d) Street Address or R.F.D. No. R.F.D. # 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 yrs \_\_\_\_\_ years  
(h) Former residence (city, state) Western, Nebr.

## 3. (a) FULL NAME MARTHA A. BENNETT

## 3. (b) If veteran, name war

## 3. (c) Social Security No. None

4. Sex F Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank M

6. (c) Age of husband or wife if alive 44 years

7. Date of Birth (Month, Day, Year) March 2, 1914

8. AGE	Years	Months	Days	If less than 1 day
	<u>34</u>	<u>6</u>	<u>22</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 12 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 7/20/48

11. Birthplace Western, Nebraska (City or town) (State or foreign country)

12. Name William Baatz (City or town) (State or foreign country)

13. Birthplace Unk Germany (City or town) (State or foreign country)

14. Maiden name Amelia Hintz (City or town) (State or foreign country)

15. Birthplace Unk Wisconsin (City or town) (State or foreign country)

16. Informant's OWN Signature Frank M. Bennett and Address Eagle, Ida R #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/27/48 (Month) (Day) (Year)

(c) Place Meridian, Idaho

18. Funeral Director's OWN Signature Bro. Palmer and Address Meridian, Idaho

19. (a) 9-25-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 24, 1948 at 3:35 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 8-28 1948 to 9-24 1948

I last saw her alive on 9-24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Proximal asthma

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Dr. J. M. Howard (M. D. or other)

and Address Meridian, Ida Date 9-24 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 30 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 3202  
Local Reg. No. 332  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1505 Harrison Blvd.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 13 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1505 Harrison Blvd.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

MARGARET PIERSON YOUNG

3. (b) If veteran, name war No

3. (c) Social Security No. None

5. Color or

4. Sex F race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 8/11/1860

8. AGE	Years	Months	Days	If less than 1 day
	<u>88</u>	<u>1</u>	<u>11</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Centerville, Iowa (City or town) (State or foreign country)

12. Name J.A. Pierson (City or town) (State or foreign country)

13. Birthplace Ohio (City or town) (State or foreign country)

14. Maiden name Mary Sturgeon (City or town) (State or foreign country)

15. Birthplace Centerville, Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs R C Young and Address 1505 Harrison Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/48 (Month) (Day) (Year)

(c) Place Morris Hill, Boise, Idaho

18. Funeral Director Gifford R. Shaffer E-344 OWN Signature Martha Fowler Chapel

and Address 419 No. 9th St. Boise, Idaho

19. (a) 9-28-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 26, 1948 at 11:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
I last saw h.s. alive on 9-25-48 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. D. Baker (M. D. or other)

and Address W. D. Baker Date 9-26-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

OCT 13 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 3203  
Local Reg. No. 334  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 0 days  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Oxford Hotel  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME

CLARENCE Lester Jobe.

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

No. 519-05-5344

## 5. Color or

4. Sex Male race White

6. (a) Single, widowed, married, divorced Divorced

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) August, 24, 1908.

## 8. AGE

Years

Months

Days

If less than 1 day

40.

1.

5.

hrs.

min.

## 9. Exact

Occupation Bartender.

Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business \_\_\_\_\_

Date last

worked \_\_\_\_\_

## 11. Birthplace

Davenport, Washington.

(City or town)

(State or foreign country)

## 12. Name

Robert Edgar Jobe.

## 13. Birthplace

Missouri.

(City or town)

(State or foreign country)

## 14. Maiden name

Alma Lucy Morgan.

## 15. Birthplace

Missouri.

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Mrs. Norma Selfad

and Address 114-1324 St. 25 Auburn Wn.

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

October, 1, 1948.

(Month) (Day) (Year)

## (c) Place

Cloverdale Memorial Park.

## 18. Funeral Director's

OWN Signature Clyde E. Summers

and Address Boise, Idaho

## 19. (a) 10-1-48

(Date received and filed)

## (b) Myrtle Palmer

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) September, 29, 1948.

at 11:45 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Sept. 29, 1948 to saw

I last saw him alive on Sept. 29, 1948

~~death is said to have occurred on the date and hour stated above.~~

## Immediate Cause of Death:

Dropped dead on Street and

was taken to St. Lukes Hospital

Due to and pronounced dead.

Had been sick at different times

Due to with heart disease.

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy No.

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Clyde E. Summers

and Address Boise, Idaho

Date Sept. 30, 1948

(For additional space, use reverse side)

Coroner of  
Ada County.  
(M. D. or other)

600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 13 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3204  
Local Reg. No. 333  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 710 E. Bannock  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 7 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 710 E. Bannock  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

LACY OLIVE LICHTY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F race W

5. Color or

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C.E. Lichty

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 4/3/1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>5</u>	<u>27</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Weston, Oregon (City or town) (State or foreign country)

12. Name Ezra C. Keltz

13. Birthplace Yam Hill, Oregon (City or town) (State or foreign country)

14. Maiden name Leona R. Hosking

15. Birthplace Lynn County, Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Violet Regan and Address 710 E. Bannock

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/48 (Month) (Day) (Year)

(c) Place Twin Falls, Idaho

18. Funeral Director's OWN Signature McBratney Fowler Chapel and Address 419 No. 3th St. Boise, Idaho

19. (a) 10-1-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 30 1948  
at 5:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 2 1948 to Sept 30 1948

I last saw her alive on Sept 29 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Carcinomatosis  
Primary in Ovary.

Duration 2 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Explanatory Date Aug 48

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Boise (M.D. or other) 10/1 1948

and Address \_\_\_\_\_ Date \_\_\_\_\_ 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
Certificate of Death

SEP 22 1948

STATE OF IDAHO

State File No. 3205  
Local Reg. No. 147  
Reg. Dist. No. 371

DIVISION OF VITAL

1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(e) Died in a Home. \_\_\_\_\_ Hospital. ☒ Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. Ada Co. Stayed \_\_\_\_\_ days  
(g) Lived in this county. 60 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 506 Washington  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) Glen Elder Kan;

3. (a) FULL NAME

Angelia Coble Gibson

3. (b) If veteran, name war

None

3. (c) Social Security No.

None

4. Sex. Female Color or Race White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Clifton F. Gibson

6. (c) Age of husband or wife if alive 70 years

7. Date of Birth (Month, Day, Year) March 26th 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>5</u>	<u>1</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Glen Elder Kansas (City or town) (State or foreign country)

12. Name Hiram Coble (City or town) (State or foreign country)

13. Birthplace Penn: (City or town) (State or foreign country)

14. Maiden name Anna Emerick (City or town) (State or foreign country)

15. Birthplace Penn: (City or town) (State or foreign country)

16. Informant's OWN Signature Clifton F. Gibson and Address 506 Washington St. Boise Idaho

17. (a) Burial (b) Date thereof 8/28/1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreyer McLean and Address Boise

19. (a) 8-27-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) 8-27- 19 48

at 9:35 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from April 12 19 48 to 8/22 19 48  
last saw her alive on 8/22 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Hyperstatic pulmonary Duration 3 days  
myocardial degeneration  
Due to pericarditis  
status - known 3 yrs  
Due to angina - secondary 5 yrs  
Other condition gradual wasting 5 yrs  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_

Public Place. \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. O. P. Hamilton

and Address Boise Ida Date 9-1 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered, as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIV OF VITA

# Certificate of Death

STATE OF IDAHO

State File No. 3206  
Local Reg. No. 152  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? xx city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital xx Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. VA Hospital Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise, Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? x Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME GARFORTH, George

3. (b) If veteran, name war WWI 3. (c) Social Security No. --  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White 6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) December 5, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>8</u>	<u>26</u>	hrs. min.

9. Exact Occupation File clerk Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Hull England  
(City or town) (State or foreign country)

- Father { 12. Name Unknown  
13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

- Mother { 14. Maiden name Unknown  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature M. G. Gull  
Records, VA Hospital  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof Sept. 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Morris Hill Cemetery  
18. Funeral Director's OWN Signature Clyde E. Summers  
Summers Funeral Home  
and Address Boise, Idaho

19. (a) 7-7-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 1 19 48  
at 12:15 P.M. o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 30 19 48  
to Sept. 1 19 48  
I last saw him alive on Sept. 1 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial insufficiency with pulmonary edema Duration Terminal

Due to Coronary arteriosclerosis with myocardial damage, cardiac enlargement and congestive failure Prior to admission  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy None PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. K. McClintic, M.D., CMO  
(M.D. or other)

and Address VAH., Boise, Idaho Date \_\_\_\_\_ 19 \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

INDEXED

SEP 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3207  
Local Reg. No. 10  
Reg. Dist. No. 3

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? **XX** city or town  
(e) Died in a Home? Hospital **XX** Institution? Other place  
(f) Name Hosp. or Inst. **VA Hospital** Stayed **209** days  
(g) Lived in this county.....years.....months.....days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Twin Falls**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? **XX** Outside?.....city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? **35** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME **MOON, Bonnie**

3. (b) If veteran, name war **WW I**

3. (c) Social Security No. **549093334**

4. Sex **Male** race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Pauline A. Moon**

6. (c) Age of husband or wife if alive **56** years

7. Date of Birth (Month, Day, Year) **May 7, 1893**

8. AGE	Years	Months	Days	If less than 1 day
	<b>55</b>	<b>3</b>	<b>29</b>	hrs. min.

9. Exact Occupation **Cleaner & Tailor** Did this work for.....yrs.

10. Industry or Business " " " Date last worked

11. Birthplace **Ozard, Missouri** (City or town) (State or foreign country)

12. Name **Unknown**

13. Birthplace " (City or town) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature **Records, VA Hospital** and Address **Boise, Idaho**

17. (a) Removal (b) Date thereof **3/7/48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Twin Falls, Idaho**

18. Funeral Director's OWN Signature **McBratney-Fowler Chapel** and Address **Boise, Idaho**

19. (a) **9-7-48** (b) **Murtle Palmer** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **September 6** 19 **48**  
at **1:00** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **Feb. 10** 19 **48** to **September 6**, 19 **48**  
I last saw him alive on **September 6** 19 **48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Uremic Colitis with massive hemorrhage** Duration **Terminal**  
Due to **Hepatorenal syndrome with azotemia**  
Due to **Hepatic cirrhosis with splenomegaly** Prior to admission  
Other conditions: **Coronary arteriosclerosis; severe; and pulmonary emphysema**  
(Include pregnancy within 6 months of death)  
Where was disease contracted?

Name of operation..... Date.....  
Major finding.....  
Finding of autopsy **Confirm above**  
PHYSICIAN: Underline the cause to which death should be charged statistically!

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred.  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?

Means of injury.....  
23. Attendant's OWN Signature **J. K. McClintic, M.D., CMO** (M.D. or other)  
and Address **VAH, Boise, Ida.** Date **Sept. 7 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 3208

Local Reg. No. 311

Reg. Dist. No. 370

## 1. PLACE OF DEATH: STATISTICS

- (a) County Ada  
(b) City or town Meridian  
(c) Street Address or R.F.D. No. None  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 29 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Harrison, Ark.

## 3. (a) FULL NAME

BRUCE RAYNOR

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eliza

6. (c) Age of husband or wife if alive 71 years

7. Date of Birth (Month, Day, Year) May 26, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>3</u>	<u>10</u>	hrs. min.

9. Exact Occupation Retired Laborer Did this work for 25 yrs.

10. Industry or Business (Mill Worker) Date last worked 5/23/46

11. Birthplace Harrison, Arkansas (City or town) (State or foreign country)

12. Name John Raynor

13. Birthplace Unk. Missouri (City or town) (State or foreign country)

14. Maiden name Sarah Jane Pettit

15. Birthplace Unk. Georgia (City or town) (State or foreign country)

16. Informant's OWN Signature Wayne Raynor and Address Meridian Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/48 (Month) (Day) (Year)

(c) Place Meridian, Idaho

18. Funeral Director's OWN Signature Bob Johnson and Address Meridian Idaho

19. (a) 9-8-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 9/6/1948

at 3:30 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from June 6 to Sept 4 1948

I last saw h. 12m alive on Sept 4 1948. death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage Duration 1 hr.

Due to Hypertension 3 years

Due to Arteriosclerosis 4 yrs.

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature P. E. Jurell (M. D. or other)

and Address Meridian Date Sept 7 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No. 3209

Local Reg. No. 155

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise, Idaho  
(c) Street Address or R.F.D. No. 2  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. Ada Co. Hosp. Stayed        days  
(g) Lived in this county 14 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1407 Grove St.  
(e) Deceased lived Inside? ☒ Outside?        city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME WILLIAM S. BROOKER

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or        6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) January 26, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>7</u>	<u>11</u>	hrs. min.

9. Exact Occupation Retired Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Canada (City or town) (State or foreign country)  
Father { 12. Name John Brooker  
13. Birthplace Unknown (City or town) (State or foreign country)  
Mother { 14. Maiden name Esther  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Ada County Hosp. Records  
and Address Boise, Idaho Mrs Ward Travel

17. (a) Burial (b) Date thereof Sept. 11, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cloverdale Memorial Park, Boise

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address 412 North 9th St., Boise, Idaho

19. (a) 9-10-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 7, 1948  
at 10:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 8-13 1948 to 9-7 1948  
I last saw him alive on 9-7 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:-

Cardiac embolism Sudden  
Due to Bilateral, Berger's disease  
Due to gangrene double years  
Other conditions in knees  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation        Date         
Major finding         
Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?       

Means of injury         
23. Attendant's OWN Signature W. D. Hamilton  
(M. D. or other)

and Address        Date        19         
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

*Jefferson* 1948

3210

State File No. \_\_\_\_\_

Local Reg. No. 153

Reg. Dist. No. 371

1. PLACE OF DEATH: **STATISTICS**
- (a) County Ada
- (b) City or town Boise
- (c) Street Address or R.F.D. No. R.D. # 9
- (d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town
- (e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
- (g) Lived in this county 45 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada
- (c) City or town Boise
- (d) Street Address or R.F.D. No. R.D. # 9
- (e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 45 years
- (h) Former residence (city, state) Wisconsin

3. (a) FULL NAME **WILFRID LANING BEAR.**

3. (b) If veteran, name war No. 3. (c) Social Security No. None.
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married.
4. Sex Male. race White.
6. (b) Name of husband or wife Annie Louise Bear 6. (c) Age of husband or wife if alive 73. years
7. Date of Birth (Month, Day, Year) July. 27. 1873.

8. AGE	Years	Months	Days	If less than 1 day
	<u>75.</u>	<u>1.</u>	<u>10.</u>	hrs. min.

9. Exact Occupation Retired Banker. Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Chicago, Illinois.  
(City or town) (State or foreign country)

- Father { 12. Name Albert Barnes Bear.

13. Birthplace Penn.  
(City or town) (State or foreign country)

- Mother { 14. Maiden name Sarah Clowney.

15. Birthplace Penn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Myrtle Palmer  
and Address Boise, Idaho

17. (a) Burial. (b) Date thereof Sept. 11, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Clyde E. Summers  
and Address Boise, Idaho

19. (a) 9-8-148 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September. 7. 1948.  
at 11.30. o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1947  
19 \_\_\_\_\_ to death 19 \_\_\_\_\_

I last saw him alive on Sept 7 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Prostate Duration 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation Orchiectomy - 7/19/48

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature 703 Jefferson

and Address Boise, Idaho Date SEP 8 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. **3211**  
Local Reg. No. **157**  
Reg. Dist. No. **371**

1. PLACE OF DEATH: **Boise**  
(a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **XX** city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital **XX** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **VA Hospital** Stayed **2** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Gem**  
(c) City or town **Emmett**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **35** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **BROWN, Carl**

3. (b) If veteran, name war **SAW** 3. (c) Social Security No. **--**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **--**  
4. Sex **Male** race **White** 6. (b) Name of husband or wife **--**  
6. (b) Name of husband or wife **--** 6. (c) Age of husband or wife if alive **--** years  
7. Date of Birth (Month, Day, Year) **April 14, 1878**

8. AGE	Years	Months	Days	If less than 1 day
	<b>70</b>	<b>4</b>	<b>28</b>	hrs. min.

9. Exact Occupation **Miner** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Miner** Date last worked \_\_\_\_\_

11. Birthplace **Prosser, Washington**  
(City or town) (State or foreign country)

12. Name **Allen Brown**  
13. Birthplace **City unknown - Penn.**  
(City or town) (State or foreign country)

14. Maiden name **Ellen Catherine Bodle**  
15. Birthplace **City unknown - Penn.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Records, VA Hospital**  
and Address **Boise, Idaho**

17. (a) **Burial** (b) Date thereof **9/14/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Morris Hill, Boise, Idaho**

18. Funeral Director's OWN Signature **MoBratney-Fowler Chapel**  
and Address **Boise, Idaho**

19. (a) **9-14-48** (b) **Myrtle Palmer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **September 12, 1948**  
at **10:20** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **September 10, 1948** to **September 12, 1948**  
I last saw him alive on **September 12, 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral embolism** Duration **Terminal**

Due to **Coronary thrombosis with myocardial infarction**  
Due to **Arteriosclerotic heart disease** Prior to admission  
Other conditions **None** (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **No autopsy** PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred. \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **J. K. McClintic**  
23. Attendant's OWN Signature **J. K. McClintic, M.D., CMO**  
and Address **VAH, Boise, Idaho** Date **Sept. 13, 48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 22 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 3212  
Local Reg. No. 158  
Reg. Dist. No. 371

## DIVISION OF VITAL STATISTICS

### 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Meridian  
(c) Street Address or R.F.D. No. R. Rt # 1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 28 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. R. Rt # 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Superior, Wyo.

### 3. (a) FULL NAME

GUS SCHOLIN

### 3. (b) If veteran, name war

3. (c) Social Security No. 519-20-7269

### 5. Color or

4. Sex M race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel

6. (c) Age of husband or wife if alive 56 years

7. Date of Birth (Month, Day, Year) Jan. 2, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>8</u>	<u>11</u>	hrs. min.

9. Exact Occupation Carpenter & Contractor Did this work for 35 yrs.

10. Industry or Business Sweden Date last worked 9/13/48

11. Birthplace Unk (City or town) Sweden (State or foreign country)

12. Name Unk Scholin

13. Birthplace Unk (City or town) Unk (State or foreign country)

14. Maiden name Unk

15. Birthplace Unk (City or town) Unk (State or foreign country)

16. Informant's OWN Signature Ethel Scholin and Address Meridian, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/48 (Month) (Day) (Year)

(c) Place Meridian, Idaho

18. Funeral Director's OWN Signature B. R. [Signature] and Address Meridian, Idaho

19. (a) 9-15-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 13 1948  
at 120 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from June 16 1948 to Sept 13 1948.  
I last saw h. 120 alive on Sept 13 1948.  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary Arteriosclerosis

Due to Coronary Arteriosclerosis

Due to Coronary Arteriosclerosis

Other conditions (Include pregnancy within 8 months of death)

### Where was disease contracted?

Name of operation Coronary Arteriosclerosis Date 2 yrs.

Major finding Coronary Arteriosclerosis

Finding of autopsy Coronary Arteriosclerosis

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred 1948 City, county, state Meridian, Ada, Idaho

where violence occurred Meridian, Ada, Idaho

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Coronary Arteriosclerosis

23. Attendant's OWN Signature E. C. Jewell (M. D. or other)

and Address Meridian, Idaho Date Sept 14, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 22 1948

# Certificate of Death

STATE OF IDAHO

1948 3213  
State File No. \_\_\_\_\_  
Local Reg. No. 159  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital XX Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. VA Hospital Stayed 200 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1314 N. 14th  
(e) Deceased lived Inside? XX Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME ROWAN, Halford E.

3. (b) If veteran, name war WW I

3. (c) Social Security No. \_\_\_\_\_

5. Color or White  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Enid Rowan

6. (c) Age of husband or wife if alive 45 years

7. Date of Birth June 20, 1896  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>2</u>	<u>23</u>	hrs. min.

9. Exact Occupation Stockman Did this work for \_\_\_\_\_ yrs

10. Industry or Business Stockman Date last worked \_\_\_\_\_

11. Birthplace Newcastle, Va.  
(City or town) (State or foreign country)

Father { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

Mother { 14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, VA Hospital  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof September 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director Summers Funeral Home  
OWN Signature \_\_\_\_\_  
and Address Boise, Idaho

19. (a) 9-15-48 (b) Myrtle Holme  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 13, 1948  
(Month, Day, Year) at 11:05 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1948 to September 13, 1948  
I last saw him alive on September 13, 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Bronchopneumonia

Duration Terminal

Due to Regional enteritis and colitis, partial gastrectomy with marginal ulcer, colostomy and ~~obstruction~~ intra-abdominal adhesions, severe.  
(Include pregnancy within 3 months of death)

Prior to admission

### Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy Confirms the above.

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. K. McClintic, M.D., CMO  
(M.D. or other)

and Address VAH, Boise, Idaho Date 9-13-48 19 \_\_\_\_\_  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 25 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 3214  
Local Reg. No. 160  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. On Highway # 20  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 70 years 7 months 14 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 8  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? all his life  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

JOSEPH COBLE.

3. (b) If veteran, name war No.

3. (c) Social Security No. X

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) February 3, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>7</u>	<u>14</u>	hrs. min.

9. Exact Occupation laborer Did this work for years

10. Industry or Business Boise, Idaho Date last worked

11. Birthplace Boise, Idaho (City or town) (State or foreign country)

12. Name Joseph Coble (City or town) (State or foreign country)

13. Birthplace Illinois (City or town) (State or foreign country)

14. Maiden name Sarah Jane Forshea (City or town) (State or foreign country)

15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Arne Estill

and Address 1510 Franklin St

17. (a) Burial (b) Date thereof Sept. 22, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Charles E. Summers

and Address Boise, Idaho

19. (a) 9-21-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 17, 1948

at 11.15 o'clock P. Day

21. I HEREBY CERTIFY, That I examined deceased from Sept. 17, 1948 to 1948

I last saw h. alive on 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured skull, Hit by Automobile on highway when he was riding his Due to bicycle.

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? Homicide?

Occurred Sept. 17, 1948 City, county, state where violence occurred Highway # 20

Place of Violence: Home Farm Industry

Public Place X While at work?

Means of injury Coroner of

23. Attendant's OWN Signature Charles E. Summers Ada County (M. D. or other)

and Address Boise, Idaho Date Sept. 20, 1948 (For additional space, use reverse side)

170C

PHYSICIAN  
Underline the cause to which death should be charged statistically

rod

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 29 1948

DEPT. OF HEALTH

# Certificate of Death

STATE OF IDAHO

State File No. 3215  
Local Reg. No. 167  
Reg. Dist. No. 371

1. PLACE OF DEATH: STATISTICS  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town  
(e) Died in a Home \_\_\_\_\_ Hospital XX Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hosp. Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Butte  
(c) City or town Arco  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) 5 Yrs.

3. (a) FULL NAME GRAY, Jesse Sylva  
3. (b) If veteran, name war World War  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex Male race White  
6. (b) Name of husband or wife Della Gray  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 28, 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>10</u>	<u>30</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Lehi Utah  
(City or town) (State or foreign country)

Father { 12. Name William C. Gray  
13. Birthplace Lehi Utah  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Phebe Yates  
15. Birthplace Lehi Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, Veterans Administration  
and Address Boise, Idaho

17. (a) Removal (b) Date thereof 9-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Arco, Idaho

18. Funeral Director's OWN Signature [Signature]  
and Address Boise, Idaho

19. (a) 9-27-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) September 27, 1948  
at 1:00 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from September 26, 1948 to September 27, 1948.  
I last saw him alive on September 27, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Myocardial Insufficiency with Circulatory Collapse  
Due to Diabetes Mellitus  
Glomerulonephritis, chr.  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration Terminal  
Prior to Admn.

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy NO AUTOPSY

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury [Signature]

23. Attendant's OWN Signature J. K. McClintic, M.D., CMO  
(M. D. or other)  
and Address VAH, Boise, Idaho Date Sept. 27, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

001 20 1040

# Certificate of Death

STATE OF IDAHO

1948  
State File No. **3216**  
Local Reg. No. **162**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 8  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 13 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 8  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

**BENJAMIN STEVENSON WILLIAMS.**

3. (b) If veteran, name war No.        3. (c) Social Security No. 519-03- 3213  
5. Color or        6. (a) Single, widowed, married, divorced Widower  
4. Sex Male, race White  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) August. 2. 1883.

8. AGE	Years	Months	Days	If less than 1 day
	<u>65.</u>	<u>1.</u>	<u>26.</u>	hrs. min.

9. Exact Occupation Gardner. Did this work for        yrs.  
10. Industry or Business        Date last worked

11. Birthplace Virginia. (City or town) (State or foreign country)

12. Name Hazel Williams.

13. Birthplace Virginia. (City or town) (State or foreign country)

14. Maiden name Mary Karnes.

15. Birthplace Virginia. (City or town) (State or foreign country)

16. Informant's OWN Signature Richard D. Williams  
and Address Rt # 8, Boise Idaho

17. (a) Burial. (b) Date thereof Oct. 1. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Clayde E. Summers  
and Address Boise, Idaho

19. (a) 9-30-48 (b) Mittie Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September. 28. 19 48.  
at 5.30. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 11 to Aug 30 19 48

I last saw him alive on Aug 30 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

(1) Cerebral Arteriosclerosis 1-2 hrs.  
Due to myocardial infarction with heart failure  
Due to damage sustained from  
Other conditions hypertension  
(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown

Name of operation None Date       

Major finding       

Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Frank P. King  
(M. D. or other)

and Address 314 East 9th Date 9/30 19 48  
(For additional copies, use reverse side)

585

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 13 1948

STATE OF IDAHO

# Certificate of Death

STATE OF IDAHO

Hamilton

State File No. 3217  
Local Reg. No. 164  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 2  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Ada County Stayed 10 days  
(g) Lived in this county 32 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Pacific Hotel  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 51 years  
(h) Former residence (city, state) Penn.

## 3. (a) FULL NAME

EDWARD PETER HALL.

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

5. Color or race White  
(a) Single, widowed, married, divorced Widower  
(b) Name of husband or wife  
(c) Age of husband or wife if alive 0 years

## 7. Date of Birth (Month, Day, Year) October. 5. 1862.

8. AGE	Years	Months	Days	If less than 1 day
	85.	11.	23.	hrs. min.

9. Exact Occupation Accountant Did this work for 0 yrs.  
10. Industry or Business Date last worked

## 11. Birthplace Erie, Penn. (City or town) (State or foreign country)

## 12. Name Peter Hall. (City or town) (State or foreign country)

## 13. Birthplace Penn. (City or town) (State or foreign country)

## 14. Maiden name Unknown. (City or town) (State or foreign country)

## 15. Birthplace Unknown. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Edward J. Hall and Address 312 E. Michigan St. Boise, Idaho

## 17. (a) Burial. (b) Date thereof Sept. 30. 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Morris Hill Cemetery.

## 18. Funeral Director's OWN Signature Clyde E. Summers and Address Boise, Idaho

## 19. (a) 10-1-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) September. 28. 1948. at 11 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from Sept. 10. 1948 to Sept. 25. 1948. I last saw him alive on Sept. 28. 1948. death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Due to Senility  
Due to Failing rapidly 6 mo.  
Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature D. O. Hamilton (M. D. or other) and Address Boise, Ida Date 9/30 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 13 1948

# Certificate of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

1948

3218

State File No. \_\_\_\_\_  
Local Reg. No. 163  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ada Co. Hosp 1 days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 115 Main St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Arkansas

## 3. (a) FULL NAME

Clark Thomas Kenyon

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

519-22-7537

## 4. Sex Male Color or race White

## 6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

Oct. 15th 1864

## 8. AGE

Years

Months

Days

If less than 1 day  
hrs. min.

83

11

14

## 9. Exact Occupation

Laborer and

## Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Miner

## Date last worked

## 11. Birthplace

(City or town)

Arkansas

(State or foreign country)

## 12. Name

Unknown

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

Unknown

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature S. G. Rogers

and Address Rt. 2. Meridian Idaho

## 17. (a)

Burial

(b) Date thereof 10/2/1948

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

## 18. Funeral Director's

OWN Signature Schreiber McLean

and Address Boise

## 19. (a)

10-1-48

(Date received and filed)

(b)

J. Myrtle Palmer

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

at 9-20 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him alive on 9/12/48

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Seriously

Due to \_\_\_\_\_

Due to Failing for

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While of work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature S. W. Hamlin

(M. D. or other)

and Address Boise Ida

Date 9-30-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
OCT 1 1948  
STATE OF IDAHO

State File No. 3219  
Local Reg. No. 567  
Reg. Dist. No. 300

**1. PLACE OF DEATH:**

- (a) County Adams  
(b) City or town Council  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. Council hospital 15 days  
(g) Lived in this county 10 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Adams  
(c) City or town Council  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Pomeroy, Wash.

**3. (a) FULL NAME Maude Etta Fletcher**

3. (b) If veteran, name war None No. None  
5. Color or 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife Samuel 6. (c) Age of husband or wife if alive Dec'd years  
7. Date of Birth (Month, Day, Year) August 17 1880

8. AGE	Years	Months	Days	If less than 1 day
	68	1	3	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.  
10. Industry or Business Home Date last worked 1940  
11. Birthplace Palouse Washington (City or town) (State or foreign country)  
Mother Father { 12. Name George Risdon  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Elizabeth Johnson  
15. Birthplace Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Florence Ham and Address Council, Idaho  
17. (a) Burial (b) Date thereof 9/25/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place I.O.O.F. Cem. Council, Idaho  
18. Funeral Director's OWN Signature C. Jones and Address Northam Jones, Weiser, Idaho  
19. (a) 9/22/48 (b) [Signature] (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH 111A**

20. DATE OF DEATH (Month, Day, Year) September 20 1948  
at 4:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1940 to Sept 20 1948  
I last saw her alive on Sept 20 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Choking Embolism Duration 1/2

Due to Choking Embolism

Due to sterility  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Hygiene  
Name of operation Hygiene Date 1/7/48  
Major finding Hygiene  
Finding of autopsy 0  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury Choking Embolism  
23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Council, Idaho Date 9/22/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

Dr. Thurston  
**Certificate Of Death**  
OCT 16 1948  
STATE OF IDAHO

State File No. **3220**  
Local Reg. No. **568**  
Reg. Dist. No. **300**

**1. PLACE OF DEATH:**

- (a) County Adams  
(b) City or town Council, Idaho. (Rural Near)  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home. X Hospital. \_\_\_\_\_ Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 63 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Adams  
(c) City or town Council  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 63 years  
(h) Former residence (city, state) Mercer Co. Missouri

**3. (a) FULL NAME VIOLA DUREE GOULD**

3. (b) If veteran, name None  
3. (c) Social Security No. None  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George  
6. (c) Age of husband or wife if alive 80 years  
7. Date of Birth (Month, Day, Year) November 18 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>10</u>	<u>5</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Own Home Date last worked 9/23/48  
11. Birthplace Mercer County Missouri  
(City or town) (State or foreign country)

12. Name Jackson Duree  
13. Birthplace Unknown Indiana  
(City or town) (State or foreign country)  
14. Maiden name Rachel Pickett  
15. Birthplace Unknown Indiana  
(City or town) (State or foreign country)

16. Informant's OWN Signature V. D. Gould  
and Address Council, Idaho.

17. (a) Removal (b) Date thereof 9/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Hillcrest Cem. Weiser, Idaho.

18. Funeral Director's OWN Signature A. Jones #557  
and Address Northam-Jones Chapel Weiser, Ida.

19. (a) 9/23/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) September 23 1948  
at 12:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 1934 to Sept 23 1948  
I last saw h. alive on Sept 13 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral Thrombosis — Duration under 1 day

Due to Pan-cystitis 1 day

Due to Hyperlipemia 1 day  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation 0 Date \_\_\_\_\_  
Major finding 0  
Finding of autopsy 0

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature]  
and Address Council, Idaho (M. D. or other) Date 9/23/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 3221  
Local Reg. No. 569  
Reg. Dist. No. 300

1. PLACE OF DEATH: SIEN DE VITA  
(a) County Adams  
(b) City or town Council  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home. Hospital X Institution. Other place....  
(f) Name Hosp. or Inst. Council Com. Stayed 3 days  
(g) Lived in this county 8 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Adams  
(c) City or town Council  
(d) Street Address or R.F.D. No. .... R.F.D.  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? ..... U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Neodesha, Kansas

3. (a) FULL NAME Taylor William Deeds

3. (b) If veteran, name war None No. 519-01-5839  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Golden 6. (c) Age of husband or wife if alive 56 years  
7. Date of Birth (Month, Day, Year) September 17 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>0</u>	<u>9</u>	hrs min.

9. Exact Occupation Farmer Did this work for 2 yrs.  
10. Industry or Business ..... Date last worked June '48  
11. Birthplace Neodesha Kansas  
(City or town) (State or foreign country)

12. Name Jasper Deeds  
13. Birthplace Missouri  
(City or town) (State or foreign country)  
14. Maiden name Hannah Blackburn  
15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Neva Plummer  
and Address Council, Idaho

17. (a) Burial (b) Date thereof 9/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: I.O.O.F. Council, Idaho

18. Funeral Director's OWN Signature C. S. Jones  
and Address Northam-Jones, Weiser, Idaho

19. 9/27/48 (b) Albert H. Jones  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) September 26 1948  
at 6:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 15 1948, to Sept 26 1948  
I last saw him alive on Sept 23 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Uremia  
Due to Chronic Interstitial Nephritis  
Due to One Severe mental disturbance  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Albert H. Jones (M. D. or other)  
and Address Council, Idaho Date 9/27/48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3222  
Local Reg. No. 236  
Reg. Dist. No. 510

## 1. PLACE OF DEATH

- (a) County DANIELS  
(b) City or town POCATELLO  
(c) Street Address or R. F. D. No. 101 S. JOHNSON  
(d) Death Occured Inside? ✓ Outside?    city or town  
(e) Died in a Home    Hospital    Institution    Other place     
(f) Name Hosp. or Inst. GENERAL Stayed    days  
(g) Lived in this county    years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State UNKNOWN (b) County     
(c) City or town UNKNOWN  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside?    Outside?    city or town  
(f) Citizen of what country? UNKNOWN  
(g) How long had deceased lived in Idaho?    years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

CLYDE LAWRENCE

## 3. (b) If veteran,

name war   

## 3. (c) Social Security

No.   

5. Color or    6. (a) Single, widowed, married,  
(b) Sex MALE race INDIAN divorced UNKNOWN  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if  
wife    alive    years

## 7. Date of Birth

(Month, Day, Year) MAY 22, 1890

## 8. AGE

Years	Months	Days	If less than 1 day
<u>57</u>	<u>9</u>	<u>3</u>	hrs min.

9. Exact Occupation UNKNOWN Did this work for    yrs.

10. Industry or Business UNKNOWN Date last worked

11. Birthplace BENITA OREGON  
(City or town) (State or foreign country)

12. Name UNKNOWN

13. Birthplace     
(City or town) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace     
(City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records Dept. Idaho

and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof 2-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place MOUNTAIN VIEW - POCATELLO, IDAHO

18. Funeral Director's OWN Signature Arthur J. Hall

and Address Pocatello, Idaho

19. (a) Apr 18, 1948 (b) Jessie J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) FEBRUARY 25 1948  
at 5 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Feb 21, 1948 to Feb 25, 1948  
I last saw him alive on Feb 24, 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Cardiac-renal Unknown  
Due to   

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown

Name of operation None Date   

Major finding Emphysema

Finding of autopsy None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

## 23. Attendant's OWN Signature

H. H. Hart (M. D. or other)

and Address Pocatello Date 2/25/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3223  
Local Reg. No. 239  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 101 So. Johnson  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. General Stayed        days  
(g) Lived in this county 32 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 217 So. 6th.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Ohio

3. (a) FULL NAME Elizabeth Lae Thompson

3. (b) If veteran, name war        3. (c) Social Security No.       

5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife William E. Thompson 6. (c) Age of husband or wife if alive 83 years

7. Date of Birth (Month, Day, Year) September 11, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>11</u>	<u>4</u>	hrs. min.

9. Exact Occupation Housewife Did this work for        yrs.

10. Industry or Business At home Date last worked       

11. Birthplace Hawking County, Ohio (City or town) (State or foreign country)

Father { 12. Name Benjamin Franklin Blackford

13. Birthplace Ohio (City or town) (State or foreign country)

Mother { 14. Maiden name Lydia Ann Anderson

15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Sam Adelstein and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof 8-18-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello, Idaho

18. Funeral Director's OWN Signature Arthur M. Hall and Address Pocatello, Idaho

19. (a) Aug 18, 1948 (b) James J. Samuel (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 15th., 1948  
(Month, Day, Year) at 3:50 o'clock P M.

21. I HEREBY CERTIFY That I attended deceased from June 28, 1948 to Aug 15, 1948. I last saw h. alive on Aug 15, 1948. death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cardio. renal with hypertension, unknown  
Due to       

Due to        Other conditions Senility (Include pregnancy within 3 months of death) Gradual

Where was disease contracted? Idaho

Name of operation None Date       

Major finding       

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury       

23. Attendant's OWN Signature Arthur M. Hall (If D. or other)       

and Address Pocatello Date 9/11 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1045-  
State File No. 3224  
Local Reg. No. 241  
Reg. Dist. No. 511

1. PLACE OF DEATH:
- (a) County BANNOCK
- (b) City or town POCAHELLO
- (c) Street Address or R.F.D. No. 101 S JOHNSON
- (d) Death Occurred Inside? ☒ Outside? ☐ city or town
- (e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place
- (f) Name Hosp. or Inst. GENERAL days
- (g) Lived in this county 2 years 22 months 22 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State IDAHO (b) County BANNOCK
- (c) City or town KILGORE
- (d) Street Address or R.F.D. No. -
- (e) Deceased lived Inside? ☒ Outside? ☐ city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? UNKNOWN years
- (h) Former residence (city, state) -

3. (a) FULL NAME HARRY KILGORE

3. (b) If veteran, name war - 3. (c) Social Security No. -

5. Color or WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Date of Birth SEPTEMBER 15, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>11</u>	<u>4</u>	hrs. min.

9. Exact Occupation CH. PENTER Did this work for - yrs.

10. Industry or Business RETIRED Date last worked -

11. Birthplace LANCASTER, PENNSYLVANIA

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant's Hospital Registrar

OWN Signature Ray E. Graham

and Address Beaumont, Idaho

17. (a) REMOVAL (b) Date thereof 8-20-48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place LANCASTER, Pa.

18. Funeral Director's Arthur M. Hall

OWN Signature Pocahellico, Idaho

and Address Aug 19, 1948 (Date received and filed)

(Registrar's signature) Jessie J. Farrell

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH AUGUST 19, 1948

(Month, Day, Year) at 2:30 o'clock 2 M.

21. I HEREBY CERTIFY, That I attended deceased from May 29, 1948 to Aug 19, 1948

I last saw him alive on Aug 18, 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cirrhosis of liver Duration unknown

Due to -

Due to -

Other conditions -

(Include pregnancy within 3 months of death)

Where was disease contracted? unknown

Name of operation none Date -

Major finding large liver abscess

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's H. H. Hugbart

OWN Signature Pocahellico, Idaho

and Address Aug 19, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 1 1948

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3225  
Local Reg. No. 225  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 650 North Seventh  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. St. Anthony Mary Stayed 13 days  
(g) Lived in this county 57 years  months  days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Power  
(c) City or town American Falls  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 57 years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

James Albert Thornton

3. (b) If veteran, name war World War I

3. (c) Social Security No.

5. Color or

4. Sex Male race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive  years

7. Date of Birth (Month, Day, Year) Sept. 17, 1891

8. AGE	Years	Months	Days	If less than 1 day
<u>56</u>	<u>56</u>	<u>11</u>	<u>14</u>	hrs. min.

9. Exact Occupation Laborer Did this work for 50 yrs.

10. Industry or Business Farming Date last worked Aug. 14, 48

11. Birthplace American Falls (City or town) Idaho (State or foreign country)

12. Name Thomas Jasper Thornton

13. Birthplace San Bernardino (City or town) California (State or foreign country)

14. Maiden name Mary Ann Stanger

15. Birthplace Slaterville (City or town) Utah (State or foreign country)

16. Informant's OWN Signature Lavelle R Thornton

and Address Box 563 American Falls Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-48 (Month) (Day) (Year)

(c) Place Nulley, Idaho

18. Funeral Director's OWN Signature Howard

and Address Am. Falls, Idaho

19. (a) September 3, 1948 (Date received and filed) James J. Powell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 1 1948  
at 9:45 o'clock P.M.

21. I HEREBY CERTIFY That I attended deceased from Aug 18 1948 to Sept 1 1948  
I last saw him alive on Sept 1 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pulmonary Embolus, infected  
Due to Bacterial Polymyositis Duration 3d.

Due to   
Other conditions  (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation none Date

Major finding none

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred  19  City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

23. Attendant's OWN Signature Howard

and Address Pocatello M. D. or (C) 9-2-48

Date Sept 2, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 3226

Local Reg. No. 226

Reg. Dist. No. 5-11

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 42 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Cherdeen  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Wm. R. Livingstone

046G

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or W  
4. Sex M race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marie

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Nov. 24 1894

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>9</u>	<u>8</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Self Date last worked \_\_\_\_\_

11. Birthplace Randolph Utah (City or town) (State or foreign country)

12. Name John M. Livingstone (City or town) (State or foreign country)

13. Birthplace Scotland (City or town) (State or foreign country)

14. Maiden name Marion Kennedy (City or town) (State or foreign country)

15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Marie Livingstone and Address Pocatello Idaho

17. (a) Burial (b) Date thereof 9-4-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Deward and Address Pocatello Idaho

19. (a) Sept 7, 1948 (b) Jessie J. Lamell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September, 2 1948  
at 2 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 10 - 1948 to Sept 12 - 1948

I last saw him alive on 9-12-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Carcinoma of Pancreas

Due to Metastasis

Due to Heart & Metastasis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_ Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_ Finding of autopsy Carcinoma

22. If death was due to EXTERNAL CAUSES, also fill in the following: Head of Pancreas

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. P. Swann (M. D. or other)

and Address Pocatello Idaho Date 9-2-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **3227**  
Local Reg. No. **242**  
Reg. Dist. No. **511**

## 1. PLACE OF DEATH:

- (a) County **Bannock** **9-10-1948**  
(b) City or town **Pocatello** **OF VITA**  
(c) Street Address or R.F.D. No. **Blackfoot**  
(d) Death Occurred Inside? **X** Outside? **city or town**  
(e) Died in a Home **Hospital** **X** Institution **Other place**  
(f) Name Hosp. or Inst. **Pocatello Gen.** **Sayed** **14** days  
(g) Lived in this county **years** **months** **14** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Blackfoot**  
(d) Street Address or R.F.D. No. **Rt. 3**  
(e) Deceased lived Inside? **Outside?** **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **55** years  
(h) Former residence (city, state) **Greys Lake, Idaho.**

## 3. (a) FULL NAME WILLIAM SIBBETT

3. (b) If veteran, name war **WW I** 3. (c) Social Security No. **519-10-9848**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White** 6. (b) Name of husband or wife **Verginia Henderson**  
6. (c) Age of husband or wife if alive **55** years

7. Date of Birth **February 22, 1888**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>60</b>	<b>6</b>	<b>13</b>	hrs. min.

9. Exact Occupation **Boiler maker helper** Did this work for **Boiler maker helper** yrs.

10. Industry or Business **Railroad** Date last worked **Boiler maker helper**

11. Birthplace **Box Elder County, Utah**  
(City or town) (State or foreign country)

12. Name **Samuel A. Sibbett**  
Father

13. Birthplace **Funkstown, Penn.**  
(City or town) (State or foreign country)

14. Maiden name **Eveline Brown**  
Mother

15. Birthplace **Box Elder County, Utah**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Virginia Sibbett**  
and Address **Rt 3, Blackfoot, Idaho.**

17. (a) **Burial** (b) Date thereof **9-10-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Thomas, Riverside, Blackfoot, Idaho.**

18. Funeral Director's OWN Signature **John C. Sandberg**  
and Address **Blackfoot, Idaho.**

19. (a) **Sept 23, 1948** (b) **Jessie J. Powell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **September 5, 1948**  
(Month, Day, Year) at **12:15** o'clock **A** M.

21. I HEREBY CERTIFY that I attended deceased from **Aug. 18** to **Sept. 5** 1948.  
I last saw him alive on **Sept. 4** 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Lymphatic Leukemia** Duration **unknown.**  
Due to **Lymphatic Leukemia**

Due to **Secondary anemia** **unknown**  
Other conditions **Secondary anemia**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**  
Name of operation **None** Date **None**  
Major finding **Lymphatic Leukemia**  
Finding of autopsy **None**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **Swicide?** **Homicide?**  
Occurred **19** City, county, state **Blackfoot, Idaho**  
where violence occurred **Blackfoot, Idaho**  
Place of Violence: Home **Farm** **Industry**  
Public Place **While at work?**

Means of injury **Shot by heart**  
23. Attendant's OWN Signature **John C. Sandberg**  
and Address **Pocatello, Idaho** Date **9/11 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 3228  
Local Reg. No. 228  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or ~~Box~~ 330 So. Johnson Ave  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 2 days  
(g) Lived in this county 42 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address ~~Box~~ 330 So. Johnson Ave  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

IDA E. CALPH

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex female race white

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife  
Ethan F. Calph

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year)

September 20, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>11</u>	<u>15</u>	hrs. min.

9. Exact Occupation housewife Did this work for 36 yrs.

10. Industry or Business home Date last worked 9/2/48

11. Birthplace Baker Oregon  
(City or town) (State or foreign country)

Father { 12. Name Louis A. Mendelson

13. Birthplace Posen Germany  
(City or town) (State or foreign country)

Mother { 14. Maiden name Etoile Patton

15. Birthplace Vancouver Washington  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ethan Calph  
and Address Pocatello Idaho

17. (a) burial (b) Date thereof Sept. 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello Idaho

18. Funeral Director's OWN Signature Jessie P. Powell

and Address Pocatello Idaho

19. (a) Sept. 8, 1948 (b) Jessie P. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) September 5 19 48  
at 11:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 3 19 48 to September 5 19 48

I last saw h. or alive on Sept. 5 19 48.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Due to Cerebral  
hemorrhage

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury See above

23. Attendant's OWN Signature See above

(M. D. or other)  
and Address Pocatello, Ida Date 9/8 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 3229  
Local Reg. No. 229  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? L Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital L Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Custer  
(c) City or town Mackay  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? L Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Alaska

## 3. (a) FULL NAME

Matt Smeal

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or \_\_\_\_\_  
4. Sex M race N

6. (a) Single, widowed, married, divorced? ?

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Aug. 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>0</u>	<u>0</u>	hrs. min.

9. Exact Occupation Labarer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

12. Name unknown

13. Birthplace Jugoslavia (City or town) \_\_\_\_\_ (State or foreign country)

14. Maiden name unknown

15. Birthplace Jugoslavia (City or town) \_\_\_\_\_ (State or foreign country)

16. Informant's OWN Signature Mrs. Ann Ipletai

and Address St. Paul, Minn.

17. (a) Burial (b) Date thereof 9-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mackay Idaho

18. Funeral Director's OWN Signature Barbra Funeral Home

and Address Pocatello Idaho

19. (a) Sept. 14, 1948 (b) Jose J. Paul  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) September 7, 1948  
at 3:10 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

7-6 1948, to Sept. 6 1948  
I last saw him alive on Sept. 6 1948.

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Generalized anasarca

Duration 1 mo.

Due to Carcinomatous 1 mo.

Due to Anaplastic Adenocarcinoma of 8 mo.

Other conditions stomach  
(Include pregnancy within 3 months of death)

Where was disease contracted? Mackay, Ida.

Name of operation partial gastrectomy Date 7-9-48

Major finding Advanced Ca of stomach

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Melvin M. Graves, M.D.

and Address Pocatello (M. D. or other) Date 9-9 1948.

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3230

Local Reg. No. 227

Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? L Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital L Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony's Stayed 6 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 431 S. 6th  
(e) Deceased lived Inside? L Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Greece

## 3. (a) FULL NAME

Julia Pullos

## 3. (b) If veteran, name war

L

## 3. (c) Social Security No.

none

4. Sex F 5. Color or race N

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife nick

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 20, 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>1</u>	<u>17</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 34 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Amalia, Greece (City or town) (State or foreign country)

12. Name Chris Xamarinos (City or town) (State or foreign country)

13. Birthplace Greece (City or town) (State or foreign country)

14. Maiden name Alga Xtatsopoulos (City or town) (State or foreign country)

15. Birthplace Greece (City or town) (State or foreign country)

16. Informant's OWN Signature Sam D. Pullos and Address Pocatello Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-48 (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Downard and Address Pocatello Idaho

19. (a) Sept 10, 1948 (Date received and filed) (b) Jessie L. Hamell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 7, 1948 at 3 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Central Nervous System Duration 24 hrs

Due to Hypertension 2 yrs

Due to Obesity 10 yrs

Other conditions \_\_\_\_\_ (Include pregnancy within 2 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John W. Winsten (M. D. or other) and Address Pocatello Idaho Date Sept 8, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

OCT 9 1948

STATE OF IDAHO

1048  
State File No. 3231  
Local Reg. No. 250  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address 554 E. Maple Street  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 31 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address 554 E. Maple Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

WHARTON LEE HARDMAN

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

4. Sex male race white

## 6. (a) Single, widowed, married, divorced

married

## 6. (b) Name of husband or wife

Deborah Smith Hardman

## 6. (c) Age of husband or wife if alive

70 years

## 7. Date of Birth

(Month, Day, Year)

February 14, 1863

## 8. AGE

Years

Months

Days

If less than 1 day

85

6

23

hrs.

min.

## 9. Exact

Occupation Retired

Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business Union Pacific R R.

Date last

1933

worked

## 11. Birthplace

Spencer

Virginia

(City or town)

(State or foreign country)

## 12. Name

S. S. Hardman

## 13. Birthplace

No Data

(City or town)

(State or foreign country)

## 14. Maiden name

Unknown

Rhody

## 15. Birthplace

No Data

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Robert Lee Hardman

and Address Pocatello, Idaho

## 17. (a) Removal - Cremation

thereof Sept. 9, 1948

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place

Salt Lake City, Utah

## 18. Funeral Director's

OWN Signature Jessie J. Powell

and Address Pocatello, Idaho

## 19. (a)

Sept. 8, 1948

(Date received and filed)

## (b)

Jessie J. Powell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

September 7

19 48

at 2:00 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Aug. 1947 to September 7, 19 48

I last saw him alive on Sept. 7, 19 48;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

apoplexy

## Duration

4 days

## Due to

apoplexy 4 years ago

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation

Date

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's

OWN Signature D. C. Ray

and Address Pocatello, Idaho Date Sept. 8, 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 18 1948

# Certificate of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 266  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address Rock Road So. Arthur Ave  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 46 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address Rock Road So. Arthur Ave  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

LEONARD M. STEGER

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) October 23, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>10</u>	<u>16</u>	hrs. min.

9. Exact Occupation Retired - Salesman Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace No Data Kentucky  
(City or town) (State or foreign country)

Father { 12. Name No Data

13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

Mother { 14. Maiden name No Data

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Personal Records  
and Address \_\_\_\_\_

17. (a) burial (b) Date thereof Sept. 13, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello, Idaho

18. Funeral Director's OWN Signature Jack Henderson  
and Address Pocatello, Idaho

19. (a) Sept. 13, 1948 (b) Jessie D. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) September 9 1948  
at 7:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from  
Aug. 9 1948 to Sept. 9 1948  
I last saw h. im alive on Sept. 9 1948.

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

acute heart failure  
Due to hyperursemia

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation 2nd Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Jack Henderson

(M. D. or other) \_\_\_\_\_

and Address Pocatello, Idaho Date 9/10/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 20 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 3233

Local Reg. No. 235

Reg. Dist. No. 510

DEPARTMENT OF VITAL

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 8356 Halliday  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☐ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 8356 Halliday  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 91 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

Pauline V. Uehren

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Frank

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) August 22, 1857

8. AGE	Years	Months	Days	If less than 1 day
	<u>91</u>	<u>0</u>	<u>20</u>	hrs. min.

9. Exact Occupation Housewife Did this work for ☐ yrs.

10. Industry or Business ☐ Date last worked ☐

11. Birthplace Idaho (City or town) (State or foreign country)

12. Name Paul Van Curen (City or town) (State or foreign country)

13. Birthplace unknown (City or town) (State or foreign country)

14. Maiden name Elvera Depler (City or town) (State or foreign country)

15. Birthplace New York (City or town) (State or foreign country)

16. Informant's OWN Signature W. E. Howard and Address 8356 Halliday St

17. (a) Burial (b) Date thereof 9-14-48 (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Leonard and Address Pocatello Idaho

19. (a) Sept. 15, 1948 (b) Jemie J. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 12, 1948 at 3:35 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1948 to Sept. 12, 1948

I last saw him alive on Sept. 12, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis Duration 4405

Due to Chronic Interstitial Nephritis 4 mos.

Due to ☐

Other conditions (Include pregnancy within 3 months of death) ☐

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury David E. Harris, M.D. 23. Attendant's OWN Signature Pocatello, Idaho Date 9-13-48 and Address Pocatello, Idaho (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 20 1948

# Certificate of Death

STATE OF IDAHO

State File No.

3234

Local Reg. No.

234

Reg. Dist. No.

51

## 1. PLACE OF DEATH:

- (a) County BLAINE  
(b) City or town BANNOCK  
(c) Street Address or R.F.D. No. Pocatello  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. St Anthony Stayed 20 days  
(g) Lived in this county 0 years 0 months 20 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 27 days  
(h) Former residence (city, state)

## 3. (a) FULL NAME

John Steven Pendlebury

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race White  
4. Sex Male  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) August 16, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>27</u>	hrs. min.

9. Exact Occupation NONE Did this work for years

10. Industry or Business Date last worked

11. Birthplace Blackfoot, Idaho  
(City or town) (State or foreign country)

12. Name Nee Land G. Pendlebury

13. Birthplace Blackfoot, Idaho  
(City or town) (State or foreign country)

14. Maiden name Artie Elita Barrowman

15. Birthplace Blackfoot, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Richard A. Pendlebury  
and Address Route 2

17. (a) Removal (b) Date thereof 9-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Blackfoot, Idaho

18. Funeral Director's OWN Signature Howard Packham  
and Address Blackfoot, Idaho

19. (a) 9-14-48 (b) James J. Pammel  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 13, 1948

at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 24 hr

Due to aspiration 24

Due to

Other conditions Staphylococcus Septicemia  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation none Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

23. Attendant's OWN Signature Richard A. Pendlebury (M. D. or other)  
and Address Pocatello Date Sept 14, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

DECEASED STATE OF IDAHO

State File No. 3235  
Local Reg. No. 244  
Reg. Dist. No. 5-10

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ✓ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 4 days  
(g) Lived in this county 17 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 259 S. Third  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Richard Lewis

006X

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or W  
6. Sex M race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) June 12, 1931

## 8. AGE

Years

Months

Days

If less than 1 day

17

3

3

hrs.

min.

## 9. Exact

Occupation Student

## Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business

## Date last

worked

## 11. Birthplace

Pocatello Idaho

(City or town) (State or foreign country)

## Father

## 12. Name

Edward R. Lewis

## Mother

## 13. Birthplace

Haywood Cal.

## 14. Maiden name

Vera Mae Carakoff

## 15. Birthplace

Pocatello Idaho

## 16. Informant's

## OWN Signature

Mrs E. R. Lewis

## and Address

259 So. 3 Ave

## 17. (a) Burial

## (Burial, cremation, or removal)

Mountainview

## (b) Date thereof

9-20-48

(Month) (Day) (Year)

## 18. Funeral Director's

## OWN Signature

Byron B. Darnard

## and Address

Pocatello Idaho

## 19. (a)

## Date received and filed

Sept 23, 1948

## (b)

Jemie J. Fawell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept 11, 1948

at 2 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Sept 11, 1948 to Sept 15, 1948

I last saw him alive on Sept 15, 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Acute spinal meningitis 5d.

Due to meningococcus

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major findings Brain spinal fluid

Finding of autopsy None

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

## OWN Signature

H. H. G. Galt

and Address Pocatello Idaho

Date 9/20/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948

State File No. 3236

Local Reg. No. 245

Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Postville  
(c) Street Address or R.F.D. No. N.D.P.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 2 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Postville  
(d) Street Address or R.F.D. No. N.D.P.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Goss Jett

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

none

## 5. Color or

4. Sex M race W

6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

## 7. Date of Birth

(Month, Day, Year) Oct. 13, 1884

## 8. AGE

Years

Months

Days

If less than 1 day  
hrs. min.

53

11

3

## 9. Exact Occupation

Retired

Did this work for years

## 10. Industry or Business

Stock Raiser

Date last worked 1946

## 11. Birthplace

Hillsboro Illinois

(City or town) (State or foreign country)

## 12. Name

Thomas M. Jett

## 13. Birthplace

Illinois

(City or town) (State or foreign country)

## 14. Maiden name

Mable Clotfelter

## 15. Birthplace

Illinois

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature

Ralph L. Hughes

and Address

U.S.N.C. Plant - Postville - Idaho

## 17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof 9-17-48

(c) Place

Hillsboro Illinois

## 18. Funeral Director's

OWN Signature

Byron B. Downard

and Address

Postville Idaho

## 19. (a) Date received and filed

Sept. 16, 1948

(b) James J. Farrell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) September, 16 19 48  
at 9:20 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from on

Sept. 16 19 48 to Sept. 16 19 48  
I last saw him 1 M. alive on Sept. 16 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Tension pneumothorax & mediastinal & subcutaneous emphysema  
Due to fractured ribs, etc.

Due to fall at home

Other conditions Cerebral concussion  
(Include pregnancy within 3 months of death)  
scalp laceration

Where was disease contracted? at home

Name of operation none Date

Major finding

Finding of autopsy ✓

Duration 2 hrs.

3 hrs.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ✓ Suicide? no Homicide? no

Occurred Sept. 16 19 48 City, county, state

where violence occurred Postville - Bannock - Idaho

Place of Violence: Home ✓ Farm Industry

Public Place While at work? no

Means of injury Fall due to extreme arthritis

## 23. Attendant's

OWN Signature Melvin M. Graves, M.D.

(M. D. or other)

and Address Postville Date 9-16 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

# Certificate of Death

STATE OF IDAHO

1948 3237  
State File No. \_\_\_\_\_  
Local Reg. No. 252  
Reg. Dist. No. 511

OCT 9 1948  
DIVISION OF VITAL

## 1. PLACE OF DEATH:

- (a) County DANBOURGH  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 650 N. 7TH  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ✓ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. ST. ANTHONY Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BINGHAM  
(c) City or town FORT HALL  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ✓ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

MARLENE SYLVIA MENDEL

010X

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

Sex FEMALE Race WHITE

(a) Single, widowed, married, divorced SINGLE

## (b) Name of husband or wife

(c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) OCTOBER 26, 1944

## 8. AGE

Years

Months

Days

If less than 1 day

3

10

21

hrs.

min.

## 9. Exact

Occupation CHILD

## Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business AT HOME

## Date last

worked \_\_\_\_\_

## 11. Birthplace

POCATELLO, IDAHO

(City or town)

(State or foreign country)

## 12. Name

MARCELENE MENDEL

## 13. Birthplace

MEXICO

(City or town)

(State or foreign country)

## 14. Maiden name

ALVINA FRED

## 15. Birthplace

FORT HALL, IDAHO

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Marcelene Mendel

and Address FORT HALL, IDAHO

## 17. (a) BURIAL

(Burial, cremation or removal)

(b) Date thereof 9-18-48

(Month) (Day) (Year)

(c) Place POCATELLO, IDAHO

## 18. Funeral Director's

OWN Signature Anthony Hall

and Address POCATELLO, IDAHO

## 19. (a) 9-18-48

(Date received and filed)

(b) Jessie D. Powell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) SEPTEMBER 17, 1948

at 11 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 9-15

1948 to 9-17 1948

I last saw her alive on 9-17 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Asymptomatic diphtheria

1. Asymptomatic diphtheria

2. Asymptomatic diphtheria

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? Not known

Name of operation Tracheotomy Date 9-17-48

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature DC Ray

and Address Pocatello, IDAHO

Date 9-18 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED **Certificate of Death**  
OCT 9 1948  
STATE OF IDAHO

1048  
State File No. **3238**  
Local Reg. No. **253**  
Reg. Dist. No. **511**

1. PLACE OF DEATH: DIVISION OF VITAL  
(a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **100 Blk. So. 1st**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. **Unknown** Stayed ☐ days  
(g) Lived in this county **Unknown** months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Pomer**  
(c) City or town **Bannock Creek**  
(d) Street Address or R.F.D. No. ☐  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? **Unknown**  
(g) How long had deceased lived in Idaho **Unknown**  
(h) Former residence (city, state) ☐

3. (a) FULL NAME **Sawtary Jackson**

3. (b) If veteran, name war ☐ 3. (c) Social Security No. ☐

5. Color of **Male** race **Indian**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) **Unknown**

8. AGE **78** Years Months Days If less than 1 day hrs. min.

9. Exact Occupation **Unknown** Did this work for ☐ yrs.

10. Industry or Business ☐ Date last worked ☐

11. Birthplace **Austin Nevada** (City or town) **Unknown** (State or foreign country)

12. Name **Unknown**

13. Birthplace (City or town) **Unknown** (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace (City or town) **Unknown** (State or foreign country)

16. Informant's OWN Signature **Jerry Jackson**  
and Address **Lee Nevada**

17. (a) Removal ☒ (b) Date thereof **9-21-48** (Month) (Day) (Year)  
(Burial, cremation or removal)  
(c) Place **Elko Nevada**

18. Funeral Director's OWN Signature **Arthur M. Hall**  
and Address **Pocatello Idaho**

19. (a) **Sept. 23, 1948** (Date received and filed) (b) **Jessie J. Farrell** (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Sept. 19** 19 **48**  
(Month, Day, Year) at ☐ o'clock ☐ M.

21. I HEREBY CERTIFY, That I attended deceased from ☐ 19 ☐ to ☐ 19 ☐

I last saw h. ☐ alive on ☐ 19 ☐ death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Unknown - died suddenly while at dinner** Duration ☐

Due to **probable coronary occlusion**

Due to **occlusion**

Other conditions ☐ (Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☒ Date ☐

Major finding ☒

Finding of autopsy ☒

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred ☒ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☒ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature **Arthur M. Hall**

and Address **Pocatello Idaho** Date **Sept 23, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. 3239  
Local Reg. No. 246  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 101 S. Johnson  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Utah (b) County Salt Lake  
(c) City or town Salt Lake City  
(d) Street Address or R.F.D. No. 7827 S. 9th. East  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 1 day years  
(h) Former residence (city, state) Salt Lake City, Utah

3. (a) FULL NAME Heber Bennion Jaynes

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 528-28-0921

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December 18, 1926

8. AGE	Years	Months	Days	If less than 1 day
	<u>21</u>	<u>9</u>	<u>1</u>	hrs. min.

9. Exact Occupation Purity Biscuit Co. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Stover, Missouri  
(City or town) (State or foreign country)

12. Name Homer Guy Jaynes

13. Birthplace Thoreau, Kansas  
(City or town) (State or foreign country)

14. Maiden name Annie Atken

15. Birthplace Salvo, Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Annie B. Jaynes

and Address Salt Lake City, Utah

17. (a) Removal (b) Date thereof 9-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Salt Lake City, Utah

18. Funeral Director's OWN Signature Arthur M. Hall

and Address Pocatello, Idaho

19. (a) Sept. 19, 1948 (b) Don S. Howell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 19, 1948

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured Skull Duration \_\_\_\_\_  
Shock

Due to Broken right leg

Due to into aircraft

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Sept 19, 1948 City, county, state Highway 91 - North

where violence occurred Highway 91 - North

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Automobile accident

23. Attendant's OWN Signature Arthur M. Hall  
and Address Pocatello, Idaho Date Sept 20, 1948  
(For additional space, use reverse side)

170C

cub

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948

3240

State File No. ....

Local Reg. No. 248

Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 650 N. 7th  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. St. Anthony Stayed 4 days  
(g) Lived in this county 8 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 174 Portneuf Park  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) ----

## 3. (a) FULL NAME

Delpha C. Arnell Smith

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Female Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William K. Smith

6. (c) Age of husband or wife if alive 60 years

7. Date of Birth (Month, Day, Year) September 30, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>11</u>	<u>21</u>	hrs. min.

9. Exact Occupation Housewife Did this work for - yrs.

10. Industry or Business At home Date last worked -

11. Birthplace St. Charles, Idaho (City or town) (State or foreign country)

12. Name Swan O. Arnell (City or town) (State or foreign country)

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Agnes Pierce (City or town) (State or foreign country)

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature William K. Smith

and Address Pocatello, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 21, 1948 (Month) (Day) (Year)

(c) Place Montpelier, Idaho

18. Funeral Director's OWN Signature Geo. J. Allen

and Address Pocatello, Idaho

19. (a) Sept. 23, 1948 (b) Geo. J. Allen (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 21st, 1948 (Month, Day, Year) at 12:45 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from September 18, 1948 to September 21, 1948

I last saw him alive on September 20, 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 2 days

Due to Essential Hypertension years.

Due to -

Other conditions - (Include pregnancy within 3 months of death)

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autopsy -

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state where violence occurred.

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature George J. Cox M.D. (M.D. or other) and Address 417 E. Butler Date 9/21/1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 14 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No.

3241

Local Reg. No.

262

Reg. Dist. No.

510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address RR 2 Box So. Johnson Ave  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 6 days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address RR 2 Box So. Arthur Ave  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

MAMIE A. BELL

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex female race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife  
David V. Bell

6. (c) Age of husband or wife if alive died 1943 years

7. Date of Birth  
(Month, Day, Year) July 6, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>2</u>	<u>16</u>	hrs. min.

9. Exact Occupation housekeeper Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Self - home Date last worked 9/15/48

11. Birthplace Pennsylvania  
(City or town) (State or foreign country)

12. Name Rozelle Morrison

13. Birthplace No data  
(City or town) (State or foreign country)

14. Maiden name Sarah Bell

15. Birthplace Pennsylvania  
(City or town) (State or foreign country)

16. Informant's OWN Signature (Mrs) Elizabeth B. Hall

and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof Sept. 27, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rawlins, Wyoming

18. Funeral Director's OWN Signature Luck Henderson

and Address Pocatello, Idaho

19. (a) Sept. 24, 1948 (b) Jessie L. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 22 19 48  
at 9:00 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from 9-17 19 48 to Sept. 22 19 48

I last saw him er alive on Sept. 22 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma Duration

signed

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? Relative Date 9/17/48

Name of operation Co. signed

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ed Roberts

and Address Pocatello, Idaho Date 9/24 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 9 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3242  
Local Reg. No. 254  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 357 N. 14th  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Infant Denny

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Sept. 1, 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs. 58 min.

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Pocatello Idaho (City or town) (State or foreign country)

12. Name Jacob Denny

13. Birthplace Ashton Id. (City or town) (State or foreign country)

14. Maiden name Jane Marie Jensen

15. Birthplace Pocatello Id. (City or town) (State or foreign country)

16. Informant's OWN Signature Jacob Denny and Address Pocatello Idaho

17. (a) Burial (b) Date thereof 9-24-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Jourard and Address Pocatello Idaho

19. (a) Oct 6, 1948 (b) Jessie L. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 1, 1948  
at \_\_\_\_\_ o'clock Am M.

21. I HEREBY CERTIFY, That I attended deceased from 9-23-48 to 9-23-48

I last saw h. W alive on 9-23 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Immaturity Duration \_\_\_\_\_

Due to Aborts - 8 known 2 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Reverell MD (M. D. or other) and Address Pocatello Idaho Date 9-29-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 9 1948

# Certificate of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 255  
Reg. Dist. No. 5-11

1. PLACE OF DEATH: **DIVISION OF VITAL STATISTICS**  
(a) County Bannock  
(b) City or town Pocatello  
(c) Street Address 1000 W. Oak St at 9th Ave  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) ~~Street Address~~ F.D. No. 1 North of City  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **JAMES S. KELLY**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Sex male race white (b) (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife M. Estella Strait Kelly 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 14, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>5</u>	<u>9</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Union Pacific R. R. Date last worked 9/23/48

11. Birthplace Vandalia Missouri  
(City or town) (State or foreign country)

12. Name James H. Kelly

13. Birthplace No Data  
(City or town) (State or foreign country)

14. Maiden name Matilda Goodpasture

15. Birthplace No Data  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mary Estella Kelly  
and Address Pocatello, Idaho

17. (a) Removal (b) Date thereof 9/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Davenport, Iowa

18. Funeral Director's OWN Signature Jack Henderson  
and Address Pocatello, Idaho

19. (a) Sept. 24, 1948 (b) Jessie S. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 23 19 48  
at about 5:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1948 to Sept. 23, 1948.  
I last saw him on September 23, 1948.  
Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured neck Duration 5 min  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Sept. 23 19 48 City, county, state

where violence occurred Pocatello, Bannock, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Railroad Crossing

Means of injury Auto-Train Accident

23. Attendant's OWN Signature R. W. Hughes

and Address Pocatello, Idaho Date 9/24 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 9 1948

OFFICE OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3244  
Local Reg. No. 256  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 101 So. Johnson  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Pocatello General  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Custer  
(c) City or town Challis  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL

NAME MORRIS TRUMEN BECKTEL

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wynona Sprouse

6. (c) Age of husband or wife if alive 33 years

## 7. Date of Birth

(Month, Day, Year) August 8, 1913

8. AGE	Years	Months	Days	If less than 1 day
	<u>35</u>	<u>1</u>	<u>17</u>	hrs. min.

9. Exact Occupation Saw Mill Work Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Van Wyck Date last worked Idaho

11. Birthplace (City or town) (State or foreign country)

12. Name Noah Becktel

13. Birthplace (City or town) (State or foreign country) Illinois

14. Maiden name Ida Morris

15. Birthplace (City or town) (State or foreign country) Idaho

16. Informant's OWN Signature Wynona Becktel

and Address Challis Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/26/48 (Month) (Day) (Year)

(c) Place Boise Idaho

18. Funeral Director's OWN Signature Arthur J. Hall

and Address Pocatello Idaho

19. (a) 9-26-48 (Date received and filed) (b) Jessie J. Powell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) September 25 1948  
at 7:30 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

9-24 1948 to 9-25 1948  
I last saw him 14 alive on 9-25 1948;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Contusion

+ st. subdural hematoma

Due to Basal skull fracture

Due to Blow on head by falling tree

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? near Challis

Name of operation craniotomy Date 9-24

Major finding subdural hematoma &

Finding of autopsy brain injury

none done

## Duration

2 d.

2 d.

2 d.

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ✓ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 9-25 1948 City, county, state

where violence occurred near Challis - Silver Lake lumber Co.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry ✓

Public Place \_\_\_\_\_ While at work? yes

Means of injury falling tree

## 23. Attendant's

OWN Signature Malvin M. Graves, M.D. (M. D. or other)

and Address Pocatello, Idaho Date 9-25 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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007 7 1948

# Certificate of Death

STATE OF IDAHO

1045  
State File No. 3245  
Local Reg. No. 249  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 101 S. Johnson  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. General Stayed 1 days  
(g) Lived in this county Life years Life months Life days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Alameda  
(d) Street Address or R.F.D. No. 178 Taft  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) --

## 3. (a) FULL NAME EDWIN LOWELL HORNING

3. (b) If veteran, name war World War II 3. (c) Social Security No. 518-22-2775  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White 6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) May 18, 1925

8. AGE	Years	Months	Days	If less than 1 day
	<u>23</u>	<u>4</u>	<u>9</u>	hrs. min.

9. Exact Occupation Machinist apprentice Did this work for -- yrs.  
10. Industry Naval Ordnance Plant Date last worked 9-24-48  
Business Pocatello, Idaho  
11. Birthplace Pocatello, Idaho (City or town) (State or foreign country)

12. Name Frank Harry Horning  
13. Birthplace Versailles, Ohio (City or town) (State or foreign country)  
14. Maiden name Alma Antoinette Butterfield  
15. Birthplace Rochelle, Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Alma A. Raymond  
and Address Alameda, Idaho

17. (a) Burial (b) Date thereof 9-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Pocatello, Idaho

18. Funeral Director's OWN Signature Arthur T. Hall  
and Address Pocatello, Idaho

19. (a) Sept. 30, 1948 (b) Jessie Z. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 27, 1948  
(Month, Day, Year) at 5:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 29 m. Sept. 27, 1948, 5:30 pm. 9/27/48  
I last saw him alive on September 27, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage Duration  
Due to Skull Fracture

Due to Auto Accident  
Other conditions multiple fractures  
(Include pregnancy within 3 months of death)

Where was disease contracted? --  
Name of operation -- Date --  
Major finding --  
Finding of autopsy --

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? -- Homicide? --  
Occurred 9/27/1948 City, county, state Pocatello, Bannock, Idaho  
where violence occurred Pocatello, Bannock, Idaho  
Place of Violence: Home -- Farm -- Industry --  
Public Place yes While at work? --

Means of injury Auto - utility pole collision  
23. Attendant's OWN Signature George J. Cox M.D.  
(M.D. or other)  
and Address 417 E. Center Date 9/29, 1948  
Pocatello, Idaho (For additional signatures, use reverse side)



1948

3246

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 267  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address 555 So. Grant Ave  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 33 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address 555 So. Grant Ave  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 67 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

HELEN NEELEY MORRIS

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex female race white

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife  
B. Thomas Morris

6. (c) Age of husband or wife if  
alive 74 years

7. Date of Birth  
(Month, Day, Year) March 9, 1879

8. AGE	Years	Months	Days	If less than 1 day
	69	6	19	hrs. min.

9. Exact Occupation housewife Did this work for 50 yrs.

10. Industry or Business Home Date last worked \_\_\_\_\_

11. Birthplace Bear River City Utah  
(City or town) (State or foreign country)

12. Name William Neeley

13. Birthplace Danville Illinois  
(City or town) (State or foreign country)

14. Maiden name Mary Christina Nelson

15. Birthplace Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature B. Thomas Morris  
and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof Sept. 30, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Pocatello, Idaho

18. Funeral Director's OWN Signature Just Henderson  
and Address Pocatello, Idaho

19. (a) Sept. 29, 1948 (b) Jessie L. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) September 28 19 48  
at 12:30 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from July  
19 46 to Sept. 28 19 48

I last saw her alive on Sept. 27 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Artemia

Duration

2 mo

Due to Cardio renal Disease 3 years

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D. C. Ray  
(M. D. or other)

and Address Pocatello, Idaho Date 9/29 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
Certificate of Death  
STATE OF IDAHO

1948  
State File No. 3247  
Local Reg. No. 257  
Reg. Dist. No. 511

1. PLACE OF DEATH: DEPARTMENT OF VITAL  
(a) County BANKER  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 650 N. 7TH.  
(d) Death Occurred Inside? ✓ Outside?        city or town         
(e) Died in a Home        Hospital ✓ Institution        Other place         
(f) Name Hosp. or Inst. ST. ANTHONY Stayed 6 days  
(g) Lived in this county        years        months 21 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State IDAHO (b) County CASSIA  
(c) City or town BURLEY  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? ✓ Outside?        city or town         
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) UTAH.

3. (a) FULL NAME MARGARET LOUISA FREEMAN SWAN

3. (b) If veteran, name war        3. (c) Social Security No.       

5. Color or WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
4. Sex FEMALE race WHITE  
6. (b) Name of husband or wife ROBERT SWAN 6. (c) Age of husband or wife if alive died 1939 years

7. Date of Birth (Month, Day, Year) FEBRUARY 23, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>7</u>	<u>7</u>	hrs. min.

9. Exact Occupation HOUSEWIFE Did this work for        yrs.

10. Industry or Business RETIRED Date last worked       

11. Birthplace HARRIMAN UTAH.  
(City or town) (State or foreign country)

12. Name WILLIAM H. FREEMAN  
(City or town) (State or foreign country)

13. Birthplace KENTUCKY  
(City or town) (State or foreign country)

14. Maiden name ANGELINE M. STOCKING

15. Birthplace MASSACHUSETTS  
(City or town) (State or foreign country)

16. Informant's OWN Signature Grace L. Mitchell

and Address POCATELLO, IDAHO

17. (a) EMBURIAL (b) Date thereof 9-30-48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place BURLEY, IDAHO

18. Funeral Director's OWN Signature Arthur D. Hall

and Address POCATELLO, IDAHO

19. (a) Oct 7-1948 (b) Jessie Z. Camell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) SEPTEMBER 30, 1948  
at 11:20 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1948 to 30 Sept 1948

I last saw him alive on 29 Sept 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral thrombosis Duration 1 wk

Due to Arteriosclerosis  
general cerebral 20 yrs

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature James H. Howard MD  
and Address Pocatello ID Date 8 Oct 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

OCT 9 1948

STATE OF IDAHO

1948 State File No. 3248  
Local Reg. No. 257  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) ~~Street Address~~ R.F.D. No. 1 South  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 6 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) ~~Street Address~~ R.F.D. No. 1 South  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

ALICE MARCELLINE CUTLER

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex female race white

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife  
Alva W. Cutler

6. (c) Age of husband or wife if  
alive 72 years

7. Date of Birth  
(Month, Day, Year) May 30, 1880

8. AGE	Years	Months	Days	If less than 1 day
	68	3	15	hrs. min.

9. Exact Occupation housewife Did this work for 46 yrs.

10. Industry or Business Home Date last worked 9/12/48

11. Birthplace Allerton Iowa  
(City or town) (State or foreign country)

12. Name William S. Cool

13. Birthplace No Data  
(City or town) (State or foreign country)

14. Maiden name Eliza Tarter

15. Birthplace No Data  
(City or town) (State or foreign country)

16. Informant's OWN Signature Alice Cutler

and Address Pocatello, Idaho

17. (a) removal (b) Date thereof 9/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Ellis Kansas

18. Funeral Director's OWN Signature Jack Henderson

and Address Pocatello, Idaho

19. (a) Sept. 14, 1948 (b) Jessie L. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 14 19 48  
(Month, Day, Year) at 12:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 14 19 48  
to Sept. 14 19 48

I last saw h. or alive on Sept. 14 19 48 ;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory failure Duration 1 day

Due to Cerebral thrombosis 2 days

Due to Hypertension, Cardio-vascular disease several years

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Pocatello, Idaho.

Name of operation None Date None

Major finding None

Finding of autopsy None

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred Sept. 14, 1948 City, county, state

where violence occurred Pocatello, Idaho

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury None

23. Attendant's OWN Signature J. R. Hains, M.D.  
(M. D. or other)

and Address Pocatello, Ida Date 9/14 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON-RESIDENT

## Certificate of Death

STATE OF IDAHO

State File No. **3249**  
Local Reg. No. **247**  
Reg. Dist. No. **511**

### 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **Highway 394 North**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. **none** Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months **1** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Utah** (b) County **Salt Lake**  
(c) City or town **Murray**  
(d) Street Address or R.F.D. No. **354 W. 53, So.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **1 day** years  
(h) Former residence (city, state) **Murray, Utah**

3. (a) FULL NAME **William Lloyd Hatchel**

3. (b) If veteran, name war **World War II**

3. (c) Social Security No. **-**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Singles**

6. (b) Name of husband or wife **-**

6. (c) Age of husband or wife if alive **-** years

7. Date of Birth (Month, Day, Year) **June 15, 1927**

8. AGE	Years	Months	Days	If less than 1 day
	<b>21</b>	<b>3</b>	<b>4</b>	hrs. min.

9. Exact Occupation **Laborer** Did this work for **-** yrs.

10. Industry or Business **-** Date last worked **-**

11. Birthplace **Murray** **Utah** (City or town) (State or foreign country)

12. Name **Lloyd William Hatchel**

13. Birthplace **Murray** **Utah** (City or town) (State or foreign country)

14. Maiden name **Violet Poulson**

15. Birthplace **Sandy** **Utah** (City or town) (State or foreign country)

16. Informant's OWN Signature **Lloyd W. Hatchel**

and Address **Murray, Utah**

17. (a) **Removal** (b) Date thereof **9-19-48** (Month) (Day) (Year)

(c) Place **Salt Lake City, Utah**

18. Funeral Director's OWN Signature **Arthur M. Hall**

and Address **Pocatello, Idaho**

19. (a) **Sept 19, 1948** (b) **Marie S. Farrell** (Date received and filed) (Registrar's signature)

### MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **September 19, 1948**  
(Month, Day, Year)

at **-** o'clock **-** M.

21. I HEREBY CERTIFY, That I attended deceased from **-** 19 **-** to **-** 19 **-**

I last saw h. **-** alive on **-** 19 **-**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Fractured Skull** **Crushed chest** Duration

Due to **-**

Due to **-**

Other conditions **-**

(Include pregnancy within 3 months of death)

Where was disease contracted? **-**

Name of operation **-** Date **-**

Major finding **-**

Finding of autopsy **-**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **yes** Suicide? **-** Homicide? **-**

Occurred **Sept 19 - 1948** City, county, state **Highway 91 - north**

where violence occurred **Highway 91 - north**

Place of Violence: Home **-** Farm **-** Industry **-**

Public Place **yes** While at work? **-**

Means of injury **Automobile Accident**

23. Attendant's OWN Signature **Arthur M. Hall**

and Address **Poca Ida** Date **Sept 19 1948**

1700

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK INK or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 13 1948

# Certificate of Death

STATE OF IDAHO

40889 State File No. 3250

Local Reg. No. JJV

Reg. Dist. No. JJV

## 1. PLACE OF DEATH:

- (a) County Beauregard  
(b) City or town Montpelier Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. Beauregard Hospital Stayed 5 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 5 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Beauregard  
(c) City or town Pais Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 5 days years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Anna Wyler

## 3. (b) If veteran, name war

no

## 3. (c) Social Security No.

none

## 4. Sex female Color or race white

## 5. (a) Single, widowed, married, divorced single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

Sept 24 1948

## 8. AGE

Years

Months

Days

If less than 1 day hrs. min.

5

## 9. Exact Occupation

None

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked \_\_\_\_\_

## 11. Birthplace

Montpelier, Idaho

(City or town)

(State or foreign country)

## 12. Name

Charles Wyler

## 13. Birthplace

Pais Idaho

(City or town)

(State or foreign country)

## 14. Maiden name

Gene Spinger

## 15. Birthplace

Pais Idaho

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

Charles Wyler

## and Address

Pais Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Oct 1, 1948

(Month) (Day) (Year)

## (c) Place

Pais Idaho

## 18. Funeral Director's OWN Signature

Mike Matthews

## and Address

Montpelier Idaho

## 19. (a)

(Date received and filed)

(b)

W. King

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept 29 1948  
at \_\_\_\_\_ o'clock 6:30 AM.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

\_\_\_\_\_ 1948 to \_\_\_\_\_ 1948  
I last saw him alive on Sept 29 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature normal 5 1/2 month gestation

Due to \_\_\_\_\_

Due to Unknown

Other conditions none  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of occupation None Date \_\_\_\_\_

Major findings Premature wt, lb.

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Spencer's High road

## 23. Attendant's OWN Signature

Pais Idaho

and Address \_\_\_\_\_ Date Sept 29 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
1048

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. 3251  
Local Reg. No. 552  
Reg. Dist. No. 552

## 1. PLACE OF DEATH:

- (a) County Butte  
(b) City or town Butte Idaho  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? ☒ city or town  
(e) Died in a Home.....Hospital.....Institution.....Other place.....  
(f) Name Hosp. or Inst. .... Stayed..... days  
(g) Lived in this county..... years 4 months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Montana (b) County Silver Bow  
(c) City or town Butte Montana  
(d) Street Address or R.F.D. No. 915 Empire St.  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 7/10 years  
(h) Former residence (city, state) Butte Montana

## 3. (a) FULL NAME

Alice Ann Caddy

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

## 4. Sex Female Color or race White

## 5. (a) Single, widowed, married, divorced Widowed

## 6. (b) Name of husband or wife Charles Caddy

## 6. (c) Age of husband or wife if alive..... years

## 7. Date of Birth (Month, Day, Year) July 21 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>2</u>	<u>9</u>	hrs. min.

## 9. Exact Occupation Housewife Did this work for..... yrs.

## 10. Industry or Business..... Date last worked.....

## 11. Birthplace Rocky Bar, Idaho (City or town) (State or foreign country)

## 12. Name John Holmquist

## 13. Birthplace England (City or town) (State or foreign country)

## 14. Maiden name.....

## 15. Birthplace England (City or town) (State or foreign country)

## 16. Informant's OWN Signature Stewart Cornelison

## and Address Butte, Idaho

## 17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 1, 1948 (Month) (Day) (Year)

## (c) Place Butte Montana

## 18. Funeral Director's OWN Signature Wiley Matthews

## and Address 101 Montpelier Idaho

## 19. (a) 11/1/48 (Date received and filed) (b) W. H. H. H. (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Sept 30 1948

## at 4 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from June 15 1948 to Sept 30 1948

## I last saw her alive on Sept 24 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Carcinoma of colon Duration 3 yrs.

## Due to age

## Due to.....

## Other conditions..... (Include pregnancy within 3 months of death)

## Where was disease contracted?.....

## Name of operation..... Date.....

## Major finding.....

## Finding of autopsy.....

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident?..... Suicide?..... Homicide?.....

## Occurred..... 19..... City, county, state

## where violence occurred.....

## Place of Violence: Home..... Farm..... Industry.....

## Public Place..... While at work?.....

## Means of injury.....

## 23. Attendant's OWN Signature R. B. Lindsay (M. D. or other)

## and Address Montpelier Date 10-1 1948 (For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED NON-RESIDENT  
SEP 27 1948  
Certificate Of Death

048

State File No. 3252  
Local Reg. No. 30  
Reg. Dist. No. 130

1. PLACE OF DEATH:

- (a) County Benehaw  
(b) City or town St. Maries  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years 2 months 11 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State France (b) County Laudes  
(c) City or town St. Paul-les-Dax  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? France  
(g) How long had deceased lived in Idaho? 2 Months years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Marie Sanguinet

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) May 14, 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>3</u>	<u>27</u>	hrs min.

9. Exact Occupation Housewife Did this work for 20 yrs.  
10. Industry or Business Home Date last worked March 1948  
11. Birthplace Mees France  
(City or town) (State or foreign country)

12. Name Jean Sanguinet  
13. Birthplace France  
(City or town) (State or foreign country)  
14. Maiden name Jeanne Laussucq  
15. Birthplace France  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Sam Nelson  
and Address St. Maries, Idaho

17. (a) Burial (b) Date thereof 9-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Nelson  
and Address St. Maries, Idaho

19. (a) 9-24-48 (b) R. E. Nelson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 11, 19 48  
(Month, Day, Year)  
at 5:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 28, 19 48, to Sept. 10, 19 48  
I last saw her alive on Sept. 10, 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Metastatic Carcinoma of the Brain

Duration

1 mo

Due to Carcinoma of the Cervix

6 mo. +

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature R. E. Nelson  
(M. D. or other)  
and Address St. Maries, Idaho Date 9/11/1948  
(For additional space, use reverse side)

583

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

342  
Certificate Of Death  
OF VITAL  
STATE OF IDAHO

3253  
State File No. \_\_\_\_\_  
Local Reg. No. 31  
Reg. Dist. No. 130

1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Platt Stayed 1 days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME John A. Armstrong

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 22, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>10</u>	<u>19</u>	hrs min.

9. Exact Occupation Logger Did this work for 25 yrs.  
10. Industry or Business Woods Date last worked Unknown  
11. Birthplace Watertown (City or town) (State or foreign country) N. Y.

- Mother { 12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
Father { 14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature R. E. WELLS  
and Address St. Maries, Idaho

17. (a) Burial (b) Date thereof 9-14-48 (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. WELLS  
and Address St. Maries, Idaho

19. (a) 9-24-48 (b) R. E. WELLS (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 181X 697X

20. DATE OF DEATH (Month, Day, Year) September 11, 1948  
at 11:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 1947 to Sept. 11, 1948  
I last saw him alive on Sept. 11, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio-Respiratory Failure Duration 12 hr

Due to Past Burn Shock

Due to Burn Left Leg & Scrotum 3 days

Other conditions Generalized  
(Include pregnancy within 3 months of death)

Arterio-sclerosis & Hypertension years

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Sept. 8, 1948 City, county, state where violence occurred St. Maries  
Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? N.D.  
Means of injury Bedding caught fire while smoking in bed.  
23. Attendant's OWN Signature R. E. WELLS (M. D. or other)  
and Address St. Maries Date 9/13/1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 8 1948

# Certificate of Death

STATE OF IDAHO

948  
State File No. 3254  
Local Reg. No. 97  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. No. Broadway  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. MacInnes Hosp. ed. 1 days  
(g) Lived in this county 44 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. No. Stout  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Butte, Mont.

## 3. (a) FULL NAME Katherine M. Brady

3. (b) If veteran, name war 3. (c) Social Security No.

5. Color or 6. (a) Single, widowed, married,  
4. Sex Fem. race White divorced Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if  
alive years

7. Date of Birth November 30, 1871  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>9</u>	<u>1</u>	hrs. min.

9. Exact Occupation Housekeeper Did this work for 44 yrs.

10. Industry or Business At home Date last worked 8-30-48

11. Birthplace Avoca Cty., Wicklow, Ireland  
(City or town) (State or foreign country)

12. Name Richard Brady

13. Birthplace Ireland  
(City or town) (State or foreign country)

14. Maiden name Esther

15. Birthplace Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Tom Hawkins

and Address 3600 San Leandro St.

17. (a) Burial & Rem. (b) Date thereof 9-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Butte, Montana

18. Funeral Director's OWN Signature Howard Packham

and Address Blackfoot, Idaho

19. (a) 9-4-48 (b) Michael E. Faine  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 1, 1948  
(Month, Day, Year) at 4:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1 Aug  
1948 to 1 Sept 1948

I last saw him alive on 1 Sept 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Edema Duration 1 day

Hypertension / heart disease 2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation none Date

Major finding

Finding of autopsy none

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred Sept 1 19 48 City, county, state Blackfoot, Idaho

Where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

23. Attendant's OWN Signature Kenneth G. Moor

(M. D. or other)

and Address Blackfoot, Ida. Date 2 Sept 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 15 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3255  
Local Reg. No. 102  
Reg. Dist. No. 600

## 1. PLACE OF DEATH: STATISTICS

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. ✓  
(d) Death Occured Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst. Larson's Stayed 2 days  
(g) Lived in this county 2 years 7 months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Custer  
(c) City or town Challis  
(d) Street Address or R.F.D. No. ✓  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 70 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME

Alice Mae McChure

## 3. (b) If veteran, name war ✓

## 3. (c) Social Security No. ✓

4. Sex Fr 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 87 years  
7. Date of Birth (Month, Day, Year) June 11, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>3</u>	<u>0</u>	hrs min.

## 9. Exact Occupation housewife Did this work for life yrs.

## 10. Industry or Business home Date last worked Jan 1948

## 11. Birthplace (City or town) Kansas (State or foreign country)

## 12. Name William E. Sake

## 13. Birthplace (City or town) Pennsylvania (State or foreign country)

## 14. Maiden name Margaret

## 15. Birthplace (City or town) (State or foreign country)

## 16. Informant's OWN Signature Jesse Nickerson and Address MacKay - Idaho

## 17. (a) Burial (b) Date thereof 9-11-48 (Month) (Day) (Year)

## (c) Place: Morris Hill Cem - Boise - Ida

## 18. Funeral Director's OWN Signature Betty J. Marvel and Address Argon Idaho P.O. #19

## 19. (a) 9-12-48 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH Sept. 11 1948 (Month, Day, Year) at 7 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Aug 1 1948 to Sept 11 1948 I last saw him alive on Sept 11 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death Coronary Decomposition Duration 2 Wks.

## Due to

## Due to Diabetic mellitus

## Other conditions Amputated R. leg - 1948 (Include pregnancy within 3 months of death)

## Where was disease contracted? 1948

## Name of operation Amputation Date 1948

## Major finding Diabetic mellitus

## Finding of autopsy Diabetic mellitus

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓

## Occurred 19 City, county, state

## where violence occurred

## Place of Violence: Home ✓ Farm ✓ Industry ✓

## Public Place ✓ While at work? ✓

## Means of injury As Miller M.D.

## 23. Attendant's OWN Signature As Miller M.D. and Address Blackfoot Idaho (Date 9-11 1948) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 22 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

3256

State File No. ....

Local Reg. No. 103

Reg. Dist. No. 600

1. PLACE OF DEATH: STATISTICS  
(a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Ash St.  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. Parsons Stayed..... days  
(g) Lived in this county 6 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 289 So. Adams  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Laura Viola Smith Balmforth

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Fem. race .....  
6. (b) Name of husband or wife Lorenzo Balmforth 6. (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year) October 31, 1888  
8. AGE Years Months Days If less than 1 day  
59 10 14 hrs. min.

9. Exact Occupation Housewife Did this work for 45 yrs.  
10. Industry or Business At home Date last worked 1-3-48  
11. Birthplace Llano, Texas (City or town) (State or foreign country)

- Father { 12. Name Garrett Smith  
13. Birthplace no data (City or town) (State or foreign country)  
Mother { 14. Maiden name Maggie Susan McBroom  
15. Birthplace no data (City or town) (State or foreign country)

16. Informant's OWN Signature Lorenzo Balmforth  
and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 9-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Grove City Cemetery

18. Funeral Director's OWN Signature Howard Packham  
and Address Blackfoot, Idaho

19. (a) 2-18-48 (Date received and filed) Myra Helen E. Feltz (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 14 1948  
at 5:30 p. o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from May 21 1948, to Sept 14 1948  
I last saw h. ee alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Terminal pneumonia Duration 1 week  
Due to Multiple myeloma 16 mos.

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature J. Mariel Parker m.d. (M. D. or other)  
and Address Blf't. Ida. Date 9-16 1948  
(For additional space, use reverse side)

197

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

ATTENDED = 6/3/50

# Certificate-Of Death

STATE OF IDAHO

State File No. 3257  
Local Reg. No. 119  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) ~~Cottage~~ Bingham  
(b) City or town Blackfoot  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Parsons Stayed... days  
(g) Lived in this county 17 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Shelley  
(d) Street Address or R.F.D. No. Route # 1  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME William Zornig

3. (b) If veteran, name war ..... 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) December 12, 1872

8. AGE	Years	Months	Days	If less than 1 day
	75	9	11	hrs min.

9. Exact Occupation Laborer Did this work for ..... yrs.  
10. Industry or Business Farming Date last worked .....  
11. Birthplace (City or town) (State or foreign country)

- Mother { 12. Name Not Known  
13. Birthplace Not Known (City or town) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's OWN Signature L. M. Nalder  
and Address Shelley, Idaho

17. (a) Burial (b) Date thereof 9/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Goshen, Idaho

18. Funeral Director's OWN Signature L. M. Nalder  
and Address Shelley, Idaho

19. (a) 10/13/1948 (b) Mrs. Walter E. Paterie  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 23 1948  
(Month, Day, Year) at 12:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from September 15, 1948, to September 23, 1948. I last saw him alive on September 22, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Mitral Regurgitation Duration: 1 Year

Due to .....

Due to .....

Other conditions Hypertension  
(Include pregnancy within 3 months of death)  
long standing

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place..... While at work?  
Means of injury .....

23. Attendant's OWN Signature J. O. Hampton  
(M. D. or other)

and Address Blackfoot, Idaho Date 10/2 1948  
(For additional space, use reverse side)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of..... }  
County of..... } ss. Certificate No. **48-3257**  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
(Birth or Death)

for..... who..... on.....  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by..... prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
**Last Name** **Zorney** **Zornig**

Subscribed and sworn to before me this **31st** day of  
**May** 19**50**

Notary Public, residing at **Shelley, Idaho**  
My commission expires **June 16, 1951**  
(Seal)

Signed **L. M. Walden**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
**Shelley, Idaho**  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **Idaho** }  
County of **Bingham** } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **31st** day of  
**May** 19**50**

Notary Public, residing at **Shelley, Idaho**  
My commission expires **June 16, 1951**  
(Seal)

Signed **A. J. Myer**  
(Signature of Any Credible Person)  
**Shelley, Idaho**  
(Street Address, City, State)

Delayed

State File No. \_\_\_\_\_  
Local Reg. No. 119  
Reg. Dist. No. 600

United States  
Department of Commerce  
Bureau of the Census

OCT 1 9 1948

# Certificate Of Death

STATE OF IDAHO

1. PLACE OF DEATH: Bingham
- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Parsons Stayed \_\_\_\_\_ days  
(g) Lived in this county 47 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bingham  
(c) City or town Shelley, R#1  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME William Zorney

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex male 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Dec 12 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>0</u>	<u>11</u>	hrs min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Farming Date last worked \_\_\_\_\_  
11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

12. Name Not Known  
13. Birthplace Not Known (City or town) \_\_\_\_\_ (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace Not Known (City or town) \_\_\_\_\_ (State or foreign country)

16. Informant's OWN Signature W M Nally  
and Address Shelley, Idaho

17. (a) Burial (b) Date thereof 9-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Goshen, Idaho

18. Funeral Director's OWN Signature W M Nally  
and Address Shelley, Idaho

19. (a) 10-13-1948 (b) W M Nally  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 23, 1948  
at 12:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1948 to Sept. 23, 1948  
I last saw him alive on Sept. 22, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial revascularization Duration 1 yr

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J O Hampton  
and Address Shelley, Idaho Date 9-22-1948  
(For additional space, use reverse side)

0926

102X

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

48-10503

1948 State File No. 3258

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 29 1948

## Certificate of Death

STATE OF IDAHO

Local Reg. No. 106

Reg. Dist. No. 600

DIVISION OF VITAL

Bingham STATISTICS

## 1. PLACE OF DEATH:

- (a) County Bingham  
 (b) City or town Blackfoot  
 (c) Street Address or R.F.D. No. ....  
 (d) Death Occurred Inside? X Outside? ..... city or town  
 (e) Died in a Home..... Hospital X Institution..... Other place.....  
 (f) Name Hosp. or Inst. Parsons Hosp. Stayed 1 days  
 (g) Lived in this county..... years..... months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
 (c) City or town Blackfoot  
 (d) Street Address or R.F.D. No. Rt # 2  
 (e) Deceased lived Inside?..... Outside? X city or town  
 (f) Citizen of what country? Usa  
 (g) How long had deceased lived in Idaho?..... years  
 (h) Former residence (city, state) None

## 3. (a) FULL NAME

Ward

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race White4. Sex Female6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) September 22 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	hrs. min.

9. Exact Occupation Infant Did this work for..... yrs.

10. Industry or Business Date last worked

11. Birthplace Blackfoot Idaho (City or town) (State or foreign country)12. Name James W. Ward (City or town) (State or foreign country)13. Birthplace Rexburg, Idaho (City or town) (State or foreign country)14. Maiden name Glennavon Werick (City or town) (State or foreign country)15. Birthplace Marysville, Idaho (City or town) (State or foreign country)16. Informant's OWN Signature James W. Ward and Address Rt # 217. (a) Burial (b) Date thereof 9/23/48 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place Riverside-Thomas Cemetery, Blackfoot18. Funeral Director's OWN Signature John C. Sandbergand Address Blackfoot, Idaho19. (a) 9-23-48 (b) Dr. Walter E. Jones (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 23 1948 at 4:30 o'clock A M.21. I HEREBY CERTIFY, That I attended deceased from Sept. 22 1948 to Sept. 23 1948I last saw him alive on Sept. 22 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 1 dayDue to Blood dyscrasia

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Congenital

Name of operation Date

Major finding

Finding of autopsy Not donePHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?

Means of injury

23. Attendant's OWN Signature Dr. Walter E. Jones (M. D. or other)and Address Blackfoot Date 9-23-1948

(For additional space, use reverse side)

697

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 15 1948

# Certificate of Death

STATE OF IDAHO

348 3259  
State File No. \_\_\_\_\_  
Local Reg. No. 98  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. P.O. Box 390  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hos. So. Stayed I days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months I days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Genl. Del.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) None

3. (a) FULL NAME Manuel Yribar

3. (b) If veteran, name war None 3. (c) Social Security No. 518-09-8935  
5. Color or \_\_\_\_\_  
4. Sex Male race Basque 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 22, 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>1</u>	<u>10</u>	hrs. min.

9. Exact Occupation Bartender. Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise, Idaho.  
(City or town) (State or foreign country)

Father { 12. Name Juan A. Yribar  
13. Birthplace Spain  
(City or town) (State or foreign country)

Mother { 14. Maiden name Teresa Andraca  
15. Birthplace Spain  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records St. Hos. So.  
and Address Blackfoot, Idaho.

17. (a) Removal (b) Date thereof 9-3-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place Boise, Idaho

18. Funeral Director's OWN Signature John C. Snyder  
and Address Blackfoot, Idaho

19. (a) 9-3-48 (b) Dr. J. C. Snyder  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 2, 19 48  
at 1:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 19 48 to Sept. 2, 19 48.  
I last saw him alive on Thru. 9-2, 19 48.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory Insufficiency Duration 20 hrs.  
Due to Hypostatic pneumonia  
Due to Chronic Alcoholism (?)  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 48 City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature A. G. Moore M.D.  
(M. D. or other)  
and Address St. Hos. So. blk 601 9-2, 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 22 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3260

Local Reg. No. 104

Reg. Dist. No. 601

1. PLACE OF DEATH: STATISTICS
- (a) County Bingham
- (b) City or town Blackfoot
- (c) Street Address or R.F.D. No. P.O. Box 390
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home \_\_\_\_\_ Hospital X Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. St. Hos. So. Stayed 1044 days
- (g) Lived in this county 2 years 9 months 23 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Power
- (c) City or town American Falls
- (d) Street Address or R.F.D. No. \_\_\_\_\_
- (e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? \_\_\_\_\_
- (g) How long had deceased lived in Idaho? 34 yrs years
- (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Edwin J. Saling

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_
5. Color or \_\_\_\_\_
4. Sex male race W
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Feb. 7, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>7</u>	<u>6</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Walla Walla, Washington.  
(City or town) (State or foreign country)

- Father { 12. Name Isham Emery Saling
13. Birthplace Missouri  
(City or town) (State or foreign country)
- Mother { 14. Maiden name Malinda Morton
15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature W. G. Thomas  
and Address records St. Hos. So. Blackfoot, Idaho.

17. (a) Burial (b) Date thereof 9-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place Drive City Cemetery

18. Funeral Director's OWN Signature Howard Packham  
and Address Blackfoot, Idaho

19. (a) 9-20-48 (b) W. G. Thomas  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 16 19 48  
at 10:00 P.M. o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 29 19 48 to 9-16 19 48  
I last saw him alive on 9-16 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Thrombosis Duration 3 weeks

Due to Arteriosclerosis Unknown

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? St. Vincent's  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Scott J. McCune M.D.  
(M. D. or other)

and Address Blackfoot, Idaho Date 9-16 19 48  
(For additional space, use reverse side)

STATE OF IDAHO

Name and Address Box 390, Blackfoot Date 9-16 1948  
 (For additional space, use reverse side)

648

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

SEP 27 1948

STATE OF IDAHO

1948

State File No. **3262**  
Local Reg. No. **35**  
Reg. Dist. No. **410**

1. PLACE OF DEATH:

- (a) County **Blaine**  
(b) City or town **shepherd of mullanish**  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County  
(c) City or town **Idaho Falls**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? **2.5** years  
(h) Former residence (city, state)

3. (a) FULL NAME

**Joe Cruz**

3. (b) If veteran, name war

☒

3. (c) Social Security No.

**none**

4. Sex **male** Color or race

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year)

8. AGE

**58**

Years

Months

Days

If less than 1 day

hrs min.

9. Exact Occupation

**Shepherd**

Did this work for yrs.

10. Industry or Business

**Flat top sheep Co.**

Date last worked

**aug 29 - 1948**

11. Birthplace

**New Mexico**

(City or town) (State or foreign country)

12. Name

13. Birthplace

(City or town)

(State or foreign country)

14. Maiden name

15. Birthplace

(City or town)

(State or foreign country)

16. Informant's OWN Signature

**James H. Veltman**

and Address

**Bozeman, Idaho**

17. (a) Burial, cremation or removal

(b) Date thereof

**aug 31 - 1948**

(c) Place: **Hailey**

18. Funeral Director's OWN Signature

**Linn H. Harris**

and Address

**Hailey, Idaho**

19. (a) **9-25-1948**

(b) **Robert H. Wright**

(Date received and filed)

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) **Aug 29** 19**48**

at

o'clock

M.

21. I HEREBY CERTIFY, That I attended deceased from

**8/29**

19**48**

to

**8/29**

19**48**

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Gun Shot wound of Head**

Due to

**Accidental**

**Dr. H.**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? ☒ Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry ☒

Public Place While at work? **no**

Means of injury **gun**

23. Attendant's OWN Signature

**Robert H. Wright**

and Address **Hailey, Idaho**

Date **9/23/48**

(For additional space, use reverse side)

**Dr. Robert H. Wright - Blaine - corner**

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK-INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 115). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 27 1948  
Certificate Of Death

DIVISION OF VITAL STATE OF IDAHO

State File No. 3263  
Local Reg. No. 36  
Reg. Dist. No. 410

1. PLACE OF DEATH: **BLAIN**
- (a) County Blaine  
(b) City or town Carey  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ✓ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ✓  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Conyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ✓ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Frank Gilbert Paly

3. (b) If veteran, name was 2nd Lt 3. (c) Social Security No. 519-16-6530

5. Color or race w 6. (a) Single, widowed, married, divorced married  
4. Sex m 6. (b) Name of husband or wife Ethel  
6. (c) Age of husband or wife if alive 24 years

7. Date of Birth (Month, Day, Year) Feb. 8, 1925

8. AGE	Years	Months	Days	If less than 1 day
	<u>23</u>	<u>7</u>	<u>3</u>	hrs min.

9. Exact Occupation laborer Did this work for 9-11-48 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 9-11-48

11. Birthplace Nampa, Ida. (City or town) (State or foreign country)

12. Name Frank Anthony Paly

13. Birthplace St. Anthony, Ida. (City or town) (State or foreign country)

14. Maiden name Wendy Williams

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Frank G. Paly and Address Nampa, Ida.

17. (a) burial (b) Date thereof 9-15-48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Nampa, Ida.

18. Funeral Director's OWN Signature Wendy Williams and Address Idaho

19. (a) 9-25-1948 (b) Robert H. Wright  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 053A

20. DATE OF DEATH (Month, Day, Year) Sept. 11 19 48  
at 3:00 o'clock P. M. D.O.A.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral and pulmonary hemorrhage Duration \_\_\_\_\_

Due to Cracked Skull and chest

Due to Tractor accident

Other conditions None

(Include pregnancy within 3 months of death)

Where was disease contracted? None

Name of operation None Date None

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 9-11-48 19 48 City, county, state Carey Blaine Idaho

where violence occurred Carey Blaine Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Highway While at work Yes

Means of injury Tractor accident

23. Attendant's OWN Signature Wendy Williams and Address Idaho Date 9-15-48  
(M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

SEP 27 1948

STATE OF IDAHO

State File No. 3264  
Local Reg. No. 37  
Reg. Dist. No. 410

1. PLACE OF DEATH: *Division of Vital Statistics*  
(a) County *Blaine*  
(b) City or town *Ketchum*  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? *Outside?* city or town  
(e) Died in a Home *Hospital* Institution Other place  
(f) Name Hosp. or Inst. *Sun Valley* Stayed *3* days  
(g) Lived in this county *8* years *4* months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State *Idaho* (b) County *Blaine*  
(c) City or town *Ketchum*  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? *Outside?* city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? *38* years  
(h) Former residence (city, state) *Twin Falls Idaho*

3. (a) FULL NAME *ROLLIE EDWARD WINANS*  
3. (b) If veteran, name war *NO* 3. (c) Social Security No. *NO. YES*  
4. Sex *M* 5. Color or race *W.* 6. (a) Single, widowed *married*, divorced  
6. (b) Name of husband or wife *ANNA R.* 6. (c) Age of husband or wife if alive *63* years  
7. Date of Birth (Month, Day, Year) *Nov. 5, 1885*

8. AGE	Years	Months	Days	If less than 1 day
	<i>62</i>	<i>10</i>	<i>11</i>	hrs min.

9. Exact Occupation *Sailor* Did this work for *Life*  
10. Industry or Business *mt. Sterling* Date last worked *9-13-48*  
11. Birthplace *Frank* (City or town) (State or foreign country) *WYNANS*

12. Name *Frank*  
13. Birthplace *Frank* (City or town) (State or foreign country) *unknown*  
14. Maiden name *Florence Curry*  
15. Birthplace *Versailles* (City or town) (State or foreign country) *Ill*

16. Informant's OWN Signature *Anna R. Winans*  
and Address *KETCHUM*

17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof *9-13-48*  
(c) Place: *Twin Falls, Idaho*

18. Funeral Director's OWN Signature *Anna R. Winans*  
and Address *Boise, Idaho*

19. (a) *9-25-1948* (Date received and filed) (b) *Robert H. Wright* (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *Sept. 16* 19*48*  
at *6:30* o'clock *A* M.

21. I HEREBY CERTIFY, That I attended deceased from *9/13* 19*48*, to *9/16* 19*48*.  
I last saw him alive on *9/16* 19*48*; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Cerebral Hemorrhage* Duration *3 days*

Due to *—*

Due to *—*

Other conditions *—*  
(Include pregnancy within 3 months of death)

Where was disease contracted? *—*

Name of operation *none* Date *—*

Major finding *—*

Finding of autopsy *—*

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *—* Suicide? *—* Homicide? *—*  
Occurred *—* 19 *—* City, county, state where violence occurred  
Place of Violence: Home *—* Farm *—* Industry *—*  
Public Place *—* While at work? *—*  
Means of injury *—*

23. Attendant's OWN Signature *John R. Morley*  
and Address *Ann Valley* (M. D. or other) Date *9/16* 19*48*  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
Certificate Of Death  
STATE OF IDAHO

3265  
State File No. 38  
Local Reg. No. 410  
Reg. Dist. No.

1. PLACE OF DEATH: (a) County (b) City or town (c) Street Address or R.F.D. No. (d) Death Occured Inside? Outside? city or town (e) Died in a Home Hospital Institution Other place (f) Name Hosp. or Inst. Stayed days (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these) (a) State (b) County (c) City or town (d) Street Address or R.F.D. No. (e) Deceased lived Inside? Outside? city or town (f) Citizen of what country? (g) How long had deceased lived in Idaho? years (h) Former residence (city, state)

3. (a) FULL NAME

LILLIAN ISABELLE REID

083A

3. (b) If veteran, name war (c) Social Security No. (d) Color or race (e) Single, widowed, married, divorced (f) Name of husband or wife (g) Age of husband or wife if alive years (h) Date of Birth (Month, Day, Year)

8. AGE Years Months Days If less than 1 day hrs min.

9. Exact Occupation (Did this work for years) 10. Industry or Business (Date last worked) 11. Birthplace (City or town) (State or foreign country)

12. Name 13. Birthplace (City or town) (State or foreign country) 14. Maiden name 15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature and Address

17. (a) (Burial, cremation or removal) (b) Date thereof (c) Place

18. Funeral Director's OWN Signature and Address

19. (a) (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) at o'clock

21. I HEREBY CERTIFY, That I attended deceased from last saw him alive on; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature and Address

Date

(For additional space, see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

OCT 2 1948

STATE OF IDAHO

State File No. 3266  
Local Reg. No. 39  
Reg. Dist. No. 410

1. PLACE OF DEATH

- (a) County Blaine  
(b) City or town Carey  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 16 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Carey  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Joseph Thomas Carlson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_ No. \_\_\_\_\_  
6. (a) Single, widowed, married, divorced single  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Jan. 10 1932

8. AGE	Years	Months	Days	If less than 1 day
	<u>16</u>	<u>8</u>	<u>20</u>	hrs min.

9. Exact Occupation Student Did this work for 1 1/2 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Carey Idaho  
(City or town) (State or foreign country)

- Mother Father  
12. Name Leonard B. Carlson  
13. Birthplace Salem Utah  
(City or town) (State or foreign country)  
14. Maiden name Myrl H. Patterson  
15. Birthplace Idaho Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. H. Carlson  
and Address Carey Idaho

17. (a) Burial (b) Date thereof 10/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Carey Idaho

18. Funeral Director's OWN Signature W. J. Mannel  
and Address Arco Idaho

19. (a) 10-5-1948 (b) Robert H. Wright  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 30 1948  
at 4:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1 to September 30 1948  
other Sept 30 1948  
I last saw him alive on Sept 30 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Acute Glomerulo Nephritis  
Due to Kidney Disease

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county; state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. J. Mannel, M.D.  
and Address Arco Idaho Date 10/3/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**RECEIVED Certificate of Death**  
**SEP 29 1948**  
**STATE OF IDAHO**

1948  
State File No. **3267**  
Local Reg. No. **352**  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF DEATH: **DIVISION OF VITAL**  
(a) County **Boise**  
(b) City or town **So. Fork Payette River, Big Falls**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **X** city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place **X**  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months **1** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **3005 No. 30th**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **35 Yrs.** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **JAMES ELLIS RUBY**

3. (b) If veteran, name war **WW 11**  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced **Married**  
4. Sex **M** race **W**  
6. (b) Name of husband or wife **Betty M. Ruby**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) **2/2/13**

8. AGE	Years	Months	Days	If less than 1 day
	<b>35</b>	<b>6</b>	<b>27</b>	hrs. min.

9. Exact Occupation **Salesman** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Soda Springs, Idaho**  
(City or town) (State or foreign country)

Father { 12. Name **William Ruby**  
13. Birthplace **Unknown**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Anna Hill**  
15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Kenneth A. Ford**  
and Address **3005 No. 30th St., Boise, Ida.**

17. (a) **Burial** (b) Date thereof **9/24/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Cloverdale, Boise, Idaho**

18. Funeral Director's OWN Signature **John F. Alsip, Jr.**  
and Address **McGratney Fowler Chapel, Boise, Ida.**

19. (a) **9-24-48** (b) **MAE S. ROBISON**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH  
(Month, Day, Year) **August 29<sup>th</sup> 1948**  
at **9:30** o'clock **P.**M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Due to **Drowning (accidental)**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Duration

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **X** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **August 29<sup>th</sup> 1948** City, county, state

where violence occurred **So. Fork Payette River, Boise Co.**

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **Drowning**

23. Attendant's OWN Signature **John F. Alsip, Jr.**  
and Address **Boise, Ida.** Date **Sept. 24, 1948**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 23 1948

# Certificate of Death

STATE OF IDAHO

1948 3268

State File No. ....

Local Reg. No. 352

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Boise  
(b) City or town So. Fork Payette River, Big Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? X city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place X  
(f) Name Hosp. or Inst. .... Stayed..... days  
(g) Lived in this county..... years..... months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2609 No. 28th  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 8 yrs. years  
(h) Former residence (city, state) .....

3. (a) FULL NAME ROBERT WAYNE CUNNINGHAM

3. (b) If veteran, name war  
No

3. (c) Social Security No.  
None

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive..... years

7. Date of Birth  
(Month, Day, Year) 4/29/37

8. AGE	Years	Months	Days	If less than 1 day
	<u>11</u>	<u>4</u>	<u>0</u>	hrs. min.

9. Exact Occupation Pupil Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace Honolulu, T.H.  
(City or town) (State or foreign country)

12. Name Clarence W. Cunningham

13. Birthplace Alton, Penn.  
(City or town) (State or foreign country)

14. Maiden name Dorothy Gresham

15. Birthplace Pleasant Hill, Ill.  
(City or town) (State or foreign country)

16. Informant's OWN Signature C. H. Cunningham

and Address 2609 No. 28th St., Boise, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/48  
(Month) (Day) (Year)

(c) Place Cloverdale, Boise, Idaho

18. Funeral Director's OWN Signature John F. Alsip, Jr.

and Address McBratney Fowler Chapel, Boise

19. (a) 9-28-48 (Date received and filed) (b) Mrs. E. S. Robison (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) August 29th 1948  
at 3:30 o'clock 10 M.

21. I HEREBY CERTIFY, That I attended deceased from.....  
.....19..... to.....19.....

I last saw h..... alive on.....19.....  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Due to Drowning (accidental)

Due to .....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation..... Date .....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? ..... Homicide? .....

Occurred August 29th 1948 City, county, state  
where violence occurred So. Fork Payette River, Boise Co.

Place of Violence: Home..... Farm..... Industry.....

Public Place..... X While at work? .....

Means of injury Drowning

23. Attendant's OWN Signature Reginald Sobieski

and Address Boise City Date Sept 1st 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency,  
United States Public Health Service  
National Office of Vital Statistics

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SEP 14 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 3269

Local Reg. No. 352

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Boise  
(b) City or town Near Lowman  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 1 years 1 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 117 1/2 Peasley St.  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Norton, Kansas

## 3. (a) FULL NAME CHARLES OLIVER STURGIS.

3. (b) If veteran, name war No. 3. (c) Social Security No. 518-16-7803  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White 6. (b) Name of husband or wife Alice May Sturgis  
6. (c) Age of husband or wife if alive 67 years

7. Date of Birth (Month, Day, Year) April. 1. 1865.

8. AGE	Years	Months	Days	If less than 1 day
	<u>83.</u>	<u>5.</u>	<u>4.</u>	hrs. min.

9. Exact Occupation Mercantile Did this work for  yrs.  
10. Industry or Business Pollo, Missouri Date last worked  yrs.  
11. Birthplace Pollo, Missouri (City or town) (State or foreign country)

12. Name Benjamin Sturgis  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Frank A. Thomas  
and Address 203 Peasley, Boise, Idaho

17. (a) Burial (b) Date thereof Sept. 10. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery  
18. Funeral Director's OWN Signature Chas. E. Summers  
and Address Boise, Idaho

19. (a) 9/11 (b) Mrs. E. S. Kohnen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September. 5. 19 48.  
at 4.30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Due to Heart Failure

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding Finding of autopsy

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred September 5. 1948 City, county, state Near Lowman, Boise, Idaho  
where violence occurred.

Place of Violence: Home X Farm Industry

Public Place X While at work?

Means of injury none

23. Attendant's OWN Signature Donald John Kello  
(M. D. or other) Coroner  
and Address Idaho City Date Sept. 5. 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3270  
Local Reg. No. 88  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County **BONNER**  
(b) City or town **SANDPOINT**  
(c) Street Address or R.F.D. No. **1110 CHURCH ST.**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **33** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BONNER**  
(c) City or town **SANDPOINT**  
(d) Street Address or R.F.D. No. **1110 CHURCH ST.**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **UNITED STATES AM.**  
(g) How long had deceased lived in Idaho? **33** years  
(h) Former residence (city, state) **Rutherglen, Scotland**

## 3. (a) FULL NAME

**WILLIAM GILMOUR**

## 3. (b) If veteran, name war

**NO**

## 3. (c) Social Security No.

**518-14-7546A**

## 4. Sex **Male** Color or race **WHITE**

## 5. (a) Single, widowed, married, divorced **MARRIED**

## 6. (b) Name of husband or wife **MARGRET GILMOUR**

## 6. (c) Age of husband or wife if alive **84** years

## 7. Date of Birth (Month, Day, Year) **JULY 13, 1864**

8. AGE	Years	Months	Days	If less than 1 day
	<b>83</b>	<b>1</b>	<b>24</b>	hrs. min.

## 9. Exact Occupation **Cream tester** Did this work for **18** yrs.

## 10. Industry or Business **SANDPOINT ARMY.** Date last worked **1939**

## 11. Birthplace **RUTHERGLEN SCOTLAND** (City or town) (State or foreign country)

## 12. Name **JOSEPH GILMOUR**

## 13. Birthplace **RUTHERGLEN SCOTLAND** (City or town) (State or foreign country)

## 14. Maiden name **REBECCA COWIE**

## 15. Birthplace **UNKNOWN SCOTLAND** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Margaret Gilmour** and Address **1110 CHURCH ST. SANDPOINT**

## 17. (a) **BURIAL** (b) Date thereof **SEPT 9, 1948** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place **SANDPOINT, IDAHO**

## 18. Funeral Director's OWN Signature **Moan Mortuary** and Address **BOX 471 SANDPOINT IDAHO**

## 19. (a) **Sept. 9, 1948** (b) **Lawrence E. Moan** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **Sept 7 1948**  
at **2:30** o'clock **P** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **Sept 3** 19**48**

I last saw him alive on **Sept 3** 19**48**;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Cerebral Hemorrhage**

## Duration

Due to **Arteriosclerosis**

Due to **Penility**

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature **B B W. R. H. H. H.** (M. D. or other)

and Address **Sandpoint Id.** Date **Sept 9** 19**48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 1 1948

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

3271  
State File No. 48  
Local Reg. No. 90  
Reg. Dist. No. 110

1. PLACE OF DEATH:  
(a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 514 N. Second  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Community Stayed 11 days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bonner  
(c) City or town Priest River  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 yrs  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME HENRY A. MORROW

3. (b) If veteran name war None 3. (c) Social Security No. 519-03-9112  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth August 18, 1882  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>0</u>	<u>23</u>	hrs. min.

9. Exact Occupation Woodsman Did this work for life yrs.  
10. Industry or Business Lumbering Date last worked 6-1-48  
11. Birthplace Clinton, Kentucky  
(City or town) (State or foreign country)

Father { 12. Name no record  
13. Birthplace no record  
(City or town) (State or foreign country)

Mother { 14. Maiden name no record  
15. Birthplace no record  
(City or town) (State or foreign country)

16. Informant's OWN Signature Dept. Public Assistance  
and Address Sandpoint, Idaho.

17. (a) Burial (b) Date thereof Sept. 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
SANDPOINT, IDAHO  
and Address \_\_\_\_\_

19. (a) 9-15-1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept. 11th. 1948  
(Month, Day, Year) at 11:30 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from Sept 1 1948 to Sept 11 1948  
I last saw him alive on Sept 11 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic myocarditis Duration 6 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Arteriosclerosis 3 yrs  
(Include pregnancy within 3 months of death) 4 mo  
Diathema

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wm F. Taylor M.D.  
(M.D. or other) Sandpoint, Idaho Date 9-12-48  
and Address \_\_\_\_\_  
(If additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 14 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3272  
Local Reg. No. 93  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **Community** Stayed **28** days  
(g) Lived in this county **36** years **0** months **0** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **332 S. Euclid Ave**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **36** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME MYRTLE IVY THORPE

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **Female** Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Raymond Thorpe** 6. (c) Age of husband or wife if alive **53** years  
7. Date of Birth **April 22, 1896**

8. AGE	Years	Months	Days	If less than 1 day
	<b>52</b>	<b>5</b>	<b>1</b>	hrs. min.

9. Exact Occupation **Housewife** Did this life work for \_\_\_\_\_ yrs.  
10. Industry or Business **Own Home** Date last worked **June 1948**  
11. Birthplace **Mount Clair, Nebraska.**  
(City or town) (State or foreign country)  
Father { 12. Name **Thomas King**  
13. Birthplace **England**  
(City or town) (State or foreign country)  
Mother { 14. Maiden name **Minnie Carroll**  
15. Birthplace **Nebraska.**  
(City or town) (State or foreign country)  
16. Informant's OWN Signature **Raymond Thorpe**  
and Address **332 S. Euclid Sandpoint, Ida.**  
17. (a) **Removal** (b) Date thereof **Sept. 27, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Spokane, Washington**  
18. Funeral Director's OWN Signature **Moon Mortuary**  
and Address **Sandpoint, Idaho.**  
19. (a) **Sept. 27, 1948** (b) **Laurence P. Sloan**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **September 23, 1948**  
(Month, Day, Year) at **10:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **March 21, 1948** to **Sept 23, 1948**  
I last saw him alive on **Sept 22, 1948**;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Chronic myocarditis** 2 yrs  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) **Chronic nephritis** 1 yr

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **Wm F. Taylor MD**  
(M. D. or other) **Sandpoint, Ida.** Date **Sept 26, 1948**  
and Address \_\_\_\_\_  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
OCT 14 1948  
Certificate Of Death  
STATISTICS  
STATE OF IDAHO

748  
State File No. 3274  
Local Reg. No. 94  
Reg. Dist. No. 110

1. PLACE OF DEATH:

Bonner  
(a) County Sandpoint  
(b) City or town 514 n 2nd  
(c) Street Address or R.F.D. No. 514 n 2nd  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. Community Stayed 7 days  
(g) Lived in this county 43 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

Idaho Bonner  
(a) State (b) County  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 514 N 2nd Ave  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state)

3. (a) FULL

NAME Victor Raymond Racicot

3. (b) If veteran, none name war No 518-16-9133  
5. Color of race W  
4. Sex M  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Emmeline  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) April 14, 1870

8. AGE	Years	Months	Days	If less than 1 day
78	5	16	hrs	min.

9. Exact Occupation Custodian Did this work for 7 yrs.

10. Industry Business Community Hospital Date last worked Sept. 22

11. Birthplace Little Falls, Minnesota (City or town) (State or foreign country)

12. Name William Racicot

13. Birthplace no record (City or town) (State or foreign country)

14. Maiden name no record

15. Birthplace no record (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Ray Dutton Baker, Oregon

and Address Burial 13400, Oregon

17. (a) Date thereof Oct. 4, 1948 (Month) (Day) (Year)

(c) Place: Sandpoint, Idaho

18. Funeral Director's OWN Signature MOON MORTUARY

and Address Sandpoint, Idaho

19. (a) Oct. 4, 1948 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept. 30, 1948  
(Month, Day, Year) at 8:25 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1948, to Sept 30, 1948

I last saw him alive on Sept 30, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Sclerosis Duration 3 yrs

Due to

Due to

Other conditions (Include pregnancy within months of death) Arteriosclerosis

Where was disease contracted? Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Mrs. F. Lyles M.D. (M. D. or other)

and Address Sandpoint, Idaho Date Oct 3, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 24 1948  
Certificate of Death  
STATE OF IDAHO

1948  
State File No. 3275  
Local Reg. No. 89  
Reg. Dist. No. 110

1. PLACE OF DEATH:

- (a) County **BONNER**  
(b) City or town **PRIEST LAKE, IDAHO**  
(c) Street Address or R.F.D. No. **NONE**  
(d) Death Occurred: Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place **X**  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **WASHINGTON** (b) County **SPOKANE**  
(c) City or town **MILLWOOD**  
(d) Street Address or R.F.D. No. **2708 N. LAURA**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

**KAREN LOU KIMZEY**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

**CHILD**

5. Color or \_\_\_\_\_

4. Sex **F** race **W**

6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth **March 3, 1942**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
<b>6</b>	<b>6</b>	<b>6</b>	<b>3</b>	hrs. min.

9. Exact Occupation **None** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **None** Date last worked \_\_\_\_\_

11. Birthplace **Seattle, Washington**  
(City or town) (State or foreign country)

Father { 12. Name **M. Dwight Kimzey**

13. Birthplace **Elk, Washington**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Orla Pierce**

15. Birthplace **Montana**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **M. Kimzey**

and Address **Millwood, Wn.**

17. (a) **Burial** (b) Date thereof **Sept 9, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Riverside Park Spokane, Wn.**

18. Funeral Director's OWN Signature **MOON MORTUARY**

and Address **SANDPOINT, IDAHO**

19. (a) **Sept. 7, 1948** (b) **Lawrence A. Moon**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **SEPTEMBER 6, 1948**  
(Month, Day, Year)

at **Three** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Accidental Drowning** Duration \_\_\_\_\_

Due to **Fell into Lake Sam Jack.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **Yes** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **Sept. 6, 1948** City, county, state **Priest Lake, Bonner, Idaho.**

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place **yes** While at work? **no**

Means of injury **Accidental Drowning**

23. Attendant's OWN Signature **Lawrence A. Moon** (M. D. or other) **Cornel**  
and Address **Sandpoint, Idaho** Date **Sept. 7, 1948**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 12 1948

# Certificate of Death

STATE OF IDAHO

3276  
State File No. \_\_\_\_\_  
Local Reg. No. 198  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 3 days  
(g) Lived in this county 0 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Hamer  
(d) Street Address or R.F.D. No. Star Route  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Aberdeen, Idaho

## 3. (a) FULL NAME

FRANK NELSON

3. (b) If veteran, name war \_\_\_\_\_  
None

3. (c) Social Security No. \_\_\_\_\_  
None

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hazel Skinner Nelson

6. (c) Age of husband or wife if alive 57 years

7. Date of Birth (Month, Day, Year) September 1, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>10</u>	<u>27</u>	hrs. min.

9. Exact Occupation Farmer, retired Did this work for 40 yrs.

10. Industry or Business Self employed Date last worked 1941

11. Birthplace Money Creek Minnesota  
(City or town) (State or foreign country)

Father { 12. Name Oler Nelson  
13. Birthplace Sweden  
(City or town) (State or foreign country)

Mother { 14. Maiden name Caroline Clark  
15. Birthplace Minnesota  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hazel Nelson  
and Address Terrell, Idaho

17. (a) Burial (b) Date thereof Aug. 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Orland Torbeck

and Address Idaho Falls, Idaho

19. (a) 9-19-1948 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 28 1948  
at 2:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 15 1948 to July 28 1948  
I last saw him alive on July 28 1948;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral Emolism

### Duration

3 days.

Due to Hypertensive Heart Disease

10 yrs.

Other conditions (Include pregnancy within 3 months of death)  
myocarditis & Coronary

2 yrs.

Where was disease contracted? at home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Orland Torbeck (M. D. or other)

and Address Idaho Falls, Idaho Date Aug 1, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 12 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3277  
Local Reg. No. 197  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 5 days  
(g) Lived in this county 14 years 10 months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 141 E. 12th St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Ogden, Utah

## 3. (a) FULL NAME

MARY LOUISE EDWARDS

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or White  
4. Sex Female race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Date of Birth (Month, Day, Year) November 27, 1931

8. AGE	Years	Months	Days	If less than 1 day
	<u>16</u>	<u>8</u>	<u>4</u>	hrs. min.

9. Exact Occupation Student Did this work for 10 yrs.

10. Industry or Business High School Date last worked May 1948

11. Birthplace Ogden Utah  
(City or town) (State or foreign country)

12. Name J. Hayes Edwards

13. Birthplace Emery Utah  
(City or town) (State or foreign country)

14. Maiden name Hazel Norene Gamble

15. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Hayes Edwards  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof August 3, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Deland E. Buck  
and Address Idaho Falls, Idaho

19. (a) 9-19-48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 31 19 48  
at 11:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 19 46, to Death 19 48

I last saw her alive on June 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Uremia

## Duration

3 Months

Due to Chronic Pyelonephritis at years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Harvey A. Hatch, M.D.  
(M. D. or other)

and Address Idaho Falls Date Aug 4, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 12 1948

# Certificate of Death

STATE OF IDAHO

State File No. **3278**  
Local Reg. No. **178**  
Reg. Dist. No. **611**

## 1. PLACE OF DEATH

- (a) County **Bonner**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Id** (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**William J. Lockley**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>46</b>			hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Father { 12. Name \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Mother { 14. Maiden name \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature **Agnes J. Lockley, Sheriff**  
and Address **Idaho Falls, Idaho**

17. (a) **Burial** (b) Date thereof **9/2/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Rose Hill, Idaho Falls, Idaho**

18. Funeral Director's OWN Signature **Jack A. Ward**  
and Address **Idaho Falls, Idaho**

19. (a) **9-2-48** (b) **Anna R. Rader**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **about Aug. 15** 19**48**  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Suffocation** Duration \_\_\_\_\_

Due to **Drowning**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **Aug 15, 1948** 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **River**

23. Attendant's OWN Signature **Dr. D. Williams** (Coroner)  
and Address **Idaho Falls** Date **9/3** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as fully as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 12 1948

# Certificate of Death

STATE OF IDAHO

1948

3279

State File No. \_\_\_\_\_  
Local Reg. No. 206  
Reg. Dist. No. 610

1. PLACE OF DEATH: **DAKOTA**
- (a) County Bonnamille  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 2nd & Cedar  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Chautauque Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in then)
- (a) State Idaho (b) County Bonnamille  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 262-50  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Theresa M<sup>c</sup>Millan

046F

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Paul H. McMillan 6. (c) Age of husband or wife if alive 59 years

7. Date of Birth (Month, Day, Year) September 27, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>10</u>	<u>21</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Webb City, Missouri (City or town) (State or foreign country)
- Father { 12. Name Henry J. Schultz  
13. Birthplace St. Louis, Mo. (City or town) (State or foreign country)
- Mother { 14. Maiden name Martha Jane Moore  
15. Birthplace United States (City or town) (State or foreign country)

16. Informant's OWN Signature H. M. McMillan  
and Address Idaho Falls, Idaho
17. (a) Burial (b) Date thereof 8/22/48 (Month) (Day) (Year)  
(c) Place Rock Hill, Idaho Falls, Idaho
18. Funeral Director's OWN Signature Jack A. Wood  
and Address Idaho Falls, Idaho
19. (a) 10-6-1948 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 18, 1948  
at 8-5 o'clock P. M.

21. I HEREBY CERTIFY, That attended deceased from June 16, 1948 to Aug 18, 1948  
I last saw her alive on Aug 18, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of liver and gall bladder Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation Gall bladder 6/17/48  
Major finding Carcinoma  
Finding of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature A. P. Bodine  
and Address Idaho Falls, Idaho Date Sept 3, 1948  
(For additional space, use reverse side)

245

Tel. 70-20

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
DIVISION OF VITAL STATISTICS

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OCT 12 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3280  
Local Reg. No. 175  
Reg. Dist. No. 610

1. PLACE OF DEATH: **STATISTICS**

(a) County... BONNERVILLE  
(b) City or town... IDAHO FALLS  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. L.D.S. Stayed 9 days  
(g) Lived in this county 30 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State..... (b) County.....  
(c) City or town.....  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside?..... Outside?..... city or town  
(f) Citizen of what country?.....  
(g) How long had deceased lived in Idaho?..... years  
(h) Former residence (city, state).....

3. (a) FULL NAME Mr. John Lafayette Belford  
3. (b) If veteran, name war WAR II  
3. (c) Social Security No. ....  
5. Color or M. race W.  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Julienne Barte  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Sept 3, 1885  
8. AGE  

Years	Months	Days	If less than 1 day
<u>62</u>	<u>10</u>	<u>25</u>	hrs. min.

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) AUGUST 28, 1948  
at 7:43 P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 27, 1948 to Aug 28, 1948  
last saw him live on Aug 28, 1948  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Circulatory collapse 3 1/2 days following Vagotomy & Partial Gastrectomy  
Due to Chronic bleeding Duodenal ulcer  
Due to Anaemia  
Other conditions.....  
(Include pregnancy within 3 months of death)

117B  
073D

4 months  
4 months

9. Exact Occupation FARMER. Did this work for..... yrs.  
10. Industry or Business worked Date last worked.....  
11. Birthplace Peweston, Utah (City or town) (State or foreign country)  
Father { 12. Name John Robert Belford  
13. Birthplace Utah (City or town) (State or foreign country)  
Mother { 14. Maiden name Harriet Bowder  
15. Birthplace Utah (City or town) (State or foreign country)  
16. Informant's OWN Signature Brown Belford  
and Address Idaho Falls, Idaho  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/48 (Month) (Day) (Year)  
(c) Place Idaho Falls, Idaho  
18. Funeral Director's OWN Signature A. Phillips  
and Address Idaho Falls, Idaho  
19. (a) 8-31-48 (Date received and filed) (b) Anne Bridges (Registrar's signature)

Where was disease contracted?.....  
Name of operation..... Date.....  
Major finding Chronic duodenal ulcer  
Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred.....  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury.....  
23. Attendant's OWN Signature H Ray Hatch M.D.  
and Address Idaho Falls (M.D. or other) Date 8-31-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 12 1948

# Certificate of Death

DEPT. OF VITAL

STATE OF IDAHO

State File No. 2281

Local Reg. No. 194

Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 756 Wayne  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Nebr.

## 3. (a) FULL NAME

Charles Andrew Payne

170A

3. (b) If veteran, name war World War II 3. (c) Social Security No. 506-12-0954  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced married  
4. Sex M race W 6. (b) Name of husband or wife Jessie  
6. (c) Age of husband or wife if alive 29 years  
7. Date of Birth (Month, Day, Year) February 19, 1918

8. AGE	Years	Months	Days	If less than 1 day
	<u>30</u>	<u>6</u>	<u>14</u>	hrs. min.

9. Exact Occupation Truck Driver Did this work for 2 yrs.  
10. Industry or Business Sup. Concrete Prod. Co. Date last worked 9/3/48  
11. Birthplace Bridgeport, Nebr. (City or town) (State or foreign country)

12. Name Henry H. Payne  
13. Birthplace U.S.A. (City or town) (State or foreign country)  
14. Maiden name Cora Elva Bassett  
15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's OWN Signature Jessie Payne  
and Address Pocatello Idaho

17. (a) Burial (b) Date thereof 9-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Downard  
and Address Pocatello Idaho

19. (a) 9-10-48 (b) Lena Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 3 19 48  
at 5:35 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 3 19 48 to Sept 3 19 48  
I last saw him alive on Sept 3 3:00pm 19 48.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Shock

Duration 8 hrs

Due to 1st 2nd 3rd degree Burn 8 hrs

Due to shock fracture 8 hrs

Other conditions Scalp laceration  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred 2000, 2000 Sept 3 19 48 City, county, state Bonneville County Idaho  
where violence occurred Bonneville County Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry X

Public Place \_\_\_\_\_ While at work? ☒

Means of injury Car struck train

23. Attendant's OWN Signature B. Blair & O. O. O. O. O.  
(M. D. or other)

and Address 2000 700 2000 Date Sept 7 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 7 1948

# Certificate of Death

STATE OF IDAHO

1948 3282  
State File No. \_\_\_\_\_  
Local Reg. No. 192  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sacred Heart Stayed 1 days  
(g) Lived in this county 0 years 0 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Chicago, Illinois

## 3. (a) FULL NAME

PHILIP RAND

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mabel Kadletz Rand

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) November 27, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>9</u>	<u>6</u>	hrs. min.

9. Exact Occupation Administrator, retired Did this work for 15 yrs.

10. Industry or Business Dept. of Public Assistance Date last worked 7/1/48

11. Birthplace Medford Massachussets  
(City or town) (State or foreign country)

12. Name John Clark Rand

13. Birthplace Massachussets  
(City or town) (State or foreign country)

14. Maiden name Katharine Bates

15. Birthplace New Hampshire  
(City or town) (State or foreign country)

16. Informant's OWN Signature John P. Rand  
and Address Salmon, Idaho

17. (a) Removal (b) Date thereof Sept. 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Salmon, Idaho

18. Funeral Director's OWN Signature Orland L. Buck

and Address Idaho Falls, Idaho

19. (a) 9-3-1948 (b) Anna Budgna  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 3 19 48  
at 10:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 2 19 48 to Sept 3 19 48

I last saw h. in alive on Sept. 3 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardio - Vascular  
Renal disease

## Duration

Due to 8 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature L. C. Erickson M.D.

and Address Idaho Falls Date 9.3 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 12 1948

# Certificate of Death

OFFICE OF VITAL

STATE OF IDAHO

State File No. 3283

Local Reg. No. 193

Reg. Dist. No. 61D

## 1. PLACE OF DEATH:

- (a) County Connerie  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 425-1st  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital institution Other place days  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 14 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Idaho Falls  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country Idaho  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Roy Lynn Van Orden

## 3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) January 4, 1934

8. AGE Years 14 Months 8 Days - If less than 1 day hrs. min.

9. Exact Occupation Student Did this work for years

10. Industry or Business worked Date last worked

11. Birthplace Idaho Falls, Ida (City or town) (State or foreign country)

12. Name La Rong Groom (City or town) (State or foreign country)

13. Birthplace Garfield, Idaho (City or town) (State or foreign country)

14. Maiden name Sylvan L Van Orden (City or town) (State or foreign country)

15. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Sylvan Van Orden and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 9/9/48 (Month) (Day) (Year)

(c) Place Rose Hill Cemetery

18. Funeral Director's OWN Signature Doc Williams and Address Idaho Falls, Idaho

19. (a) 9-10-1948 (Date received and filed) (b) Anna B (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 4 1948

at 6:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 1947, to 4 Sept 1948

I last saw him alive on 4 Sept 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Brain tumor Duration Nov 1946

Due to Brain tumor

Due to Brain tumor

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Brain tumor Date Nov 1946

Major finding Brain tumor

Finding of autopsy Brain tumor

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? No Homicide? No

Occurred 1948 City, county, state Idaho Falls, Idaho

where violence occurred Idaho Falls, Idaho

Place of Violence: Home Yes Farm No Industry No

Public Place No While at work? No

Means of injury Brain tumor

23. Attendant's OWN Signature W. R. Abbott M.D. and Address Idaho Falls, Idaho Date 8 Sept 1948

PHYSICIAN Underline the cause to which death should be charged statistically



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 12 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3284  
Local Reg. No. 200  
Reg. Dist. No. 6/0

1. PLACE OF DEATH: **PARADISE**  
(a) County **Donnerstag**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **769 - Para.**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **21** years \_\_\_\_\_ months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **Mrs. Edith Harriet England Jolley**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex **♀** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **George Jolley** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **Dec 20 - 1897**  
8. AGE  

Years	Months	Days	If less than 1 day
50	8	24	hrs. min.

  
9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Moreland, Idaho** (City or town) (State or foreign country)  
12. Name **John V. England** (City or town) (State or foreign country)  
13. Birthplace **Utah** (City or town) (State or foreign country)  
14. Maiden name **Emma Stewart**  
15. Birthplace **Idaho** (City or town) (State or foreign country)  
16. Informant's OWN Signature **George B. Jolley**  
and Address **Idaho Falls, Idaho**  
17. (a) **Burial** (b) Date thereof **9/18/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Idaho Falls, Idaho**  
18. Funeral Director's OWN Signature **Leo A. Millerson**  
and Address **Idaho Falls, Idaho**  
19. (a) **9-23-48** (b) **Anna Budgen**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH **Sept - 14** 19 **48**  
(Month, Day, Year) at about **7:45** o'clock **P.** M.  
21. I HEREBY CERTIFY, That I attended deceased from **Sept. 14**, 19 **48**, to **Sept. 14**, 19 **48**.  
I last saw h. **er** alive on **Sept. 14**, 19 **48**.  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Myocarditis** Duration **unknown**  
Due to **Patient dyspneic and cold when first seen, expired**  
Due to **25 minutes later enroute to Hospital**  
Other conditions **Cholelith** **10 gms.**  
(Include pregnancy within 3 months of death)  
Where was disease contracted? **Her home**  
Name of operation **none** Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **no autopsy**  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **H. L. Millerson, M.D.**  
and Address **Idaho Falls, Idaho** Date **9-17-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 12 1948

# Certificate of Death

OFFICE OF VITAL

STATE OF IDAHO

1948

3285

State File No. ....

Local Reg. No. 212

Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 218 So. Water Avenue  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 40 years ? months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 260 4th Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Salt Lake City, Ut.

## 3. (a) FULL NAME

EDWIN DILKE SMITH

3. (b) If veteran, name war None

3. (c) Social Security No. 519-09-1169

5. Color or White  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Swain Smith

6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) May 18, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>3</u>	<u>28</u>	hrs. min.

9. Exact Occupation Operator Did this work for 10 yrs.

10. Industry or Business Electric Power Generating Plant Date last worked 1947

11. Birthplace Leicester England  
(City or town) (State or foreign country)

12. Name Charles Dilke Smith

13. Birthplace Leicester England  
(City or town) (State or foreign country)

14. Maiden name Mary Ann Dawkins

15. Birthplace Leicester England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Beitha Armstrong  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Sept. 19, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Ida., Rose Hill Cem.

18. Funeral Director's OWN Signature Orland C. Burt  
and Address Idaho Falls, Idaho

19. (a) 10-9-48 (b) Orland C. Burt  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 16 19 48

at 6:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 47 to 16 Sept 48

I last saw him alive on 13 Sept 48 19 48.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Heart failure Duration 2 yrs

Due to rheumatic myocarditis 40 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. H. Hall  
(M. D. or other)

and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_

(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 12 1948

DEPT. OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3286

Local Reg. No. 211

Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Stayed 1 days  
(g) Lived in this county 0 years 0 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these) (Mother)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 980 N. Blvd.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

Infant Strom

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife  
None

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) September 16, 1948

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) September 16 19 48

at 10:40 o'clock P. M.

### 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

Sept. 15 1948 to Sept. 16 19 48

I last saw him alive on Sept. 15 19 48;

death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

### Duration

Prematurity - 6 mos.

Due to Placenta Previa

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

### 23. Attendant's

OWN Signature C. C. Erickson M.D.

(M. D. or other)

and Address Idaho Falls Date 9-20 19 48

(For additional space, use reverse side)

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>10</u> hrs. <u>51</u> min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Idaho Falls Idaho  
(City or town) (State or foreign country)

12. Name Kenneth Strom

13. Birthplace Idaho Falls Idaho  
(City or town) (State or foreign country)

14. Maiden name Geraldine Collins

15. Birthplace Idaho Falls Idaho  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Kenneth Strom

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Sept. 18, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rose Hill Cem., Idaho Falls, Ida.

18. Funeral Director's  
OWN Signature Orland T. Beck

and Address Idaho Falls, Idaho

19. (a) 10-9-1948 (b) Anna Burger  
(Date received and filed) (Registrar's signature)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 12 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3287  
Local Reg. No. 196  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sacred Heart Stayed 40 days  
(g) Lived in this county 0 years 1 months 9 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Salem, Illinois

## 3. (a) FULL NAME

AKKA BRYAN FIGLEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or White  
4. Sex Female race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles C. Figley

6. (c) Age of husband or wife if alive 54 years

7. Date of Birth (Month, Day, Year) January 17, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>8</u>	<u>1</u>	hrs. min.

9. Exact Occupation Instructor Did this work for 10 yrs.

10. Industry or Business State Industrial School Date last worked 12/23/47

11. Birthplace Murphysboro Illinois  
(City or town) (State or foreign country)

12. Name John M. Bryan

13. Birthplace Jackson County, Illinois  
(City or town) (State or foreign country)

14. Maiden name Emma McGowan

15. Birthplace Mt. Carbon Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Chas. C. Figley

and Address St. Anthony, Idaho

17. (a) Removal (b) Date thereof Sept. 20, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Boise, Idaho

18. Funeral Director's OWN Signature Orland C. Buck

and Address Idaho Falls, Idaho

19. (a) 9-19-1948 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 18 1948  
at 4:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1948 to Sept. 18, 1948

I last saw h. in alive on Sept. 17 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Adenocarcinoma of descending colon with metastases

Due to metastases

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Duration

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature L. C. Erickson M.D.

(M. D. or other)

and Address Idaho Falls Date 9-21 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

OCT 1 2 1948

STATE OF IDAHO

State File No. 3228

Local Reg. No. 202

Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 197 So Blvd.  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 2 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 197 So. Blvd.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 Mo. years  
(h) Former residence (city, state) None.

## 3. (a) FULL NAME

MARSHA LYNN HALL.

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race White  
4. Sex F.M.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth July 20, 1948  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>2</u>	<u>3</u>	hrs. min.

9. Exact Occupation Babe Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Idaho Falls, Idaho.  
(City or town) (State or foreign country)

12. Name Lindy Hall.

13. Birthplace Tetonia, Idaho.  
(City or town) (State or foreign country)

14. Maiden name Eva Bell Pitman.

15. Birthplace Rigby, Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lindy Hall

and Address Idaho Falls, Idaho.

17. (a) burial (b) Date thereof 9-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Milo, Idaho.

18. Funeral Director's OWN Signature C. B. Eschewell

and Address Rigby, Idaho.

19. (a) 9-27-48 (b) Anna Bridger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept. 23 19 48  
(Month, Day, Year)

at 6:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 23 19 48 to Sept. 23 19 48

I last saw him live on Sept. 23 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Suffocation from  
hard clothing

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Sept 23, 1948 City, county, state

where violence occurred Idaho Falls, Idaho

Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Suffocation

23. Attendant's OWN Signature C. B. Eschewell M.D.

(M. D. or other)

and Address Idaho Falls, Idaho. 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 12 1948

# Certificate of Death

STATE OF IDAHO

1048 State File No. 3289  
Local Reg. No. 201  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Conneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mr. Claudious Theodore Beck

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fred Dalton

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) August 4 - 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>2</u>	<u>22</u>	hrs. min.

9. Exact Occupation Farmer + Rancher Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Idaho Falls, Idaho (City) (City or town) (State or foreign country)

12. Name Theodore Beck

13. Birthplace Denmark (City or town) (State or foreign country)

14. Maiden name Elizabeth Ann Smith (City or town) (State or foreign country)

15. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Mr. Freda Beck and Address Idaho Falls, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/29/48 (Month) (Day) (Year)

(c) Place Angus, Idaho

18. Funeral Director's OWN Signature Geo. A. Shillings and Address Idaho Falls, Idaho

19. (a) 9-28-48 (Date received and filed) (b) Anna Bridges (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 26 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock 1 M.

21. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to hemorrhage

Due to when 7 strokes

Other conditions nephritis

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred. \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John Hatch MD (I. D. or other) \_\_\_\_\_ and Address Idaho Falls, Idaho Date 9-26-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
OCT 12 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3290  
Local Reg. No. 203  
Reg. Dist. No. 610

1. PLACE OF DEATH: **STATISTICS**
- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. LDS Hosp. Stayed 14 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Teton  
(c) City or town Driggs  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME RAY DELL LARSEN

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) September 8, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>16</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Driggs, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Clint Larsen  
13. Birthplace Driggs, Idaho (City or town) (State or foreign country)  
14. Maiden name Karla Jean Hatch  
15. Birthplace Victor, Idaho (City or town) (State or foreign country)  
16. Informant's OWN Signature Clint Larsen and Address Driggs, Idaho  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept., 27, 1948 (Month) (Day) (Year)  
(c) Place: Darby, Teton County, Idaho  
18. Funeral Director's OWN Signature Ed Hansen and Address St. Anthony, Idaho  
19. (a) 10-1-48 (Date received and filed) (b) Luma Bridger (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 107X 072B

20. DATE OF DEATH (Month, Day, Year) September 26 19 48  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from 9-9-1948 to 9-26-1948  
I last saw him alive on 9-26-1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Broncho pneumonia Duration 14 days  
Due to Aspiration of stomach  
Due to Membranous Rhinitis 17 days  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? in utero  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. Corbett, M.D. (M. D. or other)  
and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

OCT 12 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 3291

Local Reg. No. 213

Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Stayed 9 days  
(g) Lived in this county 38 years \_\_\_\_\_ ? months \_\_\_\_\_ ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 138 7th Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) wentworth, N. Dakota

## 3. (a) FULL NAME

CARL WEISS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) November 14, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>10</u>	<u>13</u>	hrs. min.

9. Exact Occupation Custodian, retired Did this work for 25 yrs.

10. Industry or Business Public school Date last worked June 1944

11. Birthplace Berlin Germany  
(City or town) (State or foreign country)

12. Name Franz Weiss

13. Birthplace Germany  
(City or town) (State or foreign country)

14. Maiden name Louise Boldt

15. Birthplace Remin, Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Paul Weiss  
and Address Hayfield, Minnesota

17. (a) Burial (b) Date thereof Sept. 30, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Oliver C. Buck  
and Address Idaho Falls, Idaho

19. (a) 10-9-1948 (b) Anna Budgen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 27 19 48  
at 3:25 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept-18 19 48 to Sept 27 19 48

I last saw h. in alive on Sept. 26 19 48 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 9-13-48

Due to Hypertension unknown

Rheumatoid Arthritis 1938

Other conditions Chronic Bronchitis 1944  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. L. Wilson, M.D.

and Address Idaho Falls (M. D. or other) Date 9-29-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

OCT 12 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3292

Local Reg. No. 205

Reg. Dist. No. 610

1. PLACE OF DEATH: STATISTICS  
(a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Dr.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. L.D.S. Stayed 14 days  
(g) Lived in this county 14 years 14 months 14 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) None

3. (a) FULL NAME LILA MAE RAYMOND.

3. (b) If veteran, name war X 3. (c) Social Security No. X  
5. Color or F.M. race White 6. (a) Single, widowed, married, divorced married  
4. Sex F.M. 6. (b) Name of husband or wife Frank Raymond 6. (c) Age of husband or wife if alive 39 years  
7. Date of Birth May 5, 1913  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>35</u>	<u>4</u>	<u>23</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 14 yrs.  
10. Industry or Business Home Date last worked 9/28/48

11. Birthplace Ucon, Idaho.  
(City or town) (State or foreign country)

12. Name Carl A. Cramer.  
13. Birthplace Denmark.  
(City or town) (State or foreign country)

14. Maiden name Melvina Marie Hansen.  
15. Birthplace Mantua, Utah.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Frank Raymond  
and Address Idaho Falls, Idaho. Rt. #5

17. (a) burial (b) Date thereof 10/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Annis, Idaho.

18. Funeral Director's OWN Signature Richard  
and Address Rigby, Idaho.

19. (a) 10-4-48 (b) Anna Bidger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept. 28 19 48  
(Month, Day, Year) at 10:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 22 Caliber Gun Shot wound in R. temporal Region Duration

Due to 22 Caliber Gun Shot wound in R. temporal Region

Due to 22 Caliber Gun Shot wound in R. temporal Region

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Major finding

Name of operation Date Finding of autopsy PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? X Homicide? X

Occurred Sept 28 19 48 City, county, state Idaho Falls, Idaho

where violence occurred Idaho Falls, Idaho

Place of Violence: Home X Farm X Industry X

Public Place X While at work? X

Means of injury 22 Caliber Gun Shot

23. Attendant's OWN Signature Dr. A. Williams (Coroner)

and Address Idaho Falls Date 10/2 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OCT 12 1948

STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3293  
Local Reg. No. 199  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Route # 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst. None Stayed        days  
(g) Lived in this county 42 years ? months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Route # 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Hobbsbury, Virginia

## 3. (a) FULL NAME

OTTO JULIUS BEYER

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or White  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maria Hoffman Beyer

6. (c) Age of husband or wife if alive 60 years

7. Date of Birth (Month, Day, Year) February 7, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>6</u>	<u>14</u>	hrs. min.

9. Exact Occupation Custodian Special Dep. Sheriff Did this work for 12 yrs.

10. Industry or Business County Court House Date last worked April 30, 1948

11. Birthplace Chano Wisconsin  
(City or town) (State or foreign country)

12. Name Godfrey Beyer

13. Birthplace Burmeon Germany  
(City or town) (State or foreign country)

14. Maiden name Elizabeth Gadow

15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Maria Beyer

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Aug. 24, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Ida. Rose Hill Cem.

18. Funeral Director's OWN Signature Alfred T. Buck

and Address Idaho Falls, Idaho

19. (a) 9-19-48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH August 21 19 48  
(Month, Day, Year)

at 6:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 14 to Aug 21 19 48

I last saw him alive on Aug 18 19 48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis 2 years

Due to Chronic Nephritis 2 years

Due to Chronic Nephritis 2 years

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation        Date       

Major finding       

Finding of autopsy       

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Alfred T. Buck

and Address        Date        19       

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 12 1948

OFFICE OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No. 3294  
Local Reg. No. 207  
Reg. Dist. No. 611

1. PLACE OF DEATH (STATISTICS)  
(a) County Boonville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Rt # 2  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Boonville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Rt # 2  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

3. (a) FULL NAME

Patrice Simmons

183X

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex 7 5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) November 1, 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>10</u>	<u>1</u>	hrs. min.

9. Exact Occupation Child Did this work for ☐ yrs.

10. Industry or Business Idaho Falls, Idaho Date last worked Idaho

11. Birthplace (City or town) Idaho Falls, Idaho (State or foreign country)

12. Name Manuel Simmons

13. Birthplace Idaho (City or town) Idaho (State or foreign country)

14. Maiden name Ethel Phillips

15. Birthplace Idaho (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Manuel Simmons

- and Address Idaho Falls, Idaho

17. (a) Idaho (b) Date thereof 9/5/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Jack A. Wood

- and Address Idaho Falls, Idaho

19. (a) 10-6-1948 (b) Anna Budgen (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 2 19 48  
at 3-30 o'clock 5 M.

21. I HEREBY CERTIFY That I attended deceased from Sept 2 19 48 to Sept 2 19 48

I last saw him on Sept 2 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Accidental drowning

Due to ☐

Due to ☐

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? ☐ Homicide? ☐

Occurred Sept 2 19 48 City, county, state

where violence occurred at home

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature Patrice Simmons

and Address Idaho Falls, Idaho Date 9/7 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 12 1948

# Certificate of Death

STATE OF IDAHO

1948 3275  
State File No. \_\_\_\_\_  
Local Reg. No. 204  
Reg. Dist. No. 611

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Garfield  
(c) Street Address or R.F.D. No. 1 Rigby  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 46 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Garfield  
(d) Street Address or R.F.D. No. 1 Rigby  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

JOHN WILLIAM COOK.

## 3. (b) If veteran, name war

X

## 3. (c) Social Security No.

X

## 5. Color or race

Male White

## 6. (a) Single, widowed, married, divorced

married

## 6. (b) Name of husband or wife

Phileas Barrington

## 6. (c) Age of husband or wife if

43 years

## 7. Date of Birth

(Month, Day, Year)

Feb. 13, 1902

## 8. AGE

Years

46

Months

7

Days

15

If less than 1 day

hrs. min.

## 9. Exact Occupation

Farming

Did this

work for life yrs.

## 10. Industry or Business

Farm

Date last

worked May 1948

## 11. Birthplace

Willowcreek, Idaho.

(City or town)

(State or foreign country)

## 12. Name

Phineas Melvin Cook.

## 13. Birthplace

St. Charles, Idaho.

(City or town)

(State or foreign country)

## 14. Maiden name

Ruth Tyler.

## 15. Birthplace

Hebron, Utah.

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Phileas B. Cook

and Address

Rigby, Idaho. Rt. #1

## 17. (a)

burial

(b) Date thereof

9/30/48

(Burial, cremation or removal)

(Month) (Day) (Year)

(c) Place

Ucon, Idaho.

## 18. Funeral Director's

OWN Signature

C. Beckwith

and Address

Rigby, Idaho.

## 19. (a)

10-2-1948

(b)

Lena Bridger

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

Sept. 28

48

at 3:10

o'clock

A

M.

## 21. I HEREBY CERTIFY, That I attended deceased from

9/22

to 9/28

1948

I last saw h. im

alive on 9/22

1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

1. Central Respiratory Failure

Duration

7 days

Due to Cancer on Brain

4 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation Brain operation

Major finding Cancer of brain

Finding of autopsy none performed

PHYSICIAN

Underline the

cause to which

death should

be charged

statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature

Oedon Tall, M.D.

and Address

Rigby, Idaho

Date

9/29 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 1 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

1948

3296

State File No. \_\_\_\_\_  
Local Reg. No. 91  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County BOUNDARY  
(b) City or town none New Priest River  
(c) Street Address or R.F.D. No. none  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State WASH (b) County SPOKANE  
(c) City or town SPOKANE, WASH  
(d) Street Address or R.F.D. No. Globe Hotel  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

ARTHUR Mc Grath

153X

## 3. (b) If veteran, name war

NO

## 3. (c) Social Security

No. 518-03-2988

## 4. Sex M. 5. Color or race white

## 6. (a) Single, widowed, married, divorced single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

Feb 7, 1885

## 8. AGE

Years	Months	Days	If less than 1 day
<u>63</u>	<u>7</u>	<u>3</u>	hrs min.

## 9. Exact Occupation TEPMSTER Did this work for 20 yrs.

## 10. Industry or Business Logging Date last worked \_\_\_\_\_

## 11. Birthplace Barnesville, Minn (City or town) (State or foreign country)

## 12. Name Michael Mc Grath

## 13. Birthplace IRELAND (City or town) (State or foreign country)

## 14. Maiden name Magrath IRELAND

## 15. Birthplace IRELAND (City or town) (State or foreign country)

## 16. Informant's OWN Signature Theresa Jones

## and Address Priest River Idaho

## 17. (a) Burial (b) Date thereof Sept 11, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Removal to Spokane, Wash

## 18. Funeral Director's OWN Signature MOON MORTUARY

## and Address SANDPOINT, IDAHO

## 19. (a) Sept 11, 1948 (b) Theresa Jones (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Sept 10, 1948 at 7:00 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

## Due to \_\_\_\_\_

## Due to \_\_\_\_\_

Other conditions Ulcers about  
(Include pregnancy within 8 months of death)  
15 yrs

## Where was disease contracted?

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature \_\_\_\_\_ (M. D. or other) and Address Priest Ferry, Ida Date 9-11 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

SEP 27 1948

STATE OF IDAHO

State File No. **3297**  
Local Reg. No. **34-48**  
Reg. Dist. No. **100**

1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Bonniers Ferry  
(c) Street Address or R.F.D. No.         
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Do. Co. Stayed 3 days  
(g) Lived in this county 5 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bond.  
(c) City or town Bonniers Ferry  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) ANACINPA, Mont.

3. (a) FULL NAME

HENRY HECKMAN

3. (b) If veteran,

name war No

3. (c) Social Security

No. No

4. Sex M. 5. Color or race W.

6. (b) Name of husband or wife       

6. (a) Single, widowed, married, divorced 5/19/48

6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year)

8. AGE

Years

Months

Days

If less than 1 day

hrs min.

9. Exact Occupation Ret. laborer Did this work for 48 yrs.

10. Industry or Business        Date last worked 1/9/43

11. Birthplace Cole Co. Missouri (City or town) (State or foreign country)

12. Name Peter Heckman

13. Birthplace Mo. (City or town) (State or foreign country)

14. Maiden name Carolina Caughman

15. Birthplace Mo. (City or town) (State or foreign country)

16. Informant's OWN Signature W. L. Lusk and Address Chubbella, Cal.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/48 (Month) (Day) (Year)

(c) Place: Bonniers Ferry, Idaho

18. Funeral Director's OWN Signature Chubb Morse and Address Bonniers Ferry, Idaho

19. (a) 9/16/48 (Date received and filed) (b)        (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Sep. 11 1948  
at 11:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 9/9 1948, to 9/14 1948

I last saw him alive on 9/11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Respiratory failure

Due to Cerebral hemorrhage

Due to Arteriosclerosis

Other conditions        (Include pregnancy within 3 months of death)

Where was disease contracted?        Date       

Name of operation        Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature W. L. Lusk (M. D. or other) and Address Bonniers Ferry, Idaho Date 9/16 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 27 1948  
Certificate Of Death  
STATE OF IDAHO

1948 State File No. 3298  
Local Reg. No. 35-48  
Reg. Dist. No. 100

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Bonner  
(b) City or town Bonniers Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Bo. Co. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Infant Boy hee  
3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race W  
6. (a) Single, widowed, married, divorced Inf  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) 9/11/48

8. AGE	Years	Months	Days	If less than 1 day
			<u>(2:55 P.M.)</u>	hrs <u>5</u> min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Bonniers Ferry Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Claude hee  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name Betty Watson  
15. Birthplace Chicago Ill. (City or town) (State or foreign country)  
16. Informant's OWN Signature Charles Y. Watson  
and Address Bonniers Ferry Idaho  
17. (a) Burial (b) Date thereof 9/11/48 (Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Bonniers Ferry Idaho  
18. Funeral Director's OWN Signature Frank M. ...  
and Address Bonniers Ferry Idaho  
19. (a) 9-11-48 (b) ... (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) Sep. 11 1948  
at 3:00 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from 9/11 1948, to 9/11 1948  
I last saw him alive on 9/11 1948, death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Prim. Placenta Duration \_\_\_\_\_  
Due to 5 mos. pregnancy  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature ... (M. D. or other)  
and Address Bonniers Ferry Date 9/15/48 (For additional space, use reverse side)

1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Boundary Ferry  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. B. G. Stayed 3 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash. (b) County \_\_\_\_\_  
(c) City or town Chehalis  
(d) Street Address or R.F.D. No. 473 Rte De Island  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 5 1/2 years  
(h) Former residence (city, state) Chehalis Wash.

3. (a) FULL NAME

Godfrey Albert Krause

186 B

3. (b) If veteran,

name war No

3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eunice 6. (c) Age of husband or wife if alive 25 years

7. Date of Birth (Month, Day, Year) 5/9/1911

8. AGE	Years	Months	Days	If less than 1 day
	<u>37</u>	<u>4</u>	<u>5</u>	hrs min.

9. Exact Occupation Shovel Renner Did this work for 7 yrs.

10. Industry or Business Miller Const. Co. Date last worked 9/1/48

11. Birthplace Wetaskawin Alb. Canada  
(City or town) (State or foreign country)

12. Name William Krause

13. Birthplace Poland  
(City or town) (State or foreign country)

14. Maiden name Margaret Schultze

15. Birthplace Austria  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ralph Leonard  
and Address Chehalis Wash.

17. (a) Removed (b) Date thereof 9/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Chehalis Wash.

18. Funeral Director's OWN Signature Frank Morse  
and Address Boundary Ferry

19. (a) 9/17/48 (b) R. B. Conroy  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Sept. 14 1948  
at 2:24 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 9/9 1948, to 9/14 1948

I last saw him alive on 9/14 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory failure Duration \_\_\_\_\_

Due to toxemia

Due to General peritonitis 2 days

Other conditions Crushed abdomen  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 9/9 1948 City, county, state where violence occurred Boundary Ferry Boundary

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? ☒

Means of injury Crushed by landslide

23. Attendant's OWN Signature E. W. Durose  
(M. D. or other)

and Address Boundary Ferry Date 9/19 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 12 1948

**Certificate Of Death**  
STATE OF IDAHO

1948 State File No. 3300  
Local Reg. No. 37-48  
Reg. Dist. No. 101

**1. PLACE OF BIRTH: STATISTICS**

- (a) County Boundary  
(b) City or town Near Bonners Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 18 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Bound  
(c) City or town Bonners Ferry  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Colorado Springs  
Col.

3. (a) FULL NAME Gerald Dean Elston

3. (b) If veteran, name war WW 2  
3. (c) Social Security No. 519-28-9141  
5. Color or White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive 30 years  
7. Date of Birth (Month, Day, Year) 10/19/1927

8. AGE	Years	Months	Days	If less than 1 day
	<u>20</u>	<u>11</u>	<u>5</u>	hrs min.

Exact Occupation Logger Did this work for 1 1/2 yrs.  
Industry or Business Thompson Lbr. Co. Date last worked 9/24/48

11. Birthplace Wilsonville, Ore.  
(City or town) (State or foreign country)

Mother Father  
12. Name Bryan Elston  
13. Birthplace Ind.  
(City or town) (State or foreign country)  
14. Maiden name Trudy Elizabeth Vernon  
15. Birthplace Kan.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Bryan Elston  
and Address Bonners Ferry, Idaho

17. (a) Burial (b) Date thereof 9/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bonners Ferry, Idaho

18. Funeral Director's OWN Signature Paul Moore  
and Address Bonners Ferry, Idaho

19. (a) 9/28/48 (b) Kutner  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) Sep. 24th. 1948  
at 4:05 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Severely crushed head  
dead when seen by me.

Due to crushed by rolling log

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Sep. 24th. 1948 City, county, state where violence occurred Near Bonners Ferry  
Place of Violence: Home Wood Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? yes  
Means of injury Crushed by log.

23. Attendant's OWN Signature Rayd Reed Coroner  
(M. D. or other)  
and Address Bonners Ferry, Idaho Date 9/24/1948  
(For additional space, use reverse side)

175E

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in O.A.H. handwriting. Item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
OCT 12 1948 STATE OF IDAHO

1948

State File No. **3301**  
Local Reg. No. **39-788**  
Reg. Dist. No. **1-0**

**1. PLACE OF DEATH: STATISTICS**

- (a) County Boundary  
(b) City or town Bonnerr's Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Bound. Co. Stayed 10 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Boundary  
(c) City or town Bonnerr's Ferry  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? XX city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 Week(s)  
(h) Former residence (city, state) Kansas City  
Kansas

**3. (a) FULL NAME**

Charlie Walker

**3. (b) If veteran,**

name war No

**3. (c) Social Security**

No. 510-03-2065

**4. Sex Male race White**

**5. Color or** White **6. (a) Single, widowed, married,**  
divorced Married

**6. (b) Name of husband or wife** Artie

**6. (c) Age of husband or wife if** 53 **years**

**7. Date of Birth (Month, Day, Year)** 2/1/1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>7</u>	<u>25</u>	hrs min.

**9. Exact Occupation** carpenter **Did this work for** 10 **yrs.**

**10. Industry or Business** C.E. Griggs Const. Co. **Date last worked** 9/16/48

**11. Birthplace** St. Joe Mo. (City or town) (State or foreign country)

**12. Name** William Walker

**13. Birthplace** St. Joe Mo. (City or town) (State or foreign country)

**14. Maiden name** Emma J. McGinnis

**15. Birthplace** St. Joe Mo. (City or town) (State or foreign country)

**16. Informant's OWN Signature** Charles E. Walker

and Address Bonnerr's Ferry, Idaho

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** 9/29/48 (Month) (Day) (Year)

**(c) Place:** Bonnerr's Ferry, Idaho

**18. Funeral Director's OWN Signature** Frank Appel

and Address Bonnerr's Ferry, Idaho

**19. (a)** 10/11/48 **(b)** R. W. Dunkel (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 186A 083A

**20. DATE OF DEATH** (Month, Day, Year) Sep. 26th. 1948

at 9:50 o'clock P.M.

**21. I HEREBY CERTIFY, That I attended deceased from** 9/15 1948, to 9/26 1948

I last saw him alive on Sept. 26, 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** Respiratory Failure **Duration**

**Due to** Anterior wall rupture

**Due to** Basal skull fracture 11 days

**Other conditions** \_\_\_\_\_ (Include pregnancy within 8 months of death)

**Where was disease contracted?** \_\_\_\_\_

**Name of operation** \_\_\_\_\_ **Date** \_\_\_\_\_

**Major finding** \_\_\_\_\_

**Finding of autopsy** \_\_\_\_\_

**22. If death was due to EXTERNAL CAUSES, also fill in the following:** Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 9/15 1948 City, county, state

where violence occurred Max's Dam, Boundary Co.

**Place of Violence:** Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

**Public Place** \_\_\_\_\_ **While at work?** X

**Means of injury** Fell off Dam

**23. Attendant's OWN Signature** W. W. Dunkel (M. D. or other)

and Address Bonnerr's Ferry 10/1 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OCT 12 1948

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

1048

State File No.

3302

Local Reg. No.

38-48

Reg. Dist. No.

100

## 1. PLACE OF DEATH:

- (a) County **Boundary**  
(b) City or town **Naples**  
(c) Street Address or R.F.D. No. **Brown-McFarland Mill**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **23** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **1106 Oak St.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **23** years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME **WILLIAM HENRY MC ARTHUR**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **518-03-3984**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Edna Ruth Mc Arthur** 6. (c) Age of husband or wife if alive **53** years  
7. Date of Birth **January 23, 1887**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>61</b>	<b>8</b>	<b>3</b>	hrs. min.

9. Exact Occupation **Mechanic** Did this life work for ☐ yrs.  
10. Industry or Business **Auto** Date last worked **9-25-48**  
11. Birthplace **Lansburg, Michigan.**  
(City or town) (State or foreign country)  
Father { 12. Name **William Henry Mc Arthur**  
13. Birthplace **White Oak, Michigan.**  
(City or town) (State or foreign country)  
Mother { 14. Maiden name **Anna Eliza Meyers**  
15. Birthplace **Woodland, Michigan.**  
(City or town) (State or foreign country)  
16. Informant's OWN Signature **W. H. Arthur**  
and Address **Burial Sandpoint, Idaho**  
17. (a) **Burial** (b) Date thereof **Sept. 30, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Sandpoint, Idaho.**  
18. Funeral Director's OWN Signature **Moon Mortuary**  
and Address **Sandpoint, Idaho.**  
19. (a) **10/1/48** (b) **R. B. Rhee**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Sept. 26th.** 48  
(Month, Day, Year) at **2:15** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Sept. 26**  
**only after death** to **9/26** 19**48**

I last saw him ☐ alive on ☐ 19 ☐ ;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Cardiac failure** Duration **Terminal**

Due to **Coronary occlusion** 1 day

Due to ☐

Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

## 23. Attendant's OWN Signature **W. H. Arthur, M.D.**

(M. D. or other)

and Address **Bonner, Idaho** **10/1/48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 12 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 3303  
Local Reg. No. 40-48  
Reg. Dist. No. 20

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Boundray**  
(b) City or town **Bonnerr Ferry**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **X** \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place **X**  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Clarksfork**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **19** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **Fred William Coughlin, Jr.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **536-03-8788**  
4. Sex **M** 5. Color or **W** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **March 23, 1918**

8. AGE	Years	Months	Days	If less than 1 day
	<b>30</b>	<b>6</b>	<b>4</b>	hrs. min.

9. Exact Occupation **Laborer** Did this work for **13** yrs.  
10. Industry **McNerney Logging** Date last worked **Sept. 25, 1948**  
Business **Clarksfork, Idaho**

11. Birthplace **Fort Benton, Mont**  
(City or town) (State or foreign country)

Father { 12. Name **Fred W. Coughlin, Sr**  
13. Birthplace **Dunlap, Iowa**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Delpha Hicks**  
15. Birthplace **Missouri**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Fred W. Coughlin, Jr.**  
and Address **Clarksfork, Idaho**

17. (a) **Burial** (b) Date thereof **Oct. 1, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Clarksfork, Idaho**

18. Funeral Director's OWN Signature **L. B. Magon**  
and Address **Sandpoint, Idaho**

19. (a) **9/28/48** (b) **Fun Director**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Sept. 27, 1948** 19\_\_\_\_  
at **11:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Dead when found**  
**death**  
Due to **gunshot wound**  
**in head.**  
Due to **self-inflicted**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? **XX** Homicide? \_\_\_\_\_

Occurred **Sept. 27** 19**48** City, county, state **Idaho**  
where violence occurred **Clarksfork, Idaho**

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry **X**

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **22 Cal. gun.**

23. Attendant's OWN Signature **Lloyd Reed Coroner**  
(M.D. or other) **9/28**

and Address **Clarksfork, Idaho** 19**48**

(For additional space, use reverse side)

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and

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 6 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3304  
Local Reg. No. 10  
Reg. Dist. No. 670

## 1. PLACE OF DEATH:

- (a) County Butte  
(b) City or town Arco  
(c) Street Address or R.F.D. No. ✓  
(d) Death Occured Inside? ✓ Outside? city or town  
(e) Died in a Home? ✓ Hospital ✓ Institution Other place  
(f) Name Hosp. or Inst. none Stayed ✓ days  
(g) Lived in this county 29 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Butte  
(c) City or town Arco  
(d) Street Address or R.F.D. No. ✓  
(e) Deceased lived Inside? ✓ Outside? city or town  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Salt Lake City Utah

## 3. (a) FULL NAME

Otto Philip Hoebel

083A

## 3. (b) If veteran,

name war ✓

## 3. (c) Social Security

No. 519-143825

5. Color or W  
4. Sex M race W

6. (a) Single, widowed, married, divorced married  
6. (c) Age of husband or wife if alive 62 years

6. (b) Name of husband or wife Ruth B.

## 7. Date of Birth

(Month, Day, Year) July 30 - 1883

## 8. AGE

Years	Months	Days	If less than 1 day
65	1	27	hrs min.

## 9. Exact

Occupation Banker Did this work for life yrs.

## 10. Industry or

Business Banking Date last worked Sept 15, 1948

## 11. Birthplace

Freeport - Illinois  
(City or town) (State or foreign country)

## 12. Name

Phillip Henry Hoebel

## 13. Birthplace

Freeport - Ill.  
(City or town) (State or foreign country)

## 14. Maiden name

Bertha Waltersdorf

## 15. Birthplace

Bavaria  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Marcia H. Porter

and Address Arco - Idaho

## 17. (a) Cremation

(Burial, cremation, or removal) ✓ (b) Date thereof Sept 30, 1948  
(Month) (Day) (Year)

## (c) Place

Salt Lake City Mausoleum - Utah

## 18. Funeral Director's

OWN Signature Betty J. Marvel

and Address Arco - Idaho

## 19. (a)

Sept 28 - 1948 (b) John J. Distich  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept 27 1948  
at 3:57 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Sept 27 1948 to Sept 27 1948  
I last saw him alive on Sept 27 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage Duration 4 days  
Due to Hypertension 3 years

## Due to

Other conditions None  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation None Date None PHYSICIAN None  
Major finding None Underline the cause to which death should be charged statistically.  
Finding of autopsy None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred None 1948 City, county, state Arco, Butte, Idaho  
where violence occurred None

Place of Violence: Home None Farm None Industry None

Public Place None While at work? None

Means of injury None

## 23. Attendant's

OWN Signature J.P. Egbert M.D.

and Address Arco Idaho (M.D. or Other) None

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 1 1948  
Certificate Of Death  
STATE OF IDAHO

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County Camas  
(b) City or town Fairfield  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. Stayed 47 days  
(g) Lived in this county 47 years 47 months 47 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Camas  
(c) City or town Fairfield  
(d) ~~Street Address or~~ R.F.D. No. 1  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Volney, Virginia

3. (a) FULL NAME Iva Draxy Dallin

3. (b) If veteran, name war ----- No. -----  
5. Color or race white  
4. Sex female  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Arthur L.  
6. (c) Age of husband or wife if alive 54 years  
7. Date of Birth (Month, Day, Year) August 4, 1899

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>1</u>	<u>2</u>	hrs min.

9. Exact Occupation housewife Did this work for life yrs.  
10. Industry or Business ----- Date last worked 9/6/48  
11. Birthplace Virginia  
(City or town) (State or foreign country)

12. Name George W. Wells  
13. Birthplace Virginia  
(City or town) (State or foreign country)  
14. Maiden name Minnie Mink  
15. Birthplace Virginia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Arthur L. Dallin  
and Address Fairfield, Idaho R.R. # 1

17. (a) burial (b) Date thereof 9/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's OWN Signature H.P. Bright  
and Address Gooding, Idaho

19. (a) Sept 8 1948 (b) John S. Edwards  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 6 Sept 1948  
at 3 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 6 Sept 1948 to 6 Sept 1948  
I last saw her alive on 6 Sept 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Congestive Heart Failure Duration 3 hrs

Due to Rheumatic Heart Disease years  
Rheumatic Fever

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature Marion J. Kerns  
and Address Fairfield, Ida (M. D. or other) 8 Sept 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

095B

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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1948 10 27

# Certificate of Death

STATE OF IDAHO

1948 3306  
State File No. ....  
Local Reg. No. 510  
Reg. Dist. No. 363

## 1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Hampton  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☐ Hospital? ☒ Institution? ☐ Other place  
(f) Name Hosp. or Institution Hampton Stayed 7 days  
(g) Lived in this county 18 years 18 months 18 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hampton  
(d) Street Address or R.F.D. No. # 3  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

Charles Neusch

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 19 years

7. Date of Birth (Month, Day, Year) Aug 10 - 1870

AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>0</u>	<u>17</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 17 yrs.

10. Industry or Business Farmer Date last worked 8/30/48

11. Birthplace Millard County Utah (City or town) (State or foreign country)

12. Name Charles Neusch

13. Birthplace Idaho (City or town) (State or foreign country)

14. Maiden name Neusch

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records

and Address Boise, Idaho

17. (a) Buried (b) Date thereof 8/30/48 (Month) (Day) (Year)

(c) Place Hampton Idaho

18. Funeral Director's OWN Signature Henry H. Halper

and Address Hampton Idaho

19. (a) Sept 28 - 1948 (b) Lyla Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 27th 1948

at 8 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 29 1948 to Aug 27 1948

I last saw him alive on Aug 27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration

Due to Bronchitis

Due to Arteriosclerosis

Other conditions Coronary protuberance

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation Idaho Date Idaho

Major finding Idaho

Finding of autopsy Idaho

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred Idaho City, county, state

where violence occurred Idaho

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Idaho

23. Attendant's OWN Signature Henry C. Wesche M.D.

and Address Hampton, Idaho Date 9-8 1948

(For additional space, use reverse side)

H. Neusch

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JUL 7 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3307  
Local Reg. No. 513  
Reg. Dist. No. 368

## DIVISION OF VITAL

### 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Rt #3  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Summiton Stayed 120 days  
(g) Lived in this county 18 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Rt #3  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Tennessee

### 3. (a) FULL NAME

John Fred Allen

124B

### 3. (b) If veteran, name war

### 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Jan 6 - 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>48</u>	<u>8</u>	<u>26</u>	hrs. min.

9. Exact Occupation Farmer Did this work for years

10. Industry or Business Farmer Date last worked

11. Birthplace Rockwellville Tennessee (City or town) (State or foreign country)

12. Name John Fred Allen (City or town) (State or foreign country)

13. Birthplace Tennessee (City or town) (State or foreign country)

14. Maiden name Emma Barnett (City or town) (State or foreign country)

15. Birthplace Tennessee (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records and Address By Geo. H. Walker

17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof Sept 7/1948 (Month) (Day) (Year)

(c) Place Nampa Idaho

18. Funeral Director's OWN Signature George H. Walker and Address Nampa Idaho

19. (a) Sept 29 1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 1 1948  
at 8 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from June 20 1947 to Sept 1 1948  
I last saw him alive on Sept 1 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cirrhosis of liver

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

Duration

PHYSICIAN  
Underline the cause to which death should be charged statistically

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

23. Attendant's OWN Signature Henry C Wesche M.D. (M. D. or other)

and Address Nampa Idaho Date Sept 5 1948  
(For additional space, use reverse side)

H. H. Walker

363



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 8 1948

# Certificate Of Death

STATE OF IDAHO

1948 3308  
State File No. \_\_\_\_\_  
Local Reg. No. 496  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Wilder  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Thomas Franklin Brown

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) March 22-1948

8. AGE	Years	Months	Days	If less than 1 day
	-	5	9	hrs min.

## 9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Bend, Oregon (City or town) (State or foreign country)

## 12. Name John Franklin Brown (City or town) (State or foreign country)

## 13. Birthplace Connant, Illinois (City or town) (State or foreign country)

## 14. Maiden name Goldie Gilbert

## 15. Birthplace Wilder, Idaho (City or town) (State or foreign country)

## 16. Informant's OWN Signature John F. Brown and Address Wilder, Idaho

## 17. (a) Burial (b) Date thereof 9-2-48 (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: Canyon Hill

## 18. Funeral Director's OWN Signature Rockman-Dakan Chapel

## and Address Caldwell, Idaho

## 19. (a) Sept 6-1948 (Date received and filed) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH September 1 19 48 (Month, Day, Year) at 12:00 o'clock Noon

## 21. I HEREBY CERTIFY, That I attended deceased from Aug 29 1948, to Sept 6 1948 I last saw him alive on Sept 1 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death Acute Myocardial Infarction Duration 5 days Cold

## Due to \_\_\_\_\_

## Due to \_\_\_\_\_

## Other conditions none (Include pregnancy within 3 months of death)

## Where was disease contracted? at home

## Name of operation none Date 8-29-48

## Major finding \_\_\_\_\_

## Finding of autopsy none

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature W. B. Daines M.D.

## and Address Box 289 Nampa (M. D. or other) Date 9-3 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
SEP 18 1948 STATE OF IDAHO

476  
State File No. 3309  
Local Reg. No. 501  
Reg. Dist. No. 368

1. PLACE OF DEATH: **DIVISION OF VITAL STATISTICS**
- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed \_\_\_\_\_ days  
(g) Lived in this county 43 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #6  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 62 years  
(h) Former residence (city, state) Lewiston, Ida.

3. (a) FULL NAME Loretta Bell Black

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or race W 6. (a) Single, widowed, married, divorced M  
4. Sex F 6. (b) Name of husband or wife Charles E. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) December 11-1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>8</u>	<u>21</u>	hrs min.

9. Exact Occupation Housekeeping Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Maxwell, California (City or town) (State or foreign country)  
12. Name Johnson Fender  
13. Birthplace Not Known (City or town) (State or foreign country)  
14. Maiden name Walton  
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature E. E. Black  
and Address Caldwell, Idaho Rt. 6

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-48 (Month) (Day) (Year)  
(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Beckham-Dekan Chapel  
and Address Caldwell, Idaho

19. (a) Sept-16-1948 (Date received and filed) (b) Lyla Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) September 2 19 48  
at 8:06 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 15 19 48, to Sept 2 19 48  
I last saw her alive on Sept 2 19 48; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Hypostatic pneumonia Duration 2 days  
Due to hypertensive heart disease 20 yrs  
Due to essential hypertension  
Other conditions menstruation  
(Include pregnancy within 3 months of death)  
Where was disease contracted? Idaho  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding none  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
Attendant's OWN Signature E. E. Distler M.D.  
and Address Boise, Idaho (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 15 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **3310**  
Local Reg. No. **498**  
Reg. Dist. No. **362**

## 1. PLACE OF DEATH STATISTICS

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No.   
(d) Death Occurred Inside? ☒ Outside? ☐ city or town   
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place   
(f) Name Hosp. or Inst. Mary Stayed 4 days  
(g) Lived in this county 29 years  months  days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. R#1  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town   
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Hansen

## 3. (a) FULL NAME

Glenn C. Shawhan

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive  years

7. Date of Birth (Month, Day, Year) Dec 7-1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>9</u>	<u>27</u>	hrs. min.

9. Exact Occupation Doctor Did this work for 35 yrs.

10. Industry or Business  Date last worked

11. Birthplace Kansas (City or town) (State or foreign country)

12. Name Unknown (City or town) (State or foreign country)

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown (City or town) (State or foreign country)

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records and Address By George H. Walker

17. (a) Buried (Burial, cremation or removal) (b) Date thereof 9/8/48 (Month) (Day) (Year)

(c) Place Boise Idaho

18. Funeral Director's OWN Signature George H. Walker and Address Nampa Idaho

19. (a) Sept 15-1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 3rd 1948

at 9 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1946 to Sept 3 1948

I last saw him alive on Sept 3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 10 min

Due to Arterio-sclerosis 40 yrs

Due to Pyelonephritis 2 yrs

Other conditions  (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?

Occurred  19  City, county, state where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature F. S. Keehn, M.D. (M.D. or other)

and Address Nampa, Ida Date 9-8 1948 (For additional space, use reverse side)

Tochne

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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06-7 1948

# Certificate of Death

DEPARTMENT OF VITAL STATE OF IDAHO

1948 State File No. 3311  
Local Reg. No. 511  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 140 - 2nd Rd. N.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 28 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

Mrs. Barbara Cerna

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) Mar 31st 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>6</u>	<u>4</u>	hrs. min.

9. Exact Occupation At Home Did this work for ☐ yrs.

10. Industry or Business ☐ Date last worked ☐

11. Birthplace Czechoslovakia (City or town) (State or foreign country)

Father { 12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

Mother { 14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Family Records  
and Address By the H. Walker

17. (a) Burial (b) Date thereof 9/7/48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Nampa Idaho

18. Funeral Director's OWN Signature George H. Walker

and Address Nampa Idaho

19. (a) Sept 28 - 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 4th 1948

at 9 o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 1 1948 to Sept 9 1948

I last saw her alive on Sept 9 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Central Hemorrhage Duration

Due to Hypertension

Due to Emphysema

Other conditions ☐ (Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature Henry C. Wesche M.D.

and Address Nampa Idaho Date 9-8 1948

(For additional space, use reverse side)

D H Muske

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 1 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3312  
Local Reg. No. 509  
Reg. Dist. No. 362

1. PLACE OF DEATH: DIV. OF VITAL STATISTICS
- (a) County Canyon
- (b) City or town Nampa
- (c) Street Address or R.F.D. No. R.F.D. No. 211-15th Ave. No.
- (d) Death Occurred Inside? ☒ Outside? ☐ city or town
- (e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐
- (f) Name Hosp. or Inst. Merry Stayed 10 days
- (g) Lived in this county 2 years 7 months 10 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon
- (c) City or town Nampa
- (d) Street Address or R.F.D. No. 211-15th Ave. No.
- (e) Deceased lived Inside? ☒ Outside? ☐ city or town
- (f) Citizen of what country? U. S. A.
- (g) How long had deceased lived in Idaho? 2 years
- (h) Former residence (city, state) California

3. (a) FULL NAME Mrs. Augustine Bennett

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ray 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 15-1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>6</u>	<u>20</u>	hrs. min.

9. Exact Occupation U. S. Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Wilkes Barre Penn. (City or town) (State or foreign country)

12. Name John Keller (City or town) (State or foreign country)

13. Birthplace Gronau (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address By George H. Walker

17. (a) Burial (b) Date thereof 9/9/48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Nampa Idaho

18. Funeral Director's OWN Signature George H. Walker  
and Address Nampa Idaho

19. (a) Sept 17-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 4th 1948  
at 6:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 8/29/48 to 9/3/48 1948  
I last saw him alive on 9/3/48 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Recurrent attack of  
apoplexy.  
Due to Primary attack  
of apoplexy.  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None performed

Duration  
1 hour  
7 days  
PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. P. H. Meyer, M.D.  
(M. D. or other)

and Address Nampa Idaho Date 9/9/48 1948  
(For additional space, use reverse side)

Dr. Keller

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 27 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **3313**  
Local Reg. No. **586**  
Reg. Dist. No. **363**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R.F.D. No. 5111 7th Ave S.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town Hamper  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 39 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R.F.D. No. 5111 7th Ave S.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town Hamper  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

Frank Sanford

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W.

6. (b) Name of husband or wife

6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) Dec 16 - 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>9</u>	<u>25</u>	hrs. min.

9. Exact Occupation Farmer Did this work for ☐ yrs.

10. Industry or Business Farmer Date last worked ☐

11. Birthplace Richmond Virginia (City or town) (State or foreign country)

12. Name Rowal A. Sanford (City or town) (State or foreign country)

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown (City or town) (State or foreign country)

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Family Records

and Address By Geo. H. Walker

17. (a) Buried (b) Date thereof 9/13/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Melba Idaho

18. Funeral Director's OWN Signature George H. Walker

and Address Hamper Idaho

19. (a) Sept 20 - 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 10 1948  
at 10 o'clock 2 M.

21. I HEREBY CERTIFY, That I attended deceased from July 10 1948 to Sept 10 1948.  
I last saw him alive on 9-10-1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Tuberculosis Duration 2 years

Due to ☐

Due to ☐

Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature V.C. Bellman

and Address Hamper Idaho Date 9-11-48

(For additional space, use reverse side)

V.C. Bellman

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

SEP 27 1948

STATE OF IDAHO

State File No. 3314  
Local Reg. No. 507  
Reg. Dist. No. 362

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sametitan Stayed 4 hrs  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 4 hrs

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Vet. Village N.N.C.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Ronnie Lee Goehring

3. (b) If veteran, name war none

3. (c) Social Security No. none

5. Color or

4. Sex male race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) September 14, 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>4</u> hrs. <u>30</u> min.

9. Exact Occupation infant Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Nampa, Idaho (City or town) (State or foreign country)

12. Name Walter Goehring (City or town) (State or foreign country)

13. Birthplace Selfridge, N. Dak. (City or town) (State or foreign country)

14. Maiden name Willa Jane Stratton

15. Birthplace Meridian, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Walter Goehring

and Address 777 E. 7th St. Nampa, Idaho

17. (a) Burial (b) Date thereof 9/17/48 (Month) (Day) (Year)

(c) Place Cloverdale Cemetery Boise

18. Funeral Director's OWN Signature John E. Alsip, Jr.

and Address Nampa, Idaho

19. (a) Sept 20-1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 14, 1948

at 6:55 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 2:15 PM

Sept 14 1948 to Sept 14 1948

I last saw him alive on Sept 14 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Prematurity  
Due to \_\_\_\_\_

7 hrs baby  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Henry C. Wesche MD

(M. D. or other)

and Address Nampa, Idaho Date 9-17 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

SEP 27 1948 STATE OF IDAHO

DIVISION OF VITAL

1948 3315  
State File No. \_\_\_\_\_  
Local Reg. No. 506  
Reg. Dist. No. 363

1. PLACE OF DEATH
- (a) County. Canyon
- (b) City or town. Nampa
- (c) Street Address or R.F.D. No. 923-11th Ave. S.
- (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town
- (e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_
- (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
- (g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Blaine County
- (c) City or town. Mt Home
- (d) Street Address or R.F.D. No. \_\_\_\_\_
- (e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 30 years
- (h) Former residence (city, state) Nebraska

3. (a) FULL NAME Henry Halverson

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Oct 31 - 1869

8. AGE	Years	Months	Days	If less than 1 day
	76	11	15	hrs. min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Father { 12. Name \_\_\_\_\_

13. Birthplace (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Mother { 14. Maiden name \_\_\_\_\_

15. Birthplace (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Hospital Records and Address By George H. Harker

17. (a) Burial (Burial, cremation, or removal) Nampa Idaho (b) Date thereof 9/16/48 (Month) (Day) (Year)

18. Funeral Director's OWN Signature George H. Harker and Address Nampa Idaho

19. (a) Date received and filed Sept-20-1948 (b) Registrar's signature Lyda Rodgers

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 15th 1948 at \_\_\_\_\_ clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him alive on Sept. 14, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature F. D. Koehn, M.D. and Address Nampa Ida Date 9-18 1948 (For additional space, use reverse side)

Koehn



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

SEP 27 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948

State File No.

3316

Local Reg. No.

508

Reg. Dist. No.

362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 103 Ivy  
(d) Death Occurred Inside? X Outside?    city or town     
(e) Died in a Home    Hospital    Institution X Other place     
(f) Name Hosp. or Inst. Lorston's Stayed 1 hr days  
(g) Lived in this county 23 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 556 Sunset  
(e) Deceased lived Inside? X Outside?    city or town     
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) So. Dakota

## 3. (a) FULL NAME

MR JOHN W. THOREAU

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

## 5. Color or

Sex male race white

## 6. (a) Single, widowed, married, divorced

married

## 6. (b) Name of husband or wife

Nettie Thoreau

## 6. (c) Age of husband or wife if alive

76 years

## 7. Date of Birth

(Month, Day, Year) June 27, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>3</u>	<u>18</u>	hrs. min.

9. Exact Occupation Furniture, Hardware Did this work for    yrs.

10. Industry or Business Retired Date last worked 1932

11. Birthplace Osceola, Iowa (City or town) (State or foreign country)

12. Name Philip Thoreau (City or town) (State or foreign country)

13. Birthplace Jersey Island (City or town) (State or foreign country)

14. Maiden name Anna Touet (City or town) (State or foreign country)

15. Birthplace Unobtainable (City or town) (State or foreign country)

16. Informant's OWN Signature Nettie Thoreau and Address 556-SUNSET-NAMPA IDAHO

17. (a) Burial (b) Date thereof 9/18/48 (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery Nampa Idaho

18. Funeral Director's OWN Signature John & Alvin, Jr. and Address Nampa Idaho

19. (a) Sept. 22-1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) September 15, 1948  
at 6:00 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

June 8 1945 to Sept 15 1948  
I last saw him alive on Sept 15 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac failure

Due to Secondary aneurism

Due to Probable Esophageal stricture

Other conditions    (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Manner of injury   

## 23. Attendant's OWN Signature

Henry C. Weisbach (M. D. or other)

and Address Nampa, Idaho Date 9-21 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

# Certificate Of Death

OCT 7 1948

STATE OF IDAHO

State File No. 3317  
Local Reg. No. 512  
Reg. Dist. No. 368

1. PLACE OF DEATH: SENIOR
- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Carter's Stayed \_\_\_\_\_ days  
(g) Lived in this county 37 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME James Isrel De Vault

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M race W 5. Color or 6. (a) Single, widowed, married, divorced D  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 9/18/61

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>		<u>1</u>	hrs min.

9. Exact Occupation Cook Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

Mother { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Ora Murphy  
and Address 1015 Albany St., Caldwell

17. (a) Burial (b) Date thereof 9-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) Sept 28-1948 (b) Lyla Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 056E

20. DATE OF DEATH Sept 19 19 48  
(Month, Day, Year) at 8 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 25 19 46, to Sept 19 19 48.  
I last saw him alive on July 29 19 46; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial infarction Duration \_\_\_\_\_  
central hemorrhage

Due to Senility

Due to \_\_\_\_\_  
Other conditions Filmsa Britton  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Henry C. Decker  
(M. D. or other) and Address Caldwell, Idaho Date 9-24-48  
(For additional space, use reverse side)

Nampa, Idaho 363

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 27 1948

# Certificate of Death

STATE OF IDAHO

1948

3318

State File No. \_\_\_\_\_  
Local Reg. No. 509  
Reg. Dist. No. 362

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 404 Holly  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 404 Holly  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 months  
(h) Former residence (city, state) New Bridge, Ore.

3. (a) FULL NAME REV. BRYAN ALEXANDER  
(b) If veteran, name war none  
(c) Social Security No. none  
(d) Color or race white  
(e) Sex male  
(f) (b) Name of husband or wife Ida Alexander  
(g) (c) Age of husband or wife if alive 48 years

7. Date of Birth (Month, Day, Year) September 27, 1897  
8. AGE  

Years	Months	Days	If less than 1 day
<u>50</u>	<u>12</u>	<u>23</u>	hrs. min.

9. Exact Occupation Minister Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Church of Nazaren Date last worked \_\_\_\_\_  
11. Birthplace Cedar County, Missouri (City or town) (State or foreign country)

12. Name William Alexander  
13. Birthplace Missouri (City or town) (State or foreign country)  
14. Maiden name Elisa Robley  
15. Birthplace Unobtainable (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Bryan Alexander  
and Address 404 Holly Nampa, Idaho

17. (a) Burial (b) Date thereof 9/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature John E. Chap. Jr.  
and Address Nampa, Idaho

19. (a) Sept 22 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

Bryan Alexander

046 E  
055 E

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) September 20, 1948  
at 4:08 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 20 1948 to Sept 20 1948  
I last saw him alive on Sept 20 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Metastatic Spread of Adenocarcinoma of Esophagus Duration 6 mos  
Due to Adenocarcinoma of Esophagus  
Due to Cancer  
Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation Resection Detail 11/26/47  
Major finding Lymphatic tumor  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature J. H. Mangum M.D.  
(M. D. or other)  
and Address Nampa, Idaho Date 9-21 1948  
(For additional space, use reverse side)

State File No. \_\_\_\_\_  
Local Reg. No. 875  
Reg. Dist. No. 363

United States  
Department of Commerce  
Bureau of the Census  
**RECEIVED Certificate Of Death**  
OCT 7 1948  
STATE OF IDAHO

1. PLACE OF DEATH:

(a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed \_\_\_\_\_ days  
(g) Lived in this county 15 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 2314 Indiana Ave  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Jason Hallock

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 23-1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>2</u>	<u>3</u>	hrs min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Tunkonuck, Pennsylvania (City or town) (State or foreign country)

12. Name Eli Hallock

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

14. Maiden name Mary Jane Champlin

15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Jason Hallock

and Address 2314 Indiana Ave., Caldwell

17. (a) Removal (b) Date thereof 9/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Peckham-Lakan Chapel

18. Funeral Director's OWN Signature V. Peckham

and Address Caldwell, Idaho

19. (a) Sept 30 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 051B 155E

20. DATE OF DEATH (Month, Day, Year) September 26, 1948  
at 8:00 A.M. o'clock 8 M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 26 1948 to Sept 26 1948  
I last saw him alive on Sept 26 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bilateral Bronchopneumonia Duration 10 days

Due to Cancer of Prostate 18 mos.

Due to Sec. Anemia

Other conditions Benign Prostatic Hypertrophy (include pregnancy within a month of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding Cancer of Prostate

Finding of autopsy metastases of prostatic carcinoma which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. F. Distler M.D.

and Address 2050 Kimball (M.D. or other) Date 9-27-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 7 1948 **Certificate of Death**  
DIVISION OF VITAL STATISTICS STATE OF IDAHO

1948 3320  
State File No. \_\_\_\_\_  
Local Reg. No. 516  
Reg. Dist. No. 362

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Parma  
(c) Street Address or R.F.D. No. 316 16th Ave. So.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 39 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. 316 16th Ave. So.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Cleveland, Ohio

3. (a) FULL NAME

MRS. CHRISTINA G. WOODRUFF Christina G. Woodruff 050X

3. (b) If veteran, name war

none

3. (c) Social Security No.

none

5. Color or

4. Sex Female race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank M.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth

(Month, Day, Year) September 12, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>0</u>	<u>10</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Home Date last worked \_\_\_\_\_

11. Birthplace Canton, Ohio (City or town) (State or foreign country)

12. Name John Crth

13. Birthplace No Record (City or town) (State or foreign country)

14. Maiden name Annie

15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature Wm Woodruff and Address Parma, Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/48 (Month) (Day) (Year)

(c) Place Koblenz Cemetery

18. Funeral Director's OWN Signature Robinson-Wisnig Chapel and Address Parma, Ohio

19. (a) Oct-1-1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 22, 1948 at 5:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 7-1-48 to 9-28-48

I last saw her alive on 9-28-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer Lung Duration \_\_\_\_\_

Due to Metastatic Cancer

Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted? Idaho

Name of operation Great Cancer Date 7/12/48

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Lyda Rodgers (M. D. or other)

and Address Parma, Ohio Date 9-29-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 27 1948  
OFFICE OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3321  
Local Reg. No. 618  
Reg. Dist. No. 363

1. PLACE OF DEATH:
- County Canyon
  - City or town Mary
  - Street Address or R.F.D. No. \_\_\_\_\_
  - Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_
  - Name Hosp. or Inst. Mary Stayed 9 days
  - Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 9 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- State Idaho
  - County Canyon
  - City or town Mary
  - Street Address or R.F.D. No. \_\_\_\_\_
  - Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_
  - Citizen of what country? U. S. A.
  - How long had deceased lived in Idaho? Life years
  - Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Trisha Ann Coble

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_
4. Sex F 5. Color or race N.
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Sept 20 - 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>9</u>	hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Mary Idaho  
(City or town) (State or foreign country)

12. Name Dorothy Coble
13. Birthplace Columbia Mary  
(City or town) (State or foreign country)
14. Maiden name Theresa Cheney
15. Birthplace Russia Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address By Dr. H. Walker

17. (a) Burial (b) Date thereof Oct 1 / 48  
(Burial, cremation or removal) (Month) (Day) (Year)
- (c) Place Mary Idaho

18. Funeral Director's OWN Signature Frank H. Walker  
and Address Mary

19. (a) Oct 6 - 1948 (b) Lida Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 29 th 1948  
at 11 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 29 1948 to Sept 29 1948  
I last saw him alive on Sept 29 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio-respiratory failure Duration 1 day

Due to Prematurity 7mo baby

Due to Immaturity 7mo

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature F. D. Kachue, Jr.  
(M. D. or other)

and Address Mary, Ida Date 9-30 1948  
(For additional space, use reverse side)

Frank Walker

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 2 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
NON-RESIDENT  
Certificate of Death

1948  
State File No. 3322  
Local Reg. No. 514  
Reg. Dist. No. 363

1. PLACE OF DEATH: STATISTICS  
(a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R.F.D. No. 512 6th Ave S  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 1 years 1 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State New York (b) County Schenectady  
(c) City or town Schenectady  
(d) Street Address or R.F.D. No. 1119  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) New York

3. (a) FULL NAME Mrs Edith V. Yarter

3. (b) If veteran, name war ☐ 3. (c) Social Security No. 092A

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edith V. Yarter

6. (c) Age of husband or wife if alive 19 years

7. Date of Birth (Month, Day, Year) Feb 19-1880

8. AGE	Years	Months	Days	If less than 1 day
	68	8	12	hrs. min.

9. Exact Occupation At Home Did this work for 1 yrs.

10. Industry or Business North Adams Mass. Date last worked 10/1/48

11. Birthplace North Adams Mass. (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Family Records  
and Address By E. H. Walker

17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof 10/1/48 (Month) (Day) (Year)  
(c) Place Schenectady New York

18. Funeral Director's OWN Signature George H. Walker  
and Address Hamper Idaho

19. (a) Sept 30 1948 (Date received and filed) (b) Lydia Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 074A

20. DATE OF DEATH (Month, Day, Year) Sept 30 1948  
at 7:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 30 1948 to Sept 30 1948  
I last saw h. alive on Sept 30 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 5 min

Due to Arterio-sclerosis 20 yrs

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? Physician

Name of operation None Date Sept 30 1948  
Major finding None  
Finding of autopsy None  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 10/1/48 City, county, state where violence occurred Schenectady New York

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury None

23. Attendant's OWN Signature F. D. Keehan, M.D. (M. D. or other)  
and Address Hamper Idaho Date 9-30 1948  
(For additional space, use reverse side)

Thorndue

491

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 13 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1548  
State File No. 3323  
Local Reg. No. 24  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sanitarium Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Greenleaf  
(d) Street Address or R.F.D. No. Route #4  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 hrs years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Baby Winslow

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or race W  
4. Sex M  
(b) Name of husband or wife \_\_\_\_\_  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
(a) Single, widowed, married, divorced \_\_\_\_\_

7. Date of Birth (Month, Day, Year) September 3-1948

8. AGE	Years	Months	Days	If less than 1 day
	-	-	-	6 hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Caldwell, Idaho  
(City or town) (State or foreign country)

12. Name Elton Winslow

13. Birthplace Jewel Co., Kansas  
(City or town) (State or foreign country)

14. Maiden name La Verne Wright

15. Birthplace Greenleaf, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature \_\_\_\_\_

and Address Caldwell, Idaho R. 2

17. (a) Burial (b) Date thereof 9-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Greenleaf, Idaho

18. Funeral Director's OWN Signature \_\_\_\_\_

and Address Caldwell, Idaho

19. (a) 9-7-48 (b) Regis. Madenman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 3 19 48  
at 3:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 3 1948, to Sept 3 1948  
I last saw h./M. alive on Sept 3 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial Infarction  
Hydramnion of mother  
Due to \_\_\_\_\_

Duration  
24 hours  
2 weeks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature \_\_\_\_\_

and Address Caldwell, Idaho (M. D. or other)

Date 9/9 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

SEP 13 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3324  
Local Reg. No. 26  
Reg. Dist. No. 960

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home Hospital ☒ Institution Sanitarium Other place...  
(f) Name Hosp. or Inst. Sanitarium Stayed... days  
(g) Lived in this county... years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (~~city, state~~) Portland

## 3. (a) FULL NAME

Martha M. Price

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or race W 6. (a) Single, widowed, married, divorced S  
4. Sex F 6. (c) Age of husband or wife if alive... years  
7. Date of Birth (Month, Day, Year) May 29-1884

8. AGE	Years	Months	Days	If less than 1 day
	64	3	7	hrs min.

9. Exact Occupation Dress Designer Did this work for 29 yrs.  
10. Industry or Business Date last worked 1947  
11. Birthplace New Point, Missouri (City or town) (State or foreign country)  
12. Name John Price (City or town) (State or foreign country)  
13. Birthplace Virginia (City or town) (State or foreign country)  
14. Maiden name Amanda Meyer  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Raymond Price  
and Address Parma, Idaho

17. (a) Burial (b) Date thereof 9-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hall

18. Funeral Director's OWN Signature Beckham-Duncan Chapel  
and Address Caldwell, Idaho

19. (a) 9-10-48 (b) Regina Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 107X

20. DATE OF DEATH (Month, Day, Year) September 6 19 48  
at 8:00 P.M. o'clock 8 M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 4 19 48, to Sept 6 19 48  
I last saw h. E.P. alive on Sept 6 19 48; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Bronchitis pneumonia Duration 3 days  
Due to Carcinoma of Breast with generalized secondary 2 years  
Due to 9 months  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature John Price (M. D. or other)  
and Address Caldwell Date 9/5 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

OCT 7 1948

# Certificate of Death

STATE OF IDAHO

1948 332529  
State File No.  
Local Reg. No. 29  
Reg. Dist. No. 360

1. PLACE OF DEATH: **STATISTICS**  
(a) County..... **Canyon**  
(b) City or town..... **Caldwell**  
(c) Street Address or R.F.D. No.....  
(d) Death Occurred Inside? ☒ Outside?.....city or town  
(e) Died in a Home.....Hospital ☒ Institution.....Other place.....  
(f) Name Hosp. or Inst.....Stayed.....days  
(g) Lived in this county.....2 years.....months.....days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State..... **Idaho** (b) County..... **Canyon**  
(c) City or town..... **Wilder**  
(d) Street Address or R.F.D. No.....  
(e) Deceased lived Inside?.....Outside? ☒ city or town  
(f) Citizen of what country?..... **U. S. A.**  
(g) How long had deceased lived in Idaho?.....2 years  
(h) Former residence (city, state)..... **Oregon**

3. (a) FULL NAME **VERNON W. SMEAD**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**  
4. Sex..... **1. Color or W** 5. (a) Single, widowed, married, divorced..... **Single**  
6. (b) Name of husband or wife **no** 6. (c) Age of husband or wife if alive.....**no** years

7. Date of Birth (Month, Day, Year) **Sept. 14, 1936**

8. AGE	Years	Months	Days	If less than 1 day
	<b>12</b>	<b>0</b>	<b>2</b>	hrs. min.

9. Exact Occupation..... **Chils** Did this work for.....yrs.

10. Industry or Business..... **Student** Date last worked.....

11. Birthplace..... **Bend, Oregon** (City or town) (State or foreign country)

12. Name..... **Harold Smead** (City or town) (State or foreign country)

13. Birthplace..... **Unknown** (City or town) (State or foreign country)

14. Maiden name..... **Arlette Carry** (City or town) (State or foreign country)

15. Birthplace..... **Buhl, Idaho** (City or town) (State or foreign country)

16. Informant's OWN Signature..... **Clyde O Anderson** and Address..... **Emmett, Idaho**

17. (a) **Burial** (b) Date thereof **9/20/48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place..... **Emmett, Idaho**

18. Funeral Director's OWN Signature..... **J. P. Schuman** and Address..... **Caldwell, Idaho**

19. (a) **9-30-48** (b) **Agnes Denman** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Sept. 16, 1948**  
at **6:45** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from.....19.....to.....19.....

I last saw h.....alive on.....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Bullet wound in base of brain entering lower left** Duration

Due to **Occipital 8 22 Cal rifle in the hands of a brother Arlene**

Due to **11 years old.**

Other conditions.....

(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy..... **as above**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... **Sept 16, 1948** City, county, state

where violence occurred..... **Near Wilder**

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?

Means of injury..... **as above Stated**

Attendant's OWN Signature..... **Wm D. Talley** and Address..... **Coroner**

Date..... **9/24/48**

(For additional space, use reverse side)

1948 State File No. \_\_\_\_\_  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

United States  
 Department of Commerce  
 Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

RECEIVED  
 SEP 27 1948

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
 (a) County Canyon  
 (b) City or town Caldwell  
 (c) Street Address or R.F.D. No. \_\_\_\_\_  
 (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
 (e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. Memorial Stayed \_\_\_\_\_ days  
 (g) Lived in this county \_\_\_\_\_ years 4 months 13 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
 (a) State Idaho (b) County Canyon  
 (c) City or town Greenleaf  
 (d) Street Address or R.F.D. No. \_\_\_\_\_  
 (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? Life years  
 (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Karen Lee Buck

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
 5. Color or race W  
 4. Sex F  
 6. (a) Single, widowed, married, divorced S  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Date of Birth (Month, Day, Year) May 8-1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>4</u>	<u>13</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
 11. Birthplace Caldwell, Idaho  
 (City or town) (State or foreign country)  
 12. Name Darald L. Buck  
 13. Birthplace Smithfield, Utah  
 (City or town) (State or foreign country)  
 14. Maiden name Betty Lloyd  
 15. Birthplace Washington  
 (City or town) (State or foreign country)  
 16. Informant's OWN Signature Darald L. Buck  
 and Address Greenleaf, Idaho  
 17. (a) Burial (b) Date thereof 9-20-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: Canyon Hill  
 18. Funeral Director's Peckham-Bakan Chapel  
 OWN Signature \_\_\_\_\_  
 and Address Caldwell, Idaho  
 19. (a) 9-24-48 (b) Ernest Denman  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 18 19 48  
 (Month, Day, Year) at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 8 19 48, to Sept 18 19 48.  
 I last saw her alive on Sept 18 19 48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Pneumonia  
 Due to \_\_\_\_\_ days

Due to \_\_\_\_\_  
 Other conditions Pneumonia  
 (Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
 Major finding \_\_\_\_\_  
 Finding of autopsy \_\_\_\_\_  
 PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
 Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
 where violence occurred \_\_\_\_\_  
 Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
 Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
 Means of injury \_\_\_\_\_  
 23. Attendant's OWN Signature E. L. Drumm MD  
 and Address Caldwell, Idaho (M. D. or other) \_\_\_\_\_  
 Date 9/21 19 48  
 (For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-205 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

OCT 7 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

1948

3327

State File No.

Local Reg. No.

Reg. Dist. No.

30

360

## 1. PLACE OF DEATH: STATISTICS

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sanitarium Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Malheur  
(c) City or town Adrian  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Oregon 10 years  
(h) Former residence (city, state) Cortez, Colorado

## 3. (a) FULL NAME Ernest Guy Cowling

3. (b) If veteran, name war No No. No  
5. Color or race W  
6. (a) Single, widowed, married, divorced M  
(b) Name of husband or wife Edna Beatrice alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) February 26-1884

8. AGE	Years	Months	Days	If less than 1 day
	64	6	29	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Akron, Ohio (City or town) (State or foreign country)

12. Name John Cowling  
13. Birthplace Pennsylvania (City or town) (State or foreign country)  
14. Maiden name Salina Eichelberger  
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's OWN Signature Edna S. Cowling  
and Address Adrian, Oregon

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-28-48 (Month) (Day) (Year)  
(c) Place: Adrian Cemetery

18. Funeral Director's OWN Signature Peckham Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 9-30-48 (Date received and filed) (b) Agnis M. Newman (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 25 19 48  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 15 19 48, to Sept 25 19 48  
I last saw him alive on Sept 25 19 48; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Pneumonia Duration 2 days

Due to Latent syphilis carcinoma of pylorus of stomach 1 year

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation Autopsy Date 9/21/48

Major finding Reaction of stomach

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendants OWN Signature Lester Schupe

and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 10 1948  
Certificate of Death  
STATE OF IDAHO

State File No. 3328  
Local Reg. No. 502  
Reg. Dist. No. 363

1. PLACE OF DEATH

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R.F.D. No. #1 - Melba  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 12 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R.F.D. No. #1 - Melba  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Cascade Idaho

3. (a) FULL NAME

Robert H. Hoagland

074A

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Nov 27 - 1935

8. AGE	Years	Months	Days	If less than 1 day
	<u>13</u>	<u>10</u>	<u>8</u>	hrs. min.

9. Exact Occupation Student Did this work for years

10. Industry or Business Cascade Idaho Date last worked

11. Birthplace Cascade Idaho (City or town) (State or foreign country)

12. Name William Hoagland

13. Birthplace Hamper Idaho (City or town) (State or foreign country)

14. Maiden name Olivia Hallman

15. Birthplace Hamper Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Family Records

and Address By the H. H. Walker

17. (a) Burial (b) Date thereof 9/8/48 (Month) (Day) (Year)

(c) Place Hamper Idaho

18. Funeral Director's OWN Signature George H. Walker

and Address Hamper Idaho

19. (a) Sept 17 1948 (b) Lyla Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 4 19 48  
at 7 o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from August 18 19 48 to Sept 4 19 48  
I last saw him alive on Sept 2 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Lymphocytic Leukemia Duration 6 wks.  
Acute

Due to —

Due to —

Other conditions none (Include pregnancy within 3 months of death)

Where was disease contracted? —

Name of operation — Date —

Major finding —

Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature W. B. Ross (M.D.)

and Address Hamper Idaho Date 9/8 19 48

(For additional space, use reverse side)

On Rosa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

SEP 27 1948 Certificate of Death

DIVISION OF VITAL STATE OF IDAHO

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

1948 3329  
State File No. \_\_\_\_\_  
Local Reg. No. 504  
Reg. Dist. No. 363

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 1  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 70 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Mrs Alice Post

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife Ben

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
				hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Caldwell Idaho  
(City or town) (State or foreign country)

Father { 12. Name Unknown

13. Birthplace Unknown  
(City or town) (State or foreign country)

Mother { 14. Maiden name Unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Family Records  
and Address By Geo H. Walker

17. (a) Burial (b) Date thereof 9/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Caldwell Idaho

18. Funeral Director's OWN Signature George H. Walker

and Address Nampa Idaho

19. (a) Sept 20-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 6th 1948  
at 10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 48 to Sept 6 48

I last saw her alive on Sept 6 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hemorrhage brain Duration \_\_\_\_\_

Due to Perforated peptic ulcer

Due to Chronic atrophic

Other conditions Pneumonia Congestive

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. B. Belknap (M. D. \_\_\_\_\_)

and Address Nampa Date Sept 7 48

H. B. Belknap

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 20 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3330  
Local Reg. No. 27  
Reg. Dist. No. 361

DIV. OF VITAL

1. PLACE OF DEATH: **STATE**
- (a) County Canyon
- (b) City or town Middleton
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
- (g) Lived in this county 22 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon
- (c) City or town Middleton
- (d) Street Address or R.F.D. No. Box 173
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 22 years
- (h) Former residence (city, state) Missouri

3. (a) FULL NAME Marion Albert Campbell

3. (b) If veteran, name war No
3. (c) Social Security No. 519-03-0692
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Nona Maude
6. (c) Age of husband or wife if alive \_\_\_\_\_ years
7. Date of Birth (Month, Day, Year) March 23-1880

8. AGE	Years	Months	Days	If less than 1 day
	68	5	13	hrs min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Grant City, Missouri  
(City or town) (State or foreign country)
12. Name Levi Campbell
13. Birthplace England  
(City or town) (State or foreign country)
14. Maiden name Patricia Round
15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Marion A. Campbell
- and Address Middleton, Idaho

17. (a) Burial (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 9-11-48  
(Month) (Day) (Year)

- (c) Place: Middleton

18. Funeral Director's OWN Signature Peckham-Dakan Chapel
- and Address Caldwell, Idaho

19. (a) 9-14-48 (b) Agnes M. Newman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 6 1948  
(Month, Day, Year) at 1:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 6 1948, to Sept 6 1948
- I last saw him alive on Sept 6 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute coronary occlusion Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None performed

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_
- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_
- Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D. H. Peterson M.D.
- and Address Caldwell, Idaho (M. D. or other) \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
Certificate of Death  
STATE OF IDAHO

1948 3331  
State File No.  
Local Reg. No. 500  
Reg. Dist. No. 362

SEP 13 1948

1. PLACE OF DEATH: D. OF VITAL STATISTICS  
(a) County Canyon  
(b) City or town Melba  
(c) Street Address or R.F.D. No. 3 miles So. of Dry Lake  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 15 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 423 Fern St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state)

3. (a) FULL NAME Quentin Gerald Griffith

3. (b) If veteran, name war World War 2  
5. Color or race White  
4. Sex Male  
6. (b) Name of husband or wife Virginia  
7. Date of Birth (Month, Day, Year) July 3, 1921.

8. AGE	Years	Months	Days	If less than 1 day
	27	2	8	hrs. min.

9. Exact Occupation Police Officer Did this work for 3 yrs.  
10. Industry or Business Law Enforcement Date last worked 9/11/48

11. Birthplace Rosalia, Kansas.  
(City or town) (State or foreign country)

12. Name Glenn Griffith  
13. Birthplace Augusta, Kansas.  
(City or town) (State or foreign country)

14. Maiden name Josephine Clark  
15. Birthplace Johnson County, Mo.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Virginia Griffith  
and Address 423 Fern St Nampa, Ida

17. (a) Burial (b) Date thereof 9/16/48.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cloverdale Cemetery

18. Funeral Director's Robinson-Alsop Chapel  
OWN Signature John E. Alsop, Jr.  
and Address Nampa, Idaho

19. (a) Sept 15-1948 (b) Lydia Rodgers  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 11, 1948  
at 2:50 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death  
Head & Body Crushed  
in air plane accident.  
Due to Unknown

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy None

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred Sept 11, 1948 City, county, state  
where violence occurred near Nampa  
Place of Violence: Home Farm Industry  
Public Place While at work?

- Means of injury  
23. Attendant's OWN Signature Wm D. Galley  
and Address Nampa, Idaho Date Sept 19 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 7 1948

STATE OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3332  
Local Reg. No. 577  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 5  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 20 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 5  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) North Dakota

## 3. (a) FULL NAME

Nazel Blanche Jones

## 3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race W.  
6. (b) Name of husband or wife J. G. Gault 6. (c) Age of husband or wife if alive Married years

## 7. Date of Birth (Month, Day, Year) Aug 26 - 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>1</u>	<u>3</u>	hrs. min.

9. Exact Occupation At Home Did this work for        yrs.  
10. Industry or Business At Home Date last worked         
11. Birthplace Gray County Ontario Canada (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Family Records  
and Address By Geo. H. Walker

17. (a) Burial (b) Date thereof Oct 7/48 (Month) (Day) (Year)  
(c) Place Clarendale

18. Funeral Director's OWN Signature George H. Walker  
and Address Nampa Idaho

19. (a) Oct-4-1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 29th 1948  
at 9 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from        19      , to        19      .

I last saw h.        alive on        19      ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration sudden

Due to       

Due to       

Other conditions Goitre (Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19       City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Joop Batten MD (M. D. or other)

and Address Nampa Date 10/1 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 21 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3333

Local Reg. No. 97

Reg. Dist. No. 520-521

DIVISION OF VITAL

## 1. PLACE OF DEATH: STATISTICS

- (a) County Peribou  
(b) City or town Soda Springs  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Peribou Co. Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Grace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Provo, Utah

## 3. (a) FULL NAME Wilhelmina Elizabeth Warner

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race W.  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 16, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>1</u>	<u>21</u>	hrs min.

9. Exact Occupation Housewife Did this work for 55 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)  
Mother Father { 12. Name Gustaf William Carlsson  
13. Birthplace Stockholm, Sweden  
(City or town) (State or foreign country)  
14. Maiden name Eva Elizabeth Johnson  
15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature Anita Warner Cannon  
and Address 5030 Rhoda Way, Culver City, Cal.

17. (a) Burial (b) Date thereof Sept 8/1948  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Grange, Idaho

18. Funeral Director's OWN Signature Phenirio Webb  
and Address Boston, Idaho

19. (a) 9-7-1948 (b) Emory M. Hathaway  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 095A

20. DATE OF DEATH (Month, Day, Year) Sept. 6, 1948  
at 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1, 1948, to Sept 6, 1948  
I last saw her alive on Sept 6, 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Myocardial failure Duration 1 week

Due to Auricular Fibrillation 1 week

Due to \_\_\_\_\_  
Other conditions Diabetes mellitus 10 yrs.  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Charles Johnson, M.D.  
and Address Grace, Idaho (M.D. or other) Date 9/6 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3334  
Local Reg. No. 174  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. 320 So. Normal  
(d) Death Occured Inside? ☐ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. 36 Stayed — days  
(g) Lived in this county 26 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 320 So. Normal  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Amelia Ashcroft Boothe

## 3. (b) If veteran,

name war —

## 3. (c) Social Security

No. —

4. Sex Female race White  
5. Color or White  
(a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Miles H. Boothe  
(c) Age of husband or wife if alive — years  
7. Date of Birth (Month, Day, Year) August 9, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>1</u>	<u>14</u>	hrs min.

9. Exact Occupation At Home Did this work for — yrs.

10. Industry or Business — Date last worked Unknown

11. Birthplace Wigan Lancashire, England  
(City or town) (State or foreign country)

12. Name William Ashcroft

13. Birthplace England  
(City or town) (State or foreign country)

14. Maiden name Mary E. Barton

15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature John H. Boothe

- and Address 1819 Normal St.

17. (a) Burial (b) Date thereof 9-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Chesnut Hill Cemetery - Burley, Idaho

18. Funeral Director's OWN Signature Therese M. E. Gilloch

- and Address Burley, Idaho

19. (a) 10-7-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 24, 1948  
at 4:55 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1948, to Sept 24, 1948  
I last saw h. alive on Sept 24, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

CARCINOMA OF RIGHT BREAST Duration 2 1/2 yrs

Due to —

Due to —

Other conditions —  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation NONE Date —

Major finding —

Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature Therman R. Hurling M.D.

and Address Burley, Idaho Date 20-9-1948

(For additional space, use reverse slide)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3335  
Local Reg. No. 78  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 550 Hansen  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 7 years 7 weeks 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these),

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 550 Hansen  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Kathleen Draper

## 3. (b) If veteran,

name war                     

## 3. (c) Social Security

No.                     

4. Sex Female 5. Color or race W.  
6. (b) Name of husband or wife                      6. (c) Age of husband or wife if                      years

7. Date of Birth (Month, Day, Year) Aug-13-1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>=</u>	<u>1</u>	<u>15</u>	hrs min.

9. Exact Occupation                      Did this work for                      yrs.

10. Industry or Business                      Date last worked

11. Birthplace Burley Idaho (City or town) (State or foreign country)

12. Name Carmen E. Draper

13. Birthplace Burley Idaho (City or town) (State or foreign country)

14. Maiden name Norma Viola Brower

15. Birthplace Hayden Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Carmen Elmer Draper

- and Address 500 Hansen Ave

17. (a) Burial (b) Date thereof 10-2-48 (Month) (Day) (Year)

- (c) Place: Hayden - Idaho

18. Funeral Director's OWN Signature Norma P. M. Pullach

- and Address Burley Idaho

19. (a) Oct 2 1948 (b) 13 M. Williams (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 29-1948  
at 6:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 13 AUGUST 1948, to 29 SEPT 1948

I last saw h. live alive on 31 AUG 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: PNEUMONIA, TYPE 9 LANGE  
UNDETERMINED Duration ?

Due to                     

Due to                     

Other conditions                      (Include pregnancy within 3 months of death)

Where was disease contracted? INDND

Name of operation                      Date                     

Major finding                     

Finding of autopsy                     

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?

Occurred                      19                      City, county, state

where violence occurred                     

Place of Violence: Home                      Farm                      Industry                     

Public Place                      While at work?                     

Means of injury                     

23. Attendant's OWN Signature Norman R. Huntley M.D.  
and Address BURLEY IDAHO Date 7 Oct 1948 (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers of unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County Cassia  
(b) City or town Hecla  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Cassia  
(c) City or town Hecla  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_  
(h) Former residence (city, state) Mo.

3. (a) FULL NAME Elva A. Patterson

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex F race W  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Nov 28 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>9</u>	<u>14</u>	hrs min.

9. Exact Occupation Housewife Did this work for 45 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1947  
11. Birthplace Cainville Mo.  
(City or town) (State or foreign country)

Mother { 12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature R. T. Patterson  
and Address Idaho

17. (a) Burial (b) Date thereof Sept 14  
(Burial, cremation, or removal). (Month) (Day) (Year)  
(c) Place: Gen. Memorial Park, Burley 2nd

18. Funeral Director's OWN Signature Netta S. Payne  
and Address Burley Idaho

19. (a) 9-17-48 (b) R. T. Patterson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 107X  
20. DATE OF DEATH (Month, Day, Year) Sept 11 1948  
at 1:30 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from Dec 10 1942 to Sept 11 1948  
I last saw her alive on Sept 11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 1.5 days  
Due to Septic. Bacteria 16 mo.  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Hugh S. Dean M.D.  
(M. D. or other)  
and Address Burley 2nd Date 9-16 1948  
(For additional space, use reverse side)

OCT 04 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

## Certificate of Death

STATE OF IDAHO

State File No. **3337**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County... Cassia  
 (b) City or town... Elba  
 (c) Street Address or R.F.D. No. ....  
 (d) Death Occurred Inside?.....Outside?.....city or town  
 (e) Died in a Home.....Hospital.....Institution.....Other place.....  
 (f) Name Hosp. or Inst. .... Stayed.....days  
 (g) Lived in this county.....years.....months.....days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State... Idaho (b) County... Cassia  
 (c) City or town... Elba  
 (d) Street Address or R.F.D. No. ....  
 (e) Deceased lived Inside?.....Outside?.....city or town  
 (f) Citizen of what country?.....  
 (g) How long had deceased lived in Idaho?.....years  
 (h) Former residence (city, state).....

3. (a) FULL NAME George Amos Darrington3. (b) If veteran, name war  
Veteran

3. (c) Social Security No. ....

5. Color or  
4. Sex... Male ... race.....6. (a) Single, widowed, married,  
divorced... Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive.....years7. Date of Birth  
(Month, Day, Year) 07/31/1899

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>			hrs. min.

9. Exact Occupation..... Did this work for.....yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace... Idaho  
(City or town) (State or foreign country)Father { 12. Name... John Darrington13. Birthplace... England  
(City or town) (State or foreign country)Mother { 14. Maiden name... Sarah M. Perry15. Birthplace... Unknown  
(City or town) (State or foreign country)16. Informant's  
OWN Signature.....  
and Address.....17. (a) (b) Date thereof.....  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place.....

18. Funeral Director's  
OWN Signature... Retta S. Payne  
and Address... Elba, Idaho19. (a) (b) .....  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) 09/27 19 48

at.....o'clock.....M.

21. I HEREBY CERTIFY, That I attended deceased from.....19.....  
to.....19.....  
I last saw h.....alive on.....19.....;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 8 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred.....19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's

OWN Signature.....

(M. D. or other)

and Address..... Date..... 19.....

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 13 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3338  
Local Reg. No. 79  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLATSOP  
(b) City or town ORFID  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home A Hospital ..... Institution ..... Other place....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 39 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDA. (b) County CLATSOP  
(c) City or town ORFID  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? A Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Bellingham, WASH.

## 3. (a) FULL NAME

ETHEL M. WHEELER

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. NO

## 4. Sex F race W

5. Color or

## 6. (a) Single, widowed, married,

divorced M

## 6. (b) Name of husband or

wife SAMUEL

## 6. (c) Age of husband or wife if

alive 69 years

## 7. Date of Birth

(Month, Day, Year) NOV. 20, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>8</u>	<u>13</u>	hrs min.

## 9. Exact Occupation HOUSEWIFE Did this work for LIFE yrs.

## 10. Industry or Business HOUSEWIFE Date last worked 2 yrs. ago

## 11. Birthplace SCOTLAND, MISSOURI (City or town) (State or foreign country)

## 12. Name SMITH

## 13. Birthplace UNKNOWN (City or town) (State or foreign country)

## 14. Maiden name NANIE SENIOR

## 15. Birthplace UNKNOWN (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs. Carrie Hall and Address Orford, Ida

## 17. (a) WASSEM CEM. (b) Date thereof SEPT. 8, '48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: WASSEM CEM. ORFID

## 18. Funeral Director's OWN Signature John S. Bacharach and Address Orford, Ida

## 19. (a) 9/7/48 (b) John S. Bacharach (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) SEPT. 3 1948

at 10:45 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Several years to 9/3 1948

I last saw him alive on Sept. 3, 1948; death is

said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis Duration Several months

Due to Arterial Sclerosis 1944

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred. 19. City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Dr. J. H. Hopkins (M. D. or other)

and Address Orford, Ida Date 9/4 1948

(For additional space, use reverse side)

Remarks: Woman was dead when I arrived 13

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 13 1948

# Certificate Of Death

OFFICE OF VITAL STATISTICS

STATE OF IDAHO

State File No. 3339  
Local Reg. No. 80  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Orofino  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Hosp No Stayed 5 1/2 days  
(g) Lived in this county 5 1/2 years 5 1/2 months 5 1/2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida (b) County Mayhew  
(c) City or town Leavitt  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? us  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Edward L. Boomhower

093D

## 3. (b) If veteran, name war

no

## 3. (c) Social Security No.

n

5. Color or race White  
6. (a) Single, widowed, married, divorced  
4. Sex Male  
6. (b) Name of husband or wife Betty  
6. (c) Age of husband or wife if alive 71 years  
7. Date of Birth (Month, Day, Year) July 1 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>2</u>	<u>7</u>	hrs min.

9. Exact Occupation Retired Railroad Did this work for 12 yrs.  
10. Industry or Business Camas Parierie Date last worked 12 years  
11. Birthplace Idaho (City or town) (State or foreign country)

12. Name Roswell Boomhower  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Angeline Silvernail  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature E. R. Barry and Address Orofino

17. (a) Removal (b) Date thereof 9-8-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by J. H. Malcom and Address Lewiston, Idaho

19. (a) 9/10/48 (b) John E. Hawley (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 8 1948  
at 4:25 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 19 1948, to Sept 8 1948  
I last saw him alive on Sept 8 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chronic suppurative Duration 1 yr

Due to Senility

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. ~~Is~~ death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury E. R. Barry

23. Attendant's OWN Signature E. R. Barry and Address Orofino Date 9/8/48 1948  
(For additional space, use reverse side)

014



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
Certificate Of Death  
OCT 11 1948  
STATE OF IDAHO

State File No. 3340  
Local Reg. No. 82  
Reg. Dist. No. 210

1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Ins. BURNS HOSP. Stayed 4 days  
(g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state)

3. (a) FULL NAME

CARL WILLIAM LINDGREN

092 D  
132X

3. (b) If veteran,

name war NO

3. (c) Social Security

No. NONE

5. Color or  
4. Sex MALE race WHITE

6. (a) Single, widowed, married,  
divorced SINGLE

6. (b) Name of husband or  
wife

6. (c) Age of husband or wife if  
alive years

7. Date of Birth

(Month, Day, Year) DECEMBER 28, 1863

8. AGE

Years  
84

Months  
8

Days  
21

If less than 1 day  
hrs min.

9. Exact

Occupation CABINETWORKER

Did this

work for LIFE yrs.

10. Industry or

Business SELF

Date last

worked UNKNOWN

11. Birthplace

GOTOEBOLD SWEDEN

(City or town) (State or foreign country)

12. Name LOARS THEODORE

13. Birthplace

SWEDEN

(City or town) (State or foreign country)

14. Maiden name ANNA LAVISE

15. Birthplace

SWEDEN

(City or town) (State or foreign country)

16. Informant's

OWN Signature Old Family Records V. Blake

and Address Orofino, Idaho

17. (a) BURIAL

(Burial, cremation, or removal)

(b) Date thereof 9-20-48

(Month) (Day) (Year)

(c) Place: WELLS BENCH CEM OROFINO, IDAHO

18. Funeral Director's

OWN Signature BLAKE FUNERAL HOME

and Address OROFINO, IDAHO

19. (a)

(Date received and filed)

(b)

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Sept 18 48

at 6:10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from

1928 19 to Sept 17 48 1948

I last saw him alive on 9/15 1948; death is

said to have occurred on the date and hour stated above.

Immediate Cause of Death

Valvular Heart disease

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's

OWN Signature

and Address Orofino, Idaho Date 9/18 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
Certificate Of Death  
OCT 1 1948  
DIVISION OF VITAL  
STATE OF IDAHO

1948  
State File No. 3341  
Local Reg. No. 81  
Reg. Dist. No. 210

1. PLACE OF DEATH: STATE OF IDAHO  
(a) County CLEARWATER  
(b) City or town RURAL  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years 7 months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State ILL. (b) County CLEARWATER  
(c) City or town RURAL  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state)

3. (a) FULL NAME MARIA ANN DANNER

3. (b) If veteran, name war L No.  
5. Color or race L  
4. Sex F  
6. (b) Name of husband or wife  
3. (c) Social Security No.  
6. (a) Single, widowed, married, divorced L  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) JAN. 30, 1948

8. AGE	Years	Months	Days	If less than 1 day
		1	23	hrs min.

9. Exact Occupation INFANT Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace OROFINO, ILL. (City or town) (State or foreign country)

12. Name LESLIE DANNER  
13. Birthplace SANGERS, MISSOURI (City or town) (State or foreign country)  
14. Maiden name MARIA DORR  
15. Birthplace IDAHO (City or town) (State or foreign country)

16. Informant's OWN Signature Maria Danner and Address Orofino, Ida

17. (a) Burial (b) Date thereof SEPT. 23, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: WILSON CEM., OROFINO

18. Funeral Director's OWN Signature Johnnie D. Excharach and Address Orofino, Ida

19. (a) 9/24/48 (b) Johnnie D. Excharach (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) SEPT. 23 1948 at 12:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Whooping Cough Duration

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature G. E. Gawley and Address Orofino, Ida Date 9/24/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

# Certificate Of Death

748 State File No. 3342  
Local Reg. No. 83  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County **CLEARWATER**  
(b) City or town **OROFINO**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **BURNS HOSP** Stayed..... days  
(g) Lived in this county **25** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **CLEARWATER**  
(c) City or town **OROFINO**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **SWEDEN**  
(g) How long had deceased lived in Idaho? **25** years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **JOHN ERICKSON**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **518-01-2060A**  
5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**  
4. Sex **MALE** 6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **SEPTEMBER 12, 1874**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>0</b>	<b>12</b>	hrs min.

9. Exact Occupation **LABORER** Did this work for **LIFE** yrs.  
10. Industry or Business **VARIOUS** Date last worked **UNKNOWN**  
11. Birthplace **SWEDEN** (City or town) (State or foreign country)

- Mother Father  
12. Name **UNKNOWN**  
13. Birthplace " (City or town) (State or foreign country)  
14. Maiden name **UNKNOWN**  
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature **PUBLIC ASSISTANCE RECORDS**  
and Address **OROFINO, IDAHO**

17. (a) **BURIAL** (b) Date thereof **10-1-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **HILL CEM. OROFINO, IDAHO**

18. Funeral Director's OWN Signature **BLAKE FUNERAL HOME**  
and Address **OROFINO, IDAHO**

19. (a) **10/1/48** (b) **Elaine E. Stanley**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **9-24-48** 19  
at **9** o'clock **4** M.

21. I HEREBY CERTIFY, That I attended deceased from **1940** 19, to **9/24/48** 19.  
I last saw h. alive on ..... 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Heart Attack -** Duration **sharp**

Due to **Broken Hip -** **20 days**  
**and Bright Disease**

Due to **and alcohol**  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Right broken hip** **ingail**  
Name of operation ..... PHISICIAN  
Major finding .....  
Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred ..... 19 City, county, state where violence occurred  
Place of Violence: Home ☒ Farm ☒ Industry ☒  
Public Place. ☒ While at work? ☒  
Means of injury **Fall on jail floor**

23. Attendant's OWN Signature **J. H. Robertson** (M. D. or other)  
and Address **Orofino** Date **9/29 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County CLEARWATER  
(b) City or town WEIPPE (6 1/2 MI. East.)  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? Yes city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 7 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State IDAHO (b) County CLEARWATER  
(c) City or town WEIPPE  
(d) Street Address or R.F.D. No. P.O. WEIPPE  
(e) Deceased lived Inside? Outside? YES city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) WINTERSET, IOWA

3. (a) FULL NAME PERRY ELMER ALEXANDER

3. (b) If veteran, name war NO  
3. (c) Social Security No. NONE  
5. Color or 6. (a) Single, widowed, married, divorced SINGLE  
4. Sex MALE race WHITE  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) APRIL 12, 1871

8. AGE	Years	Months	Days	If less than 1 day
	77	6	15	hrs min.

9. Exact Occupation FARMING Did this work for LIFE yrs.  
10. Industry or Business FARMS & RANCHES Date last worked SEPT. 25, 1948  
11. Birthplace QUINCY, ILLINOIS (City or town) (State or foreign country)

12. Name HANSEN ALEXANDER  
13. Birthplace HAMSHIRE, VIRGINIA (City or town) (State or foreign country)  
14. Maiden name REBECCA LUCAS  
15. Birthplace QUINCY, ILLINOIS (City or town) (State or foreign country)

16. Informant's OWN Signature Myrtle Warlow and Address Hamlet, Idaho

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 9-28-48 (Month) (Day) (Year)  
(c) Place: WINTERSET, IOWA

18. Funeral Director's OWN Signature Blake FUNERAL HOME and Address OROFINO, IDAHO

19. (a) 9/28/48 (Date received and filed) (b) E. C. Murley (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 117A / 20B  
20. DATE OF DEATH (Month, Day, Year) SEPTEMBER 26 1948  
at MIDNITE o'clock A: M.

21. I HEREBY CERTIFY, That I attended deceased from \*\*\*\*\* 19 \*\* to \*\*\*\*\* 19 \*\*  
I last saw h. \*\* alive on \*\*\*\*\* 19 \*\*, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: GASTRIC HEMORRHAGE Duration ?

Due to GASTRIC ULCERS 12 Yrs  
INTESTINAL ULCERS

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature E. C. Murley and Address OROFINO, IDA Date 9-28 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OCT 15 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948 State File No. **3344**  
Local Reg. No. **100**  
Reg. Dist. No. **680**

## 1. PLACE OF DEATH:

- (a) County **Custer**  
(b) City or town **Challis**  
(c) Street Address or R.F.D. No. **---**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **---** Stayed **---** days  
(g) Lived in this county **37** years **---** months **---** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Custer**  
(c) City or town **Challis**  
(d) Street Address or R.F.D. No. **---**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **37** years  
(h) Former residence (city, state) **Colorado**

## 3. (a) FULL NAME

**FRED L. PIERSON**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex **M** race **White**

6. (a) Single, widowed, married,  
divorced **Married**

6. (b) Name of husband or wife  
**Alice**

6. (c) Age of husband or wife if  
alive **25** years

7. Date of Birth  
(Month, Day, Year) **MAY 20, 1903**

8. AGE	Years	Months	Days	If less than 1 day
<b>45</b>	<b>3</b>	<b>20</b>	<b>---</b> hrs. <b>---</b> min.	

9. Exact Occupation **Service Station** Did this work for **10** yrs.

10. Industry or Business **Oil** Date last worked **7/'47**

11. Birthplace **Cimarron Colorado**  
(City or town) (State or foreign country)

12. Name **Walter A. Pierson**

13. Birthplace **Denver Colorado**  
(City or town) (State or foreign country)

14. Maiden name **Mary White**

15. Birthplace **Halltown, Illinois**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Alice Pierson**  
and Address **Challis, Idaho**

17. (a) **Burial** (b) Date thereof **9/13/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Challis, Idaho**

18. Funeral Director's OWN Signature **John M. Edwards**  
and Address **Salmon, Idaho**

19. (a) **Sept 11, 1948** (b) **Edna L. Kanning**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **September 10, 1948**  
at **5:55** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from  
**Feb.** 1948 to **Sept.** 1948  
I last saw him alive on **Sept. 10,** 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Carcinoma of Sigmoid Colon** Duration **Approx. 18 Mo.**

Due to **---**  
Due to **---**  
Other conditions **---**  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of **Laparotomy** Date **7/'47**  
Major finding **CA of Sigmoid**  
Finding of autopsy **---**  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **---** Suicide? **---** Homicide? **---**  
Occurred **---** 19 **---** City, county, state  
where violence occurred **---**  
Place of Violence: Home **---** Farm **---** Industry **---**  
Public Place **---** While at work? **---**

Means of injury **---**  
23. Attendant's OWN Signature **Edna L. Kanning M.D.**  
(M. D. or other)  
and Address **Challis, Ida** Date **9/10/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 3315  
Local Reg. No. 401  
Reg. Dist. No. 680

## 1. PLACE OF DEATH:

- (a) County Custer  
(b) City or town Challis  
(c) Street Address or R.F.D. No. --  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. --- Stayed -- days  
(g) Lived in this county 1 years -- months -- days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Custer  
(c) City or town Challis  
(d) Street Address or R.F.D. No. ---  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

GEORGE WAYMAN

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex M race white

6. (a) Single, widowed, married,  
divorced widowed

6. (b) Name of husband or wife  
Millie

6. (c) Age of husband or wife if  
alive -- years

7. Date of Birth  
(Month, Day, Year) OCTOBER 3, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>11</u>	<u>9</u>	<u>--</u> hrs. <u>--</u> min.

9. Exact Occupation Retired Did this work for --- yrs.

10. Industry or Business Rancher Date last worked 1947

11. Birthplace Princeton, Missouri  
(City or town) (State or foreign country)

12. Name Stephen A. Wayman

13. Birthplace Not known  
(City or town) (State or foreign country)

14. Maiden name Mary Overton

15. Birthplace Not known  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Ralph Cobbley  
and Address Challis Idaho

17. (a) Burial (b) Date thereof 9/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Salmon Cemetery

18. Funeral Director's OWN Signature Chas M. Duran

and Address Salmon, Idaho

19. (a) Sept 13, 1948 (b) Chas M. Duran  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) September 12, 1948  
at 10:25 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from on  
Sept. 12, 1948 to ---, ---, 19---  
I last saw him alive on Sept. 12, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebrovascular  
accident

Duration  
11 hrs.

Due to Hypertension &  
arteriosclerosis

Due to ---

Other conditions ---  
(Include pregnancy within 3 months of death)

Where was disease contracted? ---

Name of operation --- Date ---

Major finding ---

Finding of autopsy ---

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? --- Suicide? --- Homicide? ---

Occurred --- 19 --- City, county, state  
where violence occurred ---

Place of Violence: Home --- Farm --- Industry ---

Public Place --- While at work? ---

Means of injury ---

## 23. Attendant's

OWN Signature Chas M. Duran N.D.

and Address Challis Idaho 9-12-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 6 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3346

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Custer  
(b) City or town Mackay  
(c) Street Address or R. F. D. No. ✓  
(d) Death Occured Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home? ✓ Hospital? ✓ Institution? ✓ Other place? ✓  
(f) Name Hosp. or Inst. none Stayed ✓ days  
(g) Lived in this county ✓ years ✓ months 13 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Custer  
(c) City or town Mackay  
(d) Street Address or R.F.D. No. ✓  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? U. S. A  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) Mackay

## 3. (a) FULL NAME

Bobby James Curtis

200C

## 3. (b) If veteran,

name war ✓

## 3. (c) Social Security

No. ✓

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

## 7. Date of Birth

(Month, Day, Year) September 17-1948

## 8. AGE

Years Months Days If less than 1 day  
13 hrs min.

9. Exact Occupation infant Did this work for ✓ yrs.

10. Industry or Business ✓ Date last worked ✓

11. Birthplace Moore - Idaho  
(City or town) (State or foreign country)

12. Name Florian Curtis

13. Birthplace Ann Arbor - Michigan  
(City or town) (State or foreign country)

14. Maiden name Dorothy Blaggen

15. Birthplace Lara Hot Springs - Ida.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Florian Curtis

- and Address Mackay - Idaho

17. (a) Burial (b) Date thereof Oct. 1-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Lara Hot Springs - Ida

18. Funeral Director's OWN Signature Betty J. Marvel

- and Address Grco. J. D. #19

19. (a) 9-30-48 (b) W. Mustert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept. 30 1948  
at 8:30 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19   , to 19     
I last saw h.     alive on 19   ; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Due to Cause unknown

Due to    

Other conditions      
(Include pregnancy within 3 months of death)

Where was disease contracted?    

Name of operation     Date    

Major finding    

Finding of autopsy    

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?     Suicide?     Homicide?

Occurred     19    City, county, state

where violence occurred

Place of Violence: Home     Farm     Industry    

Public Place     While at work?    

Means of injury    

## 23. Attendant's OWN Signature Betty J. Marvel

and Address Grco. J. D. #19 Date 9-30-1948

(For additional space, use reverse side)

600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 16 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 3347  
Local Reg. No. 19  
Reg. Dist. No. 380

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Elmore  
(c) Street Address or R.F.D. No. 4  
(d) Death Occurred Inside? L Outside? L city or town  
(e) Died in a Home L Hospital L Institution L Other place L  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 1 years 1 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. 1700  
(e) Deceased lived Inside? L Outside? L city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Jerome Idaho

## 3. (a) FULL NAME

Samuel Winslow Smith

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced MARRIED

6. (b) Name of husband or wife  
Dorothea

6. (c) Age of husband or wife if  
alive years

## 7. Date of Birth

(Month, Day, Year) June 12, 1915

8. AGE	Years	Months	Days	If less than 1 day
	<u>33</u>	<u>2</u>	<u>21</u>	hrs. min.

9. Exact Occupation Real Estate + Insur Did this work for years

10. Industry or Business OWN Date last worked

11. Birthplace Jerome, Idaho  
(City or town) (State or foreign country)

12. Name Samuel S. Smith

13. Birthplace Logan, Utah  
(City or town) (State or foreign country)

14. Maiden name Flavia Sidwell

15. Birthplace Fairview, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lloyd E. Smith  
and Address Oakley, Idaho

17. (a) Removal (b) Date thereof 9/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Jerome Idaho

18. Funeral Director's OWN Signature John J. Bay  
and Address Mountain Home, Idaho

19. (a) Sept 4, 1948 (b) Atkinson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept 3, 1948  
(Month, Day, Year) at 10:35 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured Skull Duration

Due to Auto Accident

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? L Suicide? L Homicide? L

Occurred at Home Elmore 9/3/48 City, county, state where violence occurred Ida

Place of Violence: Home L For Industry

Public Place Highway 30 While at work?

Means of injury Fractured Skull

23. Attendant's OWN Signature Phil F. Green Coroner

and Address Mt Home Ida Date 9/4 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 17 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3348  
Local Reg. No.  
Reg. Dist. No.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH: STATISTICS
- (a) County Elmore
  - (b) City or town Glenn Ferry
  - (c) Street Address or R.F.D. No. ....
  - (d) Death Occurred Inside? ☒ Outside? ..... city or town
  - (e) Died in a Home ☒ Hospital ..... Institution ..... Other place ....
  - (f) Name Hosp. or Inst. .... Stayed ..... days
  - (g) Lived in this county 37 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho
  - (b) County Elmore
  - (c) City or town Glenn Ferry
  - (d) Street Address or R.F.D. No. ....
  - (e) Deceased lived Inside? ☒ Outside? ..... city or town
  - (f) Citizen of what country? .....
  - (g) How long had deceased lived in Idaho? 47 years
  - (h) Former residence (city, state) Pocatello Idaho

3. (a) FULL NAME CARRIE CORNELIA DIXON

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leon T.
6. (c) Age of husband or wife if alive 78 years

7. Date of Birth (Month, Day, Year) April 31, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>4</u>	<u>6</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked 1947
11. Birthplace Kirkwood Illinois (City or town) (State or foreign country)

12. Name William Gordon
13. Birthplace Kirkwood Illinois (City or town) (State or foreign country)
14. Maiden name Mary Tinker
15. Birthplace Altoona Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Leon T. Dixon and Address Glenn Ferry Idaho

17. (a) Burial (b) Date thereof Sept. 8, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Glennrest Cemetery

18. Funeral Director's OWN Signature Felix J. Ray and Address Mountain Home Idaho

19. (a) Sept 7 48 (b) Mary Sullivan (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 5 19 48 at 5:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 15 19 45, to Sept 5 19 48. I last saw him alive on Sept 5 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration 11 months

Due to Coronary sclerosis unknown

Due to .....  
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? ..... Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry ..... Public Place ..... While at work? ..... Means of injury .....

23. Attendant's OWN Signature Madeline C. Sullivan and Address Glenn Ferry Idaho (M. D. or other) Date Sept 5 19 48 (For additional space, use reverse side)

094A

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

OCT 11 1948

OF VITAL

# NON-RESIDENT 1948 Certificate Of Death

STATE OF IDAHO

State File No. 3349  
Local Reg. No. 21  
Reg. Dist. No. 380

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Anderson Dam  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in three)

- (a) State Washington (b) County Tacoma  
(c) City or town Tacoma  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? None years  
(h) Former residence (city, state) Tacoma Washington

## 3. (a) FULL NAME MAURICE RIGGS

3. (b) If veteran, name war No. 3. (c) Social Security No. 536-10-2677  
5. Color or White 6. (a) Single, widowed, married, divorced Widower  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 15, 1911

8. AGE	Years	Months	Days	If less than 1 day
	<u>37</u>	<u>2</u>	<u>27</u>	hrs min.

9. Occupation Service Man Did this work for 12 yrs.  
10. Industry or Business Refrigeration Date last worked 9/14/48  
11. Birthplace Tacoma Washington (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Philo T Green  
and Address Mountain Home Idaho  
17. (a) Removal (b) Date thereof Sept. 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Seattle Washington

18. Funeral Director's OWN Signature Jelly G. Bay  
and Address Mountain Home Idaho  
19. (a) Sept 17, 1948 (b) Philo T Green  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept 14 19 48  
(Month, Day, Year) at 8 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Skull Fracture

Due to Auto Accident

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

### Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? 9/14/48 Homicide? \_\_\_\_\_  
Occurred Anderson Dam 1948 City, county, state where violence occurred Mt Home, Elmore Ida  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Auto Accident

23. Attendant's OWN Signature Philo T Green Coroner  
and Address Mt Home Ida (M. D. or other) Date 9/17 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

VED  
1948  
OF VITAL

# Certificate Of Death

STATE OF IDAHO

48

State File No. 3350  
Local Reg. No. 20  
Reg. Dist. No. 380

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Mountain Home  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution ☒ Other place...  
(f) Name Hosp. or Inst. Clayville Stayed 1 days  
(g) Lived in this county 45 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME

MICHAEL L. KELLER

093E

## 3. (b) If veteran, name war No. ....

## 3. (c) Social Security No. None

5. Color or No.  
4. Sex Male race White divorced Single  
6. (b) Name of husband or wife ..... (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) March 2, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>6</u>	<u>15</u>	hrs min.

9. Exact Occupation Retired Carpenter Did this work for 45 yrs.  
10. Industry or Business House Carpenter Date last worked 1938  
11. Birthplace Fountain Co. Indiana  
(City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Mountain Home Idaho

17. (a) Burial (b) Date thereof Sept. 21, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mountain View Cemetery

18. Funeral Director's OWN Signature [Signature]  
and Address Mountain Home Idaho

19. (a) September 20, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 9-17-1948  
at 7 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Myocarditis 1 Day  
Due to

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature [Signature]  
and Address Mountain Home Idaho Date 9-13-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

007-11 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3351  
Local Reg. No. 23  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Mountain Home  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Ins. Gem Rooms Stayed 60 days  
(g) Lived in this county ..... years ..... months 60 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Nebraska (b) County Colfax  
(c) City or town Schuyler  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 2 Mo. years  
(h) Former residence (city, state) Schuyler Neb.

## 3. (a) FULL NAME LELAND PRUYN

3. (b) If veteran, name war No. .... 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Unknown 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>Unknown</u>		hrs min.

9. Exact Occupation Laborer Did this work for 45 yrs.  
10. Industry or Business Farm Date last worked 6/15/48  
11. Birthplace Albany New York  
(City or town) (State or foreign country)

12. Name Norton Pruyne  
13. Birthplace Albany New York  
(City or town) (State or foreign country)  
14. Maiden name Lily Pruyne  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's X OWN Signature PC Sumner  
and Address Mountain Home Idaho

17. (a) Removal (b) Date thereof Sept. 27, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: October 1948

18. Funeral Director's OWN Signature Jelly G. Bay  
and Address Mountain Home Idaho

19. (a) Sept 27 1948 (Date received and filed) (b) [Signature] (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 9-25-1948  
at 8 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 9-17-1948 to 9-25-1948  
I last saw him alive on 9-11-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocarditis Duration 5 hrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry Public Place While at work?  
Means of injury

23. Attendant's OWN Signature J.E. Evans MD  
(M. D. or other)  
and Address Mountain Home Idaho Date 9-27-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL STATISTICS  
**Certificate Of Death**

1048  
State File No. 3352  
Local Reg. No. 12  
Reg. Dist. No. 540

1. PLACE OF DEATH: Franklin  
(a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 50 N. 2nd East  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed 15 days  
(g) Lived in this county years 6 months 15 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Franklin  
(c) City or town TREASURETON  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho 6 MO. years  
(h) Former residence (city, state)

3. (a) FULL NAME Annette Denton

3. (b) If veteran, name war No.  
5. Color or 3. (c) Social Security No.  
4. Sex Female race White (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Feb. 18, 1948

8. AGE	Years	Months	Days	If less than 1 day
		6	15	hrs min.

9. Exact Occupation Baby Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Preston, Idaho (City or town) (State or foreign country)

12. Name M.D. Denton  
13. Birthplace Gilmer, Texas (City or town) (State or foreign country)  
14. Maiden name Ida Beth Ward  
15. Birthplace Treasureton, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature M.D. Denton  
and Address Treasureton, Idaho

17. (a) Burial (b) Date thereof Sept. 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Preston, Idaho

18. Funeral Director's OWN Signature Webb Funeral Home  
and Address Preston

19. (a) 9-4-1948 (b) Effie A. Brower  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 3 1948  
at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 2 to Sept 3 1948  
I last saw him alive on Sept 3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchitis Pneumonia Duration 48 hr

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
Where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
Attendant's OWN Signature O.R. Carter M.D.  
(M. D. or other)  
and Address Preston Idaho Date 9-3 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 16 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **3353**  
Local Reg. No. **11**  
Reg. Dist. No. **540**

## 1. PLACE OF DEATH:

- (a) County **Franklin**  
(b) City or town **Preston**  
(c) Street Address or R.F.D. No. **572 East Oneida**  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **32** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Franklin**  
(c) City or town **Preston**  
(d) Street Address or R.F.D. No. **572 E. Oneida**  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **American**  
(g) How long had deceased lived in Idaho? **32** years  
(h) Former residence (city, state) **Utah.**

## 3. (a) FULL NAME

**ROBERT BECKSTEAD**

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

5. Color or .....  
6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Sarah Ellen Tibbetts**  
6. (c) Age of husband or wife if wife **63** years

7. Date of Birth  
(Month, Day, Year) **January 18, 1883.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>65</b>	<b>7</b>	<b>17</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for ..... yrs.

10. Industry or Business **Own Farm** Date last worked **1948**

11. Birthplace **Brigham City, Utah.**  
(City or town) (State or foreign country)

12. Name **Gordon S. Beckstead**

13. Birthplace **Canada**  
(City or town) (State or foreign country)

14. Maiden name **Susanah Luckham**

15. Birthplace **Salt Lake City, Utah.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Gerna B. Larson**  
and Address **Preston Idaho**

17. (a) **Burial** (b) Date thereof **9-8-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Preston, Idaho.**

18. Funeral Director's **Richards & Son Mortuary**  
OWN Signature **Leo R. Richards**

- and Address **Preston, Idaho.**

19. (a) **9-8-1948** (b) **E. W. Brainerd**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **September 5, 1948**  
(Month, Day, Year) at **9:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 1, 1944**, to **Sept 5, 1948**  
Last saw him alive on **Sept 5, 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Coronal hemorrhage** Duration **2 days**

Due to **Hypertension and arteriosclerosis** 10 yrs

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature **Leo R. Hawkes M.D.**  
(M. D. or other)

and Address **Preston Idaho** Date **9/7 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 16 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3354  
Local Reg. No. 13  
Reg. Dist. No. 540

1. PLACE OF DEATH: **STATISTICS**  
Franklin  
(a) County Franklin  
(b) City or town Oxford  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 56 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Franklin  
(c) City or town Oxford  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

3. (a) FULL NAME Lilia Irene Kendall

3. (b) If veteran, name war No.  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife David E. Kendall  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Aug. 8, 1892

8. AGE	Years	Months	Days	If less than 1 day
	56	1	3	hrs min.

9. Exact Occupation House wife Did this work for yrs.  
10. Industry or Business Own Home Date last worked  
11. Birthplace Preston, Idaho (City or town) (State or foreign country)

12. Name Wm. H. Millard  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name Anna Mathea Olsen  
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature David E. Kendall  
and Address

17. (a) Burial (b) Date thereof Sept. 14, 1948  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Oxford, Idaho

18. Funeral Director's OWN Signature Webb Funeral Home  
and Address Preston

19. (a) 9-14-1948 (b) Effie M. Bessie  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH (Month, Day, Year) Sept. 11 19.48  
at 4 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1948 to Sept. 11 1948  
I last saw her alive on Sept. 11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chorea** Duration 2 1/2 hrs

Due to **Chronic Papillo** 5 yrs

Due to **Asplen** 10 yrs  
Other conditions (Include pregnancy within 3 months of death) **Chronic Papillo** 5 yrs

Where was disease contracted?  
Name of operation Date

Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state

where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature O-R. Carter  
(M. D. or other)

and Address Preston Idaho Date 9-11-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

SEP 7 1948

STATE OF IDAHO

State File No. 3355  
Local Reg. No. 56  
Reg. Dist. No. 650

1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 126 S. Bridge  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. A. Hosp. Stayed 2 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Teton  
(d) Street Address or R.F.D. No. city or town  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) city, state

3. (a) FULL NAME FLORENCE DAVIDSON DERR

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Wesley E. Derr 6. (c) Age of husband or wife if alive 62 years  
7. Date of Birth (Month, Day, Year) October 13, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>10</u>	<u>18</u>	hrs min.

9. Exact Occupation Housewife Did this work for years  
10. Industry or Business Own Home Date last worked worked  
11. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

12. Name Walter Davidson  
13. Birthplace Wisconsin  
(City or town) (State or foreign country)  
14. Maiden name Mary Ann McRae  
15. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Wesley E. Derr  
and Address Sugar City, Idaho

17. (a) Burial (b) Date thereof Sept. 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Teton, Idaho

18. Funeral Director's OWN Signature Mal Hanen  
and Address St. Anthony, Idaho

19. (a) Sept. 2, 1948 (b) Mal Hanen  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept. 1, 1948  
(Month, Day, Year) at 8:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 10, 1940 to Sept. 1, 1948  
I last saw h.e.j. alive on Sept. 1, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 2 days

Due to Coronary Thrombosis  
Due to Coronary Thrombosis  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? none  
Name of operation none Date none  
Major finding none  
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? none Suicide? none Homicide? none  
Occurred none 19 none City, county, state where violence occurred none  
Place of Violence: Home none Farm none Industry none  
Public Place none While at work? none  
Means of injury none

23. Attendant's OWN Signature M. F. Rigby  
and Address Reburg (M. D. or other) Date Sept. 1, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3356  
Local Reg. No. 63  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 126 So. Bridge  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. A. Hosp Stayed 1 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Henrys Lake  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside?  Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Mary Wilcox Voorhees

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife James Voorhees 6. (c) Age of husband or wife if alive 27 years  
7. Date of Birth (Month, Day, Year) January 4, 1927

8. AGE	Years	Months	Days	If less than 1 day
	<u>21</u>	<u>8</u>	<u>10</u>	hrs min.

9. Exact Occupation Housewife Did this work for 10 days.  
10. Industry or Business Own Home Date last worked 9-11-48  
11. Birthplace Idaho Falls, Idaho.  
(City or town) (State or foreign country)

12. Name Fred O. Wilcox  
13. Birthplace Chicago, Illinois.  
(City or town) (State or foreign country)  
14. Maiden name Sylvia Gusick  
15. Birthplace Marysville, Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature James P. Voorhees  
and Address Henrys Lake, Idaho

17. (a) Burial (b) Date thereof 9-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Riverview cemetery, St. Anthony,

18. Funeral Director's OWN Signature Med. Hansen  
and Address St. Anthony, Idaho

19. (a) Sept 17, 1948 (b) Med. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 14 1948  
at 10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 14 1948, to Sept 14 1948  
I last saw her alive on Sept 14 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral Hemorrhage Duration 4 hrs.

Due to Auto accident

Due to Stroke  
Other conditions Stroke  
(Include pregnancy within 3 months of death)

Where was disease contracted?  Name of operation  Date   
Major finding  Finding of autopsy   
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide?  Homicide?   
Occurred 19 City, county, state Fremont County Idaho  
where violence occurred   
Place of Violence: Home  Farm  Industry   
Place Home While at work?

- Means of injury Stroke, leg as type damaged  
23. Attendant's OWN Signature St. Anthony (M. D. or other)  
and Address St. Anthony Date 9/15/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1048 3357  
State File No. \_\_\_\_\_  
Local Reg. No. 65  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 126 So. Bridge  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. A. Hosp Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Bar Dee Jensen

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) September 14, 1948

8. AGE	Years	Months	Days	If less than 1 day
				hrs <u>5</u> min.

9. Exact Occupation None. Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace St. Anthony, Idaho  
(City or town) (State or foreign country)

12. Name Hugh Jensen  
13. Birthplace Idmon, Idaho  
(City or town) (State or foreign country)  
14. Maiden name BarDee Donaldson  
15. Birthplace Rigby, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hugh Jensen  
and Address Kilgore, Idaho  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-48  
(Month) (Day) (Year)  
(c) Place: Sugar City, Idaho

18. Funeral Director's OWN Signature Mrs. Hansen  
and Address St. Anthony, Idaho  
19. (a) Sept. 16, 1948 (b) Mrs. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 14, 1948  
at 9:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 9:25 PM 1948, to 9:30 PM 1948  
I last saw h.e. alive on 9/14 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature M. F. Rigby MD.  
and Address Refugio (M. D. or other) Date 9/14/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 3358  
Local Reg. No. 64  
Reg. Dist. No. 651

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. City  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. St. Anthony Stayed    days  
(g) Lived in this county 40 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Ashton  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME Edwin. W. Bonneru.

## 3. (b) If veteran, name war

## 3. (c) Social Security No. 518-18-2743

## 4. Sex Male Color or race White

## 5. (a) Single, widowed, married, divorced widowed

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive    years

## 7. Date of Birth (Month, Day, Year) December.15th .1889.

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>8</u>	<u>29</u>	hrs. min.

## 9. Exact Occupation Laborer Did this work for 30 yrs.

## 10. Industry or Business farm Date last worked 9/14/48

## 11. Birthplace Salina, Utah. (City or town) (State or foreign country)

## 12. Name Hans. C. Bonneru (City or town) (State or foreign country)

## 13. Birthplace Norway (City or town) (State or foreign country)

## 14. Maiden name Brigmina Olsen (City or town) (State or foreign country)

## 15. Birthplace Denmark (City or town) (State or foreign country)

## 16. Informant's OWN Signature William Bonneru and Address Ashton Idaho.

## 17. (a) Burial (b) Date thereof Sept.16th/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Ashton Idaho.

## 18. Funeral Director's OWN Signature James J. ... and Address Ashton Idaho.

## 19. (a) Sept. 17, 1948 (b) Mal Hansen (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) September.14th 1948

at 10.45 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from on 14 Sept 1948 to 14 Sept 1948

I last saw him alive on 14 Sept 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary occlusion  
Coronary embolism

## Duration

1 W.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted? Idaho.

## Name of operation    Date

## Major finding

## Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

## 23. Attendant's

OWN Signature   

Ashton Idaho (M. D. or other) 9/15/48

and Address    Date    19   

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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48-12212  
**Certificate Of Death**

STATE OF IDAHO

1948

State File No. 2259  
Local Reg. No. 665  
Reg. Dist. No. 650

1. PLACE OF DEATH: STATISTICS
- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 126 So. Bridge  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. A. Gen Stayed 1 days  
(g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

3. (a) FULL NAME DANNY BROWER

3. (b) If veteran, name war No. No. 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years  
7. Date of Birth (Month, Day, Year) September 21, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>6 hrs 30 min.</u>

9. Exact Occupation None Did this work for  yrs.  
10. Industry or Business  Date last worked   
11. Birthplace St. Anthony, Idaho (City or town) (State or foreign country)

12. Name LaMont Brower  
13. Birthplace Cache, Idaho (City or town) (State or foreign country)  
14. Maiden name Erma Deppe  
15. Birthplace Smithfield, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature LaMont E Brower and Address Sugar City, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22, 1948 (Month) (Day) (Year)  
(c) Place: Fielding Memorial Park Idaho Falls, Idaho.

18. Funeral Director's OWN Signature M. S. Hansen and Address St. Anthony, Idaho.

19. (a) Sept 23 1948 (Date received and filed) (b) M. S. Hansen (Registrar's signature)

159X  
**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) September 21 1948  
at 3:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 21 1948, to Sept 21 1948  
I last saw him alive on Sept 21 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity Duration 1 day

Due to   
Due to   
Other conditions - Delivered by Cesarean section due to toxemia.  
(Include pregnancy within 3 months of death)

Where was disease contracted?  PHYSICIAN   
Name of operation  Date  Underline the cause to which death should be charged statistically.  
Major finding   
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred 19 City, county, state   
Where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature C. D. Rusty M. D. and Address St Anthony Date Sept 22 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3360  
Local Reg. No. 59  
Reg. Dist. No. 657

## 1. PLACE OF DEATH:

- (a) County Freemont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? X city or town \_\_\_\_\_  
(e) Died in a Home? X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 6 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Sugar City  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Ephraim Ricks

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or race Male  
(b) Name of husband or wife \_\_\_\_\_  
(c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Sept. 16, 1867

## 8. AGE

Years	Months	Days	If less than 1 day
<u>80</u>	<u>11</u>	<u>14</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Sugar City, Utah  
(City or town) (State or foreign country)

12. Name Thomas E. Ricks

13. Birthplace Kentucky  
(City or town) (State or foreign country)

14. Maiden name Ellen Maria Fallop

15. Birthplace Yorkshire, England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Don Ricks

- and Address Sugar City, Idaho

17. (a) Burial (b) Date thereof Sept. 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Sugar City

18. Funeral Director's OWN Signature Russell K. Mann

- and Address Reynolds, Idaho

19. (a) Sept. 6, 1948 (b) Chris Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept. 2 1948  
at 9:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Nov. 1 1947, to 9/2 1948

I last saw him alive on 9/2 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic myocarditis Duration 3 mo

Due to Broncho-genic Carcinoma 6 mos.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

M. F. R. G. Lynn (M. D. or other)  
and Address Reynolds, Idaho Date 9/2 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in QWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 13 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3361  
Local Reg. No. 60  
Reg. Dist. No. 651

1. PLACE OF DEATH: STATISTICS
- (a) County Fremont  
(b) City or town Parker  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Fremont  
(c) City or town Parker  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state)

3. (a) FULL NAME FRANK A. ZINK

3. (b) If veteran, name war WW.I 3. (c) Social Security No. None.  
5. Color or 6. (a) Single, widowed, married,  
4. Sex Male race White divorced Married  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife Gertrude Gustin alive 47 years  
7. Date of Birth October 20, 1895  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	52	10	18	hrs min.

9. Exact Occupation Barber Did this work for 22 yrs.  
10. Industry or Business Own business Date last worked 9-8-48  
11. Birthplace Knox City, Missouri  
(City or town) (State or foreign country)

12. Name Joseph H. Zink  
13. Birthplace Knox City, Missouri  
(City or town) (State or foreign country)  
14. Maiden name Katie Dailing  
15. Birthplace Knox City, Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Frank R Zink  
and Address Spanish Fork, Utah

17. (a) Burial (b) Date thereof Sept., 11, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Parker

18. Funeral Director's OWN Signature M. J. Hamer  
and Address St. Anthony, Idaho

19. (a) Sept. 10, 1948 (b) M. J. Hamer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) September 8, 1948  
at 11:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended, deceased from Feb. 1948, to Sept. 8, 1948  
I last saw him alive on Sept. 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Acute Coronary Occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature E. L. Louie MD

and Address St. Anthony, Idaho Date 9/10/1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 13 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

1948 3362  
State File No.  
Local Reg. No. 61  
Reg. Dist. No. 651

## 1. PLACE OF DEATH: DEATH CERTIFICATE

- (a) County Fremont  
(b) City or town Ashton  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Minnesota (b) County Ramsey  
(c) City or town St. Paul  
(d) Street Address or R.F.D. No. 1263 Van Buren  
(e) Deceased lived Inside? Yes Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1 day  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME JOHN MC NEELY

3. (b) If veteran, name war No. No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) February 25, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>6</u>	<u>14</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Waverly, Minnesota  
(City or town) (State or foreign country)

- Mother Father { 12. Name Thomas McNeely  
13. Birthplace Ireland  
(City or town) (State or foreign country)  
14. Maiden name Winifred Davitt  
15. Birthplace Wheeling, West Virginia  
(City or town) (State or foreign country)

16. Informant's Mrs. Adelaide Anderson  
OWN Signature and Address 1263 Van Buren St. Paul

17. (a) Removal (b) Date thereof Sept. 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Paul, Minnesota

18. Funeral Director's Mrs. Hansen  
OWN Signature and Address St. Anthony, Idaho

19. (a) Sept. 10, 1948 (b) Mrs. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 9th 1948  
at 7:25 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 9 1948, to Sept. 10 1948.  
I last saw h. alive on Sept. 10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute coronary occlusion Duration 2

Due to \_\_\_\_\_ 2

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's Ashton - Id.  
OWN Signature (M. D. or other)

and Address Ashton - Id. Date 9-10-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

SEP 16 1948  
DIVISION OF VITAL STATISTICS

**Certificate Of Death**  
STATE OF IDAHO

State File No. 3363  
Local Reg. No. 62  
Reg. Dist. No. 651

1. PLACE OF DEATH:  
(a) County **Fremont**  
(b) City or town **Mack's Inn**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months **7** days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Utah** (b) County **Salt Lake**  
(c) City or town **Salt Lake City**  
(d) Street Address or R.F.D. No. **1523 Arlington**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **7 days**  
(h) Former residence (city, state) **Salt Lake City**

3. (a) FULL NAME **JOHN RAYNOLDS MOSER**

3. (b) If veteran, name war **WW I** No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex **Male** race **White**  
5. Color **White** (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Gretchen Swododa** (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **February 3, 1894**

8. AGE	Years	Months	Days	If less than 1 day
	<b>54</b>	<b>7</b>	<b>7</b>	hrs min.

9. Exact Occupation **President** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Hemingway & Moser Co.** Date last worked **sept. 1948**  
11. Birthplace **Mc Cook, Nebraska**  
(City or town) (State or foreign country)  
Mother { 12. Name **Ulysses Grant Moser**  
13. Birthplace **Bedford, Illinois**  
(City or town) (State or foreign country)  
14. Maiden name **Elizabeth Graff**  
15. Birthplace **Saranah, Mo.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Elizabeth Moser**  
and Address **3950 Tyler Avenue, Ogden, Utah**

17. (a) **Removal** (b) Date thereof **9-11-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Salt Lake City, Utah**

18. Funeral Director's OWN Signature **M. S. Hansen**  
and Address **St. Anthony, Idaho**

19. (a) **Sept. 11, 1948** (b) **M. S. Hansen**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **102X**  
20. DATE OF DEATH (Month, Day, Year) **Sept. 10 1948**  
at **11:30** o'clock **P. M.**  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_  
**never attended**  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Route Coronary occlusion** Instant  
Due to \_\_\_\_\_  
1948 Due to **Hypertension**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **M. S. Hansen** (J. D. or other)  
and Address **St. Anthony, Idaho** Date **Sept. 11, 1948**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

SEP 28 1948

STATE OF IDAHO

1948 State File No. 3364

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. Rt. 2  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home hospital X Institution Other place  
(f) Name Hosp. or Institution Mary Secor Stayed 2 days  
(g) Lived in this county 13 years 9 months 20 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. Rt. 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) Minatare, Nebr.

## 3. (a) FULL NAME

FRANK MARION YORK

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary R.

6. (c) Age of husband or wife if alive 64 years

7. Date of Birth (Month, Day, Year) March 4, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>5</u>	<u>27</u>	hrs. min.

9. Exact Occupation Farmer Did this work for unknown years.

10. Industry or Business None Date last worked 1939

11. Birthplace Joplin Missouri  
(City or town) (State or foreign country)

12. Name Jesse R. York

13. Birthplace Unknown Illinois  
(City or town) (State or foreign country)

14. Maiden name Susan (Nmi) Wilson

15. Birthplace Unknown Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Nellie Caudill  
and Address 375-14 ave no name

17. (a) Burial (b) Date thereof Sept. 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Emmett, Idaho

18. Funeral Director's OWN Signature Charles F. Flahiff  
and Address Emmett, Idaho

19. (a) 9/27/48 (b) Charles F. Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 31 1948

at 8:27 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 8:27 1948, to 8:31 1948.

I last saw h. alive on 8:31 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Chronic Myocarditis Duration Yrs

Due to Myocardial Degeneration

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? At home

Name of operation None Date None

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state where violence occurred.

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature Ch. L. Lacombe, M.D.  
and Address Emmett, Idaho Date 9/1 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

SEP 22 1948

STATE OF IDAHO

State File No. 3365  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 414 West 2nd  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 32 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 414 West 2nd  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Boise, Idaho

## 3. (a) FULL NAME

JOHN HETHERINGTON

## 3. (b) If veteran, name war

no

## 3. (c) Social Security No.

518-07-3106

## 4. Sex

Male Color White

## 6. (a) Single, widowed, married, divorced

married

## 6. (b) Name of husband or wife

Ruth

## 6. (c) Age of husband or wife if alive

34

## 7. Date of Birth

(Month, Day, Year) February 24, 1912

8. AGE	Years	Months	Days	If less than 1 day
	36	6	25	hrs. min.

## 9. Exact Occupation

Electrical and Refrigeration work for 10 yrs.

## 10. Industry or Business

Gem Refrigeration Date last worked

## 11. Birthplace

Boise, Idaho (City or town) (State or foreign country)

## 12. Name

A. L. Hetherington

## 13. Birthplace

Hastings, Minnesota (City or town) (State or foreign country)

## 14. Maiden name

Grace Hammack

## 15. Birthplace

Burns, Oregon (City or town) (State or foreign country)

## 16. Informant's

OWN Signature Ruth Hetherington  
and Address 414 West 2nd Emmett

## 17. (a) Burial (b) Date thereof

(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Emmett, Idaho

## 18. Funeral Director's

OWN Signature Clarence R. Persons  
and Address Emmett, Idaho

## 19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) September 19th 1948  
at 10:30 o'clock 2 M.

## 21. I HEREBY CERTIFY, That I attended deceased from

12-1 1944 to 9-19 1948

I last saw h. 2 m. alive on 9-19 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Adenocarcinoma of liver Duration 8 mos?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Ulcerative colitis 17 yrs -  
(Include pregnancy within 3 months of death)

Where was disease contracted? At home

Name of operation Laparotomy Date \_\_\_\_\_

Major finding Carcinoma of liver

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature H. R. Persons M.D.  
(M.D. or other)  
and Address Emmett, Idaho Date 9-22 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 4 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1048  
State File No. 3366  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:

(a) County Gem  
(b) City or town Emmett, Idaho  
(c) Street Address or R.F.D. No. Rt. 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 35 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Gem  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. Rt. 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Texas

3. (a) FULL NAME

FRED W. FAY

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife no

6. (c) Age of husband or wife if alive no years

7. Date of Birth May 10, 1859  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	89	4	18	hrs. min.

9. Exact Occupation Farmer Did this work for hrs. yrs.

10. Industry or Business Self Date last worked

11. Birthplace Portland Maine  
(City or town) (State or foreign country)

12. Name William A. Fay

13. Birthplace Rochester Massachusetts  
(City or town) (State or foreign country)

14. Maiden name Julia I. Crosby

15. Birthplace Boston Massachusetts  
(City or town) (State or foreign country)

16. Informant's OWN Signature Fred W. Fay

and Address Emmett, Idaho

17. (a) Burial (b) Date thereof 10/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Emmett, Idaho

18. Funeral Director's OWN Signature Flahiff Chapel

and Address Emmett, Idaho

19. (a) 9/29/48 (b) Chas Flahiff  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept. 28 1948  
(Month, Day, Year)

at 11:00 o'clock P M.

21. I HEREBY CERTIFY That I attended deceased from Sept 27 1948 to Sept 28 1948

I last saw h. live on Sept 28 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Parasitic Cysticercosis of Liver Duration 1 year?

(Distinctive signs) Ascaris lumbricoides 3 months

Due to Infestation of liver

Due to Infestation of liver 3 months

Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation none Date

Major finding none

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred City, county, state

where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Road

23. Attendant's OWN Signature Ronald P. Lawler (M. D. or other)

and Address Date  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

SEP 24 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3367  
Local Reg. No. 1347  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R.F.D. No. 545 Wyoming St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 16 years 10 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. Wyoming St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) Lovell, Wyoming

## 3. (a) FULL NAME

Dan C. Olsen

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. 519-28-0392

## 5. Color or race

Male white

## 6. (a) Single, widowed, married, divorced

married

## 6. (b) Name of husband or wife

Effie Olsen

## 6. (c) Age of husband or wife if alive

53 years

## 7. Date of Birth

(Month, Day, Year) May 10, 1879

## 8. AGE

Years	Months	Days	If less than 1 day
<u>69</u>	<u>4</u>	<u>8</u>	hrs min.

## 9. Exact Occupation

Blacksmith

## Did this

work for 45 yrs.

## 10. Industry or Business

## Date last

worked 9/17/48

## 11. Birthplace

Salina, Utah

(City or town)

(State or foreign country)

## 12. Name

Olsen

## 13. Birthplace

Copenhagen

(City or town)

(State or foreign country)

## 14. Maiden name

Laura Lund

## 15. Birthplace

Copenhagen

(City or town)

(State or foreign country)

## 16. Informant's

### OWN Signature

Eugene L. Olsen

### and Address

1724 Lincoln St. Eugene, Ore.

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

9/21/48

(c) Place: Elmwood Cem. Gooding, Idaho

## 18. Funeral Director's

### OWN Signature

H.P. Bright

### and Address

Gooding, Idaho

## 19. (a) 9-21-48

(Date received and filed)

## (b)

J.M. Cornwell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept 18

1948

at 8 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Sept 18 1948, to Sept 18 1948

I last saw him alive on Sept 18 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Artery Disease Duration 15 min

## Due to

Hypertension

## Due to

Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

### OWN Signature

F.E. O'Brien M.D.

and Address Gooding, Idaho

Date 9/20 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 16 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3368  
Local Reg. No. 112  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County **Gooding**  
(b) City or town **Wendell**  
(c) Street Address or R.F.D. No. **X**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Valentines** Stayed **7** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **35** years  
(h) Former residence (city, state) **Fargo, N Dak**

## 3. (a) FULL

NAME **William Alwin Richter**

## 3. (b) If veteran, name war

3. (c) Social Security No. **519-05-1183**

5. Color or  
4. Sex **Male** race **White**

6. (a) Single, widowed, married,  
divorced **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) **Oct 17. 1876**

8. AGE	Years	Months	Days	If less than 1 day
	<b>71</b>	<b>10</b>	<b>17</b>	hrs. min.

9. Exact Occupation **Carpenter** Did this work for **?** yrs.

10. Industry or Business \_\_\_\_\_ Date last worked **?**

11. Birthplace **Fargo North Dakota**  
(City or town) (State or foreign country)

12. Name **F. L. Richter**

13. Birthplace **Germany**  
(City or town) (State or foreign country)

14. Maiden name **Wilimetta Grauman**

15. Birthplace **Germany**  
(City or town) (State or foreign country)

16. Informant's **Y** OWN Signature **R. A. Richter**  
and Address **Palo Alto, California**

17. (a) **Burial** (b) Date thereof **Sept 6. 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Jerome, Idaho**

18. Funeral Director's **J. R. Willey** OWN Signature  
and Address **Jerome, Idaho**

19. (a) **9/9/48** (b) **Lester M. Rose O.B.**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Sept 4** 19 **48**  
(Month, Day, Year) at **4:00** o'clock **P**. M.

21. I HEREBY CERTIFY, That I attended deceased from **Aug 31**  
19 **48** to **Sept 4** 19 **48**  
I last saw him alive on **Sept 4** 19 **48**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Pneumonia** 4 Days

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions **Secondary emphysema** ?  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Unknown**

Name of operation **Trauma** Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's **H. Carolee Swail** OWN Signature  
(M. D. or other) and Address **Jerome** Date **9/7/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 16 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3369  
Local Reg. No. 111  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

Gooding

- (a) County \_\_\_\_\_  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. A. Ave. D.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Valentine Stayed 9 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. E. Ave. D  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Springville, Utah

## 3. (a) FULL NAME EFFIE DEAL REDFORD

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced M  
4. Sex F race W 6. (b) Name of husband or wife John B.  
6. (c) Age of husband or wife if alive 72 years

7. Date of Birth (Month, Day, Year) June 1, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>3</u>	<u>3</u>	hrs min.

9. Exact Occupation Housewife Did this work for 47 yrs.

10. Industry or Business Retired Date last worked 9/47

11. Birthplace Springville, Utah  
(City or town) (State or foreign country)

12. Name Daniel E. Deal

13. Birthplace Quincy, Illinois  
(City or town) (State or foreign country)

14. Maiden name Nancy Jane Clark

15. Birthplace Council Bluffs, Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature John B. Redford

and Address Jerome, Idaho

17. (a) burial (b) Date thereof 9/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Jerome Cemetery

18. Funeral Director's OWN Signature Robert O. Higgins

and Address Jerome, Idaho

19. (a) 9/9/48 (b) Robert M. Rose, O.S.D.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083B 095A

20. DATE OF DEATH (Month, Day, Year) September 4, 1948  
at 6:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 24 1948 to Sept 3 1948

I last saw h.e. alive on Sept 4 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 1. Cerebral embolism Duration 1 hr

Due to auricular fibrillation 1 hr

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? Jerome, Ida.

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature James E. Boat M.D. (M. D. or other)

and Address Jerome, Ida. Date 9/6/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

OCT 6 1948

CERTIFICATE OF DEATH

DIVISION OF VITAL

STATE OF IDAHO

1948

3370

State File No.

Local Reg. No.

Reg. Dist. No.

349

420

1. PLACE OF DEATH:
- (a) County Gooding County
- (b) City or town Hagerman
- (c) Street Address or R. F. D. No. None
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town
- (e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. None Stayed No days
- (g) Lived in this county 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- (a) State Idaho (b) County Gooding
- (c) City or town Hagerman
- (d) Street Address or R. F. D. No. None
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town
- (f) Citizen of what country? United States
- (g) How long had deceased lived in Idaho? Life years
- (h) Former residence (city, state) None

3. (a) FULL NAME Lila L. Hurley

3. (b) If veteran, name war No
3. (c) Social Security No. None
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Hurley
6. (c) Age of husband or wife if alive 41 years
7. Date of Birth (Month, Day, Year) Sept. 21, 1906

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>11</u>	<u>19</u>	hrs min.

9. Exact Occupation Housewife-Teacher Did this work for 5 yrs.
10. Industry or Business Teaching Date last worked 1947
11. Birthplace Chapin, Idaho (City or town) (State or foreign country)

12. Name Farley Penfold
13. Birthplace Unknown (City or town) (State or foreign country)
14. Maiden name Pheobie Nelson
15. Birthplace Heber, Mont. (City or town) (State or foreign country)

16. Informant's OWN Signature William D. Hurley and Address Hagerman, Idaho

17. (a) Burial (b) Date thereof Sept. 13, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Hagerman Cemetery

18. Funeral Director's OWN Signature D. J. Schertson and Address Buhl, Idaho

19. (a) 9-30-48 (b) J. H. Connell (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 10 1948 (Month, Day, Year)
- at 1:35 o'clock P. M.

21. I HEREBY CERTIFY That I attended deceased from May 2 1948 to Sept 10 1948
- I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Malnutrition Duration 2 mo

Due to Cancer of stomach 9 mo

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature V. H. Anderson and Address Buhl, Ida Date 9-22-1948 (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 23 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2271  
Local Reg. No. 113  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Swissall  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewiston  
(c) City or town Ridgely  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? X years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Chaffie M. & Jell Nicholas

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex M race W  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced infant

6. (b) Name of husband or wife \_\_\_\_\_  
(c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

Sept-16-48

## 8. AGE

Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than 1 day

9 hrs hrs min.

9. Exact Occupation infant Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Merndale Idaho  
(City or town) (State or foreign country)

12. Name Durght M. Nicholas

13. Birthplace Idaho  
(City or town) (State or foreign country)

14. Maiden name Martha Giesler

15. Birthplace Adessa Washington  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. J.W. Nicholas

- and Address Idaho

17. (a) Burial (b) Date thereof Sept-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Idaho

18. Funeral Director's OWN Signature Myrtle C. Burdett

- and Address Idaho

19. (a) 9/22/48 (b) Idaho  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept-16 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 16 1948, to Sept 16 1948  
I last saw him alive on Sept 16 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Congenital Diabetes

Duration 9 hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding none

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. J. Nichol

and Address Idaho Date 9-17-48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 3372  
Local Reg. No. 1380  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Bonring  
(b) City or town Plagerman  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? ☒ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? Ida city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 51 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

James Gail Briggs

- (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 519-14-4998  
(d) Sex m race w (e) Color or \_\_\_\_\_ (f) Single, widowed, married, divorced divorced  
(g) (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
(h) Date of Birth (Month, Day, Year) Oct 16 1899

8. AGE  
Years 48 Months 11 Days 7 If less than 1 day hrs min.

9. Exact Occupation Carpenter Did this work for 20 yrs.  
10. Industry of Business Construction Date last worked 1946  
11. Birthplace Idaho (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name Len Briggs  
13. Birthplace Idaho (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
14. Maiden name Polly Taylor  
15. Birthplace England (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Clyde Luoti  
and Address Idaho

17. (a) burial (b) Date thereof 9-25-48  
(Burial, cremation, or removal) (month) (Day) (Year)  
(c) Place: Idaho

18. Funeral Director's OWN Signature JR W. Lay  
and Address Idaho

19. (a) 9-25-48 (b) JR W. Lay  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 23- 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Found dead in house Duration \_\_\_\_\_

Due to skand disease

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Blow  
23. Attendant's OWN Signature Carone & Sons Co  
(M. D. or other) \_\_\_\_\_  
and Address Idaho Date 9/25-1948  
(for additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
OCT 7 1948 STATE OF IDAHO

1948 State File No. **3373**  
Local Reg. No. **114**  
Reg. Dist. No. **421**

1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Mendota  
(c) Street Address or R.F.D. No. Idaho St.  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. St. Valentine's days 23  
(g) Lived in this county    years    months 23 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 66 years  
(h) Former residence (city, state) Driggs, Idaho

3. (a) FULL NAME

Mr. Elliott VanLeuven

3. (b) If veteran,

name war            

3. (c) Social Security

No.            

5. Color or

race W

4. Sex Male

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or  
wife            

6. (c) Age of husband or wife if  
alive          years

7. Date of Birth  
(Month, Day, Year)

August 16, 1882

8. AGE

Years  
66

Months  
1

Days  
10

If less than 1 day  
hrs min.

9. Exact

Occupation

Farming

Did this

work for 20 yrs.

10. Industry or  
Business

Agriculture

Date last

worked 1943

11. Birthplace

Clifton, Idaho

(City or town)

(State or foreign country)

12. Name William Elliott VanLeuven

13. Birthplace

Green River, Wyoming

(City or town)

(State or foreign country)

14. Maiden name Julia Ann Lake

15. Birthplace

Ogden, Utah

(City or town)

(State or foreign country)

16. Informant's

OWN Signature

Alfred Van Leuven

and Address

Hazelton, Idaho

17. (a) burial

(Burial, cremation, or removal)

(b) Date thereof 9/30/48

(Month) (Day) (Year)

(c) Place: Cedar Butte Cemetery, Annis, Idaho

18. Funeral Director's

OWN Signature

Schullers

and Address

Twin Falls, Idaho

19. (a) 9/26/48

(Date received and filed)

Edith M. Rose O.B.

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) September 26 19 48  
at 9:22 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from

June 1 19 47 to Sept. 26 19 48

I last saw him alive on Sept. 20 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary Disease

Duration

7

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state

where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place   

While at work?   

Means of injury   

23. Attendant's

OWN Signature

S. Hopper

and Address Hazelton, Idaho Date 9/26 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

OCT 6 1948

# Certificate of Death

STATE OF IDAHO

1948 3374  
State File No.  
Local Reg. No. 1348  
Reg. Dist. No. 420

1. PLACE OF DEATH:
- County Gowder
  - City or town Bliss
  - Street Address or R.F.D. No. \_\_\_\_\_
  - Death Occurred Inside? \_\_\_\_\_ Outside? Yes city or town \_\_\_\_\_
  - Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ✓
  - Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
  - Lived in this county \_\_\_\_\_ years \_\_\_\_\_ 3 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- State IDAHO
  - County ADA
  - City or town BOISE
  - Street Address or R.F.D. No. 111 So. 13th St.
  - Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - Citizen of what country? USA
  - How long had deceased lived in Idaho? 30 years
  - Former residence (city, state) MONTANA

3. (a) FULL NAME MATT YELINICK

3. (b) If veteran, name war NO 3. (c) Social Security No. 5-18-09-5138

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) APR 7 1889

8. AGE	Years	Months	Days	If less than 1 day
<u>about 59</u>				hrs. min.

9. Exact Occupation CONSTRUCTION Did this work for \_\_\_\_\_ yrs.

10. Industry or Business LABOR Date last worked 9/24/1948

11. Birthplace YUGOSLAVIA (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name JOHN YELINICK

13. Birthplace YUGOSLAVIA (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name ANN DOSAN

15. Birthplace YUGOSLAVIA (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Mary Osichy and Address 111 So. 13th St.

17. (a) REMOVAL (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 9/26/1948 (Month) (Day) (Year)

- (c) Place BOISE IDAHO

18. Funeral Director's OWN Signature Farrest Theaner and Address Wendell Idaho

19. (a) 9-24-48 (Date received and filed) (b) J. H. C. M. ell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 26 1948 at 4:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from death on examination 19 \_\_\_\_\_ to 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration 1 hour

Due to Coronary occlusion 1 hour

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_ where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. M. D. Bulien M.D. (M. D. or other) \_\_\_\_\_ and Address Blaine, Idaho Date Sept 26 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JUL 11 1948

# Certificate Of Death

STATE OF IDAHO

948

State File No. 3375  
Local Reg. No. 1357  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) ~~Street Address~~ or R.F.D. No. 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 7 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Wendell  
(d) ~~Street Address~~ or R.F.D. No. 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state) Otis, Colorado

## 3. (a) FULL NAME

Omer Kasper Schmidt

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No.   

5. Color or race white  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Florina E.  
6. (c) Age of husband or wife if alive 44 years

7. Date of Birth  
(Month, Day, Year) August 27, 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>48</u>	<u>1</u>	<u>0</u>	hrs min.

9. Exact Occupation farming Did this work for life yrs.

10. Industry or Business    Date last worked June, 1948

11. Birthplace Elwood, Nebraska  
(City or town) (State or foreign country)

12. Name William L. Smith

13. Birthplace Germany  
(City or town) (State or foreign country)

14. Maiden name Mary Yorgs

15. Birthplace Green, Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Florina E. Schmidt  
and Address Wendell, Ida

17. (a) burial (b) Date thereof 10/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Wendell, Idaho

18. Funeral Director's OWN Signature H.R. Bright  
and Address Gooding, Idaho

19. (a) 10-8-48 (b) J.H. Cronwell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept. 27, 1948  
(Month, Day, Year) at 6: o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1948 to Oct 1, 1948

I last saw him alive on Sept 20, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Liver Duration 9 mos.

Due to   

Due to   

Other conditions ascites 6 weeks  
(Include pregnancy within 3 months of death) Secondary Anemia 9 mos

Where was disease contracted?   

Name of operation none Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred    19    City, county, state where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature V.H. Anderson, M.D.  
(M. D. or other) and Address Buhl, Ida Date    19     
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 13 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. \_\_\_\_\_  
Local Reg. No. 12  
Reg. Dist. No. 240

3376

1. PLACE OF DEATH: IDAHO
- (a) County \_\_\_\_\_  
(b) City or town GRANGEVILLE  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ✓ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME JAMES NORMAN DEAN

178C

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security \_\_\_\_\_  
name war \_\_\_\_\_ No. \_\_\_\_\_  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Child  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Nov. 2, 1934

8. AGE	Years	Months	Days	If less than 1 day
	<u>13</u>	<u>10</u>	<u>4</u>	hrs min.

9. Exact Occupation Student Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace BOISE IDAHO (City or town) (State or foreign country)

12. Name Norman Dean  
13. Birthplace Grangeville, Ida (City or town) (State or foreign country)  
14. Maiden name Betty Chase  
15. Birthplace Grangeville, Ida (City or town) (State or foreign country)

16. Informant's OWN Signature Norman Dean  
and Address Grangeville, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-48 (Month) (Day) (Year)  
(c) Place: Grangeville, Idaho

18. Funeral Director's OWN Signature Joe Holton  
and Address Grangeville, Idaho

19. (a) Sept 7, 1948 (Date received and filed) (b) Erma Cone (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept 6 - 48  
(Month, Day, Year) at 10:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 6 Sept 1948 to 6 Sept 1948  
I last saw him alive on 5 Sept 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxia Duration \_\_\_\_\_

Due to inhalation of gasoline fumes

Due to \_\_\_\_\_  
Other conditions Chemical burn on face  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 6 Sept 1948 City, county, state where violence occurred Grangeville, Idaho  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? NO  
Means of injury inhalation of gasoline fumes

23. Attendant's OWN Signature Donald Hattman (M. D. or other)  
and Address Grangeville Date 8 Sept 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

SEP 23 1948

STATE OF IDAHO

1948

State File No. 3377  
Local Reg. No. 237  
Reg. Dist. No. 125A

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Kamiah  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Kamiah  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME

GEORGE MYERS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 20, 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>2</u>	<u>16</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Diversified Date last worked date

11. Birthplace Goodstein (City or town) (State or foreign country)

12. Name William Myers

13. Birthplace Indiana (City or town) (State or foreign country)

14. Maiden name Cora Black

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Paul C. Higgins

and Address Kamiah Idaho

17. (a) Burial (b) Date thereof 9-12-48

(c) Place: Woodland, Idaho

18. Funeral Director's OWN Signature Charles H. Brown

and Address Chambers St.

19. (a) 9/11-48 (b) Charles H. Brown

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept-10 1948

at 11 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Strangulation.

Due to Tractor tipping over pinning him

Due to unhealthy

Other conditions head (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 9/10 1948 City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home? ✓ Farm? ✓ Industry? ✓

Public Place? \_\_\_\_\_ While at work? ✓

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Chambers St.

and Address Chambers St. Date 9/11 1948

(For additional space, use reverse side)

IDAHO COUNTY CORNER

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 3378  
Local Reg. No. 12  
Reg. Dist. No. 240

1. PLACE OF DEATH: Idaho
- (a) County Grangeville  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. ✓  
(d) Death Occurred Inside? ✓ Outside? city or town  
(e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst. ✓ Stayed ✓ days ✓  
(g) Lived in this county 58 years ✓ months ✓ days ✓

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. ✓  
(e) Deceased lived Inside? ✓ Outside? city or town  
(f) Citizen of what country? ✓  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) Arkansas

3. (a) FULL NAME GROVER NICHEAL ZEHNER.

3. (b) If veteran, name war ✓  
4. Sex M 5. Color of W  
6. (b) Name of husband or wife Alma  
7. Date of Birth (Month, Day, Year) Oct 7, 1889

3. (c) Social Security No. 519-05-4542  
6. (a) Single, widowed, married, divorced ✓  
6. (c) Age of husband or wife if alive 52 years

8. AGE 

Years	Months	Days	If less than 1 day
<u>58</u>	<u>11</u>	<u>5</u>	hrs min.

9. Exact Occupation Laborer Did this work for 5 yrs.  
10. Industry or Business Grain Whse Benton Co. Ark. Date last worked 9-11-48  
11. Birthplace Benton Co. Ark. (City or town) (State or foreign country)

12. Name Owen Lehner  
13. Birthplace Ark. (City or town) (State or foreign country)  
14. Maiden name Mary Soper  
15. Birthplace Ark. (City or town) (State or foreign country)

16. Informant's OWN Signature Wilma Zehner and Address Grangeville, Idaho  
17. (a) Burial (b) Date thereof 9-15-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grangeville, Idaho  
18. Funeral Director's OWN Signature Frank Statton and Address Grangeville, Idaho  
19. (a) Sept. 13, 1948 (b) Frank Statton (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept. 1948  
(Month, Day, Year) at 7 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 1947, to Sept. 12 1948  
I last saw him alive on Aug. 15 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cardiac Failure Duration Immediate

Due to Hypertensive Heart Disease

Due to Arteriosclerosis  
Other conditions Asthma, Sinusitis  
(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown  
Name of operation None Date ✓  
Major finding None  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ✓ Farm ✓ Industry ✓  
Public Place ✓ While at work? ✓  
Means of injury ✓  
23. Attendant's OWN Signature Frank Statton (M. D. or other) and Address Grangeville Date Sept. 12, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 3 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3379  
Local Reg. No. 19  
Reg. Dist. No. 942

1. PLACE OF DEATH: STATISTICS  
(a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No. Our head of Consolation  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home, Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Consolation Stayed 1 days  
(g) Lived in this county 29 years 11 months 4 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City or town Cottonwood  
(d) Street Address or R.F.D. No. 1700  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Cottonwood Ida.

3. (a) FULL NAME

Frank Wemhoff

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or white  
4. Sex Male race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Doreen  
6. (c) Age of husband or wife if alive 23 years

7. Date of Birth (Month, Day, Year) Oct 10, 1918

8. AGE	Years	Months	Days	If less than 1 day
	<u>29</u>	<u>11</u>	<u>4</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 7 1/2 yrs.

10. Industry or Business Cottonwood Date last worked 9/14/48

11. Birthplace Idaho (City or town) (State or foreign country)

12. Name John Wemhoff (City or town) (State or foreign country)

13. Birthplace Humphrey Neb (City or town) (State or foreign country)

14. Maiden name Mary Brockhaus (City or town) (State or foreign country)

15. Birthplace Humphrey Neb (City or town) (State or foreign country)

16. Informant's OWN Signature Legends Wemhoff and Address Cottonwood Idaho

17. (a) Burial (b) Date thereof 9/18/48 (Month) (Day) (Year)

(c) Place Cottonwood Idaho

18. Funeral Director's OWN Signature Glenn Aulox and Address Granger, 116 Idaho

19. (a) Sept 15, 1948 (b) W. J. Orr M.D. (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 14, 1948  
at 11:40 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased for 6 hrs.  
I last saw him alive on Sept. 14, 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Shock

Duration

Due to Injuries to head received in truck accident - turning over with him.

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? on road to home place

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? Homicide?

Occurred Sept. 14, 1948 City, county, state Cottonwood, Idaho, Idaho

Place of Violence: Home Farm Industry

Public Place Public Road While at work?

Means of injury Truck turned over with him on

23. Attendant's OWN Signature W. J. Orr M.D. (M. D. or other)

and Address Cottonwood Idaho Date Sept. 15, 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 27 1948

DIVISION OF VITAL STATE OF IDAHO

NON-RESIDENT 1948

Certificate Of Death

State File No. 3380  
Local Reg. No. 085  
Reg. Dist. No. 244

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Stites  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State California (b) County San Diego  
(c) City or town National City  
(d) Street Address or R.F.D. No. 1010 E. 15th  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 days years  
(h) Former residence (city, state) National City, Cal.

3. (a) FULL NAME

George Melvin Davidson

3. (b) If veteran,

name war World War I

3. (c) Social Security

No. 490-03-9680

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married

4. Sex Male race white  
6. (b) Name of husband or wife Ruth  
6. (c) Age of husband or wife if alive 53 years

7. Date of Birth (Month, Day, Year) October 1, 1895

8. AGE	Years	Months	Days	If less than 1
	<u>52</u>	<u>11</u>	<u>17</u>	hrs min.

9. Exact Occupation Aircraft factory Inspector Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Aviation Date last worked Sept. 19, 1948

11. Birthplace Revere, Missouri  
(City or town) (State or foreign country)

12. Name O. T. Davidson

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Etta Gordon

15. Birthplace Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Ruth Davidson

- and Address 1010 E. 15th St National City, Cal.

17. (a) Removal (b) Date thereof Sept. 19, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: San Diego, Calif.

18. Funeral Director's OWN Signature Claude T. Murray

- and Address Koeckia, Idaho

19. (a) Sept. 19, 1948 (b) Claude T. Murray  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 18, 1948  
at 3:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 18th 1948, to Sept. 19th 1948

I last saw him alive on Sept. 18th 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Acute Coronary occlusion 1 hour

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? Stites, Id

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature C. T. Murray

and Address Kamiah-Idaho (M. D. or other) Sept. 19, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 3381  
Local Reg. No. 22  
Reg. Dist. No. 242

## 1. PLACE OF DEATH:

(a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name of Hospital St. Mary of Conception \_\_\_\_\_  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 24 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Lewis  
(c) City or town Winchester  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? ----- years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Donwin Patrick DENNY

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----  
5. Color or White 6. (a) Single, widowed, married, divorced -----  
4. Sex male race white  
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) September 18 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	hrs min.

9. Exact Occupation ----- Did this work for ----- yrs.  
10. Industry or Business ----- Date last worked -----  
11. Birthplace Cottonwood, Idaho.  
(City or town) (State or foreign country)

12. Name Hiram Denny  
13. Birthplace Nezperce, Idaho.  
(City or town) (State or foreign country)  
14. Maiden name Itha Grace Starcher  
15. Birthplace Lookout, Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Carl E. Starcher  
and Address Winchester, Idaho.

17. (a) Removal (b) Date thereof 9-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Craigmont, Idaho.

18. Funeral Director's OWN Signature C. E. Clovis  
and Address Craigmont, Idaho.

19. (a) Sept. 20, 1948 (b) W. J. Doe, M.D.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 19 1948.  
at 10:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 9-19 1948, to 9-19 1948  
I last saw h. alive on 9-19 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Due to prematurity - 7 mos -  
Due to Placenta Praevia  
Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred ----- 19 ----- City, county, state  
where violence occurred  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? \_\_\_\_\_  
Means of injury -----

23. Attendant's OWN Signature K. H. Hollins M.D.  
(M. D. or other)  
and Address Craigmont, Ida. Date 9-20 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
JUL 6 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3382  
Local Reg. No. 21  
Reg. Dist. No. 942

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottwood  
(c) Street Address or R.F.D. No. 1  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place 1  
(f) Name Hosp. or Inst. Okla. State Stayed 1 days  
(g) Lived in this county 30 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Fenn  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Fenn Idaho

## 3. (a) FULL NAME

Joseph Bernard McDonald 175A

## 3. (b) If veteran, name war

World I

## 3. (c) Social Security No.

## 4. Sex M 5. Color or race W

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Catherine

## 6. (c) Age of husband or wife if alive 45 years

## 7. Date of Birth (Month, Day, Year)

Aug 15 1898

## 8. AGE

Years

Months

Days

If less than 1 day

50

1

6

hrs.

min.

## 9. Exact Occupation Farmer

Did this work for Life yrs.

## 10. Industry or Business

Date last worked 9/20/48

## 11. Birthplace Madison S.D.

(City or town)

(State or foreign country)

## 12. Name Joseph McDonald

## 13. Birthplace Minnesota

(City or town)

(State or foreign country)

## 14. Maiden name Mary Smith

## 15. Birthplace York S.D.

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature Earl McDonald

and Address Fenn Idaho

## 17. (a) Burial (b) Date thereof 9/23/48

(Burial, cremation or removal)

(Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Georgeville Ida

and Address Georgeville Ida

## 19. (a) Sept. 22, 1948 (b) W. J. Orr, M.D.

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) September 21 1948  
at 12:20 o'clock 2 M.

## 21. I HEREBY CERTIFY, That I attended deceased for 4 hrs.

Sept 20 1948 to Sept 21 1948  
I last saw him alive on Sept 21 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Shock

Duration

Due to Accidental crushing injury of chest by tractor running over him.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Occurred on home place.

## Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Tractor Suicide? ☐ Homicide? ☐

Occurred Sept - 20 1948 City, county, state

where violence occurred Georgeville Idaho Co. Idaho

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☐ While at work? yes

Means of injury

## 23. Attendant's

OWN Signature Wesley S. Orr M.D.  
(M. D. or other)

and Address Idaho Date Sept 22 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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1948  
OFFICE OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3383  
Local Reg. No. 14  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. General Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Kamiah  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Kamiah Idaho

## 3. (a) FULL NAME

Cecil A. Wood

095B

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No 518-12-4812

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace

6. (c) Age of husband or wife if alive 58 years

7. Date of Birth (Month, Day, Year) Oct 4, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>11</u>	<u>22</u>	hrs min.

9. Exact Occupation Hotel Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Clerk Date last worked 1946

11. Birthplace Moscow (City or town) (State or foreign country) Idaho

12. Name Jefferson Woods

13. Birthplace Iowa (City or town) (State or foreign country)

14. Maiden name Alice Hall

15. Birthplace Dalles Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature Lester B. Hood

- and Address Lewiston Idaho

17. (a) Burial (b) Date thereof 9/28/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Kamiah Idaho

18. Funeral Director's OWN Signature Frank Miller

- and Address Grangeville Idaho

19. (a) Sept 28, 1948 (b) Uma Cone (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

106B

## 20. DATE OF DEATH

(Month, Day, Year) 26 Sept 1948  
at 2:30 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

11 Sept 1948, to 26 Sept 1948  
I last saw h. 1 M alive on 25 Sept 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Respiratory Failure

## Duration

Due to asthmatic Bronchitis

(a) Bronchiectasis

(b) Rheumatic heart disease

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's

OWN Signature Donald Saltman (M. D. or other)

and Address Grangeville Idaho Date 28 Sept 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 10 1947

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. **3384**  
Local Reg. No. **11**  
Reg. Dist. No. **840**

## 1. PLACE OF DEATH:

- (a) County **Jefferson**  
(b) City or town **Menan**  
(c) Street Address or R.F.D. No. **Roberts Star. Rt.**  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jefferson**  
(c) City or town **Grant**  
(d) Street Address or R.F.D. No. **2. Idaho Falls**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **4** years  
(h) Former residence (city, state) **None**

## 3. (a) FULL NAME

**ESTHER ELAINE TAYLOR.**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race **White**  
4. Sex **F.M.**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **X**

6. (c) Age of husband or wife if alive **X** years

7. Date of Birth (Month, Day, Year) **June 13, 1944**

8. AGE	Years	Months	Days	If less than 1 day
	<b>4</b>	<b>2</b>	<b>19</b>	hrs. min.

9. Exact Occupation **Child** Did this work for ☒ yrs.

10. Industry or Business **X** Date last worked ☒

11. Birthplace **Idaho Falls, Idaho.**  
(City or town) (State or foreign country)

12. Name **Russell Doane Taylor.**

13. Birthplace **Grant, Idaho.**  
(City or town) (State or foreign country)

14. Maiden name **Amelia Carpenter.**

15. Birthplace **Lorenzo, Idaho.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Russell D Taylor**  
**Idaho Falls, Idaho. R. #2**  
and Address **burial**

17. (a) **burial** (b) Date thereof **9-5-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Grant, Idaho**

18. Funeral Director's OWN Signature **Rigby, Idaho.**  
and Address **Rigby, Idaho.**

19. (a) **Sept 6 1948** (b) **Mrs. R. D. Russell**  
(Date received and filed) (Registrar's Signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Sept. 1 1948**  
(Month, Day, Year) at **10:45** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **Sept. 1 1948** to **Sept. 1 1948**  
I last saw him or her **dead** **9/1 1948**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Electrocution** Duration **Permanently**

Due to **Electric Fence Contact**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **None performed**  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **Yes** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **Sept 1 1948** City, county, state **Menan, Jefferson County, Idaho**

where violence occurred **Menan, Jefferson County, Idaho**

Place of Violence: Home \_\_\_\_\_ Farm ☒ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? **No**

Means of injury **Contact with electric fence**

## 23. Attendant's OWN Signature

**Idaho Falls, M.D.**

and Address **Rigby, Idaho.** Date **9/7 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

OCT 11 1948

# Certificate of Death

DEPT. OF VITAL

STATE OF IDAHO

1948 State File No. 3385  
Local Reg. No. 18  
Reg. Dist. No. 640

## 1. PLACE OF DEATH:

- (a) County **Jefferson**  
(b) City or town **Rigby**  
(c) Street Address or R.F.D. No. **150 E. 2nd No.**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **43** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jefferson**  
(c) City or town **Rigby**  
(d) Street Address or R.F.D. No. **150 E. 2nd No.**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **43** years  
(h) Former residence (city, state) **None**

## 3. (a) FULL NAME

**LLOYD ELMO ROBBINS.**

## 3. (b) If veteran, name war

☒

## 3. (c) Social Security No.

5. Color or  
4. Sex **Male** race **White**

6. (a) Single, widowed, married,  
divorced **Married**

6. (b) Name of husband or wife  
**Florence Goe**  
7. Date of Birth  
(Month, Day, Year) **Dec. 5 1904**

6. (c) Age of husband or wife if  
alive **39** years

8. AGE	Years	Months	Days	If less than 1 day
	<b>43</b>	<b>9</b>	<b>0</b>	hrs. min.

9. Exact Occupation **Laborer** Did this work for **life** yrs.

10. Industry or Business **Common** Date last worked **July 1948**

11. Birthplace **Rigby, Idaho.**  
(City or town) (State or foreign country)

12. Name **Charley Stottard Robbins**

13. Birthplace **Willard, Utah.**  
(City or town) (State or foreign country)

14. Maiden name **Louisa Margaret Saxton.**

15. Birthplace **Hull, England.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Florence Robbins**  
and Address **Rigby, Idaho.**

17. (a) **burial** (b) Date thereof **9/8/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **Rigby, Idaho.**

18. Funeral Director's OWN Signature **W. E. Russell**  
and Address **Rigby, Idaho.**

19. (a) **10/8/48** (b) **Mrs. A. B. Russell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Sept. 5 1948**  
(Month, Day, Year) at **1:35** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Aug 2** 19 **48** to **Sept 5** 19 **48**.  
I last saw h. **in** alive on **Sept. 5** 19 **48**.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

**Pulmonary atelectasis - 3 weeks**  
Due to **hemorrhage**

Due to **Bronchiogenic Carcinoma 6 weeks.**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **at home**

Name of operation **none** Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **none**

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Asael Hall m.d.**  
(M. D. or other)

and Address **Rigby, Idaho.** Date **9-10 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 24 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3386  
Local Reg. No. 3  
Reg. Dist. No. 640

1. PLACE OF DEATH: **Jefferson**  
(a) County **Menan**  
(b) City or town  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **43** years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Jefferson**  
(c) City or town **Helise**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state) **Unknown.**

3. (a) FULL NAME **THOMAS J. WALSH.**

3. (b) If veteran, name war ☒ 3. (c) Social Security No. ☒  
5. Color or race **White**  
4. Sex **Male** 6. (a) Single, widowed, married, divorced **widowed.**  
6. (b) Name of husband or wife **Sadie Hardy** 6. (c) Age of husband or wife if alive ☒ years  
7. Date of Birth (Month, Day, Year) **Feb. 6, 1863**

8. AGE	Years	Months	Days	If less than 1 day
	<b>85</b>	<b>7</b>	<b>6</b>	hrs. min.

9. Exact Occupation **Retired carpenter** Did this work for **life** yrs.  
10. Industry or Business **General** Date last worked **1928**  
11. Birthplace **Galena, Illinois.** (City or town) (State or foreign country)  
Father { 12. Name **Jeremiah Walsh.**  
13. Birthplace **Unknown.** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Grace Farrell**  
15. Birthplace **Unknown.** (City or town) (State or foreign country)  
16. Informant's OWN Signature **W. J. Bremer**  
and Address **Rigby, Idaho. R. #2**  
17. (a) **burial** (b) Date thereof **9/14/48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Rigby, Idaho.**  
18. Funeral Director's OWN Signature **W. Beckersell**  
and Address **Rigby, Idaho.**  
19. (a) **Sept. 24 1948** (b) **Mrs. W. J. Bremer** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Sept. 12 1948**  
(Month, Day, Year) at **8** o'clock **P** M.  
21. I HEREBY CERTIFY, That I attended deceased from **August 1, 1948** to **9-12-1948**  
I last saw him alive on **9-12-1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **hypostatic pneumonia**  
Due to **Coronary Thrombosis.**  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted? **Ida.**  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature **Clifford B. Rigby** (M. D. or other)  
and Address **Rigby, Idaho.** Date **9-15-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

OCT 11 1948

DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3387

Local Reg. No. 16

Reg. Dist. No. 640

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Rigby  
(c) Street Address or R.F.D. No. 219 No. State  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. McKee Mat. Hosp. days  
(g) Lived in this county 1 years 1 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No. 219 No. State  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 day yrs  
(h) Former residence (city, state) None.

## 3. (a) FULL NAME

**BABY VISTERCIL.**

## 3. (b) If veteran name war

## 3. (c) Social Security No.

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced single

6. (b) Name of husband or wife  
X

6. (c) Age of husband or wife if  
alive X years

7. Date of Birth  
(Month, Day, Year) Sept. 22, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>1</u>	hrs. min.

9. Exact Occupation Babe Did this work for X yrs.

10. Industry or Business X Date last worked X

11. Birthplace Rigby, Idaho.  
(City or town) (State or foreign country)

12. Name James Fred Vistercil.

13. Birthplace Roberts, Idaho.  
(City or town) (State or foreign country)

14. Maiden name Irene Leonard.

15. Birthplace Kilgore, Idaho.  
(City or town) (State or foreign country)

16. Informant's James F. Vistercil  
OWN Signature Roberts, Idaho.

17. (a) cremation (b) Date thereof 9/25.48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rigby, Idaho.

18. Funeral Director's A. Bicknell  
OWN Signature Rigby, Idaho.

19. (a) 10/8/48 (b) Mrs. A. B. Bicknell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) Sept. 24 19 48  
at 1:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 9/22/48  
at 19 to 9/24 19 48

I last saw h. im alive on 9/23 19 48.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature Birth Duration -  
7 mos gestation.

Due to Premature Labor -

Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? at Hospital

Name of operation none Date -

Major finding none performed

Finding of autopsy none performed

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's Edon Hall, M.D.  
OWN Signature Rigby, Idaho. Date 9/29 19 48

and Address Rigby, Idaho. Date 9/29 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

OCT 11 1948

STATE OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 State File No. 9388

Local Reg. No. 17

Reg. Dist. No. 640

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Menan  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 48 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Menan  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Willard, Utah.

## 3. (a) FULL NAME

**EDWARD JOHN LEWIS.**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race White  
4. Sex Male

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary A.

6. (c) Age of husband or wife if alive 70 years

7. Date of Birth May 18, 1866  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>4</u>	<u>8</u>	hrs. min.

9. Exact Occupation Retires custodian Did this work for 43 yrs.

10. Industry Menan Public School Date last worked 1941

11. Birthplace England.  
(City or town) (State or foreign country)

12. Name John Edward Lewis

13. Birthplace England.  
(City or town) (State or foreign country)

14. Maiden name Thurza A. Earl.

15. Birthplace England.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Edward J. Lewis  
and Address Menan, Idaho.

17. (a) burial (b) Date thereof 9-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Annis, Idaho.

18. Funeral Director's OWN Signature Carle Busch  
and Address Rigby, Idaho.

19. (a) 10/8/48 (b) Mrs. G.B. Eckersell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept. 26 19 48  
(Month, Day, Year) at 4:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 9/19/48 to 9/26/48  
I last saw him alive on 9/19/48 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

1. Chronic myocarditis Duration 10 years

Due to Atherosclerosis 12 years

Due to Hypertension Indefinite

Other conditions Diabetes 2 years  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation none Date \_\_\_\_\_

Major finding —

Finding of autopsy none performed.

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury —

23. Attendant's OWN Signature Edson Tall (M. D. or other)

and Address Rigby, Idaho. Date 9/29/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

STATE OF IDAHO

State File No. 3389

## Jerome DIVISION OF VITAL STATISTICS

2. **Usual Residence of Deceased:** (Always fill in these)

(a) State **Idaho** (b) County **Jerome**

(c) City or town **Jerome**

(d) Street Address or R.F.D. No. **W Ave D**

(e) Deceased lived inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_

(f) Citizen of what country? **U S**

(g) How long had deceased lived in Idaho? **52** years

(h) Former residence (city, state) **Iowa**

3. (b) If veteran, name war                      3. (c) Social Security No.

5. Color or race **White**

4. Sex **Female**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **J.F.Cooley**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) **June 6. 1877**

8. AGE	Years <b>71</b>	Months <b>2</b>	Days <b>25</b>	If less than 1 day hrs. min.
--------	--------------------	--------------------	-------------------	---------------------------------

9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business..... **At Home** ..... Date last worked.....

11. Birthplace Des Moines Iowa  
(City or town) (State or foreign country)

12. Name **Benjamin Franklin Burgess**

Father { 13. Birthplace..... **N.Y**  
(City or town) (State or foreign country)

other { 14. Maiden name Martha Smith

Mc 15. Birthplace. Not known  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature: Jerome, Idaho  
and Address: Jerome, Idaho

17. (a) Burial (b) Date thereof Sept 3, 19  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Jerome, Idaho

18. Funeral Director's  
OWN Signature..... JOR Wiley

and Address, Jerome, Idaho  
19. (a) Sept 2 (b) HTD/Therwood

MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH  
(Month, Day, Year) Sept 1 1948  
8:30

21. I HEREBY CERTIFY, That I attended deceased from June 15, 1948 to 9/23/48. I last saw her alive on 8/23/48. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Thrombosis Duration 1 1/2

14. How many times did you see the man?

Due to Hyperinflation and App. 20 yrs

Due to arteriosclerosis 28 yrs old

(Include pregnancy within 3 months of death)

Where was disease contracted? at Phoenix Falls, Ida  
 Name of operation \_\_\_\_\_ Date \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

Major finding.....

Finding of autopsy..... death should  
be charged  
statistically

22. If death was due to **EXTERNAL CAUSES**, also fill in the following:

Accident?	Suicide?	Homicide?
-----------	----------	-----------

Accident?..... Suicide?..... Homicide?.....  
 Occurred.....19..... City, county, state

where violence occurred.....

Place of Violence: Home.....Farm.....Industry.....  
Public Place.....While at work?.....

Means of injury \_\_\_\_\_  
23. Attendant's \_\_\_\_\_ 6/10 sh

OWN Signature James F. Boat  
(M. D. or other)

and Address Jerome, Ida Date 9/2 1941  
(For additional space, use reverse side)

1.42 ✓

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED **Certificate of Death**  
SEP 28 1948 STATE OF IDAHO

State File No. **3390**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF DEATH: **DIVISION OF VITAL**  
(a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No. **404 west**  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **18** years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **19** years  
(h) Former residence (city, state) **N, Dak**

3. (a) FULL NAME **Thomas Jason Hinton**

3. (b) If veteran, name war ..... 3. (c) Social Security No. **519-03-1122**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White** 6. (b) Name of husband or wife **May**  
6. (c) Age of husband or wife if alive **63** years

7. Date of Birth **December 5, 1878**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
<b>69</b>	<b>9</b>	<b>4</b>		hrs. min.

9. Exact Occupation **Laborer** Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **Hillsboro, Illinois**  
(City or town) (State or foreign country)

12. Name **Joe Hinton**  
13. Birthplace **Not Known**  
(City or town) (State or foreign country)  
14. Maiden name **Mary Hill**  
15. Birthplace **Not Known**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mary Hinton**  
and Address **Jerome Idaho**

17. (a) **Burial** (b) Date there **Sept-13-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Jerome, Idaho**

18. Funeral Director's OWN Signature **JR Wiley**  
and Address **Jerome, Idaho**

19. (a) **Sept 13-48** (b) **JR Wiley**  
(Date received and filed) (Registrar's signature)

- MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH **September 9, 1948**  
(Month, Day, Year) at **6:45** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **8-26-48** to **9-9-48**  
I last saw him alive on **9-9-48**  
death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: **myocarditis** Duration **2 mos**  
Due to **arterio sclerosis** ?  
**hypertension** ?  
Due to **chronic nephritis** ?  
Other conditions .....  
(Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature **Reuben C Mation**  
(M. D. or other) and Address **Jerome Ida** Date **9-13-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 28 1948  
Certificate of Death  
STATE OF IDAHO

1948 3391  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF DEATH:  
(a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home.....Hospital.....Institution.....Other place ☒  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **19** years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **19** years  
(h) Former residence (city, state) **Tenn**

3. (a) FULL NAME **James H. Barnes**

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex **Male** 5. Color or race **White**  
6. (b) Name of husband or wife **Willie Nell Barnes** 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth **May 1. 1921**

8. AGE	Years	Months	Days	If less than 1 day
	<b>27</b>	<b>4</b>	<b>17</b>	hrs. min.

9. Exact Occupation **Laborer** Did this work for ..... yrs.

10. Industry or Business **Union Pacific R R** Date last worked

11. Birthplace **Monroe Co Tenn**  
(City or town) (State or foreign country)

12. Name **Earnest Barnes**

13. Birthplace **Rockwood Tenn**  
(City or town) (State or foreign country)

14. Maiden name **Annie Newman**

15. Birthplace **Mockmin Tenn**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **James H. Barnes**  
and Address **Jerome Idaho**

17. (a) **Removal** (b) Date thereof **Sept 20. 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Sweetwater Tenn**

18. Funeral Director's OWN Signature **JR Wiley**  
and Address **Jerome, Idaho**

19. (a) **Sept 20 1948** (b) **JR Wiley**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH **September 18 1948**  
at **6:30** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw **h** alive on **19**;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Fractured Skull** Duration

Due to **Tractor Turning Over**

Due to .....

Other conditions.....

(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ..... Homicide? .....

Occurred **Jerome Sept 18 1948** City, county, state

where violence occurred **Jerome Jerome Co Idaho**

Place of Violence: Home..... Farm..... Industry.....

Public Place ☒ While at work? ☒

Means of injury **Tractor Turning Over**

23. Attendant's OWN Signature **JR Wiley (Owner)**

and Address **Jerome Idaho** Date **Sept 18 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

1046

State File No. 3392

Local Reg. No.

Reg. Dist. No.

RECEIVED

STATE OF IDAHO

## 1. PLACE OF DEATH:

SEP 28 1948

Division of VITAL

- (a) County Jerome  
(b) City or town Jerome  
(c) Street Address or R. F. D. No. 423 - Avenue D.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 16 years 11 months 16 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. 423 - Avenue D.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) ----- Oklahoma

## 3. (a) FULL NAME

Gordon Blair Ikard

3. (b) If veteran, name war no No. -----  
5. Color or race white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife -----  
6. (c) Age of husband or wife if alive ----- years

7. Date of Birth (Month, Day, Year) June 25, 1903

8. AGE	Years	Months	Days	If less than 1 day
	<u>45</u>	<u>2</u>	<u>27</u>	hrs min.

9. Exact Occupation Carpenter Did this work for 15 yrs.  
10. Industry or Business ----- Date last worked 9/20/48  
11. Birthplace Chickasha, Oklahoma  
(City or town) (State or foreign country)

12. Name M.F. Ikard  
13. Birthplace Franklin Co. Tenn.  
(City or town) (State or foreign country)  
14. Maiden name Virginia H. Blair  
15. Birthplace Franklin Co. Tenn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature E. H. Ikard  
and Address Gooding, Idaho

17. (a) burial (b) Date thereof 9/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's OWN Signature H. P. Bright  
and Address Gooding, Idaho

19. (a) Sept 28 (b) E. H. Ikard  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 20, 1948  
about 8:30 o'clock 8 M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. ----- alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Significant Burns & Suffocation Duration -----

Due to Burning of House

Due to -----  
Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----  
Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred Sept 20 1948 City, county, state where violence occurred Jerome Idaho  
Place of Violence: Home ☒ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury Burning of House  
23. Attendant's OWN Signature J. A. Wiley (Ensign)  
and Address Jerome Idaho Date 9/23/1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

CERTIFICATE OF DEATH  
RECEIVED STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF DEATH:  
(a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R. F. D. No. **221 E 4th Ave**  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital Institution Other place .....  
(f) Name Hosp or Inst. **27** Stayed ..... days  
(g) Lived in this county **27** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R. F. D. No. **221 E 4 Ave**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? **X**  
(g) How long had deceased lived in Idaho? **38** years  
(h) Former residence (city, state) **Utah**

3. (a) FULL NAME **Thomas William Newman**

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or 6. (a) Single, widowed, married,  
4. Sex **Male** race **White** divorced **Married**  
6. (b) Name of husband or 6 (c) Age of husband or wife if  
wife **Bertha Newman** alive ..... years

7. Date of Birth **November 2. 1882**  
(Month, Day, Year)

AGE	Years	Months	Days	If less than 1 day
<b>65</b>	<b>10</b>	<b>21</b>	<b>hrs min.</b>	

9. Exact Occupation **Farmer** Did this work for ..... yrs.  
10. Industry or Business Date last worked .....  
11. Birthplace **Salt Lake City, Utah**  
(City or town) (State or foreign country)

Father { 12. Name **Thomas Samuel Newman**  
13. Birthplace **England**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Maria Wayment**  
15. Birthplace **Salt Lake City Utah**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Thomas Newman**  
and Address **Jerome, Idaho**

17. (a) **Burial** (b) Date thereof **Sept 27. 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Jerome, Idaho**

18. Funeral Director's OWN Signature **Wiley**  
and Address **Jerome, Idaho**

19. (a) **Sept 28 1948** (b) **Sept 28 1948**  
(Date received and filed) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH **102 X**  
20. DATE OF DEATH **Sept 23 1948**  
(Month, Day, Year) at **5:30 P M.** o'clock

21. I HEREBY CERTIFY. That I attended deceased from **Oct 9. 1947** to **Sept 23 1948**  
I last saw him alive on **Sept 21 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Subacute bacterial endocarditis** Duration **3 mos.**

Due to **Hypertension** 2 yrs.  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred.  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **Reuben C. Matkan**  
and Address **Jerome Ida** Date **9-24 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3394  
Local Reg. No.  
Reg. Dist. No.

RECEIVED

SEP 28 1948

## 1. PLACE OF DEATH:

- (a) County Jerome  
(b) City or town Eden  
(c) Street Address or R.F.D. No. Eden  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 29 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Eden  
(d) Street Address or R.F.D. No. Eden  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME KLUTH, Paul Louis

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex male race White  
6. (b) Name of husband or wife Nonie Kluth 6. (c) Age of husband or wife if alive 44 years

## 7. Date of Birth (Month, Day, Year) January 8, 1895

8. AGE	Years	Months	Days	If less than 1 day
	53	8	12	hrs min.

9. Exact Occupation Farmer Did this work for  yrs.  
10. Industry or Business Date last worked  
11. Birthplace East St. Louis, Illinois  
(City or town) (State or foreign country)

12. Name Louis Kluth  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Paul Kluth  
and Address Eden, Idaho

17. (a) Removal (b) Date thereof 9/18/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls, Idaho

18. Funeral Director's OWN Signature W. H. Stuller  
and Address White Mortuary-Twin Falls, Idaho

19. (a) 48-20 (b) W. H. Stuller  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093E 094A

20. DATE OF DEATH (Month, Day, Year) Sept. 18th, 19 48  
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 19 to 19 19

I last saw him alive on about 6 months before death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute myocardial failure Duration acute

Due to Advanced Coronary Sclerosis

Due to Myocardial Infarction

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation Underline Date the cause to which death should be charged statistically.

Major finding Extensive Coronary Sclerosis & Myocarditis

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Attendant's

23. Attendant's OWN Signature James & Owsen  
and Address Twin Falls (M. D. or other) 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3395  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH: **Jerome**  
(a) County **Jerome**  
(b) City or town **Eden**  
(c) Street Address or R.F.D. No. **Eden**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed ☐ days  
(g) Lived in this county **18** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Jerome**  
(c) City or town **Eden**  
(d) Street Address or R.F.D. No. **Eden**  
(e) Deceased lived Inside ☒ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? **18** years  
(h) Former residence (city, state)

3. (a) FULL NAME **COOPER, William Herbert**

3. (b) If veteran, name war **None** No. **None**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Bessie** 6. (c) Age of husband or wife if alive **63** years  
7. Date of Birth **March 27, 1882**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>	<b>5</b>	<b>21</b>	hrs min.

9. Exact Occupation **Retired** Did this work for ☐ yrs.  
10. Industry or Business **Farmer** Date last worked  
11. Birthplace **Linn Co. Missouri**  
(City or town) (State or foreign country)

12. Name **George W. Cooper**  
13. Birthplace **Unknown**  
(City or town) (State or foreign country)  
14. Maiden name **Mildred Gooch**  
15. Birthplace **Mo.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **John Knifong**  
and Address **Eden, Idaho**

17. (a) **Removal** (b) Date thereof **9/18/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Twin Falls, Idaho**

18. Funeral Director's OWN Signature **Wm. H. Stettin**  
and Address **White Mortuary-Twin Falls, Idaho**

19. (a) **Sept 20** (b) **Wm. H. Stettin**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **September 18, 1948**  
(Month, Day, Year) at **2:40** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Aug 19 1948** to **Sept 2 1948**  
I last saw him alive on **Sept 2 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Septicemia**

Duration **Nov. 1944**

Due to

Due to

Other conditions **Cerebral Hypertension, (?)**  
(Include pregnancy within 3 months of death)

**Cerebral Embolism**

Where was disease contracted? **Home**

Name of operation **none** Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature **Geo C. Valley M.D.**  
(M. D. or other)  
and Address **Twin Falls, Ida** Date **9/18 1948**  
(For additional space, use reverse side)



Informed, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

SEP 13 1948

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

3396

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lakeside  
(d) Death Occurred Inside? X Outside? - city or town  
(e) Died in a Home - Hospital X Institution - Other place -  
(f) Name Hosp. or Inst. Lake City General days  
(g) Lived in this county 45 years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Rathdrum  
(d) Street Address or R.F.D. No. ----  
(e) Deceased lived Inside? X Outside? - city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Lincoln, Nebr.

## 3. (a) FULL NAME

Frieda Meyer

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Meyer

6. (c) Age of husband or wife if alive 78 years

7. Date of Birth December 27, 1871  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>8</u>	<u>7</u>	hrs. min.

9. Exact Occupation housewife Did this work for 23 yrs.

10. Industry or Business Albershausen Date last worked Germany

11. Birthplace Albershausen (City or town) Germany (State or foreign country)

12. Name Do not know

13. Birthplace Do not know (City or town) (State or foreign country)

14. Maiden name Do not know

15. Birthplace Albershausen (City or town) Germany (State or foreign country)

16. Informant's OWN Signature Edward Meyer and Address Rathdrum, Idaho

17. (a) Burial (b) Date thereof 9/7/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pine Grove Cemetery, Rathdrum

18. Funeral Director's OWN Signature A. B. Nelson and Address Rathdrum, Idaho

19. (a) Sept 9, 1948 (b) Mary E. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 9/3 19 48

at 1 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1933 19 48

I last saw her alive on 9/3/48 19 48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ch. Myocarditis Duration 4 months

Due to acute

Other conditions spasms (Include pregnancy within 3 months of death)

Where was disease contracted? home

Name of operation none Date none

Major finding none

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? / Suicide? / Homicide? /

Occurred / 19 48 City, county, state where violence occurred

Place of Violence: Home / Farm / Industry /

Public Place / While at work? /

Means of Injury / 23. Attendant's OWN Signature F. F. Hamilton (M. D. or other) MD and Address Coeur d'Alene Date 9/8 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 20 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 1548

Local Reg. No. 175

Reg. Dist. No. 120

3397

1. PLACE OF DEATH: **STATISTICAL**
- (a) County Kootenai
- (b) City or town Coeur d'Alene
- (c) Street Address or R.F.D. No. 3rd. & Foster Avenue
- (d) Death Occurred Inside? X Outside?        city or town
- (e) Died in a Home        Hospital X Institution        Other place
- (f) Name Hosp. or Inst. Kootenai Hosp Stayed        days
- (g) Lived in this county        years 8 months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Kootenai
- (c) City or town Black Lake
- (d) Street Address or R.F.D. No.
- (e) Deceased lived Inside? X Outside?        city or town
- (f) Citizen of what country? United States
- (g) How long had deceased lived in Idaho? 32 years
- (h) Former residence (city, state) Kansas

3. (a) FULL NAME JOHN AIKEN THOMPSON

3. (b) If veteran, name war X
3. (c) Social Security No. 518-01-3721
5. Color or
4. Sex Male race White
6. (a) Name of husband or wife Martha
6. (b) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive Dead years
7. Date of Birth (Month, Day, Year) May, 16, 1874.

8. AGE	Years	Months	Days	If less than 1 day
	74	3	18	hrs. min.

9. Exact Occupation Miner & Teacher Did this work for Life yrs.
10. Industry or Business        Date last worked 1940
11. Birthplace Sheran, Ohio (City or town) (State or foreign country)
- Father { 12. Name James Thompson
13. Birthplace Unknown, Ohio (City or town) (State or foreign country)
- Mother { 14. Maiden name Isabell Marquis
15. Birthplace Unknown, Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature Mr. H. J. Gullett and Address Black Lake, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/6/48 (Month) (Day) (Year)
- (c) Place Lewiston, Idaho
18. Funeral Director's OWN Signature [Signature] and Address Coeur d'Alene, Idaho
19. (a) Sept 6, 1948 (Date received and filed) (b) [Signature] (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September, 4, 1948 19 48
- at 3:00 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Sept 1 19 48 to Sept 4 19 48
- I last saw h. in alive on Sept 4 19 48; death is said to have occurred on the date and hour stated above.
- Immediate Cause of Death: Cerebral Hemorrhage
- Duration 5 day

- Due to
- Due to
- Other conditions        (Include pregnancy within 3 months of death)
- Where was disease contracted? Idaho
- Name of operation        Date
- Major finding
- Finding of autopsy
- PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident?        Suicide?        Homicide?
- Occurred        19        City, county, state where violence occurred
- Place of Violence: Home        Farm        Industry
- Public Place        While at work?
- Means of injury
23. Attendant's OWN Signature [Signature] (M. D. or other) and Address Coeur d'Alene, Idaho Date Sept 10, 1948
- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 20 1948

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No.

3398

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lksde  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. LCG Hosp Stayed 1 days  
(g) Lived in this county 19 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 1103 Front  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) Tekoa, Wash.

3. (a) FULL NAME RYSER, Lisette

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) Aug. 3, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>1</u>	<u>4</u>	hrs. min.

9. Exact Occupation Hosuewife Did this work for 45 yrs  
10. Industry or Business Own Home Date last worked 6-30-48

11. Birthplace Berne Switzerland (City or town) (State or foreign country)

Father { 12. Name Gottlieb Baumberger  
13. Birthplace Switzerland (City or town) (State or foreign country)

Mother { 14. Maiden name Lisette Fluckiger  
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's OWN Signature Fred Ryser  
and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 9-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Forest Cem. Cd., Idaho

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) Sept 16, 1948 (b) Martha Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 9-7-48 (Month, Day, Year) 19\_\_\_\_  
at 1:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 6/29 1948 to 9-7 1948  
I last saw her alive on 9-7 1948;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Carcinoma Breast - Post op.

Duration  
1 yr.

Due to Metastases to Liver ? 2 Months

Due to \_\_\_\_\_  
Other conditions Heart Disease Art D. 5 yrs.  
(Include pregnancy within 3 months of death)

### Where was disease contracted?

Name of operation Radical Mastectomy 7/7/48  
Major finding Adeno Carcinoma - Breast  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature James W. Hawkins MD  
and Address Coeur d'Alene Id Date 9-10-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 20 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3399  
Local Reg. No. 176  
Reg. Dist. No. 120

1. PLACE OF DEATH: **Kootenai**  
(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **703 3rd St**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Kootenai Hosp** days **4**  
(g) Lived in this county **47** years \_\_\_\_\_ months \_\_\_\_\_ days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **213 Garden**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **47** years  
(h) Former residence (city, state) **Rexford Kansas**

3. (a) FULL NAME **TODD, Samuel**

3. (b) If veteran, name war **//////////** 3. (c) Social Security No. **//////////**  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced **Married**  
4. Sex **M** race **W**  
6. (b) Name of husband or wife **Evelyn** 6. (c) Age of husband or wife if alive **78** years

7. Date of Birth (Month, Day, Year) **Aug. 2, 1869**

8. AGE	Years	Months	Days	If less than 1 day
	<b>79</b>	<b>1</b>	<b>8</b>	hrs. min.

9. Exact Occupation **Carpenter** Did this work for **45** yrs

10. Industry or Business **Millwright** Date last worked **1935**

11. Birthplace **Bethel, Missouri** (City or town) (State or foreign country)

Father { 12. Name **William Todd**

13. Birthplace **Unknown** (City or town) (State or foreign country)

Mother { 14. Maiden name **Unknown**

15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **M. Charles** and Address **Coeur d'Alene, Idaho**

17. (a) **Burial** (b) Date thereof **9-13-48** (Month) (Day) (Year)

(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English** and Address **Coeur d'Alene, Idaho**

19. (a) **Sept 16, 1948** (b) **Mary Hamilton** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **9-10-48** (Month, Day, Year) 19\_\_\_\_  
at **8:30** o'clock **AM**

21. I HEREBY CERTIFY, That I attended deceased from **November 20, 1947** to **Sept 10, 1948**  
I last saw h. **1 m** alive on **Sept 10, 1948**  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Amblyopia, Hemiplegia** Duration **3 yrs**  
Due to **Arteriosclerosis, Scurvy** **20 yrs**

Due to \_\_\_\_\_  
Other conditions - **Co of Puntoli** **2 yrs**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **E. R. Carlson M.D.** (M.D. or other)

and Address **2184 N. 5th St. Coeur d'Alene** Date **9-13-1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 20 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 3400  
Local Reg. No. 169  
Reg. Dist. No. 120

DEPARTMENT OF VITAL STATISTICS

1. PLACE OF DEATH: STATISTICS
- (a) County. KOOTENAI  
(b) City or town. COEUR D' ALENE  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home. \_\_\_\_\_ Hospital. \_\_\_\_\_ Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. HOME HOSPITAL Stayed \_\_\_\_\_ days  
(g) Lived in this county. 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State. IDAHO (b) County. KOOTENAI  
(c) City or town. HAYDEN LAKE  
(d) Street Address or R.F.D. No. RT# 1  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) UNKNOWN

3. (a) FULL NAME ALICE LOUISE BEATTIE

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE
5. Color or WHITE  
4. Sex. FEMALE race. WHITE  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) JUNE 2, 1877

8. AGE	Years	Months	Days	If less than 1 day
	71	3	8	hrs. min.

9. Exact Occupation. HOUSEWIFE Did this work for. LIFE yrs.  
10. Industry or Business. \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace. BUFFALO NEW YORK  
(City or town) (State or foreign country)

12. Name. UNKNOWN  
13. Birthplace. UNKNOWN  
(City or town) (State or foreign country)  
14. Maiden name. UNKNOWN  
15. Birthplace. UNKNOWN  
(City or town) (State or foreign country)

16. Informant's OWN Signature Laurine Ryan  
and Address. RT# 1-HAYDEN LAKE IDAHO

17. (a) BURIAL (b) Date thereof. 9/13/48  
(Burial, cremation, or removal) (month) (day) (Year)  
(c) Place. ST. THOMAS CEMETERY

18. Funeral Director's OWN Signature [Signature]  
and Address. COEUR D' ALENE IDAHO

19. (a) Sept 16, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) SEPTEMBER 10, 1948 19\_\_\_\_  
at. 2:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from June 15, 1948 to Sept 10, 1948  
I last saw him alive on Sept 7, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 1 wk.

Due to Atherosclerosis 80 yrs.

Due to \_\_\_\_\_

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation. \_\_\_\_\_ Date. \_\_\_\_\_

Major finding. \_\_\_\_\_  
Finding of autopsy. \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred. \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred. \_\_\_\_\_

Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_

Public Place. \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury. \_\_\_\_\_

Attendant's OWN Signature E.R. [Signature] M.D.  
(M. D. or other)

and Address. 315 4th C.E.A. Date Sept 13, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 20 1948

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 3401

Local Reg. No. 170

Reg. Dist. No. 122

## 1. PLACE OF DEATH: STATISTICS

- (a) County. KOOTENAI  
(b) City or town. COEUR D' ALENE  
(c) Street Address or R.F.D. No. 3rd. & FOSTER  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home. ☒ Hospital. Institution. Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county. 44 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. IDAHO (b) County. KOOTENAI  
(c) City or town. COEUR D' ALENE  
(d) Street Address or R.F.D. No. 3rd. & FOSTER  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) KEOKUK, IOWA

## 3. (a) FULL NAME LOUESE GERTRUDE GREEN

3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE  
5. Color or  
4. Sex. FEMALE race. WHITE  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Date of Birth  
(Month, Day, Year) NOVEMBER 2, 1858

8. AGE	Years	Months	Days	If less than 1 day
	89	10	10	hrs. min.

9. Exact Occupation. HOUSEWIFE Did this work for. LIFE yrs.  
10. Industry or Business Date last worked  
11. Birthplace. KEOKUK IOWA  
(City or town) (State or foreign country)

12. Name. JOHN NEWTON LITTLE  
13. Birthplace. COLUMBUS, OHIO  
(City or town) (State or foreign country)  
14. Maiden name. MARY PEDRICK  
15. Birthplace. LOUVILLE, KENTUCKY  
(City or town) (State or foreign country)

16. Informant's OWN Signature. *Louise Green*  
and Address. COEUR D' ALENE, IDAHO

17. (a) BURIAL (b) Date thereof. Sept 14, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place. FOREST CEMETERY

18. Funeral Director's OWN Signature. *W. T. Wood*  
and Address. COEUR D' ALENE, IDAHO

19. (a) *Sept 16, 1948* (b) *Mary Pedrick*  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH SEPTEMBER 11 1948  
(Month, Day, Year) at 2:45 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from 7-4 1943 to 9-11 1948  
I last saw him alive on 9-11 1948;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

*Probable cerebral hemorrhage* Duration *Immediate*  
Due to

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred. 19. City, county, state where violence occurred.  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
Attendant's OWN Signature. *William T. Wood, M.D.*  
(M. D. or other)  
and Address. *Coeur d' Alene* Date. *9-13* 1948  
(For additional space, use reverse side)

# Certificate of Death

STATE OF IDAHO

State File No. 3102  
Local Reg. No. 180  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lakeside  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.C.H. Stayed 30 Min.  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 933 7th  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Los Angeles Calif.

## 3. (a) FULL NAME

CASADAY CHARLES H.

3. (b) If veteran, name war None

3. (c) Social Security No. 559-10-3445

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susie

6. (c) Age of husband or wife if alive 69 years

7. Date of Birth (Month, Day, Year) June 24, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>1</u>	<u>19</u>	hrs. min.

9. Exact Occupation Bookkeeper Did this work for 50 yrs.

10. Industry or Business Plumbing Firm Date last worked 8-13-48

11. Birthplace Calif (City or town) (State or foreign country)

12. Name George Casaday (City or town) (State or foreign country)

13. Birthplace Ill. (City or town) (State or foreign country)

14. Maiden name Catherine Linebough (City or town) (State or foreign country)

15. Birthplace Unkown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Ethel J. Downer

and Address Coeur d'Alene Idaho

17. (a) Burial (b) Date thereof 8-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Forest Cmty CDA Idaho

18. Funeral Director's OWN Signature Don English

and Address Coeur d'Alene, Idaho

19. (a) Sept 23, 1948 (b) Mary C. Samuelson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) Sept 13 19 48  
at 11:20 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral Thrombosis Duration 1 day  
Due to arteriosclerosis of coronary arteries 2 yrs  
Due to senescent arteriosclerosis 15 yrs.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature E. Mahan M.D.

and Address 218 4th Coeur d'Alene (M. D. or other) Date Sept 15, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3403  
Local Reg. No. 177  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 412 Lakeside Ave.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. LCG Hosp Stayed 1 days  
(g) Lived in this county 1 years 1 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Penn (b) County Lehigh  
(c) City or town Catasauqua  
(d) Street Address or R.F.D. No. 405 St John St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 1 day years  
(h) Former residence (city, state) Penn.

## 3. (a) FULL NAME WILLIAMS, BENJAMIN CRISPIN

3. (b) If veteran, name war WorldWar 1 3. (c) Social Security No. none  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Merle 6. (c) Age of husband or wife if alive 48 years

7. Date of Birth (Month, Day, Year) Oct. 18, 1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>10</u>	<u>25</u>	hrs. min.

9. Exact Occupation Principal Did this work for 28 yrs.  
10. Industry or Business High School Date last worked 9-13-48  
11. Birthplace Berwick, Penn. (City or town) (State or foreign country)

- Father { 12. Name Wilbert Williams  
13. Birthplace Sunshine Valley, Penn. (City or town) (State or foreign country)  
Mother { 14. Maiden name Clara Jarrard  
15. Birthplace Berwick, Penn (City or town) (State or foreign country)

16. Informant's OWN Signature Mike Williams  
and Address Catasauqua, Penn.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-14-48 (Month) (Day) (Year)  
(c) Place Catasauqua, Penn.

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) 9-16-48 (Date received and filed) (b) Marye Jamison (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 9-13-48 (Month, Day, Year) at 6:15 o'clock P M.  
21. I HEREBY CERTIFY, That I attended deceased from 9/13/48 to 9/13/48 1948

I last saw him alive on 9/13/48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral thrombosis Duration 1 day

Due to no previous history of heart disease

Due to no previous history of heart disease  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? none  
Name of operation none Date none  
Major finding none  
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred 1948 City, county, state where violence occurred none  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

- Means of injury none  
23. Attendant's OWN Signature F. F. Haring M.D. (M. D. or other)  
and Address Catasauqua Date 9/15 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
Certificate of Death

SEP 27 1948

STATE OF IDAHO

1948 State File No. 3404

Local Reg. No. 181

Reg. Dist. No. 120

1. PLACE OF DEATH: Kootenai  
(a) County.....  
(b) City or town.....Coeur d'Alene  
(c) Street Address or R.F.D. No.....3rd & Foster  
(d) Death Occurred Inside? ☒ Outside?.....city or town  
(e) Died in a Home.....Hospital ☒ Institution.....Other place.....  
(f) Name Hosp. or Inst.....Stayed 1 days  
(g) Lived in this county 38 years.....months.....days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME Ernest C. Gasser

3. (b) If veteran, name war

3. (c) Social Security No. none

5. Color or  
4. Sex male race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive.....years

7. Date of Birth (Month, Day, Year) January 13, 1873

8. AGE	Years	Months	Days	If less than 1 day
	75	8	1	hrs. min.

9. Exact Occupation Farmer Did this work for 38 yrs.

10. Industry or Business Data last worked 2/10/48

11. Birthplace Youngstown, Ohio (City or town) (State or foreign country)

12. Name John Gasser

13. Birthplace Unterhallau, Switzerland (City or town) (State or foreign country)

14. Maiden name Verena Geisel

15. Birthplace Unterhallau, Switzerland (City or town) (State or foreign country)

16. Informant's OWN Signature B. Gasser and Address Worley, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/18/48 (Month) (Day) (Year)

(c) Place Spokane, Washington

18. Funeral Director's OWN Signature J. B. Nelson and Address Rathburn, Idaho

19. (a) Date received and filed Sep. 23, 1948 (b) Registrar's signature May 2, 1949

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Kootenai

(c) City or town Worley

(d) Street Address or R.F.D. No. -

(e) Deceased lived Inside? ☒ Outside?.....city or town

(f) Citizen of what country? U.S.A.

(g) How long had deceased lived in Idaho? 38 years

(h) Former residence (city, state) Moline, Illinois

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 14th 1948 at 2:20 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 1, 1948 to Sept. 14, 1948. I last saw him alive on Sept. 13, 1948. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Due to Myocarditis (Chronic) 4 years

Due to Other conditions Chronic gastritis 3 years (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature R. Nelson M.D.

and Address Coeur d'Alene, Idaho Date Sept. 15, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED NON-RESIDENT  
Certificate of Death

SEP 27 1948

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

3405  
State File No. \_\_\_\_\_  
Local Reg. No. 179  
Reg. Dist. No. 120

1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. 412 Lksde  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. LCG Hosp Stayed 3 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Lewis  
(c) City or town Centralia  
(d) Street Address or R.F.D. 1203 Grand Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 3 days  
(h) Former residence (city, state) Centralia, Wash

3. (a) FULL NAME BURNS, Mattie May

3. (b) If veteran, name, war WWII 3. (c) Social Security No. 111111111  
4. Sex F 5. Color or W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive 72 years

7. Date of Birth (Month, Day, Year) May 21, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>3</u>	<u>19</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 45 yrs.  
10. Industry or Business Own Home Date last worked 9-13-48  
11. Birthplace Des Moines, Iowa (City or town) (State or foreign country)

Father { 12. Name Thomas Fredricks  
13. Birthplace Unknown (City or town) (State or foreign country)

Mother { 14. Maiden name Mattie (Unknown)  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. George Perry  
and Address Great Falls, Montana

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-17-48 (Month) (Day) (Year)  
(c) Place Centralia, Washington

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) Date received and filed Sept 23, 1948 (b) Registrar's signature Mary C. Hamblin

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 9-16-48 19\_\_\_\_  
at 12:30 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from 9/13/48 19\_\_\_\_  
to 9/16 19\_\_\_\_  
I last saw h. aw alive on 9/15 19\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Crushed Pelvis, Ext. Abd Injury Duration 3 days  
Due to Urinary Retention

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Yes Suicide? No Homicide? No  
Occurred U.S. Highway #10 19\_\_\_\_ City, county, state  
where violence occurred Kootenai County, Ida.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Crushed in Auto Accident  
Attendant's OWN Signature James W. Hawthorn MD (M. D. or other) \_\_\_\_\_  
and Address \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

SEP 27 1948

STATE OF IDAHO

DIVISION OF VITAL

STATISTICS

1948

3406

State File No. ....

Local Reg. No. 183

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County KOOTENAI  
(b) City or town COEUR D' ALENE  
(c) Street Address or R.F.D. No. 305 WEST LINDEN AVE.  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 12 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County KOOTENAI  
(c) City or town COEUR D' ALENE  
(d) Street Address or R.F.D. No. 305 WEST LINDEN AVE.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) MITCHEL NEBRASKA

## 3. (a) FULL

NAME HENRY SULLIVAN

3. (b) If veteran, name war world war one

## 3. (c) Social Security No.

517-30-4639

## 5. Color or

4. Sex M race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CECILE MAY

6. (c) Age of husband or wife if alive 52 years

7. Date of Birth (Month, Day, Year) DECEMBER 26, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>9</u>	<u>4</u>	hrs. min.

9. Exact Occupation FARMING Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace OSKALOOSA (City or town) (State or foreign country)

12. Name WILLIAM SULLIVAN

13. Birthplace UNKNOWN (City or town) (State or foreign country)

14. Maiden name EDITH MAY BISSELL

15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Henry Sullivan and Address 305 W. LINDEN AVE. C.D.A.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/23/48 (Month) (Day) (Year)

- (c) Place FOREST CEMETERY

18. Funeral Director's OWN Signature R. H. Dinkler and Address COEUR D' ALENE, IDAHO

19. (a) (Date received and filed) (b) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) SEPTEMBER 17 19 48  
at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 17 19 48 to Sept 17 19 48

I last saw h. in alive on Sept 17 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Coronary thrombosis Duration 1/2 hour

Due to Coronary arteriosclerosis several years

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding.....

Finding of autopsy none done

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred.....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work?

Means of injury.....

23. Attendant's OWN Signature R. H. Dinkler, M.D.

(M. D. or other)

and Address Coeur d'Alene Date 9-22-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

"NO KNOWN SURVIVORS"  
RECEIVED  
OCT 4 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3407  
Local Reg. No. 187  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County KOOTENAI  
(b) City or town COEUR D' ALENE  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County KOOTENAI  
(c) City or town SANDPOINT  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? UNKNOWN  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) UNKNOWN

## 3. (a) FULL NAME CHARLES NAWN

3. (b) If veteran, name war UNKNOWN 3. (c) Social Security No. UNKNOWN  
5. Color or WHITE 6. (a) Single, widowed, married, divorced SINGLE  
4. Sex MALE 6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) UNKNOWN

8. AGE	Years	Months	Days	If less than 1 day
	76			hrs min.

9. Exact Occupation FOX FARMER Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace UNKNOWN (City or town) (State or foreign country)

12. Name UNKNOWN  
13. Birthplace UNKNOWN (City or town) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature] and Address [Address]

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 9/29/48 (Month) (Day) (Year)  
(c) Place: PINE CREST CEMETERY SANDPOINT, IDAHO

18. Funeral Director's OWN Signature [Signature] and Address COEUR D' ALENE, IDAHO

19. (a) Sept 30, 1948 (Date received and filed) (b) [Signature] (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) SEPTEMBER 19 1948  
at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from Did not 19....., to 19.....  
I last saw h..... alive on 19.....; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Fractured Skull

### Duration

Due to Fall from window

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation..... Date.....

Major finding .....

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....  
Occurred 9-19 1948 City, county state where violence occurred Coeur d'Alene, Idaho  
Place of Violence: Home..... Farm..... Industry.....  
Public Place Hotel While at work? .....  
Means of injury Fall from Hotel Window

23. Attendant's OWN Signature William T. Wood, M.D. (M.D. or other)  
and Address Coeur d'Alene, Idaho Date 9-29 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 27 1948  
OFFICE OF VITAL STATE OF IDAHO  
Certificate of Death

1948 State File No. 3408  
Local Reg. No. 182  
Reg. Dist. No. 120

1. PLACE OF DEATH:

- (a) County. KOOTENAI  
(b) City or town. COEUR D' ALENE  
(c) Street Address or R.F.D. No. 316 DAVIDSON AVENUE  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county ONE years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State. IDAHO (b) County. KOOTENAI  
(c) City or town. HAYDEN LAKE  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) UNKNOWN

3. (a) FULL NAME

ELMER OGIN

3. (b) If veteran, name war

NONE

3. (c) Social Security No.

4. Sex. MALE race. WHITE

6. (b) Name of husband or wife

ALMA

6. (a) Single, widowed, married, divorced

MARRIED

6. (c) Age of husband or wife if alive

7. Date of Birth (Month, Day, Year) NOVEMBER 16, 1878

8. AGE	Years	Months	Days	If less than 1 day
69	10	14	hrs.	min.

9. Exact Occupation. FARMER Did this work for yrs.

10. Industry or Business. Date last worked

11. Birthplace. MINNEAPOLIS MINNESOTA (City or town) (State or foreign country)

12. Name. UNKNOWN OGIN

13. Birthplace. UNKNOWN (City or town) (State or foreign country)

14. Maiden name. MARY VANDEN ARK

15. Birthplace. HOLLAND (City or town) (State or foreign country)

16. Informant's OWN Signature. Alma Ogin and Address. COEUR D' ALENE, IDAHO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof. 9-23-48 (Month) (Day) (Year)

(c) Place. FOREST CEMETERY

18. Funeral Director's OWN Signature. and Address. COEUR D' ALENE, IDAHO

19. (a) (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) SEPTEMBER 19 19 48

21. I HEREBY CERTIFY, That I attended deceased from 9/19 1948 at 4 o'clock A.M. to 9/19 1948

I last saw him alive on September 19, 1948. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration 15 minutes

Due to (Typical history of Coronary attack)

Due to

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation. None Date.

Major finding. Finding of autopsy. None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide? Occurred. City, county, state where violence occurred.

Place of Violence: Home Farm. Industry. Public Place. While at work?

Means of injury. Attendant's OWN Signature. (M. D. or other)

and Address. Gersdeline Date. 9/22 1948

(For additional space, use reverse side)

094A

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

OCT 4 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 3409

Local Reg. No. 185

Reg. Dist. No. 120

DEPARTMENT OF VITAL STATISTICS

## 1. PLACE OF DEATH: KOOTENAI

- (a) County KOOTENAI  
(b) City or town COEUR D' ALENE  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. HOME HOSPITAL Stayed days  
(g) Lived in this county 23 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County KOOTENAI  
(c) City or town COEUR D' ALENE  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) FILL MORE COUNTY MINN.

## 3. (a) FULL NAME KAREN BJORNSTAD

3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE  
5. Color or  
4. Sex FEMALE race WHITE  
6. (b) Name of husband or wife BOHN  
6. (c) Age of husband or wife if alive DEAD years

7. Date of Birth (Month, Day, Year) MARCH 13 1862

8. AGE	Years	Months	Days	If less than 1 day
	86	6	17	hrs. min.

9. Exact Occupation HOUSEWIFE Did this work for yrs.  
10. Industry or Business Date last worked

11. Birthplace FILL MORE COUNTY MINNESOTA  
(City or town) (State or foreign country)

12. Name UNKNOWN OLSON

13. Birthplace NORWAY  
(City or town) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace NORWAY  
(City or town) (State or foreign country)

16. Informant's OWN Signature Elmer Bjornstad  
and Address 606 So. 11th Street

17. (a) BURIAL (b) Date thereof 927/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place FOREST CEMETERY

18. Funeral Director's OWN Signature  
and Address COEUR D' ALENE IDAHO

19. (a) Oct 30/48 (b) Registrar's signature

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) SEPTEMBER 24 1948  
at 9:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 6/12/47  
19 to 9/24 1948  
I last saw him alive on 9/23 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Cerebral and Generalized Arteriosclerosis 10 yrs

Due to Cerebral hemorrhage 2 wks.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

Attendant's OWN Signature

and Address Coeur d'Alene Date 9/25 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

# Certificate of Death

STATE OF IDAHO

1948 3110  
State File No. \_\_\_\_\_  
Local Reg. No. 188  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 721 W. Garden  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 7 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 721 W. Garden  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

Douglas Leroy Stoddard

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 5. Color or

Sex M race W

(a) Single, widowed, married, divorced

(b) Name of husband or wife

(c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Aug 19, 1941

8. AGE	Years	Months	Days	If less than 1 day
	<u>7</u>	<u>1</u>	<u>8</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Coeur d'Alene Idaho  
(City or town) (State or foreign country)

12. Name Merle Stoddard

13. Birthplace Coeur d'Alene, Idaho  
(City or town) (State or foreign country)

14. Maiden name Marjorie Carter

15. Birthplace Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature Merle Stoddard

and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 9-28-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Forest Cemty Cda. Idaho

18. Funeral Director's OWN Signature Mooney-English Chapel

and Address Coeur d'Alene, Idaho

19. (a) Sept 30, 1948 (b) Mary E. [Signature]  
(Date received and filed) (Registered signature)

## 20. DATE OF DEATH

(Month, Day, Year) Sept 27, 1948 19 \_\_\_\_\_  
at 2:30 o'clock AM.

## 21. I HEREBY CERTIFY, That I attended deceased from

August 1947 to September 1948  
I last saw him alive on September 25 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: metabolic failure Duration 1 wk.

Due to anemia 6 mo

hypoproteinemia 6 mo

Due to nephrosis 4 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature C. G. Barclay M.D.

and Address Coeur d'Alene Date 9-28 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3411  
Local Reg. No. 194  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 730 Gov. Way  
(d) Death Occurred Inside? X Outside?    city or town     
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 69 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. Wolf Lodge  
(e) Deceased lived Inside?    Outside? X city or town     
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 69 years  
(h) Former residence (city, state) Calif.

## 3. (a) FULL NAME

COOPER AUGUSTA L.

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 4. Sex F race W

## 6. (b) Name of husband or wife

## 6. (a) Single, widowed, married, divorced Widowed

## 6. (c) Age of husband or wife if alive    years

## 7. Date of Birth (Month, Day, Year) Nov. 4, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>10</u>	<u>25</u>	hrs. min.

## 9. Exact Occupation House Wife Did this work for    yrs.

## 10. Industry or Business Own Home Date last worked 9-28-48

## 11. Birthplace Santa Rosa Calif (City or town) (State or foreign country)

## 12. Name Oscar Canfield

## 13. Birthplace Iowa (City or town) (State or foreign country)

## 14. Maiden name Ann Maple

## 15. Birthplace Vermont (City or town) (State or foreign country)

## 16. Informant's OWN Signature Ann Bradberry and Address Coeur d'Alene, Idaho

## 17. (a) Burial (b) Date thereof 10-2-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Forest Cmty Cda. Idaho

## 18. Funeral Director's OWN Signature Mooney-English Chapel and Address Coeur d'Alene, Idaho

## 19. (a) Oct 14, 1948 (b) Mary E. Smith (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) 9-29-48 at 10:30 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from Jan 19 35 to 9/29/48 19 48

I last saw him alive on 9/29/48 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Coronary Embolus Duration 1 hr.

## Due to chronic endocarditis 5 yrs

## Due to

## Other conditions    (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation    Date

## Major finding

## Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident?    Suicide?    Homicide?

## Occurred    19    City, county, state where violence occurred

## Place of Violence: Home    Farm    Industry

## Public Place    While at work?

## Means of injury

## 23. Attendant's OWN Signature W.D. Higgins R.C. and Address 1107-4th Date 10-2-1948 (M.D. or other) (Addition of death certificate reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

OCT 1 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948 3412  
State File No. \_\_\_\_\_  
Local Reg. No. 189  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. Casco Bay  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash. (b) County King  
(c) City or town Seattle  
(d) Street Address or R.F.D. No. 6020 Oberlin Ave  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? Canada  
(g) How long had deceased lived in Idaho? 3 days years  
(h) Former residence (city, state) Seattle, Wash

## 3. (a) FULL NAME WAKEFIELD, Marjorie Isobel

3. (b) If veteran, name, war WWII 3. (c) Social Security No. 111111111  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 42 years  
7. Date of Birth (Month, Day, Year) Dec. 6, 1910

8. AGE	Years	Months	Days	If less than 1 day
	<u>37</u>	<u>8</u>	<u>25</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 12 yrs.  
10. Industry or Business Own Home Date last worked 8-30-48  
11. Birthplace Walkerton, Ont. Canada (City or town) (State or foreign country)

12. Name Kenneth Taylor  
13. Birthplace Canada (City or town) (State or foreign country)  
14. Maiden name Gwendolyn Hamilton  
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's OWN Signature William Wakefield  
and Address Seattle, Washington

17. (a) Burial (b) Date thereof 9-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Forest Cem. Cd'A, Idaho

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) Sept 30, 1948 (b) Marjorie Isobel Wakefield  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 8-31-48 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Did not 1948, to 1948

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Sub Dural Hematoma  
Pulmonary Edema  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy Sub Dural Hematoma + Pulmonary Edema

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 8-31 1948 City, county, state Kootenai, Idaho  
where violence occurred Kootenai, Idaho  
Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Fall striking left chest on stair

23. Attendant's OWN Signature William T. Wood, M.D. Coroner  
(M. D. or other)  
and Address C.D.A., Idaho Date 9-3 1948  
(For additional space, use reverse side)

100 (COVER)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 20 1948

# Certificate of Death

STATE OF IDAHO

NON-RESIDENT

State File No. ....  
Local Reg. No. 191  
Reg. Dist. No. 120

3413

DIVISION OF VITAL

1. PLACE OF DEATH: **STATISTICAL**
- (a) County Kootenai  
(b) City or town Bayview  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Washington (b) County Spokane  
(c) City or town Spokane  
(d) Street Address or R.F.D. No. E. 815-36th Ave.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Arthur L. Johnson
3. (b) If veteran, name war Naone 3. (c) Social Security No. None
5. Color or White 6. (a) Single, widowed, married, divorced Married
4. Sex Male race White 6. (b) Name of husband or wife Selma A. 6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) September 14, 1889
- | 8. AGE | Years     | Months    | Days      | If less than 1 day |
|--------|-----------|-----------|-----------|--------------------|
|        | <u>58</u> | <u>11</u> | <u>24</u> | hrs. min.          |
9. Exact Occupation Retired farmer Did this work for years
10. Industry or Business worked Date last worked
11. Birthplace Moscow, Idaho (City or town) (State or foreign country)
- Father { 12. Name Emil Johnson  
13. Birthplace Waseka, Minnesota (City or town) (State or foreign country)
- Mother { 14. Maiden name Justina Johnson  
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature By Hazel Heger and Address N. 1306 Monroe St., Spokane, Wn.
17. (a) Removal (b) Date thereof 9-8-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Spokane, Wash.
18. Funeral Director's OWN Signature By Hazel Heger and Address N. 1306 Monroe St., Spokane, Wn.
19. (a) 9-16-48 (Date received and filed) (b) Mary E. Burnette (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 8, 1948  
at 10 o'clock 30 A.M.
21. I HEREBY CERTIFY, That I attended deceased from Did not 19 to 19 Did not  
I last saw h. alive on Did not 19 death is said to have occurred on the date and hour stated above.
- Immediate Cause of Death: probable Coronary Thrombosis Duration
- Due to .....
- Due to .....
- Other conditions (Include pregnancy within 3 months of death) .....
- Where was disease contracted? .....
- Name of operation Date .....
- Major finding None .....
- Finding of autopsy None .....
22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? Swicide? Homicide? .....
- Occurred 19 City, county, state where violence occurred .....
- Place of Violence: Home Farm Industry .....
- Public Place While at work? .....
- Means of injury .....
23. Attendant's OWN Signature William T. Wood, M.D. Coroner (M. D. or other)  
and Address Coroner's Office, Spokane, Wn. Date 9-15-1948  
(For additional space, use reverse side)

094A

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

SEP 20 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **3414**  
Local Reg. No. **173**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH: STATISTICS

- (a) County Kootenai  
(b) City or town \_\_\_\_\_  
(c) Street Address or R.F.D. No. Cataldo, Idaho  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 49 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. Cataldo, Idaho  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

MATT E. MACK

## 3. (b) If veteran,

name war none

## 3. (c) Social Security

No. no record

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lois 6. (c) Age of husband or wife if alive 48 years

## 7. Date of Birth (Month, Day, Year) December 7, 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>9</u>	<u>2</u>	hrs min.

9. Exact Occupation Logger Did this work for 20 yrs.

10. Industry or Business Lumber Date last worked 1945

11. Birthplace Mullan, Idaho (City or town) (State or foreign country)

12. Name Sam Mack

13. Birthplace Finland (City or town) (State or foreign country)

14. Maiden name Pauline Linquist

15. Birthplace Finland (City or town) (State or foreign country)

16. Informant's OWN Signature \_\_\_\_\_

and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 9/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Coeur d'Alene, Idaho

18. Funeral Director's OWN Signature \_\_\_\_\_

and Address Kellogg, Idaho

19. (a) Sept 16, 1948 (b) Mary E. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 9/9/1948  
at 11:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Illness 19\_\_\_\_, to 19\_\_\_\_.

I last saw h. alive on 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: thrust thru heart Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? yes Homicide? \_\_\_\_\_

Occurred 9-9-1948 City, county, state Kootenai, Idaho

Place of Violence: Home yes Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury gun shot

23. Attendant's OWN Signature William T. Wood, M.D., Coroner  
(M. D. or other) \_\_\_\_\_  
and Address Coeur d'Alene Date 9-13-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK INK or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 20 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3415  
Local Reg. No. 172  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Cataldo, Idaho  
(c) Street Address or R.F.D. No. Cataldo, Idaho  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 4 years 11 months 11 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Cataldo  
(d) Street Address or R.F.D. No. Latour Creek  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

LOIS MACK

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

## 4. Sex Female Color or race white

## 5. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Matt

## 6. (c) Age of husband or wife if alive 49 years

## 7. Date of Birth (Month, Day, Year)

February 11, 1900

## 8. AGE

Years  
48

Months  
6

Days  
28

If less than 1 day  
hrs min.

## 9. Exact

Occupation Home

Did this work for 20 yrs.

## 10. Industry or Business

Home

Date last worked 9/8/48

## 11. Birthplace

Idaho

(City or town)

(State or foreign country)

## 12. Name

No Record

## 13. Birthplace

No Record

(City or town)

(State or foreign country)

## 14. Maiden name

No Record

## 15. Birthplace

No Record

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

and Address

Burial

## 17. (a)

(Burial, cremation, or removal)

(b) Date thereof 9/13/48

(Month) (Day) (Year)

(c) Place:

Coeur d'Alene, Idaho

## 18. Funeral Director's

OWN Signature

and Address

Frank M. Glade

Kellogg, Idaho

## 19. (a)

(Date received and filed)

(b)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

9/9/48

1948

at 11:30 o'clock 1 M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1948 to 1948

I last saw h. alive on 1948; death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Gunshot thru chest.

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline

the cause to

which death

should be

charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Yes

Occurred 6-9 1948 City, county, state

where violence occurred Kootenai, Idaho

Place of Violence: Home Yes Farm Industry

Public Place While at work?

Means of injury Gun shot

## 23. Attendant's

OWN Signature

Hallam T. Had, M.D., Coroner

(M. D. or other)

and Address Coeur d'Alene

Date 9-13 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 27 1948  
Certificate of Death  
OFFICE OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 3416  
Local Reg. No. 138  
Reg. Dist. No. 130

1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Spirit Lake  
(c) Street Address or R.F.D. No. None  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 7 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Spirit Lake  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) Pennsylvania

3. (a) FULL NAME

Jules Allan Ward Baldwin

3. (b) If veteran, name war World War 11

3. (c) Social Security No. 519-20-5535

4. Sex Male Color or Race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth October 3, 1926  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>21</u>	<u>11</u>	<u>9</u>	hrs. min.

9. Exact Occupation Student Did this work for years

10. Industry or Business Wheeling, West Virginia Date last worked State or foreign country

11. Birthplace Wheeling, West Virginia (City or town) (State or foreign country)

12. Name Leroy Kingsley Baldwin

13. Birthplace Glens Falls New York (City or town) (State or foreign country)

14. Maiden name Gladys T.

15. Birthplace St. Louis, Michigan (City or town) (State or foreign country)

16. Informant's OWN Signature Gladys T. Baldwin and Address Spirit Lake, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/1948 (Month) (Day) (Year)

(c) Place Greenwood Cemetery, Spirit Lake

18. Funeral Director's OWN Signature W. B. Nelson and Address Bathdrum Idaho

19. (a) Sept 23, 1948 (Date received and filed) (b) May 10, 1949 (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 9/12 1948  
at 5:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 12 1948 to Sept 12 1948

I last saw h. alive on Sept 12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Shot in head Duration

Due to Shot in head

Due to Shot in head

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation None Date Sept 12, 1948

Major finding None

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? Yes Homicide?

Occurred 9-12 1948 City, county, state Spirit Lake, Idaho

where violence occurred Spirit Lake, Idaho

Place of Violence: Home Yes Farm No Industry No

Public Place No While at work?

Means of injury 25-35 rifle shot

Attendant's OWN Signature William T. Ward, M.D. Coroner and Address Coeur d'Alene, Idaho Date 9-14 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED NON-RESIDENT 1948  
Certificate of Death  
DIVISION OF VITAL STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 184  
Reg. Dist. No. 120

1. PLACE OF DEATH: STATISTICS  
(a) County Kootenai  
(b) City or town Rathdrum  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. On N.P. Train No. 2 Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 14 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Pennsylvania County Elk  
(c) City or town Ridgeway  
(d) Street Address or R.F.D. No. 318 Cherry Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) Ridgeway, Penn.

3. (a) FULL NAME Edward Weissenfluh

3. (b) If veteran, name war no 3. (c) Social Security No. 168-03-0585  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced married  
4. Sex Male race White 6. (b) Name of husband or wife Caroline Weissenfluh 6. (c) Age of husband or wife if alive 49 years

7. Date of Birth February 8, 1892  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>7</u>	<u>13</u>	hrs. min.

9. Exact Occupation Machinist Did this work for 32 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 9/3/1948

11. Birthplace Ridgeway Pennsylvania  
(City or town) (State or foreign country)

Father { 12. Name Henry Weissenfluh  
13. Birthplace Do not know Switzerland  
(City or town) (State or foreign country)

Mother { 14. Maiden name Maglena Ott  
15. Birthplace Do not know Switzerland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Caroline Weissenfluh  
and Address 318 Cherry St. Ridgeway, Penn.

17. (a) Removal (b) Date thereof 9/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Ridgeway, Penn.

18. Funeral Director's OWN Signature A.B. Nelson  
and Address Rathdrum, Idaho

19. (a) Sep 23, 1948 (b) Mary E. Smith  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) Sept. 21, 1948 19\_\_\_\_  
at 9:30 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Coronary Insufficiency Duration \_\_\_\_\_

Due to Chronic "Heart Trouble" 2 yrs.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Spencer C. Ordish M.D.  
(M.D. or other)

and Address Spirit Lake, Idaho Date 9/23/48 19\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

ED  
OCT 1 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 3418  
Local Reg. No. 199  
Reg. Dist. No. 120

1. PLACE OF DEATH: STATISTICS  
(a) County Kootenai  
(b) City or town Rathdrum  
(c) Street Address or R.F.D. No. R.F.D. No 1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 4 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Kootenai  
(c) City or town Rathdrum  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Hazen, N. Dak.

3. (a) FULL NAME Gunval S. Hovda

3. (b) If veteran, name war        3. (c) Social Security No. none  
5. Color or        6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White 6. (c) Age of husband or wife if alive 63 years  
6. (b) Name of husband or wife Jeanette Hovda

7. Date of Birth (Month, Day, Year) May 31, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>3</u>	<u>25</u>	hrs. min.

9. Exact Occupation Farming Did this work for 18 yrs.  
10. Industry or Business Retired Date last worked 1922  
11. Birthplace Grand Meadow, Minnesota (City or town) (State or foreign country)  
Father { 12. Name Sever Hovda  
13. Birthplace Do not know Norway (City or town) (State or foreign country)  
Mother { 14. Maiden name Siri Nelson  
15. Birthplace Do not know Norway (City or town) (State or foreign country)  
16. Informant's OWN Signature Jeanette Hovda  
and Address Rathdrum, Idaho  
17. (a) Burial (b) Date thereof 9/30/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Forest Cemetery, Coeur d'Alene  
18. Funeral Director's OWN Signature A.B. Nelson  
and Address Rathdrum, Idaho  
19. (a) Oct. 14, 1948 (b) Margie Hamilton (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 26, 1948  
at 6:30 o'clock 4 M.

21. I HEREBY CERTIFY, That I attended deceased from 11/18/46 to 9/26/48  
I last saw him alive on 4/26/47  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertension heart disease Duration 4 yrs.  
Due to sudden death - died in sleep  
Due to epilepsy  
Other conditions        (Include pregnancy within 8 months of death)

Where was disease contracted? Home  
Name of operation None Date         
Major finding         
Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred.  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury         
Attendant's OWN Signature H. P. Haining, M.D. (M. D. or other)  
and Address Coeur d'Alene Date 9/28, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RFC

OCT 16 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No.

3419

Local Reg. No.

195

Reg. Dist. No.

120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Spirit Lake  
(c) Street Address or R.F.D. No. -  
(d) Death Occurred Inside? ☒ Outside? - city or town  
(e) Died in a Home ☒ Hospital - Institution - Other place -  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county - years 1 months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Spirit Lake  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? ☒ Outside? - city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 month years  
(h) Former residence (city, state) Columbia Falls  
Montana

## 3. (a) FULL NAME

Joe J. Detlof

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

516-10-5873

## 5. Color or

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Detlof

6. (c) Age of husband or wife if alive 57 years

## 7. Date of Birth

(Month, Day, Year)

June 19, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>3</u>	<u>9</u>	hrs. min.

9. Exact Occupation Lumberman Did this work for 50 yrs.

10. Industry or Business - Date last worked July 1948

11. Birthplace St. Cloud Minnesota  
(City or town) (State or foreign country)

12. Name Joe J. Detlof

13. Birthplace Do not know Germany  
(City or town) (State or foreign country)

14. Maiden name Anna Conway

15. Birthplace Do not know Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Pearl Detlof  
and Address Spirit Lake Idaho

17. (a) Burial (b) Date thereof 10/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Greenwood Cemetery, Spirit Lake

18. Funeral Director's OWN Signature A. B. Nelson  
and Address Kathlamet Idaho

19. (a) Oct 14, 1948 (b) W. P. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept. 28 19 48  
at 5:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Did not 19 - to 19 -

I last saw h. - alive on - 19 -  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Probable Coronary Thrombosis

## Duration

1 day

Due to -

Due to -

Other conditions -  
(Include pregnancy within 3 months of death)

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autopsy -

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature William T. Ward M.D.  
(M. D. or other)

and Address Coeur d'Alene Date 9-28 1948  
(For additional space, use reverse side)



State File No. 191  
Local Reg. No. 120  
Reg. Dist. No. 120

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

1948

STATE OF IDAHO

OF VITAL

## 1. PLACE OF DEATH:

- (a) County KOOTENAI  
(b) City or town COEUR D'ALENE  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BONNER  
(c) City or town SAGAL  
(d) Street Address or R.F.D. No. UNKNOWN  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) UNKNOWN

## 3. (a) FULL NAME ROY L. CATRON

3. (b) If veteran, name war NONE 3. (c) Social Security No. UNKNOWN  
5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex MALE 6. (b) Name of husband or wife DEZZIE 6. (c) Age of husband or wife if alive 42 years  
7. Date of Birth (Month, Day, Year) NOVEMBER 11, 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>10</u>	<u>19</u>	hrs min.

9. Exact Occupation RAILROAD WORKER Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace BRIDGEPORT NEBRASKA (City or town) (State or foreign country)

12. Name ISAC CATRON  
13. Birthplace MISSOURI (City or town) (State or foreign country)  
14. Maiden name ANNIE TOOLE  
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature Donald Catron  
and Address Manpa, Idaho  
17. (a) BURIAL (b) Date thereof 10/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: SANDEPOINT IDAHO

18. Funeral Director's OWN Signature W. J. Ciplinger  
and Address COEUR D'ALENE IDAHO  
19. (a) Oct 9 1948 (b) Mary C. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) SEPTEMBER 28 1948  
at 4:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from dead nat. 19\_\_\_\_, to 19\_\_\_\_  
I last saw h. alive on 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Multiple Crush Injuries

Due to airplane crash.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

### Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

### Major finding

Finding of autopsy \_\_\_\_\_

### Duration

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 9-28 1948 City, county, state where violence occurred Kootenai, Idaho  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury airplane crash

23. Attendant's OWN Signature William T. Ward, M.D. Coroner  
(M. D. or other)  
and Address Coeur d'Alene, Idaho Date 9-29-48  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (JCA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 11 1948  
NON-RESIDENT  
Certificate Of Death  
STATE OF IDAHO

State File No. 3421  
Local Reg. No. 120  
Reg. Dist. No. 120

1. PLACE OF DEATH: STATISTICS-  
(a) County KOOTENAI  
(b) City or town COEUR D'ALENE  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county... years... months... days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State UTAH  
(b) County UNKNOWN  
(c) City or town ODGEN  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? UNKNOWN  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) ODGEN UTAH

3. (a) FULL NAME DEZZIE CATRON  
3. (b) If veteran, name war NONE  
3. (c) Social Security No. UNKNOWN  
4. Sex FEMALE Color or race WHITE  
5. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ROY  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) JULY 21 1906  
8. AGE  

Years	Months	Days	If less than 1 day
42	2	9	hrs min.

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) SEPTEMBER 28 19 48  
at 4:45 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from Did not 19, to 19  
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Multiple Crush Injuries  
Duration  
Due to airplane crash  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy none  
PHYSICIAN Underline the cause to which death should be charged statistically.

9. Exact Occupation HOUSEWIFE Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace HYDE PARK UTAH (City or town) (State or foreign country)  
Mother Father { 12. Name JOE ADAMS  
13. Birthplace HARRISVILLE, UTAH (City or town) (State or foreign country)  
14. Maiden name AMANDA WOLF  
15. Birthplace HYDE PARK UTAH (City or town) (State or foreign country)  
16. Informant's OWN Signature Donald Catron  
and Address Thompson Idaho  
17. (a) BURIAL (b) Date thereof 10/2/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: SANDPOINT IDAHO  
18. Funeral Director's OWN Signature J. H. Tiplinger  
and Address COEUR D'ALENE IDAHO  
19. (a) Oct 11 1948 (b) M. C. Hamilton (Date received and filed) (Registrar's signature)

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? Homicide?  
Occurred 9-28 1948 City, county, state where violence occurred Kootenai, Idaho  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury Airplane crash  
23. Attendant's OWN Signature William T. Ward, M.D. Croner  
and Address Coeur d'Alene Date 9-29 19 48 (M. D. or other)  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 3422  
Local Reg. No. 192  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County KOOTENAI  
(b) City or town COEUR D' ALENE  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BONNER  
(c) City or town SANDPOINT  
(d) Street Address or R.F.D. No. UNKNOWN  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) NEBRASKA

## 3. (a) FULL NAME

KARLEEN DAVIDSON

## 3. (b) If veteran,

name war NONE

## 3. (c) Social Security

No. UNKNOWN

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife PERCY

6. (c) Age of husband or wife if alive 25 years

7. Date of Birth (Month, Day, Year)

SEPTEMBER 28, 1928

8. AGE	Years	Months	Days	If less than 1 day
	19	0	0	hrs min.

9. Exact Occupation housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace UNKNOWN (City or town) (State or foreign country)

12. Name ROY KATRON (City or town) (State or foreign country)

13. Birthplace BRIDGEPORT NEBRASKA (City or town) (State or foreign country)

14. Maiden name DEZVIE KATRON (City or town) (State or foreign country)

15. Birthplace HYDE PARK UTAH (City or town) (State or foreign country)

16. Informant's OWN Signature Ms. Gordon Davidson and Address Sandpoint, Idaho

17. (a) BURIAL (b) Date thereof 10/2/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: SANDPOINT IDAHO

18. Funeral Director's OWN Signature J. P. Tiplinger and Address COEUR D' ALENE IDAHO

19. (a) Oct 3, 1948 (b) Wm. T. Ward (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) SEPTEMBER 28 19 48

at 4:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Did not 19   , to 19   

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19   ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Multiple Crush Injuries

Due to Airplane crash

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 9-28 19 48 City, county, state Kootenai, Idaho

where violence occurred Kootenai, Idaho

Place of Violence: Home \_\_\_\_\_ Farm X Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Airplane crash

23. Attendant's OWN Signature William T. Ward, M.D. Coroner

and Address Coeur d'Alene, Idaho (M. D. or other) Date 9-29 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

Q48

State File No. 3423  
Local Reg. No. 193  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County KOOTENAI  
(b) City or town COEUR D' ALENE  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BONNER  
(c) City or town SANDPOINT  
(d) Street Address or R.F.D. No. UNKNOWN  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) NEBRASKA

## 3. (a) FULL NAME

PERRY GORDON DAVIDSON

## 3. (b) If veteran, name war WORLD WAR TWO No. \_\_\_\_\_

5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife CARLEEN  
6. (c) Age of husband or wife if alive 19 years

## 7. Date of Birth (Month, Day, Year) JULY 27, 1923

8. AGE	Years	Months	Days	If less than 1 day
	<u>25</u>	<u>2</u>	<u>3</u>	hrs min.

9. Exact Occupation FLIGHT INSTRUCTOR Did this work for FOUR yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace TEKAMAH NEBRASKA  
(City or town) (State or foreign country)

- Mother Father { 12. Name GORDON DAVIDSON  
13. Birthplace GRANT CITY MISSOURI  
(City or town) (State or foreign country)  
14. Maiden name BLANCH GALLUP  
15. Birthplace HOMIG TOW  
(City or town) (State or foreign country)

16. Informant's OWN Signature my Jordan Davidson  
and Address Sandpoint Idaho

17. (a) PURIAL (b) Date thereof 19/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: SANDPOINT IDAHO

18. Funeral Director's OWN Signature W. J. Cialinger  
and Address COEUR D' ALENE IDAHO

19. (a) Oct 4, 1948 (b) Mary E. Demulder  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) SEPTEMBER 28 1948

at 4:45 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from did not 19  , to    19

I last saw h. alive on    19  ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Multiple Crush injuries Duration \_\_\_\_\_

Due to airplane crash

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 9 28 1948 City, county, state where violence occurred Kootenai Idaho

Place of Violence: Home \_\_\_\_\_ Farm C Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury airplane crash

## 23. Attendant's OWN Signature William T. Wood, M.D., Coroner (M. D. or other) and Address Coeur d'Alene Idaho Date 9-29 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 4 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3424  
Local Reg. No. 186  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County KOOTENAI  
(b) City or town ROSE LAKE  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County SHOSHONE  
(c) City or town SAETERVILLE  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) NEBR.

## 3. (a) FULL NAME

LEO HOUCK

3. (b) If veteran, name war NONE  
3. (c) Social Security No. UNKNOWN  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife NONE  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) MAY 16, 1930

8. AGE	Years	Months	Days	If less than 1 day
	18	4	12	hrs min.

9. Exact Occupation SAW MILL WORKER Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace OMAHA, NEBR. (City or town) (State or foreign country)

12. Name SELBER, HOUCK  
13. Birthplace THOMAS COUNTY, KANSAS (City or town) (State or foreign country)  
14. Maiden name BERTHA HEALY  
15. Birthplace JEFFERSON COUNTY, MISSOURI (City or town) (State or foreign country)

16. Informant's OWN Signature Delbert Houck  
and Address SAETERVILLE, IDAHO

17. (a) REMOVAL (b) Date thereof 9/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: KELLOGG, IDAHO

18. Funeral Director's OWN Signature J. L. Riplinger  
and Address COEUR D'ALENE, IDAHO

19. (a) Date received and filed OCT 20 1948 (b) Registrar's signature Margaret Hamilton

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH SEPTEMBER 28 19 48  
(Month, Day, Year)  
at 8:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Did not 19 \_\_\_\_\_, to 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gunshot thru neck & head. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 9-29 1948 City, county, state Kootenai, Idaho

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Gunshot 30-30 rifle

23. Attendant's OWN Signature William T. Wood, M.D. Coroner

and Address Coeur d'Alene (M. D. or other) \_\_\_\_\_

Date 9-29 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 23 1948

**Certificate Of Death**  
STATE OF IDAHO

State File No. 3425  
Local Reg. No. 103  
Reg. Dist. No. 200

1. PLACE OF DEATH:

(a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. 1320 Deakin  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 0 years 13 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Moscow  
(d) Street Address or R.F.D. No. 1320 Deakin  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 13 mo years  
(h) Former residence (city, state) Asotin, Wn

3. (a) FULL NAME George Pleasant Keeling

3. (b) If veteran, name war None  
3. (c) Social Security No. None  
5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Alma  
6. (c) Age of husband or wife if alive 53 years  
7. Date of Birth (Month, Day, Year) September 11, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>11</u>	<u>20</u>	hrs min.

9. Exact Occupation Retired Did this work for 1 yrs.  
10. Industry or Business Minister Date last worked 8/47  
11. Birthplace Rolla Missouri (City or town) (State or foreign country)

12. Name  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name Unk  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Alma Lauder Keeling  
and Address 1320 Deakin Ave Moscow

17. (a) Burial (b) Date thereof 9-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature H.R. Short  
and Address Moscow, Idaho

19. (a) 9-3-48 (b) Louis E. Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 095A

20. DATE OF DEATH September 1, 1948  
(Month, Day, Year) at 3:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 8/6/48 19, to 9/1/48 19.

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration

Due to Heart block and arteriosclerosis

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Heart block and arteriosclerosis Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature Douglas M. Luehr  
(M.D. or other)  
and Address 9-3-48 Date 9-3 1948  
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
SEP 23 1948 STATE OF IDAHO

9048 State File No. 3426  
Local Reg. No. 105  
Reg. Dist. No. 200

**1. PLACE OF DEATH:** **STATISTICAL**  
**Latah**  
(a) County **Latah**  
(b) City or town **MOSCOW**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. **Gritman** Stayed **11** days  
(g) Lived in this county **38** years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased:** (Always fill in these)  
(a) State **Idaho** (b) County **Latah**  
(c) City or town **Bovill**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **38** years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME** **Frank Massie Hatfield**  
**3. (b) If veteran,** **No** **3. (c) Social Security** **No**  
name war \_\_\_\_\_ No. \_\_\_\_\_  
**4. Sex** **M** **5. Color or** **W** **6. (a) Single, widowed, married,**  
race \_\_\_\_\_ divorced **married**  
**6. (b) Name of husband or** **6. (c) Age of husband or wife if**  
wife **Jennie** alive **62** years  
**7. Date of Birth**  
(Month, Day, Year) **March 17, 1879**

8. AGE	Years	Months	Days	If less than 1 day
	69	5	21	hrs min.

**9. Exact Occupation** **Laborer** **Did this work for** **38** yrs.  
**10. Industry or Business** **Logging** **Date last worked** **Aug. 48**  
**11. Birthplace** **Lexington** **Kentucky**  
(City or town) (State or foreign country)  
**12. Name** **George Hatfield**  
**13. Birthplace** **Unk**  
(City or town) (State or foreign country)  
**14. Maiden name** **Mollie Mahoney**  
**15. Birthplace** **Ireland**  
(City or town) (State or foreign country)  
**16. Informant's**  
**OWN Signature** **Mrs Frank Hatfield**  
**and Address** **Bovill, Idaho**  
**17. (a) Burial** **(b) Date thereof** **9-11-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place:** **Moscow, Idaho**  
**18. Funeral Director's** **Short's Funeral Chapel**  
**OWN Signature** **L. E. Anderson**  
**and Address** **Moscow, Idaho**  
**19. (a) 9-11-48** **(b) L. E. Anderson**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** **123X**  
**20. DATE OF DEATH** **September 8, 1948**  
(Month, Day, Year) **19**  
at **7:45** o'clock **P.** M.  
**21. I HEREBY CERTIFY, That I attended deceased from**  
**Aug 29** **1948** to **Sept 8** **1948**  
I last saw him alive on **Sept 8** **1948**; death is said to have occurred on the date and hour stated above.  
**Immediate Cause of Death:** **Free myelomata** **Duration** \_\_\_\_\_  
**Due to** **Disseminated small bowel**  
**Due to** \_\_\_\_\_  
**Other conditons** **Present**  
(Include pregnancy within 3 months of death)  
**Where was disease contracted?** **Home**  
**Name of operation** **None** **Date** \_\_\_\_\_  
**Major finding** \_\_\_\_\_  
**Finding of autopsy** **Fungus disseminated in small bowel**  
**22. If death was due to EXTERNAL CAUSES, also fill in the following:** Accident? **No** Suicide? **No** Homicide? **No**  
**Occurred** \_\_\_\_\_ **19** **City, county, state** \_\_\_\_\_  
**where violence occurred** \_\_\_\_\_  
**Place of Violence:** Home **No** Farm **No** Industry **No**  
**Public Place** \_\_\_\_\_ **While at work?** \_\_\_\_\_  
**Means of injury** \_\_\_\_\_  
**23. Attendant's** **L. E. Anderson M.D.**  
**OWN Signature** \_\_\_\_\_ (M. D. or other)  
**and Address** **Moscow, Idaho** **Date** **9/18 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
SEP 29 1948 STATE OF IDAHO

1948 State File No. 3427  
Local Reg. No. 187  
Reg. Dist. No. 200

1. PLACE OF DEATH: **SAKASHI**
- (a) County **Latah**  
(b) City or town **Moscow, Ida.**  
(c) Street Address or R.F.D. No. **Gritman**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Gritman** Stayed **1** days  
(g) Lived in this county **52** years **0** months **0** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Latah**  
(c) City or town **Moscow**  
(d) Street Address or R.F.D. No. **412 College**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **US**  
(g) How long had deceased lived in Idaho? **52** years  
(h) Former residence (city, state)

3. (a) FULL NAME **Ivan Gilbert Williamson**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** 6. (b) Name of husband or wife **Dora** 6. (c) Age of husband or wife if alive **65** years  
7. Date of Birth (Month, Day, Year) **March 13, 1881**

8. AGE	Years	Months	Days	If less than 1 day
	<b>67</b>	<b>6</b>	<b>0</b>	hrs min.

9. Exact Occupation **Retired** Did this work for **0** yrs.  
10. Industry or Business **Dray & Transfer** Date last worked **1941**  
11. Birthplace **Slayton Oregon** (City or town) (State or foreign country)

12. Name **Chas. L. Williamson**  
13. Birthplace **Nebraska** (City or town) (State or foreign country)  
14. Maiden name **Flora R. Jones**  
15. Birthplace **Iowa** (City or town) (State or foreign country)

16. Informant's OWN Signature **Rosa Williamson**  
and Address **Moscow, Idaho**

17. (a) **Burial** (b) Date thereof **9-16-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Moscow, Cemetery**

18. Funeral Director's OWN Signature **H. R. Clark**  
and Address **Moscow, Idaho**

19. (a) **9/20/48** (b) **W. E. Anderson** (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **093E**

20. DATE OF DEATH (Month, Day, Year) **Sept. 13, 1948**  
at **5:55** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Oct. 1940** **19**, to **9-13-1948**.  
I last saw him alive on **13** **1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **acute heart failure** Duration **5 min.**

Due to **chronic congestive heart failure** **4** years

Due to **obesity** **2**  
Other conditions **diabetes mellitus** **9**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **not known**  
Name of operation **none** Date **0**  
Major finding **none done**  
Finding of autopsy **none done**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **0** Suicide? **0** Homicide? **0**  
Occurred **19** City, county, state

where violence occurred **0**  
Place of Violence: Home **0** Farm **0** Industry **0**  
Public Place **0** While at work? **0**  
Means of injury **0**

23. Attendant's OWN Signature **Edna J. Anderson**  
and Address **Moscow, Idaho** (M. D. or other) **9 16 1948**  
(For additional space, use reverse side)



1948 State File No. \_\_\_\_\_  
Local Reg. No. 110  
Reg. Dist. No. 200

United States  
Department of Commerce  
Bureau of the Census  
**Certificate Of Death**  
STATE OF IDAHO

1. PLACE OF DEATH: State of Idaho

(a) County Latah  
(b) City or town Moscow, Idaho  
(c) Street Address or R.F.D. No. Gritman  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 6 days  
(g) Lived in this county 42 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Moscow  
(d) Street Address or R.F.D. No. 322 Asbury  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Herman George Hugo

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lizzie Ann 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth March 1, 1868  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>6</u>	<u>27</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country) Germany

12. Name Unk  
13. Birthplace Unk (City or town) (State or foreign country)  
14. Maiden name Anna Schuster  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Etta A. Williams and Address Moscow, Idaho

17. (a) Burial (b) Date thereof 10-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Cemetery

18. Funeral Director's OWN Signature H.R. Short and Address Moscow, Idaho

19. (a) 10-1-48 (b) Lois E. Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 120A

20. DATE OF DEATH Sept. 28 1948  
(Month, Day, Year) at 7:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 9-25-48 to 9-28-48  
I last saw him alive on 9-28-48 Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Drumma Duration \_\_\_\_\_

Due to respiratory with albumin & casts  
Due to late pneumonia  
Other conditions Chronic pleuritis  
(Include pregnancy within 3 months of death) Facial paronychia

Where was disease contracted? \_\_\_\_\_  
Name of operation Appendectomy Date 9-25-48 Underline the cause to which death should be charged statistically.  
Major finding Chronic pleuritis  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury none

23. Attendant's OWN Signature Joseph E. Wilson MD and Address Moscow, Idaho Date 9-28-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 23 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3429  
Local Reg. No. 104  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

STATISTICS

Latah

- (a) County .....  
(b) City or town ..... Southwick  
(c) Street Address or R.F.D. No. Rt. 1  
(d) Death Occured Inside? ..... Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... 8 years 10 months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State ..... Idaho ..... (b) County ..... Latah .....  
(c) City or town ..... Southwick  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? ..... U.S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Larry Dean Weaver

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Date of Birth (Month, Day, Year) October 30, 1939

8. AGE	Years	Months	Days	If less than 1 day
	8	10	4	hrs min.

9. Exact Occupation Student Did this work for ..... yrs.  
10. Industry or Business Grade school Date last worked .....  
11. Birthplace Southwick Idaho (City or town) (State or foreign country)

12. Name Santford Weaver  
13. Birthplace Portage Pennsylvania (City or town) (State or foreign country)  
14. Maiden name Berdetta Rainey  
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Sanford Weaver and Address Southwick, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-48 (Month) (Day) (Year)

- (c) Place: Moscow, Idaho Short's Funeral Chapel

18. Funeral Director's OWN Signature L. E. Anderson and Address Moscow, Idaho

19. (a) 9-8-48 (Date received and filed) (b) L. E. Anderson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 4, 1948 19 at 9:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 19-- to 19--

I last saw h..... alive on 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Puncture of heart and lung  
Due to falling on tines of pitchfork

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ..... Homicide? .....  
Occurred Sept. 4 1948 City, county, state Southwick, Latah, Idaho  
Place of Violence: Home ..... Farm ☒ Industry .....  
Public Place ..... While at work? .....  
Means of injury Playing, loading hay

23. Attendant's OWN Signature H. R. Short, coroner and Address Moscow, Idaho (M. D. or other) Date 9-8-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

SEP 23 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3430  
Local Reg. No. 106  
Reg. Dist. No. 220

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Latah**  
(b) City or town **Rural**  
(c) Street Address or R.F.D. No. **3 Palouse**  
(d) Death Occured Inside?..... Outside? **Yes** city or town  
(e) Died in a Home **X** Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county **14** years..... months..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Latah**  
(c) City or town **3 Mi. NE of Palouse, was**  
(d) Street Address or R.F.D. No. **3**  
(e) Deceased lived Inside?..... Outside? **Yes** city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **14** years  
(h) Former residence (city, state).....

3. (a) FULL NAME **Charles Henry Eaton**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Date of Birth (Month, Day, Year) **July 28, 1883**

8. AGE	Years	Months	Days	If less than 1 day
	65	1	13	hrs min.

9. Exact Occupation **Farm Laborer** Did this work for **45** yrs.
10. Industry or Business **Wheat Farm** Date last worked **4-5-48**
11. Birthplace **Willcox Whitman Co. Wash.**  
(City or town) (State or foreign country)

12. Name **Charles F. Eaton**
13. Birthplace **Springfield, Mo.**  
(City or town) (State or foreign country)
14. Maiden name **Evelyn Emerson**
15. Birthplace **Mass.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **J. Lloyd [Signature]**  
and Address **Palouse, Wash.**

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof **9-11-48**  
(Month) (Day) (Year)
- (c) Place: **Palouse, Washington**

18. Funeral Director's OWN Signature **[Signature]**  
and Address **Palouse, Washington**

19. (a) **9-12-48** (Date received and filed) (b) **[Signature]** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **September 11 1948**  
(Month, Day, Year) at **11** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **19**, to **19**.

I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Gun shot to brain through right zygomatic arch**  
**Due to self inflicted blast from shotgun**

Due to.....  
Other conditions (Include pregnancy within 3 months of death).....

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

Duration **immediat**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide? **YES** Homicide?.....  
Occurred **Sept. 11 1948** City, county, state **Latah County, Idaho**  
where violence occurred **Latah County, Idaho**  
Place of Violence: Home **X** Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury.....

23. Attendant's OWN Signature **[Signature]** coroner  
(M. D. or other)  
and Address **MOSEOW, Idaho** Date **9-12 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
OCT 9 1948 STATE OF IDAHO

1046 State File No. **3431**  
Local Reg. No. **108**  
Reg. Dist. No. **200**

1. PLACE OF DEATH: **PLACE OF VITAL**

- (a) County **Latah**  
(b) City or town **Moscow**  
(c) Street Address or R.F.D. No. **Rt. 5**  
(d) Death Occured Inside? **Outside?** ☒ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **45** years **months** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Latah**  
(c) City or town **Moscow**  
(d) Street Address or R.F.D. No. **Rt. 5**  
(e) Deceased lived Inside? **Outside?** ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **45** years  
(h) Former residence (city, state)

3. (a) FULL NAME **George Alexander Rogers**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **M** race **W**  
6. (b) Name of husband or wife **Grace** 6. (c) Age of husband or wife if alive **65** years  
7. Date of Birth (Month, Day, Year) **January 23, 1871**

8. AGE	Years	Months	Days	If less than 1 day
	<b>77</b>	<b>7</b>	<b>24</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for **9** yrs.  
10. Industry or Business **Farming** Date last worked **9/48**  
11. Birthplace **Kansas**  
(City or town) (State or foreign country)

12. Name **Charles L. Rogers**  
13. Birthplace **Iowa**  
(City or town) (State or foreign country)  
14. Maiden name **Olive Cunningham**  
15. Birthplace **Unk**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs A. V. Paulsen**  
and Address **Albuquerque, New Mexico**

17. (a) **Burial** (b) Date thereof **9-20-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Moscow, Idaho**

18. Funeral Director's **Short's Funeral Chapel**  
OWN Signature **A. E. Anderson**  
and Address **Moscow, Idaho**

19. (a) **9-20-48** (b) **Lois E. Anderson**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **097X**

20. DATE OF DEATH **September 17** 19**48**  
(Month, Day, Year) at **6:45** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **7/29** 19**48** to **9/15** 19**48**.  
I last saw him alive on **9/15** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Sudden heart failure** Duration

Due to **arteriosclerosis**  
**arteriosclerosis**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Home**  
Name of operation **None** Date

Major finding  
Finding of autopsy **None** PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home **Farm** Industry  
Public Place **While at work?**

- Means of injury  
23. Attendant's OWN Signature **Chas. Rogers M.D.**  
and Address **Moscow, Ida.** Date **9/20** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 3432  
Local Reg. No. 108  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. Rt. 5  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 10 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Moscow  
(d) Street Address or R.F.D. No. Rt 5  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Sheridan, Wyo.

## 3. (a) FULL NAME George William McIntyre

3. (b) If veteran, name war WW 1  
5. Color or race W  
4. Sex M  
6. (b) Name of husband or wife Mary  
7. Date of Birth (Month, Day, Year) October 23, 1890

3. (c) Social Security No. 533-16-8207  
6. (a) Single, widowed, married, divorced married  
6. (c) Age of husband or wife if alive 56 years

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>10</u>	<u>29</u>	hrs min.

9. Exact Occupation Farmer Did this work for 7 yrs.  
10. Industry or Business Farming Date last worked 9/49  
11. Birthplace Belleville Kansas  
(City or town) (State or foreign country)

12. Name William McIntyre  
13. Birthplace Unk.  
(City or town) (State or foreign country)  
14. Maiden name Stella Nickerson  
15. Birthplace Unk.  
(City or town) (State or foreign country)

16. Informant's OWN Signature W. G. McIntyre  
and Address Rt. 5, Moscow, Idaho

17. (a) Burial (b) Date thereof 9-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature Short's Funeral Chapel  
and Address Moscow, Idaho

19. (a) 9-25-48 (b) Leif E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093A

20. DATE OF DEATH (Month, Day, Year) Sept. 22, 1948 19  
at 10:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 9/13 to 9/22 1948  
I last saw him alive on 8/30 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Acute myocardial  
Sudden heart failure

Due to Coronary atherosclerosis

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation None Date  
Major finding None  
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's OWN Signature Chas. Henry M. D.  
and Address Moscow, Idaho Date 9/22 1948  
(For additional space, use reverse side)

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 29 1948

## Certificate of Death

STATE OF IDAHO

State File No. ....

Local Reg. No. 690

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. —  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. — Stayed — days  
(g) Lived in this county 20 years — months — days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. —  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) —

## 3. (a) FULL NAME

Raymond Emmrick Bertsch

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race White  
4. Sex Male

6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

## 7. Date of Birth

(Month, Day, Year)

August 24 1914

8. AGE	Years	Months	Days	If less than 1 day
	<u>34</u>	<u>0</u>	<u>9</u>	<u>—</u> hrs. <u>—</u> min.

9. Exact Occupation — Did this work for — yrs.

10. Industry or Business — Date last worked —

11. Birthplace Hailey, Idaho  
(City or town) (State or foreign country)

12. Name Gustaff C. Bertsch

13. Birthplace Germany  
(City or town) (State or foreign country)

14. Maiden name Katherina Cimmer

15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Katherina Bertsch  
and Address Salmon, Idaho

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place Salmon Cemetery

18. Funeral Director's OWN Signature Edmund E. Johnson  
and Address Salmon, Idaho

19. (a) Sept. 15 - 48 (b) Edmund E. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept. 3 1948  
at 6:00 o'clock 8 M.

21. I HEREBY CERTIFY That I attended deceased from September 1 1948 to September 3 1948.

I last saw him alive on September 2 1948:  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

status epilepticus

## Duration

5 days

Due to microcephalus,  
congenital.

Due to —  
Other conditions —  
(Include pregnancy within 3 months of death)

Where was disease contracted? Butte County, Ida.

Name of operation None Date —

Major finding —  
Finding of autopsy None made

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state  
where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature J. T. Stratton

and Address Salmon, Ida Date 9/14/48 19 —  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

SEP 20 1948

STATE OF IDAHO

State File No. 3434  
Local Reg. No. 670  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

EDWARD RALPH ANDERSON

3. (b) If veteran, name war \_\_\_\_\_ No \_\_\_\_\_

3. (c) Social Security

No. 519-01-3125

4. Sex Male race White 5. Color or 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elda 6. (c) Age of husband or wife if alive unknown years

7. Date of Birth (Month, Day, Year) July 28, 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>1</u>	<u>5</u>	hrs min.

9. Exact Occupation Truck Driver Did this work for 25 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 1-47

11. Birthplace Pittsburgh, Penn. (City or town) (State or foreign country)

12. Name William John Anderson (City or town) (State or foreign country)

13. Birthplace Ohio (City or town) (State or foreign country)

14. Maiden name Ella Elizabeth McCabe (City or town) (State or foreign country)

15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Elda V. Anderson and Address Salmon, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-48 (Month) (Day) (Year)

(c) Place: Salmon, Idaho

18. Funeral Director's OWN Signature Delbert C. Jones and Address Salmon, Idaho

19. (a) Sept. 15-48 (Date received and filed) (b) Elda E. Johnson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 186A

20. DATE OF DEATH (Month, Day, Year) Sept. 3 19 48

at 5 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 23 19 48, to 9-3 19 48

I last saw him alive on Aug 17 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fracture Skull Duration 2 mo 10 d  
Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 6-23 19 48 City, county, state Salmon Ida.

Place of Violence: Home Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? No

Means of injury Fall in yard

23. Attendant's OWN Signature J. P. Threlkeld M.D. (M. D. or other)

and Address Salmon Ida. Date 9-4 19 48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
**Certificate Of Death**

1948 State File No. 3135  
Local Reg. No. 670  
Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 48 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state)

3. (a) FULL NAME DEE MATLOCK

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Jessie 6. (c) Age of husband or wife if alive 83 years  
7. Date of Birth (Month, Day, Year) Jan. 11, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>7</u>	<u>24</u>	hrs min.

9. Exact Occupation Retired Did this work for  yrs.  
10. Industry or Business worked Date last worked  
11. Birthplace Eugene, Oregon (City or town) (State or foreign country)

12. Name Gaswell John Matlock (City or town) (State or foreign country)  
13. Birthplace Illinois (City or town) (State or foreign country)  
14. Maiden name Mary Anne Bennett  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Jessie Matlock and Address Salmon, Idaho

17. (a) Burial (b) Date thereof 9-8-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Salmon, Idaho

18. Funeral Director's OWN Signature Delbert C. Jones and Address Salmon, Idaho

19. (a) Sept. 15 - 48 (b) Eda E. Johnson (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 5 1948  
at 11.00 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from One visit 19 to Sept. 5 1948  
I last saw him alive on Sept. 5 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion, sudden. Duration

Due to Coronary disease 4 yrs.

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Salmon, Ida. PHYSICIAN  
Name of operation None Date  
Major finding  
Finding of autopsy None made Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature O. T. Stratton M. D.  
and Address Salmon, Ida. Date 9/8/48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 29 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3436  
Local Reg. No. 1271  
Reg. Dist. No. 230

## 1. PLACE OF DEATH:

- (a) County Lewin  
(b) City or town Myer  
(c) ~~Street Address~~ or R.F.D. No. 1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 8 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewin  
(c) City or town Myer  
(d) ~~Street Address~~ or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? Lewin-218  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Albin Idaho

## 3. (a) FULL NAME

Martha Gay Olson

180X

## 3. (b) If veteran, name war X

## 3. (c) Social Security No. X

5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Herbert  
6. (c) Age of husband or wife if alive 38 years  
7. Date of Birth (Month, Day, Year) April-19-1912

8. AGE	Years	Months	Days	If less than 1 day
	<u>36</u>	<u>3</u>	<u>26</u>	hrs - min.

9. Exact Occupation House wife Did this work for life yrs.  
10. Industry or Business Our Home Date last worked 8-25-48  
11. Birthplace Albin Idaho (City or town) (State or foreign country)

12. Name Ramona  
13. Birthplace don't no (City or town) (State or foreign country)  
14. Maiden name Evelis Benner  
15. Birthplace don't no (City or town) (State or foreign country)

16. Informant's OWN Signature M. J. Olson  
and Address Myer, Idaho

17. (a) Burial (b) Date thereof 8-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Myer Cemetery

18. Funeral Director's OWN Signature Alvin Huff  
and Address Myer, Idaho

19. (a) 8-20-48 (b) Alvin Huff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 26 1948  
at 8:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from    19  , to    19

I last saw h.    alive on    19  ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: She was trapped in her burning home, almost Duration

Due to burned up, only about 30% of her left.

Due to fire started in kitchen & other conditions  
(Include pregnancy within 3 months of death)  
She tried to get out under

Where was disease contracted? Don't know

Name of operation None Date     
Major finding Heart was  
Finding of autopsy 1 mile away, nothing at the time

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19   City, county, state

where violence occurred  
Place of Violence: Home X Farm X Industry     
Public Place    While at work?   

Means of injury Alvin Huff

23. Attendant's OWN Signature Alvin Huff  
and Address Myer, Idaho Date 8-26-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 13 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3437  
Local Reg. No. 584  
Reg. Dist. No. 244

1. PLACE OF DEATH: STATISTICS  
(a) County Lewis  
(b) City or town Kamiah  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Grove Hosp. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 10 days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City or town Stites  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Arkansas City, Kan.

3. (a) FULL NAME Richard William Blewett

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced widowed  
4. Sex Male race white  
6. (b) Name of husband or wife Mabel  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth May 7, 1875 (5)

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>3</u>	<u>27</u>	hrs min.

9. Exact Occupation Farmer Did this work for All life yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1938  
11. Birthplace Taylor County, Iowa (City or town) (State or foreign country)

12. Name Richard William Blewett  
13. Birthplace Kent, England (City or town) (State or foreign country)  
14. Maiden name America Lorton  
15. Birthplace Fort Dearborn, Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature W. J. Blewett  
and Address Stites, Idaho

17. (a) Burial (b) Date thereof Sept. 5, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: 1005 Cemetery - Gifford, Idaho

18. Funeral Director's OWN Signature Claude A. Trueman  
and Address Kamiah, Idaho

19. (a) 9/14/48 (b) Claude A. Trueman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 059B

20. DATE OF DEATH (Month, Day, Year) Sept. 3 1948  
at 1:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 25 1948 to Sept. 3 1948  
I last saw him alive on Sept. 3 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial infarction Duration 1 yr

Due to arteriosclerosis years

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature C. A. Trueman (M. D. or other)  
and Address Kamiah, Idaho Date 9/14 1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census  
**RECEIVED Certificate Of Death**  
**SEP 29 1948**  
STATE OF IDAHO

1. PLACE OF DEATH: **DIABETES**  
(a) County **Lewis**  
(b) City or town **Nezperce**  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **48** years **3** months **29** days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Lewis**  
(c) City or town **Nezperce**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **48** years  
(h) Former residence (city, state) **Forest Grove Ore**

3. (a) FULL NAME **Margaret Albina Waters**

3. (b) If veteran, name war No.  
5. Color or 6. (a) Single, (widowed) married, divorced  
4. Sex **Female** race **White**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) **Jan 9 1869**

8. AGE	Years	Months	Days	If less than 1 day
	<b>79</b>	<b>8</b>	<b>9</b>	hrs min.

9. Exact Occupation **House wife.** Did this work for **57** yrs.  
10. Industry or Business Date last worked  
11. Birthplace **Racine, Missouri** (City or town) (State or foreign country)

12. Name **John M. Edwards**  
13. Birthplace **Indiana** (City or town) (State or foreign country)  
14. Maiden name **Julia Sebring**  
15. Birthplace **Ohio** (City or town) (State or foreign country)

16. Informant's OWN Signature **Welford Waters**  
and Address **care home Idaho**

17. (a) **Burial** (b) Date thereof **9-20-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Nezperce**

18. Funeral Director's OWN Signature **Alfred**  
and Address **Nezperce Idaho**

19. (a) **SEP 20 1948** (b) **Blue 7 off**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **102X**  
20. DATE OF DEATH (Month, Day, Year) **Sept. 18 1948**  
at **4:10** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **1943** to **Sept. 18 1948**  
I last saw h. **u** alive on **Sept. 18 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Hypostatic Pneumonia** Duration **2 days**  
Due to **Parkinsons Disease** years

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **Lionel L. Manno**  
and Address **Nezperce, Idaho** (M. D. or other) Date **Sept. 18 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 15 1948

NON-RESIDENT  
Certificate Of Death

3439  
1948  
State File No. 237  
Local Reg. No.  
Reg. Dist. No.

STATE OF IDAHO

1. PLACE OF DEATH:  
(a) County Lewis  
(b) City or town Kamiah  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed 3 days  
(g) Lived in this county years 2 months 2 days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Wash (b) County Cowlitz  
(c) City or town Kelso  
(d) Street Address or R.F.D. No. R. 2  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1 1/6 years  
(h) Former residence (city, state) Kelso-Wash

3. (a) FULL NAME WALTER LAKE NORDVICK (C1623084) 175E  
(b) If veteran, name war World II  
(c) Social Security No. 533-20-3790  
(d) Sex M (e) Color W (f) (a) Single, widowed, married, divorced, divorced  
(b) Name of husband or wife (c) Age of husband or wife if alive years  
(g) Date of Birth (Month, Day, Year) Nov. 6, 1925

8. AGE	Years 22	Months 10	Days 8	If less than 1 day hrs min.
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9. Exact Occupation Truck Driver Did this work for 2 yrs.  
10. Industry or Business Logging Date last worked Data  
11. Birthplace Kelso Wash (City or town) (State or foreign country)  
12. Name Jack Jacob Nordvick  
13. Birthplace Norway (City or town) (State or foreign country)  
14. Maiden name Kathleen Clara Branca  
15. Birthplace Idaho (City or town) (State or foreign country)

Mother Father  
16. Informant's OWN Signature Mrs. Marie Branca  
and Address Kamiah-Idaho  
17. (a) Removal (b) Date thereof 9-30-48 (Month) (Day) (Year)  
(c) Place: Kelso-Wash  
18. Funeral Director's OWN Signature [Signature]  
and Address [Address]  
19. (a) 9-30-48 (b) [Signature] (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH Sept 28 1948  
(Month, Day, Year)  
at 3:30 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Killed by falling log off truck  
Due to Truck was crushed  
Due to Truck was broken  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? Homicide?  
Occurred Sept 28, 1948 19 City, county, state where violence occurred Kamiah, Idaho  
Place of Violence: Home Farm Industry  
Public Place While at work? Yes  
Means of injury Unloading poles from truck  
23. Attendant's OWN Signature Albert Huff-Cosner  
and Address Nezperce, Idaho Date: 9-29-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
SEP 13 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 3110  
Local Reg. No. 25  
Reg. Dist. No. 630

1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Redburg  
(c) Street Address or R.F.D. No. 1  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. Luke's Stayed 36 days  
(g) Lived in this county 36 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Redburg  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME

Olive Smith Westover

125A

3. (b) If veteran,

3. (c) Social Security

name war No.

5. Color or Race W  
6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Ray Westover  
6. (c) Age of husband or wife if alive 57 years

7. Date of Birth (Month, Day, Year) Aug. 8, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>0</u>	<u>24</u>	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.

10. Industry or Business Housewife Date last worked life

11. Birthplace Huntington Utah  
(City or town) (State or foreign country)

12. Name Albert Smith

13. Birthplace Manly Utah  
(City or town) (State or foreign country)

14. Maiden name Mary Ann Bumble

15. Birthplace Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Ray Westover

- and Address Redburg Redburg 1

17. (a) Burial (b) Date thereof 9/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Redburg

18. Funeral Director's OWN Signature Resse C. Gamm

- and Address Redburg

19. (a) 9-4-48 (b) W. H. Young  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 9-1-1948  
at 5:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 29 1948, to Sept. 1 1948

I last saw her alive on Sept. 1 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Myocardial Infarction Duration

Due to same

Due to same

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation None Date Sept. 1, 1948

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None

Occurred 1948 City, county, state Redburg, Madison, Idaho

Place of Violence: Home None Farm None Industry None

Public Place None While at work? None

Means of injury None

23. Attendant's OWN Signature W. H. Young

and Address Redburg (M. D. or other) None

Date 9-2-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

1948

OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **3441**  
Local Reg. No. **40**  
Reg. Dist. No. **630**

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Prestburg  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sutherland Stayed 1 days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Edna Burnett Burrell

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex Female Color or race W

## 5. Color or race W 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Chas. Burrell

## 6. (e) Age of husband or wife if alive 35 years

## 7. Date of Birth (Month, Day, Year) Feb. 18, 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>48</u>	<u>7</u>	<u>4</u>	hrs min.

## 9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Ogden, Utah (City or town) (State or foreign country)

## 12. Name James Henry Burnett

## 13. Birthplace New Zealand (City or town) (State or foreign country)

## 14. Maiden name Elizabeth Jane Vaughn

## 15. Birthplace England (City or town) (State or foreign country)

## 16. Informant's OWN Signature E. J. Burrell

## and Address Prestburg, Idaho

## 17. (a) Burial (b) Date thereof 9/25/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Idaho

## 18. Funeral Director's OWN Signature W. H. Camm

## and Address Prestburg, Idaho

## 19. (a) 9-25-48 (b) Mr. H. E. Young (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH / 23X

## 20. DATE OF DEATH (Month, Day, Year) 22, Sept. 1948 at 11 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from Sept. 1-48 1948 to Sept. 22 1948 I last saw him alive on Sept. 22 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death Pulmonary embolism Duration sudden

## Due to Was undergoing operation for repairs of motorcycle

## Due to \_\_\_\_\_ Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted? Idaho

## Name of operation Repair of vehicle Date 9-22-48

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no Occurred none 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

## Place of Violence: Home / Farm / Industry /

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature W. H. Camm (M. D. or other)

## and Address Prestburg, Idaho Date 9-24-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

SEP 13 1948

# CERTIFICATE OF DEATH

STATE OF IDAHO

STATE OF IDAHO

State File No. 3442  
Local Reg. No. 27  
Reg. Dist. No. 630

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Thornton  
(c) Street Address or R. F. D. No. Route 1  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 50 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Thornton  
(d) Street Address or R. F. D. No. Route 1  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) the Kansas

## 3. (a) FULL NAME

Irene Horne

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife A.C. Horne 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) June 13, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>2</u>	<u>24</u>	hrs min.

9. Exact Occupation Homemaker Did this work for Life yrs.  
10. Industry or Business Horne Date last worked 1946  
11. Birthplace Wisconsin (City or town) (State or foreign country)  
12. Name Theodore Wehl  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Augusta Gernack  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Paul G. Horne  
and Address Thornton, Idaho

17. (a) Burial (b) Date thereof 7/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Annex, Idaho

18. Funeral Director's OWN Signature Rolland H. Berger  
and Address Boise, Idaho

19. (a) 9-9-48 (b) Mrs. H.C. Gering  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 095A

20. DATE OF DEATH Sept 6 1948  
(Month, Day, Year)  
at 8:30 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1948 to Sept 5, 1948  
I last saw her alive on Sept 5, 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Auricular Fibrillation 2 yrs.  
Due to Hypertension 12 yrs.  
Due to Thyroid carcinoma 15 yrs.  
Other conditions Thyroid enlargement  
(Include pregnancy within 8 months of death)  
Where was disease contracted? at home  
Name of operation none Date none  
Major finding none  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? none Suicide? none Homicide? none  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home none Farm none Industry none  
Public Place none While at work? none  
Means of injury none  
23. Attendant's OWN Signature Assel Hall, M.D.  
and Address Boise, Idaho (M. D. or other) Date 9-8, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 3443  
Local Reg. No. 38  
Reg. Dist. No. 631

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Payson  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. .... Stayed        days  
(g) Lived in this county 56 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonanza  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) ....

## 3. (a) FULL NAME

Julius H. Frank Spaulding

094A

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No. ....

5. Color or race W  
4. Sex Male

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Weekes

8. (c) Age of husband or wife if alive 55 years

7. Date of Birth (Month, Day, Year) May 8, 1872

## 8. AGE

Years

Months

Days

If less than 1 day

hrs min.

## 9. Exact

Occupation

Retired Farmer

Did this

work for

life yrs.

10. Industry or Business

Stockman

Date last

worked

11. Birthplace

Mountain Green, Utah

(City or town)

(State or foreign country)

12. Name

Eli H. Spaulding

13. Birthplace

Not known

(City or town)

(State or foreign country)

14. Maiden name

Eliza Ann Wadsworth

15. Birthplace

Not known

(City or town)

(State or foreign country)

16. Informant's

OWN Signature

Eliza E. Spaulding

and Address

Payson, Idaho

17. (a) Burial

(Burial, cremation or removal)

- (b) Date thereof

9/11/48

(c) Place:

Rocky Cem.

18. Funeral Director's

OWN Signature

Russell E. Hamm

and Address

Payson, Idaho

19. (a) 9-14-48

(Date received and filed)

- (b) Who H. Young

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept. 10, 1948  
at 6:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Sept. 10, 1948, to 19

I last saw h.        alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury

## 23. Attendant's

OWN Signature

Gene H. Cline, M.D.

(M. D. or other)

and Address Payson, Ida. Date 9-11-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

OCT 11 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3444

Local Reg. No. 39

Reg. Dist. No. 631

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Clements ville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 5 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Labelle  
(d) Street Address or R.F.D. No. 2 Rigby  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

**THEROLD B. WHEATON.**

## 3. (b) If veteran, name war

WW 1

## 3. (c) Social Security No.

319-26-2725

## 4. Sex Male 5. Color or race White

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Ira Burgess

## 6. (c) Age of husband or wife if alive 45 years

## 7. Date of Birth (Month, Day, Year) April 1, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>5</u>	<u>10</u>	hrs. min.

## 9. Exact Occupation Farming Did this work for life yrs.

## 10. Industry or Business Farm Date last worked 9/11/48

## 11. Birthplace Carey, Idaho. (City or town) (State or foreign country)

## 12. Name Charley Wheaton (City or town) (State or foreign country)

## 13. Birthplace Michigan. (City or town) (State or foreign country)

## 14. Maiden name Nola May Hunt. (City or town) (State or foreign country)

## 15. Birthplace Oxford, Idaho. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Ira M. Wheaton and Address Rigby, Idaho. R. #2

## 17. (a) burial (b) Date thereof 9-14-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Annis, Idaho.

## 18. Funeral Director's OWN Signature C. E. Russell and Address Rigby, Idaho.

## 19. (a) 9-14-48 (b) Mrs. H. E. Young (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Sept. 11 19 48

## 21. I HEREBY CERTIFY, That I attended deceased from at about 8 o'clock 1 A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

## I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death Coronary Thrombosis Duration \_\_\_\_\_

## Due to Heart attack.

## Due to Head when fainted.

## Other conditions Head when fainted. (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Victor S. Chandler and Address Madison, Idaho or other Rexburg, Idaho Date Sept 15 1948

(For additional space, use reverse side)

ovd

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

SEP 22 1948

STATE OF IDAHO

1948 State File No. 3445  
Local Reg. No. 54  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Morehead  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Rupert Stayed 1 days  
(g) Lived in this county 1 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Morehead  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) 1

## 3. (a) FULL NAME

Velanne Lee Duffin

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. 220

## 5. Color or

race white

## (a) Single, widowed, married,

divorced single

## 4. Sex Female

## 6. (b) Name of husband or

wife \_\_\_\_\_

## 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

## 8. AGE

Years

Months

Days

If less than 1 day

0

0

0

12 hrs

min.

## 9. Exact

Occupation chief

Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business \_\_\_\_\_

Date last

worked \_\_\_\_\_

## 11. Birthplace

Rupert Idaho

(City or town) (State or foreign country)

## 12. Name

Alan C. Duffin

## 13. Birthplace

Rupert Idaho

(City or town) (State or foreign country)

## 14. Maiden name

Velma Sue Fredrick

## 15. Birthplace

Rupert Idaho

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Alan C. Duffin

and Address Rupert Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof 8-24-48

(Month) (Day) (Year)

(c) Place: Rupert Idaho

## 18. Funeral Director's

OWN Signature Rodney Duffin

and Address Rupert Idaho

## 19. (a) 9-25-48

(Date received and filed)

## (b) [Signature]

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 8-20-48

19 48

at 11 o'clock P M.

## 21. I HEREBY CERTIFY, That I attended deceased from

8-23 1948 to 8-23 1948

I last saw him alive on 8-23 1948; death is

said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Prematurity  
2 1/2 months

Duration

Due to not known

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the fol-

lowing: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Alan C. Duffin

(M. D. or other)

and Address \_\_\_\_\_ Date 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

SEP 28 1948

# Certificate Of Death

STATE OF IDAHO

K 1948  
State File No. 3446  
Local Reg. No. 51  
Reg. Dist. No.

1. PLACE OF DEATH: DIVISION OF VITAL
- County Mullanbach
  - City or town Reupert
  - Street Address or R.F.D. No.
  - Death Occured Inside? ☒ Outside? ☐ city or town
  - Died in a Home ☐ Hospital ☒ Institution ☐ Other place
  - Name Hosp. or Inst. Reupert Stayed 8 days
  - Lived in this county 1 years 1 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these),
- State Idaho (b) County Blaine
  - City or town Reupert
  - Street Address or R.F.D. No. Route 1 Reupert
  - Deceased lived Inside? ☐ Outside? ☒ city or town
  - Citizen of what country? U.S.
  - How long had deceased lived in Idaho? 32 years
  - Former residence (city, state) Butte Mont

3. (a) FULL NAME Hanna Newman

130X

3. (b) If veteran, name war No 3. (c) Social Security No. No
5. Color or White (a) Single, widowed, married, divorced Married
4. Sex F race White
6. (b) Name of husband or wife Emil 6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) July 7 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>1</u>	<u>25</u>	hrs min.

9. Exact Occupation Housewife Did this work for 1 yrs.
10. Industry or Business worked Date last worked
11. Birthplace Finland (City or town) (State or foreign country)
12. Name Andrew Gustafson
13. Birthplace Finland (City or town) (State or foreign country)
14. Maiden name Johanna (unknown)
15. Birthplace Finland (City or town) (State or foreign country)

16. Informant's OWN Signature Emil Newman and Address Route 1 Reupert Idaho
17. (a) Burial (b) Date thereof 9-7-48 (Burial, cremation or removal) (Month) (Day) (Year)
- (c) Place: Reupert Idaho
18. Funeral Director's OWN Signature Rodney Goodman and Address Reupert Idaho
19. (a) 9-27-48 (b) at Blaine (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 2 1948 at 7:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 20 1948 to Sept 2 1948. I last saw him alive on Sept 2 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Glomerular Nephritis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐ Occurred 19 City, county, state where violence occurred
- Place of Violence: Home ☐ Farm ☐ Industry ☐ Public Place ☐ While at work? ☐
- Means of injury
23. Attendant's OWN Signature J. H. Kenagy (M. D. or other) and Address Reupert Idaho Date 9-25-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

M 1 State File No. 3447  
Local Reg. No. 53  
Reg. Dist. No. 450

RECEIVED  
SEP 29 1948

## 1. PLACE OF DEATH:

- (a) County Myers  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. 1015 4th  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 33 years 3 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. 1015 4th  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? Russian  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) 095B

## 3. (a) FULL NAME

John Miller

## 3. (b) If veteran,

name war 220

## 3. (c) Social Security

No. 220

5. Color of White 6. (a) Single, widowed, married, divorced Single  
4. Sex M race White  
6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year)

May 20 1881

## 8. AGE

Years 67 Months 3 Days 14 If less than 1 day hrs min.

## 9. Exact Occupation

Laborer Did this work for  yrs.

## 10. Industry or Business

Date last worked worked

## 11. Birthplace

Russia (City or town) (State or foreign country)

## 12. Name

Peter Miller

## 13. Birthplace

Russia (City or town) (State or foreign country)

## 14. Maiden name

Elizabeth Piekta

## 15. Birthplace

unknown (City or town) (State or foreign country)

## 16. Informant's OWN Signature

Peter Miller

## and Address

Rupert Idaho

## 17. (a) Burial (b) Date thereof

Burial (Burial, cremation or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature

Robert E. Johnson

## and Address

Rupert Idaho

## 19. (a) Date received and filed (b) Registrar's signature

9-25-1948 (Date received and filed) Ed Blum (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

Sept. 4 1948  
at 1:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19   to 19  

I last saw him alive on Sept 1 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cordis e dis-functio 5 years  
Due to 5 years

Due to Rheumatic fever

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation    Date   

Major finding   

Finding of autopsy   

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

## 23. Attendant's OWN Signature

Chas. W. Miller M.D.

and Address Rupert Idaho Date 9-10 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

48-13805

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. m. 3448  
Local Reg. No. 52  
Reg. Dist. No. 450

RECEIVED

1. PLACE OF DEATH: SEP 23 1948
- (a) County Blaine  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. Rupert  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Ins. Christman Stayed 7 days  
(g) Lived in this county years months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Blaine  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. Rupert  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) 160c

3. (a) FULL NAME Robert Kenyon Catmull Jr.

3. (b) If veteran, name war No. 160c  
3. (c) Social Security No. 160c  
4. Sex M 5. Color or race white (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Sept 11 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>4</u>	hrs min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Rupert Idaho (City or town) (State or foreign country)

12. Name Robert K. Catmull  
13. Birthplace Rupert Idaho (City or town) (State or foreign country)  
14. Maiden name Anna Miller  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature R. B. Catmull  
and Address Rupert Idaho

17. (a) Buried (b) Date thereof 9-17  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Rupert Idaho

18. Funeral Director's OWN Signature Adrian Goodman  
and Address Rupert Idaho

19. (a) 9-25-48 (b) E. B. Lawrence  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 15 1948  
at 3 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Birth injury Duration

Due to Birth injury

Due to Dystocia  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature R. H. Morrison  
and Address Rupert Idaho (M. D. or other) Date 9-23 1948  
(For additional space, reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 3449  
Local Reg. No. 92  
Reg. Dist. No. 471

1. PLACE OF DEATH:  
(a) County Minidoka  
(b) City or town Payburn  
(c) Street Address or R. F. D. No. -  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county - years - months - days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) -

3. (a) FULL NAME Larry Lee Meinert.

3. (b) If veteran, name war - No. -  
5. Color or race W  
6. (a) Single, widowed, married, divorced -  
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years  
7. Date of Birth (Month, Day, Year) June 17- 1943

8. AGE	Years	Months	Days	If less than 1 day
	<u>5</u>	<u>2</u>	<u>18</u>	hrs min.

9. Exact Occupation - Did this work for - yrs.  
10. Industry or Business - Date last worked -  
11. Birthplace Burley Idaho (City or town) (State or foreign country)  
Mother { 12. Name Ruby Meinert  
13. Birthplace Paul Idaho (City or town) (State or foreign country)  
14. Maiden name Frieda Heinze  
15. Birthplace Colorado (City or town) (State or foreign country)

16. Informant's OWN Signature - and Address -  
17. (a) Burial (b) Date thereof Sept 8 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burley Idaho  
18. Funeral Director's OWN Signature Walter S. Payne and Address Burley Idaho  
19. (a) 9-8-48 (b) W. S. Payne (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) Sept 4 1948  
at 11:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 4 1948, to Sept 4 1948.  
I last saw him alive on Sept 4 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Blind Strain Duration 1 hr.  
Due to Blind by Ams  
Due to -  
Other conditions (Include pregnancy within 3 months of death) -  
Where was disease contracted? -  
Name of operation - Date -  
Major finding -  
Finding of autopsy -  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? - Homicide? -  
Occurred Sept 4 1948 City, county, state where violence occurred Minidoka Co. Idaho  
Place of Violence: Home Yes Farm Yes Industry -  
Public Place - While at work? Yes  
Means of injury Blind by Ams  
23. Attendant's OWN Signature Walter S. Payne (M. D. or other) and Address Burley Idaho Date 9-10-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

1948

# Certificate Of Death

1948

State File No. **3450**  
Local Reg. No. **100**  
Reg. Dist. No. **471**

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Heyburn  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 43 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Heyburn  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Minnesota

## 3. (a) FULL NAME

Gerlie Ruth King

## 3. (b) If veteran

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex 7 race W

5. Color or \_\_\_\_\_

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Kenneth

6. (c) Age of husband or wife if alive 57 years

7. Date of Birth  
(Month, Day, Year) Aug 31 - 1894

## 8. AGE

Years

Months

Days

If less than 1 day

52

0

29

hrs min.

9. Exact Occupation Housewife

Did this work for 35 yrs.

10. Industry or Business \_\_\_\_\_

Date last worked Sept 25

11. Birthplace Minnesota

(City or town)

(State or foreign country)

12. Name Tolger Olsen

13. Birthplace Norway

(City or town)

(State or foreign country)

14. Maiden name Hannah Sandberg

15. Birthplace Norway

(City or town)

(State or foreign country)

16. Informant's OWN Signature Kenneth King

and Address Heyburn, Idaho

17. (a) Burial (b) Date thereof Oct 3 -  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Heyburn

18. Funeral Director's OWN Signature Retta S. Payson

and Address Boise, Idaho

19. (a) 10-12-48 (b) B. Wilson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept 30 1948

at 8:45 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1936, to 9-30-1948

I last saw her alive on 9-30-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage

## Duration

5 days

Due to Myocardial Infarction

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature H. S. Dean MD

and Address Boise, Idaho Date 10-6-48

(For additional space use reverse side)

058

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

SEP 22 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3451  
Local Reg. No. 165  
Reg. Dist. No. 220

## 1. PLACE OF DEATH: STATISTICAL

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

M. A. ROOS

3. (b) If veteran, name war \_\_\_\_\_ No. 700-07-5560  
5. Color or race W  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Delia  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Dec. 15, 1887

8. AGE	Years	Months	Days	If less than 1 day
	60	8	16	hrs min.

9. Exact Occupation Accounting & Bookkeeping Did this work for 25 yrs.  
10. Industry or Business C.P.R.R. Date last worked 8-30-48  
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

12. Name Ferdinand Roos  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Catherine Young  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs M. A. Roos  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 9/4/48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Lewiston Idaho

18. Funeral Director's Vassar-Rayls Funeral Home  
OWN Signature Ed Rayls  
and Address Lewiston Idaho

19. (a) Sept 13, 1948 (b) William Jean Ockert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH (Month, Day, Year) 8-31 1948  
at 3:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 19, 46 to 8-31 1948  
I last saw him alive on 8-31 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Due to Cerebral Hem. 4 hrs.  
Stroke first 4 hrs.  
Due to Fell down stairs 4 hrs.  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Aug 30, 1948 City, county, state where violence occurred City of Lewiston, Idaho  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? NO  
Means of injury Fell down stairs

23. Attendant's OWN Signature John E. Carson MD.  
and Address Lewiston Idaho Date 9-1-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

SEP 22 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3452  
Local Reg. No. 166  
Reg. Dist. No. 220

## 1. PLACE OF DEATH: STATISTICAL

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 312 Miller St.  
(d) Death Occurred Inside? x Outside?    city or town  
(e) Died in a Home x Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 19 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 312-Miller St.  
(e) Deceased lived Inside? x Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

CHARLES O. BISHOP

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or 6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Ada 6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth (Month, Day, Year) August 2, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>1</u>	<u>0</u>	hrs min.

9. Exact Occupation clerk-Foreman Did this work for    yrs.  
10. Industry or Business retired Date last worked 1946  
11. Birthplace Strawberry Point, Iowa  
(City or town) (State or foreign country)  
12. Name Julius Bishop  
13. Birthplace Iowa  
(City or town) (State or foreign country)  
14. Maiden name J. Stroed  
15. Birthplace no record  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ada Bishop  
and Address Lewiston, Idaho

17. (a) burial (b) Date thereof 9-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Clarkston, Washington

18. Funeral Director's OWN Signature U. Vasser  
and Address Lewiston, Idaho

19. (a) Sept 13, 1948 (b) Donna Jean Robert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) September 2, 1948  
at 9:15 o'clock a. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

7-15 1948, to Sept 2, 1948  
I last saw h. im alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Coronary occlusion 10 min  
Due to arteriosclerosis 4 yrs

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

## Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred    19    City, county, state

where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

## Means of injury

## 23. Attendant's

## OWN Signature

(M. D. or other)

## and Address

## Date

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 22 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3453  
Local Reg. No. 167  
Reg. Dist. No. 220

1. PLACE OF DEATH:
- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 6th & C St.  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital    Institution    Other place X  
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 79 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 79 years  
(h) Former residence (city, state)

3. (a) FULL NAME John Thomas Emerson

3. (b) If veteran, name war    No.     
5. Color or    6. (a) Single, widowed, married, divorced single  
4. Sex male race white  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) August 29, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>0</u>	<u>5</u>	hrs min.

9. Exact Occupation retired Did this work for    yrs.  
10. Industry or Business laborer Date last worked     
11. Birthplace Amity County, Oregon  
(City or town) (State or foreign country)

12. Name James Emerson  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Maiden name Rachael Williams  
15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Donna Jean Eckert  
and Address Lewiston, Idaho

17. (a) burial (b) Date thereof 9-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature A. F. Vassar  
and Address Lewiston, Idaho

19. (a) Sept. 13, 1948 (b) Donna Jean Eckert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH (Month, Day, Year) September 4, 1948  
at 8:00 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from    19  , to    19    
I last saw h.    alive on    19  ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: heart attack Duration   

Due to old age

Due to   

Other conditions (Include pregnancy within 3 months of death)   

Where was disease contracted?    PHYSICIAN     
Name of operation    Date     
Major finding    Underline the cause to which death should be charged statistically.  
Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19   City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature Andrew F. Vassar  
and Address Lewiston, Idaho Date 9-8-1948  
(For additional space, use reverse side)

RECEIVED  
SEP 22 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3154  
Local Reg. No. 169  
Reg. Dist. No. 220

## 1. PLACE OF DEATH: NEATISTICS

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 522-7th St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days days  
(g) Lived in this county 51 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 522-7th St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 51 years  
(h) Former residence (city, state) 162 B

## 3. (a) FULL NAME

Robert Smith

## 3. (b) If veteran,

name war 162 B

## 3. (c) Social Security

No. 162 B

5. Color or 6. (a) Single, widowed, married,  
Sex male race white divorced widowed  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife alive years 1866

## 7. Date of Birth

(Month, Day, Year) November 1866

## 8. AGE

Years 82

Months

Days

If less than 1 day

hrs min.

## 9. Exact

Occupation retired

## Did this

work for  yrs.

## 10. Industry or

Business farming

## Date last

worked worked

## 11. Birthplace

New Canton, Illinois

(City or town)

(State or foreign country)

## 12. Name

no record

## 13. Birthplace

no record

(City or town)

(State or foreign country)

## 14. Maiden name

no record

## 15. Birthplace

no record

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature John A. Quilley

and Address Lewiston, Idaho

## 17. (a) burial

(Burial, cremation, or removal)

## (b) Date thereof 9-7-48

(Month) (Day) (Year)

(c) Place: Lewiston, Idaho

## 18. Funeral Director's

OWN Signature Wesley V. Vassar

and Address Lewiston, Idaho

## 19. (a) Sept. 13, 1948

(Date received and filed)

## (b) John A. Quilley

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) September 5, 1948  
at 8:00 o'clock 2 M.

## 21. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1948 to Sept 5, 1948

I last saw h. Death under 1 week; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart failure

## Duration

## Due to

## Due to

Other conditions Smoking  
(Include pregnancy within 3 months of death)

## Where was disease contracted? at home

Name of operation none Date none

Major finding none

Finding of autopsy 20 days

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no

Occurred 19 City, county, state

where violence occurred at home

Place of Violence: Home no Farm no Industry no

Public Place no While at work? no

Means of injury none

## 23. Attendant's

OWN Signature Joseph B. Backlund

(M. D. or other)

and Address 102 1st St. Date 9/9 1948

(For additional space, use reverse side)

RECEIVED  
SEP 22 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3455  
Local Reg. No. 170  
Reg. Dist. No. 220

## 1. PLACE OF DEATH: STATISTICS

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph Stayed 11 days  
(g) Lived in this county 36 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Otto Heinzerling

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

5. Color or .....  
4. Sex male race white divorced married  
6. (b) Name of husband or wife Minnie  
6. (c) Age of husband or wife if alive 61 years

7. Date of Birth  
(Month, Day, Year) July 22, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>1</u>	<u>15</u>	hrs min.

9. Exact Occupation farming Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace San Luis Obispo, California  
(City or town) (State or foreign country)

12. Name Charles C. Heinzerling  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name Jennie Kent  
15. Birthplace no record  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Lewiston, Idaho

17. (a) burial (b) Date thereof 9-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Vincent V. Vassar  
and Address Lewiston, Idaho

19. (a) Sept 13 1948 (b) Wonna Jean Clark  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 117A

20. DATE OF DEATH  
(Month, Day, Year) September 7, 1948  
at 2:25 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from July 1st, 1946 to Sept 7th, 1948.  
Last saw him alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Myocardial infarction 4 mo.  
Due to Hypertension  
Due to arteriosclerosis  
Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home  
Name of operation none Date .....  
Major finding .....  
Finding of autopsy not done

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no  
Occurred ..... 19 ..... City, county, state where violence occurred none.  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury gun  
23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address 707 1st St. Date 9/18 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

SEP 22 1948

STATE OF IDAHO

State File No. 3456  
Local Reg. No. 176  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 10 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Mont.

## 3. (a) FULL NAME Eugene J. Carssow

3. (b) If veteran, name war ..... No. ....  
5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex male race White  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) No Record. 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>			hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace St. Genevieve Mo.  
(City or town) (State or foreign country)

12. Name Charles Carssow  
13. Birthplace Nordhausen Germany  
(City or town) (State or foreign country)  
14. Maiden name Anna Schwartz  
15. Birthplace New Hoffmanburg Mo.  
(City or town) (State or foreign country)

16. Informant's OWN Signature John E. Carssow  
and Address Lewiston, Idaho.

17. (a) Burial (b) Date thereof 9/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho.

18. Funeral Director's Vassar, Rawls Funeral Home  
OWN Signature by [Signature]  
and Address Lewiston, Idaho.

19. (a) Sept. 13, 1948 (b) Anna Jean Eckert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept. 8th 1948 19  
(Month, Day, Year) at about 6:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured Skull Duration

Due to fall from window

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ..... Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ..... Homicide? .....

Occurred Sept. 8 19 48 City, county, state

where violence occurred Lewiston, NezPerce, Ida.

Place of Violence: Home ..... Farm ..... Industry

Public Place ☒ While at work?

Means of injury Fractured Skull

23. Attendant's OWN Signature Andrew F. Vassar

and Address Lewiston, Idaho Date Sept 9, 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
SEP 22 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3157  
Local Reg. No. 177  
Reg. Dist. No. 220

1. PLACE OF DEATH: (City or town)  
(a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph's Stayed 8 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Clearwater  
(c) City or town Profino  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) St. Joseph, Missouri

3. (a) FULL NAME Myrtle Estelle Gardner

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 79-26-6119  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife David W. Gardner 6. (c) Age of husband or wife if alive 43 years  
7. Date of Birth (Month, Day, Year) Oct. 30, 1899

8. AGE	Years	Months	Days	If less than 1 day
	<u>48</u>	<u>10</u>	<u>228</u>	hrs min.

9. Exact Occupation Housewife Did this work for 23 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 8/28  
11. Birthplace St. Joseph, Missouri  
(City or town) (State or foreign country)

12. Name William Albert Danner  
13. Birthplace Indiana  
(City or town) (State or foreign country)  
14. Maiden name Amanda Whitted  
15. Birthplace Park Co. Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature David W. Gardner  
and Address Profino, Idaho

17. (a) Removal (b) Date thereof 9-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Profino, Idaho

18. Funeral Director's OWN Signature Ray Bachman  
and Address Profino, Idaho

19. (a) Sept. 16, 1948 (b) Donna Jean Robert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 8 1948  
at 330 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 1 1948, to Sept 8 1948  
I last saw h. alive on Sept 7 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchopneumonia Duration 10 days

Due to Acute Pancreatitis 3 weeks

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? Confined to home  
Name of operation none Day \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none made  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ray Bachman (M.D. or other)  
and Address Lewiston, Idaho Date 9/13 1948  
(For additional space, use reverse side)

048  
State File No. 3458  
Local Reg. No. 192  
Reg. Dist. No. 220

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 6 1948

# Certificate Of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed 11 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 11 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Kendrick  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Kendrick, Idaho

## 3. (a) FULL NAME

Ingvall Melvin Kletth

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced single  
4. Sex Male race white  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) 2-16-1898

## 8. AGE

Years 50  
40

Months 6

Days 23

If less than 1 day  
hrs min.

## 9. Exact

Occupation Darning

## Did this

work for 42 yrs.

## 10. Industry or

Business \_\_\_\_\_

## Date last

worked Aug 1948

## 11. Birthplace

Yankton Co., South Dakota  
(City or town) (State or foreign country)

## 12. Name

Albert Kletth

## 13. Birthplace

Norway  
(City or town) (State or foreign country)

## 14. Maiden name

Mary E. Kletth

## 15. Birthplace

Norway  
(City or town) (State or foreign country)

## 16. Informant's

### OWN Signature

Bertha Bowers

### and Address

Harrington, Wash

## 17. (a) removal

(Burial, cremation, or removal)

## (b) Date thereof

9-11-48 (Month) (Day) (Year)

### (c) Place:

Kendrick, Idaho

## 18. Funeral Director's

### OWN Signature

J. J. Vassar

### and Address

Pewee, Idaho

## 19. (a)

(Date received and filed)

## (b)

[Signature] (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 9-9 1948  
at 11:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Aug 29 1948 1948, to Sept 8 1948 1948

I last saw h. alive on Sept 8 1948 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Peritonitis generalized Duration 9 days

Due to Appendicitis perforative 16 days

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Unknown

## Name of operation

Appendectomy Date 8-30-48

Major finding Perforated appendix with peritonitis

## Finding of autopsy

None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? no Suicide? no Homicide? no

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's

OWN Signature [Signature]

(M. P. or other)

and Address Lewiston, Idaho Date Sept 20 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Douglas

486

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

SEP 22 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3159  
Local Reg. No. 172  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? x Outside? ..... city or town  
(e) Died in a Home ... Hospital ... Institution ... Other place X  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Calif. (b) County .....  
(c) City or town Oakland  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? x Outside? ..... city or town  
(f) Citizen of what country? no record  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Alexander Y. Proctor

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. ....

## 4. Sex Male race White

5. Color or 6. (a) Single, widowed, married, divorced Widowed

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth

(Month, Day, Year) Jan, 25, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>8</u>	<u>7</u>	<u>15</u> hrs min.

## 9. Exact Occupation Labor

Did this work for ..... yrs.

## 10. Industry or Business

Date last worked .....

## 11. Birthplace Dundee Scotland

(City or town) (State or foreign country)

## 12. Name no record

## 13. Birthplace

(City or town) (State or foreign country)

## 14. Maiden name no record

## 15. Birthplace

(City or town) (State or foreign country)

## 16. Informant's From papers of his person

OWN Signature

and Address

## 17. (a) Cremation (b) Date thereof 9/14/48

(Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Spokane Wash.

## 18. Funeral Director's Vassar-Bawls Funeral Home

OWN Signature by A. H. Vassar

and Address Lewiston, Idaho.

## 19. (a) Sept 13 1948 (b) Donna Jean Proctor

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept, 9th 19 48  
at about 10:45 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19....., to 19.....

I last saw h..... alive on 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart attack

Duration

Due to .....

Due to .....

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation..... Date.....

Major finding .....

Finding of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred ..... 19..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

## 23. Attendant's

OWN Signature Andrew T. Vassar

and Address Lewiston, Idaho. Date 9/11 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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SEP 22 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3460  
Local Reg. No. 174  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occurred Inside? X Outside? ----- city or town -----  
(e) Died in a Home ----- Hospital X Institution ----- Other place -----  
(f) Name Hosp. or Inst. St. Joseph Stayed 2 days  
(g) Lived in this county ----- years ----- months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Asotin  
(c) City or town Asotin  
(d) Street Address or R.F.D. No. -----  
(e) Deceased lived Inside? X Outside? ----- city or town -----  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? ----- years  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME

GAITHER C BROWN

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced Widowed

6. (b) Name of husband or wife  
Neeley

6. (c) Age of husband or wife if  
alive ----- years

7. Date of Birth  
(Month, Day, Year) April 20, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>4</u>	<u>20</u>	hrs. min.

9. Exact Occupation Laborer Did this work for Life yrs.

10. Industry or Business Farm Work Date last worked 1948

11. Birthplace Jefferson, North Carolina  
(City or town) (State or foreign country)

12. Name Riley Brown

13. Birthplace Jefferson, North Carolina  
(City or town) (State or foreign country)

14. Maiden name Eveline Abshire

15. Birthplace Jefferson, North Carolina  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Glen Scheibe  
and Address Anatone, Washington

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/13/48  
(Month) (Day) (Year)

(c) Place Clarkston, Washington

18. Funeral Director's  
OWN Signature Merchant Funeral Home  
and Address Clarkston, Washington

19. (a) Sept. 15, 1948 (b) Norma Jean Eckert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) September 10 19 48

at 12:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1948  
19 ----- to Sept 10 19 48

I last saw h. ----- alive on Sept 10 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Anger  
Due to Exposure 10 hours

Due to -----  
Other conditions -----  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation None Date -----

Major finding None  
Finding of autopsy None

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state  
where violence occurred

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's  
OWN Signature David D. Tuckert  
and Address Leite Hills Date 9/13 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 22 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **3461**  
Local Reg. No. **178**  
Reg. Dist. No. **220**

## 1. PLACE OF DEATH:

DIVISION OF VITAL

- (a) County **Nez Perce**  
(b) City or town **Lewiston**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? **X** Outside? ..... city or town  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Inst. **St. Josephs** Stayed ..... days  
(g) Lived in this county **38** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Nez Perce**  
(c) City or town **Lewiston**  
(d) Street Address or R.F.D. No. **5th Ave. & 6th St.**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **38** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**Sister Mary Clarissa Crosson**

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

5. Color or 6. (a) Single, widowed, married,  
**female** divorced **single**

4. Sex **female** race **white**  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife ..... alive ..... years

7. Date of Birth  
(Month, Day, Year) **March 15, 1875**

8. AGE	Years	Months	Days	If less than 1 day
	<b>73</b>	<b>6</b>	<b>6</b>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace **Derora, Ireland**  
(City or town) (State or foreign country)

12. Name **Dennis Crosson**

13. Birthplace **Ireland**  
(City or town) (State or foreign country)

14. Maiden name **Helen McDaid**

15. Birthplace **Ireland**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Sister Mary Crosson**  
and Address **Lewiston, Idaho**

17. (a) **burial** (b) Date thereof **9-16-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Lewiston, Idaho**

18. Funeral Director's OWN Signature **M. Crosson**  
and Address **Lewiston, Idaho**

19. (a) **Sept 16, 1948** (b) **Donna Jean Ockert**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **September 11, 1948**  
at **7:30** o'clock **p.** M.

21. I HEREBY CERTIFY, That I attended deceased from  
..... 19..... to ..... 19.....

I last saw her... alive on **Sept. 11, 1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial infarction - 48.** Duration

Due to **Myocardial infarction**

Due to **Myocardial infarction**

Other conditions **None**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **at home**

Name of operation **None** Date .....

Major finding **None**

Finding of autopsy **no lesion**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **no** Suicide? **no** Homicide? **no**

Occurred **None** 19..... City, county, state

where violence occurred **None**

Place of Violence: Home **no** Farm **no** Industry **no**

Public Place..... While at work? .....

Means of injury **None**

23. Attendant's OWN Signature **James G. Reed**  
(M. D. or other)

and Address ..... Date **19**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 22 1948  
NON-RESIDENT  
Certificate of Death  
STATE OF IDAHO

1048  
State File No. 3462  
Local Reg. No. 175  
Reg. Dist. No. 220

1. PLACE OF DEATH:

(a) County Noz Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occurred Inside? X Outside? ----- city or town  
(e) Died in a Home ----- Hospital X Institution ----- Other place -----  
(f) Name Hosp. or Inst. St. Joseph Stayed 11 days  
(g) Lived in this county ----- years ----- months 11 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Washington (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? ----- Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? ----- years  
(h) Former residence (city, state) Washington

3. (a) FULL NAME

GOLDIE PIPER

3. (b) If veteran, name war No

3. (c) Social Security No. -----

4. Sex F Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive ----- years

7. Date of Birth (Month, Day, Year) July 9, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>2</u>	<u>2</u>	hrs. min.

9. Exact Occupation At Home Did this work for ----- yrs.

10. Industry or Business ----- Date last worked -----

11. Birthplace Great Falls, Iowa  
(City or town) (State or foreign country)

12. Name Daniel Standish

13. Birthplace Columbus, Ohio  
(City or town) (State or foreign country)

14. Maiden name Amanda Thomb

15. Birthplace Watertown, New York  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. H. B. Stillman  
and Address Clarkston, Washington

17. (a) Removal (b) Date thereof 9/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Clarkston, Washington

18. Funeral Director's OWN Signature McMurchison  
and Address Clarkston, Washington

19. (a) Sept. 15, 1948 (b) Verma Jean Abbott  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 11 19 48

at 5:00 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from 9/1/48 to 9-11 19 48

I last saw h. er alive on 9/1 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 3 hrs

Due to hypertension 5 yrs

Due to -----

Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state where violence occurred

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----  
23. Attendant's OWN Signature Rex S. Layton m.d.  
and Address Clarkston, W.W. Date 9/13 19 48  
(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 20 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3163  
Local Reg. No. 179  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston,  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days  
(g) Lived in this county 3 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1332 G St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME GEORGE C. FUCHS

3. (b) If veteran, name war no 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male 6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Nov. 10, 1853

8. AGE	Years	Months	Days	If less than 1 day
	<u>94</u>	<u>10</u>	<u>7</u>	hrs min.

9. Exact Occupation Retired Farmer Did this 29 yrs.  
10. Industry or Business Farming Date last worked 1918  
11. Birthplace Russia  
(City or town) (State or foreign country)

- Mother Father  
12. Name John Fuchs Russia  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name Sofie ?  
15. Birthplace Russia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Carl H. H. H.  
and Address Lewiston, Idaho

17. (a) Removal (b) Date thereof 9-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Portland, Oregon

18. Funeral Director's OWN Signature Brower-Wann by K.H. Malen  
and Address Lewiston, Idaho

19. (a) Sept. 20, 1948 (b) Norman J. Ockert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 18, 1948  
at 7:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1948, to Sept. 18, 1948.  
I last saw him alive on Sept. 18, 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Coronary occlusion & Cardiac standstill  
Due to Arteriosclerosis and Anterior closure heart disease  
Due to .....  
Other conditions Quarantine ulcer  
(Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature John W. Finley  
(M. D. or other) and Address 307 St. John's Way Date Sept. 18, 1948  
(For additional space, use reverse side)

Dr. Finley

680

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3464  
Local Reg. No. 181  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 0216 - 26th St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. Joseph's Stayed days  
(g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston, Idaho  
(d) Street Address or R.F.D. No. 0216 - 26th St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

SOFIA ASPLUND

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No. none

5. Color or white 6. (a) Single, widowed, married, divorced married  
4. Sex female race white  
6. (b) Name of husband or wife Hugo 6. (c) Age of husband or wife if alive years

## 7. Date of Birth

(Month, Day, Year) May 15, 1884

## 8. AGE

Years	Months	Days	If less than 1 day
64	4	3	hrs min.

## 9. Exact

Occupation Housewife Did this work for  yrs.

## 10. Industry or

Business worked Date last worked

## 11. Birthplace

Uneo Westerboten, Sweden  
(City or town) (State or foreign country)

## 12. Name

Unknown

## 13. Birthplace

Sweden  
(City or town) (State or foreign country)

## 14. Maiden name

Unknown

## 15. Birthplace

Sweden  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Hugo Asplund  
and Address Lewiston, Idaho

## 17. (a) Burial

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Normal Hill Cemetery

## 18. Funeral Director's

Browe - Wann by: K.H. Malcom  
OWN Signature   
and Address Lewiston, Idaho

19. (a) Sept 20, 1948  
(Date received and filed)

(b) Norman J. Ackert  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) September 18 1948  
at 2:40 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

February 9, 1948 to Sept. 18, 1948  
I last saw her alive on September 18, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Embolus

## Duration

Due to Cardiac thrombus

Due to Myocardial infarction

Other conditions Hypertension + Hypertension  
(Include pregnancy within 3 months of death)

Cardiovascular Disease, Coronary Artery Disease, Hypertension, Diabetes, Multiple Myeloma, Embolus

Where was disease contracted? ?

Name of operation ?

Date ?

Major finding ?

Finding of autopsy ?

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ? Farm ? Industry ?

Public Place ? While at work? ?

Means of injury ?

## 23. Attendant's

OWN Signature John W. Finley  
(M. D. or other)

and Address 307 St. John's Way Date Sept 20, 1948

(For additional space, use reverse side)

Dr. Finley

680

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 20 1948

# Certificate Of Death

STATE OF IDAHO

1948 3465  
State File No.  
Local Reg. No. 180  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ---  
(d) Death Occured Inside? X Outside? --- city or town  
(e) Died in a Home --- Hospital X Institution --- Other place ---  
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days  
(g) Lived in this county --- years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1622 11th Ave.  
(e) Deceased lived Inside? X Outside? --- city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) ---

## 3. (a) FULL NAME

CHARLES WATTS

## 3. (b) If veteran,

name war ---

## 3. (c) Social Security

No. 701-07-9234

## 4. Sex Male Color or race White

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Alice

## 6. (c) Age of husband or wife if alive 57 years

## 7. Date of Birth (Month, Day, Year)

February 2, 1881

## 8. AGE

Years	Months	Days	If less than 1 day
<u>67</u>	<u>7</u>	<u>17</u>	hrs min.

## 9. Exact Occupation

Retired Did this work for --- yrs.

## 10. Industry or Business

R. R. fireman Date last worked ---

## 11. Birthplace

Hustoney, Missouri (City or town) (State or foreign country)

## 12. Name

James Watts

## 13. Birthplace

Ill. (City or town) (State or foreign country)

## 14. Maiden name

Unknown

## 15. Birthplace

? (City or town) (State or foreign country)

## 16. Informant's

OWN Signature Mrs Chas Watts  
and Address 1622 - 11th Ave.

## 17. (a) Burial

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Normal-Hill Cemetery

## 18. Funeral Director's

OWN Signature B.H. Malcom  
and Address Lewiston, Idaho

## 19. (a) Sept 20 1948 (Date received and filed)

## (b) Dr. Douglas (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept. 19, 1948  
at 4:50 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Sept 18, 1948, to Sept 19, 1948

I last saw him alive on Sept 18, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Appendicitis with abscess Duration 3 wks

## Due to

## Due to

Other conditions ---  
(Include pregnancy within 3 months of death)

Where was disease contracted? unknown

Name of operation none Date ---

## Major finding

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home --- Farm --- Industry ---

Public Place --- While at work? ---

Means of injury ---

## 23. Attendant's

OWN Signature W.S. Long (M. D. or other)

and Address Lewiston, Idaho Sept 20 1948  
(For additional space, use reverse side)

Dr. Douglas 486

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

SEP 20 1948

STATE OF IDAHO

348  
State File No. **3466**  
Local Reg. No. **185**  
Reg. Dist. No. **220**

1. PLACE OF DEATH:

- (a) County **Nez Per ce**  
(b) City or town **Lewiston**  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Joseph's** Stayed **7 mo. 4 days**  
(g) Lived in this county **11** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Clearwater**  
(c) City or town **Pierce**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **14** years  
(h) Former residence (city, state) **Mont.**

3. (a) FULL NAME

**Mrs. Irene Fry**

3. (b) If veteran,

name war **no**

3. (c) Social Security

No. \_\_\_\_\_

5. Color or **Female** race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **W.C. Fry**

6. (c) Age of husband or wife if alive **30** years

7. Date of Birth  
(Month, Day, Year)

**Sept. 17, 1923**

8. AGE

Years  
**25**

Months  
**0**

Days  
**2**

If less than 1 day  
hrs min.

9. Exact

Occupation **at Home**

Did this work for \_\_\_\_\_ yrs.

10. Industry or Business

Date last worked \_\_\_\_\_

11. Birthplace

**Missoula, Mont.**

(City or town) (State or foreign country)

12. Name

**Gus. R. Mackey**

13. Birthplace

**Mont.**  
(City or town) (State or foreign country)

14. Maiden name

**Murill Whipple**

15. Birthplace

**Mont.**  
(City or town) (State or foreign country)

16. Informant's

OWN Signature **Mrs. Murill Mackey**

and Address **Pierce, Idaho.**

17. (a) Removal

(b) Date thereof **9/21/48**

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: **Clarkston, Wash.**

**Vassar Rawls Funeral Home**

18. Funeral Director's

OWN Signature **Dr. Andrew A. Carson**

and Address **Lewiston, Idaho.**

19. (a) **Sept 23 1948**

(Date received and filed)

(b) **Alma Jean Eckert**

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year)

**Sept 19 1948**

at **10:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from

**gib.** **1947**, to **Sept 19 1948**

I last saw him alive on **Sept 19 1948**; death is

said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Coronary Thrombosis**

Duration

**4 hrs.**

Due to

**arteriosclerosis**

**2 mos.**

Due to

**nephritis**

**2 yrs**

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_

Date \_\_\_\_\_

Major finding

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature **John E. Carson**

and Address **Lewiston, Idaho**

Date **Sept 22 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948 State File No. 3467  
Local Reg. No. 182  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. - - - - -  
(d) Death Occurred Inside? ☒ Outside? - city or town  
(e) Died in a Home - Hospital ☒ Institution - Other place -  
(f) Name Hosp. or Inst. St. Joseph Stayed 3 days  
(g) Lived in this county - years - months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. 508 5th Street  
(e) Deceased lived Inside? ☒ Outside? - city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? - - - - years  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME

**WILLIAM F DIECKHOFF**

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

## 5. Color or 4. Sex M race W

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive - years

## 7. Date of Birth (Month, Day, Year) September 19, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>-</u>	<u>1</u>	hrs. min.

## 9. Exact Occupation Ret. Farmer Did this work for Life yrs.

## 10. Industry or Business - - - - - Date last worked 1944

## 11. Birthplace Chester, Illinois (City or town) (State or foreign country)

## 12. Name Herman Dieckhoff

## 13. Birthplace Germany (City or town) (State or foreign country)

## 14. Maiden name Lena Duesing

## 15. Birthplace Germany (City or town) (State or foreign country)

## 16. Informant's OWN Signature Wm Dieckhoff and Address Clarkston, Washington

## 17. (a) Removal (b) Date thereof Sept 22, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Clarkston, Washington

## 18. Funeral Director's OWN Signature M. Merchant and Address Clarkston, Washington

## 19. (a) Sept 20, 1948 (b) Norma Jean Clark (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) September 20 1948 at 2:00 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 5-24 1948, to 9-20 1948

I last saw him alive on 9-20 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Generalized Carcinoma  
Prostatic Carcinoma  
Due to primary } Duration 3 years.

Due to -  
Other conditions -  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Resection Date ?  
Major finding Carcinoma of Prostate  
Finding of autopsy 0

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? - Homicide? -  
Occurred - 19 - City, county, state  
where violence occurred -  
Place of Violence: Home - Farm - Industry -  
Public Place - While at work? -

Means of injury -  
23. Attendant's  
OWN Signature M. Merchant  
(M. D. or other)

and Address Lewiston, Idaho Date 9-20 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3468  
Local Reg. No. 190  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. - - - - -  
(d) Death Occurred Inside? X Outside? - city or town  
(e) Died in a Home - Hospital X Institution - Other place -  
(f) Name Hosp. or Ins. St. Joseph Stayed 91 days  
(g) Lived in this county - years 3 months 1 days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. Clarkston Hotel  
(e) Deceased lived Inside? X Outside? - city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? - - - - years  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME Ted Harwood

3. (b) If veteran, name war No 3. (c) Social Security No. 518-03-6325  
5. Color or - 5. (a) Single, widowed, married, divorced Widowed  
4. Sex M race W  
6. (b) Name of husband or wife Heleen Ball 6. (c) Age of husband or wife if alive - - - - years  
7. Date of Birth (Month, Day, Year) April 14, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>5</u>	<u>7</u>	hrs. min.

9. Exact Occupation Sawyer Did this work for Life yrs.  
10. Industry or Business Lumber Date last worked 1947  
11. Birthplace Broken Bone Nebraska (City or town) (State or foreign country)  
Father { 12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
Mother { 14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)  
16. Informant's Name Records Asotin County Welfare  
OWN Signature M. M. M. M. M.  
and Address Clarkston, Washington  
17. (a) Removal (b) Date thereof Sept 22, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Clarkston, Washington  
18. Funeral Director's Name Merchant Funeral Home  
OWN Signature M. Merchant  
and Address Clarkston, Washington  
19. (a) 9/27/48 (b) John M. Lowe  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 21 1948  
at 8:40 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from August 1948 to September 21, 1948  
I last saw him alive on Sept 21 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Heart failure -  
Due to arteriosclerotic heart dis. several years.  
Due to -  
Other conditions -  
(Include pregnancy within 3 months of death)

- Where was disease contracted? -  
Name of operation 0 Date -  
Major finding -  
Finding of autopsy -  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? - Suicide? - Homicide? -  
Occurred - 19 - City, county, state where violence occurred -  
Place of Violence: Home - Farm - Industry -  
Public Place - While at work? -  
Means of injury -  
23. Attendant's OWN Signature B. R. Stein M.D. (M.D. or other)  
and Address 307 St. John's Way, Lewiston, Idaho Date Sept. 22, 1948

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 23 1948  
BUREAU OF VITAL

# Certificate Of Death

STATE OF IDAHO

048  
State File No. 3469  
Local Reg. No. 187  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston,  
(c) Street Address or R.F.D. No. -----  
(d) Death Occured Inside? X Outside? ----- city or town  
(e) Died in a Home ----- Hospital X Institution ----- Other place -----  
(f) Name Hosp. or Inst. St. Joseph Stayed 10 days  
(g) Lived in this county 70 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston,  
(d) Street Address or R.F.D. No. Rt. #2 box 702  
(e) Deceased lived Inside? ----- Outside? X city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 70 years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME HOLLIS EASTMAN PACKWOOD

3. (b) If veteran, No  
name war No  
5. Color or race White  
4. Sex Male divorced Married  
6. (b) Name of husband or wife Bessie Mae  
6. (c) Age of husband or wife if alive 58 years  
7. Date of Birth June 9, 1877  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>3</u>	<u>13</u>	hrs min.

9. Exact Occupation Retired laborer Did this work for 3 yrs.  
10. Industry or Business Lumber Mill Date last worked 7-45  
11. Birthplace Yakima, Washington  
(City or town) (State or foreign country)

12. Name Joseph C. Packwood  
13. Birthplace Yamhill Co. Oregon  
(City or town) (State or foreign country)  
14. Maiden name Sarah F. Pierce  
15. Birthplace Holt Co. Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature C. L. Packwood  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 9-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by K.H. Malcom  
and Address Lewiston, Idaho

19. (a) Sept 23 1948 (b) Norman Jean Ockert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 22 19 48  
at 10:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 1948 to 19

I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Stomach Duration

Due to Inanition

Due to -----

Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----

Name of operation Gastrectomy Date June 48

Major finding C. of stomach  
Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred 19 City, county, state where violence occurred

Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature A. J. White, M.D.

and Address Lewiston, Idaho Date 9-23-1948  
(For additional space, use reverse side)

Dr. A.J. White

280

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 23 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **3470**  
Local Reg. No. **186**  
Reg. Dist. No. **220**

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston,  
(c) Street Address or R.F.D. No. -----  
(d) Death Occured Inside? X Outside? ----- city or town  
(e) Died in a Home Hospital Institution X Other place -----  
(f) Name Hosp. or Inst. St. Joseph Stayed 3 days  
(g) Lived in this county 00 years 00 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County -----  
(c) City or town Greer  
(d) Street Address or R.F.D. No. -----  
(e) Deceased lived Inside? ----- Outside? X city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME

VERLA DURHAM

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. none

5. Color or White

6. (a) Single, widowed, married, divorced single

4. Sex Female

6. (b) Name of husband or wife -----

6. (c) Age of husband or wife if alive ----- years

## 7. Date of Birth

(Month, Day, Year) February 14, 1936

## 8. AGE

Years 12

Months 7

Days 8

If less than 1 day  
hrs min.

9. Exact Occupation Student

Did this work for ----- yrs.

10. Industry or Business -----

Date last worked -----

11. Birthplace Boise, Idaho

(City or town) (State or foreign country)

12. Name John R. Durham

13. Birthplace Nebr.

(City or town) (State or foreign country)

14. Maiden name Myrna Smith

15. Birthplace Okla.

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature J R Durham

and Address Greer, Idaho

17. (a) Removal - Burial (b) Date thereof 9-25-48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Woodland, Idaho

## 18. Funeral Director's

OWN Signature Brower-Wann by K H Malcom

and Address Lewiston, Idaho

19. (a) Sept 23, 1948 (b) Dona Jean Ackert

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept. 22, 1948  
at 3:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 18 1948 to Sept 22 1948

I last saw her alive on Sept 22 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Bronchopneumonia

## Duration

3 days

Due to Pneumonia 3 days

Due to Pneumonia 2 days

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ----- Date -----

## Major finding

Finding of autopsy Bronchopneumonia

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred ----- 19 ----- City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

## Means of injury

## 23. Attendant's

OWN Signature J R Durham M.D. (M. D. or other)

and Address Lewiston Date 9/22 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 2 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

3471  
State File No. \_\_\_\_\_  
Local Reg. No. 188  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Levant  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St Joseph Stayed 7 weeks  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 7 weeks

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Garfield  
(c) City or town Pomeroy  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? Wm 71 years  
(h) Former residence (city, state) Pomeroy Wash

## 3. (a) FULL NAME

JAMES JENNIE GILBANKS

C 51 E

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. None

- (a) Sex Male (b) Color or race White  
(c) Single, widowed, married, divorced Single  
(d) Name of husband or wife None (e) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Nov. 4, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>10</u>	<u>18</u>	<u>-</u> hrs <u>-</u> min.

9. Exact Occupation Painter Did this work for 10 yrs.  
10. Industry or Business Own Business Date last worked 15 years ago  
11. Birthplace Lincoln Neb. (City or town) (State or foreign country)

12. Name Thomas Gilbanks  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Mary Scroggs  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs A. A. Gender  
and Address Pomeroy Washington

17. (a) Burial (b) Date thereof Sept 24, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pomeroy Washington

18. Funeral Director's OWN Signature Fremont J. Trickett  
and Address Pomeroy Washington

19. (a) 9/27/48 (b) Gene M. Love  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 22 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 13 1948, to Sept 22 1948  
I last saw him alive on Sept 22 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Carcinoma of Prostate 3 yrs  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation Prostatectomy Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. D. Scott  
and Address Leviston (M. D. or other) Date 9/24/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 3 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3472  
Local Reg. No. 189  
Reg. Dist. No. 220

1. PLACE OF DEATH:  
(a) County Nez. Pierce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph's Stayed 9 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 9 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Lewis  
(c) City or town Winchester  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME BLANCHE HARTMAN Hall

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None  
4. Sex Female Color or race White 5. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Richard F. Hall 6. (c) Age of husband or wife if alive 46 years

7. Date of Birth (Month, Day, Year) February 10 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>7</u>	<u>13</u>	hrs. min.

9. Exact Occupation Housewife Did this work for life yrs.  
10. Industry or Business Own home Date last worked 9/10/48  
11. Birthplace Woodside, Lewis Co. Idaho (City or town) (State or foreign country)

12. Name Theodore Hartman  
13. Birthplace Eilsdorf, Germany (City or town) (State or foreign country)

14. Maiden name Emma Lehn  
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's OWN Signature Richard Hall  
and Address Winchester, Idaho.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-24-48 (Month) (Day) (Year)  
(c) Place Craigmont, Idaho.

18. Funeral Director's OWN Signature C.E. Clary  
and Address Craigmont, Idaho.

19. (a) Sept. 27, 1948 (b) Regina M. Love (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 23, 1948  
at 9:07 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from September 14, 1948 to September 23, 1948  
I last saw her alive on September 23, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration 4 hours

Due to acute bacterial endocarditis 2 weeks

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation X Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy acute bacterial endocarditis of aortic and mitral valves

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature B. R. Stein M.D. (M. D. or other)

and Address Lewiston, Idaho Date Sept 24, 1948

(For additional space, use reverse side)

091A

652

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

OCT 1 1948

DEPARTMENT OF VITA

# Certificate Of Death

STATE OF IDAHO

State File No. 3473  
Local Reg. No. 191  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 1812-13th Ave.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. ----- Stayed ----- days  
(g) Lived in this county 43 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1812 13th Ave.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 66 years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME

ANDREW JACKSON HILL

3. (b) If veteran, name war No No  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary E.  
6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth (Month, Day, Year) April 28, 1880

8. AGE	Years	Months	Days	If less than 1 day
	68	4	26	hrs min.

9. Exact Occupation Retired Farmer Did this work for 4 Mo. yrs.  
10. Industry or Business Farming Date last worked 5-?-48  
11. Birthplace Garfield, Washington (City or town) (State or foreign country)  
Mother { 12. Name Benton, Hill  
13. Birthplace Tenn. (City or town) (State or foreign country)  
14. Maiden name Huldah, Queener  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Joseph R. Hill  
and Address Lewiston, Idaho

17. (a) Burial Date thereof 9-28-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by K.H. Malcom  
and Address Lewiston, Idaho

19. (a) 9-28-48 (b) Dona O'Keefe (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 24, 1948  
(Month, Day, Year)  
at 9:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1, 1948, to Sept 24, 1948  
I last saw him alive on Sept 18, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Valvular Heart Disease Duration 2 yrs

Due to -----

Due to -----

Other conditions (Include pregnancy within 3 months of death) -----

Where was disease contracted? Lewiston, Idaho

Name of operation none Date -----

Major finding -----

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature E. T. Braddock

and Address Lewiston, Idaho (M. P. or other)

Sept 27, 1948 (For additional space, use reverse side)

Dr. Braddock

024

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 6 1948

# Certificate Of Death

STATE OF IDAHO

1048 3474  
State File No.  
Local Reg. No. 193  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed \_\_\_\_\_ days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. Rt. #3 box 1438  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

ISAAC WASHINGTON LINDSEY

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex Male 5. Color or race White

## 6. (a) Single, widowed, married, divorced widowed

## 6. (b) Name of husband or wife \_\_\_\_\_

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) May 7, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>4</u>	<u>22</u>	hrs min.

## 9. Exact Occupation Retired Laborer Did this work for 4 yrs.

## 10. Industry or Business Lumber Mill Date last worked \_\_\_\_\_

## 11. Birthplace Alozina, Virginia (City or town) (State or foreign country)

## 12. Name John Westley Lindsey

## 13. Birthplace Virginia (City or town) (State or foreign country)

## 14. Maiden name Eliza Gray (City or town) (State or foreign country)

## 15. Birthplace Virginia (City or town) (State or foreign country)

## 16. Informant's OWN Signature Robert E. Jones

## and Address Lewiston, Idaho

## 17. (a) Removal- Burial (b) Date thereof 9-29-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Bonnars Ferry, Idaho

## 18. Funeral Director's OWN Signature Brower-Wann by H. M. Malcom

## and Address Lewiston, Idaho

## 19. (a) 9/29/48 (b) W. S. Douglas (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 29, 1948 at 7:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1948, to Sept. 29, 1948

I last saw him alive on Sept. 28, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Coronary thrombosis 11 days

Thrombosis Femoral artery rt. 5 days

Due to Arteriosclerosis generalized unknown

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? unknown

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? NO Suicide? NO Homicide? NO

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. S. Douglas md (M/D. or other) and Address Lewiston, Idaho Date 9/29 1948 (For additional space, use reverse side)

Dr. Douglas

486

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

STATE OF IDAHO

1948 34775  
State File No. \_\_\_\_\_  
Local Reg. No. 194  
Reg. Dist. No. 220

1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed 42 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 42 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Pierce  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Raymond Nelson

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced single  
4. Sex male race white  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October 1, 1912

8. AGE	Years	Months	Days	If less than 1 day
	<u>36</u>	<u>11</u>	<u>29</u>	hrs min.

9. Exact Occupation Logger Did this work for 8 yrs.  
10. Industry or Business Lumber Date last worked 8-12-48  
11. Birthplace Dows, Iowa (City or town) (State or foreign country)

12. Name Knute Nelson  
13. Birthplace Norway (City or town) (State or foreign country)  
14. Maiden name Inger Cleson  
15. Birthplace Wisconsin (City or town) (State or foreign country)

16. Informant's OWN Signature John Hunter  
and Address Dows Ia

17. (a) removal (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: OWA, Iowa

18. Funeral Director's OWN Signature Wendell V. Vassar  
and Address Lewiston, Idaho

19. (a) 9/30/48 (b) John M. Lane  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 046E

20. DATE OF DEATH (Month, Day, Year) September 29, 1948  
at 11:00 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from 8-20 1948, to 9-29 1948  
I last saw him alive on 9-29 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Mesenteric thrombosis Duration 2 da

Due to Ca of cecum 4 mo?

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston  
Name of operation Resection Date 8-30-48  
Major finding Ca of cecum  
Finding of autopsy none  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J S Newton MD  
(M. D. or other) and Address Lewiston Date 9-30-1948  
(For additional space, reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 22 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3476  
Local Reg. No. 168  
Reg. Dist. No. 221

## 1. PLACE OF DEATH: STATISTICS

- (a) County Nez Perce  
(b) City or town 2 miles East of Spalding  
(c) Street Address or R.F.D. No. Hiway #9  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 29 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1216-Idaho  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) 200A

## 3. (a) FULL NAME

James M. Lucas

## 3. (b) If veteran,

name war                     

## 3. (c) Social Security

No.                     

5. Color or white 6. (a) Single, widowed, married, divorced  
4. Sex male race white  
6. (b) Name of husband or wife Cora 6. (c) Age of husband or wife if 68 years  
alive 68

7. Date of Birth August 18, 1878  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>0</u>	<u>17</u>	hrs min.

9. Exact Occupation retired Did this work for                      yrs.  
10. Industry or Business farming Date last worked                       
11. Birthplace Hamburg, Indiana  
(City or town) (State or foreign country)

12. Name Cager Lucas  
13. Birthplace Dayton, Ohio  
(City or town) (State or foreign country)  
14. Maiden name Catherine Martin  
15. Birthplace Hamburg, Indiana  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Cora M. Lucas  
and Address Lewiston, Idaho

17. (a) burial (b) Date thereof 9-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Vincent U. Vassar  
and Address Lewiston, Idaho

19. (a) Sept. 13, 1948 (b) Donna Jean Clark  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept. 5, 1948  
(Month, Day, Year) at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1948 to Sept 5, 1948  
I last saw him alive on Deacon Arrival, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death myocardial infarction Duration 2 hr.  
probably coronary

Due to                       
Due to                       
Other conditions                       
(Include pregnancy within 3 months of death)

Where was disease contracted? at home  
Name of operation                      Date                       
Major finding                       
Finding of autopsy                       
PHYSICIAN                       
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no  
Occurred                      19                      City, county, state where violence occurred                       
Place of Violence: Home 2nd Farm Industry                       
Public Place                      While at work?                       
Means of injury

23. Attendant's OWN Signature Joseph C. Bradfield  
(M. D. or other) and Address 706 1st St. Date 9/18 19 48  
(For additional space, use reverse side)

Lewiston Idaho. 205

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

348

State File No. 3477  
Local Reg. No. 164  
Reg. Dist. No. 221

## 1. PLACE OF DEATH: STATISTICS

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Nelson Nursing Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County \_\_\_\_\_  
(c) City or town Woodland  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME ARTHUR Sanders

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Widow  
4. Sex Male race White  
6. (b) Name of husband or wife Dora Ellen alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 2, 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>89</u>	<u>3</u>	<u>5</u>	<u>24</u> hrs <u>6</u> min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Diversified Date last worked 1920  
11. Birthplace Indiana (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name Elmer Sanders  
13. Birthplace Nov. Car. (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
14. Maiden name Dorothy Bowles  
15. Birthplace Indiana (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Ludie C. George  
and Address Hamiah, Idaho

17. (a) Removal (b) Date thereof 9-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grangeville, Idaho

18. Funeral Director's OWN Signature Brower-Wann by K.H. Malcom  
and Address Lewiston, Idaho

19. (a) Sept. 13, 1948 (b) Donna Jean Eckert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093 E

20. DATE OF DEATH (Month, Day, Year) September 8, 1948  
at 2:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Congestive heart failure 2 mo

Due to \_\_\_\_\_  
Other conditions semitis  
(Include pregnancy within 3 months of death) 4 mo

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Salma A. Rogers  
and Address Clarkston, Idaho Date 9/8/48

Dr. Rogers

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 29 1948  
Certificate Of Death

STATE OF IDAHO

State File No. 3478  
Local Reg. No. 183  
Reg. Dist. No. 221

1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Spalding  
(c) Street Address or R. F. D. No. Rural  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place...  
(f) Name Hosp. or Inst. \*\*\*\*\* Stayed        days  
(g) Lived in this county 70 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Spalding  
(d) Street Address or R.F.D. No. ----Rural  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 79 years  
(h) Former residence (city, state)

3. (a) FULL NAME

Emma Allen Hines

3. (b) If veteran,

name war ---

3. (c) Social Security

No. none

5. Color or Indian 6. (a) Single, widowed, married,  
Sex Female race Indian divorced Widowed

6. (b) Name of husband or wife        6. (c) Age of husband or wife if  
wife        alive        years

7. Date of Birth  
(Month, Day, Year) May 8, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>4</u>	<u>00</u>	hrs min.

9. Exact Occupation House Wife Did this work for        yrs.

10. Industry or Business ----- Date last worked

11. Birthplace Alpawai, Washington  
(City or town) (State or foreign country)

12. Name Simmon Thompson

13. Birthplace Alpawai, Washington  
(City or town) (State or foreign country)

14. Maiden name Agnes Poinocket

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's Mae Wilson  
OWN Signature

- and Address Spalding, Idaho

17. (a) Burial (b) Date thereof 9-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Spalding, Idaho

18. Funeral Director's Brower-Wann by J. H. Malcom  
OWN Signature

- and Address Lewiston, Idaho

19. (a) Sept 21, 1948 (b) Emma Jean Abbott  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 8, 1948  
(Month, Day, Year) at 12:00 o'clock PM M. Noon

21. I HEREBY CERTIFY, That I attended deceased from  
Dec 19 1948 19

I last saw h.        alive on        19       ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility Duration       

Due to Rheumatism

Due to       

Other conditions       

(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's Dr. R. V. Rogers  
OWN Signature

(M. D. or other)

and Address San Carlos, Ariz. Date        19       

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 22 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3479  
Local Reg. No. 173  
Reg. Dist. No. 221

## 1. PLACE OF DEATH: STATISTICS

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 6 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? -1 years  
(h) Former residence (city, state) Bell, California

## 3. (a) FULL NAME C. B. Turner, Jr.

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex male race white divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) 8-29-1916

8. AGE	Years	Months	Days	If less than 1 day
	<u>32</u>	<u>0</u>	<u>18 11</u>	hrs min.

9. Exact Occupation manager Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business resturant Date last worked \_\_\_\_\_  
11. Birthplace Shamrock, Texas  
(City or town) (State or foreign country)

12. Name Claude B. Turner  
13. Birthplace no record  
(City or town) (State or foreign country)  
14. Maiden name no record  
15. Birthplace no record  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Lewiston, Idaho

17. (a) removal (b) Date thereof 9-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Oklahoma City, Oklahoma

18. Funeral Director's OWN Signature Andrew F. Vassar  
and Address Lewiston, Idaho

19. (a) Sept. 13, 1948 (b) Donna Jean Eckert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 10, 1948  
at 2:30 about o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Fractured Skull Duration \_\_\_\_\_

Due to Motorcycle accident

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred September 10, 1948 City, county, state where violence occurred Lewiston, Nez Perce, Idaho  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place X While at work? \_\_\_\_\_  
Means of injury motorcycle accident

23. Attendant's OWN Signature Andrew F. Vassar  
and Address Lewiston, Idaho Date 9-10-1948  
(For additional space, use reverse side)

PHYSICIAN Underline the cause to which death should be charged statistically.

170D

bvd

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 22 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3480  
Local Reg. No. 176  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Gifford  
(c) Street Address or R.F.D. No. Rural  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Gifford  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? Outside? XX city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

ETHEL ELIZABETH CORRELL

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife Guy 6. (c) Age of husband or wife if alive 54 years  
7. Date of Birth (Month, Day, Year) April 20, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>4</u>	<u>24</u>	hrs min.

9. Exact Occupation House wife Did this work for 25 yrs.  
10. Industry or Business worked Date last worked  
11. Birthplace Eskridge, Kansas (City or town) (State or foreign country)

12. Name Harden H. Wall  
13. Birthplace Pittsburg, Penn. (City or town) (State or foreign country)  
14. Maiden name Allen Louise Robinson  
15. Birthplace Williamsburg, NY (City or town) (State or foreign country)

16. Informant's OWN Signature E. E. Correll  
and Address Gifford, Idaho

17. (a) Burial (b) Date thereof 9-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Gifford, Idaho

18. Funeral Director's OWN Signature Brower-Wann by K.H. Malcom  
and Address Lewiston, Idaho

19. (a) Sept. 15, 1948 (b) Wonna Jean Eckert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 14, 1948  
at 6:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1948 to 9-13-48  
I last saw him alive on 9-13-48 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Left Paralysis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation none Date

Major finding

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work

Means of injury

23. Attendant's OWN Signature J.W. Lyle M.D.

and Address Lewiston, Idaho Date 9-15-48

(M.D. or other)

(For additional space, use reverse side)

Dr. Lyle

149

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 3481  
Local Reg. No. 184  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 1 bx. 231A  
(d) Death Occured Inside? Outside city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county    years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1 bx. 231A  
(e) Deceased lived Inside? Outside city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho?    years  
(h) Former residence (city, state)

## 3. (a) FULL NAME FRED VIRGIL REEVE

3. (b) If veteran, name war no No.   ?  
5. Color or 6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Sylvia 6. (c) Age of husband or wife if alive 36 years  
7. Date of Birth (Month, Day, Year) January 8, 1905

8. AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>8</u>	<u>11</u>	hrs min.

9. Exact Occupation Barber Did this work for    yrs.  
10. Industry or Business Bushman's Barber Date last worked     
11. Birthplace Erazee, Minn. (City or town) (State or foreign country)

12. Name Frank L. Reeve  
13. Birthplace Not known (City or town) (State or foreign country)  
14. Maiden name Carrie Howard  
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's OWN Signature Clara Reeve  
and Address Lewiston, Idaho

17. (a) Removal (b) Date thereof 9-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Spokane, Wash

18. Funeral Director's OWN Signature Brower-Wann by: F.H. Malcom  
and Address Lewiston, Idaho

19. (a) Sept 21, 1948 (b) Monna Jean Ackert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 19 1948  
at 10:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1946 to Sept 19, 1948

I last saw h    alive on Sept 15, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Angina Pectoris Duration 15 min.

Due to   

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature John E. Carssow

and Address Lewiston, Idaho (D. or other)

Date 9-20 1948  
(For additional space, use reverse side)

Dr. Carssow

515

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 4 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. \_\_\_\_\_  
Local Reg. No. 24  
Reg. Dist. No. 530

3482

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Oneida Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Downey  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Bradley B. Bales

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race Wht. 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex Male 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) September 10 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>6 hrs 45 min.</u>

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Malad Idaho (City or town) (State or foreign country)

12. Name Lynn Bales (City or town) (State or foreign country)

13. Birthplace Pinckney Idaho (City or town) (State or foreign country)

14. Maiden name Gayle Burrup (City or town) (State or foreign country)

15. Birthplace Downey Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Lynn Bales and Address Downey Idaho

17. (a) Removal (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof Sept 11 48 (Month) (Day) (Year)

(c) Place: Downey Idaho

18. Funeral Director's OWN Signature J. S. Hansen and Address Malad Idaho

19. (a) Sept 11 1948 (Date received and filed) (b) J. S. Hansen (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 10 19 48  
at 9:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 9/10 19 48, to 9/10 19 48.

I last saw him alive on 9/10 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Stenosis Duration 6 hrs.

Due to Prematurity

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. S. Hansen (M. D. or other)

and Address Malad Idaho Date 9/10 1948

(For additional space, use reverse side)

618

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

# Certificate Of Death

OCT 4 1948

STATE OF IDAHO

1948  
State File No. 3483  
Local Reg. No. 27  
Reg. Dist. No. 530

DIVISION OF VITAL

## 1. PLACE OF DEATH: STATISTICS

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital Institution Other place....  
(f) Name Hosp. or Inst. Oneida Stayed ..... days  
(g) Lived in this county 67 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 67 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

George Levi Thornton

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. None

5. Color or Wht.  
6. (a) Single, widowed, married, divorced Married  
7. Sex Male race Wht.

8. (b) Name of husband or wife Alice Mae Hooper  
9. (c) Age of husband or wife if alive 65 years

10. Date of Birth (Month, Day, Year) May 3 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>4</u>	<u>11</u>	hrs min.

11. Exact Occupation Farming Did this work for 50 yrs.

12. Industry or Business Own Farm Date last worked 1936

13. Birthplace Farminston Utah (City or town) (State or foreign country)

14. Name John A. J. Thornton (City or town) (State or foreign country)

15. Birthplace Thomas Town Penna. (City or town) (State or foreign country)

16. Maiden name Catherine Miller (City or town) (State or foreign country)

17. Birthplace Iowa (City or town) (State or foreign country)

18. Informant's OWN Signature Alice M. Thornton and Address Malad Idaho

19. Removal (b) Date thereof Sept 17 48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Downey Idaho

20. Funeral Director's OWN Signature J. S. Benson and Address Malad Idaho.

21. (a) 9-16-1948 (b) J. S. Benson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (Month, Day, Year) September 14 1948 at 3:25 o'clock A. M.

23. I HEREBY CERTIFY, That I attended deceased from Sept 10 to Sept 14 48

I last saw h. alive on Sept 13 1948 Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Acute Hepatitis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

24. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

25. Attendant's OWN Signature J. S. Benson and Address Malad Idaho Date 9-16-48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

NON-RESIDENT  
CERTIFICATE OF DEATH  
STATE OF IDAHO

1948  
State File No. 3484  
Local Reg. No. 2P  
Reg. Dist. No. 530

1. PLACE OF DEATH:

- (a) County Onida  
(b) City or town Malad  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ..... Other place ....  
(f) Name Hosp. or Inst. Onida County Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME MANUEL LACLAIR

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or race White 6. (a) Single, widowed, married, divorced .....  
4. Sex Male 6 (c) Age of husband or wife if alive ..... years  
(b) Name of husband or wife .....  
7. Date of Birth (Month, Day, Year) July 8th 1948

AGE	Years	Months	Days	If less than 1 day
	<u>X</u>	<u>2</u>	<u>9</u>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Brigham City, Utah  
(City or town) (State or foreign country)

Father { 12. Name Elmo LaClair  
13. Birthplace Fort Hall, Idaho  
(City or town) (State or foreign country)

Mother { 14. Maiden name Irene Pabaweena  
15. Birthplace Wells Nev.  
(City or town) (State or foreign country)

16. Informant's OWN Signature C. H. Mabe  
and Address Washaki, Utah

17. (a) Reburied (b) Date thereof Sept. 18 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Washaki, Utah

18. Funeral Director's OWN Signature Shaw & Rogers Funeral Home  
and Address Tremonton, Utah

19. (a) 10-2-1948 (b) J. S. Benson  
(Date received and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Utah (b) County Box Elder  
(c) City or town Washaki  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) If foreign born, in U. S. .... yrs. Citizen of U. S. ?  
(g) How long had deceased lived in Idaho? 2 Days years  
(h) Former residence (city, state) .....

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 17th 1948.  
at ..... o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 15 1948 to Sept 17 1948  
I last saw h. .... alive on Sept 15 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Enteritis and mal nutrition

Due to Baby weight

Due to same as at birth

Other conditions dehydration  
(Include pregnancy within 3 months of death)

Where was disease first contracted? PHYSICIAN

Name of operation ..... Date ..... Underline the cause to which death should be charged statistically.

Major finding ..... Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred.  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature C. H. Mabe (M. D. or other)  
and Address Malad Date 10-2-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NON-RESIDENT  
Certificate Of Death  
STATE OF IDAHO  
BUREAU OF VITAL

State File No. 3485  
Local Reg. No. 1  
Reg. Dist. No. 29/

1. PLACE OF DEATH:

- (a) County Owyhee  
(b) City or town Grandview  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed .... days  
(g) Lived in this county. .... years 6 months .... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State California (b) County Rain  
(c) City or town Bakersfield  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? .... city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho? 6 Mo. years  
(h) Former residence (city, state) Bakersfield Cal.

3. (a) FULL NAME MARTIN SAROIBERRY

3. (b) If veteran, name war No. .... 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive .... years  
7. Date of Birth (Month, Day, Year) July 7, 1908

8. AGE	Years	Months	Days	If less than 1 day
	40	2	3	hrs min.

9. Exact Occupation Sheep-herder Did this work for 18 yrs.  
10. Industry or Business Sheep Date last worked 9/9/48  
11. Birthplace Urepele France  
(City or town) (State or foreign country)

12. Name Pierre Saroiberry  
13. Birthplace Urepele France  
(City or town) (State or foreign country)  
14. Maiden name Marie Saroiberry  
15. Birthplace France  
(City or town) (State or foreign country)

16. Informant's OWN Signature Phil Saroiberry  
and Address Grandview Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 12, 1948  
(Month) (Day) (Year)  
(c) Place: Bakersfield California

18. Funeral Director's OWN Signature Phil J. Bay  
and Address Mountain Home Idaho

19. (a) Sept. 12/48 (b) Alfred E. Eberbeck  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept 9 1948  
(Month, Day, Year)  
at 10 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. .... alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Coronary Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Phil J. Bay

(M. D. or other)

and Address Mountain Home Ida Date 9/12/48

(For additional space, use reverse side)

United States

Department of Commerce

Bureau of the Census

RECEIVED  
CERTIFICATE OF DEATH

STATE OF IDAHO

1948

3486

Local Registrar's Duplicate

Local Reg. No. 46

Reg. Dist. No. 3-330

## 1. PLACE OF DEATH:

- (a) County Payette  
 (b) City or town Payette  
 (c) Street Address or R. F. D. No. 1018--N. 6th St.  
 (d) Death Occurred Inside? ☒ Outside? ☐ city or town  
 (e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
 (f) Name Hosp. or Inst. Stayed days  
 (g) Lived in this county 23 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
 (c) City or town Payette  
 (d) Street Address or R. F. D. No. 1018 N. 6th St.  
 (e) Deceased lived Inside? ☒ Outside? ☐ city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 23 years  
 (h) Former residence (city, state) Baker, Oregon.

## 3. (a) FULL NAME

EDIA TAYLOR

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Jacob H. Taylor 6. (c) Age of husband or wife if alive deceased years  
 7. Date of Birth (Month, Day, Year) February 15, 1864

8. AGE	Years	Months	Days	If less than 1 day
<u>84</u>	<u>7</u>	<u>3</u>		hrs. min.

9. Exact Occupation Housewife Did this work for 50 yrs.

10. Industry or Business Home Date last worked ---

11. Birthplace Jefferson, North Carolina  
 (City or town) (State or foreign country)

12. Name Jacob Taylor

13. Birthplace unknown  
 (City or town) (State or foreign country)

14. Maiden name Eliza Jane Lyons

15. Birthplace unknown  
 (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. F. F. Ausman

- and Address Payette, Idaho

17. (a) Burial (b) Date thereof Sept. 22, 48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Evergreen Cem--Ontario, Ore.

18. Funeral Director's OWN Signature Gifford R. Shaffer E-344

- and Address Payette, Idaho

19. (a) Sept 19, 1948 (b) Gifford R. Shaffer  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 18, 1948  
 (Month, Day, Year) at 10:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1948 to Sept. 18, 1948  
 I last saw her alive on Sept. 18, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

nonfunctioning gall bladder Duration 3 yrs

Due to senility

Due to ---

Other conditions ---  
 (Include pregnancy within 3 months of death)

Where was disease contracted? --- Physician ---

Name of operation --- Date ---

Major finding ---

Finding of autopsy ---  
 should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---

Occurred ---, 19 --- City, county, state

where violence occurred ---

Place of Violence: Home --- Farm --- Industry ---

Public Place --- While at work? ---

Means of injury ---

23. Attendant's OWN Signature Dr. G. R. D. and wife

and Address Payette, Idaho (M. D. or other) ---

date 9-19, 19 48  
 (For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED CERTIFICATE OF DEATH  
OCT 4 1948  
STATE OF IDAHO

Local Registrar's Duplicate  
Local Reg. No. 58  
Reg. Dist. No. 5320

1. PLACE OF DEATH: **Payette**
- (a) County **Payette**
- (b) City or town **Payette**
- (c) Street Address or R. F. D. No. ---
- (d) Death Occurred Inside? ☒ Outside? --- city or town
- (e) Died in a Home, Hospital, Institution, Other place ---
- (f) Name Hosp. or Inst. **Payette Memorial Hosp.** Stayed **15** days
- (g) Lived in this county **25** years. --- months. --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME **LOYD D. RICHARDSON**

3. (b) If veteran, name war **-e-----** 3. (c) Social Security No. **543-18-3895**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Jessie May Richardson** 6. (c) Age of husband or wife **52** years

7. Date of Birth (Month, Day, Year) **August 19, 1889**

- | 8. AGE | Years     | Months   | Days     | If less than 1 day |
|--------|-----------|----------|----------|--------------------|
|        | <b>59</b> | <b>1</b> | <b>8</b> | hrs. min.          |

9. Exact Occupation **Painter** Did this work for **30** yrs.

10. Industry or Business **Painter** Date last worked **9/26/48**

11. Birthplace **Norton, Kansas** (City or town) (State or foreign country)

12. Name **Joseph C. Richardson**

13. Birthplace **Illinois** (City or town) (State or foreign country)

14. Maiden name **Sarah Hatcher**

15. Birthplace **Tennessee** (City or town) (State or foreign country)

16. Informant's OWN Signature **Jessie M. Richardson** and Address **Fruitland, Idaho**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9/30/48** (Month) (Day) (Year)

- (c) Place **Riverside Cem., Payette, Ida.**

18. Funeral Director's OWN Signature **Gifford R. Shaffer E-344** and Address **Payette, Idaho**

19. (a) **9/28/48** (Date received and filed) (b) **Gifford R. Shaffer** (Registrar's signature)

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Payette**

- (c) City or town **Fruitland**

- (d) Street Address or R. F. D. No. ---

- (e) Deceased lived Inside? --- Outside? ☒ city or town

- (f) Citizen of what country? **U.S.A.**

- (g) How long had deceased lived in Idaho? **25** years

- (h) Former residence (city, state) **Boulder, Colorado**

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **September 27, 1948**  
(Month, Day, Year)  
at **9:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **9/27/48**, 19, to **9/27/48**, 19.  
I last saw him alive on **9/27/48**, 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

Physician

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred, 19, City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **Dr. R. W. Winters**

and Address **Payette, Ida.** (M. D. or other) Date **9/28/48**

(For additional space, use reverse side)

3488

United States

Department of Commerce

Bureau of the Census

RECEIVED

## CERTIFICATE OF DEATH

STATE OF IDAHO

Local Registrar's Duplicate

Local Reg. No. 47

Reg. Dist. No. 3-330

## 1. PLACE OF DEATH:

- (a) County Payette  
 (b) City or town Payette  
 (c) Street Address or R. F. D. No. --  
 (d) Death Occurred Inside? X Outside? -- city or town  
 (e) Died in a Home Hospital Institution Other place Payette Mem. Hosp.  
 (f) Name Hosp. or Inst. Stayed 7 days  
 (g) Lived in this county 2 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
 (c) City or town Payette  
 (d) Street Address or R. F. D. No. --  
 (e) Deceased lived Inside? X Outside? -- city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 2 years  
 (h) Former residence (city, state) --

## 3. (a) FULL NAME THOMAS WILLIAM WEST

3. (b) If veteran, name war -- 3. (c) Social Security No. --  
 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Marley West 6. (c) Age of husband or wife if alive -- years

7. Date of Birth (Month, Day, Year) August 14, 1874  
 8. AGE 

Years	Months	Days	If less than 1 day
<u>74</u>	<u>1</u>	<u>13</u>	hrs. min.

9. Exact Occupation Laborer Did this work for 50 yrs.  
 10. Industry or Business Labor Date last worked --  
 11. Birthplace Denver, Colorado (City or town) (State or foreign country)

12. Name Unknown  
 13. Birthplace Unknown (City or town) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs A C Hawkins  
 and Address Nyssa, Oregon  
 17. (a) Burial (b) Date thereof 9/30/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place Riverside Cem., Payette, Idaho

18. Funeral Director's OWN Signature Giffard R Shaffer E-344  
 and Address Payette, Idaho  
 19. (a) Sept. 28, 1948 (Date received and filed)  
 (b) Giffard R Shaffer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 27, 19 48  
 (Month, Day, Year) at 3:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 20, 19 48, to Sept 27, 19 48  
 I last saw him alive on Sept 27, 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral hemorrhage  
(with hemiplegia) Duration 9 days

- Due to --  
 Due to --  
 Other conditions --  
 (Include pregnancy within 3 months of death)

- Where was disease contracted? -- Physician --  
 Name of operation -- Date --  
 Major finding --  
 Finding of autopsy --  
 Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? -- Suicide? -- Homicide? --  
 Occurred --, 19 -- City, county, state where violence occurred --  
 Place of Violence: Home -- Farm -- Industry --  
 Public Place -- While at work? --  
 Means of injury --  
 23. Attendant's OWN Signature Walter S. Kotas M.D.  
 and Address Payette, Idaho Date 9/28/48  
 (For additional space, use reverse side)

053A

41

RECEIVED  
OCT 4 1948  
DIVISION OF VITAL  
CERTIFICATE OF DEATH  
STATE OF IDAHO

1948 3489  
Local Registrar's Duplicate  
Local Reg. No. 79  
Reg. Dist. No. 3-330

1. PLACE OF DEATH: **STAYED**
- (a) County **Payette**
- (b) City or town **Payette**
- (c) Street Address or R. F. D. No. **367-3rd Ave. No.**
- (d) Death Occurred Inside? ☒ Outside? ..... city or town
- (e) Died in a Home ☒ Hospital—Institution—Other place....
- (f) Name Hosp. or Inst. ----- Stayed --- days
- (g) Lived in this county **45** years..... months..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME **IRVIN CLINTON LEVERS**

3. (b) If veteran, name war. --- 3. (c) Social Security No. ---
4. Sex: **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced. **married**
6. (b) Name of husband or wife **Myrtle Levers** 6. (c) Age of husband or wife if alive **65** years
7. Date of Birth (Month, Day, Year) **January 31, 1879**

8. AGE	Years	Months	Days	If less than 1 day
	<b>69</b>	<b>7</b>	<b>28</b>	hrs. min.

9. Exact Occupation **Transfer** Did this work for **44** yrs.
10. Industry or Business **Transfer** Date last worked **9/25/48**
11. Birthplace **Lena, Illinois** (City or town) (State or foreign country)

12. Name **Steward F. Levers**
13. Birthplace **North Hampton County, Pa.** (City or town) (State or foreign country)
14. Maiden name **Cora I. Hays**
15. Birthplace **Stephenson County, Ill.** (City or town) (State or foreign country)

16. Informant's ☒ OWN Signature **Harold L. Levers**  
and Address **Bonnett, Idaho**

17. (a) **Burial** (b) Date thereof **10-2-48**  
(Burial, cremation) **Riverside Cem.** (Month) (Day) (Year)
- (c) Place: **Payette Idaho**

18. Funeral Director's **Giffard R. Shaffer**  
OWN Signature **E-344**  
and Address **Payette, Idaho**

19. (a) **Sept 30, 1948** (b) **Robert E. Shaffer**  
(Date received and filed) (Registrar's signature)

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Payette**
- (c) City or town **Payette**
- (d) Street Address or R. F. D. No. **367-3rd Ave. No.**
- (e) Deceased lived Inside? ☒ Outside? ..... city or town
- (f) Citizen of what country? **U.S.A.**
- (g) How long had deceased lived in Idaho? **45** years
- (h) Former residence (city, state) **Sabetha, Kansas**

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **September 29**, 19**48**  
at **3:10** o'clock **P.** M.
21. I HEREBY CERTIFY, That I attended deceased from **9-25-48** to **9-29-48**, 19**48**  
I last saw him alive on **9/29**, 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Coronary Thrombosis** Duration **5 days**

Due to **Cardiac Failure**

Due to **Indigestion**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Physician

Name of operation Date

Major finding Underline the cause to which death should be charged statistically.

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred \_\_\_\_\_, 19\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Robert E. Shaffer** (M. D. or other)

and Address **Payette, Idaho** Date **9-30**, 19**48**  
(For additional space, use reverse side)

United States

Department of Commerce

Bureau of the Census

# CERTIFICATE OF DEATH

DIVISION OF VITAL

STATE OF IDAHO

Local Registrar's Duplicate

Local Reg. No. 45

Reg. Dist. No. 3-331

## 1. PLACE OF DEATH:

- (a) County Payette  
 (b) City or town New Plymouth  
 (c) Street Address or R. F. D. No. New Plymouth  
 (d) Death Occurred Inside? Outside? city or town  
 (e) Died in a Home—Hospital—Institution—Other place....  
 (f) Name Hosp. or Inst. Stayed days  
 (g) Lived in this county. 5 years 5 months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME Addie Hall

3. (b) If veteran, name war. --- 3. (c) Social Security No. ---

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John E. Hall 6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) December 28, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>8</u>	<u>4</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 50 yrs.

10. Industry or Business Home Date last worked ---

11. Birthplace Wayne County, Illinois (City or town) (State or foreign country)

12. Name Lewis Miller

13. Birthplace Indiana (City or town) (State or foreign country)

14. Maiden name Sarah Kitley

15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Ed Strobel

and Address New Plymouth, Ida

17. (a) removal (b) Date thereof 9-6-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature Gifford R. Shaffer

and Address Payette, Idaho E-344

19. (a) Sept 6-1948 (b) Bessie M. Woodward (Date received and filed) (Registrar's signature)

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
 (c) City or town New Plymouth  
 (d) Street Address or R. F. D. No. New Plymouth  
 (e) Deceased lived Inside? Outside? city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 5 months  
 (h) Former residence (city, state) Spokane, Wash.

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 2, 1948  
 at 06:10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1948, to Sept. 2, 1948  
 I last saw her alive on Sept. 2, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial failure Duration 5 days

Due to Generalized Carcinomatosis

Due to Carcinoma left breast years,

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_ Physician \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_, 19\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John J. Kautsky

(M. D. or other)

and Address \_\_\_\_\_ Date Sept. 2, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 16 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3491  
Local Reg. No. 29  
Reg. Dist. No. 500

## DECLARATION OF VITAL

1. PLACE OF DEATH: STATION
- (a) County Power
- (b) City or town American Falls
- (c) Street Address or R.F.D. No. 501 Pocatello Ave
- (d) Death Occured Inside? X Outside? city or town
- (e) Died in a Home X Hospital X Institution Other place
- (f) Name Hosp. or Inst. Schultz Memorial Stayed days
- (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Idaho
- (c) City or town Sterling
- (d) Street Address or R.F.D. No. Idaho
- (e) Deceased lived Inside? X Outside? city or town
- (f) Citizen of what country? U.S.
- (g) How long had deceased lived in Idaho? 24 years
- (h) Former residence (city, state) Utah

3. (a) FULL NAME Thomas Laverl Adamson

3. (b) If veteran, name war (1) No. 083A
3. (c) Social Security No. 102X
4. Sex Male race White divorced Married
5. Color White
6. (b) Name of husband or wife Merle Chandler 6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) Feb 13 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>6</u>	<u>27</u>	hrs min.

9. Exact Occupation Farming Did this work for  yrs.
10. Industry or Business Farm Date last worked Life
11. Birthplace American Fork Utah

12. Name Harry Adamson
13. Birthplace American Fork Utah
14. Maiden name Minnie Hansen
15. Birthplace American Fork Utah

16. Informant's OWN Signature Merle Adamson
- and Address Sterling Idaho

17. (a) Removal (b) Date thereof 9-10-48
- (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Blackfoot Idaho

18. Funeral Director's OWN Signature Howard Packham
- and Address Blackfoot Idaho

19. (a) Sept 10 - 1948 (b) Edna Salvo
- (Date received and filed) (Registrar's signature)

20. DATE OF DEATH Sept 10-19 19 48
- (Month, Day, Year)
- at 7:25 o'clock A:M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 9 1948, to Sept 10 1948
- I last saw him alive on Sept 9 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 1 hr.

Due to Hypertension

Due to                     

Other conditions                     

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation None Date                     

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?
- Occurred                      19                      City, county, state where violence occurred
- Place of Violence: Home                      Farm                      Industry
- Public Place                      While at work?
- Means of injury

23. Attendant's OWN Signature Edna Salvo M.D. or other
- and Address Blackfoot Idaho Date 9-10 19 48
- (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
SEP 25 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
**NON-RESIDENT  
Certificate of Death**

State File No. **3492**  
Local Reg. No. **30**  
Reg. Dist. No. **500**

1. PLACE OF DEATH:

- (a) County Power  
(b) City or town Rockland  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 40 years 2 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Utah (b) County Cache  
(c) City or town Logan  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Idaho & Utah

3. (a) FULL NAME

Sarah Bodge Hutchinson

162B

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife David

6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) Oct. 25, 1866

- | 8. AGE | Years     | Months    | Days      | If less than 1 day |
|--------|-----------|-----------|-----------|--------------------|
|        | <u>81</u> | <u>10</u> | <u>22</u> | hrs. min.          |

9. Exact Occupation Housework Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Ogden Utah  
(City or town) (State or foreign country)

- Father { 12. Name Thomas S. Bodge

13. Birthplace Scotland  
(City or town) (State or foreign country)

- Mother { 14. Maiden name Hilda Paxton

15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ruth Tayson  
and Address Rockland, Idaho

17. (a) Buried (b) Date thereof Sept. 20, '48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Rockland, Idaho

18. Funeral Director's OWN Signature H. H. Davis  
and Address American Falls, Ida.

19. (a) 9-18-1948 (b) Scene DeLong  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Sept. 17 - 1948  
at 6:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ 19 17 to \_\_\_\_\_ 19 48  
I last saw h. er die on Sept. 17

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Natural Causes

Duration

Due to Old age

Due to passed away in her sleep  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy ✓ None

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature H. H. Davis Coroner

and Address Am. Falls, Ida. (M. or other) Ida. Date 9-18-1948

(For additional space, use reverse side)

WV

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 29 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3493  
Local Reg. No. 47  
Reg. Dist. No. 142

## 1. PLACE OF DEATH: STATISTICS

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R.F.D. No. 1  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. Udman Stayed 3 days  
(g) Lived in this county 45 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. 15 Main  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Fred Becker

## 3. (b) If veteran

name was Spanish American

## 3. (c) Social Security

No. 518-03-2364A

5. Color or race W  
4. Sex M

6. (a) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive    years

6. (b) Name of husband or wife

## 7. Date of Birth

(Month, Day, Year) March 17 1873

- | 8. AGE | Years     | Months   | Days     | If less than 1 day |
|--------|-----------|----------|----------|--------------------|
|        | <u>75</u> | <u>6</u> | <u>5</u> | hrs min.           |

9. Exact Occupation miner Did this work for 40 yrs.

10. Industry or Business mining Date last worked 1945

11. Birthplace Germany  
(City or town) (State or foreign country)

12. Name Justus Becker

13. Birthplace Germany  
(City or town) (State or foreign country)

14. Maiden name McBecker

15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Kelly Buckner

- and Address Kellogg, Idaho

17. (a) buried (b) Date thereof 9/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Shoshone

18. Funeral Director's OWN Signature Paul J. Glade

- and Address Kellogg, Idaho

19. (a) 9/23/48 (b)     
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 095C

DATE OF DEATH (Month, Day, Year) 9/22 1948

at 4:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 11 Sept 1948, to 22 Sept 1948

I last saw him alive on 22 Sept 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac insufficiency

Duration 24 hrs.

Due to Pulmonary fibrosis

Due to Silicosis

Other conditions Anemia  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation None Date   

Major finding   

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Orland B. Scott M.D.  
(M. D. or other) and Address Kellogg, Idaho Date Sept 23 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

**Certificate Of Death**  
STATE OF IDAHO

State File No. 3494  
Local Reg. No. 47  
Reg. Dist. No. 142

1. PLACE OF DEATH Statistics  
(a) County Shoshone  
(b) City or town Idellago  
(c) Street Address or R.F.D. No. 1  
(d) Death Occured Inside? 6 Outside? city or town  
(e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓  
(f) Name Hosp. or Inst. Stayed days 4  
(g) Lived in this county 4 years 4 months 4 days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Shoshone  
(c) City or town Idellago  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? ✓ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) M. near Idaho

3. (a) FULL NAME RUDOLPH CARL KLABUCHER 200A

3. (b) If veteran, name war I  
5. Color or race W  
4. Sex M  
6. (b) Name of husband or wife Edith  
7. Date of Birth (Month, Day, Year) 5/5/1896

3. (c) Social Security No. 533-23-1740  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive 49 years

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>3</u>	<u>29</u>	hrs min.

9. Exact Occupation Electrician Did this work for 23 yrs.  
10. Industry or Business Utah State Power Date last worked 9/4/48  
11. Birthplace Elmira Washington (City or town) (State or foreign country)  
12. Name John Klabucher  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name Loraine  
15. Birthplace Berlin Germany (City or town) (State or foreign country)  
16. Informant's OWN Signature Edith Klabucher and Address Kellogg Idaho  
17. (a) Burial, cremation, or removal Funeral (b) Date thereof 9/7/48 (Month) (Day) (Year)  
(c) Place: Spokane Washington  
18. Funeral Director's OWN Signature Walter Wallace and Address Kellogg Idaho  
19. (a) 9/13/48 (Date received and filed) (b) W. Wallace (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) 9-4 19 48  
at 1 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw him alive on 19; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Apparently heart failure Duration 10 days  
Due to Strangulation  
Due to 10 days  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted? Physician  
Name of operation Underline the cause to which death should be charged statistically.  
Major finding Physician  
Finding of autopsy Physician  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓  
Occurred 19 City, county, state where violence occurred 19  
Place of Violence: Home ✓ Farm ✓ Industry ✓  
Public Place ✓ While at work? ✓  
Means of injury Physician  
23. Attendant's OWN Signature Walter Wallace and Address Waller Idaho (Date received and filed) 9/4/48 (Registrar's signature)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 15 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **3495**  
Local Reg. No. **26**  
Reg. Dist. No. **140**

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Outside? city or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Palmer J. Hansen

200A

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No 519-10-4662

## 4. Sex M race W

5. Color or 6. (a) Single, widowed, married,  
divorced Wid

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

March 9-1877

## 8. AGE

Years 71 Months 5 Days 21 If less than 1 day hrs min.

## 9. Exact Occupation Electrical Engineer for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Idaho (City or town) Idaho (State or foreign country)

## 12. Name S.P. Hansen

## 13. Birthplace Norway (City or town) Norway (State or foreign country)

## 14. Maiden name Idaho

## 15. Birthplace Norway (City or town) Norway (State or foreign country)

## 16. Informant's OWN Signature H. A. Hansen

## and Address Box 783, Pullman, Idaho

## 17. (a) Funeral (Burial, cremation or removal) (b) Date thereof Sept 9-48 (Month) (Day) (Year)

## (c) Place: Funeral Home

## 18. Funeral Director's OWN Signature John A. Bower

## and Address Wallace Idaho

## 19. (a) Sept 9-48 (Date received and filed) (b) John A. Bower (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept 4 19 48  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 \_\_\_\_\_ to 19 \_\_\_\_\_

I last saw him live on 9/4 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

Apparently Heart Failure

Due to Heart Failure

Due to Heart Failure

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature John A. Bower

and Address Wallace Idaho

(for additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 16 1948  
**Certificate Of Death**  
DIVISION OF VITAL STATE OF IDAHO

State File No. 3496  
Local Reg. No. 28  
Reg. Dist. No. 14

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ✓ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ✓ Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Co Hosp Stayed \_\_\_\_\_ days  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Wise

3. (a) FULL NAME

Eus Lamm

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male race White

5. Color White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth

(Month, Day, Year) March 30 - 1864

8. AGE

Years

84

Months

5

Days

4

If less than 1 day

hrs min.

9. Exact Occupation

Retired

Did this work for \_\_\_\_\_ yrs.

10. Industry or Business

Long Smith

Date last worked \_\_\_\_\_

11. Birthplace

Wallace, Idaho

(City or town) (State or foreign country)

12. Name

Not Known

13. Birthplace

(City or town) (State or foreign country)

14. Maiden name

\_\_\_\_\_

15. Birthplace

(City or town) (State or foreign country)

16. Informant's

OWN Signature

John A. Brown

and Address

Wallace, Idaho

17. (a)

(Burial, cremation, or removal)

(b) Date the

Sept 8 - 48

(c) Place:

Wallace, Idaho

18. Funeral Director's

OWN Signature

John A. Brown

and Address

Wallace, Idaho

19. (a)

(Date received and filed)

(b)

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Sept 4 1948  
at 12:35 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from

Aug 23 1948, to Sept 4 1948  
I last saw him alive on 3 of Sept 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Heart attack  
(Angina pectoris)

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_

Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature

F. W. Ralfe M.D.

and Address

Mullan, Ida

Date Sept 8, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

3497

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 15 1948  
BUREAU OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 37  
Reg. Dist. No. 174

1. PLACE OF DEATH: STATISTICS
- (a) County Shoshone  
(b) City or town Walden  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Shoshone  
(c) City or town Walden  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Calif.

3. (a) FULL NAME William Elmer Swaryck

3. (b) If veteran, name war \_\_\_\_\_ No. 530-092378  
4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July - 11 - 1893

AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>1</u>	<u>23</u>	hrs min.

9. Exact Occupation Miner Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Thomas mine Date last worked \_\_\_\_\_  
11. Birthplace Poland (City or town) (State or foreign country)

12. Name Not Known  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Jack Swaryck  
and Address Jack Swaryck, Chegar

17. (a) Date there Sept. 18 - 48 (Month) (Day) (Year)  
(b) Place: Walden 2d Ho

18. Funeral Director's OWN Signature John A. Brier  
and Address Walden 2d Ho

19. (a) Sept 7 - 48 (Date received and filed) (b) John A. Brier (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept - 4 1948  
at 9:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crush of Skull  
Falling from Rock Duration \_\_\_\_\_  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred 9-4-48 1948 City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Crushed Skull  
23. Attendant's OWN Signature John A. Brier  
and Address Walden 2d Ho Date Sept 7 - 48 1948  
(For additional space, use reverse side)

175

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
SEP 20 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 3498  
Local Reg. No. 45  
Reg. Dist. No. 142

1. PLACE OF DEATH: **STATISTICS**
- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R.F.D. No. 303 W. Grand  
(d) Death Occured Inside? 1 Outside? city or town  
(e) Died in a Home? X Hospital? institution Other place? city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 2 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. 303 W. Grand  
(e) Deceased lived Inside? 1 Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state)

3. (a) FULL NAME Joseph Churchill

3. (b) If veteran, name war  
5. Color or race W  
4. Sex M  
6. (b) Name of husband or wife Agnes  
7. Date of Birth (Month, Day, Year) December 19 1877

8. AGE

Years	Months	Days	If less than 1 day
<u>70</u>	<u>8</u>	<u>16</u>	hrs min.

9. Exact Occupation Miner Did this work for 33 yrs.  
10. Industry or Business Mining Date last worked 1946  
11. Birthplace Staffordshire England (City or town) (State or foreign country)

12. Name Joseph Churchill  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Thelma Jones  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Agnes Churchill  
and Address Kellogg Idaho

17. (a) Burial (b) Date thereof 9/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Kellogg Idaho

18. Funeral Director's OWN Signature Grant M. Gads  
and Address Kellogg Idaho

19. (a) 9/16/48 (Date received and filed) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 111C  
DATE OF DEATH (Month, Day, Year) 9/5 1948  
at 7 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 7 weeks  
Due to Silicosis & Tuberculosis 6-7 yrs  
Due to Age Same  
Other conditions Cardiac Failure  
(Include pregnancy within 3 months of death)

Where was disease contracted? Kellogg  
Name of operation none Date none  
Major finding none  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? none Suicide? none Homicide? none  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home none Farm none Industry none  
Public Place none While at work? none  
Means of injury none

23. Attendant's OWN Signature Glen M. White  
(M. D. or other)  
and Address Kellogg Idaho Date 14 Sept 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH  
(a) County Shoshone  
(b) City or town Watrous  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Proctor-Hart Stayed 20 days  
(g) Lived in this county 20 years 20 months 20 days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Shoshone  
(c) City or town Shoshone  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? Mont.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Mont.

3. (a) FULL NAME Blaise Josephine Rivera  
(b) If veteran, name war No. ....  
(c) Social Security No. ....  
(d) Sex F. Color W. race W.  
(e) Single, widowed, married, divorced Married  
(f) Name of husband or wife Henry  
(g) Age of husband or wife if alive 50 years  
(h) Date of Birth Feb 11 - 1910  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>38</u>	<u>6</u>	<u>14</u>	hrs min.

9. Exact Occupation at home Did this work for 20 yrs.  
10. Industry or Business worked Date last worked Mar 11 - 1948  
11. Birthplace Idaho (City or town) (State or foreign country)

12. Name John Magazette  
13. Birthplace Idaho (City or town) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Henry Rivera  
and Address Shoshone, Idaho  
17. (a) Walter (b) Date, there of Apr 4 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Walter

18. Funeral Director's OWN Signature John A. Bower  
and Address Walter  
19. (a) Apr 16 - 48 (b) John A. Bower  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH (Month, Day, Year) Apr 5 1948  
at 7:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Apr 5 1948 to Apr 5 1948.  
I last saw him alive on Apr 5 1948. death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death infarction heart Duration Instant

Due to that operation  
Due to that operation  
Other conditions (Include pregnancy within 3 months of death) that operation

Where was disease contracted? that operation  
Name of operation that operation Underline the cause to which death should be charged statistically.  
Finding of autopsy that operation

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? that operation Suicide? that operation Homicide? that operation  
Occurred that operation 19 that operation City, county, state that operation  
where violence occurred  
Place of Violence: Home that operation Farm that operation Industry that operation  
Public Place that operation While at work? that operation  
Means of injury that operation

23. Attendant's OWN Signature John A. Bower  
and Address Walter  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
OCT 4 1948 STATE OF IDAHO

State File No. 403500  
Local Reg. No. 140  
Reg. Dist. No. 140

1. PLACE OF DEATH

- (a) County Prosser  
(b) City or town Wallace  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Providence Stayed ☐ days  
(g) Lived in this county ☐ years 2 months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Prosser  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? ☐  
(g) How long had deceased lived in Idaho? 2 1/2 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME

Rusehuma Clem

046B

3. (b) If veteran,

name war

3. (c) Social Security

No. ....

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) April 13, 1889

8. AGE	Years	Month	Days	If less than 1 day
	<u>59</u>	<u>4</u>	<u>25</u>	hrs min.

9. Exact Occupation at home Did this work for ☐ yrs.

10. Industry or Business at home Date last worked ☐

11. Birthplace Butte, Idaho (City or town) (State or foreign country)

12. Name John Rabe

13. Birthplace Blankenship (City or town) (State or foreign country)

14. Maiden name Blankenship

15. Birthplace Blankenship (City or town) (State or foreign country)

16. Informant's OWN Signature W. L. Clem  
and Address 106 1/2 St. Wallace

17. (a) Prosser (b) Date thereof Sept 10-48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place Prosser, Idaho

18. Funeral Director's OWN Signature John A. Burr  
and Address Wallace, Idaho

19. (a) Sept 10-48 (b) John A. Burr  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 8 19 48  
at 6:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 7-8 19 48, to Sept 8 19 48.

I last saw him alive on Sept 7 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 1/2 hr.

Due to Myocardial Infarction

Due to Myocardial Infarction

Other conditions None

(Include pregnancy within 3 months of death)

Where was disease contracted? At home

Name of operation None Date Sept 8, 1948

Major finding Coronary Thrombosis

Finding of autopsy Coronary Thrombosis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state Prosser, Idaho

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury None

23. Attendant's OWN Signature John A. Burr (M. D. or other) 1948  
and Address Wallace, Idaho Date Sept 10, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

STATE OF IDAHO

# Certificate Of Death

STATE OF IDAHO

State File No. 3501  
Local Reg. No. 46  
Reg. Dist. No. 142

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Malaga  
(c) Street Address or R.F.D. No. 1  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. Wardner Stayed 1 days  
(g) Lived in this county    years    months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town     
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho?    years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Richard Bucho

157E

3. (b) If veteran, name war    No.     
5. Color or race W  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) September 9, 1948

8. AGE Years Months Days If less than 1 day  
1 hrs min.

9. Exact Occupation none Did this work for    yrs.  
10. Industry or Business none Date last worked     
11. Birthplace Malaga, Idaho (City or town) (State or foreign country)

12. Name Albert Bucho  
13. Birthplace Malaga, Idaho (City or town) (State or foreign country)  
14. Maiden name Jane T. Giddens  
15. Birthplace Wentworth, Wyoming (City or town) (State or foreign country)

16. Informant's OWN Signature Albert Bucho  
and Address Pine Creek, Idaho

17. (a) Burial (b) Date thereof 9/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Malaga, Idaho

18. Funeral Director's OWN Signature Glenn M. Whitehead  
and Address Malaga, Idaho

19. (a) 7/10/48 (Date received and filed)  
(b) W.R.C. (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 9 / 10 1948  
at    o'clock    M.

21. I HEREBY CERTIFY, That I attended deceased from 9/9 1948, to 9/10 1948  
I last saw h.    alive on    19  ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Anoxia Duration 1 day

Due to Cardiac illecomp 1 day

Due to Congenital Heart 1 day  
Other conditions Electrolysis of 1 day  
(Include pregnancy within 3 months of death)

Where was disease contracted? Wardner, Idaho  
Name of operation none Date     
Major finding     
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury   

23. Attendant's OWN Signature Glenn M. Whitehead  
and Address Malaga, Idaho Date 19 Sept 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 3502  
Local Reg. No. 48  
Reg. Dist. No. 142

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Wardman Stayed 60 days  
(g) Lived in this county 39 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Pinehurst  
(d) Street Address or R.F.D. No. Kendall  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Thelma Schuster

048B

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex F race W  
5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Frank  
6. (c) Age of husband or wife if alive 47 years  
7. Date of Birth (Month, Day, Year) June 15 1909

## 8. AGE

Years	Months	Days	If less than 1 day
<u>39</u>	<u>3</u>	<u>6</u>	hrs min.

9. Exact Occupation Home Did this work for 20 yrs.  
10. Industry or Business Home Date last worked 1948  
11. Birthplace Wardman Idaho (City or town) (State or foreign country)

12. Name Bessie  
13. Birthplace 710 2nd St (City or town) (State or foreign country)  
14. Maiden name Lily Williams  
15. Birthplace 710 2nd St (City or town) (State or foreign country)

16. Informant's OWN Signature Frank Schuster  
and Address Pinehurst Idaho

17. (a) Burial (b) Date thereof 9/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Kellogg Idaho

18. Funeral Director's OWN Signature John M. Gladys  
and Address Kellogg Idaho

19. (a) 10/2/48 (b) John M. Gladys  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

053X

## 20. DATE OF DEATH

(Month, Day, Year) 9/21 1948  
at 10 30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 19 47 to Sept 21 48  
I last saw h. alive on 21 Sept 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Sympathetic paroxysm Duration 7 days

Due to Carcinoma of uterus 15 yrs

Due to with metastasis to abdomen wall  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Kellogg  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Gene M. Whitehead  
and Address Kellogg Idaho (M. D. or other) \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3503  
Local Reg. No. 46  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Thompson  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Wallace Stayed \_\_\_\_\_ days  
(g) Lived in this county 41 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Thompson  
(c) City or town Pinehurst  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Mont.

## 3. (a) FULL NAME

Chester E. Thompson

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race White

6. (b) Name of husband or wife Olivia

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 24 years

7. Date of Birth (Month, Day, Year) April 4 - 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>5</u>	<u>19</u>	hrs. min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Miss Swan Contractor Date last worked \_\_\_\_\_

11. Birthplace Elliston, Mont. (City or town) (State or foreign country)

12. Name George Thompson (City or town) (State or foreign country)

13. Birthplace Ohio (City or town) (State or foreign country)

14. Maiden name Russell Eva (City or town) (State or foreign country)

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Olivia Thompson and Address Pinehurst

17. (a) Survived (b) Date thereof Sept 28 48 (Burial, cremation, or removal) (Month) (Day) (Year)

18. Funeral Director's OWN Signature John A. Bower and Address Wallace Idaho

19. (a) Sept 24 - 48 (b) John A. Bower (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 23 1948  
at \_\_\_\_\_ o'clock 1 P. M.

21. I HEREBY CERTIFY, That I attended deceased from 9.23.48 to 9.23.48

I last saw him alive on 9.23.48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Pulmonary Edema Duration 2 Hours

Due to Shock 6 Hours

Due to Fracture R leg

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Cerebral Pulmonary Edema

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ✓ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 9.23.48 19 \_\_\_\_\_ City, county, state Shoshone County, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry ✓

Public Place \_\_\_\_\_ While at work? Yes

Means of injury Struck by a log

23. Attendant's OWN Signature J. E. Bonebrake (M. D. or other)

and Address Wallace Idaho Date 9.24.48 (For additional space, use reverse side)

Means of injury \_\_\_\_\_  
23. Attendant's \_\_\_\_\_  
OWN Signature \_\_\_\_\_  
\_\_\_\_\_  
(Print name or other)  
and Address \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

OCT 16 1948  
STATE OF IDAHO

1948  
State File No. 3505  
Local Reg. No. 49  
Reg. Dist. No. 142

1. PLACE OF DEATH:

(a) County Shoshone  
(b) City or town Kellays  
(c) Street Address or R.F.D. No. 1900 A St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 32 years months days

Note. FOR a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Shoshone  
(c) City or town Kellays  
(d) Street Address or R.F.D. No. 1900 A St.  
(e) Deceased lived Inside? 1 Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho 32 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Tone Mae Hinckley 093D

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or race W 6. (a) Single, widowed, married, divorced Widow

4. Sex F 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 12, 1874

8. AGE 

Years	Months	Days	If less than 1 day
<u>74</u>	<u>5</u>	<u>15</u>	hrs min.

9. Exact Occupation None Did this work for 40 yrs.

10. Industry or Business None Date last worked 1936

11. Birthplace Shoshone Idaho (City or town) (State or foreign country)

12. Name No Record

13. Birthplace No Record (City or town) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature My Sister and Address Shoshone Idaho

17. (a) Buried (b) Date thereof 9/30/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Kellays Idaho

18. Funeral Director's OWN Signature Charles J. Ford and Address Kellays Idaho

19. (a) 9/11/48 (b) [Signature] (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 111C

20. DATE OF DEATH (Month, Day, Year) 9 27 1948 at 12:23 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 1947 to Sept 27 1948  
I last saw h. live on 26 Sept 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hepatic pneumonia Duration 7 weeks  
Cardiac Failure 6 months  
Arterio sclerosis heart 7 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? Kellays

Name of operation None Date \_\_\_\_\_

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Glen M. Whitesell and Address Kellays Idaho Date 28 Sept 48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 3506  
Local Reg. No. 43  
Reg. Dist. No. 173

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town  
(c) Street Address or R. F. D. No. Large Idaho  
(d) Death Occured Inside? Outside city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county... years... months 14 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State New York (b) County  
(c) City or town Watulus  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 14 days  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Chester W Dadson

174X

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or  
wife Mabel

6. (c) Age of husband or wife if  
alive 40 years

7. Date of Birth  
(Month, Day, Year) August 31 1901

## 8. AGE

Years 47 Months 0 Days 3 If less than 1 day  
hrs min.

## 9. Exact

Occupation miner

## Did this

work for 14 days

10. Industry or  
Business

mining

## Date last

worked 9/3/48

11. Birthplace

Watulus New York

## 12. Name

George Dadson

## 13. Birthplace

Watulus New York

## 14. Maiden name

Mary Hall

## 15. Birthplace

Palmdale New York

## 16. Informant's

OWN Signature

George Dadson

and Address

Boise Idaho

17. (a) Removal

- (b) Date thereof 9/7/48

(Burial, cremation, or removal)

- (c) Place: Watulus New York

## 18. Funeral Director's

OWN Signature

Ray M. Glade

and Address

Ellogg Idaho

## 19. (a)

15/75

(Date received and filed)

W. Dadson

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept 3 19 48

at 10 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 7 to 19 7

I last saw him alive on 9-3 death is

said to have occurred on the date and hour stated above.

Immediate Cause of Death

Fractured skull

intercranial pressure

Due to fall from 180 feet

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the fol-

lowing: Accident? Y Suicide? Y Homicide? Y

Occurred 9/3/48 City, county, state

where violence occurred

Place of Violence Home Farm Y Industry Y

Public Place Y Vehicle at work Y

Means of injury fall from 180 feet

## 23. Attendant's

OWN Signature

W. Dadson

and Address

Ellogg Idaho

Date 9/7/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NON-RESIDENT  
Certificate Of Death  
SEP 15 1948  
STATE OF IDAHO

3507  
State File No. \_\_\_\_\_  
Local Reg. No. 30  
Reg. Dist. No. 141

1. PLACE OF DEATH:

- (a) County SHOSHONE  
(b) City or town H. Lingston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 day

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Spokane  
(c) City or town Spokane  
(d) Street Address or R.F.D. No. 118 E. Baldwin  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

BARBARA JEAN BARE

182X

3. (b) If veteran, name war no  
3. (c) Social Security No. none  
5. Color or White  
6. (a) Single, widowed, married, divorced Single  
4. Sex Female race White  
6. (b) Name of husband or wife x  
6. (c) Age of husband or wife if alive x years  
7. Date of Birth (Month, Day, Year) March 3 19129

8. AGE	Years	Months	Days	If less than 1 day
	<u>19</u>	<u>6</u>	<u>3</u>	hrs min.

9. Exact Occupation At home Did this work for x yrs.  
10. Industry or Business none Date last worked x  
11. Birthplace Spokane, Washington  
(City or town) (State or foreign country)

12. Name Claude W. Bare  
13. Birthplace Rockford, Washington  
(City or town) (State or foreign country)  
14. Maiden name Loretta Ann English  
15. Birthplace Oskosh, Wisconsin  
(City or town) (State or foreign country)

16. Informant's OWN Signature Robert J. Bare 76.7.4  
and Address East 118 Baldwin Ave., Spokane

17. (a) Burial (b) Date thereof Sept 9 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Holy Cross Cemetery

18. Funeral Director's Hennessey Funeral Home  
OWN Signature John A. Hennessey  
and Address Spokane

19. (a) Sept. 9-48 (b) John A. Bare  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 9/6 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

Due to spontaneous

Due to spontaneous

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 9/6 1948 City, county, state Spokane, Washington

where violence occurred \_\_\_\_\_  
Place of Violence Home Farm Industry

Public Place \_\_\_\_\_ While at work \_\_\_\_\_

Means of injury spontaneous

23. Attendant's OWN Signature John A. Hennessey  
and Address Spokane Date 9/6 1948

For additional space, use back side



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3508  
Local Reg. No. 41  
Reg. Dist. No. 141

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Silverton  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Mary's Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Hamblin  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Matt Kangas

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male 5. Color of White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alga 6. (c) Age of husband or wife if alive 58 years  
7. Date of Birth (Month, Day, Year) Jan 8 - 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>8</u>	<u>10</u>	hrs min.

9. Exact Occupation Miner Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Midnight Lease Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

12. Name Matt Kangas

13. Birthplace Idaho (City or town) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Matt Kangas

- and Address Mullan 2d St

17. (a) Survived (b) Date thereof Sept 22 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Mullan 2d St

18. Funeral Director's OWN Signature John A Bove

- and Address Wallace 3d St

19. (a) Sept 14 - 48 (b) John A Bove  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 18 1948  
at 5:15 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 24 1948, to 9-18 1948  
I last saw him alive on Mar 17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Pulmonary T. B. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature F W Ralph M D  
and Address Mullan 2d St (M.D. or other) Date Sept 20, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

OCT 4 1948

STATE OF IDAHO

1948  
State File No. 3509  
Local Reg. No. 42  
Reg. Dist. No. 141

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Arroyo  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county... years... months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 3. (a) FULL NAME

Mr Wood Albert

## 3. (b) If veteran, name war

4. Sex Male 5. Color of race White

6. (b) Name of husband or wife

## 3. (c) Social Security

No. 518-05-0449

6. (a) Single, widowed, married, divorced Single

6. (c) Age of husband or wife if alive... years

## 7. Date of Birth (Month, Day, Year)

Sept 6 - 1916

## 8. AGE

Years	Months	Days	If less than 1 day
32	0	16	hrs min.

## 9. Exact Occupation

Logger Did this work for... yrs.

## 10. Industry or Business

Logger Date last worked

## 11. Birthplace

Idaho (City or town) (State or foreign country)

## 12. Name

Mr. Wood Albert

## 13. Birthplace

Idaho (City or town) (State or foreign country)

## 14. Maiden name

## 15. Birthplace

Idaho (City or town) (State or foreign country)

## 16. Informant's OWN Signature

John A. Bower

and Address Idaho

## 17. (a) Date thereof

Sept 23 - 48 (Month) (Day) (Year)

## (c) Place:

Spokane Wash

## 18. Funeral Director's OWN Signature

John A. Bower

and Address Idaho

## 19. (a) Date received and filed

Sept 23 - 48

(b) (Registrar's signature)

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Spokane  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho?... years  
(h) Former residence (city, state) Wash.

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept 7 19 48  
at 4 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw him alive on 19...; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart failure  
Due to Heart failure  
Due to Heart failure  
Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation... Date...

## Major finding

## Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? No Homicide? No

Occurred Sept 7 19 48 City, county, state

where violence occurred Loggers operation

Place of Violence: Home Yes Farm No Industry Yes

Public Place Yes While at work Yes

Means of injury Spine back

## 23. Attendant's OWN Signature

John A. Bower

and Address Idaho

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

0074 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3510  
Local Reg. No. 43  
Reg. Dist. No. 141

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Hosp. Stayed ☐ days  
(g) Lived in this county 24 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Joseph Wilcott

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No. ....

## 4. Sex

Male

5. Color of White  
race

6. (a) Single, widowed, married,  
divorced married

## 6. (b) Name of husband or wife

Raven

6. (c) Age of husband or wife if  
alive 60 years

## 7. Date of Birth

(Month, Day, Year) May-6-1867

## 8. AGE

Years

81

Months

4

Days

17

If less than 1 day

hrs

min.

## 9. Exact

Occupation

Logging

Did this

work for

... yrs.

## 10. Industry or

Business

Date last

worked

## 11. Birthplace

Blackfoot, Shoshone County

(City or town)

(State or foreign country)

## 12. Name

Peter Wilcott

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

Bridget Fanning

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

and Address

Raven Wilcott  
Blackfoot, Idaho

## 17. (a)

(Burial, cremation, removal)

## (b) Date thereof

May-26-48

## (c) Place:

Blackfoot

## 18. Funeral Director's

OWN Signature

and Address

John A. Bower  
Blackfoot, Idaho

## 19. (a)

(Date received and filed)

## (b)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

9-23

1948

at 1-45 o'clock a M.

## 21. I HEREBY CERTIFY, That I attended deceased from

8-26-1948 to 9-23-1948

I last saw him alive on 9-23-1948 death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

apoplexy

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

## 23. Attendant's

OWN Signature

F. W. Rolfs MD

and Address

Marshall

Date 9-24-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **3512**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Teton  
(b) City or town Driggs  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place...  
(f) Name Hosp. or Inst. .... Stayed ... days  
(g) Lived in this county 49 years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Teton  
(c) City or town Driggs  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ... city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME DAVID KING BOWEN

3. (b) If veteran, name war No. .... 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male 6. (b) Name of husband or wife ... 6. (c) Age of husband or wife if alive ... years  
7. Date of Birth (Month, Day, Year) January 5, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>8</u>	<u>15</u>	hrs min.

9. Exact Occupation Retired cattleman Did this work for ... yrs.  
10. Industry or Business ... Date last worked ...  
11. Birthplace Provo, Utah. (City or town) (State or foreign country)

12. Name David King Bowen  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Martha Chessley  
15. Birthplace ... (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs W. C. Hillman and Address Driggs, Idaho.

17. (a) Burial (b) Date thereof Sept. 23, 1948 (Month) (Day) (Year)  
(c) Place: Bates, Idaho.

18. Funeral Director's OWN Signature [Signature] and Address St. Anthony, Idaho

19. (a) Sept 23, 1948 (Date received and filed) (b) Ethel Packrell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 21 19 48  
at 1 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive heart failure Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ... Date ...

Major finding ...

Finding of autopsy ...

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ... Suicide? ... Homicide? ...

Occurred ... 19 ... City, county, state

where violence occurred ...

Place of Violence: Home ... Farm ... Industry ...

Public Place ... While at work? ...

Means of injury ...

23. Attendant's OWN Signature Jay O. Brenton M.D.

and Address St. Anthony, Idaho (M. D. or other) Date 23 Sept 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

OCT 11 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3513

Local Reg. No. 12

Reg. Dist. No. 620

1. PLACE OF DEATH: **STATISTICS**  
(a) County Peton  
(b) City or town Briggs  
(c) Street Address or R.F.D. No.   
(d) Death Occured Inside? X Outside?  city or town  
(e) Died in a Home X Hospital  Institution  Other place   
(f) Name Hosp. or Inst.  Stayed  days  
(g) Lived in this county 30 years  months  days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Peton  
(c) City or town Briggs  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside?  Outside?  city or town  
(f) Citizen of what country?   
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state)

3. (a) FULL NAME Thomas Martin Grover

3. (b) If veteran, name war  3. (c) Social Security No.   
5. Color or race W 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Isabella Hogg 6. (c) Age of husband or wife if alive 75 years  
7. Date of Birth (Month, Day, Year) Nov. 27, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>9</u>	<u>25</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for  yrs.  
10. Industry or Business  Date last worked   
11. Birthplace (City or town) (State or foreign country)

12. Name Thomas Grover  
13. Birthplace Nauvoo, Ill (City or town) (State or foreign country)  
14. Maiden name Elizabeth Finer  
15. Birthplace Penn (City or town) (State or foreign country)

16. Informant's OWN Signature  and Address

17. (a) Burial (b) Date thereof 9/25/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Wellburg Cemetery

18. Funeral Director's OWN Signature Russell G. G. G. and Address Briggs Idaho

19. (a) Oct 9, 1948 (b) Ethel Fachrell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 111 C

20. DATE OF DEATH (Month, Day, Year) Sept 22 1948  
at three o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 4 1948, to Sept 22 1948  
I last saw him alive on Sept 20 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic pneumonia Duration 9 days

Due to Carcinomatosis  
Due to Carcinoma of rectum 2 yrs?  
Other conditions cachexia  
(Include pregnancy within 8 months of death)

Where was disease contracted?   
Name of operation none Date   
Major finding   
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred  
Place of Violence: Home  Farm  Industry   
Public Place  While at work?

Means of injury   
23. Attendant's OWN Signature Gordon M. Jensen MD and Address Briggs Idaho Date 10-7 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
OCT 11 1948  
STATE OF IDAHO

State File No. **3514**  
Local Reg. No. **18**  
Reg. Dist. No. **620**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Teton**  
(b) City or town **Driggs**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Driggs Hosp** Stayed **6** days  
(g) Lived in this county **58** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Teton**  
(c) City or town **Victor**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **59** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **ALBERT JULIUS SUISTE**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **June 6, 1862**

8. AGE	Years	Months	Days	If less than 1 day
	<b>86</b>	<b>3</b>	<b>24</b>	hrs min.

9. Exact Occupation **Retired** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Vancouver, Washington**  
(City or town) (State or foreign country)  
12. Name **Julius A. Suiste**  
13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)  
14. Maiden name **Hermuire Deepuis**  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)  
16. Informant's OWN Signature **Dean J. Hatch**  
and Address **Victor, Idaho.**  
17. (a) **Burial** (b) Date thereof **10-1-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Victor, Idaho.**  
18. Funeral Director's OWN Signature **Mrs. Hansen**  
and Address **St. Anthony, Idaho.**  
19. (a) **Oct 9, 1948** (b) **Ethel Fackrell**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **Sept., 30, 1948** 19\_\_\_\_  
at **11:50** o'clock **AM**

21. I HEREBY CERTIFY, That I attended deceased from **Sept 26, 1948** to **Sept 30, 1948**  
I last saw h. **im** alive on **Sept 30, 1948**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac failure** Duration **4 days**

Due to **Hypertensive cardio-vascular dis.** ?

Due to \_\_\_\_\_  
Other conditions **Old age**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **Gordon M Jensen, MD**  
and Address **Driggs Idaho** Date **10-5-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 3515  
Local Reg. No. 529  
Reg. Dist. No. 460

1. PLACE OF DEATH: **Twin Falls**
- (a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Twin Falls** stayed **2** days  
(g) Lived in this county **1** years **1** months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Colorado** (b) County **El Paso**  
(c) City or town **Colorado Springs**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **1 Mo., xxx**  
(h) Former residence (city, state) **Iowa** -

3. (a) FULL NAME **Lewis Marion Ridgeway**

3. (b) If veteran, name war ..... No. ....  
5. Color or **white** 6. (a) Single, widowed, married, divorced **widowed**  
4. Sex **Male** race **white**  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **January 30, 1875**

8. AGE	Years	Months	Days	If less than 1 day
	<b>73</b>	<b>9</b>	<b>3</b>	hrs min.

9. Exact Occupation **safe worker** Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....

11. Birthplace **Glasgow, Iowa**  
(City or town) (State or foreign country)

12. Name **No information**  
13. Birthplace **"**  
(City or town) (State or foreign country)  
14. Maiden name **No information**  
15. Birthplace **"**  
(City or town) (State or foreign country)

16. Informant's **Mrs Donald Watson**  
OWN Signature **81 2nd Ave East**  
and Address

17. (a) **Burial** (b) Date thereof **Sept. 7th** / 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Fair Field Iowa.**

18. Funeral Director's **J. Phillips**  
OWN Signature  
and Address **Twin Falls Idaho**

19. (a) **September 7, 1948** (b) **Nelen L. Galay**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **September 3** 19**48**  
at **5:20** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **Sept 1** 19**48** to **Sept 3** 19**48**  
I last saw him alive on **Sept 3** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chr. Degeneratis** Duration

Due to **atrophy of the**

Due to **live**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **PHYSICIAN**

Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy **above**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state

where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's **J. Phillips**  
OWN Signature  
and Address **Twin Falls Idaho**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 22 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3516  
Local Reg. No. 536  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. T.F. Co. Hosp.  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home, Hospital, X Institution, Other place     
(f) Name Hosp. or Inst. T.F. Co. Hosp. Stayed 1 days  
(g) Lived in this county    years    months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Twin Falls  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country?     
(g) How long had deceased lived in Idaho?    years  
(h) Former residence (city, state)

## 3. (a) FULL NAME MALBERG, Cathie Jean

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or    6. (a) Single, widowed, married, divorced S  
4. Sex F race W 6. (b) Name of husband or wife     
6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) Sept. 3, 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	0	1	hrs min.

9. Exact Occupation Infant Did this work for    yrs.

10. Industry or Business    Date last worked   

11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

12. Name Eugene Malberg

13. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

14. Maiden name Wanda Wilde

15. Birthplace Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature Eugene J. Malberg  
and Address 961 Second Ave. West

17. (a) Burial (b) Date thereof 9/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Twin Falls Cem.

18. Funeral Director's OWN Signature Dr. J. Collins  
and Address White Mortuary - Twin Falls, Idaho

19. (a) September 15, 1948 (b) Helen L. Polay  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept. 4, 1948 19     
(Month, Day, Year)  
at 9:01 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 3 1948 to Sept 4 1948

I last saw h.e.r. alive on Sept 4 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory failure Duration 12 hours

Due to ATELECTASIS  
left lung

Due to MUCUS PLUG IN LEFT  
Other conditions BRONCHUS  
(Include pregnancy within 3 months of death)

Where was disease contracted?    PHYSICIAN     
Name of operation    Date   

Major finding    Underline the cause to which death should be charged statistically.  
Finding of autopsy SAME

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury   

23. Attendant's OWN Signature A. R. Shove  
and Address Twin Falls, Idaho (M. D. or other) Date 9/7 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 3517  
Local Reg. No. 533  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 228 6th Street West  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 38 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 228 6th St. West  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? Sweden  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME Johnson, Mrs. Mathilda

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Frank G. 6. (c) Age of husband or wife if alive 82 years  
7. Date of Birth (Month, Day, Year) February 7, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>7</u>		hrs min.

9. Exact Occupation Housewife Did this work for ☐ yrs.  
10. Industry or Business worked Date last worked ☐  
11. Birthplace Horby Mjelby Soeken Blekinge (City or town) (State or foreign country)

- Mother { 12. Name Jepsson  
13. Birthplace Sweden (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. L. G. Bernick  
and Address 912 - S. W. 7th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-48 (Month) (Day) (Year)  
(c) Place: Twin Falls, Ida.

18. Funeral Director's OWN Signature W. H. Hill  
and Address White Mortuary - Twin Falls, Ida.

19. (a) September 16, 1948 (Date received and filed) (b) Helen L. Galsay (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) September 7th, 1948  
at 5 A. o'clock 5 M.

21. I HEREBY CERTIFY, That I attended deceased from 9-9-1948 to 9-7-48  
I last saw h. or alive on 9-7-1948. Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis Duration ☐

Due to Myocarditis

Due to Myocarditis

Other conditions Myocarditis

Where was disease contracted? Sweden

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred ☐  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of Injury ☐

23. Attendant's OWN Signature H. H. Hill (M. D. or other)  
and Address Twin Falls, Ida. Date 9/8 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 448 Main Ave. N.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 448 Main Ave. N.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Billings, Mont.

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME Alma Waddell

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female Color White  
5. Color, or race \_\_\_\_\_

6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Gordon  
6. (c) Age of husband or wife if alive 34 years

7. Date of Birth (Month, Day, Year) October 30, 1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>10</u>	<u>9</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Red Lake Falls, Minnesota  
(City or town) (State or foreign country)

Mother Father {  
12. Name Ole Peterson  
13. Birthplace Sweden  
(City or town) (State or foreign country)  
14. Maiden name Sofie Peterson  
15. Birthplace Norway  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ruth Rowley  
and Address Spokane, Washington

17. (a) Burial (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 9/13/48  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Reynolds Funeral Home  
and Address Twin Falls, Idaho

19. (a) September 27, 1948 (b) John L. Enley  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 9, 1948  
at 7:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: POISONING - Acute  
Self-administered,  
Due to "BLACK LEAF #0"

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? X Homicide? \_\_\_\_\_  
Occurred September 9, 1948 City, county, state where violence occurred City  
Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. Woodson Creed  
and Address Twin Falls County Hosp. (M. H. or other) SEPT 13, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
SEP 22 1948 STATE OF IDAHO

State File No. 3519  
Local Reg. No. 535  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 1201-8th Ave. E.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 40 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 1201-8 Ave. E.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Illinois

3. (a) FULL NAME

Margaret Deven

3. (b) If veteran,

name war

3. (c) Social Security

No.

5. Color or White 6. (a) Single, widowed, married,  
Sex Female divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if  
alive None years

7. Date of Birth  
(Month, Day, Year) February 23, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>6</u>	<u>19</u>	hrs min.

9. Exact Occupation Retired Did this work for 0 yrs.

10. Industry or Business None Date last worked None

11. Birthplace Mason City, Illinois  
(City or town) (State or foreign country)

12. Name Michael Deven

13. Birthplace Ireland  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace None  
(City or town) (State or foreign country)

16. Informant's OWN Signature Elizabeth A Burns

- and Address 1201-8th Ave. E. Twin Falls

17. (a) Burial (b) Date thereof 9-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature S. J. Phillips

- and Address Twin Falls, Idaho

19. (a) September 15, 1948 (b) Helen L. Galay  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 111C

20. DATE OF DEATH  
(Month, Day, Year) September 11 1948  
at 11:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1948 to Sept 1948  
I last saw him alive on 9-11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Artery Disease Duration 1 Day

- (3c) Due to Chronic Myocarditis & myocardial degeneration Prophyl Several  
Due to As. Rheumatism years  
Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease contracted? None Date None PHYSICIAN None  
Name of operation None Major finding None Underline the cause to which death should be charged statistically.  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred None 19 None City, county, state where violence occurred None  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's OWN Signature D. M. Quashy MD  
and Address Twin Falls, Idaho Date 9/13 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 22 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3520  
Local Reg. No. 534  
Reg. Dist. No. 46.0

1. PLACE OF DEATH: Twin Falls
- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. 1201-8th Ave. E.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home. X Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. Stayed. days  
(g) Lived in this county. 41 years months days

Note. For a person residing in THIS county LESS than 1 year. give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 1201-8th Ave. E.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Illinois

3. (a) FULL NAME Mary Deven

3. (b) If veteran, name war No.  
5. Color, or 6. (a) Single, widowed, married,  
Sex Female Race White divorced Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) September 8, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>		<u>4</u>	hrs min.

9. Exact Occupation Retired Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Peoria County, Ill. (City or town) (State or foreign country)

- Mother Father  
12. Name Michael Deven  
13. Birthplace Ireland (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature Elizabeth A Burns  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 9-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature Depuey's  
and Address Twin Falls, Idaho

19. (a) September 15, 1948 (b) Nelson L. Galay  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH / 32X

20. DATE OF DEATH September 12 1948  
(Month, Day, Year) at 2:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from July 1948, to Sept 1948  
I last saw h. alive on 9-11-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia Duration 3 days

Due to Arteriosclerosis = Several  
Smile Arteriosclerosis years

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature D. A. McC... (M. D. or other)  
and Address Twin Falls, Idaho Date 9-13-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 3521  
Local Reg. No. 5321  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Filer Ave. Rt. 1  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital    Institution    Other place X  
(f) Name Hosp. Sunset Twin Falls days  
(g) Lived in this county 19 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Filer Ave. Rt. 1  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country?     
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME KNIGHT, Dick Harris

3. (b) If veteran, name war WWII No. 518-18-5445  
5. Color or    6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife if alive Myrtle 25 years  
7. Date of Birth (Month, Day, Year) October 7th, 1915

8. AGE	Years	Months	Days	If less than 1 day
	<u>32</u>	<u>11</u>	<u>5</u>	hrs min.

9. Exact Occupation Mechanic Did this work for 3 yrs.  
10. Industry or Business Date last worked 1948  
11. Birthplace Whitwell, Tenn. (City or town) (State or foreign country)

12. Name James S. Knight  
13. Birthplace Tenn. (City or town) (State or foreign country)  
14. Maiden name Elizabeth  
15. Birthplace Tenn. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Myrtle Knight  
and Address Mrs. Myrtle Knight  
Twin Falls, Idaho  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-48 (Month) (Day) (Year)  
(c) Place Sunset Memorial Park Cem.

18. Funeral Director's OWN Signature Aug. D. Phillips  
and Address White Mortuary Twin Falls, Idaho  
19. (a) September 16, 1948 (b) Selen L. Talley (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 12, 1948  
(Month, Day, Year) at 7:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1948 to Sept. 12, 1948.  
I last saw h. immediately dead Sept. 12, 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Bullet wound of skull, accidentally self-inflicted by .22  
Due to Winchester Rifle at Twin Falls, Idaho  
Due to     
Other conditions    (Include pregnancy within 3 months of death)

- Where was disease contracted?    PHYISICIAN     
Name of operation    Date    Underline the cause to which death should be charged statistically.  
Major finding     
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide?    Homicide?     
Occurred September 12, 1948 City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place X Street    While at work?     
Means of injury .22 Winchester Rifle

23. Attendant's OWN Signature J. W. Wadsworth  
and Address Twin Falls, Idaho (M. D. or other) 9/14/48  
(For additional space, use reverse side)

SEP 22 1948

STATE OF IDAHO

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Soper Apts.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 43 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Soper Apts.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Minnesota

3. (a) FULL NAME

Burton F. Bailey

3. (b) If veteran, name war World War I No. 518-24-4943  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) September 27, 1894

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>11</u>	<u>18</u>	hrs min.

9. Exact Occupation Laborer Did this work for 1947 yrs.  
10. Industry or Business worked  
11. Birthplace Crookston, Minn.  
(City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace "  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace "  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. C. Phillips  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 9-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature J. C. Phillips  
and Address Twin Falls, Idaho

19. (a) September 18, 1948 (b) Nelson L. Galay  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 14 19 48  
at approx. 7:00 clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature J. Woodson Creed

and Address Twin Falls County Hosp (M. D. or other)

Date Sept 16, 1948

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 30 1948  
OFFICE OF VITAL

# Certificate Of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **T. Falls** Stayed ..... days  
(g) Lived in this county **2** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **T. Falls**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No. **RFD #1**  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **26** years  
(h) Former residence (city, state) **Nevada**

## 3. (a) FULL NAME

**Mary A. McMillan**

## 3. (b) If veteran,

name war ..... No. ....

## 3. (c) Social Security

No. ....

## 5. Color or 6. (a) Single, widowed, married,

divorced **married**

## 4. Sex **Female** race **white**

## 6. (b) Name of husband or 6. (c) Age of husband or wife if

wife **W. R. McMillan** alive **65** years

## 7. Date of Birth

(Month, Day, Year) **December 20, 1899**

## 8. AGE

Years	Months	Days	If less than 1 day
<b>48</b>	<b>8</b>	<b>26</b>	hrs min.

## 9. Exact

Occupation **Housewife** Did this work for ..... yrs.

## 10. Industry or

Business ..... Date last worked

## 11. Birthplace

**Battle Creek, Mich.**

(City or town) (State or foreign country)

## 12. Name

**W. H. Bade**

## 13. Birthplace

**Unknown**

(City or town) (State or foreign country)

## 14. Maiden name

**Lena Ridley**

## 15. Birthplace

**Michigan**

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature **J. R. McMillan**

and Address **Jerome, Idaho**

## 17. (a) Burial

(b) Date thereof **9-18-49**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Sunset Memorial Park**

## 18. Funeral Director's

OWN Signature **S. Phillips**

and Address **Twin Falls, Idaho**

## 19. (a) September 27, 1948

(b) Helen L. Haley

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH September 16

(Month, Day, Year) 19 **48**

at **3:15** o'clock **A**. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**6 May 1947**, to **16 Sept. 1948**

I last saw **her** alive on **16 Sept. 1948**; death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Thrombotic Purpura** Duration **Sym.**

## Due to

**unknown**

## Due to

**unknown**

## Other conditions **degenerative chv.**

(Include pregnancy within 3 months of death)

## Where was disease contracted? **Home**

Name of operation **None** Date

Major finding **none**

## Finding of autopsy **degenerative chv.**

**acute interstitial nephritis**

## 22. If death was due to EXTERNAL CAUSES, also fill in the fol-

lowing: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry

Public Place ..... While at work?

Means of injury

## 23. Attendant's

OWN Signature **Charles B. Byner MD**

and Address **Twin Falls, Idaho** (M. D. or other)

Date **25 Sept 1948**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 30 1948

DIVISION OF VITALS

# Certificate of Death

STATE OF IDAHO

State File No. 3524  
Local Reg. No. 540  
Reg. Dist. No. 460

1. PLACE OF DEATH: **STATES**  
(a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **County Hospital** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State \_\_\_\_\_ (b) County **Idaho**  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **Donald Dewey Gray**

3. (b) If veteran, name war **War 2** 3. (c) Social Security No. **287-12-6291**

5. Color or **White** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male** race \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth **August 6. 1924**  
(Month, Day, Year)

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <b>24</b> | <b>1</b> | <b>13</b> | hrs. min.          |

9. Exact Occupation **Laborer** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Morrison Knudsen** Date last worked \_\_\_\_\_

11. Birthplace **Kenton Ohio**  
(City or town) (State or foreign country)

12. Name **Dewey Gray**

13. Birthplace **Not Known**  
(City or town) (State or foreign country)

14. Maiden name **"**

15. Birthplace **"**  
(City or town) (State or foreign country)

16. Informant's **from personal effects**  
OWN Signature **of deceased**

- and Address \_\_\_\_\_

17. (a) **Removal** (b) Date thereof **Sept 21.48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **Kenton Ohio**

18. Funeral Director's **JR Wiley**  
OWN Signature \_\_\_\_\_

- and Address **Jerome, Idaho**

19. (a) **September 21, 1948** (b) **Belen L. Goley**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **19 SEPT 1948**  
(Month, Day, Year) at **8:10** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from **19 Sept 1948** to **19 Sept 1948**  
I last saw him alive on **19 Sept 1948**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Lung hemorrhage** Duration \_\_\_\_\_

**Fractured ribs**

Due to **Auto accident**

**injury**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **19 Sept 1948** City, county, state **Jerome, county**  
where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place **Highway** while at work? \_\_\_\_\_

Means of injury **Auto turned over**

23. Attendant's **Dean H Affleck**

OWN Signature \_\_\_\_\_ (M. D. or other)

and Address **Twin Falls** Date **21 Sept 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3525  
Local Reg. No. 573  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Addison West  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. T. F. Co. Gen Stayed 26 days  
(g) Lived in this county 32 years 1 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 363 6th Ave. West  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Sedgwick, Kan.

## 3. (a) FULL NAME

Edward E. Granville

## 3. (b) If veteran, name war

## 3. (c) Social Security No. 528-01-3863

5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mattie  
6. (c) Age of husband or wife if alive 65 years

## 7. Date of Birth (Month, Day, Year) July 23, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>2</u>	<u>0</u>	hrs min.

## 9. Exact Occupation Truck Driver Did this work for        yrs.

## 10. Industry or Business Twin Falls City Date last worked

## 11. Birthplace Sedgwick, Kansas (City or town) (State or foreign country)

## 12. Name Charles Granville

## 13. Birthplace Iowa (City or town) (State or foreign country)

## 14. Maiden name Ida Lloyd

## 15. Birthplace Iowa (City or town) (State or foreign country)

## 16. Informant's OWN Signature Earl Granville

## and Address Salt Lake City, Utah.

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/48 (Month) (Day) (Year)

## (c) Place: Twin Falls Cemetery

## 18. Funeral Director's OWN Signature Reynolds Funeral Home

## and Address Twin Falls, Idaho

## 19. (a) September 27, 1948 (b) Nelen L. Galay (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) September 22, 1948 at 6:00 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from June 4, 1948, to 9/22/1948

I last saw him alive on 9/22/1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma Pancreas Duration 4 months

Due to Tuberculosis

Due to None

Other conditions None (Include pregnancy within 3 months of death)

Where was disease contracted? None

Name of operation Cholecystectomy Date June 4, 1948

Major finding Chronic Pancreatitis

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None

Occurred None 19 1948 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place None While at work? None

Means of injury None

## 23. Attendant's OWN Signature Charles B. Beymer

and Address Twin Falls, Idaho (City, county, state) Date Sept 27, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 30 1948

# Certificate Of Death

STATE OF IDAHO

1948 3526  
State File No. \_\_\_\_\_  
Local Reg. No. 549  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County TWIN FALLS  
(b) City or town TWIN FALLS  
(c) Street Address or R.F.D. No. 529 3rd Ave East  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 32 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County TWIN FALLS  
(c) City or town TWIN FALLS  
(d) Street Address or R.F.D. No. 529 3rd Ave E.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME CLAYCOMB, Ethel M.

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
4. Sex Female  
6. (b) Name of husband or wife Willis W. 6. (c) Age of husband or wife if alive deceased 7/17/1919 years  
7. Date of Birth (Month, Day, Year) March 1, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>6</u>	<u>21</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Monroe City, Ind. (City or town) (State or foreign country)

12. Name Clark McCoy  
13. Birthplace Lawrenceville, Ill. (City or town) (State or foreign country)  
14. Maiden name Mary Hogue  
15. Birthplace Monroe City, Ind. (City or town) (State or foreign country)

16. Informant's OWN Signature Donald C. Claycomb  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 9-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cem.

18. Funeral Director's OWN Signature W. H. Hester  
and Address White Mortuary - Twin Falls,

19. (a) September 29, 1948 (b) W. H. Hester  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 22, 1948  
(Month, Day, Year) at 1:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1948 to Sept. 22, 1948  
I last saw h. erdead Sept. 22, 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

- Chronic myocardial failure  
Due to hypertension  
Due to arteriosclerosis  
Other conditions etc.  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. H. Hester  
and Address Twin Falls, Idaho Date 9/22 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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SEP 30 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3527  
Local Reg. No. 546  
Reg. Dist. No. 460

1. PLACE OF DEATH: (Always fill in these)
- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Addison West  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. T.F. Co. Gen Stayed 6 days  
(g) Lived in this county 15 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County T. Falls  
(c) City or town Kimberly  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state) Kendrick, Ida.

3. (a) FULL NAME James Wesley Helton

3. (b) If veteran, name war  3. (c) Social Security No. 519-22-2133  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Mabel 6. (c) Age of husband or wife if alive 51 years  
7. Date of Birth (Month, Day, Year) November 19, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>10</u>	<u>1</u>	hrs min.

9. Exact Occupation Service Sta. Oper Did this work for  yrs.  
10. Industry or Business Shell Oil Date last worked   
11. Birthplace Kendrick, Idaho (City or town) (State or foreign country)

12. Name Marion Helton  
13. Birthplace Kansas (City or town) (State or foreign country)  
14. Maiden name Sarah Jane Souders  
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Mabel Helton and Address Kimberly, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/48 (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature James C. Reynolds and Address Twin Falls, Idaho

19. (a) September 27, 1948 (b) Helen L. Enley (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 22, 1948  
at 10:55 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 22 19 48, to 9/22/ 19 48

I last saw him alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral thrombosis  
massive left middle  
Due to cerebral artery

Due to   
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?   
Name of operation  Date   
Major finding   
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred 19 City, county, state   
where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature J. Woodson Creed  
and Address Twin Falls County Hosp. Sept 25, 1948 (M. D. or other)  
(For additional space, use reverse side)

083B

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3528  
Local Reg. No. 543  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County TWIN FALLS  
(b) City or town TWIN FALL  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. TWIN FALLS COMM \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CASSIA  
(c) City or town BORLEY  
(d) Street Address or R.F.D. No. 701 OVERLAND AVE  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) WEST WEBER, UTAH

## 3. (a) FULL NAME

GEORGE WILLIAM ETHERINGTON

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex MALE race WHITE  
6. (b) Name of husband or wife JANE 6. (c) Age of husband or wife if alive 89 years

## 7. Date of Birth (Month, Day, Year) OCT. 31 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>10</u>	<u>22</u>	hrs min.

9. Exact Occupation FARMER Did this work for 50 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked SEPT. 1948  
11. Birthplace WEST WEBER, UTAH (City or town) (State or foreign country)

12. Name THOMAS ETHERINGTON  
13. Birthplace ENGLAND (City or town) (State or foreign country)  
14. Maiden name SARAH WHEELER  
15. Birthplace ENGLAND (City or town) (State or foreign country)

16. Informant's OWN Signature J. W. Etherington  
and Address Burley Idaho

17. (a) BURIAL (b) Date thereof Sept 27  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: HEYBORN, IDAHO

18. Funeral Director's OWN Signature Rebecca S. Payne  
and Address Burley Idaho

19. (a) September 27, 1948 (b) Helen L. Galay  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 22 19 48  
at \_\_\_\_\_ o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

myocardial infarction due to recent thrombosis of circumflex artery associated with massive Due to concentric hypertrophy. Other conditions of left ventricle.  
(Include pregnancy within 3 months of death)

Duration

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

23. Attendant's OWN Signature Woodson Creek, ID.  
and Address Twin Falls County Hospital Sept 23, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3529  
Local Reg. No. 550  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County TWIN FALLS  
(b) City or town TWIN FALLS  
(c) Street Address or R.F.D. No. Twp. Co. Hosp.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Twp. Co. Hosp. Stayed 11 days  
(g) Lived in this county 28 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County TWIN FALLS  
(c) City or town TWIN FALLS  
(d) Street Address or R.F.D. No. 535 3rd Ave E  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

TURNER, Walter

## 3. (b) If veteran,

name war none

## 3. (c) Social Security

No. none

## 4. Sex M Color or W

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Mary Jane

## 6. (c) Age of husband or wife if alive 80 years

## 7. Date of Birth

(Month, Day, Year) April 13, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>5</u>	<u>10</u>	hrs min.

## 9. Exact Occupation Retired Did this work for yrs.

## 10. Industry or Business Date last worked

## 11. Birthplace OLDHAM LANCASHIRE ENGLAND (City or town) (State or foreign country)

## 12. Name JOHN TURNER

## 13. Birthplace OLDHAM LANCASHIRE ENGLAND (City or town) (State or foreign country)

## 14. Maiden name UNKNOWN

## 15. Birthplace ENGLAND (City or town) (State or foreign country)

## 16. Informant's OWN Signature Marian Turner

## and Address TWIN FALLS, IDAHO

## 17. (a) BURIAL (b) Date thereof (9/25/48) (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: SUNSET MEMORIAL PARK CEM.

## 18. Funeral Director's OWN Signature Wm H. Rollin

## and Address WHITE MORTUARY TWIN FALLS, IDAHO

## 19. (a) September 28, 1948 (b) Helen L. Polak (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) September 23, 1948

at 7:10 o'clock A. M.

## 21. I HEREBY CERTIFY That I attended deceased from May 14, 1941 to Sept. 23, 1948

I last saw him alive on Sept. 23, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial failure

Duration 3 days

Due to Myocarditis

10 yrs

Due to Primary Carcinoma  
Other conditions Prostate (Include pregnancy or postnatal conditions of death)

8 yrs

Where was disease contracted?

Name of operation Prostatectomy Date Sept. 23, 1948

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred   19   City, county, state

where violence occurred

Place of Violence: Home   Farm   Industry

Public Place   While at work?

Means of injury

## 23. Attendant's OWN Signature Wm H. Rollin

and Address TWIN FALLS, IDAHO Date 9/23/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

31  
United States  
Department of Commerce  
Bureau of the Census  
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SEP 30 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3530  
Local Reg. No. 542  
Reg. Dist. No. 460

1. PLACE OF DEATH: STATISTICS  
(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 111 Sidney  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 37 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 111 Sidney St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Lee Stewart McCracken

3. (b) If veteran, name war No.  
5. Color or White  
4. Sex Male race White  
6. (b) Name of husband or wife Minnie  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) January 10, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>8</u>	<u>13</u>	hrs min.

9. Exact Occupation Transfer Bus. Did this work for  yrs.  
10. Industry or Business Date last worked 9-23-48  
11. Birthplace Morning Sun, Ohio  
(City or town) (State or foreign country)

Mother Father  
12. Name Izaac L. McCracken  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Maiden name Ellen Stewart  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lola M. Vasquez  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 9-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature J. Phillips  
and Address Twin Falls, Idaho

19. (a) September 24, 1948 (b) Helen L. Polay  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 23 1948  
at 7:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 15 1941 to Sept 23 1948

I last saw h. im alive on Sept 20 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial failure Duration

Due to Chr Myocarditis 20 yr

Due to hypertension

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation Date

Major finding Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state

where violence occurred Place of Violence: Home Farm Industry

Public Place While at work? Means of injury

23. Attendant's OWN Signature M. J. McLaughlin  
and Address Twin Falls, Ida (If D. or other) 9/24/48  
(For additional space, use reverse side)

093D

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 2 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

748 State File No. 3531  
Local Reg. No. 551  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. F. Co. Hosp  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home, Hospital, Institution, Other place...  
(f) Name Hosp. or Inst. F. Co. Gen'l. Hosp days 2  
(g) Lived in this county 20 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 227 6th Ave E.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state)

3. (a) FULL NAME EWING, Clyde O.

3. (b) If veteran, name war None 3. (c) Social Security No None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Golda  
6. (c) Age of husband or wife if alive 60 years  
7. Date of Birth (Month, Day, Year) April 12, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>5</u>	<u>14</u>	hrs min.

9. Exact Occupation Retired Did this work for 0 yrs.  
10. Industry or Business Farmer Date last worked  
11. Birthplace Howard, Kansas  
(City or town) (State or foreign country)

12. Name R. H. Ewing  
13. Birthplace Lincoln, Illinois  
(City or town) (State or foreign country)  
14. Maiden name Ruth NicholSEN  
15. Birthplace Michigan  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Clyde Ewing  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 9/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park Cem.

18. Funeral Director's OWN Signature W. J. Stebbins  
and Address White Mortuary-Twin Falls, Idaho

19. (a) September 30, 1948 (b) John L. Delaney  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 26, 1948  
at 9:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 9-10-48 to 9-26-48  
I last saw h. alive on 9-26 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebral-vascular accident

Duration

3 d.

Due to arteriosclerosis

Due to  
Other conditions (Include pregnancy within 3 months of death)  
Emphysema

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home 0 Farm 0 Industry 0  
Public Place 0 While at work?

Means of injury

23. Attendant's

OWN Signature Jaed T. Kolander M.D.  
and Address Twin Falls, Ida Date 9-27-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 12 1948

DEPARTMENT OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3532  
Local Reg. No. 556  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. F.Co.Hosp.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or T.F.Co.Gen'l.Hosp 2 days  
(g) Lived in this county 33 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 443 Locust Ave  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME MORGAN, Mrs. Minnie Adeline

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Widow  
4. Sex Female race White  
6. (b) Name of husband or wife Jacob R. 6. (c) Age of husband or wife if Deceased alive Dec. 1932 years  
7. Date of Birth (Month, Day, Year) October 5, 1867

8. AGE	Years	Months	Days	If less than 1 day
	80	11	25	hrs min.

9. Exact Occupation Housewife Did this work for yrs.  
10. Industry or Business Own Home Date last worked  
11. Birthplace Macedonia, Iowa (City or town) (State or foreign country)

12. Name Milton Frantz  
13. Birthplace Salem, Ind. (City or town) (State or foreign country)  
14. Maiden name Mary Ann Derry  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address [Address]

17. (a) Burial (b) Date thereof 10/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cem.

18. Funeral Director's OWN Signature [Signature]  
and Address White Mortuary-Twin Falls, Idaho

19. (a) October 4, 1948 (b) Nelson L. Galay  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 30th 1948  
at 5:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 9/30 to 19 9/30

I last saw h. or alive on 9/30 19 48 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia Duration 1 day  
myocardial failure 2 day

Due to Fractured hip

Due to (left)

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? —

Name of operation Hip neck hip Date 27 Sept

Major finding Fracture neck

Finding of autopsy of bones

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐

Occurred 19 1948 City, county, state

where violence occurred

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Pl fell

23. Attendant's OWN Signature Dean H. Apple

and Address Twin Falls, Idaho Date 10/2 1948

(For additional space, use reverse side)

State File No. \_\_\_\_\_  
Local Reg. No. 537  
Reg. Dist. No. 460

United States  
Department of Commerce  
Bureau of the Census  
**RECEIVED**  
SEP 22 1948

# Certificate Of Death

STATE OF IDAHO

1. PLACE OF DEATH: PLACE OF VITAL

(a) County Twin Falls  
(b) City or town Murtaugh  
(c) Street Address or R. F. D. No. Murtaugh  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Twin Falls  
(c) City or town Murtaugh  
(d) Street Address or R.F.D. No. Murtaugh  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME JOHNSON, Mrs. Lena A.

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex Fe race W 6. (c) Age of husband or wife if wife Francis L. alive 85 years  
7. Date of Birth (Month, Day, Year) January 8th, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>8</u>	<u>26</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Victor, New York (City or town) (State or foreign country)  
Mother Father  
12. Name Martin Snyder  
13. Birthplace Victor, New York (City or town) (State or foreign country)  
14. Maiden name Hattie Warren  
15. Birthplace Victor, New York (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. E. S. True and Address Murtaugh, Idaho  
17. (a) Burial (b) Date thereof 9/8/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park Cem.  
18. Funeral Director's OWN Signature W. L. Stitt and Address White Mortuary-Twin Falls, Idaho  
19. (a) September 15, 1948 (b) Helan L. Selay (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 093D  
20. DATE OF DEATH (Month, Day, Year) Sept. 4th, 1948  
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 23 August 1948 to 4 Sept 1948  
I last saw her alive on 4 Sept 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Embolic Pulmonary Duration 10 min.  
Due to Following Radical Breast Removal  
Due to Carcinoma Breast 4 mo.  
Other conditions Myocardial infarction 4 yrs.  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation Radical Breast Date 8-23-48  
Major finding Carcinoma Breast  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred None 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Charles B. Bayner (M. D. or other)  
and Address Twin Falls, Ida Date 9/7/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 15 1948

CERTIFICATE OF DEATH

DIVISION OF VITAL

STATE OF IDAHO

1048

3534

State File No.

Local Reg. No. 530

Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R. F. D. No. # 3  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home? X Hospital None Institution No Other place  
(f) Name Hosp. or Inst. None Stayed No days  
(g) Lived in this county 30 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. #3  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) X

3. (a) FULL NAME Winnie Copenbarger

3. (b) If veteran, name war no 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive Deceased years  
7. Date of Birth April 6, 1881  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>4</u>	<u>30</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business None Date last worked 1943  
11. Birthplace Unknown, Texas  
(City or town) (State or foreign country)  
Father { 12. Name Henry J. Lane  
13. Birthplace Unknown, Texas  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ray C. Copenbarger  
and Address Rt. 3, Buhl, Idaho

17. (a) Burial (b) Date thereof Sept. 9, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature B. J. Albertson  
and Address Buhl, Idaho

19. (a) September 10, 1948 (b) Helen L. Galay  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 5, 1948  
(Month, Day, Year)  
at 11:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1937, to 9-5-1948.  
I last saw her alive on 9-5-1948. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stroke from Myocardial Infarction Duration 1 day  
Due to arterial hypertension

Due to chronic myocarditis  
Other conditions Some facial neuralgia (Include pregnancy within 3 months of death) 5 yr.

Where was disease contracted? PHYSICIAN

Name of operation Underline the cause to which death should be charged statistically.  
Major finding chronic myocarditis  
Finding of autopsy Some facial neuralgia

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swimming Suicide? None Homicide? None  
Occurred 19 City, county, state where violence occurred

Place of Violence: Home Swimming Farm None Industry None  
Public Place Swimming While at work? None

Means of injury Swimming  
23. Attendant's OWN Signature W. D. Drabell  
(M. D. or other)

and Address Buhl, Ida. Date 9-9-1948  
(For additional space, use reverse side)

264

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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SEP 30 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3535  
Local Reg. No. 541  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Filer  
(c) Street Address or R.F.D. No. Yakima Ave.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 42 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No. Yakima Ave  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) North Carolina

## 3. (a) FULL NAME Carrie Lucinda Sharp

3. (b) If veteran, name war    3. (c) Social Security No.     
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife N.V. 6. (c) Age of husband or wife if alive 67 years  
7. Date of Birth (Month, Day, Year) March 8, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>6</u>	<u>16</u>	hrs min.

9. Exact Occupation Housewife Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Allegheny Co., North Carolina  
(City or town) (State or foreign country)

12. Name William F. Weaver  
13. Birthplace Virginia  
(City or town) (State or foreign country)  
14. Maiden name Irene Young  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Linda L. Farmer  
and Address Filer, Idaho

17. (a) Burial (b) Date thereof 9/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature James E. Reynolds  
and Address Twin Falls, Idaho

19. (a) September 22, 1948 (b) Selen L. Golay  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 059B

20. DATE OF DEATH (Month, Day, Year) September 14, 1948  
at 6:45 o'clock AM

21. I HEREBY CERTIFY, That I attended deceased from June 1946 to 9/14/1948  
I last saw h. or alive on 9/13 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

- Myocardial  
Due to Myocardial retention and Pericarditis 1 minute  
Due to Coronary Arteriosclerosis 5 yrs  
Other conditions Myocardial (Include pregnancy within 3 months of death) 10 yrs  
arteriosclerosis

- Where was disease contracted?    PHYSICIAN  
Name of operation    Date    Underline the cause to which death should be charged statistically.  
Major finding     
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature James E. Reynolds (M. D. or other)  
and Address Filer, Idaho Date 9/18 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
SEP 30 1948

# Certificate Of Death

STATE OF IDAHO

DIVISION OF VITAL

State File No. 3536  
Local Reg. No. 539  
Reg. Dist. No. 460

1. PLACE OF DEATH: STATISTICS
- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Falls Ave Rt. #3  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 7 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Falls Ave Rt. 3  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state)

3. (a) FULL NAME BROWN, Mrs. Ada M.

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or W 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Fe race W  
6. (b) Name of husband or wife Claude J. 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) February 22, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>6</u>	<u>25</u>	hrs min.

9. Exact Occupation Housewife Did this work for  yrs.  
10. Industry or Business work Date last worked  
11. Birthplace Richland-Tama Co., Iowa (City or town) (State or foreign country)

- Mother Father  
12. Name Samuel Hallett  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Marie Powell  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Ada Brown  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 9/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Weyl H. Willis  
and Address White Mortuary-Twin Falls, Ida.

19. (a) September 20, 1948 (b) Weyl H. Willis  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 17, 1948  
(Month, Day, Year) at 4 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 15 June 1948 to Sept. 17, 1948  
I last saw her alive on Sept. 17, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis chr. Duration 1 year

Due to unknown

Due to Chr. Pyelo Nephritis 1 year  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation None Date  
Major finding  
Finding of autopsy Myocarditis chr.  
Chr. Pyelo Nephritis

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Weyl H. Willis  
and Address Twin Falls, Idaho Date 9/17 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

SEP 30 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3537  
Local Reg. No. 507  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

### STATISTICS

- (a) County Twin Falls  
(b) City or town Kimberly  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 26 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Kimberly  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Beatrice C. Drake

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex F race W 5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Benjamin C. 6. (c) Age of husband or wife if alive 73 years

7. Date of Birth (Month, Day, Year) July 22 - 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>2</u>	<u>0</u>	hrs min.

9. Exact Occupation Housewife Did this work for 40 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 1947

11. Birthplace Logans (City or town) (State or foreign country) Idaho

12. Name Oliver F. Coffey

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Benjamin A. Drake

- and Address Kimberly Idaho

17. (a) Burial (b) Date thereof Sept 20  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: San Sil Memorial - Twin Falls

18. Funeral Director's OWN Signature Patricia E. Payne

- and Address Kimberly Idaho

19. (a) September 27, 1948 (b) Nelson L. Colley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 9-22  
(Month, Day, Year) at 11:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 7-9 1948, to 9-22 1948.  
I last saw her alive on 9-22 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Poisoning Duration 1 week

Due to Acute Poisoning Several

Due to Chronic Decomposition years

Other conditions Chronic Hepatitis

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. M. Chas. McD

and Address Twin Falls Idaho Date 9-23 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 2 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 3538  
Local Reg. No. 552  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Rt. 2  
(d) Death Occured Inside? XXXX Outside? X city or town  
(e) Died in a Home X Hospital XXXX Institution XXXX Other place XXXX  
(f) Name Hosp. or Inst. XXXX Stayed XXXX days  
(g) Lived in this county XXXX years 4 months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Rt. 2  
(e) Deceased lived Inside? XXXX Outside? X city or town  
(f) Citizen of what country? XXXX  
(g) How long had deceased lived in Idaho? XXXX years  
(h) Former residence (city, state) XXXX

3. (a) FULL NAME HARDING, Glenn Richard

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or XXXX 6. (a) Single, widowed, married, XXXX  
4. Sex male race white divorced XXXX single XXXX  
6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if alive XXXX years  
7. Date of Birth (Month, Day, Year) May 11, 1948

8. AGE	Years	Months	Days	If less than 1 day
		<u>4</u>	<u>17</u>	hrs min.

9. Exact Occupation Infant Did this work for XXXX yrs.  
10. Industry or Business XXXX Date last worked XXXX  
11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

12. Name Edwin P. Harding  
13. Birthplace Stirling, Colo.  
(City or town) (State or foreign country)  
14. Maiden name Elaine Miller  
15. Birthplace Jerome, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature X Edwin P. Harding  
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/48  
(c) Place: Sunset Memorial Park Cem.

18. Funeral Director's OWN Signature Angela Stittin  
and Address White Mortuary, Twin Falls,

19. (a) September 30, 1948 (b) Helen L. Galley  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 28, 1948  
at 10:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 5-11-48 19 XXXX, to 9/28 19 48

I last saw h. im alive on 9/28 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Brain Tumor

Duration

Since birth  
5 1/2 mos

Due to XXXX

Due to XXXX

Other conditions XXXX

(Include pregnancy within 3 months of death)

Where was disease contracted? XXXX

Name of operation Excision of tumor Date 5-25-48 Underline the cause to which death should be charged statistically.  
Major finding Primary Anaplastic CA

Finding of autopsy Brain tumor - involving cerebellum

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? XXXX Suicide? XXXX Homicide? XXXX

Occurred XXXX 19 XXXX City, county, state where violence occurred

Place of Violence: Home XXXX Farm XXXX Industry XXXX

Public Place XXXX While at work? XXXX

Means of injury XXXX

23. Attendant's

OWN Signature Joseph W. Marshall, M.D.

and Address Twin Falls, Idaho Date 9/30/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

SEP 9 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 3539  
Local Reg. No. 230  
Reg. Dist. No. 3/8

1. PLACE OF DEATH: Valley, Stibnite
- (a) County.....  
(b) City or town.....  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. Stibnite Hosp. Stayed 2/24 days  
(g) Lived in this county..... years..... months 4/24 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Valley  
(c) City or town Stibnite  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 2 1/2 yrs (4 1/2) years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Richardson, Gary Dean

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

5. Color or .....  
4. Sex M race W  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) Sept 6, 1948

8. AGE	Years	Months	Days	If less than 1 day
				2 hrs. 15 min.

9. Exact Occupation..... Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace Stibnite Idaho (City or town) (State or foreign country)

12. Name Ralph Richardson (City or town) (State or foreign country)

13. Birthplace Caldwell Idaho (City or town) (State or foreign country)

14. Maiden name Glenna Ross (City or town) (State or foreign country)

15. Birthplace Indian Valley Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature x Philma Ross and Address Stibnite Idaho

17. (a) Burial (b) Date thereof 9 - 7 - 48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Indian Valley

18. Funeral Director's OWN Signature J. M. Mortimer, M.D. and Address Stibnite Idaho

19. (a) Sept 6 - 1948 (b) Myrtle Gardner (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 9 - 6 - 1948 at 3:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 9-6-48 1:30 A.M. 19 to 9-6-48 3:45 A.M.

I last saw him alive on 7-6-48 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 2 1/4 hrs.

Due to Birth Injury 2 1/4 hrs.

Due to Complications of Delivery  
Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....  
Name of operation..... Date.....

Major finding.....  
Finding of autopsy.....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature J. M. Mortimer, M.D. (M. D. or other) and Address Stibnite Date 9-6-1948 (For additional space, use reverse side)



INFORMANT, FUNERAL DIRECTOR, REGISTRAR AND MEDICAL ATTENDANT. EACH MUST SIGN WITH BLACK INK IN OWN HANDWRITING. EACH ITEM SHOULD BE ANSWERED AS COMPLETELY AS POSSIBLE. STATE ANSWERS AS UNKNOWN ONLY AFTER A CAREFUL INVESTIGATION. USE BLACK INK OR BLACK RECORD TYPEWRITER RIBBON IN FILLING OUT CERTIFICATE. (ICA 38-206 and 215.) ADDRESS CORRESPONDENCE TO STATE BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

SEP 18 1948

STATE OF IDAHO

State File No. **3540**  
Local Reg. No. **286**  
Reg. Dist. No. **310**

<b>1. PLACE OF DEATH:</b> DIVISION OF VITAL STATISTICS		<b>2. Usual Residence of Deceased:</b> (Always fill in these)	
(a) County <b>Valley</b>	(b) City or town <b>Cascade</b>	(a) State <b>Idaho</b>	(b) County <b>Valley</b>
(c) Street Address or R.F.D. No. <b>X</b>	(d) Death Occurred Inside? <b>X</b> Outside? <b>city or town</b>	(c) City or town <b>Donnelly</b>	(d) Street Address or R.F.D. No. <b>X</b>
(e) Died in a Home <b>X</b> Hospital <b>X</b> Institution <b>Other place</b>	(f) Name Hosp. or Inst. <b>Cascade</b> Stayed <b>25</b> days	(e) Deceased lived Inside? <b>Outside? X</b> city or town	(f) Citizen of what country? <b>U.S.A.</b>
(g) Lived in this county <b>16</b> years <b>months</b> days	Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.		

3. (a) FULL NAME **LILLIAN DYNE ERICKSON.**

3. (b) If veteran, name war <b>No.</b>	3. (c) Social Security No. <b>None.</b>
5. Color or <b>White.</b>	6. (a) Single, widowed, married, divorced <b>Married.</b>
4. Sex <b>Female.</b>	6. (b) Name of husband or wife <b>Henry Erickson, Jr.</b>
6. (b) Name of husband or wife <b>Henry Erickson, Jr.</b>	6. (c) Age of husband or wife if alive <b>55</b> years
7. Date of Birth (Month, Day, Year) <b>January. 5. 1897.</b>	

8. AGE	Years	Months	Days	If less than 1 day
	<b>51.</b>	<b>8.</b>	<b>1.</b>	hrs. min.

9. Exact Occupation <b>At Home.</b>	Did this work for <b>0</b> yrs.
10. Industry or Business <b>Fitchburg, Mass.</b>	Date last worked <b>0</b>
11. Birthplace <b>Fitchburg, Mass.</b>	(City or town) (State or foreign country)

12. Name <b>John Aho.</b>	
13. Birthplace <b>Finland.</b>	(City or town) (State or foreign country)
14. Maiden name <b>Hilma Kangas.</b>	
15. Birthplace <b>Finland.</b>	(City or town) (State or foreign country)

16. Informant's OWN Signature <b>Henry Erickson</b>	
and Address <b>Donnelly Idaho</b>	
17. (a) <b>Burial</b> (Burial, cremation, or removal)	(b) Date thereof <b>Sept. 9. 1948.</b> (Month) (Day) (Year)
(c) Place <b>Lakefork, Idaho.</b>	

18. Funeral Director's OWN Signature <b>Charles E. Summers</b>	
and Address <b>Boise, Idaho.</b>	
19. (a) <b>11-1948</b> (Date received and filed)	(b) <b>Arville Gardner</b> (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) **September. 6. 1948.**  
at **1.30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **August 10. 1948.** to **September 6. 1948.**  
I last saw h. **or** alive on **September 6. 1948.**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Respiratory arrest** Duration **minutes.**

Due to **Parkinson's disease** **12 yrs.**

Due to **0**

Other conditions (Include pregnancy within 3 months of death) **0**

Where was disease contracted? **0**

Name of operation **0** Date **0**

Major finding **0**

Finding of autopsy **0**

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? **0** Suicide? **0** Homicide? **0**  
Occurred **0** 19 **0** City, county, state where violence occurred **0**  
Place of Violence: Home **0** Farm **0** Industry **0**  
Public Place **0** While at work? **0**  
Means of injury **0**

23. Attendant's OWN Signature **D. B. Patterson, m.d.** (M. D. or other)  
and Address **Cascade** Date **9-6-1948**  
(For additional space, use reverse side)

087C

United States

Department of Commerce

Bureau of the Census

SEP 18 1948

# CERTIFICATE OF DEATH

## STATE OF IDAHO

State File No. 3541

Local Reg. No. 297

Reg. Dist. No. 310

## 1. PLACE OF DEATH

- (a) County Idaho  
 (b) City or town Cascade  
 (c) Street Address or R. F. D. No. -  
 (d) Death Occurred Inside? X Outside? - city or town  
 (e) Died in a Home X Hospital - Institution - Other place -  
 (f) Name Hosp. or Inst. - Stayed - days  
 (g) Lived in this county 2 years 6 months - days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Valley  
 (c) City or town Cascade  
 (d) Street Address or R. F. D. No. -  
 (e) Deceased lived Inside? X Outside? - city or town  
 (f) Citizen of what country? U. S. A.  
 (g) How long had deceased lived in Idaho? 2 1/2 years  
 (h) Former residence (city, state) Colver City, Cal.

## 3. (a) FULL NAME

Elizabeth

Yingst

097X

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Joseph R. 6. (c) Age of husband or wife if alive - years  
 7. Date of Birth (Month, Day, Year) Sept 18 / 1864

8. AGE	Years	Months	Days	If less than 1 day
	83	11	22	hrs min.

9. Exact Occupation At Home Did this work for - yrs.  
 10. Industry or Business - Date last worked -

11. Birthplace Canada  
 (City or town) (State or foreign country)

12. Name John Duncan

13. Birthplace Scotland  
 (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
 (City or town) (State or foreign country)

16. Informant's OWN Signature W. J. Yingst  
 and Address Cascade, Idaho

17. (a) Removal (b) Date thereof 9/10/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Colver City, California

18. Funeral Director's OWN Signature Geo. J. Jernigan Jr.  
 and Address 1205 Broadway, Boise, Idaho

19. (a) Sept 18 - 1948 (b) W. J. Yingst  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH (Month, Day, Year) SEPT. 10 1948  
 at 7 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 1947, to SEPT. 1948

I last saw her alive on SEPT. 5 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac arrest

## Duration

Due to Arteriosclerosis Yrs.

Due to senility Yrs.

Other conditions -  
 (Include pregnancy within 3 months of death)

Where was disease contracted? - PHYSICIAN

Name of operation - Date -

Major finding -

Finding of autopsy -

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature R. B. Patterson md  
 and Address Cascade (M. D. or other)

Date 9-10-1948  
 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

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CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 3542  
Local Reg. No. 238  
Reg. Dist. No. 310

1. PLACE OF DEATH:

- (a) County Valley  
(b) City or town Cascade  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Cascade Hosp. Stayed 21 days  
(g) Lived in this county 44 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Valley  
(c) City or town Cascade  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ✓ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 92 years  
(h) Former residence (city, state) Montezuma, Colorado

3. (a) FULL NAME

Ada Emmaline Olson

109E

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Christian 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 18 - 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>4</u>	<u>23</u>	hrs min.

9. Exact Occupation House wife Did this work for 28 yrs.

10. Industry or Business Home Date last worked \_\_\_\_\_

11. Birthplace Broken Ridge Colorado (City or town) (State or foreign country)

12. Name John Sisler (City or town) (State or foreign country)

13. Birthplace UNKNOWN (City or town) (State or foreign country)

14. Maiden name Katherine Kedes

15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature Archie Olson

and Address Cascade Idaho

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: \_\_\_\_\_

18. Funeral Director's OWN Signature Elmer R. Peterson

and Address EMMETT, Idaho

19. (a) Sept 13 - 1948 (b) [Signature] (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 13 - 1948 at 3:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw her alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Failure Duration 3-4 days

Due to Pneumonia 2 wks.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D.B. Patterson md (M. D. or other)

and Address Cascade Date Oct. 7 - 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

SEP 23 1948

STATE OF IDAHO

1948  
State File No. 3543  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Washington  
(b) City or town Midvale  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 45 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Midvale  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Gale City, Va.

## 3. (a) FULL NAME William B. Wininger

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Jessie 6. (c) Age of husband or wife if alive 62 years  
7. Date of Birth (Month, Day, Year) February 23 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>6</u>	<u>21</u>	hrs min.

9. Exact Occupation Barber Did this work for Lif yrs.  
10. Industry or Business Own Shop Date last worked 8/10/47  
11. Birthplace Virginia (City or town) (State or foreign country)

12. Name David Wininger  
13. Birthplace Gale City Va. (City or town) (State or foreign country)  
14. Maiden name Emily Grimm  
15. Birthplace Gale City Va. (City or town) (State or foreign country)

16. Informant's OWN Signature W B Wininger  
and Address Midvale, Idaho

17. (a) Burial (b) Date thereof 9/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weider, Idaho

18. Funeral Director's OWN Signature [Signature]  
and Address Northam-James, Idaho

19. (a) 9/14/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 13 19 48  
at 10:01 o'clock P.A.M.

21. I HEREBY CERTIFY, That I attended deceased from 9/1/48 19 9/13/48 19 19  
I last saw him alive on 9/13/48 19 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration 5 hrs.

Due to Arteriosclerosis 5 yrs.

Due to Senile change 5 yrs.

Other conditions Diabetes Mellitus 4 yrs.  
(Include pregnancy within 8 months of death)

Where was disease contracted? 0  
Name of operation 0 Date 0  
Major finding .....  
Finding of autopsy 0  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home 0 Farm 0 Industry 0  
Public Place 0 While at work? 0  
Means of injury 0

23. Attendant's OWN Signature [Signature]  
and Address Cambridge, Idaho (M. D. or other) Date 9/14/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. **3544**  
Local Reg. No. **335**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Lukes** Stayed \_\_\_\_\_ days  
(g) Lived in this county **1** years **6** months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1021 Harrison**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **1 1/2** years  
(h) Former residence (city, state) **Wyoming**

## 3. (a) FULL NAME **Jean M. Spears**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **June 20th 1884**

8. AGE	Years	Months	Days	If less than 1 day
	<b>64</b>	<b>3</b>	<b>11</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Rock Springs Wyoming**  
(City or town) (State or foreign country)

12. Name **Robert W. Millikin**

13. Birthplace **Ireland**  
(City or town) (State or foreign country)

14. Maiden name **Jane Tait**

15. Birthplace **Scotland**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **James Lee**

and Address **912 N. 17th St. Boise, Idaho**

17. (a) **Burial** (b) Date thereof **10/4/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **St. John's Cemetery**

18. Funeral Director's OWN Signature **Schreyer McLean**

and Address **Boise**

19. (a) **10-4-48** (b) **M. J. McLean**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **10-1**  
at **4:30** o'clock **A**.M.

21. I HEREBY CERTIFY, That I attended deceased from **9-26** 19**48** to **10-1** 19**48**;  
I last saw her alive on **10-1** 19**48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial failure** Duration **2 days**

Due to **acute postoperative myocardial infarction** **4 days**

Due to **cholesterol embolism** **7**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation **none**

Major finding **none**

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **R. J. McLean**

and Address **Boise** (M. D. or other)

Date **10-1** 19**48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States

Department of Commerce

Bureau of the Census

RECEIVED

OCT 10 1948

# CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 3545

Local Reg. No. 339

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R. F. D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Alphonsus Sept 10 days  
(g) Lived in this county 39 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. 308 11th Ave. N.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME Fred T. Parish

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or W. 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Ella Graham 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) September 2, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>0</u>	<u>29</u>	hrs min.

9. Exact Occupation Retired farmer Did this work for Lifeyrs.  
10. Industry or Business Farming Date last worked 1940  
11. Birthplace Fincastle, Ohio (City or town) (State or foreign country)

12. Name John T. Parish  
13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Sarah Melvin  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Fred T. Parish and Address Buhl, Idaho

17. (a) Burial (b) Date thereof Oct. 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Sunset Memorial - Twin Falls  
18. Funeral Director's OWN Signature D. J. Robertson and Address Buhl, Idaho

19. (a) 10-5-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH October 1 1948  
(Month, Day, Year)  
At 12:00 o'clock Noon.

21. I HEREBY CERTIFY, That I attended deceased from Sept 23 1948 to Oct 1 1948  
I last saw him alive on Oct 1 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death Myocardial infarction Duration 2 day  
Due to Bulbar paralysis 5 days  
Due to Arteriosclerosis 1 year  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Sarah G. Ward (M. D. or other)  
and Address Buhl, Idaho Date 10-4-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 16 1948  
Certificate of Death  
OFFICE OF VITAL  
STATE OF IDAHO

1948 State File No. 3546  
Local Reg. No. 336  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus days 6  
(g) Lived in this county 11 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 4  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Illinois

3. (a) FULL  
NAME

CORA ELMA FLYNN.

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None.

5. Color or  
4. Sex Female Race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Charles William Flynn

6. (c) Age of husband or wife if  
alive 72 years

7. Date of Birth  
(Month, Day, Year) October. 4. 1883.

8. AGE	Years	Months	Days	If less than 1 day
	<u>64.</u>	<u>11.</u>	<u>27.</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Mt Sterling, Illinois  
(City or town) (State or foreign country)

12. Name George Washington Hunsaker

13. Birthplace Mt Sterling, Illinois  
(City or town) (State or foreign country)

14. Maiden name Jennie Marie Johnson

15. Birthplace Mt Sterling, Illinois  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature James A. Flynn  
and Address Boise, R.F.D.

17. (a) Burial (b) Date thereof Oct. 5, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's  
OWN Signature Clyde E. Summers  
and Address Boise, Idaho

19. (a) 10-5-48 (b) Maryle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) October. 1. 19 48.  
at 1.40. o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from  
Sept 36 19 48 to Oct 1 19 48

I last saw her alive on Sept 30 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Sarcoma (Carcinoma) of  
base of bladder, with  
Due to: ? base stones

Due to \_\_\_\_\_  
Other conditions marked infection  
(Include pregnancy within 3 months of death)

Where was disease contracted? None

Name of operation None Date 2/25

Major finding Sarcoma of bladder

Finding of autopsy none

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's  
OWN Signature Everett Jones

and Address Boise, Idaho Date 10/4 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OCT 16 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

Hamilton, 1948

State File No. 3547  
Local Reg. No. 350  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Alphonsus 6 days  
(g) Lived in this county 20 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 8  
(e) Deceased lived Inside? Outside X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Wyoming

## 3. (a) FULL NAME

ZELMA RUTH HOFLIN.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or White. 6. (a) Single, widowed, married, divorced Married.  
4. Sex Female. 6. (b) Name of husband or wife Eric Hoflin.  
6. (c) Age of husband or wife if alive 52 years

7. Date of Birth (Month, Day, Year) August. 20. 1912.

8. AGE	Years	Months	Days	If less than 1 day
	<u>36.</u>	<u>1.</u>	<u>13.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for  yrs.

10. Industry or Business worked Date last worked worked

11. Birthplace Laramie, Wyoming. (City or town) (State or foreign country)

12. Name Robert Button. (City or town) (State or foreign country)

13. Birthplace New York. (City or town) (State or foreign country)

14. Maiden name Mary Brown. (City or town) (State or foreign country)

15. Birthplace Nebraska. (City or town) (State or foreign country)

16. Informant's OWN Signature J. H. Tennant and Address R.D. # 3, Boise, Idaho.

17. (a) Burial. (b) Date thereof Oct. 6. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park. (City or town) (State or foreign country)

18. Funeral Director's OWN Signature Charles E. Summers and Address Boise, Idaho.

19. (a) 10-12-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October. 3. 19 48.  
at 4.30. o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 10-3-48 to 10-3-48

I last saw her alive on 10-2-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pat operation. Duration

Due to Adenocarcinoma of Gall bladder and stomach.

Due to Stomach

Other conditions Had and

(Include pregnancy within 3 months of death) Emphysema, lung & heart

Where was disease contracted? at home.

Name of operation Cholecystectomy Date 9-28-48

Major finding Adenocarcinoma Finding of autopsy Gall bladder and stomach

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Attendant's

23. OWN Signature L. J. Vanaman and Address Boise, Id. Date 10-11-48



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 13 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3548  
Local Reg. No. 337  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. Resseguie and 8th Streets  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home. Hospital Institution. Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county. years months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Canyon  
(c) City or town. Caldwell  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? Outside X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME ARTHUR LEE GROSS.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or Male race White  
4. Sex Male race White  
6. (b) Name of husband or wife Helen E. Gross 6. (c) Age of husband or wife if alive 38 years  
7. Date of Birth (Month, Day, Year) May 9, 1909

8. AGE	Years	Months	Days	If less than 1 day
	<u>39.</u>	<u>4.</u>	<u>29.</u>	hrs. min.

9. Exact Occupation. Mechanic. Did this work for.  yrs.  
10. Industry or Business. and Welder. Date last worked.

11. Birthplace. Nampa, Idaho. (City or town) (State or foreign country)

12. Name. Simeion L. Gross.

13. Birthplace. Tenn. (City or town) (State or foreign country)

14. Maiden name. Lana Wine.

15. Birthplace. Tenn. (City or town) (State or foreign country)

16. Informant's OWN Signature. Paul C. Gross  
and Address. Nuna P. Idaho

17. (a) Burial. (b) Date thereof. Oct. 7, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place. Nampa, Idaho.

18. Funeral Director's OWN Signature. Charles E. Summers  
and Address. Boise, Idaho

19. (a) 10-5-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 4, 1948.  
at 2:25 o'clock A.M.

21. I HEREBY CERTIFY, That I ~~attest~~ deceased from October 4, 1948 to 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Suicide, Shot himself in head with 32 Caliber Revolver. Duration  
Due to Shooting his wife and Committed Suicide.

Due to Other conditions  
(Include pregnancy within 8 months of death)

Where was disease contracted? Physician  
Name of operation Date  
Major finding Underline the cause to which death should be charged statistically.  
Finding of autopsy Statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Yes. Homicide? No.  
Occurred October 4, 1948 city, county, state  
where violence occurred Resseguie and 8th St  
Place of Violence: Home. Farm. Industry. Public Place. Yes. While at work? No.

- Means of injury Coroner of  
23. Attendant's OWN Signature. Charles E. Summers Ada County.  
(M. D. or other)  
and Address. Boise, Idaho Date Oct. 4, 1948.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 13 1948  
DEPT. OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3549  
Local Reg. No. 338  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Lukes. Stayed 4 Hrs.  
(g) Lived in this county 11 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho. (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1400 N. 8 Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Penn.

## 3. (a) FULL NAME

HELEN E. GROSS.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female Color or Race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December. 18. 1909.

8. AGE	Years	Months	Days	If less than 1 day
	<u>38.</u>	<u>9.</u>	<u>16.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Mercersburg, Penn. (City or town) (State or foreign country)

12. Name Elbert C. Zimmerman

13. Birthplace Sylvan, Penn. (City or town) (State or foreign country)

14. Maiden name Nora E. Negley

15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Elbert C. Zimmerman  
and Address Bozeman, Idaho

17. (a) Burial. (b) Date thereof Oct. 4, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Nampa, Idaho

18. Funeral Director's OWN Signature Clay E. Summers  
and Address Boise, Idaho

19. (a) 10-5-48 (b) Mittle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October. 4. 19 48.

at 5 o'clock A. M. SAW

21. I HEREBY CERTIFY, That I attended deceased from October. 4. 1948. to 19

I last saw him alive on 19 October. 4. 1948.  
~~deceased had not been carried on the date and hour stated above~~

Immediate Cause of Death: Homicide. Shot by her estranged husband with a 32 Caliber Revolver.

Due to ver.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? Yes

Occurred October. 4. 19 48 City, county, state

where violence occurred Boise, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place X While at work? \_\_\_\_\_

Means of injury Shot through shoulder

23. Attendant's OWN Signature Clay E. Summers Coroner of  
(M. D. or other) Ada County

and Address Boise, Idaho Date Oct. 4. 19 48.

(For additional space, use reverse side)

166X

PHYSICIAN  
underline the  
cause to which  
death should  
be charged  
statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 12 1948

# Certificate of Death

STATE OF IDAHO

Wahle

State File No. 3550  
Local Reg. No. 341  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 30 days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1012 Grant Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Oklahoma

## 3. (a) FULL NAME

Irene A. Timmerman

## 3. (b) If veteran, name war No.

3. (c) Social Security No. None

## 4. Sex Female Color or race White

6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Howard Grant Timmerman

6. (c) Age of husband or wife if alive 38 years

## 7. Date of Birth (Month, Day, Year) May 15, 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>4</u>	<u>19</u>	hrs. min.

## 9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Purcell, Oklahoma (City or town) (State or foreign country)

## 12. Name Jess Ewing (City or town) (State or foreign country)

## 13. Birthplace Oklahoma (City or town) (State or foreign country)

## 14. Maiden name Matilda Hall (City or town) (State or foreign country)

## 15. Birthplace Arkansas City, Kansas (City or town) (State or foreign country)

## 16. Informant's OWN Signature Howard G. Timmerman and Address 304 Iowa St. Rt. 6

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7, 1948 (Month) (Day) (Year)

## (c) Place Cloverdale Memorial Park (City or town) (State or foreign country)

## 18. Funeral Director's OWN Signature Charles E. Summers and Address Boise, Idaho

## 19. (a) 10-7-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) October 4, 1948

at 6 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1948 to Oct 4, 1948

I last saw him alive on Oct 3, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Cardiac Decomposition Duration

chronic nephritis  
Due to with uraemia  
and chronic Hypertension

Due to \_\_\_\_\_

Other conditions uraemia + Hypertension  
(Include pregnancy within 3 months of death)

Extraneal factors

Where was disease contracted? at home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature J. H. Wahle M.D. (M.D. or other)

and Address Boise, Idaho Date Oct 6, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 16 1948  
STATE OF IDAHO

# Certificate of Death

Hamilton 3551  
State File No. 448  
Local Reg. No. 348  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 1 Hr. days  
(g) Lived in this county \_\_\_\_\_ years 2 months 14 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 8  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? X years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Donald Rae Thompson.

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None.

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) July. 20. 1948.

8. AGE	Years	Months	Days	If less than 1 day
		<u>2.</u>	<u>14.</u>	hrs. min.

9. Exact Occupation None. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise, Idaho.  
(City or town) (State or foreign country)

12. Name Lawrence Thompson.

13. Birthplace Grand Junction, Colorado.  
(City or town) (State or foreign country)

14. Maiden name Fern Boyce.

15. Birthplace Nampa, Idaho.  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Jean Thompson  
and Address Route 8 Boise Idaho

17. (a) Burial. (b) Date thereof Oct. 6. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's  
OWN Signature Chas E Summers  
and Address Boise, Idaho

19. (a) 10-12-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) October. 4. 1948.  
at 10 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from  
10-4 1948 to 10-4 1948  
I last saw her alive on 10-4 1948;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Pneumonia

Duration  
4 or 5 days

Due to Asphyxiated

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's  
OWN Signature L. O. Hamilton  
(M. D. or other)

and Address 10-11-48 Date \_\_\_\_\_ 19 \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

Forney 3552  
1948 State File No.  
Local Reg. No. 340  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1022. East Jefferson  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 37 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1022. E. Jefferson  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) North Dakota

## 3. (a) FULL NAME

Flora. C. Meacham.

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No. None.

## 5. Color or Race White

## 6. (b) Name of husband or wife

## 6. (a) Single, widowed, married, Divorced Widow

## 6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year) August. 13. 1861.

8. AGE	Years	Months	Days	If less than 1 day
	<u>87.</u>	<u>1.</u>	<u>22.</u>	hrs. min.

## 9. Exact Occupation At Home. Did this work for yrs.

## 10. Industry or Business worked Date last worked

## 11. Birthplace Mc Vey, Illinois. (City or town) (State or foreign country)

## 12. Name John Wesley Mc Vey. (City or town) (State or foreign country)

## 13. Birthplace Unknown. (City or town) (State or foreign country)

## 14. Maiden name Nancy. C. Patton. (City or town) (State or foreign country)

## 15. Birthplace Unknown. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Violet M. Delana and Address 1022 East Jefferson -

## 17. (a) Burial. (Burial, cremation, or removal) (b) Date the Oct. 8. 1948 (Month) (Day) (Year)

## (c) Place Pioneer Cemetery.

## 18. Funeral Director's OWN Signature Cliff E. Summers and Address Boise, Idaho

## 19. (a) 10-7-48 (Date received and filed) (b) Margie Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) October. 5. 1948.

## at 9 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from Oct 4 to Oct 5 1948

I last saw h. u alive on Oct 5 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Seriously only

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred 19 City, county, state

where violence occurred.

## 23. Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature Shr Forney M.D.

and Address Boise (M. D. or other) Oct 6 - 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 20 1948

# Certificate of Death

STATE OF IDAHO

State File No. **3553**  
Local Reg. No. **342**  
Reg. Dist. No. **370**

1. PLACE OF DEATH:  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county 5 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1708 Warm Spg's  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Lifetime years  
(h) Former residence (city, state) None

3. (a) FULL NAME Anna Coston Churchill  
3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widow  
4. Sex Female 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 13th 1873  
8. AGE Years 75 Months 3 Days 23 If less than 1 day hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Boise Idaho (City or town) (State or foreign country)  
Father { 12. Name Isaac Newton Coston  
13. Birthplace Ithaca New York (City or town) (State or foreign country)  
Mother { 14. Maiden name Mary Drake  
15. Birthplace Chester New Jersey (City or town) (State or foreign country)  
16. Informant's OWN Signature Chas Coston Gerkand  
and Address 1708 Warm Springs Ave. Boise  
17. (a) Removal (b) Date thereof 10/8/1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Weiser Idaho  
18. Funeral Director's OWN Signature Schreiner McLean  
and Address Boise  
19. (a) 10-8-48 (b) M. J. McLean (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) October 6, 1948  
at 10:00 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from 7-6-48 to 10-6-48  
I last saw her alive on 10-6-48  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Paralytic stroke Duration 4 days  
Due to Arterio sclerosis 10 yrs  
Due to Diabetes Mellitus Unknown  
Other conditions Fracture left hip - Healing  
(Include pregnancy within 3 months of death)  
Where was disease contracted? Home  
Name of operation Open Reduction Date 7-27-48  
Major finding Arterio sclerosis fracture  
Finding of autopsy As above  
PHYSICIAN Underline the cause to which death should be charged statistically.  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred July 6, 1948 City, county, state Boise, Idaho  
where violence occurred. Boise, Idaho  
Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? Fell in Bathroom  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature James Gerkand  
and Address Boise, Idaho Date 10-7-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 16 1948

# Certificate of Death

STATE OF IDAHO

See small 1048

State File No. 3554

Local Reg. No. 352

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1124. Main St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 15 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 303. N. 2 nd St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) Indiana

## 3. (a) FULL NAME

HARRY EDSON CLIFFORD.

## 3. (b) If veteran, name war No.

3. (c) Social Security No. 518-07-7212.

## 4. Sex Male. Color or race White.

5. (a) Single, widowed, married, divorced Married.

## 6. (b) Name of husband or wife Elsie Mary Clifford.

6. (c) Age of husband or wife if alive 66 years

## 7. Date of Birth (Month, Day, Year)

March. 31. 1877.

## 8. AGE

Years

Months

Days

If less than 1 day

71.

6.

5.

hrs.

min.

## 9. Exact Occupation

Retired.

Did this

work for

\_\_\_\_\_ yrs.

## 10. Industry or Business

Professional Adjustment Bureau.

Date last

worked

## 11. Birthplace

Rochester, Indiana.

(City or town)

(State or foreign country)

## 12. Name

James. M. Clifford.

## 13. Birthplace

Unknown.

(City or town)

(State or foreign country)

## 14. Maiden name

Mary Jane Edson.

## 15. Birthplace

Canada.

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

James M. Clifford

and Address

1122 1st View Dr. Biscan

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Oct. 9. 1948.

(Month)

(Day)

(Year)

(c) Place

Cloverdale Memorial Park.

## 18. Funeral Director's

OWN Signature

Charles E. Summers

and Address

Boise Idaho.

## 19. (a)

10-14-48

(Date received and filed)

(b)

Myrtle Palmer

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) October. 6. 19 48.  
at 10.30. o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

9-17- 19 47. to 10-6 19 48.  
I last saw him alive on 9-30 19 48.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion

Due to hypertensive Cardio-vascular

disturbance.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

\_\_\_\_\_

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 12 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 3555

Local Reg. No. 343

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus days 45  
(g) Lived in this county 48 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1916 N. 28.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Wisconsin.

## 3. (a) FULL NAME

PHOEBE GORTON MC CURDY.

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. 518-09-5257.

5. Color or  
4. Sex Female Race White.

6. (a) Single, widowed, married, divorced Widow.

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February 9, 1879.

8. AGE	Years	Months	Days	If less than 1 day
	<u>69.</u>	<u>7.</u>	<u>29.</u>	hrs. min.

9. Exact Occupation Cook. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Wisconsin. (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name Laurentine P. Gorton.

13. Birthplace Unknown. (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Louise Weier.

15. Birthplace Germany. (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Bessie Lee Thomas  
and Address 2414 Harrison Blvd.

17. (a) Burial. (b) Date thereof Oct. 11, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Elmer E. Summers  
and Address Boise, Idaho.

19. (a) 10-11-48 (b) Muriel Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 8, 1948

at 12:40 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from January, 1947 to October 8, 1948

Last saw h. ex alive on October 8, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Metastatic carcinoma to Duration 6 months  
chamber and thoracic wall  
Due to carcinoma of sigmoid with 1 year  
extension to bladder and vagina  
Due to symptomatic disseminated 1 1/2 years  
Generalized metastatic carcinoma  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Colostomy Date Apr. 1948

Major finding \_\_\_\_\_

Finding of autopsy above findings

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While of work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Raymond Jones M.D.

and Address Boise, Idaho Date 10/19, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

Powells 1948 3556  
State File No. 349  
Local Reg. No. 370  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Lukes Stayed 1 days  
(g) Lived in this county 1 years 2 months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1820 N. 15  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 14 Months  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME Ira Pratt

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Lillian Pratt 6. (c) Age of husband or wife if alive 67 years

7. Date of Birth (Month, Day, Year) September. 10. 1882.

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>0</u>	<u>29</u>	hrs. min.

9. Exact Occupation Retired Music Did this work for  yrs.

10. Industry or Business Director Date last worked

11. Birthplace Bedford, Iowa (City or town) (State or foreign country)

12. Name Salem Pratt

13. Birthplace Holland, New York (City or town) (State or foreign country)

14. Maiden name Catherine Wilkins

15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Lillian Pratt  
and Address 1820 N. 15th Boise, Idaho

17. (a) Burial (b) Date thereof Oct. 12, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Clayton E. Summers  
and Address Boise, Idaho

19. (a) 10-12-48 (b) Mistle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October. 9. 19 48.  
at 6.45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 9/3/48 to 9/17/48  
I last saw him alive on 9/17/48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prostatic Enlargement Duration 14 hrs.  
Obstruction

Due to Cornary Sclerosis 12 yrs

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature Clayton E. Summers

(M. D. or other)

and Address Boise Date 10/11 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 1 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3557  
Local Reg. No. 345  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St. Alphonsus Hosp  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. St. Alphonsus Stayed ☐ days  
(g) Lived in this county 18 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Ustick  
(d) Street Address or R.F.D. No. ☐  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

BERTHA ONWILER

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) April 24, 1892

8. AGE	Years	Months	Days	hrs	min.
	<u>56</u>	<u>5</u>	<u>16</u>		

9. Exact Occupation Housewife Did this work for ☐ yrs.

10. Industry or Business ☐ Date last worked ☐

11. Birthplace Des Moines, Iowa (City or town) (State or foreign country)

12. Name Shuff

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Wm Onwiler and Address Ustick, Idaho

17. (a) Burial (b) Date thereof 10/13/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Cloverdale, Boise, Idaho

18. Funeral Director's McBratney Fowler Chapel OWN Signature Epouwen

and Address 419 No. 9th, Boise, Idaho

19. (a) 10-11-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 10-10-48 19 48 at ☐ o'clock M

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw her alive on 10-9 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction Duration 3 days

Due to Myocardial Infarction

Due to Myocardial Infarction

Other conditions Myocardial Infarction (Include pregnancy within 3 months of death)

Myocardial Infarction

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding Myocardial Infarction

Finding of autopsy Confirmed

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature Myrtle Palmer (X, D or other) and Address Myrtle Palmer (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 13 1948  
OFFICE OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No. 3558  
Local Reg. No. 346  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus \_\_\_\_\_ days \_\_\_\_\_  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 3414 W. State  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Lizzie BEERS

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_  
4. Sex F race W  
6. (b) Name of husband or wife Theron R. Beers 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 12/19/1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>9</u>	<u>21</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Denison, Iowa (City or town) (State or foreign country)

Father { 12. Name August Langer

13. Birthplace Germany (City or town) (State or foreign country)

Mother { 14. Maiden name Jennie Wieland

15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Jennie M. Beers  
and Address 3414 W. State St., Boise, Idaho

17. (a) Burial (b) Date thereof 10/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Ontario, Oregon

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St., Boise, Idaho

19. (a) 10-11-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 10 19 48  
at 3:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 10-14-48 to 10-10-48  
I last saw her alive on 10-9-48 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 1.6 hrs.

Due to Hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Coronary Occlusion

Where was disease contracted? \_\_\_\_\_

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Edankson (M. D. or other)

and Address \_\_\_\_\_ Date 10-12-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OCT 20 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3550  
Local Reg. No. 358  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus 11 days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Colorado

3. (a) FULL NAME PHILLIS LENORA HOWELL

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or White. 6. (a) Single, widowed, married, divorced Married.  
4. Sex Female.  
6. (b) Name of husband or wife Marley V. Howell. 6. (c) Age of husband or wife if alive 58 years

7. Date of Birth (Month, Day, Year) September. 19. 1892.

AGE	Years	Months	Days	If less than 1 day
	<u>56.</u>	<u>0.</u>	<u>21.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Venice, Utah.  
(City or town) (State or foreign country)

12. Name Elbert A. Howard.

13. Birthplace Unknown.  
(City or town) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown.  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address P.O. Box 115, Meridian, Idaho.

17. (a) Burial. (b) Date thereof Oct. 12, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Chas. E. Summers  
and Address Boise, Idaho.

19. (a) 10-16-48 (b) Martha Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October. 10. 19 48.  
at 7.30. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 6-14 19 48 to 10/10/48 19 48.  
I last saw h. en alive on 10/19/48 19 48.  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Acute Lymphatic Leukemia

Duration 5 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature John Brown MD

and Address Meridian, Idaho Date 10/14/48 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

OCT 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. **3560**  
Local Reg. No. **353**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 2307. Jefferson  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 15 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2307. Jefferson  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) British Columbia

## 3. (a) FULL NAME

Thomas Daniel O'Connell.

## 3. (b) If veteran, name war No.

3. (c) Social Security No. 518-09-1585

## 4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 70 years

## 7. Date of Birth (Month, Day, Year) May. 24. 1876.

8. AGE	Years	Months	Days	If less than 1 day
	<u>72.</u>	<u>4.</u>	<u>18.</u>	hrs. min.

## 9. Exact Occupation Lumberman. Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business Stanwood, Michiga. Date last worked \_\_\_\_\_

## 11. Birthplace (City or town) (State or foreign country)

## 12. Name Thomas Daniel O'Connell.

## 13. Birthplace Ireland. (City or town) (State or foreign country)

## 14. Maiden name Julia. O. Sullivan.

## 15. Birthplace Ireland. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Thomas Ambrose Clouse and Address 2307 Jefferson Boise

## 17. (a) Burial (b) Date thereof Oct. 14. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place St. Johns Cemetery.

## 18. Funeral Director's OWN Signature Chas E Summers and Address Boise Idaho

## 19. (a) 10. 14. 48 (b) Margie Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) October. 12. 1948. at 4 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes, Found dead in bed, Had been ill for several months with heart Disease. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_ Coroner of \_\_\_\_\_

23. Attendant's OWN Signature Chas E Summers Ada County. (M. D. or other) and Address Boise, Idaho Date Oct. 12. 48. (For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 16 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 3561

Local Reg. No. 351

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 712 1/2 Idaho St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 712 1/2 Idaho St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

CHARLES CHESTER CHILDS.

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male race White

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July. 19. 1870.

8. AGE	Years	Months	Days	If less than 1 day
	<u>78.</u>	<u>2.</u>	<u>22.</u>	hrs. min.

9. Exact Occupation Owner of Antiques Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Store. Date last worked \_\_\_\_\_

11. Birthplace Atlantic, Iowa. (City or town) (State or foreign country)

12. Name Sam Childs. (City or town) (State or foreign country)

13. Birthplace Bath New Hampshire. (City or town) (State or foreign country)

14. Maiden name Mary Harden. (City or town) (State or foreign country)

15. Birthplace Sidney, Iowa. (City or town) (State or foreign country)

16. Informant's OWN Signature Jack F Childs

and Address Route # 2 Kuna Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15, 1948. (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Oliver E Summers

and Address Boise, Idaho.

19. (a) 10-14-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October. 12. 1948. at 6 o'clock A PM

21. I HEREBY CERTIFY, That I know deceased from October. 12. 1948. to 19

I last saw him alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes, Found dead in bed. Duration \_\_\_\_\_

Due to Nothing of a Criminal Nature.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attending Physician Oliver E Summers Coroner of \_\_\_\_\_

OWN Signature Oliver E Summers Ada County.

(M. D. or other) \_\_\_\_\_

and Address Boise, Idaho. Date Oct. 14, 1948.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

OCT 1 1948

DEPT. OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 State File No. **3562**  
Local Reg. No. **356**  
Reg. Dist. No. **370**

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **3505 Crescent Rim Dr**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **18** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **3505 Crescent Rim**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **Idaho** years  
(h) Former residence (city, state) **State of Wash;**

3. (a) FULL NAME **Everette Hilliard Smith**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

5. Color or  
4. Sex **Male** race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Eileen**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **Nov. 16th 1903**

8. AGE	Years	Months	Days	If less than 1 day
	<b>44</b>	<b>10</b>	<b>28</b>	hrs. min.

9. Exact Occupation **General Contractor** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Manitowoc Wisconsin** (City or town) (State or foreign country)

Father { 12. Name **William J. Smith**

13. Birthplace **Manitowoc wis.** (City or town) (State or foreign country)

Mother { 14. Maiden name **Ida A. Smith**

15. Birthplace **Chicago Ill** (City or town) (State or foreign country)

16. Informant's OWN Signature **E. H. Phillips**

and Address **3505 Crescent Rim Dr Boise**

17. (a) **Burial** (b) Date thereof **10/18/1948** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **St. John's Cemetery**

18. Funeral Director's OWN Signature **Schreyer McCann**

and Address **Boise**

19. (a) **10-16-48** (b) **Myrtle Palmer** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **10/14** 19 **48**  
at **4:30** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **10/14** 19 **46** to **10/14** 19 **48**  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Occlusion** Duration **1 1/2 hrs.**

Due to **Coronary atherosclerosis**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **S. H. Phillips, M.D.**

(M. D. or other)

and Address **Boise** Date **10/15** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OCT 20 1948

OFFICE OF VITAL STATISTICS

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948 State File No. **3563**  
Local Reg. No. **357**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Inside Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Luke Stayed Two Weeks  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Baker  
(c) City or town Baker  
(d) Street Address or R.F.D. No. 2641 Grove St  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? Baker  
(g) How long had deceased lived in Idaho? Two Weeks years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **JAKE L. HUCKER**

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **Nov. 11 1879**

AGE	Years	Months	Days	If less than 1 day
	<b>68</b>	<b>11</b>	<b>3</b>	hrs. min.

9. Exact Occupation Retired Stock man Did this work for 45 yrs yrs.

10. Industry or Business Stock raiser Date last worked June 1947

11. Birthplace Washington (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature R. N. Neicher  
and Address 1402 3rd Street Baker, Oregon

17. (a) Burial (b) Date thereof Oct 18 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Baker, Oregon

18. Funeral Director's OWN Signature Summers Funeral Home  
Chapman & Summers  
and Address Boise Idaho

19. (a) 10 - Nov - 48 (Date received and filed)  
Myrtle Saloman (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 14 19 48  
at 4 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Prostate Duration 3 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature F. B. Jeppesen

and Address Boise Ida Date 10/10/48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OCT 31 1948  
OFFICE OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3564  
Local Reg. No. 360  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St. Lukes Hosp  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. St. Lukes Stayed 10 days  
(g) Lived in this county 0 years 6 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. #1 Pershing Dr  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 0 mo    years  
(h) Former residence (city, state) Philadelphia, Pa

## 3. (a) FULL NAME Gizella Mokcsai Mokcsay Scholle

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or    6. (a) Single, widowed, married, divorced Widowed  
4. Sex F race W  
6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) January 3, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>9</u>	<u>12</u>	hrs. min.

9. Exact Occupation Housewife Did this work for    yrs.

10. Industry or Business    Date last worked   

11. Birthplace Hungary (City or town) (State or foreign country)

12. Name Gaius Mokcsai Mokcsay

13. Birthplace Hungary (City or town) (State or foreign country)

14. Maiden name Illona Gyongyosi Gyongyosy

15. Birthplace Hungary (City or town) (State or foreign country)

16. Informant's OWN Signature Eugene Hoback

and Address #1 Pershing Dr. Boise, Idaho

17. (a) Burial (b) Date thereof 10/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale, Boise, Idaho

18. Funeral Director's McBrien Fowler Chapel

OWN Signature   

and Address 413 No. 3th. Boise, Idaho

19. (a) 10-19-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 15  
(Month, Day, Year) at 5:15 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 2 1948, to October 15 1948  
I last saw her alive on October 14 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

MYOCARDIAL INFARCTION Duration 12 days  
Due to Hypertensive Arteriosclerotic

Due to Heart Disease 20 yrs

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy not done

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state  
where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Maurice M. Runkholder, M.D.

(M.D. or other)

and Address 203 Eastman Bldg Date Oct 16 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OCT 31 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3565  
Local Reg. No. 359  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county 46 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 308 State St  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) Texas

## 3. (a) FULL NAME Mary Allen Calloway Joplin

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female Race White 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
6. (b) Name of husband or wife L.B. Joplin  
7. Date of Birth (Month, Day, Year) Dec 29th 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>9</u>	<u>16</u>	hrs. min.

9. Exact Occupation Physician and Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Surgeon Date last worked \_\_\_\_\_  
11. Birthplace Decatur Texas (City or town) (State or foreign country)  
Father { 12. Name Thomas H. Callaway  
13. Birthplace Missouri (City or town) (State or foreign country)  
Mother { 14. Maiden name Mary Allen  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Daniel B. Brown  
and Address Boise Idaho

17. (a) Removal (b) Date thereof 10/18/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Caldwell Idaho

18. Funeral Director's OWN Signature Schreier McLean  
and Address Boise

19. (a) 10-18-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Oct 15 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.  
21. I HEREBY CERTIFY, That I attended deceased from 1948  
\_\_\_\_\_ 19 \_\_\_\_\_ to Oct 15 1948  
I last saw her alive on Oct 15 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Carcinomatosis Duration 2 yrs  
Due to Carcinoma of ovary  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation Laparotomy Date 1948  
Major finding Carcinoma of ovary  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature M. J. Selach MD  
(M.D. or other) \_\_\_\_\_  
and Address Boise Date 10/18 1948  
For additional space, use reverse side

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

OCT 23 1948 Certificate of Death

DIVISION OF VITAL STATISTICS STATE OF IDAHO

1948 3566

State File No. \_\_\_\_\_  
Local Reg. No. 366  
Reg. Dist. No. 370

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1318 Manitou  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 0 years 8 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1318 Manitou  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 8 Months years  
(h) Former residence (city, state) Clinton, Illinois

3. (a) FULL NAME DOSKA ETTA GIBSON

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_  
4. Sex F race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) November 20, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>10</u>	<u>27</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Vernon, Illinois  
(City or town) (State or foreign country)

12. Name Joseph A. Johnson

13. Birthplace Potaka, Illinois  
(City or town) (State or foreign country)

14. Maiden name Nancy Houstin

15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature August L. Gibson  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof 10/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill, Boise, Idaho

18. Funeral Director's OWN Signature McBrathery Fowler Chapel  
and Address 419 No. 9th, Boise, Idaho

19. (a) 10-20-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 17 19 48  
(Month, Day, Year) at 11-11 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 9-16 19 48 to 10-17 19 48  
I last saw him alive on 10-17 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stroke right Duration 10-2-48  
paraplegia to 10-17-48

Due to myocardial degeneration years

Due to hypertension

Other conditions with bedridden years  
(Specify prognosis within 2 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury by car

23. Attendant's OWN Signature P. P. Hauler

and Address Boise Ida (M. D. or other) \_\_\_\_\_

Date 10-19-48  
(For additional space, use reverse side)

096

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 23 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1040  
State File No. 973567  
Local Reg. No. 363  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1116 River St.  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1116 River St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Portland, Oregon

3. (a) FULL NAME

MR. JERRY B. SMITH

3. (b) If veteran, name war

none

3. (c) Social Security No.

519-07-2078

5. Color or

4. Sex male race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth

(Month, Day, Year) July 23, 1904

8. AGE

Years

Months

Days

If less than 1 day

44

2

25

hrs.

min.

9. Exact

Occupation

Machinist

Did this

work for \_\_\_\_\_ yrs.

10. Industry or

Business

Olson Mfg. Co.

Date last

worked 1946

11. Birthplace

Memphis, Tenn.

(City or town)

(State or foreign country)

Father { 12. Name

Jerry B. Smith

Mother { 13. Birthplace

Ottumwa, Iowa

(City or town)

(State or foreign country)

14. Maiden name

Edna Easterlin

Mother { 15. Birthplace

Meridian, Miss.

(City or town)

(State or foreign country)

16. Informant's

OWN Signature

Edna M. Adams

and Address

1116 River St. Boise, Ida.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 10/20/48

(Month) (Day) (Year)

(c) Place

Kohlerlawn Cemetery

18. Funeral Director's

OWN Signature

Robinson-Alsop Chapel

and Address

Nampa, Idaho

19. (a)

10-21-48

(Date received and filed)

(b)

Myrtle Palmer

(Registrar's signature)



MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) October 17, 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

\_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him 1 alive on \_\_\_\_\_ 19 \_\_\_\_\_;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Due to Broncho-pneumonia 1 wk.

Debility and Nerve 2 wk.

Due to Melanosarcoma 1 1/2 yrs.

Other conditions Pneumonia 30 yrs.

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation Biopsy Date 7/10/47

Major finding Melanosarcoma

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature W. C. Adams

(M. D. or other)

and Address Boise, Idaho Date 10-21 1948

(For additional space, use reverse side)

Dr. Frank L. Davis

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

1948 3568

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OCT 29 1948

Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. ....

Local Reg. No. 371

Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home.....Hospital X Institution.....Other place.....  
(f) Name Hosp. or Inst. St. Lukes Stayed 4 days  
(g) Lived in this county 40 years.....months.....days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 203. N. 9 th.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Iowa

3. (a) FULL NAME

William G.M. Allen.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Mary Allen

6. (c) Age of husband or wife if alive 65 years

7. Date of Birth (Month, Day, Year) April. 1. 1863.

8. AGE	Years	Months	Days	If less than 1 day
	<u>85.</u>	<u>6.</u>	<u>17.</u>	hrs. min.

9. Exact Occupation Retired Livestock Dealer Did this work for ..... yrs.

10. Industry or Business Dealer. Date last worked.....

11. Birthplace Des Moines, Iowa. (City or town) (State or foreign country)

12. Name William Allen. (City or town) (State or foreign country)

13. Birthplace Iowa. (City or town) (State or foreign country)

14. Maiden name Margaret Ann Wine. (City or town) (State or foreign country)

15. Birthplace Iowa. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Mary Allen  
and Address 203. N. 9 th Street, Boise.

17. (a) Burial (b) Date thereof 10-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Chas. E. Summers.

and Address Boise, Idaho.

19. (a) 10-25-48 (b) M. J. Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October. 18. 1948.

at 8 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 6 to Oct 18 19 48

I last saw him alive on Oct 18 19 48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 2 days  
Cause of Thrombosis 3 years.

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature Chas. E. Summers

and Address Boise Idaho Date 10-22 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

OCT 23 1948

STATE OF IDAHO

State File No. 3569

Local Reg. No. 362

Reg. Dist. No. 370

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County Ada
- (b) City or town Boise
- (c) Street Address or R.F.D. No. 1119 Washington St
- (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
- (g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada
- (c) City or town Boise
- (d) Street Address or R.F.D. No. 1119 Washington
- (e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? \_\_\_\_\_ years
- (h) Former residence (city, state) Los Angeles, Cal

3. (a) FULL NAME Margaret J. Fox

3. (b) If veteran, name war None 3. (c) Social Security No. 555-22-5559
4. Sex Female 5. Color or Face White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John L. 6. (c) Age of husband or wife if alive 66 years

7. Date of Birth (Month, Day, Year) Jan. 1st 1888

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <u>60</u> | <u>9</u> | <u>17</u> | hrs. min.          |

9. Exact Occupation Housewife and Did this work for \_\_\_\_\_ yrs.
10. Industry or Business Seamstress Date last worked \_\_\_\_\_
11. Birthplace DeQueen Arkansas (City or town) (State or foreign country)
- Father { 12. Name Samuel Perkins
13. Birthplace Unknown (City or town) (State or foreign country)
- Mother { 14. Maiden name \_\_\_\_\_
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature J. L. Fox
- and Address 1119 Washington St Boise Idaho

17. (a) Burial (b) Date thereof 10/22/48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place St John's Cemetery

18. Funeral Director's OWN Signature Schreyer McCann
- and Address Boise

19. (a) 10-21-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

- MEDICAL CERTIFICATE OF DEATH 093E 094A
20. DATE OF DEATH (Month, Day, Year) October 18, 1948 at 5 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 10-18-48 to 10-18-48 I last saw him alive on October 16, 1948 death is said to have occurred on the date and hour stated above.
- Immediate Cause of Death: Myocardial Infarction Duration \_\_\_\_\_

- Myocardial Infarction
- Due to 2 previous attacks
- Due to \_\_\_\_\_
- Other conditions myocarditis (Include pregnancy within 3 months of death)
- Where was disease contracted? at home
- Name of operation none Date \_\_\_\_\_
- Major finding \_\_\_\_\_
- Finding of autopsy no autopsy
- PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? no Suicide? no Homicide? no
- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_
- where violence occurred none
- Place of Violence Home Farm \_\_\_\_\_ Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_
- Means of injury none
23. Attendant's OWN Signature J. L. Fox
- and Address 515 Eastman Blvd Boise Idaho Date 10/20/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

OCT 23 1948

STATE OF IDAHO

1948  
State File No. 3570  
Local Reg. No. 175  
Reg. Dist. No. 371

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. 405 Shoshone St  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. Stayed. days  
(g) Lived in this county. 36 years. months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 405 Shoshone St  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) State of Wash.

3. (a) FULL NAME Mike M. Miller

3. (b) If veteran, name war None  
3. (c) Social Security No. None  
5. Color or race White  
4. Sex Male  
6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife Ida  
6. (c) Age of husband or wife if alive. years

7. Date of Birth (Month, Day, Year) Mar. 5th 1887  
8. AGE Years Months Days If less than 1 day  
61 7 13 hrs. min.

9. Exact Occupation Farmer. Retired Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Gaspei Kanza Yugoslavia (City or town) (State or foreign country)  
Father { 12. Name George Milinovich  
13. Birthplace Gaspei Kanza Yugoslavia (City or town) (State or foreign country)  
Mother { 14. Maiden name Louise Kalaeovich  
15. Birthplace Yugoslavia (City or town) (State or foreign country)

16. Informant's OWN Signature Joe E. Miller  
and Address 405 Shoshone

17. (a) Burial (b) Date thereof 10/21/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schrecker McLean  
and Address Boise

19. (a) 10-20-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 18 1948  
5:35 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 27 1948 to October 18 1948  
last saw him alive on October 18 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Atherosclerosis Duration 45 min.

Due to Coronary Atherosclerosis 6 mo.

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred.  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature Ralph A. Jones M.D. or other  
and Address Boise, Idaho Date 10/20 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

OCT 20 1948

# Certificate of Death

1948

State File No. 3571

Local Reg. No. 365

Reg. Dist. No. 370

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1502. Franklin  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1502. Franklin  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

DON HENRY BELL.

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None.

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Erma Edith Bell

6. (c) Age of husband or wife if  
alive 55 years

7. Date of Birth  
(Month, Day, Year) August. 18. 1885.

8. AGE	Years	Months	Days	If less than 1 day
	<u>63.</u>	<u>1.</u>	<u>1.</u>	hrs. min.

9. Exact Occupation Retired Feed Mill Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Owner. Date last worked \_\_\_\_\_

11. Birthplace Princeton, Missouri.  
(City or town) (State or foreign country)

12. Name William Franklin Bell.

13. Birthplace Indiana.  
(City or town) (State or foreign country)

14. Maiden name Mary. E. Long.

15. Birthplace Penn.  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Erma E. Bell

and Address 1502. Franklin Street, Boise.

17. (a) Burial. (b) Date thereof Oct. 21. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Meridian, Idaho.

18. Funeral Director's  
OWN Signature Clyde E. Summers

and Address Boise, Idaho.

19. (a) 10-22-48 (b) Muriel Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) October. 19. 19 48.  
at 9.45. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
11-5 1948 to 10-18 1948

I last saw him alive on 10-18 1948;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

### Duration

Due to Hemiplegia

Due to Arterio-sclerosis

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

### 23. Attendant's

OWN Signature J. M. Homestay

and Address Meridian, Idaho Date 10-21 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

OCT 29 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

B. V. OF VITAL

STATE OF IDAHO

State File No. 48

Local Reg. No. 364

Reg. Dist. No. 370

3572

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus \_\_\_\_\_ days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1502 N. 24  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) North Dakota

## 3. (a) FULL NAME

James. C. Beacham.

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

4. Sex Male Color or race White  
5. Color or race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ellen Holden Beacham  
6. (c) Age of husband or wife if alive 36 years

7. Date of Birth (Month, Day, Year) November. 17. 1900.

8. AGE	Years	Months	Days	If less than 1 day
	<u>47.</u>	<u>11.</u>	<u>2.</u>	hrs. min.

9. Exact Occupation Furniture Salesman Did this \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Valley City, North Dakota. (City or town) (State or foreign country)

12. Name William Henry Beacham.

13. Birthplace England. (City or town) (State or foreign country)

14. Maiden name Nellie Propper.

15. Birthplace Territory of Dakota. (City or town) (State or foreign country)

16. Informant's OWN Signature Adeline B. Connors and Address 1702 North 23rd.

17. (a) Burial (b) Date thereof Oct. 22. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Charles E. Summers and Address Boise, Idaho.

19. (a) 10-28-48 (b) Middle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October. 19. 1948. at 4:25 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 19 1948 to Oct 19 1948  
I last saw him alive on Oct 19 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia Duration 1 day

Due to Pneumonia - chronic 1 year

Due to \_\_\_\_\_

Other conditions Hypertension 5 yrs. (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Charles E. Summers (or other)

and Address Boise, Idaho Date 10-21 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

OCT 20 1948

# Certificate of Death

1948 State File No. 3573

Local Reg. No. 366

Reg. Dist. No. 370

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH:  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 305 Jefferson St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 18 years 18 months 18 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 305 Jefferson St  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Nebraska

3. (a) FULL NAME Henry A. Guthmann

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nettie E. 6. (c) Age of husband or wife if alive 64 years

7. Date of Birth (Month, Day, Year) Mar. 2nd 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>7</u>	<u>18</u>	hrs. min.

9. Exact Occupation Accountant Did this work for 18 yrs.

10. Industry or Business Retired Date last worked

11. Birthplace Plattsburgh Neb. (City or town) (State or foreign country)

12. Name Frank R. Guthmann (City or town) (State or foreign country)

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name Anna Panteratz (City or town) (State or foreign country)

15. Birthplace Wisconsin (City or town) (State or foreign country)

16. Informant's OWN Signature H. A. Guthmann and Address 325 E. Colorado Road South 3rd

17. (a) Burial (b) Date thereof 10/25/1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreiber McLean and Address Boise

19. (a) 10-22-48 (b) St. Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 20 19 48 at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death said to have occurred on the date and hour stated above.

Immediate Cause of Death: Suicide, shot himself in head with 20 gauge Duration

Due to shot gun

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☐

Occurred 19 City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Gun

23. Attendant's OWN Signature Charles E. Summers (M. D. or other) Coroner and Address Boise Idaho Date 10/22 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

OCT 30 1948

STATE OF IDAHO

State File No. **3574**  
Local Reg. No. **373**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH: DIVISION OF VITAL

- (a) County Ada STATISTICS  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. X Stayed days  
(g) Lived in this county 18 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 513. N. 6 Street.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) California.

## 3. (a) FULL NAME

Eva Violet Richardson.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or White.

6. (a) Single, widowed, married, divorced Widow.

4. Sex Female

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) June. 8. 1879.

AGE	Years	Months	Days	If less than 1 day
	<u>69.</u>	<u>4.</u>	<u>13.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for years.

10. Industry or Business worked Date last worked

11. Birthplace Red Bluffs, California. (City or town) (State or foreign country)

12. Name Lafayette Goodrich. (City or town) (State or foreign country)

13. Birthplace Unknown. (City or town) (State or foreign country)

14. Maiden name Lucy Marcum. (City or town) (State or foreign country)

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Eva Richardson and Address 10 N. 6 St. Boise, Idaho

17. (a) Burial (b) Date thereof Oct. 25, 1948 (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Charles E. Summers and Address Boise, Idaho

19. (a) 10-25-48 (Date received and filed) (b) Margie Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October. 21. 19 48.

at 3.15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 2/6/48 to 10/21/48

I last saw her alive on 10/21/48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration Immediate.

Due to Coronary occlusion 3

Due to Hypertension 3

Other condition 1 (Include pregnancy within 3 months of death)

Where was disease contracted? Physician

Name of operation Date Underline the cause to which death should be charged statistically.

Major finding Finding of autopsy.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Attendant's

OWN Signature Charles E. Summers (M. D. or other) and Address Boise Date 10/25/48

For additional space, use reverse side

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 3575  
Local Reg. No. 376  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home? X Hospital Institution? Other place...  
(f) Name Hosp. or Inst. St. Luke's Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Owyhee  
(c) City or town Homedale  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? at Homedale  
(g) How long had deceased lived in Idaho? 9 Mo. years  
(h) Former residence (city, state) Silver City, Ida

## 3. (a) FULL NAME John A. Oliver

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Mina M. 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) November 1-1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>11</u>	<u>20</u>	hrs min.

9. Exact Occupation Farming Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Azore Islands  
(City or town) (State or foreign country)  
Mother Father { 12. Name Manuel Oliver  
13. Birthplace Azore Islands  
(City or town) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Azore Islands  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mina M. Oliver  
and Address Homedale, Idaho

17. (a) Burial (b) Date thereof 10-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Wilder, Idaho  
18. Funeral Director's OWN Signature Peckham  
and Address Caldwell, Idaho

19. (a) 10-27-48 (b) M. Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 21 1948  
at ..... o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 27 1948, to Oct 21 1948  
I last saw him alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Decompensatio Duration

Due to Chronic myocarditis

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? Idaho

Name of operation none Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry ..... Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature James L. Stewart M.D.  
and Address Boise, Idaho Date 10-24-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

# Certificate of Death

STATE OF IDAHO

State File No. 3576  
Local Reg. No. 369  
Reg. Dist. No. 370

1. PLACE OF DEATH: OCT 30 1948  
(a) County. ADAMSON OF VITAL  
(b) City or town. BOISE STATISTICS  
(c) Street Address or R.F.D. No. St. Luke's Hospital  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home. ☒ Hospital. ☒ Institution. ☐ Other place  
(f) Name Hosp. or Inst. St. Luke's Stayed 14 days  
(g) Lived in this county. 0 years. 0 months. 14 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 4612 Gage  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 14 days years  
(h) Former residence (city, state)

3. (a) FULL NAME Laurel Ann Nyborg

3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex. F race. W 5. Color or 6. (a) Single, widowed, married, divorced. Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive. years

7. Date of Birth (Month, Day, Year) October 7, 1948

- | 8. AGE | Years | Months | Days | If less than 1 day |
|--------|-------|--------|------|--------------------|
|        | 0     | 0      | 14   | hrs. min.          |

9. Exact Occupation. None Did this work for. yrs.

10. Industry or Business. Date last worked.

11. Birthplace. Boise, Idaho (City or town) (State or foreign country)

12. Name. Lauren Nyborg

13. Birthplace. Boise, Idaho (City or town) (State or foreign country)

14. Maiden name. Frances Shepherd

15. Birthplace. Boise, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature. Lamer A. Nyborg and Address. 4612 Gage St. Boise, Idaho

17. (a) Burial (b) Date thereof. 10/23/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place. Morris Hill, Boise, Idaho

18. Funeral Director's OWN Signature. McBryner-Fowler Chapel and Address. 411 No. 9th Boise, Idaho

19. (a) 10-25-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 21, 1948 at 9:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 7 October 1948 to 19. I last saw him alive on 19. death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Meningitis - lym? 6 days.

Due to Spontaneous myocoele 14 days.

Due to Myocardial infarction 14 days.

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation. Date.

Major finding.

Finding of autopsy.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred. 19. City, county, state

where violence occurred.

Place of Violence: Home. Farm. Industry.

Public Place. While at work?

Means of injury.

23. Attendant's OWN Signature. J. S. McKen M.D.

and Address. 215 N. 2nd (M. D. or other) 8/25-48, Date. 19.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OCT 29 10/19

Certificate of Death

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

948  
State File No. 3577  
Local Reg. No. 372  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Y.M.C.A.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1120. Heron St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 Years years  
(h) Former residence (city, state) Oklahoma.

3. (a) FULL  
NAME

Donald Lloyd Miller.

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None.

4. Sex Male Color or  
race White

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) December. 13. 1936.

8. AGE	Years	Months	Days	If less than 1 day
	<u>11.</u>	<u>10.</u>	<u>9.</u>	hrs. min.

9. Exact Occupation Student. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Vinita, Oklahoma.  
(City or town) (State or foreign country)

12. Name Lloyd. K. Miller.

13. Birthplace Eureka, Illinois.  
(City or town) (State or foreign country)

14. Maiden name Lela Raines.

15. Birthplace Adair, Oklahoma.  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature L K Miller  
and Address 1120 Heron apt 73 Boise Idaho

17. (a) Burial. (b) Date thereof Oct. 26. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's  
OWN Signature Clayde E Summers  
and Address Boise, Idaho

19. (a) 10-25-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) October. 22. 19. 48.  
at 4 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from  
Oct. 22. 19. 48 to 19. 48  
I first saw him alive, and he died  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Natural Causes, Was swimming at  
Y.M.C.A. and was stricken with  
Due to heart attack.

Due to over exertion.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Oct. 22. 19. 48 City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place X While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's  
OWN Signature Clayde E Summers Coroner of  
(M. D. or other) Ada County.

and Address Boise, Idaho. Date Oct 23, 48.  
(For additional space, use reverse side)

ow

RECEIVED Certificate Of Death

STATE OF IDAHO

State File No. 3578  
Local Reg. No. 370  
Reg. Dist. No. 370

1. PLACE OF DEATH: *ADDITION OF VITAL STATISTICS*
- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 300 E. Jefferson  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Lukes Stayed 1 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 300 E. Jefferson  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 mo. years  
(h) Former residence (city, state)

3. (a) FULL NAME KATHLEEN ANNE LUKEHART

3. (b) If veteran, name war No 3. (c) Social Security No. none  
5. Color or 6. (a) Single, widowed, married,  
4. Sex F race W divorced   
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife  alive  years  
7. Date of Birth JUNE 7, 1948  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>4</u>	<u>16</u>	hrs min.

9. Exact Occupation None Did this work for  yrs.  
10. Industry or Business  Date last worked   
11. Birthplace Boise, Idaho  
(City or town) (State or foreign country)

12. Name William L. Lukehart  
13. Birthplace Colorado  
(City or town) (State or foreign country)  
14. Maiden name Evelyn Marguerite Judy  
15. Birthplace Fruitland, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature William L. Lukehart  
and Address 300 East Jefferson Boise, Idaho

17. (a) Removal (b) Date thereof 10/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Payette, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address Boise, Idaho

19. (a) 10-25-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October, 23, 1948  
at 11:25 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 7, 1948, to Oct 23, 1948  
I last saw her alive on Oct 23, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Right heart failure Duration 6 hrs.

Due to Coronary heart defect 4 1/2 months  
Prinzmetal's syndrome

Due to   
Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?  PHYSICIAN  
Name of operation  Date  Underline  
Major finding  the cause to  
Finding of autopsy as above which death  
should be  
charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state  
where violence occurred  
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature William M.D. (M. D. or other)  
and Address 2801 1st Date 10/25/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3579  
Local Reg. No. 382  
Reg. Dist. No. 370

1. PLACE OF DEATH: OCT 29 1948  
(a) County. Ada. OF VITAL  
(b) City or town. Boise.  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home. Hospital X Institution. Other place  
(f) Name Hosp. or Inst. St. Luke's Stayed 19 days  
(g) Lived in this county 1 years 6 months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho. (b) County. Ada  
(c) City or town. Boise.  
(d) Street Address or R.F.D. No. R.D. # 4.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Arkansas.

3. (a) FULL NAME John Franklin Campbell.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or race. White. 6. (a) Single, widowed, married, divorced. Married.  
4. Sex. Male. 6. (b) Name of husband or wife. Calla J. Campbell. 6. (c) Age of husband or wife if alive. 40 years

7. Date of Birth (Month, Day, Year) September. 30. 1882.

8. AGE	Years	Months	Days	If less than 1 day
	66.	0.	23.	hrs. min.

9. Exact Occupation. Farmer. Did this work for yrs.  
10. Industry or Business. Date last worked.  
11. Birthplace. Snowball Arkansas. (City or town) (State or foreign country)

Father { 12. Name. Wade Campbell. 13. Birthplace. Unknown. (City or town) (State or foreign country)  
Mother { 14. Maiden name. Dora Castelberry. 15. Birthplace. Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature. Mrs. Calla J. Campbell and Address. R.D. # 4. Boise, Idaho.

17. (a) Burial. (b) Date thereof. October. 26. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place. Cloverdale Memorial Park.

18. Funeral Director's OWN Signature. S. J. Summers, and Address. Boise, Idaho.

19. (a) 10-28-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October. 23. 19 48.  
at 5.30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19.  
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of rectum Duration 6 months

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation. Ca. Date. 10/2/48  
Major finding. Ca.  
Finding of autopsy.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred.  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury. J. A. Aeloch MD  
23. Attendant's OWN Signature J. A. Aeloch MD (M.D. or other)  
and Address. Power Date 10/27 19 48  
(For additional space, use reverse side)

046 D



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3580  
Local Reg. No. 375  
Reg. Dist. No. 370

RECEIVED

OCT 30 1948

DEPARTMENT OF VITAL  
STATISTICS

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. None  
(d) Death Occurred Inside? X Outside?        city or town  
(e) Died in a Home        Hospital X Institution        Other place         
(f) Name Hosp. or Ins. St. Lukes Stayed 21 days  
(g) Lived in this county 45 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. Rt. # 1  
(e) Deceased lived Inside?        Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Phillipsburg, Kan.

3. (a) FULL NAME EARL ELMER DUNCAN

3. (b) If veteran, name war       

3. (c) Social Security No. None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Eva

6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) March 10, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>7</u>	<u>13</u>	hrs. min.

9. Exact Occupation Farmer Did this work for Life time

10. Industry or Business        Date last worked 1947

11. Birthplace Taylor County, Iowa  
(City or town) (State or foreign country)

12. Name Henry Duncan

13. Birthplace Unk Unk  
(City or town) (State or foreign country)

14. Maiden name Maria L. Wollen

15. Birthplace Unk Unk  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Delma Holman  
and Address R.F.D. #3 Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/48  
(Month) (Day) (Year)

(c) Place Star, Idaho

18. Funeral Director's OWN Signature Ben R. R. R.  
and Address Meridian, Idaho

19. (a) 10-26-48 (b) Muriel Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 23 1948  
at 8:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 12-20-1947 to 10-24-1948

I last saw him alive on 10-24 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart disease Duration       

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Dr. M. R. R.  
(M. D. or other)

and Address Meridian Date 10-24-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

OCT 20 1948

STATE OF IDAHO

State File No. 3581  
Local Reg. No. 374  
Reg. Dist. No. 370

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County. Ada
- (b) City or town. Boise.
- (c) Street Address or R.F.D. No. X
- (d) Death Occurred Inside? X Outside? city or town
- (e) Died in a Home. Hospital. X Institution. Other place
- (f) Name Hosp. or Inst. St. Lukes. Stayed 4 days
- (g) Lived in this county 16 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State. Idaho. (b) County. Ada
- (c) City or town. Boise.
- (d) Street Address or R.F.D. No. 1301. N. 6 th St.
- (e) Deceased lived Inside? X Outside? city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 32 years
- (h) Former residence (city, state) X

3. (a) FULL NAME Philip Ernest Mutch.
3. (b) If veteran, name war No. 3. (c) Social Security No. 518-07-8792.
5. Color or race. White. 6. (a) Single, widowed, married, divorced. Married.
4. Sex. Male. 6. (b) Name of husband or wife Mildred Tewell Mutch. 6. (c) Age of husband or wife if alive 33 years
7. Date of Birth (Month, Day, Year) May. 24. 1916.

8. AGE	Years	Months	Days	If less than 1 day
32.	4.	29.	hrs.	min.

9. Exact Occupation. Accountant. Did this work for yrs.
10. Industry or Business. Caldwell, Idaho. Date last worked
11. Birthplace. (City or town) (State or foreign country)
12. Name. Ernest. A. Mutch.
13. Birthplace. Elroy, Wisconsin. (City or town) (State or foreign country)
14. Maiden name. Lucille Jordy.
15. Birthplace. Montrose, Colorado. (City or town) (State or foreign country)
16. Informant's OWN Signature. Mildred Tewell Mutch and Address. 1301 N. 6th St.
17. (a) Burial. (b) Date thereof Oct. 26. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place. Caldwell, Idaho.
18. Funeral Director's OWN Signature. Clyde E. Summers. and Address. Boise, Idaho.
19. (a) 10 - 25 - 48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 23. 19 48.
- at 7:10 o'clock P.M.
21. I HEREBY CERTIFY, That I attended deceased from 5/11/43 to 10/23/48
- I last saw him alive on 10/23/48
- death is said to have occurred on the date and hour stated above.
- Immediate Cause of Death: Cardiac Decomposition Duration 1 month
- Due to Hypertension
- Due to Chronic Coronary Defect?
- Other conditions. Arteriosclerosis (Include pregnancy within 3 months of death)
- Where was disease contracted?
- Name of operation. Date.
- Major finding.
- Finding of autopsy.
22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? Suicide? Homicide?
- Occurred. 19 City, county, state where violence occurred.
- Place of Violence: Home. Farm. Industry.
- Public Place. While at work?
- Means of injury.
23. Attendant's OWN Signature. J. Brandy M.D. (M. D. or other)
- and Address. Boise Date 10/25 19 48
- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 10 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 3582  
Local Reg. No. 394  
Reg. Dist. No. 370

1. PLACE OF DEATH: **STATISTICS**  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 16 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 813. East Jefferson  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 16 yrs  
(h) Former residence (city, state) X

3. (a) FULL NAME Eric Moe.  
3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or White. 6. (a) Single, widowed, married, divorced Single.  
4. Sex Male. race White.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October. 24. 1948.

8. AGE	Years	Months	Days	If less than 1 day
				<u>16</u> hrs. min.

9. Exact Occupation None. Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

12. Name Oscar Milton Moe.  
13. Birthplace Jamestown, New York. (City or town) (State or foreign country)  
14. Maiden name Harriet. S. Hearne.  
15. Birthplace Boise, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature Oscar Milton Moe.  
and Address 813 E. Jefferson - Boise.

17. (a) Burial. (b) Date thereof Oct. 28. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Charles E. Summers.  
and Address Boise, Idaho.

19. (a) 11-3-48 (b) Mirtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October. 24. 19 48.  
at 5. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 74 Oct 48  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
I last saw him alive on 74 Oct 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Prematurity

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ernie J. Hummel  
(M. D. or other)

and Address Boise Idaho Date \_\_\_\_\_ 19 \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

OCT 30 1948

STATE OF IDAHO

401715  
State File No. 3583  
Local Reg. No. 180  
Reg. Dist. No. 371

1. PLACE OF DEATH: D.V. OF VITAL STATISTICS
- (a) County Ada
- (b) City or town Boise
- (c) Street Address or R.F.D. No. 312 Ivy Street
- (d) Death Occurred Inside? Outside? X city or town
- (e) Died in a Home X Hospital Institution Other place
- (f) Name Hosp. or Inst. Stayed 29 days
- (g) Lived in this county 29 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada
- (c) City or town Boise
- (d) Street Address or R.F.D. No. 312 Ivy Street
- (e) Deceased lived Inside? Outside? X city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 35 years
- (h) Former residence (city, state) Minnesota

3. (a) FULL NAME Gustaf Helmer Shallman

3. (b) If veteran, name war No. 518-07-2977
5. Color or White
4. Sex Male race White
6. (b) Name of husband or wife Kathryn Valentine
6. (c) Age of husband or wife if alive 43 years

7. Date of Birth (Month, Day, Year) August 25 1901

AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>1</u>	<u>29</u>	hrs. min.

9. Exact Occupation Machinest. Did this work for 0 yrs.

10. Industry or Business Idaho Power Company Date last worked

11. Birthplace Duluth, Minnesota (City or town) (State or foreign country)

12. Name Gustaf Shallman

13. Birthplace Sweden (City or town) (State or foreign country)

14. Maiden name Hilda Maria Johnson

15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Kathryn Valentine Shallman  
and Address R#6 312 Ivy St. Boise Id.

17. (a) Burial (b) Date thereof Oct. 27 1948 (Month) (Day) (Year)

(c) Place Morris hill cemetery

18. Funeral Director's OWN Signature Clayton E. Summers  
and Address Boise Idaho

19. (a) 10-26-48 (b) Mable Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 24 1948  
at 12.15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 19 1947 to Oct 24 1948

I last saw h. live alive on Oct 22 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Pneumonia Duration 2 days

Due to Poly cythemia vera 4 years

Due to Chronic nephritis 4 years

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Joseph B. Ward (M. D. or other)

and Address Boise Id. Date 10-25-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 30 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

Johnny 1948

3584

State File No. ....

Local Reg. No. 377

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 312. Skylark Dr.  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 60 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 312. Skylark Dr.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) Penn.

## 3. (a) FULL NAME

Agnes Lenora Baker.

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None.

5. Color or  
4. Sex Female Race White

6. (a) Single, widowed, married,  
divorced Widow.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive ..... years

7. Date of Birth  
(Month, Day, Year) October. 14. 1858.

8. AGE	Years	Months	Days	If less than 1 day
	<u>90.</u>	<u>0.</u>	<u>10.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for ..... yrs.

10. Industry or Business ..... Date last worked

11. Birthplace Penn. (City or town) (State or foreign country)

12. Name Hugh. W. Weir. (City or town) (State or foreign country)

13. Birthplace Penn. (City or town) (State or foreign country)

14. Maiden name Katherine. A. Porter. (City or town) (State or foreign country)

15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Wair Baker  
and Address 604 Warm Springs Boise

17. (a) Burial. (b) Date thereof Oct. 27. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pioneer Cemetery.

18. Funeral Director's OWN Signature Summers Funeral Home  
and Address Boise, Idaho

19. (a) 10-27-48 (b) Murielle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) October. 24. 1948.  
at 6.30. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 28 to Oct 24 1948

I last saw h. u alive on Oct 24 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Hi Blood pressure  
Due to Myocarditis

Due to Senility

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operating ..... Date .....

Major finding.

Finding of autopsy.

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ✓ Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state  
where violence occurred

23. Place of Violence: Home. .... Farm. .... Industry. ....

Public Place. .... While at work? .....

Means of injury.

23. Attendant's OWN Signature Dr. J. J. J. M. P.  
(M. D. or other)

and Address Boise Date OCT 26 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 10 1948

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 State File No. 3585  
Local Reg. No. 393  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Lukes Stayed 5 days  
(g) Lived in this county years months 5 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. Route 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 days years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

CHARLES EARL POTTENGER

## 3. (b) If veteran, name war

no

## 3. (c) Social Security No.

none

## 5. Color or

Male race White

## 6. (a) Single, widowed, married, divorced

single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth

(Month, Day, Year) October 19, 1948

## 8. AGE

Years

Months

Days

If less than 1 day

6

hrs.

min.

## 9. Exact

Occupation none

## Did this

work for years

## 10. Industry or

Business

## Date last

worked

## 11. Birthplace

Caldwell, Idaho

(City or town)

(State or foreign country)

## 12. Name

John W. Pottenger

## 13. Birthplace

Roeberry, Idaho

(City or town)

(State or foreign country)

## 14. Maiden name

Lura Wilson

## 15. Birthplace

Caldwell, Idaho

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature John W. Pottenger

and Address Rt. # 2 Parma, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

10/26/48

(Month) (Day) (Year)

## (c) Place

Donnelly, Idaho

## 18. Funeral Director's

OWN Signature Cliff E. Summers

and Address 1205 Bannock Boise, Idaho

## 19. (a) 11-3-V-8

(Date received and filed)

## (b) Myrtle Palmer

Registrar's signature

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) October 25, 1948  
at 2 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1948 to Oct 25, 1948  
I last saw him alive on Oct 25, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Respiratory failure

Due to intestinal obstruction

Due to myocardial infarction

Other conditions infection  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Electrocardiogram

Date 10/24/48

## Major finding

as above

## Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

OWN Signature Smother M.D.

(M. D. or other)

and Address 218 hild Date 10/29, 1948

(For all words, see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. 3586  
Local Reg. No. 378  
Reg. Dist. No. 370

1. PLACE OF DEATH: OCT 22 1948  
(a) County Ada DIVISION OF VITAL STATISTICS  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus Stayed \_\_\_\_\_ days  
(g) Lived in this county 43 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1406 Willow Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME MARY E. ROBBINETTE

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex F race W  
6. (b) Name of husband or wife Charles Robbinette 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 10/31/1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>11</u>	<u>24</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Hartville, Missouri  
(City or town) (State or foreign country)

- Father { 12. Name George W. Garner  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Polly Young  
15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Rosie R. Brink  
and Address 1105 Franklin, Boise, Idaho  
17. (a) Burial (b) Date thereof 10/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Meridian Cemetery, Meridian, Ida.  
18. Funeral Director's OWN Signature McBratney Fowler  
and Address 419 No. 9th St., Boise, Idaho  
19. (a) 10-27-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 25 19 48  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY That I attended deceased from October 18, 1948 to October 25, 1948  
I last saw h. ex. alive on October 25, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cardiac Decompensation 10 days  
Due to Arteriosclerotic Heart Disease 10 years  
Due to Fractured H.p. 1 week  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Oct 18, 1948 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred Boise, Idaho  
Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Fell to the floor  
23. Attendant's OWN Signature Maurice H. Rindholder, M.D.  
(M. D. or other)  
and Address 203 Eastman Bldg. Date 10-26-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

OCT 30 1948

STATE OF IDAHO

1948 State File No. **3587**  
Local Reg. No. **381**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 29 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Pinney Bldg.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Colorado

## 3. (a) FULL NAME

Winnie Dell Moore.

## 3. (b) If veteran, name war No.

3. (c) Social Security No. 518-10-7348

## 5. Color or Sex Female race White

6. (a) Single, widowed, married, divorced Widow

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) August. 17. 1887.

8. AGE	Years	Months	Days	If less than 1 day
	<u>61.</u>	<u>2.</u>	<u>8.</u>	hrs. min.

## 9. Exact Occupation Office Employee Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business Idaho State Income Tax Div. Date last worked \_\_\_\_\_

## 11. Birthplace Salida, Colorado (City or town) (State or foreign country)

## 12. Name William Davis (City or town) (State or foreign country)

## 13. Birthplace Allen County, Missouri (City or town) (State or foreign country)

## 14. Maiden name Unknown

## 15. Birthplace Unknown (City or town) (State or foreign country)

## 16. Informant's OWN Signature Edd Moore and Address St. Anthony, Ida h.

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 29. 1948 (Month) (Day) (Year)

## (c) Place Cloverdale Memorial Park

## 18. Funeral Director's OWN Signature Clayton E. Summers and Address Boise, Idaho

## 19. (a) 10-28-48 (Date received and filed) (b) Muriel Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) October 17 1948

at 10 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Oct 10 1948 to Oct 17 1948

I last saw h. 11 alive on Oct 20 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 1 day

Due to Myocardial infarction 5 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Loeal H. Ward (M. D. or other)

and Address Boise Date 10-27-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 30 1948  
Certificate of Death

Hamilton 48  
State File No. 3588  
Local Reg. No. 380  
Reg. Dist. No. 370

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County. Ada  
(b) City or town. Boise,  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. \_\_\_\_\_ Hospital X Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus 6 days  
(g) Lived in this county. 29 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho. (b) County. Ada  
(c) City or town. Boise, Idaho.  
(d) Street Address or R.F.D. No. 4202. Emerald. St.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Indiana.

3. (a) FULL NAME John. A. Balay.  
3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Widower.  
4. Sex. Male. race. White. 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) April. 18. 1864.

8. AGE	Years	Months	Days	If less than 1 day
	<u>84.</u>	<u>6.</u>	<u>7.</u>	hrs. min.

9. Exact Occupation Painter. Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Indiana.  
(City or town) (State or foreign country)

12. Name Benjamin Watson Balay.

13. Birthplace Kentucky.  
(City or town) (State or foreign country)

14. Maiden name Nancy Ann Jones.

15. Birthplace Kentucky.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Oprie Stevens  
and Address Rt 7 Boise Idaho.

17. (a) Burial. (b) Date thereof. Oct. 27. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Elvade E. Summers  
and Address Boise, Idaho.

19. (a) 10-28-48 (b) Margie Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October. 25. 1948.  
at 4.10. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 10-20-1948 to 10-25-1948

I last saw him alive on 10-25-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Stroke Duration 5 days

Due to Left hemiplegia

Due to Hemorrhage left lobe 5 days

Other conditions present fracture of pelvis  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

23. Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Oprie Stevens  
(M. D. or other)

and Address Boise Idaho Date 10/27/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 3 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

STATE OF IDAHO

State File No. 3589

Local Reg. No. 383

Reg. Dist. No. 37

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 20 years 7 months 5 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Eagle  
(d) Street Address or R.F.D. No. R.D. # 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Wayne Everett Washam.

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

## 5. Color or

Sex Male race White

## 6. (a) Single, widowed, married, divorced

Single

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

March 21 1928

8. AGE	Years	Months	Days	If less than 1 day
	<u>20</u>	<u>7</u>	<u>5</u>	hrs. min.

## 9. Exact Occupation

Service Station Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Attendant Date last worked \_\_\_\_\_

## 11. Birthplace (City or town) (State or foreign country)

Boise, Idaho

## 12. Name (City or town) (State or foreign country)

Loyle Vernon Washam

## 13. Birthplace (City or town) (State or foreign country)

Green River, Wyoming

## 14. Maiden name (City or town) (State or foreign country)

Helen Maus

## 15. Birthplace (City or town) (State or foreign country)

Creston, Iowa

## 16. Informant's OWN Signature

Mrs Helen Washam

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

Oct 30 1948

## 18. Funeral Director's OWN Signature

Chas E Summers

## 19. (a) (Date received and filed) (b) Registrar's signature

10-29-48 Myrtle Palmer

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

October 26 19 48  
at 9:15 o'clock A.M.

## 21. I HEREBY CERTIFY, That I ~~affirmed~~ deceased from

Oct 26 19 48

~~I have seen the body of the deceased and have signed above.~~

## Immediate Cause of Death: Duration

Broken neck, Motorcycle that he was riding run into pickup

Due to truck

Due to Accident

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred October 26 19 48 City, county, state

where violence occurred at Eagle, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place on Highway while at work? \_\_\_\_\_

Means of injury Broken neck

## 23. Attendant's OWN Signature

Chas E Summers Ada County

and Address Boise, Idaho Date Oct 29 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 3 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

Certificate of Death

STATE OF IDAHO

1948

State File No. 3590  
Local Reg. No. 370  
Reg. Dist. No. 370

1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise, Idaho  
(c) Street Address or R.F.D. No. 412 State  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. St. Alphonsus Stayed 5 Hrs.  
(g) Lived in this county years months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise, Idaho  
(d) Street Address or R.F.D. No. Rt. 6, Boise  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 3 mo. years  
(h) Former residence (city, state) Boise, Ida.

3. (a) FULL  
NAME

HERMAN LOUIS MARTZ

3. (b) If veteran, name war  
no

3. (c) Social Security No.  
no

4. Sex M Color or W  
race

6. (a) Single, widowed, married,  
divorced single

6. (b) Name of husband or wife  
no

6. (c) Age of husband or wife if  
alive no years

7. Date of Birth  
(Month, Day, Year) July 1, 1948

8. AGE	Years	Months	Days	If less than 1 day
		3	25	hrs. min.

9. Exact Occupation Child Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Boise, Idaho  
(City or town) (State or foreign country)

12. Name Junior F. Martz

13. Birthplace Widen, West Virginia  
(City or town) (State or foreign country)

14. Maiden name Della Dealy

15. Birthplace Cascade, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Junior F. Martz

and Address Rt. 6 Boise, Idaho

17. (a) Burial (b) Date thereof 10/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Emmett, Idaho

18. Funeral Director's OWN Signature Clarence R. Persons

and Address Emmett, Idaho

19. (a) 10-29-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 26 1948  
(Month, Day, Year)  
at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 26 1948 to Oct 26 1948

I last saw him alive on Oct 26 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Pneumonia - Broncho 2 days

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? home

Name of operation Date

Major finding

Finding of autopsy Broncho - PNEUMONIA

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Frank R. Hetcher  
(M. D. or other)  
and Address Boise, Ida Date Oct 28 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 3 1948

Certificate of Death

1948  
State File No. 3591  
Local Reg. No. 388  
Reg. Dist. No. 370

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

STATE OF IDAHO

1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 523 So. 12th  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 80 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 523 So. 12th  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 80 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME LAURA ETTA TUCKER

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Widowed  
4. Sex F race W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) November 1, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>11</u>	<u>25</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace McMinnville, Oregon (City or town) (State or foreign country)

12. Name Alex Blessing (City or town) (State or foreign country)

13. Birthplace Helm, Penn. (City or town) (State or foreign country)

14. Maiden name Mariah McClellan

15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Ida Blase and Address 523 So. 12th St., Boise, Ida.

17. (a) Burial (b) Date thereof 10/29/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill, Boise, Idaho

18. Funeral Director's OWN Signature McBratney Fowler Chapel and Address 419 No. 9th St., Boise, Idaho

19. (a) 10-29-48 (b) Muriel Palmer (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 26 1948  
at 2:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Natural Causes. Had been ill for several years.

Due to no Physician was in attendance

Other conditions Nothing of Criminal Nature (Include pregnancy within 6 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Phyllis E. Summers and Address Boise, Idaho (M. D. or other) Coroner

Date Oct. 28, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 4 1948 Certificate of Death

1948  
State File No. 3592  
Local Reg. No. 389  
Reg. Dist. No. 370

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics DIVISION OF VITAL

STATE OF IDAHO

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Lukes Stayed 21 days  
(g) Lived in this county 17 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 8  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) IOWA

3. (a) FULL NAME Benjamin Bennett Nevins.

3. (b) If veteran, name war No. None  
3. (c) Social Security No. None  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elsie Leona Nevins. 6. (c) Age of husband or wife if alive 62 years

7. Date of Birth (Month, Day, Year) February, 24, 1877.

8. AGE	Years	Months	Days	If less than 1 day
	<u>71.</u>	<u>8.</u>	<u>2.</u>	hrs. min.

9. Exact Occupation Farmer. Did this work for  yrs.  
10. Industry or Business Farmer. Date last worked

11. Birthplace Des Moines, Iowa.  
(City or town) (State or foreign country)

12. Name Marion Nevins.

13. Birthplace Kansas.  
(City or town) (State or foreign country)

14. Maiden name Betty Roderick.

15. Birthplace Unknown.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mr. Elie L. Nevins  
and Address R.D. # 8 Boise, Ida.

17. (a) Burial. (b) Date thereof Oct. 28, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Cliff G. Summers  
and Address Boise, Idaho.

19. (a) 11-2-48 (b) Muriel Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October, 26, 1948.

at 4:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 9-22 1948 to 10-25 1948

I last saw h. in alive on 10-25 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to extensive sclerotic heart disease

Due to \_\_\_\_\_

Other conditions C.A. of liver

(Include pregnancy within 6 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

23. Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. M. Thomas

and Address Memphis, Tenn. Date 10-30 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 3 1948

# Certificate of Death

STATE OF IDAHO

1948

3593

State File No. \_\_\_\_\_  
Local Reg. No. 385  
Reg. Dist. No. 370

DIVISION OF VITAL

1. PLACE OF DEATH: **STATISTICS**
- (a) County Ada
- (b) City or town Boise
- (c) Street Address or R.F.D. No. 812 McKinley
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town
- (e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
- (g) Lived in this county 47 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada
- (c) City or town Boise
- (d) Street Address or R.F.D. No. 812 McKinley
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town
- (f) Citizen of what country? U.S.
- (g) How long had deceased lived in Idaho? 47 Yrs. \_\_\_\_\_ years
- (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME WARREN K. PARKINSON

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married
4. Sex M race W
6. (b) Name of husband or wife Lydia Parkinson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 11/24/1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>11</u>	<u>3</u>	hrs. min.

9. Exact Occupation Ret. Businessman Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace St. Louis Missouri (City or town) (State or foreign country)

Father { 12. Name Fountain Parkinson

13. Birthplace Penn. (City or town) (State or foreign country)

Mother { 14. Maiden name Elizabeth Wessenfelter

15. Birthplace St. Louis Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Warren K. Parkinson

and Address 814 McKinley Ave. - Boise Idaho 10/29/48

17. (a) Burial (b) Date thereof 10/29/48 (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park, Boise, Ida.

18. Funeral Director's OWN Signature McBratney Fowler Chapel

and Address 419 No. 9th St. Boise, Idaho

19. (a) 10-29-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 27 19 48  
at 6:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 10-27-1948 to 10-27-1948  
I last saw him alive on 10-27-1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary Occlusion

Duration 2da.

Due to Hypertensive Cardio-vascular Disease

Due to Arteriosclerosis

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D. J. Samuel M.D.

and Address Boise Idaho Date 10-28-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 10 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

10-20-21948

State File No. 3594

Local Reg. No. 397

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Luke's Stayed 1 days  
(g) Lived in this county 45 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1103 Hays St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Louis Harvey Keeth.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or Male race White. 6. (a) Single, widowed, married, divorced Married.  
6. (b) Name of husband or wife Dorothy W. 6. (c) Age of husband or wife if alive 47 years

7. Date of Birth (Month, Day, Year) April. 1. 1888.

8. AGE	Years	Months	Days	If less than 1 day
	<u>60.</u>	<u>6.</u>	<u>26.</u>	hrs. min.

9. Exact Occupation Tree Sprayer. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Fort Scott, Kansas.  
(City or town) (State or foreign country)

12. Name Samuel J. Keeth.

13. Birthplace Unknown.  
(City or town) (State or foreign country)

14. Maiden name Mollie Hurst.

15. Birthplace Unknown.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mollie Keeth

and Address 1103 Hays St.

17. (a) Burial. (b) Date thereof Oct. 30. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Clayton E. Summers.

and Address Boise, Idaho.

19. (a) 11-3-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October. 27. 19 48.  
at 6.30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1-19-48 19 48 to Oct 27 19 48  
I last saw him alive on Oct 27 19 48;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Myocardial Failure Duration 2 yrs.

Due to Arteriosclerosis Unknown

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho.

Name of operation None Date \_\_\_\_\_

Major finding None

Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Clayton E. Summers.

and Address Boise, Idaho. Date 11-3 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**RECEIVED Certificate of Death**  
**OCT 30 1948** STATE OF IDAHO

State File No. **3595**  
Local Reg. No. **379**  
Reg. Dist. No. **370**

1. PLACE OF DEATH: **Ada** OF VITAL  
(a) County.....  
(b) City or town..... **Boise**  
(c) Street Address or R.F.D. No.....  
(d) Death Occurred Inside? ☒ Outside?..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. **St. Alphonsus** days **1**  
(g) Lived in this county..... years **3** months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Ada**  
(c) City or town..... **Boise**  
(d) Street Address or R.F.D. No. **Rt. 1:**  
(e) Deceased lived Inside?..... Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **3 Mos** years  
(h) Former residence (city, state)..... **None**

3. (a) FULL NAME **Raldo Darwood Robinson**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) **July 27th 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>3</b>	<b>0</b>	hrs. min.

9. Exact Occupation **None** Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace **Nampa Idaho**  
(City or town) (State or foreign country)

Father { 12. Name **Raldo J. Robinson**

13. Birthplace **Minersville Utah**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Edna Bernice Fullerton**

15. Birthplace **Caldwell Idaho**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Raldo J. Robinson**  
and Address **Rt. 1. Boise Idaho**

17. (a) **Burial** (b) Date thereof **10/29/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Morris Hill Cemetery**

18. Funeral Director's OWN Signature **Schreiner McLaughlin**  
and Address **Boise**

19. (a) **10-29-48** (b) **M. J. Palmer**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **October 27 1948**  
(Month, Day, Year) at approx. **7:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from..... 19..... to..... 19.....

I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death..... Duration.....

**Intestinal obstruction with shock and dehydration unknown**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy **Intestinal obstruction (intussusception)**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

Attendant's OWN Signature **Paul D. Manning, Jr. D.**

(M. D. or other)

and Address **St. Alphonsus Hosp.** Date **Oct. 28 1948**

(For additional space, use reverse side)

**Boise, Idaho.**



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 10 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1546  
State File No. 3596  
Local Reg. No. 392  
Reg. Dist. No. 310

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside?        city or town  
(e) Died in a Home        Hospital X Institution        Other place         
(f) Name Hosp. or Inst. St. Alphonsus Med. 6 days  
(g) Lived in this county        years 1 months 25 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 5  
(e) Deceased lived Inside?        Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? X years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Linda De Blieck.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female Race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife       

6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) September. 3. 1948.

8. AGE	Years	Months	Days	If less than 1 day
		<u>1.</u>	<u>25.</u>	hrs. min.

9. Exact Occupation None. Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

12. Name Walter. M. Dec Blieck.

13. Birthplace Atkinson, Illinois. (City or town) (State or foreign country)

14. Maiden name Carolyn Kinyad.

15. Birthplace Brogan, Oregon. (City or town) (State or foreign country)

16. Informant's OWN Signature Walter M De Blieck  
and Address Route 5 Boise Ida.

17. (a) Burial. (b) Date thereof Oct. 30. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St Johns Morris Hill.

18. Funeral Director's OWN Signature Clyde E Summers

and Address Boise, Idaho.

19. (a) 11-3-48 (b) Muriel Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 28 1948  
at 12:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 48 to Oct 28 1948

I last saw h. alive on Oct 28 19 48.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bunch pneumonia Duration 4 days

Due to Comp. thromb. of Bile ducts fatal

Due to Meningitis fatal

Other conditions        (Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy As above.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature R S Mshen M.D  
and Address 218 h 1st (M. D. or other)         
Date 10/31 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 3 1948

# Certificate of Death

STATE OF IDAHO

OFFICE OF VITAL  
STATISTICS

1948  
Hamilton  
State File No. 3597  
Local Reg. No. 387  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 403 Franklin  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 22 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1018 Broadway  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Mary Elizabeth Davidson

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or  
4. Sex Female Race White

6. (a) Single, widowed, married,  
divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) December 25, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>10</u>	<u>3</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Fountain Green, Utah  
(City or town) (State or foreign country)

12. Name William P. Matthews

13. Birthplace England  
(City or town) (State or foreign country)

14. Maiden name Mary Elizabeth Kirkwood

15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Chas. P. Bonner  
and Address 1018 Longmont

17. (a) Burial (b) Date thereof Oct. 30, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. John's Morris Hill Cemetery

18. Funeral Director's  
OWN Signature Chas. E. Summers  
and Address Boise, Idaho

19. (a) 10-30-48 (b) Myrtle Blomer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) October 28, 1948

at 5:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
2-5-47 to 10-28-48

I last saw her alive on 10-28-48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 3 days

Due to Carcinoma right breast & Lung years

Due to Sudden Myocardial

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's  
OWN Signature S. D. Hamilton  
and Address Boise Ida Date 10/28 1948  
(For additional space, use reverse side)

66

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 4 1948  
Certificate Of Death

DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. 3598  
Local Reg. No. 370  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital Institution Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Bruneau  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 68 years  
(h) Former residence (city, state) Bruneau Idaho

3. (a) FULL NAME  
JESSE ANDREW GROVES

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
4. Sex Male 6. (b) Name of husband or wife if wife Ethel 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) June 4, 1880

8. AGE	Years	Months	Days	If less than 1 day
	68	4	25	hrs min.

9. Exact Occupation Carpenter Did this work for 30 yrs.  
10. Industry or Business General Carpenter Date last worked 10/16/48  
11. Birthplace Falk Idaho (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Lila E. Strong  
and Address Boise Idaho

17. (a) Removal (b) Date thereof Oct. 29, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bruneau Idaho

18. Funeral Director's OWN Signature Edith J. Bay  
and Address Mountain Home Idaho

19. (a) 11-2-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH (Month, Day, Year) Oct 29 - 1948  
at During Night M.

21. I HEREBY CERTIFY, That I attended deceased from 1946 19 to Oct. 1948 19  
I last saw him alive on Oct 28 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cornary Thrombosis Duration  
Chronic myocarditis

Due to .....  
Due to .....  
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Patricia T. Voke  
and Address Boise Date 11-2-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL  
STATISTICS

RECEIVED

NOV 10 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3599  
Local Reg. No. 395  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital Institution. Other place .....  
(f) Name Hosp. or Inst. St. Alphonsus Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Colorado

## 3. (a) FULL NAME

Harrie Ellsworth Peterson

3. (b) If veteran, name war No

3. (c) Social Security No. No

5. Color or race W

6. (a) Single, widowed, married, divorced W

4. Sex M

6. (b) Name of husband or wife Jeannetta Adelaide

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year)

November 15-1863

8. AGE	Years	Months	Days	If less than 1 day
	84	11	14	hrs min.

9. Exact Occupation Farming Did this work for ..... yrs.

10. Industry or Business ..... Date last worked

11. Birthplace Rowley, Iowa (City or town) (State or foreign country)

12. Name Isaiah R. Peterson (City or town) (State or foreign country)

13. Birthplace New York (City or town) (State or foreign country)

14. Maiden name Keziah Norton (City or town) (State or foreign country)

15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Harrie Ellsworth Peterson

and Address Parma, Idaho

17. (a) Burial (b) Date thereof 11-1-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Parma

18. Funeral Director's OWN Signature Peckham-Dakan Chapel

and Address Caldwell, Idaho

19. (a) 11-3-48 (b) Murielle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 29 1948  
(Month, Day, Year)  
at 2:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 10-11 1948, to 10-29 1948  
I last saw him alive on 10-24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute cardiac decompensation Duration 6 hrs.

Due to Arterio-sclerosis

Due to Myocarditis, Chronic

Other conditions Fracture of hip 10-10-48  
(Include pregnancy, within 3 months of death)

Hypertrophy, benign prostate

Where was disease contracted? PHYSICIAN

Name of operation fixing hip Date 11-1-48 Underline the cause to which death should be charged statistically.

Major finding Fracture of hip

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? ..... Homicide? .....

Occurred Home 1948 City, county, state where violence occurred Canyon Co. Idaho

Place of Violence: Home X Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury Fall in home

23. Attendant's OWN Signature M. B. Shaw (M. D. or other)

and Address ..... Date ..... 19.....  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 1 9 1948

OFFICE OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

Hamilton

State File No. 3601

Local Reg. No. 168

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Ada County stayed 14 days  
(g) Lived in this county 45 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 611 S. 13.  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

GRACE LEE.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or

4. Sex Female race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 10-4 years

7. Date of Birth (Month, Day, Year) January. 21. 1875.

8. AGE	Years	Months	Days	If less than 1 day
	<u>73.</u>	<u>8.</u>	<u>15.</u>	hrs. min.

9. Exact Occupation School teacher Did this work for 0 yrs.

10. Industry or Business worked Date last worked

11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

12. Name Unknown (City or town) (State or foreign country)

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown (City or town) (State or foreign country)

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Anna A. Martens and Address 1703 No 23 St. City

17. (a) Burial (b) Date thereof Oct. 8. 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Clayton E. Summers and Address Boise, Idaho

19. (a) 10-12-48 (b) Muriel Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October. 6. 1948 at 8.30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 9. 18 1948 to 10-6 1948. I last saw h. er alive on 10-4 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: -

Cardio-renal  
symptom complex  
Due to myocardial  
degenerative  
Due to chronic hepatitis  
Other conditions  
(Include pregnancy within 3 months of death)

## Duration

Sudden  
year  
PHYSICIAN Underline the cause to which death should be charged statistically.

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? 0 Suicide? 0 Homicide? 0

Occurred 0 19 0 City, county, state where violence occurred

Place of Violence: Home 0 Farm 0 Industry 0

Public Place 0 While at work? 0

Means of injury 0

23. Attendant's OWN Signature L. O. Hamilton (M. D. or other)

and Address 10-11-48 Date 19 (For additional space use reverse side)

Boise Idaho

296

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 10 1948

# Certificate of Death

STATE OF IDAHO

7 min 1948

State File No. 3602  
Local Reg. No. 166  
Reg. Dist. No. 321

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 10 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Illinois

## 3. (a) FULL NAME

Clara May Denny

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female Color White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife       

6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) March. 26. 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>6</u>	<u>10</u>	hrs. min.

9. Exact Occupation At Home Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Illinois (City or town) (State or foreign country)

12. Name John. H. Waits (City or town) (State or foreign country)

13. Birthplace Penn. (City or town) (State or foreign country)

14. Maiden name Adelaide King (City or town) (State or foreign country)

15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature John Waits

and Address Boise R.D. 1

17. (a) Burial (b) Date thereof Oct. 9. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cascade, Idaho

18. Funeral Director's OWN Signature Elmer E. Summers

and Address Boise, Idaho

19. (a) 10-21-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) October. 6. 1948  
at 8.15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from        to       

I last saw him or alive on Oct 6 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Raynaud's chronic with valvular insuff. of aorta

Due to acute decompensation

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted? unknown

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Frank D. Minors  
and Address 214 E. Main St. Boise, Idaho Date Oct 9 1948  
(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

585

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 13 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No.

3603

Local Reg. No.

169

Reg. Dist. No.

371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 5  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 35 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 5  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Carl Schultz

3. (b) If veteran, name war No.       

3. (c) Social Security No. None

4. Sex Male race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife       

6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) May. 22. 1868.

8. AGE	Years	Months	Days	If less than 1 day
	<u>80.</u>	<u>4.</u>	<u>15.</u>	hrs. min.

9. Exact Occupation Farmer Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Finland (City or town) (State or foreign country)

12. Name Unknown (City or town) (State or foreign country)

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown (City or town) (State or foreign country)

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Lue Schultz  
and Address 2916 Raleigh Ave. Idaho Falls, Minn.

17. (a) Burial (b) Date thereof Oct. 13. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Charles E. Summers  
and Address Boise Idaho

19. (a) 10-13-48 (b) Margie Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October. 7. 19 48.  
at 11 o'clock P. M. saw

21. I HEREBY CERTIFY, That I attended        from October. 8. 48. to        19       

I last saw h        alive on        19       ;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes, Was found dead in his home. Duration

Due to Had been ill health for some Months.

Due to He had not been to a physician for several years.

Other conditions        (Include pregnancy within 3 months of death)

Where was disease contracted?        Date       

Name of operation        Major finding         
Finding of autopsy       

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Charles E. Summers Coroner of Ada County  
(M. D. or other)

and Address Boise, Idaho Date Oct. 12. 48.  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

OCT 19 1948

# Certificate of Death

1948 3604  
State File No. \_\_\_\_\_  
Local Reg. No. 167  
Reg. Dist. No. 371

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

STATE OF IDAHO

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 6  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 18 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 6  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Wyoming

## 3. (a) FULL NAME

PHILIP ELMER BROWNING.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male, race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Browning

6. (c) Age of husband or wife if alive 69 years

7. Date of Birth (Month, Day, Year) April. 24. 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>5</u>	<u>14</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace New Cumberland, Indiana  
(City or town) (State or foreign country)

12. Name John. W. Browning

13. Birthplace Ohio  
(City or town) (State or foreign country)

14. Maiden name Delila Momah

15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Ruth Bagnes  
and Address 1977 No. 10 St. Boise

17. (a) Burial (b) Date thereof Oct. 12. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Chas. E. Summers  
and Address Boise, Idaho

19. (a) 10-12-48 (b) Muriel Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October. 8. 1948

at 11.30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1 1948 to Oct 8 1948

I last saw him alive on Oct 8 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 8 hours

Due to myocarditis

Due to Hard work + age

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Ada County

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature T. C. Brantner  
and Address Boise Idaho Date \_\_\_\_\_ 19 \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 21 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3605

Local Reg. No. 173

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. R.D. # 3  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county        years 6 months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. R.D. # 3  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 66 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

CHARLES ROBERT DOUGLAS.

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mayme E. Douglas  
6. (c) Age of husband or wife if alive 66 years  
7. Date of Birth (Month, Day, Year) February 22, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>7</u>	<u>21</u>	hrs. min.

9. Exact Occupation Farmer Did this work for        yrs.

10. Industry or Business        Date last worked

11. Birthplace Davis County Missouri  
(City or town) (State or foreign country)

12. Name Robert Douglas  
(City or town) (State or foreign country)

13. Birthplace Missouri  
(City or town) (State or foreign country)

14. Maiden name Frances Lingenfelter  
(City or town) (State or foreign country)

15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mayme E. Douglas  
and Address 83 Hill Road Boise

17. (a) Burial (b) Date thereof Oct. 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Clayde E. Summers  
and Address Boise Idaho

19. (a) 10-19-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 13, 1948  
at 5 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from October 13, 1948 to Oct 13, 1948

I last saw him alive on        19       ;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute coronary thrombosis

## Duration

Due to       

Due to       

Other conditions       

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature John A. Mather MD  
(M. D. or other)

and Address 345 Home Base Date Oct 18, 1948

(For additional space, use reverse side)

5-88

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. ....

Local Reg. No. 172

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☐ Other place ....  
(f) Name Hosp. or Inst. V.A. Hospital Stayed 71 days  
(g) Lived in this county 3 years 3 months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 409 Resseguie St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Prairie City, Oregon

## 3. (a) FULL NAME ROY, Larkin V.

## 3. (b) If veteran, name war WW I 3. (c) Social Security No. ....

5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bertha B. ROY  
6. (c) Age of husband or wife if alive 58 years

## 7. Date of Birth (Month, Day, Year) Sept. 18, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>0</u>	<u>26</u>	hrs. min.

9. Exact Occupation None Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Prairie City, Oregon (City or town) (State or foreign country)

12. Name Samson Roy  
13. Birthplace Virginia (City or town) (State or foreign country)

14. Maiden name Isabel Thorpe  
15. Birthplace Kansas City, Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Records, V. A. Hospital, and Address Boise, Idaho

17. (a) Burial (b) Date thereof 10/13/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cl verdele, Boise, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel and Address Boise, Idaho

19. (a) 10-19-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 14, 1948 at 5:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from August 4, 1948 to October 14, 1948. I last saw him alive on October 14, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Septic pulmonary embolae, acute pericarditis and mediastinitis  
Due to Pelvic venous thrombosis

Duration Terminal

Due to Urethral stricture with cystitis  
Other conditions        (Include pregnancy within 3 months of death)

Terminal  
Terminal

Calcific aortic stenosis

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy Confirms above

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature J. K. McClintock, M.D., C.M.O. (M. D. or other)

and Address VAH., Boise, Idaho Date Oct. 15, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 3607

State File No. 171

Local Reg. No. 371

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Rt. 1:  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 44 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Rt. 1:  
(e) Deceased lived Inside?        Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Edward Franklin Dickerson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife       

6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) Nov 24th 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>10</u>	<u>21</u>	hrs. min.

9. Exact Occupation Farmer Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Hammond Indiana (City or town) (State or foreign country)

12. Name Spencer B. Dickerson

13. Birthplace Indiana (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature X Roy Stroup and Address Rt 1 Boise Idaho

17. (a) Burial (b) Date thereof 10/19/1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Marion Hill Cemetery

18. Funeral Director's OWN Signature Schreiber McLean and Address Boise, J. J. McCann

19. (a) 10-18-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Oct-17-48 (Month, Day, Year) 19 48

21. I HEREBY CERTIFY, That I attended deceased from June 1948 to Oct 1948 o'clock        M. I last saw h. in alive on Oct 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Due to Senility

Due to       

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19 48 City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

Attendant's OWN Signature S. J. McCann (M. D. or other)

and Address Boise Date OCT 18 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3808  
Local Reg. No. 174  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? xx city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital xx Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Ins V.A. Hospital Stayed 98 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County \_\_\_\_\_  
(c) City or town Challis  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 59 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Pierce DORGAN

3. (b) If veteran, name war WW I

3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) July 2, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>3</u>	<u>15</u>	hrs. min.

9. Exact Occupation Miner Did this work for \_\_\_\_\_ yrs

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Hailey Idaho  
(City or town) (State or foreign country)

12. Name Pierce Dorgan

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Mary O'Brien

15. Birthplace Brooklyn N. Y.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, V. A. Hospital  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof 10/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Field of Honor, Boise, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address Boise, Idaho

19. (a) 10-17-48 (b) Thuyte Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) October 17, 1948  
at 630 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 11, 1948 to October 17, 1948  
I last saw him alive on October 17, 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Myocardial Insufficiency with Congestive Failure

Due to Myocardial Infarction, lft. Ventricle, Apical with Mural Thrombus

Due to Hypertension & Coronary Arteriosclerosis

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Confirm Above

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury J. K. McClintic

23. Attendant's OWN Signature J. K. McClintic, M.D., CMO  
(M.D. or other)

and Address Boise, Idaho Date Oct. 17, 1948

(For additional space, use reverse side)

093D  
094A

PHYSICIAN  
Underline the cause to which death should be charged statistically

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 29 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 3609  
Local Reg. No. 178  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. County Hospital  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. County Hospital Stayed Idaho 15 days  
(g) Lived in this country 15 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1011 Main St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME MATT GEORGE HOVECK

3. (b) If veteran, name war  
3. (c) Social Security No. 519-10-3559  
5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) April 25, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>5</u>	<u>24</u>	hrs. min.

9. Exact Occupation retired miner Did this work for years  
10. Industry or Business worked Date last worked

11. Birthplace Montana (City or town) (State or foreign country)

- Father { 12. Name unknown  
13. Birthplace unknown (City or town) (State or foreign country)  
Mother { 14. Maiden name unknown  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Marian Glavata and Address 1011 Main, Boise, Idaho

17. (a) Burial (b) Date thereof Oct. 22, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature McBratney Fowler Chapel and Address 419 North 9th, Boise, Idaho

19. (a) 10-22-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 19, 1948  
at 3:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 7-17-48 to 10-19-48  
I last saw him alive on 10-19-48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary block Sudden

Due to Phenylbutazone 1948  
Due to and Phenylbutazone 1948  
Other conditions asthma 1948  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Swicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature J. D. Palmer and Address Boise Idaho Date 10-22-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 27 1948

DEPARTMENT OF VITAL  
STATISTICS

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. \_\_\_\_\_

Local Reg. No. 176

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? xx city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital xx Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hosp. Stayed 47 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 20 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County \_\_\_\_\_  
(c) City or town Ontario  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME William H. STRATCH

3. (b) If veteran, name war WW I

3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sylvia Stratch

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 18, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>5</u>	<u>2</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Graham Co. Kansas  
(City or town) (State or foreign country)

Father { 12. Name Unknown

13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

Mother { 14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature McGill  
and Address Records, Veterans Admn.  
Boise, Idaho

17. (a) Shipment (b) Date thereof Oct. 21, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Nyssa, Oregon

18. Funeral Director's OWN Signature McBratney-Powder Chapel  
and Address Boise, Idaho

19. (a) 10-21-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 20, 1948  
at 1:20 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from September 3, 1948 to October 20, 1948  
I last saw him alive on October 20, 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral Vascular Accident, Embolic

Duration Terminal

Due to Coronary Thrombosis with Myocardial Infarction, Cardiac Enlargement and Myocardial insufficiency  
exacerbated by Hypertension and Coronary Arteriosclerosis

Prior to Admn. " "

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_

Finding of autopsy No Autopsy

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J.K. McCLINTIC, M.D., CMO  
(M D or other)  
and Address V.A. Hosp. Boise Date Oct. 20, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 20 1948

OFFICE OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3611  
Local Reg. No. 177  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? xx city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital x Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hospital Stayed 538 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? xx Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

PRICE, Albert L.

## 3. (b) If veteran, name war

Sp. Am.

## 3. (c) Social Security No.

## 5. Color or

4. Sex Male race White

6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) February 25, 1872

## 8. AGE

Years

76

Months

7

Days

25

If less than 1 day

hrs.

min.

## 9. Exact

Occupation None

Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business

Date last

worked

## 11. Birthplace

(City or town)

Illinois

(State or foreign country)

Father

12. Name Unknown

Mother

13. Birthplace

(City or town)

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Records, Veterans Admn.

and Address Boise, Idaho

## 17. (a)

Burial

(b) Date thereof

10/23/48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place Field of Honor, Boise, Idaho

## 18. Funeral Director's

OWN Signature McBratney-Fowler Chapel

and Address Boise, Idaho

## 19. (a)

10-33-48

(Date received and filed)

(b)

Myrtle Palmer

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) October 20 1948  
at 12:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

May 1, 1947 to October 20, 1948  
I last saw him alive on October 20, 1948  
death is said to have occurred on the date and hour stated above

## Immediate Cause of Death:

Cerebral Vascular Accident

## Duration

Terminal

Due to Hypertension, Arterial and Arteriosclerosis, generalized

Prior to Admn.

Due to

Other conditions Arthritis, Chr. Mul.  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation None Date

Major finding

Finding of autopsy No Autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury J. K. McClintic

## 23. Attendant's

OWN Signature J. K. McClintic, M.D., CMO  
(M.D. or other)

and Address VAH, Boise, Idaho Date Oct. 21 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 2 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 3612

Local Reg. No. 179

Reg. Dist. No. 371

1. PLACE OF DEATH: STATISTICS
- (a) County Ada
- (b) City or town Boise
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town \_\_\_\_\_
- (e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. V.A. Hosp. Stayed 59 days
- (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Twin Falls
- (c) City or town Twin Falls
- (d) Street Address or R.F.D. No. 353 4th Ave. E.
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 53 years
- (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME William R. WOLTER

3. (b) If veteran, name war WW I 3. (c) Social Security No. 519-24-2650

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Clarice Wolter 6. (c) Age of husband or wife if alive 46 years

7. Date of Birth (Month, Day, Year) Aug-3-95

8. AGE	Years	Months	Days	If less than 1 day
<u>53</u>	<u>53</u>	<u>2</u>	<u>19</u>	hrs. min.

9. Exact Occupation V.A. Service Officer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Yost Utah (City or town) (State or foreign country)

12. Name Rudolph Wolter

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name Francis A. Smith

15. Birthplace Virginia City, Mont. (City or town) (State or foreign country)

16. Informant's OWN Signature M. E. Hull, R.R. and Address Records, V. A. Hospital

17. (a) Burial (b) Date thereof 10/23/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Twin Falls, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel and Address Boise, Idaho

19. (a) 10/23/48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 22 19 48 at 5:25 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 8/24 19 48 to Oct. 22 19 48

- I last saw h. im alive on Oct. 22 19 48

- death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Acute Coronary Occlusion Duration Terminal

- Due to Hypertension and Coronary Arteriosclerosis with Anginal Syndrome Prior to Admn.

- Due to Psychoneurosis, Hysteria

- Other conditions with Contracture muscles left lower extremity severe (Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_

- Name of operation None Date \_\_\_\_\_

- Major finding \_\_\_\_\_

- Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury J. K. McClintic

23. Attendant's OWN Signature J. K. McClintic, M. D., CMO and Address Boise, Idaho (M. D. or other) Oct. 23 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**RECEIVED** **Certificate of Death**  
**OCT 30 1948** **STATE OF IDAHO**

*Hamilton* 1948  
State File No. **3513**  
Local Reg. No. **181**  
Reg. Dist. No. **371**

**1. PLACE OF DEATH: DIVISION OF VITAL**

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Ada County Stayed 1 days  
(g) Lived in this county 17 years 1 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 121 1/2 S. 9 th.  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? Boise  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state) Nebraska

**3. (a) FULL NAME**

Oakley Edgar Stoner.

3. (b) If veteran, name war No. No.

3. (c) Social Security No. 519-03-5861.

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) June. 4. 1885.

AGE	Years	Months	Days	If less than 1 day
	<u>63.</u>	<u>4.</u>	<u>18.</u>	hrs. min.

9. Exact Occupation Janitor. Did this work for years

10. Industry or Business Humbolt, Nebraska. Date last worked

11. Birthplace (City or town) (State or foreign country)

12. Name George Wesley Stoner.

13. Birthplace Jerome, Iowa. (City or town) (State or foreign country)

14. Maiden name Mary Elizabeth Kenney.

15. Birthplace Jerome, Iowa. (City or town) (State or foreign country)

16. Informant's OWN Signature Bertha G. Adelman  
and Address 906 E. 1st St. Boise Ida.

17. (a) Burial. (b) Date thereof Oct. 27. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clayde E. Summers  
and Address Boise Idaho

19. (a) 10-28-48 (b) Margie Palmer  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) October. 22. 19 48.

at 10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct - 22 19 48 to Oct 22 19 48

I last saw him alive on Oct 22 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration

Myocarditis

Due to degeneration - years

Other conditions Isaw him on 10-22-48  
(Include pregnancy within 3 months of death)

Where was disease contracted? Isaw him on 10-22-48

Name of operation Date

Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Attendant's

OWN Signature Boise Ida Date 10-27-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON-RESIDENT Certificate of Death

RECEIVED

STATE OF IDAHO

1448  
State File No. 3614  
Local Reg. No. 182  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada Co. OF VITAL  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? xx city or town  
(e) Died in a Home \_\_\_\_\_ Hospital x Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hospital Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County \_\_\_\_\_  
(c) City or town Colton  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME RAUBER, Albert

3. (b) If veteran, name war WW II

3. (c) Social Security No. \_\_\_\_\_

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) March 22, 1905

8. AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>7</u>	<u>2</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Hay Washington  
(City or town) (State or foreign country)

Father { 12. Name Unknown

13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

Mother { 14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature McGull  
and Address Records, Veterans Admn.  
Boise, Idaho

17. (a) Burial (b) Date thereof 10/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Field of Honor, Boise, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address Boise, Idaho

19. (a) 10-28-48 (b) Wylie Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) October 24, 19 48  
at 5:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
October 22, 19 48 to October 24, 19 48  
I last saw him alive on October 24, 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Atelectasis, Pulmonary, due to mucus plugs

Due to Acute Nephrosis with fatty degeneration of liver and generalized edema, etiology undetermined  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration  
Terminal

Prior to Admn.

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Confirm above

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J.K. McCLINTIC, M. D., CMO  
(M. D. or other)

and Address VAH, Boise, Idaho Date Oct. 26, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 10 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

chalunp 1948

State File No. 3615

Local Reg. No. 185

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 3  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 52 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 3  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

Henry Erdelbrock

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

None

## 4. Sex Male, race White

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Mary Margaret Erdelbrock

## 6. (c) Age of husband or wife if alive 78 years

## 7. Date of Birth (Month, Day, Year) January 12, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>9</u>	<u>18</u>	hrs. min.

## 9. Exact Occupation Farmer Did this work for    yrs.

## 10. Industry or Business Date last worked

## 11. Birthplace Germany (City or town) (State or foreign country)

## 12. Name William Erdelbrock

## 13. Birthplace Germany (City or town) (State or foreign country)

## 14. Maiden name Unknown

## 15. Birthplace Unknown (City or town) (State or foreign country)

## 16. Informant's OWN Signature Martha M. Pierre and Address Gen. Del. Outing

## 17. (a) Burial (b) Date thereof Nov. 3, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Cloverdale Memorial Park

## 18. Funeral Director's OWN Signature Clifford E. Summers and Address Boise Idaho

## 19. (a) 11-3-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) October 30, 1948

at 11:12 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased on Oct 30 48

I last saw h.    alive on    19    death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Senility years

Grandeur Certus

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work   

Means of injury   

## 23. Attendant's OWN Signature W. Chalunp and Address Boise Idaho Date 11/3 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 10 1948

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 3616  
State File No. \_\_\_\_\_  
Local Reg. No. 184  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Kuna  
(c) Street Address or R.F.D. No. Rt # 2  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 46 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Kuna  
(d) Street Address or R.F.D. No. Rt # 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Harrison, Ark.

## 3. (a) FULL NAME

CELIA E. JOHNSON

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

None

## 5. Color or

4. Sex F race W

6. (a) Single, widowed, married, divorced Widowed

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if deceased years

James Marion Johnson

## 7. Date of Birth

(Month, Day, Year) Aug 3, 1859

## 8. AGE

Years

Months

Days

If less than 1 day  
hrs. min.

89

2

27

## 9. Exact

Occupation Housewife

Did this work for life time

## 10. Industry or Business

Date last worked 1939

## 11. Birthplace

Pannin County, Georgia  
(City or town) (State or foreign country)

Father {

12. Name W. Brown

13. Birthplace Unk So. Carolina  
(City or town) (State or foreign country)

Mother {

14. Maiden name Celia Unk Garrett

15. Birthplace Unk Unk  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Mrs. J. M. Reynolds  
and Address Kuna, Idaho P.O.

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 11/3/48

(Month) (Day) (Year)

(c) Place Kuna Cemetery

## 18. Funeral Director's

OWN Signature W. Robinson  
and Address Meridian, Ida

19. (a) 11-3-48

(Date received and filed)

(b) Myrtle Palmer  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) October 30, 1948

at 9:00 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Jan - 1935 to Oct 30, 1948

I last saw h. alive on Oct 24, 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac Insufficiency

Duration  
5 da

Due to Scrub typhus

Due to \_\_\_\_\_

Other conditions Hypertension  
(Include pregnancy within 3 months of death)

4 yrs.

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature R. E. Powell

(M. D. or other)

and Address Meridian Date Nov 2, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 1 10 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **3617**  
Local Reg. No. **183**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH: STATISTICS

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home.....Hospital. ☒ Institution.....Other place.....  
(f) Name Hosp. or Inst. **V.A. Hospital** Stayed **182** days  
(g) Lived in this county.....years.....months.....days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Nez Perce**  
(c) City or town **Lapwai**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside?.....Outside?.....city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho?.....years  
(h) Former residence (city, state).....

## 3. (a) FULL NAME **PAUL, Richard**

3. (b) If veteran, name war **WW I** 3. (c) Social Security No. ....  
5. Color or **Red** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Elice Paul** 6. (c) Age of husband or wife if alive.....years

7. Date of Birth (Month, Day, Year) **May 27, 1895**

8. AGE	Yea	Months	Days	If less than 1 day
	<b>53</b>	<b>5</b>	<b>4</b>	hrs. min.

9. Exact Occupation **Laborer** Did this work for.....yrs.  
10. Industry or Business Date last worked  
11. Birthplace **Idaho** (City or town) (State or foreign country)

12. Name **Unknown**  
13. Birthplace (City or town) (State or foreign country)

14. Maiden name **Unknown**  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature **M. E. Gull**  
and Address **Records, Veterans Admn. Boise, Idaho**

17. (a) **Reburied** (b) Date thereof **11/2/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Leiston, Idaho**

18. Funeral Director's OWN Signature **McBratney-Fowler Chapel**  
and Address **Boise, Idaho**

19. (a) **11-2-48** (b) **J. Sharp**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **October 31** 19 **48**  
at **5:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **May 2,** 19 **48**, to **October 31,** 19 **48**.  
I last saw him alive on **October 31,** 19 **48**.  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Myocardial Insufficiency with Congestive Failure**  
Due to **Cardiovascular Renal Disease with Myocardial Damage, Cardiac Enlargement and Pleural Effusion, Rt.**  
(Include pregnancy within 3 months of death)

Duration **Terminal**

Prior to Admn.

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature **J. K. McClintic, M.D., CMO**  
(M. D. or other)

and Address **VAH, Boise, Idaho** Date **Nov. 1,** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

OCT 16 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3618  
Local Reg. No. 570  
Reg. Dist. No. 300

## 1. PLACE OF DEATH:

- (a) County Adams  
(b) City or town Council  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Council Hosp. Stayed 2 days  
(g) Lived in this county... years ..... months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Riggins  
(d) Street Address or R.F.D. No. P.O. Box #223  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 Months  
(h) Former residence (city, state) Lark Utah

## 3. (a) FULL NAME CHARLES RICHARD WOOD

3. (b) If veteran, name war Lt. in Maritime Service  
3. (c) Social Security No. 549-07-8868  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bulah  
6. (c) Age of husband or wife if alive 27 years  
7. Date of Birth (Month, Day, Year) January 4 1908

8. AGE	Years	Months	Days	If less than 1 day
	40	8	29	hrs min.

9. Exact Occupation Trimmer (Lumber) Did this work for 5 months  
10. Industry or Business Saw Mill Date last worked 10/1/48  
11. Birthplace Wyandotte Michigan (City or town) (State or foreign country)

12. Name Lewis Earl Wood  
13. Birthplace Don't Know (City or town) (State or foreign country)  
14. Maiden name Rebecca Bishop  
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Sarah Wood (Wife)  
and Address P.O. Box 223 Riggins, Idaho.

17. (a) Removal (b) Date thereof 10/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature A. Jones # E557  
and Address Northam-Jones Chapel Weiser, Idaho.

19. (a) 10/4/48 (b) Alvin Smith  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 3 19 48  
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1 19 48 to Oct 3 19 48  
I last saw him alive on Oct 3 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Shock Duration 36 hrs

Due to multiple fractures of femur & tibia  
Due to gun shot  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? Riggins Idaho  
Name of operation Amputation Right Leg  
Major finding gun shot  
Finding of autopsy gun shot

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? X Homicide? X  
Occurred Oct 1 19 48 City, county state Riggins, Blaine Idaho  
where violence occurred Riggins, Blaine Idaho  
Place of Violence: Home X Farm X Industry X  
Public Place X While at work? Yes  
Means of injury gun shot

23. Attendant's OWN Signature John A. Edwards MD (M. D. or other)  
and Address Council, Idaho Date 10/4/ 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

NOV 15 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3619  
Local Reg. No. 572  
Reg. Dist. No. 300

## 1. PLACE OF DEATH: STATISTICS

- (a) County Adams  
(b) City or town Council  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Council Stayed 7 1/2 hrs  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 7 1/2 hrs

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Adams  
(c) City or town Council  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 7 1/2 hrs years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Vickie Ann Baker

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race female white  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Oct. 11, 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>7 hrs 36 min.</u>

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name Chas Ivan Baker  
13. Birthplace Oakdale, Nebraska (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
14. Maiden name Ruth Mae Gilland  
15. Birthplace Royal, Nebraska (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's ☒ OWN Signature Mrs. Ruth Mae Baker  
and Address Council Idaho

17. (a) Burial (b) Date thereof Oct 12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Council

18. Funeral Director's ☒ OWN Signature Family  
and Address \_\_\_\_\_

19. (a) 11-6-48 (b) Albert Hunter MD  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 11, 1948 19 \_\_\_\_\_  
at 6:55 p.m. o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from 10-11-48 19 \_\_\_\_\_ to 10-11- 19 48  
I last saw h.er. alive on 10-11- 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity 23 weeks gestation Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John A. Edwards (M. D. or other)  
and Address Council Date 11-6 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 4 1948  
DIVISION OF VITAL STATISTICS

Alvin S. Thurston M.D.  
Certificate Of Death

1948 State File No. 3620  
Local Reg. No. 571  
Reg. Dist. No. 300

STATE OF IDAHO

1. PLACE OF DEATH:

- (a) County Adams  
(b) City or town Council  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Council Hosp. Stayed 3 days  
(g) Lived in this county 00 years 00 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Midvale  
(d) Street Address or R.F.D. No. Star Route  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Tulsa, Oklahoma

3. (a) FULL NAME JOSEPH M. LUCAS

3. (b) If veteran, name war None  
3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Date of Birth (Month, Day, Year) June 28 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>3</u>	<u>15</u>	hrs min.

9. Exact Occupation Retired Rancher Did this work for 44 yrs.  
10. Industry or Business Stock Raising Date last worked 1946  
11. Birthplace Texas (City or town) (State or foreign country)

- Mother Father  
12. Name Don't Know  
13. Birthplace Don't Know (City or town) (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's OWN Signature Robert R. Smith (Friend)  
and Address P.O. Box # 81, New Plymouth, Idaho.

17. (a) Removal (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: Midvale Cem. Midvale, Idaho (Wn. Co.)

18. Funeral Director's OWN Signature C. S. Jones # E357  
and Address Northam-Jones Chapel, Weiser, Idaho.

19. (a) 10/13/48 (b) Alvin S. Thurston  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 13 1948  
(Month, Day, Year) at 5:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 9 1948 to Oct 12 1948  
I last saw him alive on Oct 13 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction Duration 2 days  
Due to Hypertrophy of Heart 6 yrs  
Due to Chronic Nephritis  
Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Alvin S. Thurston M.D.  
(M. D. or other)  
and Address Council, Idaho. Date 10/13/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States

Department of Commerce

Bureau of the Census

STATISTICS

# Certificate Of Death

STATE OF IDAHO

Alvin S. Thurston M.D.

State File No.

Local Reg. No.

Reg. Dist. No.

3691

1373

300

## 1. PLACE OF DEATH:

- (a) County Adams  
(b) City or town Council  
(c) Street Address or R.F.D. No. P.O. Box #331  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Council Hosp. Stayed 1 days  
(g) Lived in this county 39 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Adams  
(c) City or town Council  
(d) Street Address or R.F.D. No. P.O. Box #331  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Davis Co. Indiana

## 3. (a) FULL NAME ORA ELLEN HANCOCK

3. (b) If veteran, name war None No. None  
5. Color or race F W  
6. (b) Name of husband or wife James (Dec'd '37) 6. (c) Age of husband or wife if alive 37 years  
7. Date of Birth (Month, Day, Year) APRIL 15 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>6</u>	<u>14</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Own Home Date last worked 10/26/48  
11. Birthplace Davis County, Indiana (City or town) (State or foreign country)

12. Name Jeremiah Goodwin  
13. Birthplace Indiana (City or town) (State or foreign country)  
14. Maiden name Margaret Barber  
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Bessie Missman  
and Address Council, Idaho.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 1, 1948  
(c) Place Hillcrest Cem. Weiser, Idaho.

18. Funeral Director's OWN Signature [Signature]  
and Address Weiser, Idaho

19. (a) Nov. 3, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 10/28/48 1948  
at 9:15 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from 10-26 1948 to 10-28 1948

I last saw him alive on 10-26 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Acute Coronary - Duration 2 hrs  
myocardial infarction - 1 day

Due to hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operating physician Alvin S. Thurston Date 10/28/48

Major finding Explanatory

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury

23. Attendant's OWN Signature [Signature]

and Address

(For additional space, use reverse side)

(M. D. or other)

Date Nov. 3 1948

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 1 1948

# Certificate of Death

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

348

State File No. 3622  
Local Reg. No. 279  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County BENNETT  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. S. JOHNSON AVE  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. GENERAL Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BENNETT  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

CHARLES PATRICK FLYNN

094A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

318-03-5106

## 5. Color or

4. Sex M race W

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) \_\_\_\_\_

## 8. AGE

Years

Months

Days

If less than 1 day

hrs. min.

## 9. Exact

Occupation LABORER

Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business U.P. RAILROAD

Date last

worked 9/23/48

## 11. Birthplace

(City or town)

(State or foreign country)

## 12. Name

NO DATA

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

NO DATA

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature John Henderson

and Address Pocatello, Idaho

## 17. (a) BURIAL

(Burial, cremation, or removal)

## (b) Date thereof

10-2-48

## (c) Place

POCATELLO IDAHO

## 18. Funeral Director's

OWN Signature John Henderson

and Address Pocatello Idaho

## 19. (a) 10-3-48

(Date received and filed)

## (b) Jesse L. Powell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) SEPT 24 1948

at 8:40 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

SEPT 24 1948 to 19

I last saw h. deceased on arrival at

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Coronary thrombosis?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature John Henderson

(D. or other)

and Address Pocatello Idaho Date 10-7-48

(For additional space, use reverse side)

28-166843

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OCT 26 1948

## Certificate of Death

STATE OF IDAHO

State File No. 3623

Local Reg. No. 273

Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 137 Roosevelt  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mabel Edythe Bunce Hynes 1440

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

None

None

4. Sex F 5. Color or race W6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Walter (Died)

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Oct., 29, 1928

8. AGE	Years	Months	Days	If less than 1 day
	<u>19</u>	<u>11</u>	<u>1</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 2 yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Pocatello, Idaho (City or town) (State or foreign country)Father { 12. Name Henry S. Bunce13. Birthplace Aspburg, Id. (City or town) (State or foreign country)Mother { 14. Maiden name Carrie Braser15. Birthplace Franklin, Id. (City or town) (State or foreign country)16. Informant's OWN Signature Walter M. Hynes Jr.

and Address Pocatello, Id.

17. (a) Burial (b) Date thereof Oct. 2, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Leonard

and Address Pocatello, Idaho

19. (a) Oct. 20, 1948 (b) Jessie J. Samuel (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) September 30, 1948  
at 4:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 9-30-48 to 9-30-48

I last saw h. as alive on 9-30 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Uremia

## Duration

Due to Toxemia of pregnancy

Due to \_\_\_\_\_

Other conditions 2 1/2 mos pregnant  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Walter M. Hynes Jr. (M. D. or other)

and Address Pocatello Date 10-7 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED NON-RESIDENT Certificate of Death

OCT 9 1948

DEPT. OF VITAL

STATE OF IDAHO

1948 State File No. 3624  
Local Reg. No. 358  
Reg. Dist. No. 5-11

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 903 N. 9th.  
(d) Death Occurred Inside X Outside? city or town  
(e) Died in a Home X Hospital institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 0 years 2 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Utah (b) County Beaver  
(c) City or town Milford  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 2 months years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME SARAH CURFEW WHITE

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Female Color White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John C. White

6. (c) Age of husband or wife if alive died 1925 years

7. Date of Birth (Month, Day, Year) March 2nd., 1862

AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>6</u>	<u>0</u>	hrs. min.

9. Exact Occupation Retired Did this work for -- yrs.

10. Industry or Business housewife Date last worked --

11. Birthplace Beaver City, Utah (City or town) (State or foreign country)

12. Name Richard Curfew

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Agnes Hamilton

15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's OWN Signature W. R. W. Thompson and Address Pocatello, Idaho

17. (a) Removal (b) Date thereof 10-2-48 (Month) (Day) (Year)

(c) Place Beaver City, Utah

18. Funeral Director's OWN Signature Arthur W. Hall and Address Pocatello, Idaho

19. (a) 10-2-48 (Date received and filed) (b) Jessie J. Powell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 2nd., 1948

at 9-30 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 9-30 to Oct 2 1948

I last saw him alive on 9-30 1948; death is held to have occurred on the date and hour stated above.

Immediate Cause of Death: myocardial infarction Duration

Due to age

Due to age

Other conditions age

(Include pregnancy within 3 months of death)

Where was disease contracted? age

Name of operation age Date age

Major finding age

Finding of autopsy age

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? age Suicide? age Homicide? age

Occurred age 19 age City, county, state age

where violence occurred age

Place of Violence: Home age Farm age Industry age

Public Place age While at work? age

Means of injury age

23. Attendant's OWN Signature Arthur W. Hall (M. D. or other) age and Address Pocatello, Idaho 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206, and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OCT 18 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3625  
Local Reg. No. 266  
Reg. Dist. No. 10

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 650 No. 7th.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 4 days  
(g) Lived in this county 18 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 255 So. Hayes  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Seattle, Wash.

3. (a) FULL NAME WILLIAM BLOSSER HARTLAND

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 519-24-2286  
5. Color or \_\_\_\_\_  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 18, 1929

8. AGE	Years	Months	Days	If less than 1 day
	<u>19</u>	<u>3</u>	<u>14</u>	hrs. min.

9. Exact Occupation Petersen Furniture Co. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Seattle, Washington  
(City or town) (State or foreign country)

12. Name William Roy Hartland

13. Birthplace California  
(City or town) (State or foreign country)

14. Maiden name Thelma Blosser

15. Birthplace Ogden, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Bessie M. Ahlstrom  
and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof 10-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountainview, Pocatello, Ida.

18. Funeral Director's OWN Signature Arthur T. Hall  
and Address Pocatello, Idaho

19. (a) 10-4-48 (b) Josie J. Duvall  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 2nd., 1948  
(Month, Day, Year)

at 4:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 9/29/48 19 to 10/2/48 19.

I last saw him alive on 10/1/48 19.

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure Duration \_\_\_\_\_

Due to Acute Anterior Polio-myelitis 6 days.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? Do not know.

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature K. M. Pearson M.D.

and Address 209 Carlton City, Idaho Date 10/6/1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

OCT 9 1948

Certificate of Death

1948 No. 3626

Local Reg. No. 259

Reg. Dist. No. 510

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? L Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital L Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony stayed 7 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 182 Hawthorne  
(e) Deceased lived Inside? L Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) Montana

3. (a) FULL NAME

Edward Desmond League

132X

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 516-03-2790

5. Color or \_\_\_\_\_

4. Sex M race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Loretta

6. (c) Age of husband or wife if alive 46 years

7. Date of Birth (Month, Day, Year) August 1, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>2</u>	<u>1</u>	hrs. min.

9. Exact Occupation Storekeeper Did this work for 2 yrs.

10. Industry or Business U. S. Army Air Base Date last worked \_\_\_\_\_

11. Birthplace Iowa (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name William League (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

13. Birthplace U. S. A. (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Shoche St. John (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

15. Birthplace Canada (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Loretta League and Address Pocatello Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-48 (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Downard and Address Pocatello Idaho

19. (a) Oct. 5 - 1948 (Date received and filed) (b) Jessie J. Swell (Registrar's signature)

20. DATE OF DEATH

(Month, Day, Year) October, 2 19 48  
at 2:25 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 24 19 48 to Oct. 2 19 48

I last saw h. in alive on Oct. 2 19 48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Previa Duration 3 months

Due to Malignant hypertension 8 months

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature O. E. Green, M.D. and Address Kenika Bely Date Oct. 4 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

3627  
OCT 12 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3627  
Local Reg. No. 269  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? L Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital L Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 3 days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 641 N. Garfield  
(e) Deceased lived Inside? L Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Leda Carter Green

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 3, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>4</u>	<u>1</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 46 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Lewiston, Maine (City or town) (State or foreign country)

12. Name Joseph Carter (City or town) (State or foreign country)

13. Birthplace U.S.A. (City or town) (State or foreign country)

14. Maiden name Addie Gilbert (City or town) (State or foreign country)

15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's OWN Signature Carter Green and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof 10-7-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Leonard and Address Pocatello, Idaho

19. (a) Oct. 5, 1948 (b) June J. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) October, 4, 1948  
at 8:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 2 1948 to Oct 4 1948

I last saw h. or alive on Oct 3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Left Ventricular Failure Duration 8 days

Due to Arteriosclerotic Ht Disease 8 days

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R.P. Howard and Address Pocatello (M. D. or other) 10-6-48 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 9 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3628  
Local Reg. No. 260  
Reg. Dist. No. 511

1. PLACE OF DEATH: DIVISION OF VITAL
- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 6 days  
(g) Lived in this county 0 years 0 months 6 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 122 No. Shilling  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Jesse Guier Stevens

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_
5. Color or race White  
4. Sex Male  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Corinne Catlett  
6. (c) Age of husband or wife if alive 58 years

7. Date of Birth (Month, Day, Year) July 2, 1886

- | 8. AGE | Years     | Months   | Days     | If less than 1 day |
|--------|-----------|----------|----------|--------------------|
|        | <u>62</u> | <u>3</u> | <u>2</u> | hrs. min.          |

9. Exact Occupation District Judge Did this work for 16 yrs.

10. Industry or Business Law Date last worked 9-28-48

11. Birthplace Princeton, Kentucky  
(City or town) (State or foreign country)

12. Name John H. Stevens, Sr.

13. Birthplace Caldwell County, Kentucky  
(City or town) (State or foreign country)

14. Maiden name Mary P. Guier

15. Birthplace Floyd, W. Carroll, Louisiana  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Guy Stevens  
and Address 122 North Shilling Ave

17. (a) Burial (b) Date thereof 10-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Grove City Cemetery

18. Funeral Director's OWN Signature Howard Packham  
and Address Blackfoot, Idaho

19. (a) Oct. 7-48 (b) Jesse J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 4, 1948  
at 4:25 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 9-28-48 at 10-4-48  
I last saw him alive on 10-3-48  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary occlusion & du

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. O. Hampton MD  
(M. D. or other)

and Address Bl't. Ida. Date 10-5-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3629  
Local Reg. No. 270  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 690 Monroe  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months 18 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Chester  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME MARY ANN SAUNDERS HOWARD

3. (b) If veteran, name war  3. (c) Social Security No.   
5. Color or 6. (a) Single, widowed, married, divorced Widow  
4. Sex Female race White  
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years  
7. Date of Birth (Month, Day, Year) February 18, 1868

8. AGE	Years	Months	Days	If less than 1 day
	80	7	17	hrs min.

9. Exact Occupation retired housewife Did this work for  yrs.  
10. Industry or Business  Date last worked   
11. Birthplace Harrisville, Utah (City or town) (State or foreign country)

- Mother: Father: { 12. Name William Cell Saunders  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Karen Maria Mortensen  
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Fannie Wia  
and Address 690 Monroe, Pocatello, Idaho.

17. (a) Burial (b) Date thereof 10-9-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ashton, Idaho

18. Funeral Director's OWN Signature M. Hansen  
and Address St. Anthony, Idaho

19. (a) Oct. 14, 1948 (b) Joie J. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083B 097X

20. DATE OF DEATH (Month, Day, Year) October 5, 1948  
at 4:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 10 Oct 1948 to 5 Oct 1948  
I last saw her alive on 3 Oct 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral thrombus Duration 3 days

Due to General, arterial

Due to General  
Other conditions  (Include pregnancy within 8 months of death)

Where was disease contracted? Home  
Name of operation  Date   
Major finding   
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred  
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature Forrest J. Howard  
and Address Pocatello, Idaho (M. D. or other) Date 7 Oct 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 1 1948

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3630  
Local Reg. No. 280  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address crossed out North 7th Ave  
(d) Death Occurred Inside? x Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital x Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 12 days  
(g) Lived in this county 34 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address crossed out 340 So. Hayes Ave  
(e) Deceased lived Inside? x Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

MELLIE PETTIGREW

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race female white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John Y. Pettigrew

6. (c) Age of husband or wife, if alive died 1941 years

7. Date of Birth  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
				hrs. min.

9. Exact Occupation housekeeper Did this work for --- yrs.

10. Industry or Business Home Date last worked Sept, 1948

11. Birthplace (City or town) (State or foreign country)

12. Name Samuel Whitsett

13. Birthplace (City or town) (State or foreign country)

14. Maiden name

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Jack Henderson

and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof Oct. 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello, Idaho

18. Funeral Director's OWN Signature Jack Henderson

and Address Pocatello, Idaho

19. (a) Oct. 8, 1948 (b) Jessie L. Russell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) October 5 19 48  
at 11:00 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19 48 to Oct. 5 19 48

I last saw h. er alive on Oct. 5 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Hypostatic pneumonia Duration 4 hr

Due to Secondary to intracerebral  
hemorrhage with pneumonia

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Pneumonia

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred about Sept 12, 1948 City, county, state

where violence occurred Pocatello, Idaho

Place of Violence: Home x Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Fell on floor

23. Attendant's OWN Signature A. M. Newton M. A  
(M. D. or other)

and Address Pocatello, Idaho Date Oct. 8 19 48  
(For additional space, use reverse side)

186A

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 15 1948

# Certificate of Death

DEPT. OF VITAL

STATE OF IDAHO

State File No. **3631**

Local Reg. No. **265**

Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **554 S. Seventh**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **48** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or R.F.D. No. **554 S. Seventh**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **48** years  
(h) Former residence (city, state) **Fort Collins, Colo.**

## 3. (a) FULL NAME

**John Wood**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race **W**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Ella**

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) **February 27, 1867**

AGE	Years	Months	Days	If less than 1 day
	<b>81</b>	<b>7</b>	<b>8</b>	hrs. min.

9. Exact Occupation **Merchant - Retired** Did this work for **33** yrs.

10. Industry or Business **Self** Date last worked **1927**

11. Birthplace **Mason City, Iowa** (City or town) (State or foreign country)

Father { 12. Name **John Wood**

13. Birthplace **Ireland** (City or town) (State or foreign country)

Mother { 14. Maiden name **Mary Leven**

15. Birthplace **Ireland** (City or town) (State or foreign country)

16. Informant's OWN Signature **R. E. Hoas**

and Address **Pocatello, Idaho**

17. (a) **Burial** (b) Date thereof **9-8-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Mountainview**

18. Funeral Director's OWN Signature **Byron B. Leonard**

and Address **Pocatello, Idaho**

19. (a) **Oct. 11, 1948** (b) **Jessie L. Camell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **October 5, 1948**  
at **2:45** o'clock **P.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**1944** to **Oct 5, 1948**

I last saw him alive on **Oct 5, 1948**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **myocardial failure** Duration **3 weeks**

Due to **Arteriosclerotic**

Due to **Heart disease**

Other conditions **Senility**

(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred.

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **PP1 Howard M.D.**

## 23. Attendant's OWN Signature

**Pocatello** (M. D. or other)

and Address **Pocatello** Date **10-7-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **3632**  
Local Reg. No. **261**  
Reg. Dist. No. **5-10**

1. PLACE OF DEATH: (City or town)  
(a) County **BANNOCK**  
(b) City or town **POCATELLO**  
(c) Street Address or R.F.D. No. **101 S. JOHNSON**  
(d) Death Occurred Inside? **-** Outside? **-** city or town  
(e) Died in a Home **-** Hospital **-** Institution **-** Other place **-**  
(f) Name Hosp. or Inst. **GENERAL** Stayed **1** days  
(g) Lived in this county **0** years **0** months **1** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **POCATELLO**  
(d) Street Address or R.F.D. No. **536 E. BENION**  
(e) Deceased lived Inside? **-** Outside? **-** city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **LIFE** years  
(h) Former residence (city, state) **-**

3. (a) FULL NAME **WILLIAM GARDELL PALMAN**

3. (b) If veteran, name war **-** 3. (c) Social Security No. **-**

5. Color or **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**  
4. Sex **MALE** race **WHITE**  
6. (b) Name of husband or wife **NONE** 6. (c) Age of husband or wife if alive **-** years

7. Date of Birth (Month, Day, Year) **OCTOBER 6, 1948**

AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>0</b>	<b>1</b>	hrs. min.

9. Exact Occupation **INFANT** Did this work for **-** yrs.

10. Industry or Business **NONE** Date last worked **-**

11. Birthplace **POCATELLO, IDAHO** (City or town) (State or foreign country)

12. Name **A. DELOS PALMAN**

13. Birthplace **NEPHI, UTAH** (City or town) (State or foreign country)

14. Maiden name **LEAN VENITA LATIMER**

15. Birthplace **NEPHI, UTAH** (City or town) (State or foreign country)

16. Informant's OWN Signature **A. D. Palman**

and Address **POCATELLO, IDAHO**

17. (a) REMOVAL (b) Date thereof **10-9-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **NEPHI, UTAH**

18. Funeral Director's OWN Signature **Arthur J. Hall**

and Address **POCATELLO, IDAHO**

19. (a) **Oct 7 48** (b) **Jessie L. Cavell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **OCTOBER 7, 1948** at **-** o'clock **-** M.

21. I HEREBY CERTIFY, That I attended deceased from **3 PM** **6 October 1948** to **9 AM Oct 7 1948**  
I last saw him alive on **9 AM Oct 7 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Congenital Heart Disease** Duration **Life**

Due to **-**

Due to **-**

Other conditions **-** (Include pregnancy within 3 months of death)

Where was disease contracted? **congenital**

Name of operation **none** Date **-**

Major finding **-**

Finding of autopsy **-**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **-** Suicide? **-** Homicide? **-**

Occurred **-** 19 **-** City, county, state

where violence occurred **-**

Place of Violence: Home **-** Farm **-** Industry **-**

Public Place **-** While at work? **-**

Means of injury **-**

23. Attendant's OWN Signature **Lewis G. Bush, M.D.** (M.D. or other)

and Address **352 No Main** Date **7 Oct 19 48**

**Pocatello** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 3633

Local Reg. No. 281

Reg. Dist. No. 5-11

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. St. Anthony's Stayed 8 days  
(g) Lived in this county..... years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Butte, Montana

3. (a) FULL NAME William M. Novas

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

5. Color or .....  
4. Sex Male race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Julia Paterson 6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) Oct. 12, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>11</u>	<u>26</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for..... yrs.

10. Industry or Business..... Date last worked 1946

11. Birthplace Serbia (City or town) (State or foreign country)

Father { 12. Name.....

13. Birthplace (City or town) (State or foreign country)

Mother { 14. Maiden name.....

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Edward R. Novas  
and Address Rt. 3, Blackfoot, Idaho.

17. (a) Burial (b) Date thereof 10-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Riverside-Thomas Cemetery, Bingham Co.

18. Funeral Director's OWN Signature John C. Sanchez  
and Address Blackfoot, Idaho.

19. (a) Oct. 29, 1948 (b) Jessie F. Russell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 8, 19 48  
at 4:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Sep 7 19 48 to Oct. 8 19 48

I last saw him alive on Oct. 7 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral hemorrhage Duration acute

Due to Post-operative  
Benign Prostatic hyperplasia

Due to.....  
Other conditions Suprapubic  
(Include pregnancy within 3 months of death)

prostatitis Oct. 1, 1948

Where was disease contracted?.....  
Name of operation Prostatectomy Date 10/1/48

Major finding.....  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Co. Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature W. D. Groom, M.D.

and Address Pocatello, Idaho Date 10/9/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

16-10-48 **Certificate of Death**  
OF VITAL STATE OF IDAHO

1948 State File No. 3634  
Local Reg. No. 264  
Reg. Dist. No. 510

1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 7497-124  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 20 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 7497-124  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Salt Lake Utah

3. (a) FULL NAME

Ina Mary Yost

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John A.

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) February 10, 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>7</u>	<u>28</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 20 yrs.

10. Industry or Business " Date last worked 10-9-48

11. Birthplace Lander Wyoming (City or town) (State or foreign country)

12. Name Andrew J. Sister (City or town) (State or foreign country)

13. Birthplace Ida (City or town) (State or foreign country)

14. Maiden name Sarah Younkin (City or town) (State or foreign country)

15. Birthplace Ida (City or town) (State or foreign country)

16. Informant's OWN Signature John A. Yost

and Address 7497-124 St

17. (a) Buried (b) Date thereof 11-11-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountain View

18. Funeral Director's OWN Signature Byron B. Downard

and Address Pocatello Idaho

19. (a) Oct. 12 1948 (b) Jessie J. Powell (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) October 8 19 48  
at 5:30 o'clock 1 M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 8 to Oct 8 19 48

I last saw h. found dead in bed; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Coronary thrombosis 5 min.

Due to "

Due to "

Other conditions None (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation None Date "

Major finding None

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred " 19 " City, county, state where violence occurred.

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury "

23. Attendant's OWN Signature H. H. Longhart (M. D. or other)

and Address Pocatello Date 10/10/1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 12 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3635  
Local Reg. No. 289  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address ~~XXXXXX~~ 336 No. Buchanan Ave  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address ~~XXXXXX~~ 336 No. Garfield Ave  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

JESSIE WHITNEY WRIGHT

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

4. Sex female race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Charles E. Wright

6. (c) Age of husband or wife if alive dead years

7. Date of Birth (Month, Day, Year) January 17, 1870

8. AGE	Years	Months	Days	If less than 1 day
	78	8	20	hrs. min.

9. Exact Occupation housekeeper Did this work for \_\_\_\_\_ yrs.

10. Industry or Business home Date last worked Oct. 1948

11. Birthplace Clinton, Iowa (City or town) (State or foreign country)

12. Name Edson Whitney (City or town) (State or foreign country)

13. Birthplace No data (City or town) (State or foreign country)

14. Maiden name Sarah Smith (City or town) (State or foreign country)

15. Birthplace No data (City or town) (State or foreign country)

16. Informant's OWN Signature Jack Henderson and Address Pocatello, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 11, 1948 (Month) (Day) (Year)

(c) Place Pocatello, Idaho

18. Funeral Director's OWN Signature Jack Henderson and Address Pocatello, Idaho

19. (a) Oct. 9, 1948 (Date received and filed) (b) Jessie Z. Powell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) October 8 19 48  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. or alive on Oct. 7 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Heart Failure Duration \_\_\_\_\_

Due to Coronary occlusion 3 days.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Km. Pearson (M. D. or other)

and Address Pocatello, Ida Date Oct. 9 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

19 **Certificate of Death**  
VITAL STATE OF IDAHO

State File No. **3636**  
Local Reg. No. **271**  
Reg. Dist. No. **510**

1. PLACE OF DEATH:

- (a) County **BANNOCK**  
(b) City or town **POCATELLO**  
(c) Street Address or R.F.D. No. **1430 N. MAIN**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **33** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **POCATELLO**  
(d) Street Address or R.F.D. No. **1430 N. MAIN**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **33** years  
(h) Former residence (city, state) **UTAH**

3. (a) FULL NAME **ROSE HYDE HENDRICKS**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced **MARRIED**  
4. Sex **FEMALE** race **WHITE**  
6. (b) Name of husband or wife **FELIX M. HENDRICKS** 6. (c) Age of husband or wife if alive **58** years

7. Date of Birth (Month, Day, Year) **FEBRUARY 4, 1882**

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>	<b>8</b>	<b>5</b>	hrs. min.

9. Exact Occupation **HOUSEWIFE** Did this work for ☐ yrs.

10. Industry or Business **AT HOME** Date last worked ☐

11. Birthplace **LOS AN** (City or town) **UTAH** (State or foreign country)

12. Name **WILLIAM HYDE**

13. Birthplace **COUNCIL BLUFFS, IOWA** (City or town) (State or foreign country)

14. Maiden name **ROSANA HURREN**

15. Birthplace **BRIAN CITY UTAH** (City or town) (State or foreign country)

16. Informant's OWN Signature **Felix M. Hendricks** and Address **POCATELLO, IDAHO**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **10-13-48** (Month) (Day) (Year)

(c) Place **POCATELLO, IDAHO**

18. Funeral Director's OWN Signature **Arthur W. Hall** and Address **POCATELLO, IDAHO**

19. (a) **Oct. 12, 1948** (Date received and filed) (b) **Jessie J. Powell** (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **OCTOBER 9** 19 **48**  
at **5:35** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased on **Jan 14** 19 **48** to **Oct 9** 19 **48**.  
I last saw her alive on **Oct 9** 19 **48**.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Hypostatic Pneumonia** Duration **1 week**

Due to **Carcinoma of Cervix** **3-4 years**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Ralph B. Hegsted M.D.** M.D. or other \_\_\_\_\_

and Address **Pocatello, Idaho** Date **Oct 12** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 3637  
Local Reg. No. 222  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 850 E. Lander  
(d) Death Occurred Inside? ✓ Outside?        city or town  
(e) Died in a Home ✓ Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 20 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 850 E. Lander  
(e) Deceased lived Inside? ✓ Outside?        city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Sadie M. Francom

093D

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced       

6. (b) Name of husband or wife David John

6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) January 24, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>8</u>	<u>17</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 20 yrs.

10. Industry or Business        Date last worked       

11. Birthplace Glennwood Iowa (City or town) (State or foreign country)

12. Name Hugh Kinney (City or town) (State or foreign country)

13. Birthplace U. S. A. (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace U. S. A. (City or town) (State or foreign country)

16. Informant's OWN Signature John Francom

and Address Pocatello Idaho

17. (a) Burial (b) Date thereof 10-15-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Raymond

and Address Pocatello Idaho

19. (a) Oct 13, 1948 (b) Jessie D. D. D. (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) October, 11, 1948  
at 11:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 1 May 1948 to 11 Oct 1948

I last saw h. er alive on 10 Oct 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis Duration 2 yrs

Due to Arteriosclerosis  
General

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted? hous

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred.

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature James H. Shaw

and Address Pocatello Id Date 13 Oct 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

16 1948

# Certificate of Death

OF VITAL

STATE OF IDAHO

1948

State File No.

3638

Local Reg. No.

265

Reg. Dist. No.

570

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ✓ Outside? ..... city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. St. Anthony Stayed 7 days  
(g) Lived in this county 41 years 7 months 7 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 442 S. Arthur  
(e) Deceased lived Inside? ✓ Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Ida May Weston

## 3. (b) If veteran, name war

✓

## 3. (c) Social Security No.

none

## 4. Sex 7 5. Color or race W

## 6. (b) Name of husband or wife

Larry F.

## 6. (a) Single, widowed, married divorced widowed

## 6. (c) Age of husband or wife if alive..... years

## 7. Date of Birth (Month, Day, Year) September 7, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>1</u>	<u>4</u>	hrs. min.

## 9. Exact Occupation Housewife Did this work for..... yrs.

## 10. Industry or Business Date last worked

## 11. Birthplace Appard Idaho (City or town) (State or foreign country)

## 12. Name Ezra T. Hamp (City or town) (State or foreign country)

## 13. Birthplace England (City or town) (State or foreign country)

## 14. Maiden name Sarah Curtis (City or town) (State or foreign country)

## 15. Birthplace U. S. A. (City or town) (State or foreign country)

## 16. Informant's OWN Signature John Weston and Address Pocatello Idaho

## 17. (a) Burial (b) Date thereof 10-14-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Mountainview

## 18. Funeral Director's OWN Signature Byron B. Sawyers and Address Pocatello Idaho

## 19. (a) Oct. 14, 1948 (b) Jessie J. Javell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) October, 11 1948  
at ..... o'clock ..... M.

## 21. I HEREBY CERTIFY, That I attended deceased from Oct 46 to Oct 11 1948

I last saw her alive on Oct 10 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Visceral embolism Duration 3d.

## Due to arteriosclerotic Heart Disease 6 mo.

## Due to .....

## Other conditions..... (Include pregnancy within 3 months of death)

## Where was disease contracted? Hosp

## Name of operation none Date.....

## Major finding.....

## Finding of autopsy none

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident?..... Suicide?..... Homicide?.....

## Occurred..... 19..... City, county, state where violence occurred.

## Place of Violence: Home..... Farm..... Industry.....

## Public Place..... While at work?.....

## Means of injury.....

## 23. Attendant's OWN Signature PP Howard and Address Pocatello Date 10-12-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**RECEIVED** **Certificate of Death**  
**STATE OF IDAHO**

State File No. 3639  
Local Reg. No. 276  
Reg. Dist. No. 512

**OCT 30 1948**  
**DIVISION OF VITAL STATISTICS**

1. PLACE OF DEATH:  
(a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or ~~XXXXXX~~ 310 East Center St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address ~~XXXXXX~~ 310 East Center St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME ALBERT W. HODGINS

3. (b) If veteran, name war World War No. 1  
3. (c) Social Security No. 518-03-0037  
5. Color or \_\_\_\_\_  
4. Sex male race white  
6. (b) Name of husband or wife Hazel Long Hodgins 6. (c) Age of husband or wife if alive 50 years

7. Date of Birth (Month, Day, Year) November 3, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>11</u>	<u>8</u>	hrs. min.

9. Exact Occupation Hotel Manager Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Touraine Hotel Date last worked Oct. 1948  
11. Birthplace Ellendale, North Dakota (City or town) (State or foreign country)

Father { 12. Name Thomas Hodgins  
13. Birthplace Nova Scotia (City or town) (State or foreign country)

Mother { 14. Maiden name Rebecca Dyson Hodgins  
15. Birthplace Marquette, Michigan (City or town) (State or foreign country)

16. Informant's OWN Signature Hazel Hodgins and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof Oct. 14, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Pocatello, Idaho

18. Funeral Director's OWN Signature Jack Henderson and Address Pocatello, Idaho

19. (a) Oct. 13, 1948 (b) Jessie Powell (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) October 11 19 48  
at 8:30 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Unknown deceased Duration \_\_\_\_\_  
had been sick some time  
Due to dissection without Doctor  
Christian Science

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Arthur K. Hall (M. D. or other)  
and Address Pocatello, Idaho Date 10/13/19 48  
(For additional space, use reverse side)

Infant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 22 1948  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 3640  
Local Reg. No. 274  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town ocatelli  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 12 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 14 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Butte  
(c) City or town Arco  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Hazel Driggs Brown

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

## 4. Sex F 5. Color or race W

## 6. (a) Single, widowed, married divorced widowed

## 6. (b) Name of husband or wife

Raphael

## 6. (c) Age of husband or wife if alive 14 years

## 7. Date of Birth

(Month, Day, Year) April 15, 1885

## 8. AGE

Years

63

Months

5

Days

30

If less than 1 day

hrs.

min.

## 9. Exact Occupation

merchant

Did this work for

34 yrs.

## 10. Industry or Business

self

Date last worked

?

## 11. Birthplace

Salt Lake, Utah

(City or town)

(State or foreign country)

## 12. Name

Appalia & Driggs

## 13. Birthplace

U.S.A.

(City or town)

(State or foreign country)

## 14. Maiden name

Cornelia Pratt

## 15. Birthplace

Salt Lake, Utah

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

John R. Taylor

and Address

1141 No. 1st St.

## 17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof 10-17-48

(Month) (Day) (Year)

## (c) Place

Salt Lake, Utah

## 18. Funeral Director's

OWN Signature

W.S. Marvel

and Address

Arco Idaho

## 19. (a) Oct 20 1948

(Date received and filed)

(b) Jesse E. Pavell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) October, 14 1948

at 8 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

10-1- 1948, to 10-14 1948

I last saw him alive on 10-14 1948;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia Duration 12 hrs

Due to hypertension

Due to heart failure

Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature

J. Pavell (M. D. or other)

and Address ocatelli Date 10-18-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

OCT 30 1948

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

48-  
State File No. 3641  
Local Reg. No. 277  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address 1852 N. So. Johnson Ave  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 14 days  
(g) Lived in this county 32 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address 1852 N. So.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

OSCAR BARCLAY CHALMERS

## 3. (b) If veteran, name war

3. (c) Social Security No.  
712-05-0949

## 5. Color or

4. Sex male race white

6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife

Elizabeth Prink, Chalmers live \_\_\_\_\_ years

## 6. (c) Age of husband or wife if

## 7. Date of Birth

(Month, Day, Year) January 10, 1875

## 8. AGE

Years	Months	Days	If less than 1 day
<u>73</u>	<u>9</u>	<u>6</u>	hrs. min.

## 9. Exact

Occupation Rules Examiner Did this work for. 50 yrs.

## 10. Industry or

Business U. P. Railroad Co. Date last Retired 1946

## 11. Birthplace

Madison Wisconsin  
(City or town) (State or foreign country)

Father {  
Mother {

## 12. Name

John Chalmers

## 13. Birthplace

No Data  
(City or town) (State or foreign country)

## 14. Maiden name

No Data

## 15. Birthplace

No Data  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature H. H. Shulman  
and Address Pocatello, Idaho

## 17. (a) Burial

(Burial, cremation, or removal) (b) Date thereof Oct. 19, 1948  
(Month) (Day) (Year)

## (c) Place

Pocatello, Idaho

## 18. Funeral Director's

OWN Signature Jack Henderson  
and Address Pocatello, Idaho

## 19. (a) Oct. 18, 1948

(Date received and filed)

## (b) Jesse B. Powell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) October 16 19 48  
at 11:30 o'clock p. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 48 to Oct. 16 19 48

I last saw him alive on Oct. 16 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac failure Duration \_\_\_\_\_

## Due to

## Due to

Other conditions Myocardial infarction with hyperlipidemia  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's

OWN Signature Dr. Roberts

(M. D. or other)

and Address Pocatello, Ida Date Oct. 18, 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 1 1948

# Certificate of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

State File No. 3642

Local Reg. No. 285

Reg. Dist. No. 570

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address on Rex St. Johnson Ave  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address on Rex St. 716 No. 7th Ave  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

CLEM EMERY CLARK

## 3. (b) If veteran, name war

-----

## 3. (c) Social Security No.

519-09-8172

## 5. Color or

4. Sex male race white

6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife

M. Ireta Buck Clark

6. (c) Age of husband or wife if alive 35 years

## 7. Date of Birth

(Month, Day, Year)

November 6, 1906

## 8. AGE

Years

41

Months

11

Days

12

If less than 1 day

hrs. min.

## 9. Exact Occupation

Salesman

Did this

work for 25 yrs.

## 10. Industry or Business

Blue Ribbon Bakery

Date last

worked Aug. 1948

## 11. Birthplace

Idaho Falls,

Idaho

(City or town)

(State or foreign country)

## 12. Name

Homer G. Clark

## 13. Birthplace

Davenport

Iowa

(City or town)

(State or foreign country)

## 14. Maiden name

Elizabeth R. Emery

## 15. Birthplace

Canton

Illinois

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Ireta Clark

and Address Pocatello, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Oct. 21, 1948

(Month) (Day) (Year)

(c) Place Pocatello, Idaho

## 18. Funeral Director's

OWN Signature Jack Henderson

and Address Pocatello, Idaho

## 19. (a) Oct. 21, 1948

(Date received and filed)

## (b) Jesse L. Samuel

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) October 18 19 48

at 9:00 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

8-15 19 48, to October 18 19 48.

I last saw h. im alive on October 18 19 48;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Chronic myocarditis

U. A. bular lesions

Due to one year

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature D. C. Ray

(M. D. or other)

and Address Pocatello, Ida Date Oct. 21 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 1 1948

DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3613  
Local Reg. No. 284  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address xxxxxx So. Johnson Ave  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 30 minutes  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address xxxxxx 225 So. 4th Ave  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

RICHARD PERKINS MCGAUGH

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex male race white

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife  
Nora Pyle McGaugh

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) September 10, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>1</u>	<u>8</u>	hrs. min.

9. Exact Occupation Retired - merchant Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Dry Cleaning Establishment Date last \_\_\_\_\_ 1942

11. Birthplace Sedalia Missouri  
(City or town) (State or foreign country)

12. Name John McGaugh

13. Birthplace No Data  
(City or town) (State or foreign country)

14. Maiden name Mary Davis

15. Birthplace No Data  
(City or town) (State or foreign country)

16. Informant's Nora A McGaugh  
OWN Signature and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof Oct. 22, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello, Idaho

18. Funeral Director's Jack Henderson  
OWN Signature and Address Pocatello, Idaho

19. (a) October 21, 1948 (b) Jessie Z. Buell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) October 18 1948  
at 12 noon o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from 10-16 1948, to to October 18 1948  
I last saw him alive on October 18 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 2 hours

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's DC Ray  
OWN Signature (M. D. or other)

and Address Pocatello, Ida Date Oct. 21 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 30 1948

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1948 3644

278

510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or ~~Room~~ 115 So. Garfield Ave  
(d) Death Occurred Inside? X Outside?        city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 46 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address ~~xxxxxx~~ 115 So. Garfield Ave  
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

WILLIAM FORREST HOWARD

083B

## 3. (b) If veteran, name war

World War No. 1

## 5. Color or

4. Sex male race white

## 3. (c) Social Security No.

----

6. (a) Single, widowed, married,  
divorced married

## 6. (b) Name of husband or wife

Minnie F. Howard

6. (c) Age of husband or wife if  
alive 76 years

## 7. Date of Birth

(Month, Day, Year) July 26, 1868

8. AGE	Years	Months	Days	If less than 1 day
	80	2	23	hrs. min.

9. Exact Occupation Physician & Surgeon Did this work for 46 yrs.

10. Industry or Business (Retired) - self Date last worked 1945

11. Birthplace Portsmouth Ohio  
(City or town) (State or foreign country)

12. Name Nelson Howard

13. Birthplace New York  
(City or town) (State or foreign country)

14. Maiden name Frances Folin

15. Birthplace New York  
(City or town) (State or foreign country)

16. Informant's Lawrence Howard  
OWN Signature Pocatello, Idaho  
and Address

17. (a) Burial (b) Date thereof Oct. 22, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello, Idaho

18. Funeral Director's Jack Henderson  
OWN Signature Pocatello, Idaho  
and Address

19. (a) Oct. 22, 1948 (b) Paul J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) October 19 19 48  
at 12 noon M.

21. I HEREBY CERTIFY, That I attended deceased from 9-13 19 48, to October 19 19 48

I last saw h. im alive on October 19 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral thrombosis Duration 5 weeks

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

## 23. Attendant's

OWN Signature OC Ray (M. D. or other)

and Address Pocatello, Idaho Date Oct. 21 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 12 10 10 AM  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 3645  
Local Reg. No. 292  
Reg. Dist. No. 511

1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R. F. D. No. North 7th  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. St. Anthony Stayed 2 days  
(g) Lived in this county        years        months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonne  
(c) City or town Arco  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A  
(g) How long had deceased lived in Idaho? 57 years  
(h) Former residence (city, state) Athens, Ohio

3. (a) FULL NAME

William Guy Clendenin 131A

3. (b) If veteran, name war ☒ 3. (c) Social Security No. 518-28-7520  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Hazel Mason Clendenin 6. (c) Age of husband or wife if alive 54 years  
7. Date of Birth (Month, Day, Year) June 4-1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>4</u>	<u>20</u>	hrs min.

9. Exact Occupation Village Clerk Did this work for 4 yrs.  
10. Industry or Business Village office Date last worked Oct. 20-1948  
11. Birthplace Athens, Ohio (City or town) (State or foreign country)  
Mother Father  
12. Name John W. Clendenin  
13. Birthplace Point Pleasant, Virginia (City or town) (State or foreign country)  
14. Maiden name Phoda Porter  
15. Birthplace unknown (City or town) (State or foreign country)  
16. Informant's OWN Signature Naynda Merrill and Address Arco, Idaho  
17. (a) Burial (b) Date thereof Oct. 28-1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bellevue Cem. Arco - Idaho  
18. Funeral Director's OWN Signature Betty J. Merrill and Address Arco - Idaho - 219  
19. (a) Nov. 10, 1948 (b) Jessie J. Powell (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH (Month, Day, Year) October 24 1948  
at 1:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 21 1948 to Oct 24 1948.  
I last saw him alive on Oct 23 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 3 days  
Due to Hypertensive disease 1 year  
Due to —  
Other conditions nephrosclerotic uremia 2 weeks  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation none Date         
Major finding         
Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury         
23. Attendant's OWN Signature RP Howard (M. D. or other)  
and Address Pocatello Date 10-29-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

NOV 1 1948

# Certificate of Death

OFFICE OF VITAL

STATE OF IDAHO

STATISTICS

State File No. **3646**  
Local Reg. No. **286**  
Reg. Dist. No. **5-10**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **248 N. Johnson**  
(d) Death Occurred Inside? **+** Outside? **-** city or town  
(e) Died in a Home **-** Hospital **-** Institution **-** Other place **-**  
(f) Name Hosp. or Inst. **-** Stayed **-** days  
(g) Lived in this county **2** years **-** months **-** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or R.F.D. No. **248 N. Johnson**  
(e) Deceased lived Inside? **+** Outside? **-** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **33** years  
(h) Former residence (city, state) **Spanish Fork Utah**

## 3. (a) FULL NAME

**William Arthur Jex**

## 3. (b) If veteran, name war

3. (c) Social Security No. **519-26-4927**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **May**

6. (c) Age of husband or wife if alive **-** years

7. Date of Birth (Month, Day, Year) **October 21, 1887**

8. AGE	Years	Months	Days	If less than 1 day
	<b>61</b>	<b>0</b>	<b>4</b>	hrs. min.

9. Exact Occupation **Custodian** Did this work for **2** yrs.

10. Industry or Business **Memorial Bldg.** Date last worked **12-25-48**

11. Birthplace **Trorick England** (City or town) (State or foreign country)

12. Name **Richard Moses Jex** (City or town) (State or foreign country)

13. Birthplace **England** (City or town) (State or foreign country)

14. Maiden name **Louisa Matting** (City or town) (State or foreign country)

15. Birthplace **England** (City or town) (State or foreign country)

16. Informant's OWN Signature **Byron B. Brownard** and Address **Pocatello Idaho**

17. (a) **Burial** (b) Date thereof **12-28-48** (Month) (Day) (Year)

(c) Place **Mountainview**

18. Funeral Director's OWN Signature **Byron B. Brownard** and Address **Pocatello Idaho**

19. (a) **Oct 29, 1948** (b) **Jessie J. Camell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **October 25** 19 **48**  
at **7:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **October 24** 19 **48**, to **October 25** 19 **48**.  
I last saw him alive on **October 25** 19 **48**.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Cerebral emboli** Duration **4 hours**

Due to **organic heart disease** **2 years**

Due to **obesity** **10 years**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **-** Date **-**

Major finding **-**

Finding of autopsy **-**

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **-** Suicide? **-** Homicide? **-**

Occurred **-** 19 **-** City, county, state where violence occurred **-**

Place of Violence: Home **-** Farm **-** Industry **-**

Public Place **-** While at work? **-**

Means of injury **-**

23. Attendant's OWN Signature **Jessie J. Camell** (M. D. or other)

and Address **No Main** Date **10-27** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 1 1948

# Certificate of Death

1948

State File No. 3647

Local Reg. No. 3647

Reg. Dist. No. 510

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 650 N. 7th  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 90 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. Apt. 112 Fargo  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME EILEEN MARY HURLEY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex F race W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) July 16, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>3</u>	<u>10</u>	hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Pocatello Idaho  
(City or town) (State or foreign country)

12. Name Edward Hurley

13. Birthplace Montpelier Idaho  
(City or town) (State or foreign country)

14. Maiden name Eileen Hale

15. Birthplace Council Bluffs, Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Eileen A. Hurley  
and Address Pocatello Idaho

17. (a) burial (b) Date thereof 10-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountainview Pocatello Idaho

18. Funeral Director's OWN Signature by [Signature]  
and Address Pocatello Idaho

19. (a) Oct 29 1948 (b) Jessie J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) October 26 19 48

at 2 o'clock 6 M.

21. I HEREBY CERTIFY, That I attended deceased from 7:16 1948, to 10-26 1948

I last saw him alive on 10-25 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Duration \_\_\_\_\_

Due to Arteriosclerotic

Due to ?

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature]

(M. D. or other)

and Address 10-27-48 Date 10-27 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 1 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 3648

Local Reg. No. 288

Reg. Dist. No. 50

1. PLACE OF DEATH: STATISTICS
- (a) County Bannock
- (b) City or town Pocatello
- (c) Street Address or R.F.D. No. 650 N. 7th
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. St. Anthony Stayed \_\_\_\_\_ days
- (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bannock
- (c) City or town Pocatello
- (d) Street Address or R.F.D. No. Grace Drive
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? \_\_\_\_\_ years
- (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME PAULETTE STODDARD

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_
5. Color or \_\_\_\_\_
6. (a) Single, widowed, married, divorced single
4. Sex F. race W.
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Oct. 27 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>3 hrs. 22 min.</u>

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Pocatello Idaho (City or town) (State or foreign country)

12. Name Joseph D. Stoddard

13. Birthplace Downey Idaho (City or town) (State or foreign country)

14. Maiden name Janet A. Steed

15. Birthplace Plymouth Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Joseph D. Stoddard and Address Pocatello Idaho

17. (a) burial (b) Date thereof 10-29-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Downey Idaho

18. Funeral Director's OWN Signature by John J. Crossman and Address Pocatello Idaho

19. (a) Oct. 29, 1948 (b) Jessie J. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Oct. 27 19 48

- at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY That I attended deceased from 10/27/48 to 10/27/48

- I last saw him alive on 10/27/48

- death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Prematurity Duration \_\_\_\_\_

- Due to \_\_\_\_\_

- Due to \_\_\_\_\_

- Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_

- Major finding \_\_\_\_\_

- Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

- where violence occurred \_\_\_\_\_

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John J. Crossman (M. D. or other)

- and Address Pocatello Idaho Date 10/28/48

- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 12 1948  
Certificate of Death

DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. 3549  
Local Reg. No. 291  
Reg. Dist. No. 210

1. PLACE OF DEATH: **STATISTICS**
- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 650 N. 7th  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. Grace Drive  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME RAE ANN STODDARD

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced single  
4. Sex F. race W.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Oct. 27 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>10 hrs. 42 min.</u>

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Pocatello Idaho  
(City or town) (State or foreign country)

12. Name Joseph D. Stoddard

13. Birthplace Downey Idaho  
(City or town) (State or foreign country)

14. Maiden name Janet A. Steed

15. Birthplace Plymouth Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Joseph D. Stoddard

and Address Pocatello Idaho

17. (a) burial (b) Date thereof 10-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Downey Idaho

18. Funeral Director's OWN Signature Downard Funeral Home

and Address Pocatello Idaho

19. (a) Oct. 29, 1948 (b) Joise L. Samuel  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Oct. 27 19 48  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY That I attended deceased from 10/27/48 to 10/27/48  
I last saw h. er alive on 10/27/48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Prematurity  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ken Ramsey

and Address Pocatello Idaho (M. P. or other) 10/28/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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# Certificate of Death

State File No. 3650  
Local Reg. No. 282  
Reg. Dist. No. 5-10

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
DEPT. OF VITAL STATISTICS

STATE OF IDAHO

## 1. PLACE OF DEATH

- (a) County BENNETT  
(b) City or town PRERIE  
(c) Street Address or R.F.D. No. -  
(d) Death Occurred Inside? - Outside? - city or town  
(e) Died in a Home - Hospital - Institution - Other place -  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county UNKNOWN years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State UNKNOWN (b) County -  
(c) City or town UNKNOWN  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? - Outside? - city or town  
(f) Citizen of what country? UNKNOWN  
(g) How long had deceased lived in Idaho? UNKNOWN years  
(h) Former residence (city, state) -

## 3. (a) FULL NAME

JAMES HENRY BLONDIN

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or - 6. (a) Single, widowed, married, divorced UNKNOWN  
4. Sex MALE race INDIAN  
6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive - years

## 7. Date of Birth (Month, Day, Year) UNKNOWN

8. AGE	Years	Months	Days	If less than 1 day
	<u>45</u>	<u>-</u>	<u>-</u>	hrs. min.

9. Exact Occupation Union Pacific R.R. Did this work for - yrs.  
10. Industry or Business - Date last worked -

## 11. Birthplace UNKNOWN (City or town) (State or foreign country)

## 12. Name UNKNOWN

## 13. Birthplace - (City or town) (State or foreign country)

## 14. Maiden name UNKNOWN

## 15. Birthplace - (City or town) (State or foreign country)

16. Informant's OWN Signature PERSONAL PAPERS - by R. E. Blum  
and Address POCATELLO, IDAHO

17. (a) BURIAL (b) Date thereof 10-19-48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place POCATELLO, IDAHO

18. Funeral Director's OWN Signature Arthur J. Hall  
and Address POCATELLO, IDAHO

19. (a) OCT 27 1948 (b) Jessie L. Camell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) OCTOBER 11, 1948  
at - o'clock - M.

21. I HEREBY CERTIFY, That I attended deceased from - 19 - to - 19 -

I last saw h. - alive on - 19 -; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

fractured skull  
right leg amputated  
Due to below knee

Due to Run over by train  
Other conditions -  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation - Date -

Major finding -

Finding of autopsy -

## Duration

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? - Homicide? -

Occurred Oct 11 1948 City, county, state W.B. Railroad east

where violence occurred W.B. Railroad east

Place of Violence: Home - Farm - Industry yes

Public Place no While at work? no

Means of injury Run over by train

23. Attendant's OWN Signature Arthur J. Hall

and Address Oct 20 Date POCATELLO

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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NOV 1 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 3651  
Local Reg. No. 283  
Reg. Dist. No. 510

1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Grace  
(c) Street Address or R.F.D. No. none  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. no Stayed no days  
(g) Lived in this county 60 years no months no days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Grace  
(d) Street Address or R.F.D. No. none  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) Salt Lake, Utah

3. (a) FULL NAME

Darlesky (Dora) Margaret Woodhead Larkin

3. (b) If veteran,  
name war no

3. (c) Social Security  
No. none

4. Sex W race W

6. (a) Single, widowed, married,  
divorced W

6. (b) Name of husband or  
wife W.H. Larkin

6. (c) Age of husband or wife if  
alive no years

7. Date of Birth  
(Month, Day, Year) April 30, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>5</u>	<u>17</u>	hrs min.

9. Exact Occupation Hswf. Did this work for 60 yrs.

10. Industry or Business own Date last worked 1947

11. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

12. Name George T. Woodhead

13. Birthplace England  
(City or town) (State or foreign country)

14. Maiden name Caroline Lane

15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Miller Mendenhall  
and Address Thatcher, Idaho

17. (a) burial (b) Date thereof Oct. 20, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Thatcher, Idaho

18. Funeral Director's  
OWN Signature W. 2. Hall  
and Address Logan, Utah

19. (a) Oct 22, 1948 (b) Jessie Z. Powell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 17, 1948  
(Month, Day, Year) at 7:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 16 to Oct. 17, 1948

I last saw h. er alive on Oct. 17, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebral hemorrhage Duration 1 Day

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Carcinoma of uterus 2 years

Where was disease contracted?

Name of operation none Date

Major finding

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to ~~EXTRACRANIAL CAUSES~~, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's  
OWN Signature Charles Johnson & D.

and Address Grace, Idaho Date Oct. 17, '48  
(For additional space, use reverse side)



1948  
State File No. 3652  
Local Reg. No. 3  
Reg. Dist. No. 511

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# Certificate Of Death

United States  
Department of Commerce  
Bureau of the Census

NOV 2 1948

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Downey  
(c) Street Address or R.F.D. No. 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 67 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Downey  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 77 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

James Treasure

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

No

None

## 5. Color or race

6. (a) Single, widowed, married, divorced Widowed

## 6. (b) Name of husband or wife

Ada J. Wakley

## 7. Date of Birth (Month, Day, Year)

May 21 1867

8. AGE	Years	Months	Days	If less than 1 day
	81	5	3	hrs min.

## 9. Exact Occupation

Stock Raising Did this work for 63 yrs.

## 10. Industry or Business

Own Farm Date last worked 1944

## 11. Birthplace

Smithfield Utah (City or town) (State or foreign country)

## 12. Name

William Treasure

## 13. Birthplace

Wales (City or town) (State or foreign country)

## 14. Maiden name

Mary Davies

## 15. Birthplace

Wales (City or town) (State or foreign country)

## 16. Informant's OWN Signature

Dave Treasure and Address Downey Idaho

## 17. (a) Burial (Burial, cremation, or removal)

Downey Idaho (b) Date thereof Oct. 27 48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature

John Hansen and Address Wales Idaho

## 19. (a) Date received and filed

Oct. 27, 1948 (b) Registrar's signature John Hansen

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

October 24 1948

## 21. I HEREBY CERTIFY, That I attended deceased from

19 47, to 10/24/48 19 48  
I last saw h. alive on 10/24/48 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Thrombosis Duration inf.

## Due to

Heart Disease

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation None Date None

## Major finding

Finding of autopsy None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

## where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

## Means of injury

## 23. Attendant's OWN Signature

John Hansen and Address Downey Idaho Date 10/26/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OCT 23 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3653

Local Reg. No.

Reg. Dist. No. 552

## 1. PLACE OF DEATH

- (a) County Beauregard  
(b) City or town Wardboro Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 19 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME Farrall G. Kutch

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth Nov 16 1928  
(Month, Day, Year)

8. AGE Years Months Days If less than 1 day  
19 10 29 hrs. min.

9. Exact Occupation Farming & Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Cattle Business Date last worked \_\_\_\_\_

11. Birthplace Wardboro Idaho  
(City or town) (State or foreign country)

12. Name Elissa Eugenie Kutch

13. Birthplace Wardboro Idaho  
(City or town) (State or foreign country)

14. Maiden name Goris Quigley

15. Birthplace Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Elissa Eugenie Kutch  
and Address Wardboro Idaho

17. (a) Burial (b) Date thereof Oct 10 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Wardboro Idaho

18. Funeral Director's OWN Signature Mike Matthews  
and Address Wardboro Idaho

19. (a) Oct 5 1948 (b) W. R. R. R.  
(Date received and filed) (Registrar's signature)

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Beauregard  
(c) City or town Wardboro Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Oct 15 1948  
(Month, Day, Year) at 8:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental Gun Shot wound received while hunting deer Duration Instant Death

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 10 - 15 - 1948 City, county, state Beauregard Idaho

where violence occurred Beauregard Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Hunting Deer While at work? \_\_\_\_\_

Means of injury Gunshot Wound

23. Attendant's OWN Signature Mike Matthews (M.D. or other) Coroner  
and Address Wardboro Idaho Date 10/15 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 26 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3654  
Local Reg. No. 32  
Reg. Dist. No. 130

## 1. PLACE OF DEATH:

- (a) County Bennett  
(b) City or town St. Maries, Ida.  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution ☒ Other place...  
(f) Name Hosp. or Inst. Wannabe Stayed 1 days  
(g) Lived in this county 18 years 1 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bennett  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. County Home  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Paris, Wis.

## 3. (a) FULL NAME

Jake Henderson

3. (b) If veteran, name war no 3. (c) Social Security No. none  
5. Color or race W 6. (a) Single, widowed, married, divorced Single  
4. Sex M 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Aug 11, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>0</u>	<u>24</u>	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.  
10. Industry or Business 22027 F Date last worked 1938  
11. Birthplace Paris, Wis. (City or town) (State or foreign country)

- Mother Father  
12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature H. E. West  
and Address St. Maries, Ida

17. (a) Burial (b) Date, thereof 10-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Ida

18. Funeral Director's OWN Signature H. E. West  
and Address St. Maries, Ida

19. (a) 10-22-48 (b) H. E. West  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH (Month, Day, Year) Oct 5, 1948  
at 9:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1948 to Oct 5, 1948  
I last saw him alive on Oct 2, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 1 hr.

Due to Hypertension & Generalized Arteriosclerosis Years

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature R. J. Longenecker  
(M. D. or other) and Address St. Maries, Ida Date 10/5/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 26 1948

# Certificate Of Death

DEPARTMENT OF VITAL STATISTICS

STATE OF IDAHO

State File No. 3655  
Local Reg. No. 33  
Reg. Dist. No. 130

## 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town Emida  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town Emida  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Henry Laws Herrington

## 3. (b) If veteran,

name war None

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed

4. Sex Male  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October 8, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>11</u>	<u>28</u>	hrs min.

9. Exact Occupation Blacksmith Did this work for 45 yrs.

10. Industry or Business Woods Date last worked \_\_\_\_\_

11. Birthplace Houston Missouri  
(City or town) (State or foreign country)

12. Name Silas G. Herrington

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Rebecca Short

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Weldon H. Herrington

- and Address Manito Golf Club, Spokane, Wn.

17. (a) Burial (b) Date thereof 10-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: St. Maries, Ida

18. Funeral Director's OWN Signature R. E. Wessa

- and Address St. Maries, Idaho

19. (a) 10-22-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 6, 1948 19\_\_\_\_

- Unknown o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Probable  
Cerebral Hemorrhage

Due to \_\_\_\_\_

Found dead in cabin

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. E. Wessa, Coroner

and Address St. Maries Date 10-9-1948

(For additional space, use reverse side)

083A

# DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Henry Laws Herrington  
now lying buried in Woodlawn Cemetery, in the City or Town of St. Maries  
County of Benewah State of Idaho, who died on the 6th day of October, 1948, Aged \_\_\_\_\_ years \_\_\_\_\_ months  
\_\_\_\_\_ days, the cause of death being Cerebral Hemorrhage and  
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever  
or yellow fever as shown by the certificate of death of said deceased, given by  
R.E. Wessa, Coroner attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private  
to Fairview Cemetery in the City or Town of Rockford County of --  
State of Washington to take effect upon the approval by the local board of health of the City, Town, or County of

Benewah it being understood and provided that nothing herein shall be deemed as contravening or in  
anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses  
or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be  
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another  
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The  
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If  
the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new  
metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

Permit issued to: this 31st day of October, A.D. 19 75.

Schanzenbach Funeral Home  
P. O. Box 293  
Fairfield, Washington 99012

Janet M. Wick

by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,  
Town or County of \_\_\_\_\_ State of Idaho, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Health Officer

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
OCT 26 1948  
DIVISION OF VITAL  
STATISTICS  
Certificate Of Death  
STATE OF IDAHO

State File No. 3656  
Local Reg. No. 34  
Reg. Dist. No. 130

1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Maries stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Patnam  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. RFD  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) South Dakota

3. (a) FULL NAME

Chris Schmelt

3. (b) If veteran,

name war war

3. (c) Social Security

No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Flourie

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year)

Nov. 30, 1894

8. AGE

Years	Months	Days	If less than 1 day
<u>53</u>	<u>10</u>	<u>9</u>	hrs min.

9. Exact

Occupation Farmer

Did this work for \_\_\_\_\_ yrs.

10. Industry or Business

own farm

Date last worked 10-8-48

11. Birthplace

Russia  
(City or town) (State or foreign country)

12. Name

Peter Schmelt

13. Birthplace

Russia  
(City or town) (State or foreign country)

14. Maiden name

Carolina Healer

15. Birthplace

Russia  
(City or town) (State or foreign country)

16. Informant's

OWN Signature

Edward Schmelt

and Address

Coeur d'Alene Idaho

17. (a) Permanal

(Burial, cremation, or removal)

(b) Date thereof 10-9-48  
(Month) (Day) (Year)

(c) Place:

Coeur d'Alene Idaho

18. Funeral Director's

OWN Signature

R. E. Wells

and Address

St. Maries, Ida

19. (a) 10-23-48

(Date received and filed)

(b)

R. E. Wells  
(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) 10-9-1948  
at 3:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from

10-8-1948, to 10-9-1948

I last saw him alive on 10-9-1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cardiac failure Duration 1/2 hr

Due to Severation liver 24 hrs

Due to Perforated colon 24 hrs

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Dissection Date 10-8-48

Major findings Severated liver

Finding of autopsy perforated ascending colon

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 10-8-1948 Severation liver City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Woods While at work? \_\_\_\_\_

Means of injury gunshot wound

23. Attendant's

OWN Signature

Dr. Don Mowley

and Address Idaho Date 10-9-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

OCT 26 1948

# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. **3657**  
Local Reg. No. **95**  
Reg. Dist. No. **130**

## 1. PLACE OF DEATH:

- (a) County **Benewah**  
(b) City or town **St. Maries**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **27** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Benewah**  
(c) City or town **St. Maries**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **27** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**Ralph Taylor Grier**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **318-24-0701**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary A.** 6. (c) Age of husband or wife if alive **62** years  
7. Date of Birth (Month, Day, Year) **December 2, 1875**

8. AGE	Years	Months	Days	If less than 1 day
	<b>71</b>	<b>10</b>	<b>9</b>	hrs min.

9. Exact Occupation **Carpenter** Did this work for **40** yrs.  
10. Industry or Business **Construction** Date last worked **1946**  
11. Birthplace **Brantford Ont. Canada**  
(City or town) (State or foreign country)

12. Name **Matthew Grier** **Canada**  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Canada**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Rubell M. Grier**  
and Address **St. Maries, Idaho**

17. (a) **Burial** (b) Date thereof **10-14-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **St. Maries, Idaho**

18. Funeral Director's OWN Signature **R. E. Weller**  
and Address **St. Maries, Idaho**

19. (a) **10-22-48** (b) **R. E. Weller**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **October 11, 1948** 19.....  
at **7:30** o'clock **P. M.**

21. I HEREBY CERTIFY, That I attended deceased from **4/15/1948** to **10/11/1948**  
I last saw him alive on **10/11/48** 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Cardio-respiratory Failure** Duration **10 hr**  
Due to **Progressive Ascending Myo-neurodystrophy** **3 yr**  
Due to **Generalized Atherosclerosis** years  
Other conditions (Include pregnancy within 3 months of death) .....

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **R. L. Longenecker, M.D.**  
(M. D. or other) and Address **St. Maries** Date **10/13/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

OCT 15 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3658  
Local Reg. No. 117  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

(a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital Institution... Other place...  
(f) Name Hosp. or Inst. Parson Hosp. Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. Lincoln Creek  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Ft. Hall, Idaho

## 3. (a) FULL NAME IONE HOOTCHEW TETON

3. (b) If veteran, name war ..... No. ....  
5. Color or .....  
6. (a) Single, widowed, married, divorced, Widowed  
4. Sex Female race Indian  
6. (b) Name of husband or wife Leslie Teton 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Sept. 30, 1926

8. AGE	Years	Months	Days	If less than 1 day
	22	--	10	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Ft. Hall, Idaho.  
(City or town) (State or foreign country)

Mother { 12. Name Henry Hootchew  
13. Birthplace Washakie, Utah  
(City or town) (State or foreign country)  
14. Maiden name Prettiest Racehorse  
15. Birthplace Ft. Hall, Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Hazel Hootchew  
and Address Ft. Hall, Idaho.

17. (a) Burial (b) Date thereof 10-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lincoln Creek Cemetery, Bingham Co. Idaho.

18. Funeral Director's OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho.

19. (a) 10-15-48 (Date received and filed) (b) Mrs. Helen E. Nature (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 10, 1948  
at 9:15 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19.

I last saw h..... alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Gun shot wound in head

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Undetermined Suicide? ..... Homicide? .....

Occurred 10-10-48 1948 City, county, state

where violence occurred Lincoln Creek, Bingham Idaho

Place of Violence: Home YES Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury gun shot

23. Attendant's OWN Signature J. C. Sandberg

and Address Blackfoot, Idaho or 10-13-48 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
BOISE, IDAHO

# Certificate of Death

STATE OF IDAHO

1948 3659  
State File No. \_\_\_\_\_  
Local Reg. No. 130  
Reg. Dist. No. 600

1. PLACE OF DEATH:
- (a) County..... Bingham
- (b) City or town..... Blackfoot
- (c) Street Address or R.F.D. No.....
- (d) Death Occurred Inside? ☒ Outside?..... city or town
- (e) Died in a Home..... Hospital. ☒ Institution..... Other place.....
- (f) Name Hosp. or Inst. Parsons Hospt. Stayed..... days
- (g) Lived in this county 18 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State..... Idaho (b) County..... Bingham
- (c) City or town..... Blackfoot,
- (d) Street Address or R.F.D. No. Gen. Del.
- (e) Deceased lived Inside? ☒ Outside?..... city or town
- (f) Citizen of what country? U. S. A.
- (g) How long had deceased lived in Idaho? 60 years
- (h) Former residence (city, state) Grace, Idaho.

3. (a) FULL NAME Jonathan Harriman Hale
3. (b) If veteran, name war
3. (c) Social Security No. 519-10-8525
5. Color or race Male White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosetta Keller
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) October 25, 1876
- | AGE | Years | Months | Days | If less than 1 day |
|-----|-------|--------|------|--------------------|
|     | 71    | 11     | 20   | hrs. min.          |
9. Exact Occupation Retired Farmer Did this work for..... yrs.
10. Industry or Business Date last worked
11. Birthplace Tooele, Tooele Co. Utah  
(City or town) (State or foreign country)
12. Name Jonathan H. Hale  
(City or town) (State or foreign country)
13. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)
14. Maiden name Eliza Clegg  
(City or town) (State or foreign country)
15. Birthplace Tooele, Utah  
(City or town) (State or foreign country)
16. Informant's OWN Signature Elizabeth H. Judd.  
and Address Blackfoot, Idaho.
17. (a) Burial (b) Date thereof 10-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place Grace, Idaho.
18. Funeral Director's OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho.
19. (a) 10-18-48 (Date received and filed)  
(Registrar's signature)

- MEDICAL CERTIFICATE OF DEATH
20. DATE OF DEATH October, 15, 1948  
(Month, Day, Year) at 5:30 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from 10-1-48 to 10-15-48  
I last saw him alive on 10-14-48; death is said to have occurred on the date and hour stated above.
- Immediate Cause of Death: Circumstances of death: Due to: Due to: Other conditions: (Include pregnancy within 3 months of death)
- Where was disease contracted? Name of operation..... Date..... Major finding..... Finding of autopsy.....
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred.  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury.....
23. Attendant's OWN Signature J. C. Harriman M.D.  
and Address 1015 N. 1st St. Blackfoot, Idaho. Date 10-15-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

OCT 29 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. ....

Local Reg. No. 125

Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 659 So. Ash St  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. Parsons Hosp. Stayed 20 days  
(g) Lived in this county..... 65 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 19 No. University  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 67 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Isabelle Gray Holbrook

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Fem. 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) September 17, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>1</u>	<u>7</u>	hrs. min.

9. Exact Occupation Housekeeper Did this work for 50 yrs.

10. Industry or Business Home Date last worked Sept. '48

11. Birthplace Glasgow, Scotland  
(City or town) (State or foreign country)

12. Name John Gray

13. Birthplace Scotland  
(City or town) (State or foreign country)

14. Maiden name Margaret Patterson

15. Birthplace Scotland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Gertude Ryan  
and Address Blackfoot Idaho

17. (a) Burial (b) Date thereof 10-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Grove City Cem., Blf't., Ida.

18. Funeral Director's OWN Signature Howard Pickham  
and Address Blackfoot, Idaho

19. (a) 10-25-48 (b) Michael E. Laine  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 24, 1948  
at 11 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 9-30-48 to 10-24-48  
I last saw h. alive on 10-24-48 at 11 o'clock A. M.

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ca of small intestine Duration ?

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature W. Miller MD  
(M. D. or other)

and Address Blackfoot, Ida. Date 10-26-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 8 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. 3661  
Local Reg. No. 7  
Reg. Dist. No. 602.

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town 10 Mi. N. W. Aberdeen  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County L. Power  
(c) City or town American Falls  
(d) Street Address or R.F.D. No. R. Route  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Max Streifling

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year)

About 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>Approx. 64 years old</u>			hrs. min.

9. Exact Occupation Farmer & sheep raiser Did this work for 30 yrs.

10. Industry or Business On dry farm Date last worked 9-23-48

11. Birthplace Germany  
(City or town) (State or foreign country)

12. Name no data

13. Birthplace Germany  
(City or town) (State or foreign country)

14. Maiden name no data

15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature T. C. Sparks  
and Address American Falls, Idaho

17. (a) Burial (b) Date thereof 10-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Aberdeen Cemetery

18. Funeral Director's OWN Signature Howard Packham  
and Address Blackfoot, Idaho

19. (a) 10-23-48 (b) H. P. Farms  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Approx. Sept. 23, 1948  
(Month, Day, Year) at 10:00 - 11:00 o'clock 4 M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Gun shot wound to head

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Bullet wound in top of head penetrated brain

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? yes

Occurrence About Sept. 23, 1948 City, county, state Bingham CO.

where violence occurred Bingham CO.

Place of Violence: Home yes Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury 2 bullet

23. Attendant's OWN Signature H. O. Humphreys  
(M. D. or other)

and Address Blackfoot, Ida. Date 10-23-48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 7 1948  
DIVISION OF VITAL

**Certificate of Death**  
STATE OF IDAHO

1948  
State File No. 3663  
Local Reg. No. 108  
Reg. Dist. No. 601

**1. PLACE OF DEATH:**

- (a) County Bingham  
(b) City or town Moreland  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 18 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Bingham  
(c) City or town Moreland  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) None

**3. (a) FULL NAME** Kay V. Christiansen

3. (b) If veteran, name war ---  
3. (c) Social Security No. 518-32-4713  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 23, 1930

8. AGE	Years	Months	Days	If less than 1 day
	<u>18</u>	<u>6</u>	<u>8</u>	hrs. min.

9. Exact Occupation Student Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Moreland, Idaho.  
(City or town) (State or foreign country)

12. Name Vernal P. Christiansen,

13. Birthplace Hyrum, Utah.  
(City or town) (State or foreign country)

14. Maiden name Violet Grimmer

15. Birthplace Moreland, Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Vernal P. Christiansen

and Address Moreland, Idaho.

17. (a) Burial (b) Date thereof 10- 4- 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Moreland, Idaho.

18. Funeral Director's OWN Signature John C. Sandberg

and Address Blackfoot, Idaho.

19. (a) 10- 3- 48 (b) Wm. Haler E. Feltner

(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH October, 1, 19 48  
(Month, Day, Year) at 2:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 30 Sept 1948 to 1 Oct 1948

I last saw him alive on 30 Sept 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Embolism Duration 1 day

Due to mitral stenosis 14 years

Due to Rheumatic Heart disease

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? ?

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Kenneth A. M or James M.D.

and Address Blackfoot, Ida. Date 2 Oct 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 7 1948

# Certificate of Death

STATE OF IDAHO

State File No. **3664**  
Local Reg. No. **110**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

- (a) County **Bingham**  
(b) City or town **Moreland**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **37** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Moreland**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **37** years  
(h) Former residence (city, state) **New Zealand**

## 3. (a) FULL NAME **William Claude Cutforth**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **519-30-1611**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** race **White** 6. (c) Age of husband or wife if alive **67** years  
6. (b) Name of husband or wife **Kathleen Jenkins**

7. Date of Birth **December 5, 1873**  
(Month, Day, Year)

AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>9</b>	<b>27</b>	hrs. min.

9. Exact Occupation **Janitor** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **High School** Date last worked \_\_\_\_\_  
11. Birthplace **Port Albert, Auckland, New Zealand**  
(City or town) (State or foreign country)

12. Name **Richard Cutforth,**  
13. Birthplace **England**  
(City or town) (State or foreign country)

14. Maiden name **Emily Pettit**  
15. Birthplace **England**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Bert Cutforth**  
and Address **Rt. 2, Blackfoot, Idaho.**

17. (a) **Burial** (b) Date thereof **10-6-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Moreland Idaho**

18. Funeral Director's OWN Signature **John C. Sandberg**  
and Address **Blackfoot, Idaho.**

19. (a) **10-6-48** (b) **John C. Sandberg**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **October 2, 1948**  
(Month, Day, Year) at **about 5:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Oct 2 1948** to **Oct 2 1948**  
I last saw him alive on \_\_\_\_\_ 19\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Fractured spinal cord** Duration \_\_\_\_\_

Due to **Fractured cervical vertebrae**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **2 Oct 1948** City, county, state **Bingham County, Idaho**  
where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm ☒ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? ☒

Means of injury **Fell from tree**

23. Attendant's OWN Signature **Arnold J. Moore**  
and Address **Blackfoot, Idaho** Date **10-5-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 7 1948  
Certificate Of Death  
STATE OF IDAHO

1948 3665  
State File No. ....  
Local Reg. No. 111  
Reg. Dist. No. 601

1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Moreland  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside?..... Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed        days  
(g) Lived in this county..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 1065 Ada Street  
(e) Deceased lived Inside?..... ☒ Outside?..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Blackfoot, Idaho

3. (a) FULL NAME JOSEPH E. GOODWIN

3. (b) If veteran, name war ..... 3. (c) Social Security No. 519-18-4971  
5. Color or ..... 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Helen Parsons 6. (c) Age of husband or wife if alive 50 years  
7. Date of Birth (Month, Day, Year) February 5, 1892

8. AGE	Years	Months	Days	If less than 1 day
	56	7	27	hrs min.

9. Exact Occupation Building Contractor Did this work for ..... yrs.  
10. Industry or Business Gen. Construction Date last worked 10-2-48  
11. Birthplace Sugar House, Utah (City or town) (State or foreign country)

- Mother Father { 12. Name John Goodwin  
13. Birthplace Essex, England (City or town) (State or foreign country)  
14. Maiden name Catherine Staker  
15. Birthplace Sugar House, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Shirland R. Jorden  
and Address Blackfoot, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-48 (Month) (Day) (Year)  
(c) Place: Idaho Falls, Idaho

18. Funeral Director's OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho.

19. (a) 10-6-48 (Date received and filed) Wendell E. Patine (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October, 2, 1948  
atabout 5:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19., to 19.

I last saw h..... alive on 19.; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured Skull Duration Inst.  
Multiple head injuries

Due to Truck turned over on highway  
Due to #20 Five Miles west of Moreland.  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted?.....  
Name of operation..... Date.....  
Major finding.....  
Finding of autopsy.....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide?..... Homicide?.....  
Occurred 10-2- 1948 City, county, state where violence occurred Bingham County, Idaho  
Place of Violence: Home..... Farm..... Industry.....  
Public Place yess While at work?.....  
Means of injury Truck overturned

23. Attendant's OWN Signature HR Boile Coroner  
and Address Blackfoot, Idaho (Date) 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
DATE 7 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3666  
Local Reg. No. 112  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Moreland  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place. X  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County BONNEVILLE  
(c) City or town Idaho Falls,  
(d) Street Address or R.F.D. No. 1065 Ada Street  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Blackfoot, Ida.

## 3. (a) FULL NAME

Lennis Dean Goodwin

## 3. (b) If veteran, name war

## 3. (c) Social Security No. 518-32-8899

5. Color or White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) August 5, 1930

8. AGE	Years	Months	Days	If less than 1 day
	<u>18</u>	<u>1</u>	<u>27</u>	hrs min.

9. Exact Occupation Carpenter Did this work for ..... yrs.

10. Industry or Business Gen. Construction Date last worked 10-2-48

11. Birthplace Blackfoot, Idaho. (City or town) (State or foreign country)

12. Name Joseph E. Goodwin (City or town) (State or foreign country)

13. Birthplace Sugar House, Utah (City or town) (State or foreign country)

14. Maiden name Helen Parsons

15. Birthplace Blackfoot, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature Shirland R. Jordan and Address Blackfoot, Idaho.

17. (a) Burial (b) Date thereof 10-7-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Idaho Falls, Idaho

18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot, Idaho.

19. (a) 10-7-48 (b) John C. Sandberg (Date received and filled) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) October 2, 1948  
at about 5:00 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Fractured Skull

Duration Inst.

Multiple head and chest injuries.

Due to Truck turned over on Highway #20

Due to Five miles west of Moreland.

Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? ..... Homicide? .....

Occurred 10-2 1948 City, county, state Bingham County, Idaho.

where violence occurred ..... Place of Violence: Home ..... Farm ..... Industry .....

Public Place yes While at work? .....

Means of injury Truck overturned.

## 23. Attendant's OWN Signature DR Beige Coroner

and Address Blackfoot, Idaho. Date 19..... (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3667  
Local Reg. No. 112  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 261 days  
(g) Lived in this county \_\_\_\_\_ years 8 months 21 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County \_\_\_\_\_  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME EDWARD S. SIMS.

## 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex M. race W.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) DEC. 8, 1906.

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>9</u>	<u>26</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Colorado. (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

## 12. Name Franks S. Sims (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

## 13. Birthplace Indiana (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

## 14. Maiden name Margaret A. Heron

## 15. Birthplace Indiana (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

## 16. Informant's OWN Signature Records, State Hospital South. and Address Blackfoot, Idaho. 10-4-48

## 17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) 10-4-48

## (c) Place Rupert, Idaho

## 18. Funeral Director's OWN Signature Alan Goodman and Address Rupert, Idaho.

## 19. (a) 10-4-48 (Date received and filed) Dr. H. C. Votaw (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Oct. 4, 1948.

at 8:10 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1948. to Oct. 4, 1948.

I last saw him alive on Oct. 4, 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

PULMONARY EMBOLISM

## Duration

INSTANT

Due to PROBABLE BACTERIAL IN ORIGIN

Due to TUBERCULOUS ELBOW WITH SECONDARY SUPPURATION  
(Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19. \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature A. H. Moore, M.D.

and Address Blackfoot, Idaho. Date 10-4-1948.

(For additional space, use reverse side)

# DISINTERMENT PERMIT

DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics  
Boise, Idaho

APPLICATION HAVING BEEN MADE for the disinterment of the body of  
Edward S. Sims now lying buried in  
Pleasant View Cemetery, in the City or Town of Burley  
County of Cassia State of Idaho, who died on the 4th day of  
October 1948, Aged 41 years        months        days, the cause of  
death being Pulmonary Embolism and  
not directly or indirectly by diphtheria; scarlet fever; smallpox; leprosy, asiatic  
cholera; typhus fever or yellow fever as shown by the certificate of death of said  
deceased, given by A. G. Moore, M.D. attending physician.

THIS IS TO CERTIFY that permission is hereby given for such disinterment  
and removal by private to Rupert Cemetery  
private or public conveyance  
in the City or Town of Rupert County of Minidoka State  
of Idaho to take effect upon the approval by the local health  
officer of the City, Town, or County of Cassia it being  
understood and provided that nothing herein shall be deemed as contravening or in any-  
way modifying or releasing the regulations of the Department of Health and Welfare  
governing the transportation of bodies or the requirements for a transportation permit,  
and all transportation companies and common carriers will be governed accordingly; and  
provided further, that where the disinterment is for the purpose of reinterment in  
another part of the same cemetery, or in a contiguous cemetery, the removal shall not  
be made by any public conveyance. The disinterment and removal must be done under the  
personal supervision of a licensed embalmer in good standing.

Permit issued to:  
Ormand F. Burch  
McCulloch Funeral Home  
Burley, Idaho 83318

Janet M. Wick by Joyce E. Felt  
State Registrar, Bureau of Vital Statistics  
Department of Health and Welfare

April 19, 1979  
Date

The foregoing application for disinterment and removal is hereby approved by the Local  
Health Officer of the City, Town or County of       , State of Idaho.

        
Local Health Officer

        
Date

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **3668**  
Local Reg. No. **114**  
Reg. Dist. No. **001**

## 1. PLACE OF DEATH

- (a) County **Bingham**  
(b) City or town **Blackfoot**  
(c) Street Address or R.F.D. No. **Box 390**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☒ Other place  
(f) Name Hosp. or Inst. **St. Hospt. So. Stayed 142 days**  
(g) Lived in this county **4** years **22** months **22** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **3607 Broadway**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **Life** years  
(h) Former residence (city, state) **Boise, Idaho**

## 3. (a) FULL NAME **L.n. Lawrence**

3. (b) If veteran, name war **\_\_\_\_\_** 3. (c) Social Security No. **\_\_\_\_\_**  
5. Color or **\_\_\_\_\_**  
4. Sex **M.** race **W.**  
6. (b) Name of husband or wife **\_\_\_\_\_** 6. (c) Age of husband or wife if alive **\_\_\_\_\_** years

7. Date of Birth **May 27, 1892.**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>86</b>	<b>3</b>	<b>9</b>	hrs. min.

9. Exact Occupation **Hotel Manager** Did this work for **\_\_\_\_\_** yrs.  
10. Industry or Business **\_\_\_\_\_** Date last worked **\_\_\_\_\_**

11. Birthplace **Idaho**  
(City or town) (State or foreign country)

12. Name **John Lawrence**

13. Birthplace **Idaho**  
(City or town) (State or foreign country)

14. Maiden name **Mollie Hill**

15. Birthplace **Illinois**  
(City or town) (State or foreign country)

16. Informant's **OWN** Signature **Records State Hospital South.**  
and Address **Blackfoot, Idaho**

17. (a) **Removal** (b) Date thereof **10-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Boise, Idaho**

18. Funeral Director's **OWN** Signature **Howard Packham**  
and Address **Blackfoot, Idaho**

19. (a) **10-7-48** (Date received and filed) **Boise, Idaho** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Oct. 6, 1948.**  
(Month, Day, Year) **Oct. 6, 1948.**  
at **8:40** o'clock **A.** M.  
21. I HEREBY CERTIFY, That I attended deceased from **April 14, 1948.** to **Oct. 6, 1948.**  
I last saw him alive on **Oct. 6, 1948.**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**RESPIRATORY FAILURE**

Due to **HYPOSTATIC PNEUMONIA** **36 hrs.**

Due to **CEREBRAL-SPINAL SYPHILIS (?)**

Other conditions **GENERAL PARALYSIS**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **UNKNOWN**

Name of operation **\_\_\_\_\_** Date **\_\_\_\_\_**

Major finding **\_\_\_\_\_**

Finding of autopsy **\_\_\_\_\_**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **\_\_\_\_\_** Suicide? **\_\_\_\_\_** Homicide? **\_\_\_\_\_**

Occurred **\_\_\_\_\_** 19 **\_\_\_\_\_** City, county, state

where violence occurred **\_\_\_\_\_**

Place of Violence: Home **\_\_\_\_\_** Farm **\_\_\_\_\_** Industry **\_\_\_\_\_**

Public Place **\_\_\_\_\_** While at work? **\_\_\_\_\_**

Means of injury **\_\_\_\_\_**

23. Attendant's **OWN** Signature **A. G. Moore M.D.**  
(M. D. or other)

and Address **Blackfoot, Idaho** Date **Oct. 6, 1948.**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

1048

1048  
OFFICE OF VITAL

# Certificate of Death

STATE OF IDAHO

1048 3669  
State File No. \_\_\_\_\_  
Local Reg. No. 116  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

(a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Moreland  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 19 years 4 months 5 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bingham  
(c) City or town Moreland  
(d) Street Address or R.F.D. No. none  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

J. Claire Lindsay

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 4, 1929

8. AGE	Years	Months	Days	If less than 1 day
	<u>19</u>	<u>4</u>	<u>5</u>	hrs. min.

9. Exact Occupation Student & Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business School & Farm Date last worked May '47

11. Birthplace Moreland, Idaho (City or town) (State or foreign country)

12. Name W. Jess Lindsay

13. Birthplace Paris, Idaho (City or town) (State or foreign country)

14. Maiden name Genevieve Hammond

15. Birthplace Mancos, Colorado (City or town) (State or foreign country)

16. Informant's OWN Signature J. H. Lindsey and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 10-12-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Moreland Cemetery

18. Funeral Director's OWN Signature Howard Packham and Address Blackfoot, Idaho

19. (a) 10-13-48 (b) Mr. Walter E. Lattin (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 9, 1948  
at 10:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1947 to Oct 9, 1948  
I last saw him alive on Oct 8, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

thrombosis Duration 10 d  
Due to Congestive Ht. Failure 3 mo.  
Due to Rheumatic Ht. Disease 3 yrs.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature R. P. Howard M.D. and Address Blackfoot, Idaho Date 10-12-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **3670**  
Local Reg. No. **115**  
Reg. Dist. No. **601**

1. PLACE OF DEATH: **STIC**  
(a) County **Bingham**  
(b) City or town **Blackfoot**  
(c) Street Address or R.F.D. No. **3**  
(d) Death Occurred Inside? **X** Outside? **X** city or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place **X**  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **Life** years **months** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bingham**  
(c) City or town **Blackfoot**  
(d) Street Address or R.F.D. No. **3**  
(e) Deceased lived Inside? **X** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **Life** years  
(h) Former residence (city, state) **None**

3. (a) FULL NAME **Mabel Johnson Call**

3. (b) If veteran, name war **5. Color or**  
4. Sex **Female** race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Ernest Call** 6. (c) Age of husband or wife if alive **58** years  
7. Date of Birth (Month, Day, Year) **June 3, 1901**

8. AGE	Years	Months	Days	If less than 1 day
	<b>47</b>	<b>4</b>	<b>8</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **hrs.** yrs.  
10. Industry or Business **worked** Date last worked  
11. Birthplace **Blackfoot, Idaho.** (City or town) (State or foreign country)

12. Name **David A. Johnson** (City or town) (State or foreign country)  
13. Birthplace **Glasgow, Scotland** (City or town) (State or foreign country)  
14. Maiden name **Henrietti Dunn**  
15. Birthplace **Ft. Hall, Idaho.** (City or town) (State or foreign country)

16. Informant's OWN Signature **E. B. Call**  
and Address **153 N. Adams, Blackfoot, Ida.**

17. (a) **Burial** (b) Date thereof **10-13-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Blackfoot, Idaho.**

18. Funeral Director's OWN Signature **John C. Sandberg**  
and Address **Blackfoot, Idaho.**

19. (a) **10-15-48** (Date received and filed)  
**M. Johnson** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **October 11, 1948**  
at **1:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **25 Sept 1948** to **11 Oct 1948**  
I last saw h. **alive** on **10 Oct 1948**  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Circulatory Collapse** Duration **1 day**

Due to **Catheter in Corpus Uteri** **5 years**

Due to **uteri**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **Date**

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **Swicide?** **Homicide?**

Occurred **19** City, county, state

Where violence occurred

Place of Violence: Home **Farm** **Industry**

Public Place **While at work?**

Means of injury

23. Attendant's OWN Signature **Donald G. Mose James MD.** (M. D. or other)

and Address **Blackfoot, Idaho.** Date **19**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

OCT 15 1948

DEPT. OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No. 3671

Local Reg. No. 118

Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County. Bingham  
(b) City or town. Blackfoot.  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home. \_\_\_\_\_ Hospital. ☒ Institution. ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 165 days  
(g) Lived in this county \_\_\_\_\_ years 5 months 15 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho. (b) County. Camas  
(c) City or town. Fairfield  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Fairfield, Idaho.

## 3. (a) FULL NAME Fred C. Muffley

## 3. (b) If veteran, name war 3. (c) Social Security No.

5. Color or \_\_\_\_\_  
4. Sex. M. race. W.  
6. (b) Name of husband or wife Married  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) May 30, 1881.

8. AGE	Years	Months	Days	If less than 1 day
	67	4	12	hrs. min.

9. Exact Occupation. Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business. \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace. Osage, Iowa. (City or town) (State or foreign country)

## 12. Name. James M. Muffley (City or town) (State or foreign country)

## 13. Birthplace. New York. (City or town) (State or foreign country)

## 14. Maiden name. Carrie Loomis

## 15. Birthplace. U.S.A. (City or town) (State or foreign country)

## 16. Informant's OWN Signature. Records State Hospital South and Address. Blackfoot, Idaho.

## 17. (a) Removal (b) Date thereof. 10-13-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place. Gooding, Idaho

## 18. Funeral Director's OWN Signature. H. P. Bright (Thompson Chapel) and Address. Gooding, Idaho.

## 19. (a) 10-13-48 (Date received and filed) (b) Mrs. Helen E. Fature (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Oct. 12, 19 48. at 9:10 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from Apr. 27, 19 48. to Oct. 12, 19 48.

I last saw him alive on Oct. 12, 19 48. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CARDIAC DECOMPENSATION Duration 48 HRS.

Due to HYPOSTASIS-PULMONARY 60 HRS.

Due to PROBABLE MALIGNANCY (?)

Other conditions. HEPATIC (Include pregnancy within 3 months of death)

Where was disease contracted? NOT DETERMINED

Name of operation. NONE Date. \_\_\_\_\_ Major finding. \_\_\_\_\_ Finding of autopsy. \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred. \_\_\_\_\_ 19. \_\_\_\_\_ City, county, state where violence occurred. \_\_\_\_\_

Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_

Public Place. \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury. \_\_\_\_\_

Attendant's OWN Signature. A. G. Johnson (M. D. or other)

and Address. Blackfoot, Idaho. Date. Oct. 12, 19 48. (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Frank # 708

State File No. 3672

Local Reg. No. 128

Reg. Dist. No. 601

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OCT 29 1948 Certificate of Death

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hosp. So. Stayed 33 days  
(g) Lived in this county \_\_\_\_\_ years 1 months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boise Co.  
(c) City or town Horseshoe Bend  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 yrs  
(h) Former residence (city, state) Horseshoe Bend, Idaho.

3. (a) FULL  
NAME

Snerman Barker

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or

4. Sex M race W.

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth Birth not given  
(Month, Day, Year) about 67 or 68 yrs

8. AGE	Years	Months	Days	If less than 1 day
	<u>67 or 68</u>			hrs. min.

9. Exact Occupation Miner Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Illinois  
(City or town) (State or foreign country)

12. Name Not Given

13. Birthplace Not Given  
(City or town) (State or foreign country)

14. Maiden name Not Given

15. Birthplace Not given  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital South.  
and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 10-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. Funeral Director's OWN Signature L J Yancy  
and Address Blackfoot, Idaho

19. (a) 10-20-48 (b) W. H. Talbot  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Oct. 15, 1948  
at 11: o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from

Sept. 12, 1948, to Oct. 15, 1948

I last saw him alive on Oct. 15, 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Congestive Heart Failure Duration 2 weeks

Due to Arteriosclerotic Heart Disease Unknown

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature Scott & McInnis (M. D. or other)

and Address Blackfoot, Idaho. Date Oct. 16, 1948

(For additional space, use reverse side)

093D

648

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

OCT 29 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. 3673  
Local Reg. No. 182  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot,  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 4137 days  
(g) Lived in this county 11 years 4 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Not known years  
(h) Former residence (city, state) Boise, Idaho.

## 3. (a) FULL NAME Jesse Burgess

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex M. race W.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Oct. 19, 1857.

8. AGE	Years	Months	Days	If less than 1 day
	<u>91</u>		<u>3</u>	hrs. min.

9. Exact Occupation Not given Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Quincy, Ill.

- (City or town) (State or foreign country)  
12. Name Thomas Burgess  
13. Birthplace Indiana  
(City or town) (State or foreign country)  
14. Maiden name Sarah Jane Harris  
15. Birthplace Indiana  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital South  
and Address Blackfoot, Idaho.

17. (a) Removal (b) Date thereof 10/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Colville, Washington  
18. Funeral Director's OWN Signature E. J. Peck  
and Address Blackfoot, Idaho

19. (a) 10/23-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 22, 19 48.  
at 8:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 19 48 to Oct. 22, 19 48.  
I last saw him alive on Oct. 22, 19 48;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Chronic Heart Failure Duration 10 days

Due to Intermittent Heart Disease Unknown

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? State Hospital

Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
Attendant's OWN Signature Scott L. McCrear M.D.  
(M. D. or other)

and Address Blackfoot, Idaho. Date 10-23-48  
(For additional space, use reverse side)

093D



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 29 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 3674

Local Reg. No. 2

Reg. Dist. No. 601

1. PLACE OF DEATH:

(a) County. Bingham

(b) City or town. Blackfoot

(c) Street Address or R.F.D. No. 1

(d) Death Occurred Inside? Outside? X city or town

(e) Died in a Home. X Hospital. Institution. Other place.

(f) Name Hosp. or Inst. Stayed. days

(g) Lived in this county 34 years months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State. Idaho (b) County. Bingham

(c) City or town. Blackfoot

(d) Street Address or R.F.D. No. 1

(e) Deceased lived Inside? Outside? X city or town

(f) Citizen of what country? USA

(g) How long had deceased lived in Idaho? 56 years

(h) Former residence (city, state) Thatcher, Idaho.

3. (a) FULL NAME WILFORD LEROY SEAMONS

3. (b) If veteran, name war 518-28-3936

3. (c) Social Security No. 518-28-3936

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amenda L. Nielsen

6. (c) Age of husband or wife if alive 55 years

7. Date of Birth (Month, Day, Year) June 4, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>4</u>	<u>11</u>	hrs. min.

9. Exact Occupation Farming Did this work for hrs. yrs.

10. Industry or Business Hyde Park, Utah Date last worked

11. Birthplace (City or town) (State or foreign country)

12. Name Samuel Seamons

13. Birthplace (City or town) (State or foreign country)

14. Maiden name Eliza Griffith

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Kent B. Seamons

and Address Rt. 1, Blackfoot, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-48 (Month) (Day) (Year)

(c) Place Groveland Cemetery, Blackfoot, Idaho.

18. Funeral Director's OWN Signature John C. Anderson

and Address Blackfoot, Idaho.

19. (a) 10-25-48 (Date received and filed) (b) W. H. Palmer (Registrar's signature)

20. DATE OF DEATH (Month, Day, Year) October 23, 1948

at about 4:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Strangulation

Duration Inst. 164A

Due to Hanging, self inflicted.

Due to Prolonged ill health.

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation Date

Major finding. Finding of autopsy.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? X Homicide?

Occurred 10-23-48 19 City, county, state

where violence occurred Rt. 1 Blackfoot, Idaho.

Place of Violence: Home. Farm X Industry

Public Place. While at work?

Means of injury Strangulation by hanging.

23. Attendant's OWN Signature H. R. Boice - Coroner

(M. D. or other)

and Address Blackfoot, Idaho Date 10-25 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 29 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **3675**  
Local Reg. No. **124**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

- (a) County **BINHAM**  
(b) City or town **Blackfoot,**  
(c) Street Address or R.F.D. No. **Box 390**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☒ Other place  
(f) Name Hosp. or Inst. **Stayed 9 days**  
(g) Lived in this county **years months 9 days**

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho.** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1912 W. Jefferson**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **Canada**  
(g) How long had deceased lived in Idaho? **26 yrs.**  
(h) Former residence (city, state) **Boise, Idaho.**

## 3. (a) FULL NAME

**George W. Clarke**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

Sex **M.** race **W.**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs George Clarke**

6. (c) Age of husband or wife if alive **years**

## 7. Date of Birth

(Month, Day, Year) **Oct. 12, 1874.**

## 8. AGE

Years

Months

Days

If less than 1 day  
hrs. min.

**74**

**0**

**13**

## 9. Exact Occupation

**Farmer & Laborer** Did this work for **years.**

## 10. Industry or Business

Date last worked

## 11. Birthplace

**Ontario, Canada.**

(City or town) (State or foreign country)

## 12. Name

**Not Given**

## 13. Birthplace

(City or town) (State or foreign country)

## 14. Maiden name

**Not Given**

## 15. Birthplace

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature **Records State Hospital South.**  
and Address **Blackfoot, Idaho.**

## 17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof **10-26-48**  
(Month) (Day) (Year)

## (c) Place

**Boise, Idaho**

## 18. Funeral Director's

OWN Signature **Howard Parkham**  
and Address **Blackfoot, Idaho**

19. (a) **10-26-48**  
(Date received and filed)

**Howard E. Tolson**  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **Oct. 25, 1948**  
at **1:15 P.M.** o'clock **M.**

## 21. I HEREBY CERTIFY, That I attended deceased from

**October 20, 1948** to **Oct. 25, 1948.**

I last saw him alive on **Oct. 25, 1948.**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Thrombosis of right middle cerebral artery**  
**Cerebral arteriosclerosis**

## Due to

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation **State Hospital**

## Major finding

Finding of autopsy **—**

## Duration

**4 days**  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **1948** City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

## Means of injury

## 23. Attendant's

OWN Signature **Scott L. Mc Cure M.D.**  
(M.D. or other)

and Address **Blackfoot, Idaho** Date **Oct. 25, 48.**

(For additional space, use reverse side)

648

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 25 1948

Certificate Of Death

STATE OF IDAHO

State File No. 3676  
Local Reg. No. 41  
Reg. Dist. No. 410

1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Hailey  
(c) Street Address or R. F. D. No. Box 14  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Box 14 Stayed 14 days  
(g) Lived in this county 50 years 50 months 50 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Hailey  
(d) Street Address or R.F.D. No. Box 14  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) LYON France

3. (a) FULL NAME

ALPHONSE BRUN

045A

3. (b) If veteran, name war

No

3. (c) Social Security

No. No

4. Sex M 5. Color or race W.  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Date of Birth (Month, Day, Year) Oct 1871

8. AGE

Years 75

Months 11

Days

If less than 1 day hrs min.

9. Exact Occupation FARMER Did this work for Life yrs.  
10. Industry or Business LABORER Date last worked 1941  
11. Birthplace LYON FRANCE (City or town) (State or foreign country)

12. Name MARTIN BRUN  
13. Birthplace FRANCE (City or town) (State or foreign country)  
14. Maiden name EMELIA  
15. Birthplace FRANCE (City or town) (State or foreign country)

16. Informant's OWN Signature Gene Baldwin  
and Address TWIN FALLS, IDAHO

17. (a) (Burial, cremation, or removal) HAILEY, IDAHO (b) Date thereof 10-24-48  
(c) Place: HAILEY, IDAHO

18. Funeral Director's OWN Signature Harold J. Hayes  
and Address Hailey, Idaho

19. (a) 10-22-1948 (b) Robert H. Wright  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 055E

20. DATE OF DEATH (Month, Day, Year) 10-24-48  
at 1:43 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 9/18 1948, to 10-24-48 1948.  
I last saw him alive on 10-18-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of lip, throat Duration 6 mos  
neck & throat

- Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

- Where was disease contracted? \_\_\_\_\_  
Name of operation 0 Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. W. J.  
and Address Hailey, Idaho Date 10-28-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 25 10/18

# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 3677  
Local Reg. No. 42  
Reg. Dist. No. 410

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Carey  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 36 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Carey  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Scotland

## 3. (a) FULL NAME

JOHN TELFER

093D

3. (b) If veteran, name war No  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth 1880  
(Month, Day, Year)

8. AGE 68 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than 1 day hrs \_\_\_\_\_ min. \_\_\_\_\_

9. Exact Occupation Farm Laborer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked Oct 4 1947  
11. Birthplace Edinburgh Scotland  
(City or town) (State or foreign country)

12. Name George Telfer  
13. Birthplace Scotland  
(City or town) (State or foreign country)  
14. Maiden name Isabelle Hughes  
15. Birthplace Scotland  
(City or town) (State or foreign country)

16. Informant's OWN Signature James Dees  
and Address Carey Idaho

17. (a) Burial, cremation, or removal (b) Date thereof 10-8-48  
(c) Place: Hailey Idaho

18. Funeral Director's OWN Signature Robert H. Wright  
and Address Hailey Idaho

19. (a) 10-22-1948 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 10-5-48  
(Month, Day, Year) at 11:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 26 1948 to Oct 4 1948  
I last saw him alive on Oct 4 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocardial Degeneration & Myocardial Infarction Duration 19 mo.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Chronic Pulmonary 19 mo  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy not done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ellwood Dees  
(M. D. or other)  
and Address 10-17-48 19 \_\_\_\_\_  
(For additional space, use reverse side)

8 men Falls State

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

OCT 8 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3678  
Local Reg. No. 40  
Reg. Dist. No. 410

1. PLACE OF DEATH: *Blaine*  
(a) County *Blaine*  
(b) City or town *Blaine*  
(c) Street Address or R.F.D. No. *Blaine*  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months *15* days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State ☐ (b) County ☐  
(c) City or town ☐  
(d) Street Address or R.F.D. No. ☐  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? ☐  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

3. (a) FULL NAME *DONALD EDWARD BROOKS* 2000

3. (b) If veteran, ☒ name war ☐  
3. (c) Social Security No. *No*  
4. Sex *M* 5. Color or race *W*  
6. (a) *Single* widowed, married, divorced  
6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth (Month, Day, Year) *Sept 20 1948*

8. AGE 

Years	Months	Days	If less than 1 day
		<i>19</i>	hrs min.

9. Exact Occupation *infant* Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace (City or town) (State or foreign country)

12. Name *ROBERT*  
13. Birthplace *BROOKS*  
14. Maiden name *CAREY*  
15. Birthplace *IDA MAY BALDWIN*  
16. Informant's OWN Signature *IDA MAY BALDWIN*  
and Address *IDA MAY BALDWIN*

17. (a) ☒ Burial ☐ cremation ☐ or removal (b) Date thereof *10-6-48*  
(c) Place: *HAILEY* *IDA*  
18. Funeral Director's OWN Signature *Linley J. Harris*  
and Address *Hailey, Idaho*

19. (a) *10-5-1948* (b) *Robert H. Wright*  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *OCT 5 1948*  
at *12:30* o'clock *P*. M.

21. I HEREBY CERTIFY, That I attended deceased from ☐ 19 ☐ to ☐ 19 ☐

I last saw h. ☐ alive on ☐ 19 ☐; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Refused medical attention* Duration ☐

Due to *Refused medical attention*  
*Due to Refused medical attention*

Due to ☐  
Other conditions (Include pregnancy within 3 months of death) ☐

Where was disease contracted? ☐  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state  
where violence occurred ☐  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature *Robert H. Wright*  
and Address *Blaine, Idaho* Date *Oct 5 1948*  
(For additional space, see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 19 1948

# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

STATISTICS

State File No. 3679  
Local Reg. No. 44  
Reg. Dist. No. 410

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Gannett  
(c) Street Address or R.F.D. No. ✓  
(d) Death Occurred Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. ✓ Stayed ✓ days  
(g) Lived in this county 18 years ✓ months ✓ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Blaine  
(d) Street Address or R.F.D. No. ✓  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? ✓  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Mont

## 3. (a) FULL NAME

CHARLES ALEXANDER McCARTER

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. ✓

## 4. Sex

M

## 5. Color or race

W

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth

Jan 27<sup>th</sup> 1874

## 8. AGE

74

9

3

hrs min.

## 9. Exact Occupation

Raychery Butcher

## Did this work for

Life

## 10. Industry or Business

10-24-48

## 11. Birthplace

Dimondale Mich.

## 12. Name

James J. McCarter

## 13. Birthplace

Canada

## 14. Maiden name

Margaret J. KIKENDALL

## 15. Birthplace

Mich

## 16. Informant's OWN Signature

Mrs. Anthony M. Lister

## and Address

Butte, Oregon

## 17. (a)

Funeral, cremation or removal

## (b) Date thereof

11-5-48

## (c) Place:

HAILEY IDAHO

## 18. Funeral Director's OWN Signature

Lynn J. Harris

## and Address

Hailey, Ida

## 19. (a)

11-12-1948

## (b)

Robert H. Wright

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Oct 30<sup>th</sup> 1948

## 21. I HEREBY CERTIFY, That I attended deceased from

19, to ✓ 19

I last saw h ✓ alive on ✓ 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Thrombosis

## Duration

5 yrs

Due to Chronic Myocarditis

Found dead in bed -

Due to ✓

Other conditions ✓

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation none Date ✓

## Major finding

Finding of autopsy none

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred ✓ 19 City, county, state

where violence occurred ✓

Place of Violence: Home ✓ Farm ✓ Industry ✓

Public Place ✓ While at work? ✓

## Means of injury

## 23. Attendant's OWN Signature

Robert H. Wright - M.D.

and Address Hailey, Idaho (M. D. or other) Date 10-31-1948

(For additional space, use reverse side)

Blaine C. Coloner -

200

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **3680**  
Local Reg. No. **352**  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County **Boise**  
(b) City or town **Near Garden Valley**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months **9** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1214 Borah St**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho **Lifetime** years  
(h) Former residence (city, state) **none**

## 3. (a) FULL NAME **Alvin Rex Fackrell**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **518-14-7883**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **June 29th 1921**

8. AGE	Years	Months	Days	If less than 1 day
	<b>27</b>	<b>3</b>	<b>12</b>	hrs. min.

9. Exact Occupation **General Laborer** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Boise Idaho**  
(City or town) (State or foreign country)

12. Name **Lyman Fackrell**

13. Birthplace **Kane Co. Utah**  
(City or town) (State or foreign country)

14. Maiden name **Audry Bruno**

15. Birthplace **Boise Idaho**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Audry Fackrell**  
and Address **1214 Borah St. Boise Idaho**

17. (a) **Burial** (b) Date thereof **10/15/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Cloverdale Memorial Park**

18. Funeral Director's OWN Signature **Schreiber McLean**  
and Address **Boise J.V. McLean**

19. (a) **19/15** (b) **Ans E. R. Korman**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **October 11th 1948**  
at **unknown** o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Due to **Exhaustion & Exposure**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred **October 11th 1948** City, county, state **Boise County, Idaho**  
where violence occurred. **Boise County, Idaho**  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place ☒ While at work? \_\_\_\_\_

Means of injury **Exposure**

23. Attendant's OWN Signature **Edgar L. Nelson**  
and Address **Idaho City** Date **Oct. 13 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

OCT 19 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **3681**  
Local Reg. No. **170**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County Boise  
(b) City or town In Mountains between Boise and Idaho City  
(c) Street Address or R.F.D. No. Boise and Idaho City  
(d) Death Occurred Inside?..... Outside? X..... city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place X  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county..... years..... months X..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho..... (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 901 Highland St.  
(e) Deceased lived Inside? X..... Outside?..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39..... years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Lawrence. L. Burton.

3. (b) If veteran, name war World War # 2.

3. (c) Social Security No. None.

4. Sex Male, race White.

5. Color or White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Mary Gladys Burton.

6. (c) Age of husband or wife if alive 35..... years

7. Date of Birth (Month, Day, Year) May. 9. 1909.

8. AGE	Years	Months	Days	If less than 1 day
	<u>39.</u>	<u>5.</u>	<u>4.</u>	hrs. min.

9. Exact Occupation Training Specialist Did this work for..... yrs.

10. Industry or Business Veterans Administration. Date last worked.....

11. Birthplace Emmett, Idaho. (City or town) (State or foreign country)

12. Name Lewis Ford Burton. (City or town) (State or foreign country)

13. Birthplace Wisconsin. (City or town) (State or foreign country)

14. Maiden name Bessie Ann Slater. (City or town) (State or foreign country)

15. Birthplace Junction City, Kansas. (City or town) (State or foreign country)

16. Informant's OWN Signature Georg M Paulson  
and Address 2402 Simp. St. Boise, Idaho

17. (a) Burial. (b) Date thereof Oct. 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Emmett, Idaho.

18. Funeral Director's OWN Signature Clayde E Summers

and Address Boise, Idaho

19. (a) 10-15-48 (b) Mirtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 13<sup>th</sup> 1948 19.....  
at 6:45 o'clock 2 M.

21. I HEREBY CERTIFY, That I attended deceased from..... 19..... to..... 19.....

I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to Accidental rifle shot through chest and right arm killing him immediately

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred October 13<sup>th</sup> 19 48 City, county, state Idaho City, Bonne County, Idaho

where violence occurred Idaho City, Bonne County, Idaho

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury Gun shot wound through heart

23. Attendant's OWN Signature Donald John McElroy, Coroner

and Address Idaho City Date Oct 13<sup>th</sup> 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 3682  
Local Reg. No. 352  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Bona  
(b) City or town Centerville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bona  
(c) City or town Centerville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

George Taylor Wells

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

526-03-9485

## 4. Sex Male race white

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Laurena

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

August 6<sup>th</sup>

1903

## 8. AGE

Years

Months

Days

If less than 1 day

45

2

9

hrs.

min.

## 9. Exact Occupation

Sawmill Operator

Did this work for 4 yrs.

## 10. Industry or Business

Lumber

Date last worked Oct. 15

## 11. Birthplace

Centerville  
(City or town)

Idaho  
(State or foreign country)

## 12. Name

Harvey Wells

## 13. Birthplace

Centerville  
(City or town)

Kansas  
(State or foreign country)

## 14. Maiden name

Mary Taylor

## 15. Birthplace

Centerville  
(City or town)

Ohio  
(State or foreign country)

## 16. Informant's OWN Signature

Laurena Wells

## 17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof 10/15/48  
(Month) (Day) (Year)

## 18. Funeral Director's OWN Signature

Robinson Alois Chapel

## 19. (a) Address

Centerville, Idaho

Idaho

## 19. (b) Address

Centerville, Idaho

Idaho

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

Oct 15<sup>th</sup>

1948

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

\_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

## Due to

Heart failure

## Due to

over exertion

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

## Date

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred October 15<sup>th</sup> 1948 City, county, state

where violence occurred Centerville, Bona, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place ☒ While at work? ☒

## Means of injury

Over exertion

## Attendant's

## OWN Signature

Dr. J. M. Wells  
(M. D. or other) Coroner

## Address

Idaho City Date Oct 15 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

OCT 22 1949

# Certificate of Death

OF VITAL

STATE OF IDAHO

State File No. 3683

Local Reg. No. 352

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Boise  
(b) City or town Near Idaho City  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Near Boise  
(d) Street Address or R.F.D. No. Rt. 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) New York

## 3. (a) FULL NAME

Ralph Edgar Smock

## 3. (b) If veteran, name war

war No 2

## 3. (c) Social Security No.

518-09-6708

## 4. Sex Male Color or race white

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Cecilia

## 6. (c) Age of husband or wife if alive 29 years

## 7. Date of Birth (Month, Day, Year) July 4th 1919

8. AGE	Years	Months	Days	If less than 1 day
	<u>29</u>	<u>3</u>	<u>13</u>	hrs. min.

## 9. Exact Occupation Lineloom Layer Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business And Tile Setter Date last worked \_\_\_\_\_

## 11. Birthplace New York (City or town) (State or foreign country)

## 12. Name Ralph M. Smock (City or town) (State or foreign country)

## 13. Birthplace Unknown (City or town) (State or foreign country)

## 14. Maiden name Gladys E. Bliss (City or town) (State or foreign country)

## 15. Birthplace Unknown (City or town) (State or foreign country)

## 16. Informant's OWN Signature John Van Baepeghem

## and Address Box 725 Meridian, Ida

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

## (c) Place Morris Hill Cemetery

## 18. Funeral Director's OWN Signature Schreiber

## and Address Boise

## 19. (a) 10/21 (Date received and filed) (b) Miss E. S. Robinson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) October 17th 19 48 at 4:30 o'clock a.M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gunshot wound of abdomen Duration \_\_\_\_\_

E. laceration of liver;

Due to Fatal intra-abdominal hemorrhage

Due to \_\_\_\_\_

Other conditions none

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy as above

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? ☒

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred 7 miles E of Idaho City

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place ☒ While at work? \_\_\_\_\_

Means of injury Gunshot wound

## 23. Attendant's OWN Signature J. Bauman

(M. D. or other)

and Address Boise Date 17 Oct 48 19 48

(For additional space, use reverse side)

1527

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 11 1948

# Certificate Of Death

STATE OF IDAHO

1948 3685  
State File No. 96  
Local Reg. No. 110  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 514 N. Second  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place community  
(f) Name Hosp. or inst. Community Stayed 1 days  
(g) Lived in this county 40 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 416 Alder St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

ROBERT LEUSCH

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years  
7. Date of Birth (Month, Day, Year) April 14, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>5</u>	<u>20</u>	hrs min.

9. Exact Occupation Cigar Maker Did this work for life yrs.  
10. Industry or Business Retired Date last worked 1934  
11. Birthplace La Porte, Indiana.  
(City or town) (State or foreign country)

12. Name Fred Leusch  
13. Birthplace La Porte, Indiana.  
(City or town) (State or foreign country)  
14. Maiden name Margaretha Eifert  
15. Birthplace La Porte, Indiana.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Henry J. T. O'Driscoll  
and Address Sandpoint, Idaho.

17. (a) Burial (b) Date thereof Oct. 7, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature [Signature]  
and Address Sandpoint, Idaho.

19. (a) Oct. 8, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 4th. 1948  
(Month, Day, Year) at 9:00 o'clock p. M.  
21. I HEREBY CERTIFY, That I attended deceased from Sept 22 1948, to Oct 4 1948.  
I last saw him alive on Oct 4 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis Duration 2 yrs.  
Due to

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Wm. J. Taylor M.D.  
and Address Sandpoint, Idaho. (M.D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OCT 21 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3686  
Local Reg. No. 98  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 609 N. 4th Ave  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 44 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 609 N. 4th Ave  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

MARY LUCY BLAIR

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Simon Blair

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) August 22, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>1</u>	<u>18</u>	hrs. min.

9. Exact Occupation Housewife Did this work for life yrs.

10. Industry or Business Own Home Date last worked -

11. Birthplace Lisbon, New York. (City or town) (State or foreign country)

12. Name Simon Peter Collison (City or town) (State or foreign country)

13. Birthplace no record (City or town) (State or foreign country)

14. Maiden name no record (City or town) (State or foreign country)

15. Birthplace no record (City or town) (State or foreign country)

16. Informant's OWN Signature E. B. Blair and Address Sandpoint, Idaho.

17. (a) Burial (b) Date thereof Oct. 14, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY and Address SANDPOINT, IDAHO

19. (a) Oct 15, 1948 (b) Summer Dean (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 10th 1948

at 11:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 15 1948, to Oct. 10 1948

I last saw h. et alive on Oct. 10 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage Duration 2 wks.

Due to Arteriosclerotic Cardiovascular disease years-

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature William Peterson M.D. (M. D. or other) and Address Sandpoint, Ida Date 10-15 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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Certificate of Death

OCT 29 1948

STATE OF IDAHO

1948 3687  
State File No. \_\_\_\_\_  
Local Reg. No. 101  
Reg. Dist. No. 110

1. PLACE OF DEATH:  
(a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second Ave**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Community** Stayed **14** days  
(g) Lived in this county **3** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sagle**  
(d) Street Address or R.F.D. No. **Rural**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **3 yrs** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **ROBERT N. KELLEY**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White**  
4. Sex **Male**  
6. (b) Name of husband or wife **Susan Kelley** 6. (c) Age of husband or wife if alive **70** years

7. Date of Birth **March 27, 1873**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>6</b>	<b>19</b>	hrs. min.

9. Exact Occupation **Farmer** Did this work for **Life** yrs.  
10. Industry or Business **Own Farm** Date last worked **1945**  
11. Birthplace **Barboursville, Kentucky.** (City or town) (State or foreign country)

12. Name **Samuel Kelley**  
13. Birthplace **Kentucky** (City or town) (State or foreign country)  
14. Maiden name **Sarah Prater**  
15. Birthplace **Kentucky** (City or town) (State or foreign country)

16. Informant's OWN Signature **Hazel A. Pugsnell**  
and Address **Sagle, Idaho**

17. (a) **Burial** (b) Date thereof **Oct. 19, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
**SANDPOINT, IDAHO.**  
and Address \_\_\_\_\_

19. (a) **Oct. 21, 1948** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH **October 16th** 19**48**  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from **December 1946** to **Oct. 14, 1948**.  
I last saw him alive on **October 16, 1948**.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial Infarction** Duration **13 days**

Due to **Arteriosclerotic cardio-vascular disease** years

Due to \_\_\_\_\_  
Other conditions **Hypertension** years  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **Valerie Peterson M.D.** (M.D. or other)  
and Address **Sandpoint, Idaho** Date **10/21/1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 20 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3688  
Local Reg. No. 103  
Reg. Dist. No. 110

1. PLACE OF DEATH Sanpoint  
(a) County Banner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 601 Euclid Ave  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days 13  
(g) Lived in this county 13 years 7 months — days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Banner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 601 Euclid Ave  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 11 yrs 7 months  
(h) Former residence (city, state) Cadott Wisc.

3. (a) FULL NAME Albert Asa Beebe 094A

3. (b) If veteran, name war World War I 3. (c) Social Security No. none

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) June 28, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>3</u>	<u>24</u>	hrs. min.

9. Exact Occupation Life Insurance Agent Did this work for 1 1/2 yrs.

10. Industry or Business Insurance Date last worked Oct 20, 1948

11. Birthplace Cadott Wisconsin (City or town) (State or foreign country)

12. Name Albert Edgar Beebe

13. Birthplace Wiana Minn (City or town) (State or foreign country)

14. Maiden name Mary Lucretta Jones

15. Birthplace Wilksbarre Penn (City or town) (State or foreign country)

16. Informant's OWN Signature Susan S. Thompson and Address 601 Euclid Ave Sandpoint Idaho

17. (a) BURIAL (b) Date thereof Oct 25, 1948 (c) Place Sandpoint, Idaho

18. Funeral Director's OWN Signature Moore Mortuary and Address Sandpoint Idaho

19. (a) Oct 25, 1948 (b) Susan S. Thompson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 21 1948  
at 11:58 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from July 13 1948 to Oct 21 1948.  
I last saw him alive on Oct 21 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 2 yrs

Due to —

Due to —  
Other conditions —  
(Include pregnancy within 3 months of death)

Where was disease contracted? —

Name of operation — Date —

Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature Wm F. Tyler M.D. (M. D. or other) Sandpoint Idaho Date Oct 25, 1948

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

1948 36899  
State File No. \_\_\_\_\_  
Local Reg. No. 104  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 514 N. Second Ave.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Community Stayed 120 days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 1205 Oak St  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME GEORGE WESLEY BUTTS

3. (b) If veteran, name war None 3. (c) Social Security No. 518-05-4468  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Auis Butts 6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth April 23, 1875  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>5</u>	<u>28</u>	hrs. min.

9. Exact Occupation Casual Labor Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Retired Date last worked 1940  
11. Birthplace North Bradley, Michigan.  
(City or town) (State or foreign country)

12. Name Thomas Butts  
13. Birthplace Canada.  
(City or town) (State or foreign country)  
14. Maiden name Sarah Tripp  
15. Birthplace Canada.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Geo. Butts  
and Address 1205 Oak St. Sandpoint, Idaho.

17. (a) Burial (b) Date thereof Oct. 23, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO.

19. (a) Oct. 23, 1948 (b) James Moon  
(Date received and filed) (Registrar's signature)

## 20. DATE OF DEATH October 21st.

(Month, Day, Year) October 21st. 19 48  
at 12:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 1948 to Oct 21, 1948.  
I last saw him alive on Oct 21, 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Artemia Duration 3 weeks  
Due to Pyelonephritis from destruction of hyperthroid glands 2 months  
Due to \_\_\_\_\_ 10 years  
Other conditions Arteriosclerotic heart disease, Emphysema 20 years  
(Include pregnancy within 3 months of death)  
Where was disease contracted? India  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dale D. Cornwell  
(M. D. or other)  
and Address Sandpoint, Idaho Date Oct 23, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 23 1948  
Certificate of Death  
STATE OF IDAHO

1948  
State File No. 3690  
Local Reg. No. 105  
Reg. Dist. No. 110

1. PLACE OF DEATH:  
(a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Community** Stayed \_\_\_\_\_ days  
(g) Lived in this county **12** years \_\_\_\_\_ months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **Rural**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **12** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **GOTFRED ACKERMAN**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**  
5. Color or race **White**  
4. Sex **Male**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth **September 22, 1881**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>67</b>	<b>1</b>	<b>2</b>	hrs. min.

9. Exact Occupation **Farmer & Blacksmith** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Farm** Date last worked **1939**

11. Birthplace **Russia**  
(City or town) (State or foreign country)

12. Name **no record**  
(City or town) (State or foreign country)

13. Birthplace **Russia**  
(City or town) (State or foreign country)

14. Maiden name **no record**  
(City or town) (State or foreign country)

15. Birthplace **Russia**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Martin Backer**  
and Address **R.F.D. 2 Sandpoint, Ida**

17. (a) **Burial** (b) Date thereof **Oct. 28, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **Moon Mortuary**  
and Address **Sandpoint, Idaho**

19. (a) **Oct. 28, 1948** (b) **Laurance**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **October 24, 1948**  
(Month, Day, Year) at **12:05** o'clock **P.** M.

21. HEREBY CERTIFY, That I attended deceased from **Jan. 19** 19**47** to **Oct. 24** 19**48**  
I last saw him alive on **Oct. 23** 19**48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Paralysis Agitans** Duration **5-yr.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Wm. F. Tyler M.D.**  
**Sandpoint, Ida** (M. D. or other) **Oct. 25** 19**48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

APC 101

OCT 14 1948

OFFICE OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 048 3801

Local Reg. No. 95

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Lakeview  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 36 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Lakeview  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Spokane, Wash.

## 3. (a) FULL NAME

McNALL, Mary Blanch

3. (b) If veteran, name war ////////// 3. (c) Social Security No. //////////  
5. Color or \_\_\_\_\_  
4. Sex F race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Oran L. 6. (c) Age of husband or wife if alive 61 years

7. Date of Birth (Month, Day, Year) April 6, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>5</u>	<u>26</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 30 yrs.  
10. Industry or Business Own Home Date last worked 10-2-48  
11. Birthplace Spokane, Washington (City or town) (State or foreign country)

12. Name Henry Sprague  
13. Birthplace Ipsilanti, Mich. (City or town) (State or foreign country)

14. Maiden name Anne Townsend  
15. Birthplace Salem, Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature Oran L. McNall and Address Lakeview Idaho

17. (a) Removal (b) Date thereof 10-2-48 (Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place Coeur d'Alene, Idaho

18. Funeral Director's OWN Signature Don English and Address Coeur d'Alene, Idaho

19. (a) Oct. 4, 1948 (Date received and filed) (b) Don English (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 10-2-48 at 9:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Natural Causes Duration \_\_\_\_\_

Unknown chronic heart disease

Due to Expired suddenly

History heart attack about two 1/2

Due to ago.

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding None performed

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] CORONER

and Address Sandpoint, Idaho (M D or other)

Date 10-4-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 11 1948  
BUREAU OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3692  
Local Reg. No. 27  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Clarks Fork  
(c) Street Address or R.F.D. No. City  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 14 years 1 months 4 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Clarks Fork  
(d) Street Address or R.F.D. No. City  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME CHADWICK BYRON GOEDE

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male Color or race White 5. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) September 5, 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>14</u>	<u>1</u>	<u>4</u>	hrs. min.

9. Exact Occupation Student Did this work for 9 yrs.

10. Industry or Business Cabinet Date last worked Idaho

11. Birthplace (City or town) (State or foreign country)

12. Name Howard Harold Goede

13. Birthplace (City or town) (State or foreign country) unknown

14. Maiden name Maggie Muriel Davis

15. Birthplace (City or town) (State or foreign country) Unknown

16. Informant's OWN Signature Mrs. P. Thier and Address Hope Idaho

17. (a) Burial (b) Date the body was buried (Month) (Day) (Year) OCT 15 1948  
(Burial, cremation, or removal)

(c) Place Clarks fork Idaho

18. Funeral Director's OWN Signature MOON MORTUARY and Address Sandpoint Idaho

19. (a) Oct. 15, 1948 (b) Quince Moon  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 9, 1948 at 11:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental Traumatism Duration \_\_\_\_\_

Crushed by Truck Wheels

Due to Fall from a moving Truck.

Due to Multiple fractures of cranium.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None Required

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred October 9 1948 City, county, state Bonner, Clarksfork, Ida

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place County Road at work? \_\_\_\_\_

Means of injury Fall from moving Truck

23. Attendant's OWN Signature Lanane Olson (M. D. or other) Coroner  
and Address Sandpoint, Ida Date Oct. 9, 1948  
(For additional space, use reverse side)

170C

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

OCT 30 1948

STATE OF IDAHO

1948 3693  
State File No. \_\_\_\_\_  
Local Reg. No. 100  
Reg. Dist. No. 110

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Banner  
(b) City or town Priest River  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State IDAHO (b) County Banner  
(c) City or town SANDPOINT  
(d) Street Address or R.F.D. No. 701 ELBA AVE.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) MINNESOTA

3. (a) FULL NAME JOHN GOTLIEB HAHN  
(b) If veteran, name war no (c) Social Security No. 518-05-0347  
(d) Color or \_\_\_\_\_  
(e) Sex MALE race white  
(f) (a) Single, widowed, married, divorced single  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December - 1881  
8. AGE Years Months Days If less than 1 day  
68 10 - hrs. min.

9. Exact Occupation Cedar Maker Did this work for 47 yrs.  
10. Industry or Business SC. Haefter-Hirschcock Date last worked OCT. 11, 1948  
11. Birthplace GERMANY (City or town) (State or foreign country)

12. Name Fred J. Hahn  
13. Birthplace GERMANY (City or town) (State or foreign country)  
14. Maiden name Margaret Sprengel  
15. Birthplace GERMANY (City or town) (State or foreign country)

16. Informant's OWN Signature Henry Hahn  
and Address St. Peter, Minn.

17. (a) Removal (b) Date thereof Oct. 20, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place St. Peter, Minnesota  
18. Funeral Director's OWN Signature MOON MORTUARY  
and Address SANDPOINT, IDAHO

19. (a) Oct. 20, 1948 (b) Lawrence B. Moon  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 11, 1948  
at 5:15 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Natural Causes.  
Expired Suddenly  
Due to Coronary Thrombosis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy none performed  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature L. B. Moon Coroner  
(M. D. or other) \_\_\_\_\_  
and Address Sandpoint Idaho Date Oct. 14, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 State File No. 3694  
Local Reg. No. 102  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. **Northern Pacific Tracks**  
(d) Death Occurred Inside? **X** Outside? **X** city or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place **X**  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **10** years **10** months **10** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **419 Ruth Ave.**  
(e) Deceased lived Inside? **X** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **10** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**CORA N. SCHAEFER**

## 3. (b) If veteran, name war

**None**

## 3. (c) Social Security No.

**None**

## 4. Sex **Female** Color **White**

## 6. (a) Single, widowed, married, divorced **Married**

## 6. (b) Name of husband or wife **John A. Schaefer**

## 6. (c) Age of husband or wife if alive **71** years

## 7. Date of Birth **August 19, 1875**

8. AGE	Years	Months	Days	If less than 1 day
	<b>73</b>	<b>2</b>	<b>2</b>	hrs. min.

## 9. Exact Occupation **Housewife** Did this life work for **life** yrs.

## 10. Industry or Business **Own Home** Date last worked **10-21-48**

## 11. Birthplace **Illinois.** (City or town) (State or foreign country)

## 12. Name **Bradley**

## 13. Birthplace **no record** (City or town) (State or foreign country)

## 14. Maiden name **Mary Elizabeth Kearns**

## 15. Birthplace **Pennsylvania** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **John A. Schaefer** and Address **419 Ruth Ave. Sandpoint, Idaho.**

## 17. (a) Burial **Sandpoint, Idaho.** (b) Date the burial occurred **Oct. 25, 1948** (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature **Moon Mortuary** and Address **Sandpoint, Idaho.**

## 19. (a) **Oct. 25, 1948** (Date received and filed) (b) **James B. Schaefer** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH **October 21st.** 19 **48** (Month, Day, Year) at **7:00** o'clock **P.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h. **alive** on **19**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Accidental Traumatism  
Struck by Railway Train  
Due to Shock and exposure**

## Duration

Due to **Broken legs & Crushed hip.**  
Other condition **possible internal injuries.**  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation **None performed** Date **None performed**  
Major finding **None performed**  
Finding of autopsy **None performed**

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **yes.** Suicide? **-** Homicide? **-**  
Occurred **Oct. 21, 1948** City, county, state **Sandpoint, Bonner, Idaho.**  
where violence occurred **Sandpoint, Bonner, Idaho.**

Place of Violence: Home **no** Farm **no** Industry **no**  
Public place **no** While at work? **no**

Means of injury **Struck by Railway Train**

## 23. Attendant's OWN Signature **James B. Schaefer** CORONER (M. D. or other) and Address **Sandpoint, Idaho** Date **10-24** 19 **48** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 15 1948

# Certificate of Death

STATE OF IDAHO

State File No. **3695**  
Local Reg. No. **106**  
Reg. Dist. No. **110**

DIVISION OF VITAL

STATISTICS

1. PLACE OF DEATH: **Bonner**  
(a) County **Trestle Creek,**  
(b) City or town **Rural**  
(c) Street Address or R.F.D. No. **Rural**  
(d) Death Occurred Inside? **X** Outside? **X** city or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place **X**  
(f) Name Hosp. or Inst. **6** Stayed **6** days  
(g) Lived in this county **6** years **6** months **6** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Trestle Creek**  
(d) Street Address or R.F.D. No. **Rural**  
(e) Deceased lived Inside? **X** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **6** years  
(h) Former residence (city, state) **6**

3. (a) FULL NAME **LUCINDA ELIZABETH EVELAND**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Female** race **White**  
6. (b) Name of husband or wife **Millard Fillmore Eveland** 6. (c) Age of husband or wife if **-** years  
7. Date of Birth **March 3, 1851**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>97</b>	<b>7</b>	<b>21</b>	hrs. min.

9. Exact Occupation **Housewife** Did this life work for **1** yrs.  
10. Industry or Business **Own Home** Date last worked **9-21-48**  
11. Birthplace **Frame Town, Wisconsin**  
(City or town) (State or foreign country)

12. Name **Thomas Frame**  
13. Birthplace **Ohio**  
(City or town) (State or foreign country)  
14. Maiden name **Sarah Devoe**  
15. Birthplace **no record**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **J. J. Eveland**  
and Address **Hope, Idaho.**

17. (a) **Burial** (b) Date thereof **Oct. 27, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **Moon Mortuary**  
and Address **Sandpoint, Idaho**

19. (a) **Nov. 2, 1948** (b) **Lawrence Moon**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **October 24, 1948**  
(Month, Day, Year) at **6:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **December 4, 1948** to **Oct. 6, 1948**  
I last saw **her** alive on **Oct. 6, 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Arteriosclerosis** Duration **2 weeks**

Due to **Senile Debility**

Due to **Senile Debility**

Other conditions **Senile Debility**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**

Name of operation **Idaho** Date **Idaho**

Major finding **Idaho**

Finding of autopsy **Idaho**

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **X** Suicide? **X** Homicide? **X**

Occurred **Idaho** 19 **Idaho** City, county, state

where violence occurred **Idaho**

Place of Violence: Home **Idaho** Farm **Idaho** Industry **Idaho**

Public Place **Idaho** While at work? **Idaho**

Means of injury **Idaho**

23. Attendant's OWN Signature **Clarence K. Martin**  
(M. D. or other)  
and Address **Sandpoint, Idaho** **Nov. 2, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 15 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 3696

Local Reg. No. 107

Reg. Dist. No. 110

## 1. PLACE OF DEATH: STATE

- (a) County BONNER  
(b) City or town SANDPOINT  
(c) Street Address or R.F.D. No. R.F.D. #1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county        years 1 months 17 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BONNER  
(c) City or town SANDPOINT  
(d) Street Address or R.F.D. No. R F D # 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 1 Mo. 17 DAYS  
(h) Former residence (city, state)

3. (a) FULL NAME MORRIS RALPH SPANTON JR.

3. (b) If veteran name war NO 3. (c) Social Security No. NONE

4. Sex BOY Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) SEPTEMBER 2, 1948

8. AGE	Years	Months	Days	If less than 1 day
		<u>1</u>	<u>17</u>	hrs. min.

9. Exact Occupation NONE Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace SANDPOINT IDAHO  
(City or town) (State or foreign country)

12. Name MORRIS RALPH SPANTON SR.

13. Birthplace BELLVUE NEBRASKA  
(City or town) (State or foreign country)

14. Maiden name KATHRYN MAXINE SARFF

15. Birthplace WILLAMINA OREGON  
(City or town) (State or foreign country)

16. Informant's OWN Signature Morris R. Spanton  
and Address 17 E. Sandpoint Idaho

17. (a) REMOVAL (b) Date thereof 10 - 30 - 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place WALKER MINNESOTA

18. Funeral Director's OWN Signature WIGON MORTUARY

and Address SANDPOINT IDAHO

19. (a) Oct. 30, 1948 (b) Lawrence A. Spanton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) OCTOBER 29, 1948  
at 1:35 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1948 to Oct. 29, 1948  
I last saw him alive on Oct. 28, 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death

Pneumonia, hypostatic

### Duration

1 1/2 days

Due to Congenital heart disease, valvular, severe

47 days

Due to         
Other conditions Twin birth  
(Include pregnancy within 3 months of death)

Where was disease contracted? Congenital

Name of operation None Date       

Major finding       

Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature William C. Harder, M.D.  
(M. D. or other)

and Address Sandpoint Date Oct. 29, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 12 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3697

Local Reg. No. 230

Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial ch.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. U.S. Hosp. Stayed 35 days  
(g) Lived in this county years months 35 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in the)

- (a) State Idaho (b) County Jefferson  
(c) City or town Boise  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 57 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Leah Ann Lovell Ririe

126X

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex 7 5. Color or race W  
6. (b) Name of husband or wife Grand Ririe 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) November 1, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>9</u>	<u>22</u>	hrs. min.

9. Exact Occupation Housewife Did this work for years  
10. Industry or Business  Date last worked   
11. Birthplace Oak City, Utah (City or town) (State or foreign country)  
12. Name Joseph Hyrum Lovell  
13. Birthplace Harro, Illinois (City or town) (State or foreign country)  
14. Maiden name Ellen Radford  
15. Birthplace Oak City, Utah (City or town) (State or foreign country)  
16. Informant's OWN Signature Farley A. Ririe and Address Boise, Idaho  
17. (a) Burial (b) Date thereof 8/25/48 (Month) (Day) (Year)  
(c) Place Boise-Milton Cemetery Idaho Falls  
18. Funeral Director's OWN Signature Jack A. Ward and Address Idaho Falls, Idaho  
19. (a) 11-2-48 (Date received and filed) (b) Anna Budger (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 22, 1948  
at 12-15 o'clock PM M.

21. I HEREBY CERTIFY That I attended deceased from Aug 12 to Aug 22 1948  
I last saw him or alive on Aug 22 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Sudden circulatory failure following 13 days following cholecystectomy + chronic acute gangrenous cholecystitis  
Other conditions with stones  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operating physician Cholecystectomy Date Aug 19, 48  
Major finding gangrenous G.B. stones  
Finding of autopsy   
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?

Means of injury   
23. Attendant's OWN Signature H. Ray Patch (M. D. or other)  
and Address Idaho Falls Date Aug 27, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 12 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3698

Local Reg. No. 231

Reg. Dist. No. 616

## 1. PLACE OF DEATH

- (a) County Blaineville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Str.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. U.S. Hosp. Stayed days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in this)

- (a) State Idaho (b) County Blaineville  
(c) City or town Idaho  
(d) Street Address or R.F.D. No. Idaho  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Blanche Blaine Rounds

093C

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single widowed, married, divorced

6. (b) Name of husband or wife Amosae Rounds

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) June 13, 1881

8. AGE Years 67 Months 3 Days 6 If less than 1 day hrs. min.

9. Exact Occupation Housewife Did this work for years

10. Industry or Business Hobart Tasmania Date last worked

11. Birthplace (City or town) (State or foreign country)

12. Name Joseph Richard Lewis

13. Birthplace (City or town) (State or foreign country)

14. Maiden name Lillian Neale

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Joseph Longhurst

17. (a) Date of death Sept 19, 1948 (b) Date thereof (Month) (Day) (Year)

18. Funeral Director's OWN Signature Idaho Falls, Idaho

19. (a) 11-2-48 (b) Anna Budge

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 19, 1948 at 10-30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948 to 19 Sept 1948

I last saw her alive on 19 Sept 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure Duration

Due to Chronic rheumatic myocarditis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation None Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Richard Land (M.D. or other)

and Address Idaho Falls, Idaho Date 19 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

VISION OF VITAL

STATE OF IDAHO

STATISTICS

State File No. 3699

Local Reg. No. 237

Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Donnerville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 159 College St.  
(d) Death Occurred Inside? 7 Outside? 3 city or town  
(e) Died in a Home 2005 Hospital 3 Institution 3 Other place 3  
(f) Name Hosp. or Inst. 2005 Stayed 3 days  
(g) Lived in this county 19 years 19 months 19 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 159 College St.  
(e) Deceased lived Inside? 7 Outside? 3 city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) Idaho Falls, Idaho

## 3. (a) FULL NAME

Mrs Alberta Beazer Staker

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex 3 5. Color or race W

## 6. (a) Single, widowed, married, divorced widowed

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year)

May 14, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>4</u>	<u>9</u>	hrs. min.

## 9. Exact Occupation Housewife Did this work for years

## 10. Industry or Business worked Date last worked worked

## 11. Birthplace Kaysville, Utah (City or town) (State or foreign country)

## 12. Name Albert Beazer (City or town) (State or foreign country)

## 13. Birthplace Kaysville, Utah (City or town) (State or foreign country)

## 14. Maiden name Martha Holyoak (City or town) (State or foreign country)

## 15. Birthplace Garman, Utah (City or town) (State or foreign country)

## 16. Informant's OWN Signature Jessie Beazer Bishop

## and Address Idaho Falls, Idaho

## 17. (a) Buried (b) Date thereof 9/26/48 (Month) (Day) (Year)

## (c) Place Idaho Falls, Idaho

## 18. Funeral Director's OWN Signature Geo A. Williams

## and Address Idaho Falls, Idaho

## 19. (a) 11-4-48 (b) Luna Budger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) September 23, 1948

## at 9:00 o'clock P-M.

## 21. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1948 to Sept 23, 1948

## Last saw him alive on Sept 13, 1948

## death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Cerebral Hemorrhage Duration 8 hrs.

## Due to Hypertension &

## Due to brain damage

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted? Idaho

## Name of operation none Date none

## Major finding none

## Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? ✓ Suicide? ✓ Homicide? ✓

## Occurred 19 City, county, state

## where violence occurred Idaho Falls, Idaho

## Place of Violence: Home ✓ Farm ✓ Industry ✓

## Public Place ✓ While at work? ✓

## Means of injury Idaho Falls, Idaho

## 23. Attendant's OWN Signature Walter R. Mear (M. D. or other) 9/27/48

## and Address Idaho Falls, Idaho Date 9/27/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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OFFICE OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3700  
Local Reg. No. 226  
Reg. Dist. No. 615

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sacred Heart Stayed 27 days  
(g) Lived in this county 35 years 8 months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 222 3rd Street  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Bozeman, Montana

## 3. (a) FULL NAME

JOHN WESLEY HUGHES

3. (b) If veteran, name war \_\_\_\_\_  
None

3. (c) Social Security No. \_\_\_\_\_  
None

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle L. Hughes

6. (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) January 26, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>7</u>	<u>29</u>	hrs. min.

9. Exact Occupation Farmer, retired Did this work for 22 yrs.

10. Industry or Business Self employed Date last worked Nov. 1944

11. Birthplace Atlanta Illinois  
(City or town) (State or foreign country)

12. Name Muriel Hughes

13. Birthplace Kentucky  
(City or town) (State or foreign country)

14. Maiden name Angeline Howard

15. Birthplace Kentucky  
(City or town) (State or foreign country)

16. Informant's OWN Signature Myrtle L. Hughes  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Sept. 28, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Oeland C. Buck  
and Address Idaho Falls, Idaho

19. (a) 10-22-1948 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 25 19 48  
at 2:35 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 19 19 48 to Sept. 25 19 48  
I last saw him alive on Sept. 25 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chronic Hypertension

Duration 2 years

Due to Fracture - left femur (after fracture)

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Aug 2, 1948 City, county, state

where violence occurred Idaho Falls, Idaho

Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature P. B. Blair  
(M. D. or other)

and Address 222 3rd St, Idaho Falls Date Oct. 12, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

NOV 12 1948

STATISTICS  
DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3701  
Local Reg. No. 232  
Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Ch.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. 245 1st St Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 484 - W 16 -  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 7 1/2 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Orson B. Calkins

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex m Color or w race w

## 6. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife Marj Elizabeth Calkins 6. (c) Age of husband or wife if alive 70 years

## 7. Date of Birth Sept 30, 1865 (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>11</u>	<u>27</u>	hrs. min.

## 9. Exact Occupation Retired Farmer Did this work for ☐ yrs.

## 10. Industry or Business Idaho Falls Date last worked ☐

## 11. Birthplace Payson, Utah (City or town) (State or foreign country)

## 12. Name Horatio Calkins (City or town) (State or foreign country)

## 13. Birthplace New York (City or town) (State or foreign country)

## 14. Maiden name Marj Elizabeth Maxwell (City or town) (State or foreign country)

## 15. Birthplace New York (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs. Fred Larson and Address Idaho Falls, Idaho

## 17. (a) Burial (b) Date thereof 9/30/48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature John A. Wood and Address Idaho Falls, Idaho

## 19. (a) 11-2-48 (b) Anna Budger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH Sept 27 1948 (Month, Day, Year) at 6 o'clock a. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Sept 26 1948 to Sept 27 1948. I last saw him alive on Sept 27 - 1948. death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation ☐ Date ☐

## Major finding

## Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? ☐ Suicide? ☐ Homicide? ☐

## Occurred ☐ 19 ☐ City, county, state

## where violence occurred

## Place of Violence: Home ☐ Farm ☐ Industry ☐

## Public Place ☐ While at work? ☐

## Means of injury ☐

## 23. Attendant's OWN Signature John A. Wood (M. D. or other)

## and Address Idaho Falls, Idaho 10-8 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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OFFICE OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

1948

State File No. 3702

Local Reg. No. 233

Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Dr.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. 245 Hosp Stayed days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Hamers  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Charles A. Sanders

092B

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex Male Color or race W

## 6. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife Sarah Sanders

## 6. (c) Age of husband or wife if alive 63 years

## 7. Date of Birth (Month, Day, Year) August 31, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>1</u>	<u>2</u>	hrs. min.

## 9. Exact Occupation Farmer Did this work for yrs.

## 10. Industry or Business Date last worked

## 11. Birthplace Morgan City, Utah (City or town) (State or foreign country)

## 12. Name Charles A. Sanders

## 13. Birthplace England (City or town) (State or foreign country)

## 14. Maiden name Elzda Hess

## 15. Birthplace Utah (City or town) (State or foreign country)

## 16. Informant's OWN Signature Sarah Sanders and Address Hamers, Idaho

## 17. (a) Burial (b) Date thereof 10/5/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Bonneville County, Idaho Falls

## 18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho

## 19. (a) 11-2-48 (b) Anna Budger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH Oct 2 19 48 (Month, Day, Year)

## at 7:30 o'clock M.

## 21. I HEREBY CERTIFY, That I attended deceased from Sept. 10 19 48 to Oct. 2 19 48

## I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Myocardial Infarction Duration 4-7

## with degeneration 3 min.

## Due to

## Due to

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation Date

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? Suicide? Homicide?

## Occurred 19 City, county, state

## where violence occurred

## Place of Violence: Home Farm Industry

## Public Place While at work?

## Means of injury

## 23. Attendant's OWN Signature C. C. Eimerson M.D. (M. D. or other)

## and Address Idaho Falls Date 10-4 19 48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3703  
Local Reg. No. 214  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sacred Heart Stayed 154 days  
(g) Lived in this county 25 years 8 months 19 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. RFD # 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Rexburg, Idaho

## 3. (a) FULL NAME

WILLIAM HENRY WOLFGANG

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Olive Elliott Wolfgang

6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) December 17, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>9</u>	<u>17</u>	hrs. min.

9. Exact Occupation Farmer, retired Did this work for 15 yrs.

10. Industry or Business Self Employed Date last worked 1938

11. Birthplace Mifflin County Pennsylvania (City or town) (State or foreign country)

12. Name David Wolfgang

13. Birthplace Pennsylvania (City or town) (State or foreign country)

14. Maiden name Elizabeth Goshen

15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's OWN Signature A. Wolfgang and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Oct. 7, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Ida., Rose Hill Cem.

18. Funeral Director's OWN Signature Alfred L. Buck and Address Idaho Falls, Idaho

19. (a) 10-9-1948 (b) Anne Bridges (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 4 1948

at 4:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 4 Sept. 1948 to 4 Oct 1948

I last saw h. in alive on 4 Oct 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial failure Duration 6 weeks

Due to Carcinoma of Prostate

with generalized metastases to lungs and Bone 2 years

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John E. Worlton, M.D. (M. D. or other) and Address Idaho Falls, Ida. Date 6 Oct 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **3704**  
Local Reg. No. **216**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH: STATISTICS

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sacred Heart Stayed 1/24 days  
(g) Lived in this county 23 years 2 months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 347 Basalt  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) Salt Lake City, Utah

## 3. (a) FULL NAME MARIE ARTHUR LAWRY also known as MARIE LOUISE LAWRY

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or Female race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife William Lawry 6. (c) Age of husband or wife if alive Unknown years

7. Date of Birth (Month, Day, Year) June 4, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>4</u>	<u>7</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 36 yrs.  
10. Industry or Business At home Date last worked 10/10/48  
11. Birthplace White City Kansas  
(City or town) (State or foreign country)

- Father { 12. Name Richard Arthur  
13. Birthplace Pennsylvania  
(City or town) (State or foreign country)

- Mother { 14. Maiden name Ruth Ann Barnett  
15. Birthplace Pennsylvania  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Jean Martin  
and Address Bozeman, Montana

17. (a) Removal (b) Date thereof Oct. 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Salt Lake City, Utah

18. Funeral Director's OWN Signature Orlando Carver  
and Address Idaho Falls, Idaho

19. (a) 10-14-48 (b) Chas A. Budge  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 11 1948  
at 6:55 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1948 to Oct. 11 1948  
I last saw him alive on Oct. 11 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral Hemorrhage Duration 1 day  
Due to Chronic hypertension 3 yrs.  
heart disease

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

### Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature B. Blain E. Blain 40  
(M. D. or other)  
and Address Idaho Falls, Idaho Date Oct. 15 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

348

State File No. 3705

Local Reg. No. 224

Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. IDS Hosp. Stayed 2 days  
(g) Lived in this county 0 years 2 months 23 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 328 10th Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

KATHERINE ROSE PEELER

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 19, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>2</u>	<u>23</u>	hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Idaho Falls Idaho  
(City or town) (State or foreign country)

12. Name John H. Peeler

13. Birthplace Idaho Falls Idaho  
(City or town) (State or foreign country)

14. Maiden name Norma Jean Ball

15. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature John H. Peeler  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Oct. 14, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho Rose Hill Cem.

18. Funeral Director's OWN Signature Orlando E. Buck

and Address Idaho Falls, Idaho

19. (a) 10-22-48 (b) Anna E. Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 12 1948  
at 2:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary edema Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. P. Paul

and Address Idaho Falls, Idaho Date Oct 16, 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OFFICE OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3706

Local Reg. No. 228

Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Stayed \_\_\_\_\_ days  
(g) Lived in this county 48 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont.  
(c) City or town Ashton.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Utah.

## 3. (a) FULL NAME

Percy . Duncan, McArthur.

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or \_\_\_\_\_  
6. Sex Male race White 6. (a) Single, widowed, married, divorced Married  
7. (b) Name of husband or wife Willie, Harris. McArthur. 7. (c) Age of husband or wife if alive 53 years

7. Date of Birth (Month, Day, Year) March. 6th 1978.

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>7</u>	<u>6</u>	hrs. min.

9. Exact Occupation Retired Farmer. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Ut Pleasant Utah. (City or town) (State or foreign country)

12. Name William. Henry, Mc Arthur.

13. Birthplace Ut. Pleasant Utah. (City or town) (State or foreign country)

14. Maiden name Henry, Zetta. Hutchison.

15. Birthplace Mobile Mo. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Zetta McArthur. and Address Marysville Idaho.

17. (a) Removal (b) Date thereof 10/16/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Los Angeles. Cal.

18. Funeral Director's OWN Signature Leino Riser and Address Ashton Idaho.

19. (a) 10-24-48 (b) Anna Buden (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Oct 13 1948  
at 5 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 1 19 48 to Oct 13 19 48

I last saw h. in alive on Oct 12 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration 3 days  
Due to Arteriosclerosis  
Due to Chronic Myocarditis  
Other conditions Chronic Hypertension  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred. \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Anna Buden (M. D. or other)

and Address Idaho Falls Date 10-14 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NOV 12 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3707

Local Reg. No. 223

Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 1/3 days  
(g) Lived in this county 0 years 0 months 1/3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these) Mother

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls, Idaho  
(d) Street Address or R.F.D. No. Route # 5  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Los Angeles, Calif.

## 3. (a) FULL NAME

BABY KUWANA (Twin II)

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or race Japanese

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Date of Birth (Month, Day, Year) October 13, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>8</u> hrs. <u>12</u> min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Idaho Falls Idaho  
(City or town) (State or foreign country)

12. Name Masaki Kuwana

13. Birthplace Idaho Falls Idaho  
(City or town) (State or foreign country)

14. Maiden name Dorothy Tsuruda

15. Birthplace Los Angeles California  
(City or town) (State or foreign country)

16. Informant's OWN Signature Theresa Kuwana

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof October 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Oleand L. Buck

and Address Idaho Falls, Idaho

19. (a) 10-22-48 (b) Anna Buden  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 13, 1948

at 9:17 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 13

No. 2. Lived only 2 hrs.

I last saw h. or alive on Oct. 13, 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity and anoxemia Duration 3 hrs.

Due to under development

Due to twins, confinement

Other conditions probable death under 7 mos.  
(include pregnancy within 3 months of death)

Where was disease contracted? probable death under 7 mos.

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury John O. Mellor M.D.

23. Attendant's OWN Signature John O. Mellor M.D.

and Address Idaho Falls, Idaho Date Oct. 13, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

Certificate of Death

STATE OF IDAHO

1948

State File No. 3708

Local Reg. No. 222

Reg. Dist. No. 610

1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these) Mother

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Route # 5  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Los Angeles, Calif.

3. (a) FULL NAME BABY KUWANA (Twin I)

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or Female race Japanese 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 13, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>1</u>	hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Idaho Falls Idaho  
(City or town) (State or foreign country)  
Father { 12. Name Masaki Kuwana  
13. Birthplace Idaho Falls Idaho  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Dorothy Tsuruda  
15. Birthplace Los Angeles California  
(City or town) (State or foreign country)  
16. Informant's OWN Signature Masaki Kuwana  
and Address Idaho Falls, Idaho  
17. (a) Burial (b) Date thereof Oct. 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Idaho Falls, Idaho, Rose Hill Cem.  
18. Funeral Director's OWN Signature Orlando Buck  
and Address Idaho Falls, Idaho  
19. (a) 10/22/48 (b) Anna Budjin  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 14, 1948  
(Month, Day, Year) at 11:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1948 to Oct. 14, 1948

I last saw h. on alive on Oct. 13, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory and anoxia Duration \_\_\_\_\_

Due to Baby less than 7 mos

Due to gestation

Other conditions Myo other pneumonia  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury John O. Moller MD

23. Attendant's OWN Signature Idaho Falls (M. D. or other)

and Address Idaho Falls Date Oct. 14, 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **3709**  
Local Reg. No. **229**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County **Bonneville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **L.D.S.** Stayed **14** days  
(g) Lived in this county **48** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Fremont**  
(c) City or town **Ashton**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **48** years  
(h) Former residence (city, state) **Utah**

3. (a) FULL NAME **Alexander, John. Spratling.**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **68**

5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single.**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **Aug ust. 4th 1870**

8. AGE	Years	Months	Days	If less than 1 day
	<b>78</b>	<b>2</b>	<b>9</b>	hrs. min.

9. Exact Occupation **Retired Farmer.** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Bruton, Somerset. Shire England.** (City or town) (State or foreign country)

12. Name **George Spratling.**

13. Birthplace **England.** (City or town) (State or foreign country)

14. Maiden name **Mary. Davis**

15. Birthplace **England.** (City or town) (State or foreign country)

16. Informant's OWN Signature **John Spratling**

and Address **Ashton Idaho.**

17. (a) **Burial** (b) Date thereof **10/18/48.** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Ashton Idaho.**

18. Funeral Director's OWN Signature **Louis Kier**

and Address **Ashton Idaho.**

19. (a) **10-24-48** (b) **Louis Kier** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Oct 14** 19 **48**  
at **8** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **Oct 14** 19 **48** to **Oct 14** 19 **48**

I last saw h. **in** alive on **Oct 14** 19 **48**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Chronic Myocarditis** Duration **Many Years**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Bill Clump**

and Address **Idaho Falls** (M. or other) **Idaho**

Date **12-16** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

NOV 12 1948

DEPARTMENT OF VITAL STATISTICS  
**Certificate of Death**  
STATE OF IDAHO

State File No. **3710**  
Local Reg. No. **235**  
Reg. Dist. No. **618**

1. PLACE OF DEATH
- (a) County **Bonneville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **1268 Fremont**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Bonneville**  
(c) City or town **Idaho Falls**  
(d) Street Address or R.F.D. No. **1268 Fremont**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **Utah**

3. (a) FULL NAME

**Robert Moffitt Austin**

3. (b) If veteran, name war

3. (c) Social Security No. **518-18-6130**

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Frank S. Austin**

6. (c) Age of husband or wife if alive **63** years

7. Date of Birth (Month, Day, Year) **March 27, 1883**

AGE	Years	Months	Days	If less than 1 day
	<b>65</b>	<b>6</b>	<b>18</b>	hrs. min.

9. Exact Occupation **day laborer** Did this work for ☐ yrs.

10. Industry or Business **Shenton, Utah** Date last worked ☐

11. Birthplace **Shenton, Utah** (City or town) (State or foreign country)

12. Name **Robert Austin**

13. Birthplace **Utah** (City or town) (State or foreign country)

14. Maiden name **Laura M. Coomb**

15. Birthplace **Utah** (City or town) (State or foreign country)

16. Informant's OWN Signature **William Geo. Austin**

and Address **Logan, Utah**

17. (a) Burial, cremation, or other disposal **Burial** (b) Date thereof **10/18/48** (Month) (Day) (Year)

(c) Place **Rose Hill Cemetery, Idaho Falls**

18. Funeral Director's OWN Signature **Jack A. R. O'Neil**

and Address **Idaho Falls, Idaho**

19. (a) **11-2-48** (Date received and filed) (b) **Laura Budger** (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **October 15, 1948**  
at **10-30** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **Jan. 1948** to **15 Oct 1948**  
I last saw him alive on **19** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary occlusion** Duration

Due to **arteriosclerosis**

Due to ☐

Other conditions ☐ (Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred.

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work ☐

Means of injury ☐

23. Attendant's OWN Signature **W. R. Paul** (M. D. or other)  
and Address ☐ Date ☐ 19 ☐

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States Public Health Service  
National Office of Vital Statistics

NOV 12 1948

# Certificate of Death

DEPARTMENT OF VITAL STATISTICS

STATE OF IDAHO

State File No. **3711**  
Local Reg. No. **236**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County **Connelly**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **Memorial ch.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **2 H. S. Inf.** Stayed **4** days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, the FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Fremont**  
(c) City or town **St Anthony**  
(d) Street Address or R.F.D. No. **1576**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

**Jack Lorenzo Hunter**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex **M** Color or race **W**

## 5. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive ☐ years

## 7. Date of Birth (Month, Day, Year)

**July 28, 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>2</b>	<b>1</b>	<b>18</b>	hrs. min.

## 9. Exact Occupation

Did this work for ☐ yrs.

## 10. Industry or Business

Date last worked ☐

## 11. Birthplace

**Shelley Idaho**  
(City or town) (State or foreign country)

## 12. Name

**Jack L. Hunter**

## 13. Birthplace

**Shelley Idaho**  
(City or town) (State or foreign country)

## 14. Maiden name

**Priscilla Kimball**

## 15. Birthplace

**Idaho, Montana**  
(City or town) (State or foreign country)

## 16. Informant's OWN Signature

**Jack L. Hunter**

## and Address

**St Anthony, Idaho**

## 17. (a) Burial

**Rock Hill Idaho Falls Idaho**

## 18. Funeral Director's OWN Signature

**Jack A. Wood**

## and Address

**Idaho Falls Idaho**

## 19. (a) Date received and filed

**11-2-48**

## (b) Registrar's signature

**Rena Budger**

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

**October 16, 1948**  
at **7:55** o'clock **P** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **10-13**

**1948**, to **10-16** **1948**  
I last saw h. **1 m** alive on **10-16** **1948**;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Gangrene of bowel** Duration **3 days**

Due to **Volulus of ascending colon** **5 days**

Due to **Congenital adhesions** **3 mo.**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

## 23. Attendant's OWN Signature

**David H. Smith, M.D.**

and Address **Shelley, Idaho** Date **10-26** **1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States Public Health Service  
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DIVISION OF VITAL  
STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3712  
Local Reg. No. 238  
Reg. Dist. No. 610

1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Edsboro Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.O.S. Stayed 1 days  
(g) Lived in this county 36 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Lincoln  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Milwaukee, Wis.

3. (a) FULL  
NAME

Mr. Neils Orson Olson

170C

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (b) Name of husband or wife Hena Yeates

6. (a) Single, widowed, married, divorced married  
6. (c) Age of husband or wife if alive 57 years

7. Date of Birth (Month, Day, Year) January 16, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>9</u>	<u>4</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Milwaukee, Wis. (City or town) (State or foreign country)

12. Name Neils Olson (City or town) (State or foreign country)

13. Birthplace Malmo, Sweden (City or town) (State or foreign country)

14. Maiden name Matilda Johnson (City or town) (State or foreign country)

15. Birthplace Helsingborg, Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Nina G. Olson and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 10/23/48 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place Neon, Idaho

18. Funeral Director's OWN Signature Geo. A. Helander and Address Edsboro Falls, Idaho

19. (a) 11-4-48 (b) Luna Buden (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 20 1948  
at 12:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 20 1948 to Oct 20 1948  
I last saw h. 1 m alive on Oct 20 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Skull fracture and concussion of Brain

Due to Hit by end gate of passing

Due to truck while walking on road

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Milton T. Rees M.D. (M. D. or other)  
and Address Idaho Falls, Idaho Date Oct 25 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

OFFICE OF VITAL

STATE OF IDAHO

State File No. **3713**  
Local Reg. No. **221**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 0 days  
(g) Lived in this county 5 years 0 months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Big Timber, Montana

## 3. (a) FULL NAME

WILMA WELKE

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

5. Color or  
4. Sex Female race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Paul Welke

6. (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year) January 13, 1909

8. AGE	Years	Months	Days	If less than 1 day
	<u>39</u>	<u>9</u>	<u>7</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 16 yrs.

10. Industry or Business At home Date last worked Oct. 4, 1948

11. Birthplace Big Timber Montana  
(City or town) (State or foreign country)

12. Name William H. Hanson

13. Birthplace Copenhagen Denmark  
(City or town) (State or foreign country)

14. Maiden name Elizabeth Jergenson

15. Birthplace Copenhagen Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature Paul Welke  
and Address Idaho Falls, Idaho

17. (a) Removal (b) Date thereof Oct. 23, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Big Timber Montana

18. Funeral Director's OWN Signature Olson & Sons  
and Address Idaho Falls, Idaho

19. (a) 10-22-48 (b) Olson & Sons  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 20 19 48  
at 2:47 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 22 19 48 to Oct. 20 19 48  
I last saw him alive on Oct. 19 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Uremia Duration 3 days

Due to Carcinoma of Cervix 6 wks.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Blair & Sons (M. D. or other)

and Address 2000 7th St. Oct 23 19 48

(For additional space, use reverse side)

048A  
132X

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948

State File No. 3714  
Local Reg. No. 244  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonnerville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. —  
(d) Death Occurred Inside? X Outside? — city or town  
(e) Died in a Home — Hospital X Institution — Other place —  
(f) Name Hosp. or Inst. LDS Hosp Stayed 1/2 days  
(g) Lived in this county — years — months — days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. —  
(e) Deceased lived Inside? X Outside? — city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) —

## 3. (a) FULL NAME

Thomas William Reynolds

036X

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

518-32-7630

## 4. Sex Male Color or race White

## 6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive — years

## 7. Date of Birth

(Month, Day, Year) June 25 1932

## 8. AGE

Years

Months

Days

If less than 1 day

16

3

26

hrs.

min.

## 9. Exact Occupation

Labor

## Did this work for

— yrs.

## 10. Industry or Business

## Date last worked

—

## 11. Birthplace

Salmon, Idaho  
(City or town) (State or foreign country)

Father

## 12. Name William Reynolds Jr.

## 13. Birthplace Colorado

(City or town)

(State or foreign country)

Mother

## 14. Maiden name Mildred Steumbaugh

## 15. Birthplace Nebraska

(City or town)

(State or foreign country)

## 16. Informant's

## OWN Signature

Sam Reynolds Jr

## Address

Salmon, Idaho

## 17. (a) BURIAL

(Burial, cremation, or removal)

## (b) Date thereof

Oct. 21 '48  
(Month) (Day) (Year)

## (c) Place

Salmon, Idaho

## 18. Funeral Director's

## OWN Signature

Delbert C. Jones

## and Address

Salmon, Idaho

## 19. (a)

11-10-48  
(Date received and filed)

## (b)

Anna Bueger  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Oct. 21, 1948  
at 3:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Oct. 21 1948 to Oct 21 1948  
I last saw him alive on Oct 21, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Bulbar poliomyelitis

## Duration

3 days

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Salmon, Idaho

## Name of operation

Date —

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

## 23. Attendant's

## OWN Signature

Harvey A. Hatch M.D.  
(M.D. or other)

## and Address

Date — 19 —

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. **3715**  
Local Reg. No. **225**  
Reg. Dist. No. **611**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Route # 5  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst. None Stayed        days  
(g) Lived in this county 31 years 7 months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Route # 5  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) Winfield, Kansas

## 3. (a) FULL NAME

**JEFFERSON WALKER ASBURY**

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or       

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Wolfe Asbury

6. (c) Age of husband or wife if alive 69 years

7. Date of Birth (Month, Day, Year) March 19, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>6</u>	<u>13</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 52 yrs.

10. Industry or Business Self employed Date last worked Oct. 2, 1948

11. Birthplace Dexter Kansas  
(City or town) (State or foreign country)

Father { 12. Name P. A. Asbury

13. Birthplace Louisville Kentucky  
(City or town) (State or foreign country)

Mother { 14. Maiden name No record

15. Birthplace Louisville Kentucky  
(City or town) (State or foreign country)

16. Informant's OWN Signature John S. Lambrecht, Jr.  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Oct. 5, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Orlando G. Buck

and Address Idaho Falls, Idaho

19. (a) 10-22-48 (b) Diana A. Budyne  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 2 1948  
(Month, Day, Year)

21. I HEREBY CERTIFY That I attended deceased from 1948 at        o'clock        M.  
No calls

I last saw h.        alive on        19      ;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Due to Coronary Occlusion 1 hr  
Chronic Myocarditis ?

Due to Was dead upon  
Other conditions my arrival  
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date         
Major finding         
Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature         
(M. D. or other)

and Address        Date        19         
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **3716**  
Local Reg. No. **245**  
Reg. Dist. No. **611**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Route # 5  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 1 years 6 months 19 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Route # 5  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 1 1/2 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

ELLEN CHIYOKO NII

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female Color or race Japanese

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) March 21, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>6</u>	<u>19</u>	hrs. min.

9. Exact Occupation None Did this work for hrs. yrs.

10. Industry or Business worked Date last worked

11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

12. Name Shigeru Nii

13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

14. Maiden name Michiko Shiratori

15. Birthplace Rexburg Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Shigeru Nii

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof October 12, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Orland C. Buck

and Address Idaho Falls, Idaho

19. (a) 10-10-48 (b) Anna Budger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 10 1948  
at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Asphyxiation

Drowning

Due to Drowning

Due to Drowning

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? Oct-10 Homicide? 1948

Occurred Oct-10 City, county, state

where violence occurred

Place of Violence: Home Farm ☒ Industry

Public Place While at work?

Means of injury Drowning

23. Attendant's OWN Signature Dr. P. Williams (Coroner)

and Address Idaho Falls (M. D. or other)

Date 10/12 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

1948

State File No. **3717**  
Local Reg. No. **234**  
Reg. Dist. No. **611**

1. PLACE OF DEATH: (Always fill in these)  
(a) County **Bonanza**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **Rt #1**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place ☒  
(f) Name Hosp. or Inst. ☒ Stayed ☒ days  
(g) Lived in this county ☒ years ☒ months ☒ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bonanza**  
(c) City or town **Idaho Falls**  
(d) Street Address or R.F.D. No. **Rt #1**  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **5'** years  
(h) Former residence (city, state) **Utah**

3. (a) FULL NAME **Adam H. Tracy**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced ☒

6. (b) Name of husband or wife **Hannah R. Tracy** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **October 17, 1878**

8. AGE	Years	Months	Days	If less than 1 day
	<b>69</b>	<b>11</b>	<b>25</b>	hrs. min.

9. Exact Occupation **Farmer** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Ogden, Utah** Date last worked \_\_\_\_\_

11. Birthplace **Ogden, Utah** (City or town) (State or foreign country)

12. Name **Helen H. Tracy** (City or town) (State or foreign country)

13. Birthplace **New York** (City or town) (State or foreign country)

14. Maiden name **Emma Marie Rudelt** (City or town) (State or foreign country)

15. Birthplace **England** (City or town) (State or foreign country)

16. Informant's OWN Signature **Adam H. Tracy**

and Address **Idaho Falls Rt #1**

17. (a) **Buried** (b) Date thereof **10/16/48** (Month) (Day) (Year)

(c) Place **Boise Hill Cemetery, Idaho Falls**

18. Funeral Director's OWN Signature **Jack A. Wood**

and Address **Idaho Falls, Idaho**

19. (a) **11-2-48** (b) **Anna Budgen** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **October 12, 1948**  
(Month, Day, Year) at **2-30** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **Aug 11, 1948** to **Aug 11, 1948**  
I last saw him alive on **Aug 11, 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **9** Duration \_\_\_\_\_

Due to **Carcinoma of the Stomach** **9**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Pathologic gastroenterology**

Name of operation **Extensive Ca.** Date **2/16/48**

Major finding **Extensive Ca.**

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **H. Pay Hatch M.D.**  
and Address **Idaho Falls** Date **10/25/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 27 1948

DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 3718  
Local Reg. No. 42-48  
Reg. Dist. No. 100

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonners Ferry  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 81 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Bonners Ferry  
(d) Street Address or R. F. D. No. Indian Village  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 81 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mary Annasta David

093D

## 3. (b) If veteran,

## 3. (c) Social Security

name was \_\_\_\_\_ No. \_\_\_\_\_

## 4. Sex

5. Color or race Indian 6. (a) Single, widowed, married, divorced Widowed

## 6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) 1867

## 8. AGE

Years 81 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than 1 day hrs min.

## 9. Exact Occupation

Housewife Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Home Date last worked \_\_\_\_\_

## 11. Birthplace

Bonners Ferry Idaho (City or town) (State or foreign country)

## 12. Name

Eugene Annasta

## 13. Birthplace

Bonners Ferry (City or town) (State or foreign country)

## 14. Maiden name

Bessie Leather

## 15. Birthplace

Bonners Ferry Ida. (City or town) (State or foreign country)

## 16. Informant's OWN Signature

Simon Francis

## and Address

Bonners Ferry Idaho

## 17. (a) (Burial, cremation or removal)

Burial (b) Date thereof 10-2-48 (Month, Day, Year)

## (c) Place

Indian Cemetery

## 18. Funeral Director's OWN Signature

Indian

## and Address

Bonners Ferry Idaho

## 19. (a) (Date received and filed)

10-22-48 (b) (Registrar's signature) R. M. Bowler

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Sept 1 19 48

## 21. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ 19 \_\_\_\_\_ M.

I last saw her alive on July 14 19 48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocardial degeneration Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

R. M. Bowler M.D.

and Address Bonners Ferry (M. D. or other) \_\_\_\_\_

Date 10-22-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 27 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **3719**  
Local Reg. No. **41-48**  
Reg. Dist. No. **100**

## 1. PLACE OF DEATH: STATISTICS

- (a) County Boundary  
(b) City or town Bonniers Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State British Col (b) County E. Kootenai  
(c) City or town Creston, Canada  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? Canada  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) Trinity Bay  
Newfoundland

## 3. (a) FULL NAME

Annie Jean Bell

3. (b) If veteran, Canadian (c) Social Security No. No  
name war 1912 No. \_\_\_\_\_  
5. Color or 6. (a) Single, widowed, married, \_\_\_\_\_  
4. Sex Female race White divorced \_\_\_\_\_ married \_\_\_\_\_  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife Linden James alive app. 25 years  
7. Date of Birth 2/14/25  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>23</u>	<u>7</u>	<u>25</u>	hrs min.

9. Exact Occupation Housewife Did this app. \_\_\_\_\_ yrs.  
10. Industry or Business at home Date last worked 10/8/48  
11. Birthplace Trinity Bay, Newfoundland  
(City or town) (State or foreign country)  
12. Name William G. Clark  
13. Birthplace Newfoundland  
(City or town) (State or foreign country)  
14. Maiden name Bertie unknown  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Creston, B.C.

17. (a) Removal (b) Date thereof 10/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Creston B.C., Canada

18. Funeral Director's OWN Signature [Signature]  
and Address Bonniers Ferry, Idaho

19. (a) 10/9/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) Oct. 8th, 1948  
at 9:10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_  
dead when seen by me

Due to fractured second cervical vertebrae, fracture of skull  
Due to crushed chest  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Due to auto accident

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 10/8/ 1948 City, county, state where violence occurred Hiway #6, north of  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place XX While at work? \_\_\_\_\_  
Means of injury auto accident

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Bonniers Ferry, Idaho Date 10/8/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
RECEIVED  
OCT 27 1948  
Certificate Of Death

State File No. 3720  
Local Reg. No. 43-48  
Reg. Dist. No. 108

1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonners Ferry Idaho.  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place.  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years 1 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Bonners Ferry  
(d) Street Address or R. F. D. No. Indian Village  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 1 1/2 years  
(h) Former residence (city, state) Preston B.C. Canada

3. (a) FULL NAME

Patrick David

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

Male

Indian

Infant

Divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

years

7. Date of Birth

(Month, Day, Year) Aug 19-1948

8. AGE

Years

Months

Days

If less than 1 day

hrs min.

9. Exact Occupation

Infant

Did this work for yrs.

10. Industry or Business

Date last worked

11. Birthplace

Preston B.C. Canada

(City or town) (State or foreign country)

12. Name

Mauslow K. David

13. Birthplace

(City or town) (State or foreign country)

14. Maiden name

Rosalie Francis

15. Birthplace

(City or town) (State or foreign country)

16. Informant's OWN Signature

Rosalie Francis

17. (a) Place

Funeral

(b) Date thereof

(Burial, cremation, or removal)

(Month, Day, Year)

Oct 11-1948

18. Funeral Director's OWN Signature

Indian

19. (a)

10-22-48

(Date received and filed)

(b)

R. M. Bourcel

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Oct 10

1948

at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death

Found dead in bed

Duration

Due to Suffocation under blankets.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature

Rosalie Francis

(M. D. or other)

and Address

Bonners Ferry

Date 10-22-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Department of Commerce  
Bureau of the Census

VISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3721  
Local Reg. No. 44-48  
Reg. Dist. No. 100

## 1. PLACE OF DEATH

- (a) County Boundary  
(b) City or town Boundary  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Boundary Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town Boundary  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Infant Carol Ann ARNOLD. 160A

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced infant  
4. Sex Female race White

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 10/18/48

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

12. Name John N. ARNOLD.  
13. Birthplace MO. (City or town) (State or foreign country)

14. Maiden name Mary E. Mathis  
15. Birthplace Col. (City or town) (State or foreign country)

16. Informant's OWN Signature Mary C. Arnold  
and Address Bozons Ferry, Idaho

17. (a) Burial (b) Date thereof 10/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Bozons Ferry, Idaho

18. Funeral Director's OWN Signature Frank Moore  
and Address Bozons Ferry, Idaho

19. (a) 10/19/48 (b) R. D. Ree  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 086A

20. DATE OF DEATH (Month, Day, Year) 10/18 1948  
at 10:25 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 10-18 1948, to 10-19-48 1948.

I last saw h alive on 10-19 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Convulsions

Due to Cerebral Hemorrhage

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature K. M. Jones

and Address Bozons Ferry, Idaho (M. D. or other) Date 10-19 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 12 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. 3722  
Local Reg. No. 45-48  
Reg. Dist. No. 100

1. PLACE OF DEATH: **Boundary**  
(a) County: **Priest Lake Camp 8**  
(b) City or town: **Diamond Match Co.**  
(c) Street Address or R.F.D. No.: **X**  
(d) Death Occurred Inside? **X** Outside? **X** city or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place **X**  
(f) Name Hosp. or Inst. **X** Stayed **X** days  
(g) Lived in this county **0** years **0** months **0** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State: **Washington** (b) County: **Spokane**  
(c) City or town: **Spokane**  
(d) Street Address or R.F.D. No.: **6 1/2 W/ Main Street**  
(e) Deceased lived Inside? **X** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **None** years  
(h) Former residence (city, state): **None**

3. (a) FULL NAME **ERDMANN, Harry Henry.**

3. (b) If veteran, name war **World War I**  
5. Color of **White**  
4. Sex **Male** race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **None**  
6. (c) Age of husband or wife if alive **None** years

7. Date of Birth **no Record**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>55</b>			hrs. min.

9. Exact Occupation **Hookman** Did this work for **many** yrs.

10. Industry or Business **Logging** Date last worked **10-25-48**

11. Birthplace **no record**  
(City or town) (State or foreign country)

12. Name **no record**

13. Birthplace **no record**  
(City or town) (State or foreign country)

14. Maiden name **no record**

15. Birthplace **no record**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **L.G. Moon**  
and Address **Sandpoint, Idaho**

17. (a) **Burial** (b) Date thereof **Nov. 5, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT IDAHO.**

19. (a) **Nov 5-1948** (b) **R. B. B. B. B.**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **October 25th 1948**  
(Month, Day, Year) at **10:20** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **1948** to **1948**  
I last saw him alive on **1948** death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Accidental Traumatism**  
**Struck by Falling Log**  
**Skull Fracture, Chest**  
**crushed, right arm severed.**

Due to **Skull Fracture, Chest**  
Other conditions **crushed, right arm severed.**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **None**

Name of operation **none performed**

Major finding **none performed**

Finding of autopsy **none performed**

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **yes** Suicide? **no** Homicide? **no**

Occurred **Oct. 25, 1948** City, county, state **Boundary County, Ida.**

Place of Violence: Home **no** Farm **no** Industry **no**

Public Place **no** While at work? **yes**

Means of injury **Log fell from truck while**

23. Attendant's OWN Signature **Log fell from truck while**

and Address **Boundary, Idaho** Date **11/5-1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 15 1948  
DIVISION OF VITAL STATISTICS

Certificate Of Death  
STATE OF IDAHO

1948 State File No. 3723  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:  
(a) County Camas  
(b) City or town Corral  
(c) Street Address or R.F.D. No. Corral  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home. X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed --- days  
(g) Lived in this county 39 years --- months --- days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Camas  
(c) City or town Corral  
(d) Street Address or R.F.D. No. Corral  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Center Vill. Wash.

3. (a) FULL NAME John Franklin Wolfe  
3. (b) If veteran, name war NO  
3. (c) Social Security No. ---  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lela Wolfe  
6. (c) Age of husband or wife if alive 54 years  
7. Date of Birth (Month, Day, Year) April 4, 1835

8. AGE	Years	Months	Days	If less than 1 day
	63	6	5	hrs min.

9. Exact Occupation Ranching Did this work for life yrs.  
10. Industry or Business Date last worked 10/8/48  
11. Birthplace South Dakota (City or town) (State or foreign country)  
Mother Father { 12. Name Fredrick Wolfe  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name Susie Hartzog  
15. Birthplace Joliet, Illinois (City or town) (State or foreign country)  
16. Informant's OWN Signature Lela Wolfe  
and Address Corral, Idaho  
17. (a) burial (b) Date thereof 10/12/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Elmwood Cem. Gooding, Idaho  
18. Funeral Director's OWN Signature H.P. Bright  
and Address Corral, Idaho  
19. (a) 10/12/48 (b) John Edward (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) 9 Oct 1948  
at 5 o'clock 7 P.M.  
21. I HEREBY CERTIFY, That I attended deceased from 1946, to 1948  
I last saw him alive on Aug 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Died in Sleep, Probable Coronary Obstruction  
Due to Hypertension  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature Marion J. Kerns  
and Address Fairfield Ida Date 12 Oct 1948 (M. D. or other) (For additional space, use reverse side)

094A  
102X  
1948  
2 yrs  
134

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

OCT 10 1948

DEPARTMENT OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3724  
Local Reg. No. 529  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 4 months 20 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Wilder  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 mo - 20 days years  
(h) Former residence (city, state) Mojave, Calif.

## 3. (a) FULL NAME

Joyce Marie Biles

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or race W 6. (a) Single, widowed, married, divorced S  
4. Sex F 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) February 11-1941

8. AGE	Years	Months	Days	If less than 1 day
	<u>7</u>	<u>7</u>	<u>24</u>	hrs min.

9. Exact Student-2nd grade Did this Occupation Wilder work this \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Van Nuys, California  
(City or town) (State or foreign country)  
Mother Father  
12. Name Ernest E. Biles  
13. Birthplace Aullville, Missouri  
(City or town) (State or foreign country)  
14. Maiden name Lorraine Fay Sherbert  
15. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ernest E. Biles  
and Address Wilder - Rt 1 -

17. (a) Burial (b) Date thereof 10-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Wilder

18. Funeral Director's OWN Signature Peckham-Bakan Chapel  
and Address Calowell, Idaho

19. (a) Oct 14 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 103X

20. DATE OF DEATH (Month, Day, Year) October 5 19 48  
at 11:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 5 19 48, to Oct 5 19 48.  
I last saw her alive on Oct 5 19 48, death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Then marriage

- Due to Toxicology & Adm -  
side effects 12 days  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature L. D. Roehne, M.D.  
(M. D. or other)  
and Address Nampa, Idaho Date 10-12-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

OCT 20 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OFFICE OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3725  
Local Reg. No. 579  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 519 19th Ave. So.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 58 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 519 19th Ave. So.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

MR. KARL HERMAN STEUDE Karl Herman Steude

083A

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 5. Color or

Sex male race white

## 6. (a) Single, widowed, married,

divorced married

## 6. (b) Name of husband or wife

Linnie Weiss

## 6. (c) Age of husband or wife if

alive 62 years

## 7. Date of Birth

(Month, Day, Year) December 7, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>9</u>	<u>28</u>	hrs. min.

9. Exact Occupation Contractor Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Building Date last worked \_\_\_\_\_

11. Birthplace Saxony, Germany  
(City or town) (State or foreign country)

12. Name August Steude

13. Birthplace Germany  
(City or town) (State or foreign country)

14. Maiden name Unobtainable

15. Birthplace Unobtainable  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Herman Steude  
and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 10/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature John E. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) Oct 13 - 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 5, 1948

at 1:50 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 5 1948 to Oct 5 1948

I last saw him alive on Oct 5 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Paralytic pneumonia Duration \_\_\_\_\_

Due to hemorrhage from

Due to old stroke 2 yrs ago.

Other conditions acute ill last 4 days  
(Include pregnancy within 3 months, if any)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John E. Alsip, Jr.

and Address Nampa, Idaho Date Oct 15 1948

(Use additional space, use reverse side)

Dr. H. P. Bullock

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
OCT 20 1948  
Certificate of Death  
STATE OF IDAHO

State File No. 3725  
Local Reg. No. 520  
Reg. Dist. No. 369

1. PLACE OF DEATH:  
(a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed 22 days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #4  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 74 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME MR. JESSE HUGHS

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or \_\_\_\_\_  
4. Sex male race white 6. (a) Single, married, divorced married  
6. (b) Name of husband or wife Carrie L. 6. (c) Age of husband or wife if alive 79 years

7. Date of Birth (Month, Day, Year) November 28, 1873  
8. AGE Years Months Days If less than 1 day  
74 10 28 hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Palouse, Washington (City or town) (State or foreign country)

12. Name Jesse Hughes  
13. Birthplace Wisconsin (City or town) (State or foreign country)  
14. Maiden name Nancy Fry  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Carrie L. Hughes  
and Address \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/48 (Month) (Day) (Year)  
(c) Place Bohlerlorn Cemetery

18. Funeral Director's OWN Signature John A. Alving, Jr.  
and Address \_\_\_\_\_

19. (a) Oct 13 - 1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 6, 1948  
at 4:31 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from Sept 10 to Oct 2 1948  
I last saw him alive on Oct 2 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Paralysis heart & respiration Duration \_\_\_\_\_  
Due to Arteriosclerosis  
Due to Stroke 9/16  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature H. Beckner (M. D. or other)  
and Address Nampa Date 10-6 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 20 1948  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **3727**  
Local Reg. No. **524**  
Reg. Dist. No. **363**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Mercy Stayed ..... days  
(g) Lived in this county ..... years ..... months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #5  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A. ..... days  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Judy Ann Edwards

3. (b) If veteran, name war ..... No. ....  
4. Sex F 5. Color W 6. (a) Single, widowed, married, divorced No  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) October 4-1948

8. AGE	Years	Months	Days	If less than 1 day
	-	-	<u>2</u>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Nampa, Idaho  
(City or town) (State or foreign country)

12. Name Charles H. Edwards  
13. Birthplace Hurley, Missouri  
(City or town) (State or foreign country)  
14. Maiden name Vivian Vinson  
15. Birthplace Notus, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Charles H. Edwards  
and Address P.O. 5, Caldwell, Idaho

17. (a) Burial (b) Date thereof 10-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lower Boise

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) Oct-14-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 6 19 48  
(Month, Day, Year) at Oct 4 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 4 19 48, to Oct 6 19 48  
I last saw her alive on Oct 6 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Immaturity, 2 mos gest. Duration  
short

- Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
Attendant's OWN Signature L. S. Karkue, M.D.  
(M. D. or other)  
and Address Nampa, Ida Date 10-14-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

OCT 29 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

STATE OF IDAHO

STATE OF IDAHO

State File No. **3728**  
Local Reg. No. **527**  
Reg. Dist. No. **362**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 4 days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 308 17th Ave. So.  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) Denver, Colo.

## 3. (a) FULL NAME

BERTHA MEYER Bertha Meyer

083A

3. (b) If veteran, name war none

3. (c) Social Security No. none

5. Color or

4. Sex male race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Harvey S.

6. (c) Age of husband or wife if alive 70 years

7. Date of Birth (Month, Day, Year) August 13, 1977

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>1</u>	<u>25</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Home Date last worked \_\_\_\_\_

11. Birthplace Iowa (City or town) (State or foreign country)

12. Name William Wernke (City or town) (State or foreign country)

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name Albertine (City or town) (State or foreign country)

15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature H. S. Meyer and Address Nampa, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/48 (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature John E. Alsip, Jr. and Address Nampa, Idaho

19. (a) Oct 15, 1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

097X

20. DATE OF DEATH (Month, Day, Year) October 9, 1948

at 2:25 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 4 1948, to Oct 8 1948

I last saw h.e.r. alive on Oct. 8 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage due to Hypertension of Duration 12 hrs.

Cerebral Thrombosis

Due to Arrhythmia of Cardiac

rythm from Atrial Fibr. to Reg. rhythm - 12 hrs.

Due to Septicemic Thrombosis

Other conditions: Hypertension; Stenosis atherosclerosis (Include pregnant within 3 months of death)

Arteriosclerosis; Aneurysm; Fibillation

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_, 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. A. Funk M.D. (M. D. or other) and Address Nampa, Idaho Date 10-13 1948 (For additional space, use reverse side)

H. A. Funk

731

CERTIFICATE OF DEATH

STATE OF IDAHO

DIVISION OF VITAL

RECEIVED 1948

Local Registrar's Duplicate  
Local Reg. No. 3720  
Reg. Dist. No. 362

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R. F. D. No. 115-16 1/2 Ave. S.  
(d) Death Occurred Inside? ✓ Outside?    city or town     
(e) Died in a Home—Hospital—Institution—Other place     
(f) Name Hosp. or Inst. Mersey Stayed 200 days  
(g) Lived in this county 50 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R. F. D. No. 115-16 1/2 Ave. S.  
(e) Deceased lived Inside? ✓ Outside?    city or town     
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Ireland

3. (a) FULL NAME

Mary Stuart

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race A. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) Feb 14 - 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>8</u>	<u>27</u>	hrs min.

9. Exact Occupation At Home Did this work for    yrs.

10. Industry or Date last     
11. Birthplace County Cork, Ireland (City or town) (State or foreign country)

- Business    worked

12. Name Mike Barry

13. Birthplace Ireland (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address By E. H. Walker

17. (a) Burial (b) Date thereof 10/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Mason from Idaho

18. Funeral Director's OWN Signature E. H. Walker  
and Address Hamper, Idaho

19. (a) Oct 26 - 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

093E

20. DATE OF DEATH (Month, Day, Year) Oct 10th, 1948  
At 8 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 27 -, 1948, to Oct 10 -, 1948  
I last saw her alive on Oct 10 -, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration   

Due to myocarditis  
hepatitis

Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

Physician Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred   , 19   City, county, state where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Samuel A. Swaine, M.D.  
and Address Hamper, Idaho (M.D. or other) Date 10-14-, 1948

(For additional space, use reverse side)

Dr. Swaine



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 5 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

STATE OF IDAHO

STATE OF IDAHO

State File No.

3730

Local Reg. No.

530

Reg. Dist. No.

364

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 24 days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 512 15th Ave. So.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Jerome, Idaho

## 3. (a) FULL NAME

MRS. EDNA GLORY PRENTISS

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

## 5. Color or

Sex female race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Levis

6. (c) Age of husband or wife if alive 68 years

## 7. Date of Birth

(Month, Day, Year) December 6, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>10</u>	<u>6</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Home Date last worked \_\_\_\_\_

11. Birthplace Union Pier, Mich.  
(City or town) (State or foreign country)

12. Name William Hibner

13. Birthplace Unobtainable  
(City or town) (State or foreign country)

14. Maiden name Abbie Kern

15. Birthplace Unobtainable  
(City or town) (State or foreign country)

16. Informant's OWN Signature L. J. Prentiss  
and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 10/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature John E. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) Oct 26-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) October 12, 1948  
at 9:55 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_.

I last saw her alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration: \_\_\_\_\_

Heart failure

Due to mitral insufficiency

Due to hypertension

Other condition \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Lyda Rodgers  
(M. D. or other)

and Address Nampa, Idaho Date Oct. 15, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OCT 23 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948 3731  
State File No.  
Local Reg. No. 528  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 912 12th St. So.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Molalla, Oregon

## 3. (a) FULL

NAME MR. HENRY J. YODER

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

540-10-7087

## 5. Color or

Sex male race white

## 6. (a) Single, widowed, married,

divorced widowed

## 6. (b) Name of husband or wife

Lydia Yoder

## 6. (c) Age of husband or wife if

alive deceased years

## 7. Date of Birth

(Month, Day, Year) December 20, 1879

8. AGE	Years	Months	Days	If less than 1 day
	68	9	23	hrs. min.

## 9. Exact Occupation Casket Mfg. Did this work for 18 1/2 yrs.

## 10. Industry or Business Retired Date last worked 1942

## 11. Birthplace Near Nappanee, Indiana (City or town) (State or foreign country)

## 12. Name Joseph J. Yoder

## 13. Birthplace No Record (City or town) (State or foreign country)

## 14. Maiden name Mary Burkholder

## 15. Birthplace No Record (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs. Ralph D. Miller

## and Address Nampa, Idaho

## 17. (a) Removal (b) Date thereof 10/15/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Woodburn, Oregon

## 18. Funeral Director's Robinson-Alsip Chapel

## OWN Signature John J. Alsip, Jr.

## and Address Nampa, Idaho

## 19. (a) Oct 15 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) October 13, 1948

at 4:00 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1-21-1944 to 10-13-1948

I last saw him alive on 10-13-1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary edema Duration 1 hr

Due to Left ventricular failure to 6 hr

Due to Active sclerotic C.V. disease to 5 yrs

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Lyda Rodgers (M. D. or other)

and Address Nampa, Idaho Date 10-15-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 5 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. **3732**  
Local Reg. No. **531**  
Reg. Dist. No. **362**

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Canyon**  
(b) City or town **Nampa**  
(c) Street Address or R.F.D. No. **1006 3rd St. No.**  
(d) Death Occurred Inside? **X** Outside? **city or town**  
(e) Died in a Home **X** Hospital **Institution** Other place **city or town**  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **42** years **months** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Canyon**  
(c) City or town **Nampa**  
(d) Street Address or R.F.D. No. **1006 3rd St. No.**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **42** years  
(h) Former residence (city, state) **Cedar Edge, Colo.**

3. (a) FULL NAME **MR. FRANK MOORE**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**  
5. Color or **white** 6. (a) Single, widowed, married, divorced **married**  
4. Sex **male** race **white** 6. (c) Age of husband or wife if alive **60** years  
6. (b) Name of husband or wife **Grace Moore**

7. Date of Birth (Month, Day, Year) **1865**  
8. AGE Years Months Days If less than 1 day  
**83** **4** **4** hrs. min.

9. Exact Occupation **Farmer** Did this work for  **yrs.**  
10. Industry or Business **Retired** Date last worked **worked**  
11. Birthplace **Austin, Texas** (City or town) (State or foreign country)

12. Name **Unobtainable**  
13. Birthplace **Unobtainable** (City or town) (State or foreign country)  
14. Maiden name **Unobtainable**  
15. Birthplace **Unobtainable** (City or town) (State or foreign country)

16. Informant's OWN Signature **C. C. Reed**  
and Address **Nampa, Idaho**

17. (a) **Burial** (b) Date thereof **10/18/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Kohlerlawn Cemetery**

18. Funeral Director's OWN Signature **John J. Alsip, Jr.**  
and Address **Nampa, Idaho**

19. (a) **Oct 26 - 1948** (b) **Lyla Rodgers**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **October 14, 1948**  
at **2:00** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from **10-3-1945** to **10-14-1948**  
I last saw h. **1m** alive on **10-13-1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cancer of Stomach** Duration **1 yr**

Due to **Senility**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation **Senility** Date **1948**  
Major finding **Senility**  
Finding of autopsy **Senility**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? **Swicide?** **Homicide?**  
Occurred **1948** City, county, state **Nampa, Idaho**  
where violence occurred **Public Place**  
Place of Violence: Home **While at work?**  
Public Place **While at work?**

Means of injury **Senility**  
23. Attendant's OWN Signature **John J. Alsip, Jr.** (M. D. or other)  
and Address **Nampa, Idaho** Date **10-21-1948**  
(For additional space, use reverse side)

*A. C. Meeche*

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 5 10 13

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948

3733

State File No. ....

Local Reg. No. 539

Reg. Dist. No. 362

1. PLACE OF DEATH: **STATISTICS**
- (a) County Canyon
- (b) City or town Nampa
- (c) Street Address or R.F.D. No. ....
- (d) Death Occurred Inside? X Outside? ..... city or town
- (e) Died in a Home X Hospital X Institution ..... Other place .....
- (f) Name Hosp. or Inst. Mercy Stayed 10 months
- (g) Lived in this county 50 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon
- (c) City or town Nampa
- (d) Street Address or R.F.D. No. 1309 6th St. No.
- (e) Deceased lived Inside? X Outside? ..... city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 50 years
- (h) Former residence (city, state) Carlton, Mo.

3. (a) FULL NAME MRS. LILLIE MAY GOWEN

3. (b) If veteran, name war none 3. (c) Social Security No. none
5. Color or white
4. Sex female race white
6. (a) Name of husband or wife A.L. Gowen 6. (c) Age of husband or wife if alive 74 years

7. Date of Birth (Month, Day, Year) November 7, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>11</u>	<u>11</u>	hrs. min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business Home Date last worked .....
11. Birthplace Carlton, Missouri (City or town) (State or foreign country)
12. Name No Record
13. Birthplace No Record (City or town) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature L. J. Gowen and Address 1309 - 6th St. No. Nampa, Ida
17. (a) Burial (b) Date thereof 10/20/48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place Kohlerlawn Cemetery
18. Funeral Director's OWN Signature Robinson-Alsip Chapel and Address Nampa, Idaho
19. (a) Oct 28 - 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 18, 1948 at 3:38 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from Feb. 15 - 1947 to Oct. 18 - 1948.
- I last saw h. or alive on ..... 19 ..... death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

- Cancer Cachexia Duration 2 yrs.
- Due to Carcinoma of Uterus
- Due to .....
- Other conditions ..... (Include pregnancy within 3 months of death)

### Where was disease contracted?

- Name of operation Hysterectomy date 1945
- Major finding .....
- Finding of autopsy .....
- PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? ..... Suicide? ..... Homicide? .....
- Occurred ..... 19 ..... City, county, state where violence occurred.
- Place of Violence: Home ..... Farm ..... Industry ..... Public Place ..... While at work? .....
- Means of injury .....
23. Attendant's OWN Signature Jojo Salta MD (M. D. or other) and Address Nampa Date 10/21/48 (For additional space, use reverse side)

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540 226

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 5 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. 3731  
Local Reg. No. 534  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed 6 days  
(g) Lived in this county 48 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 527 Fairview  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Sargent, Nebr.

## 3. (a) FULL NAME

MR. HARL MARSH

3. (b) If veteran, name war none

3. (c) Social Security No. 519-09-6226

4. Sex male race white

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna J.

6. (c) Age of husband or wife if alive 53 years

7. Date of Birth (Month, Day, Year) October 21, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>6</u>	<u>0</u>	hrs. min.

9. Exact Occupation Night Watchman Did this work for 2 yrs.

10. Industry or Business King's Packing Date last worked \_\_\_\_\_

11. Birthplace Leroy, Iowa (City or town) (State or foreign country)

12. Name William J. Marsh

13. Birthplace Rockport, Penn. (City or town) (State or foreign country)

14. Maiden name Olive Gibson

15. Birthplace Leroy, Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Anna J Marsh

and Address 527 Fairview Ave

17. (a) Burial (b) Date thereof 10/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mt. Calvary Cemetery

18. Funeral Director's OWN Signature John F Alsip, Jr.

and Address Nampa, Idaho

19. (a) Oct 28-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 21, 1948

at 10:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 15 1948, to Oct. 21 1948.

I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Cardiac Decompensation

Pulmonary Oedema

Due to Coronary artery sclerosis

myocardial fibrosis

Due to \_\_\_\_\_

Other conditions Uncontrolled Diabetes Mellitus

(Include pregnancy within 3 months of death)

congestive nephritis

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Joe Salter MD

and Address Nampa Date 10/27 1948

(For additional space, use reverse side)

Dr. Salter

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 5 1948

# Certificate of Death

STATE OF IDAHO

1948 3735  
State File No. \_\_\_\_\_  
Local Reg. No. 032  
Reg. Dist. No. 363

DEPARTMENT OF VITAL

STATISTICS

1. PLACE OF DEATH:
- County Canyon
  - City or town Nampa
  - Street Address or R.F.D. No. \_\_\_\_\_
  - Death Occurred Inside? X Outside? \_\_\_\_\_ city or town
  - Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_
  - Name Hosp. or Inst. Mercy Stayed 6 hrs
  - Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- State Idaho
  - County Canyon
  - City or town Nampa
  - Street Address or R.F.D. No. Route #1
  - Deceased lived Inside? \_\_\_\_\_ Outside? X city or town
  - Citizen of what country? U.S.A.
  - How long had deceased lived in Idaho? 42 years
  - Former residence (city, state) Missouri

3. (a) FULL NAME MR. FRANK BROWNING

3. (b) If veteran, name war none
3. (c) Social Security No. none
5. Color or \_\_\_\_\_
4. Sex male race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Eva Browning
6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) December 22, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>10</u>	<u>0</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 1906 yrs.
10. Industry or Business Retired Date last worked \_\_\_\_\_
11. Birthplace Frankfort, Kentucky (City or town) (State or foreign country)
12. Name James Browning
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Maiden name Mary King
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Lucille Fry and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 10/26/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature John A. Alsup, Jr. and Address Nampa, Idaho

19. (a) Oct 26 - 1948 (b) Lydd Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 22, 1948 at 4:20 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from Oct 19 1948 to Oct. 22 1948
- I last saw him alive on Oct. 22 1948

### Immediate Cause of Death:

Carcinoma of trachea

### Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Smoking (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. H. Hilday, M.D. (M.D. or other)

and Address Nampa, Idaho Date 10/22 1948

(For additional space, use reverse side)

Dr. Zaccaria

095

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# CERTIFICATE OF DEATH

NOV 16 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

746

3736

Local Registrar's Duplicate  
Local Reg. No. 546  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R. F. D. No. 319 - Fern St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home—Hospital—Institution—Other place  
(f) Name Hosp. or Inst. Stayed        days  
(g) Lived in this county 27 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R. F. D. No. 319 - Fern St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) Montana

## 3. (a) FULL NAME

Dora Hortense Hagelting

052B

3. (b) If veteran, name war        3. (c) Social Security No.

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) July 19th - 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>3</u>	<u>5</u>	hrs min.

9. Exact Occupation At Home Did this work for        yrs.

10. Industry or        Date last

11. Birthplace Tremelle Utah  
(City or town) (State or foreign country)  
Business        worked

12. Name Unknown

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Family Records  
and Address

17. (a) Burial (b) Date thereof Oct 27 - 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Clarendale Cemetery

18. Funeral Director's OWN Signature Lynda Rodgers  
and Address

19. (a) Nov. 9 - 1948 (b) Lynda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 24th, 1948  
At 1 o'clock        M.

21. I HEREBY CERTIFY, That I attended deceased from 6-7, 1948, to 6-7, 1948.  
I last saw her alive on 6-7, 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Carcinoma of  
Bladder

Due to       

Due to       

Other conditions       

(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

Physician Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred       , 19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature A. H. Halliday  
and Address Hamper, Idaho (M. D. or other)        Date Oct 24, 1948  
(For additional space, use reverse side)

Dr. Halliday

095

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

NOV 5 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 3737  
Local Reg. No. 536  
Reg. Dist. No. 263

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 10 days  
(g) Lived in this county 42 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Melba  
(d) Street Address or R.F.D. No. Route 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME MRS. TRUE MATHEWS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex Female Race White  
6. (b) Name of husband or wife Brice Mathews 6. (c) Age of husband or wife if alive 56 years

7. Date of Birth (Month, Day, Year) December 19, 1894.

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>10</u>	<u>8</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Bethany Missouri  
(City or town) (State or foreign country)

Father { 12. Name W.D. Potter  
13. Birthplace Bethany Missouri.  
(City or town) (State or foreign country)

Mother { 14. Maiden name Clara Bunyard  
15. Birthplace Bethany Missouri.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Brice Mathews  
and Address Rt. 1 Melba, Idaho.

17. (a) Burial (b) Date thereof 10/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kehlerlawn Cemetery

18. Funeral Director's OWN Signature John S. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) Oct 30 - 1948 (b) Lydia Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 27, 1948  
at 10:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 10/17/48  
to Oct. 27, 1948  
I last saw h. or alive on Oct. 27, 1948

death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

## Respiratory Failure

Due to Pulmonary Embolism  
Due to Phlebotrombosis

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_

Finding of autopsy Pulmonary Embolism  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. B. Mangum MD  
(M. D. or other)  
and Address 10 - 27 Date 1948

(For additional space, use reverse side)

Nampa, Idaho



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

NOV 5 1948

DIVISION OF VITAL  
STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3738  
Local Reg. No. 596  
Reg. Dist. No. 362

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 305 Holly  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 day years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME DOUGLAS ARTHUR BATES

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or \_\_\_\_\_  
4. Sex male race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October 27, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	hrs. min.

9. Exact Occupation Infant Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Nampa, Idaho  
(City or town) (State or foreign country)

12. Name Arthur E. Bates  
13. Birthplace Live Oak, Calif.  
(City or town) (State or foreign country)

14. Maiden name Pearl Audrey Jones  
15. Birthplace Plainville, Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Arthur E. Bates  
and Address 305 Holly St. Nampa

17. (a) Burial (b) Date thereof 10/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature John S. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) Oct 30 - 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 10/28 1948  
at 5:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 10/26 1948 to 10/28 1948.  
I last saw h. unalive on 10/28 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Patent Foramen ovale Duration 3 day  
congenital aortic " "  
anomaly & dilatation 2 day

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Erasmus J. M.D.  
and Address Nampa Idaho Date 10/28 1948  
(For additional space, use reverse side)

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

## NOV 1 CERTIFICATE OF DEATH

OFFICE OF VITAL STATE OF IDAHO

Local Registrar's Duplicate  
Local Reg. No. 842  
Reg. Dist. No. 342

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hampton  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home—Hospital—Institution—Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Hampton Stayed 1 days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 3. (a) FULL NAME

Leslie Bruce Tucker

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race M 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Sadie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Date of Birth (Month, Day, Year) Sept 19-1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>1</u>	<u>9</u>	hrs min.

9. Exact Occupation Carpenter Did this work for \_\_\_\_\_ yrs.10. Industry or McCabe County Date last Michigan

## 11. Birthplace (City or town) (State or foreign country) worked \_\_\_\_\_

## Business \_\_\_\_\_

12. Name Charles Tucker13. Birthplace (City or town) (State or foreign country) Unknown14. Maiden name Unknown15. Birthplace (City or town) (State or foreign country) Unknown16. Informant's OWN Signature Family Recordsand Address Geo. H. Walker17. (a) Burial (b) Date thereof 10/30/48(c) Place: Hampton Idaho18. Funeral Director's OWN Signature Young H. Walkerand Address Hampton Idaho19. (a) Nov. 9-1948 (b) Lida Rodgers

(Date received and filed) (Registrar's signature)

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hampton  
(d) Street Address or R. F. D. No. 503-9th Ave. No.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Michigan

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 20th, 1948  
At 4 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1948, to Oct 25, 1948.

I last saw him alive on Oct 27, 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Cardiac Decompensation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Physician Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_, 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Herry C. Wesche M.D.

and Address Hampton Idaho (M. D. or other) Date 11-6, 1948.

(For additional space, use reverse side)

Dr. Wesche

RECEIVED

1948

3740

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

## NOV 16 CERTIFICATE OF DEATH

DIVISION OF VITAL STATE OF IDAHO

Local Registrar's Duplicate  
Local Reg. No. 542-042  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Hampton  
(c) Street Address or R. F. D. No. 915 1/2 13 Ave So  
(d) Death Occurred Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home—Hospital—Institution—Other place  
(f) Name Hosp. or Inst. Hampton Stayed 28 days  
(g) Lived in this county 28 years 28 months 28 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Hampton  
(d) Street Address or R. F. D. No. 915 1/2 13 Ave So  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Ida

## 3. (a) FULL NAME

Mary Alice Bordner

131A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color Dr. 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife Lawson R. (c) Age of husband or wife if alive 28 years

7. Date of Birth (Month, Day, Year) Sept 22 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>1</u>	<u>8</u>	hrs min.

9. Exact Occupation House wife Did this work for Lifrs. yrs.

10. Industry or Freight Days lost Ida

11. Birthplace Ida or town) (State or foreign country)  
Business Ida worked

12. Name Samuel H. Briggs

13. Birthplace Ida (City or town) (State or foreign country)

14. Maiden name Adeline Briggs

15. Birthplace Ida (City or town) (State or foreign country)

16. Informant's OWN Signature Family and Address Ida

17. (a) Burial (b) Date thereof 1948  
(Burial, cremation or removal) (Month) (Day) (Year)

18. Funeral Director's OWN Signature Ida and Address Ida

19. (a) Nov 9 1948 (b) Lida Rodgers  
(Date received and filed) (Registrar's signature)

Dr Robt Mangum

## MEDICAL CERTIFICATE OF DEATH

093D

20. DATE OF DEATH (Month, Day, Year) Oct 30<sup>th</sup>, 1948  
At 4:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from December, 1946, to Oct 30, 1948.  
I last saw h. alive on Oct 30, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Myocardial Failure Duration Sudden

Due to Hypertensive Heart Disease

Due to Coronary Arteriosclerosis

Other conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Where was disease contracted? Ida

Name of operation Ida Date Ida

Major finding Ida

Finding of autopsy Ida

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Ida Suicide? Ida Homicide? Ida

Occurred Ida, 19 Ida City, county, state where violence occurred.

Place of Violence: Home Ida Farm Ida Industry Ida

Public Place Ida While at work? Ida

Means of injury Ida

23. Attendant's OWN Signature Ida and Address Ida (M. for other) Ida, 19 Ida

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 8 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3741  
Local Reg. No. 538  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Maritan Stayed 7 days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 1315-12th Ave So.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME MRS. AUGUSTA TERRILL

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female Color or Race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Byron Terrill

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) August 10, 1867.

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>2</u>	<u>20</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Susanville California.  
(City or town) (State or foreign country)

12. Name James M Parker

13. Birthplace Mass.  
(City or town) (State or foreign country)

14. Maiden name Lydia Fletcher

15. Birthplace Augusta Maine.  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. L. Linnel

and Address Minneapolis, Minnesota

17. (a) Removal (b) Date thereof 10/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Burns, Oregon.

18. Funeral Director's OWN Signature Robinson-Aisip Chapel

and Address Nampa, Idaho.

19. (a) Nov. 1-1948 (b) Lyda Rodgers  
(Date received und filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 30, 1948  
at 2:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 23 1948 to October 30 1948  
I last saw h. er alive on October 30 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Failure Duration \_\_\_\_\_

Due to Coronary Thrombosis

Due to Hypertensive Heart Disease

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? at Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19. \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. M. Mangum MD

and Address Nampa (M. D. or other) Oct 30 1948  
(For additional space, use reverse side)

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

NOV 16 1948

## CERTIFICATE OF DEATH

DIVISION OF VITAL

STATE OF IDAHO

{Local Reg. No. 543948  
Dis. No. 362048Loc. No. 549  
3712Local Registrar's Duplicate  
Local Reg. No. 543948  
Reg. Dist. No. 862

## 1. PLACE OF DEATH: STATISTICS

- (a) County Bayern  
 (b) City or town Nampa  
 (c) Street Address or R. F. D. No. 1211-3rd No  
 (d) Death Occurred Inside? Outside? city or town  
 (e) Died in a Home—Hospital—Institution—Other place  
 (f) Name Hosp. or Inst. Sanitarium Stayed days  
 (g) Lived in this county 6 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bayern  
 (c) City or town Nampa  
 (d) Street Address or R. F. D. No. 1211-3rd No  
 (e) Deceased lived Inside? Outside? city or town  
 (f) Citizen of what country?  
 (g) How long had deceased lived in Idaho? years  
 (h) Former residence (city, state)

## 3. (a) FULL NAME

Roy Everett Taylor

131A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Male 5. Color or race white  
 (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Daisy 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Aug 26-1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>2</u>	<u>5</u>	hrs min.

9. Exact Occupation Tomb Stone Salesman Did this work for 6 yrs.10. Industry or Honeywell Date last Mo11. Birthplace (City or town) (State or foreign country) MoBusiness worked12. Name E. Taylor13. Birthplace (City or town) (State or foreign country) Mo14. Maiden name Sarah Davis15. Birthplace (City or town) (State or foreign country) Mo16. Informant's OWN Signature W. H. Meshe and Address W. H. Meshe17. (a) Robert Taylor (b) Date thereof Nov 3-1948(c) Place: Robert Taylor Cem. Nampa, Ida.18. Funeral Director's OWN Signature W. H. Meshe and Address W. H. Meshe19. (a) Nov 9-1948 (b) Syda Rodgers

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 084D

## 20. DATE OF DEATH

(Month, Day, Year) Oct 31, 1948  
At 3 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1948, to Oct 31, 1948  
 I last saw him alive on Oct 20, 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

myocardial failure

## Duration

Due to arteriosclerosiscardio-vascular renal disease

Due to

mental deterioration

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

Physician Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
 Occurred Nov 3-1948, 19 City, county, state where violence occurred  
 Place of Violence: Home Farm Industry  
 Public Place While at work?  
 Means of injury ...

## 23. Attendant's

OWN Signature Henry C. Wesche M.D.  
and Address Nampa Idaho (M. D. or other) 11-6, 1948  
(For additional space, use reverse side)Dr. H. Meshe

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 502 Everett  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. George Stayed 30 days  
(g) Lived in this county 4 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Wilder  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Oklahoma

3. (a) FULL NAME Alvin J. Talley  
3. (b) If veteran, name war No. 3. (c) Social Security No. No.  
5. Color or 6. (a) Single, widowed, married, divorced D  
4. Sex M race W  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) April 1880

8. AGE	Years	Months	Days	If less than 1 day
	68	6	?	hrs min.

9. Exact Occupation Retired Farmer Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Oklahoma (City or town) (State or foreign country)  
Mother Father { 12. Name Not known  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Samuel Simpson  
and Address Wilder Idaho R. 1.  
17. (a) Burial (b) Date thereof 10-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Wilder  
18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell  
19. (a) 11-3-48 (b) Vera Dakan  
(Date received and filed) (Registrar's signature)  
Deputy

094A  
MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 1 1948  
(Month, Day, Year) at 11:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 11 June 1948, to 12 Sept 1948  
I last saw him alive on 10 Sept 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Sclerosis Duration 1 year

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature Robert S. Leeb M.D.  
(M. D. or other)  
and Address Wilder Okla Date 11-11-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 3744  
State File No. \_\_\_\_\_  
Local Reg. No. 31  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sanitarium Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 10 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boise  
(c) City or town Idaho City  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 Months years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME Harold Pape

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) May 22-1903

8. AGE	Years	Months	Days	If less than 1 day
	45	4	14	hrs min.

9. Exact Occupation Service Station Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Operator Date last worked \_\_\_\_\_  
11. Birthplace Ceresco, Nebraska  
(City or town) (State or foreign country)  
Mother Father { 12. Name Fredrick A. Pape  
13. Birthplace Chicago, Illinois  
(City or town) (State or foreign country)  
14. Maiden name Sadie Heller  
15. Birthplace Pennsylvania  
(City or town) (State or foreign country)  
16. Informant's OWN Signature Christine Pape  
and Address 1122 Albany Caldwell, ID  
17. (a) Burial (b) Date thereof 10-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill  
18. Funeral Director's OWN Signature C. Veckman-Dakan Chape  
and Address Caldwell, Idaho  
19. (a) 10-13-48 (b) Vera Dakan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 107X 093A

20. DATE OF DEATH October 6 19 48  
(Month, Day, Year) at 9:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 6 19 48, to Oct 6 19 48.  
I last saw h/m alive on Oct 6 19 48; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Bronchopneumonia  
acute hyperacidia  
Due to \_\_\_\_\_ Duration 10 days  
10 days

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Leath Chape (M. D. or other)  
and Address Caldwell Date 10/11 19 48  
(For additional space, use reverse side)

Deputy Registrar

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 26 1948

# Certificate Of Death

STATE OF IDAHO

1948 3715  
State File No. \_\_\_\_\_  
Local Reg. No. 32  
Reg. Dist. No. 360

1. PLACE OF DEATH: **STATISTICS**  
(a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Memorial Park days \_\_\_\_\_  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 611 Grant St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Jordan Valley, Oregon

3. (a) FULL NAME William F. Stine  
3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex M race W  
6. (b) Name of husband or wife Onie I. Stine 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) April 1-1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>6</u>	<u>15</u>	hrs min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Anderson, California  
(City or town) (State or foreign country)  
Mother { 12. Name Henry Stine  
13. Birthplace Pennsylvania  
(City or town) (State or foreign country)  
14. Maiden name Alice (?)  
15. Birthplace Pennsylvania  
(City or town) (State or foreign country)

16. Informant's OWN Signature Onie I. Stine  
and Address 611 Grant St., Caldwell  
17. (a) Burial (b) Date thereof 10/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill  
18. Funeral Director's OWN Signature Deborah Dakan  
and Address Caldwell, Idaho  
19. (a) 10/24/48 (b) Deborah Dakan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 16 19 48  
(Month, Day, Year) at \_\_\_\_\_ o'clock 4 A.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 16 19 48 to Oct 16 19 48  
I last saw him alive on Oct 16 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bilateral upper lobe pneumonia  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions frailty  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
Attendant's OWN Signature J.R. Johnson MD  
and Address Caldwell, Idaho (M.D. or other) Date 10-18 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 26 1948

# Certificate Of Death

DEPARTMENT OF VITAL STATISTICS STATE OF IDAHO

State File No. 3746  
Local Reg. No. 33  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Memorial Park Stayed \_\_\_\_\_ days  
(g) Lived in this county 33 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 922 Denver St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Missouri

3. (a) FULL NAME La Roy George Collins

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or W 6. (a) Single, widowed, married, divorced M  
4. Sex M race W  
6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) December 18-1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>9</u>	<u>29</u>	hrs min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Humphreys, Missouri (City or town) (State or foreign country)  
Mother Father { 12. Name O.W. Collins  
13. Birthplace Dawles Co., Missouri (City or town) (State or foreign country)  
14. Maiden name Nancy F. Wagoner  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Nellie Collins  
and Address 922 Denver St., Caldwell  
17. (a) Burial (b) Date thereof 10-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill  
18. Funeral Director's OWN Signature Leckham-Pakan Chapel  
and Address Caldwell, Idaho  
19. (a) 10-24-48 (b) Vera Oken  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 087C

20. DATE OF DEATH (Month, Day, Year) October 17 1948  
at 11:50 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1945 to 17 Oct 1948  
I last saw h. in alive on 17 Oct 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic pneumonia Duration 3 days

Due to Cerebral hemorrhage 7 days

Due to \_\_\_\_\_  
Other conditions Paralysis agitans 3 yrs.  
(Include pregnancy within 3 months of death)

Where was disease contracted? Caldwell  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
Attendant's OWN Signature S. D. Simpson (M. D. or other)  
and Address Caldwell Date 20 Oct 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

3717

1. PLACE OF DEATH:

(a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sanitarium Stayed \_\_\_\_\_ days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 2204 Ohio St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Virginia

3. (a) FULL NAME Howard William Snyder.

3. (b) If veteran, name war No  
5. Color or race W  
4. Sex M  
6. (b) Name of husband or wife \_\_\_\_\_  
7. Date of Birth (Month, Day, Year) July 2-1874

3. (c) Social Security No. \_\_\_\_\_  
6. (a) Single, widowed, married, divorced S  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>3</u>	<u>17</u>	hrs min.

9. Exact Occupation Gunsmith Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Rockbridge Co., Virginia (City or town) (State or foreign country)  
Mother Father { 12. Name Not Known  
13. Birthplace Virginia (City or town) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace Npt Known (City or town) (State or foreign country)  
16. Informant's OWN Signature Howard W. Gordon  
and Address Raphine, Va.  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: Stanton, Virginia  
18. Funeral Director's OWN Signature Peckham Dakan Chapel  
and Address Caldwell, Idaho  
19. (a) 10-24-48 (b) Vera Dakan (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 083A

20. DATE OF DEATH October 19 1948  
(Month, Day, Year)  
at 7:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1948, to Oct. 19 1948.  
I last saw h./M. alive on Oct. 15 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic Pneumonia Duration 3 days  
Due to Central Hemorrhage 18 days  
Due to Arteriosclerosis 20 years  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Foster Shupe  
and Address Caldwell (M. D. or other) Date 10/21/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

NOV 2 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

3748

State File No.

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Memorial Park \_\_\_\_\_ days  
(g) Lived in this county 14 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) Oklahoma

## 3. (a) FULL NAME

Opal Chrz

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. No

## 5. Color or

race W

## 6. (a) Single, widowed, married,

divorced M

## 4. Sex F

## 6. (b) Name of husband or

wife William

## 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

February 9-1907

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>8</u>	<u>12</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Mess City, Kansas (City or town) (State or foreign country)

12. Name George W. Loveless

13. Birthplace Iowa (City or town) (State or foreign country)

14. Maiden name Myrta Pott

15. Birthplace Waterloo, Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Wm Chrz

and Address Caldwell, Ida. Rt. #3

17. (a) Burial (b) Date thereof 10-25-48 (Month) (Day) (Year)

(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dakan Chapel

and Address Caldwell, Idaho

19. 10-27-48 (Date received and filed) (b) Vera Dikan (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) October 21 1948  
at 1:30 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

8-20 1948, to 10-21 1948

I last saw her alive on 10-21 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Stroke

Due to abruptio

Due to placenta

Other conditions Baby unborn

(Include pregnancy within 3 months of death)

full term

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature E. L. Munn MD (M. D. or other)

and Address Caldwell, Idaho Date 10-23-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

NOV 8 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948 State File No. 3749

Local Reg. No. 37

Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 204, Cleveland  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 6 years 6 months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 302, Warm Springs  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) IOWA

## 3. (a) FULL NAME

Clara Marie Mc Laughlin

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

None

## 5. Color or White

## 6. (a) Single, widowed, married, divorced

Female

Widow

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth

(Month, Day, Year)

October 16, 1867

## 8. AGE

Years

Months

Days

If less than 1 day

81

0

6

hrs.

min.

## 9. Exact Occupation

At Home

Did this

work for yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

(City or town)

(State or foreign country)

Harlan, Iowa

## 12. Name

Charles Escher

## 13. Birthplace

(City or town)

(State or foreign country)

Germany

## 14. Maiden name

Unknown

## 15. Birthplace

(City or town)

(State or foreign country)

Unknown

## 16. Informant's

OWN Signature

and Address

Grace M. Laughlin  
4002 Warm Springs Boise

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

(Month) (Day) (Year)

(c) Place Morris Hill Cemetery

## 18. Funeral Director's

OWN Signature

and Address

Summers Funeral Home  
Boise, Idaho

## 19. (a) 11-3-48

(Date received and filed)

## (b) Vera Nakaw

Registrar's signature

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) October 22, 1948

at 3:15 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

July 1948 to Oct 22 1948

I last saw h. E.R. alive on Oct 19 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion

Duration  
5 minutes

## Due to

atherosclerosis

20 years

## Due to

Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

OWN Signature

and Address

Esther Luke  
Caldwell (M. D. or other)

11-3-48 Date

(For additional space, use reverse side)

457

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 8 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3750  
Local Reg. No. 38  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. Rt. 6  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home, Hospital, Institution, Other place X  
(f) Name Hosp. or Inst. Corn Field Stayed days  
(g) Lived in this county 29 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Rt. 6  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Texas

## 3. (a) FULL NAME

Raymond Harvey Ford

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. No

4. Sex M race W

5. Color or No  
6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ruth

6. (c) Age of husband or wife if alive years

7. Date of Birth  
(Month, Day, Year) April 1-1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>48</u>	<u>6</u>	<u>22</u>	hrs min.

9. Exact Occupation Farming Did this work for  yrs.

10. Industry or Business Moran, Kansas Date last worked  yrs.

11. Birthplace Moran, Kansas  
(City or town) (State or foreign country)

12. Name William T. Ford

13. Birthplace Illinois  
(City or town) (State or foreign country)

14. Maiden name Florence Lam

15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs R. H. Ford

and Address Caldwell, Idaho Rt. 6

17. (a) Burial (b) Date thereof 10-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill

18. Funeral Director's OWN Signature W. B. Baker

and Address Caldwell, Idaho

19. (a) 11-3-48 (b) W. B. Baker  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 23- 19 48  
(Month, Day, Year)  
at about 8:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Over dose of Atropine Duration

Due to mentally deranged

had been a patient at St. Luke's

Due to a few months previous

Other conditions caused by loss of life

(include pregnancy within 8 months of death)

of all that home on ranch home

Where was disease contracted? PHYSICIAN

Name of operation Date Underline the cause to which death should be charged statistically.

Major finding Large amount of atropine found in stomach

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? No Homicide? No

Occurred Oct. 23 19 48 City, county, state near Caldwell, Ida.

Place of Violence: Home X Farm X Industry No

Public Place No While at work? No

Means of injury Attendant's OWN Signature W. B. Baker

and Address Wampa, Ida Date Oct 29 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. Sanitarium Stayed days  
(g) Lived in this county years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Cottonwood, Ida

3. (a) FULL NAME Beverly Jean Rukavina  
3. (b) If veteran, name war No  
3. (c) Social Security No. No  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) October 28-1947

8. AGE	Years	Months	Days	If less than 1 day
	-	11	2	hrs min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Cottonwood, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Emil H. Rukavina  
13. Birthplace Rock Springs, Wyoming (City or town) (State or foreign country)  
14. Maiden name Josephine Webb  
15. Birthplace Parma, Idaho (City or town) (State or foreign country)  
16. Informant's OWN Signature Emil H. Rukavina  
and Address Parma, Idaho Rt. 1  
17. (a) Burial (b) Date thereof 10-30-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Parma, Idaho  
18. Funeral Director's OWN Signature Vera Rukavina  
and Address Caldwell, Idaho  
19. (a) 11-3-48 (b) Vera Rukavina (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) October 27 19 48  
at 7:30 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from 7:00 P.M. 10-27 1948 to 7:30 P.M. 10-27 1948  
I last saw h ER alive on Oct 27 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Barbiturate poisoning Duration 10 hours  
Due to Childbirth complications  
Due to poisoning  
Other conditions  
(Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
Attendant's OWN Signature (M. D. or other)  
and Address Caldwell Date 11-3-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

OCT 20 1948

# Certificate of Death

STATE OF IDAHO

1948 3752

State File No.

Local Reg. No. 522

Reg. Dist. No. 368

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. Route #3  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 24 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #3  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? Japan  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

1. BEN SADAO YAMAMOTO Ben Sadao Yamamoto

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

## 4. Sex male race Japanese

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Liko Yamamoto

## 6. (c) Age of husband or wife if alive 49 years

## 7. Date of Birth (Month, Day, Year) January 15, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>8</u>	<u>16</u>	hrs. min.

## 9. Exact Occupation Farmer Did this work for        yrs.

## 10. Industry or Business Farming Date last worked

## 11. Birthplace Wakayama, Japan (City or town) (State or foreign country)

## 12. Name Senjiro Yamamoto

## 13. Birthplace Japan (City or town) (State or foreign country)

## 14. Maiden name Iemaki

## 15. Birthplace Japan (City or town) (State or foreign country)

## 16. Informant's OWN Signature Kay Yamamoto and Address Caldwell Idaho

## 17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof 10/5/48 (Month) (Day) (Year)

## (c) Place Kohlertown Cemetery

## 18. Funeral Director's OWN Signature John E. Allen, Jr. and Address Nampa Idaho

## 19. (a) Oct 13-1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) October 1, 1948 at 6:00 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from July 1, 1948 to Oct 1, 1948

I last saw him alive on Oct 1, 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer liver Duration 046F

Due to Metastatic glands

Due to Route 101 of heart

Other conditions        (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation        Date 8/7/48

Major finding       

Finding of autopsy metastatic glands

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

## 23. Attendant's OWN Signature H. B. Belong and Address Nampa Date 10-2-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 23 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 3753  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Parma  
(c) Street Address or R.F.D. No. Route #2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. Route #2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Emmett, Idaho

3. (a) FULL NAME Henry Meier

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or W 6. (a) Single, widowed, married, divorced M  
4. Sex M race W  
6. (b) Name of husband or wife Pauline 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) July 29-1888

8. AGE	Years	Months	Days	If less than 1 day
	60	2	12	hrs min.

9. Exact Occupation Farming Did this work for years.  
10. Industry or Business worked Date last worked  
11. Birthplace Buffalo Co., Nebraska (City or town) (State or foreign country)  
Mother Father { 12. Name Charles Meier  
13. Birthplace Not Known (City or town) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's OWN Signature Mr. Henry Meier  
and Address Parma, Idaho, Rt. #2

17. (a) Burial (b) Date thereof 10-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Parma

18. Funeral Director's OWN Signature Peckham Baker Chapel  
and Address Caldwell, Idaho

19. (a) 10-14-48 (b) W. Adams  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH October 11 19 48  
(Month, Day, Year)  
at 4:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 10/11 19 48, to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration

Due to Arteriosclerotic heart disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Leater W. Smith (M. D. or other)

and Address Myers, Nev. Date 10/13 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-208 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 6 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

State File No. 3754  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Parma  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

3. (a) FULL NAME

Clarence Chenoweth

3. (b) If veteran, name war

3. (c) Social Security No. 541-16-5912

4. Sex M race W

5. Color or divorced S  
6. (a) Single, widowed, married,

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year)

October 4-1884

8. AGE	Years	Months	Days	If less than 1 day
64	0	7	hrs	min.

9. Exact Occupation Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Cottonwood, Idaho (City or town) (State or foreign country)

12. Name Gordon Chenoweth

13. Birthplace Madison Co., Iowa (City or town) (State or foreign country)

14. Maiden name Emily Ann Reasoner

15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Mary L. McPherson

and Address Seattle, Wash.

17. (a) Burial (b) Date thereof 10-20-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dakota Chapel

and Address Caldwell, Idaho

19. (a) 11-1-48 (b) W. Adams (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 11 19 48 (Month, Day, Year) at o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 11 19 48 to Oct. 11 19 48 I last saw h. alive on Oct 11 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Coronary Thrombosis Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature J. M. Mitchell

and Address Parma, Ind. Date 11-5-19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

OCT 26 1948

# Certificate Of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. **3755**  
Local Reg. No. **350**  
Reg. Dist. No. **560**

1. PLACE OF DEATH: **STATISTICS**
- (a) County Canyon  
(b) City or town Fargo Community  
(c) Street Address or R.F.D. No. RFD  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place.....  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 12 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Fargo Community  
(d) Street Address or R.F.D. No. RFD  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Fannie Blair Barber

3. (b) If veteran, name war No 3. (c) Social Security No. No
4. Sex F 5. Color W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Lebbus A. Barber 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 12-1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>39</u>	<u>7</u>	<u>3</u>	hrs min.

9. Exact Occupation Housekeeping Did this work for years
10. Industry or Business Near Coldwater, Michigan Date last worked
11. Birthplace Near Coldwater, Michigan (City or town) (State or foreign country)
12. Name George Blair
13. Birthplace Michigan (City or town) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Michigan (City or town) (State or foreign country)

16. Informant's OWN Signature J.B. Barber  
and Address Okahoma City, Okla
17. (a) Removal (b) Date thereof 10-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Twin Falls
18. Funeral Director's OWN Signature Beckham Daken Chapeau  
and Address Caldwell, Idaho
19. (a) 10-24-48 (b) Van Daken  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 15 19 48  
(Month, Day, Year) at 4:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 19 48, to Oct 15 19 48  
I last saw h. alive on Oct 14 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: arterio sclerotic heart disease Duration 1 year

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
Attendant's OWN Signature William J. Kelly, M.D.  
and Address Hemdale, Idaho (D. or other) Date Oct 16 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 8 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3756  
Local Reg. No. 541  
Reg. Dist. No. 963

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. RFD  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital X Institution X Other place  
(f) Name Hosp. or Inst. Sta Sch & Colony days  
(g) Lived in this county 20 years 1 months 5 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. RFD  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Grangeville, Idaho

## 3. (a) FULL NAME IVA PEARL MASON

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex Fem race White

6. (a) Single, widowed, married,  
divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive years

7. Date of Birth Oct 17 1885  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>0</u>	<u>1</u>	hrs. min.

9. Exact Occupation Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Nebraska  
(City or town) (State or foreign country)

12. Name Jepe Mason

13. Birthplace Indiana  
(City or town) (State or foreign country)

14. Maiden name Mary Sexton

15. Birthplace Tennessee  
(City or town) (State or foreign country)

16. Informant's OWN Signature Secy

and Address STATE SCHOOL & COLONY

17. (a) Removal (b) Date thereof 10/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Grangeville, Idaho

18. Funeral Director Robinson-Alsop Chapel

OWN Signature Nampa, Idaho

and Address Oct 18 - 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 18th 1948  
(Month, Day, Year) at 2:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from  
Mar 22nd 1943 to Oct 18th 1948  
I last saw h. er alive on Oct 18 1948 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cancer of left breast with  
probable extension to heart and  
acute lung. Acute Coronary  
Thrombosis. Shortness of breath  
and cough.

Due to and cough.  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

Duration

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

OWN Signature State School & Colony Oct 18 1948  
(M. D. or other)

and Address State School & Colony  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DEPARTMENT OF VITAL STATISTICS

STATE OF IDAHO

State File No. 3757  
Local Reg. No. 537  
Reg. Dist. No. 362

1. PLACE OF DEATH: STATISTICS
- (a) County Canyon
- (b) City or town Nampa
- (c) Street Address or R.F.D. No. Route #3
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town
- (e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X
- (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
- (g) Lived in this county 32 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon
- (c) City or town Nampa
- (d) Street Address or R.F.D. No. 612 18th Ave. So.
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 37 years
- (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME MR. DANIEL V. MESSICK

3. (b) If veteran, name war none
3. (c) Social Security No. 700-09-1169
5. Color or \_\_\_\_\_
6. (a) Single, widowed, married, divorced married
4. Sex male race white
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive 66 years

7. Date of Birth (Month, Day, Year) January 26, 1878

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <u>70</u> | <u>8</u> | <u>29</u> | hrs. min.          |

9. Exact Occupation Shift Engineer Did this work for 22 yrs.
10. Industry or Business Retired Date last worked 1943
11. Birthplace Jackson, Indiana (City or town) (State or foreign country)

12. Name William Messick
13. Birthplace Tenn. (City or town) (State or foreign country)

14. Maiden name Mattie Goodman
15. Birthplace Bristol, Tenn. (City or town) (State or foreign country)

16. Informant's OWN Signature D. V. Messick and Address Oakland, Calif.

17. (a) Burial (b) Date thereof 10/28/48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place Cloverdale Cemetery

18. Funeral Director's OWN Signature John F. Alsip and Address Nampa, Idaho

19. (a) Nov 1-1948 (b) Lyla Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 25, 1948 at 12:15 o'clock P.M.
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Attack from Insult (Duration) 092B

Due to myocardial infarction 093D

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John F. Alsip (M.D. or other)

and Address Nampa, Idaho Date 10-29-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 6 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3758

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Parma  
(c) Street Address or R.F.D. No. Rt. 3  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 38 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. Rt. 3  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Nebraska

3. (a) FULL NAME George Wilford Swigert

3. (b) If veteran, name war No 3. (c) Social Security No. No  
4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Flora 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) August 4-1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>2</u>	<u>26</u>	hrs min.

9. Exact Occupation Farming Did this work for years  
10. Industry or Business Ohio Date last worked  
11. Birthplace (City or town) (State or foreign country)

12. Name Thomas Swigert  
13. Birthplace Ohio  
14. Maiden name Margaret Ann Reed  
15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Flora Swigert  
and Address Parma, Idaho Rt. 3

17. (a) Burial (b) Date thereof 11-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Roswell, Idaho

18. Funeral Director's OWN Signature V. Beckham  
and Address Caldwell, Idaho

19. (a) 11-4-48 (b) W. Adams  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 30 19 48  
(Month, Day, Year) at 9:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 5 1940, to Oct 30 1948  
I last saw him alive on Oct 30 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration

Due to Hypertension

Due to Epilepsy

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding no autopsy

Finding of autopsy no autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature V. M. Mitchell  
(M. D. or other)

and Address Parma, Idaho Date 11-2-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **3759**  
Local Reg. No. **17**  
Reg. Dist. No. **520-521**

## 1. PLACE OF DEATH:

- (a) County Caribou  
(b) City or town Soda Springs Idaho  
(c) Street Address or R.F.D. No. -  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home... Hospital... Institution X Other place...  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county 10 years - months - days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Caribou  
(c) City or town Soda Springs  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? X Outside? - city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) -

## 3. (a) FULL NAME

McKinley S. Holt

3. (b) If veteran, 3. (c) Social Security  
1st & second name war World War No. 518-28-9600

4. Sex Male 5. Color White 6. (a) Single, widowed, married,  
race White divorced Married  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife Annie S. Holt alive 67 years

7. Date of Birth  
(Month, Day, Year) Feb 21-1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>7</u>	<u>25</u>	hrs min.

9. Exact Occupation Laborer Did this work for 30 yrs.

10. Industry or Business Livestock Farming Date last worked 10-16-48

11. Birthplace Soldier, Kansas  
(City or town) (State or foreign country)

12. Name J. W. Holt

13. Birthplace unknown  
(City or town) (State or foreign country)

14. Maiden name Rose Cochran

15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Helen Fern

- and Address Soda Springs Idaho

17. (a) Buried (b) Date thereof 10-19-48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Chesterfield Ida

18. Funeral Director's OWN Signature E. J. Whitman

- and Address Soda Springs Idaho

19. (a) 10-19-48 (b) Emile M. Wuthrich  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) October 16 1948  
at 2:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from  
June 1946, to Oct 16 1948.  
Last saw him alive on Oct 16 1948; death is  
said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Recurrent (acute) coronary thrombosis

Due to -

Due to -

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? Not known

Name of operation none Date -

Major finding -

Finding of autopsy No autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature Russell Tiger  
(M.D. or other) and Address Soda Springs Date 10-18 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
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Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3760

Local Reg. No. 100

Reg. Dist. No. 520-521

## 1. PLACE OF DEATH

STATISTICS

- (a) County Caribou  
(b) City or town Soda Springs Ida  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Caribou Co Stayed 1 days  
(g) Lived in this county 0 years 16 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Caribou  
(c) City or town Soda Springs  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 16 mo  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

Boyle W. Barger

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. 1790

## 4. Sex

Male

## 5. Color or race

W.

## 6. (a) Single, widowed, married,

divorced Single

## 6. (b) Name of husband or

wife \_\_\_\_\_

## 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

June 2 - 1947

## 8. AGE

Years 1

Months 4

Days 19

If less than 1 day  
hrs min.

## 9. Exact

Occupation Baby

## Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business \_\_\_\_\_

## Date last

worked \_\_\_\_\_

## 11. Birthplace

Soda Springs

(City or town) (State or foreign country) Ida

## 12. Name

William J. Barger

## 13. Birthplace

Sourvee

(City or town) (State or foreign country) Ida

## 14. Maiden name

Patricia G. Helliguo

## 15. Birthplace

Soda Springs

(City or town) (State or foreign country) Ida

## 16. Informant's

OWN Signature

William J. Barger

## (a) Address

Soda Springs Ida

## 17. (a) Burial

(Burial, cremation or removal)

(b) Date thereof 10-24-48

## (c) Place:

Sourvee Ida

## 18. Funeral Director's

OWN Signature

E. J. Hittinger

## (a) Address

Soda Springs Ida

## 19. (a)

Oct 23 - 1948

(Date received and filed)

(b)

Evelyn M. Wathen

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

10-20-1948

at 7:20 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

10-21-1948, to 10-21-1948

I last saw h. W. alive on 10-21-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Fuel oil poisoning

## Duration

18 hours

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

Date \_\_\_\_\_

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 10/20 19 48 City, county, state

where violence occurred Caribou, Caribou County

Place of Violence: Home X Farm \_\_\_\_\_ Industry Idaho

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Swallowed fuel oil that

## 23. Attendant's

OWN Signature Alden H. Barger

(M. D. or other)

and Address Soda Springs Date 24 Oct 48

(For additional space, use reverse side)

Idaho

545

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OFFICE OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3761  
Local Reg. No. 101  
Reg. Dist. No. 520-521

## 1. PLACE OF DEATH: STATISTICS

- (a) County Caribou  
(b) City or town Soda Springs Ida  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Canton Co. Stayed 30 hrs  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 30 hrs

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Caribou  
(c) City or town Soda Springs Ida  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 hrs  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Jennie V. Hokanson

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Oct. 25-48

## 8. AGE

Years	Months	Days	If less than 1 day
			hrs min.
			30 hrs

## 9. Exact Occupation

Baby

## Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Soda Springs Ida

## Date last

worked \_\_\_\_\_

## 11. Birthplace

(City or town) (State or foreign country)

## 12. Name

Eddie Hokanson

## 13. Birthplace

(City or town) (State or foreign country)

## 14. Maiden name

Edith Wilson

## 15. Birthplace

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature

Syble M. Harris

## and Address

Idaho

## 17. (a)

Burial (b) Date thereof Oct 28-48

(Burial, cremation, or removal) (Month, Day) (Year)

## (c) Place:

Blackfoot Ida

## 18. Funeral Director's

OWN Signature

Soda Springs Ida

## and Address

10-26-48

(Date received and filed)

(b) Earl M. Waltham

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Oct-26-48 19 48  
at 12:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Oct 25 19 48 to Oct 26 19 48

I last saw him alive on Oct 26 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Atalectasis

## Duration

1 day

Due to Prematurity

## Due to

Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation

Date

## Major finding

Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_

While at work? \_\_\_\_\_

Means of injury

## 23. Attendant's

OWN Signature

Charles Johnson M.D.

and Address

Idaho Date 10/26-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATISTICS OF VITAL STATE OF IDAHO

State File No. **3762**  
Local Reg. No. **106**  
Reg. Dist. No. **470**

## 1. PLACE OF DEATH

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Cottage Stayed 3 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Unknown (b) County Unknown  
(c) City or town Unknown  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? Unknown years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Bert Garland

3. (b) If veteran, name war \_\_\_\_\_ No. Unknown  
5. Color or race White 6. (a) Single, widowed, married, divorced Unknown  
4. Sex Male 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>			hrs min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Unknown (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Vern B. McCullach  
and Address Boise, Idaho

17. (a) Unknown (b) Date thereof 10-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Placent New Cemetery

18. Funeral Director's OWN Signature Vern B. McCullach  
and Address Burley, Idaho

19. (a) 10-22-48 (b) W. A. Wilson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 120A

20. DATE OF DEATH (Month, Day, Year) Sept. 24 1948  
at 3:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 17 Sept 1948, to Sept 24 1948.  
I last saw him alive on Sept 24 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial failure Duration 3 days

Due to Acute inflammatory  
Bacterial enteritis - Non-specific 7 days

Due to Broncho Pneumonia  
Other conditions Pt base - terminal 2 days  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy as listed above

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. H. Thors M.D.  
(M. D. or other)  
and Address Burley, Ida Date 10/13/1948  
(For additional space, use reverse side)

# DISINTERMENT PERMIT

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH  
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Bert Garland  
now lying buried in Pleasant View Municipal cemetery, in the City or Town of Burley  
County of Cassia State of Idaho, who died on the 24 day of Sept., 1948, Aged \_\_\_\_\_ years \_\_\_\_\_ months  
\_\_\_\_\_ days, the cause of death being Myocardial failure, Broncho Pneumonia and  
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever;  
or yellow fever as shown by the certificate of death of said deceased, given by

R. P. Sutton, M. D. attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private  
private or railway conveyance  
to another lot same Cemetery in the City or Town of Burley County of Cassia

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of  
Cassia it being understood and provided that nothing herein shall be deemed as contravening or in  
anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of  
Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be  
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another  
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The  
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the  
remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic  
lined outer case before removal.

Given under my hand and Seal of the Department of public Health at Boise, Idaho,

permit issued to:

this 21 day of Feb., A.D. 1955.

W. W. Benson  
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of Cassia State of Idaho, this 25th day of February, 1955.

James R. Kischer, M.D.

Health officer

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH

(a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 500 - Overland  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county        years 5 months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 500 Overland  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state)       

3. (a) FULL NAME Robert Lyle Senere  
3. (b) If veteran,        3. (c) Social Security No.         
name war        No.         
5. Color or 5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race W.  
6. (b) Name of husband or wife Marion Senere 6. (c) Age of husband or wife if alive 32 years  
7. Date of Birth May 12 - 1948  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>—</u>	<u>4</u>	<u>16</u>	hrs min.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept. 28 - 1948  
(Month, Day, Year) at 12:50 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from Sept 27 1948, to Sept 28 1948.  
I last saw him alive on Sept 27 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Pneumonia Duration 1 day  
Due to Gastro-intestinal 4 days  
Due to         
Other conditions         
(Include pregnancy within 3 months of death)  
Where was disease contracted? Idaho  
Name of operation None Date         
Major finding Gastro-intestinal  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

9. Exact Occupation None Did this work for        yrs.  
10. Industry or Business None Date last worked         
11. Birthplace Burley - Idaho  
(City or town) (State or foreign country)  
Mother Father { 12. Name Robert Hilman Senere  
13. Birthplace Burley - Idaho  
(City or town) (State or foreign country)  
14. Maiden name Madge Marysen Seal  
15. Birthplace Rupert - Idaho  
(City or town) (State or foreign country)  
16. Informant's OWN Signature Robert P. Senere  
and Address 500 N. Overland  
17. (a) Burial (b) Date thereof Oct. 1 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burley - Cemetery 10-1-48  
18. Funeral Director's OWN Signature Harold B. McCulloch  
and Address Burley - Idaho  
19. (a) 10-22-48 (b) H. Wilson  
(Date received and filed) (Registrar's signature)

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury         
23. Attendant's OWN Signature J. W. Davis M.D.  
(M. D. or other) and Address Burley, Idaho Date 10/11 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3764  
Local Reg. No. 47  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. 4301a. Bonant  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 8 years 2 months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these).

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 4301a. Bonant Ave.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Cladon Nebraska

## 3. (a) FULL NAME

William Chisholm

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M. race W.  
5. Color or W.  
(b) Name of husband or Ernest McDonald  
(c) Age of husband or wife if alive 22 years  
7. Date of Birth (Month, Day, Year) July 16-1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>2</u>	<u>19</u>	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.  
10. Industry or Business Farming Date last worked No Data  
11. Birthplace New Chicago, Nova Scotia, Canada (City or town) (State or foreign country)  
12. Name No Data - Chisholm  
13. Birthplace New Chicago, Canada (City or town) (State or foreign country)  
14. Maiden name No Data  
15. Birthplace No Data (City or town) (State or foreign country)

16. Informant's OWN Signature Donna A Chisholm  
and Address Burley - Idaho

17. (a) Removal (b) Date thereof 10-8-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sidney Nebraska

18. Funeral Director's OWN Signature Wm B. M. McPhee  
and Address Burley - Idaho

19. (a) 10-7-48 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 073D

20. DATE OF DEATH (Month, Day, Year) 10-6-48 1948  
at 1:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 27 1948, to Oct 6 1948  
I last saw him alive on Oct 4 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Failure Duration 1 day

Due to Sepsis, Anemia

Due to Pneumonia  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation None Date None  
Major finding None  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury None

23. Attendant's OWN Signature James R. Kuehn MD  
and Address Burley, Idaho Date Oct 7 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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# Certificate Of Death

STATE OF IDAHO

State File No. 3765  
Local Reg. No. 173  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 7 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Minnesota

## 3. (a) FULL NAME

Hannah J. Rhon.

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex 7 race W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Sept. 30 - 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>-</u>	<u>18</u>	hrs min.

9. Exact Occupation Housewife Did this work for 25 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1944  
11. Birthplace Norway (City or town) (State or foreign country)  
Mother { 12. Name Ole Samberg  
13. Birthplace Norway (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature \_\_\_\_\_ and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hayburn Idaho

18. Funeral Director's OWN Signature Retta S. Payne and Address Burley Idaho

19. (a) 11-1-48 (b) B. J. Dixon  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 18 - 1948  
at 6:22 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1938 to 18 Oct 1948  
I last saw h. EX alive on 16 Oct 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

CEREBRAL HEMORRHAGE Duration 2 days

Due to Hypertension 10 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Chas M. [Signature] (M. D. or other)

and Address Burley Idaho Date Nov 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 3766  
Local Reg. No. 112  
Reg. Dist. No. 4570

## 1. PLACE OF DEATH STATISTICS

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Cottage Stayed 12 days  
(g) Lived in this county \_\_\_\_\_ years 1 months 16 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lamhi  
(c) City or town Burley, Idaho  
(d) Street Address or R.F.D. No. 1027 Scholde  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Forney, Idaho

## 3. (a) FULL NAME

James Lester Black

094A

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. 519-01-2174

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced married  
4. Sex Male race White  
6. (b) Name of husband or \_\_\_\_\_ (c) Age of husband or wife if alive 44 years  
7. Date of Birth (Month, Day, Year) April 16, 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>6</u>	<u>3</u>	hrs min.

9. Exact Occupation Miner Did this work for 30 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 8-8-48

11. Birthplace Pittsburg, Kansas (City or town) (State or foreign country)

12. Name James L. Black

13. Birthplace Bellville, Illinois (City or town) (State or foreign country)

14. Maiden name Jennie Smith

15. Birthplace Bedford, Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Frank O. Jensen

and Address 817 Miller Ave

17. (a) Burial (b) Date thereof 10-22-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Herant View - Burley, Idaho

18. Funeral Director's OWN Signature Wm. B. McCullash

and Address Burley, Idaho

19. (a) 10-28-48 (b) W. H. Milavos (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 114A

20. DATE OF DEATH (Month, Day, Year) Oct. 20 1948  
at 6:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 3 Sept 1948, to 20 Oct 1948  
I last saw h/m alive on 19 Oct 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Arteriosclerosis

## Duration

22 Mo.

Due to Coronary Thrombosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death) 20 years

Where was disease contracted? Mine

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy ☒

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Chas. J. L. L. L.

and Address Burley, Idaho Date 10-27-48

(For additional space, use reverse side)

State File No. \_\_\_\_\_  
 Local Reg. No. 108  
 Reg. Dist. No. 470

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 Certificate Of Death  
 United States  
 Department of Commerce  
 Bureau of the Census  
 DIVISION OF VITAL STATISTICS  
 STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Cassia  
 (b) City or town Burley  
 (c) Street Address or R. F. D. No. \_\_\_\_\_  
 (d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
 (e) Died in a Home? X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
 (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
 (c) City or town Eden  
 (d) Street Address or R.F.D. No. \_\_\_\_\_  
 (e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
 (f) Citizen of what country? U. S. A.  
 (g) How long had deceased lived in Idaho? 43 years  
 (h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

NAME Lillian Gentler.

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Nov. 12 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>11</u>	<u>10</u>	hrs min.

9. Exact Occupation Housewife Did this work for 55 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 1944

11. Birthplace Richmond Ohio (City or town) (State or foreign country)

12. Name William L. Bebout

13. Birthplace Richmond Ohio (City or town) (State or foreign country)

14. Maiden name Margaret L. Bebout

15. Birthplace Richmond Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Jessie Gorden

and Address Burley

17. (a) Burial (b) Date whereof Oct 25 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Twin Falls Idaho

18. Funeral Director's OWN Signature Retta L. Payne

and Address Burley Idaho

19. (a) 10-24-48 (b) RTD Wilson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Oct 22 1948  
 (Month, Day, Year) at 10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 10 Oct 1948 to 22 Oct 1948  
 I last saw her alive on 20 Oct 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 100

Due to Coronary Thrombosis 100

Due to Arteriosclerosis Small

Other conditions None  
 (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John T. Moore  
 and Address Burley Idaho (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to 'State Bureau of Vital Statistics, Boise, Idaho.'

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

DIVISION OF VITAL STATE OF IDAHO

State File No. 3768

Local Reg. No. 104

Reg. Dist. No. 471

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Allison  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 51 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Allison  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 63 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Alice Marsh Barrett

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex Female race white 5. Color or white (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Edward Barrett 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) April 14, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>5</u>	<u>2</u>	hrs min.

## 9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked Unknown

## 11. Birthplace Stockalodge, Yorkshole (City or town) (State or foreign country)

## 12. Name Johnathan Marsh 13. Birthplace England (City or town) (State or foreign country)

## 14. Maiden name Ellen Lathorpe 15. Birthplace England (City or town) (State or foreign country)

## 16. Informant's OWN Signature William Barrett and Address Allison Id.

## 17. (a) Burial (b) Date thereof 9-22-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Allison, Idaho

## 18. Funeral Director's OWN Signature Kym B. McCallash and Address Burley, Idaho

## 19. (a) 10-22-48 (b) B. Wilson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Sept. 17 1948 at 7:10 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from May 17 1947, to Sept 7 1948. I last saw her alive on Sept 7 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Myocardial failure Duration 1 year

## Due to Generalized atherosclerosis 25 years

## Due to Senility Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_ Major finding \_\_\_\_\_ Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature James K. Kricher MD and Address Burley, Idaho Date 9-22 1948

## (For additional space, use reverse slide)



United States  
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Certificate Of Death  
STATE OF IDAHO

1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Minidoka National Forest  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. RFD #3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Montana

3. (a) FULL NAME Elsie Hurianek

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race White 6. (a) Single, widowed, married, divorced married  
4. Sex Female  
6. (b) Name of husband or wife John Hurianek 6. (c) Age of husband or wife if alive 42 years  
7. Date of Birth (Month, Day, Year) September 28, 1922

8. AGE	Years	Months	Days	If less than 1 day
	<u>26</u>		<u>10</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Lewistown, Mont. (City or town) (State or foreign country)

12. Name Frank Sirucek  
13. Birthplace Czechoslovakia (City or town) (State or foreign country)  
14. Maiden name Christina Hranac  
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's OWN Signature John I Hurianek  
and Address Jerome Idaho - R.R. 3

17. (a) Buried (b) Date thereof 10-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Jerome Cemetery, Jerome, Idaho

18. Funeral Director's OWN Signature J. Phillips  
and Address Twin Falls, Idaho

19. (a) October 11, 1948 (b) Helen L. Goley  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Oct 8 1948  
(Month, Day, Year)  
at 7:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
Did not see to alive 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? \_\_\_\_\_

Occurred Cassia County 19 Oct 8 City, county, state

where violence occurred Minidoka Natl Forest

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury 30-06 R.F.L.

23. Attendant's OWN Signature J. Woodson Creed

and Address Twin Falls Co. Hosp. (M. D. or other) \_\_\_\_\_

Date Oct 8 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3770  
Local Reg. No. 103  
Reg. Dist. No. 471

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Oakley  
(c) Street Address or R. F. D. No. 1  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 67 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Oakley  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 67 years  
(h) Former residence (city, state) Grantville, Utah

3. (a) FULL NAME Polly Ann McIntosh Bedke

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White  
6. (b) Name of husband or wife Frank C. Bedke 6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) March 15, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>6</u>	<u>24</u>	hrs min.

9. Exact Occupation At Home Did this work for Life yrs.

10. Industry or Business Unknown Date last worked Unknown

11. Birthplace Grantville, Utah (City or town) (State or foreign country)

12. Name Salomon Parks McIntosh

13. Birthplace Kentucky (City or town) (State or foreign country)

14. Maiden name Mary Bancroft

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Fred E. Bedke

and Address Oakley Idaho

17. (a) Burial (b) Date thereof 10-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Osam Cemetery - Oakley, Idaho

18. Funeral Director's OWN Signature Vern B. McCulloch

and Address Burley Idaho

19. (a) 10-22-48 (b) 10-20-48  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 162A

20. DATE OF DEATH (Month, Day, Year) October 10, 1948  
at 8:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1948, to Oct 7, 1948  
I last saw her alive on Oct 7, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial failure Duration 45 days

Due to arteriosclerotic Heart Disease ?

Due to Senile  
Other conditions (Include pregnancy within 3 months of death) Dementia

Where was disease contracted? none Date —

Major finding none  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Occurred Suicide? 19 Homicide? —  
where violence occurred 19 City, county, state

Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature R. S. Sutton M.D.  
and Address Burley Idaho Date 10/20/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
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Bureau of the Census

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Certificate Of Death

STATE OF IDAHO  
DIVISION OF VITAL STATISTICS

State File No. 3771  
Local Reg. No. 1099  
Reg. Dist. No. 471

1. PLACE OF DEATH:

- (a) County Carroll  
(b) City or town Rupert, Jackson  
(c) Street Address or R. F. D. No. Rupert, R.T.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home? Hospital Institution? Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 14 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minnehaha  
(c) City or town Jackson  
(d) Street Address or R.F.D. No. Rupert R.T.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 14 years  
(h) Former residence (city, state) Minnesota

3. (a) FULL NAME

Carrie Esther Pace

107X

3. (b) If veteran,

name war no

3. (c) Social Security

No. no

4. Sex Female 5. Color or race white  
6. (b) Name of husband or wife divorced 6. (c) Age of husband or wife if alive widow years

7. Date of Birth (Month, Day, Year) April 16 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>5</u>	<u>29</u>	hrs min.

9. Exact Occupation Housewife Did this work for  yrs.  
10. Industry or Business worked Date last worked  
11. Birthplace Blossing Prairie, Minn. (City or town) (State or foreign country)

12. Name Andrew J. Pettie  
13. Birthplace Worcester, Mass. (City or town) (State or foreign country)  
14. Maiden name Rose Pace  
15. Birthplace Decatur, N.Y. (City or town) (State or foreign country)

16. Informant's OWN Signature Rosa Heisel  
and Address Rupert, Idaho

17. (a) Burial (b) Date thereof 10-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rupert, Idaho

18. Funeral Director's OWN Signature Robert L. Hoffman  
and Address Rupert, Idaho

19. (a) 10-23-48 (b) Oct 16 1948  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 15 1948  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 16 1948 to Oct 15 1948  
I last saw her alive on Oct 15 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Broncho pneumonia Duration 5 days

Due to Unknown causes -  
Patient expired within 2-5 minutes  
Due to after my arrival.  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature James R. Kuster MD  
and Address Boise, Idaho (M.D. or other) Date 10-16 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Bureau of the Census  
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Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948 State File No. 3772  
Local Reg. No. 110  
Reg. Dist. No. 470

1. PLACE OF DEATH

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 34 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Canada

3. (a) FULL NAME

Joseph Edward Smith

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. 518-09-4173

5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Sept. 11, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>1</u>	<u>4</u>	hrs min.

9. Exact Occupation Team Laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 10-16-48

11. Birthplace Rice, Fremont Co. Idaho  
(City or town) (State or foreign country)

12. Name Edward Arthur Smith

13. Birthplace Charterfield England  
(City or town) (State or foreign country)

14. Maiden name Ellen Smith

15. Birthplace Farmington, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Melvin Harward  
and Address 1842 Hansen

17. (a) Burial (b) Date thereof 10-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Phasant New Cemetery - Burley, Idaho

18. Funeral Director's OWN Signature Vern B. McCallach  
and Address Burley, Idaho

19. (a) 10-28-48 (b) B. McCallach  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 16 19 48  
at 10:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Broken Neck - Crushed Chest - Ruptured Rt. & Lf. Kidneys - Broken Back - Broken Hip - Due to Crushed Legs - Rt. & Lf. Hip

Due to Tractor Accident on Hi-Way  
Other conditions U.S. 30' 50'  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☒ Physician

Name of operation \_\_\_\_\_ Date ☒ Underline the cause to which death should be charged statistically.

Major finding ✓

Finding of autopsy ✓

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 10-16-48 City, county, state Idaho

where violence occurred U.S. Hi-Way 30' 50'

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place U.S. Hi-Way While at work? Yes  
Means of injury Tractor accident on Hi-Way

23. Attendant's OWN Signature Vern B. McCallach  
(City or other) \_\_\_\_\_  
and Address Burley, Idaho Date 10-16-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Department of Commerce  
Bureau of the Census

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Certificate Of Death

STATE OF IDAHO

State File No. 3773  
Local Reg. No. 102  
Reg. Dist. No. 471

1. PLACE OF DEATH: STATISTICS

- (a) County Cassia  
(b) City or town Malta  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Utah (b) County Salt Lake  
(c) City or town Midvale  
(d) Street Address or R.F.D. No. 30 Pioneer St  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME William R. Sadler

3. (b) If veteran, name war \_\_\_\_\_ No. 529-01-4865  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Grace E. Hayes 6. (c) Age of husband or wife if alive 52 years  
7. Date of Birth (Month, Day, Year) Sept. 30, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>0</u>	<u>17</u>	hrs min.

9. Exact Occupation Mill Operator Did this work for 30 yrs.  
10. Industry or Business U. S. Smelter Co. Date last worked 10-15-48  
11. Birthplace Draper, Utah (City or town) (State or foreign country)

12. Name Fredrick Sadler  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Sarah Rodway  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Merna Allmendinger  
and Address 781 W. 2nd St. Midvale, Utah

17. (a) Removal (b) Date thereof 10-22-48 (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: Midvale, Utah

18. Funeral Director's OWN Signature Kern B. McCulloch  
and Address Burley, Idaho

19. (a) 10-22-48 (b) E. H. Hilton (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 17, 1948  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crushed Chest - Broken Neck  
Ruptured aorta & both lungs  
Due to fractured left femur

Due to Automobile Accident  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Oct. 17, 1948 City, county, state Midvale, Salt Lake Co.  
where violence occurred 21 S. Highway 30 So.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place Yes While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Kern B. McCulloch (or other) Cosmen  
and Address Burley, Idaho Date 10-17-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 9 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3774  
Local Reg. No. 115  
Reg. Dist. No. 471

## 1. PLACE OF DEATH:

- (a) County CASSIA  
(b) City or town BURLEY  
(c) Street Address or R.F.D. No. R.F.D. 1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital — Institution — Other place —  
(f) Name Hosp. or Inst. — Stayed — days  
(g) Lived in this county 30 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CASSIA  
(c) City or town BURLEY  
(d) Street Address or R.F.D. No. —  
(e) Deceased lived Inside? X Outside? — city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) COALVILLE, UTAH

## 3. (a) FULL NAME

CHARLOTTE DISTON RANDALL 097X

## 3. (b) If veteran,

name war —

## 3. (c) Social Security

No. —

5. Color or — 6. (a) Single, widowed, married, divorced WIDOWED  
4. Sex FEMALE race WHITE

6. (b) Name of husband or wife GEORGE RANDALL 6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) JUNE 27, 1863

- | 8. AGE | Years     | Months   | Days     | If less than 1 day |
|--------|-----------|----------|----------|--------------------|
|        | <u>85</u> | <u>4</u> | <u>2</u> | hrs min.           |

9. Exact Occupation HOUSE WIFE Did this work for 60 yrs.

10. Industry or Business — Date last worked 1947

11. Birthplace BAMBRY, ENGLAND  
(City or town) (State or foreign country)

12. Name GEORGE DISTON

13. Birthplace ENGLAND  
(City or town) (State or foreign country)

14. Maiden name EMMA BARNES

15. Birthplace ENGLAND  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs L. E. Harris

- and Address Burley

17. (a) BURIAL (b) Date thereof 11/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Burley

18. Funeral Director's OWN Signature Ritter & Payne

- and Address Burley Idaho

19. (a) 11-3-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 111C

## 20. DATE OF DEATH

(Month, Day, Year) OCT 29, 1948  
at 6 o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from 11/23 1947, to Oct 28 1948

I last saw her alive on Oct 28 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial Infarction Duration 6 days

Due to arteriosclerosis 10 yrs

Due to —

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation — Date —

Major finding —

Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature Joan M. Davis M.D.

(M. D. or other)

and Address Burley, Idaho Date 11/1 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3775  
Local Reg. No. 85  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home? ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 32 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDA. (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) DULUTH, MINN.

## 3. (a) FULL NAME CHARLES D. Mc EACHRON

083A

3. (b) If veteran, name war ☒ 3. (c) Social Security No. 519-12-428  
5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife LEA 6. (c) Age of husband or wife if alive ☒ years  
7. Date of Birth (Month, Day, Year) MARCH 15, 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>89</u>	<u>6</u>	<u>17</u>	hrs min.

9. Exact Occupation ABSTRACTING Did this work for LIFE yrs.  
10. Industry or Business RETIRED Date last worked 1940  
11. Birthplace SAGINAW, MICHIGAN (City or town) (State or foreign country)

12. Name Mc EACHRON  
13. Birthplace NEW YORK (City or town) (State or foreign country)  
14. Maiden name KATHERINE GILLESPIE  
15. Birthplace NEW YORK (City or town) (State or foreign country)

16. Informant's OWN Signature Charles Mc Eachron  
and Address Orofino, Ida

17. (a) REMOVAL (b) Date thereof AT 5, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: NEWISTON, IDA.

18. Funeral Director's OWN Signature Chas. D. Eucharach  
and Address Orofino, Ida

19. (a) 10/4/48 (b) Goetz E. Fairly  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 111C

20. DATE OF DEATH (Month, Day, Year) OCT. 2 1948  
at 2:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1, 1948 to OCT. 2, 1948  
I last saw him alive on 10-1-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertensive Pneumonia Duration 2 days

Due to cerebral hemorrhage 4 days

Due to old age

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? —

Name of operation — Date —

Major finding —

Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred — 19 48 City, county, state where violence occurred  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature W.B. Pappenhagen M.D.  
and Address Orofino, Idaho Date 10-4-48 19 48  
(For additional space, use reverse side)

192

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 11 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

1948 State File No. 3776  
Local Reg. No. 86  
Reg. Dist. No. 210

1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Orofino  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. State Hosp. Stayed 2037 days  
(g) Lived in this county 29 years 11 months 23 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Clearwater  
(c) City or town Orofino  
(d) Street Address or R.F.D. No. ?  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Orofino Ida

3. (a) FULL NAME

Otto Hjalmar Larson 131A

3. (b) If veteran, name war

3. (c) Social Security

No. 578013360

5. Color or race w  
4. Sex m

- (a) Single, widowed, married, divorced Single  
(b) Name of husband or wife

- (b) Name of husband or wife

- (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) ?

8. AGE 65 Years Months Days If less than 1 day hrs min.

9. Exact Occupation Lumbar Jack Did this work for 7 yrs.

10. Industry or Business Date last worked 5/6/44

11. Birthplace Sweden (City or town) (State or foreign country)

12. Name John Larson

13. Birthplace Sweden (City or town) (State or foreign country)

14. Maiden name Johanna Nelson

15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature E. P. Barry and Address Orofino Ida

17. (a) Burial (b) Date thereof 10-5-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: State Hospital North Cemetery

18. Funeral Director's OWN Signature R. R. Smith and Address Orofino, Idaho

19. (a) 10/4/48 (b) Elsie E. Garley (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) Oct-3 1948

at 9:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from May 6 1948, to Oct 3 1948

I last saw him alive on Oct 3 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis Duration ?

Due to arterio sclerosis ?

Due to nephritis ?

Other conditions Senile Dementia ?

(Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation Date

Major finding Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury E. P. Barry

23. Attendant's OWN Signature E. P. Barry and Address Orofino Ida (M.D. or other) 19 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 11 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3777  
Local Reg. No. 87  
Reg. Dist. No. 210

## 1. PLACE OF DEATH

- (a) County Cassia  
(b) City or town Orangus  
(c) Street Address or R. F. D. No.         
(d) Death Occured Inside? ☒ Outside? ☐ city or town         
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place         
(f) Name Hosp. or Inst. St. Mary's Stayed 26 days  
(g) Lived in this county 26 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida (b) County Cassia  
(c) City or town Orangus  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? ☐ Outside? ☒ city or town         
(f) Citizen of what country? Finland  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Jacob Siira

## 3. (b) If veteran,

name war       

## 3. (c) Social Security

No.       

## 4. Sex M race W

5. Color or W

## 6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive        years

## 7. Date of Birth

(Month, Day, Year) unknown

## 8. AGE

Years	Months	Days	If less than 1 day
<u>61</u>			hrs min.

## 9. Exact

Occupation laborer Did this work for        yrs.

## 10. Industry or Business

Date last worked       

## 11. Birthplace

(City or town) Finland (State or foreign country)

## 12. Name unk.

## 13. Birthplace

(City or town) Finland (State or foreign country)

## 14. Maiden name unk.

## 15. Birthplace

(City or town) Finland (State or foreign country)

## 16. Informant's

OWN Signature E. L. Berryman  
and Address Orangus Ida

## 17. (a)

(Burial, cremation, or removal) Burial (b) Date thereof 10-7-48

(c) Place: State Hosp. North Cemetery

## 18. Funeral Director's

OWN Signature Robert R. Smith  
and Address Orangus, Idaho

## 19. (a)

(Date received and filed) 10/7/48 (b) Elaine C. Fairley

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Oct 5 1948  
at 10:45 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

6-1 1944 to 10-5 1948

I last saw him alive on 10-5 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

cerebral hemorrhage Duration 5 hrs

Due to arteriosclerosis 5 yrs

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation        Date       

## Major finding

## Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state       

## where violence occurred

Place of Violence: Home        Farm        Industry       

## Public Place

While at work?       

## Means of injury

## 23. Attendant's

OWN Signature E. L. Berryman (M. D. or other)

and Address Orangus Date 10-6-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
OCT 11 1948  
STATE OF IDAHO

1948 State File No. 3778  
Local Reg. No. 88  
Reg. Dist. No. 210

1. PLACE OF DEATH:

- (a) County Clearwater
- (b) City or town Onagus
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town
- (e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. St. Mary's Stayed \_\_\_\_\_ days
- (g) Lived in this county 3 years 5 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Clearwater
- (c) City or town Onagus
- (d) Street Address or R.F.D. No. \_\_\_\_\_
- (e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town
- (f) Citizen of what country? U.S.
- (g) How long had deceased lived in Idaho? 43 years
- (h) Former residence (city, state) Corn & Blue

3. (a) FULL NAME

Mrs. Orrell L. Miles

131A

3. (b) If veteran,

3. (c) Social Security

- name war \_\_\_\_\_ No. \_\_\_\_\_
- 5. Color or race W
- 6. (a) Single, widowed, married, divorced widowed
- 6. (b) Name of husband or wife \_\_\_\_\_
- 6. (c) Age of husband or wife if alive \_\_\_\_\_ years
- 7. Date of Birth (Month, Day, Year) 1856

8. AGE	Years	Months	Days	If less than 1 day
	<u>92</u>			hrs min.

- 9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.
- 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
- 11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

- 12. Name unk
- 13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)
- 14. Maiden name unk
- 15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

- 16. Informant's OWN Signature E. L. Berryman and Address Onagus

- 17. (a) Removal (b) Date thereof 10-7-48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Corn & Blue, Idaho

- 18. Funeral Director's OWN Signature George H. Blake and Address OROFINO, IDAHO

- 19. (a) 10/7/48 (b) Blake G. Hawley (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

- 20. DATE OF DEATH (Month, Day, Year) Oct 7 1948 at 4 o'clock A. M.

- 21. I HEREBY CERTIFY, That I attended deceased from 5-8 1945, to 10-7 1948
- I last saw her alive on 10-6 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Arteriosclerotic nephritis Duration 5 yr

Due to General arteriosclerosis 10 yr

Due to Senility 15 yr

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

- 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

- 23. Attendant's OWN Signature E. L. Berryman and Address Onagus Date 10-7-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 9 1948  
Certificate Of Death

STATISTICS  
DIVISION OF VITAL  
STATE OF IDAHO

1948 State File No. 3779  
Local Reg. No. 90  
Reg. Dist. No. 210

1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Orofino  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Orofino Stayed 1 days  
(g) Lived in this county 20 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Merger  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

Thomas J. Morris

3. (b) If veteran,

name war .....

3. (c) Social Security

No. 701-07-48

4. Sex male race white

5. Color or divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive .....

7. Date of Birth

(Month, Day, Year) 3-7-1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>7</u>	<u>1</u>	hrs min.

9. Exact Occupation conductor Did this work for .....

10. Industry or Business Railroad Date last worked .....

11. Birthplace

(City or town) (State or foreign country)

12. Name M. S. Morris

13. Birthplace Ireland

(City or town) (State or foreign country)

14. Maiden name Ellen Goodwyn

15. Birthplace Ireland

(City or town) (State or foreign country)

16. Informant's OWN Signature Robert C. Rattinson

and Address Sandpoint, Idaho

17. (a) removal (b) Date thereof 10-9-48

(Burial, cremation, or removal) (Month) (Day) (Year)

18. Funeral Director's OWN Signature Vincent U. Vassar

and Address Lewiston, Idaho

19. (a) 10/10/48 (b) Clair E. Jansley

(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) 10-8 1948  
at 6:35 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from  
\*\*\*\*\* 19. \*\* to \*\*\*\*\* 19. \*\*  
I last saw h. \*\* alive on \*\*\*\*\* 19. \*\*; death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death:

CARDIAC FAILURE

Duration

5 min.

Due to .....

Due to .....

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to EXTERNAL CAUSES, also fill in the fol-  
lowing: Accident? .....

Suicide? .....

Homicide? .....

Occurred .....

19 .....

City, county, state

where violence occurred

Place of Violence: Home .....

Farm .....

Industry .....

Public Place .....

While at work? .....

Means of injury .....

23. Attendant's OWN Signature Clair E. Jansley

CORONER

and Address Idaho Date 10/10/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

OCT 29 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3780

Local Reg. No. 89

Reg. Dist. No. 210

## 1. PLACE OF DEATH:

### STATISTICS

- (a) County Clearwater  
(b) City or town Orangefield  
(c) Street Address or R.F.D. No. State Hosp  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital Institution Other place  
(f) Name Hosp. or Inst. State Hosp Stay 1378 days  
(g) Lived in this county 39 years 1 months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Seviston  
(d) Street Address or R.F.D. No. —  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Italy

## 3. (a) FULL NAME

Mary Pattile

083A

## 3. (b) If veteran,

name war —

## 3. (c) Social Security

No. —

## 4. Sex ♀ 5. Color or race W

## 6. (b) Name of husband or wife John Pattile, Jr.

6. (a) Single, widowed, married, divorced —  
6. (c) Age of husband or wife if alive 72 years

## 7. Date of Birth (Month, Day, Year) ?

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>—</u>	<u>—</u>	hrs min.

## 9. Exact Occupation Housewife Did this work for — yrs.

## 10. Industry or Business " Date last worked 1943

## 11. Birthplace Italy (City or town) (State or foreign country)

## 12. Name ?

## 13. Birthplace (City or town) (State or foreign country)

## 14. Maiden name ?

## 15. Birthplace (City or town) (State or foreign country)

## 16. Informant's OWN Signature A. E. St. Antoine and Address State Hosp Orangefield Ida

## 17. (a) removal (b) Date thereof 10-17-48 (Burial, cremation or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Vassar Paula Funeral Home and Address Seviston, Idaho

## 19. (a) 10-18-48 (b) Oliver E. Freedy, Jr. (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Oct-17 1948 at 12:35 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from Jan-9 1945, to Oct-17 1948 Last saw her alive on Oct-17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia unspecified Duration 3 days

Due to Senile Psychosis Syro

Other conditions cerebral hemorrhage (Include pregnancy within 3 months of death)

Where was disease contracted? ?

Name of operation — Date —

Major finding —

Finding of autopsy —

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? — Occurred — 19 — City, county, state where violence occurred

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

## 23. Attendant's OWN Signature A. E. St. Antoine M.D. and Address Idaho (M. D. or other) Date 10-17 1948

(For additional space, use reverse side)

# Certificate Of Death

STATE OF IDAHO

State File No. 3781  
Local Reg. No. 91  
Reg. Dist. No. 210

## 1. PLACE OF DEATH

- (a) County Clearwater  
(b) City or town Orofino  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Mary's Stayed 34 days  
(g) Lived in this county 3 years 9 months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida (b) County Bannock  
(c) City or town Bannock Ferry  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Carrie Elsie Minter

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Nov 8 - 1882

## 8. AGE

Years	Months	Days	If less than 1 day
<u>65</u>	<u>11</u>	<u>12</u>	hrs min.

## 9. Exact

Occupation Formerly house wife Did this work for \_\_\_\_\_ yrs.

## 10. Industry or

Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace

Ravanna (City or town) (State or foreign country) MD

## 12. Name

Carrie Martin

## 13. Birthplace

Chicago (City or town) (State or foreign country) Ill

## 14. Maiden name

Mary Ann Clew

## 15. Birthplace

Orofino (City or town) (State or foreign country) Ida

## 16. Informant's

OWN Signature E. L. Barry

and Address Orofino

## 17. (a) REMOVAL

(Burial, cremation, or removal) (b) Date thereof 10-25-48

(c) Place: BONNERS FERRY, IDAHO

## 18. Funeral Director's

OWN Signature George B. Blake

and Address BLAKE FUNERAL HOME

## 19. (a)

10/25/48 (Date received and filed)

## (b)

Edie C. Shurley (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Oct 21 1948  
at 4:50 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

12-1 1944, to 10-21 1948  
I last saw her alive on 10-20 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Bronchopneumonia Duration 2 Days

## Due to

Senility 5 yrs

## Due to

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

E. L. Barry

## 23. Attendant's

OWN Signature E. L. Barry

and Address Orofino (City, county, state) Ida

Date 10-21 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3782  
Local Reg. No. 92  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Ins. OROFINO HOSP Stayed 1/2 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County IDAHO  
(c) City or town KOOSKIA  
(d) Street Address or R.F.D. No. RRR  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME INFANT AYERS

3. (b) If veteran, name war No.  
5. Color or 6. (a) Single, widowed, married,  
4. Sex FEMALE race WHITE divorced INFANT  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife alive years  
7. Date of Birth (Month, Day, Year) OCTOBER 25, 1948

8. AGE	Years	Months	Days	If less than 1 day
				12 hrs min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace OROFINO, IDAHO  
(City or town) (State or foreign country)

12. Name GEORGE THOMAS AYERS  
13. Birthplace LEWISTON, MONTANA  
(City or town) (State or foreign country)  
14. Maiden name ETHEA M. REMINGTON  
15. Birthplace BIG SANDY, MONTANA  
(City or town) (State or foreign country)

16. Informant's OWN Signature and Address

17. (a) BURIAL (b) Date thereof Oct. 28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: KOOSKIA, IDAHO

18. Funeral Director's OWN Signature and Address BLAKE FUNERAL HOME OROFINO, IDAHO

19. (a) 10/26/48 (b) Elin E. Stanley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 10/26 1948  
at 1:26 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 10/25 1948 to 10/26 1948  
I last saw h. alive on 10/25 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity Duration 12 days

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

- Means of injury  
23. Attendant's OWN Signature and Address P. J. Hopkins  
(M. D. or other) Date 10/27 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3783  
Local Reg. No. 95  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 20 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. P. OFFICE  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME AMMA D. WEST

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
4. Sex FEMALE  
6. (b) Name of husband or wife T.B. WEST 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) JULY 5, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>3</u>	<u>22</u>	hrs min.

9. Exact Occupation HOUSEWIFE (RETIRED) Did this work for LIFE yrs.  
10. Industry or Business HOME Date last worked 7 Yr Ago  
11. Birthplace LECESTER, BUNCOMB CO, N. CAROLINA  
(City or town) (State or foreign country)

12. Name DR. S.M. MASSY  
13. Birthplace NORTH CAROLINA  
(City or town) (State or foreign country)  
14. Maiden name KITTY REYNOLDS  
15. Birthplace NORTH CAROLINA  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mo Max Sweeney  
and Address PENDRY, MONTANA

17. (a) BURIAL (b) Date thereof 10/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: RIVERSIDE CEM. OROFINO, IDAHO

18. Funeral Director's OWN Signature Blake Funeral Home  
and Address OROFINO, IDAHO

19. (a) 12/30/48 (b) Blake G. Hawley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 27 1948  
at 11:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 10/27 1948 to 10/27 1948  
I last saw him alive on 10/27 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute myocarditis Duration 2 hours

Due to Cardiac valvular disease

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? Orofino  
Name of operation ..... Date .....

Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature R. J. Hopkins  
(M. D. or other)

and Address Orfino Date 11/29/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 3784  
Local Reg. No. 93  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? A Outside? \_\_\_\_\_ city or town  
(e) Died in a Home A Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 19 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDA. (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? A Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) MINN.

## 3. (a) FULL NAME INGRID MATILDA ANDERSON

3. (b) If veteran, name war NO 3. (c) Social Security No. NO  
5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife OLE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Aug. 10, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>2</u>	<u>19</u>	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for WFR yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace SWEDEN (City or town) (State or foreign country)

- Mother { 12. Name Solomon Johnson  
13. Birthplace SWEDEN (City or town) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace SWEDEN (City or town) (State or foreign country)

16. Informant's OWN Signature Hulda Andrews  
and Address 3243 NE 16th Ave. Portland, Ore.

17. (a) BURIAL (b) Date thereof Nov. 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hill CEM., OROFINO, IDA.

18. Funeral Director's OWN Signature John D. Bacharach  
and Address Orofino, Idaho

19. (a) 11/11/48 (b) Elmer E. Gairley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 10/29 1948  
at 11:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 10/25 1948, to 10/29 1948  
I last saw him alive on 10/29 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary edema Duration 1 day

Due to Pneumonia 2 days

Due to Stratification 4 days  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? V Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 10/25 1948 City, county, state where violence occurred Orofino

Place of Violence: Home V Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury tripped on floor

23. Attendant's OWN Signature John D. Bacharach (M.D. or other)  
and Address Orofino Date 10/30/48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3785  
Local Reg. No. 96  
Reg. Dist. No. 210

## 1. PLACE OF DEATH: STATISTICS

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place. X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? SWEDEN  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) ROCKFORD, ILL.

## 3. (a) FULL NAME HUGO JOHNSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 518-01-2851  
5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE  
4. Sex MALE 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) APRIL 25, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>6</u>	<u>5</u>	hrs min.

9. Exact Occupation WOODSWORKER Did this work for LIFE yrs.  
10. Industry or Business VARIOUS Date last worked 1944  
11. Birthplace OLAND SWEDEN (City or town) (State or foreign country)

12. Name UNKNOWN  
13. Birthplace " (City or town) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace " (City or town) (State or foreign country)

16. Informant's Mrs. G. Blake  
OWN Signature PUBLIC ASSISTANCE RECORDS  
and Address OROFINO, IDAHO

17. (a) BURIAL (b) Date thereof NOV. 3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: HILL CEM., OROFINO, IDAHO

18. Funeral Director's Blake Funeral Home  
OWN Signature OROFINO, IDAHO  
and Address

19. (a) 11/4/48 (b) Shirley C. Fairley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) OCTOBER 30 1948  
at 8:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \*\*\*\*\* 19\*\* to \*\*\*\*\* 19\*\*  
I last saw h. \*\* alive on \*\*\*\*\* 19\*\*, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

CARDIAC FAILURE

Duration  
5 Min.

- Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's Coroner  
OWN Signature OROFINO, Ida. Date 11/3 1948  
and Address (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
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# Certificate Of Death

1948

State File No. 3786  
Local Reg. No. 94  
Reg. Dist. No. 210

DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Orangefield  
(c) Street Address or R. F. D. No. State Hospt No  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. State Hospt Stayed 31 days  
(g) Lived in this county 3 years 3 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kingston  
(d) Street Address or R.F.D. No. ✓  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 67 years  
(h) Former residence (city, state) Illinois

## 3. (a) FULL NAME

John Rudy Smith

131A

3. (b) If veteran, name war ✓ No. ✓  
5. Color or race W  
6. (a) Single, widowed, married, divorced widower  
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years  
7. Date of Birth (Month, Day, Year) July 31-1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>2</u>	<u>0</u>	hrs min.

9. Exact Occupation Timber worker Did this work for ? yrs.  
10. Industry or Business above Date last worked ?  
11. Birthplace Illinois (City or town) (State or foreign country)

12. Name Alonzo Smith  
13. Birthplace Sumnerford Illinois (City or town) (State or foreign country)  
14. Maiden name Margaret Thorn  
15. Birthplace Lauraville Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature H E St Antoine  
and Address State Hospt Orangefield

17. (a) Burial (b) Date thereof 11/2/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: State Hospt 11-2-48

18. Funeral Director's OWN Signature Robert R Smith  
and Address Orangefield, Idaho

19. (a) 11/4/48 (b) Elna E Fairley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D

20. DATE OF DEATH (Month, Day, Year) Oct 31 1948  
at 6:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 30 1948, to Oct 31 1948  
I last saw him alive on Oct 31 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic myocarditis Duration ?

Due to Senility ?

Due to Intestinal Ch. hypochlorhydria ?

Other conditions Pneumonia Stasis ?  
(Include pregnancy within 3 months of death)

Residuals: Cerebral hemorrhage

Where was disease contracted? PHYSICIAN

Name of operation Underline Date the cause to which death should be charged statistically.

Major finding ?

Finding of autopsy ?

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓

Occurred 19 City, county, state where violence occurred ?

Place of Violence: Home ✓ Farm ✓ Industry ✓

Public Place ✓ While at work? ✓

Means of injury ?

23. Attendant's OWN Signature E. D. Berryman (M. D. or other)  
and Address Orangefield Date 10/3/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 3787  
Local Reg. No. 117  
Reg. Dist. No. 880

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Pine  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 2 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. at E  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Arnett, Okla

## 3. (a) FULL NAME

Victor Allen Rucker

175E

## 3. (b) If veteran, name war

no

## 3. (c) Social Security No.

440-22-4373

## 5. Color or

W

## 6. (b) Name of husband or wife

Arnett, Okla

## 6. (c) Age of husband or wife if alive

10/2/48

## 7. Date of Birth

(Month, Day, Year)

August 18, 1919

## 8. AGE

Years

Months

Days

If less than 1 day

29

1

14

hrs. min.

## 9. Exact Occupation

Hooker

## Did this work for

2 mo.

## 10. Industry or Business

Guller & Green

## Date last worked

10/2/48

## 11. Birthplace

Arnett, Okla.

(City or town) (State or foreign country)

## 12. Name

Dolphus L. Rucker

## 13. Birthplace

Brownsville, Texas

(City or town)

(State or foreign country)

## 14. Maiden name

Mary Adela Rucker

## 15. Birthplace

Emmett, Neb.

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

Mary V. Klein

## and Address

RT 1, E. Emmett, Idaho

## 17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof

10/3/48

## (c) Place

Arnett, Okla

## 18. Funeral Director's OWN Signature

John G. Bay

## and Address

Mountain Home, Idaho

## 19. (a) Date received and filed

Oct 3, 1948

(b) Registrar's Signature

Arnett, Okla

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

Oct. 2

1948

at 5:30 o'clock PM

## 21. I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Skull Fracture

## Due to

Falling Log

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation

Date

## Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒

Suicide? ☐

Homicide? ☐

Occurred

Pine Elmore, Idaho

10-2-48 City, county, state

where violence occurred

Guller & Green Log Camp

Place of Violence: Home

Farm

Industry

☒

Public Place

While at work?

Means of injury

Skull Fracture

## 23. Attendant's OWN Signature

Phil F Green Coroner

(M. D. or other)

and Address

MT Home, Ida

Date

10/3 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. \_\_\_\_\_  
Local Reg. No. 25  
Reg. Dist. No. 390

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Near Atlanta  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 6 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #5  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) Arkansas

## 3. (a) FULL NAME McKinley Easteppe

3. (b) If veteran, name war No. 1  
3. (c) Social Security No. No  
5. Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Rose  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) August 17-1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>1</u>	<u>18</u>	hrs min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Newton Co., Arkansas  
(City or town) (State or foreign country)

12. Name William Easteppe  
13. Birthplace Kentucky  
(City or town) (State or foreign country)  
14. Maiden name Anna Asher  
15. Birthplace Kentucky  
(City or town) (State or foreign country)

16. Informant's OWN Signature Rose Easteppe  
and Address Caldwell, Idaho Rt. 5

17. (a) Removal Removal (b) Date thereof 10-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Kuna, Idaho

18. Funeral Director's OWN Signature W. H. Baker  
and Address Caldwell, Idaho

19. (a) Oct 9, 1948 (b) A. Phyllis  
Date received and filed (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 5 19 48  
(Month, Day, Year) at 7:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary Occlusion  
Due to Chronic pulmonary condition  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Phyllis Green Coronis  
(M. D. or other)  
and Address MT Kuna Ida Date Oct 9, 1948  
(For additional use, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 3789  
Local Reg. No. 22  
Reg. Dist. No. 381

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Mountain Home  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside?..... Outside? X city or town  
(e) Died in a Home... Hospital... Institution X Other place...  
(f) Name Hosp. or Inst. Clayville Stayed 16 days  
(g) Lived in this county 4 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Pine  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside?..... Outside? X city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) McCook Nebraska

## 3. (a) FULL NAME ETHEL STOUT

3. (b) If veteran, name war No. .... 3. (c) Social Security No. Unknown  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife William E.  
6. (c) Age of husband or wife if alive 65 years  
7. Date of Birth (Month, Day, Year) January 20, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>8</u>	<u>16</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Home Date last worked 9/15/48  
11. Birthplace Kentucky (City or town) (State or foreign country)

12. Name Robinson  
13. Birthplace Kentucky (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature William E. Stout  
and Address % Sawtooth Lumber Mtn. Home Ida.

17. (a) Burial (b) Date thereof Oct. 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mountain View Cemetery

18. Funeral Director's OWN Signature John G. Bay  
and Address Mountain Home Idaho

19. (a) Oct 7, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 6 1948  
at 6 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 20 1948, to Oct 6 1948  
I last saw him alive on Oct 6 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Carcinoma Stomach  
Due to .....

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation none Date .....  
Major finding .....  
Finding of autopsy none  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state

where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury .....

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Mountain Home Date Oct 6 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3790  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:

(a) County Elmore  
(b) City or town Hammett  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years 6 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) Pocatello Idaho

3. (a) FULL NAME ALBERT DONALD COOLEY

3. (b) If veteran, name war World War 2 3. (c) Social Security No. Unknown

5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) October 24, 1928

8. AGE	Years	Months	Days	If less than 1 day
	19	11	20	hrs min.

9. Exact Occupation Brakeman Did this work for 3 yrs.  
10. Industry or Business Union Pacific R.R. Date last worked Oct. 13/48  
11. Birthplace Pocatello Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Albert Cooley Sr.  
13. Birthplace Declo Idaho (City or town) (State or foreign country)  
14. Maiden name Grace Bayles  
15. Birthplace Star Idaho (City or town) (State or foreign country)  
16. Informant's OWN Signature Paul E. Baugh and Address 704 S. Tenth Pocatello Idaho  
17. (a) Removal (b) Date thereof Oct. 15, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pocatello Idaho  
18. Funeral Director's OWN Signature Delia J. Bay and Address Mountain Home Idaho  
19. (a) Oct 15 - 48 (b) Mary L. Sullivan (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 14 19 48  
at 3.30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19 years

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractures of Spine  
Internal injuries  
Due to Auto accident  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Date  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred Oct 14 19 48 City, county, state where violence occurred Hammett Elmore Id  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury Auto accident  
23. Attendant's OWN Signature Philo J. Brown (M. D. or other) Coroner  
and Address MT Home Ida Date 10/14/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 5 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3791  
Local Reg. No. 26  
Reg. Dist. No. 380

## DIVISION OF VITAL

### 1. PLACE OF DEATH: STATISTICAL

- (a) County Elmore  
(b) City or town Mountain Home  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution ☒ Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 5 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Indiana

### 3. (a) FULL NAME MARGARET BROWN

3. (b) If veteran, name war No. .... 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
4. Sex Female 6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) June 14, 1863

8. AGE	Years	Months	Days	If less than 1 day
	85	4	1	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Home Date last worked June/48  
11. Birthplace Indiana (City or town) (State or foreign country)

12. Name John Cox  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Maiden name Emily Taylor  
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature W. L. McGary and Address Mountain Home Idaho

17. (a) Burial (b) Date thereof Oct. 18, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mountain View Cemetery

18. Funeral Director's OWN Signature John J. Bay and Address Mountain Home Idaho

19. (a) Oct. 18, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

### MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Oct. 15 1948  
(Month, Day, Year)  
at 6:55 o'clock P M.

21. I HEREBY CERTIFY, That, attended deceased from 7/31/48 to 10/15/48  
I last saw her alive on 10/15/48 death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death: Duration

Cardiac Failure 3 days  
Decompensation 20 hrs

Due to arterio-sclerosis 15 yrs

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Arterio-sclerosis 15 yrs

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature [Signature] D. or other

and Address Mountain Home Idaho Date 10/18/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 8 1948

# Certificate Of Death

DIVISION OF VITAL STATE OF IDAHO

STATISTICS

1948  
State File No. 3792  
Local Reg. No. 16  
Reg. Dist. No. 540

## 1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 164 West Oneida  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 70 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. 164 West Oneida  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 73 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

GEORGE JOSEPH CLAYTON

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ivie Taylor  
6. (c) Age of husband or wife if alive 61 years

7. Date of Birth (Month, Day, Year) November 23, 1874.

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>10</u>	<u>28</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Retired Date last worked 1933

11. Birthplace Franklin, Idaho.  
(City or town) (State or foreign country)

12. Name Joseph Clayton

13. Birthplace England  
(City or town) (State or foreign country)

14. Maiden name Margaret Olsen

15. Birthplace Norway  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. J. Clayton  
and Address Preston Idaho

17. (a) Burial (b) Date thereof 10-25-48.  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Preston, Idaho.

18. Funeral Director's Richards & Son Mortuary  
OWN Signature James H. Richards  
and Address Preston, Idaho.

19. (a) 10-25-1948 (b) E. W. B. B. B.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 21, 1948  
at 2:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1948 to Oct. 21, 1948

I last saw him alive on Oct. 21, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral Hemorrhage Duration 2 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Intoxication (Include pregnancy within 3 months of death) 18 yrs

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. R. Carter M.D.

and Address Preston Idaho (M. D. or other)

Date 10-21-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 8 1948  
NON-RESIDENT  
Certificate Of Death

STATE OF IDAHO

State File No. 3793  
Local Reg. No. 15  
Reg. Dist. No. 40

1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Barida  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 27 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Utah (b) County CACHE  
(c) City or town Logan  
(d) Street Address or R.F.D. No. 624 No. Main  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) Denmark

3. (a) FULL NAME FREDRICK LAURITS GREGERSEN

3. (b) If veteran, name war ..... No. ....  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (c) Age of husband or wife if wife Maren Jorgensen alive 75 years  
7. Date of Birth (Month, Day, Year) February 4, 1869.

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>8</u>	<u>14</u>	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.  
10. Industry or Business Retired Date last worked .....  
11. Birthplace Brander, Denmark.  
(City or town) (State or foreign country)

12. Name Laurits Gregersen  
13. Birthplace Denmark  
(City or town) (State or foreign country)  
14. Maiden name Metta Fredricksen  
15. Birthplace Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature Fred J. Gregersen  
and Address Barida, Idaho

17. (a) Burial (b) Date thereof 10-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Preston, Idaho.

18. Funeral Director's OWN Signature Richards & Son Mortuary  
and Address Preston, Idaho.

19. (a) 10-22-1948 (b) Effe W. Browne  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH October 18, 1948.  
(Month, Day, Year)  
at 10:55 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 10-17 1948 to 10-18 1948  
I last saw him alive on 10-18 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Ch of Stomach Duration 1 hr.

Due to .....

Due to .....

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature P. B. Carter M.D.  
(M. D. or other)  
and Address Preston, Idaho Date 10-18-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 8 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3794

Local Reg. No. 17

Reg. Dist. No. 540

## 1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Clifton  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 16 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Clifton  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

LELAND WILLIAMS CALL

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) October 13, 1932.

8. AGE	Years	Months	Days	If less than 1 day
	<u>16</u>	<u>0</u>	<u>17</u>	hrs min.

9. Exact Occupation Student Did this work for ..... yrs.

10. Industry or Business West Side High Date last worked .....

11. Birthplace Clifton, Idaho.  
(City or town) (State or foreign country)

12. Name James C. Call

13. Birthplace Dayton, Idaho.  
(City or town) (State or foreign country)

14. Maiden name Dora E. Williams

15. Birthplace Clifton, Idaho.  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address .....

17. (a) Burial (b) Date thereof 11-3-48.  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Dayton, Idaho.

18. Funeral Director's Richards & Son Mortuary  
OWN Signature [Signature]  
and Address Preston, Idaho.

19. (a) 11-3-1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 30, 19 48  
(Month, Day, Year)  
at 11:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
19 ....., to ..... 19 .....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Crowned Chest  
lung hemorrhage  
Barium trachea  
accident

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ..... Homicide? .....

Occurred Oct 30, 1948 19..... City, county, state

where violence occurred Franklin co.

Place of Violence: Home..... Farm ☒ Industry.....

Public Place..... While at work? yes

Means of injury run over by tractor

23. Attendant's OWN Signature [Signature]

and Address Preston, Idaho. Date 10-30-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948

State File No. 3795  
Local Reg. No. 68  
Reg. Dist. No. 650

1. PLACE OF DEATH: **Fremont.**  
(a) County **Fremont.**  
(b) City or town **St Anthony**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **A** Outside? ..... city or town  
(e) Died in a Home..... Hospital **X** Institution..... Other place.....  
(f) Name Hosp. or Inst. **St Anthony** Stayed..... days  
(g) Lived in this county..... 30 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Fremont**  
(c) City or town **Ashton.**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **31** years  
(h) Former residence (city, state) **Missouri.**

3. (a) FULL NAME **Caroline. Elizabeth. Hunt**

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex **Female** Color or race **white** 5. (a) Single, widowed, married, divorced **Married.**

6. (b) Name of husband or wife **Wm. A. Hunt** 6. (c) Age of husband or wife if alive **63** years

7. Date of Birth (Month, Day, Year) **February. 12th 1892.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>56</b>	<b>7</b>	<b>21</b>	hrs. min.

9. Exact Occupation **housewife.** Did this work for..... yrs.

10. Industry or Business **Shelton Bldg** Date last worked.....

11. Birthplace **Bedalia. MO.** (City or town) (State or foreign country)

12. Name **William Bolland.**

13. Birthplace **Tippeary. Ireland** (City or town) (State or foreign country)

14. Maiden name **Ella. Shane**

15. Birthplace **Buffalo, New York** (City or town) (State or foreign country)

16. Informant's OWN Signature **Shelton Bldg** and Address **Ashton Idaho.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10/7th 1948** (Month) (Day) (Year)

(c) Place **Ashton Idaho.**

18. Funeral Director's OWN Signature **Lewis Riser** and Address **Ashton Idaho.**

19. (a) **October 8, 1948** (Date received and filed) (b) **M. S. Hansen** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **October. 3rd 1948** at **8** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **28 Sept** 1948 to **3 Oct** 1948. I last saw him alive on **3 Oct** 1948. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Hypostatic pneumonia** Duration **2 days**

Due to **Heart failure**

Due to **Broncho pneumonia** I was a

Other conditions **Hypertension.** (Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho.**

Name of operation..... Date.....

Major finding..... Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature **Shelton Bldg** (M.D. or other)

and Address **Ashton Idaho.** Date **Oct. 5th 1948**

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3796  
Local Reg. No. 69  
Reg. Dist. No. 650

## 1. PLACE OF DEATH: STATISTICS

- (a) County Fremont  
(b) City or town St Anthony  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 5 days  
(g) Lived in this county 18 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Marysville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME David. M. Bell.

3. (b) If veteran, name war In Marine s 1929 to 31. 519-01-7874  
Was in China.  
5. Color or race White  
4. Sex Male  
6. (b) Name of husband or wife Elena. L. Bell.  
6. (c) Age of husband or wife if alive 40 years  
7. Date of Birth (Month, Day, Year) May 2th 1902.

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>5</u>	<u>8</u>	hrs. min.

9. Exact Occupation Laborer Did this work for 2 1/2 yrs.  
10. Industry or Business Seed Pea Date last worked \_\_\_\_\_  
11. Birthplace Mt. Pleasant Utah. (City or town) (State or foreign country)

12. Name John. J. Bell  
13. Birthplace Glasgow Scotland. (City or town) (State or foreign country)  
14. Maiden name Helen. Burnside  
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's J. Aram B. Bell  
OWN Signature \_\_\_\_\_  
and Address Marysville Idaho.

17. (a) Removal (b) Date thereof 10/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Mt. Pleasant, Utah.

18. Funeral Director's Lewis Kier  
OWN Signature \_\_\_\_\_  
and Address Ashton Idaho.

19. (a) October 12 1948 (b) Mo Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 9 1948  
at 7:30 o'clock A. M.

21. I HEREBY CERTIFY That I attended deceased from Sept 18 1948 to Oct 9 1948  
I last saw him alive on Oct 9 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic pneumonia Duration 3 days

Due to Pericarditis, adhesive 2 years

Due to Rheumatic fever ?

Other conditions Unremit  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's Ashton Idaho. (M. D. or other) 10/12/48  
OWN Signature \_\_\_\_\_ Date \_\_\_\_\_  
and Address \_\_\_\_\_ (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 25 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3797  
Local Reg. No. 67  
Reg. Dist. No. 651

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Rexburg  
(d) Street Address or R.F.D. No. 302 N 2 W.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

ALMA HYRUM JOSEPHSON

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) December 2, 1885

8. AGE	Years	Months	Days	If less than 1 day
	62	10	10	hrs min.

9. Exact Occupation Shepherd Did this work for 30 yrs.  
10. Industry or Business Employed by Alan Hicks Date last worked 10-12-48  
11. Birthplace St. John, Idaho (City or town) (State or foreign country)

12. Name Charles Josephson  
13. Birthplace Sweden (City or town) (State or foreign country)  
14. Maiden name Annie Isaacson  
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Isaac Josephson  
and Address St. Anthony RFD #1, Idaho.

17. (a) Burial (b) Date thereof 10-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rexburg, Idaho

18. Funeral Director's OWN Signature M. S. Hansen  
and Address St. Anthony, Idaho.

19. (a) October 14, 1948 (b) M. S. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 12 19 48  
at 3 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from never 19 attended 19 19  
I last saw h. never alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial Failure Duration Instant  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature M. S. Hansen - coroner  
(M. D. or other)  
and Address St. Anthony, Idaho Date 10-14 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

NOV 12 1948

OFFICE OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3798

Local Reg. No. 70

Reg. Dist. No. 651

## 1. PLACE OF DEATH:

- (a) County Fremont.  
(b) City or town Ashton  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed 3 days  
(g) Lived in this county 45 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont.  
(c) City or town Ashton.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME Burtice. Vannoy.

## 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex Female race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) September 23 rd. 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>1</u>	<u>5</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Richmond, Utah. (City or town) (State or foreign country)

12. Name Hiram. Williams.  
13. Birthplace England. (City or town) (State or foreign country)

14. Maiden name Sophia. Fransen.  
15. Birthplace Denmark. (City or town) (State or foreign country)

16. Informant's Cyril Williams  
OWN Signature Ashton Idaho.  
and Address \_\_\_\_\_

17. (a) Burial. (b) Date thereof 10/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Ashton. Idaho.

18. Funeral Director's Levi Storer  
OWN Signature Ashton Idaho.  
and Address \_\_\_\_\_

19. (a) Oct. 30, 1948 (b) M. S. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 28th 1948  
at 2 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from Feb. 22 1947, to Oct. 28 1948.  
I last saw him alive on Oct. 28 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial pneumonia Duration 4 days.  
Old rt. heart failure 3 yrs.

Due to Old thrombotic heart disease.  
Other conditions Uremia.  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho.  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's Levi Storer  
OWN Signature Ashton Idaho. (M. D. or other)

and Address Ashton Idaho. Date 10/30/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3799  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett, Idaho  
(c) Street Address or R.F.D. No. 902 S. Commercial  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. 902 S. Commer.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Okla

## 3. (a) FULL NAME

Hazel Genevia Casper

## 3. (b) If veteran, name war

no

## 3. (c) Social Security No.

519-24-4764

## 4. Sex F Color or race W

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Alb. P.

## 6. (c) Age of husband or wife if alive 45 years

## 7. Date of Birth (Month, Day, Year) July 31, 1914

8. AGE	Years	Months	Days	If less than 1 day
	<u>34</u>	<u>2</u>	<u>15</u>	hrs. min.

## 9. Exact Occupation Home Maker Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business Own Home Date last worked \_\_\_\_\_

## 11. Birthplace (City or town) Merick, Okla. (State or foreign country)

## 12. Name George Payton

## 13. Birthplace (City or town) Terre Haute Indiana (State or foreign country)

## 14. Maiden name Abbie Peoples

## 15. Birthplace (City or town) Hartford Mo (State or foreign country)

## 16. Informant's OWN Signature Albert Casper and Address Emmett, Idaho

## 17. (a) Burial (b) Date thereof 10/19/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Emmett, Idaho

## 18. Funeral Director's OWN Signature Flahiff Chapel and Address Emmett, Idaho

## 19. (a) 11/3/48 (b) Chas Flahiff (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH October 16 1948

(Month, Day, Year) at 3:15 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from 9:15 1948 to 10:16 1948

I last saw h. er alive on 10-14 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Carcinoma of Cervix Uteri

## Duration

2 1/2 yrs.

## Due to \_\_\_\_\_

## Due to \_\_\_\_\_

Other conditions Uremia (Include pregnancy within 3 months of death)

few weeks

## Where was disease contracted? At home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature H. H. Guernsey, M.D.

and Address Emmett, Idaho Date 10-18 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 4 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948  
State File No. 3800  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett, Idaho  
(c) Street Address or R.F.D. No. 2nd & Wash.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 22 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. 404 East 5th  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U S A  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Okla.

## 3. (a) FULL NAME

EFFIE NISWANDER

3. (b) If veteran, name war no

3. (c) Social Security No. no

5. Color or W  
4. Sex M race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Samuel F.

6. (c) Age of husband or wife if alive 78 years

7. Date of Birth (Month, Day, Year) April 8, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>6</u>	<u>11</u>	hrs. min.

9. Exact Occupation Home keeper Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Own Home Date last worked \_\_\_\_\_

11. Birthplace Keokuk Co. Iowa (City or town) (State or foreign country)

12. Name Solom Long

13. Birthplace Defiance, Ohio (City or town) (State or foreign country)

14. Maiden name Marry L. Myers

15. Birthplace Defiance Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature S. C. Niswander and Address 404 East 5th

17. (a) Burial (b) Date thereof 10/23/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Emmett, Idaho

18. Funeral Director's OWN Signature Flaherty Chapel and Address Emmett, Idaho

19. (a) 11/3/48 (b) E. L. Blahoff (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 19, 1948

at 2:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3/12 1945 to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive Heart Failure Duration 3 mos.

Due to Chronic myocarditis and Endocarditis in myocardial infarction

Due to Coronary sclerosis

Other conditions Hypertension (Include pregnancy within 3 months of death) 5-10 years

Where was disease contracted? At home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. L. Niswander, M.D. and Address Emmett, Idaho Date 10.20.48 (M.D. or other) (For additional space, use reverse side)

new can be

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
Certificate of Death

OCT 5 1948

STATE OF IDAHO

1948

State File No. 3801  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County.....  
(b) City or town.....**Letha**  
(c) Street Address or R.F.D. No.....  
(d) Death Occurred Inside?..... Outside? **X**..... city or town  
(e) Died in a Home **X** Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county..... **29** years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County..... **Gem**  
(c) City or town..... **Letha**  
(d) Street Address or R.F.D. No.....  
(e) Deceased lived Inside?..... Outside? **X**..... city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho?..... **29** years  
(h) Former residence (city, state)..... **Calif.**

3. (a) FULL NAME

**EDWARD WALTER ROESBERY**

3. (b) If veteran, name war

**no**

3. (c) Social Security No.

4. Sex **M** 5. Color or race **W**

6. (b) Name of husband or wife

**Virginia**

6. (a) Single, widowed, married, divorced

**married**

6. (c) Age of husband or wife if alive

**29** years

7. Date of Birth  
(Month, Day, Year)

**Oct. 28, 1913**

8. AGE	Years	Months	Days	If less than 1 day
	<b>34</b>	<b>10</b>	<b>7</b>	hrs. min.

9. Exact Occupation..... **Farming** Did this work for..... yrs.

10. Industry or Business..... Date last worked

11. Birthplace..... (City or town)..... (State or foreign country)

**Mariposa Calif.**

12. Name..... **John A Rosebery**

13. Birthplace..... (City or town)..... (State or foreign country)

**Fort Thomas Arizona**

14. Maiden name..... **Rosella Alenanta**

15. Birthplace..... (City or town)..... (State or foreign country)

**Albina, Idaho**

16. Informant's OWN Signature..... and Address.....

**James H. Rosebery**  
**1201 12th St. S. Letha, Idaho**

17. (a) **Burial** (b) Date thereof..... (Month) (Day) (Year)

**10/7/48**

(c) Place..... **Emmett, Idaho**

18. Funeral Director's OWN Signature..... and Address.....

**Flahiff Chapel**  
**Emmett, Idaho**

19. (a) **10/8/48** (b) **Chas F. Flahiff**

(Date received and filed)

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Oct. 8** 19**48**

(Month, Day, Year)..... at **5:50** o'clock **A**. M.

21. I HEREBY CERTIFY, That I attended deceased from **1947**

19..... to **Oct 8** 19**48**

I last saw h..... alive on **Oct 2nd** 19**48**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to..... **Progressive Sclerosis of Spine with Spinal following Absentia**

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature..... and Address..... Date **10-6** 19**48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 2 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 3802  
Local Reg. No. 1300  
Reg. Dist. No. 420

1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R.F.D. No. 513 Colorado St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 3 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. 513 Colorado St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Glasgow, Montana

3. (a) FULL NAME Alfred Henry Whitbread

3. (b) If veteran, name war ----- 3. (c) Social Security No. 517-01-9641  
5. Color or race white 6. (a) Single, widowed, married, divorced married  
4. Sex male 6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 59 years  
7. Date of Birth (Month, Day, Year) Jan. 10, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>9</u>	<u>16</u>	hrs min.

9. Exact Occupation Bookkeeper Did this work for life yrs.  
10. Industry or Business worked Date last worked March 1948  
11. Birthplace Breckenridge Minnesota  
(City or town) (State or foreign country)

12. Name Fredrick Whitbread  
13. Birthplace Oxford, England  
(City or town) (State or foreign country)  
14. Maiden name Emily Sheppard  
15. Birthplace Oxford, England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mark Whitbread  
and Address Gooding, Idaho

17. (a) burial (b) Date thereof 10/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's OWN Signature H.P. Bright  
and Address Gooding, Idaho

19. (a) 10-29-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 25 19 48  
at 11:20 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from OCT. 19 19 48 to OCT. 25 19 48  
I last saw h/m alive on OCT. 25 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

- Chronic Glomerular nephritis Duration 6 months  
Diabetes Mellitus 5 years  
Coronary Sclerosis 5 years  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Not Done  
Finding of autopsy Not Done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature W. Krellin  
and Address Gooding (M. D. or other) Date 10/29/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 27 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3803

Local Reg. No. 115

Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. in town  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Valentine Stayed days  
(g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. No. East town  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME GALEN Leroy LARSEN

3. (b) If veteran, name war none No. none  
5. Color or race Wh.  
4. Sex M  
6. (b) Name of husband or wife none  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) October 14, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>1</u>	hrs min.

9. Exact Occupation infant Did this work for yrs.  
10. Industry or Business infant Date last worked  
11. Birthplace Wendell, Idaho  
(City or town) (State or foreign country)

12. Name R. L. Larsen  
13. Birthplace Jerome, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Beatrice Hepworth  
15. Birthplace Buhl, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Melba Cowbottom  
and Address Jerome, Idaho

17. (a) burial (b) Date thereof 10/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Jerome, Cemetery

18. Funeral Director's OWN Signature Shirley H. Hargis  
and Address Jerome, Idaho

19. (a) 10/21/48 (b) Sister M. Rose  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 15, 1948  
at 7:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 10-14-1948 to 10-15-1948  
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Prematurity. Duration

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Major finding Date  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature Shirley H. Hargis (M. D. or other)

and Address Jerome Date 10-19-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 27 1948

# Certificate of Death

STATE OF IDAHO

State File No. **3804**  
Local Reg. No. **116**  
Reg. Dist. No. **421**

**1. PLACE OF DEATH: STATISTICS**  
(a) County **GOODING**  
(b) City or town **ORCHARD VALLEY**  
(c) Street Address or R.F.D. No. **RT 2 WENDELL**  
(d) Death Occurred Inside? Outside? **X** city or town  
(e) Died in a Home **X** Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **20** years **0** months **0** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**  
(a) State **IDAHO** (b) County **GOODING**  
(c) City or town **ORCHARD VALLEY**  
(d) Street Address or R.F.D. No. **2**  
(e) Deceased lived Inside? Outside? **X** city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **33** years  
(h) Former residence (city, state) **UCLA**

**3. (a) FULL NAME ELZA CART NICCUM**

**3. (b) If veteran, name war NO** **3. (c) Social Security No. NO**  
**5. Color or** **6. (a) Single, widowed, married, divorced WIDOWED**  
**4. Sex M race W**  
**6. (b) Name of husband or wife JOSIE** **6. (c) Age of husband or wife if alive years**  
**7. Date of Birth 6/26/1869**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	79	3	26	hrs. min.

**9. Exact Occupation RETIRED** Did this work for **LIFE** yrs.  
**10. Industry or Business FARMER** Date last worked **1930**

**11. Birthplace PRINCETON MO.**  
(City or town) (State or foreign country)

**12. Name CORNELIUS NICCUM**

**13. Birthplace Unknown**  
(City or town) (State or foreign country)

**14. Maiden name ELIZABETH COLLIER**

**15. Birthplace Unknown**  
(City or town) (State or foreign country)

**16. Informant's OWN Signature Howard Niccum**  
and Address **Box 2 Wendell**

**17. (a) BURIAL** (b) Date thereof **10/26/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **TWIN FALL CEMETERY**

**18. Funeral Director's OWN Signature J Forrest Weaver**  
and Address **Wendell Idaho**

**19. (a) 10/25/48** (b) **10/25/48**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

**20. DATE OF DEATH October 22 1948**  
(Month, Day, Year) at **9:45** o'clock **M.**

**21. I HEREBY CERTIFY, That I attended deceased from 19 to 19**

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death** **Duration**

**Subject dead when seen at 9:45 pm. Due to death apparently due to natural causes. Body showed evidence of decomposed heart. (Indicate pregnancy within 3 months of death) Deceased.**

Where was disease contracted?

Name of operation Date Major finding.

Finding of autopsy.

PHYSICIAN Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following:**

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry.

Public Place While at work?

Means of injury.

**23. Attendant's OWN Signature J. G. Sellen, M.D.**

and Address **Gooding** Date **10/22/48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 2 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3805  
Local Reg. No. 1332  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed    days  
(g) Lived in this county 10 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Hagerman  
(d) Street Address or R.F.D. No. Hagerman  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Ogden, Utah

## 3. (a) FULL NAME

Orean Marquiss

## 3. (b) If veteran,

name war   

## 3. (c) Social Security

No.   

## 4. Sex female race white

## 5. Color or (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Gordon L.

## 6. (c) Age of husband or wife if alive 47 years

## 7. Date of Birth (Month, Day, Year) September 1 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>48</u>			hrs min.

## 9. Exact Occupation housewife Did this work for life yrs.

## 10. Industry or Business    Date last worked 10/22/48

## 11. Birthplace Mercury, Utah (City or town) (State or foreign country)

## 12. Name William B. Stanforth (City or town) (State or foreign country)

## 13. Birthplace Pennsylvania (City or town) (State or foreign country)

## 14. Maiden name Elizabeth Wilson (City or town) (State or foreign country)

## 15. Birthplace England (City or town) (State or foreign country)

## 16. Informant's OWN Signature Gordon L. Marquiss and Address Hagerman, Idaho

## 17. (a) removal (b) Date thereof 10/24/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature H.P. Bright and Address Gooding, Idaho

## 19. (a) 10-23-48 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Oct. 22 1948 at 5:30 o'clock P M.

## 21. I HEREBY CERTIFY, That I attended deceased from    19  , to    19  .

I last saw h    alive on    19  ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:    Duration   

Body seen after death.  
Death apparently due  
to natural causes

Due to   

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred    19   City, county, state

where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

## 23. Attendant's OWN Signature [Signature] and Address Gooding, Idaho Date 10-23-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

NOV 2 1948

STATE OF IDAHO

1948  
State File No. 3806  
Local Reg. No. 1253  
Reg. Dist. No. 420

1. PLACE OF DEATH: **STATISTICS**

- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. Highway Stayed \_\_\_\_\_ days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. South Main St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state) none

3. (a) **FULL NAME**

Elizabeth Sessions Andreassen

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex female race white

5. Color or  
6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or  
wife Andrew Lane

6. (c) Age of husband or wife if  
alive 35 years

7. Date of Birth  
(Month, Day, Year) August 30, 1912

8. AGE	Years	Months	Days	If less than 1 day
	<u>36</u>	<u>1</u>	<u>23</u>	hrs min.

9. Exact Occupation housewife Did this work for life yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 10/23/48

11. Birthplace Downey, Idaho  
(City or town) (State or foreign country)

12. Name Sylvaneous Sessions

13. Birthplace Bountiful, Utah  
(City or town) (State or foreign country)

14. Maiden name Guthrey

15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Myrtle G. Andreassen  
and Address Shoshone Idaho

17. (a) burial (b) Date thereof 10/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Shoshone, Idaho

18. Funeral Director's  
OWN Signature H.P. Bright

and Address Gooding, Idaho

19. (a) 10-26-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH  
(Month, Day, Year) October 23 1948  
at 2:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fracture, Cervical Spine  
Multiple Small Fractures  
Although dead when first  
examined.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred October 23 1948 City, county, state

where violence occurred 5 mi. west of Gooding Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Thrown from cart turning into

23. Attendant's  
OWN Signature W. H. Collins, acting Coroner.

and Address Gooding Date 10/27/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

NOV 2 1948

STATE OF IDAHO

# Certificate Of Death

STATE OF IDAHO

State File No. 3807  
Local Reg. No. 1354  
Reg. Dist. No. 420

## 1. PLACE OF DEATH: STATISTICS

- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. Highway Stayed --- days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. South Main St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Andrew Lane Andreassen

3. (b) If veteran, name war no \_\_\_\_\_ 3. (c) Social Security No. 519-10-2246  
5. Color or race white 6. (a) Single, widowed, married, divorced married  
4. Sex male 6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) July 15, 1913

8. AGE	Years	Months	Days	If less than 1 day
	<u>35</u>	<u>3</u>	<u>8</u>	hrs min.

9. Exact Occupation Bartender Did this work for 3-1/2 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 10/23/48  
11. Birthplace Grace, Idaho  
(City or town) (State or foreign country)

12. Name Andrew L. Andreassen  
13. Birthplace Mink Creek, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Myrtle Gibbs  
15. Birthplace Lago, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Myrtle G. Andreassen  
and Address Shoshone, Idaho

17. (a) burial (b) Date thereof 10/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Shoshone, Idaho

18. Funeral Director's OWN Signature H.P. Bright  
and Address Gooding, Idaho

19. (a) 10-26-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 23 1948  
at 2:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Multiple Depressed Skull Fractures - Injury to Posterior Due to Patient's Head when first examined.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred October 23 1948 City, county, state \_\_\_\_\_

Place of violence occurred 5 mi. West of Gooding

Place of Violence Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place yes While at work? \_\_\_\_\_

Means of injury Thrown from ceiling to floor

23. Attendant's OWN Signature H.C. Relli, Doctor

and Address Gooding Date 10/27/1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
NOV 4 1948  
Certificate Of Death

State File No. 3808  
Local Reg. No. 117  
Reg. Dist. No. 421

1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R. F. D. No. Idaho St.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. St. Valentine's 1 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Wendell  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME

BABY BERNICE DALEE GILBERT

159X

3. (b) If veteran, name war -- (c) Social Security No. --  
5. Color or race W (a) Single, widowed, married, divorced Infant  
6. (b) Name of husband or wife -- (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) Oct. 22, 1948

8. AGE	Years	Months	Days	If less than 1 day
			1	hrs min.

9. Exact Occupation Newborn Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Wendell, Idaho (City or town) (State or foreign country)

12. Name Dale Elmer Gilbert  
13. Birthplace Teton, Idaho (City or town) (State or foreign country)  
14. Maiden name Gloria Joy Hine  
15. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Dale Gilbert and Address Wendell, Idaho

17. (a) burial (b) Date thereof 10/24/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Wendell, Idaho

18. Funeral Director's OWN Signature J. Forrest Weaver and Address Wendell, Idaho

19. (a) 10/25/48 (Date received and filed) (b) Registrar's signature Sister M. Rose, O.S.B.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 23 19 48 at 6:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from birth 1948, to death 1948.

I last saw her alive on 10/22 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature Birth Gestation 6 months. Duration

Due to Due to Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation Date Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state

where violence occurred Place of Violence: Home Farm Industry Public Place While at work? Means of injury

23. Attendant's OWN Signature M. T. Reelin and Address Wendell, Idaho Date 10/23/1948 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 2 1948  
Certificate Of Death  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

State File No. 3809  
Local Reg. No. 1356  
Reg. Dist. No. 420

1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. State T. B. Hosp. Stayed 27 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R.F.D. No. R.F.D. 3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 6.5 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

William F. Helsley

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex M race W

5. Color or \_\_\_\_\_

6. (a) Single, widowed, married,

divorced

6. (b) Name of husband or

wife \_\_\_\_\_

6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year)

May 4 - 1881

8. AGE

Years

Months

Days

If less than 1 day

67

67

5

22

hrs min.

9. Exact

Occupation

Laborer

Did this

work for

\_\_\_\_\_ yrs.

10. Industry or

Business

Date last

worked

11. Birthplace

Idaho

Nevada

(City or town)

(State or foreign country)

12. Name

William Philip Helsley

13. Birthplace

unknown

Virginia

(City or town)

(State or foreign country)

14. Maiden name

Stratton

15. Birthplace

Missouri

(State or foreign country)

16. Informant's

OWN Signature

K. A. Tyler and

and Address

Idaho State T. B. Hosp.

17. (a) removal

(b) Date thereof 10-29-48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place:

Ogden, Utah

18. Funeral Director's

OWN Signature

James C. Reynolds

and Address

Twin Falls, Idaho

19. (a) 10-29-48

(b) \_\_\_\_\_

(Date received and filed)

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year)

10-26-48

1948

at 1:35

o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from

10-15

1947,

to 10-26

1948

I last saw him alive on 10-26 1948 death is

said to have occurred on the date and hour stated above.

Immediate Cause of Death:

For advanced Pulmonary T. B.

Duration

3

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? ?

Name of operation \_\_\_\_\_

Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature

K. A. Tyler and

and Address

Idaho State T. B. Hosp.

Date 10-28-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 1 1948  
**Certificate Of Death**  
STATE OF IDAHO

1948 State File No. 3810  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 3 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 74 years  
(h) Former residence (city, state) Grangeville, Ida

3. (a) FULL NAME

Nancy Stillwell

061X

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security \_\_\_\_\_  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 70 years

7. Date of Birth (Month, Day, Year) May 9 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>4</u>	<u>21</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 4/20/48  
11. Birthplace Grangeville Ida (City or town) (State or foreign country)

- Mother Father  
12. Name Moses H. Rice  
13. Birthplace Indiana (City or town) (State or foreign country)  
14. Maiden name Ellen Heland  
15. Birthplace Portland Ore (City or town) (State or foreign country)

16. Informant's OWN Signature Laurence J. Bunnay  
and Address Portland Ore

17. (a) Burial (b) Date thereof 10/2/48 (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: Grangeville Ida

18. Funeral Director's OWN Signature Glenn Culbert  
and Address Grangeville Ida

19. (a) October 2, 1948 (b) Glenn Culbert (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

132X

20. DATE OF DEATH (Month, Day, Year) October 1 1948  
at 2:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1947 to Oct 1948  
I last saw h.w. alive on Oct 1 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Duration 5 days  
Due to Heart attack 5 years

Due to \_\_\_\_\_  
Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Where was disease contracted? ? PHYSICIAN  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. M. Dutton M.D. (M. D. or other)  
and Address Grangeville Date Oct 1 1948  
(For additional space, use reverse side)

635

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. General Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 7 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these),

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Grangeville

3. (a) FULL NAME

Martha Jane Otto

107X

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife R. H. 6. (c) Age of husband or wife if alive 87 years  
7. Date of Birth (Month, Day, Year) Dec 25, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>2</u>	<u>16</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1946  
11. Birthplace John Day (City or town) (State or foreign country) Ore  
Mother { 12. Name John Elliott  
13. Birthplace (City or town) (State or foreign country) Ore  
14. Maiden name Mary White  
15. Birthplace (City or town) (State or foreign country) Ore

16. Informant's OWN Signature Florence E. Lynch  
and Address Grangeville Idaho  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/48 (Month) (Day) (Year)  
(c) Place: Grangeville Idaho  
18. Funeral Director's OWN Signature Glenn A. Allen  
and Address Grangeville Idaho  
19. (a) Oct. 12, 1948 (Date received and filed) James Cone (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 087C

20. DATE OF DEATH (Month, Day, Year) 9 Oct 1948  
at 6:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1947, to 9 Oct 1948  
I last saw h.c.r. alive on 9 Oct 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Broncho Pneumonia Duration 5 days

Due to Terminal Pulmonary Congestion  
Due to Parkinsonism 2 years  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Donald Saltman (M. D. or other)  
and Address Grangeville Idaho Date 10 Oct 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED		NOV 9 1948		CERTIFICATE OF DEATH		State File No. 3812	
United States		Department of Commerce		Bureau of the Census		Local Reg. No. 22	
DIVISION OF VITAL STATISTICS		STATE OF IDAHO		Reg. Dist. No. 242			
1. PLACE OF DEATH:				2. USUAL RESIDENCE OF DECEASED: (Always fill in these)			
(a) County <u>Idaho</u>				(a) State <u>Idaho</u>			
(b) City or town <u>Greencreek</u>				(b) County <u>Idaho</u>			
(c) Street Address or R. F. D. No. _____				(c) City or town <u>Greencreek,</u>			
(d) Death Occurred Inside? _____ Outside? <u>X</u> city or town				(d) Street Address or R. F. D. No. _____			
(e) Died in a Home <u>X</u> Hospital _____ Institution _____ Other place _____				(e) Deceased lived Inside? _____ Outside? <u>X</u> city or town			
(f) Name Hosp. or Inst. _____ Stayed _____ days				(f) Citizen of what country? <u>U.S.</u>			
(g) Lived in this county <u>45</u> years _____ months _____ days				(g) How long had deceased lived in Idaho? <u>45</u> years			
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.				(h) Former residence (city, state) <u>Greencreek, Idaho</u>			
3. (a) FULL NAME <u>Anton Jansen</u>				137B			
3. (b) If veteran, name war _____				3. (c) Social Security No. _____			
5. Color or <u>W</u>				6. (a) Single, widowed, married, divorced <u>Widowed</u>			
6. (b) Name of husband or wife <u>Philomina</u>				6. (c) Age of husband or wife if alive <u>Deceased</u> years			
7. Date of Birth (Month, Day, Year) <u>March 6, 1871</u>							
8. AGE	Years <u>77</u>	Months <u>7</u>	Days <u>3</u>	If less than 1 day			
		hrs min.					
9. Exact Occupation <u>Farmner</u>				Did this work for <u>Life</u> yrs.			
10. Industry or Business _____				Date last worked <u>9/10/48</u>			
11. Birthplace <u>Lilyville, Ill</u>				(City or town) (State or foreign country)			
Father	12. Name <u>Henry J. Jansen</u>						
	13. Birthplace <u>Greencreek, Ill</u>			(City or town) (State or foreign country)			
Mother	14. Maiden name <u>Sophia Kaffman</u>						
	15. Birthplace <u>Greencreek, Ill.</u>			(City or town) (State or foreign country)			
16. Informant's OWN Signature <u>Mrs. Victor B. Lustig</u>							
and Address <u>Cottonwood, Idaho</u>							
17. (a) <u>Burial</u>				(b) Date thereof <u>10/13/48</u>			
(Burial, cremation or removal)				(Month) (Day) (Year)			
(c) Place: <u>Greencreek, Idaho</u>							
18. Funeral Director's OWN Signature <u>Shawn Miller</u>							
and Address <u>Grangeville, Idaho</u>							
19. (a) <u>10-11-1948</u>				(b) <u>W. J. Orr M.D.</u>			
(Date received and filed)				(Registrar's signature)			
				MEDICAL CERTIFICATE OF DEATH 095C			
				20. DATE OF DEATH <u>10/9/48</u>			
				(Month, Day, Year)			
				at <u>9:30</u> o'clock <u>A.</u> M.			
				21. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 9 1948</u> , to <u>October 9 1948</u>			
				I last saw h. <u>im</u> alive on <u>October 9 1948</u> ; death is said to have occurred on the date and hour stated above.			
				Immediate Cause of Death: <u>Cardiac Insufficiency</u>			
				Duration _____			
				Due to <u>Pneumia and depletion</u>			
				Due to <u>Prostration</u>			
				Other conditions _____			
				(Include pregnancy within 3 months of death)			
				Where was disease contracted? _____			
				Name of operation _____ Date _____			
				Major finding _____			
				Finding of autopsy _____			
				PHYSICIAN _____			
				Underline the cause to which death should be charged statistically.			
				22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? _____ Suicide? _____ Homicide? _____			
				Occurred _____ 19 _____ City, county, state where violence occurred _____			
				Place of Violence: Home _____ Farm _____ Industry _____			
				Public Place _____ While at work? _____			
				Means of injury _____			
				23. Attendant's OWN Signature <u>Wesley D. Orr M.D.</u>			
				(M. D. or other)			
				and Address <u>Cottonwood, Idaho</u> Date <u>10-11-1948</u>			
				(For additional space, use reverse side)			

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14-10

3813

United States  
Department of Commerce  
Bureau of the Census

NOV 9 1948

DEPARTMENT OF VITAL  
STATISTICS

CERTIFICATE OF DEATH  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 23  
Reg. Dist. No. 242

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Outside? city or town \_\_\_\_\_  
(e) Died in a Home Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. OLC Hospital Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Cottonwood  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1 day years  
(h) Former residence (city, state) Cottonwood, S.

## 3. (a) FULL NAME

Darselle Lee Keener

158X

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Infant  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Oct. 9 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	hrs min.

9. Exact Occupation Infant Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Cottonwood, Idaho (City or town) (State or foreign country)  
Father { 12. Name David Keener  
13. Birthplace Joseph, Idaho (City or town) (State or foreign country)  
Mother { 14. Maiden name Dorothy Terney  
15. Birthplace Pendleton, Ore. (City or town) (State or foreign country)

16. Informant's OWN Signature David Keener  
and Address Cottonwood, Ida.

17. (a) Burial (b) Date thereof 10/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Cottonwood, Idaho

18. Funeral Director's OWN Signature Thom. L. L. L.  
and Address Georgetown, Ida.

19. (a) 10-10-48 (b) W. J. Orr, M.D.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 10/10/48  
at 8:50 o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 9 1948, to October 10 1948  
I last saw her alive on Oct. 10 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Inanition

## Duration

Due to Natural InanitionDue to Marasmus InanitionOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature W. J. Orr, M.D.and Address Cottonwood, Idaho Date 10-10-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1948  
State File No. 3814  
Local Reg. No. 586  
Reg. Dist. No. 244

United States  
Department of Commerce  
Bureau of the Census  
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OCT 23 1948  
Certificate Of Death  
STATE OF IDAHO

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Kooskia  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 21 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Kooskia  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) Cle Elum, Wash

3. (a) FULL NAME

Charles Reed Waite

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. 519 26-7613

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married,  
divorced married  
4. Sex Male race white  
6. (b) Name of husband or wife Mila Jane  
6. (c) Age of husband or wife if  
alive 65 years  
7. Date of Birth November 2, 1817  
(Month, Day, Year)

Years	Months	Days	If less than 1 day
<u>70</u>	<u>11</u>	<u>9</u>	hrs min.

9. Exact Occupation Minister Did this work for 49 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 10/10/48  
11. Birthplace Iberia, Missouri  
(City or town) (State or foreign country)

12. Name John W. Waite  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Maiden name Ellen Reed  
15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature John C. Waite  
and Address Genesee, Idaho

17. (a) Burial (b) Date thereof Oct. 14 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Prairie View Cem., Grangeville, Idaho

18. Funeral Director's  
OWN Signature Claude T. Newary  
and Address Kooskia, Idaho

19. (a) 10/14/48 (b) Claude T. Newary  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) October 11 1948  
at 6:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 10 min.

Due to (patient not seen until after death)

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work \_\_\_\_\_  
Means of Injury \_\_\_\_\_

23. Attendant's  
OWN Signature Donna  
and Address Grangeville Date 10/14/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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NOV 9 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3815  
Local Reg. No. 24  
Reg. Dist. No. 242

## 1. PLACE OF DEATH: STATISTICS

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution ..... Other place .....  
(f) Name Hospital Lady of Consolation  
(g) Lived in this county 20 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Ferdinand  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X ..... city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME CHARLES I. HALLEN

3. (b) If veteran, name war ----- 3. (c) Social Security No. 700-07-5740  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Alma Augusta Hallem 6. (c) Age of husband or wife if 63 years  
7. Date of Birth (Month, Day, Year) December 15 1882

8. AGE	Years	Months	Days	If less than 1 day
	65	9	28	hrs min.

9. Exact Occupation Section Foreman Did this work for 27 yrs.  
10. Industry or Business Camas Prairie R. R. Date last worked 10/4/48  
11. Birthplace Sundswall, Sweden  
(City or town) (State or foreign country)

12. Name Carl Hallen  
13. Birthplace Sweden  
(City or town) (State or foreign country)  
14. Maiden name Hadda Bergland  
15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature Miss Robert J. Minner  
and Address Cottonwood, Idaho

17. (a) Removal (b) Date thereof 10/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Craigmont, Idaho

18. Funeral Director's OWN Signature E. Clovis  
and Address Craigmont, Idaho

19. (a) 10-14-1948 (b) W. J. Owsen, M.D.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 13 1948  
at 11:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from October 4 1948, to October 13 1948.  
I last saw him alive on October 13 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral Edema Duration 4 days

Due to Shock and head injuries and bilateral compound fractures lower

Due to Spinal Cord Injury on R.R.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....  
Occurred October 4 1948 City, county, state where violence occurred Between Ferdinand and

Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? Yes

Means of injury Speeder collision

23. Attendant's OWN Signature Wesley D. Owsen M. D.

and Address Cottonwood, Idaho Date 10-14-1948

(For additional space, use reverse side)

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United States  
Department of Commerce  
Bureau of the Census

NOV 9 1948

DEPARTMENT OF VITAL  
STATISTICS

CERTIFICATE OF DEATH  
STATE OF IDAHO

State File No. **3816**  
Local Reg. No. **26**  
Reg. Dist. No. **442**

1. PLACE OF DEATH:
- (a) County Idaho  
(b) City or town Ferdinand  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 59 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- (a) State Idaho (b) County Idaho  
(c) City or town Ferdinand  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? 59 years  
(h) Former residence (city, state) Ferdinand

3. (a) FULL NAME Clemens C. Frei

131A

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Phelomena  
6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth (Month, Day, Year) May 21, 1876

8. AGE Years 72 Months 4 Days 22 If less than 1 day hrs min.

9. Exact Occupation Farmer Did this work for life yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1946  
11. Birthplace Switzerland (City or town) (State or foreign country)

12. Name John Frei  
13. Birthplace Switzerland (City or town) (State or foreign country)  
14. Maiden name Christina Tchirky  
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's OWN Signature John R. Frei  
and Address Ferdinand, Idaho

17. (a) Burial (b) Date thereof 10/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Ferdinand  
18. Funeral Director's OWN Signature Glenn Miller  
and Address Grangeville, Id.

19. (a) 10-25-48 (b) Wesley J. Orr M.D.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH (Month, Day, Year) 10/13 1948  
at 8:30 AM o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1940 19   to Oct-13 1948  
I last saw him alive on 10-1 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 8 hr.

Due to Chronic Myocarditis 10 yrs.

Due to Cardio-Renal disease

Other conditions and Asthma 15 yrs.  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wesley J. Orr M.D.

and Address Cottonwood, Idaho Date 10-15-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 9 1948

# Certificate Of Death

STATISTICS

STATE OF IDAHO

State File No. 3817  
Local Reg. No. 25  
Reg. Dist. No. 242

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name of Hospital Our Lady of Consolation \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Craigmont  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME ARTHUR OLSEN

094A

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_ 3. (c) Social Security No. 518-14-4020  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex male race white  
6. (b) Name of husband or wife Lola Olsen 6. (c) Age of husband or wife if alive 41 years  
7. Date of Birth (Month, Day, Year) April 2 1901

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>6</u>	<u>17</u>	hrs min.

9. Exact Occupation Auto Mechanic Did this work for 3 yrs.  
10. Industry or Business Garage Date last worked 10/11/48  
11. Birthplace Minneapolis, Minn.  
(City or town) (State or foreign country)

12. Name (Unknown) Olsen  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Gina Olsen  
15. Birthplace Norway  
(City or town) (State or foreign country)

16. Informant's OWN Signature Cecil Olsen  
and Address Craigmont, Idaho.

17. (a) Removal (b) Date thereof 10/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Craigmont, Idaho.

18. Funeral Director's OWN Signature E. Clavis  
and Address Craigmont, Idaho.

19. (a) 10-14-48 (b) E. J. O'Connell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 14 1948  
at 4:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 10-11 1948, to 10-14 1948  
I last saw him alive on 10-13 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Cerebral Occlusion 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature K. H. Harris MD

and Address Craigmont, Idaho Date 10-14 1948

(For additional space, use reverse side)

043

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County Idaho  
(b) City or town Elk City  
(c) Street Address or R.F.D. No. 1  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 2 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City or town Elk City  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Portland Ore

3. (a) FULL NAME Samuel E. Meyer  
(b) If veteran, name war No.  
(c) Social Security No. 131B  
(d) Sex M 5. Color or race W  
(e) (a) Single, widowed, married, divorced Widowed  
(f) (b) Name of husband or wife alive years  
(g) Date of Birth (Month, Day, Year) Feb 5 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>8</u>	<u>11</u>	hrs min.

9. Exact Occupation Laborer Did this work for 13 yrs.  
10. Industry or Business Plattville Date last worked 1947  
11. Birthplace Plattville Mo (City or town) (State or foreign country)

12. Name William Meyer  
13. Birthplace Plattville Mo (City or town) (State or foreign country)  
14. Maiden name Reppel  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature W. J. Meyer  
and Address Elk City, Idaho

17. (a) Burial (b) Date thereof 10/19/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Springville Id

18. Funeral Director's OWN Signature John C. Cline  
and Address Springville Id

19. (a) Oct 19 1948 (b) Anna Cline  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) 10 16 1948  
at 10:10 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from July 1947 to October 1948  
I last saw him alive on October 6 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: thrombosis Duration 1 week  
Due to Chronic nephritis Several years  
Due to Other conditions  
(Include pregnancy within 3 months of death)  
Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swimming Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred Springville Id  
Place of Violence: Home Farm Industry Public Place While at work? Means of injury  
23. Attendant's OWN Signature Donald J. Saltman (M. D. or other)  
and Address Springville Id Date 10/20 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Bureau of the Census

NOV 9 1948

CERTIFICATE OF DEATH

DIVISION OF VITAL

STATE OF IDAHO

1948

3819

State File No.

Local Reg. No. 27

Reg. Dist. No. 342

STATISTICS

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R. F. D. No.         
(d) Death Occurred Inside? ☒ Outside? ☐ city or town         
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 52 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME

Mary Entrup

046F

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) March 31 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>6</u>	<u>17</u>	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.

10. Industry or Business        Date last worked 1946

11. Birthplace Minn. (City or town) (State or foreign country)

12. Name Vernon Herzog (City or town) (State or foreign country)

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name Agnes Noes (City or town) (State or foreign country)

15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Garry Entrup and Address Cottonwood

17. (a) Curial (b) Date thereof 10/20/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Heuterville, Idaho

18. Funeral Director's OWN Signature John A. Jones and Address Heuterville, Idaho

19. (a) 10-20-1948 (b) John A. Jones (Date received and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Cottonwood  
(d) Street Address or R. F. D. No.         
(e) Deceased lived Inside? ☒ Outside? ☐ city or town         
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state) Heuterville

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 10/18 1948  
at 7:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 3-0 1948 to 10-18 1948  
I last saw h.        alive on 10-17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Gamma & Liver 1 yr.

Due to       

Due to       

Other conditions       

(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature K. H. Hollins (M. D. or other)

and Address Cottonwood Date 10-19 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Department of Commerce  
Bureau of the Census

NOV 16 1948

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. 3820  
Local Reg. No. 20  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Indian Creek  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. RFD #3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 1 1/2 years  
(h) Former residence (city, state) Twin Falls Ida.

3. (a) FULL NAME Kenneth F. Richardson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 480-22-7438  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Ester 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth June 25, 1908  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>4</u>	<u>--</u>	hrs min.

9. Exact Occupation Manager Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business BurpeeSeed Co. Date last worked \_\_\_\_\_  
11. Birthplace Burke Idaho  
(City or town) (State or foreign country)  
12. Name Frederick H. Richardson  
13. Birthplace Poinnette, Wisc.  
(City or town) (State or foreign country)  
14. Maiden name Leah Blanch Hoover  
15. Birthplace Wallace Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Sidney Jones (Sister)  
and Address Burke, Idaho

17. (a) Removal (Burial, cremation or removal) (b) Date thereof 10-29-28  
(c) Place: Wallace, Idaho

18. Funeral Director's OWN Signature Glenn A. Jones  
and Address Glennville, Ida.

19. (a) Nov. 12, 1948 (b) Jma Cone  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 25, 1948  
(Month, Day, Year) at 12:45 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gun shot wound thru heart Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Accident Homicide? \_\_\_\_\_

Occurred Oct. 25, 1948 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Glenn A. Jones

and Address Glennville Date 11/9 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Bureau of the Census

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DEPARTMENT OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3821

Local Reg. No. 19

Reg. Dist. No. 240

1. PLACE OF DEATH: **STATISTICS**  
(a) County **IDAHO**  
(b) City or town **Grangeville**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **60** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **IDAHO** (b) County **IDAHO**  
(c) City or town **Grangeville**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **✓** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? **60** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **MARIE OLIVE KELLEANE** 087C

3. (b) If veteran, **110** name war **No**  
4. Sex **F** 5. Color or race **W**  
6. (b) Name of husband or wife **Frank**  
7. Date of Birth (Month, Day, Year) **July 24-1882**

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>	<b>3</b>	<b>1</b>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Hawai** (City or town) (State or foreign country)

12. Name **WILLIAM HAWLEY**  
13. Birthplace **W.S.** (City or town) (State or foreign country)  
14. Maiden name **Harriet**  
15. Birthplace **U.S.** (City or town) (State or foreign country)

16. Informant's OWN Signature **William Hawley**  
and Address **Grangeville**

17. (a) **Burial** (b) Date thereof **10-27-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Grangeville**

18. Funeral Director's OWN Signature **Donald Saltman**  
and Address **Grangeville**

19. (a) **Oct 23 1948** (b) **William Cone**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Oct. 25 1948**  
at **5:30** o'clock **A**.M.

21. I HEREBY CERTIFY, That I attended deceased from **May 1947** to **Oct 25 1948**  
I last saw **her** alive on **24 Oct 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Hypertensive Pneumonia** Duration **1 week**

Due to **Parkinsonism** **3 years**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Donald Saltman**  
(M. D. or other)  
and Address **Grangeville** Date **27 Oct 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 2822  
Local Reg. No. 581  
Reg. Dist. No. 244

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Lowell Ida.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 35 years 6 months 23 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Neuterville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? 138 years  
(h) Former residence (city, state) Neuterville

## 3. (a) FULL NAME

Alvin J. Forsman

184X

## 3. (b) If veteran,

name war NO

## 3. (c) Social Security

No. 515-16-2475

5. Color or. White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 26 years

7. Date of Birth (Month, Day, Year) April 3 1913

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <u>35</u> | <u>6</u> | <u>23</u> | hrs min.           |

9. Exact Occupation laborer Did this work for 8 yrs.

10. Industry or Business Logging Date last worked 10/22/48

11. Birthplace Neuterville Ida. (City or town) (State or foreign country)

12. Name Henry Forsman

13. Birthplace Minnesota (City or town) (State or foreign country)

14. Maiden name Mary Esker

15. Birthplace Ida. (City or town) (State or foreign country)

16. Informant's OWN Signature Loretta Forsman and Address Neuterville Ida.

17. (a) Burial (b) Date thereof 10/29/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Neuterville Ida.

18. Funeral Director's OWN Signature Glen Auler and Address Neuterville Ida.

19. (a) Oct 29 1948 (Date received and filed) (b) Glen Auler (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 10/26 19 48  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Gunshot Shot  
Due to wounds in right lung  
Due to Hunting accident  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 10/26 19 48 City, county, state where violence occurred Near Lowell Ida.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place yes While at work? Hunting

Means of injury Gunshot shot wounds

23. Attendant's OWN Signature Glen Auler (M. D. or other) and Address Neuterville Date 10/26 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

NOV 16 1948

VISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 3823  
Local Reg. No. 19  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. General Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? 8 mo years  
(h) Former residence (city, state) Portland Ore

## 3. (a) FULL NAME

Fannie J. Hibler

061X

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, \_\_\_\_\_  
4. Sex Female race White divorced Married  
6. (b) Name of husband or wife Clarence 6. (c) Age of husband or wife if alive 45 years  
7. Date of Birth (Month, Day, Year) May 19 1903

8. AGE	Years	Months	Days	If less than 1 day
	<u>45</u>	<u>5</u>	<u>9</u>	hrs min.

9. Exact Occupation Housewife Did this work for 13 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 9/6/48  
11. Birthplace Grantsville Utah (City or town) (State or foreign country)

12. Name Robert H. Hibler  
13. Birthplace Grantsville Utah (City or town) (State or foreign country)  
14. Maiden name Emma Rasch  
15. Birthplace Grantsville (City or town) (State or foreign country)

16. Informant's OWN Signature C. W. Hibler  
and Address Grangeville Idaho

17. (a) Buried (b) Date thereof 10/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Tooele Utah

18. Funeral Director's OWN Signature Henry C. Cull  
and Address Grangeville Idaho

19. (a) October 28 1948 (b) \_\_\_\_\_  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 10/28 1948  
at 5:30 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

14 Oct 1948, to 28 Oct 1948  
I last saw her alive on 22 Oct 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pulmonary infarction Duration 2 weeks

Due to heart failure

Due to Hypertensive Cardio-vascular disease

Other conditions Diabetes mellitus  
(Include pregnancy within 3 months of death)

Chronic thrombophlebitis

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Donald J. Saltman

(M. D. or other)

and Address Grangeville Date 29 Oct 1948

(For additional space, use reverse side)

1973



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

STATE OF IDAHO

STATE OF IDAHO

State File No. 3825

Local Reg. No. 21

Reg. Dist. No. 640

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Roberts  
(c) Street Address or R.F.D. No. Route #1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 8 years ? months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Roberts  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? X Outside?  city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Idaho Falls, Idaho

## 3. (a) FULL NAME

SAMUEL AZRO BATES

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Bates

6. (c) Age of husband or wife if alive 23 years

7. Date of Birth (Month, Day, Year) August 5, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>2</u>	<u>1</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 42 yrs.

10. Industry or Business Self Employed Date last worked Oct. 6, 1948

11. Birthplace Summit County Utah (City or town) (State or foreign country)

12. Name John Bates

13. Birthplace No Record (City or town) (State or foreign country)

14. Maiden name Keller

15. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Julia Bates and Address Roberts, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 6, 1948 (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Olaf Lundberg and Address Idaho Falls, Idaho

19. (a) Nov 3 1948 (Date received and filed) (b) Myra A. Bennett (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 6 19 48

at 3:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 17 19 48, to Sept. 7 19 48

I last saw h. in alive on Sept 7 19 48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration 1 hr.

Due to Chronic cardiac vascular and disease 3 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?

Occurred  19  City, county, state where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury PT Blair, Ellsworth 40

23. Attendant's OWN Signature Donald H. Stetter M.D. (M. D. or other) and Address 220 2nd, 3rd Date Oct. 12 19 48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **3826**  
Local Reg. No. **20**  
Reg. Dist. No. **640**

## 1. PLACE OF DEATH:

- (a) County **Jefferson**  
(b) City or town **Rigby**  
(c) Street Address or R.F.D. No. **Main St.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **45** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jefferson**  
(c) City or town **Milo**  
(d) Street Address or R.F.D. No. **1 Rigby**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **45** years  
(h) Former residence (city, state) **Benjamin, Utah.**

## 3. (a) FULL NAME

**NAPHTALI BARNARD CAMPBELL.**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or **White**  
4. Sex **Male** race

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife ☒

6. (c) Age of husband or wife if alive ☒ years

7. Date of Birth **Nov. 10, 1896**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>51</b>	<b>11</b>	<b>2</b>	hrs. min.

9. Exact Occupation **Laborer** Did this **life** work for ☐ yrs.

10. Industry or **Farm & Stock** Date last **10/12/48** worked

11. Birthplace **Benjamin, Utah.**

12. Name **Robert Lemuel Campbell.**

13. Birthplace **Malta Island.**

14. Maiden name **Victoria Elizabeth Barnard.**

15. Birthplace **England.**

16. Informant's **N.I. Campbell**

OWN Signature **Rigby, Idaho. Rt. #1**

and Address **10/15/48**

17. (a) **burial** (b) Date thereof **10/15/48**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Milo, Idaho.**

18. Funeral Director's **A.B. Eckersell**

OWN Signature **Rigby, Idaho.**

and Address **Oct 16 1948**

19. (a) **Oct 16 1948** (b) **Mrs. A.B. Eckersell**

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **October 12** 19 **48**  
(Month, Day, Year)

at **9:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **10/12** 19 **48** to **10/12** 19 **48**

I last saw him **in bed** on **10/12** 19 **48**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Coronary Thrombosis** Duration **1 hour**

Due to **Alcoholism**

Other conditions **Indef.**

(Include pregnancy within 3 months of death)

Where was disease contracted? **Herk's Place**

Name of operation **none** Date **Indef.**

Major finding **none**

Finding of autopsy **none performed**

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **Indef.**

23. Attendant's **Edson Tall, M.D.**

OWN Signature **Rigby, Idaho** Date **10/14** 19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

BUREAU OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3827  
Local Reg. No. 22  
Reg. Dist. No. 640

1. PLACE OF DEATH:
- (a) County Jefferson
  - (b) City or town Seuraville
  - (c) Street Address or R.F.D. No. \_\_\_\_\_
  - (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - (e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_
  - (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
  - (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho
  - (b) County Jefferson
  - (c) City or town Seuraville
  - (d) Street Address or R.F.D. No. \_\_\_\_\_
  - (e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - (f) Citizen of what country? U. S. A.
  - (g) How long had deceased lived in Idaho? 60 years
  - (h) Former residence (city, state) Idaho

3. (a) FULL NAME Thomas C. Shipper

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed married divorced \_\_\_\_\_

6. (b) Name of husband or wife Cora B. Shipper 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 14, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>			hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Biglottomwood, Utah (City or town) (State or foreign country)

12. Name Charles W. Shipper (City or town) (State or foreign country)

13. Birthplace United States (City or town) (State or foreign country)

14. Maiden name Mary A. Chespy (City or town) (State or foreign country)

15. Birthplace United States (City or town) (State or foreign country)

16. Informant's OWN Signature Cora B. Shipper and Address Seuraville, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/48 (Month) (Day) (Year)

(c) Place Idaho 18. Funeral Director's OWN Signature Jack A. W. Cook and Address Idaho Falls, Idaho

19. (a) Nov 3, 1948 (Date received and filed) (b) Mrs A B Becknell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 16, 1948 at 4-55 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from July 1942, to October 16 1948. I last saw him alive on October 14 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death 1. Chronic Nephritis Duration 6 months

Due to Carcinoma of Bladder 3 years

Due to Carcinoma of Prostate 7 years  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? at Home  
Name of operation Prostatectomy Date 1940  
Major finding Carcinoma of Prostate  
Finding of autopsy none performed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dean Toll, M.D. (M. D. or other)

and Address Riley, Ida Date 10/23 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. 3828

Local Reg. No. 24

Reg. Dist. No. 640

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Rigby  
(c) Street Address or R.F.D. No. 390 W. Main  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 60 years X months X days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No. 390 W. Main  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) Lehi, Utah

## 3. (a) FULL NAME

Lydia Caroline Rolfe MATTSON

## 3. (b) If veteran, name war

X

## 3. (c) Social Security No.

X

## 4. Sex F 5. Color or race W

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife

Charles William Mattson

## 6. (c) Age of husband or wife if alive 68 years

## 7. Date of Birth

(Month, Day, Year) March 26, 1876

8. AGE	Years	Months	Days	If less than 1 day
<u>72</u>	<u>72</u>	<u>6</u>	<u>26</u>	<u>X</u> hrs. <u>X</u> min.

## 9. Exact Occupation Housewife Did this work for Life yrs.

## 10. Industry or Business Homemaker Date last worked Oct. 47

## 11. Birthplace Lehi, Utah (City or town) (State or foreign country)

## 12. Name Charles Gilbert Rolfe

## 13. Birthplace San Bernadino, Calif. (City or town) (State or foreign country)

## 14. Maiden name Ellen Finn

## 15. Birthplace Lehi, Utah (City or town) (State or foreign country)

## 16. Informant's OWN Signature Chas E. Whittle

## and Address Salina, Calif. 10/25/48

## 17. (a) Burial (b) Date thereof 10/25/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Rigby, Idaho.

## 18. Funeral Director's OWN Signature W. B. Beckersell

## and Address Rigby, Idaho.

## 19. (a) Nov 3, 1948 (b) Mrs A B Beckersell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Oct. 21, 1948 1948

## at 5:50 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from July 1947 to Oct. 21, 1948 1948

## I last saw h. ex. alive on Oct. 20, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Duration

## Chronic myocarditis 5 yrs.

## Due to Chronic Rheumatic Heart 30 yrs.

## Due to stroke

## Other conditions Edema (Include pregnancy within 3 months of death)

## Where was disease contracted? at home

## Name of operation none Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy not performed

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Arad Hall n.e. (M. D. or other)

## and Address Rigby, Idaho Date Oct 23 1948

## (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 29 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 3829  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH: **STATISTICS**  
(a) County Jerome  
(b) City or town Jerome  
(c) Street Address or R.F.D. No. 1. Main St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place ACC.  
(f) Name Hosp. or Inst. None Stayed days  
(g) Lived in this county years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Gooding  
(c) City or town Vendell  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) born here

3. (a) FULL NAME DON MICHAEL GERGEN  
3. (b) If veteran, name war no  
3. (c) Social Security No. none  
5. Color or Wh.  
6. (a) Single, widowed, married, divorced child  
6. (b) Name of husband or wife child  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) January 26, 1938

8. AGE	Years	Months	Days	If less than 1 day
	<u>10</u>	<u>7</u>	<u>29</u>	hrs min.

9. Exact Occupation At school Did this work for  yrs.  
10. Industry or Business at school Date last worked  
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Nick Gergen  
13. Birthplace Vetherford, Oklahoma (City or town) (State or foreign country)  
14. Maiden name Ada Feltman  
15. Birthplace Richmond, Utah (City or town) (State or foreign country)  
16. Informant's OWN Signature Mrs Ada S Gergen and Address Vendell, Idaho  
17. (a) burial (b) Date thereof 9/28/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Jerome Cemetery  
18. Funeral Director's OWN Signature Edgar J. Poirier and Address Jerome, Idaho  
19. (a) Sept 29 48 (b) Edgar J. Poirier (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 170A  
20. DATE OF DEATH (Month, Day, Year) September 25 19 48  
at 7:30 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from 9/25 19 48 Only  
I last saw him alive on 9/25/48 19 48; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: acute hemorrhage from rupture of left jugular vein and double entry Duration 15 min  
Due to sepsis of  
Due to add double entry  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted? None  
Name of operation None Date ~  
Major finding ~  
Finding of autopsy ~  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? ~ Homicide? ~  
Occurred 9/25/48 19 48 City, county, state where violence occurred Jerome  
Place of Violence: Home ~ Farm ~ Industry ~  
Public Place ~ While at work? yes  
Means of injury Pushed off train  
23. Attendant's OWN Signature H. C. Mair (M. D. or other)  
and Address Jerome Date 9/28 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 29 1948  
DIVISION OF VITAL STATISTICS

Certificate Of Death  
STATE OF IDAHO

State File No. 3830  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:  
(a) County JEROME  
(b) City or town EDEN  
(c) Street Address or R. F. D. No. ROUTE #1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county 25 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State IDAHO (b) County JEROME  
(c) City or town EDEN  
(d) Street Address or R.F.D. No. RT. #1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state)

3. (a) FULL NAME GORDON, Mrs. Violet May  
3. (b) If veteran, name war None  
3. (c) Social Security No. None  
4. Sex FEMALE 5. Color or Face WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ROY S. 6. (c) Age of husband or wife if alive 53 years  
7. Date of Birth (Month, Day, Year) SEPTEMBER #, 3, 1896

8. AGE	Years	Months	Days	If less than 1 day
	52	1	16	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace MASON, MICHIGAN (City or town) (State or foreign country)

Mother Father {  
12. Name CHARLES DAWE  
13. Birthplace CROFTHOLD, ENGLAND (City or town) (State or foreign country)  
14. Maiden name ELLEN MILDREN  
15. Birthplace PENHAUGER, ENGLAND (City or town) (State or foreign country)

16. Informant's OWN Signature Roy S. Gordon and Address EDEN, IDAHO  
17. (a) REMOVAL (b) Date thereof 10/19/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: TWIN FALLS, IDAHO  
18. Funeral Director's OWN Signature J. H. Phillips and Address WHITE MORTUARY TWINFALLS, IDAHO  
19. (a) 10-26-48 (b) Dr. L. M. Wade (Date received and filed) (Registrar's signature)

20. DATE OF DEATH (Month, Day, Year) October 19th, 1948 at 6 P. M. o'clock M.  
21. I HEREBY CERTIFY, That I attended deceased from 4-2-1947, to 10-19-1948  
I last saw h. or alive on 10-19-1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Cancer of prostate & General Metastases Duration  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19. City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature J. H. Drake M.D. IDAHO and Address TWINFALLS, IDAHO Date 10/20, 48 (For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 8 1948

# Certificate of Death

STATE OF IDAHO

State File No. **3831**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? **X** ..... city or town  
(e) Died in a Home ..... Hospital ..... Institution ..... Other place **X** .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months **21** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Calif** (b) County .....  
(c) City or town **Los Angeles**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **21 days** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME **Salvadore Ornelas**

3. (b) If veteran, name war **War 2** 3. (c) Social Security No. ....  
5. Color or race **Male Mexican** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **March 15, 1916**

8. AGE	Years	Months	Days	If less than 1 day
	<b>32</b>	<b>7</b>	<b>15</b>	hrs. min.

9. Exact Occupation **Laborer** Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **Cucamonga California**  
(City or town) (State or foreign country)

12. Name **Yrineo Ornelas**  
13. Birthplace **Mexico**  
(City or town) (State or foreign country)  
14. Maiden name **Soledad Z. Alvares**  
15. Birthplace **Mexico**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Trinidad Ornelas**  
and Address **2153 OLIVALL ST. LA 31**  
17. (a) **Removal** (b) Date thereof **Nov 6, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Los Angeles, California**

18. Funeral Director's OWN Signature **JR Wiley**  
and Address **Jerome, Idaho**  
19. (a) **11** (b) **48**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Oct 30** 19**48**  
at ..... o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h ..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: **Subdural Hematoma with extensive edema of brain left side also bruises & lacerations of scalp**  
Due to **blows of blunt instrument**  
Other conditions .....  
(Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy **as above**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ..... Suicide? ..... Homicide? **Yes**  
Occurred **Oct 30** 19**48** City, county, state **Jerome County Idaho**  
where violence occurred **Jerome County Idaho**  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place **L** While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature **JR Wiley (Coroner)**  
and Address **Jerome, Idaho** Date **Nov 5, 1948**  
(No additional space on reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 3832  
State File No. ....  
Local Reg. No. 198  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 702 3rd St  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. Kootenai Stayed 30 days  
(g) Lived in this county 15 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 1208 Park St.  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Sheridan Wyo.

## 3. (a) FULL

NAME NEAL, Harvey E.

## 3. (b) If veteran, name war

//////

## 3. (c) Social Security No.

5. Color or

4. Sex M race W

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Nora

6. (c) Age of husband or wife if  
alive 60 years

## 7. Date of Birth

(Month, Day, Year) July 30, 1881

## 8. AGE

Years

Months

Days

If less than 1 day

67

3

2

hrs.

min.

## 9. Exact

Occupation Farmer

Did this

work for 40 yrs.

## 10. Industry or

Business Own Farm

Date last

worked 6-1-48

## 11. Birthplace

Harrison County, Missouri

(City or town)

(State or foreign country)

## 12. Name

Robert Neal

## 13. Birthplace

Missouri

(City or town)

(State or foreign country)

## 14. Maiden name

Ellen Wilson

## 15. Birthplace

Missouri

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Harland Z Neal

and Address Post Falls, Idaho

## 17. (a)

(Burial, cremation, or removal)

Buried

10-4-48

(Month) (Day) (Year)

## (c) Place

Forest Cam. Cd'A, Idaho

## 18. Funeral Director's

OWN Signature Don English

and Address Coeur d'Alene, Idaho

## 19. (a)

Oct 14, 1948

(Date received and filed)

(b) Mary E. Smith

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 10-2-48

at 6:45

o'clock

A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

7/23

1948

to 10/1

1948

I last saw him alive on 10/1/48 1948;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Metastatic adenocarcinoma of liver

Due to possibly non-symptomatic melanoma

Other conditions.....

(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation Cerv. Lxp. Date.....

Major finding.....

Finding of autopsy.....

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

## 23. Attendant's

OWN Signature Don English

and Address Coeur d'Alene Date 10/1 1948

(For additional space, use reverse side)

053X

046F

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.



Informed, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3839

Local Reg. No. 120

Reg. Dist. No. 804

1. PLACE OF DEATH: STATISTICS
- (a) County **Kootenai**
- (b) City or town **Coeur d'Alene**
- (c) Street Address or R.F.D. No. **402 Indiana**
- (d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. **Knights** Stayed \_\_\_\_\_ days
- (g) Lived in this county **1** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Kootenai**
- (c) City or town **Coeur d'Alene**
- (d) Street Address or R.F.D. No. **402 Indiana**
- (e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? **U.S.A.**
- (g) How long had deceased lived in Idaho? **30** years
- (h) Former residence (city, state) **Iowa**

3. (a) FULL NAME **DESELM MATTIE ANN**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W**
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **June 26, 1874**

8. AGE	Years	Months	Days	If less than 1 day
<b>74</b>	<b>3</b>	<b>8</b>		hrs. min.

9. Exact Occupation **House Wife** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Own Home** Date last worked \_\_\_\_\_

11. Birthplace **Fremont Iowa** (City or town) (State or foreign country)

12. Name **Alexander Elder**

13. Birthplace **Elizabeth Unkown** (City or town) (State or foreign country)

14. Maiden name **Elizabeth** **12/1**

15. Birthplace **Unkown** (City or town) (State or foreign country)

16. Informant's OWN Signature **From records Public Asst. Office**

- and Address **Coeur d'Alene, Idaho**

17. (a) **Removal** (b) Date thereof **10-7-48**

- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **Bonnars Ferry Idaho**

18. Funeral Director's **Mooney-English Chapel**

- OWN Signature **Robert Yates**

- and Address **Coeur d'Alene, Idaho**

19. (a) **10-24-48** (b) **Mary C. Bonnet**

- (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **10-4-48** 19. \_\_\_\_\_
- at **3:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Aug 20** 19 **48** to **Oct 4** 19 **48**
- I last saw her alive on **10-3-** 19 **48**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Thrombosis** Duration \_\_\_\_\_

Due to **Cerebral Thrombosis**

Due to \_\_\_\_\_

Other conditions **Injured by auto**

(Include pregnancy within 3 months of death)

**about Aug 10, 1948**

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **yes** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Arrived **Aug 20, 1948** 19 \_\_\_\_\_ City, county, state

where violence occurred **Coeur d'Alene, Idaho**

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place **Highway** While at work? **no**

Means of injury **Struck by Auto**

Attendant's OWN Signature **R H Bonker, M.D.**

(M.D. or other)

and Address **Coeur d'Alene** Date **10-25-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DEPARTMENT OF VITAL STATISTICS

STATE OF IDAHO

State File No. \_\_\_\_\_

Local Reg. No. 120

Reg. Dist. No. 207

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 1320 Lakeside  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Home Hospital Stayed 73 days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 211 Indiana Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Do not know

## 3. (a) FULL NAME James Walter Foss

3. (b) If veteran, name war no 3. (c) Social Security No. 516-01-6895  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) Do not know 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>-</u>	<u>-</u>	hrs. min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 1945

## 11. Birthplace Do not know (City or town) (State or foreign country)

## 12. Name Do not know (City or town) (State or foreign country)

## 13. Birthplace Do not know (City or town) (State or foreign country)

## 14. Maiden name Do not know (City or town) (State or foreign country)

## 15. Birthplace Do not know (City or town) (State or foreign country)

## 16. Informant's OWN Signature A.B. Nelson and Address Rathdrum, Idaho

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/48 (Month) (Day) (Year)

## (c) Place Forest Cemetery Coeur d'Alene

## 18. Funeral Director's OWN Signature A.B. Nelson and Address Rathdrum, Idaho

## 19. (a) Oct 29, 1948 (b) Myrtle Hamilton (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) October 5 19 48

## at 7:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from June 1 19 48 to Oct. 5 19 48

I last saw him alive on Oct 3 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Myocarditis (Chronic) 4 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature A.B. Nelson M.D. (M. D. or other) 10/9 19 48

and Address Coeur d'Alene, Idaho Date \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **3835**  
Local Reg. No. **120**  
Reg. Dist. No. **202**

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **2002 Sherman**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **2** years **6** months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **2002 Sherman**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **2 1/2** years  
(h) Former residence (city, state) **Norfolk, Nebr.**

3. (a) FULL NAME **CARRICK, Catherine**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex **F** race **W**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **Feb. 1, 1881**

8. AGE	Years	Months	Days	If less than 1 day
	<b>67</b>	<b>8</b>	<b>12</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **45** yrs.  
10. Industry or Business **Own Home** Date last worked **10-1-47**  
11. Birthplace **O'Neill, Nebraska**  
(City or town) (State or foreign country)

- Father { 12. Name **John McKeever**  
13. Birthplace **Iowa**  
(City or town) (State or foreign country)  
Mother { 14. Maiden name **Unknown**  
15. Birthplace **Ireland**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Alene Carrick**  
and Address **Coeur d'Alene, Idaho**

17. (a) **Removal** (b) Date thereof **10-15-48**  
(burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Norfolk, Nebraska**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene, Idaho**

19. (a) **10-29-48** (b) **Mary E. Dummer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **10-13-48** 19\_\_\_\_  
at **9:00** o'clock **P** M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

**Devascularized Sarcoma.** **3 years**

Due to **Mole on Neck**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
Attendant's OWN Signature **Missus M.D.**  
(M. D. or other)

and Address \_\_\_\_\_ Date **10/14/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 1 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. **3836**  
Local Reg. No. **120**  
Reg. Dist. No. **205**

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. **1039 3rd St.**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **2** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **1039 3rd St.**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **2** years  
(h) Former residence (city, state) **Huntington Park Calif.**

3. (a) FULL NAME **DOWNING, Matilda**

3. (b) If veteran, name was **//////////** 3. (c) Social Security No. \_\_\_\_\_  
4. Sex **F** 5. Color or **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Guy** 6. (c) Age of husband or wife if alive **70** years  
7. Date of Birth **April 13, 1881**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>67</b>	<b>6</b>	<b>0</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **45** yrs.  
10. Industry or Business **Own Home** Date last worked \_\_\_\_\_

11. Birthplace **Denmark**  
(City or town) (State or foreign country)

Father { 12. Name **Neils Rasmussen**  
13. Birthplace **Denmark**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Margarette Andersen**  
15. Birthplace **Denmark**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Kenneth O. Downing**  
and Address **821 N. 4th Cd A**

17. (a) **Burial** (b) Date thereof **10-15-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Forest Cem. Cd A, Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene Idaho**

19. (a) **10-29-48** (b) **Mary E. Hamlin**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **083A**  
20. DATE OF DEATH **10-13-48**  
(Month, Day, Year) 19\_\_\_\_  
at **9:00** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **10-7-48** to **10-13-48**  
I last saw her alive on **10-11-48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **medullary failure** Duration \_\_\_\_\_

Due to **cerebrovascular accident** **10-12-48**

Due to **hypertension, arteriosclerosis** years  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
Attendant's OWN Signature **CG Rowley M.D.**  
(M. D. or other)  
and Address **Coeur d'Alene** Date **10-18-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 25 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 3837

State File No.

Local Reg. No. 200

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County KOOTENAI  
(b) City or town COEUR D' ALENE  
(c) Street Address or R.F.D. No. 13th, & BEST AVE.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county LIFE years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County KOOTENAI  
(c) City or town COEUR D' ALENE  
(d) Street Address or R.F.D. No. 13th, BEST AVE.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state) NONE

## 3. (a) FULL

NAME EDWIN ARTHUR DRAPEAU

## 3. (b) If veteran, name war

NONE

## 3. (c) Social Security No.

NONE

## 4. Sex MALE Color or WHITE

## 6. (a) Single, widowed, married, divorced SINGLE

## 6. (b) Name of husband or wife NONE

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) MARCH 25, 1938

8. AGE	Years	Months	Days	If less than 1 day
	<u>10</u>	<u>6</u>	<u>20</u>	hrs. min.

## 9. Exact Occupation STUDENT Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business COEUR D' ALENE, IDAHO Date last worked \_\_\_\_\_

## 11. Birthplace (City or town) (State or foreign country)

## 12. Name E.A. DRAPEAU

## 13. Birthplace (City or town) (State or foreign country)

## 14. Maiden name IVY THOMPSON

## 15. Birthplace (City or town) (State or foreign country)

## 16. Informant's OWN Signature Wm E Drapeau

## and Address 13-BEST AVE. COEUR D' ALENE, IDA

## 17. (a) BURIAL (b) Date thereof 10/21/48

## (c) Place FOREST OCEANETRY

## 18. Funeral Director's OWN Signature Wm E Drapeau

## and Address COEUR D' ALENE, IDAHO

## 19. (a) Oct 21, 1948 (b) Mary E. Hamilton

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH OCTOBER 16 19 48

(Month, Day, Year) at 12:30 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 10-15 19 48, to 10-16 19 48

I last saw h. in alive on 10-16 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Skull fracture  
Crushing injury, chest

Due to \_\_\_\_\_

Due to Auto accident

Other conditions (Include pregnancy within 3 months of death)

fracture left leg

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Duration  
3 hrs  
3 hrs

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 10-15 19 48 City, county, state Coeur d'Alene, Kootenai, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Auto accident

## 23. Attendant's OWN Signature Wm E Drapeau MD

and Address Coeur d'Alene (M.D. or other) Date 10-18-48

(For additional page, use reverse side)

170C

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 1 1948

# Certificate of Death

DEPARTMENT OF VITAL STATISTICS

STATE OF IDAHO

1948  
State File No. **3838**  
Local Reg. No. **120**  
Reg. Dist. No. **211**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Kootenai**
- (b) City or town **Coeur d'Alene**
- (c) Street Address or R.F.D. No. **1th & Lakeside**
- (d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town
- (e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place **X**
- (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
- (g) Lived in this county **18** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Kootenai**
- (c) City or town **Coeur d'Alene**
- (d) Street Address or R.F.D. No. **1214 4th St.**
- (e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town
- (f) Citizen of what country? **USA**
- (g) How long had deceased lived in Idaho? **18** years
- (h) Former residence (city, state) **Alberta Canada**

3. (a) FULL NAME **VON WALT VON WALD, Leonard R.**

3. (b) If veteran, name war **World War 11**
5. Color or \_\_\_\_\_
4. Sex **M** race **W**
6. (b) Name of husband or wife **Ada Mae**
6. (a) Single, widowed, married, divorced **Married**
6. (c) Age of husband or wife if alive **20** years

7. Date of Birth (Month, Day, Year) **Aug. 27, 1923**

8. AGE	Years	Months	Days	If less than 1 day
	<b>25</b>	<b>1</b>	<b>19</b>	hrs. min.

9. Exact Occupation **Laborer** Did this work for **3** yrs.
10. Industry or Business **Trentwood Mill** Date last worked **10-15-48**
11. Birthplace **Alberta, Canada** (City or town) (State or foreign country)

12. Name **George VonWald**
13. Birthplace **Millbank, South Dakota** (City or town) (State or foreign country)
14. Maiden name **Florence Cargo**
15. Birthplace **Willis City S. Dakota** (City or town) (State or foreign country)

16. Informant's OWN Signature **George VonWald** and Address **Athol, Idaho**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **10-19-48** (Month) (Day) (Year)
- (c) Place **Forest Cem. Coeur d'A, Idaho**

18. Funeral Director's OWN Signature **Don English** and Address **Coeur d'Alene, Idaho**

19. (a) **10-29-48** (Date received and filed) (b) **Myrtle E. ...** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **10-16-48** 19\_\_\_\_
- at **app 7:00** o'clock **A** M.
21. I HEREBY CERTIFY, That I attended deceased from **10-16-48** to **10-16-48**

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Fractured Skull** Duration **Immediate**

Due to **auto accident**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **none**

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? **yes** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred **10-16** 19**48** City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place **X** While at work? \_\_\_\_\_

Means of injury **auto rolled over him**

23. Attendant's OWN Signature **William T. ... M.D. Coroner** (M. D. or other)
- and Address **Coeur d'Alene, Idaho** Date **10-18** 19**48** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3839  
Local Reg. No. 120  
Reg. Dist. No. 203

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No **616 Lakeside**  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **28** years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No **616 Lakeside**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **28** years  
(h) Former residence (city, state) **Chester, Wash.**

3. (a) FULL NAME **CLARK, James S.**

3. (b) If veteran, name war **1111111111** 3. (c) Social Security No. **1111111111**  
5. Color or **W** race **W**  
4. Sex **M** divorced **Married**  
6. (b) Name of husband or wife **Henrietta** 6. (c) Age of husband or wife if alive **79** years  
7. Date of Birth **Dec. 27, 1857**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	90	9	23	hrs. min.

9. Exact Occupation **Millworker** Did this work for **20** yrs.  
10. Industry or Business **Saw Mill** Date last worked **1940**  
11. Birthplace **Independence, Missouri**  
(City or town) (State or foreign country)

- Father { 12. Name **Henry H. Clark**  
13. Birthplace **Mass.**  
(City or town) (State or foreign country)

- Mother { 14. Maiden name **Emily Rose**  
15. Birthplace **Mass.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **William H. Clark**  
and Address **Helena, Montana**

17. (a) **Burial** (b) Date thereof **10-22-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene, Idaho**

19. (a) **10-29-48** (b) **Myrtle Hamilton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **10-20-48**  
(Month, Day, Year) 19..... at **4:45** o'clock **A**.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 **45** to **Oct 20** 19 **48**  
I last saw h. **in** alive on **Oct 17** 19 **48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Thrombosis -** Duration **4 days**

Due to **asthma chronic -**

Due to .....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation..... Date.....

Major finding.....  
Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature **R H Banker MD**  
(M. D. or other) and Address **Coeur d'Alene** Date **10-25** 19 **48**  
(If additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

VICTIM OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. **3840**  
Local Reg. No. **120**  
Reg. Dist. No. **208**

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Cda.**  
(c) Street Address or R.F.D. No. **3rd & Foster**  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. **Kootenai** Stayed **6** days  
(g) Lived in this county **40** years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **1522 Penn**  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **42** years  
(h) Former residence (city, state) **Missouri**

3. (a) FULL NAME **MASINI, Lulu J.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years

7. Date of Birth (Month, Day, Year) **Oct 5, 1862**

8. AGE	Years	Months	Days	If less than 1 day
	<b>86</b>	<b>0</b>	<b>17</b>	hrs. min.

9. Exact Occupation **House Wife** Did this work for **50** yrs.  
10. Industry or Business **Own Home** Date last worked **10-17-48**

11. Birthplace **Fredrickburg Mo.**  
(City or town) (State or foreign country)

12. Name **Unknown**

13. Birthplace **Unknown**  
(City or town) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Katherine N. Campbell**  
and Address **Joplin Mo.**

17. (a) **Burial** (b) Date thereof **10-26-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Forest Cemty Cda. Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene Idaho**

19. (a) **10-29-48** (b) **Marie Vanmeter**  
(Date received and filed) (Registrar's Signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **10-22-48** 19.....  
at **9:00** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **10-17-48** to **10-22-48**

I last saw h. **ex** alive on **10-22-48**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**hemiplegia** Duration **6 da.**

Due to **art. sclerosis + hypertension**

Due to .....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

Attendant's OWN Signature **Legenda Barclay**  
(M. D. or other)

and Address **Coeur d'Alene** Date **10-25-48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 25 1948

STATE OF IDAHO

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 3841

Local Reg. No.

Reg. Dist. No. 121

1. PLACE OF DEATH: STATISTICS

(a) County Kootenai  
(b) City or town Lake Creek District  
(c) Street Address or R. F. D. No. Rockford, Wash.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home x Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 45 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

3. (a) FULL NAME ELIJAH JACKSON MATHESON

3. (b) If veteran, name war No 3. (c) Social Security No. 44-2-10000

5. Color or 6. (a) Single, widowed, married, divorced Married

4. Sex Male race White

6. (b) Name of husband or wife Nancy Kyle 6 (c) Age of husband or wife if alive 76 years

7. Date of Birth (Month, Day, Year) November 3 1870

AGE	Years	Months	Days	If less than 1 day
77	4	28	hrs	min.

9. Exact Occupation Farmer Did this work for 40 yrs.

10. Industry or Business Date last worked 1938

11. Birthplace Moultrie County Ill. (City or town) (State or foreign country)

12. Name Rufus Reed Matheson

13. Birthplace Taylorville No. Carolina (City or town) (State or foreign country)

14. Maiden name Martha Newlan

15. Birthplace Lovington Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Francis Fair and Address Rockford, Wash. R.F.D.

17. (a) Burial (b) Date thereof 4-4-48 (c) Place Rockford, Wash. (Burial, cremation, or removal) (Month) (Day) (Year)

18. Funeral Director's OWN Signature H. J. Dwyer and Address Fairfield, Wash.

19. (a) 4-3-48 (b) H. J. Dwyer (Date received and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Kootenai  
(c) City or town Lake Creek District  
(d) Street Address or R. F. D. No. Rockford, Wn.  
(e) Deceased lived Inside? Outside? X city or town  
(f) If foreign born, in U. S. yrs. Citizen of U. S. Yes  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) --

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 31 1948  
at 1:50 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from May 1 1947, to Mar 31 1948  
I last saw him alive on 21 Mar 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Damage 10 years  
Due to arteriosclerosis  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature E. J. Cantor M.D. and Address Rockford, Wash. Date 4/3/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 25 1948

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 3842  
Local Reg. No.  
Reg. Dist. No. 121

1. PLACE OF DEATH:

(a) County Kootenai  
(b) City or town Worley R.F.D.  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 30 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Kootenai  
(c) City or town Worley  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? Outside? X city or town  
(f) If foreign born, in U.S. -- yrs. Citizen of U. Indian  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state)

3. (a) FULL NAME LUCY PHILLIPS CARL

3. (b) If veteran, name war -- 3. (c) Social Security No. None

5. Color or 6. (a) Single, widowed, married, divorced Widowed

4. Sex Female race Indian

6. (b) Name of husband or wife Jim Carl 6 (c) Age of husband or wife if alive -- years

7. Date of Birth (Month, Day, Year) Unknown

AGE	Years	Months	Days	If less than 1 day
8.	95	General	opinion	hrs min.

9. Exact Occupation Housewife Did this work for Unknown yrs.

10. Industry or Business 666 Date last worked 1918

11. Birthplace Near Spokane Washington  
(City or town) (State or foreign country)

12. Name Abraham Skomah

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Lucy Meohell

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature M. L. Mehell and Address Worley, Idaho

17. (a) Burial (b) Date thereof 7-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Indian Cemetery - Worley, Idaho

18. Funeral Director's OWN Signature Jaeger Funeral Home and Address Fairfield, Wash.

19. (a) Oct 21, 1948 (b) N. F. Brith  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 14 1948  
at 4:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 1918 to 1919  
I last saw him alive on 1918; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Probable Chronic myocarditis Duration ?

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death)

Where was disease first contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature William T. Ward, M.D. Coroner and Address Coeur d'Alene Idaho Date 7-22-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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007 25 1948

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 3843

Local Reg. No.

Reg. Dist. No. 121

1. PLACE OF DEATH:

(a) County KOOTENAI  
(b) City or town Worley  
(c) Street Address or R. F. D. No. ---  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 7 years months days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Kootenai  
(c) City or town Worley  
(d) Street Address or R. F. D. No. ---  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state)

3. (a) FULL NAME MAXINE MCCLAIN JOHNSON

3. (b) If veteran, name war 3. (c) Social Security No. ---

5. Color or 6. (a) Single, widowed, married, divorced  
4. Sex Female race White  
6. (b) Name of husband or wife Beryle J. 6 (c) Age of husband or wife if alive 41 years

7. Date of Birth (Month, Day, Year) September 5 1907

AGE	Years	Months	Days	If less than 1 day
8.	40	10	10	hrs min.

9. Exact Occupation Housewife Did this work for 22 yrs.

10. Industry or Business Own home Date last worked Jan. 48

11. Birthplace Spokane Washington (City or town) (State or foreign country)

12. Name Alexander Dobie

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Jennie Christ

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature R. J. Johnson and Address Worley, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-48 (Month) (Day) (Year)

(c) Place: Freeman, Washington

18. Funeral Director's OWN Signature Jaeger Funeral Home and Address Fairfield, Wash.

19. (a) Oct. 21, 1948 (b) H. F. Smith (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 15 1948 at eleven o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 1 - 1 1948, to July 15 1948. I last saw her alive on July 3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration  
Hypertensive Arteriosclerotic cardiovascular renal disease - 5 years  
Due to

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted?  
Name of operation Date  
Major finding Underline the cause to which death should be charged statistically.  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred. Place of Violence: Home Farm Industry Public Place While at work? Means of injury

23. Attendant's OWN Signature W. E. Hart MD (M. D. or other) and Address Fairfield, Wash. Date 7/16 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

OCT 25 1948

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. 121

1. PLACE OF DEATH:

(a) County Kootenai  
(b) City or town Worley  
(c) Street Address or R. F. D. No. R.F.D.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital... Institution... Other place  
(f) Name Hosp. or Inst. at home Stayed... days  
(g) Lived in this county 6 years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Kootenai  
(c) City or town Worley R.F.D.  
(d) Street Address or R. F. D. No. R.F.D.  
(e) Deceased lived Inside? Outside? X city or town  
(f) If foreign born, in U. S. -- yrs. Citizen of U. S.? Yes  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME WALTER GLENN BLOOMSBURG

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or 5. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Helen D. 6 (c) Age of husband or wife if alive 52 years  
7. Date of Birth (Month, Day, Year) August 28 1993

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>10</u>	<u>26</u>	hrs min.

9. Exact Occupation Farmer Did this work for 29 yrs.  
10. Industry or Business Own farm Date last worked 7-24-48  
11. Birthplace Washington (City or town) (State or foreign country)

12. Name Joseph W. Bloomsburg  
13. Birthplace Bordentown N.J. (City or town) (State or foreign country)

14. Maiden name Josie Johnson  
15. Birthplace Unknown Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Helen D. Bloomsburg  
and Address Worley Idaho

17. (a) Burial (b) Date thereof 7-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Jaeger Funeral Home  
18. Funeral Director's OWN Signature H. Jaeger  
and Address Fairfield Wash.

19. (a) 7-27-48 (b) 7-27-48  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 24 1948  
(Month, Day, Year)  
at 9:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from August 31 1944, to July 24 1948  
I last saw him alive on June 16 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Rheumatic heart disease Duration 20 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Coronary atherosclerosis

Where was disease first contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature W. E. Hart MD.

and Address Fairfield, Wn. Date 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

001 10043

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 3845

Local Reg. No. 196

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Post Falls  
(c) Street Address or R.F.D. No. Rt # 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 43 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Post Falls  
(d) Street Address or R.F.D. No. Rt # 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) West Plains, Mo.

## 3. (a) FULL NAME

HOLLINSHEAD, George L.

3. (b) If veteran, name war //////////

3. (c) Social Security No. //////////

4. Sex M race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie

6. (c) Age of husband or wife if alive 72 years

7. Date of Birth (Month, Day, Year) April, 9, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>5</u>	<u>22</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 55 yrs.

10. Industry or Business Own Farm Date last worked 1948

11. Birthplace Fulton, Illinois (City or town) (State or foreign country)

12. Name Joshua Hollinshead

13. Birthplace Illinois (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's Margaret Thompson OWN Signature

and Address Richland, Washington

17. (a) Burial (b) Date thereof 10-5-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Forest Cem. Cd'A, Idaho

18. Funeral Director's Don English OWN Signature

and Address Coeur d'Alene, Idaho

19. (a) Oct 14, 1948 (b) Mary C. Hamilton (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 10-1-48 (Month, Day, Year) 19

5:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1948 to 10/1/48

I last saw him alive on 10/1/48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration instant

Due to

Due to

Other conditions senility

(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation None Date

Major finding None

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury F.F. Hain

23. Attendant's Guard OWN Signature (M. D. or other)

and Address 10/5/48 Date 10/5/48

(For additional space, use reverse side)

(over)

114 (over)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 3846  
Local Reg. No. 199  
Reg. Dist. No. 120

1. PLACE OF DEATH: Kootenai  
(a) County.....  
(b) City or town..... Spirit Lake  
(c) Street Address or R.F.D. No.....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Spirit Lake Stayed 3 days  
(g) Lived in this county 1 years 6 months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Kootenai  
(c) City or town Athol  
(d) Street Address or R.F.D. No.....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 yr 6 Mo years  
(h) Former residence (city, state) Pegquot Lakes, Minn.

3. (a) FULL NAME Charles J. Smith

3. (b) If veteran, name war no  
5. Color or Male White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ethel M. Smith  
6. (c) Age of husband or wife if alive 59 years  
7. Date of Birth (Month, Day, Year) October 17, 1879

AGE	Years	Months	Days	If less than 1 day
8.	68	11	15	hrs. min.

9. Exact Occupation Cook Did this work for 40 yrs.  
10. Industry or Business Date last worked 4/7/1947

11. Birthplace Minneapolis Minn.  
(City or town) (State or foreign country)

12. Name Henry B. Smith

13. Birthplace Do not know Germany  
(City or town) (State or foreign country)

14. Maiden name Mary Do not know

15. Birthplace Do not know Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ethel M. Smith  
and Address Athol Idaho

17. (a) Burial (b) Date thereof 10/5/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Forest, Coeur d'Alene Ida.

18. Funeral Director's OWN Signature A.B. Nelson  
and Address Rathdrum Idaho

19. (a) Oct 14, 1948 (b) Mary C. Jamison  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 10/2 19 48  
(Month, Day, Year)  
at 1:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from March 19 48 to October 2 19 48  
I last saw him alive on October 2 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Arteriosclerosis, Generalized Duration years?

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature Lynn C. Schickel M.D.

and Address Spirit Lake (M. D. or other)

Date 10/6/48 19

(For additional space, use reverse side)

593

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 25 1948

CERTIFICATE OF DEATH

STATE OF IDAHO

1948 State File No. 3847

Local Reg. No.

Reg. Dist. No. 121

1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Worley  
(c) Street Address or R. F. D. No. R. F. D.  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 1 years 1 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME Robert Raymond Miller

3. (b) If veteran, name war None 3. (c) Social Security No. None

5. Color or 6. (a) Single, widowed, married,

4. Sex Male race White divorced Widowed

6. (b) Name of husband or wife Clercy Miller 6 (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) January 1 1888

AGE	Years	Months	Days	If less than 1 day
8.	60	8	25	hrs min.

9. Exact Occupation Farmer Did this work for 25 yrs.

10. Industry or Business Farmer Date last worked 1945

11. Birthplace Lincoln Nebraska (City or town) (State or foreign country)

12. Name Samuel J. Miller

13. Birthplace Scotland (City or town) (State or foreign country)

14. Maiden name Maria Lewis

15. Birthplace Nova Scotia Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Ray J. Miller

and Address Benewah Rt. Tekoa, Wash.

17. (a) Burial, cremation, or removal Burial (b) Date thereof Oct 5 / 48 (Month) (Day) (Year)

(c) Place: Tekoa, Washington.

18. Funeral Director's OWN Signature P. D. Jackson

and Address Tekoa, Washington

19. (a) Oct 21, 1948 (Date received and filed) (b) N. F. Brith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town P. O. Tekoa  
(d) Street Address or R. F. D. No. R. F. D.  
(e) Deceased lived Inside? X Outside? X city or town  
(f) If foreign born, in U. S. Yrs. Citizen of U. S.? X  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 2 1948  
at 2:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 13 1948 to Oct. 2 1948  
I last saw him alive on 9-27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Rheumatic heart disease Duration 20 years.

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death)

Where was disease first contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred.

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature W. E. Hart M.D.

and Address Fairfield, Wn Date Oct 3 / 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 25 1948

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 3848

State File No. ....

Local Reg. No. 201

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County KOOTENAI  
(b) City or town COEUR D' ALENE  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home.....Hospital.....Institution X Other place.....  
(f) Name Hosp. or Inst. C.D.A HOMES Stayed 16-YEARS  
(g) Lived in this county.....years.....months.....days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County KOOTENAI  
(c) City or town COEUR D' ALENE  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside?.....Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) WISCONSIN

## 3. (a) FULL NAME

MARTIN E. PETERSON

## 3. (b) If veteran, name war

NONE

## 3. (c) Social Security No.

NONE

4. Sex M 5. Color or W race.....

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive.....years

7. Date of Birth (Month, Day, Year) SEPTEMBER 8, 1966

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>1</u>	<u>3</u>	hrs. min.

9. Exact Occupation Common laborer Did this work for.....yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace WISCONSIN (City or town) (State or foreign country)

12. Name ANDREW A. PETERSON

13. Birthplace NORWAY (City or town) (State or foreign country)

14. Maiden name ELIZABETH ELLINGSON

15. Birthplace NORWAY (City or town) (State or foreign country)

16. Informant's OWN Signature COEUR D' ALENE HOMES

and Address C.D.A.

17. (a) BURIAL (b) Date thereof 10/12/48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place FOREST CEMETERY

18. Funeral Director's OWN Signature [Signature]

and Address COEUR D' ALENE, IDAHO

19. (a) Oct 21, 1948 (b) [Signature]

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH OCTOBER 9 1948

(Month, Day, Year) at 1:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1 to Oct 9 1948

I last saw h. in alive on Oct 1 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Carcinoma of Stomach Duration 2 years

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred.....19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature [Signature]

(M. D. or other)

and Address Boise, Idaho Date Oct 21, 1948 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 1 1948

# Certificate of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

1948  
State File No. **3849**  
Local Reg. No. **120**  
Reg. Dist. No. **206**

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Spirit Lake**  
(c) Street Address or R.F.D. No. **-**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **20** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Spirit Lake**  
(d) Street Address or R.F.D. No. **-**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **Wilson Creek, Wash**

## 3. (a) FULL NAME

**Edgar Percival Edwards**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

**518-01-6950**

5. Color or  
4. Sex **Male** race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Metta Edwards**

6. (c) Age of husband or wife if alive **63** years

7. Date of Birth **December 21, 1881**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>	<b>9</b>	<b>24</b>	hrs. min.

9. Exact Occupation **Blacksmith** Did this work for **48** yrs.

10. Industry or Business **Abilene Kansas** Date last worked **10/15/48**

11. Birthplace **Abilene Kansas**  
(City or town) (State or foreign country)

12. Name **Oliver C. Edwards**

13. Birthplace **Do not know U.S.A.**  
(City or town) (State or foreign country)

14. Maiden name **Milinda J. White**

15. Birthplace **Do not know Illinois**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Metta Edwards**  
and Address **Spirit Lake, Idaho**

17. (a) **Burial** (b) Date thereof **10/19/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **Greenwood Cemetery, Spirit Lake**

18. Funeral Director's OWN Signature **A. B. Nelson**  
and Address **Rathbun, Idaho**

19. (a) **10-29-48** (b) **Mary E. Annular**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **October 15, 1948**  
(Month, Day, Year) at **6:10** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **January 1948** to **October 14, 1948**  
I last saw him alive on **Oct. 14, 1948**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Acute Coronary Thrombosis**

## Duration

Due to

Due to

Other conditions  
(Include pregnancy within 8 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred **1948** City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

Attendant's

OWN Signature **Don C. Fredrikson M.D.**  
(M. D. or other)

and Address **Spirit Lake** Date **10/19, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 1 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. **3850**  
Local Reg. No. **120**  
Reg. Dist. No. **209**

## 1. PLACE OF DEATH:

- (a) County **KOOTENAI**  
(b) City or town **HAYDEN LAKE**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **X** city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **HOME** Stayed \_\_\_\_\_ days  
(g) Lived in this county **12** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **KOOTENAI**  
(c) City or town **HAYDEN LAKE**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **12** years  
(h) Former residence (city, state) **MINNESOTA**

## 3. (a) FULL NAME

**JOHN SANSFIELD O' SHEA**

## 3. (b) If veteran, name war

**NONE**

## 3. (c) Social Security No.

**NONE**

## 4. Sex **M** Color or **W**

## 6. (a) Single, widowed, married, divorced **SEPERATED**

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) **SEPTEMBER 29, 1873**

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>0</b>	<b>4</b>	hrs. min.

## 9. Exact Occupation **LUMBER SCALER** Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace **FRANKLIN MINNESOTA** (City or town) (State or foreign country)

## 12. Name **JERMIA PATRICK O' SHEA** (City or town) (State or foreign country)

## 13. Birthplace **MONTREAL CANADA** (City or town) (State or foreign country)

## 14. Maiden name **ISABELL TOLLEFSON** (City or town) (State or foreign country)

## 15. Birthplace **NORWAY** (City or town) (State or foreign country)

## 16. Informant's **SHERIFF'S OFFICE & FRIENDS** and Address \_\_\_\_\_

## 17. (a) **BURIAL** (b) Date thereof **10/22/48** (Burial, cremation or removal) (Month) (Day) (Year)

## (c) Place **FOREST CEMETERY**

## 18. Funeral Director's **OWN** Signature \_\_\_\_\_ and Address **COEUR D' ALAIE, IDAHO**

## 19. (a) **10-24-48** (b) \_\_\_\_\_ (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH **OCTOBER 17** 19 **48** (Month, Day, Year)

at **9:45** A.M. o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: **probable coronary occlusion** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **none** \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's **William T. 2nd, M.D. Coroner** OWN Signature \_\_\_\_\_ (M. D. or other)

and Address **Coeur d'Alene, ID** Date **10-22-19 48** (For additional space, use reverse side)

oed

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 1 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948  
State File No. 3851  
Local Reg. No. 120  
Reg. Dist. No. 210

1. PLACE OF DEATH: **STATISTICS**  
(a) County. **Kootenai**  
(b) City or town. **Spirit Lake**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? **X** Outside? **P** city or town \_\_\_\_\_  
(e) Died in a Home. \_\_\_\_\_ Hospital. **X** Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. **Spirit Lake** Stayed. **3** days  
(g) Lived in this county. **43** years. \_\_\_\_\_ months. \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. **Idaho** (b) County. **Kootenai**  
(c) City or town. **Rathdrum**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **45** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **William H. Stacy**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **divorced**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive. **59** years

7. Date of Birth (Month, Day, Year) **10/25/ 1889**  
8. AGE Years Months Days If less than 1 day  
**79** **0** **0** hrs. min.

9. Exact Occupation **Woodsman** Did this work for **37** yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked **1938**

11. Birthplace **Jeffersonville Kentucky**  
(City or town) (State or foreign country)

Father { 12. Name. **J.C. Stacy**  
13. Birthplace **Do not know Kentucky**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Emma Wills**  
15. Birthplace **Do not know Kentucky**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **U. TAUTENHAHN**  
and Address **Post Falls, IDAHO**

17. (a) **burial** (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Forest Cemetery Coeur d'Alene**

18. Funeral Director's OWN Signature **A.B. Nelson**  
and Address **Rathdrum Idaho**

19. (a) **10-29-48** (b) **Marie C. Gamble**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **10/25** 19 **48**  
at **4:15** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **April 1947**  
to **October 25** 19 **48**

I last saw him alive on **October 25** 19 **48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration **3-4 days**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Lynn C. Salikarum M.D.**

and Address **Spirit Lake, Idaho** (M, D, or other)

Date **10/27/48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 8 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

648

State File No. **3852**  
Local Reg. No. **212**  
Reg. Dist. No. **120**

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Kootenai**  
(b) City or town **Belmont (Athol)**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **X** \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **36** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Athol**  
(d) Street Address or R.F.D. No. **Belmont**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **36** years  
(h) Former residence (city, state) **Loon Lake, Wash.**

3. (a) FULL NAME **SMILEY, John W.**

3. (b) If veteran, name war **//////////**  
3. (c) Social Security No. **//////////**  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **//////////**  
6. (c) Age of husband or wife if alive **//////////** years

7. Date of Birth (Month, Day, Year) **Dec. 17, 1868**  
8. AGE Years Months Days If less than 1 day  
**79 10 9** hrs. min.

9. Exact Occupation **Farmer** Did this work for **50** yrs.  
10. Industry or Business **Own Farm** Date last worked **10-24-48**  
11. Birthplace **Fairbault, Minn.** (City or town) (State or foreign country)

- Father { 12. Name **Unknown**  
13. Birthplace **Unknown** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **John W. Smiley**  
and Address **Athol, Idaho**

17. (a) Burial (b) Date thereof **10-28-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene, Idaho**

19. (a) **Nov 4, 1948** (b) **Mary C. Hamilton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **10-26-48**  
(Month, Day, Year) \_\_\_\_\_ 19\_\_\_\_  
at **8:30** o'clock **A**.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
**June 1, 1948** to **Oct. 26, 1948**  
I last saw him alive on **Oct. 16, 1948**;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

- Myocarditis (Chronic)** **10 years**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Cystitis Chronic** **2 years**  
(Include pregnancy within 3 months of death)

- Where was disease contracted? **Idaho**  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
Attendant's OWN Signature **Ken E. Nelson, M.D.**  
**Coeur d'Alene** (M. D. or other)  
and Address **Idaho** Date **Oct. 27, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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Certificate Of Death

OCT 9 1948

STATE OF IDAHO

1948

State File No. 3853  
Local Reg. No. 111  
Reg. Dist. No. 220

1. PLACE OF DEATH:

(a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. Faculty Club  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 8 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. 704 E. 3rd  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state)                     

3. (a) FULL NAME Florence Evangeline Deters

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced married  
4. Sex F 6. (b) Name of husband or wife Merrill 6. (c) Age of husband or wife if alive 40 years  
7. Date of Birth (Month, Day, Year) June 1, 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>4</u>	<u>0</u>	hrs min.

9. Exact Occupation Housewife Did this work for            yrs.  
10. Industry or Business Own home Date last worked 10-1-48  
11. Birthplace Minneapolis Minnesota  
(City or town) (State or foreign country)

12. Name Nels Bruce  
13. Birthplace Sweden  
(City or town) (State or foreign country)  
14. Maiden name Selma C. Johnson  
15. Birthplace Minn.  
(City or town) (State or foreign country)

16. Informant's Merrill E. Deters  
OWN Signature and Address MOSCOW, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-48  
(c) Place: MOSCOW, Idaho

18. Funeral Director's Short's Funeral Chapel  
OWN Signature and Address MOSCOW, Idaho

19. (a) 10-5-48 (Date received and filed) (b) Lois E. Anderson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH (Month, Day, Year) October 1, 1948 19  
at 9:30 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 12-8- 1941 to 10-1- 1948  
I last saw her alive on 9-30- 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Embolus Duration Sudden

Due to hypertension for  
12 years with  
Due to atherosclerosis  
Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted?             
Name of operation none Date             
Major finding             
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no  
Occurred            19            City, county, state where violence occurred  
Place of Violence: Home o Farm o Industry o  
Public Place o While at work? o  
Means of injury           

23. Attendant's Joseph G. W. L. M.D.  
OWN Signature and Address MOSCOW, Idaho Date 10-4-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED  
NOV 1 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 3854  
Local Reg. No. 113  
Reg. Dist. No. 240

1. PLACE OF DEATH:

(a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 18 days  
(g) Lived in this county 0 years 1 months 18 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Washington (b) County Spokane  
(c) City or town Spokane  
(d) Street Address or R.F.D. No. 3710 S. Regal  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state)

3. (a) FULL

NAME Edward Frank Coen

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex M race W

5. Color or 6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife Myrtle

6. (c) Age of husband or wife if alive 74 years

7. Date of Birth (Month, Day, Year) January 1, 1873

8. AGE	Years	Months	Days	If less than 1 day
75	9	10	hrs	min.

9. Exact Occupation Retired Did this work for 2 yrs.

10. Industry or Business Spokane City water Date last worked 1946

11. Birthplace Jacksonville Oregon  
(City or town) (State or foreign country)

12. Name Frank Coen

13. Birthplace Unk  
(City or town) (State or foreign country)

14. Maiden name Kate (Unk)

15. Birthplace Oregon  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Merv Hill

and Address Rt. 3, Moscow, Idaho

17. (a) Removal (b) Date thereof 10-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Spokane, Wn. (Thornhill's)

18. Funeral Director's Short's Funeral Chapel

OWN Signature A. E. Allen

and Address Moscow, Idaho

19. (a) 10-11-48 (b) E. E. Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH (Month, Day, Year) October 11, 1948 19  
at 3:25 o'clock A.M.

21. I HEREBY CERTIFY That I attended deceased from 9-22-48 19 to 10-11-48 1948  
I last saw him alive on 10-11-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertensive pneumonia  
Cardiac failure

Due to Chronic myocarditis  
Due to generalized arteriosclerosis  
Other conditions with hypertension  
(Include pregnancy within 3 months of death)

Where was disease contracted? Physician's office  
Name of operation: none Date: none

Major finding Underline the cause to which death should be charged statistically.  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? 0 Homicide? 0  
Occurred 19 City, county, state

where violence occurred 0  
Place of Violence: Home 0 Farm 0 Industry 0  
Public Place 0 While at work?  
Means of injury?

23. Attendant's OWN Signature Joseph G. Wilson  
(M. D. or other)  
and Address Moscow, Idaho Date 10-11-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 1 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 3855  
Local Reg. No. 114  
Reg. Dist. No. 200

1. PLACE OF DEATH: STATISTICS  
(a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. Critman Stayed 2 days  
(g) Lived in this county 16 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Latah  
(c) City or town Southwick, Idaho  
(d) Street Address or R.F.D. No. Park Rt.  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state)

3. (a) FULL NAME Thomas Edward Stratton

3. (b) If veteran, name war None No. None  
5. Color or 6. (a) Single, widowed, married, divorced single  
4. Sex M race W  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive --- years  
7. Date of Birth (Month, Day, Year) April 23, 1932

8. AGE	Years	Months	Days	If less than 1 day
	16	5	18	hrs min.

9. Exact Occupation Laborer Did this work for 1 yrs.  
10. Industry or Business Farming Date last worked 10-9-48  
11. Birthplace Plummer Idaho (City or town) (State or foreign country)

12. Name Charles R. Stratton  
13. Birthplace Avon Idaho (City or town) (State or foreign country)  
14. Maiden name Thelma Campbell  
15. Birthplace Walla Walla wash. (City or town) (State or foreign country)

16. Informant's OWN Signature Charles R. Stratton  
and Address Southwick, Idaho

17. (a) Burial (b) Date thereof 10-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature Short's Funeral Chapel  
and Address Moscow, Idaho

19. (a) 10-16-48 (b) Lois E. Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 11, 1948  
at 2:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 9 Oct 1948 to 11 Oct 1948

I last saw him alive on 11 Oct 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Extremal Hematoma + Pulmonary edema  
Due to Skull fracture 2 days  
Due to Fractured left ribs 2 days  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? Homicide?  
Occurred 9 Oct 1948 City, county, state where violence occurred Park Dist, Latah, Idaho  
Place of Violence: Home Farm ☒ Industry  
Public Place While at work?  
Means of injury House fell on patient

23. Attendant's OWN Signature Clyde Culp  
and Address Moscow, Ida Date 14 Oct 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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1948

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
**Certificate Of Death**

State File No. **8856**  
Local Reg. No. **715**  
Reg. Dist. No. **210**

1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. 117 So. Almon  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 42 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Moscow  
(d) Street Address or R.F.D. No. 117 So. Almon  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) 157 F

3. (a) FULL NAME Clyde E. Hunter

3. (b) If veteran, name war None 3. (c) Social Security No. No.  
5. Color or race W 6. (a) Single, widowed, married, divorced married  
4. Sex M 6. (b) Name of husband or wife Dorothy 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Jan. 7, 1894

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>9</u>	<u>12</u>	hrs min.

9. Exact Occupation Sales clerk Did this work for  yrs.  
10. Industry or Business Liquor dispenser Date last worked June 47  
11. Birthplace Bedford Iowa  
(City or town) (State or foreign country)

12. Name Frank Hunter  
13. Birthplace Springfield Ill.  
(City or town) (State or foreign country)  
14. Maiden name Mary Burks  
15. Birthplace Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Dorothy K. Hunter  
and Address Moscow, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-48  
(Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature Short's Funeral Chapel  
and Address Moscow, Idaho

19. (a) 10-23-48 (b) Lain E. Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 894A

20. DATE OF DEATH (Month, Day, Year) October 19 19 48  
at 4:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1947 to 19 Oct 1948  
I last saw him alive on 18 Oct 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Arteriosclerosis & Thrombosis Duration few minutes

Due to Hypertension 80 yrs

Due to Coronary Arteriosclerosis birth

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Clyde Culp, Jr. 24  
(M. D. or other) and Address Arrowhead Idaho 1948  
(For additional space, use reverse side)



1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 3 days  
(g) Lived in this county 35 years 3 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Potlatch  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? Italy  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Pietro Pestrin

3. (b) If veteran, name war None 3. (c) Social Security No. 518-01-0340  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex M race W 6. (c) Age of husband or wife if alive Unk. years  
6. (b) Name of husband or wife Unk.  
7. Date of Birth (Month, Day, Year) March 15, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>7</u>	<u>5</u>	hrs min.

9. Exact Occupation Retired laborer Did this work for 2 yrs.  
10. Industry or Business Lumbering Date last worked 1946  
11. Birthplace Pezzano Italy (City or town) (State or foreign country)

12. Name Filippo Pestrin  
13. Birthplace Italy (City or town) (State or foreign country)  
14. Maiden name Unk.  
15. Birthplace Italy (City or town) (State or foreign country)

16. Informant's OWN Signature Ferdinando Pestrin  
and Address 25 1/2 W main ave  
Spokane Wn.

17. (a) Burial (b) Date thereof 10-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Potlatch, Idaho

18. Funeral Director's OWN Signature Short's Funeral Chapel  
and Address Moscow, Idaho

19. (a) 10-23-48 (b) L. E. Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 20, 1948  
(Month, Day, Year) at 3:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 1948 to 20 Oct 1948  
I last saw him alive on 20 Oct 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive Heart failure Duration 1 wk.  
Due to Arterio Sclerosis

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Ally de Culp M.D.  
and Address Moscow Idaho Date Oct 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 1 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3858  
Local Reg. No. 120  
Reg. Dist. No. 200

## STATISTICS

### 1. PLACE OF DEATH:

- (a) County NAKK Latah  
(b) City or town Juliaetta  
(c) Street Address or R.F.D. No. ---  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 40 years 4 months 14 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Juliaetta  
(d) Street Address or R.F.D. No. ---  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

### 3. (a) FULL NAME

EVERETT JAMES GROSECLOSE

106A

3. (b) If veteran, No name war \_\_\_\_\_ 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 6, 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>4</u>	<u>14</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Juliaetta, Idaho  
(City or town) (State or foreign country)

12. Name James J. Groseclose  
13. Birthplace Virginia  
(City or town) (State or foreign country)  
14. Maiden name Susan Kimberling  
15. Birthplace Virginia  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. E. Groseclose  
and Address Juliaetta, Idaho  
17. (a) Burial (b) Date thereof 10-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Juliaetta, Idaho

18. Funeral Director's OWN Signature Brower-Wann by K. H. Mallon  
and Address Lewiston, Idaho

19. (a) 10/29/48 (b) L. E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

095C

20. DATE OF DEATH Oct. 20 1948  
(Month, Day, Year) at 1:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1948 to Oct. 20 1948.  
I last saw him alive on Oct. 20 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute cardiovascular Duration Instant

Due to suburion

Due to \_\_\_\_\_  
Other conditions Acute bronchitis 1 day  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D. Christenson M.D.  
(M. D. or other)  
and Address Kendrick Date Oct. 20, 1948  
(For additional space, use reverse side)

Dr. Christenson

074

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. **3859**  
Local Reg. No. **119**  
Reg. Dist. No. **200**

## 1. PLACE OF DEATH:

STATISTICS

- (a) County **Latah**  
(b) City or town **Genesee**  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **39** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Latah**  
(c) City or town **Genesee**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **39** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME **Laura J. Putnam**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**  
4. Sex **F** 6. (c) Age of husband or wife if alive **71** years  
6. (b) Name of husband or wife **Edward E.**  
7. Date of Birth (Month, Day, Year) **May 23, 1884**

8. AGE	Years	Months	Days	If less than 1 day
	<b>64</b>	<b>5</b>	<b>0</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Own home** Date last worked \_\_\_\_\_  
11. Birthplace **Stillwater Minn.** (City or town) (State or foreign country)

12. Name **Judson W. Archibald**  
13. Birthplace **New Brunswick Canada** (City or town) (State or foreign country)  
14. Maiden name **Clara Tozier**  
15. Birthplace **Canada** (City or town) (State or foreign country)

16. Informant's OWN Signature **Edward E. Putnam**  
and Address **Genesee, Idaho**

17. (a) Burial (b) Date thereof **10-26-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Genesee, Idaho (City)**  
**Short's Funeral Chapel**

18. Funeral Director's OWN Signature **H. R. Short**  
and Address **Moscow, Idaho**

19. (a) **10/28/48** (b) **L. A. Anderson**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **102X**

20. DATE OF DEATH (Month, Day, Year) **October 23, 1948** 19\_\_\_\_  
at **7:50 7:10 o'clock** **P.** **M.**

21. I HEREBY CERTIFY, That I attended deceased from **10/22** 1948, to **10/23** 1948  
I last saw h.e.a. alive on **10/23** 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **CEREBRAL HEMORRHAGE** Duration **36 HR.**

Due to **HYPERTENSION** 15 YRS

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Jack W. Clarke, M.D.** (M. D. or other)  
and Address **Genesee** Date **10/26 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 6 1948

DIVISION OF VITAL

Certificate Of Death

STATE OF IDAHO

NON RESIDENT

State File No. 3860

Local Reg. No. 121

Reg. Dist. No. 240

1. PLACE OF DEATH:

STATISTICS

- (a) County Latah  
(b) City or town Rural Near Harvard  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? Yes City or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash. (b) County Whitman  
(c) City or town Penawawa  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? Yes City or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Louis Edward Ray

3. (b) If veteran, name war WW2 3. (c) Social Security No. 393-14-4192  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fern 6. (c) Age of husband or wife if alive 35 years  
7. Date of Birth (Month, Day, Year) July 24, 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>3</u>	<u>3</u>	hrs min.

9. Exact Occupation Lumberman Did this work for 8 Days  
10. Industry or Business Pole Cutter Date last worked 10-27-48  
11. Birthplace Groton South Dakota  
(City or town) (State or foreign country)

12. Name George Ray  
13. Birthplace Danville Illinois  
(City or town) (State or foreign country)  
14. Maiden name Anna Karnopp  
15. Birthplace Groton South Dakota  
(City or town) (State or foreign country)

16. Informant's OWN Signature Walter A Young  
and Address Palouse, Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-48 (Month) (Day) (Year)  
(c) Place: Palouse, Washington

18. Funeral Director's OWN Signature H. R. Kumbel  
and Address Palouse, Washington

19. (a) 10-30-48 (Date received and filed) (b) Louis E. Deffenhan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 27 19 48  
at 1:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Accident 30 min

Due to Skull Fracture caused by falling snag

Due to Logging operation

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Oct. 27 19 48 City, county, state

where violence occurred Harvard, Ida. Rural

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry X

Public Place \_\_\_\_\_ While at work? X

Means of injury Struck By falling snag

23. Attendant's OWN Signature H. R. Kumbel, coroner

and Address Moscow (M.D. or other) Date 10/30/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 3861  
Local Reg. No. 670  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 7 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 7 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME DANIEL EDGAR SCOTT

3. (b) If veteran, name war no 3. (c) Social Security No. 516-12-2690  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Edwina 6. (c) Age of husband or wife if alive 52 years  
7. Date of Birth (Month, Day, Year) April 18, 1904

8. AGE	Years	Months	Days	If less than 1 day
	44	5	17	hrs min.

9. Exact Occupation Car dealer Did this work for 7 yrs.  
10. Industry or Business Pioneer Garage Date last worked 10-5-48  
11. Birthplace Fullerton, Nebraska  
(City or town) (State or foreign country)

12. Name James Walter Scott  
13. Birthplace Galfax, Iowa  
(City or town) (State or foreign country)  
14. Maiden name Rachael E. Browne  
15. Birthplace Malta, Colorado  
(City or town) (State or foreign country)

16. Informant's OWN Signature Edwina Scott  
and Address Salmon, Idaho

17. (a) Burial (b) Date thereof 10-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Salmon, Idaho

18. Funeral Director's OWN Signature Delbert C. Jones  
and Address Salmon, Idaho

19. (a) Oct-11-1948 (b) Vida E. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 5 1948  
at 5 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Paranoid Delusion Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation..... Date.....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury .....

23. Attendant's OWN Signature Delbert C. Jones (M. D. or other)

and Address Salmon, Idaho Date 10-9-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar, and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NON-RESIDENT  
Certificate Of Death

NOV 10 1948  
DIVISION OF VITAL STATE OF IDAHO

3862  
State File No. 140  
Local Reg. No. 690  
Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Leadore  
(c) Street Address or R.F.D. No. Whittaker Ranch  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county... years... months 15 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Missouri (b) County  
(c) City or town Elk Creek  
(d) Street Address or R.F.D. No. Ranch  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME JOSEPH STEELY

3. (b) If veteran, name war unknown  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth about 1898  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
about	50			hrs min.

9. Exact Occupation Rancher Did this work for ? yrs.  
10. Industry or Business Date last worked  
11. Birthplace unknown United States  
(City or town) (State or foreign country)

12. Name unknown  
13. Birthplace unknown  
(City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature None  
and Address None

17. (a) Removal (b) Date thereof 10-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Cabool, Missouri

18. Funeral Director's OWN Signature Robert C. Jones  
and Address Salmon, Idaho

19. (a) Nov 5-48 (b) Viola E. Johnson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Oct. 22 19 48  
(Month, Day, Year)  
at 3:00 P.M. o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Asphyxiation by Carbon Monoxide poisoning  
Due to

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? Homicide?  
Occurred Oct 22 1948 City, county, state where violence occurred County  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Kenneth Klingler  
(M. D. or other)  
and Address Salmon, Idaho Date 10-24-1948  
(For additional space, use reverse side)

043

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 3864  
Local Reg. No. 296  
Reg. Dist. No. 730

## 1. PLACE OF DEATH STATISTICS

- (a) County Lincoln  
(b) City or town Richfield  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place ✓  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county 37 years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lincoln  
(c) City or town Richfield  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? England  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) ?

## 3. (a) FULL NAME

Henry Foster

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or white 6. (a) Single, widowed, married, divorced ?  
4. Sex m race white  
6. (b) Name of husband or wife ? 6. (c) Age of husband or wife if alive ... years

## 7. Date of Birth (Month, Day, Year) Aug. 3 - 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>2</u>	<u>10</u>	hrs min.

## 9. Exact Occupation Lumber Did this work for ... yrs.

## 10. Industry or Business retired Date last worked

## 11. Birthplace Grimsby England (City or town) (State or foreign country)

## 12. Name ?

## 13. Birthplace (City or town) (State or foreign country)

## 14. Maiden name ?

## 15. Birthplace (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mabel Cowan Peterson and Address Box 2053 - Bone Id

## 17. (a) Burial (b) Date thereof Oct. 15 - 48 (Burial, cremation or removal) (Month) (Day) (Year)

## (c) Place: Richfield - Idaho

## 18. Funeral Director's OWN Signature Myrtle C. Buratt and Address Shoshone Idaho

## 19. (a) Oct 14 - 48 (b) Myrtle C. Buratt (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 102X

## 20. DATE OF DEATH (Month, Day, Year) Oct - 13 19 48 at 10:45 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. — alive on — 19 —; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Coronary occlusion Duration 3 min

## Due to chronic condition 2 yrs

## Due to high blood pressure

## Other conditions high blood pressure (Include pregnancy within 3 months of death)

## Where was disease contracted? PHYSICIAN

## Name of operation ? Date ? Underline the cause to which death should be charged statistically.

## Major finding ?

## Finding of autopsy ?

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

## Occurred 19 City, county, state where violence occurred

## Place of Violence: Home Farm Industry

## Public Place While at work?

## Means of injury Myrtle C. Buratt - Crown

## 23. Attendant's OWN Signature Myrtle C. Buratt and Address Shoshone Id. Date Oct 14 19 48 (M. D. or other) (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NON-RESIDENT  
Certificate of Death

STATE OF IDAHO

1948  
State File No. 3865  
Local Reg. No. 48  
Reg. Dist. No. 630

1. PLACE OF DEATH:  
(a) County Madison  
(b) City or town Rexburg  
(c) Street Address or R.F.D. No. College Ave.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sutherland Stayed 6 days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Utah (b) County Utah  
(c) City or town Spanish Fork  
(d) Street Address or R.F.D. No. 707 E. 5 No.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Rexburg, Idaho.

3. (a) FULL NAME SARAH AGNES BARNEY.

3. (b) If veteran, name war X  
5. Color or race F.M. White  
6. (a) Sex Female (b) Single, widowed, married, divorced Married  
(b) Name of husband or wife Moses Trader Barney (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year) Sept. 25, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>0</u>	<u>15</u>	hrs. min.

9. Exact Occupation Housewife Did this work for life yrs.  
10. Industry or Business Home Date last worked 10/3/48  
11. Birthplace Spring Glenn, Utah. (City or town) (State or foreign country)

12. Name Andrew Jackson Simmons.  
13. Birthplace Spanish Fork, Utah. (City or town) (State or foreign country)  
14. Maiden name Agnes D. E. Bellows.  
15. Birthplace Payson, Utah. (City or town) (State or foreign country)

16. Informant's OWN Signature M. J. Barney  
and Address 707 E. 5 No. Spanish Fork, Utah

17. (a) burial (b) Date thereof 10/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Burton, Idaho.

18. Funeral Director's OWN Signature C. Beckwith  
and Address Rigby, Idaho.

19. (a) 10-13-48 (b) M. J. Barney  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 10 1948  
(Month, Day, Year)  
at 1:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1948 to Oct. 10 1948  
I last saw h. alive on Oct. 10 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Shock resulting from Cholecystectomy Duration 6 days  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation cholecystectomy Date 10-4-48  
Major findings gall bladder removed with some adhesions and filled with stones  
Finding of autopsy as above  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature C. Sutherland  
(M. D. or other)  
and Address Rexburg, Idaho Date 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3866  
Local Reg. No. 44  
Reg. Dist. No. 630

## STATISTICS

1. PLACE OF DEATH: *Madison*  
(a) County *Butler*  
(b) City or town *Butler*  
(c) Street Address or R.F.D. No. *Butler*  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. *Butler* Stayed *40* days  
(g) Lived in this county *40* years *10* months *10* days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State *Idaho* (b) County *Madison*  
(c) City or town *Butler*  
(d) Street Address or R.F.D. No. *Butler*  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? *USA*  
(g) How long had deceased lived in Idaho? *40* years  
(h) Former residence (city, state) *Butler, Idaho*

3. (a) FULL NAME *Lewis Christen Nelson*

3. (b) If veteran, name war *WW* No. *1093D*  
3. (c) Social Security No. *1093D*  
4. Sex *Male* Color or race *W*  
5. (a) Single, widowed, married, divorced *Married*  
6. (b) Name of husband or wife *Phelie Nelson* (c) Age of husband or wife if alive *67* years  
7. Date of Birth (Month, Day, Year) *Dec 18, 1873*

8. AGE	Years	Months	Days	If less than 1 day
	<i>73</i>	<i>10</i>	<i>11</i>	hrs min.

9. Exact Occupation *Laborer* Did this work for *40* yrs.  
10. Industry or Business *Denmark* Date last worked *11-2-48*  
11. Birthplace *Denmark* (City or town) (State or foreign country)

- Mother Father { 12. Name *Unknown*  
13. Birthplace *Unknown* (City or town) (State or foreign country)  
14. Maiden name *Unknown*  
15. Birthplace *Unknown* (City or town) (State or foreign country)

16. Informant's OWN Signature *Phelie Nelson*  
and Address *Butler, Idaho*

17. (a) *Burial* (b) Date thereof *11-2-48*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: *Butler*

18. Funeral Director's OWN Signature *Wissel*  
and Address *Butler, Idaho*

19. (a) *11-2-48* (b) *Miss H. Chive*  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *Oct. 29, 1948*  
at *1:10* o'clock *P.M.*

21. I HEREBY CERTIFY, That I attended deceased from *19* to *19* years

I last saw h. *alive* on *19*; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Chronic Myocarditis* Duration *1 year*

Due to *Chronic Myocarditis*

Due to *Chronic Myocarditis*

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation *None* Date *None*

Major finding *None*

Finding of autopsy *None*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred *19* City, county, state *Butler, Idaho*  
where violence occurred *Home*  
Place of Violence: Home *Home* Farm *Home* Industry *Home*  
Public Place *Home* While at work? *Home*

Means of injury *None*

23. Attendant's OWN Signature *Dean H. Chive, M.D.*  
and Address *Butler, Idaho* Date *11-1-1948*  
(For additional space, use reverse side)

1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Blaine  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 57 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these.)

- (a) State Idaho (b) County Madison  
(c) City or town Blaine  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 75 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Ann J. Stockfled Robertson

083A

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nathaniel Robertson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth March 12, 1873  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>6</u>	<u>20</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Henderson Creek, Idaho  
(City or town) (State or foreign country)

12. Name Ann J. Stockfled

13. Birthplace Holland  
(City or town) (State or foreign country)

14. Maiden name Liggett

15. Birthplace Edinburgh, Scotland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ann J. Robertson

- and Address Passo Washington

17. (a) Burial (b) Date thereof 10/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Blaine

18. Funeral Director's OWN Signature Rev. J. H. H. H.

- and Address Blaine, Idaho

19. (a) 10-4-48 (b) Thos. H. H. H.  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) 10 - 2 1948  
at 12:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from

Sept. 20 1948, to Oct. 2, 1948

I last saw her alive on Oct. 1, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Arterio-sclerosis accompanied by cerebral hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☒

Occurred ☒ 19 \_\_\_\_\_ City, county, state

where violence occurred ☒

Place of Violence: Home ☒ Farm ☒ Industry ☒

Public Place ☒ While at work? ☒

Means of injury fall

23. Attendant's OWN Signature Thos. H. H. H.

and Address Blaine, Idaho Date 10-4-48  
(For official use, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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# Certificate Of Death

STATISTICS

STATE OF IDAHO

State File No. 3868  
Local Reg. No. 45  
Reg. Dist. No. 630

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Sugar City  
(c) ~~Street Address or~~ R.F.D. No. 1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 33 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Teton  
(c) City or town Sugar City  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

MARCELLUS BEAN

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife if Johannah Edman 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) November 6, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>11</u>	<u>23</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for years  
10. Industry or Business worked Date last worked  
11. Birthplace Provo, Utah (City or town) (State or foreign country)

- Mother { 12. Name James A. Bean  
13. Birthplace Kentucky (City or town) (State or foreign country)  
14. Maiden name Harriet Fausett  
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature M. Bean  
and Address Sugar City RFD/L, Idaho

17. (a) Burial (b) Date thereof 11-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Teton, Idaho

18. Funeral Director's OWN Signature M. Hansen  
and Address St. Anthony, Idaho

19. (a) 11-2-48 (b) Mrs. H. C. Young  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 29 19 48  
at 11:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3 Sept. 1948 to 29 Oct. 1948  
I last saw him alive on 29 Oct. 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Hypostatic pneumonia Duration 2 days  
Due to Chronic glomerulonephritis 3 years  
Due to Ca of prostate 2  
Other conditions (Include pregnancy within months of death)

- Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature M. D. or other  
and Address Ashton, Idaho Date 11-1-19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3869  
Local Reg. No. 59  
Reg. Dist. No. 450

## 1. PLACE OF DEATH: STATISTICS

- (a) County Murphy  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Murphy  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 mo years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Dewey Leo Lewis

109B

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, \_\_\_\_\_  
4. Sex M race white divorced single  
6. (b) Name of husband or \_\_\_\_\_  
6. (c) Age of husband or wife if \_\_\_\_\_  
wife \_\_\_\_\_ alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

September 6 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	1	0	hrs min.

## 9. Exact Occupation child Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Oakley Idaho (City or town) (State, or foreign country)

## 12. Name Dewey Lewis

## 13. Birthplace Idaho (City or town) (State, or foreign country)

## 14. Maiden name Thelma Stewart

## 15. Birthplace Oakley Idaho (City or town) (State, or foreign country)

## 16. Informant's OWN Signature D. Lewis and Address Rupert Idaho

## 17. (a) Burial (b) Date thereof 10-9-48 (Burial, cremation, or other) (Month) (Day) (Year)

## (c) Place: Oakley Idaho

## 18. Funeral Director's OWN Signature Redney S. Boardman and Address Rupert Idaho

## 19. (a) 11-7-48 (b) AB Moore (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Oct 6 1948 at 5:30 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from Oct 6 1948 to Oct 6 1948 I last saw h.s. alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia

## Duration

## Due to cause unknown

## Due to \_\_\_\_\_ Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_ Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature A. J. Dalley M.D. and Address Rupert Idaho (M. D. or other) Date Oct 20 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 3870  
Local Reg. No. 58  
Reg. Dist. No. 450

1. PLACE OF DEATH:

- (a) County Mingus  
(b) City or town Payson  
(c) Street Address or R.F.D. No. 110 - 1st St.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Payson Stayed 7 days  
(g) Lived in this county 37 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Mingus  
(c) City or town Payson  
(d) Street Address or R.F.D. No. 110 - 1st St.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Payson, Idaho

3. (a) FULL NAME

Anna O. Pape

3. (b) If veteran,

name war no

3. (c) Social Security

No. 518-10-5775

4. Sex Female Color or White

5. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Wick

6. (c) Age of husband or wife if alive 61 years

7. Date of Birth (Month, Day, Year)

March 20 1897

8. AGE

Years 51

Months 6

Days 18

hrs min.

9. Exact Occupation

Housewife

Did this work for yrs.

10. Industry or Business

Date last worked

11. Birthplace

(City or town)

Russia

(State or foreign country)

12. Name

Antone Schatt

13. Birthplace

(City or town)

Russia

(State or foreign country)

14. Maiden name

Abelina Gytche

15. Birthplace

(City or town)

Russia

(State or foreign country)

16. Informant's OWN Signature

Cornelia Binond

and Address

Payson Idaho

17. (a) Burial (b) Date thereof 10-12-48

(Burial, cremation or removal)

(Month) (Day) (Year)

(c) Place:

Payson Idaho

18. Funeral Director's OWN Signature

Robert B. Buntman

and Address

Payson Idaho

19. (a) 11-4-48 (b) C. B. Buntman

(Date received and filed)

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

093D

20. DATE OF DEATH

(Month, Day, Year) Oct 8 19 48  
at 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from

July 19 47 to Oct 8 19 48  
I last saw her alive on Oct 8 19 48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Pneumonia

Duration

Due to Septicemic Colic

Due to Cause unknown

Other conditions Colic  
(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature

A. B. Dally

and Address Payson Idaho (M. H. or other) Date Oct 20 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 8 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3871  
Local Reg. No. 56  
Reg. Dist. No. 450

## 1. PLACE OF DEATH: STATISTICS

- (a) County Mandocan  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. 602 63rd  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 12 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Mandocan  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. 602 63rd  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

Richard Walter Forman

164C

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. 358-09-398

## 4. Sex Male race White

## 5. Color or (a) Single, widowed, married,

divorced married

## 6. (b) Name of husband or

wife Alice

## 6. (c) Age of husband or wife if

alive 39 years

## 7. Date of Birth

(Month, Day, Year) October 23, 1907

## 8. AGE

Years	Months	Days	If less than 1 day
<u>40</u>	<u>11</u>	<u>21</u>	hrs min.

## 9. Exact

Occupation Mechanic Did this work for ☐ yrs.

## 10. Industry or

Business Eric Colorado Date last worked

## 11. Birthplace

(City or town) (State or foreign country)

## 12. Name

Frank E. Forman

## 13. Birthplace

Buffalo, N.Y. (City or town) (State or foreign country)

## 14. Maiden name

Anna S. Mulligan

## 15. Birthplace

Mexico, Missouri (City or town) (State or foreign country)

## 16. Informant's

OWN Signature Mrs. R. W. Forman

and Address 437 W. 166 St. Laramie City

## 17. (a) Burial

(Burial, cremation or removal) (Month) (Day) (Year)

## (c) Place:

Rupert Idaho

## 18. Funeral Director's

OWN Signature Rodney Woodman

and Address Rupert Idaho

## 19. (a) 11-4-48

(Date received and filed)

## (b) [Signature]

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## DATE OF DEATH

(Month, Day, Year) October 14 1948

at 4:00 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

10-14 1948, to 10-14 1948

I last saw him alive on 10-14 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ☐ Date ☐

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☒ Homicide? ☐

Occurred Oct 14 1948 City county, state

where violence occurred Rupert, Mandocan, Idaho

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury 22 caliber rifle

## 23. Attendant's

OWN Signature A. S. Dalley M.D.

and Address Rupert, Idaho (M.D. or other)

Date Oct 20 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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NOV 8 1948  
Certificate Of Death  
STATISTICS  
OF VITAL  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 57  
Reg. Dist. No. 450

1. PLACE OF DEATH:

- (a) County Mingus  
(b) City or town Idaho  
(c) Street Address or R.F.D. No. 2  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution. Other place  
(f) Name Hosp. or Inst. Idaho Stayed 8 days  
(g) Lived in this county 44 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Mullan  
(c) City or town Idaho  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Colorado

3. (a) FULL NAME

Catherine Lucy Nelson

093D

3. (b) If veteran, name war no 3. (c) Social Security No. no  
5. Color or race white (a) Single, widowed, married, divorced married  
4. Sex Female (b) Name of husband or wife husb. A. (c) Age of husband or wife alive 81 years  
7. Date of Birth (Month, Day, Year) Oct. 8, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>0</u>	<u>7</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Flagstaff, Missouri (City or town) (State or foreign country)  
Mother Father { 12. Name Bennett Brooke  
13. Birthplace Chagville, Ohio (City or town) (State or foreign country)  
14. Maiden name Evelyn Dancy  
15. Birthplace Wassenaar (City or town) (State or foreign country)

16. Informant's OWN Signature W.C. Nelson and Address Idaho  
17. (a) Burial (b) Date thereof 10-18-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Idaho  
18. Funeral Director's OWN Signature Rodney L. Anderson and Address Idaho  
19. (a) 11-4-48 (b) Idaho (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 15 1948  
at 6:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 7 1948, to Oct 15 1948.  
I last saw her alive on Oct 15 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary failure Duration \_\_\_\_\_

Due to Hypertensive Cardiovascular disease

Due to \_\_\_\_\_  
Other conditions Senility (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. J. Dally M.D. and Address Idaho (M. D. or other) Date Oct 20 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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NOV 16 1948  
Certificate Of Death  
STATE OF IDAHO  
STATISTICS

State File No. 3873  
Local Reg. No. 63  
Reg. Dist. No. 450

1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Rupert  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ✓ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 16 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) California

3. (a) FULL NAME

William Thomas Hewett

3. (b) If veteran,

name war no

3. (c) Social Security

No. 2

4. Sex male 5. Color or race white (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive 78 years

7. Date of Birth (Month, Day, Year) Aug 22 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>2</u>	<u>3</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Bond County, Illinois (City or town) (State or foreign country)

12. Name \_\_\_\_\_

13. Birthplace unknown (City or town) (State or foreign country)

14. Maiden name Mary Brown

15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Leah F. Hewett

and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 10-28-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Rupert Idaho

18. Funeral Director's OWN Signature Rodney E. Bodman

and Address Rupert Idaho

19. (a) 11-14-48 (b) E. E. Skarnes (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 25 1948 at 2 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Fractured Skull

Due to Sunshot wound

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? yes Homicide? \_\_\_\_\_

Occurred Oct 25 1948 City, county state Rupert Minidoka

Place of Violence: Home ✓ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury shot gun wound

23. Attendant's OWN Signature Alan Goodman and Address Rupert Ida Date 11-13 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3874

Local Reg. No. 62

Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Mandana  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1006 - 8th  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 4 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Mandana  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1006 - 8th  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Kalmar Kansas

## 3. (a) FULL NAME

Edward Frank Stewart

046G

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. No

4. Sex Male race White  
5. Color or Single, widowed, married, divorced

6. (b) Name of husband or wife Minnie  
6. (c) Age of husband or wife if alive 70 years

7. Date of Birth (Month, Day, Year) March 8 1972

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>7</u>	<u>11</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for        yrs.

10. Industry or Business        Date last worked

11. Birthplace Hayt. Kansas (City or town) (State or foreign country)

12. Name Edward Stewart

13. Birthplace        (City or town) (State or foreign country)

14. Maiden name

15. Birthplace        (City or town) (State or foreign country)

16. Informant's OWN Signature Margie Stewart

- and Address Boise Idaho

17. (a) Removal (b) Date thereof 10-21-48 (Month) (Day) (Year)

- (c) Place: Topeka Kansas

18. Funeral Director's OWN Signature

- and Address Boise Idaho

19. (a) 11-14-48 (b)        (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 107X

20. DATE OF DEATH (Month, Day, Year) Oct. 19 1948

at 7:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1948 to 19 Oct 1948

I last saw h. alive on 18 Oct 1948 to 19 Oct 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Bronchitis 28 hrs

Due to Cancer of Tongue 1-3 yrs  
Hard of Throat & Tongue

Due to       

Other conditions        (Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature

and Address Boise Idaho (M. D. or other)

Date Oct 19 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 18 1948

DEPARTMENT OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 3875  
Local Reg. No. 6  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Mizidolpa  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. 606-3rd to  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 29 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these).

- (a) State Idaho (b) County Muskegon  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. 606-3rd to  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Mo

## 3. (a) FULL NAME

Elijah pete Kirk

094A

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. no

5. Color or white (a) Single, widowed, married, divorced Married  
4. Sex male race white  
6. (b) Name of husband or wife Edna (c) Age of husband or wife if alive 61 years

## 7. Date of Birth

(Month, Day, Year) Dec 2 1877

## 8. AGE

Years	Months	Days	If less than 1 day
70	10	26	hrs min.

9. Exact Occupation Laborer Did this work for no yrs.

10. Industry or Business no Date last worked no

11. Birthplace Roellin Tennessee  
(City or town) (State or foreign country)

12. Name William Henry Kirk

13. Birthplace Tennessee  
(City or town) (State or foreign country)

14. Maiden name Elizabeth Stewart

15. Birthplace Tennessee  
(City or town) (State or foreign country)

16. Informant's OWN Signature Beatrice Kirk

- and Address 2001 Pierce St. S. Boise

17. (a) Burial (b) Date thereof 10-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Rupert Idaho

18. Funeral Director's OWN Signature Robert B. Goodman

- and Address Rupert Idaho

19. (a) 11-14-48 (b) 11-18-48  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 10-28 1948  
at no o'clock M

## 21. I HEREBY CERTIFY, That I attended deceased from

not at all 1948  
I last saw h. no alive on no 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary occlusion Duration 10 min

Due to no

Due to no

Other conditions no

(Include pregnancy within 3 months of death)

Where was disease contracted? no

Name of operation no Date no

Major finding no

Finding of autopsy no

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no

Occurred no 1948 City, county, state where violence occurred no

Place of Violence: Home no Farm no Industry no

Public Place no While at work? no

Means of injury no

23. Attendant's OWN Signature Beatrice Kirk

and Address Rupert Idaho Date 11-12-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 3876  
Local Reg. No. 66  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Marydola  
(b) City or town August  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 43 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Middle  
(c) City or town August  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Bill. Montana

## 3. (a) FULL NAME

Patrick Joseph O'Rourke 093E

3. (b) If veteran, name war no 3. (c) Social Security No. no  
5 Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex male race white  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) \_\_\_\_\_

8. AGE	Years	Months	Days	If less than 1 day
	<u>88</u>			hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Farmer Date last worked \_\_\_\_\_  
11. Birthplace Roscommon Ireland (City or town) (State or foreign country)

12. Name Roscommon Ireland  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Grace Ferry  
and Address Augusta Idaho

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation or removal) \_\_\_\_\_  
(c) Place: August Cemetery

18. Funeral Director's OWN Signature Redmond  
and Address August Idaho

19. (a) 11-14-48 (b) O'Rourke  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 31 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1947 to Oct 31 1948

I last saw h. 14 alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Oct 12 - 1948 5 months  
Due to Miscellaneous

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Cliff  
and Address August Date 11-12 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 8 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3877  
Local Reg. No. 60  
Reg. Dist. No. 4.50

## DECLARATION OF VITAL

1. PLACE OF DEATH: STATISTICS  
(a) County Minidoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home. \_\_\_\_\_ Hospital. \_\_\_\_\_ Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these),  
(a) State Idaho (b) County Minidoka  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Elton C.

3. (a) FULL NAME Willard Ezra Kung  
3. (b) If veteran, name war World I No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married  
4. Sex Male race White  
6. (b) Name of husband or wife Jan  
6. (c) Age of husband or wife if alive 30 years  
7. Date of Birth (Month, Day, Year) Jan 21 1915  
8. AGE  

Years	Months	Days	If less than 1 day
33	8	28	hrs min.

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) Oct 19 1948  
at 3 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.  
I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: \_\_\_\_\_  
Duration \_\_\_\_\_

9. Exact Occupation County Agent Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Idaho (City or town) (State or foreign country)  
Mother { 12. Name Willard H. Kung  
13. Birthplace Idaho (City or town) (State or foreign country)  
14. Maiden name Lucy G. Kochinke  
15. Birthplace Idaho (City or town) (State or foreign country)  
16. Informant's OWN Signature Willard H. Kung  
and Address Boise Idaho  
17. (a) Removal (b) Date thereof 10-22-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Idaho  
18. Funeral Director's OWN Signature W. H. Kung  
and Address Rupert Idaho  
19. (a) 11-4-48 (b) W. H. Kung  
(Date received and filed) (Registrar's signature)

Due to Crushed Skull + chest  
Auto accident  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Oct 19 1948 City, county, state where violence occurred Idaho  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place yes While at work? yes  
Means of injury Auto accident  
23. Attendant's OWN Signature Alan G. Kung  
and Address Rupert Idaho Date 10-20-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

OCT 18 1948

DIVISION OF VITAL

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3878  
Local Reg. No. 195  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph's Stayed 6 days  
(g) Lived in this county 60 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. 1202-8th  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mrs. Mollie Smith

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex Female race White

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Thomas

6. (c) Age of husband or wife if alive 59 years

## 7. Date of Birth

(Month, Day, Year) Jan. 9th 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>9</u>	<u>27</u>	hrs min.

## 9. Exact Occupation house wife Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Ella Wisc. (City or town) (State or foreign country)

## 12. Name Magnus Granquist (City or town) (State or foreign country)

## 13. Birthplace Sweden (City or town) (State or foreign country)

## 14. Maiden name Christine Erickson (City or town) (State or foreign country)

## 15. Birthplace Sweden (City or town) (State or foreign country)

## 16. Informant's OWN Signature Thos. J. Smith

## and Address Clarkston, Wash.

## 17. (a) Burial (b) Date thereof 10/8/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Lewiston, Idaho.

## 18. Funeral Director's Vassar-Rawls Funeral Home

## OWN Signature by Andrew F. Vassar

## and Address Lewiston, Idaho.

## 19. (a) Oct. 8, 1948 (b) James M. Love (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH Oct 5th 1948 (Month, Day, Year) at 5:00 o'clock M.

## 21. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1948, to Oct 5th 1948. I last saw him alive on Oct 5th 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Heart ruptured on fight. Duration 5 days.

## Due to fight

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

## Where was disease contracted? at home PHYSICIAN

## Name of operation none Date \_\_\_\_\_ Underline the cause to which death should be charged statistically.

## Major finding Ruptured Ht.

## Finding of autopsy Ruptured Ht.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no

## Occurred no City, county, state where violence occurred no

## Place of Violence: Home no Farm no Industry no

## Public Place no While at work? no

## Means of injury no

## 23. Attendant's OWN Signature James M. Love (M. D. or other)

## and Address 707 N. 4th Date Oct 8 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

OCT 18 1948 **Certificate Of Death**

STATE OF IDAHO

1948

State File No. **3879**  
Local Reg. No. **196**  
Reg. Dist. No. **25**

**1. PLACE OF DEATH:**

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 1703 Lewis Ave.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place city or town  
(f) Name Hosp. or Inst. St. Joseph Stayed 2 days  
(g) Lived in this county 4 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1703 Lewis Ave.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) city or town

**3. (a) FULL NAME**

**JOHN FRANKLIN AUSTIN**

3. (b) If veteran, name war No 3. (c) Social Security No. No  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Feb. 14, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>7</u>	<u>23</u>	hrs min.

9. Exact Occupation Retail buisness Did this work for 4 yrs.  
10. Industry or Business Tobacco & Reading Date last worked worked  
11. Birthplace St. Francis, Minn. (City or town) (State or foreign country)  
12. Name Devalson Austin  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Maiden name Lucy Pryor  
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature George W. Austin  
and Address U.S. Army, Klamath Falls, Minn.  
17. (a) Burial (b) Date thereof 10-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by 1751 Malton  
and Address Lewiston, Idaho

19. (a) Oct 9, 1948 (b) Donna Jean Ockert  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 132X

20. DATE OF DEATH (Month, Day, Year) Oct. 7, 1948  
at 1:50 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1948 to Oct 7, 1948

I last saw him alive on Oct 7, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia Duration 2 mo.

Due to chronic nephritis 6 mo.

Due to chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Attendant's OWN Signature John E. Carssow (M. D. or other)

and Address Lewiston Date 19  
(For additional space, use reverse side)

Dr. J. E. Carssow

515

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEPARTMENT OF VITAL

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 5880

Local Reg. No. 213

Reg. Dist. No. 220

## 1. PLACE OF DEATH: STATISTICS

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. W - - - - -  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days  
(g) Lived in this county years months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. 15th and Libby  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? - - - years  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME Mary Francis Mc Ghee

3. (b) If veteran, name war - - - - - 3. (c) Social Security No. - - - - -  
5. Color or - - - 6. (a) Single, widowed, married, divorced Widowed  
4. Sex F race W 6. (c) Age of husband or wife if alive - - - - - years  
6. (b) Name of husband or wife William A

7. Date of Birth (Month, Day, Year) August 26, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>1</u>	<u>12</u>	hrs. min.

9. Exact Occupation At Home Did this work for - - yrs.  
10. Industry or Business - - - Date last worked - - -

11. Birthplace Washington D C  
(City or town) (State or foreign country)

12. Name Thomas White

13. Birthplace London, England  
(City or town) (State or foreign country)

14. Maiden name Rosanna Patton

15. Birthplace Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Clayle M. Mc  
and Address Clarkston, Washington

17. (a) Removal (b) Date thereof 10/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Clarkston, Washington

18. Funeral Director's OWN Signature M.C. Merchant  
and Address Clarkston, Washington

19. (a) Nov 4, 1948 (b) G. Lyell's Drummer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 8 19 48  
at 6.15 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from Oct 8 - 1948 to Oct 8 - 1948

I last saw h. in alive on Oct 8 - 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Struck by fast moving motorcar Duration

Due to - - -

Due to - - -

Other conditions - - -  
(Include pregnancy within 3 months of death)

Where was disease contracted? - - -

Name of operation - - - Date - - -

Major finding - - -

Finding of autopsy no autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? No Homicide? No

Occurred Oct 8 19 48 City, county, state Clarkston Wn  
where violence occurred

Place of Violence Home Farm Industry

Public Place Yes No While at work? No

Means of injury - - -

23. Attendant's OWN Signature J. M. - Lyell M.C.

and Address Clarkston, Washington Date 10-20 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

8483  
OCT 18 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3881  
Local Reg. No. 197  
Reg. Dist. No. 222

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occurred Inside? X Outside? ----- city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph Stayed ----- days  
(g) Lived in this county ----- years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lenore  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside? ----- Outside? X city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME

MELVIN PINKHAM

3. (b) If veteran, name war ----- No. None  
5. Color or race Indian 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) June 26, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>00</u>	<u>3</u>	<u>13</u>	hrs min.

9. Exact Occupation ----- Did this work for ----- yrs.  
10. Industry or Business ----- Date last worked -----

11. Birthplace (City or town) (State or foreign country)

12. Name Alfred Pinkham  
13. Birthplace (City or town) (State or foreign country) Lewiston  
14. Maiden name Marion Johnson  
15. Birthplace (City or town) (State or foreign country) Kamiah, Idaho

16. Informant's OWN Signature Annette Pinkham  
and Address Lenore, Idaho

17. (a) Burial (b) Date thereof 10-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Spalding, Idaho

18. Funeral Director's OWN Signature Brower-Wann by 1976 Malina  
and Address Lewiston, Idaho

19. (a) Oct. 11, 1948 (b) Signe M. Love  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Oct. 9 19 48  
(Month, Day, Year) at 3:20 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from July 1948 to Oct. 9, 1948  
I last saw him alive on Oct. 8, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral aneurysm Duration 37 hrs.

Due to -----

Due to -----

Other conditions (Include pregnancy within 3 months of death) -----

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy Negative

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred -----  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature J. D. Pierce M.D.  
(M. D. or other)

and Address Lenore, Idaho Date 10/14 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
**RECEIVED**  
OCT 25 1948  
**Certificate Of Death**  
STATISTICS  
OF VITAL  
STATE OF IDAHO

State File No. 3882  
Local Reg. No. 201  
Reg. Dist. No. 220

1. PLACE OF DEATH:

(a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph Hosp. Stayed 30 days  
(g) Lived in this county 15 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 415 4th. St.  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Washington

3. (a) FULL NAME Edwin Dean Perkins

3. (b) If veteran, name war ..... 3. (c) Social Security No. 518-01-0932  
5. Color or race white 6. (a) Single, widowed, married, divorced married  
4. Sex male 6. (b) Name of husband or wife Rachael  
6. (c) Age of husband or wife if alive 39 years  
7. Date of Birth (Month, Day, Year) Sept. 22, 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>0</u>	<u>20</u>	hrs min.

9. Exact Occupation Mgr. Used Car Dept. Did this work for 15 years  
10. Industry McMonigle Chev. Co. Date last worked 9/12/48  
11. Birthplace Palouse, Washington  
(City or town) (State or foreign country)

Mother { 12. Name Charles Edwin Perkins  
13. Birthplace Kansas  
(City or town) (State or foreign country)  
14. Maiden name Ida May Wade  
15. Birthplace Minnesota  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. E. D. Perkins  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 10/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature E. S. Rawls  
and Address Lewiston, Idaho

19. (a) Oct. 19, 1948 (b) C. Hyllie Neumayer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 046B

20. DATE OF DEATH October 12 19 48  
(Month, Day, Year)  
at 8 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from 9/12 19 48, to 10/12 19 48.  
I last saw him alive on 10/11 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Metastatic Sarcoma of Stomach Duration

Due to to liver & lungs

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation total gastrectomy Date Dec. 1948 Underline the cause to which death should be charged statistically.  
Major finding metastatic  
Finding of autopsy metastatic

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home 19 Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury fall  
23. Attendant's OWN Signature Dr. E. D. Perkins (M. D. or other)  
and Address Lewiston, Idaho Date 12/14/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 15 1948

# Certificate Of Death

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. 3883  
Local Reg. No. 218  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 617-7th Ave.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home? X Hospital? Institution Other place? city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 27 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 617-7th Ave.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Veronica Yochum

092B

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or white 6. (a) Single, widowed, married, divorced widowed  
4. Sex female race white  
6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) November 13, 1851

8. AGE	Years	Months	Days	If less than 1 day
	96	10	29	hrs min.

9. Exact Occupation housewife Did this work for  yrs.  
10. Industry or Business worked Date last worked  
11. Birthplace Austria (City or town) (State or foreign country)

12. Name Anton Wold (City or town) (State or foreign country)  
13. Birthplace Austria (City or town) (State or foreign country)  
14. Maiden name Anna Wolf  
15. Birthplace Austria (City or town) (State or foreign country)

16. Informant's OWN Signature Elisabeth Yochum  
and Address Lewiston, Idaho  
17. (a) burial (b) Date thereof 15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Vincent V. Jassas  
and Address Lewiston, Idaho

19. (a) Oct 29, 1948 (b) Chyllis Neumayer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 10-12 19 48  
at 3:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 10/12/48 to 10/12 19 48.  
I last saw her alive on 10/12 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial Infarction

## Duration

1 yr.

Due to Myocardial Infarction

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation Date

Major finding none

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury

23. Attendant's OWN Signature Joseph G. Bader  
and Address 107 11th St Lewiston M. D. or other Date 10-20-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED NON-RESIDENT  
Certificate Of Death  
OCT 25 1948  
BUREAU OF VITAL STATISTICS  
STATE OF IDAHO

3884  
State File No. \_\_\_\_\_  
Local Reg. No. 202  
Reg. Dist. No. 220

1. PLACE OF DEATH: STATISTICS  
(a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed 2 days  
(g) Lived in this county 73 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. XXXXX Wash. (b) County. XXXXXX  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. 633 2nd St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 70 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME PRESLEY THORNTON LOMAX

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Maude 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Feb. 25, 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>89</u>	<u>7</u>	<u>20</u>	hrs min.

9. Exact Occupation Retired Taylor Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Demopolis, Ala. (City or town) (State or foreign country)

12. Name John Lomax  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name Mira Straddeck  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Jack E. Anderson  
and Address Clarkston, Washington

17. (a) Burial (b) Date thereof 10-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by H.H. Mallon  
and Address Lewiston, Idaho

19. (a) Oct 18 1948 (b) Chyllis Newmeyer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 162 B

20. DATE OF DEATH (Month, Day, Year) Oct. 15, 1948  
at 6:40 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from July 1, 1948, to Oct. 15, 1948.  
I last saw him alive on Oct. 14, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Tuberculosis Duration 60 yrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Smoking  
(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown PHYSICIAN  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy None  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. M. Mackey M.D.  
and Address 727 - 11th St. Date Oct. 17 1948  
(For additional space, use reverse side)

Dr. C.M. Mackey Jr.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
NOV 1 5 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3885  
Local Reg. No. 203  
Reg. Dist. No. 220

1. PLACE OF DEATH: STATISTICS
- (a) County **NEZ PERCE**  
(b) City or town **LEWISTON**  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **ST. JOSEPH** Stayed **3** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months **3** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **IDAHO** (b) County **CLEARWATER**  
(c) City or town **WEIPPE**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **3** years  
(h) Former residence (city, state) **COLORADO**

3. (a) FULL NAME **ADA VIOLA BAYSINGER**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **NONE**  
5. Color or **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
4. Sex **EMALE** 6. (b) Name of husband or wife **MIKEL HENRY** 6. (c) Age of husband or wife if alive **48** years  
7. Date of Birth (Month, Day, Year) **OCTOBER 9, 1906**

8. AGE	Years	Months	Days	If less than 1 day
	<b>42</b>	<b>0</b>	<b>12</b>	hrs min.

9. Exact Occupation **HOUSEWIFE** Did this work for **LIFE** yrs.  
10. Industry or Business **HOME** Date last worked **About 1 wk ago**  
11. Birthplace **COLBURN, COLORADO** (City or town) (State or foreign country)

12. Name **GEORGE W. MOORE**  
13. Birthplace **SPRINGFIELD, ILLINOIS** (City or town) (State or foreign country)  
14. Maiden name **MARIANNE MOORE**  
15. Birthplace **CHEYENNE, WYOMING** (City or town) (State or foreign country)

16. Informant's OWN Signature **MH Baysinger** and Address **WEIPPE, IDAHO**

17. (a) **BURIAL** (b) Date thereof **OCT. 23, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **WEIPPE CEM., WEIPPE, IDAHO**

18. Funeral Director's OWN Signature **Blake Funeral Home** and Address **OROFINO, IDAHO**

19. (a) **Oct. 23, 1948** (b) **Chyllia Neumayer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 055F 094A

20. DATE OF DEATH (Month, Day, Year) **OCT 21, 1948**  
at **1:55 PM** o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from **10/19** **1948** to **10/21** **1948**  
I last saw him alive on **OCT 21, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Embolism** Duration **2 hrs.**

Due to **Myocardial Infarction**  
**Primary Sclerosis**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **at home**  
Name of operation **none** Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **Myocardial Infarction**  
**Chronic Sclerosis**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **no** Suicide? **no** Homicide? **no**  
Occurred **no** **Autopsy** 19\_\_\_\_ City, county, state where violence occurred **no**  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury **none**

23. Attendant's OWN Signature **James G. Baysinger** (M. D. or other)  
and Address **107 1st St.** Date **10/21 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

NOV 15 1948

BUREAU OF VITAL

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. **3886**  
Local Reg. No. **206**  
Reg. Dist. No. **224**

1. PLACE OF DEATH: **STATISTICS**  
(a) County **NezPerce**  
(b) City or town **Lewiston**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home... Hospital... Institution... Other place... ☒  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Washington** (b) County **Asotin**  
(c) City or town **Clarkston**  
(d) Street Address or R.F.D. No. **921 3rd St.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **US**  
(g) How long had deceased lived in Idaho? **\*\*\*\*** years  
(h) Former residence (city, state) **Washington**

3. (a) FULL NAME **FRED A. YAHRAUS**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **579-26-5901**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ... years  
7. Date of Birth (Month, Day, Year) **Sept. 7, 1872**

8. AGE	Years	Months	Days	If less than 1 day
	<b>76</b>	<b>1</b>	<b>14</b>	hrs min.

9. Exact Occupation **Retired Stockfarmer** Did this work for ... yrs.  
10. Industry or Business Date last worked  
11. Birthplace **Akron, Ohio** (City or town) (State or foreign country)  
12. Name **Andrew Yahraus** (City or town) (State or foreign country)  
13. Birthplace **Germany** (City or town) (State or foreign country)  
14. Maiden name **Unknown** (City or town) (State or foreign country)  
15. Birthplace **Germany** (City or town) (State or foreign country)

16. Informant's OWN Signature **George B. Yahraus**  
and Address **1010 Bridge St. Clarkston**  
17. (a) **Burial** (b) Date thereof **10-25-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Lewiston, Idaho**  
18. Funeral Director's OWN Signature **Brower-Wannby**  
and Address **Lewiston, Idaho**  
19. (a) **Oct. 25, 1948** (b) **G. Phillips Heyman**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Oct. 21, 1948**  
at **10:35** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h. alive on **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

**Heart Attack**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature **Andrew F. Vassar**  
and Address **Lewiston, Idaho** Date **Oct. 25, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County Ne zPerce  
(b) City or town Lewiston,  
(c) Street Address or R.F.D. No. ----  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. St. Joseph Stayed 22 days  
(g) Lived in this county years 4 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Clearwater  
(c) City or town Orofino  
(d) Street Address or R.F.D. No. ----  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state)

3. (a) FULL NAME GEORGE GRIMM

3. (b) If veteran, No  
name war No  
5. Color or 6. (a) Single, widowed, married,  
race White divorced Widowed  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife alive years  
7. Date of Birth April 10, 1867  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	81	6	11	hrs min.

9. Exact Occupation Retired Carpenter Did this work for ? yrs.  
10. Industry or Business Date last worked  
11. Birthplace Delano, Min.  
(City or town) (State or foreign country)

12. Name Frank Grimm  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name Hildagard Herringar  
15. Birthplace US  
(City or town) (State or foreign country)

16. Informant's OWN Signature John M. [Signature]  
and Address 1902 - 2nd [Address]

17. (a) Burial (b) Date thereof 10-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by [Signature]  
and Address Lewiston, Idaho

19. (a) October 25, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 137A  
20. DATE OF DEATH October 21 1948  
(Month, Day, Year) at 8:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1948, to 1948.

I last saw him alive on Oct 31, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Syphilis infection. Duration 5 days.

Due to Syphilis infection.

Due to Other conditions Not reported. (Include pregnancy within 3 months)

Where was disease contracted? Physician Underline

Name of operation Prosthetic [Signature] Major finding Adenomatous [Signature]

Finding of autopsy not done. Finding of autopsy which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no.

Occurred 19 City, county, state where violence occurred [Signature]  
Place of Violence: Home Farm Industry  
Public Place. [Signature] While at work?

Means of injury [Signature]  
Attendant's OWN Signature [Signature] (M. D. or other)

and Address 1021 1/2 [Address] Date 10/23 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

NOV 15 1948

DEPARTMENT OF VITAL

# Certificate Of Death

STATE OF IDAHO

48  
State File No. 3888  
Local Reg. No. 207  
Reg. Dist. No. 220

## 1. PLACE OF DEATH: STATISTICS

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed 8 days  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NePerce  
(c) City or town Tammany  
(d) Street Address or R.F.D. No. Route #3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME EMMA MOZELLE SCOTT

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married,  
4. Sex Female race White divorced Married  
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 70 years  
7. Date of Birth (Month, Day, Year) April 26, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>5</u>	<u>27</u>	hrs min.

9. Exact Occupation Housewife Did this work for ? yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Springview Nebraska (City or town) (State or foreign country)

12. Name Frank Berkdresser  
13. Birthplace Penn. (City or town) (State or foreign country)  
14. Maiden name Katherine Lowery  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature J. W. Scott  
and Address Box # Tammany, Idaho

17. (a) Burial (b) Date thereof 10/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's by B. H. Malcom  
OWN Signature Brower-Wann Funeral Home  
and Address Lewiston, Idaho

19. (a) Oct. 25, 1948 (b) B. J. J. Neumayer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 111A

20. DATE OF DEATH October 23, 1948 1948  
(Month, Day, Year)  
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1948 to Oct 23, 1948.

I last saw him alive on Oct 23, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Arteriosclerosis, Coronary Duration 1 hr.

Due to Coronary 2 days

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation Drainage of Gallbladder

Major finding Gallstones

Finding of autopsy not done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 10/26/48 at \_\_\_\_\_ City, county, state  
where violence occurred at home  
Place of Violence: Home \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature James E. Buechel (M. D. or other)  
and Address Box 11455 Date 19  
(For additional space, use reverse side)

B. J. J. Neumayer 005



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 15 1948  
DIVISION OF VITAL  
STATE OF IDAHO  
NON-RESIDENT  
Certificate Of Death

State File No. 3889  
Local Reg. No. 211  
Reg. Dist. No. 220

1. PLACE OF DEATH: STATISTICS

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Roseberg's Stayed 47 days  
(g) Lived in this county... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ore (b) County Douglas  
(c) City or town Roseberg  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

Mrs Minnie C. Weaver

3. (b) If veteran, name war

3. (c) Social Security No.

- 5 Color or race White (a) Single, widowed, married, divorced married  
4. Sex Female  
6. (b) Name of husband or wife Merle (c) Age of husband or wife if alive 38 years

7. Date of Birth

(Month, Day, Year) Feb. 15, 1908

8. AGE

Years	Months	Days	If less than 1 day
<u>48</u>	<u>8</u>	<u>9</u>	hrs min.

9. Exact Occupation House Wife Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Eligman Mo. (City or town) (State or foreign country)

12. Name Eliska Hyde

13. Birthplace Ill (City or town) (State or foreign country)

14. Maiden name Cordelia Kelley

15. Birthplace Mo. (City or town) (State or foreign country)

16. Informant's OWN Signature Phil Weaver

and Address Roseberg, Ore.

17. (a) Burial (b) Date thereof Oct. 27-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Lewiston, Idaho.

18. Funeral Director's OWN Signature Vassar, Paula Funeral Home

and Address Lewiston, Idaho.

19. (a) Nov 1, 1948 (b) Phyllis Neumayer (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 055E

20. DATE OF DEATH (Month, Day, Year) Oct 24 1948  
at 7:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 24 1948 to Oct 24 1948

I last saw her alive on Oct 24 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial infarction Duration 1 hr.

Due to Coronary Artery Disease

Due to .....

Other conditions (Include pregnancy within 3 months of death) Nothing seen with lesion

Where was disease contracted? Illness

Name of operation. Date. Physician Underline the cause to which death should be charged statistically.

Major finding Myocardial infarction

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Phyllis Neumayer (M. D. or other)

and Address Boise, Idaho Date Nov 1, 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

AMENDED - DECEMBER 1, 1948

1948

State File No. 3891

Local Reg. No. 212

Reg. Dist. No. 220

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 1 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

STATISTICS

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Jose h's Stayed 14 days  
(g) Lived in this county 15 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 0119 18th St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Omaha, Nebr.

3. (a) FULL NAME ELLEN E. LOOKER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

5. Color or  
4. Sex Female race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Earl

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) June 13, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>4</u>	<u>18</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Lorden Mills Illinois  
(City or town) (State or foreign country)

12. Name Charles C.

13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

14. Maiden name Christian Wychoff

15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Earl W. Looker  
and Address 0119 18th St. Lewiston, Idaho

17. (a) Burial (b) Date thereof 11/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by K.H. Malcom  
and Address Lewiston, Idaho

19. (a) November 2, 1948 (b) Ghylla Neumayer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) October 31 19 48  
at 11:20 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from  
Feb. 19 48 to October 31 19 48  
I last saw h. er alive on October 30 19 48;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Pulmonary metastasis Duration \_\_\_\_\_

Due to Carcinoma of the cervix

Due to \_\_\_\_\_

Other conditions Cerebral hemorrhage, right  
(Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy whitish hard plaques  
throughout lungs

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ray W. Eastwood, M.D.  
(M. D. or other)

and Address Lewiston, Idaho Date Nov. 1 19 48

(For additional space, use reverse side)

R. W. Eastwood, M.D.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

RECEIVED

NOV 15 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **3891**  
Local Reg. No. **212**  
Reg. Dist. No. **220**

## 1. PLACE OF DEATH:

- (a) County **NezPerce**  
(b) City or town **Lewiston**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Joseph** Stayed **14** days  
(g) Lived in this county **15** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **NezPerce**  
(c) City or town **Le wiston**  
(d) Street Address or R.F.D. No. **0119 - 18th. St.**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **15** years  
(h) Former residence (city, state) **Omaha, Nebr.**

## 3. (a) FULL NAME

**ELLEN E. LOOKER**

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex

**Female**

5. Color or race **White**

## 6. (a) Single, widowed, married,

divorced **Married**

## 6. (b) Name of husband or wife

**Earl**

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) **June 13, 1885**

8. AGE	Years	Months	Days	If less than 1 day
	<b>61</b>	<b>4</b>	<b>18</b>	hrs min.

## 9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace **Lorden Mills Ill.** (City or town) (State or foreign country)

## 12. Name **Charles C.**

## 13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

## 14. Maiden name **Christian Wychoff**

## 15. Birthplace **Ill.** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Earl Looker**

## and Address **0119-18th. St. Lewiston, Idaho**

## 17. (a) **Burial** (b) Date thereof **11/3/48** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: **Lewiston, Idaho**

## 18. Funeral Director's OWN Signature **Brower-Wann by H. Malcom**

## and Address **Lewiston, Idaho**

## 19. (a) **November 2, 1948** (b) **Phyllis Neumayer** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **047D**

## 20. DATE OF DEATH **October 31** (Month, Day, Year) **1948** at **11:20** o'clock **P.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **Feb. 1948**, to **Oct 31 1948**

I last saw her alive on **Oct 30 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

**Probable Cause of Death: metastasis**

Due to **Carcinoma of the cervix**

Due to \_\_\_\_\_

Other conditions **Central Hemorrhage, right**

(Include pregnancy within 3 months of death)

## Where was disease contracted? **Lewiston**

## Name of operation **None** Date \_\_\_\_\_

## Major finding \_\_\_\_\_

Finding of autopsy **pulmonary edema, pleural thrombosis, lungs**

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature **Ray W. Eastwood M.D.**

and Address **Lewiston, Idaho** Date **Nov 1948** (For additional space, use reverse side)

Dr. Eastwood

670

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Nez Perce } ss. Certificate No. 212  
Date Filed November 2, 1948

The undersigned does solemnly swear that certain facts on the certificate of Death

for Ellen M. Looker who died on October 31, 1948  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in St. Joseph's Hospital are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Insurance Policy prepared on Nov. 17, 1948, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)	(As on Original)	(The Correct Facts)
Age <u>64</u>		<u>63</u>

Subscribed and sworn to before me this 17  
day of November 1948  
Notary Public, residing at Idaho  
My commission expires Jan 15, 1952  
(Seal)

Signed Earl W. Looker  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)  
0119 - 18452 Lewiston, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Nez Perce } ss. [This Affidavit **MUST** Also be Executed.  
(See Chapter 129, 1937 Idaho Session Laws.) ]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17  
day of November 1948  
Notary Public, residing at Idaho  
My commission expires Jan 15, 1952  
(Seal)

Signed Lue Daugherty  
(Signature of A. Credible Person)  
1725 Main Ave Lewiston, Idaho  
(Street Address, City, State)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**NON-RESIDENT**  
**Certificate Of Death**  
STATE OF IDAHO

State File No. 3892  
Local Reg. No. 208  
Reg. Dist. No. 221

1. PLACE OF DEATH:  
(a) County NezPerce  
(b) City or town Lewiston,  
(c) Street Address or R.F.D. No. Rt #3 box 1655  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 0 years 1 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Oregon (b) County UMATILLA Co.  
(c) City or town Pendleton  
(d) Street Address or R.F.D. No. 123N 27 St.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 1 mo. years  
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Mrs. ETTIE M. ROUNSAVELL

3. (b) If veteran, No name war No  
3. (c) Social Security None  
4. Sex Female Color or White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife alive years  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) March 13, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>7</u>	<u>11</u>	hrs min.

9. Exact Occupation House Wife Did this work for years  
10. Industry or Business worked  
11. Birthplace Albany, Oregon  
(City or town) (State or foreign country)

12. Name A. R. Osborn  
13. Birthplace Wyoming  
(City or town) (State or foreign country)  
14. Maiden name Satira A. McDowell  
15. Birthplace Lane County, Ill.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mr. Stan Knutson  
and Address Lewiston, Idaho

17. (a) Removal - Burial Date thereof 10-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: LaGrande, OREGON

18. Funeral Director's OWN Signature Brower-Wann By B. H. Malcom  
and Address Lewiston, Idaho

19. (a) Oct. 15, 1948 (b) Norm Jean Ockert  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) October 14, 1948  
at 9:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 11-25 1947, to 10-14 1948

I last saw h.e.x. alive on 10-14 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: General visceral failure following cerebral hemorrhage Duration 23 days

Due to General visceral failure following cerebral hemorrhage  
Due to General visceral failure following cerebral hemorrhage  
Other conditions General visceral failure following cerebral hemorrhage  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation None Date —  
Major finding —  
Finding of autopsy Not done

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred — 19 — City, county, state where violence occurred —  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature Dr. Medicine M.D.  
(M. D. or other)  
and Address Lewiston, Idaho Date 10-14 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 3893  
Local Reg. No. 199  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occurred Inside? ----- Outside? X city or town  
(e) Died in a Home ----- Hospital ----- Institution X Other place -----  
(f) Name Hosp. or Inst. Summerville Home days  
(g) Lived in this county ----- years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 0119 -- 18St.  
(e) Deceased lived Inside? X Outside? ----- city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 75 years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME

ED THOMAS DOWELL

## 3. (b) If veteran, name war

NO

## 3. (c) Social Security No.

None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) October 2, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>00</u>	<u>12</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for ----- yrs.  
10. Industry or Business ----- Date last worked -----  
11. Birthplace John Dowell Iowa  
(City or town) (State or foreign country)

12. Name John Dowell  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Maiden name Christenia  
15. Birthplace Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Earl Lashor  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 10-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by W. H. Malcom  
and Address Lewiston, Idaho

19. (a) Oct 15, 1948 (b) Norma Jean Akert  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH (Month, Day, Year) October 14, 1948  
at 5:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1948 to Oct 13, 1948  
I last saw him alive on Oct 13, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral accident

Duration

Due to Cerebral arteriosclerosis

Due to -----

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston

Name of operation None Date -----

Major finding -----

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature W. Eastwood  
and Address Lewiston, Idaho Date Oct 14, 1948  
(For additional space, use reverse side)

Dr. Eastwood

670

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 15 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3894  
Local Reg. No. 204  
Reg. Dist. No. 221

## 1. PLACE OF DEATH: STATISTICS

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occurred Inside? ----- Outside? X city or town  
(e) Died in a Home ----- Hospital X Institution ----- Other place -----  
(f) Name Hosp. or Inst. Nelson Nursing Home Stayed ----- days  
(g) Lived in this county 48 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Waha  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? ----- Outside? X city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME

CHARLES SCOTT

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) Jan. 14, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>9</u>	<u>7</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for ----- yrs.  
10. Industry or Business ----- Date last worked -----  
11. Birthplace Healburg, Calif. (City or town) (State or foreign country)  
12. Name Sylvester (City or town) (State or foreign country)  
13. Birthplace Scott Wisc. (City or town) (State or foreign country)  
14. Maiden name Melinda Miller  
15. Birthplace N. C. (City or town) (State or foreign country)  
16. Informant's OWN Signature Mrs. Francis Peltier and Address Lewiston, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-23-48 (Month) (Day) (Year)  
(c) Place: Denver, Idaho  
18. Funeral Director's OWN Signature Brower-Wann by H. H. Malcom and Address Lewiston, Idaho  
19. (a) October 23, 1948 (Date received and filed) (b) G. Phyllis Neumeyer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 137A 132X

20. DATE OF DEATH (Month, Day, Year) October 20, 19 48  
at 2:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 10, 1944 to Oct 20, 1948.  
I last saw him alive on October 18, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Heart failure Duration 7 days  
Arteriosclerotic

Due to Hypertrophy of the Heart

Due to Diabetes

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? at home Name of operation none Date -----

Major finding Hypertrophy of the Heart Finding of autopsy Hypertrophy of the Heart Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? no  
Occurred no accident 19 ----- City, county, state where violence occurred no accident  
Place of Violence: Home no accident Industry ----- Public Place ----- While at work? -----  
Means of injury none  
23. Attendant's OWN Signature Joseph E. Bardsley, M.D. (M. D. or other) and Address Oct 22, 1948 Date 19  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

007 10 1049

# Certificate Of Death

STATE OF IDAHO

DEPARTMENT OF VITAL

State File No. 3895  
Local Reg. No. 29  
Reg. Dist. No. 530

## 1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county Life years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mary Louise Thomas Henderson

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. None

## 5. Color or

## 6. (a) Single, widowed, married,

Sex Female race Whit.

divorced Widow

6. (b) Name of husband or

6. (c) Age of husband or wife if

wife Wm Henderson

alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) July 24 1880

## 8. AGE

Years

Months

Days

If less than 1 day

68

2

11

hrs

min.

## 9. Exact

Occupation Housewife

## Did this

work for 41 yrs.

## 10. Industry or

Business Own Home

## Date last

worked Oct 5 48

## 11. Birthplace

Malad Idaho

(City or town)

(State or foreign country)

## 12. Name

David Davis Thomas

## 13. Birthplace

Vales

(City or town)

(State or foreign country)

## 14. Maiden name

Jane Lewis Roberts

## 15. Birthplace

Vales

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Ophe J. Henderson

and Address Salt Lake City Utah

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Oct 11 48

(Month) (Day) (Year)

(c) Place:

Malad Idaho

## 18. Funeral Director's

OWN Signature

J. S. S. S. S.

and Address

Malad Idaho

## 19. (a) Oct 9 1948

(Date received and filed)

(b) J. S. S. S. S.

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Last seen alive on  
(Month, Day, Year) October 5 19 48

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Strangulation by hanging

## Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation

Date

Major finding

Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? ☒ Homicide? \_\_\_\_\_

Occurred 2 Oct 5 1948 City, county, state

where violence occurred Malad, Oneida, Idaho

Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Hanging

## 23. Attendant's

OWN Signature Ophe J. Henderson

Oneida County, P. O. Box \_\_\_\_\_

and Address Malad Idaho Date Oct 9 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 2 1948

DIVISION OF VITAL

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 3896  
Local Reg. No. 2  
Reg. Dist. No. 530

## STATISTICS

### 1. PLACE OF DEATH:

- (a) County Oncida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months 8 Days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State North Dakota (b) County Richland  
(c) City or town Lidgerwood  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 8 Hrs years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Peter George Benson

3. (b) If veteran, name war W.W.1 3. (c) Social Security No. None  
5. Color or race Wht. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Benish 6. (c) Age of husband or wife if alive 49 years  
7. Date of Birth (Month, Day, Year) July 2 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>48</u>	<u>3</u>	<u>17</u>	hrs min.

9. Exact Occupation Postal Clerk Did this work for 23 yrs.  
10. Industry or Business U.S. Post Office Date last worked Oct 1 48  
11. Birthplace St. Paul Minn. (City or town) (State or foreign country)  
12. Name Oscar Benson  
13. Birthplace Minnesota (City or town) (State or foreign country)  
14. Maiden name Lena Baumann  
15. Birthplace North Dakota (City or town) (State or foreign country)

16. Informant's OWN Signature Mary E Benson and Address Lidgerwood North Dakota  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 20 48 (Month) (Day) (Year)  
(c) Place: Lidgerwood North Dakota  
18. Funeral Director's OWN Signature Ben Benson and Address Malad Idaho  
19. (a) Oct 19 1948 (Date received and filed) (b) Ben Benson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 19 19 48  
at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw h. .... alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary thrombosis  
Due to Coronary thrombosis  
Due to Coronary thrombosis  
Other conditions none  
(Indicate pregnancy within 3 months of death)

When was disease contracted? before  
Name of operation none Date none  
Major finding none  
Finding of autopsy none

Duration

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature D. H. Nickerson (M. D. or other)  
and Address Malad Date 10-19-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED NOV 16 1949  
NON-RESIDENT  
BUREAU OF THE CENSUS  
STATISTICS  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
BUREAU OF VITAL STATISTICS  
STATE OF IDAHO  
CERTIFICATE OF DEATH

3897  
State File No. ....  
Local Reg. No. 31  
Reg. Dist. No. 5-20

1. PLACE OF DEATH:  
(a) County Onida  
(b) City or town Malad  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution ..... Other place ....  
(f) Name Hosp. or Inst. Onida Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State Utah (b) County Box Elder  
(c) City or town Washakie  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) If foreign born, in U. S. .... yrs. Citizen of U. S. ? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME SHERLINE ALTHEA PABAWENA

3. (b) If veteran, name war. No 3. (c) Social Security No. No  
5. Color or 6. (a) Single, widowed, married, divorced.  
4. Sex Female race Indian  
6. (b) Name of husband or wife. 6 (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) July 22nd 1948

AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>3</u>	<u>5</u>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Malad, Idaho  
(City or town) (State or foreign country)

Father { 12. Name Ben B. Pabawena  
13. Birthplace Washakie, Utah  
(City or town) (State or foreign country)

Mother { 14. Maiden name Jessie Pocotello  
15. Birthplace Wendover Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mr Ben B Pabawena  
and Address Washakie, Wyo.

17. (a) Burial (b) Date thereof Oct. 29 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Washakie, Utah

18. Funeral Director's OWN Signature Wilford Rogers  
and Address Idaho

19. (a) Nov 5-1949 (b) J. Ben Rogers  
(Date received and filed) (Registrar's signature)

\* MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 27th 19 48  
at 11:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 27 19 48 to Oct 27 19 48  
I last saw him alive on Oct 27 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Unknown over Duration

Due to .....  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred Galard, Wyo.  
Place of Violence: Home X Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature O. H. M. M. M. (M. D. or other)  
and Address Malad Date 10-30-1948  
(For additional space, use reverse side)

United States

Department of Commerce

Bureau of the Census

FIVE

## CERTIFICATE OF DEATH

STATE OF IDAHO

1948

3898

Local Registrar's Duplicate

Local Reg. No. 51

Reg. Dist. No. 3330

## 1. PLACE OF DEATH:

- (a) County Payette  
 (b) City or town Payette  
 (c) Street Address or R. F. D. No. 537 N. 6th St.  
 (d) Death Occurred Inside? X Outside? ..... city or town  
 (e) Died in a Home X Hospital Institution Other place.....  
 (f) Name Hosp. or Inst. ----- Stayed -- days  
 (g) Lived in this county 44 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
 (c) City or town Payette  
 (d) Street Address or R. F. D. No. 537 N. 6th St.  
 (e) Deceased lived Inside? X Outside? ..... city or town  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 44 years  
 (h) Former residence (city, state) Kellogg, Idaho

## 3. (a) FULL NAME

MARY MAUD SHAMBERGER

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife W. D. Shamberger 6. (c) Age of husband or wife if alive deceased years  
 7. Date of Birth (Month, Day, Year) February 21, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>7</u>	<u>19</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 50 yrs.

10. Industry or Business Home Date last worked

11. Birthplace Lancaster, Ontario, Canada  
 (City or town) (State or foreign country)

12. Name Hugh Allen McMillan

13. Birthplace Glengarry Co., Ontario, Can.  
 (City or town) (State or foreign country)

14. Maiden name Mary McLeod

15. Birthplace Prov. of Ontario, Canada  
 (City or town) (State or foreign country)

16. Informant's OWN Signature M. W. Lunstrom

- and Address Payette, Idaho

17. (a) Burial (b) Date thereof 10/14/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Riverside Cem., Payette, Ida.

18. Funeral Director's OWN Signature Jeffrey R. Shaffer

- and Address Payette, Idaho FE-344

19. (a) 10/13/48 (b) Jeffrey R. Shaffer  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 10, 1948  
 at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1948, to October 10, 1948.  
 I last saw him alive on October 10, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Decompensation of the heartDue to Acute InsufficiencyDue to 92aOther conditions Chronic myocarditis  
 (Include pregnancy within 3 months of death) Arteriosclerosis

Where was disease contracted?

Name of operation

Major finding

Finding of autopsy

Duration

Physician

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred, 19..... City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Walter S. Kolas M.D.

and Address Payette, Idaho Date 10/12/48, 19.....

(For additional space, use reverse side)

641

RECEIVED  
OCT 12 1948  
CERTIFICATE OF DEATH  
STATE OF IDAHO

1948 3899  
Local Registrar's Duplicate  
Local Reg. No. 50  
Reg. Dist. No. 3-330

1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. 541 No. 7th St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital—Institution—Other place\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. 541 N. 7th St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Marshfield, Wisconsin

3. (a) FULL NAME NANCY ELIZABETH FENSKE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife F. W. Fenske 6. (c) Age of husband or wife if alive deceased  
7. Date of Birth (Month, Day, Year) June 21, 1862

8. AGE	Years	Months	Days	If less than 1 day
<u>86</u>	<u>3</u>	<u>20</u>	hrs. min.	

9. Exact Occupation Housewife Did this work for 50 yrs.  
10. Industry or Business Home Date last worked --  
11. Birthplace Crawford County, Wisconsin  
(City or town) (State or foreign country)  
12. Name Thomas Davis  
13. Birthplace Jennings County, Indiana  
(City or town) (State or foreign country)  
14. Maiden name Nancy Rodgers  
15. Birthplace Jennings County, Indiana  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. A. C. Fenske  
and Address Payette, Idaho

17. (a) Removal (b) Date thereof 10/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Marshfield, Wisconsin

18. Funeral Director's OWN Signature Gifford R. Shaffer  
and Address Payette, Idaho

19. (a) 10-12-48 (b) Robert E. Shaffer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH / 02X

20. DATE OF DEATH (Month, Day, Year) October 11, 1948  
at 3:00 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from July, 1942 to Oct 11, 1948  
Last saw her alive on Oct 20, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

- Cerebral Vascular Accident  
Due to hypertension  
Due to thromboly  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

8 days

- Where was disease contracted? \_\_\_\_\_ Physician \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_, 19\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature M. D.  
(M. D. or other)  
and Address Payette, Idaho Date 10/12/48  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

CERTIFICATE OF DEATH  
STATE OF IDAHO

1. PLACE OF DEATH:

(a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. 445 -2nd St.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital — Institution — Other place —  
(f) Name Hosp. or Inst. — Stayed — days  
(g) Lived in this county 13 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. 445 -2nd St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? — years  
(h) Former residence (city, state) Boise, Idaho

3. (a) FULL NAME CATHERINE LUCINDA WINDLE EBERLE

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Fred Eberle 6. (c) Age of husband or wife 90 years

7. Date of Birth (Month, Day, Year) May 22, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>4</u>	<u>25</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 60 yrs.

10. Industry or Business Home Date last worked —

11. Birthplace Union County, Ohio (City or town) (State or foreign country)

12. Name Jacob Windle

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Tryphenia Wilcox

15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Ruby Lee Decathy

and Address Payette, Idaho

17. (a) Burial (b) Date thereof 10/20/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Riverside Cemetery, Payette

18. Funeral Director's OWN Signature Gifford R. Shaffer

and Address Payette, Idaho

19. (a) Oct 19, 1948 (b) Shaffer (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH (Month, Day, Year) October 17, 1948  
at 5:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1948 to Oct 16, 1948  
I last saw her alive on Oct 16, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial failure Duration few days

Due to Coronary Occlusion Week

Due to Free hip 4 years ago

Other conditions Free hip 4 years ago

(Include pregnancy within 3 months of death)

Where was disease contracted? Physician

Name of operation — Date —

Major finding —

Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? — Homicide? —

Occurred May 1948, 19 —, City, county, state

where violence occurred Payette, Idaho

Place of Violence: Home X Farm — Industry —

Idiotic Place — While at work? —

Means of injury Fell on steps at Home

23. Attendant's OWN Signature John J. Kiser M.D.

(M. D. or other)

and Address Payette, Idaho Date 10/18/48

(For additional space, use reverse side)

RECEIVED

CERTIFICATE OF DEATH

NOV 1 1948

DIVISION OF VITAL STATE OF IDAHO

Local Registrar's Duplicate

Local Reg. No. 52

Reg. Dist. No. 8-330

3901

1. PLACE OF DEATH:

(a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. --  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home—Hospital X Institution—Other place city or town  
(f) Name Hosp. or Inst. Payette Memorial Stayed 1 days  
(g) Lived in this county 56 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. 390 - 3rd Ave. N.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 66 years  
(h) Former residence (city, state) Nebraska

3. (a) FULL NAME SARAH ADDOLINE COATES

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Daniel B. Coates 6. (c) Age of husband or wife 11/12/48 years

7. Date of Birth (Month, Day, Year) September 17, 1857

8. AGE	Years	Months	Days	If less than 1 day
<u>91</u>	<u>1</u>	<u>8</u>	<u>--</u>	<u>--</u> hrs. <u>--</u> min.

9. Exact Occupation Housewife Did this work for 66 yrs.

10. Industry or Business Home Date last worked --

11. Birthplace McLain County, Illinois (City or town) (State or foreign country)

12. Name Jacob Windle

13. Birthplace - Unknown (City or town) (State or foreign country)

14. Maiden name Tryphinia Wilcox

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Earl J. Coates and Address Payette, Idaho

17. (a) Burial (b) Date thereof 10-28-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Riverside Cem., Payette, Ida.

18. Funeral Director's OWN Signature Gifford K. Shaffer E-34423 and Address Payette, Idaho

19. (a) 10-27-48 (b) Gifford K. Shaffer (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 25, 1948  
(Month, Day, Year) at 8:40 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 17, 1948, to Oct 25, 1948.  
I last saw her alive on October 25, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Acute Pulmonary Edema  
and hemorrhagic infarction of lungs  
probably due to chronic myocarditis  
and arteriosclerosis  
Due to Senility 162b  
Other conditions. Senility  
(Include pregnancy within 3 months of death)

Duration

14 hrs.

Where was disease contracted?

Physician

Name of operation Date

Major finding

Finding of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 1948 City, county, state where violence occurred

Place of Violence: Home Farm Industry Public Place

While at work?

Means of injury

Attendant's

OWN Signature Walter S. Kotas M.D.

and Address Payette, Idaho Date 10/26/48  
(For additional space, use reverse side)

1948

3902

United States

Department of Commerce

Bureau of the Census

RECEIVED

NOV 1 1948

## CERTIFICATE OF DEATH

Bureau of the Census

STATE OF IDAHO

Local Registrar's Duplicate

Local Reg. No. 56

Reg. Dist. No. 3330

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Payette  
 (b) City or town Payette  
 (c) Street Address or R. F. D. No. 831 N. 9th St.  
 (d) Death Occurred Inside? ☒ Outside? ☐ city or town  
 (e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
 (f) Name Hosp. or Inst. -- Stayed -- days  
 (g) Lived in this county 54 years -- months -- days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 3. (a) FULL NAME CHARLES ALFRED KEELE

3. (b) If veteran, name war --- 3. (c) Social Security No. 518-16-7056

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Paulah M. Keele 6. (c) Age of husband or wife if alive 54 years

7. Date of Birth (Month, Day, Year) June 16, 1893

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <u>55</u> | <u>4</u> | <u>10</u> | hrs. min.          |

9. Exact Occupation hand Farm and stock work for 36 yrs.

10. Industry or Business Farm Date last worked 9/1/47

11. Birthplace Goeur D'Alene, Idaho  
 (City or town) (State or foreign country)

12. Name George F. Keele

13. Birthplace Missouri  
 (City or town) (State or foreign country)

14. Maiden name Lydia Ann Powell

15. Birthplace Illinois  
 (City or town) (State or foreign country)

16. Informant's ☒ OWN Signature Paulah M. Keele

- and Address Payette, Idaho

17. (a) Burial (b) Date thereof 10/29/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Riverside Cemetery, Payette, Idaho

18. Funeral Director's Giffard R. Shaffer 39

- OWN Signature Giffard R. Shaffer

- and Address Payette, Idaho

19. (a) 10-27-48 (b) Giffard R. Shaffer  
 (Date received and filed) (Registrar's signature)

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
 (c) City or town Payette  
 (d) Street Address or R. F. D. No. 831 N. 9th St.  
 (e) Deceased lived Inside? ☒ Outside? ☐ city or town  
 (f) Citizen of what country? USA  
 (g) How long had deceased lived in Idaho? 55 years  
 (h) Former residence (city, state) Born in Idaho

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 26, 1948  
 at 4:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1947, 19---, to 10/26/48, 19---  
 I last saw him alive on 10/25/48, 19---; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Carcinoma Colon about 1 yr  
 Due to ---

Due to ---  
 Other conditions ---  
 (Include pregnancy within 3 months of death)

Where was disease contracted? --- Physician ---

Name of operation --- Date ---  
 Major finding ---  
 Finding of autopsy ---  
 Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
 Occurred ---, 19--- City, county, state where violence occurred  
 Place of Violence: Home --- Farm --- Industry ---  
 Public Place --- While at work? ---

Means of injury ---  
 Attendant's ---  
 OWN Signature --- (M. D. or other)  
 and Address Payette, Idaho Date 10/27, 1948  
 (For additional space, use reverse side)

046E

387



3903

United States  
Department of Commerce  
Bureau of the Census

# CERTIFICATE OF DEATH

STATE OF IDAHO

Local Registrar's Duplicate

Local Reg. No. 52

Reg. Dist. No. 3-331

## 1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town New Plymouth  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital—Institution—Other place....  
(f) Name Hosp. or Inst. -- Stayed -- days  
(g) Lived in this county 44 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town New Plymouth  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Virginia

## 3. (a) FULL NAME

ISAAC HYLTON

## 3. (b) If veteran, -- name war. 3. (c) Social Security No. ....

5. Color or race White 6. (a) Single, widowed, married, divorced married  
4. Sex Male  
6. (b) Name of husband or wife Eliza Hylton 6. (c) Age of husband or wife if alive 74 years

7. Date of Birth (Month, Day, Year) December 20, 1874

8. AGE	Years	Months	Days	If less than 1 day
<u>73</u>	<u>9</u>	<u>19</u>		hrs. min.

9. Exact Occupation Veterinarian Did this work for 40 yrs.10. Industry or Business Veterinarian Date last worked 4/30/4811. Birthplace Floyd County, Virginia (City or town) (State or foreign country)12. Name Benjamin Hylton13. Birthplace ----- (City or town) (State or foreign country)14. Maiden name Martha Kennedy15. Birthplace ----- (City or town) (State or foreign country)16. Informant's OWN Signature Elizabeth Bashanand Address Kelso, Washington17. (a) Burial (b) Date thereof 10/13/48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Park View Cem., New Plymouth, Idaho18. Funeral Director's OWN Signature Gifford R. Shafferand Address Payette, Idaho E-34419. (a) 10/13/48

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH October 9, 1948, 19...  
(Month, Day, Year) at 12:00 o'clock noon21. I HEREBY CERTIFY, That I attended deceased from June, 1948, to Oct 6, 1948.  
I last saw him alive on Oct 6, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chronic passive congestion

## Duration

4 monthsDue to Chronic myocarditisyearsDue to Coronary diseaseOther conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

## Physician

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred....., 19..... City, county, state where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

## 23. Attendant's

OWN Signature Ronald P. Lawless

(M. D. or other)

and Address Emmett, Ida. Date 10/12/48, 19.....

(For additional space, use reverse side)

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CERTIFICATE OF DEATH  
STATE OF IDAHO

1948 3904  
Local Registrar's Duplicate  
Local Reg. No. 53  
Reg. Dist. No. 3-331

1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Fruitland  
(c) Street Address or R. F. D. No. --  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital—Institution—Other place....  
(f) Name Hosp. or Inst. --- Stayed---days  
(g) Lived in this county 8 years..... months..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Fruitland  
(d) Street Address or R. F. D. No. --  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? --- years  
(h) Former residence (city, state) Weiser, Idaho

3. (a) FULL NAME BENJAMIN JERROD LEONARD

3. (b) If veteran, name war World War I 3. (c) Social Security No. 712-07-6652

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cecilia H. Leonard 6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) June 19, 1887

8. AGE	Years	Months	Days	If less than 1 day
<u>61</u>	<u>3</u>	<u>26</u>	hrs.	min.

9. Exact Occupation Railroad agent Did this work for 30 yrs.

10. Industry or Business Railway Date last worked 10/14/48

11. Birthplace Greenville, Ohio  
(City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Cecilia H. Leonard  
and Address Fruitland, Idaho

17. (a) Burial (b) Date thereof 10/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Morris Hill, Boise, Idaho

18. Funeral Director's OWN Signature Gifford R. Shaffer  
and Address Payette, Idaho E-344

19. (a) Oct. 17, 1948 (b) Gifford R. Shaffer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 15, 1948  
(Month, Day, Year)  
at 01:00 o'clock P. M. (Estimated)

21. I HEREBY CERTIFY, That I attended deceased from birth inquiry on Oct. 15, 1948  
I last saw h..... alive on....., 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cardiac Failure  
Due to.....

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?..... Physician.....

Name of operation..... Date.....  
Major finding.....  
Finding of autopsy.....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred....., 19..... City, county, state where violence occurred.....  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury.....

23. Attendant's OWN Signature Gifford R. Shaffer, Coroner  
and Address Payette, Idaho Date Oct. 16, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

OCT 27 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

STATE OF IDAHO

State File No. 3905

Local Reg. No. 31

Reg. Dist. No. 500

## 1. PLACE OF DEATH:

- (a) County POWER  
(b) City or town AMERICAN FALLS  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. SCHILTZ Stayed \_\_\_\_\_ days  
(g) Lived in this county Over 50 years months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County POWER  
(c) City or town ROCKLAND  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? Over 50 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

BENJAMINE JOSEPH SPILLETT

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

## 4. Sex Male race White

## 6. (a) Single, widowed, married, divorced Widowed

## 6. (b) Name of husband or wife Rose Lasley

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) December 18, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>10</u>	<u>1</u>	hrs. min.

## 9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Cottonwood, Utah (City or town) (State or foreign country)

## 12. Name JAMES SPILLETT

## 13. Birthplace ENGLAND (City or town) (State or foreign country)

## 14. Maiden name JANE O. TOWERS

## 15. Birthplace ENGLAND (City or town) (State or foreign country)

## 16. Informant's OWN Signature Chen Spicett and Address \_\_\_\_\_

## 17. (a) ROCKLAND (b) Date thereof 10-22-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Rockland, Idaho

## 18. Funeral Director's OWN Signature Ar. Davis and Address American Falls, Idaho

## 19. (a) Oct 21 - 1948 (b) Bone Faling (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Oct 19, 1948 at 8:30 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from May 27, 1948 to Oct 19, 1948

I last saw him alive on Oct 19, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

myocarditis  
Due to senile decay

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature V. G. Logan MD

and Address American Falls, Idaho Date 10-19, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 27 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

State File No. 3906  
Local Reg. No. 32  
Reg. Dist. No. 500

1. PLACE OF DEATH:

- (a) County Pomer  
(b) City or town Ames Falls Idaho  
(c) Street Address or R.F.D. No. 501 Pocatello  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Schultz Home Stayed - days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Abodeen Idaho  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 5 1/2 years  
(h) Former residence (city, state)

3. (a) FULL NAME

Baby Tomlinson

157E

3. (b) If veteran,

3. (c) Social Security

name war No.

4. Sex 2 5. Color or W. 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years

7. Date of Birth  
(Month, Day, Year)

Oct 24 - 1948

8. AGE

Years Months Days If less than 1 day  
5 hrs 30 min.

9. Exact Occupation  Did this work for - yrs.  
10. Industry or Business  Date last worked -  
11. Birthplace Abodeen Idaho (City or town) (State or foreign country)

12. Name Wm Tomlinson  
13. Birthplace Utah (City or town) (State or foreign country)  
14. Maiden name Loeth Crispin  
15. Birthplace Pocatello Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Raymond M. Crispin  
and Address Abodeen Idaho

17. (a) Burial (b) Date thereof 10-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Abodeen Idaho

18. Registrar's OWN Signature Raymond M. Crispin  
and Address Abodeen Idaho

19. (a) Oct 25 - 1948 (b) Loeth Crispin  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Oct 24 - 1948  
at 11:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Oct 24 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Probably infant from milk  
Congenital

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's

OWN Signature

M. H. Crispin  
(M. D. or other)  
and Address Ames Falls Idaho Date 10/25/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 5 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 State File No. 3907  
Local Reg. No. 33  
Reg. Dist. No. 500

## 1. PLACE OF DEATH:

- (a) County POWER  
(b) City or town AMERICAN FALLS  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. SCHILTZ MEMORIAL 3 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County BINGHAM  
(c) City or town ABERDEEN  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) McMINVILLE, OREGON

## 3. (a) FULL NAME

VIRGIL DOWNS INSKEEP

## 3. (b) If veteran, name war

3. (c) Social Security No. 518-18-6360

5. Color or  
4. Sex male race white

6. (a) Single, widowed, married,  
divorced widowed

6. (b) Name of husband or wife  
Cora Moore Inskeep

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) Nov 16-1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>11</u>	<u>13</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 30 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked June 3, 1946

11. Birthplace Fort Scott, Kansas  
(City or town) (State or foreign country)

12. Name Oliver Inskeep

13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

14. Maiden name Rosie Sales

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Geo Inskeep  
and Address Aberdeen, Idaho

17. (a) Burial-Cemetery Date thereof Nov. 3, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Thomas, Idaho

18. Funeral Director's OWN Signature H. Davis

and Address American Falls, Idaho

19. (a) Nov 3 - 1948 (b) Irene Selving  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) Oct. 19 1948  
at 6:30 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 17 1948 to Oct 19 1948  
I last saw him alive on Oct 25 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Apoplexy. Duration 3 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Mr. Felt (other) \_\_\_\_\_

and Address Mr. Felt Date 11-2 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

OCT 1 8 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **3908**  
Local Reg. No. **50**  
Reg. Dist. No. **140**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Shoshone**  
(b) City or town **Wallace**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Proctor Hotel** days \_\_\_\_\_  
(g) Lived in this county **15** years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Shoshone**  
(c) City or town **Wallace**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **45** years  
(h) Former residence (city, state) **Missoula**

3. (a) FULL NAME **Alex Murray**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **519-16-2486**

5. Color or **white**  
6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **Aug 17 - 1867**

- | AGE | Years     | Months   | Days      | If less than 1 day |
|-----|-----------|----------|-----------|--------------------|
|     | <b>81</b> | <b>1</b> | <b>21</b> | hrs. min.          |

9. Exact Occupation **Stirred** Did this work for \_\_\_\_\_ yrs.

10. Industry of Business **bar-tender** Date last worked \_\_\_\_\_

11. Birthplace **Canada** (City or town) (State or foreign country)

12. Name **Duncan Murray**

13. Birthplace **West Branch, Ia** (City or town) (State or foreign country)

14. Maiden name **Catherine Anderson**

15. Birthplace **Shoshone** (City or town) (State or foreign country)

16. Informant's OWN Signature **John A. Davis** and Address **Wallace Idaho**

17. (a) **Buried** (b) Date thereof **Oct 12 - 48** (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **Wallace Idaho**

18. Funeral Director's OWN Signature **John A. Davis** and Address **Wallace Idaho**

19. (a) **Oct 9 - 48** (b) **John A. Davis** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Oct 8 - 1948** **093D 094A**

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

- I last saw him alive on **Oct 8 - 1948** death is said to have occurred on the date and hour stated above

- Immediate Cause of Death **Myocardial Infarction** Duration **17 1/2**

- Due to **Coronary Artery Disease**

- Due to **Myocardial Infarction**

- Other conditions **Arteriosclerosis** (Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_

- Major finding \_\_\_\_\_

- Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

- Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury **Heart**

23. Attendant's OWN Signature **John A. Davis** (If not other) and Address **Wallace Idaho** (For additional space, use reverse side)

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1046

State File No. 3909  
Local Reg. No. 52  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Wallace Hosp. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived in Idaho Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Barbra Dianna Tattler

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or \_\_\_\_\_  
6. Sex F race W

6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Oct 9 - 48

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Wallace Id  
(City or town) (State or foreign country)

12. Name C. D. Tattler

13. Birthplace Canada  
(City or town) (State or foreign country)

14. Maiden name Barbra Louise

15. Birthplace Wausau Wis  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. M. Bower  
and Address Wallace Id

17. (a) Burial (b) Date thereof Oct 10 - 48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Wallace Id

18. Funeral Director's OWN Signature J. M. Bower  
and Address Wallace Id

19. (a) Oct - 11 - 48 (b) J. M. Bower  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct - 10 - 1948 19\_\_\_\_  
at \_\_\_\_\_ o'clock 4 M.

21. I HEREBY CERTIFY, That I attended deceased from 10-9-48 1948 to 10-10-48 1948.

I last saw her alive on 10-10-48 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Failure Duration 12 hrs.

Due to Coronary Heart Disease

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Levin B. Hunter  
(M. D. or other)

and Wallace Id Date 10-16-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 18 1948

# Certificate of Death

1948

State File No. 3910

Local Reg. No. 60

Reg. Dist. No. 140

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Shoshone Stayed 3 days  
(g) Lived in this county 22 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME

Florence Margaret Cooper

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Sept 22 - 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>0</u>	<u>23</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Home Date last worked \_\_\_\_\_

11. Birthplace (City or town) Russ (State or foreign country) \_\_\_\_\_

12. Name New York

13. Birthplace (City or town) New York (State or foreign country) \_\_\_\_\_

14. Maiden name DeWitt

15. Birthplace (City or town) New York (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature U.B. Cooper

and Address Wallace Idaho

17. (a) Burial (b) Date thereof 10-16-48 (Month) (Day) (Year)

(c) Place Wallace Idaho

18. Funeral Director's OWN Signature J. M. Smith

and Address Wallace Idaho

19. (a) Nov 7-48 (b) James B. Smith (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Oct. 14 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1948 to \_\_\_\_\_ 1948

I last saw him alive on \_\_\_\_\_ 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other condition \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operating physician \_\_\_\_\_

Major findings \_\_\_\_\_

Findings of \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature U.B. Cooper

and Address Wallace Idaho (Date received and filed) (Registrar's signature)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 12 1948

DIVISION OF VITAL

Certificate Of Death

STATE OF IDAHO

State File No. 3911  
Local Reg. No. 52  
Reg. Dist. No. 142

1. PLACE OF DEATH: *Shoshone*  
(a) County *Shoshone*  
(b) City or town *Kellogg*  
(c) Street Address or R. F. D. No. *100*  
(d) Death Occured Inside? *X* Outside? *city or town*  
(e) Died in a Home *X* Hospital *X* Institution *Other place*  
(f) Name Hosp. or Inst. *Shoshone* Stayed *14* days  
(g) Lived in this county *7* years *9* months *14* days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State *Idaho* (b) County *Shoshone*  
(c) City or town *—*  
(d) Street Address or R.F.D. No. *100*  
(e) Deceased lived Inside? *Outside? X* city or town  
(f) Citizen of what country? *U.S.*  
(g) How long had deceased lived in Idaho? *19* years  
(h) Former residence (city, state) *—*

3. (a) FULL NAME *John Burmeister*

3. (b) If veteran, name war *—* No. *—*  
5. Color or race *W*  
6. (a) Single, widowed, married, divorced *married*  
6. (b) Name of husband or wife *Cheryl J.* 6. (c) Age of husband or wife if alive *57* years  
7. Date of Birth (Month, Day, Year) *June 27, 1882*  
8. AGE  
Years *66* Months *3* Days *17* If less than 1 day hrs min.

MEDICAL CERTIFICATE OF DEATH 092B  
20. DATE OF DEATH (Month, Day, Year) *10/15/48* 19*48*  
at *8* o'clock *P*.M.

21. I HEREBY CERTIFY, That I attended deceased from *Sept 28* 19*48*, to *Oct 15* 19*48*.  
I last saw him alive on *Oct 14*, 19*48*; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: *Myocardial failure*  
*Mitral heart disease*  
Due to *—* Duration *2 wks*  
*3 yrs.*

Due to *—*  
Other conditions *diabetes mellitus* *6 mo.*  
(Include pregnancy within 3 months of death)

Where was disease contracted? *Kellogg*  
Name of operation *none* Date *—*  
Major finding *—*  
Finding of autopsy *—*  
PHYSICIAN Underline the cause to which death should be charged statistically.

9. Exact Occupation *Farmer & Dairyman* Did this *17* yrs.  
10. Industry or Business *Farming & Dairy* Date last worked *1947*  
11. Birthplace *Chilton, Iowa* (City or town) (State or foreign country)  
12. Name *John Burmeister*  
13. Birthplace *no record* (City or town) (State or foreign country)  
14. Maiden name *no record*  
15. Birthplace *no record* (City or town) (State or foreign country)  
16. Informant's OWN Signature *Maureen Burmeister* and Address *Kellogg, Idaho*  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof *10/17/48* (Month) (Day) (Year)  
(c) Place: *Kellogg, Idaho*  
18. Funeral Director's OWN Signature *Walter M. Plade* and Address *Kellogg, Idaho*  
19. (a) *10/24/48* (Date received and filed) (b) *John Plade* (Registrar's signature)

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *—* Suicide? *—* Homicide? *—*  
Occurred *19* City, county, state where violence occurred *—*  
Place of Violence: Home *—* Farm *—* Industry *—*  
Public Place *—* While at work? *—*  
Means of injury *—*  
23. Attendant's OWN Signature *Maureen McCaffrey* (M. D. or other) and Address *Kellogg, Idaho* Date *Oct 15 1948*  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
OCT 25 1948  
DIVISION OF VITAL  
Certificate Of Death  
STATE OF IDAHO

3912  
State File No. 9048  
Local Reg. No. 51  
Reg. Dist. No. 142

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Malheur  
(c) Street Address or R.F.D. No. Malheur  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. Wardner Stayed 3 days  
(g) Lived in this county    years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Cataldo  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state)

3. (a) FULL NAME

Lewis W Butler

052B

3. (b) If veteran,

name war   

3. (c) Social Security

No.   

5. Color or race W  
4. Sex M

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Married

6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) December 24, 1871

8. AGE

Years	Months	Days	If less than 1 day
76	9	21	hrs min.

9. Exact

Occupation Justice of Peace Did this work for 43 yrs.

10. Industry or Business

Lum Date last worked 1948

11. Birthplace

Winnipeg, Ontario, Canada (City or town) (State or foreign country)

12. Name

Norman Butler

13. Birthplace

Canada (City or town) (State or foreign country)

14. Maiden name

Angeline Hadduck

15. Birthplace

Canada (City or town) (State or foreign country)

16. Informant's

OWN Signature Mrs. Bernadine Miller

and Address Cataldo, Idaho

17. (a) Burial (b) Date thereof 10/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Catholic Church

18. Funeral Director's

OWN Signature Frank M. White

and Address Malheur, Idaho

19. (a) 10/18/48 (b) Malheur, Idaho  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 132X

20. DATE OF DEATH

(Month, Day, Year) 10/15/48 19 48  
at 9 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from

Nov 1948 to 15 Oct 1948

I last saw h. live on 15 Oct 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebral

Duration

2 days

Due to

Chronic of bladder

6 mos

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Kelley

Name of operation Mars Date   

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state

where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place    While at work   

Means of injury

23. Attendant's

OWN Signature Frank M. White (M. D. or other)

and Address Malheur, Idaho Date 18 Oct 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

NOV 5 1948

# Certificate of Death

VISION OF VITAL

STATE OF IDAHO

State File No. 3913  
Local Reg. No. 55  
Reg. Dist. No. 170

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. 2  
(d) Death Occurred Inside? ✓ Outside?    city or town     
(e) Died in a Home    Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 28 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside?    Outside?    city or town     
(f) Citizen of what country?     
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Mo

## 3. (a) FULL NAME

Theodore William Zamboni

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

511-03-2259

## 4. Sex Male 5. Color or race W

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Marjorie

## 6. (c) Age of husband or wife if alive 62 years

## 7. Date of birth (Month, Day, Year) March 23 - 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>6</u>	<u>27</u>	hrs. min.

## 9. Exact Occupation Mine Did this work for    yrs.

## 10. Industry Business Machinist Date last worked

## 11. Birthplace St Louis Mo (City or town) (State of foreign country)

## 12. Name Zamboni (City or town) (State of foreign country)

## 13. Birthplace Spokane Wash (City or town) (State of foreign country)

## 14. Maiden name Marjorie Zamboni (City or town) (State of foreign country)

## 15. Birthplace St Louis Mo (City or town) (State of foreign country)

## 16. Informant's OWN Signature Theresa Zamboni and Address Wallace Idaho

## 17. (a) Interment (b) Date thereof Oct 25-48 (c) Place Spokane Wash (Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature John A. Brown and Address Wallace Idaho

## 19. (a) Oct 22-48 (b) John A. Brown (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Oct 30 1948

## at 7:30 o'clock    M. 9:28:45

## 21. I HEREBY CERTIFY, That I attended deceased from 9:28:45 to 10:20:45 19 48

I last saw him alive on 10-18-48 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Acute Myocardial Failure Instant

Due to Myocardial E Bundle  
Due to Branch Block

Other conditions     
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation    Date     
Major finding   

## Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state     
where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

## Means of injury

## 23. Attendant's OWN Signature H. E. Bonebrake (M. D. or other)

and Address Wallace Idaho Date 10-23-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 5 1948

# Certificate of Death

State File No. 3914

Local Reg. No. 59

Reg. Dist. No. 140

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Wallace Stayed 240 days  
(g) Lived in this county 26 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Mullan  
(d) Street Address or R.F.D. No. 196 Mulwood  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) Colorado

## 3. (a) FULL NAME

William Henry Pruter

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna

6. (c) Age of husband or wife if alive 58 years

7. Date of Birth  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>			hrs. min.

9. Exact Occupation Mining Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Federal Mining Co. Date last worked \_\_\_\_\_

11. Birthplace Waverly, Iowa  
(City or town) (State or foreign country)

Father { 12. Name Paul Pruter

13. Birthplace Germany  
(City or town) (State or foreign country)

Mother { 14. Maiden name Mary Harman

15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. W. H. Pruter  
and Address Mullan Idaho

17. (a) Burial (b) Date thereof Oct 24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mullan Idaho

18. Funeral Director's OWN Signature John A. Brown  
and Address Wallace Idaho

19. (a) Oct 23-48 (b) John A. Brown  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Oct 22 1948  
at 8:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

9-30-48 1948 to 10-22-48 1948  
I last saw him alive on 10-22-48 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hemorrhage, Cerebral Duration 9-30-48

Due to Arteriosclerosis and Hypertension 5 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John B. Hunter  
Wallace, Idaho (M. D. or \_\_\_\_\_)  
Date 10-23-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3915  
Local Reg. No. 53  
Reg. Dist. No. 142

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Albany  
(c) Street Address or R. F. D. No. Madison  
(d) Death Occured Inside? ? Outside? ? city or town  
(e) Died in a Home ? Hospital ? Institution ? Other place ?  
(f) Name Hosp. or Inst. Madison Stayed 5 days  
(g) Lived in this county ? years ? months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Butte  
(c) City or town Madison  
(d) Street Address or R.F.D. No. Madison  
(e) Deceased lived Inside? ? Outside? ? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) ?

## 3. (a) FULL NAME

Melissa Moe

## 3. (b) If veteran,

name war ?

## 3. (c) Social Security

No. ?

4. Sex F Color or race W

5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph

6. (c) Age of husband or wife if alive ? years

7. Date of Birth (Month, Day, Year) September 18, 1872

## 8. AGE

Years 76 Months 1 Days 6 If less than 1 day hrs min.

9. Exact Occupation Home Did this work for 58 yrs.

10. Industry or Business Home Date last worked 1948

11. Birthplace Green Bay Wisconsin (City or town) (State or foreign country)

12. Name Sever, Sandra

13. Birthplace Sweden (City or town) (State or foreign country)

14. Maiden name Sweden

15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Walter J. Thompson

- and Address Madison Idaho

17. (a) Removal (b) Date thereof 10/26/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Madison Idaho

18. Funeral Director's OWN Signature Raymond Gladys

- and Address Albany Idaho

19. (a) 10/26/48 (b) Joe Jones (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 10/24/48 19 48  
at 1205 o'clock 4 M.

21. I HEREBY CERTIFY, That I attended deceased from 19 October 1948, to October 24 1948

I last saw her alive on October 23, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Valvulus of ileum Duration 6 days

Due to Additive omental band

Due to None

Other conditions None (Include pregnancy within 3 months of death)

Where was disease contracted? Meadowmont

Name of operation None Date ?

Major finding Valvulus

Finding of autopsy Valvulus

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ? Suicide? ? Homicide? ?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home ? Farm ? Industry ?

Public Place ? While at work? ?

Means of injury ?

23. Attendant's OWN Signature Orland B. Scott MD

and Address Kelllogg Idaho (M. D. or other)

Date 24 Oct 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **3916**  
Local Reg. No. **51**  
Reg. Dist. No. **141**

1. PLACE OF DEATH: *Rhodes*  
(a) County *Mullan*  
(b) City or town *Mullan*  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county *42* years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in this)  
(a) State *Idaho* (b) County *Rhodes*  
(c) City or town *Mullan*  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? *42* years  
(h) Former residence (city, state) *Sweden*

3. (a) FULL NAME *Christina Becklund*

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex *W* 5. Color or race *W*  
6. (b) Name of husband or wife *Wito* 6. (c) Age of husband or wife if alive *76* years

7. Date of Birth (Month, Day, Year) *Sept-11-1872*

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <i>76</i> | <i>0</i> | <i>16</i> | hrs. min.          |

9. Exact Occupation *At Home* Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace *Sweden* (City or town) (State or foreign country)

- Father { 12. Name *Erick Olson*

13. Birthplace *Sweden* (City or town) (State or foreign country)

- Mother { 14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature *Hansen Becklund*

- and Address *Mullan 2d St*

17. (a) *Buried* (b) Date thereof *Sept 29-48*  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place *Mullan 2d St*

18. Funeral Director's OWN Signature *Walter Bower*

- and Address *Walter Bower*

19. (a) *Sept 29-48* (b) *Walter Bower*  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *Sept 27 1948*  
at *6:00* o'clock *A* M.

21. I HEREBY CERTIFY That I attended deceased from *Sept 27 1948* to *Sept 27 1948*  
I last saw him alive on *Sept 26 1948*  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Angina Pectoris* Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature *F W Rolf*  
and Address *Mullan 2d St* Date *Oct 18 1948*  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 11 1948

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3917  
Local Reg. No. 141  
Reg. Dist. No. 141

1. PLACE OF DEATH, *Shoshone*  
(a) County *Blaine*  
(b) City or town *Richard*  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years *2* months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State *Wash.* (b) County \_\_\_\_\_  
(c) City or town *Ephrata*  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? *2 Mo.* years \_\_\_\_\_  
(h) Former residence (city, state) *Wash.*

3. (a) FULL NAME *Adolph Lee Bohlender*  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. *338-05-5818*  
4. Sex *Male* 5. Color or race *White*  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) *Nov-27-1884*  
8. AGE  
Years *63* Months *10* Days *25* If less than 1 day hrs. min.

9. Exact Occupation *Laborer* Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace *Idaho* (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

- Father { 12. Name *John Bohlender*  
13. Birthplace *Russia* (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
Mother { 14. Maiden name *Barbara Raff*  
15. Birthplace *Russia* (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature *William I Bohlender*  
and Address *Olympia Wash.*

17. (a) Removal (Burial, cremation, or removal) *Removal* (b) Date thereof *Oct 5-48* (Month) (Day) (Year)  
(c) Place *Tacoma Wash.*

18. Funeral Director's OWN Signature *John A Bury*  
and Address *Wallace Idaho*

19. (a) *Oct 4-48* (Date received and filed) (b) *John A Bury* (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *Oct-2* 19*48*  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death *arteriosclerotic heart disease* Duration \_\_\_\_\_  
Due to *coronary artery*  
Due to *hypertension*  
Other conditions *left side thick*  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of *gun*  
23. Attendant's OWN Signature *W. H. Mowere* (M. D. or other) \_\_\_\_\_  
and Address *Wallace Idaho* Date *Oct 5 1948*  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 3918  
Local Reg. No. 48  
Reg. Dist. No. 141

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Shoshone  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. Shoshone Stayed 20 mo.  
(g) Lived in this county 40 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Fred Faus

083A

## 3. (b) If veteran,

name war None

## 3. (c) Social Security

No. 518-10-2108

## 4. Sex M race W

5. Color or

## 6. (a) Single, widowed, married,

divorced Single

## 6. (b) Name of husband or

wife .....

## 6. (c) Age of husband or wife if

alive ..... years

## 7. Date of Birth

(Month, Day, Year) January 1, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>9</u>	<u>3</u>	hrs min.

## 9. Exact

Occupation Janitor

## Did this

work for 10 yrs.

## 10. Industry

Business Auto parts

## Date last

worked 1947

## 11. Birthplace

Shenandoah, Germany

(City or town) (State or foreign country)

## 12. Name

No Record

## 13. Birthplace

No Record

(City or town) (State or foreign country)

## 14. Maiden name

No Record

## 15. Birthplace

No Record

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature County Record

and Address Shoshone County

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 10/16/48

(c) Place: Kellogg Idaho

## 18. Funeral Director's

OWN Signature Paul M. Shad

and Address Kellogg Idaho

## 19. (a) Oct 6 - 48

(Date received and filed)

(b) [Signature]

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Oct 4 1948

at 8 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

2/6 1948 to Oct 1 1948

I last saw him alive on Oct 1 1948; death is

said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Senile Apoplexy

## Duration

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

Date .....

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? .....

Suicide? .....

Homicide? .....

Occurred ..... 19..... City, county, state

where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work? .....

## Means of injury

## 23. Attendant's

OWN Signature F. W. Rolf, M.D.

and Address Mullan, Idaho Date Oct 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 18 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 3919

Local Reg. No. 49

Reg. Dist. No. 141

1. PLACE OF DEATH: **STATISTICS**
- (a) County Shoshone  
(b) City or town Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Maney Lee Kintner

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 3 - 1947

8. AGE	Years	Months	Days	If less than 1 day
	1	4	3	hrs. min.

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Kellogg Idaho (City or town) (State or foreign country)

Father { 12. Name Thomas Kintner

13. Birthplace Idaho Ore (City or town) (State or foreign country)

Mother { 14. Maiden name Evelyn Crossen

15. Birthplace Idaho Ore (City or town) (State or foreign country)

16. Informant's OWN Signature Headline Kintner

and Address Burser Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9-48 (Month) (Day) (Year)

(c) Place Waller Idaho

18. Funeral Director's OWN Signature John A. Dyer

and Address Waller Idaho

19. (a) Oct 8-48 (Date received and filed) (b) John Dyer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 6 1948

at 2:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him \_\_\_\_\_ days or \_\_\_\_\_ weeks before death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature \_\_\_\_\_ (M. D. or other)

and Address \_\_\_\_\_ Date \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **3920**  
Local Reg. No. **53**  
Reg. Dist. No. **141**

## 1. PLACE OF DEATH:

- (a) County **Shoshone**  
(b) City or town **Sublet**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Capt. Trap** Stayed \_\_\_\_\_ days  
(g) Lived in this county **20** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Shoshone** (b) County **Shoshone**  
(c) City or town **Mullan**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? **20** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**Oscar Rydeen**

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex **Male** Color **White**

## 6. (a) Single, widowed, married, divorced **Single**

## 6. (b) Name of husband or wife \_\_\_\_\_

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

## 8. AGE

**67**

Months

Days

If less than 1 day

hrs min.

## 9. Exact Occupation **Book**

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_

Date last worked \_\_\_\_\_

## 11. Birthplace \_\_\_\_\_

(City or town)

(State or foreign country)

## 12. Name **Not Known**

## 13. Birthplace \_\_\_\_\_

(City or town)

(State or foreign country)

## 14. Maiden name \_\_\_\_\_

## 15. Birthplace \_\_\_\_\_

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature **John Bower Hosp. Regd.**

and Address **Wallace St.**

## 17. (a) **Buried** (b) Date thereof **Oct 20 - 48**

(Burial, cremation, or removal)

(Month) (Day) (Year)

## (c) Place: **Wallace St.**

## 18. Funeral Director's OWN Signature **John Bower**

and Address **Wallace St.**

## 19. (a) **Oct 18 - 48** (b) **John Bower**

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **Oct 15** 19**48**

at **2** o'clock **P**. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**Oct 15** 19**48** to **Oct 15** 19**48**

I last saw him alive on **Oct 15** 19**48**; death is

said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral aneurysm of basilar artery**

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature **F. W. Ralfe**

and Address **Mullan, Idaho** Date **Oct 18** 19**48**

(M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **3921**  
Local Reg. No. **56**  
Reg. Dist. No. **141**

1. PLACE OF DEATH: *Choshone*  
(a) County *Choshone*  
(b) City or town *Osburn*  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county *9* years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State *Idaho* (b) County *Choshone*  
(c) City or town *Osburn*  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? *9*  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) *Calisto Idaho*

3. (a) FULL NAME *Esther Susan Gurney*  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex *W.* race *W.*  
5. Color of \_\_\_\_\_  
6. (a) Single, ~~widowed~~, married, divorced *married*  
(b) Name of husband or wife *Marion* 6. (c) Age of husband or wife if alive *34* years

7. Date of Birth (Month, Day, Year) *April 12 - 1903*

8. AGE	Years	Months	Days	If less than 1 day
	<i>45</i>	<i>6</i>	<i>10</i>	hrs. min.

9. Exact Occupation *at home* Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace *Flora Ore* (City or town) (State or foreign country)

12. Name *Arlanda G. Gower*

13. Birthplace *Rushville Ind.* (City or town) (State or foreign country)

14. Maiden name *Margaret Gower*

15. Birthplace *Flora Ore* (City or town) (State or foreign country)

16. Informant's OWN Signature *Ray Gower* and Address \_\_\_\_\_

17. (a) *Buried* (b) Date thereof *Oct 27 - 48* (c) Place *Osburn Idaho*  
(Burial, cremation or removal) (Month) (Day) (Year)

18. Funeral Director's OWN Signature *John A. Bower* and Address *Waltham Idaho*

19. (a) *Oct 23 - 48* (b) *John A. Bower*  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *Oct - 22 - 48* at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_  
I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Carcinoma of the Breast*

Due to *breast cancer*

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature *John A. Bower* and Address *Waltham Idaho*  
(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

NOV 5 1948 **Certificate Of Death**

DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948 State File No. **3922**  
Local Reg. No. **57**  
Reg. Dist. No. **441**

**1. PLACE OF DEATH**

- (a) County Shoshone  
(b) City or town Arbon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Outside? city or town \_\_\_\_\_  
(e) Died in a Home Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Crook Stayed \_\_\_\_\_ days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Shoshone  
(c) City or town Arbon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho 45 years  
(h) Former residence (city, state) Idaho

**3. (a) FULL NAME**

James E. Dunne

**3. (b) If veteran,**  
name war \_\_\_\_\_

**3. (c) Social Security**  
No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years

**7. Date of Birth**  
(Month, Day, Year) 2/7/1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>8</u>	<u>17</u>	hrs min.

**9. Exact Occupation** Retired Did this work for \_\_\_\_\_ yrs.

**10. Industry or Business** None Date last worked \_\_\_\_\_

**11. Birthplace** \_\_\_\_\_ (City or town) (State or foreign country)

**12. Name** Wm. K. Kason

**13. Birthplace** \_\_\_\_\_ (City or town) (State or foreign country)

**14. Maiden name** \_\_\_\_\_

**15. Birthplace** \_\_\_\_\_ (City or town) (State or foreign country)

**16. Informant's OWN Signature** John A. Burr Wallace J. M.  
and Address \_\_\_\_\_

**17. (a)** Burial (b) Date thereof Oct 24 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

**18. Funeral Director's OWN Signature** John A. Burr  
and Address Wallace J. M.

**19. (a)** Oct. 28 - 48 (b) John A. Burr  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH**  
(Month, Day, Year) 10/24 1948  
at 10:30 o'clock A M.

**21. I HEREBY CERTIFY**, That I attended deceased from May 27 1947 to Oct 24 1948.  
I last saw him alive on Oct 23 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Pulmonary TB Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

**22. If death was due to EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

**23. Attendant's OWN Signature** F. W. Relys M.D.

and Address Mullan Ida Date Oct 24 1948  
(For additional space, use reverse side)

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## Certificate of Death

State File No. 3923

Local Reg. No. 54

Reg. Dist. No. 1

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Shoshone  
 (b) City or town Barre  
 (c) Street Address or R.F.D. No. \_\_\_\_\_  
 (d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
 (e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
 (g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
 (c) City or town Barre  
 (d) Street Address or R.F.D. No. \_\_\_\_\_  
 (e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
 (f) Citizen of what country? \_\_\_\_\_  
 (g) How long had deceased lived in Idaho? 2 years  
 (h) Former residence (city, state) New Mexico

## 3. (a) FULL NAME

Mamie Virginia

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5270033601

4. Sex male 5. Color of white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Apr 15 - 1910

## 8. AGE

Years	Months	Days	If less than 1 day
<u>48</u>	<u>1</u>	<u>10</u>	hrs. min.

9. Exact Occupation miner Did this work for \_\_\_\_\_ yrs.  
 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Barre, New Mexico  
 (City or town) (State or foreign country)

12. Name Not Known

13. Birthplace \_\_\_\_\_  
 (City or town) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
 (City or town) (State or foreign country)

16. Informant's OWN Signature Paul Brown Mine Inspector  
 and Address Barre, Idaho

17. (a) Barre, New Mexico (b) Date thereof Oct 29 - 48  
 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place \_\_\_\_\_

18. Funeral Director's OWN Signature Paul Brown  
 and Address Barre, Idaho

19. (a) Oct 27 - 48 (b) \_\_\_\_\_  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Oct 25 1948  
 at \_\_\_\_\_ o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident \_\_\_\_\_ Suicide \_\_\_\_\_ Homicide \_\_\_\_\_

Occurred Oct 25, 1948 City, county, state Barre, Shoshone, Idaho

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Paul Brown  
 and Address Barre, Idaho  
 (For additional space, use reverse side)PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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State File No.

Local Reg. No.

Reg. Dist. No.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OFFICE OF VITAL

STATE OF IDAHO

# Certificate of Death

## 1. PLACE OF DEATH:

- (a) County Boone  
(b) City or town Burke  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in the)

- (a) State Idaho (b) County Boone  
(c) City or town Burke  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Month

## 3. (a) FULL NAME

Clarence Fred Sherman

## 3. (b) If veteran, name war

3 (c) Social Security No. 503-01-4005

## 4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Lillian

6. (c) Age of husband or wife if alive 54 years

## 7. Date of Birth

(Month, Day, Year) May-17-1900

## 8. AGE

Years	Months	Days	If less than 1 day
<u>48</u>	<u>5</u>	<u>9</u>	hrs. min.

## 9. Exact Occupation

Miner Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Armour Work Date last worked \_\_\_\_\_

## 11. Birthplace

(City or town) Frank Sherman (State or foreign country) \_\_\_\_\_

## 12. Name

Frank Sherman

## 13. Birthplace

(City or town) Boone (State or foreign country) \_\_\_\_\_

## 14. Maiden name

Roscoe Beck

## 15. Birthplace

(City or town) Boone (State or foreign country) \_\_\_\_\_

## 16. Informant's OWN Signature

Mrs Lillian Sherman

## and Address

1003 Silver Bow Home Bldg

## 17. (a) Married

(b) Date thereof Oct 30-48  
(Burial, cremation, or removal) \_\_\_\_\_ (Month) (Day) (Year)

## (c) Place

Walton 2d St.

## 18. Funeral Director's OWN Signature

John Brown

## and Address

Walton 2d St.

## 19. (a) Oct 27-48

(b) John Brown  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

Oct 26 1948

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

Adrenal people report failure as

Due to heart disease

Due to heart disease

Other conditions

(Include pregnancy within 8 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

W. A. Kowere Corboy

W. A. Kowere Corboy

W. A. Kowere Corboy

W. A. Kowere Corboy

W. A. Kowere Corboy

W. A. Kowere Corboy

W. A. Kowere Corboy

W. A. Kowere Corboy

W. A. Kowere Corboy

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

State File No. 3925  
Local Reg. No. 19  
Reg. Dist. No. 620

1. PLACE OF DEATH:

- (a) County Teton  
(b) City or town Driggs  
(c) Street Address or R.F.D. No. X  
(d) Death Occured Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 22 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Teton  
(c) City or town Driggs  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

3. (a) FULL NAME

LESTER HYRUM FISHER

3. (b) If veteran,

name war       

3. (c) Social Security

No.       

5. Color or        6. (a) Single, widowed, married,  
4. Sex Male race White divorced Married  
6. (b) Name of husband or wife Elizabeth Seymour alive 39 years  
7. Date of Birth (Month, Day, Year) November 20, 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u>45</u>	<u>11</u>	<u>10</u>	hrs min.

9. Exact Occupation warehouse foreman work for 5 yrs. Did this  
10. Industry or Business Potato Co. Date last worked 10-30-48  
11. Birthplace Annis, Idaho (City or town) (State or foreign country)

12. Name Hyrum James Fisher  
13. Birthplace Annis, Idaho (City or town) (State or foreign country)  
14. Maiden name Arthmesia Clark  
15. Birthplace Annis, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Gordon M Jensen  
and Address Driggs, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-48 (Month) (Day) (Year)  
(c) Place: Annis, Idaho

18. Funeral Director's OWN Signature M.D. Hansen  
and Address St. Anthony, Idaho

19. (a) 11-3-48 (Date received and filed) (b) Ethel Fackrell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 30, 1948  
at 6:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from never 19        to Oct 20 19 48.  
I last saw him alive on Oct 20 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: gunshot wound thru chest Duration         
Due to accidental

Due to         
Other conditions        (Include pregnancy within 3 months of death)

Where was disease contracted?        Date        PHYSICIAN         
Name of operation        Major finding        Underline the cause to which death should be charged statistically.  
Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? no Homicide? no  
Occurred October 30, 1948 City, county, state Teton  
Place of Violence: Home X Farm X Industry         
Public Place        While at work?         
Means of injury shot while hunting  
23. Attendant's OWN Signature Gordon M Jensen (M.D. or other) MD  
and Address Driggs, Idaho Date 11-3-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OCT 2 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 3926  
Local Reg. No. 553  
Reg. Dist. No. 460

## 1. PLACE OF DEATH: STATISTICS

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. T.F. Co. Hosp.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. T.F. Co. Hosp. Stayed 28 days  
(g) Lived in this county 7 years 7 months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 211 6th Ave East  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? 23  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) 046 D

## 3. (a) FULL NAME HYSMITH, John M.

3. (b) If veteran, name war None 3. (c) Social Security No. 544-010 8278  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Rachel 6. (c) Age of husband or wife if alive 54 years  
7. Date of Birth (Month, Day, Year) August 16th, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>1</u>	<u>15</u>	hrs min.

9. Exact Occupation Saddle maker Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Oklahoma (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Rachel L. Hysmith  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 10/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park Cem.

18. Funeral Director's OWN Signature Augusta F. Hysmith  
and Address White Mortuary, Twin Falls, Idaho

19. (a) October 6, 1948 (b) Helen L. Colley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 1, 1948 19 48  
at 1:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 19 46, to Oct. 1, 19 48  
I last saw him alive on Sept. 30, 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma Rectum Duration 4 mo.

Due to         
Due to         
Other conditions Hypertension 1/2 yrs.  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation Celestomy Date 27  
Major finding Carcinoma Rectum  
Finding of autopsy Carcinoma Rectum

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature Charles B. Beymer, MD  
and Address Twin Falls, Idaho Date 10/2 48  
(For additional space, use reverse side)



United States  
Department of Commerce  
Bureau of the Census

## ***Certificate Of Death***

STATE OF IDAHO

1. PLACE OF DEATH: SON OF VITAL

(a) County Twin Falls

(b) City or town Twin Falls

(c) Street Address or R. F. D. No. Home

(d) Death Occurred Inside? XX Outside man city or town

(e) Died in a Home Hospital Institution Other place

(f) Name Hosp. or Inst. T. F. Co. Hosp Stayed 10 days

(g) Lived in this county 6 years 6 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)  
 (a) State. Idaho (b) County. Twin Falls  
 (c) City or town. Twin Falls  
 (d) Street Address or R.F.D. No. Rural Route  
 (e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
 (f) Citizen of what country? \_\_\_\_\_  
 (g) How long had deceased lived in Idaho? 6ms year  
 (h) Former residence (city, state) Emporia, Kansas

3. (a) **FULL NAME** BISHOP, Mrs. Mattie Branson

3. (b) If veteran, name war None 3. (c) Social Security No. None  
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Cary A. Bishop 6. (c) Age of husband or wife if alive deceased years  
 7. Date of Birth (Month, Day, Year) January 11, 1871

	Years	Months	Days	If less than 1 day
8. AGE	77	8	23	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Lyon County, Kansas  
(City or town) (State or foreign country)

{12. Name Jesse Branson  
 {13. Birthplace Unknown  
 (City or town) (State or foreign country)  
 {14. Maiden name Elvirah Ogden  
 {15. Birthplace Unknown  
 (City or town) (State or foreign country)

16. Informant's  
OWN Signature Hazel Bishop Gree  
and Address Twin Falls, Idaho

17. (a) **Removal** (b) Date thereof **10/6/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Emporia, Kansas**

18. Funeral Director's  
OWN Signature W. H. Willis  
and Address White Mortuary-Twin Falls,

19. (a) October 6, 1948 Helen L. Golay  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) October 4th, 19 48  
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to Oct. 4, 1948

I last saw her alive on Oct. 4, 1 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: <u>Respiratory Failure</u>	Duration 48 hrs
---	--------------------

Due to Hypostatic Pneumonia	.72 hrs
-----------------------------	---------

.....Cerebral Hemorrhage.....10days

Due to \_\_\_\_\_  
Other conditions Arteriosclerosis years  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding ..... the cause to which death

Finding of autopsy None.....

**22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....**

Occurred..... 19..... City, county, state

where violence occurred .....

Place of Violence: Home.....Farm.....Industry.....

Public Place..... While at work?.....

23. Attendant's  
Signature *John J. Decham md*

Signature Twin Falls, Idaho (M. D. or other) 1975 48

Address Twin Falls, Ida Date 10/5 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 1236 Main St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 12 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 1236 Main St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state)

3. (a) FULL NAME Ellis, John W.

3. (b) If veteran, name war None  
3. (c) Social Security No. 519-14-064  
5. Color of race W  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Flora  
6. (c) Age of husband or wife if alive 54 years  
7. Date of Birth (Month, Day, Year) Dec. 29, 1871

8. AGE	Years	Months	Days	If less than 1 day
	76	9	8	hrs min.

9. Exact Occupation laborer Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace (City or town) (State or foreign country)

12. Name Franklin Ellis  
13. Birthplace Virginia (City or town) (State or foreign country)  
14. Maiden name Malinda Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's & OWN Signature Flora M. Ellis  
and Address Rt 2 Box 7 M. Sherwood

17. (a) Burial (b) Date thereof  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Sunset Hwy. Park

18. Funeral Director's OWN Signature Hugh H. Stillins  
and Address

19. (a) October 14, 1948 (b) Helen L. Goley  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 7, 1948  
(Month, Day, Year) at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from  
Did not see alive  
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Coronary artery disease  
Due to

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature J. Woodson Creed, M.D.  
and Address Twin Falls, Idaho Date Oct 7, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 13 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3929  
Local Reg. No. 557  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place....  
(f) Name Hosp. or Inst. Twin Falls Stayed 11 days  
(g) Lived in this county 25 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 274 Jackson St.  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Duane Quincy Adams

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

5. Color or .....  
6. (a) Single, widowed, married, divorced married  
4. Sex Male race White  
6. (b) Name of husband or wife Ethel Adams 6. (c) Age of husband or wife if alive 43 years

7. Date of Birth (Month, Day, Year) April 9, 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>5</u>	<u>29</u>	hrs min.

9. Exact Occupation Laborer Did this work for 2 yrs.

10. Industry or Business ..... Date last worked 9-1-48

11. Birthplace Roberts, Idaho (City or town) (State or foreign country)

12. Name John Adams

13. Birthplace Franklin, Idaho (City or town) (State or foreign country)

14. Maiden name Minnie

15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Hamer Adams

- and Address 405 Fremont St. Falls, Idaho

17. (a) Burial (b) Date thereof 10-11-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J. Phillips

- and Address Twin Falls, Idaho

19. (a) October 11, 1948 (b) Helen L. Delany (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 127A

20. DATE OF DEATH (Month, Day, Year) October 8, 1948  
at 1:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1948, to October 8, 1948

- I last saw h. alive on Oct 8, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Schizophrenia, secondary to multiple abuses of drugs, in turn secondary to acute schizophrenia

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

## 23. Attendant's OWN Signature

J. Woodson Creed (M. D. or other)

and Address Twin Falls, Idaho Date Oct 8, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
OCT 27 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3930  
Local Reg. No. 563  
Reg. Dist. No. 460

## 1. PLACE OF DEATH: STATISTICS

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address T. R. Co. General Hosp.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. T. R. Co. Gen'l. Hosp. 6 days  
(g) Lived in this county 15 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 414 6th Ave E  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME MUNRO, Mrs. Leafy R.

3. (b) If veteran, name war None No. none  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 84 years  
7. Date of Birth (Month, Day, Year) June 10, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>4</u>	<u>7</u>	hrs min.

9. Exact Occupation Housewife Did this work for        yrs.  
10. Industry or Business Date last worked  
11. Birthplace Porter Township, Michigan (City or town) (State or foreign country)

12. Name George Robbins  
13. Birthplace Michigan (City or town) (State or foreign country)  
14. Maiden name Sarah Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature H. S. Munro  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 10/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park Cem.

18. Funeral Director's OWN Signature Walter L. Fellers  
and Address White Mortuary Twin Falls, Idaho

19. (a) October 25, 1948 (b) Helen L. Foley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 061X 083B

20. DATE OF DEATH (Month, Day, Year) October 17th 19 48  
at 9:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1946 to Oct 1948  
I last saw her alive on 17 Oct 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral thrombosis Duration 12 hrs

Due to Diabetes 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? T. F.  
Name of operation None Date       

Major finding None  
Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature Walter L. Fellers  
and Address Twin Falls, Idaho Date 10/18/48

(For additional space, use reverse side)

OCT 27 1948

# Certificate Of Death

DIVISION OF VITAL STATE OF IDAHO

State File No. 3931  
Local Reg. No. 560  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. West Addison  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. T.F. County Stayed 7 days  
(g) Lived in this county        years        months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Idaho Falls, Ida

## 3. (a) FULL NAME William A. Beale

3. (b) If veteran, name war        3. (c) Social Security No.         
5. Color or        6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Wilma 6. (c) Age of husband or wife if alive 27 years  
7. Date of Birth (Month, Day, Year) March 6, 1916

8. AGE	Years	Months	Days	If less than 1 day
	<u>32</u>	<u>7</u>	<u>12</u>	hrs min.

9. Exact Occupation Mechanic Did this work for 2 yrs.  
10. Industry or Business        Date last worked 10/11/48  
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)  
12. Name William I. Beale  
13. Birthplace Pennsylvania (City or town) (State or foreign country)  
14. Maiden name Ide Silfrer  
15. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Wm A Beale and Address Burley, Idaho  
17. (a) Removal (b) Date thereof 10/19/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Idaho Falls, Idaho  
18. Funeral Director's Reynolds Funeral Home OWN Signature James C. Reynolds and Address Twin Falls, Idaho  
19. (a) October 19, 1948 (b) Selen L. Selacy (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 18, 1948 at 8:35 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 10/12/1948 to 10/18/1948

I last saw him alive on 10-18-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Contusions Duration 6 days  
Cerebral Edema

Due to Automobile accident

Due to       

Other conditions (Include pregnancy within 3 months of death)       

Where was disease contracted?        PHYSICIAN

Name of operation        Date        Underline the cause to which death should be charged statistically.

Major finding       

Finding of autopsy Not done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide?        Homicide?

Occurred Oct 12 1948 City, (county) state

where violence occurred Twin Falls County

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury Car accident

23. Attendant's OWN Signature Ellwood J. Rees

and Address Twin Falls, Idaho Date 10-19-1948 (M. D. or other) MD

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 27 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

State File No. 3932  
Local Reg. No. 564  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address T. R. Co. Gen'l Hosp.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. T. R. Co. Gen'l Hosp. 3 weeks  
(g) Lived in this county 39 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 1325 11th East  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state)

3. (a) FULL NAME LAIRD, Harry Parker

3. (b) If veteran, name was None  
3. (c) Social Security No. None  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bessie  
6. (c) Age of husband or wife if alive 67 years  
7. Date of Birth (Month, Day, Year) April 12, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>6</u>	<u>7</u>	hrs min.

9. Exact Occupation Retired Did this work for 0 yrs.  
10. Industry or Business Farmer Date last worked  
11. Birthplace Mankato, Minnesota  
(City or town) (State or foreign country)

12. Name Dallas Laird  
13. Birthplace New York  
(City or town) (State or foreign country)  
14. Maiden name Marite Oie  
15. Birthplace Norway  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. H. P. Laird  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 10/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cem.

18. Funeral Director's OWN Signature W. L. Stitt  
and Address White Mortuary - Twin Falls, Idaho

19. (a) October 25, 1948 (b) Helen L. Haley  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 19th, 1948  
at 5 P. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 9/27 1948 to 10/19 1948  
I last saw h. im alive on 10/19/ 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

- Pneumonia  
Due to Prev. Co. of pneumonia  
Due to  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted?  
Name of operation Autopsy Date 10/19/48  
Major finding Pneumonia  
Finding of autopsy  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home 0 Farm 0 Industry 0  
Public Place 0 While at work? 0  
Means of injury

23. Attendant's OWN Signature W. L. Stitt  
(M. D. or other)  
and Address Twin Falls, Idaho Date 10/21/48  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 2 1948

# Certificate Of Death

State File No. 3933  
Local Reg. No. 568  
Reg. Dist. No. 460

DIVISION OF VITAL STATE OF IDAHO

1. PLACE OF DEATH: STATISTICS
- (a) County Twin Falls
  - (b) City or town Twin Falls
  - (c) Street Address or R.F.D. No. 421-3 Ave. E.
  - (d) Death Occured Inside? ☒ Outside? ☐ city or town
  - (e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐
  - (f) Name Hosp. or Inst. Stayed days
  - (g) Lived in this county 20 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho
  - (b) County T. Falls
  - (c) City or town Twin Falls
  - (d) Street Address or R.F.D. No. 421-3 Ave E.
  - (e) Deceased lived Inside? ☒ Outside? ☐ city or town
  - (f) Citizen of what country? United States
  - (g) How long had deceased lived in Idaho? 20 years
  - (h) Former residence (city, state) Washington

3. (a) FULL NAME Herman J. Schwitzer
3. (b) If veteran, name war                      No.
3. (c) Social Security No.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Schwitzer
6. (c) Age of husband or wife if alive 47 years
7. Date of Birth (Month, Day, Year) August 16, 1874

8. AGE	Years	Months	Days	If less than 1 day
<u>74</u>	<u>2</u>	<u>10</u>	<u>                    </u> hrs	<u>                    </u> min.

9. Exact Occupation Salesman Did this work for 20 yrs.
10. Industry or Business Ranleigh Co. Date last worked
11. Birthplace Switzerland (City or town) (State or foreign country)

- Mother Father
12. Name John Schwitzer
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Maiden name Vogel
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's OWN Signature Lorena J. Altree and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 10-28-48 (Month) (Day) (Year)
- (c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J. Phillips and Address Twin Falls, Idaho

19. (a) October 30, 1948 (b) Norma L. Green (Date received and filled) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 25 1948 at 11:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 3 Oct. 1948, to 25 Oct. 1948. I last saw him alive on 25 Oct. 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 6 mts.

Due to Arteriosclerosis unknown

Due to                     

Other conditions                      (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation None Date                     

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None
- Occurred                      19                      City, county, state where violence occurred
- Place of Violence Home Farm                      Industry
- Public Place                      While at work?
- Means of injury

23. Attendant's OWN Signature Charles B. Beymer, M.D. and Address Twin Falls, Idaho Date Oct. 28, 1948 (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 2 1948

# Certificate Of Death

copy OF VITAL STATE OF IDAHO

STATISTICS

State File No. 3934  
Local Reg. No. 570  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place....  
(f) Name Hosp. or Inst. T. Falls Stayed ..... days  
(g) Lived in this county 44 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME

William Peter Rude

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

## 5. Color or

## 6. (a) Single, widowed, married,

4. Sex Male race White

divorced Widowed

6. (b) Name of husband or

6. (c) Age of husband or wife if

wife Alice Rude

alive ..... years

## 7. Date of Birth

(Month, Day, Year)

January 1, 1871

## 8. AGE

Years

Months

Days

If less than 1 day

77

10

26

hrs min.

## 9. Exact

Occupation Retired Farmer

Did this

work for ..... yrs.

## 10. Industry or

Business

Date last

worked

## 11. Birthplace

Fonda, Iowa

(City or town)

(State or foreign country)

## 12. Name

N. P. Rude

## 13. Birthplace

Norway

(City or town)

(State or foreign country)

## 14. Maiden name

Annette Mather

## 15. Birthplace

Norway

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

William L. Rude

and Address

Buhl, Idaho

## 17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof 10-29-48

(Month) (Day) (Year)

## (c) Place:

Sunset Memorial Park

## 18. Funeral Director's

OWN Signature

S. C. Phillips

and Address

Twin Falls, Idaho

## 19. (a)

November 6, 1948

(Date received and filed)

## (b)

Dorothy L. Green

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

October 26

(Month, Day, Year)

48

at 7:00 o'clock P M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw h. im alive on Oct. 25 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

1. Multiple fractured ribs

2. Bronchial pneumonia

Due to 3. Cerebral hemorrhage

Duration

3 das.

4. arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ..... Homicide? .....

Occurred 10-11-48

19

City, county, state

where violence occurred Twin Falls County

Place of Violence: Home..... Farm ☒ Industry.....

Public Place.....

While at work?

Means of injury Fell from a ladder

## 23. Attendant's

OWN Signature

Dean H. Appleack

(M. D. or order)

and Address Twin Falls, Ida. Date 11-1 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Elizabeth Blvd  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 33 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Elizabeth Blvd  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Eagle, Colorado

3. (a) FULL NAME Louis Peterson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nettie 6. (c) Age of husband or wife if alive 69 years

7. Date of Birth (Month, Day, Year) April 15, 1863

8. AGE	Years	Months	Days	If less than 1 day
	85	6	11	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Malme, Sweden (City or town) (State or foreign country)

12. Name Per Anderson

13. Birthplace Sweden (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Louis Peterson and Address Twin Falls

17. (a) Burial (b) Date thereof 10/28/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Sunset Mem. Park

18. Funeral Director's OWN Signature James C. Reynolds and Address Twin Falls, Idaho

19. (a) October 27, 1948 (b) James C. Reynolds (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 1620

20. DATE OF DEATH (Month, Day, Year) October 26, 1948 at 5:20 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 10/20/48 to 10/26/48 I last saw h. 1m alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Vascular Duration  
Renal disease  
Due to old age  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_ Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. Drake (M. D. or other) and Address \_\_\_\_\_ Date 10/29/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 3936  
Local Reg. No. 569  
Reg. Dist. No. 460

## 1. PLACE OF DEATH: STATISTICS

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Blue Lakes N.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years 5 months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Blue Lakes N.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Resella Rounds Grow

3. (b) If veteran, name war ☐ No. ☐  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Horace I. Grow 6. (c) Age of husband or wife if alive 71 years  
7. Date of Birth (Month, Day, Year) January 21, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>9</u>	<u>6</u>	hrs min.

9. Exact Occupation Housewife Did this work for 48 yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace Bountiful, Utah (City or town) (State or foreign country)

12. Name William Rounds  
13. Birthplace Pennsylvania (City or town) (State or foreign country)  
14. Maiden name Amelia Longhurst  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature H. I. Grow  
and Address Twin Falls, Idaho

17. (a) Removal (b) Date thereof 10-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Nampa, Idaho

18. Funeral Director's OWN Signature [Signature]  
and Address Twin Falls, Idaho

19. (a) October 30, 1948 (b) Thomas L. Green  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 27 1948  
at 9:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 6-2 1948, to 10-27 1948  
I last saw h.e.r. alive on 10-26 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardio-renal disease  
stroke

Due to cardiac decompensation

Due to stroke

Other conditions stroke  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation none Date ☐

Major finding ☐

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature [Signature]  
and Address Twin Falls, Idaho Date 10-27 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 3937

Local Reg. No. 565

Reg. Dist. No. 460

## 1. PLACE OF DEATH: STATISTICS

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 167 Harrison  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 18 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 167 Harrison  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) Herrin, Illinois

3. (a) FULL NAME Harvy Judson Reynolds

3. (b) If veteran, name war No.  
3. (c) Social Security No. No.  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Grace F.  
6. (c) Age of husband or wife if alive 72 years  
7. Date of Birth (Month, Day, Year) October 23, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>0</u>	<u>4</u>	hrs min.

9. Exact Occupation Ret. Minister Did this work for 50 yrs.  
10. Industry or Business Christian Church Date last worked worked  
11. Birthplace Knoxville, Illinois  
(City or town) (State or foreign country)

12. Name E. E. Reynolds  
13. Birthplace Mumfordsville, Ky.  
(City or town) (State or foreign country)  
14. Maiden name Sarah Jane Sipherd  
15. Birthplace Akron, Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature James C. Reynolds  
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/48  
(Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature James C. Reynolds  
and Address Twin Falls, Idaho

19. (a) October 27, 1948 (b) James C. Reynolds  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 27, 1948  
at 11:45 o'clock 8 A.M.

21. I HEREBY CERTIFY, That I attended deceased from April 1946, to 10/27/1948  
I last saw him alive on Oct 7, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertensive Cardiovascular Disease & Myocardial Failure  
Due to 10 years

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? None  
Name of operation None Date None  
Major finding None  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state where violence occurred None  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's OWN Signature Edward J. Reed  
(M. D. or other)  
and Address Twin Falls, Idaho Date Oct 28, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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CERTIFICATE OF DEATH

STATE OF IDAHO

1948

State File No. 3938

Local Reg. No. 554

Reg. Dist. No. 460

1. PLACE OF DEATH: STATISTICS  
(a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R. F. D. No. Rt. # 3  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. None Stayed No days  
(g) Lived in this county 0 years 4 months 13 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. 9th St. N.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 4 Months years  
(h) Former residence (city, state) X

3. (a) FULL NAME Linda Jean Johnson

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W. 6. (a) Single, widowed, married, divorced Single  
4. Sex Fe. 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X years  
7. Date of Birth (Month, Day, Year) May 19, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>4</u>	<u>13</u>	hrs min.

9. Exact Occupation At home Did this work for X yrs.  
10. Industry or Business None Date last worked X  
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

- Father { 12. Name Carl Johnson  
13. Birthplace Moline, Kansas (City or town) (State or foreign country)  
Mother { 14. Maiden name Irene Hagler  
15. Birthplace Kimberly, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature John L. W. Starnes  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof 10/5/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature D. J. Robertson  
and Address Buhl, Idaho

19. (a) October 6, 1948 (b) Helena L. Goleaf  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 107X

20. DATE OF DEATH (Month, Day, Year) October 2, 1948  
at 11:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1948 to 19  
I last saw her alive on Oct. 2, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Broncho Pneumonia Duration few days

Due to W. Hooping Cough 3 wks

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. C. Drake  
and Address Buhl, Idaho (M. D. or other) 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States  
Department of Commerce  
Bureau of the Census

OCT 27 1948

CERTIFICATE OF DEATH  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 561  
Reg. Dist. No. 462

1. PLACE OF DEATH:
- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R. F. D. No. 4  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. None Stayed No days  
(g) Lived in this county 42 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. So. 7th Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) X

3. (a) FULL NAME Lee Julian Snelson

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or W. 6. (a) Single, widowed, married, divorced Single  
4. Sex M. race W.  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X years  
7. Date of Birth (Month, Day, Year) November 10, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>11</u>	<u>8</u>	hrs min.

9. Exact Occupation (Retired) Postmaster Did this work for X yrs.  
10. Industry or Business None Date last worked Unknown

11. Birthplace Boone County, Arkansas  
(City or town) (State or foreign country)

- Father { 12. Name James Snelson  
13. Birthplace Unknown, Tennessee  
(City or town) (State or foreign country)

- Mother { 14. Maiden name Margaret Black  
15. Birthplace North Carolina  
(City or town) (State or foreign country)

16. Informant's OWN Signature x Doris Deke  
and Address Santa Monica, California

17. (a) Burial (b) Date thereof Oct. 21, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature E. J. Albertson  
and Address Buhl, Idaho

19. (a) Oct. 22, 1948 (b) Helen L. Colay  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 17 1948  
(Month, Day, Year)  
at 1:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1948 to 19  
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary embolism Duration few min.  
Due to this man had a heart attack & never died before  
Due to he arrived  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_ PHYSICIAN  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Dr. Drake M.D.  
and Address Buhl, Idaho (M. D. or other) Date 10-19-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

1948

3940

United States

Department of Commerce OCT 27 1948 CERTIFICATE OF DEATH

Bureau of the Census DIVISION OF VITAL STATE OF IDAHO

State File No.

Local Reg. No. 562

Reg. Dist. No. 460

1. PLACE OF DEATH:

(a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R. F. D. No. Highway 30 -W  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. None Stayed 0 days  
(g) Lived in this county 37 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) X

3. (a) FULL NAME Russell R. Baker

3. (b) If veteran, name was None 3. (c) Social Security No. None  
4. Sex M. 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lillian Alton 6. (c) Age of husband or wife if alive 46 years  
7. Date of Birth (Month, Day, Year) May 13, 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>5</u>	<u>7</u>	hrs min.

9. Exact Occupation Auto dealer Did this work for 1 yrs.  
10. Industry or Business X Date last worked 10/17/48  
11. Birthplace Neoga, Illinois (City or town) (State or foreign country)

Father { 12. Name Oscar Baker  
13. Birthplace Sigel, Illinois (City or town) (State or foreign country)  
Mother { 14. Maiden name Cora Mc Annally  
15. Birthplace Sigel, Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature Russell R. Baker  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof Oct. 22, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Sunset Memorial Park, Twin Falls  
18. Funeral Director's OWN Signature E. J. Schertson  
and Address Buhl, Idaho

19. (a) Oct 22, 1948 (b) Nelen L. Galay  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Oct 18 1948  
(Month, Day, Year)  
at 8:00 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from Oct 18 1948 to Oct 18 1948  
I last saw him alive on Oct 18 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Coronary Thrombosis (a few minutes)  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Buhl, Ida  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Vern H. Anderson, M.D.  
and Address Buhl, Ida Date 10-18-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

NOV 2 1948

DEPARTMENT OF VITAL

STATE OF IDAHO

1948 State File No. **3941**  
Local Reg. No. **567**  
Reg. Dist. No. **460**

1. PLACE OF DEATH: **STATISTICS**

- (a) County **Twin Falls**  
(b) City or town **Kimberly**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **18** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **T. Falls**  
(c) City or town **Kimberly**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **55** years  
(h) Former residence (city, state) **Oakley, Idaho**

3. (a) **FULL NAME**

**Annie Erickson**

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Female** race **White**  
6. (b) Name of husband or wife **Henry** 6. (c) Age of husband or wife if alive **58** years  
7. Date of Birth (Month, Day, Year) **September 28, 1893**

8. AGE	Years	Months	Days	If less than 1 day
	<b>55</b>	<b>0</b>	<b>24</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for ..... yrs.  
10. Industry or Business Date last worked  
11. Birthplace **Oakley, Idaho**  
(City or town) (State or foreign country)

12. Name **Charles Elison**  
13. Birthplace **Sweden**  
(City or town) (State or foreign country)  
14. Maiden name **Mary Worthington**  
15. Birthplace **Granville, Utah**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Henry Erickson**  
and Address **Kimberly, Idaho**

17. (a) **Burial** (b) Date thereof. (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: **Oakley, Idaho**

18. Funeral Director's OWN Signature **Reynolds Funeral Home**  
and Address **Twin Falls, Idaho**

19. (a) **October 22, 1948** (b) **Donna L. Green**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** **093D**

20. DATE OF DEATH (Month, Day, Year) **October 22, 1948**  
at **3:30** o'clock **a.m.**

21. I HEREBY CERTIFY, That I attended deceased from **11/5/1947** to **10/22/1948**  
I last saw him alive on **10/21/1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Right Heart Failure**  
**Chronic myocarditis**  
Due to **Cardio-renal Disease**

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature **James C. Reynolds** (M. D. or other)  
and Address **Kimberly, Idaho** Date **10/24/1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States

Department of Commerce

NOV 12 1948

# Certificate Of Death

Bureau of the Census

STATE OF IDAHO

State File No. 3912

Local Reg. No. 577

Reg. Dist. No. 460

STATISTICS

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Kimberly  
(c) Street Address or R.F.D. No. Kimberly  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days 37  
(g) Lived in this county 37 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town KIMBERLY  
(d) Street Address or R.F.D. No. Kimberly  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? 37  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) 37

## 3. (a) FULL NAME ARNOLD, Mrs. Hazel V.

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female 6. (b) Name of husband or wife Wesley M.  
6. (c) Age of husband or wife if alive 59 years  
7. Date of Birth (Month, Day, Year) March 14, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>7</u>	<u>17</u>	hrs min.

9. Exact Occupation Housewife Did this work for  yrs.  
10. Industry or Business worked  
11. Birthplace Lewis, Iowa  
(City or town) (State or foreign country)

12. Name Winfield Burkholter  
13. Birthplace Thorntown, Ind.  
(City or town) (State or foreign country)  
14. Maiden name Adaline Pickerill  
15. Birthplace Indiana  
(City or town) (State or foreign country)

16. Informant's OWN Signature John W. Arnold  
and Address Kimberly, Idaho

17. (a) Burial (b) Date thereof 11/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park Com.

18. Funeral Director's OWN Signature Sup. H. H. H. H.  
and Address White Mortuary-Twin Falls, Ida

19. (a) November 8, 1948 (b) Thomas H. H. H.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 31, 1948  
at 11:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1948  
19 to 19 Oct. 31, 1948

I last saw h. or alive on Oct. 31, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Cerebral edema  
Due to Metastatic Carcinoma of brain  
Due to Primary melonoma on leg 20 yr  
Other conditions prior  
surgery to brain with ventriculogram

Where was disease contracted? 4 mo ago  
Name of operation Date  
Major finding metastatic carcinoma (melonoma)  
Finding of autopsy mult Metastatic carcinoma (melonoma)

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home 19 Farm 19 Industry 19  
Public Place 19 While at work? 19  
Means of injury 19

23. Attendant's OWN Signature Kimberly, Ida  
and Address Kimberly, Ida Date 11/1 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OCT 20 1948

STATE OF IDAHO

# Certificate of Death

STATE OF IDAHO

State File No. **3943**  
Local Reg. No. **339**  
Reg. Dist. No. **311**

## 1. PLACE OF DEATH:

- (a) County **Valley**  
(b) City or town **Near Smith Ferry**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **X** city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Gem**  
(c) City or town **Emmett, Idaho**  
(d) Street Address or R.F.D. No. **421 N. Commercial**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **6 mo.** years  
(h) Former residence (city, state) **Clinton, Utah**

## 3. (a) FULL NAME

**FLOYD ELBERT BINGHAM**

## 3. (b) If veteran, name war

**11**

## 3. (c) Social Security No.

**529-05-4591**

## 4. Sex **M** Color or race **W**

## 6. (a) Single, widowed, married, divorced **married**

## 6. (b) Name of husband or wife **Gertrude**

## 6. (c) Age of husband or wife if alive **28** years

## 7. Date of Birth (Month, Day, Year)

**May 24, 1917**

8. AGE	Years	Months	Days	If less than 1 day
	<b>31</b>	<b>4</b>	<b>17</b>	hrs. min.

## 9. Exact Occupation **Dealer Gas Oil** Did this work for **6mo.** yrs.

## 10. Industry or Business **Gas & Oil Dist.** Date last worked **10/9/48**

## 11. Birthplace **Clinton, Utah** (City or town) (State or foreign country)

## 12. Name **Robert Walter Bingham**

## 13. Birthplace **Wilsin Lane, Utah** (City or town) (State or foreign country)

## 14. Maiden name **Luella Barton**

## 15. Birthplace **Kaysville Utah** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Gertrude B. Bingham** and Address **421 N. Commercial St.**

## 17. (a) **Removal** (b) Date thereof **10/10/48** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place **Ogdon, Utah**

## 18. Funeral Director's OWN Signature **Flahiff Chapel** and Address **Emmett, Idaho**

## 19. (a) **Oct 10 - 1948** (b) **North Gardens** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) **Oct. 10 1948** at **6:am** o'clock **M.**

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: **Accidental death by shooting** Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **X** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **10, October, 1948** City, county, state **Smith Ferry, Valley County**

where violence occurred **Smith Ferry, Valley County**

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature **Taylor Boulden, Coroner** and Address **Cascade, Idaho** Date **14 Oct. 1948** (M.D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 3914  
Local Reg. No. 12  
Reg. Dist. No. 320

1. PLACE OF DEATH: **Washington**
- (a) County **Washington**  
(b) City or town **Weiser**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? **X** Outside? ..... city or town  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Ins **Weiser Hosp.** Stayed **18** days  
(g) Lived in this county..... years ..... months **21** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Colorado** (b) County **Arapahoe**  
(c) City or town **Boulder**  
(d) Street Address or R.F.D. No. **1320 Arapahoe**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **21** days years  
(h) Former residence (city, state) **Boulder, Colo.**

3. (a) FULL NAME **Esther Pauline Storm**

3. (b) If veteran, name war **None** No. ....  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Clinton L.** 6. (c) Age of husband or wife if alive **26** years  
7. Date of Birth (Month, Day, Year) **July 12 1921**

8. AGE	Years	Months	Days	If less than 1 day
	<b>27</b>	<b>2</b>	<b>26</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **4** yrs.  
10. Industry or Business **Own Home** Date last worked **Sept. '48**  
11. Birthplace **Hayden, Colorado** (City or town) (State or foreign country)

- Mother Father { 12. Name **Julius Siskowski**  
13. Birthplace **???** **Ukraine** (City or town) (State or foreign country)  
14. Maiden name **Matilda Klamm**  
15. Birthplace **Madison South Dakota** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. M. K. Gibson** (Mother) and Address **London, Arkansas**

17. (a) Removal (b) Date thereof **10/10/48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Denver, Colorado**

18. Funeral Director's OWN Signature **P. Jones** # **E3573** and Address **Northam-Jones Chapel, Weiser, Idaho**

19. (a) **10/9/48** (b) **Marie Authorn** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **October 8th 1948** at **7:20** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **Sept 20th 1948** to **Oct 8th 1948**. I last saw her **alive on Oct 8th 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Acute Nephritis** Duration

Due to **Pneumonia**

Due to **Internal Obstruction**

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Physician**

Name of operation **Appendectomy** Date **7/29/48** Underline the cause to which death should be charged statistically.

Major finding **Internal Obstruction**

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred..... 19..... City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

Attendant's OWN Signature **M. K. Gibson** (M.D. or other)

and Address **Weiser, Idaho** Date **10/9/48**

(For additional space, use reverse)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 3915  
Local Reg. No. 15  
Reg. Dist. No. 320

## 1. PLACE OF DEATH: STATISTICS

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 4 days  
(g) Lived in this county 2 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Pearley Minnesota

## 3. (a) FULL NAME Newman C. Blow

3. (b) If veteran, name war None  
3. (c) Social Security No. None  
5. Color or White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nellie  
6. (c) Age of husband or wife if alive 87 years  
7. Date of Birth (Month, Day, Year) May 29 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>4</u>	<u>15</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for life yrs.  
10. Industry or Business Date last worked 1940  
11. Birthplace Woodbine Iowa  
(City or town) (State or foreign country)

- Mother Father  
12. Name Mahlon Blow  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Scotland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Louise Blow  
and Address Weiser, Idaho

17. (a) Burial (b) Date thereof 10/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature C. S. Jones  
and Address Northam Jones, Weiser Idaho

19. (a) 10/15/48 (b) Marie Hawthorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 14 1948  
at 8:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 4th 1948 to Oct 14th 1948.  
I last saw him alive on Oct 14th 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchopneumonia  
Septicemia  
Due to (Arteriosclerosis)  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature W. D. Hawthorn  
(M. D. or other)  
and Address Weiser, Idaho Date 10/15/48  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

Hayden Hancher M.D.  
1948

State File No. 3946  
Local Reg. No. 18  
Reg. Dist. No. 320

1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. Pioneer Road  
(d) Death Occured Inside? X Outside? .....city or town  
(e) Died in a Home X Hospital..... Institution..... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 50 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. Pioneer Road  
(e) Deceased lived Inside? X Outside? .....city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Rapid City, S.D.

3. (a) FULL NAME MAUDE ROUTSON

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife Len (Deceased 1944) 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) July 5 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>3</u>	<u>19</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Own Home Date last worked 1947  
11. Birthplace Saxony Germany (City or town) (State or foreign country)

- Mother Father  
12. Name Don't Know  
13. Birthplace Don't Know (City or town) (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's OWN Signature Iva MaBroderson (Friend)  
and Address Pioneer Road, Weiser, Idaho.

17. (a) Burial (b) Date thereof 10/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem Weiser, Idaho.

18. Funeral Director's OWN Signature A. P. Jones #E357  
and Address Northam Jones Chapel, Weiser, Idaho.

19. (a) 10/25/48 (b) Marie Hancher  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 24 1948  
at 12:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 5 February 1946 to 24 October 1948  
I last saw h. an alive on 23 October 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Sensility Duration ?

Due to .....  
Due to .....  
Other conditions Chronic myocarditis  
(Include pregnancy within 3 months of death) with arthritis

Where was disease contracted? Idaho  
Name of operation none Date .....  
Major finding .....  
Finding of autopsy none done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature Hayden Hancher, M.D.  
(M. D. or other)  
and Address Weiser, Idaho. Date 10/25 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 20 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 3947  
Local Reg. No. 19  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. 241 West Court  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 35 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 241 W. Court St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Boise, Idaho.  
Guthrie, Oklahoma.

## 3. (a) FULL NAME FRANK E. BUCHANAN

3. (b) If veteran, name war None 3. (c) Social Security No. not available  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Rosa May  
6. (c) Age of husband or wife if alive 79 years  
7. Date of Birth (Month, Day, Year) March 6, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>7</u>	<u>19</u>	hrs min.

9. Exact Occupation Bldg. Custodian Did this work for 21 yrs.  
10. Industry or Business Retail Hardware Date last worked 1941  
11. Birthplace Newark, New Jersey  
(City or town) (State or foreign country)

12. Name George R. Buchanan  
13. Birthplace Toronto, Canada  
(City or town) (State or foreign country)  
14. Maiden name Mary Jane Oviatt  
15. Birthplace France  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address 34 E. Idaho St. Weiser, Ida.  
17. (a) Burial (b) Date thereof 10/28/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cemetery, Weiser, Idaho.

18. Funeral Director's OWN Signature [Signature] # E357  
and Address Northam-Jones Chapel, Weiser, Ida.  
19. (a) 10/26/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 25 1948  
at 10:20 o'clock A. M.

21. I HEREBY CERTIFY That I attended deceased from Oct 25 1948 to Oct 25 1948  
I last saw him alive on Oct 25 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: [Signature] Duration

Due to Generalized arteriosclerosis

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury [Signature]  
23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Weiser, Idaho. Date 10/26 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 8 1948  
Hayden Hancher M.D.  
**Certificate Of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 3918  
Local Reg. No. 20  
Reg. Dist. No. 320

**1. PLACE OF DEATH:**

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. 416 East Park St.  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Weiser, Hosp Stayed 13 days  
(g) Lived in this county 40 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 416 East Park St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Oregon

**3. (a) FULL NAME WILLIAM AULT**

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male 6. (b) Name of husband or wife Nettie  
6. (c) Age of husband or wife if alive Died 47 years  
7. Date of Birth (Month, Day, Year) NOVEMBER 2 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>11</u>	<u>26</u>	hrs min.

9. Exact City Water Did this Occupation Supertendant work for 37 yrs.  
10. Industry or Business City of Weiser Date last worked 10/23/48  
11. Birthplace Monroe Wisconsin  
(City or town) (State or foreign country)

- Mother Father { 12. Name Francis Marion Ault  
13. Birthplace Iowa  
(City or town) (State or foreign country)  
14. Maiden name Susanna Reynolds  
15. Birthplace Penn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature John W. Buckholz  
and Address 416 E. Park, Weiser, Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1, 1948  
(Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature J. S. Jones  
and Address Weiser, Idaho

19. (a) 10/28/48 (b) Marie Kautleom  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH (Month, Day, Year) October 28 1948  
at 11:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from March 1948 to 28 October 1948  
I last saw him alive on 28 October 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gall bladder disease - probably carcinoma Duration unknown  
Due to .....

Due to ..... Other conditions Chronic myocarditis unknown  
(Include pregnancy within 3 months of death)

Where was disease contracted? 2d. shw PHYSICIAN  
Name of operation none Date ..... Underline the cause to which death should be charged statistically.  
Major finding .....  
Finding of autopsy none done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Hayden Hancher, M.D. (M. D. or other)  
and Address Weiser, Idaho Date Nov 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 3940  
Local Reg. No. 10  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. R.F.D. #1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home. X Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. Stayed        days  
(g) Lived in this county 43 years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser, Idaho  
(d) Street Address or R.F.D. No. R.F.D. #1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Kansas City, Kansas

## 3. (a) FULL NAME Carl B. Widener

3. (b) If veteran, name war W.W.#1 3. (c) Social Security No. 519-01-2982  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Frances 6. (c) Age of husband or wife if alive 50 years  
7. Date of Birth (Month, Day, Year) February 16 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>7</u>	<u>18</u>	hrs min.

9. Exact Occupation Miner & Farmer Did this work for Life yrs.  
10. Industry or Business        Date last worked 10/2/48  
11. Birthplace Kansas City, Kansas  
(City or town) (State or foreign country)

12. Nam. Clayburn S. Widener  
13. Birthplace Topeka Kansas  
(City or town) (State or foreign country)  
14. Maiden name Rosina Randall  
15. Birthplace Atwood Post Office, Michigan  
(City or town) (State or foreign country)

16. Informant's OWN Signature Frances T. Widener  
and Address Rt. 1 Weiser

17. (a) Burial (b) Date thereof 10/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature C. S. Jones # E557  
and Address Northam-Jones, Weiser, Idaho

19. (a) 10/5/48 (b) Marie Hawthorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 4 1948  
(Month, Day, Year) at 11:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 4 Oct. 1948, to 4 Oct. 1948

I did not saw him alive, on 10, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: From bullet given by family - 28 rounds like a "Heart Attack" Duration unknown

Due to unknown

Due to       

Other conditions unknown  
(Include pregnancy within 3 months of death)

Where was disease contracted? unknown Name of operation none Date       

Major finding        Finding of autopsy none PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

Attendant's OWN Signature Arden Branch (M. D. or other)

and Address Weiser, Idaho Date 10/5/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATISTICS  
BUREAU OF VITAL

STATE OF IDAHO

10/28

State File No. 3950  
Local Reg. No. 17  
Reg. Dist. No. 520

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. R.F.D. #2  
(d) Death Occured Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. X Stayed X days  
(g) Lived in this county 3 years 3 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser, Idaho  
(d) Street Address or R.F.D. No. Rt. #2  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Vancouver, Wash.

## 3. (a) FULL NAME Robert F. Smith

3. (b) If veteran, name war None No. 518-10-9435  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Edna 6. (c) Age of husband or wife if alive 47 years  
7. Date of Birth (Month, Day, Year) October 6 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>0</u>	<u>16</u>	hrs min.

9. Exact Occupation Rancher Did this work for 3 yrs.  
10. Industry or Business worked 10/21/48  
11. Birthplace Emery South Dakota  
(City or town) (State or foreign country)

12. Name Thomas Smith  
13. Birthplace Iowa  
(City or town) (State or foreign country)  
14. Maiden name Helen Hayes  
15. Birthplace Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Edna Smith  
and Address Weiser, Idaho Rt. #2  
17. (a) Cremation (b) Date thereof 10/  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cemetery, Weiser, Idaho

18. Funeral Director's OWN Signature C. S. Jones  
and Address Northam Jones, Weiser, Idaho  
19. (a) 10/23/48 (b) Thomas Smith  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 22 19 48  
at 10:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Subject suffered heart attack while Duration

at his farm home. Pronounced dead on

at arrival (by Hayden Hancher M.D.)

at Weiser General Hospital.

Family reports heart attack

were chronic.  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation Date Underline

Major finding the cause to

Finding of autopsy which death

should be

charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19  
Occurred 19 City, county, state  
where violence occurred 19  
Place of Violence: Home 19 Farm 19 Industry 19  
Public Place 19 While at work? 19  
Means of injury 19

23. Attendant's OWN Signature C. S. Jones Coroner  
(M. D. or other)  
and Address Weiser, Idaho Date 10/23/48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 1 1948

# Certificate of Death

DEPT. OF VITAL

STATE OF IDAHO

State File No. 3951  
Local Reg. No. 426  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1009 1/2 Main  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boise  
(c) City or town Graden Valley  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) England

## 3. (a) FULL NAME

James Graham

3. (b) If veteran, name war  
No.

3. (c) Social Security No. 518-01-3854

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) About 1878. Date Unknown

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>0</u>	<u>0</u>	hrs. min.

9. Exact Occupation Cook Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace England (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Clyde E Summers  
and Address 1205 Bannock Street, Boise

17. (a) Burial (b) Date thereof October 28, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Clyde E Summers  
and Address Boise, Idaho

19. (a) 11-27-48 (b) Negittie Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) October 23, 1948  
at 8.30 o'clock P. M.

21. I HEREBY CERTIFY That I saw deceased from  
October 23, 1948 to 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Natural Causes, Had heart attack as he was going to his room in Hotel.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attending Physician Clyde E Summers Coroner of Ada  
OWN Signature \_\_\_\_\_ County \_\_\_\_\_  
(M. D. or other)

and Address Boise, Idaho Date Oct. 27, 1948

(For additional space, use reverse side)

600

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 24 1948  
DIVISION OF VITAL STATISTICS

United States  
Department of Commerce  
Bureau of the Census

Certificate Of Death  
STATE OF IDAHO

3952  
State File No.  
Local Reg. No. 412  
Reg. Dist. No. 370

1. PLACE OF DEATH:  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Lukes Stayed..... days  
(g) Lived in this county..... years ..... months ..... days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 619 So. 9th  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Boise, Idaho

3. (a) FULL NAME Peter M. Stewart  
3. (b) If veteran, name war No  
3. (c) Social Security No. No  
5. Color or W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Ora E.  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) September 27-1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>1</u>	<u>2</u>	hrs min.

9. Exact Occupation Mechanic Did this work for ..... yrs.  
10. Industry or Business Weeks & Son Implement Co. Date last worked .....  
11. Birthplace Moscow, Idaho (City or town) (State or foreign country)  
Mother { 12. Name Thomas Stewart  
13. Birthplace Kansas (City or town) (State or foreign country)  
14. Maiden name Mary Rogers  
15. Birthplace Illinois (City or town) (State or foreign country)  
16. Informant's OWN Signature Keith M. Stewart  
and Address 602 Front Ave. Boise, Idaho  
17. (a) Burial (b) Date thereof 11-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Canyon Hill  
18. Funeral Director's OWN Signature Peckham Bakan  
and Address Caldwell, Idaho  
19. (a) 11-13-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) October 31 19 48  
at 11:30 o'clock 17 M.  
21. I HEREBY CERTIFY, That I attended deceased from August 19 48, to Oct 29 19 48  
I last saw him alive on Oct 29 19 48 death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Multiple Myeloma Duration 8 mos.  
Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....  
Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy Myelomatous  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
occurred ..... 19 ..... City, county, state  
where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature Myrtle Palmer (M. D. or other)  
and Address Boise, Idaho Date 11-9-48  
(For additional space, use reverse side)

487

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **3954**  
Local Reg. No. **391**  
Reg. Dist. No. **370**

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **403 Franklin**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **3** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **403 Franklin**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **3** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **SOPHIA VEALEY**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **F** race **W**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **September 15, 1885**

8. AGE	Years	Months	Days	If less than 1 day
	<b>83</b>	<b>1</b>	<b>17</b>	hrs. min.

9. Exact Occupation **housewife** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Romulus, Michigan**  
(City or town) (State or foreign country)

12. Name **Lowe**

13. Birthplace **Germany**  
(City or town) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature **S. Vealey**

and Address **Montpelier, Idaho**

17. (a) **Burial** (b) Date thereof **11/11/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Cloverdale, Boise, Idaho**

18. Funeral Director's **McBratney Fowler Chapel**  
OWN Signature \_\_\_\_\_

and Address **412 No. 9th, Boise, Idaho**

19. (a) **11-2-48** (b) **Muriel Palmer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **059A 097X**  
(Month, Day, Year) **November 2** 19**48**  
at **3:30** o'clock **A**.M.

21. I HEREBY CERTIFY, That I attended deceased from **9-29** 19**48** to **11-2** 19**48**.

I last saw her alive on **11-2** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Hypostatic pneumonia**

Due to **atrophic arthritis**  
**arteriosclerosis (general)**  
**senility**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding **None**

Finding of autopsy \_\_\_\_\_

Duration **10 Days**

unknown

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **None** 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **C. B. Smithson**

and Address **Boise, Idaho** Date **11-2-1948**  
(M, D or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 213.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. **3955**  
Local Reg. No. **417**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. #  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. St. Lukes Stayed 6 days  
(g) Lived in this county    years    months 6 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Valley  
(c) City or town Cascade  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? X years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Susan Kay Patterson.

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None.

5. Color or  
4. Sex Female Race White.

6. (a) Single, widowed, married,  
divorced Single.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive    years

7. Date of Birth  
(Month, Day, Year) October. 28. 1948.

8. AGE	Years	Months	Days	If less than 1 day
			<u>6</u>	hrs. min.

9. Exact Occupation None. Did this work for    yrs.

10. Industry or Business    Date last worked   

11. Birthplace Boise, Idaho.  
(City or town) (State or foreign country)

12. Name Dale Burnett Patterson.

13. Birthplace Arthur, Iowa.  
(City or town) (State or foreign country)

14. Maiden name Pauline Rollins.

15. Birthplace Dallas, Texas.  
(City or town) (State or foreign country)

16. Informant's OWN Signature D.B. Patterson m.d.  
and Address Cascade, Idaho

17. (a) Burial. (b) Date thereof Nov. 4. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clyde E. Summers.  
and Address Boise, Idaho.

19. (a) 11-15-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) November. 3. 1948.

at 4.30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 28 to Nov 3 1948

I last saw h. er alive on Nov 3 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Infection Duration 5 days

Due to Multiple Congenital Anomalies. Birth.

Due to   

Other conditions   

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Robert M. D.

and Address 21 N. 1st Boise (M. D. or other)

Date 11/12 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 State File No. 3956

Local Reg. No. 400

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county 13 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1712 No. 23rd  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME RUTH IONE MINSHALL

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex F race W  
6. (b) Name of husband or wife Richard J. Minshall 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 1/22/1910

8. AGE	Years	Months	Days	If less than 1 day
	<u>38</u>	<u>9</u>	<u>11</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Hettinger, North Dakota (City or town) (State or foreign country)

- Father { 12. Name Frank Rhoda  
13. Birthplace Minnesota (City or town) (State or foreign country)

- Mother { 14. Maiden name Salma Carlson  
15. Birthplace Minnesota (City or town) (State or foreign country)

16. Informant's OWN Signature Richard J. Minshall  
and Address 1712 No. 23rd St. Boise, Idaho

17. (a) Burial (b) Date thereof 11/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cloverdale Memorial Park, Boise, Ida.

18. Funeral Director's OWN Signature McBratney Fowler  
and Address 419 No. 9th St. Boise, Idaho

19. (a) 11-5-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 3, 1948  
at 3:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1, 1948 to 3 November 1948  
I last saw h. et alive on 3 November 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- broncho pneumonia Duration 1 week  
Due to serous lymphosarcoma with mediastinal and hepatic metastases 3 yrs.  
Due to secondary anemia 2 yrs.  
Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

- Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy as above

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Welfred M. Stone (M, D. or other)  
and Address 1510 W. 5th Ave. Boise, Idaho Date 4 Nov 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OFFICE OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3957

Local Reg. No. 401

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Alphonsus 8 days  
(g) Lived in this county 46 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 3  
(e) Deceased lived Inside? Outside X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) California

## 3. (a) FULL NAME

Emery. J. Poteet.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or White.

6. (a) Single, widowed, married, divorced Widower.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) September. 14. 1869.

8. AGE	Years	Months	Days	If less than 1 day
	<u>79.</u>	<u>1.</u>	<u>29.</u>	hrs. min.

9. Exact Occupation Farmer. Did this work for  yrs.

10. Industry or Business Placerville, Calif. Date last worked

11. Birthplace (City or town) (State or foreign country)

12. Name Thomas Jobe Poteet.

13. Birthplace Kentucky. (City or town) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Mildred Delara  
and Address 916 Fort St. Boise, Idaho

17. (a) Burial. (b) Date thereof November. 5. 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Clyde E. Summers.  
and Address Boise, Idaho

19. (a) 11-6-48 (b) Muriel Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11-3-48  
at 10:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 1946 to 11-3-48  
I last saw him alive on 11-2-48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 10 min.

Due to Chronic myocarditis 10 yrs.  
Coronary disease

Due to Myocarditis 20 yrs  
Other conditions: Myocarditis  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation — Date —  
Major finding —  
Finding of autopsy —

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —  
Occurred — 19 — City, county, state  
where violence occurred —

Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —

Means of injury —  
23. Attendant's OWN Signature Quinnach  
(M. D. or other)

and Address Boise, Ida Date 11-4-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3958  
Local Reg. No. 404  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1501-No. 24th St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME MRS. ELLEN M BEACHEM

3. (b) If veteran, name war none 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex Female race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife J.C. Beachem 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) August 10, 1914

8. AGE	Years	Months	Days	If less than 1 day
	<u>34</u>	<u>2</u>	<u>23</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Home Lbr. Co. Date last worked \_\_\_\_\_

11. Birthplace Nampa, Idaho (City or town) (State or foreign country)

Father { 12. Name George Haltom

13. Birthplace Nampa, Idaho (City or town) (State or foreign country)

Mother { 14. Maiden name Sarah O'Hara

15. Birthplace Colorado (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Sara Haltom and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 11/5/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature John J. Alsip, Jr. and Address Nampa, Idaho

19. (a) 11-9-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 3, 19 48  
(Month, Day, Year) at 2:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 15 19 48 to Nov. 3 19 48

I last saw h. er alive on Nov. 3 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death myocardial thrombosis Duration 1 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John J. Alsip, Jr. (M.D. or other)

and Address Boise Ada Date 11-8-48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. **3959**  
Local Reg. No. **418**  
Reg. Dist. No. **378**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. Route #3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME William Lafayette Fretwell

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex M race W

5. Color or W  
6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) November 20-1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>11</u>	<u>14</u>	hrs. min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Kahoka, Clark Co., Missouri  
(City or town) (State or foreign country)

12. Name Sam Fretwell

13. Birthplace Virginia  
(City or town) (State or foreign country)

14. Maiden name Louissann Wells

15. Birthplace Clark Co., Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Sam Fretwell  
and Address Parma, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-48  
(Month) (Day) (Year)

(c) Place Roswell

18. Funeral Director's OWN Signature W. Beckman  
and Address Caldwell, Idaho

19. (a) 11-10-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 4 1948  
at 7:35 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 10/20/48 to 11/3/48

I last saw him alive on 11/3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Decompensation 2 months Duration \_\_\_\_\_

Due to Arteriosclerosis heart?

Due to Coronary Prosthesis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Boise (M.D. or other) \_\_\_\_\_  
and Address Boise Date 11/7 1948  
(For additional space, use reverse side)

051B  
093D

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 1 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEATH OF VITAL

STATE OF IDAHO

State File No. **3960**  
Local Reg. No. **402**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St Alphonsus** Stayed \_\_\_\_\_ days  
(g) Lived in this county **5** years **5** months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **2522 Madison St**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **5/5 M** years  
(h) Former residence (city, state) **Kansas**

## 3. (a) FULL

NAME **Susie Taylor**

## 3. (b) If veteran, name war

**None**

## 3. (c) Social Security No.

**None**

## 5. Color or

4. Sex **Female** Race **White**

## 6. (a) Single, widowed, married,

divorced **widow**

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) **Sept 6th 1887**

## 8. AGE

Years

**61**

Months

**2**

Days

**0**

If less than 1 day

hrs. min.

## 9. Exact

Occupation **Housewife**

## Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business

**Raymond Kansas**

## Date last

worked

## 11. Birthplace

(City or town)

(State or foreign country)

12. Name **Franklin Etinger**

Father { 13. Birthplace

(City or town)

(State or foreign country)

14. Maiden name **Lovisa Bailey**

Mother { 15. Birthplace

(City or town)

(State or foreign country)

16. Informant's **OWN** Signature **Franklin D. Taylor**

and Address **Hutchinson Kansas**

## 17. (a) Removal

(b) Date thereof **11/8/1948**

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place **Hutchinson Kansas**

## 18. Funeral Director's

OWN Signature **Schreiber McLean**

and Address **Boise**

## 19. (a) **11-8-48**

(Date received and filed)

## (b)

**John M. Palmer**

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **Nov. 6**

at **7:25** o'clock **a** M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**Jan 1** 19 **48** to **Nov. 6** 19 **48**

I last saw him alive on **Nov. 5** 19 **48**

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Carcinoma of liver**

## Duration

**2 years**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_

Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature **Larson & Ward**

(M. D. or other)

and Address **Boise**

Date **11/6**

19 **48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 21 1948

# Certificate of Death

1948

State File No. 3961  
Local Reg. No. 406  
Reg. Dist. No. 370

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH:  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus Stayed \_\_\_\_\_ days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1214 Williams St  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 70 years  
(h) Former residence (city, state) None

3. (a) FULL NAME Cora A. Johnson

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female Color or race White
5. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife \_\_\_\_\_
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Oct. 14th. 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>0</u>	<u>23</u>	hrs. min.

9. Exact Occupation School Teacher Did this work for \_\_\_\_\_ yrs.
10. Industry or Business Retired Date last worked \_\_\_\_\_
11. Birthplace Hapster Idaho (City or town) (State or foreign country)

12. Name Eli H. Coder
13. Birthplace Penn: (City or town) (State or foreign country)
14. Maiden name Mary Straugh
15. Birthplace Penn: (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs E. H. Alber  
and Address Pocatello Idaho

17. (a) Burial (b) Date thereof 11/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Schreiber & McCann  
and Address Boise

19. (a) 11-9-48 (b) J. W. McFarlane  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH Nov. 7 1948  
(Month, Day, Year) \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1948  
Sept 3 1948 to Nov 7 1948  
I last saw her alive on Nov. 6 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 18 hrs.

Due to Arteriosclerosis & hypertension  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Paul F. Miner MD  
(M. D. or other)  
and Address Boise Idaho Date 11/8 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED NON-RESIDENT  
Certificate of Death

NOV 2 1948

DIVISION OF VITAL

STATE OF IDAHO

State File No. 3962  
Local Reg. No. 405  
Reg. Dist. No. 370

1. PLACE OF DEATH: **STATISTICS**
- (a) County Ada
- (b) City or town Boise
- (c) Street Address or R.F.D. No. X
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town
- (e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. St. Alphonsus, d. 6 days
- (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 10 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Tennessee (b) County Putnam
- (c) City or town Cookeville
- (d) Street Address or R.F.D. No. X
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 10 years
- (h) Former residence (city, state) Tennessee

3. (a) FULL NAME Casto Cleo Adkins
3. (b) If veteran, name war No. 3. (c) Social Security No. X
5. Color or White 6. (a) Single, widowed, married, divorced Single
4. Sex Male 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May. 27. 1883.
- | 8. AGE | Years      | Months    | Days       | If less than 1 day |
|--------|------------|-----------|------------|--------------------|
|        | <u>65.</u> | <u>5.</u> | <u>10.</u> | hrs. min.          |

9. Exact Occupation Lumberman Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Cookeville, Tennessee (City or town) (State or foreign country)

- Father { 12. Name Hugh Hunter
13. Birthplace Cookeville, Tenn. (City or town) (State or foreign country)
- Mother { 14. Maiden name Cansada Adkins
15. Birthplace Tenn. (City or town) (State or foreign country)

16. Informant's OWN Signature James B. Allen  
and Address Cascade, Ida.

17. (a) Removal (b) Date thereof Nov. 9. 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Seymour, Indiana
18. Funeral Director Summers Funeral Home

- OWN Signature Clayde E. Summers  
and Address Boise, Idaho

19. (a) 11-9-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 7 1948  
at 11:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11/2 1948, to 11/7 1948.

I last saw him alive on 11/7 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Broncho-pneumonia - Hypostatic Pneumonia Due to Cerebral Thrombosis Duration 3 days

Due to Generalized Arteriosclerosis 5 days

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_
- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_
23. Attendant's OWN Signature Max L. Bell, M.D. (M. D. or other)
- and Address Boise, Idaho Date 11/8 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 24 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 407  
Reg. Dist. No. 370

3963

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St. Lukes Hospital  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1102 Ridenbaugh  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 Days years \_\_\_\_\_  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME KATHLEEN KAY BARR

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Single  
4. Sex F race W 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
6. (b) Name of husband or wife None

7. Date of Birth  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>3</u>	hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace St. Lukes Hospital Boise, Idaho  
(City or town) (State or foreign country)

12. Name Roy Lee Barr

13. Birthplace Belton, Missouri  
(City or town) (State or foreign country)

14. Maiden name Evelyn Koch

15. Birthplace Bertrand, Nebraska  
(City or town) (State or foreign country)

16. Informant's OWN Signature \* Roy Lee Barr

and Address 1102 Ridenbaugh Boise, Idaho

17. (a) Burial (b) Date thereof Nov. 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Boise, Idaho

18. Funeral Director's OWN Signature McBratney Fowler Chapel

and Address 419 North 9th St. Boise, Idaho

19. (a) 11-9-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 8, 1948  
(Month, Day, Year) at 1:47 o'clock A. M.

21. I HEREBY CERTIFY That I attended deceased from Nov. 4 1948 to Nov. 8 1948  
I last saw her alive on Nov. 7 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Premature  
congenital heart  
Due to \_\_\_\_\_

Due to Premature  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature a. J. Coates  
(M. D. or other)

and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_  
(For additional space, use reverse side)

040

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 27 1948

# Certificate of Death

STATE OF IDAHO

State File No. **3964**  
Local Reg. No. **197**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **2808. Cassia St.**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years **7** months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **2808. Cassia St.**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **49** years  
(h) Former residence (city, state) **X**

## 3. (a) FULL NAME

**ORVILLE.D. GARRISON.**

## 3. (b) If veteran, name war

**World War # 1.**

## 3. (c) Social Security No.

4. Sex **Male** race **White** 5. Color or **White**  
6. (b) Name of husband or wife **Lois Bassett Garrison** 6. (c) Age of husband or wife if **42** years

## 7. Date of Birth (Month, Day, Year) **April. 29. 1899.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>49.</b>	<b>6.</b>	<b>10.</b>	hrs. min.

9. Exact Occupation **Bakery Owner.** Did this work for ☐ yrs.

10. Industry or Business **Nez Perce, Idaho.** Date last worked ☐

11. Birthplace **Nez Perce, Idaho.** (City or town) (State or foreign country)

12. Name **Royal. E. Garrison.** (City or town) (State or foreign country)

13. Birthplace **Oregon.** (City or town) (State or foreign country)

14. Maiden name **Lona Williams.** (City or town) (State or foreign country)

15. Birthplace **Unknown.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Del Kleffner**  
and Address **2370 E. Elm Ave.**

17. (a) **Removal** (b) Date thereof **Nov. 10. 1948.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **Pocatello, Idaho.**

18. Funeral Director's OWN Signature **Summers Funeral Home.**  
and Address **Clyde E. Summers**

19. (a) **11-26-48** (b) **Myrtle Palmer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **November. 9. 1948.**  
at **11** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **—** to **—** 19 **—** to **—** 19 **—**

I last saw h. **in** alive on **—** 19 **—**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Disease** Duration **2 hrs.**

**perforation**

Due to **—**

Due to **—**

Other conditions **—**

(Include pregnancy within 3 months of death)

Where was disease contracted? **—**

Name of operation **—** Date **—**

Major finding **—**

Finding of autopsy **—**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **—** 19 **—** City, county, state

where violence occurred **—**

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **—**

23. Attendant's OWN Signature **W. D. Springer**

and Address **Boise, Idaho 11-15 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 2 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
DEPARTMENT OF VITAL STATISTICS

STATE OF IDAHO

1948

State File No. 3965

Local Reg. No. 410

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St Alphonsus  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus died 11 days  
(g) Lived in this county 41 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2815 W. Jefferson  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

Minnie Mc Clellan

3. (b) If veteran, name war No.

3. (c) Social Security No. None

5. Color or Female Race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) August. 20. 1868.

8. AGE	Years	Months	Days	If less than 1 day
	<u>80.</u>	<u>1.</u>	<u>19.</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Missouri (City or town) (State or foreign country)

12. Name William Neal Oakes

13. Birthplace Ohio (City or town) (State or foreign country)

14. Maiden name Laura. L. Baker

15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Ralph E Oakes

and Address 2815 W. Jefferson Boise, Id.

17. (a) Burial (b) Date thereof Nov. 12. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Elvade E Summers

and Address Boise, Idaho

19. (a) 11-12-48 (b) Minnie Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 9 1948  
at 3:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 31 1948 to Nov. 9 1948

I last saw h. PR alive on Nov. 9 1948  
death is held to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart Failure Duration 8 hrs

Due to Atherosclerosis 10 yrs

Due to Senility

Other conditions Obstructive 10 days  
(Include pregnancy within 6 months of death)

Jauundice

Where was disease contracted? Unknown

Name of operation Cholecystectomy 11/5/48

Major finding Stones in Common Duct

Finding of autopsy Stone in Intrahepatic Duct, Rt. - Hydronephrosis, Rt.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

23. Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Raymond M. Miller

(M. D. or other)

and Address Boise, Id. Date Nov 10 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Bureau of Investigation  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 2 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **3966**  
Local Reg. No. **715**  
Reg. Dist. No. **270**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **X**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St Lukes**. Stayed **8** days  
(g) Lived in this county **21** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho**. (b) County **Ada**.  
(c) City or town **Boise**.  
(d) Street Address or R.F.D. No. **818. N. 13 Street**.  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **21** years  
(h) Former residence (city, state) **Tennessee**.

## 3. (a) FULL NAME

**Ernest Suddath Burnett.**

## 3. (b) If veteran, name war No.

3. (c) Social Security No. **518-09-8757.**

## 4. Sex. Male. race. White.

5. Color or (a) Single, widowed, married, divorced **Married.**

## 6. (b) Name of husband or wife. Ava Marie Burnett.

6. (c) Age of husband or wife if alive **49** years

## 7. Date of Birth (Month, Day, Year) July. 17. 1892.

8. AGE	Years	Months	Days	If less than 1 day
	<b>56.</b>	<b>3.</b>	<b>22.</b>	hrs. min.

## 9. Exact Occupation. Floor Manager Shoe Dept. Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business. C.C. Anderson Co. Date last worked.

## 11. Birthplace. Crossville, Tenn. (City or town) (State or foreign country)

## 12. Name. James Edward Burnett. (City or town) (State or foreign country)

## 13. Birthplace. Tenn. (City or town) (State or foreign country)

## 14. Maiden name. Susan Suddath. (City or town) (State or foreign country)

## 15. Birthplace. Tenn. (City or town) (State or foreign country)

## 16. Informant's OWN Signature. Richard K. Burnett and Address. 722-Franklin St.

## 17. (a) Burial. (b) Date thereof. Nov. 12. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place. Morris Hill Cemetery. Sumners Funeral Home.

## 18. Funeral Director's OWN Signature. Clyde E. Sumners, Boise, Idaho.

## 19. (a) 11-13-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **Nov. 9 - 1948**  
at **11:14** o'clock **A.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from. Oct 30 1948 to Nov 9 1948

I last saw him alive on **Nov 9** 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Occlusion** Duration **7 da.**

Due to **Coronary Occlusion** **10 da.**

Due to \_\_\_\_\_

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation. \_\_\_\_\_ Date. \_\_\_\_\_

Major finding. \_\_\_\_\_

Finding of autopsy. **None**

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred. \_\_\_\_\_ 19. \_\_\_\_\_ City, county, state  
where violence occurred. \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury. \_\_\_\_\_

## 23. Attendant's OWN Signature. O. J. Swindell M.D. (M. D. or other)

and Address. **Boise Idaho** Date **11-12-1948**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 2 4 1948

# Certificate of Death

STATE OF IDAHO

STATE OF IDAHO

State File No. 3967  
Local Reg. No. 411  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus 1 days  
(g) Lived in this county 45 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1601. Harrison  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

**WILLIAM SAMUEL MC BIRNEY.**

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lo Vetra Mc Birney

6. (c) Age of husband or wife if alive 62 years

7. Date of Birth (Month, Day, Year) April. 27. 1876.

8. AGE	Years	Months	Days	If less than 1 day
	<u>72.</u>	<u>6.</u>	<u>12.</u>	hrs. min.

9. Exact Occupation Fruit Grower. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Conrad, Iowa. (City or town) (State or foreign country)

12. Name Thomas Mc Birney (City or town) (State or foreign country)

13. Birthplace Ireland. (City or town) (State or foreign country)

14. Maiden name Anna Elfa Tiedgen. (City or town) (State or foreign country)

15. Birthplace Germany. (City or town) (State or foreign country)

16. Informant's OWN Signature Lo Vetra Mc Birney

and Address 1601 Harrison Blvd.

17. (a) Burial. (b) Date thereof Nov. 12. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris hill Cemetery.

18. Funeral Director's OWN Signature Summers Funeral Home.

and Address Boise, Idaho.

19. (a) 11-12-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov 9 1948  
at 2:55 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 28 1942 to Nov 9 1948

I last saw him alive on Nov 9 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cardiac Decompensation Duration 2 days

Due to Arteriosclerotic Heart Disease

Due to Carcinoma Prostate Gland

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature Almond J. D.

and Address Boise (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

ATTENDED - AUGUST 4, 1949

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 48-3968

Local Reg. No. ....

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. St. Alphonsus Stayed 7 days  
(g) Lived in this county..... years 10 months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2001 Nez Perce  
(e) Deceased lived Inside?..... Outside? ☒ ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? App. 1 years  
(h) Former residence (city, state) California

## 3. (a) FULL NAME

Carl Lambert Hogue

3. (b) If veteran, name war World War #2

3. (c) Social Security No. 554- 22. 3272.

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Bernice Hogue

6. (c) Age of husband or wife if  
alive 38 years

7. Date of Birth  
(Month, Day, Year) September 12, 1911

8. AGE	Years	Months	Days	If less than 1 day
	<u>37</u>	<u>1</u>	<u>28</u>	hrs. min.

9. Exact Occupation Engineer Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace Kuna, Idaho  
(City or town) (State or foreign country)

Father { 12. Name Gilbert H. Hogue

13. Birthplace Excels, Missouri  
(City or town) (State or foreign country)

Mother { 14. Maiden name Carrie Owings

15. Birthplace Baltimore, Maryland  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Shannon Hogue  
and Address 3532 S. W. 172 St., Seattle, Wn.

17. (a) Burial (b) Date thereof 11-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kuna, Idaho

18. Funeral Director's Summers Funeral Home.

OWN Signature Clyde E. Summers

and Address Boise, Idaho

19. (a) 11-13-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 9 19 48  
(Month, Day, Year) at 2:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 10-22-48  
to November 9 19 48

I last saw him alive on November 9 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Shock Duration 4 hrs.

Due to Hemorrhage 4 hrs.

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted? Hospital

Name of operation gastric resection

Major finding Duodenal Ulcer

Finding of autopsy Hemorrhage

Pelvic Tumor

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's  
OWN Signature Q. W. Mack

(M. D. or other)

and Address Boise, Idaho Date 11-13 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 23 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3968  
Local Reg. No. 477  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 10 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2001. Nez Perce  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Carl Lambert Hogue.

3. (b) If veteran, name war World War # 2. 3. (c) Social Security No. 554- 22. 3272.

4. Sex Male race White 5. Color or (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bernice Hazel Hogue. 6. (c) Age of husband or wife if alive 38 years

7. Date of Birth (Month, Day, Year) September, 12, 1911.

8. AGE	Years	Months	Days	If less than 1 day
	<u>37.</u>	<u>1.</u>	<u>28.</u>	hrs. min.

9. Exact Occupation Engineer. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Kuna, Idaho. (City or town) (State or foreign country)

12. Name Gilbert, H. Hogue. (City or town) (State or foreign country)

13. Birthplace Excels, Missouri. (City or town) (State or foreign country)

14. Maiden name Nannie Hamilton. (City or town) (State or foreign country)

15. Birthplace Missouri. (City or town) (State or foreign country)

16. Informant's OWN Signature Shannon Hogue

- and Address 3532 S.W. 172 St. Seattle, Wn.

17. (a) Burial (b) Date thereof Nov. 17, 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Kuna, Idaho.

18. Funeral Director's OWN Signature Summers Funeral Home

- and Address Boise, Idaho

19. (a) 11-13-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 9, 1948  
at 2:50 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 10-22-48 to 11-9-1948

I last saw h. in alive on 11-9-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Shock Duration 4 hrs

Due to Hemorrhage 4 hrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? Hospital

Name of operation Gastrectomy

Major finding Duodenal ulcer

Finding of autopsy Hemorrhage

1. Pelvic tumor

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Summers

and Address Boise, Idaho (M. D. or other)

Date 11-8-1948

(For additional space, use reverse side)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. Certificate No. 3968  
County of \_\_\_\_\_ } Date Filed 11/26/48

The undersigned does solemnly swear that certain facts on the certificate of death  
for Carl Lambert Hogue who died on Nov. 9, 1948  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Bosse, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Birth and marriage records prepared on various dates - See other side are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED (Name, "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
<u>Name of wife</u>	<u>Bernice Hazel Hogue</u>	<u>Bernice Hogue</u>
<u>mother's maiden name</u>	<u>Nannia Hamilton</u>	<u>Carrie Owings</u>
<u>Age at death</u>	<u>37 years</u>	<u>approx 1 year previous to death</u>
<u>Subscribed and sworn to before me this</u> <u>27</u> <u>day</u> of <u>July</u> <u>1949</u>	<u>X</u>	<u>approx 1 year previous to death</u>
<u>John Edward Jordan</u>		<u>Bernice Hogue</u>
Notary Public, residing at <u>3002 Lake Park Ave</u>		(Signature of parent or attendant in correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
My commission expires <u>Oct 22, 1952</u>		<u>3547 Dickens Ave. Chgo. Ill.</u>
(Seal)		(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Illinois } ss. [This Affidavit **MUST** Also be Executed.  
County of Cook } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 27 day of July 1949  
John Edward Jordan  
Notary Public, residing at 3002 Lake Park Ave  
My commission expires Oct 22, 1952  
(Seal)

Signed Milton W. Golden  
(Signature of Any Credible Person)  
4612 N Drake, Chicago 25  
(Street Address, City, State)  
Ill

( See other side )

I

July 27<sup>th</sup>, 1909  
Chgo. Ill.

Bureau of Vital Statistics  
Bose, Idaho

Guthrie:

RECEIVED

DIVISION OF VITAL  
STATISTICS

Enclosed is a photostatic copy  
of my husbands death  
certificate - which I submit for correction  
As my brother - in law, Shannon Hogue  
was under great stress - he evidently  
mistook some questions - as -  
putting my husbands grade to his name  
instead of his mothers etc -

I have made corrections & had  
them notarized & an enclosing letter,  
I would appreciate if you would  
convert death certificate & send me  
a corrected photostatic copy -

Thank you, I am  
Bernice Hogue  
3547 Division Ave.  
Chicago, 47, Ill.

Very truly yours  
Bernice Hogue

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 23 1948

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

Handwritten.

1948

State File No. 3969

Local Reg. No. 416

Reg. Dist. No. 370

## 1. PLACE OF DEATH: STATISTICS

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1409 E. Jefferson  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1409 East Jeff.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Penn.

## 3. (a) FULL NAME Jessie Yochem.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or White. 6. (a) Single, widowed, married, divorced Widow.  
4. Sex Female. 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) July. 5. 1869.

8. AGE	Years	Months	Days	If less than 1 day
	<u>79.</u>	<u>4.</u>	<u>5.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Clarksville, Penn. (City or town) (State or foreign country)

## 12. Name William Mc Clelland. (City or town) (State or foreign country)

## 13. Birthplace Penn. (City or town) (State or foreign country)

## 14. Maiden name Mellisa. M. Woods. (City or town) (State or foreign country)

## 15. Birthplace Penn. (City or town) (State or foreign country)

## 16. Informant's OWN Signature H. S. Beale

## and Address 714 Richmond St

## 17. (a) Burial. (b) Date thereof Nov. 13. 1948. (Month) (Day) (Year)

## (c) Place Twin Falls, Idaho.

## 18. Funeral Director's OWN Signature Chas. E. Summers

## and Address Boise, Idaho.

## 19. (a) 11-13-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November. 10. 19. 48.  
at 10.30. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-9-48 to 11-10-48  
I last saw her alive on 11-10-48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Artemia Duration sudden

Due to arterio sclerosis

Due to coronary occlusion

Due to acute bright disease

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature H. S. Beale (M. D. or other)

and Address Boise Id. Date 11-12-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. 3970  
Local Reg. No. 415  
Reg. Dist. No. 370

1. PLACE OF DEATH: **STATISTICS**
- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Lukes Stayed 7 days  
(g) Lived in this county 2 years 15 months 15 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. # 4. Guster Drive  
(e) Deceased lived Inside? Outside X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 Weeks  
(h) Former residence (city, state) California

3. (a) FULL NAME Johnstone Lind.

3. (b) If veteran, name war No. None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Marion Lind. 6. (c) Age of husband or wife if alive 55 years

7. Date of Birth (Month, Day, Year) April. 1. 1871.
- | 8. AGE | Years      | Months    | Days      | If less than 1 day |
|--------|------------|-----------|-----------|--------------------|
|        | <u>77.</u> | <u>7.</u> | <u>9.</u> | hrs. min.          |

9. Exact Occupation Real Estate. Did this work for  yrs.  
10. Industry or Business Lanark Shrine Scotland. Date last worked

11. Birthplace Lanark Shrine Scotland. (City or town) (State or foreign country)

12. Name John Lind. (City or town) (State or foreign country)  
13. Birthplace Scotland. (City or town) (State or foreign country)

14. Maiden name Grace Johnstone. (City or town) (State or foreign country)  
15. Birthplace Scotland. (City or town) (State or foreign country)

16. Informant's OWN Signature Marion Lind  
and Address 4, Guster Drive Boise

17. (a) Cremation (b) Date thereof Nov. 15, 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Portland, Oregon.  
18. Funeral Director's OWN Signature Chas. E. Summers  
and Address Boise, Idaho.

19. (a) 11-13-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

20. DATE OF DEATH (Month, Day, Year) November. 10. 19 48.  
at 9.30. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased Nov. 10, 1948  
on Nov. 10, 1948 to Nov. 10, 1948  
I last saw h. 12 alive on Nov. 10, 1948  
death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Generalized Atherosclerosis Duration Years  
Due to Chronic Arteriosclerosis  
Due to Chronic Arteriosclerosis  
Other conditions 2 yr  
(Include pregnancy within 3 months of death)

- Where was disease contracted? Physician  
Name of operation Underline the cause to which death should be charged statistically.  
Major finding Physician  
Finding of autopsy Physician

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred.

- Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury Physician  
23. Attendant's OWN Signature Chas. E. Summers (M. D. or other)

- and Address Boise, Idaho Date Nov 12 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. **3971**  
Local Reg. No. **418**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County. **Ada**  
(b) City or town. **Boise**  
(c) Street Address or R.F.D. No. **North 28 th Street**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. \_\_\_\_\_ Hospital. \_\_\_\_\_ Institution. \_\_\_\_\_ Other place **X**  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **45** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Idaho** (b) County. **Ada**  
(c) City or town. **Boise**  
(d) Street Address or R.F.D. No. **2109. N. 30 St.**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **45** years  
(h) Former residence (city, state) **Oregon**

## 3. (a) FULL NAME

**Rose Smith**

## 3. (b) If veteran, name war

No.

## 3. (c) Social Security No.

No.

5. Color or

4. Sex. **Female** Race. **White**

6. (a) Single, widowed, married, divorced. **Widow**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) **June. 15. 1883.**

## 8. AGE

Years

Months

Days

If less than 1 day

**65.**

**4.**

**25.**

hrs.

min.

## 9. Exact

Occupation. **At Home.**

Did this

work for. \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked.

11. Birthplace. **Huntington, Oregon.**

(City or town)

(State or foreign country)

12. Name. **Alfred. E. Erickson.**

13. Birthplace. **Sweden.**

(City or town)

(State or foreign country)

14. Maiden name. **Anna. L. Vixstrom.**

15. Birthplace. **Sweden.**

(City or town)

(State or foreign country)

## 16. Informant

OWN Signature. **H. Smith**

and Address. **2909 N 30th Boise Idaho**

17. (a) **Burial.**

(b) Date thereof. **Nov. 13. 1948.**

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place. **Morris Hill Cemetery.**

**Summers Funeral Home.**

## 18. Funeral Director's

OWN Signature. **Charles E. Summers**

and Address. **Boise, Idaho.**

19. (a) **11-15-48**

(b) **Myrtle Palmer**

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **November. 10. 19 48.**

at **6.55.** o'clock **P.** M.

21. I HEREBY CERTIFY, That I **##**

19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Fractured skull.**

Duration

Due to **Run across street into an Automobile.**

Due to **Accident.**

Other conditions.

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation. \_\_\_\_\_ Date. \_\_\_\_\_

Major finding.

Finding of autopsy.

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **Yes.** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred **November. 10. 19 48.** City, county, state

where violence occurred. **North 28 th Street.**

Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_

Public Place. **On Street.** While at work? \_\_\_\_\_

Means of injury

## 23. Attendant

OWN Signature. **Charles E. Summers** Coroner of

and Address. **Boise, Idaho.** (M. D. or other) **Ada County.**

date **11/11 19 48.**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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Certificate of Death

STATE OF IDAHO

State File No. 3972  
Local Reg. No. 420  
Reg. Dist. No. 370

1. PLACE OF DEATH: **STATISTICS**  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 40 days  
(g) Lived in this county 73 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 418 N. 1st St  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 77 years  
(h) Former residence (city, state) N.Y. City

3. (a) FULL NAME Minerva Elizabeth Keefe  
3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Walter Keefe 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) May 16th 1869  
8. AGE  

Years	Months	Days	If less than 1 day
<u>79</u>	<u>5</u>	<u>25</u>	hrs. min.

  
9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace New York City (City or town) (State or foreign country)  
12. Name James H. Hart  
13. Birthplace New York City (City or town) (State or foreign country)  
14. Maiden name Eliza Paynton  
15. Birthplace New York City (City or town) (State or foreign country)  
16. Informant's OWN Signature Sw. Keefe  
and Address 418 No. 1st. St. Boise Idaho  
17. (a) Burial (b) Date thereof 11/15/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place St. John's Cemetery  
18. Funeral Director's OWN Signature Schreiber McCann  
and Address Boise, J. McCann  
19. (a) 11-16-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH Nov. 11 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.  
21. I HEREBY CERTIFY, That I attended deceased from 10-1 1948 to 11-11 1948  
I last saw him alive on 11-11 1948  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death:  
Cachexia  
Dehydration  
Due to Malnutrition  
Fracture, Simple H. hip  
Due to Fall  
Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)  
Central, Seminary  
Where was disease contracted?  
Name of operation Open reduction hip Date 10-4-48  
Major finding Fracture Simple H. hip  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 10-1 1948 City, county, state Ada  
where violence occurred. Ada  
Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Fall in home  
23. Attendant's OWN Signature W. D. Palmer (M. D. or other)  
and Address Boise Date 11-13-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

Shaw, 1948

State File No. 3973

Local Reg. No. 422

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus, ped. 4 days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

G. Frank Hulser.

## 3. (b) If veteran, name war No. 3. (c) Social Security No.

5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male  
6. (b) Name of husband or wife Bertha K. Hulser 6. (c) Age of husband or wife if alive 63 years

## 7. Date of Birth (Month, Day, Year) July. 4. 1875.

8. AGE	Years	Months	Days	If less than 1 day
	<u>73.</u>	<u>4.</u>	<u>7.</u>	hrs. min.

## 9. Exact Occupation Farmer. Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Lake City, Iowa. (City or town) (State or foreign country)

## 12. Name George Hulser.

## 13. Birthplace Germany. (City or town) (State or foreign country)

## 14. Maiden name Myra Hawkins.

## 15. Birthplace England. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Bertha K. Hulser

## and Address R.D. # 2. Boise, Idaho.

## 17. (a) Burial. (b) Date thereof Nov. 13. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Morris Hill Cemetery.

## 18. Funeral Director's OWN Signature Clayton E. Summers,

## and Address Boise, Idaho.

## 19. (a) 11-17-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) November. 11. 1948.

## at 1.05 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 11-7-48 to 11-11-48

## I last saw h. alive on 11-11 1948

## death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Coronary thrombosis Duration 3 days

## Due to Coronary artery sclerosis

## Due to \_\_\_\_\_

## Other conditions Fracture, Comminuted

## (Include pregnancy within 3 months of death)

## Simple left Scapula

## When was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

## PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred 11-6 1948 City, county, state

## where violence occurred. Boise

## Place of Violence: Home \_\_\_\_\_ Farm X Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury Fell from ladder

## 23. Attendant's OWN Signature W. J. Brown

## and Address 11-15-48 Date 45 19

## (For additional space, use reverse side)

## Boise.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

1948

State File No. **3974**  
Local Reg. No. **221**  
Reg. Dist. No. **370**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **111 W. Jefferson**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **2** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **111 W. Jefferson**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **15** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **LILLIE MAY RIGBY**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced **Married**
4. Sex **F** race **W** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years
6. (b) Name of husband or wife **Frank Rigby**

7. Date of Birth (Month, Day, Year) **8/24/1898**

8. AGE	Years	Months	Days	If less than 1 day
	<b>50</b>	<b>2</b>	<b>19</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace **Milford, Illinois** (City or town) (State or foreign country)

12. Name **George Sticknoth** (City or town) (State or foreign country)
13. Birthplace **Illinois** (City or town) (State or foreign country)
14. Maiden name **Ella Ferguson** (City or town) (State or foreign country)
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Frank E. Rigby** and Address **Boise, Ida.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11/16/48** (Month) (Day) (Year)
- (c) Place **Morris Hill, Boise, Idaho**

18. Funeral Director's OWN Signature **McBratney Fowler Chapel** and Address **419 No. 9th St., Boise, Idaho**

19. (a) **11-16-48** (Date received and filed) (b) **Myrtle Palmer** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **November 13** 19**48**  
(Month, Day, Year) at **6:00** o'clock **A.** M.
21. I HEREBY CERTIFY, That I attended deceased from **11/5/48** to **11/13/48**

I last saw him alive on **11/12/48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **General atrophy** Duration **1 year**

**Myocardial infarction**

Due to **probable** **1947**

**Emphysema**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation **July** Date **1947**

Major finding **Autopsy of Sauter**

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Emmett R. Jones** (M. D. or other)

and Address **11/15** Date **1948**

For additional space, use reverse side

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **3975**  
Local Reg. No. **419**  
Reg. Dist. No. **370**

1. PLACE OF DEATH:
- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **120. N. 7 St.**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years **2** months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **120. N. 7 Street.**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **2** mo. years  
(h) Former residence (city, state) **Seattle.**

3. (a) FULL NAME **CORNELIUS EWING ROWLEY.**

3. (b) If veteran, name war No. \_\_\_\_\_  
5. Color or race **White.**  
6. (a) Single, widowed, married, divorced **Married.**  
6. (b) Name of husband or wife **Kathryn Pauline Rowley.**  
6. (c) Age of husband or wife if **32** years  
7. Date of Birth (Month, Day, Year) **April. 18. 1902.**

AGE	Years	Months	Days	If less than 1 day
<b>46.</b>	<b>6.</b>	<b>25.</b>	hrs.	min.

9. Exact Occupation **Manufacturer of** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Artificial Limbs** Date last worked \_\_\_\_\_  
11. Birthplace **Seattle, Washington.** (City or town) (State or foreign country)  
Father { 12. Name **C. Ewing Rowley.**  
13. Birthplace **Iowa.** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Jessie Mae Ewing.**  
15. Birthplace **Illinois.** (City or town) (State or foreign country)  
16. Informant's OWN Signature **Mrs. C. E. Rowley.**  
and Address **744 N. 14th St. W. 61st St. Wash.**  
17. (a) **Removal.** (b) Date thereof **Nov. 15. 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Seattle, Washington.**  
18. Funeral Director's OWN Signature **Summers Funeral Home.**  
and Address **Boise, Idaho.**  
19. (a) **11-15-48** (b) **Myrtle Palmer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **November. 13. 1948.**  
at **6.30.** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **11-13-1948** to **11-13-1948**  
I last saw him alive on **11-13-1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Cerebral Hemorrhage**

Duration

Due to **arteriosclerosis**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding **none**

Finding of autopsy **none**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **C. B. Harrison**  
(M.D. or other)  
and Address **Boise Idaho** Date **11-15-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 30 1948

STATE OF IDAHO

# Certificate of Death

STATE OF IDAHO

State File No. 3976  
Local Reg. No. 425  
Reg. Dist. No. 370

## 1. PLACE OF DEATH: STATISTICS

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 624. Fort Street  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 69 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 624. Fort. Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 69 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

MAUDE NEILLEY HOLMAN.

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None.

5. Color or  
4. Sex Female White

6. (a) Single, widowed, married,  
divorced Widow.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) December. 9. 1878.

8. AGE	Years	Months	Days	If less than 1 day
	<u>69.</u>	<u>11.</u>	<u>6.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise, Idaho.  
(City or town) (State or foreign country)

12. Name William. H. Neilley.

13. Birthplace Ireland.  
(City or town) (State or foreign country)

14. Maiden name Mary Stull.

15. Birthplace Arkansas.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Walter P. Keilley  
and Address 1815 Wash St. Boise, Ida

17. (a) Burial. (b) Date thereof Nov. 17. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Charles E. Summers  
and Address Boise, Idaho.

19. (a) 10-26-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) November. 15. 19 48.  
at 8.15. o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from  
Nov. 1 1948 to Nov. 15 1948  
I last saw her alive on Nov. 15 1948;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Myocardial Occlusion Duration 104.

Due to Chronic Myocarditis  
and Valvular Heart

Due to Alcohol

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Boise, Idaho

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. M. Drastan M.D.

and Address Boise, Idaho Date Nov. 17, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

1948

State File No. **3977**  
Local Reg. No. **423**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 2901 State  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 58 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2901 State  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

NETTIE V. ELLIOTT

3. (b) If veteran, name war No

3. (c) Social Security No. None

5. Color or

6. (a) Single, widowed, married, divorced Widowed

4. Sex F race W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth  
(Month, Day, Year) 6/25/1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>4</u>	<u>22</u>	hrs. min.

9. Exact Occupation Housewife Did this work for years

10. Industry or Business Date last worked

11. Birthplace Platte Co. Missouri  
(City or town) (State or foreign country)

12. Name Henry White

13. Birthplace Tenn.  
(City or town) (State or foreign country)

14. Maiden name Elizabeth Broyles

15. Birthplace Kentucky  
(City or town) (State or foreign country)

16. Informant's OWN Signature George L. Elliott  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof 11/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill, Boise, Idaho

18. Funeral Director's OWN Signature McBratney Fowler Chapel

and Address 413 North 3th St., Boise, Idaho

19. (a) 11/19/48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) November 17 1948  
at 5:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 5-21 1948 to 11-16-48 1948  
I last saw him alive on 11-16-48 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary occlusion

Duration

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

OWN Signature L. Hollingworth

and Address Boise, Idaho Date 11-19-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 3978  
Local Reg. No. 424  
Reg. Dist. No. 370

1. PLACE OF DEATH: Ada  
(a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. 1007 N. 8th St.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county. 49 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 1007 N 8th. St  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) Iowa

3. FULL NAME Anna Spangler

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or Face White  
4. Sex Female  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Nov. 29th 1857  
8. AGE Years Months Days If less than 1 day  
90 11 21 hrs. min.

9. Exact Occupation Housewife Did this work for. yrs.  
10. Industry or Business Date last worked  
11. Birthplace Michigan (City or town) (State or foreign country)

12. Name Isaac Bodine (City or town) (State or foreign country)  
13. Birthplace U.S.A. (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's OWN Signature Myrtle Noble  
and Address 1007 N. 8th St. Boise Idaho

17. (a) Burial (b) Date thereof 11/22/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreiber McLean  
and Address Boise.

19. (a) 11-26-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nov 30 1948  
(Month, Day, Year) at 8:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 1948 to death 11/30/48  
I last saw h. or alive on Nov 19 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Duration  
General Senility  
arteriosclerosis cerebral haemorrhage  
Due to General arteriosclerosis  
Due to  
Other conditions.  
(Include pregnancy within 8 months of death)

Where was disease contracted? at home  
Name of operation none Date  
Major finding.  
Finding of autopsy. no autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury.  
Attendant's OWN Signature J. H. Wahl  
(M. D. or other)  
and Address Boise Idaho Date Nov 26 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 3979  
State File No. \_\_\_\_\_  
Local Reg. No. 430  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus Stayed 1 days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. None  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? ~~USA~~ USA  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Cedar Co., Mo.

## 3. (a) FULL NAME

EMILY ELIZABETH Mc CLURE

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

None

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Walton

6. (c) Age of husband or wife if alive Deceased years

7. Date of Birth (Month, Day, Year) June 5, 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>5</u>	<u>20</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 54 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked Unk

11. Birthplace Cedar Co., Missouri (City or town) (State or foreign country)

Father { 12. Name Ezekiel Hamby

13. Birthplace Cedar Co., Missouri (City or town) (State or foreign country)

Mother { 14. Maiden name Mary Carter

15. Birthplace Cedar Co., Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature F. H. McClure and Address Box 5 Boise, Idaho

17. (a) Burial (b) Date thereof 11/28/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Meridian Cemetery

18. Funeral Director's OWN Signature B. W. Roberson and Address Meridian, Idaho

19. (a) 12-1-48 (b) Therette Salmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) November 25, 1948  
at 4:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 8-25-1939 to 11-24-1948  
I last saw h. alive on 11-24-1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Obvious sclerotic heart disease

## Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Therette Salmer (M.D. or other) Date 11-30-1948 and Address \_\_\_\_\_ (For additional space, use reverse side)



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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948

State File No. **3981**  
Local Reg. No. **433**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **X**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Alphonsus**, **1 Hr.**  
(g) Lived in this county **29** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **323. West Jefferson**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **39** years  
(h) Former residence (city, state) **Mass.**

## 3. (a) FULL NAME

**Walter. H. Copp.**

## 3. (b) If veteran, name war

**No.**

## 3. (c) Social Security No.

**None.**

## 4. Sex **Male** race **White**

## 5. (a) Single, widowed, married, divorced **Married**

## 6. (b) Name of husband or wife **Ethelda Katherine**

## 6. (c) Age of husband or wife if alive **53** years

## 7. Date of Birth (Month, Day, Year) **March. 9. 1876.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>72.</b>	<b>8.</b>	<b>17.</b>	hrs. min.

## 9. Exact Occupation **Agent Equitable Life** Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business **Assurance Society** Date last worked \_\_\_\_\_

## 11. Birthplace **Charlestown, Mass.** (City or town) (State or foreign country)

## 12. Name **Henry William Copp.**

## 13. Birthplace **Boston, Mass.** (City or town) (State or foreign country)

## 14. Maiden name **Emily. L. Courtenay.**

## 15. Birthplace **Boston, Mass.** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Katherine Copp** and Address **323 West Jefferson**

## 17. (a) **Burial.** (b) Date thereof **Nov. 30, 1948.** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place **Boise, Mausoleum.**

## 18. Funeral Director's OWN Signature **Charles E. Summers** and Address **Boise, Idaho**

## 19. (a) **12-2-48** (b) **Myrtle Palmer** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **November. 26.** 19 **48.**  
at **4** o'clock **P.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **Nov 26** **330** 19 **48** to **Nov 26** 19 **48**

I last saw h. alive on **Nov 26** 19 **48**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Acute Pulmonary edema**  
**Left ventricular failure**  
**Coronary Thrombosis**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted? **Unknown**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding **none**

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature **John E. Cerrapach** (M. D. or other)  
and Address **323 West Jefferson** Date **Nov 30** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 3982  
Local Reg. No. 434  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus Stayed 4 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 4 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1619 Colorado  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? X  
(g) How long had deceased lived in Idaho? 4 Days years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME Edna Rae Stilson

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Female 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) November 22, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>4</u>	hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Boise, Idaho  
(City or town) (State or foreign country)

12. Name Billie Bert Stilson  
13. Birthplace Boise, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Katherine Pearl Anderson  
15. Birthplace Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Billie Bert Stilson  
and Address 1619 Colorado St, Ada

17. (a) Burial (b) Date thereof Nov 29, 1948  
(Burial, cremation, or removal) (Month) (Day, (Year)

(c) Place Morris Hill Cemetery  
18. Funeral Director's OWN Signature Clyde E Summers  
and Address Boise, Idaho

19. (a) 12-3-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 26, 1948  
at 8 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 11-22 1948 to 11-26 1948.  
I last saw her alive on 11-26 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 3 days  
Due to General, overexertion 4 days

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy Pneumonia  
and General overexertion

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Myrtle Palmer (M. D. or other)  
and Address Boise, Idaho Date 12-3-48 1948  
(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED  
FEDERAL SECURITY AGENCY  
UNITED STATES PUBLIC HEALTH SERVICE  
NATIONAL OFFICE OF VITAL STATISTICS  
DIVISION OF VITAL STATISTICS  
DEC 2 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3983  
Local Reg. No. 429  
Reg. Dist. No. 370

1. PLACE OF DEATH:
- County Ada
  - City or town Boise
  - Street Address or R.F.D. No. \_\_\_\_\_
  - Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
  - Name Hosp. or Inst. St. Teresas Stayed Academy
  - Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- State Idaho
  - County Ada
  - City or town Boise
  - Street Address or R.F.D. No. 312 W. Jefferson
  - Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - Citizen of what country? U.S.A.
  - How long had deceased lived in Idaho? 4 years
  - Former residence (city, state) California

3. (a) FULL NAME Sister M. Albert. Bridget Hayden

3. (b) If veteran, name war None 3. (c) Social Security No. None
5. Color or race White 6. (a) Single, widowed, married, divorced Single
4. Sex Female 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 5th. 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>4</u>	<u>24</u>	hrs. min.

9. Exact Occupation Teacher. Retired Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Co. Tipperary Ireland (City or town) (State or foreign country)

12. Name Unknown
13. Birthplace Ireland (City or town) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature L. J. Lee and Address 312 W. Jefferson Boise Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/1948 (Month) (Day) (Year)
- (c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schroeder and Address Boise

19. (a) 11-30-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11-29 1948  
at 9:15 o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1 1948, to 11-29 1948  
I last saw her alive on 11-15 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration \_\_\_\_\_

Due to Senility

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 8 months of death) \_\_\_\_\_

Where was disease contracted? Boise Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Fred. J. Palmer (M.D. or other)

and Address Boise Id Date 11-30-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 2 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **3984**  
Local Reg. No. **428**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **1010 Thatcher**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **33** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1010 Thatcher**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **33** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**FRED M. ORTKER**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **518-09-4045**

4. Sex **M** race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Martha A. Ortker**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **12/8/1877**

8. AGE	Years	Months	Days	If less than 1 day
	<b>70</b>	<b>11</b>	<b>21</b>	hrs. min.

9. Exact Occupation **Lumberman** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Lexington, Kentucky**  
(City or town) (State or foreign country)

Father { 12. Name **Unknown**

13. Birthplace **Unknown**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Martha A. Ortker**  
and Address **1010 Thatcher, Boise**

17. (a) **Burial** (b) Date thereof **Dec 13, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Morris Hill, Boise, Idaho**

18. Funeral Director's OWN Signature **McBratney Fowler Chapel**  
and Address **419 No. 9th St., Boise, Idaho**

19. (a) **11-30-48** (b) **Muriel Palmer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) **November 29** 19**48**  
at **5:45** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

### Duration

① **Coronary Arteriosclerosis** 1 hr.

Due to \_\_\_\_\_  
② **Arteriosclerosis** yrs.

Due to \_\_\_\_\_  
Other conditions **None**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Unknown**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Frank D. King MD**  
(M D or other)

and Address **214 East 11/30 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item shall be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# CERTIFICATE OF DEATH

## STATE OF IDAHO

State File No. **3985**  
Local Reg. No. **431**  
Reg. Dist. No. **370**

1. PLACE OF DEATH:
- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R. F. D. No. **1617 N. 24th**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_ Hospital ☒ Institution \_\_\_ Other place \_\_\_  
(f) Name Hosp. or Inst. **Booth Memorial** yed. **2** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R. F. D. No. **1617 N. 24th St.**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **America**  
(g) How long had deceased lived in Idaho? **2 days** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **Baby Pulley**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**  
5. Color or **None** 6. (a) Single, widowed, married, divorced  
4. Sex **M** race **White**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **November 25, 1945**

8. AGE	Years	Months	Days	If less than 1 day
			<b>2</b>	hrs min.

9. Exact Occupation **None** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Boise, Idaho**  
(City or town) (State or foreign country)

- Father { 12. Name **Eldon Farnor**  
13. Birthplace **Oklahoma**  
(City or town) (State or foreign country)

- Mother { 14. Maiden name **Olive Marie Pulley**  
15. Birthplace **Caldwell, Idaho**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Beven Barton**  
and Address **1617 N. 24th St. Boise**

17. (a) **Burial** (b) Date thereof **12/1/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Morris Hill, Boise, Idaho**

18. Funeral Director's **McBranney Fowler Chapel**  
OWN Signature \_\_\_\_\_  
and Address **419 No. 9th, Boise, Idaho**

19. (a) **12-1-48** (b) **Mupthi Palmer**  
(Date received and filed) (Registrar's signature)

### MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **November 30, 1948**  
(Month, Day, Year)  
at **4:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Nov 28, 1948**, to **Nov 30, 1948**  
I last saw him alive on **Nov 29, 1948**; death is said to have occurred on the date and hour stated above.

#### Immediate Cause of Death:

**Intracranial Hemorrhage**  
Due to **Immaturity**

Duration **2 days**  
Due to **2 days**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **Intracranial Hemorrhage**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Frank L. Fletcher MD**  
and Address **Boise, Ida** (M. D. or other) **Nov 30, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 3986  
Local Reg. No. 432  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1815 Washington  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1815 Washington  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Wisconsin

## 3. (a) FULL NAME

Florence Jackson

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or

4. Sex Female Race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year)

September 2, 1867

8. AGE

Years

Months

Days

If less than 1 day

81

2

28

hrs.

min.

9. Exact

Occupation

At Home

Did this

work for

\_\_\_\_\_ yrs.

10. Industry or  
Business

Date last

worked

11. Birthplace Wisconsin

(City or town)

(State or foreign country)

Father { 12. Name

Enoc Vreeland

13. Birthplace

Unknown

(City or town)

(State or foreign country)

Mother { 14. Maiden name

Unknown

15. Birthplace

Unknown

(City or town)

(State or foreign country)

16. Informant's

OWN Signature

Walter P. Heilley

and Address

815 Wash St Boise, Ida

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Dec. 2, 1948

(Month) (Day) (Year)

(c) Place

Meridian, Idaho

18. Funeral Director's

OWN Signature

Summers Funeral Home

and Address

Boise, Idaho

19. (a) 18-1-48

(Date received and filed)

(b) Myrtle Palmer

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year)

November 30

19 48

at 8:20

o'clock A M.

### 21. I HEREBY CERTIFY, That I attended deceased from

Nov 30

to

Nov 30

19 48

I last saw her alive on

Nov 10

19 48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?

Suicide?

Homicide?

Occurred

19

City, county, state

where violence occurred

Place of Violence: Home

Farm

Industry

Public Place

While at work?

Means of injury

### 23. Attendant's

OWN Signature

S. W. Farney MD  
(M. D. or other)

and Address

1502

Date

12/1

19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 10 1948

# Certificate of Death

1948

State File No.

3987

Local Reg. No.

186

Reg. Dist. No.

371

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPT. OF VITAL

STATE OF IDAHO

STATISTICS

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Ada Co. Hospital  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. County Hosp. Stayed 60 days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 7  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

AMANDA E. CLIFTON

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

## 4. Sex F Color or race W

## 6. (a) Single, widowed, married, divorced Widowed

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year)

February 12, 1856

8. AGE	Years	Months	Days	If less than 1 day
	<u>92</u>	<u>8</u>	<u>20</u>	hrs. min.

## 9. Exact Occupation Housewife Did this work for years

## 10. Industry or Business worked Date last worked

## 11. Birthplace (City or town) (State or foreign country)

Ohio

## 12. Name James Earles

## 13. Birthplace (City or town) (State or foreign country)

Ohio

## 14. Maiden name Unknown

## 15. Birthplace (City or town) (State or foreign country)

II

## 16. Informant's OWN Signature Mrs. A. L. Dyke

and Address Corvallis, Oregon

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/48 (Month) (Day) (Year)

(c) Place Morris Hill, Boise, Idaho

## 18. Funeral Director's OWN Signature McBretney Fowler Chapel

and Address 419 No. 9th, Boise, Idaho

## 19. (a) 11-3-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) November 2 1948  
at 10:20 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

July 11 1948 to Nov. 2 1948  
I last saw him alive on Nov. 2 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac Segmentation Rhythm  
Due to General Decline

Duration 3 Mo

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature

A. D. Hamilton (M. D. or other)

and Address 4 Date 19

(For additional space, use reverse side)

096



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 10 1948

# Certificate of Death

Hamilton

State File No. 3988

Local Reg. No. 187

Reg. Dist. No. 371

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 8  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county        years 6 months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 8  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Illinois

## 3. (a) FULL NAME

Sam Martin Strader

3. (b) If veteran, name war  
No.       

3. (c) Social Security No. 519-20-5906

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Widower

6. (b) Name of husband or wife       

6. (c) Age of husband or wife if  
alive        years

7. Date of Birth  
(Month, Day, Year) September 4, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>1</u>	<u>28</u>	hrs. min.

9. Exact Occupation Lumberman Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Bloomington, Illinois  
(City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Alvin Bortles

and Address Rt. 4 Boise Idaho

17. (a) Burial (b) Date thereof Nov. 6, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's  
OWN Signature Cliff E. Summers

and Address Boise, Idaho

19. (a) 11-6-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nov. 3 19 48  
(Month, Day, Year)

at 6 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-3 19 48 to 11-3 19 48

I last saw him alive on 11-3 19 48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration Sudden

Due to Myocardial Degeneration years

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's  
OWN Signature S. O. Hamilton  
(M. D. or other)       

and Address Boise Idaho Date 11-5 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 10 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

Pett

State File No. **3989**  
Local Reg. No. **188**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **R.D. # 1.**  
(d) Death Occurred Inside? **X** Outside? **X** city or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place **X**  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **5** years **5** months **5** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **R.D. # 1.**  
(e) Deceased lived Inside? **X** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **70** years  
(h) Former residence (city, state) **Utah**

## 3. (a) FULL NAME

**Barbara Elixabeth Burnett.**

## 3. (b) If veteran, name war

**No.**

## 3. (c) Social Security No.

**None.**

## 4. Sex **Female** Color or Race **White**

## 5. (a) Single, widowed, married, divorced **Married**

## 6. (b) Name of husband or wife **Alex Burnett.**

## 6. (c) Age of husband or wife if alive **85** years

## 7. Date of Birth (Month, Day, Year) **November. 9. 1869.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>78.</b>	<b>11.</b>	<b>25.</b>	hrs. min.

## 9. Exact Occupation **At Home.** Did this work for **0** yrs.

## 10. Industry or Business **Corrine, Utah.** Date last worked

## 11. Birthplace **Corrine, Utah.** (City or town) (State or foreign country)

## 12. Name **Charles Keene.**

## 13. Birthplace **Boston, Mass.** (City or town) (State or foreign country)

## 14. Maiden name **Marriett Mitchell.**

## 15. Birthplace **Grand Island, Nebraska.** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Alex Burnett**

## and Address **Rt. 1, Mountain View, Boise**

## 17. (a) **Burial.** (b) Date thereof **Nov. 8, 1948.** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place **Cloverdale Memorial Park.**

## 18. Funeral Director's **Summers Funeral Home.**

## OWN Signature **Clyde E. Summers,**

## and Address **Boise, Idaho.**

## 19. (a) **11-8-48** (b) **Myrtle Palmer** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) **November. 4. 1948.**

at **11:55** o'clock **A.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **2-22-48** 19**48** to **11-4** 19**48**

I last saw h. **er** alive on **11-4** 19**48**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Compensation** Duration

Due to **Compensation**

Due to **acute leukemia**

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? **Boise**

Name of operation **✓** Date **✓**

Major finding **✓**

Finding of autopsy **✓**

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **✓** Suicide? **✓** Homicide? **✓**

Occurred **1948** City, county, state

where violence occurred **Boise**

Place of Violence: Home **✓** Farm **✓** Industry **✓**

Public Place **✓** While at work? **✓**

Means of injury **✓**

## 23. Attendant's OWN Signature **Fred A. Palmer**

and Address **Boise Id.** Date **11-6-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

NOV 10 1948

# Certificate of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

State File No. **3990**  
Local Reg. No. **190**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise,**  
(c) Street Address or R.F.D. No. **R.D. # 2.**  
(d) Death Occurred Inside? **X** Outside? **X** city or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place  
(f) Name Hosp. or Inst. **Ada County** Stayed **10 Years.**  
(g) Lived in this county **49** years **0** months **0** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise,**  
(d) Street Address or R.F.D. No. **R.D. # 2.**  
(e) Deceased lived Inside? **X** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **49** years  
(h) Former residence (city, state) **Kansas.**

## 3. (a) FULL NAME

**Charles Theodore Baldwin.**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **None.**

5. Color or race **White.**

6. (a) Single, widowed, married, divorced **Divorced.**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **10** years

7. Date of Birth (Month, Day, Year) **October. 16. 1880.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>68.</b>	<b>0.</b>	<b>18.</b>	hrs. min.

9. Exact Occupation **Farmer.** Did this work for **0** yrs.

10. Industry or Business **Council Grove, Kansas.** Date last worked

11. Birthplace **Council Grove, Kansas.** (City or town) (State or foreign country)

12. Name **David Edgar Baldwin.**

13. Birthplace **Chicago, Illinois.** (City or town) (State or foreign country)

14. Maiden name **Rosetta Smith.**

15. Birthplace **Larned Mills, Ohio.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Herbert E Baldwin**  
and Address **RD 8 Boise Idaho**

17. (a) **Burial.** (b) Date thereof **November. 8. 1948.** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Cloverdale Memorial Park.**

18. Funeral Director's OWN Signature **Clay E Summers**  
and Address **Boise, Idaho.**

19. (a) **11-3-48** (b) **Myrtle Palmer** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **November. 4. 1948.**

at **1** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **10-13** 19**48** to **11-4** 19**48**

I last saw him alive on **11-4** 19**48**. death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Wernia** Duration **24 hours**

Due to **acute Brights - disease - 1 year**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **S. O. Hamilton**

and Address **Boise Ida** Date **11-6** 19**48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Hamilton

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NOV 10 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

48  
State File No. **3991**  
Local Reg. No. **189**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

(a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **Rt. 3**  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **20** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **Rt. 3**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **20** years  
(h) Former residence (city, state) **Colorado**

3. (a) FULL NAME **Frank C. Pierce**

3. (b) If veteran, name war ☐ 3. (c) Social Security No. **519-01-8060**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** 6. (b) Name of husband or wife **Florence**  
6. (c) Age of husband or wife if alive **37** years

7. Date of Birth (Month, Day, Year) **Feb. 10th. 1904**

8. AGE	Years	Months	Days	If less than 1 day
	<b>44</b>	<b>8</b>	<b>25</b>	hrs. min.

9. Exact Occupation **Laborer** Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked  
11. Birthplace **Fairview Kansas** (City or town) (State or foreign country)  
Father { 12. Name **Charles Pierce**  
13. Birthplace **U.S.A.** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Maggie Lightsinger**  
15. Birthplace **Kansas** (City or town) (State or foreign country)

16. Informant's OWN Signature **J. John E. Pierce**  
and Address **Rt. 3 Boise Idaho**

17. (a) **Burial** (b) Date thereof **11/9/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Morris Hill Cemetery**

18. Funeral Director's OWN Signature **Schreiber McLean**  
and Address **Boise**

19. (a) **11-8-48** (b) **Mary E. Palmer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **November 5th 1948**  
at **4-15** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **11-5-48** to **11-5-48**  
I last saw **him** alive on **11-5-48** 19 **48**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration **093D 094A**  
Due to **Baronary Occlusion Sudden**  
Due to **Myocardial Degeneration 6 mo**  
Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury ☐  
23. Attendant's OWN Signature **S. D. Trumbull** (M.D. or other)  
and Address **Boise Ida** Date **11-8-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 3992  
Local Reg. No. 409  
Reg. Dist. No. 370

## 1. PLACE OF DEATH: STATISTICS

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution X Other place...  
(f) Name Hosp. or Inst. County Home Stayed 210 days  
(g) Lived in this county 15 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Mtn. Home Idaho

## 3. (a) FULL NAME RAYMOND SMITH WILLIAMSON

3. (b) If veteran, name war No. 3. (c) Social Security No. Unknown  
5. Color or White 6. (a) Single, widowed, married, divorced Widower  
4. Sex Male race White  
6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) January 3, 1889

8. AGE	Years	Months	Days	If less than 1 day
	59	10	4	hrs min.

9. Exact Occupation Miner Did this work for 20 yrs.  
10. Industry or Business Golg Quartz Date last worked 1939  
11. Birthplace Beatrice Nebraska  
(City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature John W. Williamson  
and Address 2636 N. 16 St. Boise

17. (a) Removal (b) Date thereof Nov. 7, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Mountain Home Idaho

18. Funeral Director's OWN Signature John J. Bay  
and Address Mountain Home Idaho

19. (a) 11-12-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11-7 1948  
at 10-34 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 7-29 1948 to 11-7 1948  
I last saw him alive on 11-7 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Embolus, Cardiac Duration Unknown

Due to Myocardial Infarction years

Due to Sclerosis years

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state

where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature John J. Bay

(M. D. or other)

and Address Boise Ida Date 11-12-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Certificate of Death

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

Hamilton 1948  
State File No. 3993  
Local Reg. No. 200  
Reg. Dist. No. 371

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Ada County Stayed 2 days  
(g) Lived in this county 45 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1414 N. 19 th.  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Kansas.

3. (a) FULL NAME

George Edgar Bragunier.

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
518-16-0645

5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife  
Lulu C. Bragunier.

6. (c) Age of husband or wife if alive 62 years

7. Date of Birth (Month, Day, Year) March. 24. 1879.

8. AGE	Years	Months	Days	If less than 1 day
	<u>69.</u>	<u>7.</u>	<u>18.</u>	hrs. min.

9. Exact Occupation Painter. Did this work for 0 yrs.

10. Industry or Business Peabody, Kansas. Date last worked 0

11. Birthplace Peabody, Kansas. (City or town) (State or foreign country)

12. Name Charles William Bragunier. (City or town) (State or foreign country)

13. Birthplace Indianapolis, Indiana. (City or town) (State or foreign country)

14. Maiden name Sarah Mahood. (City or town) (State or foreign country)

15. Birthplace Amherst, Canada. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Lulu C. Bragunier  
and Address 1414 N. 19 St. Boise, Ida

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov. 15, 1948. (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park. Summers Funeral Home.

18. Funeral Director's OWN Signature Clayton C. Summers.  
and Address Boise, Idaho.

19. (a) 11-21-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November. 12. 19 48.

at 3. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-10 19 48 to 11-12 19 48

I last saw him alive on 11-12 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Right hemiplegia Duration 2 day

Due to Hemorrhage  
Pressure Related to

Due to Hypertension years

Other conditions 0

(Include pregnancy within 3 months of death)

Where was disease contracted? 0

Name of operation 0 Date 0

Major finding 0

Finding of autopsy 0

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? 0 Suicide? 0 Homicide? 0

Occurred 0 19 0 City, county, state 0

where violence occurred 0

Place of Violence: Home 0 Farm 0 Industry 0

Public Place 0 While at work? 0

Means of injury 0

23. Attendant's OWN Signature S. O. Hamilton (M. D. or other)  
and Address Boise, Ida Date 11-20 19 48  
(For additional space, use reverse side)

083A

102X

19 48

11-10 19 48

to 11-12 19 48

11-12 19 48

2 day

years

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0

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. **3994**  
Local Reg. No. **193**  
Reg. Dist. No. **371**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **XX** city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **V.A. Hospital** Stayed **41** days  
(g) Lived in this county **60** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Cataldo**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **60** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **Robert LENT**

3. (b) If veteran, name war **Sp. Arm.** 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex **Male** race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **August 14, 1877**

8. AGE	Years	Months	Days	If less than 1 day
	<b>71</b>	<b>2</b>	<b>29</b>	hrs. min.

9. Exact Occupation **Lumberjack** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Portland Oregon** (City or town) (State or foreign country)  
Father { 12. Name **John Lent**  
13. Birthplace **??** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Lizzie Litefoot**  
15. Birthplace **??** (City or town) (State or foreign country)  
16. Informant's OWN Signature **Records, V. A. Hospital** and Address **Boise, Idaho**  
17. (a) **Burial** (b) Date thereof **11/17/48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **San Francisco, California**  
18. Funeral Director's OWN Signature **McBratney-Fowler Chapel** and Address **Boise Idaho**  
19. (a) **11-17-48** (b) **Myrtle Palmer** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **November 13, 1948** at **12:20** o'clock **P.** M.
21. I HEREBY CERTIFY, That I attended deceased from **October 3, 1948** to **November 13, 1948**. I last saw him alive on **November 13, 1948**; death is said to have occurred on the date and hour stated above.
- Immediate Cause of Death: **Bronchopneumonia, bilateral** Duration **Terminal**
- Due to **Hepatic Cirrhosis with Ascites and Arteriosclerotic Heart Disease** Prior to Admn.
- Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)
- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **NO AUTOPSY**
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_
23. Attendant's OWN Signature **J. K. McClintic, M.D., CMO** (M. D. or other)  
and Address **VAH, Boise, Idaho** Date **Nov. 15, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 23 1948

# Certificate of Death

STATE OF IDAHO

OF VITAL

STATISTICS

State File No. 3995  
Local Reg. No. 191  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? xx Outside? xx city or town  
(e) Died in a Home xx Hospital xx Institution xx Other place xx  
(f) Name Hosp. or Inst. V.A. Hospital Stayed 76 days  
(g) Lived in this county 50 years xx months xx days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? xx Outside? xx city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME BAXTER, Frank

3. (b) If veteran, name war WW I 3. (c) Social Security No. ....  
5. Color or White 6. (a) Single, widowed, married, divorced Divorced  
4. Sex Male race White 6. (b) Name of husband or wife William Baxter  
6. (c) Age of husband or wife if alive 48 years

## 7. Date of Birth (Month, Day, Year) June 20, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>4</u>	<u>23</u>	hrs. min.

9. Exact Occupation None Did this work for xx yrs.  
10. Industry or Business None Date last worked xx  
11. Birthplace Linwood Nebraska  
(City or town) (State or foreign country)

- Father { 12. Name William Baxter  
13. Birthplace Indiana  
(City or town) (State or foreign country)

- Mother { 14. Maiden name Olivia Fenton  
15. Birthplace Vermont  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, V. A. Hospital  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof Nov. 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Field of Honor, Morris Hill Cemetery

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address Boise, Idaho

19. (a) 11-16-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 13, 1948  
at 11:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from August 29, 1948 to November 13, 1948  
I last saw him alive on November 13, 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchopneumonia Duration Terminal

Due to Coronary Heart Disease with Prior Auricular Fibrillation, Congestive to renal Failure and Cerebral Embolism  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy NO AUTOPSY

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state  
where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury J. K. McClintic  
23. Attendant's OWN Signature J. K. McClintic, M. D., CMO  
(M. D. or other)  
and Address VAH, Boise, Idaho Date Nov. 15, 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 3996  
Local Reg. No. 195  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ada Co. Stayed \_\_\_\_\_ days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 36th & State St  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Wisconsin

3. (a) FULL NAME Andrew P. Jensen Johnson

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Aug. 25th 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>2</u>	<u>19</u>	hrs. min.

9. Exact Occupation Realestate Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Salesman Date last worked \_\_\_\_\_

11. Birthplace (City or town) Denmark (State or foreign country)

Father { 12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

Mother { 14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Lorenne Kirk and Address 1512 Vista Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/1948 (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Schreiber McLean and Address Boise

19. (a) 11-23-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 14th 1948

at 7:10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 16 1948 to Nov 14 1948

I last saw him alive on Nov 14 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Demerol haze night Sudden

kidney area, wound

Due to falling Reflex action

Due to Barbiturate poisoning July 48

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature S. C. Hamilton (M. D. or other)

and Address Boise Ida Date 11-20-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. **3997**  
Local Reg. No. **199**  
Reg. Dist. No. **371**

1. PLACE OF DEATH: STATISTICS  
(a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **R.D. # 9**  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **29** years ☐ months ☐ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **R.D. # 9**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **29** years  
(h) Former residence (city, state) **Nebraska**

3. (a) FULL NAME **Fred. J. Hooker**  
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Goldie F. Hooker** 6. (c) Age of husband or wife if alive **56** years  
7. Date of Birth (Month, Day, Year) **March. 31. 1868.**  
8. AGE  

Years	Months	Days	If less than 1 day
<b>80.</b>	<b>7.</b>	<b>14.</b>	hrs. min.

  
9. Exact Occupation **Farmer.** Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace **New Berlin, New York.** (City or town) (State or foreign country)  
Father { 12. Name **Henry. D. Hooker.**  
13. Birthplace **New York.** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Elizabeth Edmunds.**  
15. Birthplace **New York.** (City or town) (State or foreign country)  
16. Informant's OWN Signature **Goldie F. Hooker**  
and Address **Boise R 9 Idaho**  
17. (a) **Burial.** (b) Date thereof **Nov. 19, 1948.** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Cloverdale Memorial Park.**  
18. Funeral Director's OWN Signature **Cliff E. Summers**  
and Address **Boise, Idaho**  
19. (a) **11-28-48** (b) **Mistle Palmer** (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) **November. 15. 19. 48.**  
at **4** o'clock **P.** M.  
21. I HEREBY CERTIFY, That I attended deceased from ☐ 19 ☐ to ☐ 19 ☐  
I last saw h. ☐ alive on ☐ 19 ☐; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Heart failure**  
**Arterio-sclerotic heart disease.**  
Due to ☐ Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted? ☐  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred ☐  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐  
23. Attendant's OWN Signature **J. M. Thomas** (M. D. or other)  
and Address **Minidoka** Date **11-19** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. 3998

Local Reg. No. 198

Reg. Dist. No. 371

1. PLACE OF DEATH: STATISTICS
- (a) County Ada
- (b) City or town Boise
- (c) Street Address or R.F.D. No. X
- (d) Death Occurred Inside? Outside? X city or town
- (e) Died in a Home Hospital X Institution Other place
- (f) Name Hosp. or Inst. Ada County Stayed 180 days
- (g) Lived in this county 45 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada
- (c) City or town Boise
- (d) Street Address or R.F.D. No. 1004 N. Garden
- (e) Deceased lived Inside? Outside? X city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 45 years
- (h) Former residence (city, state) Nebraska

3. (a) FULL NAME Ida May Swanson.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.
5. Color or Female White. 6. (a) Single, widowed, married, divorced Widow.
4. Sex Female Race White. 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) September 24, 1867.

8. AGE	Years	Months	Days	If less than 1 day
81.	1.	21.	hrs.	min.

9. Exact Occupation At Home. Did this work for yrs.
10. Industry or Business Date last worked.

11. Birthplace Missouri. (City or town) (State or foreign country)

12. Name John Smith.

13. Birthplace Missouri. (City or town) (State or foreign country)

14. Maiden name Mary Ellen Smith.

15. Birthplace Missouri. (City or town) (State or foreign country)

16. Informant's OWN Signature Cella Schubert  
and Address 1004 N. Garden St.

17. (a) Burial. (b) Date thereof Nov. 18, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Summers Funeral Home.

and Address Boise, Idaho.

19. (a) 11-27-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 15, 1948.  
at 9:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from May 26, 1948, to 11-15, 1948.  
I last saw her alive on 11-15, 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Terminal Pneumonia Duration 5 days

Due to Fracture right hip 6 mo.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? Homicide?

Occurred April 28, 1948 City, county, state

where violence occurred Ada co., Boise, Idaho

23. Place of Violence: Home X Farm Industry

Public Place While at work?

Means of injury Fell

23. Attendant's OWN Signature S. D. K. Hamilton

(M. D. or other)

and Address Bone Ida Date 11-20, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 3999

Local Reg. No. 192

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital XX Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hospital Stayed 16 days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? XX Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME William T. DRYSDALE

3. (b) If veteran, name war WWI 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex Male race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ruth Drake Drysdale 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 27, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>3</u>	<u>18</u>	hrs. min.

9. Exact Occupation Physician Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace India (City or town) (State or foreign country)

12. Name William McGrath Drysdale  
13. Birthplace Scotland (City or town) (State or foreign country)

14. Maiden name Henrietta Fraser Morrison  
15. Birthplace India (City or town) (State or foreign country)

16. Informant's OWN Signature Records, V. A. Hospital  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof 11/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place New Plymouth, Ida

18. Funeral Director's OWN Signature McBratney-Fowler Chapel  
and Address Boise, Idaho

19. (a) 11-17-48 (b) Maryle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 16, 19 48  
at 1:01 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from October 30, 19 48, to November 16, 19 48.  
I last saw h. im alive on November 16, 19 48.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Mid-brain hemorrhage, manifested by Since  
quadriplegia, irritation of cranial Nov. 8,  
nerves, 5th, 7th, 8th, 9th & 10th 1948  
Due to: Cerebral Damage and sub- Since  
maxa dural hemorrhage, traumatic, Nov. 25,  
thirteen old, with sequela 1946  
(Include pregnancy within 3 months of death)

Where was disease contracted? V.A. Hosp., Boise, Idaho  
Name of operation Craniotomy Date 2-1947  
Major finding Subdural Hematoma  
Finding of autopsy NO AUTOPSY

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred November 25, 19 46 City, county, state Boise, Ada Co., Idaho  
where violence occurred Boise, Ada Co., Idaho  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? Yes

Means of injury Assault by Psychotic Patient  
23. Attendant's OWN Signature J. K. McCLINTIC, M.D., CMO  
(M. D. or other)  
and Address VAH, Boise, Idaho Date Nov. 16, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 4000

Local Reg. No. 205

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 3  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 40 years 9 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 3  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

FRED CYPERT SHEARER.

3. (b) If veteran, name war No.

3. (c) Social Security No. 518-09-3632.

5. Color or Male. race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Grace L. Shearer.

6. (c) Age of husband or wife if alive 41. years

7. Date of Birth (Month, Day, Year) February. 16. 1908.

8. AGE	Years	Months	Days	If less than 1 day
	<u>40.</u>	<u>9.</u>	<u>1.</u>	hrs. min.

9. Exact Occupation Stereotyper. Did this work for        yrs.

10. Industry or Business Newspapers. Date last worked       

11. Birthplace Boise, Idaho (City or town) (State or foreign country)

12. Name Seth M. Shearer.

13. Birthplace Nevada. (City or town) (State or foreign country)

14. Maiden name Georgia Cypert.

15. Birthplace Grand Junction, Colorado. (City or town) (State or foreign country)

16. Informant's OWN Signature Grace L. Shearer  
and Address Rt 3 - Boise, Idaho

17. (a) Burial. (b) Date thereof Nov. 22. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Charles E. Summers  
and Address Boise, Idaho.

19. (a) 11-30-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November. 17. 1948.

at 8 o'clock P.M.

21. I HEREBY CERTIFY, That I        deceased from Nov. 17. 1948.

I last saw him        alive on        19       ; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Suicide. Shot himself in chest with 22 Caliber Rifle.

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy Yes.

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide? X Homicide?       

Occurred November. 17. 1948. city, county, state

where violence occurred at his home.

Place of Violence: Home X Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attention of Charles E. Summers Coroner of Ada County.

and Address Boise, Idaho. Date Nov. 19 1948.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. 4001  
Local Reg. No. 204  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Kuna,  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 6 years 6 months 6 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Kuna,  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Missouri.

## 3. (a) FULL NAME

Bennie Vastine Mc Donnell.

## 3. (b) If veteran, name war No.

3. (c) Social Security No. 496-03-2768.

## 5. Color or race

4. Sex Male. race White.

## 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Divorced.

6. (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year)

April. 25. 1907.

8. AGE	Years	Months	Days	If less than 1 day
	<u>41.</u>	<u>6.</u>	<u>22.</u>	hrs. min.

## 9. Exact Occupation

Laborer.

Did this work for  yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

Archie Missouri.

(City or town) (State or foreign country)

## 12. Name

Alex Ryle Mc Donnell.

## 13. Birthplace

Ohio.

(City or town) (State or foreign country)

## 14. Maiden name

Nellie Rosa Mc Donnell.

## 15. Birthplace

Missouri.

(City or town) (State or foreign country)

## 16. Informant's OWN Signature

Christine Mc Donnell

## and Address

140 Denver Calder Ave.

## 17. (a) Burial (b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

## (c) Place

Morris Hill Cemetery.

## 18. Funeral Director's OWN Signature

Charles E. Summers

## and Address

Boise, Idaho.

## 19. (a) (b) (c)

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year)

November. 17. 1948.

## 21. I HEREBY CERTIFY, That I have examined the deceased from

November 17, 1948 at 5 o'clock P.M.

at Kuna, Idaho

with the following findings:

Immediate Cause of Death: Suicide. Hung himself with

wire around his neck on bridge

Due to railing.

Due to Other conditions:

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Yes. Homicide?

Occurred November. 17. 1948 City, county, state

where violence occurred Near Kuna, Idaho.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Coroner of

Attention Charles E. Summers Ada County.

OWN Signature Boise, Idaho. (M. D. or other)

and Address Boise, Idaho. Date Nov. 22, 48.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No. 4002

Local Reg. No. 194

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Ada  
(b) City or town Meridian  
(c) Street Address or R.F.D. No. RFD # 1  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 10 years 10 months 10 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. RFD # 1  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Marshall, Okla.

## 3. (a) FULL NAME

ROBERT DENVER ~~TEETER~~ Teeter

093D

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

None

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive 11-16 years

7. Date of Birth  
(Month, Day, Year) October 14, 1928

8. AGE	Years	Months	Days	If less than 1 day
	<u>20</u>	<u>1</u>	<u>4</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 10 yrs.

10. Industry or Business Little River Date last worked 9/30/48

11. Birthplace Marshall, Oklahoma.  
(City or town) (State or foreign country)

12. Name Charles E. Teeter

13. Birthplace Riverton, W. Virginia  
(City or town) (State or foreign country)

14. Maiden name Cordi E. Rexrode

15. Birthplace Bluesgrass, Virginia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Leslie Williams  
and Address 208 N 15th Boise, Ida.

17. (a) Burial (b) Date thereof 11/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Meridian Cemetery

18. Funeral Director's OWN Signature Butler  
and Address Meridian, Ida.

19. (a) 11-22-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) November 18, 1948.  
at 5:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 9-30 1948, to 11-16 1948

I last saw him alive on 11-16 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

arterio sclerosis  
heart disease

Due to arterio sclerosis

Due to arterio sclerosis

Other conditions arterio sclerosis

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation arterio sclerosis Date 11-16

Major finding arterio sclerosis

Finding of autopsy arterio sclerosis

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? X Homicide? X

Occurred 11-16 1948 City, county, state

where violence occurred Meridian, Ida.

Place of Violence: Home X Farm X Industry X

Public Place X While at work? X

Means of injury arterio sclerosis

## 23. Attendant's

OWN Signature John M. Thomas

and Address Meridian, Ida. date 11-19 1948

(For additional space, use reverse side)

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No. ....

Local Reg. No. 196

Reg. Dist. No. 371

4003

1. PLACE OF DEATH: **STATISTIC**
- (a) County Ada
- (b) City or town Boise
- (c) Street Address or R.F.D. No. ....
- (d) Death Occurred Inside? XX Outside? XX city or town
- (e) Died in a Home XX Hospital XX Institution XX Other place XX
- (f) Name Hosp. or Inst. V.A. Hospital Laid 1355 days
- (g) Lived in this county XX years XX months XX days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada
- (c) City or town Kuna
- (d) Street Address or R.F.D. No. ....
- (e) Deceased lived Inside? XX Outside? XX city or town
- (f) Citizen of what country? USA
- (g) How long had deceased lived in Idaho? XX years
- (h) Former residence (city, state) XX

3. (a) FULL NAME Theodore C. GREGORY

3. (b) If veteran, name war P.T. 3. (c) Social Security No. ....
5. Color or White 6. (a) Single, widowed, married, divorced Married
4. Sex Male race White
6. (b) Name of husband or wife Nellie Jane Gregory 6. (c) Age of husband or wife if alive XX years

7. Date of Birth (Month, Day, Year) October 16, 1858

8. AGE	Years	Months	Days	If less than 1 day
	<u>90</u>	<u>1</u>	<u>6</u>	hrs. min.

9. Exact Occupation XX Did this work for XX yrs.
10. Industry or Business XX Date last worked XX

11. Birthplace Germany (City or town) (State or foreign country)

12. Name Unknown (City or town) (State or foreign country)

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown (City or town) (State or foreign country)

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's Records, Veterans Admn.

- and Address Boise, Idaho

17. (a) Burial (b) Date thereof 11/26/1948 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Morris Hill Cemetery

18. Funeral Director's Schreiber & McCann

- and Address Boise, Idaho

19. (a) 11-26-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 22, 1948 (Month, Day, Year) at 10:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 7, 1945 to November 22, 1948. I last saw him alive on November 22, 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Bronchopneumonia

Duration Terminal

Due to Hypertensive and Arterio-sclerotic Heart Disease and

Chronic Bronchitis

Other conditions Senility

(Include pregnancy within 3 months of death)

Prior to Admn. XX

Where was disease contracted? XX

Name of operation XX Date XX

Major finding XX

Finding of autopsy NO AUTOPSY

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? XX Suicide? XX Homicide? XX

Occurred XX 19 XX City, county, state

where violence occurred XX

Place of Violence: Home XX Farm XX Industry XX

Public Place XX While at work? XX

Means of injury XX

23. Attendants J. K. McCLINTIC, M.D., CMO

OWN Signature J. K. McCLINTIC, M.D., CMO (M. D. of other)

and Address VAH, Boise, Idaho Date Nov. 22, 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

948  
State File No. 4004  
Local Reg. No. 207  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ada Co. Stayed \_\_\_\_\_ days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 704 1/2 Front St  
(e) Deceased lived Inside? ☒ \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? China  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) California

## 3. (a) FULL NAME Fong Thue Har

## 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Yellow 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) 1881

8. AGE	Years	Months	Days	If less than 1 day
About	67			hrs. min.

## 9. Exact Occupation Gardener Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Canton China (City or town) (State or foreign country)

## 12. Name Unknown

## 13. Birthplace China (City or town) (State or foreign country)

## 14. Maiden name Unknown

## 15. Birthplace China (City or town) (State or foreign country)

## 16. Informant's OWN Signature X Boise Idaho and Address \_\_\_\_\_

## 17. (a) Burial (b) Date thereof 12/6/1948 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Morris Hill Cemetery

## 18. Funeral Director's OWN Signature Schreiber McLean and Address Boise

## 19. (a) 12-3-48 (b) J. Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) 11-24 1948

at 12-52 o'clock PM

## 21. I HEREBY CERTIFY, That I attended deceased from April 2 1948 to 11-24 1948

I last saw him alive on 11-23 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac embolus. Duration Sudden

Due to Pneumia - acute Right disrupt 7 Mo.

Due to infected prostatitis years

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature L. D. Thompson (M. D. or other)

and Address Boise Ida Date 12-1 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPT. OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4005**  
Local Reg. No. **202**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **County Hospital**  
(d) Death Occurred Inside? **X** Outside? **X** city or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place **X**  
(f) Name Hosp. or Inst. **Ada County Hospital** 56 days  
(g) Lived in this county **X** years **X** months **X** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1209 River**  
(e) Deceased lived Inside? **X** Outside? **X** city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **71** years  
(h) Former residence (city, state)

3. (a) FULL NAME **WILLIAM L. ANDERSON**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **divorced**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **X** years

7. Date of Birth (Month, Day, Year) **June 17, 1877**

8. AGE	Years	Months	Days	If less than 1 day
	<b>71</b>	<b>5</b>	<b>8</b>	hrs. min.

9. Exact Occupation **Retired** Did this work for **X** yrs.

10. Industry or Business **Placerville, Idaho** Date last worked

11. Birthplace (City or town) (State or foreign country)

12. Name **Unknown**

13. Birthplace (City or town) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature **County Welfare records** and Address **Boise, Idaho**

17. (a) **Burial** (b) Date thereof **11/27/48** (Month) (Day) (Year)

(c) Place **Morris Hill, Boise, Idaho**

18. Funeral Director's OWN Signature **LeBratney Fowler Chapel** and Address **419 North 5th, Boise, Idaho**

19. (a) **11-27-48** (Date received and filed) (b) **Myrtle Palmer** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **November 25, 1948**  
at **10** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Sept. 30, 1948** to **11-25-48**  
I last saw him alive on **11-25-48** death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Stroke** Duration **11-30-48**

Due to **Pl. Hemiplegia**

Due to **hemorrhage right**

Other conditions **fracture of** (Include pregnancy within 3 months of death)

**P.O. Lando** **Nov. 25-48**

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **H. D. Hamilton** (S. D. or other)

and Address **Boise, Ida** Date **11-26-48** (For additional space, use reverse side)

Req. Dist. No. 371

and Address BOISE, IDAHO Date 11/20 | 9 | 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4007

Local Reg. No. 203

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital XX Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hospital Stayed 137 days  
(g) Lived in this county 44 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

MITCHELL, James T.

## 3. (b) If veteran, name war

P.I.

## 3. (c) Social Security No.

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) October 10, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>1</u>	<u>19</u>	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace G. ree nfield Tennessee  
(City or town) (State or foreign country)

12. Name John H. MITCHELL

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Sara Perry

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, V. A. Hospital

and Address Boise, Idaho

17. (a) Burial (b) Date thereof 12/2/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreiber-McCann

and Address Boise, Idaho

19. (a) 11-30-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) November 29, 1948  
at 3:35 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from  
July 15, 1948 to November 29, 1948

I last saw h. im alive on November 29, 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Bronchopneumonia

Duration  
Terminal

Due Bronchogenic Carcinoma of  
Rt. middle lobe of lung with  
metastasis to left lung,  
esophagus liver & adrenal  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Confirm Above

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Heart

23. Attendant's OWN Signature J. K. McClintic, M.D., CMO

(M. D. or other)

and Address VAH, Boise, Idaho Date Nov. 29, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 7 1948

# Certificate of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

State File No. 1008

Local Reg. No. 208

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Rt. 4  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 47 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Rt. 4  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Neb:

3. (a) FULL NAME Charles Wartman

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male race White 5. Color or 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Orive 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Dec. 26th 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>11</u>	<u>3</u>	hrs. min.

9. Exact Occupation Farmer Did this work for  yrs.

10. Industry or Business Swan Iowa Date last worked  yrs.

11. Birthplace Swan Iowa (City or town) (State or foreign country)

12. Name Thomas Wartman (City or town) (State or foreign country)

13. Birthplace U.S.A. (City or town) (State or foreign country)

14. Maiden name Smith (City or town) (State or foreign country)

15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's OWN Signature Gerold D. Hartman

and Address R#7 Boise Idaho

17. (a) Burial (b) Date thereof 12/1/1948 (Month) (Day) (Year)

(c) Place Joplin Cemetery

18. Funeral Director's OWN Signature Schreiber McLean

and Address Boise

19. (a) 12-4-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 29th 1948

at Four o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 11/20/48 to 11/22/48 1948

I last saw him alive on 11/22/48 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: uremia

Duration 3-4 weeks

Due to arteriosclerotic hypertensive

cardiovascular and renal disease years

Due to causation of protein

Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted? Physician

Name of operation Date Underline the cause to which death should be charged statistically.

Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swimming Suicide? Home Homicide? City, county, state

Occurred 19 where violence occurred Place of Violence: Home

Public Place While at work?

Means of injury Attendant's

OWN Signature Myrtle Palmer (M.D. or other)

and Address Meridian Idaho 12/1/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEPARTMENT OF VITAL

# Certificate Of Death

STATE OF IDAHO

Dr. Thurston

State File No. 4009  
Local Reg. No. 574  
Reg. Dist. No. 300

## 1. PLACE OF DEATH:

- (a) County Adams  
(b) City or town Council  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home Hospital ☒ Institution Other place .....  
(f) Name Hosp. or Inst. Council Hosp Stayed 6 days  
(g) Lived in this county 00 years 5 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. 27 So. 6th St.  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Tuttle, Oklahoma

## 3. (a) FULL NAME MARY PAPE POWELL

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife William H. 6. (c) Age of husband or wife if alive Died 1918 years

7. Date of Birth (Month, Day, Year) AUGUST 24 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>2</u>	<u>12</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Own Home Date last worked 1945  
11. Birthplace Keweenaw Wisconsin  
(City or town) (State or foreign country)

- Mother Father  
12. Name Fredrick Pape  
13. Birthplace ????? Germany  
(City or town) (State or foreign country)  
14. Maiden name ????? Zeman  
15. Birthplace ????? Bohemia  
(City or town) (State or foreign country)

16. Informant's OWN Signature W. H. Powell  
and Address Klamath Falls, Oregon.

17. (a) Removal (b) Date thereof 11/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Riverside Cem. Emmett, Idaho.

18. Funeral Director's OWN Signature [Signature] # B557  
and Address North-Jones Chapel, Boise, Ida.

19. (a) 11/6/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 5 1948  
at 8:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 18 1948 to Nov. 5 1948  
I last saw her alive on Nov. 5 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Surgery - leg. Duration 1 wk  
Due to Seizure 2 yrs  
Due to Canalitis + Myeloma 3 yrs  
Other conditions Diphtheria 4 yrs  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation ..... Date .....  
Major finding 0  
Finding of autopsy 0  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury Other

23. Attendant's OWN Signature Alvin Hunter MD  
and Address Council, Idaho. (M D. or other) 11/8/48  
Date 11/8/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

STATE OF IDAHO

State File No. 4010  
Local Reg. No. 575  
Reg. Dist. No. 300

## 1. PLACE OF DEATH:

- (a) County Adams  
(b) City or town Council  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Council Com. Stayed 9 days  
(g) Lived in this county ..... years ..... months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Columbia, Mo.

## 3. (a) FULL NAME Frank W. Maupin

3. (b) If veteran, name war None No. ....  
5. Color or race White  
4. Sex Male divorced Married  
6. (b) Name of husband or wife Florence  
6. (c) Age of husband or wife if alive 69 years  
7. Date of Birth (Month, Day, Year) October 10 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>0</u>	<u>29</u>	hrs min.

9. Exact Occupation Ret'd Retail Merchant for 9 yrs. Did this Date last  
10. Industry or Business General Merchandise 6/48  
11. Birthplace Columbia Mo. (City or town) (State or foreign country)

12. Name Walter Maupin  
13. Birthplace Lexington Kentucky (City or town) (State or foreign country)  
14. Maiden name Dora Rice  
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's OWN Signature Mr. George B. Evans  
and Address Fruitland Idaho

17. (a) Removal (b) Date thereof 11/9/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature A. Jones  
and Address Northan Jones, Weiser, Idaho

19. (a) 11/9/48 (b) Alvin Smith (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 9 19 48  
at 9:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11/4 19 48 to November 9 19 48  
I last saw him alive on November 9 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Cerebral Duration 1 w  
Cerebral 1 y  
Due to Cerebral Infection 1 y  
Due to Cerebral Infection 1 y  
Other conditions .....  
(Include pregnancy within 3 months of death)

- Where was disease contracted? Am  
Name of operation O Date O  
Major finding .....  
Finding of autopsy O

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? O Suicide? ..... Homicide? .....  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home - Farm - Industry -  
Public Place - While at work? -  
Means of injury -

23. Attendant's OWN Signature Alvin Smith (M. D. or other)  
and Address Council, Idaho Date 11/9/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

1048  
State File No. 4011  
Local Reg. No. 576  
Reg. Dist. No. 300

## 1. PLACE OF DEATH:

- (a) County Adams  
(b) City or town Council  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Council Stayed 74 days  
(g) Lived in this county \_\_\_\_\_ years 4 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1219 Grove St  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? Yugoslavia  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Yugoslavia

## 3. (a) FULL NAME Mike Oyer

3. (b) If veteran, name war None 3. (c) Social Security No. 544-09-9476  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(b) Name of husband or wife \_\_\_\_\_

7. Date of Birth (Month, Day, Year) Nov 17th 1886  
8. AGE Years 62 Months 0 Days 8 If less than 1 day hrs. min.

9. Exact Occupation Construction Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Laborer Date last worked Aug. 31, 1948

11. Birthplace Perusic Yugoslavia (City or town) (State or foreign country)

12. Name Joseph Oyer (City or town) (State or foreign country)

13. Birthplace Yugoslavia (City or town) (State or foreign country)

14. Maiden name Mandy Baich (City or town) (State or foreign country)

15. Birthplace Yugoslavia (City or town) (State or foreign country)

16. Informant's OWN Signature Anna Rhodes

- and Address 1219 Grove Street

17. (a) Burial (b) Date thereof 11/29/1948 (Month) (Day) (Year)

- (c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreiber McCann

- and Address Boise

19. (a) 11/27/48 (Date received and filed) (b) Alvin Johnston (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 27 1948  
at 12:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 4 1948 to Nov. 27 1948

I last saw him alive on Nov. 27 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Acute Hepatitis 3 m

Due to Acute Pancreatitis 3 m

Due to Hepatic Cholestasis 3 m

Other conditions Pancreatic carcinoma 3 m  
(Include pregnancy within 8 months of death)

Where was disease contracted? home

Name of operation Autopsy Date 11/29/48

Major finding Acute Pancreatitis 3 m

Finding of autopsy 3 m

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? 0 Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Alvin Johnston (M. D. or other)  
and Address Council Ida Date 11-27 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No. 4012

Local Reg. No. 294

Reg. Dist. No. 511

## 1. PLACE OF DEATH: STATISTICS

- (a) County BANNOCK  
(b) City or town LOCATELLO  
(c) Street Address or R.F.D. No. 101 S. JOHNSON  
(d) Death Occurred Inside? ✓ Outside?        city or town  
(e) Died in a Home        Hospital ✓ Institution        Other place         
(f) Name Hosp. or Inst. GENERAL Stayed        days  
(g) Lived in this county 13 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town LAUREL HOT SPRINGS  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? ✓ Outside?        city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) PARK CITY, UTAH

## 3. (a) FULL NAME

JAMES HUGH SULLIVAN

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or WHITE 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex MALE race WHITE 6. (b) Name of husband or wife LULU ROSE WEST 6. (c) Age of husband or wife if alive 67 years  
7. Date of Birth (Month, Day, Year) MARCH 7, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>7</u>	<u>0</u>	hrs. min.

9. Exact Occupation MINER SURVEILLOR Did this work for        yrs.  
10. Industry or Business RETIRED Date last worked

11. Birthplace ROME (City or town) NEW YORK (State or foreign country)

12. Name JAMES SULLIVAN

13. Birthplace NEW YORK (City or town) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature James E. Sullivan  
and Address 16 Memorial Rd., Arlington, Mass.

17. (a) BURIAL (Burial, cremation or removal) (b) Date thereof 10-28-48 (Month) (Day) (Year)

- (c) Place LOCATELLO, IDAHO

18. Funeral Director's OWN Signature Arthur W. Hall  
and Address LOCATELLO, IDAHO

19. (a) Nov 15, 1948 (Date received and filed) Jessie J. Samuell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) OCTOBER 7 19 48  
at 5:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 22 19 48 to Oct. 7 19 48.  
I last saw h. in alive on Oct. 7 19 48.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Cardio-renal unknown  
Due to       

Due to         
Other conditions Senility Stroke  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation none Date         
Major finding Edema of legs  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?       

Means of injury         
23. Attendant's OWN Signature Arthur W. Hall (M. D. or other)  
and Address LOCATELLO (For additional space, use reverse side) 11/3/48

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4013**  
Local Reg. No. **295**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County. **BANNOCK**  
(b) City or town. **POCATELLO**  
(c) Street Address or R.F.D. No. **101 S. JOHNSON**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **GENERAL** Stayed ☐ days  
(g) Lived in this county **59** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **IDAHO** (b) County. **BANNOCK**  
(c) City or town. **POCATELLO**  
(d) Street Address or R.F.D. No. **1639 N. HARRISON**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **59** years  
(h) Former residence (city, state). **IOWA**

## 3. (a) FULL NAME

**HENRY J. SCHEU**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex **MALE** Color or race **WHITE**

## 6. (a) Single, widowed, married, divorced **WIDOWED**

## 6. (b) Name of husband or wife **JANET LEARMAN**

## 6. (c) Age of husband or wife if died **25** years

## 7. Date of Birth (Month, Day, Year) **JANUARY 19, 1862**

8. AGE	Years	Months	Days	If less than 1 day
	<b>86</b>	<b>8</b>	<b>28</b>	hrs. min.

## 9. Exact Occupation **RETIRED** Did this work for ☐ yrs.

## 10. Industry or Business **BURLINGTON IOWA** Date last worked ☐

## 11. Birthplace **BURLINGTON IOWA** (City or town) (State or foreign country)

## 12. Name **HENRY JACOB SCHEU** (City or town) (State or foreign country)

## 13. Birthplace **GERMAN V** (City or town) (State or foreign country)

## 14. Maiden name **MARGARET** (City or town) (State or foreign country)

## 15. Birthplace **GERMANY** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Mrs. W.S. Stampler**

## and Address **POCATELLO, IDAHO**

## 17. (a) **BURIAL** (b) Date thereof **10-20-48** (Burial, cremation or removal) (Month) (Day) (Year)

## (c) Place **POCATELLO, IDAHO**

## 18. Funeral Director's OWN Signature **Arthur W. Hall**

## and Address **POCATELLO, IDAHO**

## 19. (a) **Nov 15, 1948** (b) **Jerred Z. Camell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) **OCTOBER 17, 1948** at **5:30** o'clock **A**.M.

## 21. I HEREBY CERTIFY, That I attended deceased from **Sept. 22, 1948** to **Oct. 17, 1948** I last saw him alive on **Oct. 16, 1948** death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

**Cardio-renal** **unknown**  
Due to.....

Due to..... **Senility**  
Other conditions..... **Arterioscl.**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**

Name of operation..... **none** Date.....

Major finding..... **none**

Finding of autopsy..... **none**

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

## 23. Attendant's OWN Signature **M. H. Hughes**

and Address **POCATELLO, IDAHO** Date **11/3/48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 23 1948

# Certificate of Death

NON-RESIDENT

State File No. 4014

Local Reg. No. 296

Reg. Dist. No. 511

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 101 S. Johnson  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 2 hours  
(g) Lived in this county 2 hours months \_\_\_\_\_ days \_\_\_\_\_

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Montana (b) County Lewis & Clark  
(c) City or town Helena  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 2 hours years \_\_\_\_\_  
(h) Former residence (city, state) Oregon, Mo.

## 3. (a) FULL NAME Royal Charles Busch

## 3. (b) If veteran, name war World War II 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced married  
4. Sex Male race White  
6. (b) Name of husband or wife Georgia Reid Bailey 6. (c) Age of husband or wife if alive 26 years \_\_\_\_\_

## 7. Date of Birth (Month, Day, Year) December 3, 1920

8. AGE	Years	Months	Days	If less than 1 day
	<u>27</u>	<u>10</u>	<u>25</u>	hrs. min.

## 9. Exact Occupation Salesman Did this work for \_\_\_\_\_ yrs. \_\_\_\_\_

## 10. Industry or Business William Volker Co. Date last worked \_\_\_\_\_

## 11. Birthplace Mound City, Missouri (City or town) (State or foreign country)

## 12. Name Deward L. Busch (City or town) (State or foreign country)

## 13. Birthplace Nebraska (City or town) (State or foreign country)

## 14. Maiden name Loa Lee Farmer (City or town) (State or foreign country)

## 15. Birthplace Nebraska (City or town) (State or foreign country)

## 16. Informant's OWN Signature Francis H. Busch

## and Address RECON, MISSOURI

## 17. (a) Removal (b) Date thereof 10-30-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place OREGON, MISSOURI

## 18. Funeral Director's OWN Signature Arthur M. Hall

## and Address Pocatello, Idaho

## 19. (a) Oct 30 - 48 (b) Jessie Z. Pauwels (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH 10-28 1948 (Month, Day, Year)

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from ON 10-28 1948, to \_\_\_\_\_ 1948

I last saw h. 14 alive on 10-28 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Mediastinal hemorrhage Duration 2 hrs.

Due to Crushing injury of chest & fractured ribs.

Due to auto accident.

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? on highway

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy as above.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? - Homicide? -

Occurred 10-28 1948 City, county, state Bannock County, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place highway While at work? yes

Means of injury auto accident

## 23. Attendant's OWN Signature Melvin M. Graves, M.D. (M. D. or other)

and Address Pocatello Date 10-28 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 26 1948

DEPT. OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948

State File No. **4015**  
Local Reg. No. **297**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Idaho**  
(c) Street Address or R.F.D. No. **650 No. 7th.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **St. Anthony** Stayed **131** days  
(g) Lived in this county **58** years **0** months **0** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or R.F.D. No. **1355 N. Garfield**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **58** years  
(h) Former residence (city, state) **Logan, Utah**

## 3. (a) FULL NAME

**MARY ELIZABETH COX**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or Face **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Samuel Cox**  
6. (c) Age of husband or wife if alive **77** years

7. Date of Birth (Month, Day, Year) **May 31st., 1870**

8. AGE	Years	Months	Days	If less than 1 day
	<b>78</b>	<b>4</b>	<b>27</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **-** yrs.

10. Industry or Business **At home** Date last worked **-**

11. Birthplace **Logan Utah**  
(City or town) (State or foreign country)

12. Name **George Watson**

13. Birthplace **Scotland**  
(City or town) (State or foreign country)

14. Maiden name **Jane Burt**

15. Birthplace **England**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Samuel Cox**

and Address **Pocatello, Idaho**

17. (a) **Burial** (b) Date thereof **11-1-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Mountainview-Pocatello, Idaho**

18. Funeral Director's OWN Signature **Arthur J. Hall**

and Address **Pocatello, Idaho**

19. (a) **Nov. 15, 1948** (b) **Jessie E. Parnell**  
(Date received and filed) (Registrar's Signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **October 28th., 1948**  
at **1:38** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **15 June 48** to **28 October 48**  
I last saw him **ex** alive on **28 October 48**

death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Cerebral arteriosclerosis** Duration **13 yrs.**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

## 23. Attendant's OWN Signature

**George J. Cox M.D.** (M. D. or other)

and Address **417 E. Center** Date **3 Nov. 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 12 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 4016

Local Reg. No. 293

Reg. Dist. No. 510

1. PLACE OF DEATH: *Bannock*  
(a) County *Pocatello*  
(b) City or town *S. Second*  
(c) Street Address or R.F.D. No. *S. Second*  
(d) Death Occurred Inside? *✓* Outside? *city or town*  
(e) Died in a Home *✓* Hospital *Institution* Other place *Other place*  
(f) Name Hosp. or Inst. *Stayed* days  
(g) Lived in this county *years* months *days*

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State *Idaho* (b) County *Bannock*  
(c) City or town *Pocatello*  
(d) Street Address or R.F.D. No. *S. Second St.*  
(e) Deceased lived Inside? *✓* Outside? *city or town*  
(f) Citizen of what country? *U.S.A.*  
(g) How long had deceased lived in Idaho? *20* years  
(h) Former residence (city, state) *Carper Wyo*

3. (a) FULL NAME *John S. Dickerson*

3. (b) If veteran, name war *World War I*  
5. Color or *W* race *W*  
4. Sex *M*  
6. (b) Name of husband or wife *Edna*  
6. (c) Age of husband or wife if alive *years*

7. Date of Birth (Month, Day, Year) *February 18, 1895*  
8. AGE 

Years	Months	Days	If less than 1 day
<i>53</i>	<i>8</i>	<i>18</i>	hrs. min.

9. Exact Occupation *Electrician* Did this work for *2* yrs.  
10. Industry or Business *N. O. P.* Date last worked *11-3-48*  
11. Birthplace *Clinton Missouri* (City or town) (State or foreign country)

12. Name *John S. Dickerson*  
13. Birthplace *Mn.* (City or town) (State or foreign country)  
14. Maiden name *Annie Ball*  
15. Birthplace *U.S.A.* (City or town) (State or foreign country)

16. Informant's OWN Signature *Richard John Dickerson*  
and Address *Pocatello Id.*

17. (a) *Burial* (b) Date thereof *11-9-48*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place *Mountainview*

18. Funeral Director's OWN Signature *Byron B. Pownard*  
and Address *Pocatello Idaho*

19. (a) *Nov 10 1948* (b) *Jessie Paul*  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH *November 6* 19*48*  
(Month, Day, Year) at *6* o'clock *M.*

21. I HEREBY CERTIFY, That I attended deceased from *Nov 6* 19*48* to *Nov 6* 19*48*  
I last saw h. *alive* on *never* 19*48*;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

*Coronary Occlusion* Duration *4 days*  
(history)  
Due to *Coronary Arteriosclerosis* 4 days

Due to *none*  
Other conditions *none*  
(Include pregnancy within 3 months of death)

Where was disease contracted? *Home*

Name of operation *none* Date

Major finding *none*

Finding of autopsy *none*

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? *none* Suicide? *none* Homicide? *none*

Occurred *11-9-48* 19 *48* City, county, state

where violence occurred

Place of Violence: Home *none* Farm *none* Industry *none*

Public Place *none* While at work? *none*

Means of injury *none*

23. Attendant's OWN Signature *R. B. Howard M.D.*

and Address *Pocatello Idaho* Date *11-10-48*  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 26 1948

Certificate Of Death

DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 4017  
Local Reg. No. 299  
Reg. Dist. No. 511

1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Poc. General Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Moreland  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Neelyville, Idaho

3. (a) FULL NAME JAEL LAVERN HATCH BELNAP

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female  
6. (b) Name of husband or wife O. M. Belnap 6. (c) Age of husband or wife if alive 67 years

7. Date of Birth (Month, Day, Year) September 13, 1885

8. AGE	Years	Months	Days	If less than 1 day
	63	1	28	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Neelyville, Idaho.  
(City or town) (State or foreign country)

12. Name Joseph Wilson Hatch

13. Birthplace Bountiful, Utah  
(City or town) (State or foreign country)

14. Maiden name Mary A. Smith

15. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Oliver M. Belnap  
and Address Moreland, Idaho.

17. (a) Burial (b) Date thereof 11-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Moreland, Idaho.

18. Funeral Director's OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho.

19. (a) Nov. 18, 1948 (b) Jessie Z. Powell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 11, 1948  
at 8:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1947 to Nov 11, 1948  
I last saw her alive on Nov 11, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ruptured aorta Duration 1 day

Due to Arteriosclerosis

Due to \_\_\_\_\_  
Other conditions Arter. Ht. Disease 1 year  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury RP / Howard and

23. Attendant's OWN Signature RP / Howard and  
and Address Pocatello, Ida. (M. D. or other) Date 11-15-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 11 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4018  
Local Reg. No. 301  
Reg. Dist. No. 510

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County BOCATELLO  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 101 S. JOHNSON  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. GENERAL Stayed - days  
(g) Lived in this county - years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. DRIGGS HOTEL  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? UNKNOWN  
(g) How long had deceased lived in Idaho? UNKNOWN years  
(h) Former residence (city, state) UNKNOWN

3. (a) FULL NAME ALPHEUS WILLIAM FINLEY

3. (b) If veteran, name war - 3. (c) Social Security No. -
5. Color or - 6. (a) Single, widowed, married, divorced DIVORCED  
4. Sex MALE race WHITE  
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Date of Birth (Month, Day, Year) MARCH 11 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>3</u>	<u>29</u>	hrs. min.

9. Exact Occupation - Did this work for - yrs.  
10. Industry or Business - Date last worked -

11. Birthplace MILLBANK S.D. DAKOTA  
(City or town) (State or foreign country)

12. Name BENJAMIN F. FINLEY

13. Birthplace ILLINOIS  
(City or town) (State or foreign country)

14. Maiden name CARRIE S. WHEMANER

15. Birthplace S.D. DAKOTA  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs L. S. Meyer

and Address TACOMA, WASHINGTON

17. (a) BURIAL (b) Date thereof 11-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place POCATELLO, IDAHO

18. Funeral Director's OWN Signature Arthur M. Hall

and Address POCATELLO, IDAHO

19. (a) Dec. 9, 1948 (b) James J. Panell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) NOVEMBER 12 1948  
at - o'clock - M.

21. I HEREBY CERTIFY, That I attended deceased from - 19 - to - 19 -

I last saw h. - alive on - 19 -; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Tuberculous Enterocolitis Duration 4 mo

Due to Pulmonary Tuberculosis unknown

Due to -

Other conditions -  
(Include pregnancy within 3 months of death)

Where was disease contracted? unknown

Name of operation - Date -

Major finding -

Finding of autopsy -

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature George J. Cox

and Address 47 E. Center (M. D. or other) 11/20/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DEC 17 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. **4019**  
Local Reg. No. **308**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address 4250 W. So. Johnson Ave  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 11 months  
(g) Lived in this county 11 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address 4250 W. So. Johnson Ave  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

JENNIE D. SCOTT

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife I. D. Scott

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) November 24, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>11</u>	<u>20</u>	hrs. min.

9. Exact Occupation housekeeper Did this work for life yrs.

10. Industry or Business Self Date last worked \_\_\_\_\_

11. Birthplace Scotland Illinois  
(City or town) (State or foreign country)

12. Name Edward Dillon

13. Birthplace No Data  
(City or town) (State or foreign country)

14. Maiden name No Data

15. Birthplace No Data  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. D. Scott  
and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof Nov. 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello, Idaho

18. Funeral Director's OWN Signature Jack Henderson  
and Address Pocatello, Idaho

19. (a) Nov. 17, 1948 (b) Janie B. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 14 19 48  
at 4:30 o'clock A. M.

21. I HEREBY CERTIFY That I attended deceased from Jan. 2 19 48 to November 14 19 48

I last saw him alive on November 13 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio-renal Duration Unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Senility Gradual  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation None Date \_\_\_\_\_

Major finding Chronic heart & lung

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. D. Goughart  
(M.D. or other)

and Address Pocatello, Idaho Date Nov. 17, 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. **4020**  
Local Reg. No. **302**  
Reg. Dist. No. **511**

DEC 11

1. PLACE OF DEATH: **DIVISION OF VITAL STATISTICS**
- (a) County **BOISE**  
(b) City or town **FOOT HALL**  
(c) Street Address or R.F.D. No. **200 BLK E CENTER**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **IDAHO** (b) County **BINGHAM**  
(c) City or town **FOOT HALL**  
(d) Street Address or R.F.D. No. **-**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **FIVE** years  
(h) Former residence (city, state) **-**

3. (a) FULL NAME **EDMO LECCLAIRE**

3. (b) If veteran, name war **-** 3. (c) Social Security No. **-**
5. Color or **INDIAN** 6. (a) Single, widowed, married, divorced **MARRIED**
4. Sex **MALE** race **INDIAN**
6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years

7. Date of Birth (Month, Day, Year) **unknown**
- | AGE             | Years | Months | Days | If less than 1 day |
|-----------------|-------|--------|------|--------------------|
| <b>about 36</b> |       |        |      | hrs. min.          |

9. Exact Occupation **STOCKMAN** Did this work for **-** yrs.
10. Industry or Business **-** Date last worked **-**
11. Birthplace **FOOT HALL** (City or town) **IDAHO** (State or foreign country)
12. Name **LOUIE LECCLAIRE**
13. Birthplace **FOOT HALL** (City or town) **IDAHO** (State or foreign country)
14. Maiden name **-**
15. Birthplace **-** (City or town) **-** (State or foreign country)
16. Informant's OWN Signature **Martha L. C. Palvitee** and Address **FOOT HALL IDAHO**
17. (a) **REMOVAL** (Burial, cremation, or removal) (b) Date thereof **11-17-48** (Month) (Day) (Year)  
(c) Place **FOOT HALL, IDAHO**
18. Funeral Director's OWN Signature **Arthur M. Hall** and Address **FOOT HALL, IDAHO**
19. (a) **Dec. 4, 1948** (Date received and filed) (b) **Jessie J. Powell** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Nov. 14, 1948** at **-** o'clock **-** M.
21. I HEREBY CERTIFY, That I attended deceased from **-** 19 **-** to **-** 19 **-**

I last saw h. **-** alive on **-** 19 **-**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Broken Neck & Back Shock Hemorrhage** Duration **170 C**

Due to **-**

Due to **-**

Other conditions **-** (Include pregnancy within 3 months of death)

Where was disease contracted? **-**

Name of operation **-** Date **-**

Major finding **-**

Finding of autopsy **-**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? **Yes** Suicide? **-** Homicide? **-**
- Occurred **Nov 14** 19 **48** City, county, state **FOOT HALL, BINGHAM CO, IDAHO**
- where violence occurred **Center of 1st ave**
- Place of Violence: Home **-** Farm **-** Industry **-**
- Public Place **Yes** While at work? **-**
- Means of injury **Shot by Automobile**
23. Attendant's OWN Signature **Arthur M. Hall** and Address **FOOT HALL** Date **Nov 18, 1948**
- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

RECEIVED

STATE OF IDAHO

1948

State File No. 4021

Local Reg. No. 300

Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County. Bannock  
(b) City or town. Pocatello  
(c) Street Address or R.F.D. No. 1225 N. Harrison  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ✓ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Bannock  
(c) City or town. Pocatello  
(d) Street Address or R.F.D. No. 1225 N. Harrison  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Helena Mont.

## 3. (a) FULL NAME

Harry Carl Nelson

094A

## 3. (b) If veteran, name war

World War I

## 3. (c) Social Security No.

## 4. Sex M race W

## 6. (b) Name of husband or wife

Hilda

## 6. (a) Single, widowed, married, divorced married

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

May 9, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>6</u>	<u>8</u>	hrs. min.

## 9. Exact Occupation Pipefitter Did this work for 25 yrs.

## 10. Industry or Business U. S. P. R. Date last worked 11-'48

## 11. Birthplace Helena Montana (City or town) (State or foreign country)

## 12. Name Nels Nelson

## 13. Birthplace Sweden (City or town) (State or foreign country)

## 14. Maiden name Mary Elze

## 15. Birthplace Sweden (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs. Hilda Nelson and Address 1225 N. Harrison

## 17. (a) Burial (b) Date thereof 11-20-'48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Mountainview

## 18. Funeral Director's OWN Signature Byron B. Downard and Address Pocatello Idaho

## 19. (a) Nov 22, 1948 (b) Jessie S. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) November, 17, 1948 at 6 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from 1 June 1948 to 17 Nov 1948. I last saw him alive on 16 Nov 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Coronary Thrombosis Duration \_\_\_\_\_

## Due to \_\_\_\_\_

## Due to \_\_\_\_\_

## Other conditions. (Include pregnancy within 3 months of death)

## Where was disease contracted? home

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature James H. Stewart MD (M. D. or other)

## and Address Pocatello Date 19 Nov 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 11 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 4022  
Local Reg. No. 303  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Barnock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 424 So. Garfield  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 20 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Utah (b) County Cache  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 20 days years  
(h) Former residence (city, state) Utah 70 years

## 3. (a) FULL NAME

LIZZIE HELEN TELFORD HYER

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

## 4. Sex Female race White

## 6. (a) Single, widowed, married, divorced Widow

## 6. (b) Name of husband or wife Andrew L. Hyer

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) October 22, 1962

## 8. AGE

Years

Months

Days

If less than 1 day

86

0

28

hrs.

min.

## 9. Exact

Occupation Housewife

Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business At home

Date last

worked \_\_\_\_\_

## 11. Birthplace

Richmond

Utah

(City or town)

(State or foreign country)

## 12. Name John Dodds Telford

Father

## 13. Birthplace Ontario, Canada

(City or town)

(State or foreign country)

## 14. Maiden name Sarah Matilda Coltrin

Mother

## 15. Birthplace Rainsville, Ohio

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Mrs. Golden Preece

and Address 424 So. Garfield Ave.

## 17. (a) Removal

(Burial, cremation, or removal)

## (b) Date thereof 11/19/48

(Month) (Day) (Year)

(c) Place Logan Utah

## 18. Funeral Director's

OWN Signature Arthur Hall

and Address Pocatello Idaho

## 19. (a) Dec. 4, 1948

(Date received and filed)

## (b) James J. Powell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) November 19 1948

at 6:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 11/19/48

\_\_\_\_\_ 1948 to 11/17 1948

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Duration \_\_\_\_\_

occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature James J. Powell

and Address Pocatello Idaho

(M. D. or other) \_\_\_\_\_ Date 11/19/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 1 11 1948  
Certificate of Death  
DIVISION OF VITAL  
STATE OF IDAHO

State File No. 4023  
Local Reg. No. 347  
Reg. Dist. No. 511

1. PLACE OF DEATH: STATISTICS  
(a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 101 So. Johnson  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 2 hours  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. R.F.D. 1 North  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Trinidad, Colo.

3. (a) FULL NAME Fred Sandoval

3. (b) If veteran, name war World II 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 5. (a) Single, widowed, married, divorced, married  
4. Sex Male race Spanish  
6. (b) Name of husband or wife Pauline Monas 6. (c) Age of husband or wife if alive 24 years

7. Date of Birth (Month, Day, Year) October 21, 1921

AGE	Years	Months	Days	If less than 1 day
	27	1	3	hrs. min.

9. Exact Occupation Foreman Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business P.F.E. Ice-house Date last worked \_\_\_\_\_  
11. Birthplace Berwind, Colorado (City or town) (State or foreign country)  
Father { 12. Name Tobias Sandoval  
13. Birthplace Trinidad, Colorado (City or town) (State or foreign country)  
Mother { 14. Maiden name Flora Vigoria  
15. Birthplace Trinidad, Colorado (City or town) (State or foreign country)  
16. Informant's OWN Signature Millie Lafanelli  
and Address Pocatello, Idaho  
17. (a) Burial (b) Date thereof 12-1-48 (Month) (Day) (Year)  
(c) Place Pocatello, Idaho  
18. Funeral Director's OWN Signature Arthur McCall  
and Address Pocatello, Idaho  
19. (a) Dec. 4, 1948 (b) Jessie Z. Powell (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 24 1948  
at 1:05 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 11/24/48 to 11/24/48  
I last saw him alive on 11/24/48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Internal Hemorrhage Duration 1 1/2 hrs.

Due to Severe Contusion

Due to Auto accident

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 11/24/48 19 \_\_\_\_\_ City, county, state

where violence occurred Chubbuck, Bannock, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place ☒ While at work? \_\_\_\_\_

Means of injury Automobile accident

23. Attendant's OWN Signature K. M. Benson (M.D. or other)

and Address Pocatello, Idaho Date 12/2/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 17 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948 State File No. 4024  
Local Reg. No. 309  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address xxxxxx 344 Richland Ave  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address xxxxxx 344 Richland Ave  
(e) Deceased lived Inside? \_\_\_\_\_ X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

WILLIAM WALLACE SHEPPARD

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race white  
4. Sex male

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nellie Hibbard Sheppard

6. (c) Age of husband or wife if alive 59 years

7. Date of Birth (Month, Day, Year) January 5, 1876

8. AGE	Years	Months	Days	If less than 1 day
	72	10	20	hrs. min.

9. Exact Occupation Retired - Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Self Date last worked 1936

11. Birthplace Newton Cash Utah  
(City or town) (State or foreign country)

12. Name William Sheppard

13. Birthplace England  
(City or town) (State or foreign country)

14. Maiden name Christine Nelson

15. Birthplace No Data  
(City or town) (State or foreign country)

16. Informant's OWN Signature Nellie Sheppard

and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof Nov. 27, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello, Idaho

18. Funeral Director's OWN Signature Lupe Henderson

and Address Pocatello, Idaho

19. (a) Nov. 26, 1948 (b) Jessie L. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 25 19 48  
(Month, Day, Year) at 4:00 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1 -  
1948 to November 25 19 48

I last saw h. im alive on November 24 19 48;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Arterio Sclerosis Duration \_\_\_\_\_

Due to Hyper tension

Due to Chronic heart disease

Other conditions Arterio Sclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Lupe Henderson

(M. D. or other)

and Address Pocatello, Ida Date Nov. 26 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 17 1948

STATE OF IDAHO

# Certificate of Death

STATE OF IDAHO

1948 State File No. 4025

Local Reg. No. 310

Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 7th Ave  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. St. Anthony Stayed 2 days  
(g) Lived in this county        years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Fort Hall  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

EDMUND PONGAH

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex male race Indian

6. (a) Single, widowed, married,  
divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive        years

7. Date of Birth  
(Month, Day, Year) August 3, 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	3	23	hrs. min.

9. Exact Occupation Infant Did this work for        yrs.

10. Industry or Business --- Date last worked       

11. Birthplace Pocatello, Ida ho  
(City or town) (State or foreign country)

12. Name Dietz Pongah

13. Birthplace Fort Hall, Ida ho  
(City or town) (State or foreign country)

14. Maiden name Florine Marsh

15. Birthplace Nevada  
(City or town) (State or foreign country)

16. Informant's

OWN Signature Edmund Pongah

and Address Fort Hall, Idaho

17. (a) Burial (b) Date thereof Nov. 30, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Fort Hall, Idaho

18. Funeral Director's

OWN Signature James Z. Pauell

and Address Pocatello, Idaho

19. (a) Nov. 29, 1948 (b) James Z. Pauell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 26, 19 48  
(Month, Day, Year) at 11:45 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 24 Nov 19 48 to November 26, 48

I last saw him alive on November 26 19 48 ;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
acidosis Duration 3 days

Due to severe diarrhea & dehydration 5-6 days

Due to chills, rigors, bilateral 1 wk?

Other conditions       

(Include pregnancy within 3 months of death)

Where was disease contracted? at Hall

Name of operation        Date       

Major finding       

Finding of autopsy       

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury       

23. Attendant's  
OWN Signature W. H. Kearney M.D.

and Address Pocatello, Ida Date Nov. 29, 48

(For additional space, use reverse side)

584

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No. 4026

Local Reg. No. 298

Reg. Dist. No. 510

## 1. PLACE OF DEATH:

STATISTICS

- (a) County. Benneville  
(b) City or town. Laurelville  
(c) Street Address or R.F.D. No. W. of City  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benneville  
(c) City or town Laurelville  
(d) Street Address or R.F.D. No. None  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? Unknown  
(g) How long had deceased lived in Idaho Unknown years  
(h) Former residence (city, state) Unknown

## 3. (a) FULL NAME

@ ARBUS PERA

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race Mexican  
6. (a) Single, widowed, married, divorced Unknown  
(b) Name of husband or wife  
(c) Age of husband or wife if alive years

## 7. Date of Birth

(Month, Day, Year) UNKNOWN

## 8. AGE

Years About 55 Months - Days - If less than 1 day hrs. min.

9. Exact Occupation BEET FIELDS Did this work for years

10. Industry or Business - Date last worked -

11. Birthplace Unknown (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Records and Address Laurelville

17. (a) Bureau (b) Date thereof 11-13-48 (Month) (Day) (Year)

- (c) Place Laurelville

18. Funeral Director's OWN Signature Arthur H. Hall

- and Address Laurelville

19. (a) Nov 15, 1948 (b) Jerrie Z. Paul (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) OCT. 28

at - o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Fracture of Skull  
Shock  
Due to knife wounds  
at hand of known or person  
Due to Unknown  
Other conditions the jury  
(Include pregnancy within 6 months of death)

## Where was disease contracted?

Name of operation - Date -  
Major finding -  
Finding of autopsy -

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? - Homicide? Yes

Occurred - 19 - City, county, state

where violence occurred -

Place of Violence: Home - Farm Yes Industry -

Public Place - While at work? No

Means of injury -

23. Attendant's OWN Signature Arthur H. Hall

and Address Laurelville Date Nov 13, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **4027**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH: STATISTICS

- (a) County **Bannock**  
(b) City or town **Fort Hall**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? **X** city or town  
(e) Died in a Home **X** Hospital ..... Institution ..... Other place ....  
(f) Name Hosp. or Inst. .... Stayed **3** days  
(g) Lived in this county ..... years **3** months **12** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Fort Hall**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? **X** city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **Eli Whitney McKean**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **--**  
5. Color or 6. (a) Single, widowed, married,  
Sex **Male** race **Indian** divorced **single**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **August 31, 1948**

8. AGE	Years	Months	Days	If less than 1 day
		<b>2</b>	<b>12</b>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **Fort Washakie, Wyoming**  
(City or town) (State or foreign country)

12. Name **Whitney McKean**  
13. Birthplace **Fort Hall Idaho**  
(City or town) (State or foreign country)  
14. Maiden name **Lillian Brown**  
15. Birthplace **Fort Washakie, Wyo.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Whitney McKean**  
and Address **Fort Hall, Idaho**

17. (a) **Burial** (b) Date thereof **11-13-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Fort Hall Butte Cemetery**

18. Funeral Director's OWN Signature **Whitney McKean**  
and Address **Fort Hall, Idaho**

19. (a) **11-10-48** (b) **WA. L. Smith**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Nov. 10** 19**48**  
at **1:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **19** to **19**

I last saw h ..... alive on **19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

**Had cold about 4 days**

Due to **probably pneumonia**

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred **19** City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature **Whitney McKean**  
(M. D. or other) **Father**

and Address **Fort Hall, Ida.** Date **11-10-1948**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 17 1948

# Certificate of Death

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 4028

Local Reg. No. 307

Reg. Dist. No. 5-11

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Fort Hall  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ 0 years \_\_\_\_\_ 1 months \_\_\_\_\_ 21 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Fort Hall  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 7 weeks years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

ALETA GAIL BLACK

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex female race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) September 22, 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	0	7 weeks	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Pocatello Idaho  
(City or town) (State or foreign country)

12. Name Charles Richard Black

13. Birthplace Oakland Oregon  
(City or town) (State or foreign country)

14. Maiden name Beatrice Fay Schiers

15. Birthplace Victor Idaho  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Charles R. Black  
and Address Fort Hall, Idaho

17. (a) burial (b) Date thereof Nov. 18, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Victor, Idaho

18. Funeral Director's  
OWN Signature Jack Henderson  
and Address Pocatello, Idaho

19. (a) Nov. 18, 1948 (b) Jessie L. Camell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) November 13 19 48

at during night clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

1. Pulmonary Strangulation. The body was dead when seen by me.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's  
OWN Signature Preserved and

Pocatello, Ida Date Nov. 18 19 48

and Address \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State names as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 6 1948  
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH  
STATE OF IDAHO

State File No. 1029  
Local Reg. No. 3  
Reg. Dist. No. 132

1. PLACE OF DEATH:

(a) County Benewah  
(b) City or town Plummer  
(c) Street Address or R. F. D. No. --  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 38 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Benewah  
(c) City or town Plummer  
(d) Street Address or R. F. D. No. --  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) If foreign born, in U. S. yrs. Citizen of U. S.?  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) ----

3. (a) FULL NAME IDA MAY RAPP

3. (b) If veteran, name war. 3. (c) Social Security No.  
5. Color or 6. (a) Single, widowed, married,  
4. Sex Female race White divorced Widowed  
6. (b) Name of husband or 6 (c) Age of husband or wife if  
wife ---- alive Deceased years  
7. Date of Birth (Month, Day, Year) December 19 1869

AGE	Years	Months	Days	If less than 1 day
8.	78	10	3	hrs min.

9. Exact Occupation Housewife Did this work for 58 yrs.

10. Industry or Business Date last worked 1943

11. Birthplace Tama Co. Iowa  
(City or town) (State or foreign country)

12. Name Unknown Phillips

13. Birthplace Unknown Unknown  
(City or town) (State or foreign country)

14. Maiden name Unknown Unknown

15. Birthplace Unknown Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature George J. Rapp  
and Address Plummer, Idaho

17. (a) Burial (Burial, cremation, or reburial) (b) Date thereof 10-24-48  
(Month) (Day) (Year)

(c) Place: Plummer, Idaho

18. Funeral Director's OWN Signature H. J. Jaeger  
and Address Fairfield, Washington

19. (a) 10-23-48 (b) Fred A. Robertson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 22 1948  
at 5:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 3-29 1948, to 10-22 1948  
I last saw h.er alive on 10-2 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration  
Metastatic Carcinoma - 1 year  
origin undetermined

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature W. E. Hart M.D.

and Address Fairfield, Wh. Date 10-23-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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BUREAU OF VITAL  
STATISTICS

CERTIFICATE OF DEATH  
STATE OF IDAHO

6495-007  
State File No. 4030  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH

- (a) County Bennett  
(b) City or town Plummer, Idaho  
(c) Street Address or R. F. D. No. Rt. #2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 12 years months days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

3. (a) FULL NAME

Andrew Okerberg

3. (b) If veteran, name war None 3. (c) Social Security No. None

5. Color or 5. (a) Single, widowed, married,

4. Sex Male race White divorced Widowed

6. (b) Name of husband or wife Johanna 6 (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) May 19, 1861

8. AGE	Years	Months	Days	If less than 1 day
	87	5	11	hrs min.

9. Exact Occupation Blacksmith Did this work for years

10. Industry or Business G.N.R.R. Retired Date last worked

11. Birthplace Sweden (City or town) (State or foreign country)

- Father 12. Name Oke Okeson

13. Birthplace Sweden (City or town) (State or foreign country)

- Mother 14. Maiden name

15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature and Address

17. (a) Burial (b) Date thereof 11-4-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Greenwood

18. Funeral Director's Hazen & Jaeger Funeral Home OWN Signature and Address 1306 N. Monroe

19. (a) 11-3-1948 (b) W W Benson (Date received and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Bennett  
(c) City or town Plummer  
(d) Street Address or R. F. D. No. Route #2  
(e) Deceased lived Inside? Outside? X city or town  
(f) If foreign born, in U. S. 58 yrs. Citizen of U. S.?  
(g) How long had deceased lived in Idaho? 12 yrs. years  
(h) Former residence (city, state)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 30 1948  
at 3:30 AM o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 29 1948, to Oct 30 1948  
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Pneumonia Bronch  
Due to congestive heart failure

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease first contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature C O Clapp m (M. D. or other)  
and Address Idaho Date 11-1 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1031  
Local Reg. No. 96  
Reg. Dist. No. 130

RECEIVED

NOV 20 1948

## 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Platt Stayed 5 days  
(g) Lived in this county 15 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Fredery J. Consalus

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Ina 6. (c) Age of husband or wife if alive 58 years  
7. Date of Birth (Month, Day, Year) August 26, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>2</u>	<u>5</u>	hrs min.

9. Exact Occupation Farmer Did this work for 40 yrs.  
10. Industry or Business Farming Date last worked 1938  
11. Birthplace Reading Michigan  
(City or town) (State or foreign country)

12. Name David Consalus  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Carrie Ransom  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Margie N. Consalus  
and Address Avery, Idaho

17. (a) Removal (b) Date thereof 11-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Weeda  
and Address St. Maries, Idaho

19. (a) 11-17-48 (b) R. E. Weeda  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11/1/1948  
at 1:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 10/27/1948 to 10/31/1948  
I last saw him alive on 10/31/1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio-respiratory failure Duration 18 hrs.

Due to Cerebral hemorrhage 5 days

Due to Generalized arteriosclerosis  
Other conditions Hypertension Years  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature R. J. Longenecker, M.D.  
(M. D. or other)  
and Address St. Maries Date 11/2/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **1032**  
Local Reg. No. **37**  
Reg. Dist. No. **130**

NOV 20 1948

## 1. PLACE OF DEATH:

- (a) County **Benewah**  
(b) City or town **St. Maries**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or ~~Inst.~~ **St. Maries** Stayed **3** days  
(g) Lived in this county ..... years ..... months **3** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased (Always fill in these)

- (a) State **Idaho** (b) County **Benewah**  
(c) City or town **Plummer**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **38** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME JOHN ELI MCCARTNEY

3. (b) If veteran, name war **No** 3. (c) Social Security No. **519-07-6583**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** 6. (b) Name of husband or wife **Edith Harvey McCarty** 6. (c) Age of husband or wife if alive **55** years  
7. Date of Birth (Month, Day, Year) **January 7 1883**

8. AGE	Years	Months	Days	If less than 1 day
<b>65</b>	<b>10</b>	<b>1</b>	<b>hrs</b>	<b>min.</b>

9. Exact Occupation **Laborer** Did this work for **35** yrs.  
10. Industry or Business **Common** Date last worked **9-10-48**  
11. Birthplace **Kansas City Kansas** (City or town) (State or foreign country)  
12. Name **James Albert McCartney**  
13. Birthplace **Unknown Indiana** (City or town) (State or foreign country)  
14. Maiden name **Unity Thuma**  
15. Birthplace **Unknown Missouri** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. John E. McCartney** and Address **Plummer, Idaho**  
17. (a) **Burial** (Burial, cremation, or reinterment) (b) Date thereof **11-11-48** (Month) (Day) (Year)  
(c) Place: **Plummer, Idaho.**  
18. Funeral Director's OWN Signature **Jaeger Funeral Home** and Address **Fairfield, Washington**  
19. (a) **11-17-48** (Date received and filed) (b) **R. E. Medina** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **November 8 1948**  
(Month, Day, Year) at **3:00** o'clock **P.** M.  
21. I HEREBY CERTIFY, That I attended deceased from **Nov 6 1948** to **Nov 8 1948**  
I last saw h. **invalive on Nov 8 1948** death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Uremia** Duration **3 days**  
Due to **Chronic glomerulonephritis**  
Due to .....  
Other conditions ..... (Include pregnancy within 3 months of death)  
Where was disease contracted? **Unknown**  
Name of operation **None** Date .....  
Major finding .....  
Finding of autopsy **None**  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury .....  
23. Attendant's OWN Signature **Bergen A. Rapp** (M. D. or other) and Address **St. Maries, Ida** Date **Nov 15 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO NOV 20 1948

State File No. 4033  
Local Reg. No. 38  
Reg. Dist. No. 130

## 1. PLACE OF DEATH:

- (a) County Benedah  
(b) City or town St. Maries  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. St. Maries Stayed 6 days  
(g) Lived in this county 38 years 38 months 38 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benedah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME George Ellsworth Mitchell

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) July 3, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>4</u>	<u>9</u>	hrs min.

9. Exact Occupation Funeral Director Did this work for 20 yrs.

10. Industry Business Funeral Service Date last worked 1940

11. Birthplace Hazel Green, Wisconsin  
(City or town) (State or foreign country)

12. Name James Mitchell

13. Birthplace Scotland  
(City or town) (State or foreign country)

14. Maiden name Jane Eakin

15. Birthplace Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Charles H. Fields

and Address St. Maries, Idaho

17. (a) Burial (b) Date thereof 11-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wessa

and Address St. Maries, Idaho

19. (a) 11-17-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 12, 1948 19  
at 5:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 1947 to 12 Nov 1948  
I last saw him alive on 12 Nov 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: cardiac failure Duration 24 hrs

Due to Pneumonia 72 hrs

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? unknown

Name of operation none Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury .....

23. Attendant's OWN Signature Dr. Don Housley, M.D.  
and Address St. Maries, Idaho Date 11/15/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO NOV 20 1948

State File No. 4034  
Local Reg. No. 39  
Reg. Dist. No. 130

## 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town Chatcolet  
(c) Street Address or R.F.D. No. Rocky Point  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 12 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town Chatcolet  
(d) Street Address or R.F.D. No. Rocky Point  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Spokane, Wash.

## 3. (a) FULL NAME

Richard Fred Mathews

3. (b) If veteran, name war No.    3. (c) Social Security No.    No.     
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Cleo B. 6. (c) Age of husband or wife if alive 56 years  
7. Date of Birth (Month, Day, Year) Sept. 4, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>2</u>	<u>9</u>	hrs min.

9. Exact Occupation Proprietor Did this work for    yrs.  
10. Industry or Business Mathews Candy Co. Date last worked     
11. Birthplace Illinois  
(City or town) (State or foreign country)

12. Name Frank Sherman Mathews  
13. Birthplace Illinois  
(City or town) (State or foreign country)  
14. Maiden name McGillough  
15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature William M. Byers  
and Address Opportunity, Wash.

17. (a) Removal (b) Date thereof 11-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Spokane, Washington

18. Funeral Director's OWN Signature Hazel J. Jager  
and Address 1306 Monroe St., Spokane

19. (a) 11-17-48 (b) T. E. Wilson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 13 19 48  
at 4:20 o'clock    AM.

21. I HEREBY CERTIFY, That I attended deceased from Jan 12 1948, to Nov 8 1948.  
I last saw him alive on Nov 8 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 3 hours

Due to Coronary disease 1-12-48

Due to Arteriosclerosis

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state

where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature H. P. Rodenhouse

and Address 267 N. 1st St., Boise Date 11-13 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

NOV 20 1948

State File No. **4035**  
Local Reg. No. **40**  
Reg. Dist. No. **130**

## 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Lawyer Ernest Asbury

3. (b) If veteran, name war None  
3. (c) Social Security No. 518-03-9824  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sadie 6. (c) Age of husband or wife if alive 43 years  
7. Date of Birth (Month, Day, Year) March 14, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>7</u>	<u>29</u>	hrs min.

9. Exact Occupation Logger Did this work for 25 yrs.  
10. Industry or Business Woods Date last worked 1944  
11. Birthplace (City or town) (State or foreign country) W. Va.

12. Name Unknown  
13. Birthplace (City or town) (State or foreign country) Unknown  
14. Maiden name Unknown  
15. Birthplace (City or town) (State or foreign country) Unknown

16. Informant's OWN Signature Mr. Lawyer Asbury  
and Address St. Maries, Idaho

17. (a) Burial (b) Date thereof 11-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

19. (a) 11-17-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 13, 1948 19  
at 5:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1948, to Nov. 13, 1948  
I last saw him alive on Nov. 13, 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cardio-respiratory failure

Duration

18 hr.

Due to Chronic Lung pathology - probably

Due to Tuberculosis

6 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature R. E. Wessa (M. D. or other)

and Address St. Maries Date 11/14, 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as fully as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED NON-RESIDENT  
Certificate Of Death  
DEC 1 1948  
DIVISION OF VITAL  
STATE OF IDAHO

State File No. 4036  
Local Reg. No. 41  
Reg. Dist. No. 130

1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. St. Maries Stayed 3 days  
(g) Lived in this county..... years ..... months 23 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Whitman  
(c) City or town Pullman  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 23 Days  
(h) Former residence (city, state) .....

3. (a) FULL NAME

William James

3. (b) If veteran, name war None  
3. (c) Social Security No. 536-03-3678  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ada  
6. (c) Age of husband or wife if alive 60 years  
7. Date of Birth (Month, Day, Year) May 10, 1881

8. AGE	Years	Months	Days	If less than 1 day
	67	6	10	hrs min.

9. Exact Occupation Carpenter Did this work for 28 yrs.  
10. Industry or Business Construction Date last worked July 1948  
11. Birthplace Maroa Illinois  
(City or town) (State or foreign country)

12. Name Stephen James  
13. Birthplace Illinois  
(City or town) (State or foreign country)  
14. Maiden name Charlotte Bennison  
15. Birthplace New Brunswick Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Wm James  
and Address Pullman, Washington

17. (a) Removal (b) Date thereof 11-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pullman, Washington

18. Funeral Director's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

19. (a) 12-9-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 20, 1948  
at 4:55 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 11/11/48 to 11/20/48  
I last saw h. alive on 11/19/48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration

Due to Bronchopneumonia 1 wk

Due to mitral insufficiency 10 yrs  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?  
Means of injury .....

23. Attendant's OWN Signature J. D. Donohoe, M.D.  
and Address St. Maries, Idaho (M. D. or other) Date 11/20/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 1 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4037

Local Reg. No. 42

Reg. Dist. No. 130

## 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. St. Maries Stayed Minutes  
(g) Lived in this county 20 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Orie Bertrand Covey

3. (b) If veteran, name war W. War 2  
3. (c) Social Security No. 516-01-1600  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) August 17, 1917

8. AGE	Years	Months	Days	If less than 1 day
	<u>31</u>	<u>3</u>	<u>8</u>	hrs min.

9. Exact Occupation Bar Tender Did this work for 1 yrs.  
10. Industry or Business Tavern Date last worked 11-25-48  
11. Birthplace St. Maries Idaho  
(City or town) (State or foreign country)

12. Name Edgar A. Covey  
13. Birthplace LaCrosse Wisconsin  
(City or town) (State or foreign country)  
14. Maiden name Julia S. Robbins  
15. Birthplace Dorchester, Wisconsin  
(City or town) (State or foreign country)

16. Informant's OWN Signature Louis R. Handy  
and Address St. Maries, Idaho

17. (a) Burial (b) Date thereof 11-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

19. 12-9-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 25, 1948 19  
at 6:05 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Homicide by Firearms

Duration

35  
Minutes

Due to Gunshot wounds

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation..... Date.....  
Major finding .....  
Finding of autopsy Perforated liver and intestines, Hemorrhage

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? Yes  
Occurred Nov. 25, 1948 City, county, state where violence occurred St. Maries, Benewah, Idaho  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place Tavern While at work? No  
Means of injury .38 Cal. Revolver

23. Attendant's OWN Signature R. E. Wessa Coroner  
(M. D. or other)  
and Address St. Maries, Idaho Date 11-27-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

DEC 1 4 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 4038

Local Reg. No. 43

Reg. Dist. No. 130

## 1. PLACE OF DEATH: STATISTICS

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 23 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

William Smith Gilman

3. (b) If veteran, name war None  
3. (c) Social Security No. 707-18-2189  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jessie  
6. (c) Age of husband or wife if alive 69 years  
7. Date of Birth (Month, Day, Year) October 17, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>1</u>	<u>12</u>	hrs min.

9. Exact Occupation Section Laborer Did this work for 21 yrs.  
10. Industry or Business Railroad Date last worked 1946  
11. Birthplace Sandusky Ohio  
(City or town) (State or foreign country)

12. Name Perry Gilman  
13. Birthplace Sandusky Ohio  
(City or town) (State or foreign country)  
14. Maiden name Delia Ann Becker  
15. Birthplace Penn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature C. A. Gilman  
and Address Pinehurst, Idaho

17. (a) Burial (b) Date thereof 12-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

19. (a) 12-9-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A 097X

20. DATE OF DEATH (Month, Day, Year) November 29, 1948 19  
at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11/9/48 to 11/29/48  
I last saw h. i. m. alive on 11/29/48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio-respiratory failure Duration 8 hrs

Due to Cerebral hemorrhage 28 hrs

Due to Generalized Arteriosclerosis Years  
Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature R. E. Wessa (M. D. or other)  
and Address St. Maries Date 12/1/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

NOV 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 4039  
Local Reg. No. 127  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Parsons Hospital Stayed 2 days  
(g) Lived in this county ..... years ..... months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot,  
(d) Street Address or R.F.D. No. 210 1/2 Sexton St.  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Ronald James Hiebo

3. (b) If veteran, name war ..... No. ....  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Nov. 1, 1948

8. AGE	Years	Months	Days	If less than 1 day
--	--	--	2	hrs min.

9. Exact Occupation Infant Did this work for ..... yrs.  
10. Industry or Business worked Date last worked .....  
11. Birthplace Blackfoot, Idaho. (City or town) (State or foreign country)  
12. Name Adolph Hiebo  
13. Birthplace McClusky, North Dakota (City or town) (State or foreign country)  
14. Maiden name Ruth E. Hansen,  
15. Birthplace Idaho Falls, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature Adolph Hiebo  
and Address Blackfoot, Idaho.

17. (a) Burial (b) Date thereof 11-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Idaho Falls, Idaho.

18. Funeral Director's OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho.

19. (a) 11-6-48 (b) Michael E. Paine  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 3 1948  
at 11:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-1 1948 to 11-3 1948  
I last saw him alive on 11-3 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral Hemorrhage Duration 1 day.

Due to Hemorrhagic stroke of newborn

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Ab Miller MD

and Address Blackfoot, Idaho. (M. D. or other) Date 11-5 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 1 9 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. 4040

Local Reg. No. 129

Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 63 So. Pine St.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 63 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 63 So. Pine  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 63 years  
(h) Former residence (city, state) city or town

## 3. (a) FULL NAME

Mary Ann Firth Nelson

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or White  
6. Sex Fem. race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frederick Nelson

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) November 5, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>0</u>	<u>0</u>	hrs. min.

9. Exact Occupation Housewife (retired) Did this work for 60 yrs.

10. Industry or Business At home Date last worked

11. Birthplace Uintah, Davis County, Utah (City or town) (State or foreign country)

12. Name Lorenzo J. Firth (City or town) (State or foreign country)

13. Birthplace Yorkshire, England (City or town) (State or foreign country)

14. Maiden name Dorcas Martin (City or town) (State or foreign country)

15. Birthplace Boston, Massachusetts (City or town) (State or foreign country)

16. Informant's OWN Signature Thomas D. Nelson and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof Nov. 8, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Blackfoot, Ida., Grove City Cem.

18. Funeral Director's OWN Signature Howard Tuckham and Address Blackfoot, Idaho

19. (a) 11-8-48 (b) Marshall E. Lane (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 5, 1948

at 5:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from April 15, 1943 to Nov. 5, 1948

I last saw her alive on Nov. 5, 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 24 days

Due to Hypertension 5 yrs

Due to Atherosclerosis 5 yrs

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation None Date None

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? None Suicide? None Homicide? None

Occurred None 19 None City, county, state where violence occurred None

Place of Violence: Home None Farm None Industry None

Public Place None While at work? None

Means of injury None

23. Attendant's OWN Signature Dr. M. K. Egan D.O. and Address Blackfoot, Ida. Date 11-8-48 (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
NOV 1 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4041  
Local Reg. No. 130  
Reg. Dist. No. 600

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 16 No. Shilling  
(d) Death Occurred Inside? X Outside?        city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 41 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 16 No. Shilling  
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Lincoln, Nebr.

3. (a) FULL NAME James R. Ryan

3. (b) If veteran, name war       

3. (c) Social Security No.       

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude Backus

6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) October 17, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>0</u>	<u>24</u>	hrs. min.

9. Exact Occupation Retired Merchant Did this work for 50 yrs.

10. Industry or Business Mercantile Date last worked 11-9-48

11. Birthplace Galesburg, Illinois  
(City or town) (State or foreign country)

12. Name Edmund F Ryan

13. Birthplace Ireland  
(City or town) (State or foreign country)

14. Maiden name Maria Norton

15. Birthplace Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Gertrude B Ryan  
and Address Blackfoot, Idaho

17. (a) Burial (Burial, cremation, or removal) Grove City Cem. Blackfoot, Idaho  
(b) Date thereof 11-13-48  
(Month) (Day) (Year)

18. Funeral Director's OWN Signature Edward Packard  
and Address Blackfoot, Idaho

19. (a) 11/12-48 (Date received and filed) W. H. Baker (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) 11-11 1948  
at 3:45 o'clock A.M.

### 21. I HEREBY CERTIFY, That I attended deceased from 11-9 1948 to 11-11 1948

I last saw him alive on 11-11 1948;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cardiac Decompensation  
Pulmonary Embolism  
Due to        Duration 1 hr

Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature AE Miller MD  
(M. D. or other)

and Address Blackfoot, Idaho Date 11-12 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 1 3 1948  
Certificate of Death  
NON-RESIDENT  
STATISTICS  
STATE OF IDAHO

1948  
State File No. 4042  
Local Reg. No. 132  
Reg. Dist. No. 600

1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Parson's Hosp. Stayed 14 days  
(g) Lived in this county \_\_\_\_\_ years 2 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Montana (b) County Silver Bow  
(c) City or town Butte  
(d) Street Address or R.F.D. No. 112 N. Wyoming  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 2 Months years  
(h) Former residence (city, state) Hyrum, Utah

3. (a) FULL NAME

AMELIA JENSEN MORIARTY

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Ed Moriarty  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 7, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>7</u>	<u>7</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Hyrum, Utah (City or town) (State or foreign country)

12. Name Christian Jensen

13. Birthplace True, Denmark (City or town) (State or foreign country)

14. Maiden name Annie Poulson

15. Birthplace Unlose, Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Laura Haslam

and Address Twin Falls Ida

17. (a) Removal (b) Date thereof (c) Place: Hyrum, Utah

18. Funeral Director's OWN Signature John C. Sandberg

and Address Blackfoot, Idaho

19. (a) 11-12-48 (b) Mathias E. Rasmussen

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 14, 1948  
at 10:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-12 1948, to 11-14 1948  
I last saw her alive on 11-14 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral thrombosis Duration 1 day

Due to Malignant Hypertension 4 years

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature As Miller MD

and Address Blackfoot, Idaho (M. D. or other) Date 11-15 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce,  
Bureau of the Census

RECEIVED

# Certificate Of Death

STATE OF IDAHO

State File No. **4043**  
Local Reg. No. **141**  
Reg. Dist. No. **600**

1. PLACE OF DEATH: DEC 11 1948
- (a) County **Bingham**  
(b) City or town **Blackfoot**  
(c) Street Address or R.F.D. No. **263 East Bridge St.**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home. ☒ Hospital. ☐ Institution. ☐ Other place.  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **51** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Shelley**  
(d) Street Address or R.F.D. No. ☐  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **51** years  
(h) Former residence (city, state) **Utah**

3. (a) FULL NAME **ANDROS FREDRIC WILHELM LARSEN** 097X

3. (b) If veteran, name war ☐ No. ☐  
5. Color or ☐ (a) Single, widowed, married,  
4. Sex **MALE** race **WHITE** divorced  
6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth (Month, Day, Year) **DEC 14 1864**

8. AGE	Years	Months	Days	If less than 1 day
	<b>83</b>	<b>11</b>	<b>15</b>	hrs min.

9. Exact Occupation **Ret. Farmer.** Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace **Denmark** (City or town) (State or foreign country)

12. Name **Not known**  
13. Birthplace **Denmark** (City or town) (State or foreign country)  
14. Maiden name **N. A.**  
15. Birthplace **Denmark** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Annie C. Anderson**  
and Address **263 East Bridge St.**

17. (a) **Burial** (b) Date thereof ☐  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Hill Crest, Shelley, Idaho**

18. Funeral Director's OWN Signature **L. M. Walker**  
and Address **Shelley, Idaho**

19. (a) **12-7-1948** (b) **W. H. E. Fawcett**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Nov 29** 19**48**  
at **9:00 o'clock A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Oct 19 48** to **Nov 29 48**  
I last saw him alive on **Nov 1 1948**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac failure** Duration **3 yrs.**

Due to **arteriosclerosis**

Due to ☐  
Other conditions (Include pregnancy within 3 months of death) ☐

Where was disease contracted? ☐  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred ☐  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature **J. M. Walker M.D.**  
and Address **Blackfoot** Date **12 6 19 48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 26 1948  
Certificate Of Death  
STATISTICS  
DIVISION OF VITAL  
STATE OF IDAHO

1948 State File No. 4044  
Local Reg. No. 132  
Reg. Dist. No. 601

1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Firth  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 0 years 5 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Firth,  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 mo. years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME Donna Louise Alley

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Babe  
4. Sex Female  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) May 4, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>5</u>			hrs min:

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Blackfoot Idaho  
(City or town) (State or foreign country)

12. Name William Earl Alley  
13. Birthplace Osawatimie Kansas  
(City or town) (State or foreign country)  
14. Maiden name Parona Mae Heaton  
15. Birthplace Blackfoot Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature William Earl Alley  
and Address Firth, Idaho

17. (a) Burial (b) Date thereof 11-1-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Funeral Home Idaho

18. Funeral Director's OWN Signature Shelley  
and Address Idaho

19. (a) 10-31-1948 (b) Shelley  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 28, 19 48  
at 11:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 28 Oct 19 48, to 28 Oct 19 48.  
I last saw her alive on 26 Aug 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Pneumonia, bronchial Duration unknown

Due to .....

Due to .....

Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? Firth, Idaho

Name of operation none Date .....

Major finding .....

Finding of autopsy pneumonia, bronchial

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Halter E Hoge, M.D.

and Address Shelley Idaho 300 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 1 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. **4045**  
Local Reg. No. **126**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot, Idaho.  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 5475 days  
(g) Lived in this county 15 years 0 months 16 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County ADA  
(c) City or town Meridian,  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) Meridian, Idaho.

## 3. (a) FULL NAME Anna Laura Knudson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex F. race W.  
6. (b) Name of husband or wife Carl E. Knudson  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 1903

8. AGE	Years	Months	Days	If less than 1 day
	<u>45</u>			hrs. min.

9. Exact Occupation housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Canada, Texas  
(City or town) (State or foreign country)

Father { 12. Name T. E. Cato

13. Birthplace Sweeden  
(City or town) (State or foreign country)

Mother { 14. Maiden name Clara Dodge

15. Birthplace Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, State Hospital South  
and Address Blackfoot, Idaho.

17. (a) Removed (b) Date thereof 11-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Boise, Idaho.

18. Funeral Director's OWN Signature John C. Knudson  
and Address Blackfoot, Idaho

19. (a) 11-9-48 (b) Walter E. Lathrop  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 1, 1948

at 12:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from August 1, 1948 to Nov. 1, 1948

I last saw h. 91 alive on Nov. 1, 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral Hemorrhage Duration 1 week

Due to Essential Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? not known

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Scott S. McPhee M.D.

(M. D. or other)

and Address Blackfoot, Idaho. Date Nov. 1, 1948.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

NOV 12 1948

STATE OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **4046**  
Local Reg. No. **128**  
Reg. Dist. No. **600**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. North Main  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 5 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. North Main  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

CECELIA MARIE HANSEN WINWARD

102X

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

No.

5. Color or 6. (a) Single, widowed, married,

4. ~~Se~~Female race White divorced Married

6. (b) Name of husband or 6. (c) Age of husband or wife if wife Abraham Winward alive 70 years

7. Date of Birth (Month, Day, Year) February 16, 1882.

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>8</u>	<u>17</u>	hrs min.

9. Exact Occupation Housewife Did this work for years.

10. Industry or Business Own Home Date last worked

11. Birthplace Hyde Park, Utah. (City or town) (State or foreign country)

12. Name Peter Hansen

13. Birthplace Denmark (City or town) (State or foreign country)

14. Maiden name Cecelia M. Thompson

15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Abraham Winward and Address Blackfoot Idaho.

17. (a) Burial (b) Date thereof 11-6-48. (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Whitney, Idaho.

18. Funeral Director's Richards & Son Mortuary. OWN Signature Howard B. Richards and Address Preston, Idaho.

19. (a) 11/15-48 (b) Mrs. Helen E. Statie (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 3, 1948  
at 7:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 1948, to November 3, 1948  
I last saw h. alive on November 3, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Failure Duration 5 yrs.

Due to Hypertension, benign 10 yrs

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury

23. Attendant's OWN Signature Phyllis John M. O. and Address Blackfoot, Idaho Date 11-4-48  
(For additional space, use reverse side)

# NON-RESIDENT Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

STATE OF IDAHO

State File No. **4047**  
Local Reg. No. **8**  
Reg. Dist. No. **602**

1. PLACE OF DEATH:  
(a) County **Bingham**  
(b) City or town **Sterling**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **No** Stayed \_\_\_\_\_ days  
(g) Lived in this county **6** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Utah** (b) County **Salt Lake**  
(c) City or town **Salt Lake City**  
(d) Street Address or R.F.D. No. **367 N. 12th West**  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **6** years  
(h) Former residence (city, state) **Salt Lake City, Utah**

3. (a) FULL NAME **Morie Josephine Putnam**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**  
4. Sex **F** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Savannah C. Putnam** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **Jan 7, 1861**

8. AGE	Years	Months	Days	If less than 1 day
	<b>87</b>	<b>10</b>	<b>2</b>	hrs. min.

9. Exact Occupation **Domestic (retired)** Did this work for **8** yrs.

10. Industry or Business **Domestic** Date last worked **1940**

11. Birthplace **Copenhagen, Denmark** (City or town) (State or foreign country)

12. Name **For Nelson Helmer** (City or town) (State or foreign country)

13. Birthplace **Copenhagen, Denmark** (City or town) (State or foreign country)

14. Maiden name **Dorothy Marie Jensen**

15. Birthplace **Copenhagen, Denmark** (City or town) (State or foreign country)

16. Informant's OWN Signature **Martha P. Willey**

and Address **Sterling, Idaho**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-12-48** (Month) (Day) (Year)

(c) Place **Bountiful Cemetery, Bountiful, Utah**

18. Funeral Director's OWN Signature **Howard Packham**

and Address **Blackfoot, Idaho**

19. (a) **Nov. 9, 1948** (Date received and filed) (b) **J. L. Harm** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **November 9, 1948**  
at **12:25** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Sep. 23, 1948** to **Nov. 9, 1948**

I last saw her alive on **Nov. 7, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac failure** Duration **1 wk.**

Due to **Chronic Myocardial Insufficiency** **5 Years**

Due to **Ascites**

Other conditions **Perturbation of Left Ear** (Include pregnancy within 3 months of death)

Where was disease contracted? **Salt Lake City**

Name of operation **None** Date \_\_\_\_\_

Major finding **None**

Finding of autopsy **None**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **F. L. Harm M.D.** and Address **Abundant, Idaho** Date **Nov. 9, 1948**

ASN 38005931

NON-RESIDENT

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

## Certificate of Death

STATE OF IDAHO

State File No. 4048

Local Reg. No. 139

Reg. Dist. No. 601

NOV 20 1948

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Route #2  
(d) Death Occurred Inside? Outside X city or town  
(e) Died in a Home X Hospital Outside X place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 0 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Colorado (b) County Costilla  
(c) City or town San Luis, Colorado  
(d) Street Address or R.F.D. No. General Delivery  
(e) Deceased lived Inside? Outside X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) Salt Lake Utah

## 3. (a) FULL NAME

Elias Vigil

3. (b) If veteran, name war  
hdgt. 1st Bat.

3. (c) Social Security No.

1 58th Infantry4. Sex Male race White6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive memoranda years

7. Date of Birth

(Month, Day, Year)

Feb. 8, 1915

8. AGE

Years

Months

Days

If less than 1 day

3333293

hrs.

min.

9. Exact

Occupation

laborer

Did this

work for

yrs.

10. Industry or  
Business

Date last

worked

11. Birthplace San Luis, Colorado

(City or town)

(State or foreign country)

12. Name Claudio Vigil13. Birthplace Toas N. Mexico

(City or town)

(State or foreign country)

14. Maiden name Rosita Cordova15. Birthplace San Luis, Colo.

(City or town)

(State or foreign country)

16. Informant's

OWN Signature

Claudio Vigil

and Address

Box 134 San Luis, Colo.17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Nov. 18, 1948

(Month)

(Day)

(Year)

(c) Place

San Luis, Colorado

18. Funeral Director's

OWN Signature

Howard Packham

and Address

Blackfoot Idaho19. (a) 11-15-48

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

November 11, 1948at 2:40 o'clock 2 M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Did not see him aliveI last saw him alive on 19

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Gun shot wound in forehead

Due to

Gun shot

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ✓ Suicide? ✓ Homicide? ✓Occurred November 11, 1948 City, county, statewhere violence occurred Blackfoot, Bingham, IdahoPlace of Violence: Home ✓ Farm ✓ Industry ✓Public Place ✓ While at work? ✓Means of injury Gun shot wound

## 23. Attendant's

OWN Signature

Dr. Baice-Corner

and Address

Blackfoot IdahoDate 11-15-1948

(For additional space, use reverse side)

owd

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

NOV 1 1948

DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **4049**  
Local Reg. No. **31**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 2  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home? Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 34 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Kirtland, New Mexico

3. (a) FULL NAME Alta Matilda Hansen

3. (b) If veteran, name war --- 3. (c) Social Security No. ---  
5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
4. Sex Female 6. (b) Name of husband or wife James P. Hansen  
6. (c) Age of husband or wife if alive 72 years

7. Date of Birth (Month, Day, Year) April 6, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>7</u>	<u>8</u>	hrs min.

9. Exact Occupation Housewife Did this work for --- yrs.

10. Industry or Business --- Date last worked ---

11. Birthplace Gardon City, Utah  
(City or town) (State or foreign country)

12. Name Byron Harvey Allred

13. Birthplace Winter Quarters, Iowa  
(City or town) (State or foreign country)

14. Maiden name Alta Matilda Rolph

15. Birthplace Tama, Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature James P. Hansen

and Address Rt. 2, Blackfoot, Idaho

17. (a) Burial (b) Date thereof 11-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Blackfoot, Idaho

18. Funeral Director's OWN Signature John C. Sandberg

and Address Blackfoot, Idaho

19. (a) 11-12-48 (b) Matilda E. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 14, 1948  
at 3:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1948, to Nov 14, 1948

I last saw h. --- alive on --- 19 ---; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Embolus Duration 5 min

Due to trauma

Due to injury

Other conditions ---

(Include pregnancy within 3 months of death)

Where was disease contracted? ---

Name of operation --- Date ---

Major finding ---

Finding of autopsy ---

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? YES Suicide? --- Homicide? ---

Occurred Oct 30, 1948 19 --- City, county, state where violence occurred Blackfoot, Idaho

Place of Violence: Home --- Farm --- Industry ---

Public Place Highway While at work? ---

Means of injury Auto collision

23. Attendant's OWN Signature J. O. Hansen

and Address Blackfoot, Idaho Date 11-15, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

RECEIVED

STATE OF IDAHO

State File No. 4050  
Local Reg. No. 137  
Reg. Dist. No. 601

DEC 11 1948

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County King  
(b) City or town Shelley  
(c) Street Address or R.F.D. No. 1742  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 33 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bingham  
(c) City or town Shelley  
(d) Street Address or R.F.D. No. 1742  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME Arthur William Miles

3. (b) If veteran, name war None No. None  
3. (c) Social Security No. None  
5. Color or None (a) Single, widowed, married, divorced Married  
6. Sex Male race White  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Date of Birth (Month, Day, Year) Sept 30, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>1</u>	<u>17</u>	hrs min.

9. Exact Occupation Farmer Did this work for None yrs.  
10. Industry or Business None Date last worked None  
11. Birthplace Ranch (City or town) Utah (State or foreign country)  
12. Name John A. Miles  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Emily Spencer  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs J. M. Churruarua and Address Shelley R# 2

17. (a) Burial (b) Date thereof 11-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Idaho

18. Funeral Director's OWN Signature M. Halder and Address Shelley

19. (a) 12-2-48 (b) Mrs. Halder  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11-19 1948  
at 9:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 9:20 AM 17 Nov 1948 to 19  
I last saw him alive on Not seen alive by me death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration

Due to None

Due to None

Other conditions None to my knowledge (Include pregnancy within 3 months of death)

Where was disease contracted? Unknown

Name of operation None Date None

Major finding None

Finding of autopsy None, not performed

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state where violence occurred Idaho  
Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's OWN Signature Walter D. Hoge M.D. and Address Shelley Idaho Date 19 Nov 1948  
(For additional space, use reverse side)

094A

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **4051**  
Local Reg. No. **136**  
Reg. Dist. No. **601**

RECEIVED

NOV 28 1948  
BINGHAM  
STATISTICAL  
BLACKFOOT

1. PLACE OF DEATH:
- County.....
  - City or town.....
  - Street Address or R.F.D. No.....
  - Death Occurred Inside?..... Outside? ☒ city or town
  - Died in a Home ☒ Hospital..... Institution..... Other place.....
  - Name Hosp. or Inst..... Stayed..... days
  - Lived in this county..... years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- State..... **Idaho**
  - County..... **Bingham**
  - City or town..... **Blackfoot**
  - Street Address or R.F.D. No..... **3**
  - Deceased lived Inside?..... Outside? ☒ city or town
  - Citizen of what country?..... **U.S.A.**
  - How long had deceased lived in Idaho?..... **8 years**
  - Former residence (city, state).....

3. (a) FULL NAME **Anlene Christina Broncho**

107X

3. (b) If veteran, name war.....
3. (c) Social Security No.....
5. Color or.....
4. Sex..... **FEMALE** race..... **INDIAN**
6. (a) Single, widowed, married, divorced..... **SINGLE**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) **MARCH 29, 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>7</b>	<b>25</b>	hrs. min.

9. Exact Occupation..... **NONE** Did this work for..... yrs.
10. Industry or Business..... Date last worked.....
11. Birthplace..... **Pocatello, Idaho**  
(City or town) (State or foreign country)

12. Name..... **Charles Wendell Broncho**

13. Birthplace..... **Fort Hall, Idaho**  
(City or town) (State or foreign country)

14. Maiden name..... **Ida Mildred Diggie**

15. Birthplace..... **Fort Hall, Idaho**  
(City or town) (State or foreign country)

16. Informant's OWN Signature..... **Charles Broncho**  
and Address..... **Blackfoot R. #3.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof..... **11-28-48**  
(Month) (Day) (Year)

(c) Place..... **Gibson Mission Cemetery**

18. Funeral Director's OWN Signature..... **Howard Packham**  
and Address..... **Blackfoot, Idaho**

19. (a) **11/26-48** (Date received and filed) (b) **W. E. Towner** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **11-28** at **11:40** o'clock **P**.M.

21. I HEREBY CERTIFY, That I attended deceased from **after death** to **19** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Bronch Pneumonia** Duration **3 days**

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy..... **Bronch Pneumonia**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature..... **Ab Miller MD** (M.D. or other)

and Address..... **Blackfoot, Idaho** Date **11-25-48** 19.....

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

DEC 11 1948

STATE OF IDAHO

1948 State File No. 4052

Local Reg. No. 38

Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County. Boise  
(b) City or town. Blackfoot  
(c) Street Address or R.F.D. No. P.O. Box 390  
(d) Death Occurred Inside? - Outside? - city or town  
(e) Died in a Home - Hospital - Institution - Other place -  
(f) Name Hosp. or Inst. St. Hos. So. Stayed 43 days  
(g) Lived in this county - years I months 12 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Marysville  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? - Outside? - city or town  
(f) Citizen of what country? Fremont  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) -

## 3. (a) FULL

NAME Charles Harold Cribble

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex male 5. Color or race W.

6. (a) Single, widowed, married, divorced -

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive - years

7. Date of Birth (Month, Day, Year) June 26, 1885

8. AGE	Years	Months	Days	If less than 1 day
63	63	5	2	hrs. min.

9. Exact Occupation Farmer Did this work for - yrs.

10. Industry or Business - Date last worked -

11. Birthplace Gunison, Utah (City or town) (State or foreign country)

12. Name Joseph Smith Cribble (City or town) (State or foreign country)

13. Birthplace Illinois (City or town) (State or foreign country)

14. Maiden name Phoebe Reynolds (City or town) (State or foreign country)

15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Records of St. Hos. So.

and Address Blackfoot, Idaho

17. (a) Removal (b) Date thereof 11-28-48 (Month) (Day) (Year)

(c) Place Rephurg, Idaho

18. Funeral Director's OWN Signature Lawford Packham

and Address Blackfoot, Idaho

19. (a) 11-28-48 (Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 27 19 48

at 4:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct.

Did not attend deceased

I last saw him alive on November 27, 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Strangulation

Due to Hanging

Other conditions (Include pregnancy within 3 months of death) -

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autopsy -

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? ✓ Homicide? -

Occurred - 19 - City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature HP Boice - Coroner

(M. D. or other)

and Address 112 1/2 ft. Date Nov. 27, 48

(For additional space, use reverse side)

# Certificate Of Death

STATE OF IDAHO

United States  
Department of Commerce  
Bureau of the Census

## 1. PLACE OF DEATH

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. 3 mi. So. of City  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in X Home    Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county    years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Fort Hall Res. near Blackfoot  
(d) Street Address or R.F.D. No. #3  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 74 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Benjamin Arriwite

## 3. (b) If veteran,

name war   

## 3. (c) Social Security

No.   

4. Sex Male 5. Color or race Indian 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie Honena 6. (c) Age of husband or wife if alive 64 years

7. Date of Birth (Month, Day, Year) About 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>			hrs min.

9. Exact Occupation Farmer & cattle raiser Did this work for    yrs.

10. Industry or Business    Date last worked

11. Birthplace Lemhi County, Ida. (City or town) (State or foreign country)

12. Name no data (City or town) (State or foreign country)

13. Birthplace no data (City or town) (State or foreign country)

14. Maiden name no data (City or town) (State or foreign country)

15. Birthplace no data (City or town) (State or foreign country)

16. Informant's OWN Signature Hattie Ariwite

- and Address Blackfoot Rt. #3

17. (a) Burial (b) Date thereof 12-8-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Gibson Mission Cemetery

18. Funeral Director's OWN Signature Howard Tuckham

- and Address Blackfoot, Idaho

19. (a) 12-8-48 (b) H. A. Lesse (Date received and filed) (Registrar's signature)

Witness to mark:

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 29, 1948  
(Month, Day, Year) 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from    19    to    19

I last saw h.    alive on    19   ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Had slight cold- no other complaint Duration   

other that of a pain in chest

Due to when weather was cold

or strong wind blowing.

Due to Found him dead in out-building.

Other conditions after being gone from house (Include pregnancy within 6 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?

Occurred    19    City, county, state where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Hattie Ariwite

and Address Blackfoot, Idaho Rt. 3 (M. D. or other) Date 12-8-1948

(For a    the reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

NOV 19 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 4054  
Local Reg. No. 45  
Reg. Dist. No. 410

## 1. PLACE OF DEATH:

- (a) County Blaine  
(b) City or town Hailey  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days \_\_\_\_\_  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Hailey  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state) Jerome Ida

## 3. (a) FULL NAME

RICHARD LESLIE McCONNELL 093E

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex M Color or race W

## 6. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife LORENA

## 6. (c) Age of husband or wife if alive 53 years

## 7. Date of Birth (Month, Day, Year) MARCH 23 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>7</u>	<u>16</u>	hrs min.

## 9. Exact Occupation Mine Operator Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business PARMA, IDAHO Date last worked 10-24-48

## 11. Birthplace PARMA, IDAHO (City or town) (State or foreign country)

## 12. Name George McConnell

## 13. Birthplace IOWA (City or town) (State or foreign country)

## 14. Maiden name Mary Ellen McConnell

## 15. Birthplace IOWA (City or town) (State or foreign country)

## 16. Informant's OWN Signature Lorena McConnell and Address Hailey Idaho

## 17. (a) (Burial, cremation or removal) (b) Date thereof 11-12-48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature James J. Higgins and Address Hailey Idaho

## 19. (a) 11-12-1948 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 109A

## 20. DATE OF DEATH (Month, Day, Year) Nov 9th 1948 at 9:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 10/25 1948, to 11/9/48 1948. I last saw him alive on 11/9/48 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Myo carditis Duration 1 wk

## Due to Over Pneumonia

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature E. W. Joy and Address Hailey Ida (M. D. or other) Date 11/12/48 (For additional space, use reverse side)

1. PLACE OF DEATH:

- (a) County BLAINE  
(b) City or town CAREY  
(c) Street Address or R. F. D. No. —  
(d) Death Occured Inside? — Outside? X city or town  
(e) Died in a Home X Hospital — Institution — Other place —  
(f) Name Hosp. or Inst. — Stayed — days  
(g) Lived in this county 2 years 6 months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BLAINE  
(c) City or town CAREY  
(d) Street Address or R.F.D. No. —  
(e) Deceased lived Inside? — Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 67 years  
(h) Former residence (city, state) IOWA

3. (a) FULL NAME

ORIN FRANCILLO DURFEE

094A

3. (b) If veteran,

name war —

3. (c) Social Security

No. —

5. Color or

6. (a) Single, widowed, married,

4. Sex MALE race WHITE divorced WIDOWED

6. (b) Name of husband or wife NETTIE CUTLER 6. (c) Age of husband or wife if alive — years

7. Date of Birth

(Month, Day, Year) MARCH 4 1875

8. AGE

Years	Months	Days	If less than 1 day
<u>70</u>	<u>8</u>	<u>10</u>	hrs min.

9. Exact

Occupation FARMER

Did this

work for 50 yrs.

10. Industry or Business

—

Date last

worked 11/12/48

11. Birthplace

MOREHEAD, IOWA  
(City or town) (State or foreign country)

12. Name

JAME MADISON DURFEE

13. Birthplace

IOWA  
(City or town) (State or foreign country)

14. Maiden name

MALINDA BUTTS

15. Birthplace

IOWA  
(City or town) (State or foreign country)

16. Informant's

OWN Signature

Mrs. Harry Smith

and Address

Carey, Ida

17. (a)

BURIAL

(b) Date thereof NOV. 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place:

ALMO

18. Funeral Director's

OWN Signature

Reeta S. Payne

and Address

Payton, Idaho

19. (a)

11-16-1948

(Date received and filed)

(b)

Robert H. Wright

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) 11-14- 19 48  
at 8:30 A. o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. — alive on — 19 —; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Died suddenly enroute to  
Hosp. at  
Due to Coronary Disease  
Had no Death

Duration

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury

23. Attendant's

OWN Signature

Robert H. Wright, M.D.

and Address

Hailey, Idaho (M. D. or other)

(For additional space, use reverse side)

Blaine County Coroner

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

DEC 6 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
DEPARTMENT OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4056

Local Reg. No. 115

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sand Point**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Community** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Idaho**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? **16** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Eugene Samuel Turner

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **Male** 5. Color or race **White**  
6. (b) Name of husband or wife **Eline** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth **Aug. 20, 1878**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>70</b>	<b>2</b>	<b>20</b>	hrs. min.

9. Exact Occupation **Retired** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Mount Carmel, Ill.**  
(City or town) (State or foreign country)

12. Name **Lucien M. Turner**  
(City or town) (State or foreign country)

13. Birthplace **Ohio**  
(City or town) (State or foreign country)

14. Maiden name **Mary E. Lutz**  
(City or town) (State or foreign country)

15. Birthplace **Philadelphia, Penna.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Eugene S. Turner**  
and Address **1821 W. 9th, Spokane, Wash.**

17. (a) \_\_\_\_\_ (b) Date thereof **11-12-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Newport, Wash.**

18. Funeral Director's OWN Signature **W. E. Sherman**  
and Address **Newport, Wash.**

19. (a) **Nov. 10, 1948** (b) **Lawrence E. Mason**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Nov 10, 1948**  
at **4:30** o'clock **A** M.

21. I HEREBY CERTIFY That I attended deceased from **June 15, 1948** to **Nov 10, 1948**  
I last saw him alive on **Oct 29, 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Hypostatic Pneumonia** Duration **7 dk**

Due to **Central Emphysema** **4 mo**

Due to **Arteriosclerosis** **3 yr**

Other conditions: **Partial Emphysema** **4 mo**

(Include pregnant within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Wm F Taylor MD**  
(M.D. or other)

and **Handprint, Ida** Date **Nov 30, 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED **Certificate of Death**  
NOV 23 1948  
STATE OF IDAHO

State File No. **4057**  
Local Reg. No. **111**  
Reg. Dist. No. **110**

1. PLACE OF DEATH: **BONNER DIVISION OF VITAL**  
(a) County **SANDPOINT**  
(b) City or town **SANDPOINT**  
(c) Street Address or R.F.D. No. **N. DIVISION ST.**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **2** Stayed **16** days  
(g) Lived in this county **16** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **BONNER**  
(c) City or town **SANDPOINT**  
(d) Street Address or R.F.D. No. **N. DIVISION STREET**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **16** years  
(h) Former residence (city, state) **MISSOULA MONT.**

3. (a) FULL NAME **MARGARET FAICK**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**

5. Color or Race **WHITE**  
4. Sex **FEMALE**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **CONRAD FAICK** 6. (c) Age of husband or wife if alive **DECEASED** years

7. Date of Birth (Month, Day, Year) **JULY 24, 1873**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>3</b>	<b>18</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **5** yrs.

10. Industry or Business **Own Home** Date last worked **Nov. 10, 48**

11. Birthplace **Butte Montana** (City or town) (State or foreign country)

12. Name **Joseph Lacaff** (City or town) (State or foreign country)

13. Birthplace **Luxembourg, Europe** (City or town) (State or foreign country)

14. Maiden name **Johannah Peterson** (City or town) (State or foreign country)

15. Birthplace **Unknown Denmark** (City or town) (State or foreign country)

16. Informant's OWN Signature **X Helen Faick**  
and Address **190 Lexington Ave New York N.Y.**

17. (a) **Burial** (b) Date thereof **11/20/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Sandpoint, Idaho**

18. Funeral Director's OWN Signature **Lawrence G. Moon**  
and Address **420 N. Third Sandpoint Idaho**

19. (a) **11-26-48** (b) **L. G. Moon**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **November 12, 1948**  
(Month, Day, Year) at **2.00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Nov 11 1948** to **Nov 12 1948**  
I last saw h. or alive on **Nov 12 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral hemorrhage** Duration **48hr**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **BB Rudolph MD**

and Address **Sandpoint Idaho** (M. D. or other)

Date **11-22 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 2 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No.

4058

Local Reg. No.

110

Reg. Dist. No.

110

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Community** Stayed **5** days  
(g) Lived in this county **41** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Laclede**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **41** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**JAMES MARION DAWSON**

## 3. (b) If veteran, name war

**None**

## 3. (c) Social Security No.

**None**

## 4. Sex \_\_\_\_\_ Color or race \_\_\_\_\_

**Male White**

## 6. (a) Single, widowed, married, divorced

**Married**

## 6. (b) Name of husband or wife

**Lelia Dawson**

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

**64**

## 7. Date of Birth (Month, Day, Year)

**April 15, 1880**

8. AGE	Years	Months	Days	If less than 1 day
	<b>68</b>	<b>7</b>	<b>0</b>	hrs. min.

## 9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

**Proprietor**

**15**

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

**Filling Station**

**11-10-48**

## 11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

**Mitchell County, Kansas.**

## 12. Name \_\_\_\_\_

**George Washington Dawson**

## 13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

**no record**

## 14. Maiden name \_\_\_\_\_

**Rachael Proffett**

## 15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

**Tenn.**

## 16. Informant's OWN Signature \_\_\_\_\_ and Address \_\_\_\_\_

**Mrs Lelia Dawson**

**Laclede, Idaho.**

## 17. (a) **Burial** (b) Date thereof **Nov. 18, 1948**

(Burial, cremation, or removal) \_\_\_\_\_ (Month) (Day) (Year)

(c) Place **Seneacquoten Cem. Sawyer, Ida.**

## 18. Funeral Director's OWN Signature \_\_\_\_\_

**MOON MORTUARY**

**SANDPOINT, IDAHO.**

## 19. (a) **NOV 20 1948** (b) \_\_\_\_\_

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **Nov. 15, 1948**  
at **1:30** o'clock **A.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_

**Nov 10 1948** to **Nov 15 1948**  
I last saw him alive on **Nov 15 1948**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

**Cerebral Thrombosis** **5 days**

## Due to \_\_\_\_\_

**Arteriosclerosis** **10 years**

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature \_\_\_\_\_

**Dale D. Cornell MD**

and Address **Sandpoint, Idaho** Date **Nov 16 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OFFICE OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4059

Local Reg. No. 116

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County Bonner  
(b) City or town Sandpoint  
(c) Street Address or R.F.D. No. 514 N. 2nd  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. Community Stayed 30 days  
(g) Lived in this county 52 years 52 months 52 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 1208 Larch  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Logan, Utah

## 3. (a) FULL NAME

PAUL JACOB JEPPESEN

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

700-07-0375

## 4. Sex Male Color or race white

## 5. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Ethel

## 6. (c) Age of husband or wife if alive 42 years

## 7. Date of Birth (Month, Day, Year) January 6, 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>10</u>	<u>10</u>	hrs. min.

## 9. Exact Occupation Section Foreman Did this work for 19 yrs.

## 10. Industry or Business Spokane-International R.R. 11-5-46

## 11. Birthplace Logan, Utah (City or town) (State or foreign country)

## 12. Name Jacob Frederick Jeppesen

## 13. Birthplace Odense, Denmark (City or town) (State or foreign country)

## 14. Maiden name Mary Ann Hanson

## 15. Birthplace Logan, Utah (City or town) (State or foreign country)

## 16. Informant's OWN Signature Paul Jeppesen and Address 423 7th St. Boise

## 17. (a) Burial (b) Date thereof 11-19-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Sandpoint, Idaho

## 18. Funeral Director's OWN Signature MOON MORTUARY

## and Address Sandpoint, Idaho

## 19. (a) Dec. 1, 1948 (b) James P. Moon (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Nov. 16th 19 48

at 5:40 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from October 19 46 to Nov. 16, 19 48

I last saw him alive on Nov. 16, 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary sclerosis with 6-8 years  
coronary occlusion  
also myocardial damage due  
to previous occlusions

## Due to

Other conditions Thrombotic gangrene 3 wks.  
(Include pregnancy within 3 months of death) before  
right leg to mid-thigh operation

## Where was disease contracted?

Name of operation Amputation Date 10/19/48 PHYSICIAN  
Major finding Gangrene right leg Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred.

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

## Means of injury

## 23. Attendant's OWN Signature William E. Peterson M.D.

and Address Sandpoint, Idaho Date 11/30/1948  
(For additional space, use reverse side)



Dr Cornell

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State File No. 4060

Local Reg. No. 113

Reg. Dist. No. 110

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 6 1948

## Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

STATISTICS

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
 (b) City or town **Sandpoint**  
 (c) Street Address or R.F.D. No. **514 N. Second**  
 (d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
 (e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. **Community** Stayed **14** days  
 (g) Lived in this county **3** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
 (c) City or town **Sandpoint**  
 (d) Street Address or R.F.D. No. **R.F.D. 1**  
 (e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town  
 (f) Citizen of what country? **U.S.A.**  
 (g) How long had deceased lived in Idaho? **3** years  
 (h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**EVA IRENE BROCK**

## 3. (b) If veteran, name war

**None**

## 3. (c) Social Security No.

**None**4. Sex **Female** Color or race **White**6. (a) Single, widowed, married, divorced **Widowed**

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

**December 23, 1870**

8. AGE	Years	Months	Days	If less than 1 day
	<b>77</b>	<b>10</b>	<b>14</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.10. Industry or Business **Home** Date last worked **Oct. 1948**11. Birthplace **Fairfield, Iowa.** (City or town) (State or foreign country)12. Name **Burton Litton**13. Birthplace **no record** (City or town) (State or foreign country)14. Maiden name **Tarbell**15. Birthplace **Maine** (City or town) (State or foreign country)16. Informant's OWN Signature **[Signature]** and Address **R.F.D. 1 Sandpoint, Idaho.**17. (a) **Removal** (b) Date thereof **Nov. 19, 1948** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Yakima, Washington.**18. Funeral Director's OWN Signature **[Signature]** and Address **SANDPOINT, IDAHO.**19. (a) **NOV 19 1948** (b) **[Signature]** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **November 17, 1948** at **6:00** o'clock **P.** M.21. I HEREBY CERTIFY, That I attended deceased from **January 13, 1948** to **Nov. 17, 1948**. I last saw her alive on **Nov 17, 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Anemia**Duration **2 weeks**Due to **arteriosclerotic heart disease and arteriosclerosis**Due to **chronic nephritis**Other conditions **Generalized arteriosclerosis** (Include pregnancy within 6 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature **[Signature]** and Address **Sandpoint, Idaho** Date **Nov 18, 1948** (M, D or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 6 1948

# Certificate of Death

STATE OF IDAHO

State File No. **4061**  
Local Reg. No. **112**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

(a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Community** Stayed **4** days  
(g) Lived in this county **3** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **R.F.D. 2**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **3 yrs** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**ADDISON EDMUND PRICE**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** Color or race **White**

5. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Alma E. Price**

6. (c) Age of husband or wife if alive **50** years

7. Date of Birth **December 23, 1873**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>77</b>	<b>10</b>	<b>14</b>	hrs. min.

9. Exact Occupation **Farmer** Did this work for **Life** yrs.

10. Industry or Business **Own Farm** Date last worked **1944**

11. Birthplace **Somerset, Ohio**  
(City or town) (State or foreign country)

12. Name **Edward Price**

13. Birthplace **Somerset, Ohio**  
(City or town) (State or foreign country)

14. Maiden name **Louise Grant**

15. Birthplace **Somerset, Ohio.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Alma E. Price**  
and Address **R.F.D. 2 Sandpoint, Ida.**

17. (a) **Burial** (b) Date thereof **Nov. 22, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **NOON MORTUARY SANDPOINT, IDAHO**  
and Address \_\_\_\_\_

19. (a) **NOV 22 1948** (b) **James E. Sloan**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **November 17th** 19 **48**  
(Month, Day, Year) at **10:00** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **January 22, 1948** to **Nov. 17, 1948**  
I last saw him alive on **Nov 17, 1948**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Cardiac failure**

Duration **2 weeks**

Due to **arteriosclerotic heart enlargement**

Due to **disease with left ventricular failure 2 years**

Due to **chronic arteriosclerosis 15 years**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Dale D. Cornell** and  
(M. D. or other)

and Address **8 and 1/2nd Ave** Date **Nov 22, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DEC 8 1948  
Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
DIVISION OF VITAL STATISTICS

**Certificate of Death**  
STATE OF IDAHO

State File No. **4062**  
Local Reg. No. **114**  
Reg. Dist. No. **110**

1. PLACE OF DEATH:  
(a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Community** Stayed **98** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **Forest & Spruce**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **FRANK LEONARD DETHLOFF**

3. (b) If veteran, name war **None**  
5. Color or race **White**  
4. Sex **Male**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
6. (a) Single, widowed, married, divorced **Single**

7. Date of Birth **April 6th 1874**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>7</b>	<b>12</b>	hrs. min.

9. Exact Occupation **Woodsmen** Did this work for **life** yrs.  
10. Industry or Business **Logging** Date last worked **1942**  
11. Birthplace **Chicago, Illinois.**  
(City or town) (State or foreign country)

12. Name **Frederick Dethloff**  
13. Birthplace **Germany**  
(City or town) (State or foreign country)

14. Maiden name **Catherine Folet**  
15. Birthplace **Pennsylvania.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Harry Gamp**  
and Address **Medical Lake Wash.**

17. (a) **Burial** (b) Date thereof **NOV 27 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
**SANDPOINT, IDAHO.**  
and Address \_\_\_\_\_

19. (a) **NOV 27 1948** (b) **Ramona**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **November 18th, 48**  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from **Oct 31 1946** to **Nov 18 1948**  
I last saw him alive on **Nov 16 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Arteriosclerosis** Duration **1 yr**

Due to **Senility**

Due to \_\_\_\_\_  
Other conditions **Gangrene - Varicels** **8 mo**  
(Include pregnancy within 3 months of death)

**Leg right**

Where was disease contracted? \_\_\_\_\_  
Name of operation **Amputation** Date **Aug 48**  
Major finding **Gangrene**  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **B B Arnold MD**  
(M. D. or other)  
and Address **Sandpoint** Date **11-27-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 6 1948

# Certificate of Death

STATE OF IDAHO

STATE OF IDAHO

State File No. 4063

Local Reg. No. 117

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **Community** Stayed **5 years** days  
(g) Lived in this county **40** years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sagle**  
(d) Street Address or R.F.D. No. **Rural**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME **Loyal J. Deeter**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **none**  
5. Color or race **Male White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **years**  
7. Date of Birth **February 19, 1875**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>73</b>	<b>8</b>	<b>29</b>	hrs. min.

9. Exact Occupation **Farmer** Did this work for **life** yrs  
10. Industry or Business **Own Farm** Date last worked **1940**  
11. Birthplace **Collins, Iowa.** (City or town) (State or foreign country)  
Father { 12. Name **Sidney Deeter**  
13. Birthplace **Pennsylvania.** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Sarah Elizabeth Runyon**  
15. Birthplace **Ohio** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Glen Deeter**  
and Address **Vay, Idaho.**  
17. (a) **Burial** (b) Date thereof **Nov. 20, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Sandpoint, Idaho.**  
18. Funeral Director's OWN Signature **MOON MORTUARY**  
**SANDPOINT, IDAHO**  
and Address  
19. (a) **Dec. 2, 1948** (b) **Lawrence Moon**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **November 18th** 19**48**  
(Month, Day, Year) at **11:00** o'clock **A.** M.  
21. I HEREBY CERTIFY, That I attended deceased from **Oct 14** 19**48** to **Nov 18** 19**48**  
I last saw him alive on **Oct 29** 19**48**  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **hypostatic pneumonia** Duration **6 de**  
Due to **prostatitis** **6 mo**  
**myocarditis** **1 yr**  
Due to **central hemorrhage**  
Other conditions (include pregnancy within 3 months of death)  
**with hemorrhage Oct 14 1948**  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred.  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature **Wm F Taylor MD**  
**Sandpoint Idaho** Date **Nov 30 1948**  
(If additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 1064  
Local Reg. No. 118  
Reg. Dist. No. 110

## 1. PLACE OF DEATH

(a) County **BONNER**  
(b) City or town **SANDPOINT**  
(c) Street Address or R.F.D. No. **602 N. Fourth St.**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Nursing Home** Stayed **2 Yrs** days  
(g) Lived in this county **34** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Granite**  
(d) Street Address or R.F.D. No. **---**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **Austria**  
(g) How long had deceased lived in Idaho? **34** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **JOHN JERISEVICH**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** Color **WHITE** 5. (a) Single, widowed, divorced, **SINGLE**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **MARCH 2, 1876**

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>8</b>	<b>23</b>	hrs. min.

9. Exact Occupation **section hand** Did this work for **34** yrs.

10. Industry or Business **Northern Pacific Ry.** Date last worked **1941**

11. Birthplace **Yelovice, Istra AUSTRIA**  
(City or town) (State or foreign country)

12. Name **Lawrence Jerisevich**

13. Birthplace **Yelovice, Istra AUSTRIA**  
(City or town) (State or foreign country)

14. Maiden name **Helma Chemdaka**

15. Birthplace **Yelovice, Istra AUSTRIA**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **John Jerisevich**  
and Address **Kennecott, Wash. State**

17. (a) **BURIAL** (b) Date thereof **Nov. 27, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Sandpoint, Idaho**

18. Funeral Director's OWN Signature **W. G. Moon**  
and Address **420 N. Third Ave Sandpoint, Idaho**

19. (a) **Dec. 2, 1948** (b) **Lawrence Jerisevich**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **NOVEMBER 22, 1948** 19\_\_\_\_  
at **7:20** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from **Nov 22** 19**48** to **Nov 22** 19**48**  
I last saw h. **in** alive on **Nov 22** 19**48**;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Cerebral Thrombosis**

Duration **1 day**

Due to **arteriosclerosis, generally 20 years**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Dale D. Cornell** **husb**  
(M. D. or other)

and Address **Sandpoint Idaho** Date **Nov 24** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4065**  
Local Reg. No. **108**  
Reg. Dist. No. **110**

1. PLACE OF DEATH: **Bonner**
- (a) County **Bonner**
- (b) City or town **Hope**
- (c) Street Address or R.F.D. No. **--**
- (d) Death Occurred Inside? ☒ Outside? **--** city or town
- (e) Died in a Home ☒ Hospital **--** Institution **--** Other place **--**
- (f) Name Hosp. or Inst. **--** Stayed **--** days
- (g) Lived in this county **7** years **--** months **--** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Bonner**
- (c) City or town **Hope**
- (d) Street Address or R.F.D. No. **--**
- (e) Deceased lived Inside? ☒ Outside? **--** city or town
- (f) Citizen of what country? **USA**
- (g) How long had deceased lived in Idaho? **7** years
- (h) Former residence (city, state) **Montana**

3. (a) FULL NAME **DANIEL L. SHAFER**

3. (b) If veteran, name war **none**
3. (c) Social Security No. **474-0163014**
5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Cecile**
6. (c) Age of husband or wife if alive **deceased** years

7. Date of Birth (Month, Day, Year) **April 30, 1877**

8. AGE	Years	Months	Days	If less than 1 day
	<b>71</b>	<b>6</b>	<b>5</b>	hrs. min.

9. Exact Occupation **Blacksmith** Did this work for **life** yrs.
10. Industry or Business **Machine shop** Date last worked **1944**
11. Birthplace **Michigan** (City or town) (State or foreign country)
12. Name **Samuel Shafer**
13. Birthplace **unknown** **Pennsylvania** (City or town) (State or foreign country)
14. Maiden name **Elmira \*\*unknown**
15. Birthplace **Unknown** (City or town) (State or foreign country)
16. Informant's OWN Signature **Daniel H. Shafer** and Address **Hope, Idaho**
17. (a) Removal **Removal** (b) Date thereof **11-8-48** (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place **Spokane, Washington**
18. Funeral Director's OWN Signature **Moon Mortuary** and Address **Sandpoint, Idaho**
19. (a) **NOV 8 1948** (Date received and filed) (b) **Therese Moon** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **November 5th** 19 **48**  
at **6:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Oct 1947** to **Nov 4 1948**  
I last saw him alive on **Nov 4 1948**  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Heart failure**

### Duration

**1 day**

Due to **arteriosclerosis heart disease**

**3 years**

Due to **arteriosclerosis**

**15 years**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Public**

Name of operation **Public** Date **Public**

Major finding **Public**

Finding of autopsy **Public**

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? **--** Suicide? **--** Homicide? **--**
- Occurred **--** 19 **--** City, county, state where violence occurred **--**
- Place of Violence: Home **--** Farm **--** Industry **--**
- Public Place **--** While at work? **--**
- Means of injury **--**
23. Attendant's OWN Signature **Dale W. Cornell** and Address **Sandpoint, Idaho** date **Nov 6 1948** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
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DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4066

Local Reg. No. 109

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Kootenai**  
(c) Street Address or R.F.D. No. **--**  
(d) Death Occurred Inside? **X** Outside? **--** city or town  
(e) Died in a Home **X** Hospital **--** Institution **--** Other place **--**  
(f) Name Hosp. or Inst. **--** Stayed **--** days  
(g) Lived in this county **33** years **--** months **--** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Kootenai**  
(d) Street Address or R.F.D. No. **--**  
(e) Deceased lived Inside? **X** Outside? **--** city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **33** years  
(h) Former residence (city, state) **Norway**

## 3. (a) FULL NAME

**BERTHA EVANS**

## 3. (b) If veteran, name war

**none**

## 3. (c) Social Security No.

**none**

## 4. Sex <sup>5</sup> Color or race

**female white**

## 6. (a) Single, widowed, married, divorced

**married**

## 6. (b) Name of husband or wife

**Nels Evans**

## 6. (c) Age of husband or wife if alive

**77** years

## 7. Date of Birth

(Month, Day, Year) **August 20, 1873**

## 8. AGE

Years

Months

Days

If less than 1 day  
hrs. min.

**75**

**2**

**16**

## 9. Exact Occupation

**Housewife**

## Did this work for

**life** yrs.

## 10. Industry or Business

**own home**

## Date last worked

**September 14, 1948**

## 11. Birthplace

**Skaanevik, Norway**

(City or town) (State or foreign country)

## 12. Name

**Johannes Orevik**

## 13. Birthplace

**Etne, Norway**

(City or town) (State or foreign country)

## 14. Maiden name

**Ragnild Ebne**

## 15. Birthplace

**Ebne, Norway**

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature **X Mrs. Nelda Brown**  
and Address **Kootenai, Idaho**

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

(Month) (Day) (Year)

(c) Place **Sandpoint, Idaho**

## 18. Funeral Director's

OWN Signature **Moon Mortuary**

and Address **Sandpoint, Idaho**

## 19. (a)

**NOV 14 1948**

## (b)

**Lawrence Brown**

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **Nov 6**

at **3:20** o'clock **A.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**Oct 1** 19**48** to **Nov 6** 19**48**

I last saw him alive on **Oct 28** 19**48**

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

**Hypostatic pneumonia**

## Duration

**10 da**

Due to **Chronic myocarditis**

Due to **Heart Sch. tumor**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **Heart Sch. tumor** Date **Nov 6**

Major finding

Finding of autopsy

**2 yr**

**5 yr**

**PHYSICIAN**

Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **--** Suicide? **--** Homicide? **--**

Occurred **--** 19 **--** City, county, state

where violence occurred **--**

Place of Violence: Home **--** Farm **--** Industry **--**

Public Place **--** While at work? **--**

Means of injury **--**

## 23. Attendant's

OWN Signature **Thos. F. Taylor, M.D.**

and Address **Sandpoint, Idaho** Date **Nov 14, 1948**

(M. D. for other)

For additional space, use reverse side

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

1948 State File No. 4067  
Local Reg. No. 217  
Reg. Dist. No. 61D

1. PLACE OF DEATH: **STATISTICS**  
(a) County Bonneville  
(b) City or town Idaho Falls,  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place....  
(f) Name Hosp. or Inst. L. D. S. Stayed ..... days  
(g) Lived in this county..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Madison  
(c) City or town Thornton  
(d) Street Address or R.F.D. No. R. F. D. # 1  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME De Esta Fae Grover

3. (b) If veteran, name war ..... No. ....  
5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex Female race Cauc.  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) Sept. 30, 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>4 hrs 30 min.</u>

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)  
Mother { 12. Name Stephen Elisha Grover  
13. Birthplace Thornton, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Beatrice Rula Worlton  
15. Birthplace Salem, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Stephen E. Grover  
and Address Thornton, Idaho

17. (a) Removal (b) Date thereof 10/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Archer Cemetery

18. Funeral Director's OWN Signature Thurmond Plummer  
and Address Rexburg, Idaho

19. (a) 10-15-48 (b) Anna A. Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Sept. 30 1948  
(Month, Day, Year)  
at 9:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 30 1948 to Sept. 30 1948  
I last saw her alive on Sept. 30 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to Premature Birth  
Due to 6 months gestation  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? A. D. S. Hosp  
Name of operation none Date .....  
Major finding .....  
Finding of autopsy none performed

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Chad Tall, M.D.  
and Address High, Idaho Date 10-8-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **4068**  
Local Reg. No. **14215**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County **Bonneville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **Memorial Dr.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **L.D.S.** Stayed **2** days  
(g) Lived in this county **2** years **2** months **2** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jefferson**  
(c) City or town **Rigby**  
(d) Street Address or R.F.D. No. **2**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **36** years  
(h) Former residence (city, state) **Wyoming**

## 3. (a) FULL NAME

**CHRISTIAN JENSEN.**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

4. Sex **Male** Color or race **White**

5. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Anna Holm**

6. (c) Age of husband or wife if alive **X** years

7. Date of Birth (Month, Day, Year) **Feb. 20, 1863**

8. AGE	Years	Months	Days	If less than 1 day
	<b>85</b>	<b>7</b>	<b>12</b>	hrs. min.

9. Exact Occupation **Retired Farmer** Did this work for **58** yrs.

10. Industry or Business **Farm** Date last worked **June 1946**

11. Birthplace **Denmark.** (City or town) (State or foreign country)

Father { 12. Name **Jens Madsen.** (City or town) (State or foreign country)

13. Birthplace **Denmark.** (City or town) (State or foreign country)

Mother { 14. Maiden name **Kristine (Unknown)** (City or town) (State or foreign country)

15. Birthplace **Denmark.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Otto Anderson** and Address **Rigby, Idaho. R. #1**

17. (a) **burial** (b) Date thereof **10/5/48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Rigby, Idaho.**

18. Funeral Director's OWN Signature **C. Beckwith** and Address **Rigby, Idaho.**

19. (a) **10/8/48** (b) **Donald R. Bicknell** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **October 2, 1948**  
(Month, Day, Year) at **3:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **July 26, 1948** to **10/2, 1948**  
I last saw him alive on **10/2, 1948**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Chronic Myocarditis 2 yrs.**  
Due to **Hypertension + Arteriosclerosis 5 years**  
Due to **Senility**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **at home**

Name of operation **none** Date

Finding of autopsy **none performed**

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury **Olden Fall, Md.**

23. Attendant's OWN Signature **Rigby, Idaho.** Date **19**  
(M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICM 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. **4069**  
Local Reg. No. **219**  
Reg. Dist. No. **6.11**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 4  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.O.S. Stayed 4 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 wks days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Colorado (b) County Brighton  
(c) City or town DENVER  
(d) Street Address or R.F.D. No. 418 So- 7th  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 2 wks years \_\_\_\_\_  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Baby FRANCISCO Reyes

119A

## 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race 1

6. (b) Name of husband or wife \_\_\_\_\_

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) JUNE-13-1948

8. AGE	Years	Months	Days	If less than 1 day
		<u>3</u>	<u>20</u>	hrs. min.

9. Exact Occupation Baby Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace DENVER-COLORADO (City or town) (State or foreign country)

12. Name FRANCISCO-REYES (City or town) (State or foreign country)

13. Birthplace Old-Mexico (City or town) (State or foreign country)

14. Maiden name SEFERINA ORNELAS (City or town) (State or foreign country)

15. Birthplace BRIGHTON COLORADO (City or town) (State or foreign country)

16. Informant's OWN Signature Seferina Ornelas and Address DENVER-COLORADO

17. (a) Burial (b) Date thereof 10-6-48 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature W. Williams and Address Idaho Falls, Idaho

19. (a) 10-18-1948 (b) Ana Budgen (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 13-1948  
at 5:30 o'clock P.M.

21. I HEREBY CERTIFY That I attended deceased from 27 Sept 48 to Oct 5 48  
I last saw h. alive on 3 Oct 48 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gastroenteritis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. Williams (M.D. or other)

and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 22 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

STATE OF IDAHO  
DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 4070  
State File No. 4070  
Local Reg. No. 220  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒ \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mr. John D. Andersen

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (b) Name of husband or wife

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 5 - 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>5</u>			hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace (City or town) Samtpe Co. Utah (State or foreign country)

Father { 12. Name Mads Andersen

13. Birthplace Denmark (City or town) (State or foreign country)

Mother { 14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature John Andersen and Address Blackfoot Idaho

17. (a) Burial (b) Date thereof 10/17/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho

18. Funeral Director's OWN Signature Carl Thellians and Address Idaho Falls, Idaho

19. (a) 10-18-1945 (b) Anna Budger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 13 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 13 1948 to Oct 13 1948

I last saw h. alive on Oct 13 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John Andersen (M. D. or other)

and Address Idaho Falls Date 10-16-48 (For additional space, use reverse side)

522

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 243  
Reg. Dist. No. 618

4072

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls, Idaho  
(c) Street Address or R. F. D. No. 900 Memorial Dr.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. LDS Hosp. Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 121 2nd Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

PARM ROBERT FENTON

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. None  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
4. Sex Male race White  
6. (b) Name of husband or wife Kathleen Christensen  
6. (c) Age of husband or wife 63 years  
7. Date of Birth (Month, Day, Year) August 10, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>2</u>	<u>14</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Pleasant Grove, Utah  
(City or town) (State or foreign country)

12. Name Frances Fenton  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Emily Caroline Richins  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Harold L. Fenton  
and Address Victor, (Cache), Idaho.

17. (a) Burial (b) Date thereof 11-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Victor, Idaho.

18. Funeral Director's OWN Signature M. S. Hansen  
and Address St. Anthony, Idaho.

19. (a) 11-9-48 (b) Anna B. Fenton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 4 19 48  
at 6:50 o'clock P. M. (am)

21. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1948 to Nov 4, 1948  
I last saw him alive on Nov 4, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- (1) Cerebral Thrombosis Duration 2 days  
(2) Coronary heart disease 2 yrs  
with myocardial infarction  
in decompensation 2 months  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature N. E. S. S. S.  
and Address Idaho Falls Date 11/6/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4073

Local Reg. No. 263

Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonanza  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 455 - W. 15<sup>th</sup>  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in three)

- (a) State Idaho (b) County Bonanza  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 455 - W. 15<sup>th</sup>  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Ervin Wilson

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Eva Angella Wilson

6. (c) Age of husband or wife if alive 46 years

7. Date of Birth (Month, Day, Year) February 28, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>8</u>	<u>7</u>	hrs. min.

9. Exact Occupation Farmer Did this work for ☐ yrs.

10. Industry or Business Coalville, Utah Date last worked ☐

11. Birthplace Coalville, Utah (City or town) (State or foreign country)

12. Name Francis Wilson (City or town) (State or foreign country)

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name not known

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Eva A. Wilson

and Address Idaho Falls, Idaho

17. (a) Burial, cremation, or removal buried (b) Date thereof 11/8/48 (Month) (Day) (Year)

(c) Place Rose Hill Cemetery, Idaho Falls

18. Funeral Director's OWN Signature John A. Wood

and Address Idaho Falls, Idaho

19. (a) 12-10-48 (Date received and filed) (b) Rosa Bridger (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) November 5 19 48  
at 5-15 o'clock P M.

### 21. I HEREBY CERTIFY, That I attended deceased from

Jan 19 47 to 4 Nov 19 48  
I last saw him alive on 7 Nov 19 48;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Stomach Duration 7 mo's

Due to ☐

Due to ☐

Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation Exploratory Op Date 29 Mar 48

Major finding Advanced metastatic Ca of Stomach

Finding of autopsy ☐

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

### 23. Attendant's OWN Signature

John E. Worlton, M.D. (M.D. or other)  
and Address Idaho Falls, Idaho Date 8 Nov 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. ....

Local Reg. No. 264

Reg. Dist. No. 610

1. PLACE OF DEATH **STATISTICS**
- (a) County Bonneville
- (b) City or town Idaho Falls
- (c) Street Address or R.F.D. No. 1042 - Cassia
- (d) Death Occurred Inside? Outside? city or town
- (e) Died in a Home ✓ Hospital ✓ Institution ✓ Other place ✓
- (f) Name Hosp. or Inst. Stayed days
- (g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bonneville
- (c) City or town Idaho Falls
- (d) Street Address or R.F.D. No. 1042 Cassia
- (e) Deceased lived Inside? ✓ Outside? ✓ city or town
- (f) Citizen of what country? U. S. A.
- (g) How long had deceased lived in Idaho? 6 months
- (h) Former residence (city, state) Ohio

3. (a) FULL NAME

Anna Marie Craft

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jacob C. Craft
6. (c) Age of husband or wife if alive 42 years

7. Date of Birth (Month, Day, Year) October 10, 1904

8. AGE
- | Years     | Months   | Days      | If less than 1 day |
|-----------|----------|-----------|--------------------|
| <u>44</u> | <u>1</u> | <u>28</u> | hrs. min.          |

9. Exact Occupation Housewife Did this work for years

10. Industry or Business Germany Date last worked Germany

11. Birthplace Wien, Germany (City or town) (State or foreign country)

12. Name Wien

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name not known

15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Jacob C. Craft  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 11/11/48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place Shelton Idaho

18. Funeral Director's OWN Signature Jack A. Wood  
and Address Idaho Falls, Idaho

19. (a) 12-10-48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 8 19 48  
at 2-30 o'clock P M.

21. I HEREBY CERTIFY That I attended deceased from 9-17-40  
10-8 19 48 to 10-8 19 48  
I last saw h. ✓ alive on 10-7 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer Duration 1 mo

Due to Carcinoma of Stomach 1x

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation Idaho Date Idaho  
Major finding Idaho  
Finding of autopsy Idaho

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ✓ Suicide? ✓ Homicide? ✓

Occurred 19 City, county, state

where violence occurred Idaho Falls, Idaho

Place of Violence: Home ✓ Farm ✓ Industry ✓

Public Place ✓ While at work? ✓

Means of injury Idaho Falls, Idaho

23. Attendant's OWN Signature David H. Smith, M.D.  
(M. D. or other)

and Address Idaho Falls, Idaho Date 11-15-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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STATE OF IDAHO

# Certificate of Death

STATE OF IDAHO

1948 State File No.

Local Reg. No.

Reg. Dist. No.

4075

241

610

1. PLACE OF DEATH: **STATISTICS**
- (a) County Bonneville
- (b) City or town Idaho Falls
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. L. D. S. Hosp. Stayed 1 days
- (g) Lived in this county 0 years 0 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these) (Mother)
- (a) State Idaho (b) County Freemont
- (c) City or town St. Anthony
- (d) Street Address or R.F.D. No. Route # 2
- (e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_
- (f) Citizen of what country? United States
- (g) How long had deceased lived in Idaho? 2 years
- (h) Former residence (city, state) Deer River, Minn.

3. (a) FULL NAME BERNIE BROADHURST

3. (b) If veteran, name war None 3. (c) Social Security No. None
5. Color or \_\_\_\_\_
4. Sex Male race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years
7. Date of Birth (Month, Day, Year) November 8, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>1</u>	hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Idaho Falls Idaho  
(City or town) (State or foreign country)

12. Name Richard L. Broadhurst
13. Birthplace St. Anthony Idaho  
(City or town) (State or foreign country)

14. Maiden name Hazel Valtinson
15. Birthplace Deer River Minnesota  
(City or town) (State or foreign country)

16. Informant's OWN Signature Richard L. Broadhurst  
and Address Idaho Falls, Idaho

17. (a) Removal (b) Date thereof Nov. 9, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place St. Anthony, Idaho

18. Funeral Director's OWN Signature Olson Buck  
and Address Idaho Falls, Idaho

19. (a) 11-9-1948 (b) Rena Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 9 1948  
at 3:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Choking

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature T. P. Ant  
(M. D. or other) 11/9

and Address P. Z. Date 11/9 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DEC 13 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

STATE OF IDAHO  
STATISTICS

STATE OF IDAHO

State File No. **4076**  
Local Reg. No. **265**  
Reg. Dist. No. **610**

1. PLACE OF DEATH
- (a) County **Bonanza**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **Memorial str.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **Idaho Hosp.** Stayed **1** days  
(g) Lived in this county **1** years **1** months **1** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Bonanza**  
(c) City or town **Idaho Falls**  
(d) Street Address or R.F.D. No. **659-12**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state) **N. Carolina**

3. (a) FULL NAME

**Ephraim Berry Ball**

**094A**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**  
(b) Name of husband or wife **Elizabeth Blynn Ball** (c) Age of husband or wife if alive **48** years

7. Date of Birth (Month, Day, Year) **January 12, 1876**  
8. AGE Year **72** Months **10** Days **1** If less than 1 day hrs. min.

9. Exact Occupation **Retired Farmer** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Wilkes Barre, North Carolina** (City or town) (State or foreign country)

12. Name **James C. Ball**  
13. Birthplace **North Carolina** (City or town) (State or foreign country)  
14. Maiden name **Abiah Marrow**  
15. Birthplace **North Carolina** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs E. B. Ball**  
and Address **Idaho Falls, Idaho**

17. (a) **Buried** (b) Date thereof **11/17/48** (Month) (Day) (Year)  
(c) Place **Common Idaho**

18. Funeral Director's OWN Signature **Jack A. Wood**  
and Address **Idaho Falls, Idaho**

19. (a) **12-10-48** (b) **Luna Budger** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

10. DATE OF DEATH (Month, Day, Year) **November 13** 19 **48**  
at **7-30** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **Feb 5** 19 **48** to **Nov 13** 19 **48**  
I last saw him alive on **Nov 13** 19 **48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Coronary heart disease** Duration **1 yr**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **W E Sargent**

and Address **Idaho Falls, Idaho** (City or town) (State or foreign country)

Date **11/19/48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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National Office of Vital Statistics

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Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 4077

Local Reg. No. 248

Reg. Dist. No. 610

1. PLACE OF DEATH

- (a) County Bannock  
(b) City or town Elko Falls  
(c) Street Address or R.F.D. No. 482 - W - 17th  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 52 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Elko Falls  
(d) Street Address or R.F.D. No. 482 - W - 17th St.  
(e) Deceased lived Inside? ✓ Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME

Frank Clark

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosalie Clark

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) August - 14 - 1861

8. AGE	Years	Months	Days	If less than 1 day
	87			hrs. min.

9. Exact Occupation Farmer Did this work for years

10. Industry or Business Council Bluffs, Iowa Date last worked worked

11. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)

12. Name Rosalie Clark

13. Birthplace South Bend, Indiana (City or town) (State or foreign country)

14. Maiden name Dorcas Smith Higley

15. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Golden Clark

- and Address Elko Falls, Idaho

17. (a) Burial (b) Date thereof 11-17-48 (Month) (Day) (Year)

- (c) Place Taylor Cemetery - Elko Falls

18. Funeral Director's OWN Signature Dr. G. Williams

- and Address Elko Falls, Idaho

19. (a) 11-17-48 (Date received and filed) (b) Dora Budger (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November - 14 - 1948

at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Hypostatic pneumonia

Due to Hypostatic pneumonia

Due to Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation Date

Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Attendant's OWN Signature Dr. G. Williams (M. D. or other)

and Address Elko Falls, Idaho Date 11/15 - 1948

(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

4078  
State File No. \_\_\_\_\_  
Local Reg. No. 251  
Reg. Dist. No. 610

1. PLACE OF DEATH:  
(a) County Bonneville  
(b) City or town Idaho Falls,  
(c) Street Address or R.F.D. No. Memorial Dr.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Jefferson  
(c) City or town Lorenzo  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? 28 Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) Ogden, Utah.

3. (a) FULL NAME NELLIE DEBORAH PERRY.

3. (b) If veteran, name war X 3. (c) Social Security No. X  
5. Color or White 6. (a) Single, widowed, married, divorced married  
4. Sex F.M. race White  
6. (b) Name of husband or wife Joseph Perry 6. (c) Age of husband or wife if alive 89 years

7. Date of Birth Sept. 14, 1866  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>2</u>	<u>0</u>	hrs. min.

9. Exact Occupation Housewife Did this life work for \_\_\_\_\_ yrs.  
10. Industry or Business Home Date last worked Oct, 1947  
11. Birthplace Des Moines, Iowa. (City or town) (State or foreign country)

12. Name Francis Weaver.  
13. Birthplace Hean. (City or town) (State or foreign country)

14. Maiden name Martha V. Brown.  
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Thurmond Perry  
and Address Idaho Falls, Idaho. Rt. #2

17. (a) burial (b) Date thereof 11/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Rigby, Idaho.

18. Funeral Director's OWN Signature A. B. Bechself  
and Address Rigby, Idaho.

19. (a) 11-23-48 (b) Uma Bigler  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH November 14 1948  
(Month, Day, Year) at 5:20 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1947 to Nov. 14 1948  
I last saw him or alive on Nov. 13, 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic pneumonia Duration 2 days  
Myocardial Failure 2 yrs.  
Due to Similarity  
Other conditions Collapsed gaster ?  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho.  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Clifford B. Rigby M.D.  
and Address Rigby, Idaho. Date 11/15/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948

State File No. **4079**  
Local Reg. No. **254**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 635 E. 14th Street  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. None Stayed \_\_\_\_\_ days  
(g) Lived in this county 37 years 0 months 7 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 635 E. 14th Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Red Lodge, Montana

## 3. (a) FULL NAME

TIMOTHY B. St JOHN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Baldwin St John

6. (c) Age of husband or wife if alive 56 years

7. Date of Birth (Month, Day, Year) May 14, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>6</u>	<u>1</u>	hrs. min.

9. Exact Occupation Farmer, retired Did this work for 31 yrs.

10. Industry or Business Self employed Date last worked 1942

11. Birthplace Esbon Kansas  
(City or town) (State or foreign country)

12. Name David B. St John

13. Birthplace Jamesville Wisconsin  
(City or town) (State or foreign country)

14. Maiden name Melvina Mary Crofutt

15. Birthplace Suscohanna County, Pennsylvania  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lyle Lamberon

and Address Rt. 1, Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Nov. 19, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho, Fielding Mem.

18. Funeral Director's OWN Signature Orlando E. Beck

and Address Idaho Falls, Idaho

19. (a) 12/15/48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 15 1948

at 3:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 15 Nov. 1948 to 15 Nov. 1948

I last saw h. in alive on 19 \_\_\_\_\_ death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart attack (Coronary Occlusion) Duration 12 hr.

Due to Heart on arrival

Due to Coronary Occlusion 15 years

Other conditions Sclerosis  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Jump from 2nd floor

23. Attendant's OWN Signature James M. Smith M.D.  
(M.D. or other) 12/15/48 Date 30 Nov. 1948  
and Address Idaho Falls  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

State File No. **4080**  
Local Reg. No. **250**  
Reg. Dist. No. **610**

1. PLACE OF DEATH **STATISTICS**
- (a) County **Bonneville**  
(b) City or town **Black Falls**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **PHS** Stayed **13** days  
(g) Lived in this county **45** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME **Mr. Benjamin James Hill**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W.**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Amelia Meakin** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **November 9, 1902**

8. AGE	Years	Months	Days	If less than 1 day
	<b>46</b>	<b>0</b>	<b>7</b>	hrs. min.

9. Exact Occupation **Farmer** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Sandy, Utah** (City or town) (State or foreign country)

12. Name **Samuel Hill** (City or town) (State or foreign country)

13. Birthplace **Yorkshire, England** (City or town) (State or foreign country)

14. Maiden name **Henriet Ann Bryant** (City or town) (State or foreign country)

15. Birthplace **Yorkshire, England** (City or town) (State or foreign country)

16. Informant's OWN Signature **S. A. Hill**

and Address **Neon, Idaho**

17. (a) **Burial** (b) Date thereof **Nov. 20 - 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Neon, Idaho**

18. Funeral Director's OWN Signature **Geo. A. Williams**

and Address **Idaho Falls, Idaho**

19. (a) **Nov. 19 - 1948** (b) **Anna Budger**  
(Date received and filed) (Registrar's signature)

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Bonneville**  
(c) City or town **Black Falls**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **45** years  
(h) Former residence (city, state) \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH **111A**

20. DATE OF DEATH (Month, Day, Year) **November 16, 1948**

at **7:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Oct. 26, 1948** to **Nov. 16, 1948**

I last saw h. **in** alive on **Nov. 16, 1948**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pulmonary Embolism** Duration **1 day**

Due to **old rheumatic heart disease & enlargement** **3 years**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Blain E. Bennett** (M. D. or other) **Nov. 17, 1948**

and Address **2001 1st St. N. Idaho Falls, Idaho** Date **Nov. 17, 1948**  
(For additional space, use reverse side)

468

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DIVISION OF VITAL  
STATISTICS

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **4081**  
Local Reg. No. **249**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. I.D.S. Hosp. Stayed 10 days  
(g) Lived in this county 2 1/2 years ? months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 135 1/2 12th Street  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Pocatello, Idaho

## 3. (a) FULL NAME

**CHRISTIAN CARLOS HOLST**

3. (b) If veteran, name war  
None

3. (c) Social Security No.  
341-07-4251

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October 3, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>1</u>	<u>13</u>	hrs. min.

9. Exact Occupation Salesman Did this work for 40 yrs.

10. Industry or Business Auto Parts & Hardware Date last worked June 1946

11. Birthplace Brigham Utah  
(City or town) (State or foreign country)

12. Name Christian Holst

13. Birthplace Denmark  
(City or town) (State or foreign country)

14. Maiden name Annie F. Schow

15. Birthplace Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature ores Holst

and Address Detroit, Michigan

17. (a) Removal (b) Date thereof Nov. 19, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Ogden, Utah

18. Funeral Director's OWN Signature Orland C. Buck

and Address Idaho Falls, Idaho

19. (a) 11-19-48 (b) Anna Budgen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 16 19 48  
at 3:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 6 19 48 to Nov. 16 19 48  
I last saw him alive on Nov. 15 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Shock  
multiple fractures  
Due to multiple catarsis  
1 fracture  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Duration

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Nov. 6 19 48 City, county, state Idaho Falls, Idaho  
where violence occurred Idaho Falls, Idaho  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place Street While at work? \_\_\_\_\_

Means of injury Hit by automobile  
23. Attendant's OWN Signature C. C. Erickson M.D.  
(M. D. or other)  
and Address Idaho Falls Date 11-29 19 48  
(For additional space, use reverse side)

012

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **4082**  
Local Reg. No. **267**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH

- (a) County **Bonneville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **L.H. S. Hosp.** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in three)

- (a) State **Idaho** (b) County **Bonneville**  
(c) City or town **Idaho**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**Linda La Por Smith**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex **F** 5. Color or race **W**

6. (a) ☒ Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **October 17, 1948**

8. AGE	Years	Months	Days	If less than 1 day
		<b>1</b>	<b>1</b>	hrs. min.

9. Exact Occupation **child** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Idaho Falls, Idaho** (City or town) (State or foreign country)

12. Name **Lorenzo V. Smith**

13. Birthplace **Idaho Falls, Idaho** (City or town) (State or foreign country)

14. Maiden name **Alpha Rich**

15. Birthplace **Idaho Falls, Idaho** (City or town) (State or foreign country)

16. Informant's OWN Signature **Lorenzo V. Smith**

and Address **Idaho Falls, Idaho**

17. (a) **Burial** (b) Date thereof **11/21/48** (Month) (Day) (Year)

(c) Place **Idaho Falls, Idaho**

18. Funeral Director's OWN Signature **Jack A. Wood**

and Address **Idaho Falls, Idaho**

19. (a) **12-10-48** (b) **Anne Budger** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **November 18, 1948**

at **6-15** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **11/15** to **11/18** 19**48**

I last saw her **dead** **11/18** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **1. Broncho-pneumonia** Duration **3 days**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation **none** Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **none performed**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Oredon Tall, M.D.**

and Address **Reg. by Ida** Date **11/22** 19**48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 13 1948

# Certificate of Death

STATE OF IDAHO

STATE OF IDAHO

State File No. 4083

Local Reg. No. 253

Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sacred Heart Stayed 1/3 days  
(g) Lived in this county 0 years 0 months 1/3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these) (Mother)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 135 1/2 West 14th St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Spokane, Washington

## 3. (a) FULL NAME

MICHAEL LOGAN HARGETT

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 5. Color or

4. Sex Male race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) November 21, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>8</u> hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business None Date last worked \_\_\_\_\_

11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

12. Name DeWayne E. Hargett

13. Birthplace Stafford Kansas (City or town) (State or foreign country)

14. Maiden name Jeannine Davis

15. Birthplace Driggs Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature DeWayne E. Hargett and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22, 1948 (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho, Rose Hill Cem

18. Funeral Director's OWN Signature Orland T. Buck

and Address Idaho Falls, Idaho

19. (a) 12/5/48 (Date received and filed) (b) Orland T. Buck (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 21 19 48

at 11:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1948 to Nov. 21, 1948

I last saw him alive on Nov. 20, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Due to Peritonitis (6 1/2 hrs. duration)

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature G. C. Emickson M.D.

and Address Idaho Falls Date 11/30 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 13 1948

# Certificate of Death

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. 4084

Local Reg. No. 256

Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sacred Heart Stayed 39 days  
(g) Lived in this county 30 years 11 months 21 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 121 11th Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Melrose, Montana

## 3. (a) FULL NAME

JAMES DANIEL KENNEDY

3. (b) If veteran, name war \_\_\_\_\_  
None

3. (c) Social Security No. 518-10-0044 A

5. Color or \_\_\_\_\_  
4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary A. Kennedy

6. (c) Age of husband or wife if alive 70 years

7. Date of Birth (Month, Day, Year) June 9, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>5</u>	<u>12</u>	hrs. min.

9. Exact Occupation Stockman, retired Did this work for 40 yrs.

10. Industry or Business Sheep and Cattle Date last worked 1940

11. Birthplace Niles Michigan  
(City or town) (State or foreign country)

12. Name John Kennedy

13. Birthplace Ireland  
(City or town) (State or foreign country)

14. Maiden name Anna Egan

15. Birthplace Detroit Michigan  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mary A. Kennedy

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Nov. 24, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho Rose Hill Cem.

18. Funeral Director's OWN Signature Orlando L. Buck

and Address Idaho Falls, Idaho

19. (a) 12/5/48 (b) Anna Egan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 21 19 48  
at 10:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 10 19 48, to Nov. 21 19 48

I last saw h. alive on Nov. 20 19 48;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertensive Disease Duration 3 days

Due to Coronary Arteriosclerosis 3 mts.

Due to Cardio Vascular Disease

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature C. C. Erickson M.D.  
(M. D. or other)  
and Address Idaho Falls Date 11-30 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPT. OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4085**  
Local Reg. No. **260**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County **Bonneville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **Memorial Dr.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **L.D.S.** Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months **1** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jefferson**  
(c) City or town **Terreton**  
(d) Street Address or R.F.D. No. **Box 17 Terreton, Idaho**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **3** years  
(h) Former residence (city, state) **None**

## 3. (a) FULL NAME

**CAROL LYNNE HATHAWAY.**

3. (b) If veteran, name war ☒ 3. (c) Social Security No. ☒  
4. Sex **F.M.** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife ☒ 6. (c) Age of husband or wife if alive ☒ years

7. Date of Birth (Month, Day, Year) **March 27, 1945**

8. AGE	Years	Months	Days	If less than 1 day
	<b>3</b>	<b>7</b>	<b>26</b>	hrs. min.

9. Exact Occupation **Child** Did this work for **life** yrs  
10. Industry or Business ☒ Date last worked ☒  
11. Birthplace **Rexburg, Idaho.**

(City or town) (State or foreign country)

12. Name **Michael James Hathaway.**

13. Birthplace **Chester, Idaho.**

(City or town) (State or foreign country)

14. Maiden name **Leda Maxine Hertzig.**

15. Birthplace **Rexburg, Idaho.**

(City or town) (State or foreign country)

16. Informant's **M. James Hathaway**  
OWN Signature **Terreton, Idaho.**  
and Address

17. (a) **burial** (b) Date thereof **11/24/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Annis, Idaho.**

18. Funeral Director's **C. E. Russell**  
OWN Signature **Rigby, Idaho.**  
and Address

19. (a) **12-1-48** (b) **Anna A. Rudge**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Nov. 22** 19**48**  
(Month, Day, Year)

at **3:04** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **11/22** 19**48** to **11/22** 19**48**  
I last saw h. **er** alive on **11/22** 19**48**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Acute Toxicemia**

Duration **24 hrs**

Due to **Perforated Appendicitis**

**3 days**

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? **at home**

Name of operation **none** Date

Major finding  
Finding of autopsy **none performed**

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury  
23. Attendant's **Edson Tall, M.D.**  
OWN Signature **Rigby, Idaho.** (M. D. or other)  
and Address **11/30** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEPT. OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. **4086**  
Local Reg. No. **257**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sacred Heart Stayed 1 1/3 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 1/2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 2130 Rollandet Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Rigby, Idaho

## 3. (a) FULL NAME

INFANT TOBIN

3. (b) If veteran, name war \_\_\_\_\_  
None

3. (c) Social Security No. \_\_\_\_\_  
None

5. Color or \_\_\_\_\_  
4. Sex Female race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_  
None

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) November 22, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>8</u> hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business None Date last worked \_\_\_\_\_

11. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)

12. Name Quentin Tobin

13. Birthplace Idaho Falls Idaho  
(City or town) (State or foreign country)

14. Maiden name Maxine Bailey

15. Birthplace Menan Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Quentin Tobin  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Nov. 24, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rose Hill Cem., Idaho Falls, Idaho

18. Funeral Director's OWN Signature Orelan C. Breca  
and Address Idaho Falls, Idaho

19. (a) 12/15/48 (b) Anna Ruffin  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 23, 1948  
at 7:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 12:30 1948 to 2:30 1948

I last saw him alive on 23 Nov 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxia neonatorum Duration 6-8 hours

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John E. Worlton, M.D.

(M. D. or other)

and Address Idaho Falls, Idaho Date 2 Dec 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No. 4087

Local Reg. No. 997

Reg. Dist. No. 610

1. PLACE OF DEATH: **STATISTICS**
- (a) County Bonneville
- (b) City or town Idaho Falls
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 1 days
- (g) Lived in this county 25 years 8 months 7 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bonneville
- (c) City or town Idaho Falls
- (d) Street Address or R.F.D. No. 1153 Idaho Ave.,
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? United States
- (g) How long had deceased lived in Idaho? 30 years
- (h) Former residence (city, state) Blackfoot, Idaho

3. (a) FULL NAME NICKOLAS K. LAGOS

3. (b) If veteran, name war None 3. (c) Social Security No. None
5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Urania Stavros Lagos 6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) June 14, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>5</u>	<u>22</u>	hrs. min.

9. Exact Occupation Merchant, retired Did this work for 25 yrs.
10. Industry or Business Retail groceries Date last worked March 1943
11. Birthplace Kamenitsa Greece  
(City or town) (State or foreign country)

12. Name Konstantine Lagos
13. Birthplace Kamenitsa Greece  
(City or town) (State or foreign country)
14. Maiden name No Record
15. Birthplace Kamenitsa Greece  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Nick Lagos  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Nov. 28, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Oreland E. Buck  
and Address Idaho Falls, Idaho

19. (a) 12/15/48 (b) Anna Snider  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 26 1948  
at 7:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1937 to 26 Nov 1948  
last saw him alive on 26 Nov 1948;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Pneumonia (Lobar)

### Duration

2 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Myelogenous Leukemia  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. R. Ashby M.D.  
(M.D. or other)

and Address Idaho Falls, Idaho Date 2 Dec 1948  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **4088**  
Local Reg. No. **268**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH

- (a) County **Bonneville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **210 S. Water**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonneville**  
(c) City or town **Idaho Falls**  
(d) Street Address or R.F.D. No. **211 W. 18<sup>th</sup>**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **41** years  
(h) Former residence (city, state) **Utah**

## 3. (a) FULL NAME

**Martha Elizabeth Tanner**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife **Bertrand A. Tanner**

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) **June 18, 1868**

- | 8. AGE | Years     | Months   | Days     | If less than 1 day |
|--------|-----------|----------|----------|--------------------|
|        | <b>80</b> | <b>5</b> | <b>8</b> | hrs. min.          |

9. Exact Occupation **Housewife** Did this work for ☐ yrs.

10. Industry or Business **Chickens** Date last worked ☐

11. Birthplace (City or town) (State or foreign country) **Mississippi**

12. Name **Abraham M. Berry**

13. Birthplace (City or town) (State or foreign country) **Alabama**

14. Maiden name **Elizabeth Owen**

15. Birthplace (City or town) (State or foreign country) **Kennett**

16. Informant's OWN Signature **Mr. Rullen Achliman**

- and Address **Idaho Falls, Idaho**

17. (a) **Burial** (b) Date thereof **11/30/48** (c) Place **Tanner, Idaho**

18. Funeral Director's OWN Signature **Jack A. Wood**

- and Address **Idaho Falls, Idaho**

19. (a) **12-6-48** (b) **Anna Budger**

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Nov 26** 19 **48**

- at **6** o'clock **a** M.

21. I HEREBY CERTIFY, That I attended deceased from ☐ 19 ☐ to ☐ 19 ☐

- I last saw h. ☐ alive on ☐ 19 ☐; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: **Heart attack (Coronary occlusion)** Duration ☐

- Due to **arteriosclerosis**

- Due to ☐

- Other conditions (Include pregnancy within 3 months of death) ☐

- Where was disease contracted? ☐

- Name of operation ☐ Date ☐

- Major finding ☐

- Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? ☐ Suicide? ☐ Homicide? ☐

- Occurred ☐ 19 ☐ City, county, state where violence occurred ☐

- Place of Violence: Home ☐ Farm ☐ Industry ☐

- Public Place ☐ While at work? ☐

- Means of injury ☐

23. Attendant's OWN Signature **D. Richard Tull** (M. D. or other) ☐

- and Address ☐ Date ☐ 19 ☐

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DEC 13 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

10/15/48  
State File No. 4089  
Local Reg. No. 269  
Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Dr.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. U.S. Hosp. Stayed 16 hrs  
(g) Lived in this county        years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. #2  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Samuel Peter Whitney

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) October 24, 1943

8. AGE	Years	Months	Days	If less than 1 day
	<u>5</u>	<u>1</u>	<u>3</u>	hrs. min.

9. Exact Occupation Child Did this work for        yrs.

10. Industry or Business Idaho Falls, Idaho Date last worked       

11. Birthplace (City or town) (State or foreign country)

12. Name Wells A. Whitney

13. Birthplace Millville, Utah (City or town) (State or foreign country)

14. Maiden name Lucille Jacobson

15. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature W. A. Whitney

and Address Idaho Falls, Idaho #2

17. (a) Burial (b) Date thereof 11/29/48 (Month) (Day) (Year)

(c) Place Face Hill, Idaho Falls, Idaho

18. Funeral Director's OWN Signature Jack A. Wood

and Address Idaho Falls, Idaho

19. (a) 12-10-48 (b) Anna Seigra (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 27 1948

at 3 o'clock 2 M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1948, to Nov. 27 1948

I last saw him alive on Nov. 26 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 3 days

Due to Upper Respiratory Infection 2 wks

Due to       

Other conditions       

(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature C. C. Erickson M.D. (M. D. or other)

and Address Idaho Falls Date 11-29 1948 (For additional space, use reverse side)

Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 4090  
Local Reg. No. 261  
Reg. Dist. No. 610

1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Idaho Falls  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. L.D.S. Stayed ..... days  
(g) Lived in this county ..... years ..... months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Shelley  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME

ALTA VERNETTA KELLEY

131B

3. (b) If veteran,

name war - - -

3. (c) Social Security

No. ....

4. Sex FEMALE Face WHITE

6. (b) Name of husband or wife JOHN E KELLEY

7. Date of Birth (Month, Day, Year) JUN 10 1928

8. AGE	Years	Months	Days	If less than 1 day
	<u>20</u>	<u>5</u>	<u>13</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.

10. Industry or Business Idaho Date last worked

11. Birthplace Shelley Idaho (City or town) (State or foreign country)

12. Name RAY ELLIS

13. Birthplace Bountiful Utah (City or town) (State or foreign country)

14. Maiden name LILLIAN ELIZABETH LAMB

15. Birthplace EAT BRIGER WYOMING (City or town) (State or foreign country)

16. Informant's OWN Signature John E. Kelley Jr. and Address Shelley Idaho

17. (a) Buried (b) Date thereof Dec 2, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

18. Funeral Director's OWN Signature L M Nalder and Address Shelley Idaho

19. (a) 12-3-1948 (b) Anna Bridges (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

111C

20. DATE OF DEATH (Month, Day, Year) Nov. 27 1948  
at 8:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 6-7 1948, to 11-27 1948

I last saw h. alive on 11-27 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Anoxia Duration 1 day

Due to Pulmonary Edema 3 mos.

Due to Chronic glomerulonephritis 4 mos.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature David R. Smith, M.D. and Address Shelley Idaho Date 12-1-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

DEC 13 1948

# NON-RESIDENT Certificate of Death

State File No. 48  
Local Reg. No. 259  
Reg. Dist. No. 610

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 4 days  
(g) Lived in this county 0 years 0 months 4 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Vermont (b) County Addison  
(c) City or town Middlebury  
(d) Street Address or R.F.D. No. 71 Seymour  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 1/12 years  
(h) Former residence (city, state) New Haven, Vermont

## 3. (a) FULL NAME

ARTHUR WESLEY BINGHAM

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Isabel Whitney Bingham

6. (c) Age of husband or wife if alive 73 years

7. Date of Birth (Month, Day, Year) October 3, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>1</u>	<u>24</u>	hrs. min.

9. Exact Occupation Gov't Employee, ret. Did this work for 35 yrs.

10. Industry or Business U.S. Dep't of Agriculture worked 10/31/45

11. Birthplace New Haven Vermont  
(City or town) (State or foreign country)

12. Name Chauncey J. Bingham Vermont  
(City or town) (State or foreign country)

13. Birthplace ? Vermont  
(City or town) (State or foreign country)

14. Maiden name Laura Dutton Bingham

15. Birthplace Vermont  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lloyd G. Bingham  
and Address 870-12th St. Boulder Colo

17. (a) Removal (b) Date thereof Dec. 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Middlebury, Vermont

18. Funeral Director's OWN Signature Oiland C. Buck  
and Address Idaho Falls, Idaho

19. (a) 12/5/48 (b) Laura Bingham  
(Received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 27 1948  
(Month, Day, Year)

at 9:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 16 Nov 1948 to 28 Nov 1948

I last saw him alive on 28 Nov 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Hypostatic Pneumonia Duration 5 days

Due to Cerebral Hemorrhage, re-current + recent about 10-14 days

Due to Hypertension unknown

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John E. Worlton, M.D.

and Address Idaho Falls, Idaho Date 2 Dec 1948  
(M. D. or other) (For additional space, use reverse side)

083A

111C

1948

1948

5 days

about 10-14 days

unknown

PHYSICIAN Underline the cause to which death should be charged statistically.



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 13 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 4092

Local Reg. No. 208

Reg. Dist. No. 611

1. PLACE OF DEATH
- (a) County Bonneville
  - (b) City or town Idaho Falls
  - (c) Street Address or R.F.D. No. Highway Rt #2
  - (d) Death Occurred Inside? Outside city or town
  - (e) Died in a Home Hospital Institution Other place
  - (f) Name Hosp. or Inst. Stayed days
  - (g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho
  - (b) County Bonneville
  - (c) City or town Idaho Falls
  - (d) Street Address or R.F.D. No. Highway Rt #2
  - (e) Deceased lived Inside? Outside city or town
  - (f) Citizen of what country? U.S.A.
  - (g) How long had deceased lived in Idaho? 64 years
  - (h) Former residence (city, state) Idaho

3. (a) FULL NAME Orvin Strong Lee

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single widowed married, divorced

6. (b) Name of husband or wife Martha Jane Lee 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) April 13, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>4</u>	<u>22</u>	hrs. min.

9. Exact Occupation Farmer Did this work for years

10. Industry or Business Utah Date last worked

11. Birthplace Idaho (City or town) Idaho (State or foreign country)

12. Name Orvin S. Lee

13. Birthplace England (City or town) England (State or foreign country)

14. Maiden name Sally Ann Miles

15. Birthplace Idaho (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Stanley Lee and Address Idaho Falls, Idaho

17. (a) (Burial, cremation, or removal) Idaho Falls, Idaho (b) Date thereof 9/5/48 (Month) (Day) (Year)

18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho

19. (a) 10-6-48 (Date received and filed) (b) Anna Bridge (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 5, 1948 at 9-30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: He died unattended Duration

Due to probably coronary heart disease

Due to chronic

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Idaho Date Idaho

Major finding Idaho

Finding of autopsy Idaho

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Idaho Suicide? Idaho Homicide? Idaho

Occurred Idaho 19 Idaho City, county, state where violence occurred

Place of Violence: Home Idaho Farm Idaho Industry Idaho

Public Place Idaho While at work? Idaho

Means of injury Idaho

23. Attendant's OWN Signature Idaho and Address Idaho Date Idaho

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
NOV 15 1948 Certificate of Death  
DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. 4093  
Local Reg. No. 210  
Reg. Dist. No. 611

1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Route # 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. None Stayed        days  
(g) Lived in this county 18 years 3 months 8 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Route # 3  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) None

3. (a) FULL NAME

RICHARD W. CROW

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife  
None

6. (c) Age of husband or wife if  
alive        years

7. Date of Birth  
(Month, Day, Year) June 22, 1930

8. AGE	Years	Months	Days	If less than 1 day
	<u>18</u>	<u>3</u>	<u>8</u>	hrs. min.

9. Exact Occupation Laborer Did this work for 5 yrs.

10. Industry or Business General Date last worked 9/30/48

11. Birthplace Ammon Idaho  
(City or town) (State or foreign country)

12. Name Benjamin A. Crow

13. Birthplace Idaho Falls Idaho  
(City or town) (State or foreign country)

14. Maiden name Esma Waters

15. Birthplace Riverdale Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Benjamin Crow  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Oct. 6, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Iona Cemetery, Idaho Falls, Ida.

18. Funeral Director's OWN Signature Alfred L. Crow  
and Address Idaho Falls, Idaho

19. (a) 10-9-1948 (b) Anna Bridger  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH September 30 1948  
(Month, Day, Year)        o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from        19       to        19      .

I last saw h.        alive on        19      ;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Electrocution Duration       

Due to       

Due to       

Other conditions         
(Include pregnancy within 8 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide?        Homicide?       

Occurred Sept - 30 1948 City, county, state  
where violence occurred Farm

Place of Violence: Home        Farm X Industry       

Public Place        While at work? yes

Means of injury       

23. Attendant's OWN Signature Leo A. Williams (Horn)

and Address Idaho Falls, Idaho Date Oct 6 - 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 22 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 State File No. **4094<sup>3</sup>**  
Local Reg. No. **209**  
Reg. Dist. No. **64**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Iona  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years 10 months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Iona  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state) Parma, Idaho

## 3. (a) FULL NAME

**ANNA ALBERTA JEMMETT**

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or  
4. Sex Female race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred G. Jemmett

6. (c) Age of husband or wife if alive 59 years

7. Date of Birth (Month, Day, Year) August 29, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>1</u>	<u>8</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 32 yrs.

10. Industry or Business At home Date last worked 10/5/48

11. Birthplace Hyrum Utah  
(City or town) (State or foreign country)

12. Name Neils Christensen

13. Birthplace Denmark  
(City or town) (State or foreign country)

14. Maiden name Sophia Paterson

15. Birthplace Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature Fred G. Jemmett  
and Address Iona, Idaho

17. (a) Removed (b) Date thereof Oct. 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Shelley, Idaho

18. Funeral Director's OWN Signature Orlando L. Brier  
and Address Idaho Falls, Idaho

19. (a) 10-9-48 (b) Anna Bridges  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH October 7 1948  
(Month, Day, Year)

21. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1948 to Sept. 30, 1948  
at 2:15 o'clock A. M.

I last saw him alive on Sept. 30, 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac dilatation Duration

Due to Chronic extrinsic (cardiac) arrhythmia

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury John O. McElvinn  
23. Attendant's OWN Signature John O. McElvinn  
and Address Idaho Falls, Idaho Date Oct. 9, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 13 1948

STATE OF IDAHO

# Certificate of Death

STATE OF IDAHO

State File No. 40954

Local Reg. No. 253

Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Route # 4  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 12 years 1 months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Route # 4  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) Sheldon, Iowa

## 3. (a) FULL NAME

RALPH CARDER SHRIVER

3. (b) If veteran, name war None

3. (c) Social Security No. 519-07-3231

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catharine Nordstrom Shriver

6. (c) Age of husband or wife if alive 34 years

7. Date of Birth (Month, Day, Year) January 29, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>9</u>	<u>4</u>	hrs. min.

9. Exact Occupation Machine operator Did this work for 7 yrs.

10. Industry or Business Gen'l Construction Date last worked 7/1/48

11. Birthplace Carthage Missouri  
(City or town) (State or foreign country)

12. Name J. W. Shriver

13. Birthplace West Virginia  
(City or town) (State or foreign country)

14. Maiden name Martha Carter

15. Birthplace West Virginia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Catharine Shriver  
and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof November 7, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Oeland & Buck

and Address Idaho Falls, Idaho

19. (a) 12-5-48 (b) Anne Bridgman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 3 1948  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from        19      , to        19      .

I last saw h.        alive on        19      ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute heart failure Duration       

Due to old rheumatic myocarditis

Due to       

Other conditions       

(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19       City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature W. Paulson

and Address        Date        19      

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DEC 13 1948

Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL

STATE OF IDAHO

State File No.

4096-5

Local Reg. No.

250

Reg. Dist. No.

610

1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Route # 4  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed 19 days  
(g) Lived in this county 2 years 8 months 19 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. Route # 4  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Parsons, Kansas

3. (a) FULL NAME

ALBERT MURRAY EDMISTON

094A

3. (b) If veteran, name war None

3. (c) Social Security No. 440-10-9626

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Kendall Edmiston

6. (c) Age of husband or wife if alive 51 years

7. Date of Birth (Month, Day, Year) January 24, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>9</u>	<u>10</u>	hrs. min.

9. Exact Occupation Engineer Did this work for 15 yrs.

10. Industry or Business Petroleum Date last worked July 21, 1947

11. Birthplace Girard Kansas  
(City or town) (State or foreign country)

12. Name A. M. Edmiston

13. Birthplace No Record  
(City or town) (State or foreign country)

14. Maiden name Minnie Myrtle Medley

15. Birthplace No Record  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Correll M. Jenkins

and Address Box 694, Idaho Falls, Id.

17. (a) Removal (b) Date thereof Nov. 5, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Parsons, Kansas

18. Funeral Director's OWN Signature Orland C. Buck

and Address Idaho Falls, Idaho

19. (a) 12-5-1948 (b) Anna Biefgen  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 4 1948  
at 3:35 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion, Recurrent Duration since July 47

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature John E. Worlton, M.D.

and Address Idaho Falls, Idaho Date 14 Nov 1948

(For additional space, use reverse side)

488

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 12 1948

# Certificate of Death

STATE OF IDAHO

STATE OF IDAHO

State File No. 4097  
Local Reg. No. 266  
Reg. Dist. No. 611

1. PLACE OF DEATH
- (a) County Boonville  
(b) City or town Boonville  
(c) Street Address or R.F.D. No. Valley  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Boonville  
(c) City or town Boonville  
(d) Street Address or R.F.D. No. Valley  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) years

3. (a) FULL NAME

Roger Hale Wiese

157A

3. (b) If veteran, name war None  
3. (c) Social Security No. None  
5. Color or W race W  
6. (a) Name of husband or wife None  
6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive years

7. Date of Birth June 29, 1947  
(Month, Day, Year)  
8. AGE Years 1 Months 4 Days 14 If less than 1 day hrs. min.

9. Exact Occupation None Did this work for years  
10. Industry or Business Idaho Falls, Idaho Date last worked Idaho  
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)  
12. Name Helmut L. Wiese  
13. Birthplace Rock County, Minnesota (City or town) (State or foreign country)  
14. Maiden name Esther L. Rice  
15. Birthplace Poplar, Idaho (City or town) (State or foreign country)  
16. Informant's OWN Signature H. L. Wiese  
and Address Idaho Falls, Idaho  
17. (a) Burial (b) Date thereof 11/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Rose Hill, Idaho Falls, Idaho  
18. Funeral Director's OWN Signature Jack A. Wood  
and Address Idaho Falls, Idaho  
19. (a) 12-70-48 (b) Anna Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nov 15 19 48  
(Month, Day, Year) at 1 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Hydrocephalus

Duration since birth

Due to Idaho Falls, Idaho

Due to Idaho Falls, Idaho

Other conditions Idaho Falls, Idaho  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho Falls, Idaho

Name of operation Idaho Falls, Idaho Date Idaho Falls, Idaho

Major finding Idaho Falls, Idaho

Finding of autopsy Idaho Falls, Idaho

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Idaho Falls, Idaho Suicide? Idaho Falls, Idaho Homicide? Idaho Falls, Idaho

Occurred Idaho Falls, Idaho 19 Idaho Falls, Idaho City, county, state

where violence occurred Idaho Falls, Idaho

Place of Violence: Home Idaho Falls, Idaho Farm Idaho Falls, Idaho Industry Idaho Falls, Idaho

Public Place Idaho Falls, Idaho While at work? Idaho Falls, Idaho

Means of injury Idaho Falls, Idaho

23. Attendant's OWN Signature John E. Worlton M.D.

and Address Idaho Falls, Idaho (M.D. or other)

Date 24 Nov 19 48

(For additional space, use reverse side)

458

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

1948 State File No. 4098

Local Reg. No. 46-48

Reg. Dist. No. 100

STATISTICS

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bo Moyle Springs  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 16 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Moyle Springs  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) Augusta Maine

## 3. (a) FULL NAME George Sherman Bowring

3. (b) If veteran, name war No 3. (c) Social Security No. 551-24-6977  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Emelia  
6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth (Month, Day, Year) 3/27/1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>7</u>	<u>5</u>	hrs min.

9. Exact Occupation Ret. Engineer Did this work for 40 yrs.  
10. Industry or Business King Lbr. Co. Date last worked 1947?  
11. Birthplace Bethlehem, Canada  
(City or town) (State or foreign country)

12. Name George Bowring  
13. Birthplace Canada  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature Emilie Bowring  
and Address Moyle Springs, Idaho.

17. (a) Burial (b) Date thereof 11/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bonnars Ferry, Idaho.

18. Funeral Director's OWN Signature Frank Morse  
and Address Bonnars Ferry, Idaho

19. (a) 11-4-48 (b) Karl Sourell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 2, 1948  
at 5:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1947 to Nov 2 1948  
I last saw him alive on Oct 30 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Chronic Valvular Heart Disease  
Acute Respiratory Infection  
Due to Pneumonia Infection years.

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature Karl Sourell M.D.  
and Address Bonnars Ferry Date 11/4 48  
(For additional space, use reverse side)

**1. PLACE OF DEATH:**

(a) County Boundary  
(b) City or town Bonnerr's Ferry  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. Bound. Co. Stayed 1 days  
(g) Lived in this county 34 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**3. (a) FULL NAME**

Mike Chernowich

3. (b) If veteran, name war No 3. (c) Social Security No. 701-12-6135  
5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White 6. (c) Age of husband or wife if  
6. (b) Name of husband or wife XX alive XX years  
7. Date of Birth 5/26/1890  
(Month, Day, Year)

	Years	Months	Days	If less than 1 day
8. AGE	58	5	8	hrs min.

9. Exact Occupation	R.R. Laborer	Did this work for	34 yrs.
10. Industry or Business	G.N. Ry.	Date last worked	10/14/4
11. Birthplace	Austria		
	(City or town)	(State or foreign country)	

Mother Father	12. Name	George Chernowich	
	13. Birthplace	Austria	(City or town) (State or foreign country)
	14. Maiden name	Vasalina	Unknown
	15. Birthplace	Austria	(City or town) (State or foreign country)

16. Informant's  
OWN Signature John Chernowich  
and Address Fernie B.C. Canada.

17. (a) Burial (b) Date thereof 11/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bonnars Ferry, Idaho

18. Funeral Director's *Frank Moore*  
OWN Signature: \_\_\_\_\_  
and Address: Bonniers Ferry, Idaho.

19. (a) 11/10/78 (b) *Finbow*  
(Date received and filed) (Registrar's signature)

**2. Usual Residence of Deceased:** (Always fill in these)

(a) State, Idaho (b) County Boundary  
(c) City or town Bonniers Ferry  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Yaak, B.C. Can.

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 8th. 1948  
at 10:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1945, to Nov. 8 1948

I last saw h. live alive on Nov. 8 1968, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Failure	Terminal

Due to transition + morat

Due to Basinomatosis

Other conditions Encephalopathy  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....  
Name of operation none Date .....

Name of operation	Date	Underline
Major finding		the cause to
Finding of autopsy	<i>Permission refused</i>	which death s should be charged sta- tistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
 Occurred..... 19..... City, county, state.....  
 where violence occurred .....  
 Place of Violence: Home..... Farm..... Industry.....  
 Public Place..... While at work?.....  
 Means of injury .....

23. Attendant's  
OWN Signature [Signature] (M. D. or other)  
4 and Address Bruner 7th Date 11/01/98  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

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DEC 7 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 4100  
Local Reg. No. 48-48  
Reg. Dist. No. 100

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonnors Ferry  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution X Other place...  
(f) Name Hosp. or Inst. Pleasant Homes 2 yrs  
(g) Lived in this county 38 years 38 months 38 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Bonnors Ferry, Idaho  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? XX city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Alliance, Neb.

## 3. (a) FULL NAME William Oscar Bailey

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or 6. (a) Single, widowed, married, divorced Wid.  
4. Sex Male race White  
6. (b) Name of husband or wife Nancy 6. (c) Age of husband or wife if alive dec. years  
7. Date of Birth (Month, Day, Year) 9/3/1856

8. AGE	Years	Months	Days	If less than 1 day
	<u>92</u>	<u>2</u>	<u>12</u>	hrs min.

9. Exact Occupation Ret. Laborer Did this work for 60 yrs.  
10. Industry or Business at lagge Date last worked 1940  
11. Birthplace Ill. (City or town) (State or foreign country)

12. Name Simeon Bailey  
13. Birthplace Ireland (City or town) (State or foreign country)  
14. Maiden name Elmira Gibson  
15. Birthplace Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature Jaeger Johnson  
and Address Bonnors Ferry, Idaho

17. (a) Burial (b) Date thereof 11/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bonnors Ferry, Idaho

18. Funeral Director's OWN Signature Frank Moore  
and Address Bonnors Ferry, Idaho

19. (a) 11/16/48 (b) Kim Bonnell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 15th. 1948  
at 9:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1947 to Nov 15 1948  
I last saw him alive on Nov 12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: General Arteriosclerosis Duration years  
Hypertension  
Due to Senility

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury Heart

23. Attendant's OWN Signature Hal Wagoner M.D.  
and Address Bonnors Ferry, Idaho Date Nov 16 1948  
(For additional space, use reverse side)

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DEC 7 1948

# Certificate Of Death

DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948 State File No. 4101  
Local Reg. No. 49-48  
Reg. Dist. No. 100

## 1. PLACE OF DEATH:

- (a) County Sarah Dove Crawford  
(b) City or town Bonniers Ferry, Idaho  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Bound. Co. Stayed 6 days  
(g) Lived in this county 28 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bound.  
(c) City or town Addie  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Spokane, Wn.

## 3. (a) FULL NAME Sarah Dove Crawford

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Robert M. 6. (c) Age of husband or wife if alive 65 years  
7. Date of Birth (Month, Day, Year) 7/1/1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>4</u>	<u>16</u>	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.  
10. Industry or Business at home Date last worked 7/1/48  
11. Birthplace Willow Creek, Mont.  
(City or town) (State or foreign country)

12. Name Thomas Heady,  
13. Birthplace Mo.  
(City or town) (State or foreign country)  
14. Maiden name Sarah Osburn  
15. Birthplace England.  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Addie Ida

17. (a) Burial (b) Date thereof 11/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bonniers Ferry, Idaho

18. Funeral Director's OWN Signature [Signature]  
and Address Bonniers Ferry, Idaho.

19. (a) 12/3/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 17th. 1948  
at 11:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 5/7 1946, to 11/17 1948  
I last saw her alive on 11/16 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac degeneration Duration

Due to Tuberculosis terminal

Due to Carcinomatosis  
Other conditions primary in  
(Include pregnancy within 3 months of death) intestine 2 yrs.

Where was disease contracted? .....  
Name of operation Gastrectomy Date 1948  
Major finding Adenocarcinoma of  
Finding of autopsy intestine  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home 19 Farm 19 Industry 19  
Public Place 19 While at work? 19  
Means of injury 19

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Bonniers Ferry Date 12/3 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

DEC 7 1948

# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

STATISTICS

State File No. 4102  
Local Reg. No. 50-48  
Reg. Dist. No. 100

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonnars Ferry  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Ins. Bound. Co. Stayed 7 days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Moyie Springs  
(d) Street Address or R.F.D. No. Star Rt.  
(e) Deceased lived Inside? ..... Outside XX city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Honey Grove Pen.

## 3. (a) FULL NAME Milton Arthur Peck

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or race white 6. (a) Single, widowed, married, divorced wid.  
6. (b) Name of husband or wife Katharine 6. (c) Age of husband or wife if alive Dec. years  
7. Date of Birth (Month, Day, Year) 3/5/1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>8</u>	<u>23</u>	hrs min.

9. Exact Occupation Famer Did this work for 35 yrs.  
10. Industry or Business his own Date last worked Nov. 15/48  
11. Birthplace Penn. (City or town) (State or foreign country)

12. Name David. P. Peck  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Clara Stambaugh  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mervin Speck  
and Address Walla Walla, Wn.

17. (a) Burial (b) Date thereof 12/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bonnars Ferry, Idaho

18. Funeral Director's OWN Signature Frank Moore  
and Address Bonnars Ferry, Idaho

19. (a) 11/29/48 (b) R. B. Bowler  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 28th. 19 48  
at 2:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1940  
19 to Nov 28 19 48

I last saw him alive on Nov 28 19 48; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Chronic Valvular Heart Disease Duration  
Myocardial Regeneration  
Due to .....

- Due to .....  
Other conditions Hypertrophy & dilatation  
(Include pregnancy within 3 months of death)  
Terminal cardiac failure

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature R. B. Bowler M.D.  
and Address Boundary (M. D. or other)  
Date 11/29 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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**OFFICE OF VITAL STATISTICS**

# Certificate Of Death

STATE OF IDAHO

State File No. **4103**  
Local Reg. No. **51-45**  
Reg. Dist. No. **100**

## 1. PLACE OF DEATH:

- (a) County **Boundary**  
(b) City or town **Naples**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? **XX** Outside? **XX** city or town  
(e) Died in a Home **XX** Hospital **XX** Institution **XX** Other place  
(f) Name Hosp. or Inst. .... Stayed **XX** days  
(g) Lived in this county **15** years **XX** months **XX** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Boundary**  
(c) City or town **Naples**  
(d) Street Address or R.F.D. No. **Star Route**  
(e) Deceased lived Inside? **XX** Outside? **XX** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **15** years  
(h) Former residence (city, state) **Spokane, Wash.**

## 3. (a) FULL NAME **Jane R. Cornell**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**  
5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Frank H.** 6. (c) Age of husband or wife if alive **73** years  
7. Date of Birth (Month, Day, Year) **8/26/1870**

8. AGE	Years	Months	Days	If less than 1 day
	<b>78</b>	<b>3</b>	<b>2</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **15** yrs.  
10. Industry or Business **at home** Date last worked **11/28/48**  
11. Birthplace **New Castle, Eng.** (City or town) (State or foreign country)

12. Name **Unknown Reed**  
13. Birthplace **England** (City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **England** (City or town) (State or foreign country)

16. Informant's OWN Signature **Frank R. Cornell**  
and Address **Naples, Idaho**

17. (a) **Burial** (b) Date thereof **12/2/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Bonnere Ferry, Idaho**

18. Funeral Director's OWN Signature **Charles Moore**  
and Address **Bonnere Ferry, Idaho**

19. (a) **12/3/48** (b) **Paul Bonnell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Nov. 28th.** 19 **48**  
at **6:00** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **after death** 19 **48**, to **Nov. 28** 19 **48**  
I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Heart Failure** Duration

Due to **Coronary occlusion**

Due to .....

Other conditions **Smith's disease**  
(Include pregnancy within 3 months of death) **schizophrenia**

Where was disease contracted? .....

Name of operation..... Date.....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred .....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury .....

23. Attendant's OWN Signature **Paul Bonnell** (M. D. or other)  
and Address **Bonnere Ferry** Date **12/3/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

1948

State File No. 4104  
Local Reg. No. 53-48  
Reg. Dist. No. 100

OF VITAL

STATE OF IDAHO

## 1. PLACE OF DEATH: STATISTICS

- (a) County Idaho Boundary  
(b) City or town Bonnerr's Ferry,  
(c) Street Address or R. F. D. No. Rural  
(d) Death Occured Inside? XX Outside? XX city or town  
(e) Died in a Home X Hospital XX Institution XX Other place XX  
(f) Name Hosp. or Inst. XX Stayed XX days  
(g) Lived in this county 15 years XX months XX days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Bonnerr's Ferry  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? XX Outside? XX city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Wolf Point, Mont

## 3. (a) FULL NAME

Maude V. Worley

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Fem race White  
6. (b) Name of husband or wife Haskell K. 6. (c) Age of husband or wife if alive 47 years  
7. Date of Birth (Month, Day, Year) 6/29/1906

8. AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>5</u>	<u>1</u>	hrs min.

9. Exact Occupation Housewife Did this work for 32 yrs.  
10. Industry or Business at home Date last worked 11/30/48  
11. Birthplace Clairmont, Ill.  
(City or town) (State or foreign country)

12. Name Andy Fishel  
13. Birthplace Indiana  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature H. K. Worley  
and Address Bonnerr's Ferry, Idaho

17. (a) Burial (b) Date thereof 12/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bonnerr's Ferry, Idaho

18. Funeral Director's OWN Signature Harb House  
and Address Bonnerr's Ferry, Idaho

19. (a) 11/30/48 (b) Ken Bonner  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 30th. 1948  
at 1:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1948, to Nov 30 1948  
I last saw her alive on Nov 1 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Sudden Death Duration

Due to Coronary Occlusion

Due to Coronary Sclerosis  
Other conditions Coronary Sclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline Date which death should be charged statistically.  
Major finding PHYSICIAN  
Finding of autopsy PHYSICIAN

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? XX Suicide? XX Homicide? XX  
Occurred XX 19 XX City, county, state where violence occurred XX  
Place of Violence: Home XX Farm XX Industry XX  
Public Place XX While at work? XX  
Means of injury XX

23. Attendant's OWN Signature R. M. Bonnell M.D.  
(M. D. or other) 11/30 19 48  
and Address Bonnerr's Ferry Date 11/30 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATISTICS  
OF VITAL STATE OF IDAHO

State File No. **4105**  
Local Reg. No. **52-4**  
Reg. Dist. No. **100**

## 1. PLACE OF DEATH:

- (a) County **Boundary**  
(b) City or town **Bonnars Ferry, Idaho**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? **XX** Outside? ..... city or town  
(e) Died in a Home **X** Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **20** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Boundary**  
(c) City or town **Bonnars Ferry**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **XX** Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **20** years  
(h) Former residence (city, state) **Wisconsin**

## 3. (a) FULL NAME **Frank Fresse**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**  
5. Color or **No** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth **5/10/1866**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>82</b>	<b>6</b>	<b>20</b>	hrs min.

9. Exact Occupation **Ret. Logger** Did this work for **50** yrs.  
10. Industry or Business **none** Date last worked **unknown**  
11. Birthplace **Saukville, Wis.**  
(City or town) (State or foreign country)

- Mother Father  
12. Name **Louis Fresse**  
13. Birthplace **France**  
(City or town) (State or foreign country)  
14. Maiden name **Mary Brener**  
15. Birthplace **Wis.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Lloyd Morse**  
and Address **Bonnars Ferry, Idaho**

17. (a) **Burial** (b) Date thereof **12/6/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Bonnars Ferry, Idaho**

18. Funeral Director's OWN Signature **Frank Morse**  
and Address **Bonnars Ferry, Idaho**

19. (a) **12/12/48** (b) **R. B. Santee**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **102X**

20. DATE OF DEATH **Nov. 30th. 1948**  
(Month, Day, Year)  
at **7:00** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **Dead when found.**  
19.....

I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac Failure** Duration

Due to **Senility**  
**Hypertension, art. schlerosis**

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **Lloyd Reed Corone** (M. D. or other)  
and Address **Bonnars Ferry** Date **12/2/48**  
(For additional space, use reverse side)

NOV 18 1948

DIVISION OF VITAL  
STATISTICS

CERTIFICATE OF DEATH  
STATE OF IDAHO

Local Registrar's Duplicate

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County Camas  
(b) City or town Fairfield  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Camas  
(c) City or town Fairfield  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) California

3. (a) FULL NAME

Gale Clark Michaelson

3. (b) If veteran, name war No.

3. (c) Social Security No. unknown

5. Color or white 6. (a) Single, widowed, married, divorced single  
4. Sex male race white  
6. (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 14, 1905

8. AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>8</u>	<u>5</u>	hrs min.

9. Exact Occupation laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business mining Date last worked \_\_\_\_\_

11. Birthplace La Crosse, Idaho (City or town) (State or foreign country)

12. Name Albert Edward Michaelson

13. Birthplace Wisconsin (City or town) (State or foreign country)

14. Maiden name Eda Matteson

15. Birthplace Wisconsin (City or town) (State or foreign country)

16. Informant's OWN Signature A. E. Michaelson and Address 427 Cherry St. Lodi, California

17. (a) Removal (b) Date thereof 11-10-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Lodi Funeral Home Lodi, Calif.

18. Funeral Director's OWN Signature H. P. Bright and Address Bozeman, Idaho

19. (a) 11-14-48 (b) [Signature] (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 9 Nov 1948

at 8:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 9 Nov to 19 9 Nov

I last saw him alive on 9 Nov 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory failure Duration \_\_\_\_\_

Due to Chronic Myeloid Leukemia Known 9 months

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Marion J. Kerns (M. D. or other)

and Address Fairfield, Ida Date 10 Nov 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL  
STATISTICS

CERTIFICATE OF DEATH  
STATE OF IDAHO

1948 4107  
State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County Camas  
(b) City or town Fairfield  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St Anthony, Idaho  
(d) Street Address or R. F. D. No. R. F. D. # 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 78 years  
(h) Former residence (city, state) Utah

3. (a) FULL  
NAME

Lucy Harris Moon

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex Female race Cauc.

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married,  
divorced widowed

6. (b) Name of husband or  
wife Rueben Moon

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) Sept. 14, 1862

8. AGE	Years	Months	Days	If less than 1 day
	86	2	6	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Kaysville, Utah  
(City or town) (State or foreign country)

12. Name Joseph Harris

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Charolotte Green

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Velda Surran  
and Address St Anthony, Idaho Rt. 2

17. (a) Removal (b) Date thereof 11/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Parker, Idaho

18. Funeral Director's OWN Signature H. P. Bright  
and Address Fairfield, Idaho

19. (a) December 3 (b) John S. Edwards  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 20 Nov 1948  
(Month, Day, Year)  
at 12 o'clock P. M.

21. I HEREBY CERTIFY That I attended deceased from  
18 Nov 1948 to 20 Nov 1948  
I last saw her alive on 18 Nov 1948; death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Arteriosclerosis  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Marion J Kerns  
and Address Fairfield, Idaho (M. D. or other) Date 3 Dec 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEPARTMENT OF VITAL

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. **4108**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH: STATISTICS

- (a) County Camas  
(b) City or town Fairfield  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. Highway Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wisconsin (b) County \_\_\_\_\_  
(c) City or town Racine  
(d) Street Address or R.F.D. No. 2212 Ashland, Avenue  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 8 days years  
(h) Former residence (city, state) Denmark

3. (a) FULL NAME Martina Olsen

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Julius Olsen

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December 26, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>10</u>	<u>26</u>	hrs. min.

9. Exact Occupation housewife Did this work for life yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 11/21/48

11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) Denmark

12. Name Peter Petersen

13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) Denmark

14. Maiden name Mariane Petersen

15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) Denmark

16. Informant's OWN Signature A. Olsen

and Address Fairfield, Idaho

17. (a) removal (b) Date thereof 11/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Racine, Wisconsin

18. Funeral Director's OWN Signature H.P. Bright

and Address Gooding, Idaho

19. (a) November 24, 1948 (b) John F. Edwards  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 21 Nov 1948

at 8:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 21 Nov 1948 to 21 Nov 1948

I last saw her alive on 21 Nov 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Cerebral Hemorrhage 1 hr

Due to Skull fracture 1/2 hr

Due to Auto accident 1/2 hr

Other condition multiple fractures

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 21 Nov 1948 City, county, state Camas Co. Idaho

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place yes While at work? NO

Means of injury Auto-truck collision

23. Attendant's OWN Signature Marion J. Kerns

and Address Fairfield, Idaho Date 24 Nov 1948

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 3 1948

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. ....  
Local Reg. No. 539  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? x Outside? ..... city or town  
(e) Died in a Home..... Hospital x Institution..... Other place.....  
(f) Name Hosp. or Inst. Samaritan Stayed 86 days  
(g) Lived in this county 1 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 207 Elder  
(e) Deceased lived Inside? x Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Rice County, Kan.

## 3. (a) FULL

NAME MRS. ANNA MCCONNELL

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

## 5. Color or

Sex fem. race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive..... years

## 7. Date of Birth

(Month, Day, Year) October 25, 1872

## 8. AGE

Years

Months

Days

If less than 1 day  
hrs. min.

76

0

7

## 9. Exact

Occupation Housewife

Did this work for..... yrs.

## 10. Industry or

Business Home

Date last worked

## 11. Birthplace

(City or town)

Indiana

(State or foreign country)

Father

12. Name D.P. Smyers

Mother

13. Birthplace Indiana

(City or town)

(State or foreign country)

14. Maiden name Waigand

15. Birthplace Germany

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature R. E. Snyder

and Address Nampa, Idaho

## 17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof 11/4/48

(Month) (Day) (Year)

(c) Place Hutchinson, Kansas

## 18. Funeral Directors Robinson-Alsip Chapel

OWN Signature John Alsip, Jr.

and Address Nampa, Idaho

19. (a) Nov 3 - 1948

(Date received and filed)

(b) Syda Rodgers

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 11-2-1948  
at 10:40 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

April 1947 to Nov. 2 1948  
I last saw him alive on 11-2-1948  
Death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage Duration 1 yr.

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy Cerebral Hemorrhage  
subarachnoid hemorrhage - specimen sent

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state  
where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Places..... While at work?.....

Means of injury.....

## 23. Attendant's

OWN Signature David E. Beech, M.D.

and Address Nampa, Idaho Date 11-3-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT

## Certificate Of Death

STATE OF IDAHO DIVISION OF VITAL STATISTICS

RECEIVED 1948  
State File No. 4111  
Local Reg. No. 563  
Reg. Dist. No. 369

### 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution. Other place .....  
(f) Name Hosp. or Inst. Samaritan Stayed.....days  
(g) Lived in this county.....years.....months.....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State California (b) County .....  
(c) City or town Janesville  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 months years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Anna Tomena Hamilton

3. (b) If veteran, name war No 3. (c) Social Security No. No  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Ira M. Hamilton 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) October 25-1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>0</u>	<u>8</u>	hrs min.

9. Exact Occupation Housekeeping Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Hastings, Nebraska (City or town) (State or foreign country)  
12. Name Ole Albertson  
13. Birthplace Norway (City or town) (State or foreign country)  
14. Maiden name Bertha Olson  
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature Mervin Hamilton  
and Address Taberna, Idaho  
17. (a) Removal (b) Date thereof 11-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: santa Rosa, California  
18. Funeral Director's OWN Signature Lyda Rodgers  
and Address Caldwell, Idaho  
19. (a) Nov. 16-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

### MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 3 1948  
at 11:55 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 29 1948, to Nov 3 1948.  
I last saw her alive on Nov 3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial failure Duration 2 days  
Due to Myocardial fibrosis 20 yrs  
Due to Rheumatic heart disease 30 yrs  
Other conditions Sen. Arteriosclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation None Date .....  
Major finding .....  
Finding of autopsy Not done

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature Edward K. Dietler, M.D.  
and Address Box 8 Date Nov 19 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 16 1948

DIVISION OF VITAL

# Certificate Of Death 1112

STATE OF IDAHO

State File No. 4112547

Local Reg. No. 363

Reg. Dist. No. 363

## 1. PLACE OF DEATH: STATISTICS

- (a) County Caynon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Mercy Stayed 14 days  
(g) Lived in this county 1 years 1 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Cambridge  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 66 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME MARY A. SMITH

3. (b) If veteran, name war ..... No. ....  
5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or XXX MAHON  
(c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) NOV. 11, 1862

8. AGE	Years	Months	Days	If less than 1 day
	85	11	23	hrs min.

9. Exact Occupation Housewife Did this work for Life Yrs.  
10. Industry or Business Own Home Date last worked .....  
11. Birthplace Omega, Kansas (City or town) (State or foreign country)

12. Name Mark A. Smith  
13. Birthplace Omega, Kansas (City or town) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Don't know (City or town) (State or foreign country)

16. Informant's OWN Signature Harry Smith  
and Address Cambridge, Idaho

17. (a) Removal (b) Date thereof Nov. 7, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Salubria Cem., Cambridge, Idaho

18. Funeral Director's Robinson-Alsop Chapel  
OWN Signature John F. Alsop, Jr.  
and Address Nampa, Idaho

19. (a) Nov. 12-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November, 4 19 48  
at 3:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 22 1948, to Nov. 4 1948  
I last saw h. er alive on Nov. 4 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility Duration 4 wks.

Due to Fracture femur 14 days

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....  
Occurred Oct 22, 1948 19 48 City, county, state where violence occurred Nampa, Idaho  
Place of Violence: Home X Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury Fell from bed

23. Attendant's OWN Signature F. D. Kachne, M.D. (M. D. or other)  
and Address Nampa, Ida Date 11-9 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 16 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4113**  
Local Reg. No. **549**  
Reg. Dist. No. **362**

## 1. PLACE OF DEATH:

- (a) County **Canyon**  
(b) City or town **Nampa**  
(c) Street Address or R.F.D. No. **1215 Sherman St.**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **24** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Canyon**  
(c) City or town **Nampa**  
(d) Street Address or R.F.D. No. **1215 Sherman St.**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **24** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **MR. JACOB DREHER**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**  
5. Color or **white** 6. (a) Single, widowed, married, divorced **married**  
4. Sex **male** race **white** 6. (c) Age of husband or wife if alive **63** years  
6. (b) Name of husband or wife **Retta Dreher**

7. Date of Birth (Month, Day, Year) **June 3, 1878**

8. AGE	Years	Months	Days	If less than 1 day
	<b>70</b>	<b>5</b>	<b>2</b>	hrs. min.

9. Exact Occupation **Farmer** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Retired** Date last worked \_\_\_\_\_  
11. Birthplace **Wuerttemberg, Germany** (City or town) (State or foreign country)

- Father { 12. Name **John Dreher**  
13. Birthplace **Germany** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Anna Burke**  
15. Birthplace **Germany** (City or town) (State or foreign country)

16. Informant's OWN Signature **C. J. Bruck**  
and Address **Nampa, Idaho**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **11/9/48** (Month) (Day) (Year)  
(c) Place **Kohlerlawn Cemetery**

18. Funeral Director's OWN Signature **Robinson-Alsip Chapel**  
and Address **Nampa, Idaho**

19. (a) **Nov. 10 - 1948** (Date received and filed) (b) **Lyda Rodgers** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **November 5, 1948**  
at **11:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Nov 5** 19**48** to **Nov 5** 19**48**.  
I last saw h. **in** alive on **Nov 5** 19**48**.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial Infarction** Duration  
**Complete Heart Block**  
Due to **Arteriosclerotic Heart Disease**  
Other conditions **None**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **None**  
23. Attendant's OWN Signature **M Mangum** (M. D. or other)  
and Address **Nampa** Date **11/8** 19**48**  
(For additional space, use reverse side)

458

012

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 16 1948

# Certificate of Death

STATE OF IDAHO

State File No. 4115

Local Reg. No. 348

Reg. Dist. No. 362

DEPARTMENT OF VITAL

## 1. PLACE OF DEATH: STATISTICS

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Hosp. Stayed 5 days  
(g) Lived in this county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 213-15th Ave So.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME SAMUEL C BOOHER

3. (b) If veteran; name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex Male race White  
6. (b) Name of husband or wife Ella C Booher 6. (c) Age of husband or wife if alive 84 years  
7. Date of Birth (Month, Day, Year) July 14, 1864.

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>3</u>	<u>25</u>	hrs. min.

9. Exact Occupation Ret. Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Orbisonia, Penn.  
(City or town) (State or foreign country)

12. Name Samuel C Booher

13. Birthplace Penn.  
(City or town) (State or foreign country)

14. Maiden name Elizabeth Snyder

15. Birthplace Penn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lenetta B Kinley  
and Address 213-15th Ave S., Nampa, Ida.

17. (a) Burial (b) Date thereof 11-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kupa, Idaho

18. Funeral Director's OWN Signature John F Alsip Jr.

and Address Nampa, Idaho

19. (a) Nov. 9-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 9, 1948  
at 9:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 1948 to Nov 1948

I last saw h. im alive on \_\_\_\_\_ 19\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Glomerular nephritis  
& Anemia. Duration 14 days

Due to Arteriosclerosis generalized

Due to Arteriosclerosis heart disease with

Other conditions Arteriosclerosis fibulation 6 yrs.

(Include pregnancy within 3 months of death)  
Carcinoma of Prostate 20 mos.

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W B Ross Maud

and Address Nampa, Ida (M. D. or other)

Date 11/12 1948

(For additional space, use reverse side)

051B

131A

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

be Ross

RECEIVED

1948

4116

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

## DEC 3 CERTIFICATE OF DEATH

DIVISION OF VITAL STATE OF IDAHO

Local Registrar's Duplicate  
Local Reg. No. 562  
Reg. Dist. No. 362

## STATISTICS

## 1. PLACE OF DEATH:

- (a) County banjo  
(b) City or town Nampa  
(c) Street Address or R. F. D. No. 1720 2nd St  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home—Hospital—Institution—Other place.  
(f) Name Hosp. or Inst. Mercy Stayed 8 days  
(g) Lived in this county 8 years 8 months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County banjo  
(c) City or town Nampa  
(d) Street Address or R. F. D. No. 1720 2nd St  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Mexico

## 3. (a) FULL NAME

Petra Flores

094A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex 7 5. Color or race 7 6. (a) Single, widowed, married, divorced 7

6. (b) Name of husband or wife Sept 6. (c) Age of husband or wife if alive 1896 years

7. Date of Birth (Month, Day, Year) Sept 1896

8. AGE	Years	Months	Days	If less than 1 day
<u>52</u>				hrs min.

9. Exact Occupation Housewife Did this work for 34 yrs.

10. Industry or house Date last Mexico

11. Birthplace (City or town) Mexico (State or foreign country) Mexico

- Business worked

12. Name Epifanio Duran

13. Birthplace Rincon (City or town) New Mex (State or foreign country)

14. Maiden name Mary

15. Birthplace New Mexico (City or town) (State or foreign country)

16. Informant's OWN Signature Tommy Galligan and Address 1720 2nd St Nampa

17. (a) Burial (b) Date thereof Nov 15 1948 (Month) (Day) (Year)

- (c) Place: Nampa

18. Funeral Director's OWN Signature Lyda Rodgers and Address Nampa

19. (a) Nov 27 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11-10, 19 48

- At 11:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 10-26-48, 19 48, to 11-10, 19 48

- I last saw h. 34 alive on 11-10, 19 48, death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death heart failure Duration

- Due to coronary atherosclerosis

- Due to

- Other conditions

- (Include pregnancy within 3 months of death)

- Where was disease contracted?

- Name of operation Date

- Major finding

- Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

- Occurred 11-10, 19 48 City, county, state where violence occurred

- Place of Violence: Home ☐ Farm ☐ Industry ☐

- Public Place ☐ While at work? ☐

- Means of injury

23. Attendant's OWN Signature Lyda Rodgers

- and Address Nampa (Date, if D. or other) 11-10, 19 48  
(For additional space use reverse side)

Dr. Frank

362



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

1948

4117

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

NOV 16 1948

# Certificate of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 562  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 615 Maple St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 9 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 615 Maple St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Basault, Idaho.

3. (a) FULL NAME JOSEPH ALLEN ESPLIN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Anna Mabel Esplin 6. (c) Age of husband or wife if alive 58 years

7. Date of Birth (Month, Day, Year) September 11, 1885.

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>2</u>	<u>0</u>	hrs. min.

9. Exact Occupation Ret. Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Orderville, Utah.  
(City or town) (State or foreign country)

Father { 12. Name John J. Esplin

13. Birthplace Nephi Utah.  
(City or town) (State or foreign country)

Mother { 14. Maiden name Lenora H. Allen

15. Birthplace Sanuquin Utah.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Anna M. Esplin  
and Address 615 Maple St., Nampa, Idaho.

17. (a) Nov 13, 1948 (b) Date thereof 11/15/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place Kohler Lawn Cem. Nampa, Idaho

18. Funeral Director's Robinson-Alsop Chapel  
OWN Signature John E. Alsop Jr.  
and Address Nampa, Idaho.

19. (a) Nov 15, 1948 (b) Lyla Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 11, 1948 19\_\_\_\_  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from on Nov 11, 1948 to \_\_\_\_\_ 19\_\_\_\_

I last saw was not seen about 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Probable Myocardial Failure from Duration \_\_\_\_\_

Due to Arteriosclerotic Ht Disease

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. Mangum MD

(M.D. or other) \_\_\_\_\_ and Address 11-12 Date 1948

(For additional space, use reverse side)

Nampa. 458

RECEIVED

NOV 22 1948

1948

4118

Federal Security Agency  
United States Public Health Service  
National Office of Vital StatisticsOFFICE OF VITAL  
STATISTICS

## Certificate of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 557  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
 (b) City or town Nampa  
 (c) Street Address or R.F.D. No. \_\_\_\_\_  
 (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
 (e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. Mercy Stayed 7 days  
 (g) Lived in this county 27 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
 (c) City or town Nampa  
 (d) Street Address or R.F.D. No. 524 16th Ave. So.  
 (e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 29½ years  
 (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL  
NAME

MRS. CINDA L. LITTLE

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

## 5. Color or

4. Sex fem. race white6. (a) Single, widowed, married,  
divorced widowed6. (b) Name of husband or wife  
Stanley Little6. (c) Age of husband or wife if  
alive deceased years

## 7. Date of Birth

(Month, Day, Year)

September 15, 1889

## 8. AGE

Years

Months

Days

If less than 1 day

59128

hrs.

min.

## 9. Exact

Occupation

Housewife

## Did this

work for

\_\_\_\_\_ yrs.

## 10. Industry or

Business

Home

## Date last

worked

## 11. Birthplace

Niangua, Mo.

(City or town)

(State or foreign country)

## 12. Name

Lee Maroney

## 13. Birthplace

Tenn.

(City or town)

(State or foreign country)

## 14. Maiden name

Susan Caffee

## 15. Birthplace

Tenn.

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Cinda L. Little

and Address

Nampa, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

(Month) (Day) (Year)

(c) Place

Kohlerlawn Cemetery

## 18. Funeral Director's

OWN Signature

Robinson-Alsop Chapel

and Address

Nampa, Idaho19. (a) Nov. 20 - 1948

(Date received and filed)

(b) Lyda Rodgers

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) November 13, 1948  
at 3:50 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Nov 7 1948, to Nov 13 1948  
I last saw him er alive on Nov 13 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Embolic - Rt. Ventricle

## Duration

30 min.

## Due to

Myocardial Infarction7 days

## Due to

E. Basal Obstruction

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation As above Date \_\_\_\_\_

## Major finding

Finding of autopsy —

## PHYSICIAN

Underline the

cause to which

death should

be charged

statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's

OWN Signature

W.B. Ross

(M. D. or other)

and Address

Nampa, IdaDate 11/17 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

W.B. Ross -

429

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

RECEIVED  
1948  
Date File No. 4119  
Local Reg. No. 555  
Dist. No. 368  
DIVISION OF VITAL STATISTICS

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 211 - 16th. Ave. So.  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital    Institution    Other place X  
(f) Name Hosp. or Inst. Nursing Home Stayed 7 days  
(g) Lived in this county 0 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 711 North 10th.  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME CECIL MALCOLM BARBITT

3. (b) If veteran, name war No 3. (c) Social Security No.     
5. Color or    6. (a) Single, widowed, married, divorced Married  
4. Sex M race W 6. (c) Age of husband or wife if alive    years  
(b) Name of husband or wife Nellie Babbitt

7. Date of Birth (Month, Day, Year) April 17, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>6</u>	<u>26</u>	hrs. min.

9. Exact Occupation Pharmacist Did this work for    yrs.  
10. Industry or Business    Date last worked

11. Birthplace Seymore Co., Iowa  
(City or town) (State or foreign country)

12. Name William C. Babbitt

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Rebecca Rockwell

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Mildred Bluebird  
and Address 814 Dearborn, Caldwell

17. (a) Removal (b) Date thereof 11-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cambridge, Nebraska

18. Funeral Director's OWN Signature McBratney Fowler  
and Address 419 North 9th, Boise, Idaho

19. (a) Nov. 16 - 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 13, 1948  
(Month, Day, Year) at 5:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from August 7, 1945 to July 22, 1948  
I last saw him alive on July 22, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Carcinoma of Prostate Since 1945  
Due to   

Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy   

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?   

Means of injury     
23. Attendant's OWN Signature Tab Jefferson MD  
and Address Boise Date NOV 15 1948  
(For additional space, use reverse side)

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# CERTIFICATE OF DEATH

STATE OF IDAHO

1948

4120

Local Registrar's Duplicate  
Local Reg. No. 383  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home—Hospital—Institution—Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mary Stayed 20 days  
(g) Lived in this county 29 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R. F. D. No. 127 - 2nd Blvd  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mrs. Kathryn A. Cook

093 D

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color M 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife W. H. Cook 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Oct 28th 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>1</u>	<u>17</u>	hrs min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.  
10. Industry or \_\_\_\_\_ Date last \_\_\_\_\_  
11. Birthplace Springbrook Iowa (City or town) (State or foreign country)  
Business \_\_\_\_\_ worked \_\_\_\_\_

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address By Dr. H. H. H. H.  
17. (a) Burial (b) Date thereof 11/17/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Cleveland Cemetery

18. Funeral Director's OWN Signature George H. H. H.  
and Address Hamper  
19. (a) Nov. 27 - 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

094 A

## 20. DATE OF DEATH

(Month, Day, Year) Nov. 14th, 1948  
At 10:28 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Generalized Anasarca Duration 3 mos

Due to Myocardial Fibrosis 5 mos

Due to Coronary Occlusion 6 mos

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Physician Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_, 19\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Dr. Saltzer MD  
(M. D. or other)

and Address Nampa Date Nov. 17, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 4121  
State File No. \_\_\_\_\_  
Local Reg. No. 556  
Reg. Dist. No. 362

RECEIVED  
NOV 20 1948

1. PLACE OF DEATH: (a) County <u>Canyon</u> (b) City or town <u>Nampa</u> (c) Street Address or R.F.D. No. <u>449 High St.</u> (d) Death Occurred Inside? <input checked="" type="checkbox"/> Outside? _____ city or town (e) Died in a Home <input checked="" type="checkbox"/> Hospital _____ Institution _____ Other place _____ (f) Name Hosp. or Inst. _____ Stayed _____ days (g) Lived in this county <u>23</u> years _____ months _____ days		2. Usual Residence of Deceased: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City or town <u>Nampa</u> (d) Street Address or R.F.D. No. <u>449 High St.</u> (e) Deceased lived Inside? <input checked="" type="checkbox"/> Outside? _____ city or town (f) Citizen of what country? <u>U.S.A.</u> (g) How long had deceased lived in Idaho? <u>30</u> years (h) Former residence (city, state) _____	
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Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME MR. CHARLES STEPHEN CONNER

3. (b) If veteran, name war none 3. (c) Social Security No. \_\_\_\_\_

5. Color or white 6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband Etha Conner 6. (c) Age of husband or wife if alive 54 years

7. Date of Birth March 15, 1886  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
<u>62</u>	<u>8</u>	<u>1</u>	<u>hrs.</u>	<u>min.</u>

9. Exact Occupation carman Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Pacific Fruit Ex. Date last worked June 1948  
Eustis, Nebraska

11. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

12. Name Simon Peter Conner

13. Birthplace Penn.  
(City or town) (State or foreign country)

14. Maiden name Lucy Wassem

15. Birthplace Penn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. C. S. Conner  
and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 11/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Canyon Hill Cemetery

18. Funeral Director Robinson-Alsip Chapel

OWN Signature John E. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) Nov. 19-1948 (b) Lyda Rodguez  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 16, 1948  
(Month, Day, Year) at 10:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 6-28 1948 to 11-5 1948  
I last saw h. im alive on 11-5 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

coronary heart disease

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature AB Halliday, M.D.  
(M.D. or other)

and Address Nampa, Idaho Date 11-17 1948  
(For additional space, use reverse side)

RECEIVED

4122

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# CERTIFICATE OF DEATH

Local Registrar's Duplicate  
Local Reg. No. 523  
Reg. Dist. No. 363

STATISTICS

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R. F. D. No. 611-6th Ave. So.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home—Hospital—Institution—Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 20 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R. F. D. No. 611-6th Ave. So.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Colorado

## 3. (a) FULL NAME

Mrs Jessie C. Creek

131A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive years

## 7. Date of Birth

(Month, Day, Year) Nov. 3rd 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>0</u>	<u>16</u>	hrs min.

9. Exact Occupation A & Home Did this work for years  
10. Industry or Date last

11. Birthplace (City or town) (State or foreign country)  
Business worked

12. Name Alex. Burnett  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name Jessie Morrison  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Family Records  
and Address Dr. H. H. Alden

17. (a) Burial (b) Date thereof 11/22/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Hamper Cemetery

18. Funeral Director's OWN Signature Legion H. Halper  
and Address Hamper Idaho

19. (a) Nov. 27-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

093D

## 20. DATE OF DEATH

(Month, Day, Year) Nov 19th, 1948  
At 11 o'clock 6 M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1948 to Nov 19, 1948  
I last saw him alive on Nov 19, 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Duration

Acute Dilatation heart

Due to arteriosclerosis

Due to hypertension

Other conditions chronic

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ✓ Date

Major finding

Finding of autopsy

Physician Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓  
Occurred ✓, 19 48 City, county, state where violence occurred ✓  
Place of Violence: Home ✓ Farm ✓ Industry ✓  
Public Place ✓ While at work? ✓  
Means of injury ✓

23. Attendant's OWN Signature H. P. Belknap

and Address Hamper Idaho Date 11/20/48  
(For additional space, use reverse side)

Dr. Grindon

012

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 3 1948

# Certificate of Death

STATE OF IDAHO

DEPARTMENT OF VITAL STATISTICS

State File No. 4123  
Local Reg. No. 566  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 212 14th Ave. So.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 36 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 212 14th Ave. So.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

MR. ELLIOTT JAMES VARNADOE

3. (b) If veteran, name war none

3. (c) Social Security No. 712-05-1680

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Eva Varnadoe

6. (c) Age of husband or wife if alive 66 years

7. Date of Birth (Month, Day, Year) December 27, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>10</u>	<u>21</u>	hrs. min.

9. Exact Occupation Retired Conductor Did this work for 50 yrs.

10. Industry or Business U.P. Railroad Date last worked Nov. 1941

11. Birthplace Estill, South Carolina (City or town) (State or foreign country)

12. Name James Varnadoe

13. Birthplace South Carolina (City or town) (State or foreign country)

14. Maiden name Katheryn

15. Birthplace South Carolina (City or town) (State or foreign country)

16. Informant's OWN Signature A. E. Varnadoe

and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 11/20/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Cemetery

18. Funeral Director's OWN Signature Robinson-Alsop Chapel

and Address Nampa, Idaho

19. (a) Nov 27 - 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 18, 1948  
at 2:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 1946 to 11/18/48  
I last saw him alive on 11/16 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion Duration 11/18/48

Due to Generalized Arteriosclerosis 5 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. Mangum

and Address Nampa, Idaho Date \_\_\_\_\_ 19 \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 3 1948

# Certificate of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

1948 State File No. 4124

Local Reg. No. 360

Reg. Dist. No. 369

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 1615 8th St. South  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. Mercy Stayed days  
(g) Lived in this county Life years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #3  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Cora Easter Fuller

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Gilbert H.

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) March 28-1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>7</u>	<u>24</u>	hrs. min.

9. Exact Occupation Housewife Did this work for hrs. yrs.

10. Industry or Business Marble Front, Canyon Co., Ida. Date last worked

11. Birthplace (City or town) (State or foreign country)

12. Name Louis F. Cook

13. Birthplace Green Co., Illinois (City or town) (State or foreign country)

14. Maiden name Ellen M. McIntire

15. Birthplace Meggs Co., Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Joe S. Fuller

and Address Caldwell, Idaho Rt. 3

17. (a) Burial (b) Date thereof 11-26-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Canyon Hill

18. Funeral Director's OWN Signature Peckham Baker Chapel

and Address Caldwell, Idaho

19. (a) Nov. 27-1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 22 19 48  
at 11:15 o'clock A. M.

21. I HEREBY CERTIFY That I attended deceased from 11:22 19 48 to 11:22 19 48

I last saw h. ex alive on 11-22-19-48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding.

Finding of autopsy.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Lyda Rodgers (M. D. or other)

and Address Caldwell, Idaho Date 11-23 19 48

(For additional space, use reverse side)



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4125

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

## DEC 3 CERTIFICATE OF DEATH

Local Registrar's Duplicate  
Local Reg. No. 829  
Reg. Dist. No. 362

## STATISTICS

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R. F. D. No. 5  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home—Hospital—Institution—Other place  
(f) Name Hosp. or Inst. Mary Stayed 1 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R. F. D. No. 519-62 Rd. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Ronald William Deins 160C

3. (b) If veteran, name war 3. (c) Social Security No.  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Nov. 22nd 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	hrs min.

9. Exact Occupation Did this work for years  
10. Industry or Date last worked  
11. Birthplace Nampa Idaho (City or town) (State or foreign country)  
Business worked

12. Name William Deins  
13. Birthplace Tamington Wyoming (City or town) (State or foreign country)  
14. Maiden name Clara Jean Torgard  
15. Birthplace Nampa Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address By St. Nampa  
17. (a) Removal (b) Date thereof 11/24/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Nampa Idaho

18. Funeral Director's OWN Signature George T. Halper  
and Address Nampa Idaho  
19. (a) Nov. 23 1948 (b) Lloyd Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 159X

20. DATE OF DEATH (Month, Day, Year) Nov. 23rd, 1948  
At 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1948, to Nov 23, 1948  
I last saw him alive on Nov 23, 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Placental Praevia 1 mo.

Due to Placental Praevia

Due to early labor

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation — Date —

Major finding —

Finding of autopsy —

Physician Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred —, 19 — City, county, state where violence occurred  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature R. Rodgers  
and Address Nampa (M. D. or other) Date 11-24, 1948  
(For additional space, use reverse side)

Rodwell

222

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CERTIFICATE OF DEATH

DEC 3 1948

STATE OF IDAHO

4126

Local Registrar's Duplicate  
Local Reg. No. 563  
Reg. Dist. No. 362

1. PLACE OF DEATH:

STATISTICS

- (a) County Canyon  
(b) City or town Hampton  
(c) Street Address or R. F. D. No. 806 - Fillmore  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home—Hospital—Institution—Other place.....  
(f) Name Hosp. or Inst. Markey Stayed 1 days  
(g) Lived in this county 2 years 1 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hampton  
(d) Street Address or R. F. D. No. 806 - Fillmore  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Oregon

3. (a) FULL NAME

Howard S. Harvey.

074A

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex M 5. Color of race A. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Helena 6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) Oct 1 - 1889

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>1</u>	<u>25</u>	hrs min.

9. Exact Occupation Accountant Did this work for 20 yrs.

10. Industry or Date last

11. Birthplace Buffalo Minnesota (City or town) (State or foreign country)

Business worked

12. Name Charles Harvey

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Theresa Lord

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hapitje Records

and Address St. H. Hapitje

17. (a) Removal (b) Date thereof 11/25/48 (Month) (Day) (Year)

(c) Place: Portland Oregon

18. Funeral Director's OWN Signature George H. Halper

and Address Hampton Idaho

19. (a) Nov. 27 - 1948 (b) Lida Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Nov. 26., 1948  
At 5 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov - 14, 1948, to Nov 26, 1948  
I last saw him alive on Nov 26, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary failure  
secondary to  
chronic syphilis

Due to chronic syphilis

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred....., 19..... City, county, state where violence occurred.

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?

Means of injury

23. Attendant's OWN Signature Dr. Finck

and Address Idaho (M. D. or other) Date 11 - 27, 1948

(For additional space, use reverse side)

Dr. Finck

362

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 16 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No.

4127

Local Reg. No.

568

Reg. Dist. No.

362

## 1. PLACE OF DEATH: STATISTICS

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 7 1/2 hrs. days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ 5 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 411 Wash. St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 months years  
(h) Former residence (city, state) Pollock, So. Dak.

## 3. (a) FULL NAME Thomas Byron Olmsted

## 3. (b) If veteran, name war None

## 3. (c) Social Security No.

5. Color or \_\_\_\_\_  
4. Sex Male race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Iva Marie Olmsted 6. (c) Age of husband or wife if alive 52 years

## 7. Date of Birth (Month, Day, Year) September 24, 1889.

8. AGE	Years	Months	Days	If less than 1 day
	59	2	4	hrs. min.

## 9. Exact Occupation Ret. Mechanic Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Carthage South Dakota (City or town) (State or foreign country)

## 12. Name John R Olmsted

## 13. Birthplace New York State (City or town) (State or foreign country)

## 14. Maiden name Sarah E Russell

## 15. Birthplace Illinois (City or town) (State or foreign country)

## 16. Informant's OWN Signature J. B. Olmsted

## and Address 811 N. Main St. Nampa

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/48 (Month) (Day) (Year)

## (c) Place Kohlerlawn Cemetery

## 18. Funeral Director Robinson-Alsop Chapel OWN Signature John J. Alsop, Jr.

## and Address Nampa, Idaho

## 19. (a) Dec 14 1948 (Date received and filed) (b) Lydia Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) November 28, 1948. at 12:30 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from Nov 27 1948 to Nov 28 1948. I last saw him alive on Nov 28 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Coronary occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Henry C. Wesch, M.D.

and Address Nampa, Idaho Date 11-29 1948 (For additional space, use reverse side)

RECEIVED CERTIFICATE OF DEATH

DEC 16 1948

STATE OF IDAHO

1948 4128  
Local Registrar's Duplicate  
Local Reg. No. 570  
Reg. Dist. No. 362

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County Canyon  
(b) City or town Hampa  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home—Hospital—Institution—Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Murray Stayed 20 days  
(g) Lived in this county \_\_\_\_\_ years 4 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Hampa  
(d) Street Address or R. F. D. No. 601-6th Rd No.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 4-20 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Judith Grace McDaniel

157E

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_
4. Sex F 5. Color or race H 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 24th 1948

8. AGE	Years	Months	Days	If less than 1 day
		<u>4</u>	<u>6</u>	hrs min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.
10. Industry or \_\_\_\_\_ Date last \_\_\_\_\_
11. Birthplace Hampa Idaho (City or town) (State or foreign country)
- Business \_\_\_\_\_ worked \_\_\_\_\_

12. Name Howard McDaniel
13. Birthplace Pinehurst N.C. (City or town) (State or foreign country)
14. Maiden name Mabel Grace Van Meter
15. Birthplace Oxford N.C. (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address By St. H. Walker
17. (a) Burial (b) Date thereof 12/2/48 (Month) (Day) (Year)  
(c) Place: Hampa Idaho

18. Funeral Director's OWN Signature George H. Walker  
and Address Hampa Idaho
19. (a) Dec. 10 - 1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

033A

20. DATE OF DEATH (Month, Day, Year) Nov. 30th, 1948  
At 7:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1948, to Nov 30, 1948  
I last saw her alive on Nov 25, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Enter pneumonia  
Due to thrombus in left  
atrial heart,  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

Physician Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_, 19\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. O. Belknap  
and Address Hampa Idaho (M. D. or other) \_\_\_\_\_ Date 12/1, 1948  
(For additional space, use reverse side)

H. O. Belknap

012

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 22 1948

DEPT. OF VITAL

STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 4129  
Local Reg. No. 50  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 406 N. Kimball  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital. Institution Other place  
(f) Name Hosp. or Inst. Simmons Stayed days  
(g) Lived in this county 16 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 921 Albany  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME

Daniel Albert Vinsonhaler

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. No

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Bertha

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) February 13-1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>7</u>	<u>4</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for  yrs.

10. Industry or Business worked Date last worked

11. Birthplace Lucas County, Iowa  
(City or town) (State or foreign country)

12. Name George W. Vinsonhaler

13. Birthplace Ohio  
(City or town) (State or foreign country)

14. Maiden name Margaret Bryan

15. Birthplace Not known  
(City or town) (State or foreign country)

16. Informant's OWN Signature Russell Vinsonhaler

and Address Antioch, California

17. (a) Burial (b) Date thereof 9-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Canyon Hill

18. Funeral Director's OWN Signature Rockham-Pekan Chapel

and Address Caldwell, Idaho

19. (a) 11-19-48 (b) Vera Lukaw  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) September 17 19 48  
at 10 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 1942 19 to Sept. 17, 1948  
I last saw him alive on Sept. 16, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction Duration 2 hrs

Due to Pericarditis

Due to Coronary Artery Disease

Other conditions None

(Include pregnancy within 3 months of death)

Where was disease contracted? None

Name of operation None Date None

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None

Occurred 19 City, county, state Idaho Canyon

where violence occurred None

Place of Violence: Home None Farm None Industry None

Public Place None While at work? None

Means of injury None

23. Attendant's OWN Signature M. J. Kelly

and Address Idaho (M. D. or other) Sept 21 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 22 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OFFICE OF VITAL  
STATISTICS

STATE OF IDAHO

1948  
State File No. 4130  
Local Reg. No. 45  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 1205. South Kimball  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital    Institution    Other place X  
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county    years    months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 8  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Billings, Mont.

## 3. (a) FULL NAME

FRANK RICKER JAMES.

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. 516-10-1434  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Fronie James 6. (c) Age of husband or wife if alive 55 years

7. Date of Birth (Month, Day, Year) April. 29. 1890.

8. AGE	Years	Months	Days	If less than 1 day
	<u>58.</u>	<u>6.</u>	<u>2.</u>	hrs. min.

9. Exact Occupation Equipment Salesman Did this 3 yrs.  
10. Industry or Business    Date last worked Nov. 1. 1948.

11. Birthplace Davenport, Iowa.  
(City or town) (State or foreign country)

12. Name Samuel James.  
13. Birthplace Iowa.  
(City or town) (State or foreign country)

14. Maiden name Belle Dodge.  
15. Birthplace Buffalo, Iowa.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Fronie James  
and Address RR # 8 - Boise, Ida.

17. (a) Burial. (b) Date thereof Nov. 4. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clay E. Dummer  
and Address Boise, Idaho.

19. (a) 11-16-48 (b) Vera Skahan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November. 1. 1948.  
at 2.45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 1  
1948 to Nov. 1, 1948.  
I last saw him alive on Nov. 1, 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration unknown  
Coronary sclerosis

Due to     
Due to     
Other conditions (Include pregnancy within 8 months of death)   

Where was disease contracted? Idaho  
Name of operation    Date     
Major finding     
Finding of autopsy   

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?   

Means of injury     
23. Attendant's OWN Signature E. K. Distler M.D.  
(M. D. or other)

and Address Box 8 - Caldwell, Idaho  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 16 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948

4131

State File No. ....

Local Reg. No. ....

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County CANYON  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. Memorial Stayed 5 days  
(g) Lived in this county..... 3 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. R.F.D. #2  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Betty Jane Ogren

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

None

## 5. Color or

4. Sex F race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive..... years

## 7. Date of Birth

(Month, Day, Year)

June 25, 1944

8. AGE	Years	Months	Days	If less than 1 day
	<u>4</u>	<u>4</u>	<u>11</u>	hrs. min.

9. Exact Occupation At Home Did this work for..... yrs.

10. Industry or Business..... Date last worked

11. Birthplace Busi, Idaho (City or town) (State or foreign country)

12. Name Martin L. Ogren

13. Birthplace Kirkville, Mo. (City or town) (State or foreign country)

14. Maiden name Virginia Sheffield

15. Birthplace Scranton, Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature M L Ogren

and Address Nampa, Ida. R.F.D. #1

17. (a) Burial (b) Date thereof 11-9-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Meridian, Ida

18. Funeral Director's OWN Signature D W Robison

and Address Meridian, Ida

19. (a) 11-11-48 (b) Vera Dekan (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Nov 6 1948  
at 10:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 3 1948 to Nov 6 1948

I last saw him alive on Nov 6 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

acute leukemia Duration about 1 year

Due to not known

Due to .....

Other conditions..... (Include pregnancy within 8 months of death)

Where was disease contracted? .....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

## 23. Attendant's

OWN Signature D W Robison (M. D. or other)

and Address Caldwell, Ida Date 11/8 1948

(For additional space, use reverse side).

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 16 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. **4132**

Local Reg. No. ....

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home ..... Hospital X Institution ..... Other place .....  
(f) Name Hosp. or Inst. Sanitarium Stayed ..... days  
(g) Lived in this county 37 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 615 Elgin St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Wisconsin

3. (a) FULL NAME John James Marsh

3. (b) If veteran, name war No 3. (c) Social Security No. ....

4. Sex M 5. Color or W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Jennie B. Marsh 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) June 24-1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>4</u>	<u>12</u>	hrs. min.

9. Exact Occupation Grain & Seed Buyer Did this work for ..... yrs.  
& Bookkeeper

10. Industry or Business Walnut, Bureau Co., Illinois Date last worked .....

11. Birthplace Walnut, Bureau Co., Illinois (City or town) (State or foreign country)

12. Name Albert Marsh (City or town) (State or foreign country)

13. Birthplace Pennsylvania (City or town) (State or foreign country)

14. Maiden name Sarah Storm (City or town) (State or foreign country)

15. Birthplace New York state (City or town) (State or foreign country)

16. Informant's OWN Signature Jennie B. Marsh and Address 615 Elgin St., Caldwell

17. (a) Burial (b) Date thereof 11-9-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Canyon Hill

18. Funeral Director's OWN Signature Peckham Dakan Chapin and Address Caldwell, Idaho

19. (a) 11-11-48 (b) Vera Dakan (Date received and filed) (Register's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 6 19 48

at 3:00 a.m. o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1947 to Nov. 6 19 48

I last saw h. M alive on Nov. 5 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hemorrhage from esophageal varix Duration 80 hours

Due to Hypertensive Heart Disease 10 years

Due to ..... 2 years

Other conditions Carcinoma of Prostate (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding ..... Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state where violence occurred.

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury ..... Attendant's OWN Signature John Marsh

and Address Caldwell Date Nov 9 19 48 (For additional space, use reverse side)

457



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 16 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **4133**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF DEATH:</b> (a) County <u>Canyon</u> (b) City or town <u>Caldwell</u> (c) Street Address or R.F.D. No. .... (d) Death Occurred Inside? <u>X</u> Outside? ..... city or town (e) Died in a Home..... Hospital <u>X</u> Institution..... Other place..... (f) Name Hosp. or Inst. <u>Memorial Park</u> ..... days (g) Lived in this county <u>37</u> years..... months..... days		<b>2. Usual Residence of Deceased:</b> (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City or town <u>Caldwell</u> (d) Street Address or R.F.D. No. <u>909 Everett St.</u> (e) Deceased lived Inside? <u>X</u> Outside? ..... city or town (f) Citizen of what country? <u>U.S.A.</u> (g) How long had deceased lived in Idaho? <u>37</u> years (h) Former residence (city, state) <u>Iowa</u>	
---	--	---	--

<b>3. (a) FULL NAME</b> <u>Clare J. Baker</u>									
<b>3. (b) If veteran, name war</b> <u>NO</u>	<b>3. (c) Social Security No.</b> .....								
<b>4. Sex</b> <u>F</u> <b>5. Color or race</b> <u>W</u>	<b>6. (a) Single, widowed, married, divorced</b> <u>M</u>								
<b>6. (b) Name of husband or wife</b> <u>S.P. Baker</u> <b>6. (c) Age of husband or wife if alive</b> ..... years									
<b>7. Date of Birth</b> (Month, Day, Year) <u>August 2-1873</u>									
<b>8. AGE</b>	<table border="1"><tr><td>Years</td><td>Months</td><td>Days</td><td>If less than 1 day</td></tr><tr><td><u>75</u></td><td><u>3</u></td><td><u>5</u></td><td>hrs. min.</td></tr></table>	Years	Months	Days	If less than 1 day	<u>75</u>	<u>3</u>	<u>5</u>	hrs. min.
Years	Months	Days	If less than 1 day						
<u>75</u>	<u>3</u>	<u>5</u>	hrs. min.						

<b>9. Exact Occupation</b> <u>School Teacher</u>	<b>Did this work for</b> ..... yrs.
<b>10. Industry or Business</b> .....	<b>Date last worked</b> .....
<b>11. Birthplace</b> <u>Sack County, Iowa</u> (City or town) (State or foreign country)	
<b>12. Name</b> <u>Harvy R. Jackson</u>	
<b>13. Birthplace</b> <u>Greenville, Kentucky</u> (City or town) (State or foreign country)	
<b>14. Maiden name</b> <u>Mary Johnston</u>	
<b>15. Birthplace</b> <u>Ontario, Canada</u> (City or town) (State or foreign country)	
<b>16. Informant's OWN Signature</b> <u>S. P. Baker</u> <b>and Address</b> <u>909 Everett St., Caldwell</u>	
<b>17. (a) Burial</b> (Burial, cremation, or removal) <u>Canyon Hill</u> <b>(b) Date thereof</b> <u>11-10-48</u> (Month) (Day) (Year)	
<b>18. Funeral Director's OWN Signature</b> <u>Edmund J. Beckham</u> <b>and Address</b> <u>Caldwell, Idaho</u>	
<b>19. (a) 11-11-48</b> (Date received and filed) <b>(b) [Signature]</b> (Registrar's signature)	

<b>20. DATE OF DEATH</b> (Month, Day, Year) <u>November 7</u> 19 <u>48</u> at <u>3</u> o'clock <u>A</u> M.	
<b>21. I HEREBY CERTIFY</b> , That I attended deceased from <u>last</u> 19 <u>48</u> to <u>Nov 7</u> 19 <u>48</u> . I last saw h <u>in</u> alive on <u>Nov 7</u> 19 <u>48</u> . death is said to have occurred on the date and hour stated above.	
<b>Immediate Cause of Death:</b> <u>Cerebral Thrombophagy</u> Due to <u>Hypertension</u> Due to ..... Other conditions..... (Include pregnancy within 3 months of death)	<b>Duration</b> <u>10 wks</u> <u>5 yrs</u> <u>about</u>
<b>Where was disease contracted?</b> ..... <b>Name of operation</b> ..... <b>Date</b> ..... <b>Major finding</b> ..... <b>Finding of autopsy</b> .....	
<b>22. If death was due to EXTERNAL CAUSES</b> , also fill in the following: <b>Accident?</b> ..... <b>Suicide?</b> ..... <b>Homicide?</b> ..... <b>Occurred</b> ..... 19 ..... <b>City, county, state</b> ..... <b>where violence occurred</b> ..... <b>Place of Violence:</b> Home ..... Farm ..... Industry ..... <b>Public Place</b> ..... <b>While at work?</b> ..... <b>Means of injury</b> ..... <b>23. Attendant's OWN Signature</b> <u>Edmund J. Beckham</u> (M. D. or other) <b>and Address</b> <u>Caldwell, Idaho</u> <b>Date</b> <u>11/11/48</u> (For additional space, use reverse side)	

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED NOV 22 1948  
NON-RESIDENT  
Certificate of Death  
STATE OF IDAHO

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

State File No. 4134  
Local Reg. No. 46  
Reg. Dist. No. 360

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. Sanitarium Stayed days  
(g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Malheur  
(c) City or town Jordan Valley  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Oregon 15 years  
(h) Former residence (city, state)

3. (a) FULL NAME

Aroet Alma Hale

3. (b) If veteran, name war

No

3. (c) Social Security No.

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Florence Beinap

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) October 29-1881

8. AGE	Years	Months	Days	If less than 1 day
	67	0	8	hrs. min.

9. Exact Occupation Ranch Foreman Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Thatcher, Idaho (City or town) (State or foreign country)

12. Name Solomon H. Hale (City or town) (State or foreign country)

13. Birthplace Quincy, Illinois (City or town) (State or foreign country)

14. Maiden name Anna Clark (City or town) (State or foreign country)

15. Birthplace Clark Co., Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature and Address 241 E. 5th Temple, Salt Lake City, Utah

17. (a) Removal (b) Date thereof 11-8-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Dayton, Idaho

18. Funeral Director's OWN Signature Beckham-Daken Chapel

and Address Caldwell, Idaho

19. (a) 11-16-48 (b) Vera (Daken) (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 7 1948  
at 10:50 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1948 to Nov. 7 1948  
I last saw him alive on Nov. 7 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Apoplexy

Duration 48 hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

Attendant's OWN Signature

Caldwell (M. D. or other)

and Address Caldwell Date Nov 10 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 30 1948

STATE OF IDAHO  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4135  
Local Reg. No. 53  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 315 Blaine St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 315 Blaine St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Blackfoot, Ida.

## 3. (a) FULL NAME Rosa May Glenn

3. (b) If veteran, name war No 3. (c) Social Security No. No  
4. Sex F 5. Color or W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Fred Paris Glenn 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 5-1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>7</u>	<u>7</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Hale, Kansas  
(City or town) (State or foreign country)

12. Name Jacob G. Teney

13. Birthplace Illinois  
(City or town) (State or foreign country)

14. Maiden name Rachael Lang

15. Birthplace Scotland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Harold T. Lind  
and Address 301 Cleveland, Caldwell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-48  
(Month) (Day) (Year)

(c) Place Canyon Hill

18. Funeral Director's OWN Signature Beckham  
and Address Caldwell, Idaho

19. (a) 11-28-48 (b) Vera Dakan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 12 19 48  
at 4:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from January 1 19 48 to November 12 19 48  
I last saw him/her alive on November 12 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive heart failure with hypertension & senility Duration two yr.  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
Attendant's OWN Signature Carl Warner M.D.  
and Address Caldwell (M. D. or other) Date Nov 15 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 22 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4136  
Local Reg. No. 47  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sanitarium Stayed \_\_\_\_\_ days  
(g) Lived in this county 39 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Owyhee  
(c) City or town Marsing  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

Mary Rogers Amesbury

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Harry A.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 5-1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>5</u>	<u>9</u>	hrs. min.

9. Exact Occupation Housekeeping Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Cedar Falls, Iowa (City or town) (State or foreign country)

Father { 12. Name Samuel Rogers

13. Birthplace England (City or town) (State or foreign country)

Mother { 14. Maiden name Hannah Parker

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Miss J. Edwards and Address Marsing, Idaho

17. (a) Burial (b) Date thereof 11-17-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Canyon Hill

18. Funeral Director's OWN Signature W. J. Parker and Address Caldwell, Idaho

19. (a) 11-16-48 (b) Vera Parker (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 14 19 48  
(Month, Day, Year) \_\_\_\_\_ at \_\_\_\_\_ o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from many years 19 to Nov 14 19 48;  
I last saw him alive on Nov 13 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Paralysis Duration many years  
agitation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Canyon Co.

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. J. Parker

and Address Caldwell, Idaho Date 11/16 19 48

(For additional space, use reverse side)

042

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 7 1948

DEPARTMENT OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4137

Local Reg. No. 57

Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 409 No. Kimball  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home? X Hospital    Institution    Other place     
(f) Name Hosp. or Inst. Pennington Stayed    days  
(g) Lived in this county 10 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME Margaret Jane Tunison

3. (b) If veteran, name war No 3. (c) Social Security No. No  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Garret Monroe Tunison 6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) July 7-1853

8. AGE	Years	Months	Days	If less than 1 day
	<u>95</u>	<u>4</u>	<u>9</u>	hrs. min.

9. Exact Occupation Housewife Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Prairie du Chien, Wisconsin (City or town) (State or foreign country)  
12. Name David Wion  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Nancy Seawright  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Ora Hirshey  
and Address Parma, Idaho Rt. 1

17. (a) Burial (b) Date thereof 11-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Canyon Hill  
18. Funeral Director's OWN Signature V. Beckham  
and Address Caldwell, Idaho

19. (a) 12-4-48 (b) Vera Decker  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 16- 19 48  
(Month, Day, Year) at 1:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 20 June 19 46 to 24 Sept 19 48  
I last saw him alive on 24 Sept 19 48  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

arterio-sclerotic heart disease Duration 2 yrs

Due to arterio-sclerotic Duration 10 yrs

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature W. B. Bradford

and Address Caldwell (M. D. or other) Date 29 Nov 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948

State File No. 4138

Local Reg. No. 51

Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sanitarium Stayed \_\_\_\_\_ days  
(g) Lived in this county 33 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #4  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

Ada Babe Cook

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles F.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 7. 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>5</u>	<u>9</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace David City, Nebraska (City or town) (State or foreign country)

12. Name Elver L. Heath (City or town) (State or foreign country)

13. Birthplace Monmouth, Iowa (City or town) (State or foreign country)

14. Maiden name Ella K. Bailey (City or town) (State or foreign country)

15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Thas F. Lewis and Address Caldwell, Idaho 834

17. (a) Burial (b) Date thereof 11-19-48 (Month) (Day) (Year)

(c) Place Canyon Hill

18. Funeral Director's OWN Signature Beckham-Pekan Chapter and Address Caldwell, Idaho

19. (a) 11-19-48 (Date received and filed) (b) Vera Bakew (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 16 19 48  
(Month, Day, Year)

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 48 to \_\_\_\_\_ 19 48  
I last saw her alive on \_\_\_\_\_ 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Paralysis of heart  
Due to hypertension  
Due to arteriosclerosis  
Other conditions hypertension  
(Include pregnancy within 3 months)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Vera Bakew (M. D. or other)

and Address \_\_\_\_\_ Date Nov 17 1948  
(For additional space, use reverse side)

083D

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 30 1948

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4139  
Local Reg. No. 52  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Calderwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sanitarium Stayed 5 hrs days  
(g) Lived in this county 7 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Modern Hotel  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? Spain  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME MR. GREGARIO BILBAO

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or \_\_\_\_\_  
4. Sex male race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 17, 1910

8. AGE	Years	Months	Days	If less than 1 day
	<u>38</u>	<u>8</u>	<u>0</u>	hrs. min.

9. Exact Occupation Sheep Herder Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Sheep Industry Date last worked Nov. 17, 48  
11. Birthplace Spain (City or town) (State or foreign country)

12. Name Vincent Bilbao  
13. Birthplace Spain (City or town) (State or foreign country)  
14. Maiden name Gregoria Hinchanski  
15. Birthplace Spain (City or town) (State or foreign country)

16. Informant's OWN Signature John Rega  
and Address Laramie, Wyoming

17. (a) Burial (b) Date thereof 11/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Mt. Calvary Cemetery

18. Funeral Director's OWN Signature John Robinson-Alsop  
and Address Nampa, Idaho

19. (a) 11-22-48 (b) Dora Decker  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 17, 1948  
at 9:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 4:30 P.M.  
Nov. 17 1948 to 7:30 P.M. Nov. 17, 1948  
I last saw him alive on Nov. 17 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Laceration of Brain  
Skull Fracture Duration 5 1/2 hours  
5 1/2 hours

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 4:00 P.M. Nov. 17 1948 City, county, state

where violence occurred Canyon County

Place of Violence: Home \_\_\_\_\_ Farm Yes Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? Yes

Means of injury Run from wagon when team ran

23. Attendant's OWN Signature John Robinson-Alsop

(M. D. or other)

and Address Nampa Date 11/19/48

(For additional space, use reverse side)

CERTIFICATE OF DEATH  
STATE OF IDAHO

Local Registrar's Duplicate  
Local Reg. No. 172  
Reg. Dist. No. 363

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R. F. D. No. 1  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home—Hospital—Institution—Other place  
(f) Name Hosp. or Inst. Stayed 27 days  
(g) Lived in this county years months 2.1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME

James E. Yockey

3. (b) If veteran, name war

3. (c) Social Security No. 476-5-4255

4. Sex M 5. Color of race N 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Mamie M. 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Feb. 1, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>9</u>	<u>3</u>	hrs min.

9. Exact Occupation Carpenter Did this work for years

10. Industry or Modale Ind Date last

11. Birthplace (City or town) (State or foreign country)

- Business Mahler Yockey

12. Name Mahler Yockey

13. Birthplace (City or town) (State or foreign country)

14. Maiden name Sarah Ellen Ashcraft

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature H. P. Belbnap

17. (a) Removal (b) Date thereof Nov. 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Funeral Home

18. Funeral Director's OWN Signature Lyda Rodgers

19. (a) Nov. 4, 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R. F. D. No. R. 1  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 2 1/2 years  
(h) Former residence (city, state) Buffalo, N.Y.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 3, 1948  
At 6:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1948 to Nov. 3, 1948  
I last saw him alive on Nov. 2, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute dilatation of heart Duration

Due to myocarditis & atherosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation None Date

Major finding

Finding of autopsy

Physician Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred Nov. 3, 1948 City, county, state

where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature H. P. Belbnap

and Address Nampa Date Nov. 3, 1948  
(For additional space, use reverse side)

Mother Father

H. P. Belbnap



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL  
STATISTICS

RECEIVED  
NOV 22 1948  
Certificate Of Death  
STATE OF IDAHO

State File No. 4141  
Local Reg. No. 48  
Reg. Dist. No. 360

1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. Route #1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Boise, Idaho

3. (a) FULL  
NAME

Ida Bell Grimmatt

3. (b) If veteran, name war No 3. (c) Social Security No. No  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S  
6. (b) Name of husband or wife alive years  
7. Date of Birth (Month, Day, Year) April 1-1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>7</u>	<u>2</u>	hrs min.

9. Exact Occupation House work Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Miles City, Montana  
(City or town) (State or foreign country)

12. Name James H. Grimmatt  
13. Birthplace Tennessee  
(City or town) (State or foreign country)  
14. Maiden name Isabel Morgan  
15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature J.H. Grimmatt  
and Address 703 Dearborn St.

17. (a) Burial (b) Date thereof 11-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Canyon Hill  
Peckham Oskan Chapel

18. Funeral Director's OWN Signature Peckham Oskan  
and Address Caldwell

19. 11-16-48 (b) Vera Oskan  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 3 19 48  
(Month, Day, Year) at 9:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 1948, to Nov 1948  
I last saw her alive on Oct 23 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cancer of Uterus  
Due to        Duration 1 1/2 yrs.

Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?         
Name of operation        Date         
Major finding         
Finding of autopsy         
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

Attendant's OWN Signature Dr. J. M. Poppe (M.D. or other)  
and Address Boise, Idaho Date 11-15-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 16 1948

# Certificate of Death

STATE OF IDAHO

State File No. **4142**  
Local Reg. No. **551**  
Reg. Dist. No. **363**

DIVISION OF VITAL

STATISTICS

1. PLACE OF DEATH:
- (a) County **Canyon**
  - (b) City or town **Nampa**
  - (c) Street Address or R.F.D. No. **Route 5**
  - (d) Death Occurred Inside? ☐ Outside? ☒ city or town
  - (e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐
  - (f) Name Hosp. or Inst. **Home** Stayed ☐ days
  - (g) Lived in this county **9** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho**
  - (b) County **Canyon**
  - (c) City or town **Nampa**
  - (d) Street Address or R.F.D. No. **Route 5**
  - (e) Deceased lived Inside? ☐ Outside? ☒ city or town
  - (f) Citizen of what country? **U.S.A.**
  - (g) How long had deceased lived in Idaho? **9** years
  - (h) Former residence (city, state) ☐

3. (a) FULL NAME **ALMA GRACE MAY**

3. (b) If veteran, name war ☐ 3. (c) Social Security No. ☐
4. Sex **Female** Color or race **White**
5. (b) Name of husband or wife **F.S. May**
6. (a) Single, widowed, married, divorced **Married**
6. (c) Age of husband or wife if alive **56** years

7. Date of Birth (Month, Day, Year) **March 16, 1892.**

8. AGE	Years	Months	Days	If less than 1 day
	<b>56</b>	<b>7</b>	<b>24</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for ☐ yrs.
10. Industry or Business ☐ Date last worked ☐
11. Birthplace **Cawood Missouri.** (City or town) (State or foreign country)
12. Name **Samuel Jackson**
13. Birthplace **Guilford Missouri** (City or town) (State or foreign country)
14. Maiden name **Sarah Annie Wilson**
15. Birthplace **Guilford Missouri** (City or town) (State or foreign country)

16. Informant's OWN Signature **F.S. May**  
and Address **Rt. 5, Nampa, Idaho.**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **11/15/48** (Month) (Day) (Year)  
(c) Place **Cloverdale Cemetery**

18. Funeral Director's OWN Signature **Robinson Alsip Chapel**  
and Address **Nampa, Idaho**

19. (a) **Nov 15 - 1948** (Date received and filed) (b) **Lyda Rodgers** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **November 10, 1948**  
at **8:45** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **6-7-47** to **11-10-1948**  
I last saw him **or** alive on **11-10-** 19**48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**nephritis  
myocarditis**

Duration

Due to ☐

Due to ☐

Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? ☐ Suicide? ☐ Homicide? ☐
- Occurred ☐ 19 ☐ City, county, state where violence occurred ☐
- Place of Violence: Home ☐ Farm ☐ Industry ☐
- Public Place ☐ While at work? ☐
- Means of injury ☐

23. Attendant's OWN Signature **Samuel D. Wayne, M.D.** (M.D. or other)  
and Address **Nampa** Date **11-12-1948**  
(For additional space, use reverse side)

Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 22 1948

# Certificate of Death

DEPARTMENT OF VITAL STATISTICS

STATE OF IDAHO

1948 State File No. 4143

Local Reg. No. 49

Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell (Cozy Basin)  
(c) Street Address or R.F.D. No. Route #4  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 5 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell (Cozy Basin)  
(d) Street Address or R.F.D. No. Route #4  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Oklahoma

## 3. (a) FULL NAME

Francis Marion Coffelt

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

No

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Maude

6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) March 1-1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>8</u>	<u>14</u>	hrs. min.

9. Exact Occupation Farming Did this work for    yrs.

10. Industry or Business    Date last worked   

11. Birthplace Iowa (City or town) (State or foreign country)

12. Name John Coffelt

13. Birthplace Iowa (City or town) (State or foreign country)

14. Maiden name Delila Womack

15. Birthplace    (City or town) (State or foreign country)

16. Informant's OWN Signature Francis Marion Coffelt  
and Address Caldwell, Idaho Rt. 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-48  
(Month) (Day) (Year)

(c) Place Knowlton Heights Cemetery

18. Funeral Director's OWN Signature Beckham  
and Address Caldwell, Idaho

19. (a) 11-16-48 (Date received and filed) (b) Vera Dahan (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 15 19 48  
at 12:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from    19    to    19   

I last saw h.    alive on    19    ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: No physician in attendance due to religious beliefs. Duration   

Due to   

Due to Severe condition

Other conditions natural causes

(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Vera Dahan (M. D. or other) Registrar  
and Address Caldwell, Ida Date 11-16 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **4144**  
Local Reg. No. **554**  
Reg. Dist. No. **363**

NOV 20 1948

DIVISION OF VITAL  
STATISTICS

## 1. PLACE OF DEATH:

- (a) County **Canyon**  
(b) City or town **Nampa**  
(c) Street Address or R.F.D. No. **R F D**  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☒ Other place ☐  
(f) Name Hosp. or Inst. **St. Sch & Colony** days **16**  
(g) Lived in this county ☐ years ☐ months **16** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Minidoka**  
(c) City or town **Rupert, Idaho**  
(d) Street Address or R.F.D. No. ☐  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? **U S A**  
(g) How long had deceased lived in Idaho? **Life** years  
(h) Former residence (city, state) **Rupert, Idaho**

## 3. (a) FULL NAME **ETTA LEE PILAND**

3. (b) If veteran, name war ☐ 3. (c) Social Security No. ☐  
5. Color or race **Wh**  
4. Sex **Female**  
6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth **Nov 28 1946**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>1</b>	<b>11</b>	<b>18</b>	hrs. min.

9. Exact Occupation ☐ Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐

11. Birthplace **Rupert, Idaho**  
(City or town) (State or foreign country)

12. Name **Marion C Piland**

13. Birthplace **Haskell, Texas**  
(City or town) (State or foreign country)

14. Maiden name **Freida Mapes**

15. Birthplace **Haskell, Texas**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Pearl A. Hickert** Secy  
and Address **St School & Colony**

17. (a) **Personal** (b) Date thereof **11/15/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Rupert, Idaho**

18. Funeral Director's OWN Signature **George H. Walker**  
and Address **Nampa, Idaho**

19. (a) **Nov. 15 1948** (b) **Lyla Rodgers**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **November 15th 1948**  
(Month, Day, Year) at **1:00** o'clock **PM**

21. I HEREBY CERTIFY, That I attended deceased from **October 31 1948** to **Nov 15 1948**  
I last saw her alive on **Nov 15th 1948**  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**An Idiot-Epileptic Broncho Pneumonia, temperature 107**  
Due to **Deficient development of bulbar and cervical cord - flaccid neck - with affected deglutition**  
Other conditions **Died in severe epileptic convulsion.**  
(Include pregnancy within 3 months of death)

Duration **3 days**

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred ☐  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature **H. W. Wentworth M.D.**  
(M. D. or other)  
and Address **St Sch & Colony** Date **Nov 15 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 3 1948

# Certificate of Death

STATE OF IDAHO

State File No. 4145

Local Reg. No. 668

Reg. Dist. No. 363

## DIVISION OF VITAL STATISTICS

### 1. PLACE OF DEATH:

STATISTICS

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Route #4  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 5 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #4  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state)

### 3. (a) FULL NAME

MR. KARL C. STEWART

### 3. (b) If veteran, name war

none

### 3. (c) Social Security No.

530-05-4813

### 5. Color or

Sex male race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband Lavern

6. (c) Age of husband or wife if alive 52 years

### 7. Date of Birth

(Month, Day, Year) October 14, 1895

### 8. AGE

Years

Months

Days

If less than 1 day

53

1

6

hrs. min.

### 9. Exact Occupation

Farmer

Did this work for

yrs.

### 10. Industry or Business

Farming

Date last worked

### 11. Birthplace

Fredonia, Arizona

(City or town)

(State or foreign country)

### 12. Name

David B. Stewart

### 13. Birthplace

Utah

(City or town)

(State or foreign country)

### 14. Maiden name

Lois Crosby

### 15. Birthplace

Utah

(City or town)

(State or foreign country)

### 16. Informant's

OWN Signature

and Address

Karl J. Stewart  
Box 4 Nampa Idaho

### 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 11/23/48

(Month) (Day) (Year)

(c) Place

Cloverdale Cemetery

### 18. Funeral Director's

OWN Signature

and Address

Robinson-Alsip Chapel  
John J. Alsip  
Nampa, Idaho

### 19. (a)

Nov. 20-19

(Date received and filed)

(b) Lyda Rodgers

(Registrar's signature)

### MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) November 20, 19 48  
at 11:00 o'clock A. M.

### 21. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on 19

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bled to death.

Right arm severed at shoulder  
Left arm mangled - being  
caught in rollers of Corn Picking Machine  
Due to cleaning clogged rollers

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy None.

PHYSICIAN Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Yes Suicide? Yes Homicide? Yes

Occurred Nov. 20 19 48 City, county, state

where violence occurred 4 1/2 miles S. of Nampa

Place of Violence: Home Yes Farm Yes Industry Yes

Public Place Yes While at work? Yes

Means of injury alone stated

### 23. Attendant's

OWN Signature Wm. D. Talley

and Address Nampa Idaho Date Nov 23 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 3 1948

# Certificate of Death

STATE OF IDAHO

State File No. 4146  
Local Reg. No. 567  
Reg. Dist. No. 363

1. PLACE OF DEATH: STATISTICS  
(a) County Canyon  
(b) City or town Melba  
(c) Street Address or R.F.D. No. Star Route  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 28 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Melba  
(d) Street Address or R.F.D. No. Star Route  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state)

3. (a) FULL NAME MRS. OLLIE S. McCROSKY

3. (b) If veteran, name war NONE 3. (c) Social Security No. none

5. Color or 6. (a) Single, widowed, married, divorced married  
4. Sex fem. race white  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 73 years  
Homer F. McCrosky

7. Date of Birth (Month, Day, Year) August 10, 1869

8. AGE	Years	Months	Days	If less than 1 day
79	3	13	hrs.	min.

9. Exact Occupation Housewife Did this work for yrs.

10. Industry or Business Home Date last worked

11. Birthplace Hardin County, Ohio (City or town) (State or foreign country)

12. Name William H. Jones

13. Birthplace Ohio (City or town) (State or foreign country)

14. Maiden name Saffronia Robey

15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Homer F. McCrosky and Address Melba, Idaho

17. (a) Burial (b) Date thereof 11/27/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Melba Cemetery

18. Funeral Director's OWN Signature Robinson-Alsip Chapel and Address Nampa, Idaho

19. (a) Nov. 27 - 1948 (b) Lydia Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 23, 1948 at 6:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 3-17-1948 to 11-23-1948 I last saw h. or alive on 11-21-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death

Cerebral hemorrhage

Due to Chronic Nephritis

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Samuel R. Wayne, M.D. and Address Nampa, Idaho Date 11-24-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DEC 7 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4147

Local Reg. No. 55

Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Middleton  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 42 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Middleton  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Illinois

3. (a) FULL NAME Jeanette Annie Ramsey

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife F.E. Ramsey  
(Everett)

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) September 7-1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>2</u>	<u>21</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace McLeansboro, Illinois  
(City or town) (State or foreign country)

12. Name James Johnson

13. Birthplace Illinois  
(City or town) (State or foreign country)

14. Maiden name Polley Braden

15. Birthplace Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature J.E. Ramsey  
and Address Middleton, Idaho

17. (a) Burial (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 12-1-48  
(Month) (Day) (Year)

(c) Place Kohlerlawn, Nampa, Idaho

18. Funeral Director's OWN Signature W. A. Caldwell  
and Address Caldwell, Idaho

19. (a) 12-4-48 (b) W. A. Caldwell  
(Date received and filed) (Registrar's Signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 28 1948  
at 3:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 21 1947 to Nov 28 1948

I last saw her alive on Nov 27 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Failure Duration \_\_\_\_\_

Due to Cardiac decompensation

Due to Serum

Other conditions (Include pregnancy within 8 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Derry C. Wesch MD  
(M. D. or other)

and Address Nampa, Idaho Date Dec 1 1948  
(For additional space, use reverse side)

RECEIVED **Certificate Of Death**

DEC 11 1948

STATE OF IDAHO

State File No. **4148**  
Local Reg. No. **102**  
Reg. Dist. No. **520-621**

1. PLACE OF DEATH:

**STATISTICS**

- (a) County **CARLETON**  
(b) City or town **SODA SPRINGS, IDAHO**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Inst. **CARLETON CO** Stayed **12** days  
(g) Lived in this county **50** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **CARLETON**  
(c) City or town **SODA SPRINGS, IDAHO**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **53** years  
(h) Former residence (city, state) **CHESTERFIELD, IDAHO**

3. (a) FULL NAME

**ISAAC ROYAL BOWLER**

3. (b) If veteran,

name war **no**

3. (c) Social Security

No. **no**

5. Color or 6. (a) Single, widowed, married,  
Sex **MALE** race **W** divorced **MARRIED**

6. (b) Name of husband or wife **LENNA BOWLER** 6. (c) Age of husband or wife if  
alive **30** years

7. Date of Birth  
(Month, Day, Year) **FEBY. 23, 1895**

8. AGE	Years	Months	Days	If less than 1 day
	<b>53</b>	<b>9</b>	<b>9</b>	hrs min.

9. Exact Occupation **FARMER** Did this work for **40** yrs.

10. Industry or Business **FARMING** Date last worked **NOV. 15, 1948**

11. Birthplace **WHITNEY, IDAHO.**  
(City or town) (State or foreign country)

12. Name **ISAAC BOWLER**

13. Birthplace **ENGLAND**  
(City or town) (State or foreign country)

14. Maiden name **CLARINDA CUTLER**

15. Birthplace **SALT LAKE CITY, UTAH.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Lenna Bowler**  
and Address **CHESTERFIELD, IDAHO.**

17. (a) **BURIAL** (b) Date thereof **12/8/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **TURNER, IDAHO**

18. Funeral Director's OWN Signature **E. J. Hutman**  
and Address **SODA SPRINGS, IDAHO.**

19. (a) (Date received and filed) (b) **Eachus M. Whitman**  
(Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH  
(Month, Day, Year) **4 December 1948**  
at **3:38** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from  
**Nov 14** 1948, to **4 Dec** 1948  
I last saw him alive on **4 Dec** 1948, death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cornary Occlusion** Duration **19 days**

Due to

Due to

- Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred **19** City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **Allen H. Tigue, MD**  
(M. D. or other)

and Address **Soda Springs, IDAHO** Date **6 Dec 1948**  
(For additional space, use reverse side)

**Idaho**

**545**

Informant, Funeral Director, Registrar and Medical Attendant, if not sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers known only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. See 38-206 and 215. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

NOV 9 1948

# Certificate Of Death

STATE OF IDAHO

STATISTICS

State File No. 1149  
Local Reg. No. 114  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Invalid Stayed 1 days  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Minnesota

## 3. (a) FULL NAME

David A. Rudolph

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Oct 19 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>-</u>	<u>14</u>	hrs min.

9. Exact Occupation Laborer Did this work for 45 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 1942

11. Birthplace Minnesota, Ida (City or town) (State or foreign country)

12. Name John Rudolph (City or town) (State or foreign country)

13. Birthplace Penn. (City or town) (State or foreign country)

14. Maiden name Mary Rynhley (City or town) (State or foreign country)

15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature E. W. Rudolph

- and Address Burley

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

- (c) Place: Burley

18. Funeral Director's OWN Signature R. A. Payne

- and Address Burley

19. (a) 11-3-48 (b) E. W. Rudolph (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov 2 1948 at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from July 1948 to Nov 2 1948. I last saw him alive on Nov 2 1948 death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Myocardial failure Duration 2 mo

- Due to arteriosclerosis

- Heart Disease

- Due to \_\_\_\_\_

- Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

- Where was disease contracted? \_\_\_\_\_

- Name of operation none Date \_\_\_\_\_

- Major finding \_\_\_\_\_

- Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

- where violence occurred \_\_\_\_\_

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

- Public Place \_\_\_\_\_ Whole at work? \_\_\_\_\_

- Means of injury R. A. Payne

23. Attendant's OWN Signature R. A. Payne (M. D. or other)

- and Address Burley, Idaho Date 11-3-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 1 1948

# Certificate Of Death

STATE OF IDAHO

1548

4150

State File No. \_\_\_\_\_  
Local Reg. No. 116  
Reg. Dist. No. 476

## 1. PLACE OF DEATH: STATISTICS

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Ins. Cottage Hosp. Stayed 45 days  
(g) Lived in this county 33 years 8 months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho 33 years  
(h) Former residence (city, state) California

## 3. (a) FULL NAME Baden Singh

## 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or race Male India  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) May 7 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>5</u>	<u>7</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business ✓ Date last worked Unknown  
11. Birthplace La Bora India (City or town) (State or foreign country)

12. Name Na An Singh  
13. Birthplace La Bora India (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace La Bora India (City or town) (State or foreign country)

16. Informant's OWN Signature Frank McCulloch  
and Address Burley Idaho

17. (a) Removal (b) Date thereof 11-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Salt Lake City Utah

18. Funeral Director's OWN Signature Frank McCulloch  
and Address Burley Idaho

19. (a) 11-12-48 (b) W. J. Wilson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 8 1948  
at 2 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from June 7 1948 to Nov 8 1948.  
I last saw him alive on Nov 8 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Due to Myocarditis Duration 6 mos  
Cirrhosis of liver 4 yrs  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. J. Wilson (M. D. or other)  
and Address Burley Date 11-12-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
DEC 2 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

4151  
State File No.  
Local Reg. No. 118  
Reg. Dist. No. 470

1. PLACE OF DEATH

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. Chh. N. Almo  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Ins. Magie Valley Stayed ☐ days  
(g) Lived in this county 37 years 7 months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. Chh. N. Almo  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Pleasant Grove, Ark.

3. (a) FULL NAME

Albert Francis Bartlett

093D

3. (b) If veteran,

name war ☐

3. (c) Social Security

No. ☐

5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lucinda Bartlett alive Unknown years  
7. Date of Birth (Month, Day, Year) Oct. 3, 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>89</u>	<u>1</u>	<u>6</u>	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.  
10. Industry or Business Retired Date last worked Retired  
11. Birthplace Buffalo Valley, Tenn. (City or town) (State or foreign country)  
12. Name Gallagher Bartlett  
13. Birthplace Buffalo Valley, Tenn. (City or town) (State or foreign country)  
14. Maiden name Agnes Davis  
15. Birthplace Cockfield, Tenn. (City or town) (State or foreign country)

16. Informant's OWN Signature Ella B. Postman  
and Address 1334 Ella Ave. Burley, Idaho

17. (a) Burial (b) Date thereof 11-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pleasant View Burley, Idaho

18. Funeral Director's OWN Signature Fern B. McCulloch  
and Address Burley, Idaho

19. (a) 11-20-48 (b) B. B. Wilson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 9 1948  
at 9 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 1948, to Nov. 1948  
I last saw him alive on Nov 7 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death! Myocardial failure Duration 3 Mo.

Due to arteriosclerotic heart disease

Due to Heart Disease  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation None Date None  
Major finding None  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury None  
23. Attendant's OWN Signature R. B. Postman  
and Address Burley, Idaho Date 11/13/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

DEC 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 4152  
Local Reg. No. 119  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Lassie  
(b) City or town Burley  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Cottage Stayed 1/2 days  
(g) Lived in this county 2 years - months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Laina  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Richard Dalton Shockey

106C

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, \_\_\_\_\_ divorced \_\_\_\_\_  
4. Sex M race W  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Oct 10 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>2</u>	<u>1</u>	<u>7</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Burley (City or town) (State or foreign country)

12. Name Russell Shockey  
13. Birthplace Burley, Idaho (City or town) (State or foreign country)  
14. Maiden name Margery Dalton  
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Russell B. Shockey  
and Address Burley

17. (a) Burial (b) Date thereof Nov 20 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burley cemetery

18. Funeral Director's OWN Signature Walter S. Payne  
and Address Burley Idaho

19. (a) 11-26-48 (b) J. T. Wilson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11-17 19 48  
at 11:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 11-16 19 48 to 11-17 19 48  
I last saw h. alive on 11-17 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Trachea bronchitis Duration 48 hrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy not as yet  
Supplement to det. cause of death

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. J. Kelly M.D.  
and Address Burley Date 11-20-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
DEC 17 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948 State File No. 4153  
Local Reg. No. 122  
Reg. Dist. No. 470

1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. 1318 Oriental  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 18 years 11 months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. 1318 Oriental  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Providence, Rhode

3. (a) FULL NAME Lirin Hoggan

3. (b) If veteran, name war ☐ No. ☐

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Hiri Hoggan 6. (c) Age of husband or wife if years 50

7. Date of Birth (Month, Day, Year) May 26, 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>53</u>	<u>6</u>	<u>2</u>	hrs min.

9. Exact Occupation County Auditor Did this work for 7 yrs.

10. Industry or Business County Auditor Date last worked 11-15-48

11. Birthplace Providence, Rhode (City or town) (State or foreign country)

12. Name George Drummond Hoggan (City or town) (State or foreign country)

13. Birthplace Chick Creek, Iowa (City or town) (State or foreign country)

14. Maiden name Edith F. Harrison (City or town) (State or foreign country)

15. Birthplace London, England (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Lirin Hoggan and Address 1318 Oriental

17. (a) Removal (b) Date thereof 12-3-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burley, Idaho

18. Funeral Director's OWN Signature Lern B. McPulask and Address Burley, Idaho

19. (a) 12-2-48 (b) W. H. Wilson (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 29 1948  
at 7:40 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from July 1948, to Nov 27 1948.

I last saw him alive on Nov 27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial failure Duration 2 days

Due to Malnutrition &dehyd- ration 3 wks

Due to Adema Carcinoma 3 Years

Other conditions ascending Colon (Include pregnancy within 3 months of death)

Where was disease contracted? Personal

Name of operation Abdomino Date Jan 2

Major finding same as above

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury None

23. Attendant's OWN Signature R. H. Sutton M.D. and Address Burley, Idaho Date 12-1-1948 (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

RECEIVED

DEC 17 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 4154  
Local Reg. No. 121  
Reg. Dist. No. 470

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. 927 Oakley  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst.                      Stayed                      days  
(g) Lived in this county 5 years                      months                      days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No.                       
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Unknown  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME Cecilia Kummer Jones

3. (b) If veteran, name war                      No.                       
5. Color or                      6. (a) Single, widowed, married, divorced divorced  
4. Sex Female race White  
6. (b) Name of husband or wife                      6. (c) Age of husband or wife if alive                      years

## 7. Date of Birth (Month, Day, Year) No Data

8. AGE	Years	Months	Days	If less than 1 day
	<u>43</u>	<u>                    </u>	<u>                    </u>	hrs min.

9. Exact Occupation At Home Did this work for                      yrs.  
10. Industry or Business                      Date last worked Unknown  
11. Birthplace no data Utah  
(City or town) (State or foreign country)

12. Name John Kummer  
13. Birthplace Switzerland  
(City or town) (State or foreign country)  
14. Maiden name Rosetta no data  
15. Birthplace Switzerland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Gern B. M. Pullach  
and Address Burley Idaho

17. (a) Resigned (b) Date thereof 12-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Harber City - Utah

18. Funeral Director's OWN Signature Gern B. M. Pullach  
and Address Burley Idaho

19. (a) 12-2-48 (b) W. H. H. H. H. H.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 050X

20. DATE OF DEATH Nov. 29 1948  
(Month, Day, Year)  
at 3:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from April 1947 to Nov 28 1948.

I last saw h.                      alive on                      19                    ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myo Cardial failure Duration 6 wks.

Due to Malignant + lly. dist. 2 mo.  
+ Gen. Wasting

Due to Adeno Carcinoma of Breast 4 years

Other conditions arteriosclerotic changes  
(Include pregnancy within 3 months of death)

Where was disease contracted?                     

Name of operation none Date                     

Major finding                     

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?

Occurred                      19                     City, county, state

where violence occurred                     

Place of Violence: Home                      Farm                      Industry                     

Public Place                      While at work?                     

Means of injury                     

23. Attendant's OWN Signature R. H. H. H. H.

and Address Burley Ida Date 12-1-1948  
(M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. **4155**  
Local Reg. No. **117**  
Reg. Dist. No. **476**

## 1. PLACE OF DEATH:

- (a) County **Cassia**  
(b) City or town **Oakley**  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **X** city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **4** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Cassia**  
(c) City or town **Oakley**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **10** years  
(h) Former residence (city, state) **Utah**

## 3. (a) FULL NAME

**Daniel Blood Wilson**

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced **M**  
4. Sex **M** race **W**  
6. (b) Name of husband or wife **Ruth**  
6. (c) Age of husband or wife if alive **41** years  
7. Date of Birth (Month, Day, Year) **Nov. 16 1876**

8. AGE	Years	Months	Days	If less than 1 day
	<b>71</b>	<b>11</b>	<b>23</b>	hrs min.

9. Exact Occupation **Labourer** Did this work for **55** yrs.  
10. Industry or Business **Retired** Date last worked **1947**  
11. Birthplace **Hamsville Ark.** (City or town) (State or foreign country)

12. Name **Robert Wilson**  
13. Birthplace **Water** (City or town) (State or foreign country)  
14. Maiden name **Blood**  
15. Birthplace **England** (City or town) (State or foreign country)

16. Informant's OWN Signature **Ruth Wilson**  
and Address **Oakley Idaho**

17. (a) **Burial** (b) Date thereof **Nov 12**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Oakley 26**

18. Funeral Director's OWN Signature **Ruth S. Payne**  
and Address **Burley Idaho**

19. (a) **11-12-48** (b) **R. S. Payne**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Nov 8 1948**  
at **6:00** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **Aug 1947** to **Nov 8 1948**  
I last saw him alive on **Nov 8 1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Thrombosis** Duration **3 days**

Due to **arteriosclerosis**  
**Heart disease**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation **none** Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **none**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **R. S. Payne**  
and Address **Burley Idaho** (Date) **11-13 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **4156**  
Local Reg. No. **120**  
Reg. Dist. No. **470**

## 1. PLACE OF DEATH:

- (a) County Boisia  
(b) City or town Oakley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boisia  
(c) City or town Oakley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

William Taylor Harper

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex M race W

5. Color or \_\_\_\_\_

## 6. (a) Single, widowed, married,

divorced M

## 6. (b) Name of husband or

wife Oliver

## 6. (c) Age of husband or wife if

alive 67 years

## 7. Date of Birth

(Month, Day, Year) April 7, 1841

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>7</u>	<u>11</u>	hrs min.

## 9. Exact Occupation Rancher Did this work for 48 yrs.

## 10. Industry or Business Retired Date last worked 1946

## 11. Birthplace Ball: Fort Utah (City or town) (State or foreign country)

## 12. Name Thomas Harper

## 13. Birthplace England (City or town) (State or foreign country)

## 14. Maiden name Annal Jones

## 15. Birthplace Utah (City or town) (State or foreign country)

## 16. Informant's OWN Signature Oliver Harper and Address Oakley

## 17. (a) Burial (b) Date thereof Nov 23 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Oakley

## 18. Funeral Director's OWN Signature Petta L. Payne and Address Burley, Idaho

## 19. (a) 11-26-48 (b) B. M. Wilson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Nov 18 1948 at 9 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended Deceased from Oct 10 1948 to July 15 1948. I last saw him alive on July 15 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Myocardial Failure Duration 1 yr

## Due to arteriosclerotic Heart Disease ?

## Due to Coronary (Include pregnancy within 3 months of death) Thrombosis - Oct 10 1947

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding none

## Finding of autopsy none

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature R. S. Sutton M.D.

## and Address Burley, Idaho (M. D. or other) Date 11-22 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL  
STATISTICS

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Certificate Of Death

STATE OF IDAHO

1948

State File No. 4157  
Local Reg. No. 123  
Reg. Dist. No. 471

1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Beelo  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Beelo  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_ Idaho

3. (a) FULL NAME

Steven Cannon

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male 5. Color or race white  
(b) Name of husband or wife \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Single  
(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Dec. 8, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>11</u>	<u>19</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked Unknown

11. Birthplace Hooper, Utah (City or town) (State or foreign country)

12. Name Steven Cannon

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Mary Ann West

15. Birthplace no data (City or town) (State or foreign country)

16. Informant's OWN Signature E. d. cannon

and Address 604 Gayfield - Chas. Falls

17. (a) Burial (b) Date thereof 11-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pleasant View - Burley, Idaho

18. Funeral Director's OWN Signature Wm B. McPheeh

and Address Burley, Idaho

19. (a) Dec 2-48 (b) W. Wilson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov 27 1948  
at \_\_\_\_\_ o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 25 1948, to Nov 25 1948.  
I last saw him alive on Nov 25 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

myocardial failure Duration 3 days

Due to arteriosclerosis  
heart disease

Due to \_\_\_\_\_

Other conditions acute Gastro- 4 days  
(Include pregnancy within 3 months of death)  
enteritis - non specific

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature R. Kuttan MD  
and Address Burley, Idaho (M. D. or other) Date 12-1-1948  
(For additional space, use reverse side)

# DISINTERMENT PERMIT

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH  
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Steven Cannon  
now lying buried in Pleasant View Municipal Cemetery, in the City or Town of Burley  
County of Cassia State of Idaho, who died on the 27 day of Nov., 1948 Aged \_\_\_\_\_ years \_\_\_\_\_ months  
\_\_\_\_\_ days, the cause of death being Myocardial failure, Heart Disease and  
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever;  
or yellow fever as shown by the certificate of death of said deceased, given by  
\_\_\_\_\_ attending physician  
R. P. Sutton, M. D.

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private  
private or railway conveyance  
to another lot same Cemetery in the City or Town of Burley County of Cassia  
State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of  
Cassia it being understood and provided that nothing herein shall be deemed as contravening or in  
anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of  
Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be  
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another  
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The  
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the  
remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic  
lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho,  
permit issued to: this 21 day of Feb., A.D. 1955.

W. W. Benson  
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,  
Town or County of Cassia State of Idaho, this 25th day of February 1955

James R. Kireber, M.D.  
Health Officer

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

4158

## 1. PLACE OF DEATH:

- (a) County Clark  
(b) City or town Kaufman  
(c) Street Address or R.F.D. No. Rural, Highway #28  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 0 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. Star Route  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Pocatello, Idaho

## 3. (a) FULL NAME

ELINOR LOUISE WHELOCK

## 3. (b) If veteran, name war None

## 3. (c) Social Security No.

## 5. Color or 4. Sex Female race White

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Christie Geo. Wheelock

## 6. (c) Age of husband or wife if alive 27 years

## 7. Date of Birth (Month, Day, Year) October 1, 1921

8. AGE	Years	Months	Days	If less than 1 day
	<u>27</u>	<u>1</u>	<u>17</u>	hrs. min.

## 9. Exact Occupation Housewife Did this work for 8 yrs.

## 10. Industry or Business At home Date last worked 11/18/'48

## 11. Birthplace Dodge City Kansas (City or town) (State or foreign country)

## 12. Name Chris R. Falter

## 13. Birthplace No record (City or town) (State or foreign country)

## 14. Maiden name No record

## 15. Birthplace No record (City or town) (State or foreign country)

## 16. Informant's OWN Signature Christie Geo. Wheelock and Address Salmon, Idaho

## 17. (a) Removal (b) Date thereof Nov. 20, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Pocatello, Idaho

## 18. Funeral Director's OWN Signature Alfred C. Buck and Address Idaho Falls, Idaho

## 19. (a) Nov. 7, 1948 (b) Iris L. Smith (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH November 18 1948 (Month, Day, Year) at 5:15 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Shock and probable internal Duration injuries

## Due to Truck accident

## Due to Partial suffocation

## Other conditions due to concentrated gasoline- (Include pregnancy within 3 months of death) fumes

## Where was disease contracted? Home

## Name of operation None Date None

## Major finding None

## Finding of autopsy None

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following;

## Accident? Yes Suicide? None Homicide? None

## Occurred November 18 1948 City, county, state where violence occurred Highway #28, Clark Co., Idaho

## Place of Violence: Home None Farm None Industry None

## Public Place Yes While at work? None

## Means of injury Truck accident

## 23. Attendant's OWN Signature A. James Lund (M. D. or other) and Address Dubois, Idaho Date Nov. 19 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Bureau of the Census  
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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4150  
Local Reg. No. 97  
Reg. Dist. No. 210

## 1. PLACE OF DEATH: STATISTICS

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. OROFINO HOSP Stayed 14 days  
(g) Lived in this county 10 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. POSTOFFICE  
(e) Deceased lived Inside? YES Outside? ..... city or town  
(f) Citizen of what country UNITED STATES  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) LOS ANGELES, CAL

## 3. (a) FULL NAME DOROTHY ELLEN RAMBEAU

3. (b) If veteran, name war ..... 3. (c) Social Security No. NONE  
5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
4. Sex FEMALE 6. (b) Name of husband or wife GEORGE C. 6. (c) Age of husband or wife if alive 33 years  
7. Date of Birth (Month, Day, Year) JANUARY 25, 1923

8. AGE	Years	Months	Days	If less than 1 day
	<u>25</u>	<u>9</u>	<u>8</u>	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for LIFE yrs.  
10. Industry or Business HOME Date last worked 6 wks. ago  
11. Birthplace LOS ANGELES, CALIFORNIA (City or town) (State or foreign country)

12. Name G. W. HILL  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name "  
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature D. E. Rambeau  
and Address Orofino Idaho

17. (a) BURIAL (b) Date thereof 11/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: FORDS CREEK CEM. OROFINO, IDA

18. Funeral Director's OWN Signature BLAKE FUNERAL HOME  
and Address OROFINO IDAHO

19. (a) 11/4/48 (b) E. C. Hawley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 3 1948  
at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from 10/2 1948 to 11/3 1948  
I last saw h. my alive on 11/3 1948, death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Septicemia

### Duration

2 weeks

Due to Septic sore throat  
previous to my services

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? Orfino

Name of operation ..... Date .....

Major finding "

Finding of autopsy "

### PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury

23. Attendant's OWN Signature P. J. Hopkins  
(M. D. or other)

and Address Orofino Date 11/4 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4160  
Local Reg. No. 98  
Reg. Dist. No. 210

1. PLACE OF DEATH: **STATISTICS**
- (a) County Clearwater  
(b) City or town Crozier Ida  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. State Hosp Stayed 99 days  
(g) Lived in this county 3 years 3 months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Ida (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? usa  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Joseph Baie

3. (b) If veteran, name war No. ....  
3. (c) Social Security No. ....

5. Color or race w  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Victoria Baie  
6. (c) Age of husband or wife if alive 75 (?) years

7. Date of Birth (Month, Day, Year) Sept 1 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>1</u>	<u>4</u>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Green Lake, Canada  
(City or town) (State or foreign country)

12. Name Thomas Baie  
(City or town) (State or foreign country)

13. Birthplace Canada  
(City or town) (State or foreign country)

14. Maiden name Belle Baie  
(City or town) (State or foreign country)

15. Birthplace Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Berryman  
and Address Crozier Ida

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 11-5-48  
(Month) (Day) (Year)

(c) Place: COEUR D'ALENE, IDAHO

18. Funeral Director's OWN Signature Blake Funeral Home  
and Address Crozier Ida

19. (a) 11/5/48 (b) Blake  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 0950

20. DATE OF DEATH (Month, Day, Year) Nov. 4 1948  
at 8:15 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 7-28 1948 to 11-4-48 1948

I last saw him alive on 11-4-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Decompensation Duration 7 days

Due to Cardiac renal disease 5 y.

Due to Senility

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury E. L. Berryman

23. Attendant's OWN Signature E. L. Berryman  
(M. D. or other)

and Address Crozier Ida Date 11-5-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

STATISTICS

1. PLACE OF DEATH:  
(a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 45 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State IDAHO  
(b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state)

3. (a) FULL NAME FLORENCE L. REED

3. (b) If veteran, name war No.  
5. Color or 6. (a) Single, widowed, married, divorced  
4. Sex FEMALE race WHITE  
6. (b) Name of husband or wife HERMAN REED 6. (c) Age of husband or wife if alive 78 years  
7. Date of Birth (Month, Day, Year) JANUARY 7, 1887

8. AGE	Years	Months	Days	If less than 1 day
	61	10	0	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for LIFE yrs.  
10. Industry or Business HOME Date last worked JUNE 1948  
11. Birthplace DENISON, IOWA (City or town) (State or foreign country)

12. Name CHARLES R. WILEY  
13. Birthplace UNKNOWN (City or town) (State or foreign country)  
14. Maiden name JULIA DOBSON  
15. Birthplace DELOIT, IOWA (City or town) (State or foreign country)

16. Informant's OWN Signature and Address

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/9/48 (Month) (Day) (Year)  
(c) Place: WESEMAN CEM. OROFINO, IDAHO

18. Funeral Director's OWN Signature and Address BLAKE FUNERAL HOME OROFINO, IDAHO

19. (a) 11/9/48 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 6, 1948 at 11:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 3-24 1948, to 11-6-1948. I last saw h.w. alive on Nov 11 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of throat Duration 3

Due to 3

Due to 2

Other conditions (Include pregnancy within 3 months of death) 2

Where was disease contracted? home  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred Place of Violence: Home Farm Industry Public Place While at work? Means of injury

23. Attendant's OWN Signature and Address J. R. Peterson OROFINO, IDAHO Date 11-8 1948 (M. D. or other) (For additional space, use reverse side)

045 F

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 16 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 1162  
Local Reg. No. 101  
Reg. Dist. No. 210

## 1. PLACE OF DEATH: STATISTICS

- (a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No. MAIN ST.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 10 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County CLEARWATER  
(c) City or town OROFINO  
(d) Street Address or R.F.D. No. MAIN  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) ANATONE, WASH.

## 3. (a) FULL NAME

MARY EDNA PACKWOOD HEALD

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or 6. (a) Single, widowed, married,  
FEMALE race WHITE divorced MARRIED

6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife SAM HEALD alive 65 years

7. Date of Birth  
(Month, Day, Year) OCTOBER 28, 1883

8. AGE	Years	Months	Days	hrs	min.
65	0	10			

9. Exact Occupation HOUSEWIFE Did this work for LIFE yrs.

10. Industry or Business HOME Date last worked 3 Mos. Ago

11. Birthplace ALMENA, KANSAS  
(City or town) (State or foreign country)

12. Name ERASTES APLINGTON

13. Birthplace UNKNOWN  
(City or town) (State or foreign country)

14. Maiden name AFFA HARDING GOODSSELL

15. Birthplace UNKNOWN  
(City or town) (State or foreign country)

16. Informant's OWN Signature Tait Packwood

- and Address Orofino Idaho

17. (a) BURIAL (b) Date thereof 11-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: RIVERSIDE CEM. OROFINO, IDAHO

18. Funeral Director's OWN Signature BLAKE FUNERAL HOME

- and Address OROFINO, IDAHO

19. (a) 11/9/48 (b) Alice E. Gausley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) November 7, 1948  
at 2:20 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from  
19 to Nov 8, 1948

I last saw h. alive on 11-6-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchitis  
also involving, pneumonia

Due to

Due to

Other conditions malnutrition

(Include pregnancy within 3 months of death)

Where was disease contracted? home

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature J. H. Robinson  
(M. D. or other)

and Address Orofino Ida Date 11-8-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH

(a) County Clearwater  
(b) City or town Crofton Ida  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hosp. No. stayed 13 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 13 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Ida (b) County Wayne  
(c) City or town Penniston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Chas. T. Wharton

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced married

4. Sex M race W

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Dec 6 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>11</u>	<u>1</u>	hrs min.

9. Exact Occupation Orchardist Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Idaho (City or town) (State or foreign country)

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature E. P. Barry and Address Crofton, Idaho

17. (a) Removal (b) Date thereof 11-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Penniston, Idaho

18. Funeral Director's OWN Signature Brown-Ham by H.H. Malin and Address Penniston, Idaho

19. (a) 11/7/48 (b) Chas. E. Hawley  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 084D

20. DATE OF DEATH (Month, Day, Year) Nov 7 1948  
at 340 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 10-25 1948, to 11-7 1948  
I last saw him alive on 11-7-1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma stomach Duration ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Psychosis undetected 20y  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature E. P. Barry and Address Crofton, Idaho Date 11-7-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 26 1948  
Certificate Of Death

1948 State File No. 4164  
Local Reg. No. 102  
Reg. Dist. No. 210

1. PLACE OF DEATH:

(a) County CLEARWATER  
(b) City or town OROFINO  
(c) Street Address or R.F.D. No. BURNS HOSP  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Ins. BURNS HOSP Stayed 9 days  
(g) Lived in this county years months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State IDAHO (b) County LEWIS  
(c) City or town NEZ PERCE  
(d) Street Address or R.F.D. No. POSTOFFICE  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) GREENVILLE, ILL.

3. (a) FULL NAME

PERRY WRIGHT MITCHELL

3. (b) If veteran,  
name war NO

3. (c) Social Security  
No. NONE

5. Color or  
4. Sex MALE race WHITE

6. (a) Single, widowed, married,  
divorced MARRIED

6. (b) Name of husband or  
wife MYRTLE C.

6. (c) Age of husband or wife if  
alive 68 years

7. Date of Birth  
(Month, Day, Year) APRIL 2, 1872

8. AGE	Years	Months	Days	If less than 1 day
76	7	11	hrs	min.

9. Exact Occupation LAWYER Did this work for 50 yrs.

10. Industry or Business LAW PRACTICE Date last worked 3 MOS. AGO

11. Birthplace GREENVILLE, ILLINOIS  
(City or town) (State or foreign country)

12. Name DAVID M. MITCHELL

13. Birthplace UNKNOWN  
(City or town) (State or foreign country)

14. Maiden name MARY M. WALKER

15. Birthplace UNKNOWN  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Myrtle C. Mitchell  
and Address n.p.

17. (a) BURIAL (b) Date thereof NOV. 16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: NEZ PERCE CEM., NEZPERCE, IDA.

18. Funeral Director's  
OWN Signature Blake Funeral Home  
and Address OROFINO, IDAHO

19. (a) 11/17/48 (b) Elsie C. Fairley  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) Nov. 13 1948  
at 9:00 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from Sept. 1948 to Nov. 13 1948

I last saw him alive on Nov. 13 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Thrombosis Duration 10 da.

Due to Senescent lesions

Due to senility  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's  
OWN Signature Leonard L. Hume, M.D.  
and Address Nezperce, Ida Date 11/17/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 26 1948

DEPARTMENT OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **4165**  
Local Reg. No. **103**  
Reg. Dist. No. **210**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **CLEARWATER**  
(b) City or town **21 M.E. of OROFINO**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? **X** city or town  
(e) Died in a Home... Hospital... Institution... Other place **X**  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **18** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **IDAHO** (b) County **CLEARWATER**  
(c) City or town **WEIPPE**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **18** years  
(h) Former residence (city, state) **PENNSYLVANIA**

3. (a) FULL NAME **ELEAM H. FARANCE**

3. (b) If veteran **World War I & II** (c) Social Security name war **I & II** No. \_\_\_\_\_  
5. Color or (a) Single, widowed, married, divorced **WIDOWED**  
4. Sex **MALE** race **WHITE**  
6. (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **AUGUST 1, 1897**

8. AGE	Years	Months	Days	If less than 1 day
	<b>51</b>	<b>2</b>	<b>14</b>	hrs min.

9. Exact Occupation **LABORER** Did this work for **LIFE** yrs.  
10. Industry or Business **WOODSWORK** Date last worked **UNK**  
11. Birthplace **MOATSVILLE, WEST VIRGINIA** (City or town) (State or foreign country)

12. Name **ELEAM FARANCE**  
13. Birthplace **UNKNOWN** (City or town) (State or foreign country)  
14. Maiden name **MARY HATTIX**  
15. Birthplace **UNKNOWN** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Paul Hyatt**  
and Address **WEIPPE, IDAHO**

17. (a) **BURIAL** (b) Date thereof **NOV. 20/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **WEIPPE CEM., WEIPPE, IDAHO**

18. Funeral Director's OWN Signature **Blake Funeral Home**  
and Address **OROFINO, IDAHO**

19. (a) **11/20/48** (b) **Elmer G. Fairley**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **NOVEMBER 15 1948**  
(Month, Day, Year) **at about 5:00 o'clock P.: M.**

21. I HEREBY CERTIFY, That I attended deceased from **\*\*\*\*\* 19 \*\* to \*\*\*\*\* 19 \*\***

I last saw h. \*\* alive on **\*\*\*\*\* 19 \*\***, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **SCHOCK, TRAUMA, SKULL FRACTURE (Multiple)**  
Due to **HIT BY LOG TRAIN**

Due to \_\_\_\_\_  
Other conditions **Severed legs at knees**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? **X** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred **NOV. 15 1948** City, county, state **Clearwater Co., Idaho**  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place **Railroad** While at work? **No**  
Means of injury **Hit by train**

23. Attendant's OWN Signature **Coroner**  
and Address **Orofino, Idaho** Date **11/20/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 8 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 4166

Local Reg. No. 403

Reg. Dist. No. 680

## 1. PLACE OF DEATH:

- (a) County **Custer**  
(b) City or town **Challis**  
(c) Street Address or R.F.D. No. ---  
(d) Death Occurred Inside? ☒ Outside? --- city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. --- Stayed --- days  
(g) Lived in this county **62** years --- months --- days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Custer**  
(c) City or town **Challis**  
(d) Street Address or R.F.D. No. ---  
(e) Deceased lived Inside? ☒ Outside? --- city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **62 yrs.** years  
(h) Former residence (city, state) **Kansas**

## 3. (a) FULL NAME

**LEE WATSON**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex **M** race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive --- years

## 7. Date of Birth

(Month, Day, Year) **February 28, 1873**

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>8</b>	<b>14</b>	--- hrs. --- min.

9. Exact Occupation **Laborer** Did this work for --- yrs.

10. Industry or Business --- Date last worked ---

11. Birthplace **State of Kansas**  
(City or town) (State or foreign country)

12. Name **Harrison Watson**

13. Birthplace **Unknown**  
(City or town) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's **OWN Signature**  
**Idaho State Department of Public Assistance, Mackay, Ida.**

17. (a) **Buried** (b) Date thereof **11/16/48**  
(Burial, cremation, or removal) (Month, Day, Year)  
(c) Place **Challis, Idaho**

18. Funeral Director's **OWN Signature**  
**Salmon, Idaho**

19. (a) **Nov. 13, 1948** (b) **Edna M. Kersney**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **11-12-48** 19  
at **3:50** o'clock **A**.M.

## 21. I HEREBY CERTIFY, That I attended deceased from **11-6-48**

19 to **11-12-48** 19

I last saw him alive on **11-12-48** 19;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac decompensation** Duration **?**

Due to **old age**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature

**Challis, Idaho** (M. or other)

and Address **Challis, Idaho** Date **11-12-48** 19

(For additional space, use reverse side)

095C

162B

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

586

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED NON-RESIDENT  
Certificate Of Death  
DEC 8 1948  
J.V. OF VITAL  
STATE OF IDAHO

1948  
State File No. 4167  
Local Reg. No. 414  
Reg. Dist. No. 680

1. PLACE OF DEATH:  
(a) County Custer  
(b) City or town Challis  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Adams Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 7 months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Ohio (b) County Marion  
(c) City or town Marion  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? 7 months  
(h) Former residence (city, state) none

3. (a) FULL NAME Oda Ann Davis

3. (b) If veteran, name war ✓  
3. (c) Social Security No. 279-22 8766  
4. Sex F Color or race W  
5. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Donald Davis 6. (c) Age of husband or wife if alive, 24 years  
7. Date of Birth (Month, Day, Year) March 8 1927

8. AGE	Years	Months	Days	If less than 1 day
	<u>21</u>	<u>8</u>	<u>18</u>	hrs min.

9. Exact Occupation Housewife Did this work for 3 yrs.  
10. Industry or Business Home Date last worked Dec. 47  
11. Birthplace Marion, Ohio (City or town) (State or foreign country)  
Mother { 12. Name Carl C. Gillespie  
13. Birthplace Mason County W. Va (City or town) (State or foreign country)  
14. Maiden name Grace Lloyd Rapp  
15. Birthplace Madison Ohio (City or town) (State or foreign country)  
16. Informant's OWN Signature Donald H Davis and Address Challis, Idaho  
17. (a) Removal (b) Date thereof 11/27/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Prospect Ohio  
18. Funeral Director's OWN Signature J.S. Marvel and Address Idaho  
19. (a) Nov. 27 1948 (b) Elmer M. Kenny (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11-26-48 at 3:55 o'clock A. M.

21. I HEREBY CERTIFY That I attended deceased from 6-25-48 to 11-26-48  
I last saw her alive on 11-26-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Shock Duration 20 min.

Due to Part parturition  
hemorrhage  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Albert Yugenated and Address Challis, Idaho (For additional space, use reverse side)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of..... }  
County of..... } ss. Certificate No. death 43-4167  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
(Birth or Death)  
for..... who..... on.....  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by..... prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
First name of deceased Oda Otia

Subscribed and sworn to before me this..... day of  
....., 19.....

Signed.....  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at.....  
My commission expires.....  
(Seal)

.....  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... }  
County of..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this..... day of  
....., 19..... Signed.....  
(Signature of Any Credible Person)

Notary Public, residing at.....  
My commission expires.....  
(Seal)

.....  
(Street Address, City, State)

1 of 2

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

DEC 3 1948

DEPARTMENT OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **4168**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH: STATISTICS

- (a) County Elmore  
(b) City or town Glenn Ferry  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 22 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Glenn Ferry  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) Springfield Utah

3. (a) FULL NAME GEORGE RAYMOND CLEGG

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Divorced  
4. Sex Male race White  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) November 23, 1882

8. AGE	Years	Months	Days	If less than 1 day
	66	8	17	hrs min.

9. Exact Occupation Car Inspector Did this work for 22 yrs.  
10. Industry or Business Union Pacific Date last worked 8/10/48  
11. Birthplace Springfield Utah (City or town) (State or foreign country)

12. Name John Clegg  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Deborah Kaerr  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Jack B. Clegg  
and Address 1413 9th St. Boise  
17. (a) Removal (b) Date thereof Aug. 13, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Boise Idaho  
18. Funeral Director's OWN Signature Blizy. Bay  
and Address Mountain Home Idaho

19. (a) Aug 13-48 (b) Mary Sullivan (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 10 19 48  
at 9:22 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw h. .... alive on 19; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Ran over by Helper  
Engine  
Due to Body severed in two

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? 48 Homicide? 48  
Occurred Aug 10 19 48 City, county, state where violence occurred Glenn Ferry Elmore  
Place of Violence: Home ..... Farm ..... Industry Idaho  
Public Place ..... While at work ✓  
Means of injury Body severed in two

23. Attendant's OWN Signature Phil S. Green Coroner  
and Address Mt Home Idaho (M. D. or other) Date 8/12 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

DEC 18 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

4169

27

388

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Near Mountain Home  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 6 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Boise Idaho

## 3. (a) FULL NAME Joseph Rivera

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race White  
6. (b) Name of husband or wife Susie Rivera 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 24th 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>6</u>	<u>4</u>	hrs. min.

9. Exact Occupation Shepherd Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Albuquerque New Mexico (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Chas. H. Simmons  
and Address 10 Mayfield St. Boise

17. (a) Removal (b) Date thereof 10/30/1948  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place Boise Idaho

18. Funeral Director's OWN Signature Delia J. Bey  
and Address Mountain Home Idaho

19. (a) 10-30-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 29 19 48  
at about 9:45 clock A M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Coronary Thrombosis  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Phil S. Green Coroner  
and Address MT Home Ida (M. D. or other) Date 10 30 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 18 10/10

# Certificate of Death

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

4170

1. PLACE OF DEATH: **STATISTICS**
- (a) County Elmore
- (b) City or town Mountain Home
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. Clay Hill Nursing Home Stayed 30 days
- (g) Lived in this county \_\_\_\_\_ years 2 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Camas
- (c) City or town Fairfield
- (d) Street Address or R.F.D. No. Fairfield
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? United States
- (g) How long had deceased lived in Idaho? 69 years
- (h) Former residence (city, state) \_\_\_\_\_ Iowa

3. (a) FULL NAME Lydia Adeliade Wordrop

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female Color or race white
5. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) May 30, 1869

- | AGE | Years     | Months   | Days      | If less than 1 day |
|-----|-----------|----------|-----------|--------------------|
|     | <u>79</u> | <u>5</u> | <u>11</u> | hrs. min.          |

9. Exact Occupation housewife Did this work for life yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 1939

11. Birthplace Iowa (City or town) (State or foreign country)

12. Name Phillip Ballard (City or town) (State or foreign country)

13. Birthplace Illinois (City or town) (State or foreign country)

14. Maiden name Nancy Pernelia

15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Frank Perkins and Address Fairfield, Idaho

17. (a) burial (b) Date thereof 11/14/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Fairfield, Idaho

18. Funeral Director's OWN Signature H.P. Bright and Address Gooding, Idaho

19. (a) Nov 16, 1948 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov 10, 1948
- at 10 o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1948, to Nov 10, 1948

I last saw h. er alive on Nov 10, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: r Duration 2 months

Due to Myocardial infarction

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] (M. D. or other) and Address Mountain Home, Idaho Date Nov 15, 1948 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 3 1948

# Certificate of Death

VISION OF VITAL

STATE OF IDAHO

1948

State File No. 4171

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Glenn Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 32 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Glenn Ferry  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME JOSEPH NORBORNE FAY MORROW

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White 6. (b) Name of husband or wife Helen  
6. (c) Age of husband or wife if alive 65 years

7. Date of Birth February 23, 1892  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>9</u>	<u>20</u>	hrs. min.

9. Exact Occupation Switch-Engineer Did this work for 40 yrs.  
10. Industry or Business Union Pacific R.R. Date last worked 11/13/48  
11. Birthplace Glenn Ferry Idaho  
(City or town) (State or foreign country)

- Father { 12. Name James H. Morrow  
13. Birthplace Arkansas  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Louisa Cox  
15. Birthplace Arkansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Helen Morrow  
and Address Glenn Ferry Idaho

17. (a) Burial (b) Date thereof Nov. 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Glenn Rest Cemetery

18. Funeral Director's OWN Signature John J. Bay  
and Address Mountain Home Idaho

19. (a) Nov 16 - 48 (b) Mary Sullivan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nov 13  
(Month, Day, Year) at 6:00 o'clock P M. 19 48  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

- Coronary occlusion Duration 1 hour  
Due to Coronary sclerosis unknown  
Due to \_\_\_\_\_  
Other conditions hypertension 3 years  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature W. D. Parker M.D.  
(M. D. or other)  
and Address Glenn Ferry Idaho Date Nov 13, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

DEC 3 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **4172**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town King Hill, Idaho  
(c) Street Address or R. F. D. No. #1  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 12 years 8 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town King Hill, Idaho  
(d) Street Address or R.F.D. No. #1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Plymouth, Idaho

## 3. (a) FULL NAME SARAH ELIZABETH PARISH

3. (b) If veteran, name war ..... No. ....  
5. Color or race F W  
6. (b) Name of husband or wife John Robert  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) April 16, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>7</u>	<u>11</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Knox, Indiana (City or town) (State or foreign country)

12. Name Artimus Haines  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Maiden name Minerva Stramback  
15. Birthplace Knox, Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Charlie Parish  
and Address King Hill, Idaho

17. (a) Burial (b) Date thereof Nov 30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Glenn Rest Cemetery.

18. Funeral Director's OWN Signature Edward M. Sullivan  
and Address Mountain Home, Idaho

19. (a) Nov 30-48 (b) Mary Sullivan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nov. 27, 1948  
(Month, Day, Year)  
at 6:22 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 27 1948, to Nov 27 1948  
I last saw her alive on Nov 27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cardiac failure Duration 3 days

Due to hypertension

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature W. A. Paulsen MD  
(M. D. or other)

and Address Ham Ferry Date Nov 29 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **4173**  
Local Reg. No. **18**  
Reg. Dist. No. **540**

## 1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 171 E. 1st. So.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 40 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. 171 E. 1st So.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? American  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME JAMES BENDT JENSEN

3. (b) If veteran, name war  
3. (c) Social Security No. 519-20-3635  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jane Easton  
6. (c) Age of husband or wife if alive 63 years  
7. Date of Birth (Month, Day, Year) August 17, 1878.

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>2</u>	<u>19</u>	hrs min.

9. Exact Occupation Farmer Did this work for 40 yrs.  
10. Industry or Business Own Farm Date last worked 1947  
11. Birthplace Goshen, Utah.  
(City or town) (State or foreign country)

12. Name Jens J. Jensen  
13. Birthplace Denmark  
(City or town) (State or foreign country)  
14. Maiden name Martha Benson  
15. Birthplace Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. E. Benson  
and Address Preston, Idaho

17. (a) Burial (b) Date thereof 11-9-48.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Preston, Idaho.

18. Funeral Director's Richards & Son Mortuary  
OWN Signature Richards & Son  
and Address Preston, Idaho.

19. (a) 11-9-48 (b) Effie Benson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 6, 1948  
at 4:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1948 to Nov 6 1948  
I last saw him alive on Nov 6 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Endocarditis & Arterio regurgitation Duration 2 yrs.

Due to

Due to  
Other conditions arteriosclerosis 5 yrs  
(Include pregnancy within 3 months of death)

Where was disease contracted? home

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature D. R. Cutler (M. D. or other)  
and Address Preston Ida Date 11-9-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 28-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
STATISTICS  
DEC 6 1948  
Certificate Of Death  
STATE OF IDAHO

State File No. 4174  
Local Reg. No. 20  
Reg. Dist. No. 540

1. PLACE OF DEATH:
- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. N. 1st East  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home. Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. Preston Mos Stayed 7 days  
(g) Lived in this county. 59 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Franklin  
(c) City or town Thatcher  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 59 years  
(h) Former residence (city, state)

3. (a) FULL NAME Daniel Wells McGregor

3. (b) If veteran, name war No.  
3. (c) Social Security No.  
5. Color of skin white (a) Single, widowed, married, divorced, married  
4. Sex Male race white  
6. (b) Name of husband or wife Lenora Bennett (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Nov. 10, 1889

8. AGE	Years	Months	Days	If less than 1 day
	59		8	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.  
10. Industry or Business Own Farm Date last worked Nov. 9, 1948  
11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

12. Name J.D. McGregor  
13. Birthplace Scotland (City or town) (State or foreign country)  
14. Maiden name Mary Perry  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Lenora M. McGregor and Address Thatcher Idaho

17. (a) Burial (Burial, cremation or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: Grace, Idaho 11-20-48

18. Funeral Director's OWN Signature Webb Funeral Home and Address Preston Idaho

19. (a) 11-19-1948 (Date received and filed) (b) E. W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 18 19 48  
at 7:30 o'clock 17 M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 11 1948 to Nov. 18 19 48  
I last saw him alive on Nov. 18 19 48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion 8 days  
Due to within 11-18-48

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature D. R. Gullis and Address Thatcher Idaho Date 11-18 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 28-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
STATISTICS  
DEC 6 1948  
**Certificate Of Death**  
STATE OF IDAHO

1948 State File No. **4175**  
Local Reg. No. **21**  
Reg. Dist. No. **240**

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 14 North 1st  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. General Hosp Stayed 0 days  
(g) Lived in this county 58 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Franklin  
(c) City or town Clifton  
(d) Street Address or R.F.D. No. 0  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) 0

3. (a) FULL NAME Albert Frances Henderson

3. (b) If veteran, name war 0 No. 0  
5. Color, or race White  
4. Sex Male divorced Married  
6. (b) Name of husband or wife Edith S. Henderson  
6. (c) Age of husband or wife if alive 0 years  
7. Date of Birth (Month, Day, Year) April 6, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>7</u>	<u>13</u>	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.  
10. Industry or Business Own Farm Date last worked May 1948  
11. Birthplace Clifton, Idaho  
(City or town) (State or foreign country)

12. Name Martin Henderson  
13. Birthplace Not Known  
(City or town) (State or foreign country)  
14. Maiden name Elizabeth Needham  
15. Birthplace not known  
(City or town) (State or foreign country)

16. Informant's OWN Signature Edith Henderson  
and Address Clifton, Idaho

17. (a) Burial (b) Date thereof Nov. 23, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Clifton, Idaho

18. Funeral Director's OWN Signature Sherwin Webb  
and Address Preston, Idaho

19. (a) 11 22 1948 (b) E. W. Brower  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH Nov. 19 19 48  
(Month, Day, Year) at 0 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 19 47 to Nov. 19 48  
Last saw h alive on 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Rt. heart failure Duration 1 day

Due to hypertension  
heart disease 4 yrs  
Due to 0  
Other conditions 0  
(Include pregnancy within 3 months of death)

Where was disease contracted? 0  
Name of operation 0 Date 0  
Major finding 0  
Finding of autopsy 0  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? 0 Homicide? 0  
Occurred 0 19 0 City, county, state where violence occurred  
Place of Violence: Home 0 Farm 0 Industry 0  
Public Place 0 While at work? 0

Means of injury 0  
23. Attendant's OWN Signature Leo R. Hawkes M.D.  
(M. D. or other) 0  
and Address Preston, Idaho Date 11/24 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 20-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

State File No. 4176  
Local Reg. No. 23  
Reg. Dist. No. 40

1. PLACE OF DEATH:
- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 44 N. 1st East  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospita Institution K Other place MEMO  
(f) Name Hosp. or Inst. MEMO Stayed days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Franklin  
(c) City or town Preston 8th So. 3rd W.  
(d) Street Address or R.F.D. No. 8th So. 3rd W.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Richmond, Utah

3. (a) FULL NAME Sarah Spackman Hodges

3. (b) If veteran, name war No.  
3. (c) Social Security No. 170C  
4. Sex Female Color or race White  
5. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George Hodges 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) June 29, 1881

8. AGE	Years	Months	Days	If less than 1 day
	67	4	24	hrs min.

9. Exact Occupation House wife Did this work for 47 yrs.  
10. Industry or Business Own home Date last worked Oct. 1948  
11. Birthplace Richmond, Utah  
(City or town) (State or foreign country)

12. Name Edwin Spackman  
13. Birthplace unknown  
(City or town) (State or foreign country)  
14. Maiden name Rose Ann  
15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Sarah Hodges  
and Address Preston, Idaho  
17. (a) Burial (b) Date thereof Nov. 27, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Preston, Idaho

18. Funeral Director's OWN Signature Osborn Webb  
and Address Preston, Idaho

19. (a) 11-25-1948 (b) Effie W. Browne  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 23 19 48  
at 11 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 30 19 48 to Nov. 23 19 48

I last saw h. alive on 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Embolism Duration 1 Hr

Due to Thrombophlebitis 1 wk

Due to Compound fracture  
Other conditions Rt. pneumonia 3 wks  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline Date the cause to which death should be charged statistically.  
Major finding PHYSICIAN  
Finding of autopsy PHYSICIAN

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? no Homicide? no  
Occurred Oct 30 19 48 City, county, state where violence occurred Preston Idaho  
Place of Violence: Home yes Farm no Industry no  
Public Place yes While at work? no  
Means of injury Automobile

23. Attendant's OWN Signature Leo R. Hawkes M.D.  
and Address Preston Idaho 11/24/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED  
DEC 6 1948  
Certificate Of Death  
STATISTICS

1948 State File No. 4177  
Local Reg. No. 23  
Reg. Dist. No. 340

1. PLACE OF DEATH:

- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 514 East 1st South  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 30 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Franklin  
(c) City or town Preston  
(d) Street Address or R.F.D. No. 514 E. 1st S.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? America  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME WENDELL HYRUM BOSEN

3. (b) If veteran, name war No.  
3. (c) Social Security No. No.  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Gladys Henningson 6. (c) Age of husband or wife if 48 years  
7. Date of Birth (Month, Day, Year) August 27, 1899.

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>3</u>	<u>3</u>	hrs min.

9. Exact Occupation Agent & Manager Did this work for 11-30-48 yrs.  
10. Industry or Business Continental Oil Co. Date last worked 11-30-48  
11. Birthplace Ephriam, Utah. (City or town) (State or foreign country)

12. Name Hyrum Bosen  
13. Birthplace Ephriam, Utah. (City or town) (State or foreign country)  
14. Maiden name Zina Fredericksen  
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Gladys Bosen  
and Address Preston, Idaho.

17. (a) Burial (b) Date thereof 12-3-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Preston, Idaho.

18. Funeral Director's Richards & Son Mortuary.  
OWN Signature Leo R. Richards  
and Address Preston, Idaho.

19. (a) 12-3-1948 (b) E. W. Branner (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 30, 1948  
at 9:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11/30 1948, to 11/30 1948  
I last saw him alive on 11/30 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 12 hrs

Due to Coronary Occlusion

Due to Coronary Occlusion

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? No Suicide? No Homicide? No

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home No Farm No Industry No

Public Place No While at work? No

Means of injury Heart

23. Attendant's OWN Signature Leo R. Richards

and Address Preston, Idaho Date 12/3/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

1948 State File No. 4178

Local Reg. No. 19

Reg. Dist. No. 40

1. PLACE OF DEATH: Franklin  
(a) County Thatcher  
(b) City or town Thatcher  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Franklin  
(c) City or town Thatcher  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Ogden, Utah

3. (a) FULL NAME Barnard John White  
3. (b) If veteran, name war No.  
3. (c) Social Security No.  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Mary Ann White 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Dec. 17, 1862

8. AGE	Years	Months	Days	If less than 1 day
85	10	25	hrs	min.

9. Exact Occupation Farmer Did this work for 34 yrs.  
10. Industry or Business Own Farm Date last worked 1919  
11. Birthplace Paradise, Utah (City or town) (State or foreign country)

12. Name Barnard White  
13. Birthplace Elizabeth Ann Walters (City or town) (State or foreign country)  
14. Maiden name Elizabeth Ann Walters  
15. Birthplace  
16. Informant's OWN Signature Loyal H. White and Address Thatcher, Idaho  
17. (a) Removal (b) Date thereof Nov. 16, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ogden, Utah  
18. Funeral Director's OWN Signature and Address Preston, Idaho  
19. (a) 11-15-1948 (b) Effie W. Brown (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 1623  
20. DATE OF DEATH Nov. 12 1948  
(Month, Day, Year) at 10:25 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from Sept. 1948, to Nov. 12, 1948  
I last saw him alive on 11/12/48; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Acute Aneurysmal Fibrillation Duration 72 hours  
Due to Hypertensive Cardiac Vascular Disease 10 years  
Due to Hypertension - Age  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature J. Smith M.D. (M. D. or other) and Address Preston, Ida. Date 11/15/48 (For additional space, use reverse side)



502

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

RECEIVED

NOV 20 1948

DIVISION OF VITALS

State File No. 4180  
Local Reg. No. 73  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 128 So. Bridge  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. A. Hosp Stayed 1 days  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

3. (a) FULL NAME Samuel Mac Lee

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or white 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race white  
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) November 7, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	hrs min.

9. Exact Occupation None Did this work for  yrs.  
10. Industry or Business  Date last worked   
11. Birthplace St. Anthony, Idaho  
(City or town) (State or foreign country)

12. Name Claude Lester Lee  
13. Birthplace Ashton, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Lucille Thompson  
15. Birthplace St. Anthony, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Claude Lee  
and Address Ashton, Idaho

17. (a) Burial (b) Date thereof 11-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ashton, Idaho

18. Funeral Director's OWN Signature None  
and Address Ashton Idaho.

19. (a) Nov. 12, 1948 (b) A. S. Hamer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 8 19 48  
at 5 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 7 19 48, to Nov. 8 19 48.  
I last saw him alive on Nov. 8, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature infant Duration

Due to Premature delivery at 6 1/2 mo. pregnancy.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred 19 City, county, state   
where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature   
and Address Ashton - Idaho (D. or other)   
Date 12 Nov. 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

RECEIVED  
NOV 20 1948  
OF VITALS

State File No. 4181  
Local Reg. No. 74  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 128 So. Bridge  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. St. A. Hosp Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. 128 So. Bridge  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME Richard Claude Lee

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth (Month, Day, Year) November 7, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>2</u>	hrs min.

9. Exact Occupation None Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace St. Anthony, Idaho  
(City or town) (State or foreign country)  
Mother { 12. Name Claude Lester Lee  
13. Birthplace Ashton, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Lucille Thompson  
15. Birthplace St. Anthony, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Claude Lee  
and Address Ashton, Idaho  
17. (a) Burial (b) Date thereof 11-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ashton, Idaho.  
18. Funeral Director's OWN Signature None  
and Address Ashton, Idaho  
19. (a) Nov 12 1948 (b) M.D. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 9 1948  
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 7 Nov. 1948 to 9 Nov. 1948  
I last saw h.i.w. alive on 9 Nov. 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia infant Duration ☐

- Due to Pneumonia delivery at 6 1/2 mo. pregnancy  
Due to ☐  
Other conditions (Include pregnancy within 3 months of death) ☐

- Where was disease contracted? Idaho  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐  
23. Attendant's OWN Signature Ashton, Idaho (M. D. or other) and Address Ashton, Idaho Date 12 Nov 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

NOV 20 1948

State File No. 4182  
Local Reg. No. 75  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months 15 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State ..... (b) County F  
(c) City or town .....  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME MARVIN ELCANIE WELCH

3. (b) If veteran, name war WW II 3. (c) Social Security No. 445-03-3838  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Borothy Welch 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) June 26, 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>4</u>	<u>15</u>	hrs min.

9. Exact Occupation mechanic Did this work for 2 yrs.  
10. Industry or Business Economy Chev. Co. Date last worked 11-10-48  
11. Birthplace Stilwell, Oklahoma  
(City or town) (State or foreign country)

12. Name Charles Scott Welch  
13. Birthplace Stilwell, Oklahoma  
(City or town) (State or foreign country)  
14. Maiden name Katherine Scott Ridenhour  
15. Birthplace Stilwell, Oklahoma  
(City or town) (State or foreign country)

16. Informant's OWN Signature Edw. Scott Welch  
and Address St. Anthony, Idaho

17. (a) Removal (b) Date thereof 11-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Drumright, Oklahoma

18. Funeral Director's OWN Signature Mrs. Hansen  
and Address St. Anthony, Idaho

19. (a) November 15, 1948 (b) Mrs. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 11 19 48  
at app 7:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Never 19 attended 19 attended  
I last saw h..... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Accidental Drowning  
Due to .....

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....  
Occurred 11-11 19 48 City, county, state St. Anthony, Fremont, Ida.  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place Yes While at work? Yes  
Means of injury Accidental drowning in Snake River, St. Anthony, Ida.  
23. Attendant's OWN Signature M. J. Hansen (M.D. or other) Chorony  
and Address St. Anthony, Idaho Date 11-12-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

RECEIVED

NOV 20 1948

DIVISION OF VITAL STATISTICS

1948  
State File No. 4183  
Local Reg. No. 76  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 620 West Main  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. 620 W. Main  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

ALICE M. BIGLER GALLERY

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race white  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) November 24, 1869

8. AGE	Years	Months	Days	If less than 1 day
	78	11	20	hrs min.

9. Exact Occupation at Home Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Farmington, Utah  
(City or town) (State or foreign country)

12. Name Andrew Bigler  
13. Birthplace West Virginia  
(City or town) (State or foreign country)  
14. Maiden name Loretta Smith  
15. Birthplace West Virginia  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address St. Anthony, Idaho.

17. (a) Burial (b) Date thereof 11-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Anthony, Idaho

18. Funeral Director's OWN Signature [Signature]  
and Address St. Anthony, Idaho.

19. (a) November 18, 1948 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 14, 1948  
at 6:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1946 to Nov 13 1948  
I last saw her alive on Nov 13 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocardial Infarction Duration 2 yrs.

- Due to [Signature] 1.5 yrs.  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 19 City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature] (M. D. or other) MD  
and Address St. Anthony Date 11/18/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DEC 20 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4184**  
Local Reg. No. **82**  
Reg. Dist. No. **650**

## 1. PLACE OF DEATH:

- (a) County **Freemont.**  
(b) City or town **St. Anthony.**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ Life \_\_\_\_\_ yrs. \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Freemont.**  
(c) City or town **Ashton.**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **6 yrs** years  
(h) Former residence (city, state) **Idaho**

3. (a) FULL NAME **Dallis. Kelly. Robinson.**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **white**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **November. 17th 1948**

8. AGE	Years	Months	Days	If less than 1 day
	-	-	-	<b>6 hrs.</b> min.

9. Exact Occupation **At Home.** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **St. Anthony Idaho.** (City or town) (State or foreign country)

Father { 12. Name **Dallas. Robinson.**

13. Birthplace **Marysville Idaho.** (City or town) (State or foreign country)

Mother { 14. Maiden name **Meris. Cordingley.**

15. Birthplace **Marysville Idaho.** (City or town) (State or foreign country)

16. Informant's OWN Signature **C. Lambert** and Address **Ashton Idaho.**

17. (a) **Burial.** (b) Date thereof **11/17th 1948** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Ashton Idaho.**

18. Funeral Director's OWN Signature **Samuel Riser** and Address **Ashton Idaho.**

19. (a) **Dec. 1, 1948** (b) **M. S. Hansen** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **November. 17th. 1948** at **7:55** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **BIRTH** to **DEATH** **17. Nov. 1948** to **17. Nov. 1948**. I last saw him alive on **17. Nov. 1948**.

### Immediate Cause of Death:

**PREMATURE BIRTH**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation **NONE** Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **NOT DONE**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Jay O. Brinton, M.D.** (M. D. or other)

and Address **St. Anthony, Idaho** Date **23 Nov. 1948** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 2 1948

DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 4185  
Local Reg. No. 80  
Reg. Dist. No. 630

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 126 So. Bridge  
(d) Death Occurred Inside? XX Outside?        city or town  
(e) Died in a Home        Hospital X Institution        Other place         
(f) Name Hosp. or Inst. St. A. Hosp Stayed 1 days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

LA JUANA RAE NYBORG

## 3. (b) If veteran, name war

## 3. (c) Social Security

No.       

No. None

## 5. Color or

## 6. (a) Single, widowed, married,

4. Sex Female race White

divorced Single

6. (b) Name of husband or wife       

6. (c) Age of husband or wife if alive        years

## 7. Date of Birth (Month, Day, Year)

December 31, 1943

## 8. AGE

Years

Months

Days

If less than 1 day

5

10

17

hrs min.

## 9. Exact Occupation

at home

Did this

work for

yrs.

## 10. Industry or Business

Date last

worked

## 11. Birthplace

Rexburg, Idaho

(City or town)

(State or foreign country)

## 12. Name

Lester J. Nyborg

## 13. Birthplace

Mt. Pleasant, Utah

(City or town)

(State or foreign country)

## 14. Maiden name

LaVernie Hathaway

## 15. Birthplace

Chester, Idaho

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

Lester J. Nyborg

## and Address

St. Anthony, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

11-22-48

## (c) Place:

Wilford, Idaho.

## 18. Funeral Director's OWN Signature

M. S. Hansen

## and Address

St. Anthony, Idaho

## 19. (a) Date received and filed

Nov. 19, 1948

## (b)

M. S. Hansen

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

November 18

1948

at 12:30

o'clock

P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Nov. 17, 1948, to Nov. 18, 1948

I last saw her alive on Nov. 18, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Undetermined

## Duration

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

## Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19. City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place

While at work?

Means of injury

## 23. Attendant's OWN Signature

E. L. South MD

## and Address

St. Anthony

(M. D. or other)

Date 11/18/1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

RECEIVED

DEC 2 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 4186  
Local Reg. No. 81  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 126 South Bridge  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution. Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. A. Hosp Stayed 4 days  
(g) Lived in this county 48 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME JOHN LEE EEDOM

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Ada Caplinger 6. (c) Age of husband or wife if alive 79 years  
7. Date of Birth (Month, Day, Year) March 5, 1866

8. AGE	Years	Months	Days	If less than 1 day
	82	8	22	hrs min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Springfield, Missouri  
(City or town) (State or foreign country)

12. Name Martin Henry Ledom  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Ella Ledom  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Bernice O. Knight  
and Address St. Anthony, Idaho RFD #1

17. (a) Burial (b) Date thereof 11-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Anthony, Idaho.

18. Funeral Director's OWN Signature Mr. Hansen  
and Address St. Anthony, Idaho.

19. (a) Nov. 29 1948 (b) Mr. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 27 November 1948  
at 12:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 21 November 1948, to 27 November 1948.  
I last saw him alive on November 27, 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

- Due to Cardiac failure Duration 1 week  
Due to Crushing - vascular accident 6 weeks  
Due to hypertension  
Other conditions 10 years  
(Include pregnancy within 3 months of death)

### Where was disease contracted?

- Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy not done  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 19 City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Jay O. Brunton MD  
(M. D. or other)  
and Address St. Anthony, Idaho Date 29 Nov. 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

RECEIVED  
NOV 20 1948  
DIVISION OF VITALS

State File No. 4187  
Local Reg. No. 77  
Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont County  
(b) City or town Island Park  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ..... Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence or Decedent (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 361 Wash. So.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME POPPIE, Frank H.

3. (b) If veteran, name war none 3. (c) Social Security No. 519-05-09087  
5. Color or race white 6. (a) Single, widowed, married, divorced married  
4. Sex male 6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive 41 years  
7. Date of Birth (Month, Day, Year) April 15, 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>6</u>	<u>20</u>	hrs min.

9. Exact Occupation Road Construction Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Topaka, Kansas (City or town) (State or foreign country)

12. Name Earnest Poppie  
13. Birthplace Austria (City or town) (State or foreign country)  
14. Maiden name Hannah Abter  
15. Birthplace Austria (City or town) (State or foreign country)

16. Informant's OWN Signature X Catherine S Poppie  
and Address Twin Falls, Idaho  
17. (a) Removal (b) Date thereof 11/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls, Idaho

18. Funeral Director's OWN Signature Ray H. Tilleris  
and Address White Mortuary Twin Falls, Idaho  
19. (a) Nov 9 1948 (b) M.D. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 5th, 19 48  
at 7 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from never attended 19..... to 19.....

I last saw h. .... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental Drowning Duration

Due to becoming lost while hunting

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? No Homicide? No  
Occurred Nov 5 19 48 City, county, state Island Park, Fremont Co, Idaho

Place of Violence: Home ..... Farm ..... Industry .....

Public Place Yes While at work? No

Means of injury Drowning due to becoming lost

23. Attendant's OWN Signature M.D. Hansen Carona

(M. D. or other)

and Address St. Anthony's Date Nov 9 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 2 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **4188**  
Local Reg. No. **77**  
Reg. Dist. No. **651**

## 1. PLACE OF DEATH:

- (a) County **Fremont.**  
(b) City or town **Ashton.**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **40** years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho.** (b) County **Fremont.**  
(c) City or town **Ashton.**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **Montana.**

## 3. (a) FULL

NAME **William, Palmer. Swanstrum.**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

## 6. (a) Single, widowed, married, divorced **married.**

## 4. Sex **male.** race **white**

## 6. (b) Name of husband or wife **Alice. Wilcomb. Swanstrum.** 64 years

## 7. Date of Birth (Month, Day, Year) **February. 21st. 1875**

8. AGE	Years	Months	Days	If less than 1 day
	<b>73</b>	<b>8</b>	<b>15</b>	hrs. min.

## 9. Exact Occupation **Retired Farmer.** Did this work for ..... yrs.

## 10. Industry or Business Date last worked

## 11. Birthplace **Blaine** **XXXXXX Montana.** (City or town) (State or foreign country)

## 12. Name **Carl. Swanstrum**

## 13. Birthplace **Sweden** (City or town) (State or foreign country)

## 14. Maiden name **Rose Hilbeg.**

## 15. Birthplace **Wapello, Iowa.** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Alice Swanstrum**

## and Address **Ashton Idaho.**

## 17. (a) **Burial** (b) Date thereof **11/10/48** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place **Ashton Idaho.**

## 18. Funeral Director's OWN Signature **Lewis Kiser**

## and Address **Ashton Idaho.**

## 19. (a) **Nov. 10, 1948** (b) **Thos. Hansen** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) **November. 7th 1948.** at **5** o'clock **A** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **January 1946** to **7 Nov. 1948**

I last saw him alive on ..... 19.....

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Coronary insufficiency**

Duration **1 hr.**

Due to **Coronary embolism**

**1 hr.**

Due to **Cerebral sclerosis**

**3 years.**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho.**

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state

where violence occurred.

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

## 23. Attendant's OWN Signature **Thos. Hansen** (M. D. or other)

and Address **Ashton Idaho** Date **11/9th 1948** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

RECEIVED NOV 20 1948  
DIVISION OF VITAL STATISTICS  
State File No. 4189  
Local Reg. No. 72  
Reg. Dist. No. 651

## 1. PLACE OF DEATH:

- (a) County Freemont  
(b) City or town Wilford  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Freemont  
(c) City or town Wilford  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Rituro Miyasaki

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male 5. Color or race \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mitau Miyasaki 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 6, 1883

- | 8. AGE | Years     | Months   | Days     | If less than 1 day |
|--------|-----------|----------|----------|--------------------|
|        | <u>65</u> | <u>6</u> | <u>8</u> | hrs min.           |

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Japan (City or town) (State or foreign country)

12. Name Korakichi Miyasaki

13. Birthplace Japan (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Japan (City or town) (State or foreign country)

16. Informant's OWN Signature Tateshi Miyasaki

- and Address Rt. 1 Sugar City

17. (a) Burial (b) Date thereof 11/12/48 (Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Desburg Cem.

18. Funeral Director's OWN Signature Russell Blum

- and Address Replung Idaho

19. (a) Nov 13 1948 (b) MOE Hansen (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 7 1948

- at 3:20 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from June 10 1940, to Nov. 7 1948

- I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Cerebral Hemorrhage Duration \_\_\_\_\_

- Due to Hypertension

- Due to \_\_\_\_\_

- Other conditions Cerebral Hemorrhage 1944

- (Include pregnancy within 3 months of death)

- Where was disease contracted? Spain

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_

- Major finding \_\_\_\_\_

- Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

- Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

- where violence occurred \_\_\_\_\_

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_

23. Attendant's OWN Signature M. F. Rightman

- and Address Replung Idaho (M. D. or other)

- Date 11/12/48

- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 2 1948

# Certificate of Death

STATE OF IDAHO

State File No. 4190  
Local Reg. No. 78  
Reg. Dist. No. 651

1. PLACE OF DEATH: Ashton Fremont.  
(a) County Ashton  
(b) City or town Ashton  
(c) Street Address or R.F.D. No. Ashton  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county X years months days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Fremont  
(c) City or town Ashton  
(d) Street Address or R.F.D. No. Ashton  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) city or town

3. (a) FULL NAME Baby. Snowberger  
3. (b) If veteran, name war Ashton 3. (c) Social Security No. Ashton  
5. Color or White 6. (a) Single, widowed, married, divorced White  
4. Sex male race White 6. (c) Age of husband or wife if alive years  
6. (b) Name of husband or wife Ashton  
7. Date of Birth (Month, Day, Year) November. 8th 1948.  
8. AGE Years Months Days If less than 1 day  
9. Exact Occupation At Home Did this work for years  
10. Industry or Business Ashton Idaho Date last worked Ashton  
11. Birthplace Ashton Idaho (City or town) (State or foreign country)  
12. Name Donald. A. Snowberger  
13. Birthplace Big Spring. Neb. (City or town) (State or foreign country)  
14. Maiden name Lenora House  
15. Birthplace Squirrel Idaho (City or town) (State or foreign country)  
16. Informant's OWN Signature Donald A. Snowberger  
and Address Ashton Idaho  
17. (a) Burial (b) Date thereof 11/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Ashton Idaho  
18. Funeral Director's OWN Signature Lenora House  
and Address Ashton Idaho  
19. (a) Nov. 9 1948 (b) Mr. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November. 8th 1948 19 at 2 o'clock PM  
21. I HEREBY CERTIFY, That I attended deceased from an 8 Nov - 1948 19 an  
I last saw h. alive on 19 an  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Prematurity Duration 159X  
Due to 2  
Due to none  
Other conditions none (Include pregnancy within 3 months of death)  
Where was disease contracted? none  
Name of operation none Date none  
Major finding none  
Finding of autopsy none  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? none Suicide? none Homicide? none  
Occurred none 19 none City, county, state none  
where violence occurred none  
Place of Violence: Home none Farm none Industry none  
Public Place none While at work? none  
Means of injury none  
23. Attendant's OWN Signature Ashton Idaho (M.D. or other) Ashton Idaho  
and Address Ashton Idaho Date 11/9/48 19 Ashton Idaho  
(For additional space, use reverse side)

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 2 1948

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4191  
Local Reg. No. 79  
Reg. Dist. No. 651

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town Ashton  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 46 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Ashton  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

Merlin. George. Ferney.

## 3. (b) If veteran, name war

3. (c) Social Security No. 518-28-3911

## 4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife

Leona Hulse Ferney

6. (c) Age of husband or wife if alive 48 years

## 7. Date of Birth

(Month, Day, Year) September. 26th 1897.

## 8. AGE

Years	Months	Days	If less than 1 day
<u>51</u>	<u>1</u>	<u>10</u>	hrs. min.

## 9. Exact Occupation Parts. Salesman. Did this work for 2- years.

## 10. Industry or Business Automobile

Date last worked 11/10/48

## 11. Birthplace

(City or town) IOWA. (State or foreign country)

## 12. Name George. Ferney.

13. Birthplace IOWA. (City or town) (State or foreign country)

## 14. Maiden name Lillian. Gulliford.

15. Birthplace IOWA. (City or town) (State or foreign country)

## 16. Informant's

OWN Signature Leona Ferney

and Address Ashton Idaho.

## 17. (a) Burial. (b) Date thereof 11/13th 1948

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Ashton Idaho.

## 18. Funeral Director's

OWN Signature Lewis Kiser

and Address Ashton Idaho.

## 19. (a) Nov. 13 1948 (b) M.D. Hansen

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH November. 11th 1948

(Month, Day, Year) at 11 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from February 1946 to March 1947

I last saw him alive on 11 March 1947

## Immediate Cause of Death:

Coronary artery occlusion

Due to Coronary embolism

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho.

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Chas. M. W. (M. D. or other)

and Address Ashton Idaho. Date 11/12/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 20 1948

OFFICE OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4192**  
Local Reg. No. **83**  
Reg. Dist. No. **651**

## 1. PLACE OF DEATH:

- (a) County. **Fremont.**  
(b) City or town. **Ashton.**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital. .... Institution. .... Other place. ....  
(f) Name Hosp. or Inst. .... Stayed. .... days  
(g) Lived in this county **13** years. .... months. .... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Idaho.** (b) County. **Fremont.**  
(c) City or town. **Ashton.**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **13** years  
(h) Former residence (city, state) **Wisconsin**

## 3. (a) FULL NAME

**Harry. A. Gygli**

## 3. (b) If veteran, name war

3. (c) Social Security No. **529-09755**

## 4. Sex. **male** Color or race **white**

6. (a) Single, widowed, married, divorced **married.**

6. (b) Name of husband or wife **Guinevere. Miller. Gygli.** 30 years

7. Date of Birth (Month, Day, Year) **August. 16th 1909.**

8. AGE	Years	Months	Days	If less than 1 day
	39	3	9	hrs. min.

9. Exact Occupation **Hotel Manager.** Did this work for. **1** yrs.

10. Industry or Business **Hotel** Date last worked

11. Birthplace **Wisconsin.** (City or town) (State or foreign country)

12. Name **John. Gygli.** (City or town) (State or foreign country)

13. Birthplace **Switzerland.** (City or town) (State or foreign country)

14. Maiden name **Margaret. Sundret.** (City or town) (State or foreign country)

15. Birthplace **Switzerland.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Edmon Gygli** and Address **Ashton Idaho.**

17. (a) **Burial.** (b) Date thereof **NOV. 23rd 1948** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Ashton Idaho.**

18. Funeral Director's OWN Signature **Leona Kiser** and Address **Ashton Idaho.**

19. (a) **Dec. 1, 1948** (b) **Max Hansen** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **November. 19th 1948**

at **5** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Sept 15 1948** to **19 Nov. 1948**

I last saw him alive on **19 Nov. 1948** death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Cerebral embolus, rt.**

Duration **4 hrs.**

Due to **Carcinoma metastases.**

Due to .....  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho.**

Name of operation **Sternal biopsy 14 Nov 48**

Major finding **(Chicago Clinic)**

Finding of autopsy **Carcinoma metastases**

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred. .... 19. .... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury **Chalk jump W.D.**

23. Attendant's OWN Signature **Chalk jump W.D.**

and Address **Ashton Idaho.** Date **11/23rd 1948** (For additional space, see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 20 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. **4193**  
Local Reg. No. **84**  
Reg. Dist. No. **650**

1. PLACE OF DEATH: **Freemont.**  
(a) County **Freemont.**  
(b) City or town **Ashton**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **29** years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Freemont.**  
(c) City or town **Ashton.**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **39** years  
(h) Former residence (city, state) **Utah.**

3. (a) FULL NAME **Ina, Charlotte Christofferson**

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or race **Female** 6. (a) Single, widowed, married, divorced **Married.**  
4. Sex **Female** 6. (b) Name of husband or wife **John Christofferson** 6. (c) Age of husband or wife if alive **03** years  
7. Date of Birth (Month, Day, Year) **November. 8th 1880**

8. AGE	Years	Months	Days	If less than 1 day
	<b>62</b>		<b>20</b>	hrs. min.

9. Exact Occupation **House wife.** Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....

11. Birthplace **Elsinore, Utah.** (City or town) (State or foreign country)

12. Name **William Bell.** (City or town) (State or foreign country)

13. Birthplace **Utah.** (City or town) (State or foreign country)

14. Maiden name **Sena Sornsen.** (City or town) (State or foreign country)

15. Birthplace **Denmark.** (City or town) (State or foreign country)

16. Informant's OWN Signature **J. M. Christofferson**

and Address **Ashton Idaho.**

17. (a) **Burial** (b) Date thereof **12/th 1st 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Ashton Idaho.**

18. Funeral Director's OWN Signature **Lewis River**

and Address **Ashton.**

19. (a) **Dec. 6, 1948** (b) **Mr. Hansen**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **11/28th 1948.** 19.....  
at **11:30** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased **from**  
**on 28 Nov. 1948.** to ..... 19.....

I last saw him alive on ..... 19.....  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Acute coronary thrombosis** Duration **1/2 hr.**

Due to **Coronary insufficiency.**

Due to .....  
Other conditions **Hypertension**  
(Include pregnancy within months of death)

Where was disease contracted? **Idaho.**

Name of operation ..... Date .....

Major finding .....  
Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature **Charles J. Mcg. W.**  
(M. D. or other)

and Address **Ashton, Idaho** Date **11/30 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 20 1948

# Certificate of Death

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. 4194

Local Reg. No. 85

Reg. Dist. No. 651

## 1. PLACE OF DEATH:

- (a) County Fremont.  
(b) City or town Ashton.  
(c) Street Address or R.F.D. No. R.F.D.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution. Other place Other place.  
(f) Name Hosp. or Inst. Stayed. days  
(g) Lived in this county 46 years months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho. (b) County Fremont.  
(c) City or town Ashton.  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL

NAME Elsie. Mina. Honness,

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
Sex female Race white

6. (a) Single, widowed, married,  
divorced Married.

6. (b) Name of husband or wife  
Robert. Honness.

6. (c) Age of husband or wife if  
alive 70 years

7. Date of Birth  
(Month, Day, Year) February. 28th 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>9</u>	<u>3</u>	hrs. min.

9. Exact Occupation housewife. Did this work for hrs. yrs.

10. Industry or Business worked. Date last worked

11. Birthplace Folk. Comnty. Neb.  
(City or town) (State or foreign country)

12. Name Henry. Kisler.

13. Birthplace Indiana.  
(City or town) (State or foreign country)

14. Maiden name Maggie Burgham.

15. Birthplace Indiana.  
(City or town) (State or foreign country)

16. Informant's OWN Signature R. W. Honness

and Address Ashton Idaho.

17. (a) Burial. (b) Date thereof 12/ 3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Ashton Idaho.

18. Funeral Director's OWN Signature Lucas Kiser

and Address Ashton Idaho.

19. (a) Dec. 3 1948 (b) M. S. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November. 29th 1948  
(Month, Day, Year)

at 1 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from January 1946, to 29 Nov. 1948.

I last saw him alive on 29 Nov. 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Myocardial infarct Duration 2 days

Due to Coronary insufficiency

Due to Hypertension of

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? 246.

Name of operation Date

Major finding Physician

Finding of autopsy Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred Place of Violence: Home. Farm. Industry.

Public Place While at work?

Means of injury Attendant's

OWN Signature Ashton Idaho. (M. D. or other)

and Address Ashton Idaho. Date 12/1st 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **4195**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF DEATH: **STATISTICS** Gem
- (a) County \_\_\_\_\_
- (b) City or town \_\_\_\_\_ **Emmett, Idaho**
- (c) Street Address or R.F.D. No. **408 N DeClark**
- (d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town
- (e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place **X**
- (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
- (g) Lived in this county **10** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Gem**
- (c) City or town **Emmett, Idaho**
- (d) Street Address or R.F.D. No. **602 S. Wash.**
- (e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town
- (f) Citizen of what country? **U. S. A.**
- (g) How long had deceased lived in Idaho? **10** years
- (h) Former residence (city, state) **Kansas**

3. (a) FULL NAME **BERT D. ACHESON**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**
4. Sex **m** 5. Color or **W** race \_\_\_\_\_
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Bertie** 6. (c) Age of husband or wife if alive **57** years
7. Date of Birth (Month, Day, Year) **January 1, 1884**

8. AGE	Years	Months	Days	If less than 1 day
	<b>64</b>	<b>10</b>	<b>4</b>	hrs. min.

9. Exact Occupation **Farmer** Did this work for \_\_\_\_\_ yrs.
10. Industry or Business **Self** Date last worked \_\_\_\_\_
11. Birthplace **Winterset, Iowa** (City or town) (State or foreign country)
12. Name **Albert Acheson** (City or town) (State or foreign country)
13. Birthplace **Unknown** (City or town) (State or foreign country)
14. Maiden name **Elva Bass** (City or town) (State or foreign country)
15. Birthplace **Iowa** (City or town) (State or foreign country)

16. Informant's OWN Signature **Bertie Acheson** and Address **602 S. Wash.**
17. (a) **Burial** (b) Date thereof **11/9/48** (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place **Emmett, Idaho**
18. Funeral Director's OWN Signature **Flaherty Chapel** and Address **Emmett, Idaho**
19. (a) **11/23/48** (b) **Chas. L. Lahey** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **November 5 48**  
(Month, Day, Year) \_\_\_\_\_  
at \_\_\_\_\_ o'clock **p.** M.
21. I HEREBY CERTIFY, That ~~deceased~~ **did not** deceased from \_\_\_\_\_  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.
- Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

**Presumably Coronary Thrombosis for m.i.**

- Due to \_\_\_\_\_
- Due to \_\_\_\_\_
- Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)
- Where was disease contracted? **At home**
- Name of operation \_\_\_\_\_ Date \_\_\_\_\_
- Major finding \_\_\_\_\_
- Finding of autopsy \_\_\_\_\_
- PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_
- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_
- Means of injury \_\_\_\_\_
23. Attendant's OWN Signature **J. H. Chauvin, M.D.** and Address **Emmett, Idaho** Date **11-5 19 48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 26 1948

Certificate of Death

DEPARTMENT OF VITAL STATISTICS STATE OF IDAHO

State File No. 4196  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett, Idaho  
(c) Street Address or R.F.D. No. 119 N Wardwell  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Nursing Home Stayed \_\_\_\_\_ days  
(g) Lived in this county 37 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. 119 N. Wardwell  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME

CYRUS V. WOLFE

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 5. Color or W race

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife no

6. (c) Age of husband or wife if alive no years

7. Date of Birth (Month, Day, Year)

December 18, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>10</u>	<u>26</u>	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Insurance agent Date last worked \_\_\_\_\_

11. Birthplace Idaho (City or town) Idaho (State or foreign country)

12. Name James Wolfe

13. Birthplace Unknown (City or town) Unknown (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) Unknown (State or foreign country)

16. Informant's OWN Signature Agnes B. Taylor

and Address Paris City, Idaho

17. (a) Burial (b) Date thereof 11/16/48 (Month) (Day) (Year)

(c) Place Emmett, Idaho

18. Funeral Director's OWN Signature Flahiff Chapel

and Address Emmett, Idaho

19. (a) 11/24/48 (b) Chas. Flahiff (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nov. 14 1948

(Month, Day, Year) at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_\_.  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_\_.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Recompensation Duration year

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_\_. City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ronald P. Rawls (M. D. or other)

and Address \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_\_.  
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
NOV 26 1948  
Certificate of Death

DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 4197  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 2nd & Washington  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mary Secor Stayed 8 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 8 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boise  
(c) City or town Horseshoe Bend  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Prineville, Oregon

3. (a) FULL NAME

WILMA KATHERINE ATTEBERRY

3. (b) If veteran, name war no

3. (c) Social Security No. 540-14-3535

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Walter

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) August 21, 1903

8. AGE	Years	Months	Days	If less than 1 day
	<u>45</u>	<u>2</u>	<u>27</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 20 yrs.

10. Industry or Business Home Date last worked 10-30-48

11. Birthplace Prineville, Oregon  
(City or town) (State or foreign country)

12. Name Charles F. Parrin

13. Birthplace Fossil, Oregon  
(City or town) (State or foreign country)

14. Maiden name Elizabeth Prine

15. Birthplace Prineville, Oregon  
(City or town) (State or foreign country)

16. Informant's OWN Signature Walter Atteberry  
and Address Horseshoe Bend, Idaho

17. (a) Removal (b) Date thereof 11/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Prineville, Oregon

18. Funeral Director's OWN Signature Clarence R. Persons  
and Address Emmett, Idaho

19. (a) 11/23/48 (b) Chas Blahy  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) 19 Nov 1948  
at \_\_\_\_\_ o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 1 Nov 1948 to 19 Nov 1948

I last saw her alive on 19 Nov 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Pulmonary edema 48 hrs

Due to Acute bacterial pneumonia 48 hrs

Due to Thrombophlebitis 3 hrs

Other conditions hypertension 2 hrs  
(Include pregnancy within months of death)

Acute myocardial infarction

Where was disease contracted? ?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding None

Finding of autopsy None done

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? X Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. H. Rodwin, M.D.  
and Address Emmett, Idaho Date Nov 19 48  
(For additional space, use reverse side)

074A  
072A

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 8 1948

STATE OF IDAHO

# Certificate of Death

STATE OF IDAHO

State File No.

4198

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett, Idaho  
(c) Street Address or R.F.D. No. 2nd & Wash  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Lary Secor Stayed 1 days  
(g) Lived in this county 2 years 2 months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. 1016 S. Wash.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) LaGrande, Oregon

## 3. (a) FULL NAME

MARTHA E. IRONS

## 3. (b) If veteran, name war

no

## 3. (c) Social Security No.

no

## 4. Sex F 5. Color or W race W

## 6. (b) Name of husband or wife

no

## 6. (a) Single, widowed, married, divorced Widow

## 6. (c) Age of husband or wife if alive no years

## 7. Date of Birth (Month, Day, Year) Feb. 27, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>8</u>	<u>16</u>	hrs. min.

## 9. Exact Occupation Homekeeper Did this work for no yrs.

## 10. Industry or Business Own Home Date last worked no

## 11. Birthplace Near Joplin Missouri (City or town) (State or foreign country)

## 12. Name George W. Bell (City or town) (State or foreign country)

## 13. Birthplace Indiana (City or town) (State or foreign country)

## 14. Maiden name Anna Swaggett Vance (City or town) (State or foreign country)

## 15. Birthplace Indiana (City or town) (State or foreign country)

## 16. Informant's OWN Signature Grant Pike and Address 932 S. Basin Ave

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/48 (Month) (Day) (Year)

## (c) Place Meridian, Idaho

## 18. Funeral Director's OWN Signature James O. Benson and Address Emmett, Idaho

## 19. (a) 12/1/48 (Date received and filed) (b) Chas Flaherty (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH Nov. 22 1948

(Month, Day, Year) at 4:50 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1948, to Nov. 22 1948.

I last saw him alive on Nov. 22 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Diabetes Mellitus Duration 12 years

Due to Diabetes Mellitus

Due to Diabetes Mellitus

Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation no Date no

Major finding no

Finding of autopsy no

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? no Suicide? no Homicide? no

Occurred no 19 no City, county, state where violence occurred.

Place of Violence: Home no Farm no Industry no

Public Place no While at work? no

Means of injury no

## 23. Attendant's OWN Signature Chas Flaherty (M. D. or other) and Address Emmett, Idaho Date 12.23 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OFFICE OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

4199

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. Stewart Addition  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 31 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. Stewart Addition  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Gibbon, Nebr.

## 3. (a) FULL NAME MARCELLIS THRALL

3. (b) If veteran, name war no 3. (c) Social Security No. no  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Sept 4, 1858

8. AGE	Years	Months	Days	If less than 1 day
	<u>90</u>	<u>2</u>	<u>22</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 60 yrs.  
10. Industry or Business Home Date last worked \_\_\_\_\_  
11. Birthplace Sandusky, Ohio (City or town) (State or foreign country)

12. Name Noah Snyder  
13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Margaret Wingard  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's Albert L. Thrall  
OWN Signature Emmett, Idaho  
and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 11/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Emmett, Idaho

18. Funeral Director's Flahiff Chapel  
OWN Signature Clarence A. Persone  
and Address Emmett, Idaho

19. (a) 12/7/48 (b) Chas Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 26 48  
at 7:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 1945  
19 \_\_\_\_\_, to Nov. 26 1948

I last saw her alive on 25 Nov 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Coronary Occlusion Duration 3 hrs.

Due to myocardial degeneration

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's Chas Flahiff, M.D.  
OWN Signature \_\_\_\_\_ (M. D. or other)

and Address \_\_\_\_\_ Date 1948

(For additional space, use reverse side)

472

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4200  
Local Reg. No. 437  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R.F.D. No. Highway  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 18 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. Gooding  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Richard William Kistler

3. (b) If veteran, WW 2 after name war 3. (c) Social Security No. 518-32-6036  
5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) July 12, 1928

8. AGE	Years	Months	Days	If less than 1 day
	<u>20</u>	<u>3</u>	<u>19</u>	hrs min.

9. Exact Occupation Farm Laborer Did this work for 1 yrs.  
10. Industry or Business U.S. Navy Date last worked 10/31/48  
11. Birthplace Fairfield, Idaho  
(City or town) (State or foreign country)

12. Name Everett L. Kistler  
13. Birthplace Fairfield, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Verle Fipps  
15. Birthplace Fairfield, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Renee Anderson  
and Address Shoshone 3da

17. (a) burial (b) Date thereof 11/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Elmwood Cem. Gooding, Idaho

18. Funeral Director's OWN Signature H.P. Bright  
and Address Gooding, Idaho

19. (a) 11-3-48 (b) J.H. Howell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 31, 1948  
at 9:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Multiple fracture - skull base  
dislocation, cervical spine

Due to Death when swimming

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? Yes Homicide? Yes

Occurred October 31, 1948 City, county, state Gooding Co. Idaho

Place of Violence: Home Yes Farm Yes Industry Yes  
Public Place Yes While at work? Yes

Means of injury Death from swimming

23. Attendant's OWN Signature J.H. Howell (M. D. or other)  
and Address Gooding Date 11/3/48  
(For additional space, see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

**1. PLACE OF DEATH:**  
(a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Valentine Stayed 4 days  
(g) Lived in this county. --- years --- months 4 days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased:** (Always fill in these)  
(a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. 201 E. Ave. C  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 27 1/2 years  
(h) Former residence (city, state) Clinton, Iowa

**3. (a) FULL NAME** Rilla R. LaTurner  
**3. (b) If veteran,** name war no  
**3. (c) Social Security** No. ....  
**5. Color or** Wh  
**6. (a) Single, widowed, married,** divorced Married  
**6. (b) Name of husband or** wife Erben E.  
**6. (c) Age of husband or wife if** alive 57 years  
**7. Date of Birth** (Month, Day, Year) January 10, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>9</u>	<u>21</u>	hrs min.

**9. Exact Occupation** housewife Did this work for 28 yrs.  
**10. Industry or Business** housewife Date last worked 10/27/48  
**11. Birthplace** Clinton, Iowa  
(City or town) (State or foreign country)

**12. Name** Albert Hopkins  
**13. Birthplace** Springfield, Wisconsin  
(City or town) (State or foreign country)  
**14. Maiden name** Dora Weeks  
**15. Birthplace** Springfield, Wisconsin  
(City or town) (State or foreign country)

**16. Informant's OWN Signature** E. E. LaTurner  
and Address Jerome, Idaho

**17. (a) burial** (b) Date thereof 11/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Jerome Cemetery

**18. Funeral Director's OWN Signature** L. Roy C. Frasier  
and Address Jerome, Idaho

**19. (a)** 11/6/48 Sister M. Ramsey  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

**20. DATE OF DEATH** (Month, Day, Year) November 1, 1948  
at 7:20 o'clock A. M.

**21. I HEREBY CERTIFY,** That I attended deceased from 10-27 1948, to 11-1 1948  
I last saw her alive on 11-1 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** Bronchial Pneumonia Duration 36 hrs.  
Due to Fresh rib fracture 8, 9, 10  
11, 12 - Cerebral Contusions  
Due to 4 Concussions  
Other conditions Car accident  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ..... Homicide? .....  
Occurred 10-27 1948 City, county, state Jerome County Ida  
where violence occurred Jerome County Ida  
Place of Violence: Home Public road Farm ..... Industry .....  
Public Place Public road While at work? .....  
Means of injury Car accident

**23. Attendant's OWN Signature** Reuben C. Matson M.D.  
(M.D. or other)  
and Address Jerome Ida Date 11-2 1948  
(For additional space, use reverse side)

1700

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No. 4202

Local Reg. No. 128

Reg. Dist. No. 421

1. PLACE OF DEATH: **STATISTICS**
- (a) County Gooding
- (b) City or town Wendell
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. St. Valentine Stayed \_\_\_\_\_ days
- (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State IDAHO (b) County Gooding
- (c) City or town Wendell
- (d) Street Address or R.F.D. No. \_\_\_\_\_
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? \_\_\_\_\_
- (g) How long had deceased lived in Idaho? \_\_\_\_\_ years
- (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME INFANT MARY ANN RUFFIN

159X

3. (b) If veteran, name war \_\_\_\_\_
3. (c) Social Security No. \_\_\_\_\_
4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife \_\_\_\_\_
6. (c) Age of husband or wife if alive X years \_\_\_\_\_

7. Date of Birth (Month, Day, Year) 11/11/1948 few hrs.

8. AGE	Years	Months	Days	If less than 1 day
				6 hrs. min.

9. Exact Occupation X Did this work for \_\_\_\_\_ yrs.
10. Industry or Business X Date last worked \_\_\_\_\_
11. Birthplace Wendell IDAHO (City or town) (State or foreign country)

12. Name EDWARD J. RUFFIN
13. Birthplace MADESON NEBRASKA (City or town) (State or foreign country)
14. Maiden name ROSEMARY COOKE
15. Birthplace CASSEFORD IDAHO (City or town) (State or foreign country)

16. Informant's OWN Signature Edward J. Ruffin and Address HAPERMAN IDAHO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11 12 - 1948 (Month) (Day) (Year)
- (c) Place WENDELL CEMETERY

18. Funeral Director's OWN Signature Farrell Weaver and Address Wendell Idaho

19. (a) 11/22/48 (Date received and filed) Sister M. Rose OLB. (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11-12 1948 at 5 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from birth to death 1948

I last saw h. er alive on \_\_\_\_\_ 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity - born @ 6 mo. Duration 5 hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_
- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Farrell Weaver (D. or other) and Address Wendell Idaho Date 11-22 1948 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. 4203

Local Reg. No. 119

Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County. **Gooding**  
(b) City or town. **Wendell**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home..... Hospital **X** Institution..... Other place.....  
(f) Name Hosp. or Inst. **St Valentines** Stayed..... days  
(g) Lived in this county..... years..... months. **2** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Idaho** (b) County. **Jerome**  
(c) City or town. **Jerome**  
(d) Street Address or R.F.D. No. **301 E Ave D**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **37** years  
(h) Former residence (city, state) **Wisconsin**

3. (a) FULL NAME **Isabella Ross Grant**

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

5. Color or ..... 6. (a) Single, widowed, married, divorced. **Widowed**  
4. Sex. **Female** Race. **White**  
6. (b) Name of husband or wife **James** 6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) **August 21 1868**

8. AGE	Years	Months	Days	If less than 1 day
	<b>80</b>	<b>2</b>	<b>28</b>	hrs. min.

9. Exact Occupation. **At Home** Did this work for..... yrs.

10. Industry or Business. Date last worked.....

11. Birthplace **Scotland**

(City or town) (State or foreign country)

12. Name. **William Ross**

13. Birthplace **Scotland**

(City or town) (State or foreign country)

14. Maiden name **Jessie N R**

15. Birthplace **Scotland**

(City or town) (State or foreign country)

16. Informant's OWN Signature. **J W Grant**

and Address. **Jerome, Idaho**

17. (a) **Burial** (b) Date thereof **Nov 22. 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place. **Jerome, Idaho**

18. Funeral Director's OWN Signature. **J W Wiley**

and Address. **Jerome, Idaho**

19. (a) **11/20/48** (b) **Isabella M. Ross**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Nov 19 1948**  
(Month, Day, Year) **5:00** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **Aug 11, 1948** to **Nov 19, 1948**

I last saw h. **er** alive on **Nov 18, 1948**

death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Cerebral embolism** Duration **2 days**

Due to **Auricular fibrillation** **2 yrs**

Due to **L**

Other conditions.....

(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature **James E. Hoat M.D.**

and Address. **Jerome, Idaho** Date **11/20/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948

State File No. 4204

Local Reg. No. 121

Reg. Dist. No. 121

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Tendell  
(c) Street Address or R.F.D. No. Main St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Valentines Stayed 21 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 21 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Camas  
(c) City or town Fairfield  
(d) Street Address or R.F.D. No. 11  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) \_\_\_\_\_ Kansas

## 3. (a) FULL NAME

Mannie Bayles

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Francis

6. (c) Age of husband or wife if alive 60 years

7. Date of Birth (Month, Day, Year) August 23, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>2</u>	<u>27</u>	hrs. min.

9. Exact Occupation day laborer Did this work for life yrs.

10. Industry or Business \_\_\_\_\_ Date last worked Oct. 1946

11. Birthplace Zoo County, Kansas  
(City or town) (State or foreign country)

Father { 12. Name Jack Bayles

13. Birthplace unknown  
(City or town) (State or foreign country)

Mother { 14. Maiden name Mary Ruth Miller

15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Harold G. Koonce  
and Address Fairfield, Idaho

17. (a) burial (b) Date thereof 11/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Fairfield, Idaho

18. Funeral Director's OWN Signature H. P. Bright  
and Address Gooding, Idaho

19. (a) 11/22/48 (b) Walter M. Rose  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 11/19/48 19\_\_\_\_  
at 11 o'clock PM M.

## 21. I HEREBY CERTIFY, That I attended deceased from

11-1-48 19\_\_\_\_ to death 19\_\_\_\_  
I last saw him alive on 11-19 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Uremia 7 days  
cirrhosis of liver 2 yrs  
Due to Hypertension 10 yrs  
+ Cholelithiasis & cholecystitis 2 yrs

Due to \_\_\_\_\_

Other conditions Obesity  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Cholecystectomy Date 11/8/48

Major findings Stones & moderate enlargement

Finding of autopsy none done

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Harold G. Koonce  
(M. D. or other)

and Address Wendell, Idaho Date 11.22 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 9 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 4205  
Local Reg. No. 122  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. ----  
(d) Death Occured Inside? X Outside? ----- city or town  
(e) Died in a Home ----- Hospital X Institution ----- Other place -----  
(f) Name Hosp. or Inst. St. Valentine Stayed ----- days  
(g) Lived in this county ----- years ----- months 1 1/2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Wendell  
(d) Street Address or R.F.D. No. ----  
(e) Deceased lived Inside? X Outside? ----- city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 1 1/2 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME DENNIS KEITH JOHNSON

3. (b) If veteran, name war no 3. (c) Social Security No. none  
5. Color or ----- 6. (a) Single, widowed, married, divorced infant  
4. Sex M race Wh. 6. (c) Age of husband or wife if alive ----- years  
6. (b) Name of husband or wife none  
7. Date of Birth (Month, Day, Year) November 23, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>1 1/2</u>	hrs min.

9. Exact Occupation infant Did this work for ----- yrs.  
10. Industry or Business infant Date last worked -----  
11. Birthplace Wendell, Idaho  
(City or town) (State or foreign country)

12. Name Keith H. Johnson  
13. Birthplace Preston, Idaho  
(City or town) (State or foreign country)  
14. Maiden name June Andra  
15. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. June Andra  
and Address Preston, Idaho

17. (a) burial (b) Date thereof 11/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Jerome, Cemetery

18. Funeral Director's OWN Signature Tracy H. Garcia  
and Address Jerome, Idaho

19. (a) 12/2/48 (b) Tracy H. Garcia  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 24, 1948  
at 10:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-23-48 to 11-24-48  
I last saw him alive on 11-24-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Lack of food Duration 11-24-48

Due to Conjugal anomaly?  
Due to -----  
Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----  
Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred -----  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature Tracy H. Garcia (M. D. or other)  
and Address Jerome Date 11-26-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEPARTMENT OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 4206

Local Reg. No. 123

Reg. Dist. No. 421

## 1. PLACE OF DEATH: STATISTICS

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Valentine's Stayed 6 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town King Hill  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Vermont, Ill.

## 3. (a) FULL NAME

MARY ILDA PARRY

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or race F W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frank

6. (c) Age of husband or wife if alive 58 years

7. Date of Birth (Month, Day, Year)

Feb. 16, 1892

8. AGE	Years	Months	Days	If less than 1 day
	56	9	13	hrs min.

9. Exact Occupation housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business home Date last worked Nov. 1948

11. Birthplace Vermont, Illinois (City or town) (State or foreign country)

12. Name Marshall Easley

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Alice Hoopes

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Frank Parry

and Address King Hill Idaho

17. (a) Glenn H. Parry Date thereof 12-2-48 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Glenn H. Parry Idaho

18. Funeral Director's OWN Signature Edmund D. Gillman

and Address Wendell Idaho

19. (a) 12/12/48 (Date received and filed) Walter M. Rose (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 11-29 1948  
at 3:25 o'clock 2 A.M.

21. I HEREBY CERTIFY, That I attended deceased from 11-22 1948, to 11-29 1948

I last saw her alive on 11-29 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Intestinal Obstruction Duration 6 days  
Peritonitis 6 days

Due to Post Operative Hemorrhage 6 days  
Postoperative Peritonitis 1-2 days

Due to Uterine Fibroids 2-3 yrs

Other conditions Hypertension 10 yrs  
(Include pregnancy within 3 months of death)

Cholelithiasis 2-3 yrs

## Where was disease contracted?

Name of operation  hysterectomy Date 11/23/48 Underline

Major finding Intestinal Obstruction the cause to which death should be charged statistically.

Finding of autopsy Definitive for Obstruction 11/28/48

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Harold G. Halenberger M.D.

and Address Wendell Idaho Date 12/6/48 (M, D, or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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Certificate Of Death

STATE OF IDAHO

State File No. 4207  
Local Reg. No. 28  
Reg. Dist. No. 42

1. PLACE OF DEATH: STATISTIC  
(a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Our Lady of Consolation Stayed 10 days  
(g) Lived in this county 6 years 1 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City or town Kootenai  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Swan Valley, Idaho

3. (a) FULL NAME Ralph Fleming  
3. (b) If veteran, name war — 3. (c) Social Security No. None  
4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Rosa May 6. (c) Age of husband or wife if alive 76 years  
7. Date of Birth (Month, Day, Year) October 23, 1867

8. AGE	Years	Months	Days	If less than 1 day
	81	0	12	hrs min.

9. Exact Occupation Retired Farmer Did this work for 56 yrs.  
10. Industry or Business Agriculture Date last worked 1939  
11. Birthplace Vergundus, Penn.  
(City or town) (State or foreign country)

12. Name Hiram Fleming  
13. Birthplace Penn.  
(City or town) (State or foreign country)  
14. Maiden name Nancy Hogue  
15. Birthplace Penn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature] and Address Kootenai, Idaho

17. (a) Burial (b) Date thereof Nov 7, 1948 (Month) (Day) (Year)  
(c) Place: Pine Grove Cem. - Kootenai, Idaho

18. Funeral Director's OWN Signature Claude T. [Signature] and Address Kootenai, Idaho

19. (a) Nov 4, 1948 (b) W. J. [Signature] (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 4 1948  
at 1:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 25 1948, to Nov. 4 1948

I last saw him alive on Nov. 4 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Myocardial Infarction Duration 9 days

Due to Cardio-Renal Disease 5 yrs

Due to ———  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Wiley D. [Signature] (M. D. or other)  
and Address Cottonwood, Idaho Date Nov 4 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 4208  
Local Reg. No. 589  
Reg. Dist. No. 244

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Kamiah  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 59 years 10 months 16 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Kamiah  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 59 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Nathaniel Samuel Jabeth

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. None

5. Color or \_\_\_\_\_  
4. Sex Male race red  
6. (b) Name of husband or wife Amelia  
6. (c) Age of husband or wife if alive 56 years  
7. Date of Birth (Month, Day, Year) December 24, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>59</u>	<u>10</u>	<u>16</u>	hrs min.

9. Exact Occupation Farmer Did this work for All yrs.  
10. Industry or Business Agriculture Date last worked 1947  
11. Birthplace Kamiah Idaho  
(City or town) (State or foreign country)

12. Name Samuel Jabeth  
13. Birthplace Idaho  
(City or town) (State or foreign country)  
14. Maiden name Sarah Red Wolf  
15. Birthplace Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Amelia S. Jabeth  
and Address Kamiah, Idaho

17. (a) Burial (b) Date thereof Nov 12, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Kamiah Indian 2nd Church Cem.

18. Funeral Director's OWN Signature Clarence T. Murray  
and Address Kootenai, Idaho

19. (a) Nov 11/48 (b) Clarence T. Murray  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 9, 1948  
at 2:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1948, to 11/9, 1948  
I last saw him alive on 11/8, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage Duration 2 days

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Clarence T. Murray  
(M. D. or other)

and Address Kamiah, Idaho Date 11/10, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **4209**  
Local Reg. No. **21**  
Reg. Dist. No. **240**

NOV 20 1948

DIVISION OF VITAL STATISTICS

## 1. PLACE OF DEATH:

- (a) County **Idaho**  
(b) City or town **Whitebird**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **X** \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place **X** \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years **1** \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Elmore**  
(c) City or town **Mountain Home**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **X** \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **46** years  
(h) Former residence (city, state) **Mountain Home Ida.**

## 3. (a) FULL NAME

**ARTHUR JULIUS NELSON**

3. (b) If veteran, name war **World War No. 1**

3. (c) Social Security No. **518-12-0275**

5. Color or **White**  
4. Sex **Male** race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Tullie**

6. (c) Age of husband or wife if alive **50** years

7. Date of Birth (Month, Day, Year) **September 30, 1897**

8. AGE	Years	Months	Days	If less than 1 day
	<b>51</b>	<b>1</b>	<b>13</b>	hrs. min.

9. Exact Occupation **Mechanic** Did this work for **30** yrs.

10. Industry or Business **Auto** Date last worked **11/13/48**

11. Birthplace **Windom Kansas** (City or town) (State or foreign country)

12. Name **John B. Nelson** (City or town) (State or foreign country)

13. Birthplace **Stockholm Sweeden** (City or town) (State or foreign country)

14. Maiden name **Christine Nelson** (City or town) (State or foreign country)

15. Birthplace **Chicago Illinois** (City or town) (State or foreign country)

16. Informant's **X** OWN Signature **Tullie Nelson** and Address **Mountain Home Idaho**

17. (a) **Removal** (b) Date thereof **Nov. 14, 1948** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Mountain Home Idaho**

18. Funeral Director's OWN Signature **Raymond G. Loe** and Address **Boise Idaho**

19. (a) **Nov. 13, 1948** (b) **Anna Cone** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **11 / 13** 19 **48**

at \_\_\_\_\_ o'clock \_\_\_\_\_ M. **Nov 13/48**  
21. I HEREBY CERTIFY, That I attended deceased from **Nov 13/48** to **Nov 13** 19 **48**

I last saw him alive on **Nov 13** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Thrombosis** Duration **6 hrs.**

Due to **Thrombosis of Coronary Vessels of the heart.**

Due to \_\_\_\_\_  
Other conditions **None.** (Include pregnancy within 3 months of death)

Where was disease contracted? **?**

Name of operation **None.** Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **None.** PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **L. M. Catterman M.D.** (M. D. or other)

and Address **Shawville** Date **Nov 13** 19 **48** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4210  
Local Reg. No. 22  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Brainerd, Ida.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Brainerd On 12/29/48 7 days  
(g) Lived in this county 39 years 3 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Brainerd, Ida.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 39+ years  
(h) Former residence (city, state) Columbus, Kan.

## 3. (a) FULL NAME

Ema L. Brang

059A

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife George Brang  
6. (c) Age of husband or wife if alive 67 years

7. Date of Birth (Month, Day, Year) May 29, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>5</u>	<u>21</u>	hrs min.

9. Exact Occupation House wife Did this work for 22 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

12. Name Neelma Neysa

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

14. Maiden name Neelma

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature George Brang and Address Golden, Ida.

17. (a) Burial (b) Date thereof Nov 20, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Brainerd, Ida.

18. Funeral Director's OWN Signature George Brang and Address Golden, Ida.

19. (a) Nov. 20, 1948 (b) Ema Cone (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 18 Nov 1948

at 7:25 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1947 to Nov 1948

I last saw her alive on 18 Nov 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 2 weeks

Due to General debility

Due to Rheumatoid arthritis Several years

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Donal Saltman (M. D. or other)

23. Attendant's OWN Signature George Brang and Address Golden, Ida. Date 20 Nov 1948 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. **4211**  
Local Reg. No. **23**  
Reg. Dist. No. **240**

## 1. PLACE OF DEATH:

- (a) County **Idaho**  
(b) City or town **Elk City**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **-----** Stayed **---** days  
(g) Lived in this county **26** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Idaho**  
(c) City or town **Elk City**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **26** years  
(h) Former residence (city, state) **Schuyler, Nebraska**

## 3. (a) FULL NAME

**BARTUNEK, "G" JERRY**

## 3. (b) If veteran, name war

**Sp. Am War**

## 3. (c) Social Security No.

**None**

## 4. Sex **Male** Race **White**

## 5. Color or

(a) Single, widowed, married, divorced **Single**

## 6. (b) Name of husband or wife

**None**

## 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) **April 4th 1873**

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>7</b>	<b>16</b>	hrs. min.

9. Exact Occupation **Tinner** Did this work for **37** yrs.

10. Industry or Business **Metal Shpo** Date last worked **1920**

11. Birthplace **Schuyler, Nebraska**  
(City or town) (State or foreign country)

Father { 12. Name **Joseph Bartunek**

13. Birthplace **Bohemia**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Anna Molacek**

15. Birthplace **Bohemia**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Lydia Canha**

and Address **333 E. 1st St. Sandpoint, Idaho**

17. (a) **Burial** (b) Date thereof **Nov. 26, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Sandpoint, Idaho**

18. Funeral Director's OWN Signature **J. B. Moon**

and Address **420 N. Third Sandpoint, Idaho**

19. (a) **Nov. 21, 1948** (b) **Ema Cone**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **11/20 1948**

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him alive on **October 20 1948**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Cardiac Failure Acute** Duration **1 hr.**

Due to **Chronic Asthma** **1 year.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? **Unknown**

Name of operation **None** Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **None**

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **Gun**

23. Attendant's OWN Signature **J. M. Peltzman M.D.**

and Address **Boise** (M. D. or other) **Nov 20 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
**RECEIVED**  
**DEC 7 1948**  
**Certificate Of Death**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. **4212**  
Local Reg. No. **99**  
Reg. Dist. No. **922**

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home, Hospital, X Institution, Other place  
(f) Name Hosp. or Inst. Our Lady of Consolation Stayed 18 days  
(g) Lived in this county ..... years ..... months 19 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Craigmont  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) -----

3. (a) FULL NAME OLIVER NILSON

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or No. 6. (a) Single, widowed, married, divorced widowed  
4. Sex male race white  
6. (b) Name of husband or wife Bertha Swanson Nilson 6. (c) Age of husband or wife if alive 45 years  
7. Date of Birth (Month, Day, Year) March 20 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>8</u>	<u>5</u>	hrs min.

9. Exact Occupation Farmer-Retired Did this work for life yes.  
10. Industry or Business Own farm Date last worked 1920  
11. Birthplace Sweden (City or town) (State or foreign country)

12. Name Nils Nilson  
13. Birthplace Sweden (City or town) (State or foreign country)  
14. Maiden name Hannah Carlson  
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Emil S. Nelson  
and Address Fruitland, Idaho.

17. (a) Removal (b) Date thereof 11-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Craigmont, Idaho.

18. Funeral Director's OWN Signature C. E. Clow  
and Address Craigmont, Idaho.

19. (a) Nov 26 1948 (b) Wesley J. Orr, M.D.  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **093E** **107X**

20. DATE OF DEATH (Month, Day, Year) November 25 1948  
at 9:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-7 1948, to 11-25 1948  
I last saw h. alive on 11-24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Myocarditis  
Due to Bacterial Pneumonia 18 days -

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature K. H. Collins M.D.  
and Address Craigmont, Ida. Date 11-26-48  
(M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 9 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 4213  
Local Reg. No. 27  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- Idaho  
(a) County .....  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No. Rt. 4  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. 000000000 Stayed... days  
(g) Lived in this county 00 years 00 months 00 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Cottonwood  
(d) Street Address or R.F.D. No. Rt. #4  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 00 years  
(h) Former residence (city, state) 00

## 3. (a) FULL NAME

DONNA ANN HECKMAN

## 3. (b) If veteran,

name war NO

## 3. (c) Social Security

No. None

5. Color or race Female White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 0000

6. (c) Age of husband or wife if alive 0000 years

7. Date of Birth  
(Month, Day, Year)

Nov. 26, 1948 4:20PM

8. AGE	Years	Months	Days	If less than 1 day
	<u>00</u>	<u>00</u>	<u>00</u>	<u>24 hrs 20 min.</u>

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Cottonwood, Idaho  
(City or town) (State or foreign country)

12. Name Don Heckman

13. Birthplace Elkriver, Idaho  
(City or town) (State or foreign country)

14. Maiden name Katie Suhr

15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature H. A. Heckman

and Address Boise, Idaho

17. (a) Removal - Burial (b) Date thereof 11-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower Wann by H. H. Malcom

and Address Lewiston, Idaho

19. (a) Nov. 30, 1948 (b) Erma Cone  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) Nov. 27, 1948  
at 4:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1948 to Nov. 27, 1948

I last saw her alive on Nov. 27, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: None except weak immature  
or associated with brain injury  
Due to and unable to nurse

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature H. E. Kale  
and Address Boise, Idaho Date Nov 28 1948  
(For additional space, use reverse side)

Dr. H.E. Kale

330

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics, U.S. DEPT. OF VITAL STATISTICS

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NOV 6 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1214  
Local Reg. No. 23  
Reg. Dist. No. 640

## 1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Menan  
(c) Street Address or R.F.D. No. Menan Star Rt.  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. X Stayed X days  
(g) Lived in this county 15 years X months X days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Jefferson  
(c) City or town Menan  
(d) Street Address or R.F.D. No. Menan Star Rt.  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) Hinckley, Utah.

## 3. (a) FULL NAME

NEPHI EARL BROWN.

3. (b) If veteran, name war W.W.#1

3. (c) Social Security No. X

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wanda Jardine

6. (c) Age of husband or wife if alive 46 years

7. Date of Birth (Month, Day, Year) April 24, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>5</u>	<u>21</u>	hrs. min.

9. Exact Occupation Farming Did this work for 15 yrs.

10. Industry or Business Farm Date last worked 7/20/47

11. Birthplace Greenwich, Utah. (City or town) (State or foreign country)

12. Name George Brown. (City or town) (State or foreign country)

13. Birthplace Iowa. (City or town) (State or foreign country)

14. Maiden name Rachael Savage. (City or town) (State or foreign country)

15. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs N E Brown and Address Menan, Idaho Star Rt.

17. (a) burial (b) Date thereof 10/18/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Lewisville, Idaho.

18. Funeral Director's OWN Signature A E Ecknell and Address Rigby, Idaho.

19. (a) Nov 3 1948 (b) Mrs A E Ecknell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 15 19 48  
at 7:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 6 19 48 to Oct 15 19 48  
last saw him alive on Oct 15 19 48;  
death is held to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Adenocarcinomatosis 6 mos  
Due to Adenocarcinoma of Colon 2 yrs.

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home  
Name of operation Laparotomy Date 3/24/48  
Major finding Adenocarcinoma  
Finding of autopsy not performed.

PHYSICIAN: Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? X Homicide? X  
Occurred 1948 City, county, state Menan, Idaho  
where violence occurred Menan, Idaho  
Place of Violence: Home X Farm X Industry X  
Public Place X While at work? X

Means of injury Asail Fall m.v.  
23. Attendant's OWN Signature Rigby, Idaho (M. D. or other) and Address Rigby, Idaho Date Oct 18 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 15 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 4215

Local Reg. No. 25

Reg. Dist. No. 640

## 1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Rigby  
(c) Street Address or R.F.D. No. 242 No. Clark St.  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 34 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No. No. Clark.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Payson, Utah.

## 3. (a) FULL NAME

MILLIE ANN SEARLE

## 3. (b) If veteran, name war

☒

## 3. (c) Social Security No.

☒

## 5. Color or

4. Sex F.M. race White

## 6. (a) Single, widowed, married,

divorced widowed

## 6. (b) Name of husband or wife

Leonard Breed

## 6. (c) Age of husband or wife if

alive ☒ years

## 7. Date of Birth

(Month, Day, Year)

Feb. 1, 1872

## 8. AGE

Years

76

Months

9

Days

2

If less than 1 day

hrs. min.

## 9. Exact

Occupation

Housewife

Did this

work for

life

yrs.

## 10. Industry or

Business

Home

Date last

worked

11/2/48

## 11. Birthplace

(City or town)

(State or foreign country)

Parley Pratt Loveless.

## 12. Name

Illinois.

## 13. Birthplace

(City or town)

(State or foreign country)

Eliza Ann Cloward.

## 14. Maiden name

Unknown.

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

M. L. Seale

and Address

276 G. St. Idaho Falls, Ida.

## 17. (a) burial

(Burial, cremation, or removal)

(b) Date thereof 11/6/48

(Month) (Day) (Year)

(c) Place

Rigby, Idaho.

## 18. Funeral Director's

OWN Signature

C. Beckusell

and Address

Rigby, Idaho.

## 19. (a) 11/6/48

(Date received and filed)

(b) Mrs. A. B. Eckusell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

November 3

1948

at 8:30

o'clock

A.

M.

## 21. I HEREBY CERTIFY, That I attended deceased from

7/21

to

11/3

1948

I last saw h. er alive on 11/3 1948

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

1. Hypertensive Pneumonia

Duration

Due to Hypertensive Cardiac Disease 4 yrs

Due to Arteriosclerosis 4 yrs

Other conditions  
(Include pregnancy within 3 months of death)

Diabetes 3 yrs

Where was disease contracted? at home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none performed

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature

Leson Tall M.D.

and Address

Rigby, Idaho.

(M. D. or other)

Date 11/4/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948

State File No. 4216

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **16** years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **16** years  
(h) Former residence (city, state) **Wyoming**

## 3. (a) FULL NAME

**Casper Block**

## 3. (b) If veteran, name war

3. (c) Social Security No. **518-30-1565**

## 5. Color or race

**Male White**

## 6. (b) Name of husband or wife

**Marie K. Block**

## 7. Date of Birth

(Month, Day, Year) **September 13. 1874**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>2</b>	<b>00</b>	hrs. min.

## 9. Exact Occupation

**Farmer**

Did this work for yrs.

## 10. Industry or Business

**Retired**

Date last worked

## 11. Birthplace

**Brumendahl**  
(City or town)

**Russia**  
(State or foreign country)

## 12. Name

**G**

**Block**

## 13. Birthplace

(City or town)

**Russia**

(State or foreign country)

## 14. Maiden name

**Elizabeth M. Voidt**

## 15. Birthplace

(City or town)

**Russia**

(State or foreign country)

## 16. Informant's

OWN Signature

**James E. Block**

and Address

**Jerome, Idaho**

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof **Nov 16. 1948**

(Month) (Day) (Year)

(c) Place

**Jerome, Idaho**

## 18. Funeral Director's

OWN Signature

**J. R. Wiley**

and Address

**Jerome, Idaho**

## 19. (a) Date received and filed

**Nov 15. 1948**

(Registrar's signature)

**James E. Block**

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **November 13** 19 **48**  
at o'clock **A** M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**Oct. 18** 19 **48** to **Nov. 13** 19 **48**  
I last saw him alive on 19

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Cerebral thrombosis**

## Duration

**30 days**

Due to **Hypertensive arteriosclerosis**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's

OWN Signature

**James E. Block** (M. D. or other)

and Address **Jerome, Idaho** Date **11/14 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 30 1948

OFFICE OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No.

4217

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County..... **Jerome**  
(b) City or town..... **Jerome**  
(c) Street Address or R.F.D. No. .... **W Ave B**  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county **11** years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State..... **Idaho** (b) County..... **Jerome**  
(c) City or town..... **Jerome**  
(d) Street Address or R.F.D. No. .... **W Ave B**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **11** years  
(h) Former residence (city, state)..... **Berryville Ark**

3. (a) FULL NAME **Tom Hayhurst**

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

5. Color or .....  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Ellen**  
6. (c) Age of husband or wife if alive **71** years

7. Date of Birth **Nov 14 1875**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>73</b>	<b>00</b>	<b>4</b>	hrs. min.

9. Exact Occupation..... **Retired** Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace **Berryville Arkansas**  
(City or town) (State or foreign country)

12. Name..... **William Hayhurst**

13. Birthplace **Not Known**  
(City or town) (State or foreign country)

14. Maiden name..... **Mary Wilson**

15. Birthplace..... **Alabama**  
(City or town) (State or foreign country)

16. Informant's OWN Signature..... **Ellen Hayhurst**

and Address..... **Jerome, Idaho**

17. (a) **Burial** (b) Date thereof **Nov 21, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place..... **Jerome, Idaho**

18. Funeral Director's OWN Signature..... **J. P. Wiley**

and Address..... **Jerome, Idaho**

19. (a) **11 28 48** (b) **Quinn M. Moke**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Nov 18**  
(Month, Day, Year) 19 **48**  
at **6:00** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from **11-17** to **11-18** 19 **48**

I last saw h. **11-17** alive on **11-17** 19 **48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Embolism** Duration **5 min.**

Due to **Arterial fibrillation** **ewho.**

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature..... **R. H. Baker, M.D.**

and Address..... **Jerome** (M. D. or other)

Date **11-20-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEPT. OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4218**

Local Reg. No. ....

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home? **X** Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **32** years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **32** years  
(h) Former residence (city, state) **Clintonville, Penn**

3. (a) FULL NAME **Henrietta Ruth Cross Eakin**

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

5. Color or Face **White**

4. Sex **Female**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **David**

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) **February 24. 1857**

8. AGE	Years	Months	Days	If less than 1 day
	<b>91</b>	<b>9</b>	<b>5</b>	hrs. min.

9. Exact Occupation **At Home** Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace **Clintonville, Pennsylvania** (City or town) (State or foreign country)

12. Name **Robert William Cross**

13. Birthplace **Veuauago Co. Pennsylvania** (City or town) (State or foreign country)

14. Maiden name **Hannah McKessick**

15. Birthplace **Veuauago Co. Pennsylvania** (City or town) (State or foreign country)

16. Informant's OWN Signature **Thomas O Eakin**

and Address **Jerome Idaho**

17. (a) **Burial** (b) Date thereof **Dec 2. 1948** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Jerome, Idaho**

18. Funeral Director's OWN Signature **J R Wiley**

and Address **Jerome, Idaho**

19. (a) **Nov 2 - 1948** (b) **James R. Maki** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Nov 29 48** (Month, Day, Year) 19.....

at **1:50** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **Sept 1941** to **11-29 1948**

I last saw him alive on **11-24 - 1948**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Senility** Duration **2 yrs.**

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature **H. H. Leher M.D.** (M. D. or other)

and Address **Jerome** Date **11-29 48**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948

State File No.

4219

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No. **620 W Av West**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jerome**  
(c) City or town **Jerome**  
(d) Street Address or R.F.D. No. **620 7 Av West**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **Katherine Pearl Shurtz**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

5. Color or Race **White**

4. Sex **Female**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **May 20, 1948**

8. AGE	Years	Months	Days	If less than 1 day
		<b>6</b>	<b>10</b>	hrs. min.

9. Exact Occupation **Infant** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Twin Falls, Idaho**  
(City or town) (State or foreign country)

12. Name **Arnold Shurtz**

13. Birthplace **Ontario, Oregon**  
(City or town) (State or foreign country)

14. Maiden name **Edna Blunt**

15. Birthplace **Jerome, Idaho**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Arnold F. Shurtz**  
and Address **Jerome, Idaho**

17. (a) **Burial** (b) Date thereof **Dec 2, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Jerome, Idaho**

18. Funeral Director's OWN Signature **J R Wiley**  
and Address **Jerome, Idaho**

19. (a) **Nov 2, 1948** (b) **Shurtz**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **November 30** 19 **48**  
(Month, Day, Year)  
at **3:00** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **May 20**  
19 **48**, to **Nov 30** 19 **48**.

I last saw her alive on **Nov - 30** 19 **48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial Failure** Duration **to Nov. 10 days**

**Coronary Heart Disease**  
Due to **congenital Malformation**

**Multiples; Heart; Sclerosis**

Other conditions **Mal Nutrition**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation **none** Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Arnold F. Shurtz**  
(M. D. or other)

and Address **Twin Falls, Idaho** Date **Dec 1, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4220**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF DEATH: **Jerome**  
(a) County.....  
(b) City or town..... **Eden**  
(c) Street Address or R.F.D. No. **P.O. Box A**  
(d) Death Occurred Inside?..... Outside? **X**..... city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place **X**.....  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county..... **1** years..... **1** months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State..... **Idaho** (b) County..... **Jerome**  
(c) City or town..... **Eden**  
(d) Street Address or R.F.D. No. **P.O. Box A**  
(e) Deceased lived Inside?..... Outside? **X**..... city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **1** years  
(h) Former residence (city, state) **Downey, Calif**

3. (a) FULL NAME **William R Niedrich**  
3. (b) If veteran, name war .....  
3. (c) Social Security No. **552-10-6750**  
5. Color or **White**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Irma**  
6. (c) Age of husband or wife if alive **49** years

7. Date of Birth (Month, Day, Year) **June 6. 1895**  
8. AGE  

Years	Months	Days	If less than 1 day
<b>53</b>	<b>5</b>	<b>2</b>	hrs. min.

9. Exact Occupation..... **Farmer** Did this work for..... yrs.  
10. Industry or Business..... Date last worked.....

11. Birthplace..... **Germany**  
(City or town) (State or foreign country)

12. Name..... **Not Known**

13. Birthplace..... **Germany**  
(City or town) (State or foreign country)

14. Maiden name..... **Not Known**

15. Birthplace..... **Germany**  
(City or town) (State or foreign country)

16. Informant's OWN Signature..... **Irma A. Niedrich**  
and Address..... **Box A - Eden, Idaho**

17. (a) **Burial** (b) Date thereof **Nov, 12. 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Jerome, Idaho.**

18. Funeral Director's OWN Signature..... **JR Wiley**  
and Address..... **Jerome, Idaho**

19. (a) **11-10-48** (b) **Lawrence L. Male**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **November 8, 1948**  
(Month, Day, Year)  
at **6:40** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from..... to.....  
I last saw him..... alive on..... 19.....  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Fractured Skull** Duration

Due to **Automobile wreck**

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **Yes** Suicide?..... Homicide?.....

Occurred..... **Nov 8, 1948** City, county, state

where violence occurred..... **Jerome County Idaho**

Place of Violence: Home..... Farm..... Industry.....

Public Place..... **Highway** While at work?.....

Means of injury..... **Auto turning over**

23. Attendant's OWN Signature..... **JR Wiley (Carron)**

and Address..... **Jerome Idaho** Date..... **Nov 10 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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Certificate of Death

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 4221  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:  
(a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☒  
(f) Name Hosp. or Inst. Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Cassia**  
(c) City or town **Burley**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state)

3. (a) FULL NAME **Norma Jean Price**

3. (b) If veteran, name war  
5. Color or race **White**  
4. Sex **Female**  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) **June, 20, 1933**

8. AGE	Years	Months	Days	If less than 1 day
	<b>15</b>	<b>5</b>	<b>5</b>	hrs. min.

9. Exact Occupation **School girl** Did this work for ☐ yrs.  
10. Industry or Business Date last worked

11. Birthplace **Challis, Idaho**  
(City or town) (State or foreign country)

12. Name **Frank Price**

13. Birthplace **Hoguen, Washington**  
(City or town) (State or foreign country)

14. Maiden name **Dora Gini**

15. Birthplace **Challis, Idaho**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Frank Price**  
and Address **Burley Idaho**

17. (a) **Burial** (b) Date thereof **Nov 29, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Challis, Idaho**

18. Funeral Director's OWN Signature **J R Wiley**  
and Address **Jerome Idaho**

19. (a) **11-28-48** (b) **Lavin L. Mabe**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH **November 25, 1948**  
(Month, Day, Year)  
at **6:08** o'clock **A** M.  
21. I HEREBY CERTIFY That I attended deceased from ☐ 19 ☐ to ☐ 19

I last saw ☐ alive on ☐ 19 ☐;  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death **Cerebral Hemorrhage** Duration  
Due to **Multiple Skull Fracture**  
Due to **Auto-Train - Accident**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred **Nov 25, 1948** City, county, state **Jerome, Jerome Co, Idaho**  
where violence occurred **Jerome, Jerome Co, Idaho**  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place **Highway** While at work? ☐  
Means of injury **Auto-Train Collision**  
23. Attendant's OWN Signature **J R Wiley (Crown)**  
and Address **Jerome Idaho** Date **Nov 27, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 4222  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County. **Jerome**  
(b) City or town. **Jerome**  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home. ☐ Hospital. ☐ Institution. ☐ Other place. ☒  
(f) Name Hosp. or Inst. Stayed ☐ days  
(g) Lived in this county. ☐ years. ☐ months. ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. **Idaho** (b) County. **Jerome**  
(c) City or town. **Jerome**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **1** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**Clifford Melvin Kinman**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or race

**Male White**

## 6. (a) Single, widowed, married, divorced

**Single**

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth

**October 10. 1923**

## 8. AGE

Years **25**

Months **1**

Days **18**

If less than 1 day  
hrs. min.

## 9. Exact Occupation

**Farmer**

Did this work for ☐ yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

**Stratton**

**Nebraska**

(City or town)

(State or foreign country)

## 12. Name

**Earl A Kinman**

## 13. Birthplace

**Cosby**

**Missouri**

(City or town)

(State or foreign country)

## 14. Maiden name

**Edith F Hansen**

## 15. Birthplace

**Topeka**

**Kansas**

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

**Arthur D. Kinman**

and Address **160 N.W. 4th St. (Caretaker) Oregon**

## 17. (a) Burial

**Dec 1 1948**

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place **Richfield**

**Idaho**

## 18. Funeral Director's OWN Signature

**J.P. Wiley**

and Address **Jerome Idaho**

## 19. (a)

**12-1-48**

(Date received and filed)

## (b)

**L. J. F. F. F.**

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

**Nov 28**

(Month, Day, Year)

**48**

at **3:34**

o'clock **A** M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19. to 19.

I last saw h. alive on 19.

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Crushed and mangled**

**Body**

Due to **fall from bridge**

Due to **fall from bridge**

Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

## Duration

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☒ Homicide? ☐

Occurred **Nov 28** 1948 City, county, state

where violence occurred **Jerome County Idaho**

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☒ While at work? ☐

Means of injury **fall from high bridge**

## 23. Attendant's OWN Signature

**J.P. Wiley**

and Address **Jerome Idaho**

Date **Nov 30 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. 1223

Local Reg. No. 219

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 14th & Lakeside  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Home Hosp Stayed 45 days  
(g) Lived in this county 41 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 806 3rd St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Quebec Canada

## 3. (a) FULL NAME TURNER, Edith

3. (b) If veteran, name war 1111111111 3. (c) Social Security No. 1111111111  
5. Color or race W 6. (a) Single, widowed, married, divorced Married  
4. Sex F 6. (c) Age of husband or wife if alive 78 years  
6. (b) Name of husband or wife William  
7. Date of Birth (Month, Day, Year) May 15, 1877

AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>5</u>	<u>16</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 41 yrs.  
10. Industry or Business Cwn Home Date last worked May 48  
11. Birthplace Greenwich England (City or town) (State or foreign country)  
Father { 12. Name Henry Froud  
13. Birthplace England (City or town) (State or foreign country)  
Mother { 14. Maiden name Mary (unknown)  
15. Birthplace England (City or town) (State or foreign country)  
16. Informant's OWN Signature W A Turner and Address Coeur d'Alene, Idaho  
17. (a) Burial (b) Date thereof 11-1-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Forest Cem. Cd'A, Idaho  
18. Funeral Director's OWN Signature Don English and Address Coeur d'Alene, Idaho  
19. (a) 11-12-48 (b) Mary A. Turner (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11-1-48 19\_\_\_\_  
at 11:00 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from 7 - 18 1948 to 11 - 1 1948  
I last saw h. 11 alive on 10 - 30 - 1948;  
death is said to have occurred on the date and hour stated above

## Immediate Cause of Death:

- Pulmonary Edema Duration 8 days  
Due to Cachexia 1 gm  
Due to Coronary & Arteriosclerosis 1 gm  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? - Suicide? - Homicide? -  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home - Farm - Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? -  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature E R Carlson M.D. (M. D. or other)  
and Address 312-471 Old Idaho Date 11-1-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
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DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4224**  
Local Reg. No. **213**  
Reg. Dist. No. **120**

1. PLACE OF DEATH: **Kootenai**  
(a) County.....  
(b) City or town? **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **402 Indiana**  
(d) Death Occurred Inside? **X** Outside?.....city or town  
(e) Died in a Home **X** Hospital.....Institution.....Other place.....  
(f) Name Hosp. or Inst. **Knight's** Stayed.....days  
(g) Lived in this county **28** years.....months.....days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **402 Indiana**  
(e) Deceased lived Inside **X** Outside?.....city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **28** years  
(h) Former residence (city, state) **Wisc.**

3. (a) FULL NAME **INNES, James K.**

3. (b) If veteran, name war **WWI** 3. (c) Social Security No. **111-111111**  
4. Sex **M** 5. Color or **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Widowed** 6. (c) Age of husband or wife if alive **11-15** years

7. Date of Birth (Month, Day, Year) **July 30, 1865**

8. AGE	Years	Months	Days	If less than 1 day
	<b>83</b>	<b>3</b>	<b>1</b>	hrs. min.

9. Exact Occupation **Woodsman** Did this work for **30** yrs.

10. Industry or Business **Scaler** Date last worked **1926**

11. Birthplace **Wisconsin** (City or town) (State or foreign country)

Father { 12. Name **Wm Innes**

13. Birthplace **Unknown** (City or town) (State or foreign country)

Mother { 14. Maiden name **Unknown**

15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **James E Innes** and Address **Spokane, Washington**

17. (a) **Burial** (b) Date thereof **11-5-48** (c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English** and Address **Coeur d'Alene, Idaho**

19. (a) **11-12-48** (b) **11-12-48** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **11-2-48** (Month, Day, Year) at **6:00** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **10** to **10-15** 19**48**, to **11-2** 19**48**. I last saw him alive on **11-2** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Arteriosclerosis** Duration **20 yrs.**

Due to **Cerebral Arteriosclerosis** **20 yrs.**

Due to **Senile Arteriosclerosis** **20 yrs.**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **—**

Name of operation **—** Date **—**

Major finding **—**

Finding of autopsy **—** PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **—** Suicide? **—** Homicide? **—**

Occurred **—** 19 **—** City, county, state where violence occurred **—**

Place of Violence: Home **—** Farm **—** Industry **—**

Public Place **—** While at work? **—**

Means of injury **—**

23. Attendant's OWN Signature **ER Palmer M.D.** (M. D. or other)

and Address **317 4th St. Coeur d'Alene, Idaho** Date **11-4-48** 19 **48** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

Bind

State File No. 4225

Local Reg. No. 216

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County KOOTENAI  
(b) City or town COEUR D' ALENE  
(c) Street Address or R.F.D. No. 309-GARDEN AVE.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 44 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County KOOTENAI  
(c) City or town COEUR D' ALENE  
(d) Street Address or R.F.D. No. 309-GARDEN AVE.  
(e) Deceased lived Inside? XX Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 44 YEARS years  
(h) Former residence (city, state) UNKNOWN

## 3. (a) FULL NAME EMMA AGNES RAUCH

3. (b) If veteran name war NONE 3. (c) Social Security No. NONE  
5. Color or WHITE  
4. Sex FEMALE race WHITE 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) FEB. 7, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>8</u>	<u>29</u>	hrs. min.

9. Exact Occupation SCHOOL TEACHER Did this work for LIFE yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace VIRGEN ILLINOIS  
(City or town) (State or foreign country)

12. Name ANDREW RAUCH  
13. Birthplace LEXINGTON, KENTUCKY  
(City or town) (State or foreign country)

14. Maiden name MARGARET CASSITY  
15. Birthplace LEXINGTON, KENTUCKY  
(City or town) (State or foreign country)

16. Informant's EL Rauch  
OWN Signature COEUR D' ALENE, IDAHO  
and Address \_\_\_\_\_

17. (a) REMOVAL (b) Date thereof 11/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place MOSSCOW IDAHO  
18. Funeral Director's J. J. Chiplinger  
OWN Signature COEUR D' ALENE, IDAHO  
and Address \_\_\_\_\_

19. (a) 11-12-48 (b) M. E. Sumner  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH NOVEMBER 5 19 48  
(Month, Day, Year) 2:10 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from 11-4  
19 18 to 11-5 19 48

I last saw h. er alive on 11-5 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Medullary Infarct Duration \_\_\_\_\_  
Due to Anterior division and hypertension years \_\_\_\_\_  
Due to cerebrovascular accident 1 day  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's C. G. Bandy M.D.  
OWN Signature COEUR D' ALENE (M. D. or other) Date 11-8 19 48  
and Address \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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# Certificate of Death

1948

State File No.

4226

Local Reg. No.

Reg. Dist. No.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County KOOTENAI  
(b) City or town COEUR D' ALENE  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. LAKE CITY Stayed \_\_\_\_\_ days  
(g) Lived in this county 11 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year; give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County KOOTENAI  
(c) City or town COEUR D' ALENE  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) CLARKIE, IDAHO

## 3. (a) FULL

NAME WINNIE SCHUBERT

3. (b) If veteran, name war  
NONE

3. (c) Social Security No.  
NONE

5. Color or  
4. Sex FEMALE race WHITE

6. (a) Single, widowed, married,  
divorced WIDOWED

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) APRIL 9, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>4</u>	<u>22</u>	hrs. min.

9. Exact Occupation HOUSEWIFE Did this work for LIFE yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace MINNESOTA  
(City or town) (State or foreign country)

12. Name CHARLES BERNDT  
(City or town) (State or foreign country)

13. Birthplace GERMANY  
(City or town) (State or foreign country)

14. Maiden name AMELIA TESKE  
(City or town) (State or foreign country)

15. Birthplace GERMANY  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Don Schubert  
and Address COEUR D' ALENE, IDAHO

17. (a) REMOVAL (b) Date thereof 11/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place ST. MARDES, IDAHO

18. Funeral Director's  
OWN Signature J. H. Ciplinger  
and Address COEUR D' ALENE, IDAHO

19. (a) 11-12-48 (b) Mary Hamlin  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH NOVEMBER 7, 1948

(Month, Day, Year) \_\_\_\_\_ 19\_\_\_\_  
at 12:06 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from  
11/4 1948, to 11/7 1948

I last saw him alive on 11/7 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary Duration 3 days

Due to The factor is

Due to Arteriosclerosis

Other conditions Heart failure  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ What at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's  
OWN Signature W. K. Anderson  
(M. D. or other)  
and Address Coeur d'Alene Date 11/8 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics, DIVISION OF VITAL STATISTICS

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NOV 22 1948

# Certificate of Death

STATE OF IDAHO

1948 4227  
State File No. \_\_\_\_\_  
Local Reg. No. 992  
Reg. Dist. No. 100

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 702 3rd St  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Kootenai Stayed 12 days  
(g) Lived in this county 5 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Post Falls  
(d) Street Address or R.F.D. No. R.F.D. #1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) Carrington S. D.

## 3. (a) FULL NAME

NICOLSON JOHN

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

None

## 4. Sex M 5. Color or race W

## 6. (a) Single, widowed, married, divorced Widowed

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) Oct 14, 1858

8. AGE	Years	Months	Days	If less than 1 day
<u>90</u>	<u>1</u>	<u>6</u>	<u>hrs.</u>	<u>min.</u>

## 9. Exact Occupation Farmer Did this work for 50 yrs.

## 10. Industry or Business Own Farm Date last worked 1930

## 11. Birthplace Ontario Canada (City or town) (State or foreign country)

## 12. Name Sam Nicolson

## 13. Birthplace Scotland (City or town) (State or foreign country)

## 14. Maiden name Katherine McMillan

## 15. Birthplace Scotland (City or town) (State or foreign country)

## 16. Informant's OWN Signature John A. Nicolson and Address Post Falls Rt #1.

## 17. (a) Burial (b) Date thereof 11-13-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Forest Cmty Cda. Idaho

## 18. Funeral Director's OWN Signature Mooney-English Chapel and Address Coeur d'Alene Idaho

## 19. (a) Nov 18, 1948 (b) Mary E. Hamilton (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) 11-10-48 at 1:00 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from June 1, 1948 to Nov 10, 1948

I last saw him alive on Nov 10, 1948. death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Duration

Aspiratic Pneumonia 10 days

Due to \_\_\_\_\_

Due to Septicemia 2 years

Other conditions Septicemia 18 mo. (Include pregnancy within \_\_\_\_\_ months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Robertson M.D. (M. D. or other) and Address Coeur d'Alene Date Nov 12, 1948 (For additional space, use reverse side)

131B  
073D

PHYSICIAN Underline the cause to which death should be charged statistically

Idaho 694

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEPT. OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **4228**  
Local Reg. No. **215**  
Reg. Dist. No. **120**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **KOOTENAI**  
(b) City or town **COEUR D'ALENE, IDAHO**  
(c) Street Address or R.F.D. No. **835-WEST GARDEN AVE.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years **16** months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **IDAHO** (b) County **LINCOLN**  
(c) City or town **MOYIE SPRINGS**  
(d) Street Address or R.F.D. No. **UNKNOWN**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **60** years  
(h) Former residence (city, state) **UNKNOWN**

3. (a) FULL NAME **GEORGE McCORMICK**

3. (b) If veteran name war **NONE** 3. (c) Social Security No. **NONE**
4. Sex **MALE** Color or race **WHITE** 5. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) **SEPTEMBER 21, 1862**

8. AGE	Years	Months	Days	If less than 1 day
	<b>86</b>	<b>0</b>	<b>21</b>	hrs. min.

9. Exact Occupation **RANCHER** Did this work for ☐ yrs.
10. Industry or Business ☐ Date last worked ☐

11. Birthplace **IRELAND** (City or town) (State or foreign country)

12. Name **WILLIAM McCORMICK**

13. Birthplace **KLLINCHY IRELAND** (City or town) (State or foreign country)

14. Maiden name **MARY GIBSON**

15. Birthplace **IRELAND** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. A. L. De Gruy**

and Address **835 W. Garden**

17. (a) **REMOVAL** (b) Date thereof **11/12/48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **BONNERS FERRY, IDAHO**

18. Funeral Director's OWN Signature **J. J. Crislinger**

and Address **COEUR D'ALENE, IDAHO**

19. (a) **11-2-48** (b) **Mary Gibson** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **NOVEMBER 12** 19 **48**  
(Month, Day, Year) at **9:00** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **8/14** 19 **47** to **Nov 12** 19 **48**  
I last saw him alive on **Nov 10** 19 **48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Occlusion** Duration **20 minutes**

Due to **arterio-sclerosis** many yrs

Due to ☐ Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature **W. J. D. or other**

and Address **COEUR D'ALENE** Date **11-12** 19 **48**

(For additional space, use reverse side)

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NOV 22 1948

## Certificate of Death

STATE OF IDAHO

1948  
State File No. 4229  
Local Reg. No. 221  
Reg. Dist. No. 120

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL STATISTICS

## 1. PLACE OF DEATH:

(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 702 3rd st  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Kootenai Stayed 7 days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Kootenai  
(c) City or town Post Falls  
(d) Street Address or R.F.D. No. Rt # 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) West Virginia

3. (a) FULL NAME MORELAND, Arthur

3. (b) If veteran, name, war WWI  
3. (c) Social Security No. 519-10-5879  
5. Color or race M  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary  
6. (c) Age of husband or wife if alive 54 years

7. Date of Birth (Month, Day, Year) Nov 7, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>0</u>	<u>8</u>	hrs. min.

9. Exact Occupation Carpenter Did this work for 45 yrs.

10. Industry or Business Contractor Date last worked 1940

11. Birthplace West Virginia  
(City or town) (State or foreign country)

12. Name Isaac Moreland

13. Birthplace West Virginia  
(City or town) (State or foreign country)

14. Maiden name Rebecca ?

15. Birthplace West Virginia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Leland T Moreland  
and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 11-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Forest Cem. Cd'A, Idaho

18. Funeral Director's OWN Signature Don English

and Address Coeur d'Alene, Idaho

19. (a) Nov 18, 1948 (b) Mary Moreland  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11-15-48  
at 6:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1948 to Nov 15, 1948  
I last saw him alive on Nov 15, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Toxic Thyroid Duration 10 yr  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Endocarditis 5 yr  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Rebecca Lenson, M.D.

and Address Coeur d'Alene Date Nov 17, 1948  
(M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
NOV 20 1948  
Certificate of Death  
STATE OF IDAHO

State File No. **4230**  
Local Reg. No. **224**  
Reg. Dist. No. **120**

1. PLACE OF DEATH:  
(a) County **COOTENAI**  
(b) City or town **COEUR D'ALENE**  
(c) Street Address or R.F.D. No. **903-MULLAN AVE**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **46** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **IDAHO** (b) County **KOOTENAI**  
(c) City or town **COEUR D'ALENE, IDAHO**  
(d) Street Address or R.F.D. No. **903-MULLAN**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **46** years  
(h) Former residence (city, state) **SPIRIT LAKE**

3. (a) FULL NAME **HARRY W. SMITH**

3. (b) If veteran **NONE** 3. (c) Social Security No. **NONE**  
4. Sex **MALE** Color or race **WHITE**  
5. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **UNKNOWN**

8. AGE	Years	Months	Days	If less than 1 day
	<b>82</b>			hrs. min.

9. Exact Occupation **COMMON LABORER** Did this work for **LIFE** yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **DENT'S RUN, PENN.**  
(City or town) (State or foreign country)

12. Name **UNKNOWN**

13. Birthplace **UNKNOWN**  
(City or town) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Clare Dent**  
and Address **Bremerton Wash**

17. (a) **BURIAL** (b) Date thereof **11/19/48**  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place **FOREST CEMETERY**

18. Funeral Director's OWN Signature **John G. Phillips**  
and Address **Boise**

19. (a) **NO 26/1948** (b) **W. H. H. H.**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **NOVEMBER 17** 19 **48**  
(Month, Day, Year)  
at **12:00 noon** o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
**did not** 19 \_\_\_\_\_ to 19 \_\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on **did not** 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Probable Chronic myocarditis** Duration **8 years**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation **none** Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **none**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **William T. Wood M.D., Coroner**  
(M. D. or other)

and Address **Coeur d'Alene** Date **11-22-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. **4231**  
Local Reg. No. **226**  
Reg. Dist. No. **120**

1. PLACE OF DEATH:  
(a) County **KOOTENAI**  
(b) City or town **COEUR D'ALENE**  
(c) Street Address or R.F.D. No. **1613-N. FOURTH STREET**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **IDAHO** (b) County **KOOTENAI**  
(c) City or town **1613-N. FOURTH STREET**  
(d) Street Address or R.F.D. No. **COEUR D' ALENE, IDAHO**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) **DRAKE N. DAKOTA**

3. (a) FULL NAME **LOIS THOM**

3. (b) If veteran name war **NONE** 3. (c) Social Security No. **NONE**  
5. Color or **WHITE**  
4. Sex **FEMALE** race **WHITE**  
6. (b) Name of husband or wife **NONE** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **FEB. 7, 1935**

8. AGE	Years	Months	Days	If less than 1 day
	13	9	12	hrs. min.

9. Exact Occupation **STUDENT** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **DRAKE N. DAKOTA** (City or town) (State or foreign country)

- Father { 12. Name **HERMAN J. THOM**  
13. Birthplace **LONG PRAIRE, MINN.** (City or town) (State or foreign country)

- Mother { 14. Maiden name **EMMA WACKER**  
15. Birthplace **MARTIN N. DAKOTA** (City or town) (State or foreign country)

16. Informant's OWN Signature **Herman J. Thom**  
and Address **COEUR D' ALENE, IDAHO**

17. (a) **BURIAL** (b) Date thereof **11/23/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **FOREST CEMETERY**

18. Funeral Director's OWN Signature **J. C. Ciplinger**  
and Address **COEUR D' ALENE, IDAHO**

19. (a) **Nov 26, 1948** (b) **Nov 26, 1948**  
(Date received and filed) (Registrar's signature)

- MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH **NOVEMBER 18**  
(Month, Day, Year) 19 **48**

- at **7:00** o'clock **A.** M.  
21. I HEREBY CERTIFY, That I attended deceased from **7-13** 19 **48**, to **11-18** 19 **48**  
I last saw h. **alive** on **11-18** 19 **48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Leukemia** Duration **3 weeks**

Due to **Leukemia** **7 Months**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Coeur d'Alene**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature **James W. Hawkins**

(M. D. or other)

and Address **Coeur d'Alene** Date **11-19-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 6 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 4232

Local Reg. No. 229

Reg. Dist. No. 120

1. PLACE OF DEATH: **Kootenai**
- (a) County **Kootenai**
- (b) City or town **Coeur d'Alene**
- (c) Street Address or R.F.D. No. **1833 N 9th St**
- (d) Death Occurred Inside? ☒ Outside? ☐ city or town
- (e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐
- (f) Name Hosp. or Inst. ☐ Stayed ☐ days
- (g) Lived in this county **1** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Kootenai**
- (c) City or town **Coeur d'Alene**
- (d) Street Address or R.F.D. No. **1833 N 9th St**
- (e) Deceased lived Inside? ☒ Outside? ☐ city or town
- (f) Citizen of what country? **USA**
- (g) How long had deceased lived in Idaho? **1** years
- (h) Former residence (city, state) **Montana**

3. (a) FULL NAME **NELSON, Alfred**

3. (b) If veteran, name and service number **//////////**
3. (c) Social Security No. **709-09-1245**
4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (c) Age of husband or wife if alive **44** years

7. Date of Birth (Month, Day, Year) **Nov 12, 1879**

8. AGE	Years	Months	Days	If less than 1 day
	<b>69</b>	<b>0</b>	<b>7</b>	hrs. min.

9. Exact Occupation **Rancher** Did this work for **35** yrs.

10. Industry or Business **Own Farm** Date last worked **11-16-48**

11. Birthplace **Sioux Falls, S. Dakota** (City or town) (State or foreign country)

12. Name **Andrew Nelson**

13. Birthplace **Norway** (City or town) (State or foreign country)

14. Maiden name **Andrea Haroldson**

15. Birthplace **Norway** (City or town) (State or foreign country)

16. Informant's OWN Signature **Luella Nelson** and Address **Coeur d'Alene, Idaho**

17. (a) **11-23-48** (b) Date thereof **11-23-48** (c) Place **Burial Forest Cem. Cd'A, Ida.**

18. Funeral Director's OWN Signature **Don English** and Address **Coeur d'Alene, Idaho**

19. (a) **Dec 2, 1948** (b) **Mary Hamilton** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **11-19-48** 19 **48**
- at **8:00** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **11-17-48** to **11-19-48**
- I last saw him alive on **11-19-48**
- death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Coronary Thrombosis** Duration **7 days**

Due to ☐

Due to ☐

Other conditions ☐

(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? ☐ Suicide? ☐ Homicide? ☐
- Occurred ☐ 19 ☐ City, county, state ☐
- where violence occurred ☐
- Place of Violence: Home ☐ Farm ☐ Industry ☐
- Public Place ☐ While at work? ☐
- Means of injury ☐
- Attendant's OWN Signature **W.D. Hughes MD.** (M.D. or other) ☐
- and Address **Coeur d'Alene, Idaho** Date **11-23-1948**
- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 6 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948 4233

State File No. ....

Local Reg. No. 227

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **N 15th St**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place  
(f) Name Hosp. or Inst. **Martins** Stayed **2 yrs** days  
(g) Lived in this county **55** years **55** months **55** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **N 15th St**  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **55** years  
(h) Former residence (city, state) **Illinois**

3. (a) FULL NAME **GOULD, Rose V.**

3. (b) If veteran, name was **////////** 3. (c) Social Security No. **////////**  
4. Sex **F** 5. Color or **W** race **W**  
6. (b) Name of husband or wife **////////** 6. (c) Age of husband or wife if alive **////////** years  
7. Date of Birth (Month, Day, Year) **March, 1859**

8. AGE	Years	Months	Days	If less than 1 day
	<b>89</b>	<b>8</b>	<b>?</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **60** yrs.  
10. Industry or Business **Own Home** Date last worked **1930**

11. Birthplace **Illinois**  
(City or town) (State or foreign country)

12. Name **Unknown**

13. Birthplace **Unknown**  
(City or town) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Frank Liscombe**  
and Address **Coeur d'Alene, Idaho**

17. (a) **Burial** (b) Date thereof **11-23-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene, Idaho**

19. (a) **Dec 2, 1948** (b) **Martha Hamilton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **11-20-48**  
(Month, Day, Year) at **10:00** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 1, 1948** to **Nov 20, 1948**  
I last saw h. **alive** on **Nov 18, 1948**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

	Duration
<b>Hypertensive Pneumonia</b>	<b>1 week</b>
Due to <b>Congestive Heart failure</b>	<b>10 days</b>
<b>Respiratory infection</b>	<b>12 days</b>
Due to <b>Serious</b>	
Other conditions <b>Serious</b>	
(Include pregnancy within 3 months of death)	

Where was disease contracted? **Idaho**

Name of operation **Idaho** Date **Idaho**

Major finding **Idaho**

Finding of autopsy **Idaho**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred **Nov 20, 1948** City, county, state **Idaho**  
where violence occurred **Idaho**  
Place of Violence: Home ☒ Farm ☒ Industry ☒  
Public Place ☒ While at work? ☒

Means of injury **Idaho**  
Attendant's OWN Signature **Don English** (M. D. or other)  
and Address **Coeur d'Alene, Idaho** Date **Nov 23, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

NOV 29 1948

STATE OF IDAHO

State File No. **4234**  
Local Reg. No. **225**  
Reg. Dist. No. **124**

1. PLACE OF DEATH: **ROOTENAI** DIVISION OF VITAL STATISTICS
- (a) County **ROOTENAI**
- (b) City or town **COEUR D' ALENE**
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town
- (e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. **HOLE HOSP** Stayed **11** days
- (g) Lived in this county **28** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **IDAHO** (b) County **ROOTENAI**
- (c) City or town **GARWOOD**
- (d) Street Address or R.F.D. No. \_\_\_\_\_
- (e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town
- (f) Citizen of what country? **U.S.**
- (g) How long had deceased lived in Idaho? **28** years
- (h) Former residence (city, state) **UNKNOWN**

3. (a) FULL NAME **LARION ALBERT STEWART**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**
4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years
7. Date of Birth (Month, Day, Year) **MARCH 28, 1858**

8. AGE	Years	Months	Days	If less than 1 day
	<b>90</b>	<b>6</b>	<b>24</b>	hrs. min.

9. Exact Occupation **FARMER** Did this work for **LIFE** yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace **STRONGS PARIE, IOWA** (City or town) (State or foreign country)
12. Name **UNKNOWN STEWART**
13. Birthplace **UNKNOWN** (City or town) (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace **UNKNOWN** (City or town) (State or foreign country)

16. Informant's OWN Signature **Melvin D. Stewart** and Address \_\_\_\_\_

17. (a) **BURIAL** (b) Date thereof **11/24/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place **FOREST CEMETERY**

18. Funeral Director's OWN Signature **H. Ciplinger** and Address **COEUR D' ALENE, IDAHO**

19. (a) **NOV 29 1948** (b) **Mary E. Hamilton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **NOVEMBER 21** 19**48**  
(Month, Day, Year) **7:00** A. o'clock M.
21. I HEREBY CERTIFY, That I attended deceased from **Nov 5** to **Nov 21**, 19**48**.

I last saw h. **in** alive on **Nov 20**, 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to **Myocarditis - Chronic** **10 y.**

Due to \_\_\_\_\_  
Other conditions **Semility**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature **Robertson M. D.**

and Address **Coeur d'Alene** (M. D. or other) Date **11/23**, 19**48**

(For additional space, use reverse side)

**Idaho**



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 6 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. **4235**  
Local Reg. No. **228**  
Reg. Dist. No. **120**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **1012 6th St.**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **14** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **1012 6th St**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **14** years  
(h) Former residence (city, state) **Spokane, Wn.**

3. (a) FULL NAME **HENRY, Arthur J.**

3. (b) If veteran, name war **Span-American** 3. (c) Social Security No. **518-01-9007**
4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **XXXXXXXXXXXX** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years
7. Date of Birth (Month, Day, Year) **Oct, 29, 1876**

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>0</b>	<b>22</b>	hrs. min.

9. Exact Occupation **Scaler** Did this work for **40** yrs.  
10. Industry or Business **Woods** Date last worked **10-22-48**

11. Birthplace **Keosauqua, Iowa**  
(City or town) (State or foreign country)

12. Name **Arthur J. Henry**  
13. Birthplace **Unknown**  
(City or town) (State or foreign country)

14. Maiden name **Clara Kinney**  
15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Lettie E. Griggs**  
and Address **1012-6th St.**

17. (a) **Burial** (b) Date thereof **11-24-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene, Idaho.**

19. (a) **Dec 2, 1948** (b) **Mary Hamilton**  
(Date received and filed) (Registrar signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **11-21-48**  
(Month, Day, Year) at **10:00** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **August 1947** to **11-21-48**.  
I last saw him alive on **11-21-48**.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac Failure** Duration **1 hr.**

Due to **Coronary occlusion**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19. \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **C. G. Randau M.D.**  
(M. D. or other) and Address **Coeur d'Alene** Date **11-26-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DEC 6 1948

# Certificate of Death

State File No. **4236**  
Local Reg. No. **230**  
Reg. Dist. No. **122**

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
VISION OF VITAL STATISTICS

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County **KOOTENAI**  
(b) City or town **COEUR D' ALENE**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home.....Hospital **X** Institution.....Other place.....  
(f) Name Hosp. or Inst. **KOOTENAI HOSP.** Stayed..... days  
(g) Lived in this county **30** years.....months.....days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **KOOTENAI**  
(c) City or town **COEUR D' ALENE**  
(d) Street Address or R.F.D. No. **1811-FRONT AVE.**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **SOUTH DAKOTA**

## 3. (a) FULL NAME

**INNIE VELLAM**

## 3. (b) If veteran, name war

**NONE**

## 3. (c) Social Security No.

**NONE**

## 4. Sex **FEMALE** Color or race **WHITE**

## 5. (a) Single, widowed, married, divorced **MARRIED**

## 6. (b) Name of husband or wife **THOMAS**

## 6. (c) Age of husband or wife if alive..... years

## 7. Date of Birth (Month, Day, Year) **AUGUST 12, 1870**

8. AGE	Years	Months	Days	If less than 1 day
	<b>78</b>	<b>3</b>	<b>18</b>	hrs. min.

## 9. Exact Occupation **HOUSEWIFE** Did this work for..... yrs.

## 10. Industry or Business..... Date last worked.....

## 11. Birthplace **NEW YORK CITY** **NEW YORK** (City or town) (State or foreign country)

## 12. Name **DANIEL SHAW**

## 13. Birthplace **UNKNOWN** (City or town) (State or foreign country)

## 14. Maiden name **UNKNOWN**

## 15. Birthplace (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Thomas Vellam** and Address **BURIAL**

## 17. (a) **BURIAL** (b) Date thereof **11/30/48** (Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature **J. P. Reilinger** and Address **COEUR D' ALENE**

## 19. (a) **DEC 21 1948** (b) **Mary J. Hamilton** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH **NOVEMBER 27** 19**48** (Month, Day, Year)

at **9:00** o'clock **P.M.**

## 21. I HEREBY CERTIFY, That I attended deceased from **Sept 1** 19**48** to **Nov 27** 19**48**

I last saw h..... alive on..... 19..... death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Hypostatic Pneumonia** Duration **10 days**

Due to.....

Due to..... Other conditions **Carcinoma Right lung 5 years** (Include pregnancy within 3 months of death)

Where was disease contracted? **Senility**

Name of operation..... Date.....

Major finding..... Finding of autopsy.....

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

## 23. Attendant's OWN Signature **Richardson, M.D.** and Address **Coeur d'Alene** (M. D. or other)

Date..... 19..... (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 13 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 4237

Local Reg. No. 231

Reg. Dist. No. 120

1. PLACE OF DEATH:  
(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **N 15th St**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place ☒  
(f) Name Hosp. or Inst. **Martins** Stayed **7 mo** days  
(g) Lived in this county **2** years **0** months **0** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **1031 Young**  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **49** years  
(h) Former residence (city, state) **Minnesota**

3. (a) FULL NAME **ASHLEY, Cora**

3. (b) If veteran, name war **//////////** 3. (c) Social Security No. **//////////**  
4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **//////////** 6. (c) Age of husband or wife if alive **//////////** years  
7. Date of Birth (Month, Day, Year) **Oct. 27, 1870**

8. AGE	Years	Months	Days	If less than 1 day
	<b>78</b>	<b>01</b>	<b>02</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **50** yrs.  
10. Industry or Business **Own Home** Date last worked **1945**

11. Birthplace **Howard Lake, Minnesota**  
(City or town) (State or foreign country)

Father { 12. Name **Nathaniel Chaffins**  
13. Birthplace **Virginia**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Polly Sumner**  
15. Birthplace **Kentucky**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Leo Christensen**  
and Address **Everett, Washington**

17. (a) **Burial** (b) Date thereof **11-30-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene, Idaho**

19. (a) **Dec 9, 1948** (b) **W. H. Hamilton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **11-27-48**  
(Month, Day, Year) at **11:15** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **Sept 1948** to **Nov. 27 1948**  
I last saw h. or alive on **Nov. 23 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic myocarditis** } Duration **10-15 yrs.**  
**Hypertension**  
Due to **acute degeneration of heart** } **1 day**

Due to **acute degeneration of heart**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **none**  
Name of operation **none** Date **none**  
Major finding **none**  
Finding of autopsy **none**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☒ Suicide? ☒ Homicide? ☒  
Occurred **1948** City, county, state where violence occurred **Coeur d'Alene, Idaho**  
Place of Violence: Home ☒ Farm ☒ Industry ☒  
Public Place ☒ While at work? ☒

Means of injury **falling from scaffolding**  
23. Attendant's OWN Signature **W. H. Hamilton** (M.D. or other)  
and Address **Coeur d'Alene, Idaho** Date **11-30-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 13 1948

# Certificate of Death

STATE OF IDAHO

STATE OF IDAHO

State File No. **4238**  
Local Reg. No. **232**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **1324 Lakeside**  
(d) Death Occurred Inside? **X** Outside? **X** city or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place **X**  
(f) Name Hosp. or Inst. **Home** Stayed **16 Mo.**  
(g) Lived in this county **60** years **60** months **60** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene,**  
(d) Street Address or R.F.D. No. **1114 Sherman**  
(e) Deceased lived Inside? **Yes** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A**  
(g) How long had deceased lived in Idaho? **60** years  
(h) Former residence (city, state) **Mich**

## 3. (a) FULL NAME

**HOELZLE EMANUEL G.**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

5. Color or **W**  
4. Sex **M** race **W**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **years**

7. Date of Birth (Month, Day, Year) **Feb 11 1861**

8. AGE	Years	Months	Days	If less than 1 day
	<b>87</b>	<b>9</b>	<b>19</b>	hrs. min.

9. Exact Occupation **Carpenter** Did this work for **60** yrs.

10. Industry or Business **Private** Date last worked **1930**

11. Birthplace **Saginaw Mich.** (City or town) (State or foreign country)

12. Name **Unknown**

13. Birthplace **Unknown** (City or town) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. E. P. Underlich** and Address **87 names Idaho**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-4-48** (Month) (Day) (Year)  
(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English** and Address **Coeur d'Alene, Idaho**

19. (a) **Dec 9, 1948** (Date received and filed) (b) **W. H. Smith** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **11-30 1948** 19 **at 10:00** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **1946** to **Nov 30 1948**  
I last saw h. **in** alive on **Nov 28 1948**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

**Cerebral thrombosis**

Duration **3 weeks**

Due to **Cerebral thrombosis**

**central**  
**stroke**

Due to **Other conditions**  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **Date**

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **Sw** Suicide? **Sw** Homicide? **Sw**

Occurred **Sw** 19 **Sw** City, county, state where violence occurred

Place of Violence: Home **Sw** Farm **Sw** Industry **Sw**

Public Place **Sw** While at work? **Sw**

Means of injury **Sw**

23. Attendant's OWN Signature **R. H. Parker, M.D.** (M.D. or other)

and Address **Coeur d'Alene, Idaho** Date **12-8-48** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 16 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **4239**  
Local Reg. No. **218**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **RFD # 2**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **3** years **6** months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **212 Homestead**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **15** years  
(h) Former residence (city, state) **Curlew, Wash.**

## 3. (a) FULL NAME

**STANTON, Charlotte K.**

## 3. (b) If veteran, name, was

## 3. (c) Social Security No.

5. Color or race **F**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) **Jan 30, 1863**

8. AGE	Years	Months	Days	If less than 1 day
	<b>85</b>	<b>9</b>	<b>4</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **50** yrs.

10. Industry or Business **Own Home** Date last worked **1930**

11. Birthplace **Janesville, Wisc.** (City or town) (State or foreign country)

12. Name **George H. Fougeron**

13. Birthplace **New York** (City or town) (State or foreign country)

14. Maiden name **Elizabeth Landon**

15. Birthplace **New York** (City or town) (State or foreign country)

16. Informant's OWN Signature **Harry B. Stanton (DE)**

and Address **Coeur d'Alene, Idaho**

17. (a) **Cremation** (b) Date thereof **11-6-48**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Spokane, Washington**

18. Funeral Director's OWN Signature **Don English**

and Address **Coeur d'Alene, Idaho**

19. (a) **11-12-48** (b) **Mary Hamilton**

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **11-4-48** at **7:30** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **2-24** 19 **48** to **11-4** 19 **48**. I last saw him alive on **10-15** 19 **48**. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Carcinoma, kidney, etc** Duration **2-3 years**

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding.

Finding of autopsy.

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury.

23. Attendant's OWN Signature **H. B. Hughes M.D.**

(M.D. or other)

and Address **Coeur d'Alene** Date **11-5-48**

(For additional space, use reverse side)

443

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. **4240**  
Local Reg. No. **220**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Spirit Lake  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☐ Other place ....  
(f) Name Hosp. or Inst. Spirit Lake Stayed 7 days  
(g) Lived in this county 0 years 0 months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME JACK ~~ALBERT~~ WEITZ

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife 6 (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) March 8, 1930

8. AGE	Years	Months	Days	If less than 1 day
	<u>18</u>	<u>7</u>	<u>16</u>	hrs min.

9. Exact Occupation None Did this work for ..... yrs.  
10. Industry or Business Date last worked  
11. Birthplace Colfax Washington  
(City or town) (State or foreign country)

12. Name Rino Weitz  
13. Birthplace No Record Russia  
(City or town) (State or foreign country)

14. Maiden name Elizabeth Herring  
15. Birthplace No Record Russia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Wm Rino Weitz  
and Address Endicott, Wash.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-5-48  
(Month) (Day) (Year)  
(c) Place: Colfax, Washington

18. Funeral Director's OWN Signature Bruning Funeral Home  
and Address Colfax, Washington

19. (a) 11-12-48 (b) Mary E. Bruning  
(Date received and filed) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Washington (b) County Whitman  
(c) City or town Endicott  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? ..... Outside? ☒ ..... city or town  
(f) If foreign born, in U. S. .... yrs. Citizen of U. S. ?  
(g) How long had deceased lived in Idaho? 7 Days  
(h) Former residence (city, state) Endicott, Wash

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 4 19 48  
at 9:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 10/29 1948, to 11/4/48 19  
I last saw him alive on 11/4/48 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Epilepsy Duration 15 yrs.

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred.  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature P. C. Fredrickson M.D.  
and Address Spirit Lake (M. D. or other) Date 11/5/48 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 16 1948

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1048  
State File No. **4241**  
Local Reg. No. **214**  
Reg. Dist. No. **120**

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. **Marine Rt.**  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **36** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **Marine Rt.**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **36** years  
(h) Former residence (city, state) **Longmont, Colo.**

## 3. (a) FULL NAME **JENKS, Grace L.**

3. (b) If veteran, name **////////** 3. (g) Social Security No. **////////**  
5. Color or **W**  
4. Sex **F** race **W**  
6. (b) Name of husband or wife **Alva O.** 6. (c) Age of husband or wife if alive **59** years

7. Date of Birth (Month, Day, Year) **April 16, 1894**

8. AGE	Years	Months	Days	If less than 1 day
<b>54</b>	<b>6</b>	<b>20</b>	<b>hrs.</b>	<b>min.</b>

9. Exact Occupation **Housewife** Did this work for **35** yrs.  
10. Industry or Business **Own Home** Date last worked **11-5-48**  
11. Birthplace **Kentucky** (City or town) (State or foreign country)

- Father { 12. Name **Unknown**  
13. Birthplace **Unknown** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Alva O. Jenks**  
and Address **Coeur d'Alene, Idaho**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **11-8-48** (Month) (Day) (Year)  
(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene, Idaho**

19. (a) **11-12-48** (Date received and filed) (b) **Myrtle J. Smith** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **11-6-48**  
(Month, Day, Year) **19**  
at **1:00** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **June 1** 19**48**  
to **Nov 6** 19**48**  
I last saw h. **on** alive on **Sept. 11** 19**48**;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Hepatitis (Chronic)** Duration **1 1/2 years**  
Due to **Hepatitis (Chronic)**  
Due to **Hepatitis (Chronic)**  
Other conditions **Hepatitis (Chronic)** (Include pregnancy within 3 months of death) **10 years**

Where was disease contracted? **Idaho**  
Name of operation **Date**  
Major finding **Date**  
Finding of autopsy **Date**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **Nov 6** 19**48** City, county, state where violence occurred **Coeur d'Alene, Idaho**  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury **Shooting**  
Attendant's OWN Signature **Don English** (M D. or other)  
and Address **Coeur d'Alene, Idaho** Date **Nov 9** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States

Department of Commerce

Bureau of the Census

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NOV 1 1948

# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

1948

State File No. 4242

Local Reg. No. 118

Reg. Dist. No. 200

## STATISTICS

### 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. 122 S. Howard  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 20 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. 122 S. Howard  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state)

### 3. (a) FULL NAME Frank Bruce Robinson

3. (b) If veteran, name war WW 1 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex M race W 6. (c) Age of husband or wife if alive 48 years  
6. (b) Name of husband or wife Pearl B.  
7. Date of Birth (Month, Day, Year) July 5, 1886

8. AGE	Years	Months	Days	If less than 1 day
	62	3	14	hrs min.

9. Exact Occupation Religious Leader Did this work for 20 yrs.  
10. Industry or Business Psychiana Date last worked 10-1-48  
11. Birthplace New York (City or town) (State or foreign country)

12. Name John Henry Robinson  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Roselle Coope  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature W. B. Robinson  
and Address MOSCOW, Idaho

17. (a) Cremation (b) Date thereof 10-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Spokane, Washington (Hazen)  
18. Funeral Director's OWN Signature Short's Funeral Chapel  
and Address MOSCOW, Idaho

19. (a) 10-22-48 (b) Lois E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 094 A

20. DATE OF DEATH October 19 1948  
(Month, Day, Year) at 12:15 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 2-1-19 to 10-19-1948  
I last saw him alive on 10-19-1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary hemorrhage Duration 15-30 min

Due to Sept. Pneumococcal Carcinoma 3 yrs

Due to Arteriosclerosis 5 years  
Other conditions (Include pregnancy within 8 months of death) chronic obstructive pulmonary disease 1 year

Where was disease contracted? None Date None

Major finding same as above  
Finding of Autopsy same as above

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? 0 Homicide? 0

Occurred 0 19 City, county, state  
where violence occurred 0

Place of Violence: Home 0 Farm 0 Industry 0  
S) Public Place 0 While at work? 0

Means of injury 0  
23. Attendant's OWN Signature Joseph E. Wilson MD  
and Address 1020 W. 2nd (M. D. or other) Date 10-28-48

(For additional space, use reverse side)



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DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 4243  
Local Reg. No. 122  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Gritman Stayed 1 days  
(g) Lived in this county 1 years 1 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Bovill  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME Alfred Young Brady

3. (b) If veteran, name war None 3. (c) Social Security No. 430-14-6769  
5. Color or race W 6. (a) Single, widowed, married, divorced married  
4. Sex M 6. (b) Name of husband or wife Susan F. 6. (c) Age of husband or wife if alive 41 years  
7. Date of Birth (Month, Day, Year) January 5, 1903

8. AGE	Years	Months	Days	If less than 1 day
	<u>45</u>	<u>10</u>	<u>1</u>	hrs min.

9. Exact Occupation Logging Did this work for 1 yrs.  
10. Industry or Business Lumbering Date last worked 11-5-48  
11. Birthplace Waco Texas (City or town) (State or foreign country)

12. Name Stonewall J. Brady  
13. Birthplace Arkansas (City or town) (State or foreign country)  
14. Maiden name Alice Gifford  
15. Birthplace Alabama (City or town) (State or foreign country)

16. Informant's OWN Signature Susan Brady and Address Bovill Idaho

17. (a) Burial (b) Date thereof 11-9-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow Idaho

18. Funeral Director's OWN Signature Shorts Funeral Chapel and Address Moscow, Idaho

19. (a) 11-9-48 (b) Louis E. Anderson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 6, 1948 19  
at 3:15 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 11/5 1948, to 11/16/48 19  
I last saw him alive on 11/6 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Shock Duration 30hr

Due to accident

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 11/3/48 19 \_\_\_\_\_ City, county, state where violence occurred Latah Co

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry X

Public Place \_\_\_\_\_ While at work? X

Means of injury Logging accident

23. Attendant's OWN Signature W. E. M. Luch and Address Moscow Idaho Date 11/8 1948 (For additional space, use reverse side)

175E

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4244  
Local Reg. No. 123  
Reg. Dist. No. 200

1. PLACE OF DEATH: **STATISTICS**
- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 1 days  
(g) Lived in this county 5 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. 226 Circle Drive  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Herman Duane Joachim

3. (b) If veteran, name war WW 2 3. (c) Social Security No. ....  
5. Color or race W 6. (a) Single, widowed, married, divorced single  
4. Sex M 6. (b) Name of husband or wife ---- 6. (c) Age of husband or wife if alive ---- years  
7. Date of Birth (Month, Day, Year) January 20, 1925

8. AGE	Years	Months	Days	If less than 1 day
	<u>23</u>	<u>9</u>	<u>17</u>	hrs min.

9. Exact Occupation Student Did this work for ..... yrs.  
10. Industry or Business U. of I. Date last worked 11-5-48  
11. Birthplace Enid Oklahoma  
(City or town) (State or foreign country)

12. Name Peter Herman Joachim  
13. Birthplace Bellmont Illinois  
(City or town) (State or foreign country)  
14. Maiden name Minnie Root  
15. Birthplace Bellmont Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature T. N. Joachim  
and Address Plainview, Texas

17. (a) Removal (b) Date thereof 11-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Alva, Oklahoma

18. Funeral Director's Short's Funeral Chapel  
OWN Signature W. E. Anderson  
and Address Moscow, Idaho

19. (a) 11-10-48 (b) W. E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 7 1948  
at 2:15 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 11/7/48 1948, to 11/7/48 1948.  
I last saw him alive on 11/7/48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Stroke et loss of blood Duration 1 hr

Due to accident

Due to Heart injury  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....  
Occurred. 19..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ✓ While at work? .....  
Means of injury Car Train accident

23. Attendant's OWN Signature Dorothy M. Luehr  
and Address Moscow Idaho Date 11/8 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 4245  
Local Reg. No. 124  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Critman Stayed 3 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Potlatch  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 days years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Henry Vernon Vowels

3. (b) If veteran, name war -- 3. (c) Social Security No. --  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years  
7. Date of Birth (Month, Day, Year) 11-9-1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>3</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Moscow Idaho  
(City or town) (State or foreign country)

12. Name Edward Vernon Vowels  
13. Birthplace Palouse Wash.  
(City or town) (State or foreign country)  
14. Maiden name Barbara L. Poston  
15. Birthplace Potlatch Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Eddie Vowels  
and Address Palouse Wash.

17. (a) Removal (b) Date thereof 11-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Palouse, Wash.

18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho

19. (a) 11-13-1948 (b) Louis E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 161A

20. DATE OF DEATH 11-12- 19 48  
(Month, Day, Year) at 8:55 o'clock P.M.

21. I HEREBY CERTIFY That I attended deceased from 11-9-48 19 48 to 11-12-48 19 48  
I last saw him alive on 11-12-48 19 48. Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial infarction Duration \_\_\_\_\_

Due to arteriosclerosis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? 0 Homicide? 0  
Occurred 0 19 \_\_\_\_\_ City, county, state where violence occurred 0  
Place of Violence: Home 0 Farm 0 Industry 0  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury 0

23. Attendant's OWN Signature Joseph J. Wilcox  
and Address Theresa, Idaho Date 11-15-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. EACH item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Crittan Stayed 5 days  
(g) Lived in this county 56 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Latah  
(c) City or town Genesee  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state)

3. (a) FULL NAME Marie Michelsen  
3. (b) If veteran, name war None  
3. (c) Social Security No. None  
5. Color or race W  
4. Sex F  
6. (b) Name of husband or wife Lewis  
6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) May 4, 1872

8. AGE	Years	Months	Days	If less than 1 day
76	6	14	hrs	min.

9. Exact Occupation At home Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Bested Denmark  
(City or town) (State or foreign country)

12. Name Peter Gertler  
13. Birthplace Denmark  
(City or town) (State or foreign country)  
14. Maiden name Unk.  
15. Birthplace Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Claudine Murray  
and Address Missoula Montana

17. (a) Burial (b) Date thereof 11-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Genesee Valley

18. Funeral Director's OWN Signature Short's Funeral Chapel  
and Address Moscow, Idaho

19. (a) 11/26/48 (b) L. E. Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 18 1948  
(Month, Day, Year)  
at 2:50 o'clock A.M.

21. I HEREBY CERTIFY, That I attended, deceased from OCT 21 1948, to NOV 17 1948  
I last saw h<sup>ER</sup> alive on Nov 17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CORONARY OCCLUSION Duration 7 DAYS

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Jack W. Clarke, M.D.  
(M. D. or other)  
and Address Genesee Ia Date Nov 23 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 6 10/12  
Certificate Of Death

STATISTICS  
DIVISION OF VITAL  
STATE OF IDAHO

State File No. 4247  
Local Reg. No. 126  
Reg. Dist. No. 200

1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. 523 S. Monroe  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 34 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. 523 S. Monroe  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Ellen Dinora Bumgarner

3. (b) If veteran, -- name war -- No. --  
5. Color or race F W  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Augustus  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Jan. 26, 1854

8. AGE	Years	Months	Days	If less than 1 day
	<u>94</u>	<u>9</u>	<u>25</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Auburn Illinois  
(City or town) (State or foreign country)

12. Name J. P. Williamson  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Maiden name Melissa Hayes  
15. Birthplace Kentucky  
(City or town) (State or foreign country)

16. Informant's OWN Signature Anna A. U. Morgan  
and Address 523 So. Monroe, Moscow, Ida.

17. (a) Burial (b) Date thereof 11-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow, Cemetery

18. Funeral Director's Short's Funeral Chapel  
OWN Signature A. E. Anderson  
and Address Moscow, Idaho

19. (a) 11-24-48 (b) Leis E. Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A 097X

20. DATE OF DEATH (Month, Day, Year) 11-21- 19 48  
at 6:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
-----, 19\_\_\_\_, to -----, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Cerebral Hemorrhage Unk

Due to arterio-sclerosis

Due to Senility

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. R. Short  
(St. D. or other)

and Address Moscow Date 11/23/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 6 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **4248**  
Local Reg. No. **125**  
Reg. Dist. No. **200**

## STATISTICS

### 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Rural Princeton  
(c) Street Address or R.F.D. No. 1 1/2 M. south  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 38 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Princeton  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state)

### 3. (a) FULL NAME

Ollie Estella Adair

### 3. (b) If veteran, name war

### 3. (c) Social Security No.

None

None

### 4. Sex Female race White

### 6. (a) Single, widowed, married, divorced Widowed

### 6. (b) Name of husband or wife Benjamin F.

### 6. (c) Age of husband or wife if alive years

### 7. Date of Birth

(Month, Day, Year) Sept. 30, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>1</u>	<u>15</u>	hrs min.

### 9. Exact Occupation Hous ewife Did this work for 50 yrs.

### 10. Industry or Business Own Home Date last worked 5-30-48

### 11. Birthplace Yamhill Oregon (City or town) (State or foreign country)

### 12. Name Isaac Miller

### 13. Birthplace Iowa (City or town) (State or foreign country)

### 14. Maiden name Eliza Burden

### 15. Birthplace Oregon (City or town) (State or foreign country)

### 16. Informant's OWN Signature Luigi Adair and Address Potlatch, Idaho

### 17. (a) Burial (b) Date thereof 11-18-48 (Burial, cremation, or removal) (Month) (Day) (Year)

### (c) Place: Freeze, Idaho

### 18. Funeral Director's OWN Signature W. E. K...

### and Address Palouse, Washington

### 19. (a) 11-18-48 (b) Lois E. Anderson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) Nov 15, 1948  
at 7:10 o'clock P. M.

### 21. I HEREBY CERTIFY, That I attended deceased from April 16, 1948 to Nov 15, 1948 I last saw him alive on Nov 14, 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Acute Cardiac Decomposition 6 days  
Acute Pulmonary edema 1 day

Due to Coronary Sclerotic 8 months  
Chronic Myocarditis 2 years

### Due to

Other conditions  
(Include pregnancy within 3 months of death)

### Where was disease contracted?

Name of operation Date

### Major finding

Finding of autopsy

### PHYSICIAN

Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swimming Suicide? None Homicide? None

Occurred 1948 City, county, state

where violence occurred

Place of Violence: Home None Farm None Industry None

Public Place None While at work?

Means of injury

### 23. Attendant's

OWN Signature J. W. Webber M.D.

and Address Palouse, W. Id. Date Nov 14, 1948  
(For additional space, use reverse side)

Certificate Of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

State File No. 4249  
Local Reg. No. 127  
Reg. Dist. No. 200

1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Kendrick  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 63 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Troy  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 63 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Maude Alta Shepherd

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
4. Sex F 6. (b) Name of husband or wife Nimrod 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) July 10, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>4</u>	<u>12</u>	hrs min.

9. Exact Occupation At home Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Cuba Illinois  
(City or town) (State or foreign country)

12. Name James Herbert  
13. Birthplace Marysville, California  
(City or town) (State or foreign country)  
14. Maiden name Laura Mosher  
15. Birthplace Newark, Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature M. A. Shepherd  
and Address Kendrick Idaho

17. (a) Burial (b) Date thereof 11-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: MOSCOW, Idaho

18. Funeral Director's OWN Signature W. L. Gilbert  
and Address MOSCOW, Idaho

19. (a) 11/26/48 (b) Leila E. Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 22, 1948 19  
at 7:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on February 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration Instant

Due to Coronary occlusion 5 yrs.

Due to \_\_\_\_\_  
Other conditions Hypertension 10 yrs.  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home PHYSICIAN \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_ Underline the cause to which death should be charged statistically.

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dachmian (M. D. or other) \_\_\_\_\_

and Address Kendrick Date Nov 24 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Certificate Of Death  
STATE OF IDAHO

State File No. 4250  
Local Reg. No. 129  
Reg. Dist. No. 200

1. PLACE OF DEATH: STATISTICS  
(a) County Latah  
(b) City or town C Troy  
(c) Street Address or R.F.D. No. Rural  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county 57 years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Latah  
(c) City or town Troy  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 57 years  
(h) Former residence (city, state)

3. (a) FULL NAME Sidney Raymond Arnot  
3. (b) If veteran, No name war No  
3. (c) Social Security No. None  
4. Sex M race W  
5. Color or 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) April 7, 1877

8. AGE	Years	Months	Days	If less than 1 day
	71	7	18	hrs min.

9. Exact Occupation Retired Did this work for yrs.  
10. Industry or Business Farming Date last worked 1938  
11. Birthplace Karol County, Indiana (City or town) (State or foreign country)  
Mother Father { 12. Name James A. Arnot  
13. Birthplace Indiana (City or town) (State or foreign country)  
14. Maiden name Mary C. Wingard  
15. Birthplace Unk (City or town) (State or foreign country)  
16. Informant's OWN Signature Wesley Arnot and Address Troy Idaho  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-48 (Month) (Day) (Year)  
(c) Place: Moscow, Idaho  
18. Funeral Director's OWN Signature H. R. Short and Address Moscow, Idaho  
19. (a) 11-29-48 (Date received and filed) (b) Lois E. Anderson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A 097X

20. DATE OF DEATH November 25 1948  
(Month, Day, Year) at 12:35 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from 25 Nov 1948 to 25 Nov 1948  
I last saw him alive on 25 Nov 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Cerebral hemorrhage Duration 3-4 hrs.  
Due to, hypertension & arteriosclerosis years  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature Clyde Culp, M.D. (D. or other)  
and Address Moscow, Idaho Date 11/29 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 4251  
Local Reg. No. 130  
Reg. Dist. No. 200

## STATISTICS

### 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Rural  
(c) Street Address or R.F.D. No. 3 Palouse, Wn.  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 21 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Rural  
(d) Street Address or R.F.D. No. 3 Palouse, Wn.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state)

3. (a) FULL NAME Edward Whitthone Broyles

3. (b) If veteran, Spanish American (c) Social Security No. 533-16-8419

5. Color or White 6. (a) Single, widowed, married, Married  
4. Sex Male race White

6. (b) Name of husband or wife Mattie V. 6. (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year) Dec. 12, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>11</u>	<u>5</u>	hrs min.

9. Exact Occupation Farmer Did this work for 25 yrs.

10. Industry or Business Retired Date last worked 9-1947

11. Birthplace Fincastle Tenn. (City or town) (State or foreign country)

12. Name J. L. Broyles

13. Birthplace Tazewell Va. (City or town) (State or foreign country)

14. Maiden name Martha E. East

15. Birthplace Tazewell Va. (City or town) (State or foreign country)

16. Informant's OWN Signature J. O. Broyles

and Address Palouse, Washington

17. (a) Burial (b) Date thereof 11-29-48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Palouse, Wash.

18. Funeral Director's OWN Signature H. E. Smith

and Address Palouse, Wash.

19. (a) 11-29-48 (b) Lois E. Anderson

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 27 19 48  
at 4 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 1941 to November 27, 1948

I last saw him alive on Nov. 25, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of the Prostate Generalized Duration

Due to Adeno-carcinoma of the prostate 2 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature J. W. DeBree M.D.

and Address Palouse Wn Date 11/29/1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 6 1948

# Certificate Of Death

STATE OF IDAHO

1548  
State File No. 4252  
Local Reg. No. 131  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town 2 Miles East of Palouse  
(c) Street Address or R.F.D. No. 3 Palouse  
(d) Death Occured Inside? Outside Yes city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 36 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town 2 Miles E. of Palouse  
(d) Street Address or R.F.D. No. 3 Palouse Wn.  
(e) Deceased lived Inside? Outside Yes city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Archie Raymond Berry

3. (b) If veteran, name war None 3. (c) Social Security No. 519-01-8375  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bernice 6. (c) Age of husband or wife if alive 34 years  
7. Date of Birth (Month, Day, Year) April 2, 1912

8. AGE	Years	Months	Days	If less than 1 day
	<u>36</u>	<u>7</u>	<u>25</u>	hrs min.

9. Exact Occupation Laborer Did this work for 8 yrs.  
10. Industry or Business Farm Date last worked 11-27-48  
11. Birthplace Latah Co. Idaho  
(City or town) (State or foreign country)

12. Name Jesse W. Berry  
13. Birthplace Cattysburg So. Dakota  
(City or town) (State or foreign country)  
14. Maiden name Vesta P. Merryman  
15. Birthplace California  
(City or town) (State or foreign country)

16. Informant's OWN Signature Velva Brockham  
and Address Palouse, Wash.

17. (a) Burial (b) Date thereof 11-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Palouse, Washington

18. Funeral Director's OWN Signature H. R. Short  
and Address Palouse, Washington

19. (a) 11-30-48 (b) Leis E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 27 19 48  
at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_\_.  
I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_\_; death is  
said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Suicide by firearm None  
Due to 22 caliber rifle  
fired through mouth

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? X Homicide? \_\_\_\_\_  
Occurred November 27 19 48 City, county, state  
where violence occurred Latah County  
Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature H. R. Short, coroner  
(M. D. or other)

and Address MOSCOW, Idaho Date 11-27-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. 4253

Local Reg. No. 690

Reg. Dist. No.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH: STATISTICS
- (a) County Lemhi
- (b) City or town Salmon
- (c) Street Address or R.F.D. No. ---
- (d) Death Occurred Inside? X Outside? - city or town
- (e) Died in a Home X Hospital - Institution - Other place -
- (f) Name Hosp. or Inst. --- Stayed - days
- (g) Lived in this county 73 years 7 months 15 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Lemhi
- (c) City or town Salmon
- (d) Street Address or R.F.D. No. ---
- (e) Deceased lived Inside? X Outside? - city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? Life years
- (h) Former residence (city, state) ----

3. (a) FULL NAME ALBERT CHRISTOPHER AMONSON

3. (b) If veteran, name war --- 3. (c) Social Security No. ---
5. Color or ---
4. Sex Male race White
6. (b) Name of husband or wife Ida Simpson 6. (c) Age of husband or wife if alive --- years

7. Date of Birth (Month, Day, Year) FEBRUARY 27, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>7</u>	<u>15</u>	<u>-</u> hrs. <u>-</u> min.

9. Exact Occupation Merchant Did this work for 41 yrs.
10. Industry or Business Clothing Date last worked 10/12/48
11. Birthplace Salmon Idaho (City or town) (State or foreign country)
- Father { 12. Name Peter Amonson
13. Birthplace Bergen Norway (City or town) (State or foreign country)
- Mother { 14. Maiden name Christina Peters
15. Birthplace Bergen Norway (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. R. B. Meen and Address Salmon, Idaho
17. (a) Burial (b) Date thereof 10/15/48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place Salmon, Idaho
18. Funeral Director's OWN Signature John M. Durand and Address Salmon, Idaho
19. (a) Dec. 6 - 1948 (b) John E. Johnson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 12 19 48
- at 5:30 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Oct 6 19 48 to Oct 12 19 48
- I last saw him alive on Oct 12 19 48
- death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 1 day

Due to Influenza 4 days

Due to ---

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ---

Name of operation --- Date ---

Major finding ---

Finding of autopsy ---

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? --- Suicide? --- Homicide? ---
- Occurred --- 19 --- City, county, state where violence occurred ---
- Place of Violence: Home --- Farm --- Industry ---
- Public Place --- While at work? ---
- Means of injury ---
23. Attendant's OWN Signature R. B. Meen (M. D. or other) ---
- and Address Salmon, Idaho Date Dec 20 19 48
- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 26 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4254  
Local Reg. No. 690  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital ☒ Institution Other place  
(f) Name Hosp. or Inst. Boatman-Mason Stayed 12 days  
(g) Lived in this county 20 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. Gertson Creek  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? unknown  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

BENJAMIN HUDSON

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) Dec. 11, 1860

8. AGE	Years	Months	Days	If less than 1 day
	87	10	25	hrs min.

9. Exact Occupation Rancher Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Bristol, Canada (City or town) (State or foreign country)

12. Name unknown  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature and Address Salmon, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-48 (Month) (Day) (Year)  
(c) Place: Salmon, Idaho

18. Funeral Director's OWN Signature Belvid C. Jones and Address Salmon, Idaho

19. (a) Nov 22-48 (Date received and filed) (b) Viola E. Johnson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nov. 6 1948  
(Month, Day, Year)  
at 9:00 A.M. o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 8:00 P.M. 1947, to 9:00 A.M. 1947.

I last saw him alive on Nov. 6 1947; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

SHOCK

Duration ?

Due to INTRACRANIAL INJURIES

Due to

Other conditions BLEED LOSS FRACTURES  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation Date

## Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred Nov. 5 1947 City, county, state

where violence occurred LEMHI COUNTY, IDAHO

Place of Violence: Home Farm Industry

Public Place HIGHWAY While at work? No

Means of injury AUTOMOBILE

23. Attendant's OWN Signature Fred B. Jones M.D.

and Address Salmon, Idaho Date 11/8 1947

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

1948

State File No. 4255  
Local Reg. No. 670  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Leadore  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county 24 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Leadore  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 24 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

MARGARET VIRGINIA MULVANEY

3. (b) If veteran, name war no 3. (c) Social Security No. no  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female 6. (b) Name of husband or wife Wm. E.  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) May 10, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>5</u>	<u>29</u>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace St. Hilaire, Quebec  
(City or town) (State or foreign country)

12. Name Daniel Hallinan  
13. Birthplace Limeric, Ireland  
(City or town) (State or foreign country)  
14. Maiden name Ann Parkingham  
15. Birthplace Kingston, Ontario  
(City or town) (State or foreign country)

16. Informant's OWN Signature W. J. O. Stone  
and Address Leadore, Idaho

17. (a) Burial (b) Date thereof 11-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Leadore, Idaho

18. Funeral Director's OWN Signature Delbert C. Jones  
and Address Salmon, Idaho

19. (a) Nov 22 - 1948 (b) Viola E. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 9 1948  
at 11 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 12 1948 to Nov 9 1948  
I last saw h. alive on Oct 15 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death Coronary Atherosclerosis Duration 2 mo.  
Cardiovascular Disease

- Due to .....  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature J. R. H. H. H. H. (M. D. or other)  
and Address Salmon, Idaho Date 11-13-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4256**  
Local Reg. No. **690**  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County **Lemhi**  
(b) City or town **Salmon**  
(c) Street Address or R.F.D. No. **Water Street**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years **1** months **29** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Lemhi**  
(c) City or town **Salmon**  
(d) Street Address or R.F.D. No. **Water Street**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **1 mo. 29 days**  
(h) Former residence (city, state) **--**

## 3. (a) FULL NAME

**SYLVIA JO LING**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

Sex **Female** race **White**

## 6. (b) Name of husband or wife

## 6. (a) Single, widowed, married, divorced

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth

(Month, Day, Year)

**September 19, 1948**

8. AGE	Years	Months	Days	If less than 1 day
	--	<b>1</b>	<b>29</b>	-- hrs. -- min.

## 9. Exact Occupation

Did this work for -- yrs.

## 10. Industry or Business

Date last worked --

## 11. Birthplace

**Salmon Idaho**

(City or town)

(State or foreign country)

## 12. Name

**Joseph N. Ling**

## 13. Birthplace

**Salmon, Idaho**

(City or town)

(State or foreign country)

## 14. Maiden name

**Eleanore Davis**

## 15. Birthplace

**Jamesville, Wiso.**

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

**Eleanore Ling**

and Address **Salmon Idaho**

## 17. (a) Burial (b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

## (c) Place

**Salmon Idaho**

## 18. Funeral Director's OWN Signature

**Frank E. Murard**

and Address **Salmon Idaho**

## 19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **November 18, 1948**  
at **3** o'clock **A.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 **11** to 19 **18**  
I last saw him alive on **Nov 4** 19 **48**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

**Bronchopneumonia**

Due to **Malnutrition**

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature **Dr. R. H. Johnson MD**  
and Address **Salmon Idaho** Date **11-24-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

NOV 28 1948

DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 1257  
Local Reg. No. 670  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

ROBERT MAILON SNYDER

3. (b) If veteran, name war SP. Amer.  
3. (c) Social Security No. 518-05-7063  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) /Sept. 24, 1873

8. AGE	Years	Months	Days	If less than 1 day
	75	0	26	hrs min.

9. Exact Occupation Maintenance Did this work for 20 yrs.

10. Industry or Business State Highway Date last worked 1940

11. Birthplace Detroit Michigan  
(City or town) (State or foreign country)

12. Name unknown

13. Birthplace "  
(City or town) (State or foreign country)

14. Maiden name "

15. Birthplace "  
(City or town) (State or foreign country)

16. Informant's OWN Signature Charles C. Beers  
and Address Salmon, Idaho

17. (a) Burial (b) Date thereof 10-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Salmon, Idaho

18. Funeral Director's OWN Signature Delbert C. Jones  
and Address Salmon, Idaho

19. (a) Nov 22-48 (b) Viola E. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 20 19 48  
at 9 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 19 19 48, to Oct 20 19 48.  
I last saw him alive on Oct 20 19 48 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Chronic myocarditis  
Chronic Glomerular Nephritis  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions senility  
(Include pregnancy within 3 months of death)

Where was disease contracted? -

Name of operation - Date \_\_\_\_\_

Major finding -

Finding of autopsy -

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature Phur R. Loggins MD

and Address Salmon (If other) \_\_\_\_\_  
Date Oct 20 19 48

(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4258  
Local Reg. No. 690  
Reg. Dist. No.

1. PLACE OF DEATH: **STATISTICS**  
(a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 61 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 61 years  
(h) Former residence (city, state)

3. (a) FULL NAME SARAH ELIZABETH SANDII ANDS

3. (b) If veteran, name war NO  
3. (c) Social Security No. NO  
5. Color or race Female White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife David  
6. (c) Age of husband or wife if alive 79 years  
7. Date of Birth (Month, Day, Year) April 9, 1869

8. AGE	Years	Months	Days	If less than 1 day
	79	7	11	hrs min.

9. Exact Occupation home Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace unknown England  
(City or town) (State or foreign country)  
12. Name Thomas W. Palmer  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Sara Ann Cook  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature and Address Salmon, Idaho

17. (a) Burial (b) Date thereof 11-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Salmon, Idaho

18. Funeral Director's OWN Signature and Address Salmon, Idaho

19. (a) Dec. 6-1948 (b) Viola E. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 108X 093A

20. DATE OF DEATH (Month, Day, Year) Nov. 20 19 48  
at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 11-12 19 48, to 11-20 19 48  
I last saw h. alive on 11-18 19 48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to *acute myocardial infarction* 1 day

Due to *acute pneumonia* 5 days

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature and Address

Salmon, Idaho (M. D. or other)

Date 11-22 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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DIVISION OF VITAL STATISTICS

Certificate Of Death  
STATE OF IDAHO

1948  
State File No. 4259  
Local Reg. No. 1273  
Reg. Dist. No. 250

1. PLACE OF DEATH:  
(a) County Lewis  
(b) City or town South North Canyon  
(c) Street Address or R.F.D. No. on Mission Creek  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county 29 years... months... days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County May-Penae  
(c) City or town Sweetwater  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state)

3. (a) FULL NAME Mrs. Theresa May Johnson

168X

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race Red  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife Pete Chalmers  
6. (c) Age of husband or wife if alive 31 years  
7. Date of Birth (Month, Day, Year) May 5 1919

8. AGE	Years	Months	Days	If less than 1 day
	29	6	18	hrs min.

9. Exact Occupation housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Date last worked \_\_\_\_\_  
11. Birthplace Mission Creek, Idaho (City or town) (State or foreign country)  
12. Name Antone High Eagle  
13. Birthplace Sweetwater, Idaho (City or town) (State or foreign country)  
14. Maiden name Josephine Lubert  
15. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature] and Address Sweetwater, Idaho  
17. (a) removal (b) Date thereof Oct 29-48 (Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Sweetwater, Idaho  
18. Funeral Director's OWN Signature [Signature] and Address Lewiston, Idaho  
19. (a) (Date received and filed) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 23 1948  
at about 2:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I last saw h... alive on 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: hit in face & head 5 or 6 times with Bottle causing a Contusion of the Brain  
Due to Minded by her  
Other conditions Husband  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? X  
Occurred Oct 23 1948 City, county, state where violence occurred Mission Creek  
Place of Violence: Home Farm Industry  
Public Place X While at work?  
Means of injury same as above  
23. Attendant's OWN Signature Albert Huff Corner and Address [Address] Date 10-24-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
Certificate Of Death

State File No. 4260  
Local Reg. No. 6  
Reg. Dist. No. 232

1. PLACE OF DEATH:

- (a) County Lewis  
(b) City or town Craigmont  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Craigmont  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME JOHN WALKER SHAND

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 518-22-5403  
5. Color or race white 6. (a) Single, widowed, married, divorced? ?  
4. Sex male 6. (b) Name of husband or wife ? 6. (c) Age of husband or wife if alive ? years  
7. Date of Birth (Month, Day, Year) October 14, 1890

8. AGE	Years	Months	Days	If less than 1 day
	58	0	20	hrs min.

9. Exact Occupation Laborer Did this work for ? yrs.  
10. Industry or Business General Date last worked 10-20-48  
11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

16. Informant's OWN Signature Beryl F. Baile  
and Address Craigmont, Ida.

17. (a) Burial (b) Date thereof 11-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Craigmont, Idaho.

18. Funeral Director's OWN Signature C. E. Clavis  
and Address Craigmont, Idaho.

19. (a) Nov 12 1948 (b) C. E. Clavis  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 094A

20. DATE OF DEATH (Month, Day, Year) November 3 191948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from 4-2-48 1948, to 11-3-48 1948  
I last saw him alive on 11-1 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Cronary Occlusion in 4-2-48 11-3-48

Due to arterio sclerosis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature K. H. Hollins M. D.  
(M. D. or other)  
and Address Craigmont, Ida Date 11-12 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

RECEIVED

NOV 27 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 4261  
Local Reg. No. 295  
Reg. Dist. No. 430

## 1. PLACE OF DEATH

- (a) County Lincoln  
(b) City or town Shoshone  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? L Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 58 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lincoln  
(c) City or town Shoshone  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? L Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 62 years  
(h) Former residence (city, state) Soldier - Idaho  
Camas Prairie

## 3. (a) FULL NAME

Samuel Elmer Todd

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married  
4. Sex M race W  
6. (b) Name of husband or wife Harriet Crane  
6. (c) Age of husband or wife if alive 78 years  
7. Date of Birth (Month, Day, Year) Feb - 19 - 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>8</u>	<u>28</u>	hrs min.

9. Exact Occupation Sheepman Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Retired Date last worked 1928?  
11. Birthplace Winterset - Ohio (City or town) (State or foreign country)

12. Name Samuel Todd  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Maiden name Letitia  
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature W. M. Mahon  
and Address Shoshone Idaho

17. (a) Burial (b) Date thereof Nov - 19 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Shoshone Idaho

18. Funeral Director's OWN Signature Myrtle C. Burdett  
and Address Shoshone Idaho

19. (a) Nov 19 - 48 (b) Myrtle C. Burdett  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Nov. 16 1948  
at 8:30 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

10 - 19 1948, to 11 - 16 1948  
I last saw him alive on 11 - 15 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral thrombosis - embolism / stroke Duration \_\_\_\_\_

Due to Stroke of cerebral from chronic  
auricular fibrillation under \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Thromboangitis  
(Include pregnancy within 3 months of death)  
diabetes, both legs. swabs

Where was disease contracted? home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Myrtle C. Burdett

and Address Shoshone Idaho Date 11-17-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
NOV 27 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948 State File No. 4262  
Local Reg. No. 298  
Reg. Dist. No. 430

1. PLACE OF DEATH

- (a) County Lincoln  
(b) City or town Shoshone  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 9 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lincoln  
(c) City or town Shoshone  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) Arkansas

3. (a) FULL NAME

Lueretia Melvina Sharp

048B

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or race W  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) March-15-1884

8. AGE	Years	Months	Days	If less than 1 day
	64	8	4	hrs min.

9. Exact Occupation Housewife Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace (City or town) (State or foreign country)

12. Name Henry Thomas  
13. Birthplace Omaha, Nebraska (City or town) (State or foreign country)  
14. Maiden name Martha Thomas  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Charles E. Sharp  
and Address Wendell, Idaho

17. (a) Burial (b) Date thereof Mr. 22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Road at Shoshone

18. Funeral Director's OWN Signature Myrtle C. Burkett  
and Address Shoshone, Idaho

19. (a) Mr. 22-48 (b) Myrtle C. Burkett  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 19 1948  
at 2 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 5-17 1948, to 11-19 1948  
I last saw her alive on 11-17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertensive pneumonia 5 days

Due to Secondary carcinoma 4 years

Due to Ca of uterus

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation none Date  
Major finding  
Finding of autopsy non

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Esther M. O.  
and Address Shoshone, Idaho Date 11-22-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **4263**

Local Reg. No. **310**

Reg. Dist. No. **430**

RECEIVED

NOV 28 1948

1. PLACE OF DEATH: **PLACE OF VITAL STATISTICS**
- (a) County **L. H. County**  
(b) City or town **Highway near Shoshone**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **19** years **10** months **1** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Twin Falls**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **11** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **STRAUGHN, Jane B. McFarland**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**
5. Color or 6. (a) Single, widowed, married, divorced **married**  
4. Sex **female** race **white**  
6. (b) Name of husband or wife **LLOYD** 6. (c) Age of husband or wife if alive **deceased** years  
7. Date of Birth (Month, Day, Year) **Jan. 24, 1929**

8. AGE	Years	Months	Days	If less than 1 day
	<b>19</b>	<b>10</b>	<b>1</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **6** months  
10. Industry or Business \_\_\_\_\_ Date last worked **11-24-48**  
11. Birthplace **Boise, Idaho** (City or town) (State or foreign country)

- Mother Father { 12. Name **W. I. McFarland**  
13. Birthplace **Humboldt, Tenn.** (City or town) (State or foreign country)  
14. Maiden name **Robbie H. Howes**  
15. Birthplace **Trenton, Tenn.** (City or town) (State or foreign country)

16. Informant's OWN Signature **M. J. McFarland**  
and Address **153 1/2 - 3rd Ave N.**

17. (a) removal (b) Date thereof **11-25-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Burial, Sunset Memorial Park**

18. Funeral Director's White Mortuary OWN Signature **Ella M. White E-249**  
and Address **Twin Falls, Idaho**

19. (a) **Nov. 27-48** (b) **Myrtle C. Burkett**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **NOV., 25, 1948**  
at **7** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **did not attend** 19 \_\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Acute respiratory failure** Duration **1 min**

Due to **loss of blood**  
**multiple body & head injuries**  
Due to **auto accident**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **yes** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred **Nov. 25, 1948** City, county, state **Boise Co. - Public High**  
where violence occurred **Boise Co. - Public High**  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place **yes** While at work? \_\_\_\_\_  
Means of injury **crushed & thrown from car**

23. Attendant's OWN Signature **Myrtle C. Burkett** M. D. of **Boise**  
and Address **Shoshone, Idaho** Date **11-27-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

**Certificate Of Death**  
**RECEIVED** STATE OF IDAHO

1948

State File No. 4264  
Local Reg. No. 299  
Reg. Dist. No. 430

1. PLACE OF DEATH: **NOV 28 1948**  
(a) County Lincoln OF VITAL STATISTICS  
(b) City or town Highway near Shoshone  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 23 years 10 months 14 days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME STRAUGHN, Lloyd Miles  
3. (b) If veteran, name war World II 3. (c) Social Security No. \_\_\_\_\_  
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jane B. 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) Jan 11, 1925  
8. AGE  

Years	Months	Days	If less than 1 day
<u>23</u>	<u>10</u>	<u>14</u>	hrs min.

  
9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 11-24, 48  
11. Birthplace Kimberly, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Clyde Straughn  
13. Birthplace Terre Haute, Indiana (City or town) (State or foreign country)  
14. Maiden name Rachel Pearl Miles  
15. Birthplace Gibbonsville, Idaho (City or town) (State or foreign country)  
16. Informant's OWN Signature Gathleen Unander and Address \_\_\_\_\_  
17. (a) removal (b) Date thereof 11-25-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burial, Sunset Memorial Park  
18. Funeral Director's White Mortuary OWN Signature Ella M. White E-249 and Address Twin Falls, Idaho.  
19. (a) Nov. 27-48 (b) Myrtle C. Burdett (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**  
20. DATE OF DEATH (Month, Day, Year) Nov., 25, 1948 at 1 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from did not attend 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Acute respiratory failure Duration instant  
Due to loss of blood & multiple head injuries  
Due to auto accident  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Nov. 26 1948 City, county, state where violence occurred Lincoln Co. - Public Highway  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place X While at work? No  
Means of injury due to striking side of another car  
23. Attendant's OWN Signature Myrtle C. Burdett (M. D. Coroner) and Address Shoshone, Ida Date 11-27-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
DEC 11 1949  
STATE OF IDAHO

State File No. **4265**  
Local Reg. No. **47**  
Reg. Dist. No. **630**

1. PLACE OF DEATH: **DIVISION OF VITAL STATISTICS**

- (a) County **Blaine**  
(b) City or town **Blaine**  
(c) Street Address or R. F. D. No. **Blaine**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. **Blaine** Stayed **10** days  
(g) Lived in this county **10** years **10** months **10** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Blaine**  
(c) City or town **Blaine**  
(d) Street Address or R.F.D. No. **Blaine**  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? **Blaine**  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state) **Blaine**

3. (a) FULL NAME **Emma Jane Dixon Collier**

3. (b) If veteran, name war **Blaine** No. **Blaine**  
5. Color or **Blaine** 6. (a) Single, widowed, married, divorced **Blaine**  
4. Sex **Female** race **Blaine**  
6. (b) Name of husband or wife **Warren Collier** 6. (c) Age of husband or wife if alive **70** years  
7. Date of Birth (Month, Day, Year) **August 17, 1883**

8. AGE	Years	Months	Days	If less than 1 day
	<b>65</b>	<b>2</b>	<b>24</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **Blaine** yrs.  
10. Industry or Business **Blaine** Date last worked **Blaine**  
11. Birthplace **Cook County, Ill.** (City or town) (State or foreign country)

12. Name **John A. Dixon**  
13. Birthplace **Blaine** (City or town) (State or foreign country)  
14. Maiden name **Elizabeth Short**  
15. Birthplace **Blaine** (City or town) (State or foreign country)

16. Informant's OWN Signature **W. W. Collier**  
and Address **Blaine, Idaho**  
17. (a) **Burial** (b) Date thereof **11/13/48** (Month) (Day) (Year)  
(c) Place: **Blaine**

18. Funeral Director's OWN Signature **Blaine**  
and Address **Blaine**  
19. (a) **11-12-48** (b) **Mrs H. E. Young** (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Nov 10 1948**  
at **3:00** o'clock **PM**

21. I HEREBY CERTIFY, That I attended deceased from **Oct 4 1948** to **Nov 10 1948**  
I last saw h. **en** alive on **Nov 9 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Myocarditis** Duration **2 yrs.**  
Due to **Blaine**

Due to **Blaine**  
Other conditions (Include pregnancy within 3 months of death) **Blaine**

Where was disease contracted? **Blaine**  
Name of operation **Blaine** Date **Blaine**  
Major finding **Blaine**  
Finding of autopsy **Blaine**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **Blaine** Suicide? **Blaine** Homicide? **Blaine**  
Occurred **Blaine** 19 **Blaine** City, county, state where violence occurred **Blaine**  
Place of Violence: Home? **Blaine** Farm? **Blaine** Industry? **Blaine**  
Public Place? **Blaine** While at work? **Blaine**  
Means of injury **Blaine**

23. Attendant's OWN Signature **Blaine**  
and Address **Blaine** Date **11-12-48**  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

**RECEIVED**  
**Certificate Of Death**  
STATE OF IDAHO

**DEC 11 1948**

1. PLACE OF DEATH: (a) County **Madison**  
(b) City or town **Reynolds**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. **St. Mary's** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Madison**  
(c) City or town **Reynolds**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **Richard Calvin Shepherd**  
3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex **M** 5. Color or race **Cauc** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **11-16-48**  
8. AGE  

Years	Months	Days	If less than 1 day
			<b>7 hrs min.</b>

**MEDICAL CERTIFICATE OF DEATH**  
20. DATE OF DEATH (Month, Day, Year) **Nov. 16** 19**48**  
at **7:10** o'clock **A**. M.  
21. I HEREBY CERTIFY, That I attended deceased from **Nov. 16** 19**48**, to **Nov. 16** 19**48**  
I last saw him alive on **Nov. 16** 19**48**, death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Respiratory failure** Duration \_\_\_\_\_  
Due to **Premature** \_\_\_\_\_  
Due to **Partial Separation Placenta** \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Reynolds Idaho** (City or town) (State or foreign country)  
Mother Father { 12. Name **Calvin O. Shepherd**  
13. Birthplace **Richmond Utah** (City or town) (State or foreign country)  
14. Maiden name **Harmeda Hathanger**  
15. Birthplace **Logan Utah** (City or town) (State or foreign country)  
16. Informant's OWN Signature **Calvin O. Shepherd**  
and Address **Reynolds Idaho**  
17. (a) **Autopsy** (b) Date thereof **11-17-48** (Month) (Day) (Year)  
(c) Place: **Logan Utah**  
18. Funeral Director's OWN Signature **none**  
and Address \_\_\_\_\_  
19. (a) **11-16-48** (Date received and filed) (b) **Mrs. F. E. Young** (Registrar's signature)

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **H. B. Rigby** (M. D. **yes**)  
and Address **Reynolds** Date **19**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-246 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 12 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **4267**  
Local Reg. No. **46**  
Reg. Dist. No. **630**

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Sugar City  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 61 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Sugar City  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 61 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Lucinda E. Bingham Pincock

## 3: (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or W 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female 6. (b) Name of husband or wife Geo. A. Pincock 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Nov. 27, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>11</u>	<u>7</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Riverdale Utah (City or town) (State or foreign country)

12. Name Sanford Bingham  
13. Birthplace Westmont (City or town) (State or foreign country)  
14. Maiden name Martha Ann Lewis  
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature G. Sanford Bingham  
and Address Reburied Idaho

17. (a) Buried (b) Date thereof 11/6/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Sugar City Cem.

18. Funeral Director's OWN Signature Wesley E. Gorman  
and Address Reburied Idaho

19. (a) 11-6-48 (b) Wesley E. Gorman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nov. 3 1948  
(Month, Day, Year) at 12:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1945 to Nov. 3 1948  
I last saw h. et alive on Nov. 3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic myocarditis Duration \_\_\_\_\_

Due to Secondary Anemia

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature M. F. Rigby  
and Address Reburied Idaho 11/5 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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1948

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
Certificate Of Death

State File No. 4268  
Local Reg. No. 64  
Reg. Dist. No. 450

1. PLACE OF DEATH:

- (a) County Mundwaga  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. 824 B LX  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 32 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Mundwaga  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. 824 B LX  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME

George Francis Crawford 093D

3. (b) If veteran,

name war no

3. (c) Social Security

No. 720

5. Color or White (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White

6. (b) Name of husband or wife Charles Crawford 6. (c) Age of husband or wife if alive 28 years

7. Date of Birth Jan 28, 1865  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>9</u>	<u>5</u>	hrs min.

9. Exact Occupation Retired Did this work for 28 yrs.

10. Industry or Business Farmer Date last worked 11-6-48

11. Birthplace Provo Utah  
(City or town) (State or foreign country)

12. Name Charles Crawford

13. Birthplace England  
(City or town) (State or foreign country)

14. Maiden name Martha Moore

15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature L. V. Phillips  
and Address Rupert Idaho

17. (a) Burial (b) Date thereof 11-6-48  
(Burial, cremation or removal) (Month, Day, Year)

- (c) Place: Rupert Idaho

18. Funeral Director's OWN Signature Robert J. Phillips  
and Address Rupert Idaho

19. (a) 11-14-48 (b) Robert J. Phillips  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Nov. 3 19 48  
at 9:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 3 19 48 to Nov 3 19 48

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Senility

Due to Myocardial

Due to Old age

Other conditions old age  
(Include pregnancy within 3 months of death)

Where was disease contracted? Region

Name of operation None Date None

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred 19 City, county, state Idaho

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury None

23. Attendant's OWN Signature Phillips  
and Address Rupert Idaho Date 11-12-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 4269  
Local Reg. No. 71  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Christianaville Stayed 1 days  
(g) Lived in this county... years \_\_\_\_\_ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Paul  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? 1 city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Lila Hatch

157A

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. 720

## 4. Sex

F Color or race White

## 5. (a) Single, widowed, married, divorced

Child

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive

\_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Nov 3 1948

## 8. AGE

Years	Months	Days	If less than 1 day
0	0	1	hrs min.

## 9. Exact

Occupation Child Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked \_\_\_\_\_

## 11. Birthplace

Rupert Idaho  
(City or town) (State or foreign country)

## 12. Name

Tom Hatch

## 13. Birthplace

Blackfoot Idaho  
(City or town) (State or foreign country)

## 14. Maiden name

Stella Edwards

## 15. Birthplace

Hailey Utah  
(City or town) (State or foreign country)

## 16. Informant's

## OWN Signature

and Address Paul Idaho

## 17. (a)

Burial (Burial, cremation, or removal) (b) Date thereof 11-5-48 (Month) (Day) (Year)

## (c) Place:

Paul Idaho

## 18. Funeral Director's

## OWN Signature

and Address Rupert Idaho

## 19. (a)

11-29-48 (Date received and filed) (b) W. B. Moore (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Nov 4 1948  
at 8:30 o'clock P M.

## 21. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Spina Bifida  
Due to Hydrocephalus

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

## Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_

While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

## OWN Signature

W. B. Moore (D. or other)  
and Address 11-20-48 Date \_\_\_\_\_ 19\_\_\_\_

(For additional space, use reverse side)

Rupert Idaho 174

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
DEC 2 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 4270  
Local Reg. No. 68  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Rupert  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ✓ Hospital ✓ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Chickadee Stayed 3 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Randell Preston Simpson

159X

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex M race W

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) Nov 4 1948

## 8. AGE

Years \_\_\_\_\_

Months \_\_\_\_\_

Days 3

If less than 1 day

hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Rupert, Idaho  
(City or town) (State or foreign country)

12. Name Brent Simpson

13. Birthplace Payson Idaho  
(City or town) (State or foreign country)

14. Maiden name Willa Simpson

15. Birthplace Payson Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Brent Simpson

and Address Payson Idaho

17. (a) Burial (b) Date thereof Nov 8  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Payson Idaho

18. Funeral Director's OWN Signature Retta L. Payne

and Address Payson Idaho

19. (a) 11-18-48 (b) W. E. Moore  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Nov 5 1948  
at \_\_\_\_\_ o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Birth 19 \_\_\_\_\_, to Nov 5 19 48  
I last saw him alive on Nov 5 19 48 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Prematurity 6 months

Due to not known

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? ✓

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. E. Moore

(M. D. or other)

and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
DEC 2 1948  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

State File No. 4271  
Local Reg. No. 69  
Reg. Dist. No. 450

1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Rupert Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Malta  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Lora Leora Ostberg

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced D

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 3<sup>rd</sup> 1909

8. AGE	Years	Months	Days	If less than 1 day
	<u>39</u>	<u>5</u>	<u>2</u>	hrs min.

9. Exact Occupation Housewife Did this work for 22 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Malta Idaho (City or town) (State or foreign country)

12. Name Joseph S. Hutchison

13. Birthplace Idaho (City or town) (State or foreign country)

14. Maiden name Harriett Wheller

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Jim Hutchison and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Nov. 9, 1948 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Sublette Cemetery

18. Funeral Director's OWN Signature Retta S. Payton and Address Burley Idaho

19. (a) 11-18-48 (b) E. E. Schumacher (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 108X

20. DATE OF DEATH (Month, Day, Year) Nov 5<sup>th</sup> 1948 at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 4 1948, to Nov 5 1948 I last saw h. ev alive on Nov 4 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia lobar Duration \_\_\_\_\_

Due to Chronic heart failure

Due to mitral stenosis

Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)

Where was disease contracted? Unknown

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. J. Dally M.D.

and Address Rupert Idaho Date Nov 2 1948 (M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 16 10 19  
Certificate Of Death

STATISTICS  
DIVISION OF VITAL  
STATE OF IDAHO

State File No. 4272  
Local Reg. No. 272  
Reg. Dist. No. 450

1. PLACE OF DEATH:

- (a) County Missoula  
(b) City or town  Rupert   
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital. Institution. Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 18 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Missoula  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Colorado

3. (a) FULL NAME

Mattie Ann Welch

3. (b) If veteran,

name war no

3. (c) Social Security

No. 720

5. Color or white (a) Single, widowed, married,  
Sex Female race white divorced Widow

- (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) Nov. 17 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>11</u>	<u>26</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Missouri  
(City or town) (State or foreign country)

12. Name Cochell

13. Birthplace unknown  
(City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Louis M. Welch

- and Address Rupert Idaho

17. (a) Removal (b) Date thereof 11-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Delta Colorado

18. Funeral Director's OWN Signature Robert H. Barker

- and Address Rupert Idaho

19. (a) 11-13-48 (b) EN Elmore  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nov. 13 1948  
(Month, Day, Year) at 8:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1947 to Nov. 13 1948

I last saw her alive on Nov. 13 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Myocarditis \_\_\_\_\_

Due to Senility \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Clifford H. Smith

and Address Delta Colorado (M. D. or other)

Date 11-13-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 2 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 4273  
Local Reg. No. 70  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ✓ Outside? ..... city or town  
(e) Died in a Home? ✓ Hospital? ✓ Institution? ✓ Other place? ✓  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Salt Lake City, Utah

## 3. (a) FULL NAME

Samuel G. Newton

093E

## 3. (b) If veteran,

name war No. ....

## 3. (c) Social Security

No. ....

5. Color or race white (a) Single, widowed, married, divorced Married  
4. Sex M

6. (b) Name of husband or wife ..... (c) Age of husband or wife 11 years  
alive ..... years

## 7. Date of Birth (Month, Day, Year)

July 10 1877

## 8. AGE

Years	Months	Days	If less than 1 day
71	4	10	hrs min.

9. Exact Occupation Labourer Did this work for ..... yrs.

10. Industry or Business worked Date last worked

11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

12. Name James L. Newton

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Sarah Elizabeth

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Rupert Newton and Address Rupert, Idaho

17. (a) Funeral (b) Date thereof 11-24-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Salt Lake City, Utah

18. Funeral Director's OWN Signature Robert E. Moore and Address Rupert, Idaho

19. (a) 11-29-48 (b) R. E. Moore (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Nov 20 1948  
at 12 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 10 1948, to Nov 20 1948

I last saw h. alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Arteriosclerosis Duration 20 years

Due to Myocarditis ?

Due to ..... ?

Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? ..... Name of operation ..... Date ..... PHYSICIAN Underline the cause to which death should be charged statistically.

Major finding ..... Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓

Occurred ..... 19..... City, county, state where violence occurred

Place of Violence: Home ✓ Farm ✓ Industry ✓

Public Place ✓ While at work? ✓

Means of injury ✓

23. Attendant's OWN Signature Robert E. Moore (M.D. or other) and Address Rupert, Idaho Date 11-20-48 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 16 1948

DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 4274

Local Reg. No. 234

Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town  Rupert   
(c) Street Address or R.F.D. No.    
(d) Death Occurred Inside?   Outside?   city or town  
(e) Died in a Home?   Hospital   Institution   Other place    
(f) Name Hosp. or Inst.   Stayed   days  
(g) Lived in this county 12 years   months   days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Rupert  
(d) Street Address or R.F.D. No.    
(e) Deceased lived Inside?   Outside?   city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Russia

## 3. (a) FULL NAME

George Kohler

C94A

## 3. (b) If veteran,

name war No

## 3. (c) Social Security

No. 720

5. Color or   6. (a) Single, widowed, married,    
4. Sex male race white divorced    
6. (b) Name of husband or wife   6. (c) Age of husband or wife if    
alive   years

## 7. Date of Birth

(Month, Day, Year)

June 3 18 79

## 8. AGE

Years

Months

Days

If less than 1 day

69

5

2

hrs min.

9. Exact Occupation Farmer Did this work for   yrs.

10. Industry or Business   Date last worked

11. Birthplace Katzbach Russia  
(City or town) (State or foreign country)

12. Name John N. Kohler

13. Birthplace Russia  
(City or town) (State or foreign country)

14. Maiden name

15. Birthplace Russia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lydia K. Lines

- and Address Rupert Idaho

17. (a) Burial (b) Date thereof 11-10-48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Rupert Idaho

18. Funeral Director's OWN Signature Robert J. Goodman

- and Address Rupert Idaho

19. (a) 11-14-48 (b) E. B. Moore  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

Nov 5 19 48

at   o'clock M.

## 21. WHEREBY CERTIFY, That I attended deceased from Jan 19 45 to death 19 48

I last saw him alive on Nov 1 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Coronary occlusion 5 yrs

Due to

Due to Coronary thrombosis 3 yrs

Other conditions    
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation   Date

Major finding

Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred   19   City, county, state

where violence occurred

Place of Violence: Home   Farm   Industry

Public Place   While at work?

Means of injury

## 23. Attendant's

OWN Signature   (If D. or other)

and Address Rupert Idaho Date 11-12-48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 2 1948

# Certificate Of Death

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 4275  
Local Reg. No. 13  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Paul  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 26 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Paul  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Nebraska

## 3. (a) FULL NAME

Sara Schneider

033A

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. no

## 4. Sex F

Color or race white

## 5. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Charles W.

## 6. (c) Age of husband or wife if alive 77 years

## 7. Date of Birth (Month, Day, Year)

Oct 27 1864

## 8. AGE

Years

Months

Days

If less than 1 day

84

0

15

hrs

min.

## 9. Exact Occupation

Housewife

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked

## 11. Birthplace

(City or town)

(State or foreign country)

Ohio

## 12. Name

Darbia

## 13. Birthplace

(City or town)

(State or foreign country)

Germany

## 14. Maiden name

Unknown

## 15. Birthplace

(City or town)

(State or foreign country)

Unknown

## 16. Informant's OWN Signature

E. W. Schneider

and Address

Paul Idaho

## 17. (a) Date thereof

11-16-48

(c) Place:

Paul Idaho

## 18. Funeral Director's OWN Signature

Refugio B. Gordon

and Address

Idaho

## 19. (a) Date received and filed

11-29-48

## (b) (Registrar's signature)

E. W. Schneider

## MEDICAL CERTIFICATE OF DEATH

102X

## 20. DATE OF DEATH

(Month, Day, Year) Nov 12 1948  
at 11:15 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Oct 16 1948, to Nov 12 1948

I last saw her alive on Nov 12 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Severe Pneumonia

## Duration

1 wk.

## Due to

Influenza

2 weeks

## Due to

Age & Hypertension

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted? at home

## Name of operation

Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's OWN Signature

Robert E. Moore

(M. D. or other)

and Address Paul Idaho

Date 11-29-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 4276  
Local Reg. No. 74  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Mundwoga  
(b) City or town Key Burn  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 8 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Mundwoga  
(c) City or town Key Burn  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

William Fredrick Hacking

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced M  
4. Sex M race W  
6. (b) Name of husband or wife Marabell  
6. (c) Age of husband or wife if alive 57 years  
7. Date of Birth (Month, Day, Year) March 31 - 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>7</u>	<u>18</u>	hrs min.

9. Exact Occupation Laborer Did this work for 40 yrs.  
10. Industry or Business Retired Date last worked July - 1948  
11. Birthplace London England  
(City or town) (State or foreign country)

12. Name Fredrick Hacking  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Maiden name Charlotte Husepogal  
15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Marabell Hacking  
and Address Key Burn Idaho

17. (a) Burial (b) Date thereof Nov 22  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Key Burn Cemetery

18. Funeral Director's OWN Signature Ritter J. Payne  
and Address Key Burn Idaho

19. (a) 11-29-1948 (b) W. H. Hacking  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov 18 1948  
at 9:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 10 1948, to Nov 18 1948  
I last saw him alive on Nov 18 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ventricular Fibrillation Duration 15 min

Due to Coronary Heart Disease 9 yrs.

Due to Coronary Thrombosis 9 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature James R. Kuchner MD  
and Address Key Burn Idaho Date Nov 19 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 2 1948

# Certificate Of Death

DIVISION OF VITAL STATE OF IDAHO

State File No. 4277  
Local Reg. No. 4277  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF DEATH: **STATISTICS**  
(a) County Minidoka  
(b) City or town  Rupert   
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 44 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Minidoka  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Colorado

3. (a) FULL NAME Gustaf Alfred Nelson

3. (b) If veteran, name war No 3. (c) Social Security No. 220  
5 Color or White (a) Single, widowed, married, divorced Widowed  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Aug. 15 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>3</u>	<u>3</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Almhult Sweden  
(City or town) (State or foreign country)

12. Name Nels Magnusson  
13. Birthplace Sweden  
(City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature W.C. Nelson  
(a) Address Rupert Idaho

17. (a) Burial (b) Date thereof 11-22-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Rupert Idaho

18. Funeral Director's OWN Signature Admiral B. Borden  
(a) Address Rupert Idaho

19. (a) 11-29-48 (b) E. N. Blume  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 087C

20. DATE OF DEATH (Month, Day, Year) November 18 1948  
at 3:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1948 to Nov. 18 1948  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac decompensation Duration \_\_\_\_\_  
Due to Myocarditis 5 years  
Due to Senility - Parkinson 10 years  
Other conditions Alcohol  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W.C. Nelson  
(a) Address Rupert Idaho Date 11-29-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 15 1948

OFFICE OF VITAL

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 4278  
Local Reg. No. 214  
Reg. Dist. No. 222

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. St Joseph Stayed 7 days  
(g) Lived in this county    years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Asotin  
(c) City or town Asotin  
(d) Street Address or R.F.D. No. Rogersburg  
(e) Deceased lived Inside?    Outside? X city or town U.S.  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Rudolph J. Haberman

## 3. (b) If veteran, name war

## 3. (c) Social Security

No. ....  
5. Color or white 6. (a) Single, widowed, married,  
divorced married

4. Sex male race white  
6. (b) Name of husband or wife Mildred 6. (c) Age of husband or wife if  
alive    years

7. Date of Birth Feb. 14, 1883  
(Month, Day, Year).

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>8</u>	<u>19</u>	hrs min.

9. Exact Occupation stockman Did this work for    yrs.

10. Industry or Business Rancher Date last worked

11. Birthplace Seattle, Washington  
(City or town) (State or foreign country)

12. Name Augustus Haberman

13. Birthplace Austria  
(City or town) (State or foreign country)

14. Maiden name Anna Linsenser

15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mildred G. Haberman  
and Address Asotin, Washington

17. (a) Burial (b) Date thereof 11/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Andrew F. Vassar  
and Address Lewiston, Idaho

19. (a) Nov. 6, 1948 (b) Ghyllis Neumayer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nov 3 1948  
(Month, Day, Year) at 11 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 27 1948, to Nov 3 1948  
I last saw him alive on Nov 3 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Dissecting aneurysm of ascending aorta 7 days

Due to arteriosclerosis 5 yrs

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted? Asotin

Name of operation    Date   

Major finding   

Finding of autopsy Dissecting aneurysm ascending aorta

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature E. J. Braddock  
(M. D. or other)

and Address Lewiston, Idaho Nov 3 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

NOV 15 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **4279**  
Local Reg. No. **215**  
Reg. Dist. No. **220**

## 1. PLACE OF DEATH:

(a) County **NezPerce**  
(b) City or town **Lewiston**  
(c) Street Address or R.F.D. No. **1534 M G St.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. **\*\*\*\*\*** Stayed ☐ days  
(g) Lived in this county **40** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **NezPerce**  
(c) City or town **Lewiston**  
(d) Street Address or R.F.D. No. **1534 G St.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **US**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

**GEORGE MILNE**

3. (b) If veteran,  
name war

3. (c) Social Security  
No. ☐

4. Sex **Male**  
5. Color or race **White**

6. (a) Single, widowed, married,  
divorced **Married**

6. (b) Name of husband or  
wife **Nellie**

6. (c) Age of husband or wife if  
alive **53** years

7. Date of Birth  
(Month, Day, Year) **April 5, 1883**

8. AGE	Years	Months	Days	If less than 1 day
	<b>65</b>	<b>7</b>	<b>00</b>	hrs min.

9. Exact Occupation **Retired Brakeman** Did this work for **35** yrs.

10. Industry or Business **Railroad** Date last worked **9-21-42**

11. Birthplace **Aberdeen, Scotland**  
(City or town) (State or foreign country)

12. Name **Bill Milne** **Scotland**  
(City or town) (State or foreign country)

13. Birthplace **Jessie Walker**  
(City or town) (State or foreign country)

14. Maiden name **Scotland**  
(City or town) (State or foreign country)

15. Birthplace **Scotland**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Geo. Milne**  
and Address **Lewiston, Idaho**

17. (a) **Burial** (b) Date thereof **11-8-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Lewiston, Idaho**

18. Funeral Director's OWN Signature **Brower-Wann by K.H. Malcom**  
and Address **Lewiston, Idaho**

19. (a) **Nov 9, 1948** (b) **Chyllis Neumann**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **Nov. 5, 1948**  
at **1:30** o'clock **A**. M.

21. I HEREBY CERTIFY, That I attended deceased from **1938**, to **Nov 5, 1948**

I last saw h. ☒ alive on **Nov 5, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **myocarditis** Duration **2 hrs.**

Due to **embolism** **2 mo.**

Due to **endocarditis** **2 yrs**

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature **John E. Carssow**  
(M. D. or other)

and Address **Lewiston** Date **Nov 7, 1948**  
(For additional space, use reverse side)

D. J. Carssow

515

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 1 1948

# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 4280  
Local Reg. No. 212  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Naz Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph's Stayed 24 days  
(g) Lived in this county 50 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NazPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 715-5th Ave  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Miles Standish Johnson

## 3. (b) If veteran,

name war NO

## 3. (c) Social Security

No. ....

5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White

6. (b) Name of husband or late Sarah 6. (c) Age of husband or wife if alive 75 years

7. Date of Birth (Month, Day, Year) July 2nd 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>4</u>	<u>5</u>	hrs min.

9. Exact Occupation Judge of District Court Did this work for 25 yrs.

10. Industry or Business Date last worked .....

11. Birthplace Portland, Ore. (City or town) (State or foreign country)

12. Name Jasper W. Johnson

13. Birthplace Indiana (City or town) (State or foreign country)

14. Maiden name Mary E. Post

15. Birthplace Meriden, Conn. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Miles S Johnson

and Address Lewiston, Idaho.

17. (a) Burial (b) Date thereof 11-10-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Normal Hill, Lewiston, Idaho.

18. Funeral Director's OWN Signature Vassar-Rawls Funeral Home

and Address Lewiston, Idaho.

19. (a) Nov 16, 1948 (b) G. H. H. Neumaier (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Nov 7 19 48  
at 120 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1923 to Nov 7, 1948  
last saw h. live on Nov 7, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage Duration 3 days

Due to Hypertension 1 yr.

Due to .....  
Other conditions Terminal pneumonia - 2 day  
(Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston, Idaho

Name of operation none Date .....

## Major finding

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred 19 City, county, state where violence occurred

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature E. G. Braddock

(M. D. or other) and Address Lewiston, Idaho Date 11-13-48

(For additional space, use reverse side)

024

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 4281  
Local Reg. No. 219  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. 804-4th St  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home A Hospital institution Other place ...  
(f) Name Hosp. or Inst. Stayed days ...  
(g) Lived in this county 22 years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 804-4th St  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) ...

## 3. (a) FULL NAME

Theron

McKinney

163 E

## 3. (b) If veteran,

name war ...

## 3. (c) Social Security

No. 519-14-64X4

## 4. Sex M Color or race W

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Mary

## 6. (c) Age of husband or wife if alive 56 years

## 7. Date of Birth (Month, Day, Year)

Aug 15 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>2</u>	<u>23</u>	hrs min.

## 9. Exact Occupation Stock Buyer Did this work for ... yrs.

## 10. Industry or Business self Date last worked ...

## 11. Birthplace Gowa (City or town) (State or foreign country)

## 12. Name James M. McKinney

## 13. Birthplace no record (City or town) (State or foreign country)

## 14. Maiden name no record

## 15. Birthplace ... (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mary M. McKinney and Address Lewiston

## 17. (a) Burial (b) Date thereof 11/12/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Vassar-Rouls Funeral Home and Address Lewiston Idaho

## 19. (a) Nov 18, 1948 (b) Phyllis Neumayer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) November 8 1948 at 11:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from November 8, 1948, to ... 19

I last saw h. ... alive on November 8, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory paralysis & convulsions Duration ...

Due to strychnine poisoning

Due to ...

Other conditions ... (Include pregnancy within 3 months of death)

Where was disease contracted? ...

Name of operation ... Date ...

Major finding ...

Finding of autopsy ...

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ... Suicide? ... Homicide? ...

Occurred November 8, 1948 City, county, state where violence occurred Lewiston, Nez Perce, Idaho

Place of Violence: Home ... Farm ... Industry ...

Public Place ... While at work? ...

Means of injury strychnine

23. Attendant's OWN Signature John W. Farley, MD (M. D. or other) and Address 707 St. John's Way Date ... 19 ... (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

1948

STATE OF IDAHO

State File No. 4282  
Local Reg. No. 220  
Reg. Dist. No. 220

## 1. PLACE OF DEATH: STATISTICS

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 1846 Main St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 2 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1846 Main St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

ALBERT ZODROW

074A

3. (b) If veteran, name war                      3. (c) Social Security No. 519-26-6211  
5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
4. Sex male 6. (b) Name of husband or wife                      6. (c) Age of husband or wife if alive                      years  
7. Date of Birth (Month, Day, Year) August 6, 1872

8. AGE	Years	Months	Days	If less than 1 day
	76	3	2	hrs min.

9. Exact Occupation retired Did this work for                      yrs.  
10. Industry or Business farming Date last worked                       
11. Birthplace Montello, Wisconsin (City or town) (State or foreign country)

12. Name John Zodrow  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Antonette Grams  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Pierre J. Pierce  
and Address Lewiston, Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-9-48 (Month) (Day) (Year)  
(c) Place: Ferdinand, Idaho

18. Funeral Director's OWN Signature Vincent V. Vassar  
and Address Lewiston, Idaho

19. (a) Nov. 18, 1948 (Date received and filed) (b) Ghyllis Neumeyer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 8, 1948  
at 11:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1948 to Nov. 8, 1948  
I last saw him alive on Nov. 8, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic pneumonia Duration 3 years

Due to Chronic pneumonia

Due to                       
Other conditions                      (Include pregnancy within 3 months of death)

Where was disease contracted?                      PHYISICIAN                       
Name of operation                      Date                       
Major finding                       
Finding of autopsy                      Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?                       
Occurred                      19                      City, county, state where violence occurred                       
Place of Violence: Home                      Farm                      Industry                       
Public Place                      While at work?                       
Means of injury

23. Attendant's OWN Signature Pierre J. Pierce (M. D. or other)                       
and Address Lewiston Date Nov 9, 1948  
(For additional space, use reverse side)

Pierce

435



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

DEPT. OF VITAL

STATE OF IDAHO

State File No. 4283  
Local Reg. No. 216  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

STATISTICS

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. ---  
(d) Death Occurred Inside? X Outside? --- city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph Stayed 4 days  
(g) Lived in this county 2 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Peck  
(d) Street Address or R.F.D. No. ---  
(e) Deceased lived Inside? X Outside? --- city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) ---

## 3. (a) FULL NAME

SAMUEL A McEENEN

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive --- years  
7. Date of Birth (Month, Day, Year) June 6, 1870

8. AGE	Years	Months	Days	If less than 1 day
	78	5	5	hrs min.

9. Exact Occupation Retired Carpenter Did this work for 1946 yrs.  
10. Industry or Business --- Date last worked ---  
11. Birthplace Knoxville, Iowa (City or town) (State or foreign country)  
Mother Father { 12. Name Samuel McEeken  
13. Birthplace Kentucky (City or town) (State or foreign country)  
14. Maiden name Rebecca Moss  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Minnie McEeken  
and Address Peck, Idaho

17. (a) Burial (b) Date thereof 11-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by H.H. Malcom  
and Address Lewiston, Idaho

19. (a) Nov. 13, 1948 (b) Phyllis Neumann  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nov. 11 48  
(Month, Day, Year) 19. ---  
at 7:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 8 1948, to Nov. 11 1948  
I last saw him alive on Nov. 11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral contusion and laceration Duration ---  
and laceration  
Due to Head injury

Due to fall when struck by auto  
Other conditions Fractured skull  
(Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston  
Name of operation none Date ---  
Major finding ---  
Finding of autopsy As above

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? --- Homicide? ---  
Occurred Nov. 8 1948 City, county, state where violence occurred Lewiston, NezPerce  
Place of Violence: Home --- Farm --- Industry ---  
Public Place Street While at work? ---  
Means of injury Struck by auto  
23. Attendant's OWN Signature R.W. Eastwood M.D. (M. D. or other)  
and Address Lewiston, Ida. Date 11/12 1948  
(For additional space, use reverse side)

Dr. R. W. Eastwood

670

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
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Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4284  
Local Reg. No. 3774  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

(a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occurred Inside? X Outside? ----- city or town  
(e) Died in a Home ----- Hospital X Institution ----- Other place -----  
(f) Name Hosp. or Inst. St. Joseph Stayed 6 wks days  
(g) Lived in this county 5 years ----- months ----- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County NezPerce  
(c) City or town Culdesac  
(d) Street Address or R.F.D. No. box 145  
(e) Deceased lived Inside? X Outside? ----- city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME

GEORGE CLEOPHUS HOWARD

## 3. (b) If veteran, name war

No

## 3. (c) Social Security

No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive 65 years

7. Date of Birth (Month, Day, Year) October 5, 1886

8. AGE	Years	Months	Days	If less than 1 day
	62	1	7	hrs min.

9. Exact Occupation Retired Farmer Did this work for 27 yrs

10. Industry or Business Farming Date last worked 7-2-46

11. Birthplace Missouri (City or town) (State or foreign country)

12. Name Howard (City or town) (State or foreign country)

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown (City or town) (State or foreign country)

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Cabin Halterman and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 11-15-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann by B.H. Malen and Address Lewiston, Idaho

19. (a) Nov. 13, 1948 (b) Ghyllis Neumayer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 12, 1948 at 1948 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1948 to Nov 12, 1948. I last saw h.i.m. alive on Nov 12, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Valvular heart disease Duration 30 years

Due to -----

Due to -----

Other conditions (Include pregnancy within 3 months of death) -----

Where was disease contracted? ?

Name of operation 0 Date -----

Major finding 0

Finding of autopsy 0

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

Attendant's OWN Signature Dr. M. McRae (M. D. or other)

and Address Lewiston, Idaho Date 11-13, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 1 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4235  
Local Reg. No. 2225  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. Lewiston Orchards  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution ☒ Other place...  
(f) Name Hosp. or Inst. Somerville House 5 yrs  
(g) Lived in this county 5 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. Lewiston Orchards  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 20 yrs  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Karolina Wasko

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or

6. (a) Single, widowed, married,  
divorced widowed

4. Sex female race white

6. (b) Name of husband or  
wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year)

no record

## 8. AGE

Years

Months

Days

If less than 1 day

70

hrs min.

## 9. Exact

Occupation none

Did this

work for \_\_\_\_\_ yrs.

10. Industry or  
Business \_\_\_\_\_

Date last  
worked \_\_\_\_\_

## 11. Birthplace

(City or town)

Checho-Slovakia  
(State or foreign country)

Mother { 12. Name

no record

13. Birthplace

(City or town)

no record  
(State or foreign country)

14. Maiden name

No record

15. Birthplace

(City or town)

No record  
(State or foreign country)

## 16. Informant's

OWN Signature

and Address

Lewiston, Idaho

17. (a) burial

(b) Date thereof 11-16-48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place:

Lewiston, Idaho

## 18. Funeral Director's

OWN Signature

and Address

Wm. O. Vasse  
Lewiston, Idaho

19. (a) November 20, 1948

(Date received and filed)

(b) Phyllis Neumayer

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) November 13, 1948  
at 8:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948 to May 10 1948

I last saw her alive on May 10 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Coronary thrombosis

Due to Coronary arteries -

sclerosis

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Wm. O. Vasse

and Address Lewiston, Idaho Date 11/15 1948

(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
DEC 1 1948  
Certificate Of Death

DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 4286  
Local Reg. No. 224  
Reg. Dist. No. 220

1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. Olem Apts.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Dorothy Bartee

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 483-14-1570  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced divorced  
4. Sex female race white 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
6. (b) Name of husband or wife \_\_\_\_\_  
7. Date of Birth (Month, Day, Year) February 4, 1917

8. AGE	Years	Months	Days	If less than 1 day
	<u>31</u>	<u>9</u>	<u>12</u>	hrs min.

9. Exact Occupation housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Shelbyville, Missouri  
(City or town) (State or foreign country)

- Mother { 12. Name Sam Duncan  
Father { 13. Birthplace Shelbyville, Missouri  
(City or town) (State or foreign country)  
14. Maiden name Daisy Culbertson  
15. Birthplace Shelbyville, Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Sam Duncan  
and Address Lewiston, Idaho

17. (a) burial (b) Date thereof 11-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature U. W. Vassar  
and Address Lewiston, Idaho

19. (a) Mar. 24, 1948 (b) C. Hyllis Heumayer  
(Date received and filed) (Registrar's signature)

\* MEDICAL CERTIFICATE OF DEATH 0570

20. DATE OF DEATH (Month, Day, Year) November 16, 1948  
at 9:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 1948 to Nov. 16, 1948

I last saw her alive on Nov. 15, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Brain tumor Duration 10 years  
terminating pregnancy 2 1/2 hrs  
Due to epilepsy 2 1/2 hrs

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D. D. Hart MD  
and Address Leit. Bldg. (M. D. or other) Date 11/18, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States **RECEIVED**  
Department of Commerce **DEC 1 1948** **Certificate Of Death**  
Bureau of the Census **DIVISION OF VITAL STATISTICS** STATE OF IDAHO

1948 State File No. **4287**  
Local Reg. No. **225**  
Reg. Dist. No. **220**

1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph's Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. Odum Apts  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? -1 years  
(h) Former residence (city, state) Lewiston, Idaho

3. (a) FULL NAME

Almarta Jane Bartee

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex female race white  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) November 15, 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>8</u> hrs min.

9. Exact Occupation none Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Lewiston, Idaho  
(City or town) (State or foreign country)

12. Name Melvin Bartee  
13. Birthplace no record  
(City or town) (State or foreign country)  
14. Maiden name Dorothy Duncan  
15. Birthplace Shelbyville, Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Sam Duncan  
and Address Lewiston, Idaho

17. (a) burial (b) Date thereof 11-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Wm. V. Jasson  
and Address Lewiston, Idaho

19. (a) Nov 20, 1948 (b) G. Pyllis Neumayer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11-16 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from 11/15 1948, to 11/15/ 1948  
I last saw h. alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: stroke of heart Duration 12 hrs

Due to \_\_\_\_\_  
Due to Cerebral lesion  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. D. W. Bart  
(M. D. or other) and Address Lewiston, Idaho Date 11/18/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 1 1948

DIVISION OF VITAL  
STATISTICS

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 4288  
Local Reg. No. 221  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occurred Inside? ☒ Outside? ----- city or town  
(e) Died in a Home ----- Hospital ☒ Institution ----- Other place -----  
(f) Name Hosp. or Inst. St. Joseph Stayed 2 days  
(g) Lived in this county ----- years ----- months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. West Elm  
(e) Deceased lived Inside? ----- Outside? ☒ city or town  
(f) Citizen of what country? U S A  
(g) How long had deceased lived in Idaho? ----- years  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME

EDWARD MICHAEL SPINDLER

3. (b) If veteran, name war  
No

3. (c) Social Security No.  
None

5. Color or  
4. Sex M race White

6. (a) Single, widowed, married,  
divorced Widowed

6. (b) Name of husband or wife  
Jessie

6. (c) Age of husband or wife if  
alive ----- years

7. Date of Birth  
(Month, Day, Year) December 12, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>11</u>	<u>4</u>	hrs. min.

9. Exact Occupation Retired Merchant Did this work for Life yrs.

10. Industry or Business ----- Date last worked -----

11. Birthplace Detroit Michigan  
(City or town) (State or foreign country)

12. Name No Record

13. Birthplace No Record  
(City or town) (State or foreign country)

14. Maiden name Anna Lemke

15. Birthplace Detroit, Michigan  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature He Spindler  
and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 11/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Lewiston, Idaho

18. Funeral Director's  
OWN Signature W.C. Merchant  
and Address Clarkston, Washington

19. (a) Nov. 19, 1948 (b) Phyllis Neumayer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) November 16 1948  
at ----- o'clock ----- M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 16th  
1948 to Nov 16th 1948.

I last saw him alive on Nov 16th 1948.  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary Duration -----

Due to Coronary Phil. disease 10th

Due to -----

Other conditions Myocardium  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation ----- Date -----

Major finding -----

Finding of autopsy at home

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? No Suicide? No Homicide? No

Occurred ----- City, county, state -----

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's  
OWN Signature James E. Smith (M. D. or other)  
and Address Lewiston, Ida Date 11/17 1948  
(For additional space, use reverse side)

131A

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK **OWN** handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
DEC 1 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4289  
Local Reg. No. 2239  
Reg. Dist. No. 220

## 1. PLACE OF DEATH: STATISTICS

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 19th & Main St.  
(d) Death Occured Inside? x Outside? city or town  
(e) Died in a Home Hospital Institution Other place x  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 3 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. E. Main St.  
(e) Deceased lived Inside? x Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Sidney Coe

3. (b) If veteran, name war  3. (c) Social Security No. 707-14-9474  
5. Color or white 6. (a) Single, widowed, married, divorced single  
4. Sex male race white  
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years  
7. Date of Birth (Month, Day, Year) January 15, 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>	<u>10</u>	<u>2</u>	hrs min.

9. Exact Occupation Boiler Maker Did this work for 3 yrs.  
10. Industry or Business Camas Prairie R. Date last worked 11-17-48  
11. Birthplace Minneapolis, Minn. (City or town) (State or foreign country)

- Mother { 12. Name George Cervais  
Father { 13. Birthplace Red Lake Falls, Minn. (City or town) (State or foreign country)  
14. Maiden name Ida Coe  
15. Birthplace Red Lake Falls, Minn. (City or town) (State or foreign country)

16. Informant's OWN Signature George Coe  
and Address Minneapolis, Minn.

17. (a) burial (b) Date thereof 11-20-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature E. S. Rawls  
and Address Lewiston, Idaho

19. (a) Nov. 20, 1948 (b) Phyllis Neumayer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 170C 083A

20. DATE OF DEATH (Month, Day, Year) November 17, 1948  
at 8:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Cerebral Hemorrhage  
Due to Skull fracture

Due to Motor cycle accident

Other conditions (Include pregnancy within 3 months of death)  
Multiple fractures

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? x Suicide?  Homicide?

Occurred November 17, 1948 City, county, state

where violence occurred Lewiston, Nez Perce, Idaho

Place of Violence: Home  Farm  Industry

Public Place yes While at work?

Means of injury Motorcycle-Trailer collision

23. Attendant's OWN Signature Andrew F. Vassar-Carauer (or other)

and Address Lewiston, Idaho Date 11-18-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

DEC 1 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4290  
Local Reg. No. 226  
Reg. Dist. No. 230

## PLACE OF DEATH:

STATISTICS

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No.   
(d) Death Occurred Inside? X Outside?  city or town  
(e) Died in a Home?  Hospital?  Institution?  Other place?   
(f) Name Hosp. or Inst.  Stayed  days  
(g) Lived in this county 47 years  months  days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? X Outside?  city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?  years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

George M. Dundas

3. (b) If veteran  name war   
3. (c) Social Security No. 537-16-6608  
4. Sex Male race White  
5. Color or  6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years  
7. Date of Birth (Month, Day, Year) Sept. 6th 1901

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>2</u>	<u>17</u>	hrs min.

9. Exact Occupation Electrician Did this work for  yrs.  
10. Industry or Business  Date last worked   
11. Birthplace Lewiston, Idaho  
(City or town) (State or foreign country)

12. Name Marshall, Dundas  
13. Birthplace  (City or town) (State or foreign country)  
14. Maiden name Mary M.  
15. Birthplace  (City or town) (State or foreign country)

16. Informant's OWN Signature Burk A. Smith  
and Address Pierce, Idaho

17. (a) Burial (b) Date thereof Nov. 27, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Normal Hill, Lewiston, Idaho

18. Funeral Director's Vassar-Raw's Funeral Home  
OWN Signature Andrew Vassar  
and Address Lewiston, Idaho

19. (a) Nov. 21, 1948 (b) Phyllis Neumeyer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 23 1948  
(Month, Day, Year) at 11:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from November 1, 1948, to Nov. 23, 1948  
I last saw h. in alive on Nov. 23, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Heart failure. Duration 1 mo.

Due to Myocardial infarction 1 mo.

Due to Coronary occlusion -

Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy Myocardial infarction.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?

Occurred  19  City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's B. R. Stein, M.D.  
OWN Signature B. R. Stein, M.D. (M. D. of other)

and Address 307 S. John Way Date Nov. 25, 1948

(For additional space, use reverse side)



us  
DIVISION OF VITAL

STATE OF IDAHO

## STATISTICS

**1. PLACE OF DEATH:**

(a) County MezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ---  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. St. Joseph Stayed 8 days  
(g) Lived in this county 29 years    months    days

**Note.** For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased:** (Always fill in these)

(a) State Idaho (b) County NezPerce  
(c) City or town Lewiston, Idaho\*\* Orch.  
(d) Street Address or R.F.D. No. 921 - Bryden  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) \_\_\_\_\_

**3. (a) FULL NAME**

EARL WARNER

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

5. Color or 6. (a) Single, widowed, married, divorced \_\_\_\_\_ Widowed

4. Sex Male race White

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 10, 1886

## MEDICAL CERTIFICATE OF DEATH 114E

20. DATE OF DEATH (Month, Day, Year) Nov. 26, 19 48  
at 6:55 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 12 1944, to Nov 26 1948.

I last saw him alive on Nov 26 1947; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

Myocardial failure. 2 wks.

Due to Chronic Bronchial Asthma. 6 yrs.

Due to Atelectasis of lung. Bronchiectasis.

Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home.....

Name of operation.....noise..... Date.....          ..... Underline

Major finding .....	the cause to which death
---------------------	--------------------------

Finding of autopsy not done.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? no Suicide? no Homicide? no

Occurred 6-1-19 City, county, state

where violence occurred **No Accidents**

Place of Violence:	Home	Farm	Industry
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Public Place no View no Work?

Means of injury *None*

23. Attendant's *James B. Bond*

OWN Signature [Signature]  
(M, D or other)

and Address 707 114581: Date 1/29 1948

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL STATISTICS

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 4292  
Local Reg. No. 228  
Reg. Dist. No. 2-20

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occurred Inside? ☒ Outside? ----- city or town -----  
(e) Died in a Home ----- Hospital ☒ Institution ----- Other place -----  
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days  
(g) Lived in this county ----- years ----- months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these) (Parents)

- (a) State Wash (b) County Asotin  
(c) City or town Clarkston  
(d) Street Address or R.F.D. No. 813 6th Street  
(e) Deceased lived Inside? ☒ Outside? ----- city or town -----  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? ----- years  
(h) Former residence (city, state) Montana

## 3. (a) FULL NAME

David Charles Langley

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive ----- years

7. Date of Birth  
(Month, Day, Year) November 27, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>--</u>	<u>--</u>	<u>--</u>	<u>3hrs.23 min.</u>

9. Exact Occupation Infant Did this work for ----- yrs.

10. Industry or Business ----- Date last worked -----

11. Birthplace Lewiston, Idaho  
(City or town) (State or foreign country)

12. Name Charles Langley

13. Birthplace Darby, Montana  
(City or town) (State or foreign country)

14. Maiden name Juanita Louise Rice

15. Birthplace Roundup, Montana  
(City or town) (State or foreign country)

16. Informant's OWN Signature Charles C. Langley  
and Address Clarkston, Washington

17. (a) Removal (b) Date thereof 11/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Clarkston, Washington

18. Funeral Director's OWN Signature W.C. Merchant  
and Address Clarkston, Washington

19. (a) December 2, 1948 (b) B. Hyellie Neumayer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) November 27, 1948  
at 7:10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 11/27/48 to 11/27/48

I last saw him alive on 11/27 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity Duration 6 1/2 months gestation.

Due to no known cause

Due to for premature labor.

Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----

Name of operation ----- Date -----

Major finding -----

Finding of autopsy -----

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature W.C. Merchant

and Address Clarkston Date 11/30/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 4293  
Local Reg. No. 32  
Reg. Dist. No. 530

## 1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? .. Outside? X city or town  
(e) Died in a Home X Hospital .. Institution .. Other place ..  
(f) Name Hosp. or Inst. .... Stayed .. days  
(g) Lived in this county 75 years .. months .. days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Oneida  
(c) City or town Malad  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? .. Outside? X city or town  
(f) Citizen of what country? ..  
(g) How long had deceased lived in Idaho? 75 years  
(h) Former residence (city, state) ..

## 3. (a) FULL NAME

Thomas Stephens Jones

3. (b) If veteran, name war No 3. (c) Social Security No. ?  
5. Color or race Wht. 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male 6. (b) Name of husband or wife Rhoda L. Jones 6. (c) Age of husband or wife if alive .. years  
7. Date of Birth (Month, Day, Year) December 19 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>10</u>	<u>15</u>	hrs min.

9. Exact Occupation Farmer Did this work for 35 yrs.  
10. Industry or Business Own Farm Date last worked 1917  
11. Birthplace Willard Utah (City or town) (State or foreign country)

12. Name David C. Jones  
13. Birthplace Wales (City or town) (State or foreign country)  
14. Maiden name Mary Stephens  
15. Birthplace Wales (City or town) (State or foreign country)

16. Informant's OWN Signature Bernard Jones  
and Address Malad Idaho

17. (a) Burial (b) Date thereof Nov. 5 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Malad Idaho Route # 1

18. Funeral Director's OWN Signature J. B. Benson  
and Address Malad Idaho

19. (a) Nov 4-1948 (b) J. B. Benson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 3 1948  
at 4:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from July 1, 1946 to Nov 3, 1948  
I last saw him alive on Nov 2, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Respiratory Duration

Due to ..

Due to ..

Other conditions Heart ailment  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation none Date ..

Major finding none

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? .. Suicide? .. Homicide? ..

Occurred .. 19 .. City, county, state

where violence occurred

Place of Violence: Home .. Farm .. Industry ..

Public Place .. While at work? ..

Means of injury ..

23. Attendant's OWN Signature J. P. Hart, M.D.

and Address Malad, Ida. Date Nov 4, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

DEC 3 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **1294**  
Local Reg. No. **33**  
Reg. Dist. No. **530**

## 1. PLACE OF DEATH:

- (a) County **Oneida**  
(b) City or town **Malad**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **50** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Oneida**  
(c) City or town **Malad**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME **Rozilla Dalton Facer**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**  
5. Color or race **Whit.** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Female** 6. (b) Name of husband or wife **J.A. Facer**  
6. (c) Age of husband or wife if alive **74** years  
7. Date of Birth (Month, Day, Year) **December 23 1875**

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>11</b>	<b>0</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **53** yrs.  
10. Industry or Business **Own Home** Date last worked **Oct. 24 48**  
11. Birthplace **Willard Utah**  
(City or town) (State or foreign country)

12. Name **William Albert Dalton**  
13. Birthplace **Utah**  
(City or town) (State or foreign country)  
14. Maiden name **Mary Jane Williams**  
15. Birthplace **Utah**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **[Signature]**  
and Address **Malad Idaho**

17. (a) **Burial** (b) Date thereof **Nov. 26 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Malad Idaho**

18. Funeral Director's OWN Signature **[Signature]**  
and Address **Malad Idaho**

19. (a) **Nov. 26 1948** (b) **[Signature]**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **November 23 19 48**  
at **9:25** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **Sept 19 48** to **Nov 23 48**  
I last saw h. **en** alive on **Nov 23 48** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **[Signature]** Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury

23. Attendant's OWN Signature **[Signature]**

and Address **Malad** (M.D. or other) Date **11-25-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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1948

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
**Certificate Of Death**

State File No. **4295**  
Local Reg. No. **24**  
Reg. Dist. No. **640**

1. PLACE OF DEATH:

- (a) County Oneida  
(b) City or town Malad  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. County Hosp Stayed 2 days  
(g) Lived in this county... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Downey  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Terry H. Halverson

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Nov. 18, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>0</u>	<u>9</u>	hrs min.

9. Exact Occupation Child Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace St Anthony, Idaho  
(City or town) (State or foreign country)

12. Name Lewis H. Halverson  
13. Birthplace Richmond, Utah  
(City or town) (State or foreign country)  
14. Maiden name Florence Henderson  
15. Birthplace Clifton, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lewis H. Halverson  
and Address Downey, Idaho

17. (a) Burial (b) Date thereof Nov. 30, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Downey, Idaho

18. Funeral Director's OWN Signature Webb Mortuary  
and Address Preston

19. (a) 11-27-1948 (b) Effie W. Browne  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11/27 1948  
at 11:45 o'clock A M.  
21. I HEREBY CERTIFY, That I attended deceased from 11/26 1948, to 4/27 1949.

I last saw him alive on 11/27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fulminating Bronchopneumonia Duration 30 hrs

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state  
where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature E. L. Halverson  
(M. D. or other)  
and Address Downey, Idaho Date 11/27/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# NON-RESIDENT Certificate Of Death

JUN 10 1948

STATE OF IDAHO

1048

4296

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Owyhee  
(b) City or town Summit So. of Marsing  
(c) Street Address or R.F.D. No. on ION.  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county... years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County   
(c) City or town Rogue River  
(d) Street Address or R.F.D. No. Box 161  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?... years  
(h) Former residence (city, state) Minneapolis, Minn.

3. (a) FULL NAME David Handy

3. (b) If veteran, name was World War 2 3. (c) Social Security No. 472-05-4135  
5. Color or 6. (a) Single, widowed, married, divorced M  
4. Sex M race W  
6. (b) Name of husband or wife Jerry 6. (c) Age of husband or wife if alive 31 years  
7. Date of Birth (Month, Day, Year) Nov. 14, 1916

8. AGE	Years	Months	Days	If less than 1 day
	<u>31</u>	<u>6</u>	<u>17</u>	hrs min.

9. Exact Occupation Photographer Did this work for 2 1/2 yrs.  
10. Industry or Business Date last worked  
11. Birthplace Minnesota (City or town) (State or foreign country)

12. Name Charles Handy  
13. Birthplace not known (City or town) (State or foreign country)  
14. Maiden name not known  
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature Jerry Handy  
and Address Box 161, La Grange, Ore.

17. (a) Burial (b) Date thereof June 5, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Methodist

18. Funeral Director's OWN Signature Peckham-Dakan  
and Address Caldwell, Idaho

19. (a) June 8 - 1948 (b) June 8, 1948  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 31 19 48  
at... o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I last saw h... alive on 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: severe internal injuries  
crushed chest and fractured ribs  
Due to An auto accident

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? Homicide?  
Occurred May 31 19 48 City, county, state Owyhee Co. Idaho  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature George Weaver J. P.  
(C. D. or other)  
and Address Homedale, Idaho Date June 2, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 16 1948

# Certificate of Death

State File No. 4297

Local Reg. No. ....

Reg. Dist. No. ....

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Owyhee  
(b) City or town Marsing  
(c) Street Address or R.F.D. No. Route #1  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Hosp. or Inst. X Stayed X days  
(g) Lived in this county 8 years X months X days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Owyhee  
(c) City or town Marsing  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 yrs years  
(h) Former residence (city, state) Oklahoma

## 3. (a) FULL NAME

Millie Nelson

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

No

## 4. Sex F Color or race W

## 5. (a) Single, widowed, married, divorced W

## 6. (b) Name of husband or wife Will M. Nelson

## 6. (c) Age of husband or wife if alive X years

## 7. Date of Birth (Month, Day, Year) March 28-1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>7</u>	<u>7</u>	hrs. min.

## 9. Exact Occupation Housekeeping Did this work for X yrs.

## 10. Industry or Business St. John, Kansas Date last worked X

## 11. Birthplace (City or town) (State or foreign country)

## 12. Name William Cunningham

## 13. Birthplace (City or town) (State or foreign country)

## 14. Maiden name Martha Minton

## 15. Birthplace (City or town) (State or foreign country)

## 16. Informant's OWN Signature William Nelson and Address Marsing, Idaho Rt. 1

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-48 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Peckham-Bakan Chapter and Address Caldwell, Idaho

## 19. (a) 11-11-48 (Date received and filed) (b) Vera Bakan (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) November 5 19 48

at 10:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Physician in attendance Duration 2 hrs

Due to no physician in attendance

Due to no physician in attendance

Other conditions in due belief (Include pregnancy within 3 months of death)

Where was disease contracted? Physician in attendance

Name of operation Physician in attendance Date 11-5-48

Major finding Physician in attendance

Finding of autopsy Physician in attendance

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? X Homicide? X

Occurred 11-5-48 City, county, state Idaho

where violence occurred Idaho

Place of Violence: Home X Farm X Industry X

Public Place X While at work? X

Means of injury Physician in attendance

Attendant's OWN Signature Vera Bakan (M. D. or other) Registrar and Address Caldwell, Idaho Date 11-11-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 3 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 State File No. 4298  
Local Reg. No. 568  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Owyhee  
(b) City or town Castle Creek near Oreana  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 2308 Ohio St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Castle Creek

## 3. (a) FULL NAME Walter Willis Foreman

3. (b) If veteran, name war World War 2

3. (c) Social Security No. 519-26-5702

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Maxine Sayre

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 10-1917

8. AGE	Years	Months	Days	If less than 1 day
	<u>31</u>	<u>7</u>	<u>11</u>	hrs. min.

9. Exact Occupation Field man for Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Seed Co. Date last worked \_\_\_\_\_

11. Birthplace Castle Creed, Idaho (City or town) (State or foreign country)

12. Name Delos I. Foreman

13. Birthplace Texas (City or town) (State or foreign country)

14. Maiden name Nellie Burkholder

15. Birthplace Davenport, Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature E. A. Foreman

and Address Box 553 Murietta, Ida

17. (a) Burial (b) Date thereof 11-24-48 (Month) (Day) (Year)

(c) Place Canyon Hill

18. Funeral Director's OWN Signature Edna H. Dahan

and Address Caldwell, Idaho

19. (a) Nov. 30-1948 (b) Lyla Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 21 19 48

at 3:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from no physician in attendance

I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: hunting accident Duration \_\_\_\_\_

Due to instant death

Due to discharge of shotgun

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy no autopsy

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred November 21st 19 48 City, County, state

where violence occurred Castle Creek, near Oreana

Place of Violence: Home \_\_\_\_\_ Farm X Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? while hunting

Means of injury shot in breast by shotgun discharge

23. Attendant's OWN Signature Phil J. Evans, acting

and Address Murphy, Idaho Date Nov. 21, 1948

(For additional space, use reverse side)



4299

United States

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Department of Commerce

NOV 15 1948

Bureau of the Census

DIVISION OF VITAL

## CERTIFICATE OF DEATH

STATE OF IDAHO

Local Registrar's Duplicate

Local Reg. No. 5-8

Reg. Dist. No. 8-330

## 1. PLACE OF DEATH:

- (a) County Payette  
 (b) City or town Payette  
 (c) Street Address or R. F. D. No. 817 North 8th St.  
 (d) Death Occurred Inside? X Outside? city or town  
 (e) Died in a Home X Hospital — Institution — Other place —  
 (f) Name Hosp. or Inst. — Stayed — days  
 (g) Lived in this county 17 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
 (c) City or town Payette  
 (d) Street Address or R. F. D. No. 817 No. 8th St.  
 (e) Deceased lived Inside? X Outside? city or town  
 (f) Citizen of what country? USA  
 (g) How long had deceased lived in Idaho? 17 years  
 (h) Former residence (city, state) Jewell Co., Kans.

## 3. (a) FULL NAME

JOHN JACOB EMIGH

3. (b) If veteran, name war — 3. (c) Social Security No. 519-12-1027

5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Eda L. Emigh 6. (c) Age of husband or wife if alive 80 years

7. Date of Birth (Month, Day, Year) March 21, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>7</u>	<u>20</u>	hrs. min.

9. Exact Occupation Carpenter Did this work for 40 yrs.

10. Industry or Business Carpenter Date last worked 1942

11. Birthplace Pawnee County, Nebraska (City or town) (State or foreign country)

12. Name Jacob Emigh

13. Birthplace Pennsylvania (City or town) (State or foreign country)

14. Maiden name Elizabeth Hay

15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Mac John Emigh and Address Payette, Idaho

17. (a) Burial (b) Date thereof 11/13/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: Riverside Cem., Payette, Ida.

18. Funeral Director's OWN Signature Gifford R. Shaffer and Address Payette, Idaho

19. (a) Nov 13-48 (b) Bessie M. Woodward (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 10, 1948  
 at 1:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 27, 1948, to Nov 10, 1948.  
 I last saw him alive on Nov 10, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Due to Carcinoma of the prostate 1 1/2 yrs.Due to —Other conditions Cerebral hemorrhage  
 (Include pregnancy within 3 months of death) (3 mos. prior)Where was disease contracted? — Physician —Name of operation — Date —Major finding —Finding of autopsy — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
 Occurred —, 19— City, county, state where violence occurred.

Place of Violence: Home — Farm — Industry —Public Place — While at work? —Means of injury —

23. Attendant's OWN Signature Walter S. Kotas, M.D. (M. D. or other)

and Address Payette, Idaho Date 11/12/48  
 (For additional space, use reverse side)

United States

Department of Commerce

Bureau of the Census

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NOV 15 1948

## CERTIFICATE OF DEATH

STATE OF IDAHO

Local Registrar's Duplicate

Local Reg. No. 59

Reg. Dist. No. 3-330

## 1. PLACE OF DEATH:

- (a) County Payette  
 (b) City or town Payette  
 (c) Street Address or R. F. D. No. 528-2nd Ave. No.  
 (d) Death Occurred Inside? X Outside? city or town  
 (e) Died in a Home X Hospital — Institution — Other place —  
 (f) Name Hosp. or Inst. — Stayed — days  
 (g) Lived in this county 4 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 3. (a) FULL NAME VERGIL ALMA ULMER

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

5. Color or race white 6. (a) Single, widowed, married, divorced divorced  
 6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Date of Birth (Month, Day, Year) July 19, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>3</u>	<u>22</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 30 yrs.

10. Industry or Business Farm Date last worked 1947

11. Birthplace Nodaway County, Missouri  
 (City or town) (State or foreign country)

12. Name Jake Ulmer

13. Birthplace Illinois  
 (City or town) (State or foreign country)

14. Maiden name Nettie Richie

15. Birthplace Illinois  
 (City or town) (State or foreign country)

16. Informant's OWN Signature Nettie Richie  
 and Address Payette, Idaho

17. (a) Removal (b) Date thereof 11/16/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Meridian Cem., Meridian, Ida.

18. Funeral Director's OWN Signature Jiffard R. Shaffer  
 and Address Payette, Idaho

19. (a) Nov-13-48 (b) Bessie M. Woodman  
 (Date received and filed) (Registrar's signature)

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
 (c) City or town Payette  
 (d) Street Address or R. F. D. No. 528-2nd Ave. No.  
 (e) Deceased lived Inside? X Outside? city or town  
 (f) Citizen of what country? USA  
 (g) How long had deceased lived in Idaho? 4 years  
 (h) Former residence (city, state) Nodaway Co., Mo.

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 11, 1948  
 at 2:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1948, to Nov 11, 1948.  
 I last saw him alive on 11-10, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

- Cerebral thrombosis 2 days  
 Due to Old Decaying Heart  
 Due to Rheumatic years  
 Other conditions ---  
 (Include pregnancy within 3 months of death)

Where was disease contracted?

Physician

- Name of operation --- Date ---  
 Major finding ---  
 Finding of autopsy ---

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
 Occurred ---, 19--- City, county, state where violence occurred ---  
 Place of Violence: Home --- Farm --- Industry ---  
 Public Place --- While at work? ---  
 Means of injury ---

23. Attendant's OWN Signature J. J. Carey  
 and Address Payette, Ida. Date 11/12/48

(For additional space, use reverse side)

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NOV 2 1948  
STATE OF IDAHO

4301  
Local Registrar's Duplicate  
Local Reg. No. 60  
Reg. Dist. No. 3-330

1. PLACE OF DEATH:

DIVISION OF VITAL  
STATISTICS

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R. F. D. No. 1015-7th Ave. N.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital — Institution — Other place —  
(f) Name Hosp. or Inst. — Stayed — days  
(g) Lived in this county 15 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R. F. D. No. 1015-7th Ave. N.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Nyssa, Oregon

3. (a) FULL  
NAME

MAUD MAY KNOTT

3. (b) If veteran,  
name war

3. (c) Social Security  
No. 519-03-0299

5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
4. Sex female

6. (b) Name of husband or wife Martin Luther Knott deceased 6. (c) Age of husband or wife deceased

7. Date of Birth  
(Month, Day, Year) May 23, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>5</u>	<u>25</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 57 yrs.

10. Industry or Business Home Date last worked —

11. Birthplace Binghamton, New York  
(City or town) (State or foreign country)

12. Name Gardner Niles

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Marie Fetter  
and Address Payette, Idaho

17. (a) Burial (b) Date thereof 11/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Park View, New Plymouth, Ida.

18. Funeral Director's OWN Signature Giffard R. Shaffer E-344  
and Address Payette, Idaho

19. Nov 22-48 (Date received and filed) Bessie Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 18, 1948  
(Month, Day, Year)  
at 12:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1945, to 11/17, 1948.  
I last saw her alive on 11/17, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

- Coronary thrombosis 1 day  
Due to Organic heart disease yrs.  
Asthma several years  
Due to Edema 1 year  
Other conditions —  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Physician

- Name of operation — Date —  
Major finding —  
Finding of autopsy —  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —  
Occurred —, 19 — City, county, state where violence occurred —  
Place of Violence: Home — Farm — Industry —  
Public Place — While at work? —  
Means of injury —

23. Attendant's OWN Signature R. D. Swenson, M.D.  
(M. D. or other)  
and Address Payette, Idaho Date 11/19/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
NOV 23 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. **4302**  
Local Reg. No. **57**  
Reg. Dist. No. **2-33**

1. PLACE OF DEATH:

(a) County **Payette**  
(b) City or town **Payette**  
(c) Street Address or R.F.D. No. **S. 10th St.**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **Payette Hosp.** Stayed **7** days  
(g) Lived in this county **15** years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Payette**  
(c) City or town **Payette**  
(d) Street Address or R.F.D. No. **17 N. 7th St.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **15** years  
(h) Former residence (city, state) **- - - - -**

3. (a) FULL NAME **Charles Delmer Murfield**

3. (b) If veteran, name war **- - - - - No. - - - - -**  
3. (c) Social Security  
5. Color or 6. (a) Single, widowed, married,  
4. Sex **male** race **white** divorced **- - - - -**  
6. (b) Name of husband or wife **- - - - -** 6. (c) Age of husband or wife if **- - - - -** years  
7. Date of Birth (Month, Day, Year) **October 27, 1878**

8. AGE	Years	Months	Days	If less than 1 day
	<b>70</b>	<b>---</b>	<b>27</b>	hrs min.

9. Exact Occupation **Laborer** Did this work for **- - - - -** yrs.

10. Industry or Business **- - - - -** Date last worked **1945**

11. Birthplace **Martelle, Iowa**  
(City or town) (State or foreign country)

12. Name **- - - - -**

13. Birthplace **- - - - -**  
(City or town) (State or foreign country)

14. Maiden name **- - - - -**

15. Birthplace **- - - - -**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Public Welfare Records**  
and Address **Payette, Idaho**

17. (a) **Burial** (b) Date thereof **11-27-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Payette, Idaho**

18. Funeral Director's OWN Signature **Gifford R. Shaffer**  
and Address **Payette, Idaho #344**

19. (a) **- - - - -** (b) **- - - - -**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **November 24 1948**  
at **5:55** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **19** to **Nov. 24 1948**

I last saw h. **im** alive on **Nov. 24 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Ischemic Heart Disease** Duration **1 year**

Due to **- - - - -**

Due to **- - - - -**

Other conditions **- - - - -**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **- - - - -**

Name of operation **- - - - -** Date **- - - - -**

Major finding **- - - - -**

Finding of autopsy **- - - - -**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **- - - - -** Suicide? **- - - - -** Homicide? **- - - - -**

Occurred **19** City, county, state

where violence occurred

Place of Violence: Home **- - - - -** Farm **- - - - -** Industry **- - - - -**

Public Place **- - - - -** While at work? **- - - - -**

Means of injury **- - - - -**

23. Attendant's OWN Signature **John J. Caeser**

and Address **Payette, Ida** Date **11-27-1948**

(For additional space, use reverse side)

United States

Department of Commerce

Bureau of the Census

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NOV 6 1948

DIVISION OF VITAL  
STATISTICS

## CERTIFICATE OF DEATH

STATE OF IDAHO

1948

4303

Local Registrar's Duplicate

Local Reg. No. 57

Reg. Dist. No. 3-330

## 1. PLACE OF DEATH:

- (a) County Payette  
 (b) City or town Payette  
 (c) Street Address or R. F. D. No. RFD  
 (d) Death Occurred Inside? Outside city or town  
 (e) Died in a Home X Hospital — Institution — Other place —  
 (f) Name Hosp. or Inst. --- Stayed --- days  
 (g) Lived in this county 60 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
 (c) City or town Payette  
 (d) Street Address or R. F. D. No. RFD  
 (e) Deceased lived Inside? --- Outside? X city or town  
 (f) Citizen of what country? USA  
 (g) How long had deceased lived in Idaho? 60 years  
 (h) Former residence (city, state) Happner, Oregon

## 3. (a) FULL NAME WINFIELD SCOTT BRUNDAGE

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
 4. Sex male 6. (b) Name of husband or wife Leatha Brundage 6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) November 6, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>11</u>	<u>25</u>	hrs. min.

9. Exact Occupation Stockman Did this work for 67 yrs.

10. Industry or Business Farm Date last worked 1943

11. Birthplace Steuben County, New York  
 (City or town) (State or foreign country)

12. Name Luca Brundage

13. Birthplace Steuben County, New York  
 (City or town) (State or foreign country)

14. Maiden name Della Morris

15. Birthplace Unknown  
 (City or town) (State or foreign country)

16. Informant's OWN Signature Lloyd J. Brundage  
 and Address Payette, Idaho

17. (a) Burial (b) Date thereof 11/4/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Riverside Cem., Payette, Ida.

18. Funeral Director's OWN Signature Jeffrey Shaffer  
 and Address Payette, Idaho E-344

19. (a) Nov 4 - 1948 (b) Res. M. Brundage  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 1, 1948.  
 at 4:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11/1, 1948, to 11/1, 1948.  
 I last saw him alive on 11/1, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Organic heart disease Duration many years  
Hypertension 10 yrsDue to ---Due to ---Other conditions ---  
 (Include pregnancy within 3 months of death)Where was disease contracted? --- Physician ---Name of operation --- Date ---Major finding ---Finding of autopsy ---

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
 Occurred ---, 19--- City, county, state where violence occurred ---  
 Place of Violence: Home --- Farm --- Industry ---  
 Public Place --- While at work? ---  
 Means of injury ---

23. Attendant's OWN Signature G. R. D. M.D. M.D.  
 and Address Payette, Ida Date 11/3/48, 19---  
 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK rubber typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 19 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 4304

Local Reg. No. 34

Reg. Dist. No. 500

## 1. PLACE OF DEATH: STATISTICS

- (a) County POWER  
(b) City or town AMERICAN FALLS  
(c) Street Address or R.F.D. No. BAUGH APTS.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county 39 years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County POWER  
(c) City or town AMERICAN FALLS  
(d) Street Address or R.F.D. No. BAUGH APTS.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) PENNSYLVANIA

3. (a) FULL NAME ROBERT I. EWING SR.

3. (b) If veteran, name war SPANISH AMERICAN

3. (c) Social Security No. -

5. Color or WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JULIAN STAGER

6. (c) Age of husband or wife if alive 58 years

7. Date of Birth (Month, Day, Year) JUNE 21, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>4</u>	<u>16</u>	hrs. min.

9. Exact Occupation CONTRACTOR - BUILDER Did this work for - yrs.

10. Industry or Business RETIRED Date last worked -

11. Birthplace LANCASTER PENNSYLVANIA (City or town) (State or foreign country)

12. Name ROBERT I. EWING

13. Birthplace PENNSYLVANIA (City or town) (State or foreign country)

14. Maiden name MARY EWING

15. Birthplace PENNSYLVANIA (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Susan S. Ewing

and Address AMERICAN FALLS, IDAHO

17. (a) Funeral (b) Date thereof 11-18 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place ROCKLAND, IDAHO

18. Funeral Director's OWN Signature Arthur W. Hall

and Address TOLEDO, IDAHO

19. (a) Nov-11-1948 (b) June Salung (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) NOVEMBER 7 1948  
at 3 o'clock 2 M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 25 1948 to Nov 6 1948

I last saw him alive on Nov 6 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Angina Pectoris

Due to -

Due to -

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autopsy -

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature V. J. Logan M.D.

(M. D. or other)

and Address American Falls Date Nov 11 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

DEC 6 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 4305  
Local Reg. No. 36  
Reg. Dist. No. 500

1. PLACE OF DEATH:  
(a) County Pomer  
(b) City or town Am. Falls, Ida.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Schultz Inn Stayed 10 days  
(g) Lived in this county 67 years \_\_\_\_\_ months \_\_\_\_\_ days

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Ida (b) County Pomer  
(c) City or town Am. Falls, Ida.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 67 years  
(h) Former residence (city, state) Utah.

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME Samuel Newland Morris

162B

3. (b) If veteran, name war None  
3. (c) Social Security No. none  
5. Color or race white  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Alta  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 14 - 1858  
8. AGE  
Years 90 Months 6 Days 9 If less than 1 day hrs. min.

9. Exact Occupation Merchant - Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Retired Date last worked \_\_\_\_\_  
11. Birthplace Bingham City, Utah (City or town) (State or foreign country)  
Father { 12. Name John N. Morris  
13. Birthplace Cardiff, Wales (City or town) (State or foreign country)  
Mother { 14. Maiden name Phoebe Deranald  
15. Birthplace Cardiff, Wales (City or town) (State or foreign country)

16. Informant's OWN Signature Jennie M. Anderson  
and Address Boise, Idaho  
17. (a) Burial (b) Date thereof 11-29-48 (Month) (Day) (Year)  
(c) Place Rockland, Idaho  
18. Funeral Director's OWN Signature H. D. Davis  
and Address Am. Falls, Idaho  
19. (a) Nov 27 - 1948 (Date received and filed)  
(b) Jennie Salung (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 23 - 1948  
at 7:00 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from Nov. 14 1948 to Nov. 23 - 1948

I last saw h. alive on Nov 22 1948: death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senile Decay. Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature V. L. Logan MD  
(M or other) Am. Falls, Ida Date 11-26 1948  
and Address \_\_\_\_\_ (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

DEC 6 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 4306  
Local Reg. No. 27  
Reg. Dist. No. 500

Certificate of Death

1. PLACE OF DEATH:

- (a) County Power  
(b) City or town Am. Falls Ida.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Power  
(c) City or town Am. Falls, Ida.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Texas

3. (a) FULL NAME

Adolf Zetlitz

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M. Color or race white  
5. Color or race white  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Bertha  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth June 14 1872  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>5</u>	<u>9</u>	hrs. min.

9. Exact Occupation Farmer - Life Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 11-22-48

11. Birthplace Friedland, Bohemia  
(City or town) (State or foreign country)

12. Name Adolf Zetlitz

13. Birthplace Bohemia  
(City or town) (State or foreign country)

14. Maiden name Not Known

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Courtman Dyer

and Address American Falls, Ida.

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation or removal)

(c) Place American Falls, Ida.

18. Funeral Director's OWN Signature H. Davis

and Address Am. Falls, Ida.

19. (a) Nov 27 - 1948 (b) Kennelburg  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nov. 23 1948  
(Month, Day, Year) at 9:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1948 to Nov. 23 1948

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration? \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature V. L. Loney  
(D. or other) and Address Am. Falls, Ida. Date 11-26-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

DEC 6 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

VOLUME OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. **1307**  
Local Reg. No. **38**  
Reg. Dist. No. **500**

## 1. PLACE OF DEATH:

- (a) County Power  
(b) City or town Am. Falls, Idaho.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Spauldy Mrs. Stayed 3 hrs.  
(g) Lived in this county 22 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Power  
(c) City or town Am. Falls  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 27 years  
(h) Former residence (city, state) S. Dakota

## 3. (a) FULL NAME

Jacob Maier

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M. 5. Color or race W.

6. (b) Name of husband or wife E. Elizabeth

6. (a) Single, widowed, married, divorced married  
6. (c) Age of husband or wife if alive 71 years

7. Date of Birth (Month, Day, Year) Feb. 22 - 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>9</u>	<u>2</u>	hrs. min.

9. Exact Occupation Farmer. Did this work for life yrs.

10. Industry or Business Retired Date last worked \_\_\_\_\_

11. Birthplace Kassel, Germany. (City or town) (State or foreign country)

12. Name Daniel Maier.

13. Birthplace Germany. (City or town) (State or foreign country)

14. Maiden name Christina Benz.

15. Birthplace Germany. (City or town) (State or foreign country)

16. Informant's OWN Signature E. Elizabeth Maier and Address Am. Falls, Idaho.

17. (a) Burial. (b) Date thereof Nov. 29 - 48 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place American Falls, Idaho.

18. Funeral Director's OWN Signature H. Davis and Address Am. Falls, Idaho

19. (a) Nov 29 - 1948 (b) Loone Daling (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nov. 24 1948  
(Month, Day, Year) at 6:35 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1948 to Nov 24 1948

I last saw him alive on Nov. 24 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary thrombosis Duration unknown  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy Coronary thrombosis  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. A. Varrell

and Address Am. Falls, Idaho Date 12/29 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

NOV 22 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 4308  
Local Reg. No. 55  
Reg. Dist. No. 142

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R. F. D. No. 710 - 3rd Ave.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Wardner Stayed 14 days  
(g) Lived in this county 45 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. 710 - 3rd Ave.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Anna Lamielle

063A

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife George  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) September 12, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>1</u>	<u>7</u>	hrs min.

9. Exact Occupation Home Did this work for 50 yrs.  
10. Industry or Business Home Date last worked 1948  
11. Birthplace Germany (City or town) (State or foreign country)  
Mother Father { 12. Name Herman Summich  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Mary A. Augustus  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Anna Lamielle  
and Address Kellogg Idaho  
17. (a) Burial (b) Date thereof 10/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Kellogg Idaho  
18. Funeral Director's OWN Signature Arthur J. Galt  
and Address Kellogg Idaho  
19. (a) 11/10/48 (b) Arthur J. Galt  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 10/19/1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 15 - 1948, to Oct 19 - 1948  
I last saw h. or alive on 10-19 - 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Cardiac - Myocardial failure Duration 2 hrs  
Due to Toxic Hypo-adenoma 3 mo.  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

- Where was disease contracted? Kellogg  
Name of operation Hypoth. Date 10-3-48 Underline the cause to which death should be charged statistically.  
Major finding Adenoma, Hypo  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Glenn McElroy, MD (M. D. or other)  
and Address Kellogg, Ida Date 10-21-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

NOV 12 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **4309**  
Local Reg. No. **54**  
Reg. Dist. No. **142**

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R. F. D. No. Fort Kiley Ave.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home? X Hospital? institution Other place? city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 6 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. Fort Kiley Ave.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Evelyn I Crouse

094A

## 3. (b) If veteran,

name war                     

## 3. (c) Social Security

No-                     

## 5. Color or

6. (a) Single, widowed, married,  
divorced married

## 4. Sex F race W

## 6. (b) Name of husband or wife Alan

6. (c) Age of husband or wife if alive 41 years

## 7. Date of Birth

(Month, Day, Year) February 14, 1910

## 8. AGE

Years 38 Months 8 Days 20 If less than 1 day  
hrs min.

## 9. Exact

Occupation School teacher Did this work for 18 yrs.

## 10. Industry or Business

School Date last worked 11/3/48

## 11. Birthplace

Burley Idaho (City or town) (State or foreign country)

## 12. Name

Charles J Hale

## 13. Birthplace

St. Louis Missouri (City or town) (State or foreign country)

## 14. Maiden name

Willa Erickson

## 15. Birthplace

Sweden (City or town) (State or foreign country)

## 16. Informant's

OWN Signature Evelyn Crouse

and Address Kellogg Idaho

## 17. (a) (b) Date thereof

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burley Idaho

## 18. Funeral Director's

OWN Signature Robert H. Cordwell

and Address Kellogg Idaho

## 19. (a) (b)

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 11 / 7 / 1948

at 7:00 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

26 Nov 1947, to 4 Nov 1948

I last saw h-er alive on 4 Oct 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary occlusion Duration minutes

Due to Coronary insufficiency 3 years

Due to                     

Other conditions                     

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation                      Date                     

Major finding                     

Finding of autopsy                     

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred                     

Place of Violence: Home                      Farm                      Industry                     

Public Place                      While at work?                     

Means of injury                     

## 23. Attendant's

OWN Signature Robert H. Cordwell

(M. D. or other)

and Address Kellogg Idaho Date 6 Nov 1948

(For additional space, use reverse side)

078

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 18 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 63  
Reg. Dist. No. 149

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Providence Stayed 2 1/2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Osburn  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mrs. Nell Schronover

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 49 years

7. Date of Birth (Month, Day, Year) May 11 - 1899

8. AGE Years 49 Months 5 Days 27 If less than 1 day hrs. min.

9. Exact Occupation at home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace (City or town) Texas (State or foreign country)

12. Name Not known

13. Birthplace (City or town) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace (City or town) \_\_\_\_\_ (State or foreign country)

16. Informant's OWN Signature John A. Brown Registrar and Address Wallace Idaho

17. (a) Burial (Burial, cremation or removal) Providence (b) Date thereof Nov 14 - 48 (Month) (Day) (Year)

- (c) Place Osburn Idaho

18. Funeral Director's OWN Signature John A. Brown and Address Wallace Idaho

19. (a) Nov 9 - 48 (Date received and filed) (b) John A. Brown (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Nov 8 1948  
at 11:30 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1948 to 1948

I last saw him alive on \_\_\_\_\_ death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration \_\_\_\_\_

Due to Chronic Coronary Disease

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of Transport \_\_\_\_\_

## 23. Attendant's OWN Signature

John A. Brown (M.D. or other) and Address \_\_\_\_\_ Date Nov 9 - 48 1948

083A

0978

PHYSICIAN Underline the cause to which death should be charged statistically.

175

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NOV 18 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OFFICE OF VITAL

STATE OF IDAHO

State File No. **4312**

Local Reg. No. **64**

Reg. Dist. No. **140**

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 42 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Only

## 3. (a) FULL NAME

Margaret A. Lonsur

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F Color or race W

5. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 1851 - 12 - 16

8. AGE	Years	Months	Days	If less than 1 day
	<u>97</u>	<u>10</u>	<u>23</u>	hrs. min.

9. Exact Occupation at home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Kuonshine Ontario Canada  
(City or town) (State or foreign country)

12. Name William Totten

13. Birthplace Glasgow Scotland  
(City or town) (State or foreign country)

14. Maiden name Edith Jane Swan

15. Birthplace Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Evelyn Bongard

and Address Wallace Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 10 - 48  
(Month) (Day) (Year)

(c) Place Laurelton Wash

18. Funeral Director's OWN Signature John Brown

and Address Wallace Idaho

19. (a) Nov - 9 - 48 (Date received and filed) (b) John Brown (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov 9 1948  
at \_\_\_\_\_ o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_ 1948

I last saw her alive on \_\_\_\_\_ 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis Duration \_\_\_\_\_

Failure of heart

Due to heart tip

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Sept 1948 19\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred Home

Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Fell over rug

23. Attendant's OWN Signature John Brown

and Address Wallace Idaho Date 11/9 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

3049

4313

State File No. \_\_\_\_\_  
Local Reg. No. 56  
Reg. Dist. No. 142

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R.F.D. No. Westland Ave.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 11 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. 871 Westland Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Sydney Bolam

3. (b) If veteran, name war World II 3. (c) Social Security No. 518-16-3569  
5. Color or race White (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 27 years  
7. Date of Birth (Month, Day, Year) March 8, 1920

8. AGE	Years	Months	Days	If less than 1 day
	<u>28</u>	<u>8</u>	<u>2</u>	hrs min.

9. Exact Occupation Lineman Did this work for 2 yrs.  
10. Industry or Business Bunker Hill Date last worked 11/10/48  
11. Birthplace England (City or town) (State or foreign country)

12. Name Robert Williams  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Elizabeth Wright  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Robert W. Bolam  
and Address Kellogg Idaho

17. (a) Burial Date thereof 11/10/48 (Month) (Day) (Year)  
(c) Place: Kellogg Idaho

18. Funeral Director's OWN Signature Frank J. [Signature]  
and Address Kellogg Idaho

19. (a) 11/13/48 (Date received and filed) (b) [Signature] (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11-10 1948  
at 10:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Electrical Shock Duration \_\_\_\_\_

Due to Electric Shock

Due to Electric Shock

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 11-10-48 at \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work \_\_\_\_\_

Means of injury Electric Shock

23. Attendant's OWN Signature [Signature] (M. D. or other)  
and Address Kellogg Idaho Date 11-10-48

(For additional space, use reverse side)

175

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

4314

State File No. \_\_\_\_\_

Local Reg. No. 68

Reg. Dist. No. 140

1. PLACE OF DEATH: **STATISTICS**  
(a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Wallace Stayed 1 1/2 days  
(g) Lived in this county \_\_\_\_\_ years 2 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 2 mo. years  
(h) Former residence (city, state) N. Dak.

3. (a) FULL NAME William Schell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (b) Name of husband or wife Kathleen

6. (c) Age of husband or wife if alive 62 years

7. Date of Birth (Month, Day, Year) Jan-12-1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>10</u>	<u>0</u>	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Farmer Date last worked \_\_\_\_\_

11. Birthplace Russia (City or town) (State or foreign country)

12. Name Fred Schell (City or town) (State or foreign country)

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name Edwina Joyce (City or town) (State or foreign country)

15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Fred Schell and Address Wallace 20 hr.

17. (a) Removal (b) Date thereof Nov-12-48 (Month) (Day) (Year)

(c) Place Rapid City - S.D.

18. Funeral Director's OWN Signature John Buer and Address Wallace 20 hr.

19. (a) Nov-12-48 (Date received and filed) (b) John Buer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov-12 at 1:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 12 PM 11-11 1948 to 1:30 AM 11-12 1948

I last saw h. live alive on 11-12 1948

death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Coronary thrombosis Duration 1 hr

Due to Hypertensive cardiac renal disease

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Paul Schell (M. D. or other)

and Address Wallace 20 Date 11-13 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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STATISTICS OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No.

4315

Local Reg. No. 67

Reg. Dist. No. 140

1. PLACE OF DEATH: **STATISTICS**
- (a) County Shoshone
- (b) City or town Wallace
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. Providence Stayed \_\_\_\_\_ days
- (g) Lived in this county \_\_\_\_\_ years 2 yr months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Mont. (b) County Shoshone
- (c) City or town Osburn
- (d) Street Address or R.F.D. No. \_\_\_\_\_
- (e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? \_\_\_\_\_
- (g) How long had deceased lived in Idaho? 2 yr. years
- (h) Former residence (city, state) Mont.

3. (a) FULL NAME Abbie Josephine Hurd

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Oct. 30 - 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>0</u>	<u>12</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Min. (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Father { 12. Name Daniel W Wright

13. Birthplace Not Known (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Mother { 14. Maiden name William L. Weaver

15. Birthplace Not Known (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Blair Hurd

and Address 294 N. 2nd St. Mont.

17. (a) David (b) Date thereof Nov-13-48 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Wallace Idaho

18. Funeral Director's OWN Signature John A. Brown

and Address Wallace Idaho

19. (a) Nov-13-48 (b) John A. Brown (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov 12 1948

at \_\_\_\_\_ o'clock 12 M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1948 to \_\_\_\_\_ 1948

I last saw him alive on Nov 12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

Myocardial infarction

Chronic

Coronary atherosclerosis

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John A. Brown (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_ (d) \_\_\_\_\_ (e) \_\_\_\_\_ (f) \_\_\_\_\_ (g) \_\_\_\_\_ (h) \_\_\_\_\_ (i) \_\_\_\_\_ (j) \_\_\_\_\_ (k) \_\_\_\_\_ (l) \_\_\_\_\_ (m) \_\_\_\_\_ (n) \_\_\_\_\_ (o) \_\_\_\_\_ (p) \_\_\_\_\_ (q) \_\_\_\_\_ (r) \_\_\_\_\_ (s) \_\_\_\_\_ (t) \_\_\_\_\_ (u) \_\_\_\_\_ (v) \_\_\_\_\_ (w) \_\_\_\_\_ (x) \_\_\_\_\_ (y) \_\_\_\_\_ (z) \_\_\_\_\_

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 6 1948

# Certificate of Death

DEATH OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. **4316**  
Local Reg. No. **71**  
Reg. Dist. No. **140**

1. PLACE OF DEATH:
- County Shoshone
  - City or town Wallace
  - Street Address or R.F.D. No. \_\_\_\_\_
  - Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
  - Name Hosp. or Inst. Wallace Stayed \_\_\_\_\_ days
  - Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- State \_\_\_\_\_ (b) County \_\_\_\_\_
  - City or town \_\_\_\_\_
  - Street Address or R.F.D. No. \_\_\_\_\_
  - Deceased lived \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - Citizen of what country? \_\_\_\_\_
  - How long had deceased lived in Idaho? \_\_\_\_\_ years
  - Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Infant Taylor

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male Color or race White
5. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Nov-16-1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u> hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Wallace Idaho (City or town) (State or foreign country)

12. Name Robert Taylor

13. Birthplace Spokane Wash. (City or town) (State or foreign country)

14. Maiden name Josephine Blake

15. Birthplace Colorado (City or town) (State or foreign country)

16. Informant's OWN Signature Robert Taylor and Address Wallace Idaho

17. (a) Burial (b) Date thereof Nov. 17-1948 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Wallace Idaho

18. Funeral Director's OWN Signature John A. Bower and Address Wallace Idaho

19. (a) Nov-17-48 (b) John A. Bower (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov 16 1948  
at \_\_\_\_\_ o'clock 4 P. M.

21. I HEREBY CERTIFY, That I attended deceased from 16 Nov. 1948 to 16 Nov. 1948  
I last saw him alive on 16 Nov. 1948  
death is said to have occurred on the date he now stated above.

- Immediate Cause of Death: Multiple Congenital Deformities Duration \_\_\_\_\_  
Bilateral Club Feet  
Deformities of Hands  
Hypospadias  
ABSENT TESTES  
IMPERFORATE ANUS

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature John A. Bower (M. D. or other) John A. Bower  
at Wallace Idaho Date 11-18-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 2 1948

DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 1317  
Local Reg. No. 57  
Reg. Dist. No. 142

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R. F. D. No. Wardner  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Wardner Stayed 1 days  
(g) Lived in this county 47 years 47 months 47 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wardner  
(d) Street Address or R.F.D. No. Wardner  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Wardner

## 3. (a) FULL NAME

Robert Leveleyn Brainard 46E

## 3. (b) If veteran,

name war -

## 3. (c) Social Security

No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mabel 6. (c) Age of husband or wife if alive 67 years

## 7. Date of Birth

(Month, Day, Year)

January 16 1883

## 8. AGE

Years

Months

Days

If less than 1 day

65

10

1

hrs

min.

## 9. Exact

Occupation

Editor

Did this

work for 40 yrs.

## 10. Industry or

Business

Kellogg Lumber Co. Date last worked 12/1/48

## 11. Birthplace

Wardner, Idaho (City or town) (State or foreign country)

## 12. Name

Leveleyn Brainard

## 13. Birthplace

Wardner, Idaho (City or town) (State or foreign country)

## 14. Maiden name

Chas. E. Brainard

## 15. Birthplace

Wardner, Idaho (City or town) (State or foreign country)

## 16. Informant's

OWN Signature

Mabel Brainard

and Address

Wardner, Idaho

## 17. (a) Burial, cremation, or removal

Funeral (b) Date thereof 11/20/48 (Month) (Day) (Year)

(c) Place:

Courthouse, Kellogg, Idaho

## 18. Funeral Director's

OWN Signature

Robert E. Jones

and Address

Kellogg, Idaho

## 19. (a)

11/19/48 (Date received and filed)

## (b)

Robert E. Jones (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

11/17 1948

at 5:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

7-3, 1948, to 11-17, 1948.

I last saw him alive on 11-17, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Uremia

Duration

Uremia

Due to Oedema - Carcinoma of

Pituitary - metastatic

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Autopsy Date 2-7-49

Major finding Oedema - Carcinoma

Finding of autopsy of Pituitary

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home 19 Farm 19 Industry 19

Public Place 19 While at work? 19

Means of injury 19

## 23. Attendant's

OWN Signature

Robert E. Jones

and Address

Kellogg, Idaho

Date 11-17 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 2 1948  
DIVISION OF VITAL STATISTICS

Certificate Of Death  
STATE OF IDAHO

1318  
State File No. \_\_\_\_\_  
Local Reg. No. 58  
Reg. Dist. No. 142

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Wardman Stayed 2 days  
(g) Lived in this county 58 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. 304 W Riverside  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Elizabeth Harriet Corbe 083A

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex F race W  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced wid  
(b) Name of husband or wife John  
(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) January 9, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>10</u>	<u>8</u>	hrs min.

9. Exact Occupation Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Home Date last worked 11/17/48

11. Birthplace Ennis, Minnesota (City or town) (State or foreign country)

12. Name John Baker

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Mary Jane

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Clara M. Kenna

and Address 304 W Riverside Kellogg

17. (a) Removal (b) Date thereof 11 20 48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Spokane Washington

18. Funeral Director's OWN Signature Raymond J. Glady

and Address Kellogg Idaho

19. (a) 11 14 9 48 (b) John Baker (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 091X

20. DATE OF DEATH (Month, Day, Year) 11/17 1948  
at 3 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 19 46 to 17 Nov 19 48  
I last saw her alive on 12 Nov 19 48, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic pneumonia Duration 2 days

Due to Cerebral Hemorrhage 2 days

Due to Arterio sclerosis 10 yrs

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Kellogg

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Glen M. Whitehead

and Address Kellogg, Idaho Date 18 Nov 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 6 10 10  
Certificate of Death  
DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. 4319  
Local Reg. No. 72  
Reg. Dist. No. 140

1. PLACE OF DEATH  
(a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. Providence Stayed days  
(g) Lived in this county 8 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Shoshone  
(c) City or town Burley  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME Irvin Joseph Boyle

3. (b) If veteran, name war 3. (c) Social Security No. 539-10-7780

4. Sex Male Color or race white 5. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sarah F. Boyle 6. (c) Age of husband or wife if alive 32 years

7. Date of Birth (Month, Day, Year) Aug-9-1916

8. AGE	Years	Months	Days	If less than 1 day
	32	3	14	hrs. min.

9. Exact Occupation Mining Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Colli Min (City or town) (State or foreign country)

12. Name James Boyle

13. Birthplace Canada (City or town) (State or foreign country)

14. Maiden name Elva W. Haley

15. Birthplace Minnesota (City or town) (State or foreign country)

16. Informant's OWN Signature Sarah F. Boyle and Address Burley Idaho

17. (a) Burial, cremation, or removal (b) Date thereof Nov 26-48 (Month) (Day) (Year)

(c) Place of Burial Home

18. Funeral Director's OWN Signature John A. Bower and Address Wallace Idaho

19. (a) Nov 25 48 (b) John A. Bower (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 121X 024A

20. DATE OF DEATH (Month, Day, Year) Nov 23 1948 at 7 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to

Other conditions (The date of onset and the duration of the condition)

Where was disease contracted?

Name of physician

Major findings at necropsy

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred.

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature and Address

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

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DEC 9 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1320  
Local Reg. No. 59  
Reg. Dist. No. 142

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Idaho Falls  
(c) Street Address or R. F. D. No. Idaho Falls  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home hospital Institution Other place  
(f) Name Hosp. or Inst. Wardlaw Stayed 8 days  
(g) Lived in this county 9 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 144 S. Division  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Lila M. Larimore

061X

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or race W  
4. Sex F

6. (a) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive  years

6. (b) Name of husband or wife

## 7. Date of Birth (Month, Day, Year)

January 1, 1881

## 8. AGE

Years 67 Months 10 Days 23 If less than 1 day hrs min.

## 9. Exact Occupation

Home Did this work for 40 yrs.

## 10. Industry or Business

Home Date last worked 1948

## 11. Birthplace

Idaho Falls, Idaho (City or town) (State or foreign country)

## 12. Name

Lila M. Larimore

## 13. Birthplace

Idaho Falls, Idaho (City or town) (State or foreign country)

## 14. Maiden name

Olivia Zapp

## 15. Birthplace

Idaho Falls, Idaho (City or town) (State or foreign country)

## 16. Informant's

### OWN Signature

May Louis Martin

### and Address

Idaho Falls, Idaho

## 17. (a) Burial

(b) Date thereof 11/27/48 (Month) (Day) (Year)

### (c) Place:

Idaho Falls, Idaho

## 18. Funeral Director's

### OWN Signature

John M. Glade

### and Address

Idaho Falls, Idaho

## 19. (a) Date received and filed

(b) Registrar's signature Idaho Falls, Idaho

## MEDICAL CERTIFICATE OF DEATH 183A

## 20. DATE OF DEATH

(Month, Day, Year) 11/24/48 1948  
at 3 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Feb 1947, to 24 Nov 1948

I last saw her alive on 24 Nov 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Hypertensive pulmonary Duration 3 days

## Due to

Cerebral Hemorrhage Thick

## Due to

Diabetes mellitus 4-5 yrs.

## Other conditions

Arterio sclerosis

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Idaho Falls, Idaho

## Name of operation

None Date

## Major finding

None

## Finding of autopsy

None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

## Means of injury

## 23. Attendant's

OWN Signature Gen M. Whitel M.D.

and Address Idaho Falls, Idaho (M. D. or other)

Date 28 Nov 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
RECEIVED  
DEC 6 1948  
Certificate Of Death

State File No. 1321  
Local Reg. No. 75  
Reg. Dist. No. 140

1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Wallace Stayed 1 days  
(g) Lived in this county 22 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kingston  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

Theodore Joseph Pulliam

3. (b) If veteran,

name war No

3. (c) Social Security

No. ....

5. Color or  
Sex Male race W

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or  
wife Glady's

6. (c) Age of husband or wife if  
alive 42 years

7. Date of Birth  
(Month, Day, Year) February 18, 1903

8. AGE	Years	Months	Days	If less than 1 day
	<u>45</u>	<u>9</u>	<u>7</u>	hrs min.

9. Exact Occupation Lumberman Did this work for 20 yrs.

10. Industry or Business Lumber Date last worked 1948

11. Birthplace Fort Worth Texas  
(City or town) (State or foreign country)

12. Name Theodore Pulliam

13. Birthplace Idaho  
(City or town) (State or foreign country)

14. Maiden name Margie Adams

15. Birthplace Idaho  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature James J. Adams  
and Address Kingston Idaho

17. (a) Burial (b) Date thereof 11/27/48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Kellogg Idaho

18. Funeral Director's  
OWN Signature Grant M. Glade  
and Address Kellogg Idaho

19. (a) Dec 5-48 (b) John A. Bond  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) 11/25/ 1948  
at 6 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
11-23-48 1948, to 11-25-48 1948

I last saw him alive on 11-25 1948; death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death Cardiac Failure Duration 2 Mos

Due to Bacterial Endocarditis 2 Mos

Due to Mitral Heart Disease yr.

Other conditions terminal pneumonia  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation None Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the fol-  
lowing: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's

OWN Signature Lewis B. Hunter (M. D. or other)

and Address Wallace Idaho Date 12-1-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 9 1948

# Certificate Of Death

STATE OF IDAHO

STATE OF IDAHO

State File No. 1322  
Local Reg. No. 62  
Reg. Dist. No. 42

## 1. PLACE OF DEATH

- (a) County Shoshone  
(b) City or town Kellogg  
(c) Street Address or R. F. D. No. 507 5 Division  
(d) Death Occured Inside? 1 Outside? city or town  
(e) Died in a Home X Hospital institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days days  
(g) Lived in this county 8 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellogg  
(d) Street Address or R.F.D. No. 507 5 Division  
(e) Deceased lived Inside? Y Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Alice Pratt

683A

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex Female race W

## 6. (b) Name of husband or wife William

## 6. (a) Single, widowed, married, divorced widowed

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) August 15, 1858

## 8. AGE

Years 90 Months 3 Days 11 If less than 1 day hrs min.

## 9. Exact Occupation

None Did this work for 50 yrs.

## 10. Industry or Business

None Date last worked 1935

## 11. Birthplace

(City or town) England (State or foreign country)

## 12. Name

Phillip Bill

## 13. Birthplace

(City or town) England (State or foreign country)

## 14. Maiden name

Martha Kirby

## 15. Birthplace

(City or town) England (State or foreign country)

## 16. Informant's

### OWN Signature

Mrs John Gaby

and Address Kellogg Idaho

## 17. (a) Removal (b) Date thereof

(Burial, cremation, or removal) 12/2/48 (Month) (Day) (Year)

## 18. Funeral Director's

### OWN Signature

Wm M. Glade

and Address Kellogg Idaho

## 19. (a) Date received and filed

12/11/48 (b) (Registrar's signature) Joe Irvine

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 11/26 1948  
at 10:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Jan 1947, to 26 Nov 1948

I last saw h. enalve on 26 Nov 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

1. Hypostatic pneumonia Duration 1 week

Due to Pharyngeal palsy 1 month

Due to Cerebral hemorrhage 1 min

Other conditions Malnutrition  
(Include pregnancy within 3 months of death)

Where was disease contracted? Kellogg, 2 1948

Name of operation None Date \_\_\_\_\_

Major finding None

Finding of autopsy None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Glen M. Whitel M.D.

and Address Kellogg Idaho (M. D. or other) \_\_\_\_\_

Date 29 Nov 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 6 1948

# Certificate of Death

OFFICE OF VITAL

STATE OF IDAHO

State File No. 4323  
Local Reg. No. 73  
Reg. Dist. No. 140

1. PLACE OF DEATH
- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. 207 Cedar ST.  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home X Hospital X Institution    Other place     
(f) Name Hosp. or Inst. Wallace Stayed 1 days  
(g) Lived in this county 57 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. 207 Cedar ST  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 57 years  
(h) Former residence (city, state) Ohio

3. (a) FULL NAME Milton J. FLOHR

3. (b) If veteran, name war no 3. (c) Social Security No.     
4. Sex male Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary M. Flohr 6. (c) Age of husband or wife if alive 69 years

7. Date of Birth (Month, Day, Year) August 5, 1869

8. AGE	Years	Months	Days	If less than 1 day
<u>79</u>	<u>79</u>	<u>3</u>	<u>-</u>	hrs. min.

9. Exact Occupation Banker Did this work for 53 yrs.

10. Industry or Business Banking Date last worked 11-21-48

11. Birthplace Youngstown Ohio (City or town) (State or foreign country)

12. Name Franklin Flohr

13. Birthplace ? (City or town) (State or foreign country)

14. Maiden name ?

15. Birthplace ? (City or town) (State or foreign country)

16. Informant's OWN Signature E M Flohr

and Address Wallace, Idaho

17. (a) Registration (b) Date thereof Dec 2, 1948 (Month) (Day) (Year)

(c) Place Smith Co. Spokane WA

18. Funeral Director's OWN Signature W. J. Mott

and Address Wallace, Idaho

19. (a) Dec 1-48 (b) W. J. Mott (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov 30 1948  
at 11:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Nov - 1940 to Nov 30 1948  
I last saw him alive on Nov 30 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Atherosclerosis Duration 5 yrs

Due to Chronic cardio-renal disease 10 yrs

Due to Senility  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation    Date   

Major finding   

Finding of autopsy   

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Phyllis Mott MD (M. D. or other)

and Address Wallace, Idaho Date 11-30-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

NOV 18 1948

# Certificate of Death

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. **4324**  
Local Reg. No. **61**  
Reg. Dist. No. **141**

1. PLACE OF DEATH: **Phoshon**  
(a) County **Phoshon**  
(b) City or town **Phoshon**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **48** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Phoshon**  
(c) City or town **Phoshon**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho **48** years  
(h) Former residence (city, state) **Phoshon**

3. (a) FULL NAME **Helma C Bastick**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Dan** 6. (c) Age of husband or wife if alive **not known** years

7. Date of Birth (Month, Day, Year) **Oct 12 - 1879**

8. AGE	Years	Months	Days	If less than 1 day
	<b>69</b>	<b>0</b>	<b>28</b>	hrs. min.

9. Exact Occupation **at home** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Sweden** (City or town) \_\_\_\_\_ (State or foreign country)

12. Name **Ferdinand Olson** (City or town) \_\_\_\_\_ (State or foreign country)

13. Birthplace **Sweden** (City or town) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace **Sweden** (City or town) \_\_\_\_\_ (State or foreign country)

16. Informant's OWN Signature **Mrs. Rodney Russell**  
and Address **Mullan, Idaho**

17. (a) **Cremation** (b) Date thereof **Nov 8 - 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **at Kane Wash.**

18. Funeral Director's OWN Signature **John A. Burr**  
and Address **Wallace 2nd Av.**

19. (a) **Nov 5 - 48** (b) **John A. Burr**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Nov 3** 19 **48**  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from **March** 19 **48** to **3 Nov** 19 **48**  
I last saw him alive on **2 Nov** 19 **48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death? **Cardiorespiratory failure** Duration \_\_\_\_\_

Due to **Pulmonary fibrosis & pericardial calcifications**

Due to **tuberculosis**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Robert J. Threlkeld**  
(M. D. or other)

and Address **Wallace, Idaho** Date **5 Nov** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 18 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 4325  
Local Reg. No. 65  
Reg. Dist. No. 141

1. PLACE OF DEATH: *Shoshone*  
(a) County *Frank White*  
(b) City or town *Frank White*  
(c) Street Address or R.F.D. No. *2*  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months *2* days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State *Idaho* (b) County *Shoshone*  
(c) City or town *Frank White*  
(d) Street Address or R.F.D. No. *2*  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? ☐  
(g) How long had deceased lived in Idaho? *2* years  
(h) Former residence (city, state) *Idaho*

3. (a) FULL NAME *Clara Louise Schroeder*

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex *F* 5. Color or race *W*

6. (a) Single, widowed, married, divorced *Widowed*

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive *47* years

7. Date of Birth (Month, Day, Year) *Sept 7 - 1875*

8. AGE	Years	Months	Days	If less than 1 day
	<i>73</i>	<i>2</i>	<i>2</i>	hrs. min.

9. Exact Occupation *at home* Did this work for *2* yrs.

10. Industry or Business *at home* Date last worked *Nov 10 - 48*

11. Birthplace (City or town) *Idaho* (State or foreign country) *Idaho*

12. Name *Henry K. Lange*

13. Birthplace (City or town) *Germany* (State or foreign country) *Germany*

14. Maiden name *Wilhelmina Lange*

15. Birthplace (City or town) *Germany* (State or foreign country) *Germany*

16. Informant's OWN Signature *Pansy Schroeder*

17. (a) *Idaho* (b) Date thereof *Nov 10 - 48*

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place *Idaho*

18. Funeral Director's OWN Signature *John A. Brown*

and Address *Wallace - Id.*

19. (a) *Nov 9 - 48* (b) *John A. Brown*

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *Nov 9* 19*48*  
at *2* o'clock *A*. M.

21. I HEREBY CERTIFY, That I attended deceased from *1947* to *1948*

I last saw h. *alive* on *1948*; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Calculated* Duration *several*

Due to *stroke* *thrombosis*

Due to *stroke*

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation *Calculated* Date *Nov 9*

Major finding.

Finding of autopsy.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred *Nov 9* 19 *48* City, county, state

where violence occurred.

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury *Heart*

23. Attendant's OWN Signature *John A. Brown*

and Address *Wallace - Id.* 19 *48*

502

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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NOV 18 1948

BUREAU OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948

4326

State File No. ....

Local Reg. No. ....

Reg. Dist. No. 141

## 1. PLACE OF DEATH: STATISTICS

- (a) County Boise  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town ....  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ....  
(f) Name Hosp. or Inst. .... Stayed 6 days  
(g) Lived in this county 6 years 6 months 6 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boise  
(c) City or town Boise  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town ....  
(f) Citizen of what country? ....  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) One

## 3. FULL NAME

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male Color or race W

5. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 24 years

7. Date of Birth (Month, Day, Year) Not Known

Age	Years	Months	Days	If less than 1 day
<u>20</u>				hrs. min.

9. Exact Occupation At Home Did this work for 0 yrs.

10. Industry or Business Not Known Date last worked

11. Birthplace (City or town) (State or foreign country)

12. Name

13. Birthplace (City or town) (State or foreign country)

14. Maiden name

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature John A. Brown and Address Wallace Idaho

17. (a) Buried (b) Date thereof Nov 18-48 (c) Place Wallace Idaho

18. Funeral Director's OWN Signature John A. Brown and Address Wallace Idaho

19. (a) Nov 18-48 (b) John A. Brown

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov - 12 1948  
at 10 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction Duration

Due to Myocardial Infarction

Due to Myocardial Infarction

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☒

Occurred 11-12 1948 City, County, State Boise Idaho  
where violence occurred

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury Starvation

23. Attendant's OWN Signature John A. Brown

and Address Wallace Idaho Date 11/13/48

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

NOV 18 1948

Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. 4327  
Local Reg. No. 66  
Reg. Dist. No. 141

1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Barre  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Barre  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME

John Dale Crawford

3. (b) If veteran, name war

2

3. (c) Social Security No.

340-28-4360

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth

(Month, Day, Year) July - 18 - 1924

8. AGE

Years	Months	Days	If less than 1 day
<u>24</u>	<u>3</u>	<u>24</u>	hrs. min.

9. Exact Occupation Miner

Did this work for \_\_\_\_\_ yrs.

10. Industry or Business

Date last worked \_\_\_\_\_

11. Birthplace

(City or town) Colorado (State or foreign country)

12. Name Tom Crawford

13. Birthplace Oklahoma  
(City or town) (State or foreign country)

14. Maiden name Martha Gaylor

15. Birthplace New Mexico  
(City or town) (State or foreign country)

16. Informant's

OWN Signature Tom Crawford  
and Address you live ore - Rt 1

17. (a) (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_  
(Month) (Day) (Year)

(c) Place

18. Funeral Director's

OWN Signature John Bover  
and Address Wallace 2nd

19. (a) Nov 13 - 48 (b) John Bover  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Nov 12 1948  
at 10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_

Self-inflicted gunshot

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? Yes Homicide? \_\_\_\_\_

Occurred 11-12-48 City, county, state \_\_\_\_\_

where violence occurred Barre Idaho

Place of Violence: Home Yes Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of Injury Self-inflicted gunshot

23. Attendant's

OWN Signature John Bover (M, D, or other) \_\_\_\_\_

and Address Wallace 2nd Date Nov 12 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

DEC 6 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. 4328  
Local Reg. No. 74  
Reg. Dist. No. 41

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Mullan  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) Mich.

## 3. (a) FULL NAME

Richard Eino Heronen

174X

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>46</u>			hrs. min.

9. Exact Occupation Miner Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Calumet Mich. (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Phyllis Bower and Address Wallace Idaho

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

- (c) Place \_\_\_\_\_

18. Funeral Director's OWN Signature Phyllis Bower and Address Wallace Idaho

19. (a) Dec 1 - 48 (b) Shoshone (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nov 30 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 11/30 1948 City, county, state Shoshone Idaho

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work \_\_\_\_\_

Means Shot Rock fall on body

23. Attendant's OWN Signature Phyllis Bower (M.D. or other)

and Address Wallace Idaho Date Dec 1 - 48 1948

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 18 1948

DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 4329  
Local Reg. No. 578  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. 1547 3rd Ave East  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 10 years 1 months 18 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 1547 3rd Ave East  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country?     
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME ANDERSON, Paul Lynn

3. (b) If veteran, name was None No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years  
7. Date of Birth November 13, 1937

8. AGE	Years	Months	Days	If less than 1 day
	<u>10</u>	<u>11</u>	<u>18</u>	hrs min.

9. Exact Occupation Student Did this work for    yrs.  
10. Industry or Business Grade School Date last worked     
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

12. Name Paul E. Anderson  
13. Birthplace Meridian, Idaho (City or town) (State or foreign country)  
14. Maiden name Florence Wakem  
15. Birthplace Alexandria, Neb (City or town) (State or foreign country)

16. Informant's OWN Signature Paul E. Anderson  
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-1948 (Month) (Day) (Year)  
(c) Place: St. Mary's Roman Catholic Church

18. Funeral Director's OWN Signature Wm. L. Hittler  
and Address White Mortuary-Twin Falls, Idaho

19. (a) November 15, 1948 (Date received and filed) (b) Norman L. Green (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 1, 1948  
(Month, Day, Year) at    o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from    19   , to    19   .  
I last saw h.    alive on    19   ; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Thrombosis, middle cerebral artery - st.

Due to   

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy See above

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature J. Woodson Creek, MD  
and Address Twin Falls, Idaho (M. D. or other) 11/3 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 18 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 4330  
Local Reg. No. 527  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 312 7th A. N.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 44 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 312 7th Ave. N.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Illinois

## 3. (a) FULL NAME

Morgan G. Heap

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 530-09-1299A

5. Color or race white 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Florence D. 6. (c) Age of husband or wife if alive 72 years

7. Date of Birth (Month, Day, Year) May 24, 1882

8. AGE	Years	Months	Days	If less than 1 day
	66	5	8	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business merch. Farm. Date last worked \_\_\_\_\_

11. Birthplace Mattoon, Illinois (City or town) (State or foreign country)

12. Name Harry Heap

13. Birthplace Wheeling, W. Va. (City or town) (State or foreign country)

14. Maiden name Griffin, Jennie

15. Birthplace Unk. (City or town) (State or foreign country)

16. Informant's OWN Signature Morgan G. Heap, Jr.

- and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 11/4/48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature Aug. L. Phillips

- and Address 136 4th Ave. East

19. (a) November 15, 1948 (b) Dorothy S. Green (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 2, 1948

- at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from November 2, 1948 to November 2, 1948

I last saw him alive on November 19, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cardiac Failure Duration 4 hours

Due to Bronchial Asthma year

Due to Emphysema year

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dorothy S. Green (M. D. or other)

and Address Twin Falls, Idaho Date 11-4-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

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Certificate Of Death  
STATE OF IDAHO

State File No. 4331  
Local Reg. No. 582  
Reg. Dist. No. 460

1. PLACE OF DEATH:  
(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. 356 Blue Lakes  
(d) Death Occured Inside? X Outside?..... city or town  
(e) Died in a Home X Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county 23 years..... months..... days  
Note. For a person residing in THIS county LESS than 1 year; give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 356 Blue Lakes  
(e) Deceased lived Inside? X Outside?..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) Talegnah, Okla.

3. (a) FULL NAME Harry B. Long  
3. (b) If veteran, name war..... No.....  
5. Color or White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elsie  
6. (c) Age of husband or wife if alive 62 years  
7. Date of Birth (Month, Day, Year) January 1, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>10</u>	<u>5</u>	hrs min.

9. Exact Occupation Produce Broker Did this work for..... yrs.  
10. Industry or Business..... Date last worked.....  
11. Birthplace Bagdad, Kentucky  
(City or town) (State or foreign country)

12. Name Jeremiah Long  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Anna Lee  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Harry B. Long  
and Address Hansen, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/48  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Reynolds  
and Address Twin Falls, Idaho.

19. (a) Received 11/7/48 (b) Reynolds  
(Date received and filed) (Registrar's signature)

20. DATE OF DEATH  
(Month, Day, Year) November 6, 19 48  
at 12:30 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 19 11 to November 6, 19 48

I last saw him alive on Nov. 6 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Arteriosclerosis Duration Acute  
Due to Myocardial Degeneration year  
Due to Arteriosclerosis year  
Other conditions Coronary Arteriosclerosis year  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....  
Name of operation..... Date.....  
Major finding.....  
Finding of autopsy.....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury.....

23. Attendant's OWN Signature Reynolds (M. D. or other)  
and Address Twin Falls Date 11-14 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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# Certificate Of Death

STATE OF IDAHO

State File No. 4332  
Local Reg. No. 576  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County TWIN FALLS  
(b) City or town TWIN FALLS  
(c) Street Address or R.F.D. No. T.F. CO. HOSP.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home, Hospital, Institution... Other place...  
(f) Name Hosp. or Inst. T.F. CO. HOSP Stayed 11 days  
(g) Lived in this county 11 years 11 months 11 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County TWIN FALLS  
(c) City or town KIMBERLY  
(d) Street Address or R.F.D. No. KIMBERLY  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME BACHMAN, Henry

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive 35 years  
7. Date of Birth January 14, 1885  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	63	9	23	hrs min.

9. Exact Occupation Cattle Buyer Did this work for        yrs.  
10. Industry or Business        Date last worked         
11. Birthplace Russia (City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Myrtle Bachman  
and Address Kimberly, Idaho

17. (a) Burial (b) Date thereof 11/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park Cem.

18. Funeral Director's OWN Signature Dr. J. F. Phillips  
and Address White Mortuary-Twin Falls, Idaho

19. (a) November 15, 1948 (b) Norma L. Green  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 7, 1948  
(Month, Day, Year) at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 10-21 1948, to 11-7 1948  
I last saw him alive on 11-7 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: cardiac decompensation Duration 6 hrs

Due to hypertension

Due to hypertension

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?

Occurred 19 City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature        (M. D. or other)

and Address Twin Falls, Ida Date 11/8 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NON-RESIDENT  
Certificate of Death

STATE OF IDAHO

State File No. 4333  
Local Reg. No. 572  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. T. Falls Stayed 1 days  
(g) Lived in this county ..... years ..... months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Utah (b) County Weber  
(c) City or town Roy  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME Clara Packard

3. (b) If veteran, name war ..... No. ....  
5. Color of White 6. (a) Single, widowed, married, divorced married  
4. Sex Female race White  
6. (b) Name of husband or wife Nephi Packard 6. (c) Age of husband or wife if alive 84 years  
7. Date of Birth (Month, Day, Year) October 19, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>		<u>19</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Springville, Utah (City or town) (State or foreign country)  
Mother Father { 12. Name Cyrus Sanford  
13. Birthplace Illinois (City or town) (State or foreign country)  
14. Maiden name No information  
15. Birthplace ..... (City or town) (State or foreign country)  
16. Informant's OWN Signature W. S. Packard  
and Address Twin Falls, Idaho  
17. (a) Removal (b) Date thereof 11-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Springville, Utah  
18. Funeral Director's OWN Signature J. Phillips  
and Address Twin Falls, Idaho  
19. (a) November 8, 1948 (b) Norma L. Green  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 7, 1948  
at 1:17 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1948, to Nov 7, 1948

I last saw h. er. alive on Nov 7, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration 18 hr

Due to Coronary arteriosclerosis

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature W. S. Packard (M. D. or other) 11/8/48  
and Address Twin Falls, Idaho Date 11/8/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 4334  
Local Reg. No. 575  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? XX Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Medical Arts Stayed ..... days  
(g) Lived in this county 20 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 406-6th Ave. E.  
(e) Deceased lived Inside? XX Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Colorado

## 3. (a) FULL NAME RAYMOND L. MORRISON

3. (b) If veteran, name war ..... 3. (c) Social Security No. 519-10-1435  
5. Color or race white 6. (a) Single, widowed, married, divorced married  
4. Sex male 6. (b) Name of husband or wife Hannah 6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth (Month, Day, Year) March 22, 1884

8. AGE	Years	Months	Days	If less than 1 day
	64	7	18	hrs min.

9. Exact Occupation Paint Contractor Did this work for 20 yrs.  
10. Industry or Business ..... Date last worked 11/8/48  
11. Birthplace West Virginia  
(City or town) (State or foreign country)

12. Name Homer Morrison  
13. Birthplace West Virginia  
(City or town) (State or foreign country)  
14. Maiden name Molly Davis  
15. Birthplace West Virginia  
(City or town) (State or foreign country)

16. Informant's OWN Signature X Mr. Homer Morrison  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof 11/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park Cem.

18. Funeral Director's OWN Signature Francis M. Williams  
and Address White Mountain, Twin Falls, Idaho

19. (a) November 15, 1948 (b) Francis M. Williams  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 9, 1948  
at ..... o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1948, to Nov. 9, 1948.  
I last saw him alive on Nov. 19, 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial infarction Duration 12 hours

Due to coronary thrombosis

Due to arterio-sclerotic heart disease

Other conditions none  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date ..... PHYSICIAN

Major finding ..... Underline

Finding of autopsy ..... the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Dr. Robert L. Seeger  
(M. D. or other)

and Address Twin Falls Date 11-13-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 1335  
Local Reg. No. 573  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

Twin Falls  
(a) County  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Falls Ave  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Street Stayed days  
(g) Lived in this county 86 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Rt. 3  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 6 years  
(h) Former residence (city, state)

3. (a) FULL NAME ROY, Harley James

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) August 23, 1942

8. AGE	Years	Months	Days	If less than 1 day
6	2	16	hrs	min.

9. Exact Occupation Student Did this work for yrs.  
10. Industry or Business 1st Grade Date last worked  
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

12. Name W. J. Roy  
13. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)  
14. Maiden name Ann Stokesberry  
15. Birthplace Hazelton, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/48 (Month) (Day) (Year)  
(c) Place: Twin Falls Cem.

18. Funeral Director's OWN Signature and Address White Mortuary Twin Falls, Idaho

19. (a) November 15, 1948 (b) Thomas L. Green (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 9, 1948  
at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Brain injury few minutes

Due to Skull fracture

Due to Bus accident

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred Nov 9, 1948 City, county, state

where violence occurred I.F. Co

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Hit by Bus

23. Attendant's Signature F. T. Kouch

and Address Nov 12 Date

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1048 State File No. 4336  
Local Reg. No. 574  
Reg. Dist. No. 460

1. PLACE OF DEATH: **STATISTICS**  
Twin Falls  
(a) County .....  
(b) City or town ..... Twin Falls  
(c) Street Address or R.F.D. No. Rt. T.F.CO.HOSP.  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place.....  
(f) Name Hosp. T.F.CO.Hosp. Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town ..... Twin Falls  
(d) Street Address or R.F.D. No. Rt. 2  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME PRICE, Mrs. Ethel Gladys Snead

3. (b) If veteran, name war none  
5. Color or race W  
4. Sex Fe  
6. (b) Name of husband or wife Lorn  
7. Date of Birth (Month, Day, Year) March 6, 1902

3. (c) Social Security No. none  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive 42 years

8. AGE	Years	Months	Days	If less than 1 day
	46	8	6	hrs min.

9. Exact Occupation housewife Did this work for ..... yrs.  
10. Industry or Business Date last worked  
11. Birthplace Indianapolis, Ind. (City or town) (State or foreign country)

12. Name Frank Snead  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name Maude Dutro  
15. Birthplace Unk (City or town) (State or foreign country)

16. Informant's OWN Signature X Lorn Price and Address Twin Falls, Ida

17. (a) Burial (b) Date thereof 11/15/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Mem. Park Cem

18. Funeral Director's OWN Signature [Signature] and Address [Address]

19. (a) November 15, 1948 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 12, 1948 at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from 7-5 1947 to 9-12 1948. I last saw h. alive on 9-12 1948 death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Carcinoma of Breast Duration 18 mo  
Due to Generalized Carcinoma  
Due to  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? Name of operation Date Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred Place of Violence: Home Farm Industry Public Place While at work? Means of injury

23. Attendant's OWN Signature [Signature] (M. D. or other) and Address Twin Falls, Ida Date 11-12-48 (For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

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## Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. ....  
Local Reg. No. 580  
Reg. Dist. No. 760

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. T.F. Co. Hosp.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. T.F. Co. General Hosp. days  
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give  
FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. T.F. Co. Hosp.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state)

3. (a) FULL NAME ASH, Larry Eugene

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 0 years  
7. Date of Birth November 12, 1948  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>8</u> hrs <u>0</u> min.

9. Exact Occupation infant Did this work for 0 yrs.  
10. Industry or Business None Date last worked  
11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)  
12. Name Geo. Ash  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature George Ash  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 11/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park Cem.

18. Funeral Director's OWN Signature Dr. J. F. Fitter  
and Address White Mortuary - Twin Falls, Idaho

19. (a) December 16, 1948 (b) Dr. J. F. Fitter  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 12, 1948  
(Month, Day, Year) at 0 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 11/12 1948, to 11/12 1948  
I last saw him alive on 11/12 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Due to Prematurity Duration 8 hrs  
Due to Glaucoma  
Due to  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury

23. Attendant's OWN Signature Dr. J. F. Fitter (M. D. or other)  
and Address Filer, Idaho Date 11/13/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Certificate Of Death

STATE OF IDAHO

1. PLACE OF DEATH:  
(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. West Addison  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home... Hospital Institution... Other place...  
(f) Name Hosp. or Inst. T.F. County Stayed 2 days  
(g) Lived in this county 0 years 0 months 2 days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No.                       
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) California

3. (a) FULL NAME David Thomas Baxter  
3. (b) If veteran, name war                      No.                       
3. (c) Social Security No.                       
5. Color or                       
6. (a) Single, widowed, married, divorced Divorced  
4. Sex Male race White  
6. (b) Name of husband or wife                      6. (c) Age of husband or wife if alive                      years  
7. Date of Birth (Month, Day, Year) June 28, 1903

8. AGE	Years	Months	Days	If less than 1 day
<u>45</u>	<u>4</u>	<u>16</u>	<u>                    </u> hrs	<u>                    </u> min.

9. Exact Occupation Contractor Did this work for                      yrs.  
10. Industry or Business                      Date last worked                       
11. Birthplace Avery, Iowa (City or town) (State or foreign country)

12. Name William Baxter  
13. Birthplace Foulton Co., Illinois (City or town) (State or foreign country)  
14. Maiden name Gwen Evans  
15. Birthplace Coalfield, Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Tom E. Baxter  
and Address Sacramento, California

17. (a) Burial (b) Date thereof 11/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director Reynolds Funeral Home  
OWN Signature James E. Reynolds  
and Address Twin Falls

19. (a) November 17, 1948 (b)                       
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 14, 1948  
at 6:13 o'clock AM

21. I HEREBY CERTIFY, That I attended deceased from 11/12/ 1948, to 11/14/ 1948  
I last saw him alive on                      19                    ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Muscle injury - fractured femur due to injury, ruptured bladder after accident  
Duration                       
Due to                       
Other conditions                      (Include pregnancy within 3 months of death)

Where was disease contracted?                       
Name of operation                      Date                       
Major finding                       
Finding of autopsy                     

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide?                      Homicide?                       
Occurred Nov-12-1948 City, county, state Jerome County, Idaho  
Place of Violence: Home                      Farm                      Industry                       
Public Place                      While at work?                       
Means of injury auto accident

23. Attendant's OWN Signature Wm M. Peterson M.D.  
and Address                      Date Nov 16 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. **4339**  
Local Reg. No. **579**  
Reg. Dist. No. **460**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. **T.F. Co. Hosp.**  
(d) Death Occurred Inside? **X** Outside? **city or town**  
(e) Died in a Home **Hospital** **X** Institution **Other place**  
(f) Name Hosp. or Inst. **T.F. Co. Hosp.** Stayed **4** days  
(g) Lived in this county **1** years **5** months **days**

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Twin Falls**  
(d) Street Address or R.F.D. No. **219 6th Ave East**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? **1 1/2** years  
(h) Former residence (city, state) **Georgia**

3. (a) FULL NAME **SMITH, Mrs. Elizabeth A.**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**  
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **William A.** 6. (c) Age of husband or wife if alive **years**  
7. Date of Birth **March 29, 1864**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>84</b>	<b>7</b>	<b>15</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **years**  
10. Industry or Business **worked** Date last worked  
11. Birthplace **Louisville, Ky.** (City or town) (State or foreign country)

12. Name **Anthony Wayne** Ky.  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name **Elizabeth Good**  
15. Birthplace **Ky.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. E. A. Smith**  
and Address **Twin Falls, Idaho**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11/16/48**  
(c) Place: **Sunset Memorial Park Com.**

18. Funeral Director's OWN Signature **Wm. H. Feller**  
and Address **WHITE MORTUARY TWIN FALLS**

19. (a) **November 16, 1948** (b) **Wm. H. Feller**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **November 14., 48**  
(Month, Day, Year) at **12:25** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **11-9** **1948**, to **11-14** **1948**

I last saw h.c.r. alive on **11-14** **1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Senility** Duration

Due to **Arteriosclerosis**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Home**  
Name of operation **none** Date

Major finding  
Finding of autopsy **none**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **none** Suicide? **none** Homicide? **none**  
Occurred **19** City, county, state where violence occurred  
Place of Violence: Home **none** Farm **none** Industry **none**  
Public Place **none** While at work? **none**  
Means of injury

23. Attendant's OWN Signature **Wm. H. Feller**  
and Address **Twin Falls, Idaho** (Date **11/15/48**)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 1340  
Local Reg. No. 583  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. West Addison  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place city or town  
(f) Name Hosp. or Inst. T.F. County Stayed 0 days  
(g) Lived in this county 21 years 6 months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 430 3rd Ave.E.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Crete, Nebraska

## 3. (a) FULL NAME William Henry Gasser

3. (b) If veteran, name war No.  
5. Color or white 6. (a) Single, widowed, married, divorced widowed  
4. Sex Male race white  
6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if years  
7. Date of Birth (Month, Day, Year) August 14, 1885

8. AGE	Years	Months	Days	If less than 1 day
	63	3	5	hrs min.

9. Exact Occupation Salesman Did this work for yrs.  
10. Industry or Business Red Comet Corp. Date last worked worked  
11. Birthplace Crete, Nebraska (City or town) (State or foreign country)

12. Name George Henry Gasser  
13. Birthplace Hamburg, Germany (City or town) (State or foreign country)  
14. Maiden name Catherine Billiar  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Carl L. Nelson and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 11/22/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's Reynolds Funeral Home OWN Signature James C. Reynolds and Address Twin Falls, Idaho

19. (a) November 24, 1948 (b) Norma L. Green (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 19, 1948 at 10:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended, deceased from 11/19/1948 to 11/19/1948  
I last saw him alive on Nov. 19, 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Gum-shot wound, 22 by rifle - self inflicted, due to L. parietal region with extensive intracranial hemorrhage. Duration  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓  
Occurred 9:30 P.M. 10-19-48 City, county, state Twin Falls, Idaho  
Place of Violence: Home ✓ Farm ✓ Industry ✓  
Public Place ✓ While at work? ✓  
Means of injury Self alone

23. Attendant's OWN Signature J. Woodson Creed, M.D. and Address Twin Falls County Hosp. (M. D. or other) Date 11-22-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Department of Commerce  
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Certificate Of Death  
DIVISION OF VITAL  
STATE OF IDAHO

State File No. 4341  
Local Reg. No. 585  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Lincoln  
(b) City or town Lincoln  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed 2 days  
(g) Lived in this county... years 1 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lincoln  
(c) City or town Shoshone  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Prosser, Wash.

3. (a) FULL NAME

Thomas Nelson Coleman

0834

3. (b) If veteran,

name war L

3. (c) Social Security

No. L

5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July - 27 - 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>3</u>	<u>29</u>	hrs min.

9. Exact Occupation Stockman Rancher Did this \_\_\_\_\_ yrs.

10. Industry or Business self retired Date last worked 1925

11. Birthplace East Chicago Illinois (City or town) (State or foreign country)

12. Name Frank Coleman

13. Birthplace U.S.A. (City or town) (State or foreign country)

14. Maiden name ?

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature Frank A. Coleman

and Address \_\_\_\_\_

17. (a) Buried (b) Date thereof Nov. 24 - 1948 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Shoshone - Idaho

18. Funeral Director's OWN Signature Myrtle C. Burdett

and Address Shoshone - Idaho

19. (a) November 26, 1948 (Date received and filed) (b) Thomas N. Green (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Nov. 21 1948  
at 2:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to 11-21 1948

I last saw him alive on 11-21 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebral Hemorrhage

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Senility  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. Boston

and Address Lincoln Idaho (M. D. or other) Date 11/22 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
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Bureau of the Census

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# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 585  
Reg. Dist. No. 460

## 1. PLACE OF DEATH

- (a) County Lincoln  
(b) City or town Lincoln  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lincoln  
(c) City or town Lincoln  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Thomas Nelson Coleman

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex M race W  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July - 22 - 1878

8. AGE	Years	Months	Days	If less than 1 day
				hrs min.

9. Exact Occupation Rancher & stockman Did this work for \_\_\_\_\_ yrs.

10. Industry or Business self Date last worked 1946

11. Birthplace Decatur - Illinois  
(City or town) (State or foreign country)

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Frank P. Coleman

- and Address Avensell Idaho

17. (a) Burial (b) Date thereof Nov. 24 - 48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Shoshone Idaho

18. Funeral Director's OWN Signature Myrtle C. Buxton E 290

- and Address Shoshone Idaho

19. (a) November 30, 1948 (b) Dorma L. Green  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 21 1948  
at \_\_\_\_\_ o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 10-25 1948, to 11-21 1948.  
I last saw h.i.m. alive on 11-21 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral hemorrhage with paralysis

Due to \_\_\_\_\_

Due to 1

Other conditions senility  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature La Berton M.D.  
and Address Lincoln Ida (M. D. or other) Date 11/27 1948  
(For additional space, use reverse side)

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Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL  
STATISTICS

## CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 4342  
Local Reg. No. 584  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. one  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home hospital Institution X Other place ---  
(f) Name Hosp. or Inst. Twin Falls Stayed 15 days  
(g) Lived in this county 0 years 3 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. Box 302  
(e) Deceased lived Inside? --- Outside? X city or town ---  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 3 Months years  
(h) Former residence (city, state) West Plains, Mo.

3. (a) FULL NAME Charley T. Hall

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Nancy 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) May 17, 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>6</u>	<u>5</u>	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.  
10. Industry or Business Farming Date last worked 1943  
11. Birthplace Pottersville, Missouri (City or town) (State or foreign country)

12. Name Vern Hall  
13. Birthplace Ill. (City or town) (State or foreign country)

14. Maiden name Nancy Johnson  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature X Ray Hall and Address Buhl, Idaho

17. (a) Removal (b) Date thereof Nov. 24, 1948 (Month) (Day) (Year)  
(c) Place: West Plains, Missouri

18. Funeral Director's OWN Signature B. J. Robertson and Address Buhl, Idaho

19. (a) November 24, 1948 (Date received and filed) (b) Norman L. Green (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 22 1948  
at 3:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 11-1 1948 to 11-22 1948  
I last saw him alive on Nov 22 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Failure Duration 10 days

Due to coronary thrombosis

Due to arteriosclerosis

Other conditions ---  
(Include pregnancy within 3 months of death)

Where was disease contracted? Buhl, Ida PHYSICIAN

Name of operation none Date --- Underline the cause to which death should be charged statistically.

Major finding ---

Finding of autopsy ---

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred --- 19 --- City, county, state where violence occurred ---

Place of Violence: Home --- Farm --- Industry ---  
Public Place --- While at work? ---

Means of injury ---

23. Attendant's OWN Signature V. K. Anderson, M.D. (M. D. or other)  
and Address Buhl, Ida Date 11-23-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

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DEC 9 1948  
**Certificate Of Death**  
STATE OF IDAHO

1948 State File No. **4343**  
Local Reg. No. **589**  
Reg. Dist. No. **460**

1. PLACE OF DEATH:
- (a) County Twin Falls
  - (b) City or town Twin Falls
  - (c) Street Address or R.F.D. No. B. F. CO. HOSP.
  - (d) Death Occurred Inside? ☒ Outside? ☐ city or town
  - (e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place
  - (f) Name Hosp. B. F. CO. Hosp. Stayed 12 days
  - (g) Lived in this county 42 years  months  days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho
  - (b) County Twin Falls
  - (c) City or town Twin Falls
  - (d) Street Address or R.F.D. No. Route #2
  - (e) Deceased lived Inside? ☐ Outside? ☒ city or town
  - (f) Citizen of what country? U.S.
  - (g) How long had deceased lived in Idaho? 42 years
  - (h) Former residence (city, state)

3. (a) FULL NAME DITTER, Bernard J.
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna B. Ditter 6. (c) Age of husband or wife if alive  years
7. Date of Birth (Month, Day, Year) July 30, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>3</u>	<u>23</u>	hrs min.

9. Exact Occupation Farmer Did this work for  yrs.
10. Industry or Business  Date last worked Nov. 1948
11. Birthplace Minneapolis, Minn.  
(City or town) (State or foreign country)

- Mother Father
12. Name Thomas Ditter
13. Birthplace Germany  
(City or town) (State or foreign country)
14. Maiden name Rose Adelman
15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Lester Ditter  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 11/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: Twin Falls Cem.

18. Funeral Director's OWN Signature Aug. H. Stilling  
and Address White Mortuary- Twin Falls

19. (a) December 3, 1948 (b) Norman S. Green  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 22, 1948 19  
at 12:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-1 19 48 to Nov. 22, 1948  
I last saw him alive on Nov. 22, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral embolism Duration

Due to 2.3 apt fever

Due to

Other conditions   
(Include pregnancy within 3 months of death)

Where was disease contracted?  PHYSICIAN   
Name of operation Primary Rx Date 11-10-48  
Major finding  Underline the cause to which death should be charged statistically.  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide?  Homicide?   
Occurred  19  City, county, state where violence occurred   
Place of Violence: Home  Farm X Industry   
Public Place  While at work? X  
Means of injury fell through skylight of potato cellar

23. Attendant's OWN Signature R. J. Mearns Date 11/23/48  
and Address Twin Falls, Idaho  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 1344  
Local Reg. No. 588  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. T.F. Co. Hosp.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. T.F. Co. Hosp. Stayed days  
(g) Lived in this county years 6 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Kimberly  
(d) Street Address or R.F.D. No. Kimberly  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 6 mos years  
(h) Former residence (city, state) Salt Lake City

## 3. (a) FULL NAME MISS MARIE ROBINSON

3. (b) If veteran, name war none No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) July 30, 1906

8. AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>3</u>	<u>28</u>	hrs min.

9. Exact Occupation Clerk- Did this work for  yrs.  
10. Industry or Business MDSE STORE Date last worked    
11. Birthplace Slaterville, Weber Co., Utah (City or town) (State or foreign country)

12. Name Amos N. Robinson  
13. Birthplace Utah (City or town) (State or foreign country)  
14. Maiden name Cemona Rassmussen  
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Amos N. Robinson  
and Address Twin Falls, Ida

17. (a) Burial (b) Date thereof 11/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. George's Episcopal Church

18. Funeral Director's OWN Signature Thos. J. Hill  
and Address White Mortuary-Twin Falls, Idaho

19. (a) December 3, 1948 (b) Thomas J. Green  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 28, 1948  
at 3:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 13 Nov. 1948 to Nov. 28, 1948.  
I last saw h.o.r. alive on Nov. 28, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Duration

Metastatic lymphangitis of lungs

Due to Carcinoma (duct cell) of left breast

Due to

Other conditions   (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Bypass Date 1/5/48

Major finding Dist. cell Ca of breast

Finding of autopsy found

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?   Suicide?   Homicide?    
Occurred   19   City, county, state

where violence occurred

Place of Violence: Home   Farm   Industry

Public Place   While at work?

Means of injury

23. Attendant's OWN Signature George P. Brown, M.D. U.S. in Med.

and Address T.F. Clinic (M. D. or other) Date 11/29, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 4345  
Local Reg. No. 581  
Reg. Dist. No. 000

## DIVISION OF VITAL STATISTICS

### 1. PLACE OF DEATH: STATISTICS

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. West Addison  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. TE County Stayed 1 days  
(g) Lived in this county 11 years 5 months 29 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. R.F.D. # 1  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) None

### 3. (a) FULL NAME Robert Andrew Puddy

3. (b) If veteran, name war    3. (c) Social Security No.     
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife    6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) May 30, 1937

8. AGE	Years	Months	Days	If less than 1 day
	<u>11</u>	<u>5</u>	<u>29</u>	hrs min.

9. Exact Occupation Student Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Twin Falls, Idaho.  
(City or town) (State or foreign country)

12. Name Raymond Puddy  
13. Birthplace Missouri Valley, Iowa  
(City or town) (State or foreign country)  
14. Maiden name Ada Mae Toombs  
15. Birthplace Cairo, Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. R. A. Puddy  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 12/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Jane E. Reynolds  
and Address Twin Falls, Idaho

19. (a) December 3, 1948 (b) Thomas L. Green  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 29, 1948  
at 8:12 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 29 Nov 1948 to 29 Nov 1948  
I last saw him alive on 29 Nov 1948 death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Asphyxia due to respiratory center failure  
Due to    Duration     
Due to     
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted?     
Name of operation None Date     
Major finding     
Finding of autopsy none  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature Don H. Offelch  
(M. D. or other)  
and Address 231-4th Ave. N. Date 12-1-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 1346  
Local Reg. No. 592  
Reg. Dist. No. 460

## 1. PLACE OF DEATH: STATISTICS

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 43 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Frank Healy

3. (b) If veteran,  
name war .....

3. (c) Social Security

No. ....

5. Color or 6. (a) Single, widowed, married,  
divorced Single

4. Sex Male race White

6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years

7. Date of Birth  
(Month, Day, Year) January 6, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>10</u>	<u>24</u>	hrs min.

9. Exact Occupation Plumbing Inspector Did this work for 11 yrs.

10. Industry, or Business City of Twin Falls Date last worked .....

11. Birthplace Halifax, Nova Scotia  
(City or town) (State or foreign country)

12. Name Lawrence Healy

13. Birthplace Tippinerry Ireland  
(City or town) (State or foreign country)

14. Maiden name Catherine Jordon

15. Birthplace Halifax Nova, Scotia.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Arthur H. Taylor  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 12-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature J. C. Phillips  
and Address Twin Falls, Idaho

19. (a) December 6, 1948 (b) Norma L. Green  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) November 30 19 48  
at approx o'clock 1:15 A.M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
19....., to ..... 19.....

I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration .....

Due to .....

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....  
Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature J. Woodson Creek, md.  
Twin Falls Co. Hosp. (M. D. or other) Date Dec 3, 1948

and Address .....  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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# Certificate Of Death

STATE OF IDAHO

State File No. **4347**  
Local Reg. No. **587**  
Reg. Dist. No. **460**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? **X** city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution **X** Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **T. F. County** stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years **40** months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **T. Falls**  
(c) City or town **Twin Falls**  
(d) Street Address or R.F.D. No. **RFD #2**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **Missouri**

3. (a) FULL NAME **Charles Seckman**

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_
5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years
7. Date of Birth (Month, Day, Year) **June 6, 1860**

8. AGE	Years	Months	Days	If less than 1 day
	<b>88</b>	<b>5</b>	<b>23</b>	hrs min.

9. Exact Occupation **retired carpenter** Did this Work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace **St. Marys, West Va.**  
(City or town) (State or foreign country)
- Mother Father { 12. Name **J. R. Seckman**  
13. Birthplace **W. Va.**  
(City or town) (State or foreign country)
- { 14. Maiden name **Harriett Locke**  
15. Birthplace **Penna**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs J. E. Kinder**  
and Address **Twin Falls, Idaho**
17. (a) **Burial** (b) Date thereof **12-2-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: **Twin Falls Cemetery**
18. Funeral Director's OWN Signature **J. C. Phillips**  
and Address **Twin Falls, Idaho**
19. (a) **December 6, 1948** (b) **Donald L. Green**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **111C**

20. DATE OF DEATH (Month, Day, Year) **November 30** 19 **48**  
at **12:30** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **July 1947**, to **November 30, 1948**  
Last seen alive on **Nov 27 1948**, death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Duration

- Due to **hypertension**  
Due to **arteriosclerosis**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

### Where was disease contracted?

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_
- Major finding \_\_\_\_\_
- Finding of autopsy \_\_\_\_\_
- PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_
23. Attendant's OWN Signature **J. C. Phillips** (M. D. or other)  
and Address **Twin Falls, Idaho** Date **12-2-48** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Bureau of the Census

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DEPT. OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4348

Local Reg. No. 590

Reg. Dist. No. 460

## 1. PLACE OF DEATH: STATISTICS

- (a) County Twin Falls  
(b) City or town Kimberly  
(c) Street Address or R.F.D. No. Kimberly  
(d) Death Occured Inside?..... Outside? X city or town  
(e) Died in a Home X Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. .... Stayed..... days  
(g) Lived in this county 22 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Kimberly  
(d) Street Address or R.F.D. No. Kimberly  
(e) Deceased lived Inside?..... Outside? X city or town  
(f) Citizen of what country?.....  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME Mrs. Elizabeth Fiseus

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or 6. (a) Single, widowed, married,  
4. Sex FEMALE Race White divorced Widow  
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth January 16, 1879  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	69	10	7	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....

11. Birthplace Sutton, Nebr.  
(City or town) (State or foreign country)

12. Name Christian WOODMAN Ochsner

13. Birthplace Germany  
(City or town) (State or foreign country)

14. Maiden name Catherine Engelhart

15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Cora L. Campbell

- and Address Kimberly, Idaho

17. (a) Burial (b) Date thereof 11/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Sunset Memorial Park Com.

18. Funeral Director's OWN Signature Wm. H. Stettin

- and Address White Mortuary-Twin Falls, Idaho

19. (a) December 3, 1948 (b) Thomas L. Green  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 23, 1948  
(Month, Day, Year) at 11:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 11/23 19 48

I last saw h. im alive on 11/23 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia Duration

Due to Chronic Nephritis  
Gouty Diathesis

Due to Hypertension & Gout

Other conditions Myocarditis

(Include pregnancy within 3 months of death)

Hemolytic Jaundice with Splenomegaly

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred .....

Place of Violence: Home Farm Industry

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature Wm. H. Stettin

and Address Kimberly, Idaho (City or town) Date 11/25 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. RFD #1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 40 years    months    days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. RFD #1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Charles Leslie Lewis

3. (b) If veteran, name war    No.     
5. Color, or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nora Lewis  
6. (c) Age of husband or wife if alive 61 years  
7. Date of Birth (Month, Day, Year) October 31, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>		<u>26</u>	hrs min.

9. Exact Occupation Farmer Did this work for 50 yrs.  
10. Industry or Business    Date last worked Feb, 1948  
11. Birthplace Brookfield, Mo. (City or town) (State or foreign country)

12. Name George F. Lewis  
13. Birthplace Missouri (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace    (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs C L Lewis  
and Address RFD #1, Twin Falls, Idaho

17. (a) Burial (b) Date thereof 11-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature J C Phillips  
and Address Twin Falls, Idaho

19. (a) December 22, 1948 (b) Norma L. Green  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11-26-48 19     
at one o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3-24-44 19   , to 11-26-48 19     
I last saw h.l.m. alive on 11-26-48 19   ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma colon - Duration Syns

Due to Generalized metastases

Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?     
Name of operation Resection colon Date Apr. 1944  
Major finding CA recto-sigmoid  
Finding of autopsy Generalized metastases from CA colon  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury   

23. Attendant's OWN Signature Joseph W. Marshall M.D.  
and Address Twin Falls, Idaho Date 11-26-48  
(M. D. or other) (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

DEC 1 1948  
DIVISION OF VITAL STATISTICS

# CERTIFICATE OF DEATH

STATE OF IDAHO

1948  
State File No. 4350  
Local Reg. No. 595  
Reg. Dist. No. 460

1. PLACE OF DEATH:
- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R. F. D. No. 4  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. None Stayed NO days  
(g) Lived in this county 42 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. 4  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) X

3. (a) FULL NAME Minnie Louise Gurnea

3. (b) If veteran, name war no 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife L. H. Gurnea 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) Aug. 15, 1865

8. AGE	Years	Months	Days	If less than 1 day
	83	3	15	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business None Date last worked Unknown  
11. Birthplace Mildroff, Germany (City or town) (State or foreign country)

- Father { 12. Name John Eckhart  
13. Birthplace Germany (City or town) (State or foreign country)  
Mother { 14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Lew A. Gurnea  
and Address Rt. 4, Buhl, Idaho

17. (a) Burial (b) Date thereof Dec. 3, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature B. T. Schertson  
and Address Buhl, Idaho

19. (a) December 13, 1948 (b) Thomas L. Green  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH / 25 B

20. DATE OF DEATH (Month, Day, Year) November 30, 1948  
at 5:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1948 to Nov. 30, 1948  
I last saw her alive on Nov. 27, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Failure Duration 1 wk

Due to Care of Heart of Gurnea  
& Bile obstruction  
Due to Severe jaundice Mors.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Buhl, Ida PHYSICIAN  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Norm H. Anderson, MD  
and Address Buhl, Ida Date 12-10-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
OCT 10 1948

# Certificate Of Death

DEPT. OF VITAL

STATE OF IDAHO

State File No. 4351  
Local Reg. No. 11  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. X Hospital X Institution. Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 14 days  
(g) Lived in this county 54 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 735 W. 2nd  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 54 years  
(h) Former residence (city, state) Lehi, Utah

## 3. (a) FULL NAME JAMES WILLIAM LAPISH

3. (b) If veteran, name war None No. None  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Addie 6. (c) Age of husband or wife if alive 78 years  
7. Date of Birth (Month, Day, Year) June 30 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>3</u>	<u>9</u>	hrs min.

9. Exact Occupation Retired R.R. Did this work for 40 yrs.  
10. Industry or Business Passenger Agent Date last worked 7/48  
11. Birthplace Lehi Utah (State or foreign country)

12. Name Joseph Lapish  
13. Birthplace Leeds, England (City or town) (State or foreign country)  
14. Maiden name Hannah Settle  
15. Birthplace Leeds, England (City or town) (State or foreign country)

16. Informant's OWN Signature Addie B. Lapish (Wife)  
and Address 735 W 2nd Weiser

17. (a) Burial (b) Date thereof 10/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho.

18. Funeral Director's OWN Signature A. S. Jones  
and Address Northam Jones, Weiser, Idaho

19. (a) 10/9/48 (Date received and filed)  
(b) Marcel Anthony (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 8 1948  
at 9:30 o'clock A. M.

21. I HEREBY CERTIFY That I attended deceased from Sept 2/48 to Oct 8/48  
I last saw him alive on Oct 8/48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to Senility  
Chronic Myocarditis  
Diabetes  
Hypertension

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. M. Latham (M. D. or other)  
and Address Weiser, Idaho Date 10/9/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 15 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 4352  
Local Reg. No. 21  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 24 hours  
(g) Lived in this county 00 years 00 months 24 hours

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Maihue  
(c) City or town Payette, Ida. (Rural Near)  
(d) Street Address or R.F.D. No. R.F.D. # 2  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0000 years  
(h) Former residence (city, state) XXXXXXX

## 3. (a) FULL NAME JANICE MARIE BEACHAM

3. (b) If veteran, name war XXXX 3. (c) Social Security No. XXXXXX  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Female 6. (b) Name of husband or wife XXXXXX 6. (c) Age of husband or wife if alive XXXXXX years  
7. Date of Birth (Month, Day, Year) August 22 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>00</u>	<u>2</u>	<u>11</u>	hrs min.

9. Exact Occupation XXXXXXXXXX Did this work for XXX yrs.  
10. Industry or Business XXXXXXXXXXXXXX Date last worked XXXXX  
11. Birthplace Cascade Hospital, Cascade, Idaho. (City or town) (State or foreign country)

12. Name Jack Beacham  
13. Birthplace Bonnett Idaho. (City or town) (State or foreign country)  
14. Maiden name Darlene Ruhs  
15. Birthplace Grand Island, Nebraska. (City or town) (State or foreign country)

16. Informant's OWN Signature Jack Beacham (Father)  
and Address Route # 2 Payette, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/48 (Month) (Day) (Year)  
(c) Place: Hillcrest Cemetery, Weiser, Idaho.

18. Funeral Director's OWN Signature C. S. Jones  
and Address Northam-Jones Chapel, Weiser, Idaho.

19. (a) 11/3/48 (Date received and filed) (b) Marie Hawthorn (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 2 1948  
(Month, Day, Year) at 7:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 2-5 1948, to Nov. 3-5 1948  
I last saw her alive on Nov 2-5 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Heart Disease Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature W. S. McQuinn

and Address Weiser, Idaho. Date 11/3/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NOV 19 1948  
Dr. F.A. Schmitz  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 4353  
Local Reg. No. 22  
Reg. Dist. No. 320

1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. 203 East Galloway  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 65 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 203 East Galloway  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) Marshland, Ore.

3. (a) FULL NAME ANNIE E. TRIPLOW

3. (b) If veteran, name war None  
5. Color or race W  
4. Sex F  
6. (b) Name of husband or wife George W.  
7. Date of Birth (Month, Day, Year) APRIL 12 1864

3. (c) Social Security No. None  
6. (a) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive Died 37 years

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>6</u>	<u>23</u>	hrs min.

9. Exact Occupation Housewife Did this work for life Yrs.  
10. Industry or Business Own Home Date last worked Aug. '48  
11. Birthplace IOWA (City or town) (State or foreign country)

12. Name Arasmith  
13. Birthplace Kentucky (City or town) (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's OWN Signature W. W. Day (Son)  
and Address 203 East Galloway, Weiser, Ida.

17. (a) Burial (b) Date thereof 11/8/48  
(Burial, crenation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho.

18. Funeral Director's OWN Signature W. Jones #5357  
and Address Northam-Jones Chapel, Weiser, Idaho.

19. (a) 11/5/48 (b) Maria Hawthorn  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 162B

20. DATE OF DEATH (Month, Day, Year) November 5 1948  
at 1:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 10-10-1948 to 11-4-1948  
I last saw her alive on 11-4-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Smility Duration

Due to Staucomg  
Other conditions Staucomg (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury Fa Schmitz M.D.

23. Attendant's OWN Signature Fa Schmitz M.D. (M. D. or other)  
and Address Weiser, Idaho Date 11/5 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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NOV 19 1948

DEPARTMENT OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4354

Local Reg. No. 23

Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. R.F.D. #1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county    years    months 49 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town R.F.D. #1 Weiser  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

3. (a) FULL NAME Sandra Manning

3. (b) If veteran, name war XXXXX No. XXXXX  
5. Color of F. race W.  
4. Sex F. divorced XX  
6. (b) Name of husband or wife XXXXX 6. (c) Age of husband or wife if alive XXXX years  
7. Date of Birth (Month, Day, Year) Sept. 28, 1948

8. AGE	Years	Months	Days	If less than 1 day
		<u>1</u>	<u>19</u>	hrs min.

9. Exact Occupation XXXXXX Did this work for XX yrs.  
10. Industry or Business XXXXX Date last worked XX  
11. Birthplace Ontario, Oregon (City or town) (State or foreign country)

12. Name Oral G. Manning  
13. Birthplace Trenton, Utah (City or town) (State or foreign country)  
14. Maiden name Reta Jensen  
15. Birthplace Daton, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Oral G. Manning  
and Address Weiser, Idaho. Rt. #1

17. (a) Removal (b) Date thereof 11/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Idaho

18. Funeral Director's OWN Signature Marie Hawthorn  
and Address Northam Jones, Weiser, Idaho

19. (a) 11/9/48 (b) Marie Hawthorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nove. 7, 48  
(Month, Day, Year) 19  
at 1:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Nov-7-48 to Nov-7-48 1948  
I last saw her alive on Nov-7-48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Heart Disease Duration   

Due to   

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?    PHYSICIAN   

Name of operation    Date    Underline the cause to which death should be charged statistically.

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state   

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature W. M. Hawthorn (M. D. or other)   

and Address 11/9/48 Date 11/8 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
Certificate Of Death  
NOV 29 1948  
STATE OF IDAHO

State File No. 1355  
Local Reg. No. 2  
Reg. Dist. No. 320

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 16 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Washington  
(c) City or town Weiser, I  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) XXX

3. (a) FULL NAME Cole C. Reininger Jr.

3. (b) If veteran, name war None No. None  
5. Color or 6. (a) Single, widowed, married,  
Sex Male race White divorced Single  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife XXXX alive XXXX years  
7. Date of Birth November 19 1932  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	16	00	00	hrs min.

9. Exact Occupation Farm Hand Did this work for 6mo yrs.  
10. Industry or Business Date last worked 11/18/48  
11. Birthplace Weiser Idaho  
(City or town) (State or foreign country)

12. Name Cole C. Reininger  
13. Birthplace Weiser Idaho  
(City or town) (State or foreign country)  
14. Maiden name Irene E. Underwood  
15. Birthplace Weiser Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Cole C. Reininger  
and Address Weiser Idaho

17. (a) Burial (b) Date thereof 11/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature C. S. Jones  
and Address Northam Jones, Weiser, Idaho

19. (a) 11/20/48 (b) Marie Northam  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) November 19 1948  
at 8:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Subject was killed by a farm tractor which upended while he was operating it. Operator was pinned beneath the machine and his thorax was crushed by steering wheel.

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? Homicide?  
Occurred 11-19 1948 City, county, state where violence occurred Washington County, Idaho  
Place of Violence: Home Farm ☒ Industry  
Public Place While at work? ☒  
Means of injury Crushed by tractor

23. Attendant's OWN Signature C. S. Jones, Coroner  
(M. D. or other)  
and Address Weiser, Idaho Date 11/20/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 1356  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. 704 E. Court St.  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county 10 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 704 E. Court St.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Elwood, Nebraska.

## 3. (a) FULL NAME PETER WHEELER

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Widower  
4. Sex Male race White  
6. (b) Name of husband or wife XXX 6. (c) Age of husband or wife if alive XXX years  
7. Date of Birth (Month, Day, Year) December 28 1857

8. AGE	Years	Months	Days	If less than 1 day
	<u>90</u>	<u>10</u>	<u>27</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for Life yrs.  
10. Industry or Business General Farming Date last worked 1938  
11. Birthplace Peoria Illinois  
(City or town) (State or foreign country)

12. Name Don't Know  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace Germany  
(City or town) (State or foreign country)

16. Informant's OWN Signature Sharon G. Wheeler (Grandson)  
and Address 704 East Court St. Weiser, Idaho.

17. (a) Removal (b) Date thereof 11/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Elwood, Nebraska.

18. Funeral Director's OWN Signature C. Jones #E357  
and Address Northam-Jones Chapel, Weiser, Ida.

19. (a) 11/26/48 (b) Marcelle Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 25 1948  
at 2:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 4 May 1946 to 25 Nov 1948  
I last saw him alive on 22 Nov 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Smiling Duration ?

Due to .....  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation none Date .....  
Major finding .....  
Finding of autopsy none found

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred 19 City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature Arden Vancher, M.D.  
and Address Weiser, Idaho (M. D. or other) 11/26 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
DEC 9 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 4357  
Local Reg. No. 27  
Reg. Dist. No. 322

DEPARTMENT OF VITAL

## 1. PLACE OF DEATH: STATISTICAL

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 2 days  
(g) Lived in this county ..... years ..... months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Itinerant  
(c) City or town Itinerant  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? Unknown  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Unknown

## 3. (a) FULL NAME Peter Barzen

3. (b) If veteran, name war None 3. (c) Social Security No. 518-24-9097  
5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if alive XXX years  
7. Date of Birth (Month, Day, Year) August 7 1884

8. AGE	Years	Months	Days	If less than 1 day
	64	3	23	hrs min.

9. Exact Occupation Laborer Did this work for life yrs.  
10. Industry or Business Fruit Orchards Date last worked 11/15/48  
11. Birthplace Mehring Germany (City or town) (State or foreign country)

12. Name Peter Barzen  
13. Birthplace Mehring Germany (City or town) (State or foreign country)  
14. Maiden name Katherine Menthen  
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address Weiser Hosp. Weiser, Idaho

17. (a) Burial (b) Date thereof 12/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature [Signature]  
and Address Northam Jones, Weiser, Idaho

19. (a) 12/2/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 0930

20. DATE OF DEATH (Month, Day, Year) November 30 19 48  
at 9:30 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from NOV 29 1948 to NOV 30 1948  
I last saw him alive on NOV 30 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Chronic Nephritis

Due to Hypertension

Due to Chronic Nephritis

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature [Signature]  
and Address Weiser, Idaho (M. D. or other) Date 12/2/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Amended 1-10-49  
Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948

4358

State File No. \_\_\_\_\_  
Local Reg. No. 403  
Reg. Dist. No. 370

1. PLACE OF DEATH:  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county 11 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 401 S 5th St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Montana

3. (a) FULL NAME Arilla Oberem

3. (b) If veteran, name war None 3. (c) Social Security No. 518-24-5301  
4. Sex female Color or race white 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Apr 13th 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>6</u>	<u>23</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Ft. Wayne Ind. (City or town) (State or foreign country)

12. Name William Branstater

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Frances Slane

15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Charles W. Oberem  
and Address Poulson, Montana

17. (a) Burial (b) Date thereof 11-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Morris Hill Cemetery  
18. Funeral Director's OWN Signature Schreiber McCann  
and Address Boise J.T. McCann

19. (a) 11-9-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nov 6, 48  
(Month, Day, Year) at 3:35 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 20 19 48 to Nov 6 19 48  
I last saw h. or alive on Nov 5 19 48  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

- Myocardial failure Duration 1 week  
Carcinoma of Pancreas 3 mos.  
Due to \_\_\_\_\_

- Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 2 mos.

- Where was disease contracted? \_\_\_\_\_ of \_\_\_\_\_  
Name of operation Gallstones Date 10-26-48  
Major finding Carcinoma of Pancreas  
Finding of autopsy Carcinoma of Pancreas  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Maurice M. Burkholder, M.D.  
(M. D. or other) 203 Eastman Date Nov 29 19 48  
and Address \_\_\_\_\_  
(For additional space, use reverse side)

VS: 77 (45)  
M. M. Burkholder, M.D.  
Boise, Idaho

FEDERAL SECURITY AGENCY  
Public Health Service  
National Office of Vital Statistics

Form Approved  
Budget Bureau No. 68-R275

Nov. 27, 1948

Dear Sir:

It is essential that death certificates be complete and correct in every particular. You are therefore requested to make every effort in your power to secure the information indicated by red X's.

You need not furnish information except where indicated by red X's.

1. PLACE OF DEATH:

- (a) County ada  
(b) City or town Boise  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ..... Outside? ..... city or town  
(e) Died in a Home—Hospital—Institution—Other place....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME

Grilla Oberem

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
4. Sex F 5. Color or race ..... 6. (a) Single, widowed, married, divorced .....  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>6</u>	<u>23</u>	hrs. min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace (City or town) (State or foreign country)

12. Name .....  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name .....  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature ..... and Address .....

17. (a) ..... (b) Date thereof .....  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: .....

18. Funeral Director's OWN Signature ..... and Address .....

19. (a) ..... (b) .....  
(Date received and filed) (Registrar's signature)

2. Usual Residence of Deceased: (Always fill in these)

- (a) State ..... (b) County .....  
(c) City or town .....  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nov 12 1948 11:6.48  
(Month, Day, Year) at 3:35 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1948, to Nov 6, 1948.  
I last saw her alive on Nov 5, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: myocardial Failure Duration 1 week  
Carcinoma of Pancreas 3 mos.  
Due to .....

Due to .....  
Other conditions fractured hip 1 week  
(Include pregnancy within 3 months of death)

DUODENAL ULCER 2 mos.  
Where was disease contracted? ..... Physician .....  
Name of operation Removal of Gallstones Date 10-26-48  
Major finding Carcinoma of Pancreas  
Finding of autopsy Carcinoma of Pancreas  
Please Print Name of Doctor

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Maurice H. Burkholder, M.D. (M. D. or other)  
and Address 203 Eastman Date Nov 29, 1948  
(For additional space, use reverse side)

Prompt return of this form will be greatly appreciated.  
A penalty envelope, which requires no postage, is enclosed.

Very truly yours,

Maurice H. Burkholder M.D.  
Signature of person supplying additional information or correction.

Special Agent, Public Health Service  
State Department of Public Health  
Boise, Idaho

Answers to questions checked below should be written on the front of this form where marked by (✓) or in the space provided at the bottom of this page.

1. Please supply missing information. ✓

2. Items appear inconsistent. Please indicate corrections.

3. Is this report of a stillbirth?

4. If possible, indicate whether death occurred inside or outside the limits of the city or village.

5. What is the full name of the institution?

6. If possible, indicate whether the institution is located inside or outside the limits of the city or village.

7. Was death due to accident, homicide, or suicide? ✓

8. If accident, how was injury incurred? ✓  
Name objects involved, e.g.: automobile, machinery, boat, train, etc.

9. If homicide or suicide, state means employed.

10. What was the finding?

11. For what cause was the operation performed?

12. What was the primary site?

13. What organ or location was involved?

14. Was this condition a contributing factor in the death, or was it merely incidental.

15. What was the underlying cause of this condition?

16. Was this term used in the sense of mumps?

17. Was this used in the sense of arteriosclerosis?

18. If possible, state the organism which caused this condition, e.g.: gonococcus, meningococcus, pneumococcus, streptococcus, staphylococcus, etc.

19. Was the salpingitis gonorrheal or puerperal in origin?

20. What was the cause of the perforation or rupture?

21. What was the cause of the hemorrhage? Cancer, Tuberculosis, etc.?

22. Was death due to senile paresis or general paralysis of the insane?

23. Benign tertian, malignant tertian, or quartan?

24. Did this death involve pregnancy, childbirth, or the puerperal state? Give details, if possible.

25. Was there a delivery (or abortion) in this case? If so, how long before death did it occur?

26. If possible, state the period of gestation.

The previous Death Certificate must have been wrong as this patient died of carcinoma of the pancreas. I had a patient by the name of Robinette about the same time who did have a fractured hip. Sorry.

H. H. Buchholz, M.D.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

NOV 24 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. ....

Local Reg. No. 403

Reg. Dist. No. 370

## 1. PLACE OF DEATH: STATISTICS

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital X Institution..... Other place.....  
(f) Name Hosp. or Inst. St Lukes Stayed..... days  
(g) Lived in this county 11 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 401 S. 5th St  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Montana

## 3. (a) FULL NAME Arilla Oberem

3. (b) If veteran, name war None 3. (c) Social Security No. 518-24-6301  
4. Sex Female Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive..... years

7. Date of Birth (Month, Day, Year) Apr. 13th. 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>6</u>	<u>23</u>	hrs. min.

9. Exact Occupation Housewife Did this work for..... yrs.

10. Industry or Business Ft. Wayne Ind. Date last worked.....

11. Birthplace (City or town) (State or foreign country)

12. Name William Branstater

13. Birthplace (City or town) (State or foreign country)

14. Maiden name Frances Slane

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Charles W Oberem and Address Foulson Montana

17. (a) Burial (b) Date thereof 11-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreiner McLean and Address Boise

19. (a) 11-9-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 25 1948  
at 5:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1948, to Oct. 25 1948  
I last saw her alive on Oct. 24 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Failure Duration 3 mos.

Due to.....

Due to..... Fractured Hip 1 week

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation none Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature Maurice H. Buhlholder

and Address 203 Eastman Date Oct. 9 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

DEC 7 1949

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

STATE OF IDAHO  
STATISTICS

STATE OF IDAHO

State File No. 1359  
Local Reg. No. 435  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 1/2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Rt 9  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME Robert Michael Turner

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Nov. 30, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>1</u>	<u>12</u> hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Boise Idaho (City or town) (State or foreign country)

12. Name Robert L. Turner  
13. Birthplace Richfield Idaho (City or town) (State or foreign country)  
14. Maiden name Myrtle K. Dahl  
15. Birthplace Tacoma Washington (City or town) (State or foreign country)

16. Informant's OWN Signature Robert L. Turner  
and Address Rt. 9, Boise Idaho

17. (a) Burial (b) Date thereof 12/3/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreiber McLean  
and Address Base - J. I. McGowan

19. (a) 12-4-48 (b) J. I. McGowan  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov 2 19 48  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M. Birth  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration Birth  
congestive cardiac failure  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy congestive cardiac failure  
all bloods

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature George C. Ceech (M. D. or other) 12/3 1948  
and Address 311 W. 2nd St. Date 12/3 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 8 1948

DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4360  
Local Reg. No. 438  
Reg. Dist. No. 370

1. PLACE OF DEATH:
- (a) County. Ada
- (b) City or town. Boise
- (c) Street Address or R.F.D. No. X
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home. \_\_\_\_\_ Hospital X Institution. \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. St Lukes. Stayed 8 days
- (g) Lived in this county 19 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State. Idaho. (b) County. Ada
- (c) City or town. Boise
- (d) Street Address or R.F.D. No. R.D. # 2
- (e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 38 years
- (h) Former residence (city, state) Washington

3. (a) FULL NAME Margaret Elizabeth Criswell

3. (b) If veteran, name war No
3. (c) Social Security No. None
5. Color or \_\_\_\_\_
4. Sex Female White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife \_\_\_\_\_
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March, 10, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>8</u>	<u>22</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Iowa. (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

- Father { 12. Name Thomas Scott
13. Birthplace Unknown. (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_
- Mother { 14. Maiden name Mary Olney
15. Birthplace Unknown. (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Albert O Criswell
- and Address Route #2 Boise Idaho

17. (a) Burial. (b) Date thereof Dec. 4, 1948. (Burial, cremation, or removal) \_\_\_\_\_ (Month) (Day) (Year) \_\_\_\_\_
- (c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Cliff E Summers
- and Address Boise Idaho

19. (a) 12-6-48 (b) Martha Palmer (Date received and filed) \_\_\_\_\_ (Registrar's signature) \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 2 19 48 at 7 o'clock A.M.
21. I HEREBY CERTIFY, That I attended deceased from 2-10- 19 40 to 12-2- 19 48

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebral Thrombosis

Duration

7 days

Due to Arterio-sclerosis

unknown

Due to \_\_\_\_\_

Other condition Diabetic Insulin 15 yr. (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_
- Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_
- Means of injury \_\_\_\_\_
23. Attendant's OWN Signature O J Sumrell M.D. (M. D. or other) \_\_\_\_\_
- and Address Boise Idaho Date 12-3-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 8 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 1361

Local Reg. No. 436

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Luke's Stayed 30 days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. R.D. # 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Ohio

## 3. (a) FULL NAME

Chester Frederick Eggers.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male, race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edythe May Eggers.

6. (c) Age of husband or wife if alive 43 years

7. Date of Birth (Month, Day, Year) March, 17, 1902.

8. AGE	Years	Months	Days	If less than 1 day
	<u>46.</u>	<u>8.</u>	<u>15.</u>	hrs. min.

9. Exact Occupation Farmer. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Cincinnati, Ohio. (City or town) (State or foreign country)

12. Name Fred Eggers.

13. Birthplace Cincinnati, Ohio. (City or town) (State or foreign country)

14. Maiden name Katherine Ruehlman.

15. Birthplace Cincinnati, Ohio. (City or town) (State or foreign country)

16. Informant's OWN Signature Edythe Eggers and Address 12-4-18

17. (a) Burial. (b) Date thereof Dec. 6, 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clayde E. Summers. and Address Boise, Idaho.

19. (a) 12-4-18 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 2 1948

at 1:44 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 2 1948

to Dec 2 1948

I last saw h.i. alive on Dec 2 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Bronchitis Duration 10 hrs

Due to Cerebral Thrombosis 6 hrs.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. E. Jewell M.D. (M D or other) and Address Meridian, Ida Date Dec 3 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

State File No. 1382  
Local Reg. No. 440  
Reg. Dist. No. 370

1. PLACE OF DEATH: **STATISTICS**  
(a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes. Stayed 3 days  
(g) Lived in this county 48 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 1609. Lamp Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Iowa

3. (a) FULL NAME William Irvin Thrailkill

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or Male race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Deil Carter Thrailkill 6. (c) Age of husband or wife if alive 77 years

7. Date of Birth (Month, Day, Year) March, 17, 1866  
8. AGE Years Months Days If less than 1 day  
82. 8. 15. hrs. min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Des Moines, Iowa  
(City or town) (State or foreign country)

12. Name Joseph Thrailkill

13. Birthplace Missouri  
(City or town) (State or foreign country)

14. Maiden name Martha S. Evans

15. Birthplace Indiana  
(City or town) (State or foreign country)

16. Informant's OWN Signature W. Thrailkill  
and Address 1015 E. Wash St. Boise

17. (a) Burial (b) Date thereof Dec. 6, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Cliff E. Summers  
and Address Boise, Idaho

19. (a) 12-6-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December, 2, 1948  
at 3 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 1948 to Dec 2, 1948  
last saw him alive on Dec 2, 1948  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Coronary occlusion Duration 4 days

Due to Coronary sclerosis

Due to \_\_\_\_\_  
Other conditions senility  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature W. Thrailkill (M. D. or other)  
and Address Boise Date 12-5-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 4363  
Local Reg. No. 437  
Reg. Dist. No. 370

1. PLACE OF DEATH: STATISTICS
- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1914. N. 11 th.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 32 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1914. N. 11 th.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Dena Talley.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or White. 6. (a) Single, widowed, married, divorced Widow.  
4. Sex Female. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
6. (b) Name of husband or wife \_\_\_\_\_

7. Date of Birth (Month, Day, Year) February. 2. 1870.

AGE	Years	Months	Days	If less than 1 day
	<u>78.</u>	<u>10.</u>	<u>0.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Vandalia, Illinois. (City or town) (State or foreign country)

12. Name Unknown.

13. Birthplace Holland. (City or town) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Burnice Lee

- and Address 1914 N 11 th Boise Id

17. (a) Burial. (b) Date thereof Dec. 4, 1948. (Month) (Day) (Year)

- (c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Clayton E Summers

- and Address Boise, Idaho.

19. (a) 12-6-48 (b) Muriel Palmer

- (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December. 2. 19 48.  
at 5 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 9-9- 1948. to 12-2- 1948.  
I last saw h. ex alive on 12-8- 1948.  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Granulosa-Luteal Failure Duration 1 mo.

Due to Carcinoma of Pancreas 4 mo.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature O. T. Lundell M.D.

and Address Boise Idaho (M. D. or other)

Date 12-3-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 8 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1369  
Local Reg. No. 439  
Reg. Dist. No. 370

1. PLACE OF DEATH: STATISTICS  
(a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. \_\_\_\_\_ Hospital X Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonse 23 days  
(g) Lived in this county. 28 years \_\_\_\_\_ months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 1214 Hays St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Japan

3. (a) FULL NAME Tokunosuke Yamamoto.  
3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or Yellow. 6. (a) Single, widowed, married, divorced Married.  
4. Sex Male. race Yellow. 6. (b) Name of husband or wife Koharu Yamamoto 6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth (Month, Day, Year) November. 27. 1885.  
8. AGE Years Months Days If less than 1 day  
63. 0. 6. hrs. min.  
9. Exact Occupation Cook. Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Japan. (City or town) (State or foreign country)  
Father { 12. Name Ichitaro Yamamoto.  
13. Birthplace Japan. (City or town) (State or foreign country)  
Mother { 14. Maiden name Tano Yamamoto.  
15. Birthplace Japan. (City or town) (State or foreign country)  
16. Informant's OWN Signature Joe L. Stern  
and Address 1214 Hays St. Boise  
17. (a) Burial. (b) Date thereof Dec. 6. 1948.  
(Burial, cremation, or removal) (Month) (Day, (Year)  
(c) Place Morris Hill Cemetery.  
18. Funeral Director's OWN Signature Clude E. Summers.  
and Address Boise, Idaho.  
19. (a) 12-6-48 (b) Muriel Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) December. 3. 19. 48.  
at 10.10. o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from Jan 19. 47. to Dec 3. 19. 48.  
last saw him alive on Dec 3. 19. 48.  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Cardiac Decompensation Duration 14 days  
Due to Myocardial Stearosis 3 yrs.  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Fred. G. Bainger  
(M. D. or other) \_\_\_\_\_  
and Address Boise Id. Date 12-4-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEPARTMENT OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 1365

Local Reg. No. 213

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 3501 Overland  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county. 25 years. months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 3501 Overland  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME PAUL ALBERT WINES

3. (b) If veteran, name war No

3. (c) Social Security No. 518 09 6374

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) 8/1/06

8. AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>4</u>	<u>3</u>	hrs. min.

9. Exact Occupation Carpenter Did this work for years

10. Industry or Business worked Date last worked

11. Birthplace Bellevue, Idaho (City or town) (State or foreign country)

Further { 12. Name Albert V. Wines

13. Birthplace Elko, Nevada (City or town) (State or foreign country)

Mother { 14. Maiden name Eda Turner

15. Birthplace Clarinda, Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Harold L. Wines and Address 3501 Overland

17. (a) Burial (b) Date thereof 12/7/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill, Boise, Idaho

18. Funeral Director's OWN Signature McBratney Fowler Chapel and Address 419 No. 9th St., Boise, Idaho

19. (a) 12-8-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 4, 1948 at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 5/17 1948, to 12/4 1948

I last saw him alive on 12/3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Sarcinomatosis of Duration 6 mo.

Due to the lower sigmoid colon 1 year

Due to Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? None

Name of operation Resection Date 6/2/48

Major finding Cancer sigmoid colon

Finding of autopsy 0

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Everett H. Jones

23. Attendants OWN Signature 12/6 (M. D. or other) and Address 48 Date 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

Braxton

State File No. 1366  
Local Reg. No. 442  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1618 W. State  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days 46  
(g) Lived in this county 46 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1618 Washington  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) West Virginia

## 3. (a) FULL NAME James. R. Noel.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or White. 6. (a) Single, widowed, married, divorced Widower.  
4. Sex Male. race White. 6. (b) Name of husband or wife None.  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) February. 27. 1866.

8. AGE	Years	Months	Days	If less than 1 day
	<u>82.</u>	<u>9.</u>	<u>7.</u>	hrs. min.

9. Exact Occupation Retired Railroad Did this work for years.

10. Industry or Business Employee. Date last worked worked.

11. Birthplace West Virginia. (City or town) (State or foreign country)

12. Name Unknown. (City or town) (State or foreign country)

13. Birthplace Unknown. (City or town) (State or foreign country)

14. Maiden name Unknown. (City or town) (State or foreign country)

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Jennie M. Moore

and Address 2520 Boise Ave. Boise

17. (a) Burial. (b) Date thereof Dec. 7. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Clayton E. Summers

and Address Boise, Idaho.

19. (a) 12-7-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December. 4. 1948.  
at 7 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 1. 1935 to Dec. 7. 1948.

I last saw him alive on Dec 3. 1948.

death is said to have occurred on the date and hour stated above

Immediate Cause of Death: Myocarditis Duration years

Due to Atherosclerosis

Due to Repeated small cerebral

Other conditions hemorrhages 3 up  
(Include pregnancy within 8 months of death)

Where was disease contracted? Boise Idaho

Name of operation None Date None

Major finding None

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? None Suicide? None Homicide? None

Occurred None 19 None City, county, state None

where violence occurred None

Place of Violence: Home None Farm None Industry None

Public Place None While at work? None

Means of injury None

23. Attendant's OWN Signature J. N. Braxton MD.  
and Address Boise Idaho Date Dec 6. 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 9 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1357  
Local Reg. No. 443  
Reg. Dist. No. 370

1. PLACE OF DEATH: STATISTICS  
(a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. 618 N. 9 th.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county. 29 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 618 N. 9 St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) New York

3. (a) FULL NAME Mabel Ann Mitchell.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or White. 6. (a) Single, widowed, married, divorced Married.  
4. Sex Female 6. (b) Name of husband or wife Samuel H. Mitchell. 6. (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) January 17, 1882.

- | 8. AGE | Years      | Months     | Days       | If less than 1 day |
|--------|------------|------------|------------|--------------------|
|        | <u>66.</u> | <u>10.</u> | <u>17.</u> | hrs. min.          |

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Wellsville, New York. (City or town) (State or foreign country)

12. Name E. White. (City or town) (State or foreign country)

13. Birthplace Whitesville, New York. (City or town) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Samuel Mitchell  
and Address. 618 N. 9 St. Boise, Idaho.

17. (a) Burial. (b) Date thereof Dec. 7, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Clayton E. Summers  
and Address. Boise, Idaho.

19. (a) 12-7-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 4, 1948.

- at 7 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1948 to Dec 4, 1948

- I last saw him alive on Nov 7, 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Coronary occlusion, infarct Duration 3

- Due to arteriosclerosis

- Due to \_\_\_\_\_

- Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_

- Major finding \_\_\_\_\_

- Finding of autopsy \_\_\_\_\_

- PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

- where violence occurred \_\_\_\_\_

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Clayton E. Summers (M D or other)

- and Address. Boise, Idaho. Date 12/6, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

War

State File No. 1368  
Local Reg. No. 444  
Reg. Dist. No. 370

1. PLACE OF DEATH: STATISTICS  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1202 Franklin  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days days  
(g) Lived in this county 2 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1202 Franklin  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Canada

3. (a) FULL NAME Hannah Louise Gerhart

3. (b) If veteran, name war No 3. (c) Social Security No. None

5. Color or White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James Close 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) July 15 1861

AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>4</u>	<u>19</u>	hrs. min.

9. Exact Occupation At Home Did this work for years

10. Industry or Business Guelph Ontario Canada Date last worked worked

11. Birthplace Guelph Ontario Canada (City or town) (State or foreign country)

12. Name James Close

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Jane Bentley

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Paul L. Moore and Address 1202 Franklin Boise

17. (a) Burial (b) Date thereof Dec 8 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Emmett, Idaho

18. Funeral Director's OWN Signature Clayde E. Summers and Address Boise, Idaho

19. (a) 12-7-48 (b) Mrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 4 1948

at 10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1 1946 to Dec 4 1948

I last saw h. 12 alive on Nov 30 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration 1 day

Due to Smoking 5 years

Due to Hypertension 5 years

Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Paul L. Moore (M. D. or other) and Address Boise, Ida Date 12-6 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State names as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. 1369  
Local Reg. No. 441  
Reg. Dist. No. 370

1. PLACE OF DEATH: STATISTICS
- (a) County Ada
- (b) City or town Boise
- (c) Street Address or R.F.D. No. 1901 No. 14th St
- (d) Death Occurred Inside? ☒ Outside? city or town
- (e) Died in a Home ☒ Hospital Institution Other place
- (f) Name Hosp. or Inst Stayed days
- (g) Lived in this county 47 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada
- (c) City or town Boise
- (d) Street Address or R.F.D. No. 1901 No. 14th St
- (e) Deceased lived Inside? ☒ Outside? city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 47 years
- (h) Former residence (city, state) Oklahoma

3. (a) FULL NAME Nora F. Weasel

3. (b) If veteran, name war none
3. (c) Social Security No. none
5. Color or
4. Sex Female Race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Nov. 27th 1870

8. AGE	Years	Months	Days	If less than 1 day
	78	0	8	hrs. min.

9. Exact Occupation Housewife Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Lancaster Iowa (City or town) (State or foreign country)

12. Name Leander McGrew

13. Birthplace Iowa (City or town) (State or foreign country)

14. Maiden name Margey McGahey

15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Olive Barbour and Address 1501 - N. 20th St Boise Ids.

17. (a) Burial (b) Date thereof 12/9/1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schraggen McMan and Address Boise

19. (a) 12-6-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 12-5-1948

at o'clock A.M.

21. I HEREBY CERTIFY, That attended deceased from

Seen only after death occurred

I last saw him alive on 19

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Probable Coronary occlusion

Duration Sudden

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature

and Address Date 12-6-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

State File No. 1370  
Local Reg. No. 448  
Reg. Dist. No. 370

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STATE OF IDAHO

1. PLACE OF DEATH:  
(a) County Ada DIVISION OF VITAL STATISTICS  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1510. Franklin.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho. (b) County Ada  
(c) City or town Boise.  
(d) Street Address or R.F.D. No. 1510. Franklin.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50. years  
(h) Former residence (city, state) Illinois.

3. (a) FULL NAME Solomon. P. Tidwell.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or Male race White. 6. (a) Single, widowed, married, divorced Single.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December. 8. 1863.

8. AGE	Years	Months	Days	If less than 1 day
	<u>84.</u>	<u>11.</u>	<u>26.</u>	hrs. min.

9. Exact Occupation Building Contractor. Did, this \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Quincy, Illinois. (City or town) (State or foreign country)

- Father { 12. Name Unknown.

13. Birthplace Unknown. (City or town) (State or foreign country)

- Mother { 14. Maiden name Unknown.

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Anna E. & still  
and Address 1510 Franklin St. Boise, Idaho.

17. (a) Burial. (b) Date thereof Dec. 10. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clayde E. Summers.  
and Address Boise, Idaho.

19. (a) 12-9-48 (b) Myrtle Adams  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December. 6. 1948.  
at 8:35 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 12-3 1948, to 12-6 1948.  
I last saw him alive on 12-6 1948.  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

- Pneumonia - 3 days  
Due to Nephritis Chronic years  
Due to Hypertension years  
Other conditions (Include pregnancy within 8 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

23. Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Clayde E. Summers (M. D. or other)  
and Address Boise Ida Date 12-8 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States Public Health Service  
National Office of Vital Statistics

DEC 10 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 1111

Local Reg. No. 446

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. St. Lukes Hospital  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 1 days  
(g) Lived in this county 16 years \_\_\_\_\_ months \_\_\_\_\_ days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1037 Warm Springs  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Isaac Arel Jensen

## 3. (b) If veteran, name war

WWI

## 3. (c) Social Security No.

None

## 4. Sex M Color or race W

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Kathryn

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) March 25, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>8</u>	<u>11</u>	hrs. min.

## 9. Exact Occupation Dentist Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Brigham City, Utah (City or town) (State or foreign country)

## 12. Name Isaac M. Jensen

## 13. Birthplace Brigham City, Utah (City or town) (State or foreign country)

## 14. Maiden name Annie Andersen

## 15. Birthplace Denmark (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs. A. S. Jensen and Address 1037 Warm Springs Ave.

## 17. (a) Burial (b) Date thereof 12/9/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Cloverdale, Boise, Idaho

## 18. Funeral Director's OWN Signature McBratney-Fowler Chapel

## and Address 419 No. 9th, Boise, Idaho

## 19. (a) 12-8-48 (b) Muriel Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) December 6 1948

at 11:45 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from Dec. 5 1948, to Dec 6 1948

I last saw him alive on Dec 6 1948; death is said to have occurred on the date and hour stated above

## Immediate Cause of Death:

Acute Coronary Occlusion

Duration 12 hr.

Due to Hypertensive Cardio-vascular Disease

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Dr. Swinell M.D.

and Address Boise Idaho Date Dec 7 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
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DIVISION OF VITAL STATISTICS

Certificate of Death  
STATE OF IDAHO

1948  
State File No. 1372  
Local Reg. No. 447  
Reg. Dist. No. 370

1. PLACE OF DEATH: STATISTICS  
(a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home. Hospital ☒ Institution. Other place.  
(f) Name Hosp. or Inst. St Lukes Stayed days  
(g) Lived in this county. 25 years months days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. Rt. 5  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state). None

3. (a) FULL NAME Barbara Holden Rion

3. (b) If veteran, name war None  
5. Color or Race White  
4. Sex Female  
(b) Name of husband or wife Edwin C. Rion  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) April 18th 1923  
8. AGE Years Months Days If less than 1 day  
25 7 19 hrs. min.

9. Exact Occupation Clerk. Did this work for yrs.  
10. Industry or Business Montgomery-Ward Date last worked  
11. Birthplace Boise Idaho (City or town) (State or foreign country)

12. Name Fred J. Holden  
13. Birthplace Boise Idaho (City or town) (State or foreign country)  
14. Maiden name Viola Cogdal  
15. Birthplace Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature X Edwin C. Rion  
and Address Rt. 5, Boise Idaho

17. (a) Burial (Burial, cremation, or removal) (c) Place Morris Hill Cemetery  
(b) Date thereof 12/9/1948 (Month) (Day) (Year)

18. Funeral Director's OWN Signature Schreiber McCann  
and Address Boise

19. (a) 12-8-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 7 1948  
at 7:00 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from Dec 7 1948 to Dec 7 1948

I last saw her alive on Dec 6 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinomatous primary to ovaries  
Duration 3 months

Due to  
Due to  
Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted?  
Name of operation Laparotomy Date 10/48  
Major finding  
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
Attendant's OWN Signature Koelsch M.D.  
and Address Boise (M.D. or other) Date 12/7 1948  
For additional space, use reverse side

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 1373  
Local Reg. No. 467  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Lukes Stayed 2 days  
(g) Lived in this county years months 15 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Travelers Hotel  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 Month  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

Edward Warren Langtry

## 3. (b) If veteran, name war No.

3. (c) Social Security No. 523-10-4561

## 4. Sex Male Color or race White 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

## 6. (b) Name of husband or wife (c) Age of husband or wife if alive years

## 7. Date of Birth (Month, Day, Year) May 11, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>6</u>	<u>28</u>	hrs. min.

## 9. Exact Occupation Laborer Did this work for years

## 10. Industry or Business Auxvasse, Missouri Date last worked

## 11. Birthplace Auxvasse, Missouri (City or town) (State or foreign country)

## 12. Name Hillary Langtry (City or town) (State or foreign country)

## 13. Birthplace Missouri (City or town) (State or foreign country)

## 14. Maiden name Adaline Harrison (City or town) (State or foreign country)

## 15. Birthplace Auxvasse, Missouri (City or town) (State or foreign country)

## 16. Informant's OWN Signature W. N. Mahan and Address Boise, Idaho

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14, 1948 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Charles E. Summers and Address Boise, Idaho

## 19. (a) 12-27-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) Dec 9 1948

## 21. I HEREBY CERTIFY, That I attended deceased from 19 to 19 at 6 o'clock 4 M.

## I last saw him alive on 19 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Stroke that brought down his head with 38 Duration

## Due to Caliber revolver

## Due to Stroke that brought down his head with 38

## Other conditions (Include pregnancy within 8 months of death)

## Where was disease contracted? Stroke that brought down his head with 38

## Name of operation Stroke that brought down his head with 38 Date

## Major finding Stroke that brought down his head with 38

## Finding of autopsy Stroke that brought down his head with 38

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? X Suicide? X Homicide? X

## Occurred Dec 7, 1948 19 City, county, state

## where violence occurred Travelers Hotel

## Place of Violence: Home Hotel Farm Industry

## Public Place Hotel While at work? Shot himself

## Means of injury Shot himself 23. Attendant's OWN Signature Charles E. Summers and Address Boise Idaho Date 12/20 1948

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

1948 1371  
State File No.

Local Reg. No. 450

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. **515 Pierce St.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **20** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **515 Pierce St**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **67** years  
(h) Former residence (city, state) ☐

3. (a) FULL NAME **MARGARET ANN MOSMAN**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**  
5. Color or **W** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **F** race **W** 6. (c) Age of husband or wife if alive ☐ years  
6. (b) Name of husband or wife ☐

7. Date of Birth (Month, Day, Year) **6/16/1874**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>5</b>	<b>15</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐

11. Birthplace **Shales, Indiana** (City or town) (State or foreign country)

12. Name **Anderson Walker**

13. Birthplace **Porterville, Indiana** (City or town) (State or foreign country)

14. Maiden name **Margaret Butler**

15. Birthplace **Porterville, Indiana** (City or town) (State or foreign country)

16. Informant's OWN Signature **x Mrs Al Brown** and Address **515 Pierce St., Boise, Idaho**

17. (a) **Burial** (b) Date thereof **12/16/48** (Month) (Day) (Year)

(c) Place **Morris Hill, Boise, Idaho**

18. Funeral Director's OWN Signature **McBratney Fowler** and Address **419 North Ninth St. Boise, Ida.**

19. (a) **12-14-48** (b) **Margaret Mosman** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **December 11, 1948** at **11:15** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from ☐ 19 ☐ to ☐ 19 ☐

I last saw h. **or** alive on **Dec 11** 19 **48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiovascular** Duration **131A**  
**Renal disease** **095C**

Due to **hypertensive chronic**  
**and chronic asthma**

Due to ☐

Other conditions **Senility**

(Include pregnancy within 3 months of death)

Where was disease contracted? **at home**

Name of operation **none** Date ☐

Major finding ☐

Finding of autopsy **no autopsy**

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature **St H Wahl** (M. D. or other)

and Address **515 East** Date **12/19 48**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 16 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

048  
State File No. 4375  
Local Reg. No. 449  
Reg. Dist. No. 370

## 1. PLACE OF DEATH: STATISTICS

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 17 days  
(g) Lived in this county 42 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1508 N. 15  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Illinois

## 3. (a) FULL NAME

Jessie Cole

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. None

5. Color or Race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 6, 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>5</u>	<u>5</u>	hrs. min.

9. Exact Occupation Retired School Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Teacher Date last worked \_\_\_\_\_

11. Birthplace Muscantine, Iowa (City or town) (State or foreign country)

12. Name Eliada, R. Cole (City or town) (State or foreign country)

13. Birthplace New York (City or town) (State or foreign country)

14. Maiden name Harriet, F. Henneker (City or town) (State or foreign country)

15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature J B Cole and Address 1508 N 15 St Boise Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14, 1948 (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Cliff G Summers and Address Boise, Idaho

19. (a) 12-14-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 11, 1948  
at 8:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1943, to 12-11 1948

I last saw h. alive on 12-10 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral Hemorrhage Duration 20 da.

Due to arterio-sclerosis unknown.

Due to \_\_\_\_\_

Other conditions Pneumonia Heart (Include pregnancy within 8 months of death)

Secure 40 years

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Of Summell M.D. (M. D. or other) and Address Boise Idaho Date 12-13 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948

State File No. 4376

Local Reg. No. 452

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 7 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 7 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Mountain Home Ida.

## 3. (a) FULL NAME LEE OSCAR WOOLLEY

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. 521-01-2161  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Ami Alice 6. (c) Age of husband or wife if alive 38 years

7. Date of Birth (Month, Day, Year) June 26, 1910

8. AGE	Years	Months	Days	If less than 1 day
	<u>38</u>	<u>5</u>	<u>16</u>	hrs. min.

9. Exact Occupation Truck Driver Did this work for 10 yrs.  
10. Industry or Business Lumber Date last worked 11/10/48  
11. Birthplace Fairview Oklahoma (City or town) (State or foreign country)

- Father { 12. Name Alfred Woolley  
13. Birthplace Unknown (City or town) (State or foreign country)  
Mother { 14. Maiden name Nellie Jack  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's X OWN Signature M. Edwin H. Adams  
and Address Mountain Home Idaho

17. (a) Removal (b) Date thereof Dec. 12, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Mountain Home Idaho  
18. Funeral Director's OWN Signature W. G. Bay  
and Address Mountain Home Idaho

19. (a) 12-15-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 12, 1948  
(Month, Day, Year) at 11 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from Nov 10 1948 to Dec 12 1948

I last saw h. 11 alive on Dec 1 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Lobar pneumonia Duration 1 week

Due to septicemia following perforated gastric ulcer 1 month  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Perforated ulcer Date 11/10/48  
Major finding \_\_\_\_\_  
Finding of autopsy none  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. G. Bay (M. D. or other)  
and Address Boise Date 12-15-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 20 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 1377  
Local Reg. No. 457  
Reg. Dist. No. 170

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Elks Bldg.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. Elks Bldg.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

Harry Nathaniel Wood.

3. (b) If veteran, name war Spanish American. 3. (c) Social Security No. 322-05-6452.

4. Sex Male Color or race White 5. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) January 9, 1875.

8. AGE	Years	Months	Days	If less than 1 day
	<u>73.</u>	<u>11.</u>	<u>5.</u>	hrs. min.

9. Exact Occupation Retired Salesman Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Eldora, Iowa. (City or town) (State or foreign country)

12. Name Morris, E. Wood. (City or town) (State or foreign country)

13. Birthplace Iowa. (City or town) (State or foreign country)

14. Maiden name Mary Hallinan. (City or town) (State or foreign country)

15. Birthplace Ireland. (City or town) (State or foreign country)

16. Informant's OWN Signature Le Roy Paul Wood

and Address 1517 Michigan Ave. N. W. Washington

17. (a) Burial. (b) Date thereof Dec. 18, 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clyde E. Summers

and Address Boise, Idaho.

19. (a) 12-18-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 14, 1948. at 6 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

Immediate Cause of Death: Natural Causes, Was found dead in bed, had been ill with heart trouble. Duration \_\_\_\_\_

Due to No indication of foul play.

Other conditions (Include pregnancy within 8 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attention of \_\_\_\_\_ Coroner of \_\_\_\_\_

OWN Signature Clyde E. Summers (M. D. of other)

and Address Boise, Idaho. Dec. 17, 1948.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 22 1948

# Certificate of Death

STATE OF IDAHO

1948

State File No. 1378  
Local Reg. No. 463  
Reg. Dist. No. 270

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Alphonsus Stayed 8 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 30 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2701 Rosehill St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 Months  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Tommy Lee Waybright.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) October, 14, 1948.

8. AGE	Years	Months	Days	If less than 1 day
		<u>2</u>	<u>0</u>	hrs. min.

9. Exact Occupation None. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Lewiston, Idaho. (City or town) (State or foreign country)

12. Name Leonard T. Waybright.

13. Birthplace Whitmer, West Virginia. (City or town) (State or foreign country)

14. Maiden name Betty Tolliver.

15. Birthplace Coeur d' Alene, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature Leonard Waybright  
and Address Wise Apt #3, 2701 Rosehill

17. (a) Burial. (b) Date thereof Dec. 14, 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Clayde E. Summers.  
and Address Boise, Idaho.

19. (a) 12-20-48 (b) Margie Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December, 14, 1948.  
at 12:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from DEC 5 1948 to DEC 14 1948.  
I last saw him alive on DEC 14 1948;  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Broncho-Pneumonia Duration 10 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? Idaho

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Frank L. Hetherington (M. D. or other)  
and Address 31 W Idaho St Date DEC 16, 1948  
Boise, Ida (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Hamilton RECEIVED  
Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
DEC 23 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948

State File No. 4379  
Local Reg. No. 454  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. 1711 Washington St  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county. 53 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 1711 Washington  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? 53 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME Christian Hansen

3. (b) If veteran, name war None 3. (c) Social Security No. ?  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) Feb. 19 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>9</u>	<u>26</u>	hrs. min.

9. Exact Occupation Tailor Did this work for ☐ yrs.

10. Industry or Business Denmark Date last worked ☐

11. Birthplace (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Union F. Hansen  
and Address 800 Wilson St. Oakleaf 864

17. (a) Burial (b) Date thereof 12/17/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreiber McCann  
and Address Boise

19. (a) 12-17-48 (b) J. M. McCall  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 12-15 1948  
at 5-45 o'clock A M.

21. I HEREBY CERTIFY That I attended deceased from July 12 1948 to 12-15 1948

I last saw him alive on 12-15 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stroke Duration 3 years

Right leg and arm

Due to speech

Due to Left hemiplegia 3 years

Other conditions Arteriosclerosis 5 days  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature H. V. Hamilton  
(M. D. or other)

and Address Boise Ida Date 12-16 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 20 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 455  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonses Stayed 41 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 41 days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Gooding Idaho

## 3. (a) FULL NAME MARTIN OAR

3. (b) If veteran, name war No. 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex Male race White  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 36 years  
7. Date of Birth (Month, Day, Year) January 30, 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>10</u>	<u>15</u>	hrs. min.

9. Exact Occupation Sheep-herder Did this work for 14 yrs.  
10. Industry or Business Sheep Date last worked Oct/48  
11. Birthplace Bigotia Spain (City or town) (State or foreign country)

- Father { 12. Name Carlos Oar  
13. Birthplace Spain (City or town) (State or foreign country)  
Mother { 14. Maiden name Lauriani Enzussa  
15. Birthplace Spain (City or town) (State or foreign country)

16. Informant's OWN Signature Mary Oar  
and Address Mountain Home Idaho

17. (a) Removal (b) Date thereof Dec. 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Mountain Home Idaho

18. Funeral Director's OWN Signature July 2, 1949  
and Address Mountain Home Idaho

19. (a) 12-18-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 12-15 19 48  
at 1:00 o'clock P.M.  
21. I HEREBY CERTIFY, That I attended deceased from 8-12 19 47 to 12-15 19 48  
I last saw h. live on 12-15 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Uremia Duration 6 weeks  
Due to chronic nephritis 3 yrs

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home  
Name of operation None Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy Amplandosis of Kidney  
PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Reumack

and Address 12-18-48 Date Boise  
(For additional space, use reverse side)

Eda

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 20 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 4381  
Local Reg. No. 458  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1225. Warm Springs  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days 46  
(g) Lived in this county 46 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1225. Warm Springs  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

Dr. James. L. Stewart.

## MEDICAL CERTIFICATE OF DEATH

3. (b) If veteran, name war World War #1. 3. (c) Social Security No. None.  
5. Color or White. 6. (a) Single, widowed, married, divorced Widower  
4. Sex Male race White 6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) December. 16. 1874.

8. AGE	Years	Months	Days	If less than 1 day
	<u>73.</u>	<u>11.</u>	<u>29.</u>	hrs. min.

9. Exact Occupation Physician and Surgeon. Did this years.

10. Industry or Business Physician and Surgeon. Date last worked years.

11. Birthplace Westpoint, Iowa. (City or town) (State or foreign country)

12. Name Salmon Stewart. (City or town) (State or foreign country)

13. Birthplace Unknown. (City or town) (State or foreign country)

14. Maiden name Ellen Goldsmith. (City or town) (State or foreign country)

15. Birthplace Germany. (City or town) (State or foreign country)

16. Informant's OWN Signature Paula Stewart Burns  
and Address 1225. Warm Springs Ave.

17. (a) Burial Morris Hill Cemetery. (b) Date thereof Dec. 18. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. Funeral Director's OWN Signature Charles E. Summers  
and Address Boise, Idaho.

19. (a) 12-18-48 (b) Muriel Palmer  
(Date received and filed) (Registrar's signature)

## 20. DATE OF DEATH

(Month, Day, Year) December. 15. 19. 48.  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 19. 48. to Dec 15. 48.

I last saw him alive on 12/14/48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Thrombosis Duration Instant

Due to Coronary artery disease 3 years

Due to Diabetes Mellitus 2 years

Other conditions Diabetes Mellitus 2 years

(Include pregnancy within 8 months of death)

Where was disease contracted? —

Name of operation — Date —

Major finding —

Finding of autopsy —

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state —

where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature Charles E. Summers

(M. D. or other) —

and Address Boise, Ida Date 7.7. 19. 48.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 20 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 1382  
Local Reg. No. 456  
Reg. Dist. No. 370

1. PLACE OF DEATH: STATISTICS
- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. \_\_\_\_\_ Hospital X Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonsus and 1 days  
(g) Lived in this county. 16 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 1118 Harrison  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) Washington

3. (a) FULL NAME Reba Marguritte Berteling

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Married  
Sex Female Race White  
6. (b) Name of husband or wife Joseph W. 6. (c) Age of husband or wife if alive 53 years

7. Date of Birth (Month, Day, Year) October 13, 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>2</u>	<u>2</u>	hrs. min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Nez Perce, Idaho (City or town) (State or foreign country)

- Father { 12. Name Ole Rood  
13. Birthplace Norway (City or town) (State or foreign country)  
Mother { 14. Maiden name Lillie Hill  
15. Birthplace West Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature J. Berteling  
and Address 1118 Harrison Blvd, Boise

17. (a) Burial (b) Date thereof Dec. 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Morris Hill Cemetery  
18. Funeral Director's Summers Funeral Home

- OWN Signature Charles E. Summers  
and Address Boise, Idaho

19. (a) 12-18-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 15, 1948  
at 5:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 4:19 to 12:15  
I last saw h. alive on 12/14 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary occlusion Duration 4 hours

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Boise (M. D. or other)

and Address Boise Date 12/17 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

DEC 31 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948

State File No. **4383**  
Local Reg. No. **461**  
Reg. Dist. No. **270**

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Luke's Stayed 6 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Colo.

## 3. (a) FULL NAME

**WILLIE CLAY TUCKER**

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Other

6. (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year) October 14, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>2</u>	<u>2</u>	hrs. min.

9. Exact Occupation Fruit Farmer Did this work for 37 yrs.

10. Industry or Business Self Date last worked \_\_\_\_\_

11. Birthplace Nevada, Missouri  
(City or town) (State or foreign country)

Father { 12. Name Greenup Tucker

13. Birthplace Kentucky  
(City or town) (State or foreign country)

Mother { 14. Maiden name Sally Rucker

15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Robert C. Tucker  
and Address Box 1 Emmett, Idaho

17. (a) Burial (b) Date thereof 12/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Emmett, Idaho

18. Funeral Director's OWN Signature James R. Persons  
and Address Emmett, Idaho

19. (a) 12-20-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 16 1948  
(Month, Day, Year)

at 11:55 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1942 to death 19  

I last saw h.    alive on    19  ;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 4 days

Due to   

Due to     
Other conditions Cerebral Prostate 4 years  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature James R. Persons  
(M. D. or other)

and Address Boise Idaho Date 12-18 1948  
(For additional space, use reverse slide)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 20 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948

State File No.

1384

Local Reg. No.

459

Reg. Dist. No.

370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 1 days  
(g) Lived in this county 11 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 825 E Washington  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) N.Y. City

## 3. (a) FULL NAME Madeline Willeman

## 3. (b) If veteran, name war None

## 3. (c) Social Security No. None

## 5. Color or White

## 4. Sex Female Race White

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Alois W.

## 6. (c) Age of husband or wife if alive 41 years

## 7. Date of Birth (Month, Day, Year) 1879

8. AGE	Years	Months	Days	If less than 1 day
About	69			hrs. min.

## 9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Geswenheim France (City or town) (State or foreign country)

## 12. Name Kree (City or town) (State or foreign country)

## 13. Birthplace France (City or town) (State or foreign country)

## 14. Maiden name Unknown (City or town) (State or foreign country)

## 15. Birthplace France (City or town) (State or foreign country)

## 16. Informant's OWN Signature Alois W. Willeman and Address 825 E. Washington, Boise Ids

## 17. (a) Burial (b) Date thereof 12/20/1948 (Month) (Day) (Year)

## (c) Place St. John's Cemetery

## 18. Funeral Director's OWN Signature Schreiner McLean and Address Boise

## 19. (a) 12-18-48 (Date received and filed) (b) J. Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) 12-16 1948

## at 7:00 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 10-22 1948 to 12-16 1948

## I last saw h. Dr. alive on 12-15 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Pneumonia Duration 3 hr.

## Due to Aspirator Blood 2 hr.

## Due to Neurospage Diaphoresis 1 1/2 day

## Other conditions Thrombophlebitis, Pulmonary Embolism (Include pregnancy within 8 months of death)

## Where was disease contracted? Idaho

## Name of operation None Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature David (M. D. or other) and Address Boise Date 12-16-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
DEC 22 1948  
NON-RESIDENT  
Certificate of Death  
STATE OF IDAHO  
STANISLAV

State File No. 1385  
Local Reg. No. 462  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St Lukes Stayed 15 days  
(g) Lived in this county years months 15 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Tenn (b) County Cumberland  
(c) City or town Crossville  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 Days years  
(h) Former residence (city, state) Tenn

3. (a) FULL NAME

Minnialou Simms Norris.

3. (b) If veteran, name war No.

3. (c) Social Security No. Non

5. Color or Sex Female race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Partick. A. Norris.

6. (c) Age of husband or wife if alive 46 years

7. Date of Birth (Month, Day, Year) September. 17. 1903.

8. AGE	Years	Months	Days	If less than 1 day
	<u>45.</u>	<u>3.</u>	<u>1.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for  yrs.

10. Industry or Business worked. Date last worked

11. Birthplace Kahoka, Missouri. (City or town) (State or foreign country)

12. Name Lewis. A. Parsons. (City or town) (State or foreign country)

13. Birthplace Iowa. (City or town) (State or foreign country)

14. Maiden name Amanda Bailey. (City or town) (State or foreign country)

15. Birthplace Iowa. (City or town) (State or foreign country)

16. Informant's OWN Signature Lewis A. Parsons

and Address Boising mbr.

17. (a) Removal Dec. 22, 1948 (b) Date thereof (Month) (Day) (Year)

(c) Place American Falls, Idaho.

18. Funeral Director's OWN Signature Clyde E. Summers

and Address Boise Idaho.

19. (a) 12-20-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December. 18. 1948.  
at 6.15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3 Dec 1948 to 18 Dec 1948

I last saw h.e. alive on 18 Dec 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Lymphoma coma Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown

Name of operation cholecystectomy Date 1946

Major finding

Finding of autopsy Lymphoma coma

moderately liver spleen somewhat pathologically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home. Farm. Industry.

Public Place. While at work?

Means of injury

23. Attendant's OWN Signature Alfred M. Stone

and Address Boise Idaho Date 19 Dec 1948

(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 2 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1386  
Local Reg. No. 468  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1114 No. 14th St  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**JOHN ALEXANDER McEACHERN**

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M race W

5. Color or W  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Viola

6. (c) Age of husband or wife if alive 80 years

7. Date of Birth (Month, Day, Year) January 25, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>10</u>	<u>24</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Prince Edwards Island  
(City or town) (State or foreign country)

12. Name Ewen McEachern

13. Birthplace Isle of Skye, Scotland  
(City or town) (State or foreign country)

14. Maiden name Catherine McLean

15. Birthplace Isle of Mull, Scotland  
(City or town) (State or foreign country)

16. Informant's OWN Signature John Tarnier  
and Address 1509 No. 15th, Boise, Idaho

17. (a) Burial (b) Date thereof 12/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale, Boise, Idaho

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th, Boise, Idaho

19. (a) 12-22-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 19 1948

at 2:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 8-6-1948 to 12-12-1948  
I last saw him alive on 12-12-1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hyperstatic pneumonia Duration 5 days  
so yrs. old. one yr.

Due to General decline.  
Due to Reprints. years

Other conditions Reprints.  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. C. P. Hamilton  
(M D or other)

and Address Boise, Ida Date 12-31-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 4387  
Local Reg. No. 477  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 1215. Vermont.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1215. Vermont.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Princeton, Illinois

## 3. (a) FULL NAME

Richard Waldren.

## 3. (b) If veteran, name war

No.

## 3. (c) Social Security No.

5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) September. 21. 1865.

8. AGE	Years	Months	Days	If less than 1 day
	<u>83.</u>	<u>2.</u>	<u>28.</u>	hrs. min.

## 9. Exact Occupation Laborer. Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Princeton, Illinois. (City or town) (State or foreign country)

## 12. Name Unknown.

## 13. Birthplace Unknown. (City or town) (State or foreign country)

## 14. Maiden name Unknown.

## 15. Birthplace Unknown. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Clyde E. Summers and Address 1205. Bannock Street, Boise.

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29. 1948 (Month) (Day) (Year)

## (c) Place Morris Hill Cemetery.

## 18. Funeral Director's OWN Signature Clyde E. Summers and Address Boise, Idaho.

## 19. (a) 12-29-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) About December. 19. 19 48.

at Unknown o'clock M.

## 21. ~~IF DEATH OCCURRED IN A HOSPITAL, FILL IN THE FOLLOWING:~~

~~1. Name of hospital \_\_\_\_\_~~

~~2. Name of physician \_\_\_\_\_~~

~~3. Name of attending physician \_\_\_\_\_~~

~~4. Name of pathologist \_\_\_\_\_~~

~~5. Name of coroner \_\_\_\_\_~~

~~6. Name of medical examiner \_\_\_\_\_~~

~~7. Name of medical examiner \_\_\_\_\_~~

~~8. Name of medical examiner \_\_\_\_\_~~

~~9. Name of medical examiner \_\_\_\_\_~~

~~10. Name of medical examiner \_\_\_\_\_~~

~~11. Name of medical examiner \_\_\_\_\_~~

~~12. Name of medical examiner \_\_\_\_\_~~

~~13. Name of medical examiner \_\_\_\_\_~~

~~14. Name of medical examiner \_\_\_\_\_~~

~~15. Name of medical examiner \_\_\_\_\_~~

~~16. Name of medical examiner \_\_\_\_\_~~

~~17. Name of medical examiner \_\_\_\_\_~~

~~18. Name of medical examiner \_\_\_\_\_~~

~~19. Name of medical examiner \_\_\_\_\_~~

~~20. Name of medical examiner \_\_\_\_\_~~

~~21. Name of medical examiner \_\_\_\_\_~~

~~22. Name of medical examiner \_\_\_\_\_~~

~~23. Name of medical examiner \_\_\_\_\_~~

~~24. Name of medical examiner \_\_\_\_\_~~

~~25. Name of medical examiner \_\_\_\_\_~~

~~26. Name of medical examiner \_\_\_\_\_~~

~~27. Name of medical examiner \_\_\_\_\_~~

~~28. Name of medical examiner \_\_\_\_\_~~

~~29. Name of medical examiner \_\_\_\_\_~~

~~30. Name of medical examiner \_\_\_\_\_~~

## Immediate Cause of Death:

Natural Causes. Was found dead in

his home. The last time that he was

seen alive was on December. 19. 1948.

Body was found December. 25. 1948.

He had been a heavy drinker and

Other conditions. WAS found dead.

(Include pregnancy within 3 months of death)

Where was disease contracted? X

Name of operation X Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? No. Suicide? No. Homicide? No.

Occurred No. 19 \_\_\_\_\_ City, county, state

where violence occurred No.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Clyde E. Summers Coroner of

Boise, Idaho. (M. D. or other)

and Address Boise, Idaho. Date Dec. 29. 48.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
DEC 23 1948  
OFFICE OF VITAL STATISTICS

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

71 *Seattle* 4388  
1948 State File No. 465  
Local Reg. No. 270  
Reg. Dist. No.

1. PLACE OF DEATH: *STATISTICS*
- (a) County *Ada*  
(b) City or town *Boise*  
(c) Street Address or R.F.D. No. *2802 W. Bannock*  
(d) Death Occurred Inside? *Outside?* city or town  
(e) Died in a Home *Hospital* Institution *Other place*  
(f) Name Hosp. or Inst. *St. Alphonsus* Stayed *5* days  
(g) Lived in this county *years 6 months days*

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State *Wash.* (b) County *King*  
(c) City or town *Seattle*  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? *X* Outside? city or town  
(f) Citizen of what country? *U.S.A.*  
(g) How long had deceased lived in Idaho? *6 Mon.* years  
(h) Former residence (city, state) *Seattle, Wash.*

3. (a) FULL NAME *HAZEL MERYL UNDERWOOD*

3. (b) If veteran, name war 3. (c) Social Security No.
4. Sex *Female* Color or Face *White* 6. (a) Single, widowed, married, divorced *Married*  
6. (b) Name of husband or wife *Archie W.* 6. (c) Age of husband or wife if alive *50* years  
7. Date of Birth (Month, Day, Year) *April 27, 1907*

8. AGE	Years	Months	Days	If less than 1 day
	<i>41</i>	<i>7</i>	<i>22</i>	hrs. min.

9. Exact Occupation *School Teacher* Did this work for  *yrs.*  
10. Industry or Business Date last worked

11. Birthplace *Vernal, Utah* (City or town) (State or foreign country)

12. Name *John W. Galloway* (City or town) (State or foreign country)

13. Birthplace *Utah* (City or town) (State or foreign country)

14. Maiden name *Annie E Bowden* (City or town) (State or foreign country)

15. Birthplace *Utah* (City or town) (State or foreign country)

16. Informant's OWN Signature *X Fontella Galloway*

and Address *2802 W. Bannock Boise, Ada*

17. (a) *Removal* (b) Date thereof *12/20/48* (Month) (Day) (Year)

(c) Place *Roosevelt, Utah*

18. Funeral Director's *Summers Funeral Home*

OWN Signature *Clifford E. Summers*

and Address *1205 W. Bannock Boise, Ida.*

19. (a) *12-21-48* (b) *Muriel Palmer* (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *December 19, 1948*  
at *2:15* o'clock *A* M.

21. I HEREBY CERTIFY, That I attended deceased from *12-14* 19 *48* to *12-19* 19 *48*

I last saw h. *en* alive on *12-18-48* 19 *48*; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Cerebral Embolus* Duration

Due to *Endocarditis*

Due to

Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature *L. Hallingworth*

and Address *Boise Idaho* (M. D. or other) Date *12-20-48*

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 31 1948

# Certificate of Death

STATE OF IDAHO

State File No. 4389  
Local Reg. No. 473  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Lukes. Stayed 1 days  
(g) Lived in this county 39 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1215 N. 14 th.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Iowa

## 3. (a) FULL NAME

Glenn. P. Brown.

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

None

## 4. Sex Male race White

## 6. (a) Single, widowed, married, divorced Married

## 6. (b) Name of husband or wife Maude J. Brown

## 6. (c) Age of husband or wife if alive 68 years

## 7. Date of Birth (Month, Day, Year) March 27, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>8</u>	<u>23</u>	hrs. min.

## 9. Exact Occupation Painter Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Clarion, Iowa (City or town) (State or foreign country)

## 12. Name Lewis Henry Brown (City or town) (State or foreign country)

## 13. Birthplace Stephenson County, Illinois (City or town) (State or foreign country)

## 14. Maiden name Armenta Cole

## 15. Birthplace Pecatonica, Illinois (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs. Maude J. Brown and Address 1215 N. 14th Boise Idaho

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23, 1948 (Month) (Day) (Year)

## (c) Place Morris Hill Cemetery

## 18. Funeral Director's OWN Signature Chas. E. Summers and Address Boise, Idaho

## 19. (a) 12-27-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) December 20, 1948  
at 5:20 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Dec 19 1948 to Dec 20 1948

I last saw him alive on Dec 19 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Perforation of duodenum

## Duration 36 hours

Due to cause unknown

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature W. A. Aelsoch MD

and Address Boise (City or town) (State or foreign country) 12/23 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Swinnell  
Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 2 1948

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 1290

Local Reg. No. 469

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 920 Pueblo St  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 29 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 920 Pueblo St  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state) Tenn.

3. (a) FULL NAME Fred T. Burnett

3. (b) If veteran, name war War # 1. 3. (c) Social Security No. 094A  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Chloe B. Burnett 6. (c) Age of husband or wife if alive 0 years

7. Date of Birth (Month, Day, Year) May 13th 1897  
8. AGE Years 51 Months 5 Days 7 If less than 1 day hrs. min.

9. Exact Occupation Merchant Did this work for 0 yrs.  
10. Industry or Business Grocer Date last worked 0  
11. Birthplace Crossville Tennessee (City or town) (State or foreign country)

12. Name James E. Burnett  
13. Birthplace U.S.A. (City or town) (State or foreign country)  
14. Maiden name Sue Suddath  
15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's OWN Signature Chloe B. Burnett  
and Address 920 Pueblo St. Boise Idaho

17. (a) Burial (b) Date thereof 12/22/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreiber McLean  
and Address Boise, J. McLean

19. (a) 12-22-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 20 1948  
at 5:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1948 to Dec. 20 1948  
I last saw him alive on Nov. 1 1948  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Acute Coronary Occlusion

Due to Coronary Occlusion Duration Acute  
Coronary Occlusion Sudden  
Coronary Coronary

Due to Coronary Occlusion  
Other conditions 0  
(Include pregnancy within 8 months of death)

Where was disease contracted? 0  
Name of operation 0 Date 0  
Major finding 0  
Finding of autopsy 0

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? 0 Suicide? 0 Homicide? 0  
Occurred 0 19 0 City, county, state  
where violence occurred 0  
Place of Violence: Home 0 Farm 0 Industry 0  
Public Place 0 While at work? 0  
Means of injury 0

23. Attendant's OWN Signature A. J. Swinnell M.D.  
(M. D. or other)  
and Address Boise Ida. Date 12-21 1948  
(For additional space, use reverse side)



# Certificate of Death

STATE OF IDAHO

State File No. 4391  
Local Reg. No. 472  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Lukes Stayed 2 days  
(g) Lived in this county 7 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 8  
(e) Deceased lived Inside? Outside? # city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME

Lillie Jane Martin

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or White  
4. Sex Female

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) March, 27, 1882.

8. AGE	Years	Months	Days	If less than 1 day
	<u>66.</u>	<u>8.</u>	<u>23.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for ys.

10. Industry or Business Yakima, Washington. Date last worked

11. Birthplace Yakima, Washington. (City or town) (State or foreign country)

12. Name John Glidden. (City or town) (State or foreign country)

13. Birthplace Unknown. (City or town) (State or foreign country)

14. Maiden name Margaret Owens.

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Theodore R Martin  
and Address P.O. no 8, Boise Idaho

17. (a) Burial. (b) Date thereof Dec. 22, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Charles E. Summers  
and Address Boise, Idaho

19. (a) 12-27-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) December, 20, 1948.  
at 2 o'clock A. M.

### 21. I HEREBY CERTIFY, That I attended deceased from

Jan 1948, to Dec 17, 1948  
I last saw her alive on 12-19 1948;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

### Duration

Cause of Car 2 1/2 yrs.  
Due to

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding  
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

### 23. Attendant's OWN Signature

Boise Idaho 12-23 1948  
and Address Boise Idaho Date 12-23 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948

State File No. 4392  
Local Reg. No. 470  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 4 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County Malhuer  
(c) City or town Arock  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 Mos years  
(h) Former residence (city, state) Ore.

## 3. (a) FULL NAME Josepha Urquiaga

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female Race White 5. Color or \_\_\_\_\_  
6. (b) Name of husband or wife Lazaro 6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 28th 1886  
8. AGE Years Months Days If less than 1 day  
62 6 22 hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Luqueitio Spain  
(City or town) (State or foreign country)

Father { 12. Name Louis Aldecoa

13. Birthplace Spain  
(City or town) (State or foreign country)

Mother { 14. Maiden name Roca Egona

15. Birthplace Spain  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ed. Urquiaga  
and Address Rt. 6 Caldwell Idaho

17. (a) Burial (b) Date thereof 12/23/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Jordan Valley Oregon

18. Funeral Director's OWN Signature Schreeber McCann  
and Address Boise

19. (a) 12-23-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 20 1948  
at 6 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from October 1946 to Dec 20 1948

I last saw h. live on Dec 20 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of breast Duration 27 mos  
metastatic to chest & neck  
Due to tumor growth

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? Oregon  
Name of operation Mastectomy Date Oct 46  
Major finding Carcinoma of breast  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Robert J. Smith  
and Address Boise Idaho Date Dec 22 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 4393  
Local Reg. No. 471  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 224 E. Idaho St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 25 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 224 E. Idaho St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Calif.

## 3. (a) FULL NAME Timothy Murtaugh

3. (b) If veteran, name war None 3. (c) Social Security No. 519-01-2051  
4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced widower  
6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) Apr. 6th. 1884  
8. AGE Years Months Days If less than 1 day  
64 8 15 hrs. min.

9. Exact Occupation Laborer Did this work for ☐ yrs.  
10. Industry or Business Madison Lake Minn. Date last worked ☐  
11. Birthplace (City or town) (State or foreign country)

12. Name Timothy Murtaugh  
13. Birthplace Ireland (City or town) (State or foreign country)  
14. Maiden name Hannah Norton  
15. Birthplace state of New York (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Nellie Chamberlain  
and Address 224 E. Idaho St Boise Idaho

17. (a) Burial (b) Date thereof 12/24/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreiber McLean  
and Address Boise

19. (a) 12-24-48 (b) M. J. Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 21 1948  
at 10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 21 to 1948  
I last saw him alive on 19 :  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Natural Causes Was found dead on stairway Duration  
Due to in his home  
Due to No indication foul play  
Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted?  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury Coroner  
23. Attendant's OWN Signature Blaise E. Summers of Ada (M. D. or other) County  
and Address Boise Idaho Date 12-23-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 1394  
Local Reg. No. 774  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Lukes Stayed 7 days  
(g) Lived in this county 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 2  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Denmark

## 3. (a) FULL NAME

Mary Christina Lillegard.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

5. Color or  
4. Sex Female Race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carl John Lillegard

6. (c) Age of husband or wife if alive 64 years

7. Date of Birth (Month, Day, Year) June. 28. 1883.

8. AGE	Years	Months	Days	If less than 1 day
	<u>65.</u>	<u>5.</u>	<u>23.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Denmark. (City or town) (State or foreign country)

12. Name Rasmuss Poulson. (City or town) (State or foreign country)

13. Birthplace Denmark. (City or town) (State or foreign country)

14. Maiden name Unknown. (City or town) (State or foreign country)

15. Birthplace Denmark. (City or town) (State or foreign country)

16. Informant's OWN Signature Carl Lillegard  
and Address Boise R 2

17. (a) Burial. (b) Date thereof Dec. 24. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Chas. E. Summers  
and Address Boise, Idaho.

19. (a) 12-27-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) December. 21. 19 48.  
at 1:10 P.M. o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from 3-4-44 to 12-21-48

I last saw her alive on 12-21 19 48;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Apoplexy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

### 23. Attendant's OWN Signature

Dr. J. H. Thomas (M.D. or other)

and Address Meridian, Idaho Date 12-24 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 31 1948

# Certificate of Death

STATE OF IDAHO

State File No. 4395  
Local Reg. No. 222  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 4325 Fremont St.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 30 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2717 1/2 N. Bannock  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Minn:

## 3. (a) FULL NAME William John Heard

3. (b) If veteran, name war None 3. (c) Social Security No. 108X  
5. Color or 6. (a) Single, widowed, married, divorced widower  
4. Sex Male race White 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Jan. 27th. 1879  
8. AGE Years Months Days If less than 1 day  
69 10 26 hrs. min.

9. Exact Occupation Laborer Did this work for  yrs.  
10. Industry or Business Irish Date last worked Irish  
11. Birthplace Dublin (City or town) (State or foreign country) Ireland  
Father { 12. Name Unknown  
13. Birthplace Ireland (City or town) (State or foreign country) Ireland  
Mother { 14. Maiden name Unknown  
15. Birthplace Ireland (City or town) (State or foreign country) Ireland

16. Informant's OWN Signature X C Finch  
and Address 4325 Fremont St Boise Idaho

17. (a) Burial (b) Date thereof 12/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreiber McCann  
and Address J. J. McCann, Boise

19. (a) 12-28-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Dec. 23 1948  
(Month, Day, Year) 10:30 o'clock P. M.  
at 10:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 12-23-48  
1948 to 12-23 1948

I last saw him alive on 2:00 P.M. 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration

Due to arteriosclerosis

Due to Pneumonia acute

Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted? None

Name of operation None Date

Major finding None

Finding of autopsy None

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? None Suicide? None Homicide? None

Occurred Nov 19 48 City, county, state

where violence occurred Boise Idaho

Place of Violence: Home None Farm None Industry None

Public Place None While at work? None

Means of injury None

23. Attendant's OWN Signature C. B. Smithson  
(M/D or other) Boise Idaho Date 12-27 1948  
and Address Boise Idaho (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **4396**  
Local Reg. No. **478**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Alphonsus** stayed **23** days  
(g) Lived in this county **76** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. **1614 Franklin St.**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **79** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME **ELLA M. CANALAN**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **F** race **W** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
6. (b) Name of husband or wife \_\_\_\_\_  
7. Date of Birth (Month, Day, Year) **5/10/1869**

8. AGE	Years	Months	Days	If less than 1 day
<b>79</b>	<b>7</b>	<b>13</b>	<b>hrs.</b>	<b>min.</b>

9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Idaho City, Idaho** (City or town) (State or foreign country)  
Father { 12. Name **Elbert Chamberlain**  
13. Birthplace **New York City, New York** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Lamira Verona Faye**  
15. Birthplace **Plattsville Wisconsin** (City or town) (State or foreign country)  
16. Informant's OWN Signature **Marybelle Canalan**  
and Address **1614 Franklin**  
17. (a) **Burial** (b) Date thereof **12/27/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Pioneer Cemetery, Boise, Idaho**  
18. Funeral Director's OWN Signature **McBratney Fowler**  
and Address **419 No. 9th St., Boise, Idaho**  
19. (a) **12-27-48** (b) **Myrtle Palmer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **December 23, 1948**  
(Month, Day, Year) at **12:40** o'clock **A**.M.  
21. I HEREBY CERTIFY That I attended deceased from **Nov 29, 1948** to **Dec 23, 1948**  
I last saw him alive on **Dec 23, 1948**  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Myocardial Infarction**  
**Arteriosclerosis**  
Due to **Senility**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Where was disease contracted? **at home**  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **as above**  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **M. H. Wakefield**  
(M. D. or other) \_\_\_\_\_  
and Address **515 East Broadway** Date **12/27/48**  
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 4297  
Local Reg. No. 47837  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. St. Alphonsus Stayed 19 days  
(g) Lived in this county 1 years 6 months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Eagle  
(d) Street Address or R.F.D. No. X  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state) X

## 3. (a) FULL NAME

Fannie Belle Morgan.

3. (b) If veteran, name war No. None

3. (c) Social Security No. None

4. Sex Female Race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife David A. Morgan

6. (c) Age of husband or wife if alive 64 years

7. Date of Birth (Month, Day, Year) December 25, 1895

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>11</u>	<u>28</u>	hrs. min.

9. Exact Occupation At Home Did this work for  yrs.

10. Industry or Business Downey, Idaho Date last worked  hrs.

11. Birthplace Downey, Idaho (City or town) (State or foreign country)

12. Name J. Frank Hunt (City or town) (State or foreign country)

13. Birthplace Payson, Utah (City or town) (State or foreign country)

14. Maiden name Arli Macy (City or town) (State or foreign country)

15. Birthplace Provo, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature David A. Morgan and Address Eagle Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1948 (Month) (Day) (Year)

(c) Place Gleens Ferry, Idaho

18. Funeral Director's OWN Signature Wyle E. Summers and Address Boise Idaho

19. (a) 12-28-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 23 1948

at 6:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 12/4 1948 to 12/23 1948

I last saw her alive on 12/23 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Thrombosis of abdominal aorta Duration 8 hrs.

Due to Ruptured sigmoid diverticulum - abdominal

Due to and fecal fistula 3 wks.

Other conditions (Include pregnancy within 8 months of death)

Where was disease contracted? Spain Date 12/4/48

Name of operation Drainage Major finding Drainage

Finding of autopsy As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?   Suicide?   Homicide?

Occurred   19   City, county, state where violence occurred

23. Place of Violence: Home   Farm   Industry

Public Place   While at work?

Means of injury

23. Attendant's OWN Signature Everett Jones (M. D. or other) and Address Boise, Ida Date 12/27 1948

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JAN 4 1949

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 4398  
Local Reg. No. 480  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St Lukes Stayed 12 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Ida (b) County Gem  
(c) City or town Ola, Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

HERBERT BOYD MCKINNEY

054A

3. (b) If veteran, name war no 3. (c) Social Security No. no  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife nl 6. (c) Age of husband or wife if alive no years  
7. Date of Birth (Month, Day, Year) Feb., 12, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>10</u>	<u>11</u>	hrs min.

9. Exact Occupation Child Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Emmett, Idaho (City or town) (State or foreign country)

12. Name Herbert McKinney (City or town) (State or foreign country)  
13. Birthplace Plummer, Minnesota (City or town) (State or foreign country)  
14. Maiden name Mary Donaldson  
15. Birthplace Hamilton, Montana (City or town) (State or foreign country)

16. Informant's OWN Signature Herbert McKinney  
and Address Ola, Idaho

17. (a) Burial (b) Date thereof 12, 28 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Ola, Idaho

18. Funeral Director's OWN Signature James T. Parsons  
and Address Emmett, Idaho

19. (a) 12-31-48 (b) Mable Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 23 1948  
(Month, Day, Year) at 12:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 8 1948 to Dec 23 1948  
I last saw him alive on Dec 23 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Resp. failure Duration 2 days  
Due to medulla oblongata of brain 4 months

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? ? PHYSICIAN  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John S. McLean M.D.  
and Address 248 N. 1st St. (M. D. or other) Date 12/29 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 31 1948

# Certificate of Death

STATE OF IDAHO

1043  
State File No. 1399  
Local Reg. No. 476  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 403. Franklin  
(d) Death Occurred Inside? X Outside?        city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 25 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 403. Franklin  
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Michigan

3. (a) FULL NAME Amelia. C. Aldrich.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

5. Color or White. 6. (a) Single, widowed, married, divorced Widow.

6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) 1864. Month and day unknown

8. AGE	Years	Months	Days	If less than 1 day
	<u>84.</u>			hrs. min.

9. Exact Occupation At Home. Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Ontario Canada. (City or town) (State or foreign country)

12. Name Unknown.

13. Birthplace Unknown. (City or town) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Sgt Farnley  
and Address Boise, Idaho

17. (a) Removal. (b) Date thereof Dec. 28, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Potoskey, Michigan

18. Funeral Director Blanche E. Summers  
OWN Signature Boise, Idaho  
and Address 12-27-48

19. (a) 12-27-48 (b) Muriel Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December. 24. 19 48.  
at 10.30. o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 14 1948 to Dec 24 1948.  
I last saw h. as alive on Dec 24 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: General Sclerosis Duration 1623  
Due to Secretory  
Due to         
Other conditions         
(Include pregnancy within 3 months of death)  
Where was disease contracted?         
Name of operation        Date         
Major finding         
Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury         
23. Attendant's OWN Signature Sgt Farnley (M. D. or other) MD  
and Address Boise Date 12-27-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 1 1949

DEPARTMENT OF VITAL  
STATISTICS

Certificate of Death

STATE OF IDAHO

1948 State File No. 4400  
Local Reg. No. 479  
Reg. Dist. No. 370

1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Alphonses Stayed 7 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Elmore  
(c) City or town. Mountain Home  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) San Saba Texas

3. (a) FULL  
NAME

WILLIAM R NEAL

3. (b) If veteran, name war  
No. \_\_\_\_\_

3. (c) Social Security No.  
Unknown

4. Sex Male Color or  
race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Fanny

6. (c) Age of husband or wife if  
alive Unknown years

7. Date of Birth  
(Month, Day, Year) April 19, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>8</u>	<u>6</u>	hrs. min.

9. Exact Occupation Rancher Did this work for 21 yrs.

10. Industry or Business General farming Date last worked 1947

11. Birthplace San Saba Texas  
(City or town) (State or foreign country)

12. Name Stephen I. Neal

13. Birthplace Columbus Georgia  
(City or town) (State or foreign country)

14. Maiden name Mattie A. Gorham

15. Birthplace Macon Georgia  
(City or town) (State or foreign country)

16. Informant's OWN Signature W. R. Neal  
and Address Mountain Home Idaho

17. (a) Removal (b) Date thereof Dec. 25, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountain Home Idaho

18. Funeral Director's OWN Signature Religio Ray

and Address Mountain Home Idaho

19. (a) 12-30-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 25 19 48  
(Month, Day, Year) at 3:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 17 19 48 to Dec 25 19 48

I last saw him alive on Dec 25 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Spontaneous pneumonia Duration 2 days.  
Due to aspirin 3 weeks

# Due to acute mitral regurgitation 1 week  
Other conditions severe  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature James J. Ford  
(M. D. or other)

and Address Boise Date 12/30 19 48  
(For additional space, use reverse side)

**1. PLACE OF DEATH:**

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R. F. D. No. Milner Hotel  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased:** (Always fill in these)

- (a) State California (b) County Los Angeles  
(c) City or town Los Angeles  
(d) Street Address or R.F.D. No. 1729 West 9th  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 days years  
(h) Former residence (city, state) Los Angeles

3. (a) **FULL NAME** Amos Fleet Williams

3. (b) If veteran, name war WW #1 3. (c) Social Security No. 237-32-9496  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clara Davis Williams 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) May 24, 1896

8. AGE	Years	Months	Days	If less than 1 day	
	52 <sup>1</sup> / <sub>2</sub>			hrs	min.

9. Exact Occupation Carpenter Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace North Carolina

- (City or town) (State or foreign country)  
 { 12. Name Noah Williams  
 { 13. Birthplace North Carolina  
 (City or town) (State or foreign country)  
 { 14. Maiden name Katherine Griffin  
 { 15. Birthplace North Carolina  
 (City or town) (State or foreign country)

16. Informant's  
OWN Signature A. D. McMurtrey  
and Address 1205 Bannock Street

17. (a) Burial (b) Date thereof Jan 5, 1949  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Morris Hill Cemetery

18. Funeral Director's Summers Funeral Home  
OWN Signature Clyde E. Summers

and Address Boise, Idaho

19. (a) 1-6-49 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 27 1948  
at 11:15 o'clock P M.

21. ~~DECEASED CERTAIN, THAT I~~ attended deceased from .....  
 ..... 19 ..... to ..... 19 .....

~~XXXXXXXXXXXX~~.....19.....~~XXXXXX~~  
~~XX~~  
**Immediate Contact With:** | Duration

Natural Causes. Was found dead in his room at the Milner Hotel. Due to He had been drinking for several days.

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....	PHYSICIAN
Name of operation.....	Date.....
Major finding .....	Underline the cause to which death should be charged statistically.
Finding of autopsy .....	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
 Occurred..... 19..... City, county, state.....  
 where violence occurred.....  
 Place of Violence: Home..... Farm..... Industry.....  
 Public Place..... While at work?.....

Means of injury ..... Coroner of  
23. Attendant's .....  
OWN Signature Clyde E. Summers, Ada County  
and Address Boise, Idaho (M. D. or other)  
Date 1-5 19 49  
(For additional space, use reverse side)

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of North Carolina

County of Mecklenburg

RECEIVED  
AUG 19 1966  
Bureau of Vital Statistics

Certificate No. 48-4401

Date Filed

Death

The undersigned does solemnly swear that certain facts on the certificate of  
for Amos Fleet Williams who died on Dec 27, 1948  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Boise, Idaho  
(Place of Event)

are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

#38; #68, #7

WW 2; Unknown; 1908

WW1; Clara Davis Williams; 5-24-1896

#8; #11

40; South Carolina

52½; North Carolina

#12; #13; #14; #15

Unknown

Noah Williams; Katherine

Griffin, North Carolina

Subscribed and sworn to before me this 11 day of

Signed

(Signature of parent or attendant if correcting a birth record of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Charlotte - N.C.

My commission expires 3-13-1967

(Seal)

1215 Starnie at Charlotte  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of North Carolina

County of Mecklenburg

ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of

Signed

(Signature of Any Credible Person)

Notary Public, residing at Charlotte - N.C.

My commission expires 3-13-1967

(Seal)

Charlotte N.C.  
(Street Address, City, State)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 4401  
Local Reg. No. 483  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. Milner Hotel  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State California (b) County Los Angeles  
(c) City or town Los Angeles  
(d) Street Address or R.F.D. No. 1729 West 9 th  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 Days years  
(h) Former residence (city, state) Los Angeles

## 3. (a) FULL NAME

Amos Fleet Williams

3. (b) If veteran, name war  
World War # 2.

3. (c) Social Security No.  
237-32-9496

4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Unknown

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) About 1908.

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>?</u>		hrs. min.

9. Exact Occupation Carpenter Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace South Carolina  
(City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature A.D. McMurder  
and Address 1205 Bannock Street

17. (a) Burial (b) Date thereof Jan. 5, 1949  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Charles E. Summers  
and Address Boise, Idaho

19. (a) 1-6-49 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) December 27 19 48

at 11:15 o'clock P. M.

21. ~~Place of death~~ \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Natural Causes. Was found dead  
in his room at the Milner Hotel.  
Due to He had been drinking for  
several days.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attending Physician's OWN Signature Charles E. Summers Coroner of \_\_\_\_\_  
(M. D. or other)

and Address Boise, Idaho Date Jan. 5 19 49  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 5 1949

DEPT. OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

Braxton

State File No. 4402

Local Reg. No. 481

Reg. Dist. No. 370

1. PLACE OF DEATH: STATISTICS
- (a) County. Ada
- (b) City or town. Boise.
- (c) Street Address or R.F.D. No. St. Lukes.
- (d) Death Occurred Inside? ☒ Outside? ☐ city or town
- (e) Died in a Home. Hospital. ☒ Institution. Other place.
- (f) Name Hosp. or Inst. Stayed days
- (g) Lived in this county. years. months. 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State. Idaho. (b) County. Ada
- (c) City or town. Boise.
- (d) Street Address or R.F.D. No. 3009. Overland.
- (e) Deceased lived Inside? ☐ Outside? ☒ city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 3 Days years
- (h) Former residence (city, state) X

3. (a) FULL NAME Baby Strong.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

5. Color or 6. (a) Single, widowed, married, divorced. Single.

4. Sex Female. Race White. 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) December. 27. 1948.

- | 8. AGE | Years | Months | Days | If less than 1 day |
|--------|-------|--------|------|--------------------|
|        |       |        | 3    | hrs. min.          |

9. Exact Occupation. None. Did this work for. yrs.

10. Industry or Business. Date last worked.

11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

12. Name. Howard William Strong.

13. Birthplace Rolfe, Iowa. (City or town) (State or foreign country)

14. Maiden name. Bonnie Tyler.

15. Birthplace Oakland, Iowa. (City or town) (State or foreign country)

16. Informant's OWN Signature. Howard W. Strong and Address. 3009 Overland

17. (a) Burial. (b) Date thereof Dec. 31. 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place. Morris Hill Cemetery.

18. Funeral Director's OWN Signature. Clyde E. Summers and Address. Boise, Idaho.

19. (a) 1-3-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December. 30. 1948. at 8:50 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 27 1948 to Dec 30 1948. I last saw him alive on Dec 26 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Artery Disease & Thrombosis Duration 3 days

Due to Diet & Stress

Due to Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Ada County

Name of operation. Date.

Major finding. Finding of autopsy.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred. 19. City, county, state where violence occurred.

Place of Violence: Home. Farm. Industry.

Public Place. While at work?

Means of injury.

23. Attendant's OWN Signature. J. H. Braxton M.D. and Address. Boise, Idaho Date. Dec 31, 1948.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 5 1949

STATE OF IDAHO  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4403

Local Reg. No. 482

Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 317 E. Bannock  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 317 E. Bannock St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME JOSIE ELMA LONG

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth November 20, 1897 (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>1</u>	<u>11</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Centerville, Utah (City or town) (State or foreign country)

## 12. Name William Spencer

## 13. Birthplace Unknown (City or town) (State or foreign country)

## 14. Maiden name Caren Marie Lund

## 15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Sean Long  
and Address 317 E. Bannock St. Boise, IDA

17. (a) Removal (b) Date thereof 1/3/49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Brigham, Utah

18. Funeral Director's McBratney-Fowler Chapel  
OWN Signature Powder

and Address 419 No. 9th, Boise, Idaho

19. (a) 1-3-49 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 31, 1948  
(Month, Day, Year) at 10:20 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 4-30-1948 to 12-31-1948

I last saw him alive on 12-30-1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 1 hr.

Due to Hypertensive Cardio-vascular Disease 1 year

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's O.T. Samuel M.D.  
OWN Signature Boise Idaho (M D or other) Date 1-3-1949  
and Address \_\_\_\_\_ (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED  
DEC 8 1948  
NON-RESIDENT  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

10.64  
State File No. 1404  
Local Reg. No. 289  
Reg. Dist. No. 371

1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital XX Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hospital Stayed 22 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Oregon (b) County \_\_\_\_\_  
(c) City or town Plush  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL

NAME John E. BOURKE

3. (b) If veteran, name war

WW I

3. (c) Social Security No. \_\_\_\_\_

5. Color or

Sex Male race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth

(Month, Day, Year) March 3, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>8</u>	<u>29</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Missouri  
(City or town) (State or foreign country)

12. Name John A. BOURKE

13. Birthplace Wisconsin  
(City or town) (State or foreign country)

14. Maiden name Mary KELLY

15. Birthplace Pennsylvania  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, V. A. Hospital  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof Dec. 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Field of Honor, Morris Hill, Boise

18. Funeral Director's OWN Signature McBratney Fowler Chapel Idaho  
and Address Boise, Idaho

19. (a) 12-6-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) December 2, 1948  
at 12:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from November 10, 1948 to December 2, 1948.  
I last saw him alive on December 2, 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Carcinoma, Gastric with Pyloric Obstruction and Visceral and Skeletal Metastasis

Duration

Terminal

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation Gastrojejunostomy

Major finding See above

Finding of autopsy No Autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. K. McClinton

J. K. McClinton, M.D. (M. D. or other) CMO

and Address Van, Boise, Idaho Date Dec. 3, 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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# Certificate of Death

1948

State File No. 4405

Local Reg. No. 272

Reg. Dist. No. 371

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Meridian  
(c) Street Address or R.F.D. No. RFD #2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 39 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. RFD #2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Walla Walla, Oregon

## 3. (a) FULL NAME

CORA CATHERINE DOAN

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex F race W

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife  
Oran L. Doan

6. (c) Age of husband or wife if  
alive 68 years

7. Date of Birth  
(Month, Day, Year) Nov. 29, 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>0</u>	<u>5</u>	hrs. min.

9. Exact Occupation Housewife Did this 48 yrs  
work for 00000000

10. Industry or Business worked 9/30/48 Date last worked

11. Birthplace Pilot Rock, Oregon  
(City or town) (State or foreign country)

12. Name Phillip Gray

13. Birthplace Unk Unk  
(City or town) (State or foreign country)

14. Maiden name Ellen Grow

15. Birthplace Unk Wisconsin  
(City or town) (State or foreign country)

16. Informant's OWN Signature O. L. Doan  
and Address R. 2, Meridian, Ida

17. (a) Burial (b) Date thereof 12/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Meridian Cemetery

18. Funeral Director's OWN Signature Brook  
and Address Meridian

19. (a) 12-7-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Dec 4, 1948  
(Month, Day, Year)

at 6:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 9/12/48 to 12/4/48

I last saw h.e. alive on 12/4/48 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral embolism  
(embolus)

Duration  
5 hrs.

Due to

Due to

Other conditions Neuroplegia  
(Include pregnancy within 3 months of death)

20 days

Cerebral Hemorrhage

20

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature McSparr  
(M. D. or other)

and Address Meridian Date Dec 4, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 9 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4406  
Local Reg. No. 445  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Meridian  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 18 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 69 years  
(h) Former residence (city, state) Reno, Nev.

## 3. (a) FULL NAME

JAMES CLOUD NELSON

## 3. (b) If veteran, name war

3. (c) Social Security No. None

## 5. Color or

4. Sex M race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Matilda J. Nelson

6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) Oct 26, 1857

8. AGE	Years	Months	Days	If less than 1 day
	<u>91</u>	<u>1</u>	<u>9</u>	hrs. min.

9. Exact Occupation Retired Brick Mason Did this work for 50 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 1933

11. Birthplace Fayetteville, Indiana (City or town) (State or foreign country)

12. Name Unk Unk

13. Birthplace Unk Unk (City or town) (State or foreign country)

14. Maiden name Unk Unk

15. Birthplace Unk Unk (City or town) (State or foreign country)

16. Informant's OWN Signature Jennie O. Beagle and Address Meridian Box 342

17. (a) Burial (b) Date thereof 12/8/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Meridian Cemetery

18. Funeral Director's OWN Signature Bob Rohan

and Address Meridian, Idaho

19. (a) 12-7-48 (b) Myrtle Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Dec 5, 1948  
at 2:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 12/1/48 19 to Dec 4, 1948 19

I last saw him alive on Dec 4, 1948 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertensive Pneumonia Duration unk

Due to hypertensive arteriosclerosis 10 years.

Cardiac failure. Renal disease

Due to \_\_\_\_\_

Other conditions Cerebral protuberance (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John H. Brown MD (M.D. or other) and Address Meridian Idaho Dec 6 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 9 1948

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **4407**  
Local Reg. No. **211**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH: STATISTICS

- (a) County **Ada**  
(b) City or town **Eagle**  
(c) Street Address or R.F.D. No. **R.D. # 1.**  
(d) Death Occurred Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **1** years **6** months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Eagle**  
(d) Street Address or R.F.D. No. **R.D. # 1.**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **18 Months.**  
(h) Former residence (city, state) **California.**

## 3. (a) FULL NAME

**Gracia Statera Stearman.**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**  
5. Color or **White.** 6. (a) Single, widowed, married, divorced **Widow.**  
4. Sex **Female.** 6. (b) Name of husband or wife **None.** 6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) **July, 11, 1855.**  
8. AGE Years **93.** Months **4.** Days **25.** If less than 1 day hrs. min.

9. Exact Occupation **At Home.** Did this work for ☐ yrs.  
10. Industry or Business **None.** Date last worked ☐

11. Birthplace **New York.** (City or town) (State or foreign country)

12. Name **Harrison Hotchkiss.**

13. Birthplace **Unknown.** (City or town) (State or foreign country)

14. Maiden name **Unknown.**

15. Birthplace **Unknown.** (City or town) (State or foreign country)

16. Informant's OWN Signature **W.R. Stearman**

and Address **R.D. # 1. Eagle, Idaho.**

17. (a) **Removal** (b) Date thereof **Dec. 8, 1948.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Oakland, California.**

18. Funeral Director's OWN Signature **Clyde E. Summers**

and Address **Boise, Idaho.**

19. (a) **12-7-48** (b) **Myrtle Palmer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **December, 6, 1948.**  
at ☐ o'clock ☐ M.

21. I HEREBY CERTIFY, That I attended deceased from **July 1948** to **Dec 3 1948**  
I last saw h. **Dec 3 1948** alive on **Dec 3 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Cerebral apoplexy** Duration **1 month**  
**arteriosclerosis**

Due to **arteriosclerosis**

Due to **arteriosclerosis**

Other conditions **arteriosclerosis**

(Include pregnancy within 3 months of death)

Where was disease contracted? **arteriosclerosis**

Name of operation **arteriosclerosis** Date **Dec 3 1948**

Major finding **arteriosclerosis**

Finding of autopsy **arteriosclerosis**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **arteriosclerosis**

23. Attendant's OWN Signature **James H. Summers**

and Address **Boise, Idaho** (M D. or other) **Dec 7 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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1001 1001  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1001  
State File No. 1408  
Local Reg. No. 214  
Reg. Dist. No. 371

1. PLACE OF DEATH: STATISTICS  
(a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? XX city or town  
(e) Died in a Home. Hospital. X Institution. Other place.  
(f) Name Hosp. or Inst. V.A. Hospital Stayed 167 days  
(g) Lived in this county. years. months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. 514 N. 12th St.  
(e) Deceased lived Inside? XX Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state)

3. (a) FULL NAME SLATTERY, James A.

3. (b) If veteran, name war WW I  
5. Color or  
4. Sex Male race White  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) March 10, 1894

8. AGE	Years	Months	Days	If less than 1 day
	54	8	29	hrs. min.

9. Exact Occupation None Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Idaho (City or town) (State or foreign country)

12. Name John SLATTERY  
13. Birthplace Glasgow Scotland (City or town) (State or foreign country)

14. Maiden name Mary Dorothy  
15. Birthplace North Adams Mass. (City or town) (State or foreign country)

16. Informant's OWN Signature Records, Veterans Admn.  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof 12/13/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schreiber-McCann  
and Address Boise Idaho

19. (a) 12-10-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 8, 1948  
at 9:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 24, 1948, to December 8, 1948.  
I last saw him alive on December 8, 1948;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Bronchopneumonia, Bilateral with Myocardial Failure  
Due to Bronchitis, chronic, Emphysema, Pulmonary, Severe

Duration  
Terminal  
Prior to Admn.

Due to  
Other conditions.  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date

Major finding  
Finding of autopsy NO AUTOPSY

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

- Means of injury  
23. Attendant's OWN Signature J.K. McCLINTIC, M.D., CMO  
(M. D. or other)  
and Address V.A.H., Boise, Idaho Date Dec. 9, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No. 4409

Local Reg. No. 215

Reg. Dist. No. 371

## 1. PLACE OF DEATH: STATISTICS

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. County Hosp Stayed Unk days  
(g) Lived in this county 26 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 1203 Nth 13th  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Holton, Kansas

## 3. (a) FULL NAME SARAH ALICE SCHIRMER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

5. Color or \_\_\_\_\_ race W  
4. Sex F  
6. (b) Name of husband or wife William F. Schirmer 6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) October 13, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>1</u>	<u>26</u>	hrs. min.

9. Exact Occupation Retired Housewife Did this work for 63 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 8/15/48

11. Birthplace Martinsburg (Blair Co) Pa.  
(City or town) (State or foreign country)

12. Name William Garner

13. Birthplace Unk Pennsylvania  
(City or town) (State or foreign country)

14. Maiden name Eve Sorick

15. Birthplace Unk Pennsylvania  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Loyd Bell  
and Address Meridian, Idaho

17. (a) Burial (b) Date thereof 12/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature B. W. Palmer  
and Address Meridian, Idaho

19. (a) 12-10-48 (b) M. W. Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 9, 1948.

at 7:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 5 1948 to Dec 9 1948

I last saw her alive on Nov 9 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis Duration 1 year

Due to Senility

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. M. Bryson  
and Address Boise, Idaho Date Dec 11 1948  
(For additional space, use reverse side)

093D

162B

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4410  
Local Reg. No. 451  
Reg. Dist. No. 370

1. PLACE OF DEATH: **STATISTICS**
- (a) County Ada
- (b) City or town Meridian
- (c) Street Address or R.F.D. No. City
- (d) Death Occurred Inside? X Outside?    city or town
- (e) Died in a Home X Hospital    Institution    Other place
- (f) Name Hosp. or Inst.    Stayed    days
- (g) Lived in this county 40 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Ada
- (c) City or town Meridian
- (d) Street Address or R.F.D. No. City
- (e) Deceased lived Inside? X Outside?    city or town
- (f) Citizen of what country? USA
- (g) How long had deceased lived in Idaho? 40 years
- (h) Former residence (city, state) Prosser, Wash.

3. (a) FULL NAME JOEL HENRY MARCUM

3. (b) If veteran, name war
3. (c) Social Security No. 519-03-3241
5. Color or
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maggie Marcum
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) Jan 28, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>10</u>	<u>13</u>	hrs. min.

9. Exact Occupation Retired Civil Service Employee Did this work for 6 yrs.
10. Industry or Business    Date last worked 10/15/48

11. Birthplace Greenfield, Missouri  
(City or town) (State or foreign country)

12. Name William K. Marcum

13. Birthplace Knoxville, Tennessee  
(City or town) (State or foreign country)

14. Maiden name Mary Etta Hembree

15. Birthplace Greenfield, Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Joel Marcum  
and Address Meridian, Ida.

17. (a) Burial (b) Date thereof 12/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Meridian, Idaho Cemetary

18. Funeral Director's OWN Signature Myrtle Palmer  
and Address Meridian, Idaho

19. (a) 12-14-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 11, 1948  
at 7:00 o'clock    P.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 11  
1948 to one visit 19   

I last saw h. him alive on 12-11-48 19   ;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: occlusion Duration 1 hr  
acute coronary infarction

Due to coronary spasm 1 wh.

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation    Date     
Major finding   

Finding of autopsy   

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state  
where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Joel Marcum  
(or D. or other)

and Address Meridian, Idaho 12-13-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. ....

Local Reg. No. ....

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Murder  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 40 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Murder  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Passen, Wash

## 3. (a) FULL NAME

Joel Henry Maroon

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

519-033241

## 4. Sex M Color or race W

## 5. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife Maggie

## 6. (c) Age of husband or wife if alive 70 years

## 7. Date of Birth (Month, Day, Year) Jan 28, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>10</u>	<u>13</u>	hrs. min.

## 9. Exact Occupation Retired Employee On this work for 6 yrs.

## 10. Industry or Business Greenfield Date last worked 10/15/48

## 11. Birthplace Missouri (City or town) (State or foreign country)

## 12. Name William H. Maroon (City or town) (State or foreign country)

## 13. Birthplace Missouri (City or town) (State or foreign country)

## 14. Maiden name Martha Etta Harbace (City or town) (State or foreign country)

## 15. Birthplace Greenfield Mo. (City or town) (State or foreign country)

## 16. Informant's OWN Signature and Address

## 17. (a) Burial (b) Date thereof 12/15/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature and Address Meridian, Ida

## 19. (a) (b) (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Dec 11, 1948  
at 7:00 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Duration

Acute Coronary Occlusion  
Due to arteriosclerosis

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation Date

Major finding Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide? Occurred 19..... City, county, state where violence occurred.

Place of Violence: Home Farm Industry Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature and Address Dr J. Brown (M. D. or other)

and Address Meridian, Ida Date 12/13/1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DEPARTMENT OF VITAL STATISTICS

STATE OF IDAHO

State File No. 4411  
Local Reg. No. 460  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Meridian  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days days  
(g) Lived in this county 26 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. P.O. Box 266  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) IOWA

## 3. (a) FULL NAME

Lillie Agnes Brink

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None

5. Color or  
Female race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
William Lester Brink

6. (c) Age of husband or wife if  
live 61 years

7. Date of Birth  
(Month, Day, Year) October 25, 1894

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>1</u>	<u>18</u>	hrs. min.

9. Exact Occupation At Home Did this work for  yrs.

10. Industry or Business worked Date last worked worked

11. Birthplace Shenandoah, Iowa  
(City or town) (State or foreign country)

12. Name Peter Nelson

13. Birthplace Sweden  
(City or town) (State or foreign country)

14. Maiden name Matilda Swanson

15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature W. S. Brink  
and Address P.O. Box 266 Meridian, Idaho

17. (a) Burial (b) Date thereof Dec. 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Meridian, Idaho

18. Funeral Director's OWN Signature Charles E. Summers  
and Address Boise, Idaho

19. (a) 12-20-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) December 13, 1948  
at 6 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-9-45  
19 5-3 to 1948

I last saw her alive on 5-3-1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: extensive valvular disease  
heart disease

Due to heart disease

Due to heart disease

Other conditions heart disease

(Include pregnancy within 8 months of death)

Where was disease contracted? heart disease

Name of operation heart disease

Major finding heart disease

Finding of autopsy heart disease

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? heart disease Suicide? heart disease Homicide? heart disease

Occurred heart disease 19 heart disease City, county, state heart disease

where violence occurred heart disease

Place of Violence: Home heart disease Farm heart disease Industry heart disease

Public Place heart disease While at work? heart disease

Means of injury heart disease

23. Attendant's OWN Signature Charles E. Summers

(M. D. or other)

and Address Boise, Idaho Date 12-17-1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

Wahle 1226 State File No. 4412  
Local Reg. No. 276  
Reg. Dist. No. 371

## 1. PLACE OF DEATH: STATISTICS

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 47 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.D. # 2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Kansas

## 3. (a) FULL NAME

IDA FLORENCE MELLINGER

3. (b) If veteran, name war  
No.

3. (c) Social Security No.  
None

5. Color or  
4. Sex Female White

6. (a) Single, widowed, married,  
divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive years

7. Date of Birth  
(Month, Day, Year) February. 2. 1864.

8. AGE	Years	Months	Days	If less than 1 day
	<u>84.</u>	<u>10.</u>	<u>13.</u>	hrs. min.

9. Exact Occupation At Home Did this work for years

10. Industry or Business worked Date last worked

11. Birthplace Burlington, Iowa  
(City or town) (State or foreign country)

12. Name George. W. Yaley  
(City or town) (State or foreign country)

13. Birthplace Burlington, Iowa  
(City or town) (State or foreign country)

14. Maiden name Sarah Harris

15. Birthplace Burlington, Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Clarence M. Mellinger  
and Address R.D. # 2. Boise, Idaho

17. (a) Burial (b) Date thereof Dec. 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Clayton E. Summers  
and Address Boise, Idaho

19. (a) 12-17-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) December. 15. 19 48.  
at 11.15 o'clock A. M.

21. I HEREBY CERTIFY That I attended deceased from  
1948 to Dec 15 19 48

I last saw him alive on Dec 15 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: General arteriosclerosis Duration  
to 6 months hypertension

Due to General arteriosclerosis

Due to General arteriosclerosis

Other conditions General arteriosclerosis  
(Include pregnancy within 8 months of death)

Where was disease contracted? Home

Name of operation none Date

Major finding no autopsy

Finding of autopsy no autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state  
where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury Attendant's  
OWN Signature J. H. Wahle M.D.  
515 East Broadway (other)

and Address Boise, Idaho 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

4413

State File No. 4413

Local Reg. No. 217

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.F.D. # 2  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place  
(f) Name Hosp. or Inst. X Stayed X days  
(g) Lived in this county 36 years X months X days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. R.F.D. # 2  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 36 Yrs. years  
(h) Former residence (city, state)

## 3. (a) FULL NAME BEDEN T. DAVIS

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex M race White 6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) January 10, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>11</u>	<u>7</u>	hrs. min.

9. Exact Occupation Farmer Did this work for years  
10. Industry or Business Farmer Date last worked years

11. Birthplace Madrid, Iowa  
(City or town) (State or foreign country)

12. Name William Davis

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Elizabeth Rohr

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature L. H. Bashley

and Address 2301 Harrison Blvd.

17. (a) Burial (b) Date thereof 12-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale, Boise, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel

and Address 419 North 9th, Boise, Idaho

19. (a) 12-21-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 17, 1948  
(Month, Day, Year) at 10 o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes Duration

Was found dead at

Due to his home

Due to No indication of foulplay

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Swicide? Homicide?

Occurred 19 City, county, state

where violence occurred Place of Violence: Home. Farm. Industry.

Public Place While at work?

Means of injury Coroner

23. Attendant's OWN Signature Blade E. Runners

and Address Boise Idaho Date 12/21/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DEC 24 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4414**  
Local Reg. No. **218**  
Reg. Dist. No. **370**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? **xx** Outside? **xx** city or town  
(e) Died in a Home **xx** Hospital **xx** Institution **xx** Other place  
(f) Name Hosp. or Inst. **VAH, Boise** Stayed **5** days  
(g) Lived in this county **xx** years **xx** months **xx** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Nez Perce**  
(c) City or town **Lenore**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? **xx** Outside? **xx** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **45** years  
(h) Former residence (city, state)

3. (a) FULL NAME **THOMAS, Edward G.**

3. (b) If veteran, name war **WW I**

3. (c) Social Security No.

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Della Thomas**

6. (c) Age of husband or wife if alive **xx** years

7. Date of Birth (Month, Day, Year) **March 6, 1894**

8. AGE	Years	Months	Days	If less than 1 day
	<b>54</b>	<b>9</b>	<b>14</b>	hrs. min.

9. Exact Occupation **Laborer** Did this work for **xx** yrs.

10. Industry or Business **xx** Date last worked **xx**

11. Birthplace **Indiana** (City or town) (State or foreign country)

12. Name **David Thomas** (City or town) (State or foreign country)

13. Birthplace **Pa.** (City or town) (State or foreign country)

14. Maiden name **Alice Baker** (City or town) (State or foreign country)

15. Birthplace **Pa.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Records, Veterans Admn.** and Address **Boise, Idaho**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12/23/48** (Month) (Day) (Year)

(c) Place **Morris Hill, Boise, Idaho**

18. Funeral Director's OWN Signature **McBratney-Fowler Chapel** and Address **419 No. 9th, Boise, Idaho**

19. (a) **12-22-48** (Date received and filed) (b) **Myrtle Palmer** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **December 20, 1948** at **8:35** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **December 15, 1948** to **December 20, 1948**. I last saw him alive on **December 20, 1948**; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Coronary Thrombosis with Myocardial Infarction** Duration **Terminal**

Due to **Coronary Arteriosclerosis with Myocardial Damage, Cardiac Enlargement and Anginal Syndrome** Prior to Admn.

**Coronary Arteriosclerosis with Myocardial Damage, Cardiac Enlargement and Anginal Syndrome** (Include pregnancy within 3 months of death)

Where was disease contracted? Name of operation **xx** Date **xx**

Major finding **xx** Finding of autopsy **NO AUTOPSY**

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **xx** Suicide? **xx** Homicide? **xx** Occurred **xx** 19 **xx** City, county, state where violence occurred **xx**

Place of Violence: Home **xx** Farm **xx** Industry **xx**

Public Place **xx** While at work? **xx**

Means of injury **xx**

23. Attendant's OWN Signature **J. K. McClintic, M.D., CMO** (M.D. or other) and Address **VAH, Boise, Idaho** Date **Dec. 21, 1948** (For additional space, use reverse side)

093D

094A

Terminal

Prior

to

Admn.

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. Each must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

U.S. DEPT. OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 4415  
State File No. \_\_\_\_\_  
Local Reg. No. 466  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Meridian  
(c) Street Address or R.F.D. No. Box 5  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 50 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Meridian  
(d) Street Address or R.F.D. No. Box 5  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Powersville, Mo.

## 3. (a) FULL NAME

LOUIE MAY WALT

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

Unk

5. Color or  
4. Sex F race W

6. (a) Single, widowed, married,  
divorced Widowed

6. (b) Name of husband or wife  
Warren B. Walt

6. (c) Age of husband or wife if  
alive deceased years

7. Date of Birth  
(Month, Day, Year) Dec 7, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>0</u>	<u>13</u>	hrs. min.

9. Exact Occupation Retired Housewife Did this work for 50 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked Sept. 1948

11. Birthplace Powersville, Missouri  
(City or town) (State or foreign country)

12. Name Tarvin Adams

13. Birthplace Putnam Co. Indiana  
(City or town) (State or foreign country)

14. Maiden name Mahala Rowan

15. Birthplace Clarke Co. Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Florence Robinson  
and Address Meridian, Idaho

17. (a) Burial (b) Date thereof 12/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Meridian, Idaho Cemetery

18. Funeral Director's OWN Signature F. W. Robinson  
and Address Meridian, Idaho

19. (a) 21-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) December 20, 1948  
at 2:00 o'clock 4 M.

21. I HEREBY CERTIFY, That I attended deceased from  
Jan 6, 1947 to Dec 20, 1948

I last saw h.f.v. alive on Dec 19, 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Hypostatic Pneumonia Duration 24 hrs

Due to Central Hemorrhage 1 year

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
Hypertension 2 yrs.

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. E. Javel  
(M. D. or other)

and Address Meridian Date Dec 20, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State .....  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Murderman  
(c) Street Address or R.F.D. No. Box 5  
(d) Death Occurred Inside? ✓ Outside? ..... city or town  
(e) Died in a Home ..... Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 50 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Murderman  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ✓ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Homestead Mo.

## 3. (a) FULL NAME

Louie Tray Wait

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

Yes

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife WARREN R.

6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) Dec 7, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>0</u>	<u>13</u>	hrs. min.

9. Exact Occupation Retired Housework Did this work for 50 yrs.

10. Industry or Business ..... Date last worked unk

11. Birthplace Homestead Mo. (City or town) (State or foreign country)

12. Name Tarvin Adams

13. Birthplace Burtam Co. Indiana (City or town) (State or foreign country)

14. Maiden name M. A. R. R. R.

15. Birthplace Clark Co. Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature ..... and Address .....

17. (a) Burial (b) Date thereof 12/21/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Murderman

18. Funeral Director's OWN Signature W. J. Johnson and Address Murderman Idaho

19. (a) (Date received and filed) (b) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Dec 20 19 48  
at 2:00 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h. .... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Due to .....

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....  
Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature ..... (M. D. or other)

and Address ..... Date ..... 19.....

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **4416**  
Local Reg. No. **221**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Boise Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **XX** city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **V.A. Hospital** Stayed **80** days  
(g) Lived in this county **18** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **payette**  
(c) City or town **New Plymouth**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **18** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME OLIVER, Albert J.

3. (b) If veteran, name war **WW II** 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex **Male** race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **December 7, 1925**  
8. AGE  

Years	Months	Days	If less than 1 day
<b>23</b>		<b>14</b>	hrs. min.

9. Exact Occupation **None** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Summerton Arizona** (City or town) (State or foreign country)

12. Name **Carl Oliver**  
13. Birthplace **Blackfoot Idaho** (City or town) (State or foreign country)  
14. Maiden name **Clotilde Villia**  
15. Birthplace **Mexico** (City or town) (State or foreign country)

16. Informant's OWN Signature **Records, Veterans Admn.** and Address **Boise, Idaho**

17. (a) **Removal** (b) Date thereof **12-21-48** (Month) (Day) (Year)  
(c) Place **Payette, Idaho**

18. Funeral Director's OWN Signature **Shaffer Funeral Home** and Address **Payette, Idaho**

19. (a) **12-28-48** (Date received and filed) (b) **Myrtle Palmer** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **December 21, 1948**  
at **6:10** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **October 2, 1948** to **December 21, 1948**  
I last saw him alive on **December 21, 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Thrombosis** Duration **Terminal**

Due to **Hypertension, Arterial, Severe** Prior to

Due to **Glomerulonephritis, Chronic** Admn

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **NO AUTOPSY**

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **Heart**

23. Attendant's OWN Signature **J. K. McClintic, M. D., CMO** (M. D. or other)

and Address **VAH, Boise, Idaho** Date **Dec. 21, 1948** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 1117  
Local Reg. No. 219  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. Ada County Stayed 2 Years  
(g) Lived in this county 33 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 905. Pueblo St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Wyoming

3. (a) FULL NAME Anna Thorpe.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or White. 6. (a) Single, widowed, married, Widow.  
4. Sex Female. 6. (b) Name of husband or wife Divorced  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) June. 4. 1868.

8. AGE	Years	Months	Days	If less than 1 day
	<u>80.</u>	<u>6.</u>	<u>18.</u>	hrs. min.

9. Exact Occupation At Home. Did this work for years.

10. Industry or Business England. Date last worked worked.

11. Birthplace England. (City or town) (State or foreign country)

12. Name John Iredale. (City or town) (State or foreign country)

13. Birthplace England. (City or town) (State or foreign country)

14. Maiden name Matilda Cooper. (City or town) (State or foreign country)

15. Birthplace England. (City or town) (State or foreign country)

16. Informant's OWN Signature Frank H. Cooper

and Address Grand Hotel Boise, Id.

17. (a) Burial (b) Date thereof Dec. 24. 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Clayde E. Summers.

and Address Boise, Idaho.

19. (a) 12-24-48 (b) Marilyn Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 12-22-1948  
at 7-35 o'clock A. M. 2-15-48

21. I HEREBY CERTIFY, That I attended deceased from 12-22-1948 to 12-22-1948

I last saw her alive on 12-22-1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gradual Decline. Duration 2 yrs

Due to Paralysis

Due to agitation and 2 years

Other conditions gradual increase 1 yr  
(Include pregnancy within 6 months of death)

Hypertension

Where was disease contracted? Physician

Name of operation Underline the cause to which death should be charged statistically

Major finding Physician

Finding of autopsy Physician

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred Place of Violence: Home. Farm. Industry.

Public Place While at work?

Means of injury Attendant's

OWN Signature Boise, Id. Date 12-23-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 1118  
Local Reg. No. 220  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town 12 Miles West of Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 32 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 914 N. 16 St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Nebraska

3. (a) FULL NAME William N. Carstens

3. (b) If veteran, name war No 3. (c) Social Security No. 518-07-0016

5. Color or White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian M. 6. (c) Age of husband or wife if alive 58 years

7. Date of Birth (Month, Day, Year) May 15, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>7</u>	<u>9</u>	hrs. min.

9. Exact Occupation Machinest. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Nebraska (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name Henry H. Carstens

13. Birthplace Germany (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Anna Dau.

15. Birthplace Germany (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature James O Carstens  
and Address 203 N. S. St. Boise Idaho

17. (a) Burial Dec 28, 1948 (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal) \_\_\_\_\_

(c) Place Cloverdale Memorial Park

18. Funeral Director Summers Funeral Home  
OWN Signature Clyde E Summers  
and Address Boise Idaho

19. (a) 12-27-48 (b) Mirth Palmer  
(Date received and filed) \_\_\_\_\_ (Registrar's signature) \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 24, 1948  
at 11 o'clock A. M.

21. I HEREBY CERTIFY, That I saw the deceased from Dec. 24, 1948 to 1948

I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Dropped dead while hunting ducks on Boise River, 12 miles west of Boise. Had been ill for 2 years with heart disease. Duration \_\_\_\_\_

Due to Natural Causes

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Abundant's OWN Signature Clyde E Summers Coroner of Ada County  
(M. D. or other) \_\_\_\_\_

and Address Boise, Idaho Date 12/27/48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1048 4419  
State File No. \_\_\_\_\_  
Local Reg. No. 223  
Reg. Dist. No. 271

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. R.D. # 2  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ada County Stayed 35 days  
(g) Lived in this county 32 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 4th & Garden  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Iowa

3. (a) FULL NAME James Frances Mc Donald.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

5. Color or White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April, 15, 1853.

8. AGE	Years	Months	Days	If less than 1 day
	<u>95.</u>	<u>8.</u>	<u>9.</u>	hrs. min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Indiana (City or town) \_\_\_\_\_ (State or foreign country)

12. Name Samuel Mc Donald (City or town) \_\_\_\_\_ (State or foreign country)

13. Birthplace Ireland (City or town) \_\_\_\_\_ (State or foreign country)

14. Maiden name Unknown (City or town) \_\_\_\_\_ (State or foreign country)

15. Birthplace Unknown (City or town) \_\_\_\_\_ (State or foreign country)

16. Informant's OWN Signature Paul Mc Donald and Address Route #6, Boise, Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1948 (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature Clyde E. Summers and Address Boise, Idaho

19. (a) 12-28-48 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December, 24, 1948 at 11 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 11-10-48 to 12-24-48

I last saw him alive on 12-24-48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stroke - 12-20-48 Duration \_\_\_\_\_

Due to Left hemiplegia 4 days

Other conditions \_\_\_\_\_ (Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. C. Summers (M. D. or other)

and Address Boise, Ida Date 12-27-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 4420  
Local Reg. No. 224  
Reg. Dist. No. 271

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? xx city or town  
(e) Died in a Home.....Hospital x Institution..... Other place.....  
(f) Name Hosp. or Inst. V. A. Hospital Stayed 5 days  
(g) Lived in this county 25 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state).....

## 3. (a) FULL NAME John DORNEN

3. (b) If veteran, name war SAW

3. (c) Social Security No. ....

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive..... years

7. Date of Birth  
(Month, Day, Year) December 4, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>		<u>21</u>	hrs. min.

9. Exact Occupation Miner Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace Pittsburg Pennsylvania  
(City or town) (State or foreign country)

12. Name Unknown

13. Birthplace unknown  
(City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Records, V. A. Hospital  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof 12/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Field of Honor, Boise, Idaho

18. Funeral Director's  
OWN Signature McBratney-Fowler Chapel  
and Address Boise, Idaho

19. (a) 12-28-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) December 25, 1948 19.....  
at 6:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
December 20, 1948 to December 25, 1948  
I last saw him alive on December 25, 1948;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary Thrombosis with Myo-  
cardial Infarction  
Due to Arteriosclerotic Heart  
Disease with Anginal Syndrome  
mon and left bundle branch block Admn.

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation None Date .....

Major finding.....  
Finding of autopsy NO AUTOPSY

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred..... 19..... City, county, state  
where violence occurred.....

Place of Violence: Home ..... Farm..... Industry.....

Public Place..... While at work? .....

Means of injury.....

23. Attendant's  
OWN Signature J. K. MC CLINTIC, M.D., CMO  
(M.D. or other)

and Address VAH, Boise, Idaho Date Dec. 27, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 31 1948

# Certificate of Death

STATE OF IDAHO

1948  
State File No. **4421**  
Local Reg. No. **225**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **xx** city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital **x** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **VA Hospital** Stayed **3** days  
(g) Lived in this county **10** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Ada**  
(c) City or town **Boise**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **xx** city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **10** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME **DeWitt TALMAGE**

3. (b) If veteran, name war **WW I**  
3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **April 19, 1893**

8. AGE	Years	Months	Days	If less than 1 day
	<b>55</b>	<b>8</b>	<b>7</b>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Bridgeton New Jersey**  
(City or town) (State or foreign country)

Father { 12. Name **Levi TALMAGE**  
13. Birthplace **22**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Elizabeth ?**  
15. Birthplace **22**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Records V. A. Hospital**  
and Address **Boise, Idaho**

17. (a) **Burial** (b) Date thereof **12/29/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Morris Hill, Boise, Idaho**

18. Funeral Director's OWN Signature **McBratney-Fowler Chapel**  
and Address **Boise, Idaho**

19. (a) **12-28-48** (b) **Myrtle Palmer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **December 26, 1948**  
at **3:45** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased from **December 23, 1948** to **December 26, 1948**.  
I last saw h. **im** alive on **December 26, 1948**;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Coronary Thrombosis with Myocardial Infarction**

Due to **Coronary Arteriosclerosis**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy **NO AUTOPSY**

Duration  
**Terminal**  
**Prior to Admn.**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury **Heart**  
23. Attendant's OWN Signature **J. K. McClintic, M.D., CMO**  
(M. D. or other)  
and Address **VAH, Boise, Idaho** Date **Dec. 27, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

REF-10

JAN 4 1949  
DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4422  
Local Reg. No. 227  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Ada Co. Hospital \_\_\_\_\_ days \_\_\_\_\_  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 614 No. 5th  
(e) Deceased lived Inside? X \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME CHRISTIAN W. BURKHART

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex M race W  
6. (b) Name of husband or wife Cora P. Burkhardt 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) 12/1/1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>0</u>	<u>27</u>	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Indiana  
(City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Father { 12. Name Unknown

13. Birthplace Unknown  
(City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Mother { 14. Maiden name White

15. Birthplace Unknown  
(City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Herman H Burkhardt  
and Address 516 Roosevelt, Boise, IDA.

17. (a) Burial (b) Date thereof 12/31/48  
(Burial, cremation, or removal) \_\_\_\_\_ (Month) (Day) (Year)

(c) Place Morris Hill, Boise, Idaho

18. Funeral Director's OWN Signature McBratney Fowler Chapel  
and Address 419 No. 9th St., Boise, Idaho

19. (a) 12-31-48 (b) Myrtle Palmer  
(Date received and filed) \_\_\_\_\_ (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 28 1948  
(Month, Day, Year)

at 10 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from June 14 1948 to Dec 28 1948

I last saw him alive on Dec 28 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stroke Duration: Sudden

Due to Left hemiplegia Sudden

Due to Prostate Secondary

Due to Secondary Secondary

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Ca. Malignant

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature S. D. Hamilton

and Address Boise, IDA. Date 12-28 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 5 1949  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4423  
Local Reg. No. 234  
Reg. Dist. No. 371

1. PLACE OF DEATH: STATISTICS  
(a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 3 Miles West of Boise  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. X Stayed days  
(g) Lived in this county X years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #5  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state)

3. (a) FULL NAME MR. FRANK W. GRIM

3. (b) If veteran, name war none  
3. (c) Social Security No. none  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Nattie Grim  
6. (c) Age of husband or wife if alive 58 years

7. Date of Birth (Month, Day, Year) January 27, 1884

8. AGE	Years	Months	Days	If less than 1 day
	64	11	2	hrs. min.

9. Exact Occupation Farmer Did this work for yrs.  
10. Industry or Business Farming Date last worked  
11. Birthplace Alexandria, Nebraska (City or town) (State or foreign country)

12. Name Frank D. Grim  
13. Birthplace Pennsylvania (City or town) (State or foreign country)

14. Maiden name Susan Howater  
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. F. W. Grim  
and Address Route #5 Nampa, Idaho  
17. (a) Burial (b) Date thereof 1/3/49  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cloverdale Cemetery

18. Funeral Director's OWN Signature Robinson-Alsip Chapel  
and Address Nampa, Idaho

19. (a) 1-13-49 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 29, 1948  
at 2 P. M.

21. I HEREBY CERTIFY, that the above stated death occurred on the 29th day of December, 1948, at the residence of the deceased, Nampa, Idaho, and that the cause of death was Natural Causes, Had a heart attack, when he was running to a tractor and was taken to St Alphonsus Hospital and was pronounced dead.

Immediate Cause of Death: Natural Causes, Had a heart attack, when he was running to a tractor and was taken to St Alphonsus Hospital and was pronounced dead.  
Duration  
Due to a tractor and was taken to St Alphonsus Hospital and was pronounced dead.  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred December 29, 1948 city, county, state where violence occurred.  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury Coroner of  
23. Attending Physician's OWN Signature Charles E. Summers Ada County.  
(M. D. or other)  
and Address Boise, Idaho Date Jan. 3, 1948.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 1 10 40

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No. 4424

Local Reg. No. 226

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? XX city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. V.A. Hospital Stayed 81 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Osburn  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Oliver D. McQUARRIE

### 3. (b) If veteran, name war

WW I

### 3. (c) Social Security No.

5. Color or

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

Emma L. McQUARRIE

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

### 7. Date of Birth

(Month, Day, Year) November 17, 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>	<u>1</u>	<u>12</u>	hrs. min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Forest City California  
(City or town) (State or foreign country)

12. Name William C. McQUARRIE

13. Birthplace California  
(City or town) (State or foreign country)

14. Maiden name Mary SHAFFER

15. Birthplace California  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, Veterans Admn.

and Address Boise, Idaho

17. (a) Removal (b) Date thereof 12/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Wallace, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel

and Address Boise, Idaho

19. (a) 12-30-48 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) December 29, 19 48  
at 8:50 o'clock A.M.

### 21. I HEREBY CERTIFY, That I attended deceased from

October 9, 19 48, to December 29, 19 48

I last saw him im alive on December 29, 19 48;

death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Bronchopneumonia

Duration

Terminal

Due to Hypertensive Cardiovascular Prior

Disease, Silicosis and Pulmon- to

ary Hypertension Admn.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Confirm Above

PHYSICIAN

Underline the

cause to which

death should

be charged

statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury 1. M. Clint

### 23. Attendant's

OWN Signature J. K. McCLINTIC, M.D., CMO

(M. D. or other)

and Address VAH Boise, Idaho Date Dec. 29, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
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National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 1425  
Local Reg. No. 322  
Reg. Dist. No. 371

1. PLACE OF DEATH: STATISTICS
- (a) County. Ada
- (b) City or town. Boise
- (c) Street Address or R.F.D. No. R.D. # 8
- (d) Death Occurred Inside? Outside? X city or town
- (e) Died in a Home X Hospital Institution Other place
- (f) Name Hosp. or Inst. Stayed days
- (g) Lived in this county. 62 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State. Idaho (b) County. Ada
- (c) City or town. Boise
- (d) Street Address or R.F.D. No. R.D. # 8
- (e) Deceased lived Inside? Outside? X city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 62 years
- (h) Former residence (city, state) X

3. (a) FULL NAME Clarence David Mc Mullen.

3. (b) If veteran, name war No. None
3. (c) Social Security No. None
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Mc Mullen.
6. (c) Age of husband or wife if alive 56 years

7. Date of Birth (Month, Day, Year) October. 1. 1886.

- | 8. AGE | Years      | Months    | Days       | If less than 1 day |
|--------|------------|-----------|------------|--------------------|
|        | <u>62.</u> | <u>2.</u> | <u>29.</u> | hrs. min.          |

9. Exact Occupation Laborer. Did this work for        yrs.

10. Industry or Business        Date last worked

11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

12. Name Dave Mc Mullen. (City or town) (State or foreign country)

13. Birthplace Missouri. (City or town) (State or foreign country)

14. Maiden name Eleanor Packenham. (City or town) (State or foreign country)

15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Florence Mc Mullen and Address R-8, Boise, Idaho

17. (a) Burial. (b) Date thereof January 6, 1949 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Morris Hill Cemetery.

18. Funeral Director's OWN Signature Chas E Summers and Address Boise, Idaho

19. (a) 1-6-49 (b) Thirte Palmer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December. 30. 19 48.
- at Unknown o'clock M.

~~It is hereby certified that the deceased named above died on the date and hour stated above.~~

death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Natural Causes. Was found dead in his home and had been dead due to several days, last time seen was December. 29, 1948.
- Due to body was found January. 2, 1949.

Other conditions (Include pregnancy within 8 months of death)

- Where was disease contracted?
- Name of operation        Date
- Major finding
- Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident?        Suicide?        Homicide?
- Occurred        19        City, county, state where violence occurred
- Place of Violence: Home        Farm        Industry
- Public Place        While at work?

- Means of injury
23. Attending Physician Chas E Summers Coroner of Ada County.
- OWN Signature        (M. D. or other)
- and Address Boise, Idaho Date Jan. 6, 49.
- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 1426  
Local Reg. No. 231  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. 3 miles West  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 35 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Eagle  
(d) Street Address or R.F.D. No. Pearl Route  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

DOLLY DE PARTEE

3. (b) If veteran, name war X

3. (c) Social Security No. none

4. Sex Female Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) April 9, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>8</u>	<u>22</u>	hrs. min.

9. Exact Occupation At home Did this work for years

10. Industry or Business worked Date last worked

11. Birthplace Redding, California (City or town) (State or foreign country)

12. Name William Rowland (City or town) (State or foreign country)

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Cecelia Holman (City or town) (State or foreign country)

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Willa Taylor and Address 311 Vine St Boise Id.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/49 (Month) (Day) (Year)

(c) Place Star, Idaho

18. Funeral Director's OWN Signature Clyde E. Summers and Address 1205 Bannock Boise, Idaho

19. (a) 1-8-49 (Date received and filed) (b) Myrtle Palmer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 31, 1948

at 6 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from  to  1948

I last saw h.  alive on  1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured Skull Duration

Due to Struck by automobile

3 miles west of Boise on

Due to hiway #44

Other conditions  (Include pregnancy within 8 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? YES Suicide?  Homicide?

Occurred Dec. 31, 1948 19  City, county, state

where violence occurred hiway #44 3 mi. W. Boise

Place of Violence: Home  Farm  Industry

Public Place YES While at work?

Means of injury Struck by automobile

23. Attendant's OWN Signature Clyde E. Summers (M. D. or other) Coroner and Address 1205 Bannock Boise, Idaho Date 1/7/49 19 49



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **1127**  
Local Reg. No. **230**  
Reg. Dist. No. **371**

## 1. PLACE OF DEATH:

- (a) County **Ada**  
(b) City or town **Boise**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **XX** city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **XX** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Vets. Adm.** Stayed **78** days  
(g) Lived in this county **39** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Washington**  
(c) City or town **Weiser, Idaho**  
(d) Street Address or R.F.D. No. **344 W. Court Street**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **42** years  
(h) Former residence (city, state) **Id**

## 3. (a) FULL

NAME **John H. CUSHING**

## 3. (b) If veteran, name war

**S. A.**

## 3. (c) Social Security No.

## 5. Color or

Sex **Male** race **White**

## 6. (a) Single, widowed, married, divorced

**Married**

## 6. (b) Name of husband or wife

**Winifred P. Cushing**

## 6. (c) Age of husband or wife if alive

## 7. Date of Birth

(Month, Day, Year) **July 5, 1876**

## 8. AGE

Years

Months

Days

If less than 1 day  
hrs. min.

**72**

**5**

**26**

## 9. Exact

Occupation **Retired**

Did this work for **25** yrs.

## 10. Industry or Business

Date last worked **1930**

## 11. Birthplace

**Denison**  
(City or town)

**Iowa**  
(State or foreign country)

## 12. Name of Father

**John P. Cushing**

## 13. Birthplace

**Scituate Mass**  
(City or town)

(State or foreign country)

## 14. Maiden name

**Mary Seagrave**

## 15. Birthplace

**Denison, Iowa**  
(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature **Records, Vets. Adm.**

and Address **Boise, Idaho**

## 17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof **1/1/49**

(Month) (Day) (Year)

(c) Place **Weiser, Idaho**

## 18. Funeral Director's

OWN Signature **Northam Jones Funeral Service**

and Address **Weiser, Idaho**

## 19. (a) 1-5-49

(Date received and filed)

(b) **Myrtle Palmer**  
(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **December 31, 1948**  
at **9:40** o'clock **P.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from

**October 14, 1948** to **December 31, 1948**  
I last saw him alive on **December 31, 1948**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Bronchopneumonia**

## Duration

**Terminal**

Due to **Glomerulonephritis, Chr. and Prior to**  
**Acute Myelogenous Leukemia Adm.**

**OTHER CONDITIONS: Carcinoma Prior**  
**metastasis of the prostate without to**  
**metastasis & Mastoiditis, acute, Adm.**  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

**right**

## Name of operation

**Mastoidectomy 12-16-48**

## Major finding

**Confirmation**

## Finding of autopsy

**NO AUTOPSY**

Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendants

OWN Signature **J. K. McClintic, M.D., CMO**  
(M.D. or other)

and Address **VAH, Boise, Idaho** Date **Jan. 3, 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. 1128  
Local Reg. No. 229  
Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County. Ada  
(b) City or town. Boise  
(c) Street Address or R.F.D. No. Rt. # 9  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home. X Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 2 months 25 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State. Idaho (b) County. Ada  
(c) City or town. Boise  
(d) Street Address or R.F.D. No. Rt. # 9  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME SUSAN RAE NEIL

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or F race W  
6. (a) Single, widowed, married, divorced. Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) 10/6/48

8. AGE	Years	Months	Days	If less than 1 day
		<u>2</u>	<u>25</u>	hrs. min.

9. Exact Occupation. None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business. Date last worked \_\_\_\_\_

11. Birthplace (City or town) (State or foreign country)

Father { 12. Name. Carl H. Neil  
13. Birthplace. Grandview, Idaho  
(City or town) (State or foreign country)

Mother { 14. Maiden name. Ellen Hurt  
15. Birthplace. Boise, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature. Carl N Neil  
and Address. Rt 9 Boise Idaho

17. (a) Burial (b) Date thereof. 1/3/49  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place. Cloverdale Memorial Park, Boise, Ida.

18. Funeral Director's OWN Signature. McBratney Fowler  
and Address. 419 No. 9th St. Boise, Idaho

19. (a) 1-5-49 (b) Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 31 1948  
(Month, Day, Year) at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 10/6 to 12/30 1948  
I last saw h. er alive on 12/2 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congenital Heart Duration  
Due to Blue Baby  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation. None  
Major finding. \_\_\_\_\_  
Finding of autopsy. \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred. \_\_\_\_\_  
Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_  
Public Place. \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury. \_\_\_\_\_  
23. Attendant's OWN Signature. P. J. Coats Date. 12/31/48  
and Address. Boise, Idaho  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 1429  
Local Reg. No. 577  
Reg. Dist. No. 303

## 1. PLACE OF DEATH: STATISTICS

- (a) County Adams  
(b) City or town Council  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution ..... Other place  
(f) Name Hosp. or Inst. Council Hosp. Stayed 4 days  
(g) Lived in this county 4 years 4 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Adams  
(c) City or town Council  
(d) Street Address or R.F.D. No. City  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 1/2 years  
(h) Former residence (city, state) Long Beach, Calif.

## 3. (a) FULL NAME FRANK E. ROGERS

3. (b) If veteran, name war W.W. 1  
3. (c) Social Security No. 564-28-2095  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Harriet K. 6. (c) Age of husband or wife if alive 55 years  
7. Date of Birth (Month, Day, Year) November 13 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>57</u>	<u>1</u>	<u>15</u>	hrs min.

9. Exact Occupation Publisher-Printer Did this work for 43 yrs.  
10. Industry Newspaper (Owner) Date last worked 12/24/48  
11. Birthplace Rock Rapids Iowa  
(City or town) (State or foreign country)

12. Name Joseph A. Rogers  
13. Birthplace Newton Mass  
(City or town) (State or foreign country)  
14. Maiden name Hannah Boyington  
15. Birthplace Earlville, Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature K. E. Rogers (Wife)  
and Address Council, Idaho

17. (a) Removal (b) Date thereof 12/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature C. L. Jones # 557  
and Address Northam Jones Chap. Weiser, Ida.

19. (a) 12/28/48 (b) Albert J. Jones  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 28 1948  
at 1000 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 25 1948 to Dec 28 1948  
I last saw him alive on Dec 25 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death

Cerebral Thrombosis - Duration 3 days

Due to Thrombosis -

Due to Cerebral Thrombosis - Duration 3 days

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation 0 Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury

23. Attendant's OWN Signature Albert J. Jones

(M. D. or other)

and Address Council, Idaho Date 12/28 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4430

Local Reg. No. 327

Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 2116 Center  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ? years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Bert Monroe

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race W

6. (b) Name of husband or wife

6. (a) Single, widowed, married, divorced unknown  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) unknown

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>			hrs. min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business unknown Date last worked \_\_\_\_\_

11. Birthplace (City or town) (State or foreign country)

12. Name \_\_\_\_\_

13. Birthplace (City or town) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Ilen Vasey Records

and Address Pocatello 2d

17. (a) Burial (b) Date thereof 10-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature B. Grant B. Dornish

and Address Pocatello 2d

19. (a) Jan 6 1949 (b) Jennie J. Paull  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) Oct 17 19 48  
at 2:20 o'clock A. M.

21. I HEREBY CERTIFY That I attended deceased from Sept. 24 19 48 to Oct 17 19 48  
I last saw him alive on Oct 16 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Cardio-renal infarct.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other condition Senility  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation none Date \_\_\_\_\_

Major finding Edema

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature St. J. Hughes

and Address Pocatello Date 1/3/49

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 29 1948

# Certificate of Death

STATE OF IDAHO

State File No. **4431**  
Local Reg. No. **313**  
Reg. Dist. No. **511**

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County **BANNOCK**  
(b) City or town **FOCALTELL**  
(c) Street Address or R.F.D. No. **101 S JOHNSON**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **GENERAL** Stayed **10** days  
(g) Lived in this county **40** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **IDAHO** (b) County **BANNOCK**  
(c) City or town **MCCAMMON**  
(d) Street Address or R.F.D. No. **R.F.D.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) **KANSAS**

3. (a) FULL NAME **ELZER DAVID WILSON SR.**

3. (b) If veteran, name war ☐ 3. (c) Social Security No. ☐

5. Color or **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
4. Sex **MALE** race **WHITE**  
6. (b) Name of husband or wife **EDITH PEARL FORREY** 6. (c) Age of husband or wife if alive **63** years

7. Date of Birth (Month, Day, Year) **JANUARY 12, 1869**

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <b>69</b> | <b>9</b> | <b>22</b> | hrs. min.          |

9. Exact Occupation **SECTION FOREMAN** Did this work for **30** yrs.

10. Industry or Business **U.P.R.R.** Date last worked **10 yrs ago**

11. Birthplace **CLYDE KANSAS**  
(City or town) (State or foreign country)

12. Name **WILLIAM THOMAS WILSON**

13. Birthplace **HENRY COUNTY INDIANA**  
(City or town) (State or foreign country)

14. Maiden name **ELIZABETH ZERILDA MAXFIELD**

15. Birthplace **BLOOMINGTON INDIANA**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **E. L. Shumway**  
and Address **MCCAMMON, IDAHO**

17. (a) **BURIAL** (b) Date thereof **11-9-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **MCCAMMON, IDAHO**

18. Funeral Director's OWN Signature **Wm. H. Hall**

- and Address **FOCALTELL, IDAHO**

19. (a) **Dec. 27, 1948** (b) **J. C. 2 Russell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **NOVEMBER 4, 1948**  
at **9:50** o'clock **P.**M.

21. I HEREBY CERTIFY, That I attended deceased, from **10/25** 19 **48**, to **11/4** 19 **48**.

I last saw h. **1 m** alive on **11/4** 19 **48**.  
death is said to have occurred on the **4** and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration **9 days**

Due to **Arteriosclerosis** **hypertension - mod.** **30 years**

Due to **Arteriosclerosis** **hypertension - mod.** **30 years**

Other conditions **None**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **None**

Name of operation **None** Date **None**

Major finding **None**

Finding of autopsy **None**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☒

Occurred **19** City, county, state **IDAHO**

where violence occurred **None**

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work ☐

Means of injury **None**

23. Attendant's OWN Signature **E. L. Nelson** and Address **Idaho** Date **11/16** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 29 1948  
Certificate of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

1948 State File No. 4432  
Local Reg. No. 314  
Reg. Dist. No. 510

1. PLACE OF DEATH: STATISTICS  
(a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 650 N. 7TH.  
(d) Death Occurred Inside? 1 Outside? 1 city or town  
(e) Died in a Home 1 Hospital 1 Institution 1 Other place 1  
(f) Name Hosp. or Inst. ST. ANTHONY'S Stayed 1 days  
(g) Lived in this county LIFE years 1 months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. 704 SO. HAYES.  
(e) Deceased lived Inside? 1 Outside? 1 city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state) -

3. (a) FULL NAME STEPHEN PROBART

3. (b) If veteran, name war - 3. (c) Social Security No. -  
5. Color or WHITE 6. (a) Single, widowed, married, divorced SINGLE  
4. Sex MALE race WHITE 6. (b) Name of husband or wife -  
6. (c) Age of husband or wife if alive - years

7. Date of Birth (Month, Day, Year) DECEMBER 3, 1948  
8. AGE Years Months Days If less than 1 day  
0 0 1 hrs. min.

9. Exact Occupation INFANT Did this work for - yrs.  
10. Industry or Business NONE Date last worked -  
11. Birthplace POCATELLO, IDAHO (City or town) (State or foreign country)  
Father { 12. Name GERALD PROBART  
13. Birthplace RIOBY IDAHO (City or town) (State or foreign country)  
Mother { 14. Maiden name BETTY SCHWALIER  
15. Birthplace UTAH (City or town) (State or foreign country)  
16. Informant's OWN Signature Gerald N. Probart and Address POCATELLO, IDAHO  
17. (a) REMOVAL (b) Date thereof 12-6-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place RIOBY, IDAHO  
18. Funeral Director's OWN Signature Arthur M. Hall and Address POCATELLO, IDAHO  
19. (a) Dec. 27, 1948 (b) Jenni J. Camell (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) DECEMBER 4 19 48  
at 9:26 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from Dec 3 19 48 to Dec 4 19 48.  
I last saw h. in alive on Dec 4 19 48.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

- atletism  
Due to Prematurity  
Due to -  
Other conditions - (Include pregnancy within 3 months of death)  
Where was disease contracted? -  
Name of operation - Date -  
Major finding -  
Finding of autopsy -

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? - Suicide? - Homicide? -  
Occurred - 19 - City, county, state where violence occurred -  
Place of Violence: Home - Farm - Industry -  
Public Place - While at work? -  
Means of injury -  
23. Attendant's OWN Signature Ralph B. Hegsted mcl (M. D. or other)  
and Address POCATELLO, IDAHO Date 12-6-48 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 3 1949

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4433**

Local Reg. No. **320**

Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address ~~xxxxxx~~ **No. 7th Ave**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Anthony** Stayed **4** days  
(g) Lived in this county **0** years **2** months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address ~~xxxxxx~~ **157 Washington Ave**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **3 months** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**PATRICA ANN SLUDER**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex **female** race **white**

6. (a) Single, widowed, married,  
divorced **single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) **September 17, 1948**

8. AGE	Years	Months	Days	If less than 1 day
	<b>0</b>	<b>2</b>	<b>20</b>	hrs. min.

9. Exact Occupation **infant** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Pocatello, Idaho**  
(City or town) (State or foreign country)

Father { 12. Name **Dexter T. Sluder**

13. Birthplace **Pocatello, Idaho**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Evelyn Blodgett**

15. Birthplace **Chadron, Nebraska**  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature **Dexter Sluder**  
and Address **Pocatello, Idaho**

17. (a) **Burial** (b) Date thereof **12/10/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Pocatello, Idaho**

18. Funeral Director's  
OWN Signature **Jack Henderson**  
and Address **Pocatello, Idaho**

19. (a) **Dec. 10, 1948** (b) **Jessie S. Powell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **December 8, 1948**  
(Month, Day, Year) **December 8** 19 **48**  
at **2:30** o'clock **a.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec 6**  
**Dec 7** 19 **48** to **December 8** 19 **48**

I last saw h. **er** alive on **Dec. 7** 19 **48**;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Bronchial Pneumonia** Duration **4 days**

Due to **upper Resp Infection** **1 week**

Due to \_\_\_\_\_

Other conditions **Kidney**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **home**

Name of operation **none** Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy **see**

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident **NO** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's  
OWN Signature **see Henderson**  
(M. D. or other)

and Address **Pocatello, Idaho** Date **Dec. 10, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 7 1949  
DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4434  
Local Reg. No. 329  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

Edward Everard Sweitzer

131A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

none

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 20, 1879

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>4</u>	<u>18</u>	hrs. min.

9. Exact Occupation Custodian Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Post office Date last worked 1940

11. Birthplace Oregon (City or town) (State or foreign country)

12. Name Sweitzer

13. Birthplace (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature San Hosp. Records

and Address Pocatello Idaho

17. (a) Buried (b) Date thereof 12-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Downard

and Address Pocatello Id.

19. (a) Jan 6 1949 (b) James P. Javell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

083D

20. DATE OF DEATH (Month, Day, Year) December, 8 1948  
at 6:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 22 1944 to Dec 8 1948.  
I last saw him alive on May 22 1948.  
Death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardio-renal Duration unknown  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions hypertension about 6 yrs  
(Include pregnancy within 6 months of death)

Where was disease contracted? Idaho

Name of operation none Date 7th  
Major finding perhaps 7th  
Finding of autopsy Do not know  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature St. M. Shugart (M. D. or other)  
and Address Pocatello Date 11/3 1949  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. \_\_\_\_\_

Local Reg. No. 321

Reg. Dist. No. 5-11

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 1 1/2 days  
(g) Lived in this county 0 years 1 months 18 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 210 E. 13th St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

COLLEEN MAUREEN CAMPBELL

3. (b) If veteran, name war \_\_\_\_\_  
None

3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex Female race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wendell Campbell

6. (c) Age of husband or wife if alive 22 years

7. Date of Birth (Month, Day, Year) January 12, 1929

8. AGE	Years	Months	Days	If less than 1 day
	<u>19</u>	<u>10</u>	<u>26</u>	hrs. min.

9. Exact Occupation Student & Housewife Did this work for 13 yrs.

10. Industry or Business Idaho State College Date last worked Dec. 7, 1948

11. Birthplace Idaho Falls Idaho  
(City or town) (State or foreign country)

12. Name Joseph Henry Dennis

13. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)

14. Maiden name Lyda Mae Johnston

15. Birthplace Cowen Oklahoma  
(City or town) (State or foreign country)

16. Informant's OWN Signature Joe H. Dennis  
and Address 210 13th Idaho Falls, Ida.

17. (a) Removal (b) Date thereof Dec. 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's OWN Signature Orland L. Buck

and Address Idaho Falls, Idaho

19. (a) Dec. 31, 1948 (b) Jessie Z. Paull  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 8 1948

at 11:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from on 12-8 1948 only 19

I last saw h. E.R. alive on 12-8 1948;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Respiratory failure Duration 30 hrs.

Due to Possible local skull fracture 30 hrs.

E. trauma to neck 30 hrs.

Due to auto accident 30 hrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation none Date -

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 12-7 1948 City, county, state near Port Hall, Benham Co.

where violence occurred near Port Hall, Benham Co.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place ☒ While at work? \_\_\_\_\_

Means of injury Auto accident on main highway

23. Attendant's OWN Signature Malvin M. Brown

(M. D. or other)

and Address Pocatello Date 12-16 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 17 1948

# Certificate of Death

OFFICE OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. 4436  
Local Reg. No. 305  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ✓ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 180 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Helen Whitney Latimer

131A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex ♀ 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife James M.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 10, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>3</u>	<u>29</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Brooklyn N. Y. (City or town) (State or foreign country)

12. Name Ira S. Whitney (City or town) (State or foreign country)

13. Birthplace Boston Mass. (City or town) (State or foreign country)

14. Maiden name Clay Mary Day

15. Birthplace Boston Mass. (City or town) (State or foreign country)

16. Informant's OWN Signature Byron B. Leonard and Address Pocatello Idaho

17. (a) Burial (b) Date thereof 12-11-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Mountainview

18. Funeral Director's OWN Signature Byron B. Leonard and Address Pocatello Idaho

19. (a) Dec 14, 1948 (b) Jane I. Canell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 9 1948  
at \_\_\_\_\_ o'clock 5 M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coma

Duration 5 days

- Due to Cardio-renal decomp. 1540

- Due to Thrombosis 20900

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature Ortega (M. D. or other)

and Address Pocatello Date \_\_\_\_\_ 19 \_\_\_\_\_ (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DIVISION OF VITAL  
STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. **4437**  
Local Reg. No. **322**  
Reg. Dist. No. **511**

1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address corner of So. Johnson Ave  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Pocatello General \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Fort Hall  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL  
NAME

ANNIE ELK EDMO

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or

4. Sex Female Race Indian

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife  
William Edmo

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth

(Month, Day, Year)

1892

8. AGE

Years

Months

Days

If less than 1 day

56

hrs. min.

9. Exact

Occupation housewife

Did this  
work for 23 yrs.

10. Industry or

Business home

Date last  
worked \_\_\_\_\_

11. Birthplace

Fort Hall Reservation,  
(City or town)

Idaho  
(State or foreign country)

12. Name

Big Elk

13. Birthplace

No data  
(City or town)

(State or foreign country)

14. Maiden name

Teterah Pocatello

15. Birthplace

No Data  
(City or town)

(State or foreign country)

16. Informant's

OWN Signature Berttha Edmo

and Address R. F. L. Hardy, City - Pocatello, Idaho

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Dec. 13, 1948

(Month) (Day) (Year)

(c) Place

Fort Hall Reservation, Idaho

18. Funeral Director's

OWN Signature Lucy Henderson

and Address Pocatello, Idaho

19. (a) Dec. 10, 1948

(Date received and filed)

(b) James E. Powell

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) December 9 19 48  
at 6:00 a. o'clock 8 M.

21. I HEREBY CERTIFY, That I attended deceased from 9-10-48 to December 9, 1948

I last saw h. er alive on December 9 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia

Duration

Due to Chronic nephritis

2 months

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature D C Ray

and Address Pocatello, Idaho Date Dec. 10, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 4438  
State File No. ....  
Local Reg. No. 306  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. General Stayed 4 days  
(g) Lived in this county 15 years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 420 N. Lincoln  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) mont.

## 3. (a) FULL NAME

Clara M. Jenkins

186A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

519-07-3925

## 4. Sex M Color or race W

## 6. (a) Single, widowed, married, divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive        years

## 7. Date of Birth

(Month, Day, Year) Feb. 9, 1881

## 8. AGE

Years

Months

Days

If less than 1 day

67

10

1

hrs. min.

## 9. Exact Occupation

clerk

Did this work for 15 yrs.

## 10. Industry or Business

Sydney Valley Co. Date last worked 12-1-48

## 11. Birthplace

(City or town) Albia Iowa

(State or foreign country)

## 12. Name

John Jenkins

## 13. Birthplace

(City or town) Albia Iowa

(State or foreign country)

## 14. Maiden name

Mary C.

## 15. Birthplace

(City or town)

(State or foreign country) U.S.A.

## 16. Informant's OWN Signature

Mrs. Sydney Talley

## and Address

Pocatello Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 12-13-48

## (c) Place

Mount Mariah Cem.

## 18. Funeral Director's OWN Signature

Bern B. Darnard

## and Address

Pocatello Idaho

## 19. (a) Dec. 14, 1948

(Date received and filed)

(b) June 2, 1949

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) December, 10 1948  
at        o'clock        M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Feb. 25 1948 to December 10, 1948

I last saw him alive on December 10 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: ANURIA

Uremia

Due to suppurative

and pyelonephritis

Due to sepsis

Other conditions Intermittent pyelitis

(Include pregnancy within 9 months of death)

Where was disease contracted? At home

Name of operation        Date       

Major finding       

Finding of autopsy       

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide?        Homicide?       

Occurred Nov 30, 1948 19        City, county, state

where violence occurred Pocatello, Idaho

Place of Violence: Home        Farm        Industry       

Public Place sidewalk While at work? walking home

Means of injury slipped on icy sidewalk

## 23. Attendant's OWN Signature

Glenn W. Wells

(M. D. or other)

and Address 601 N. Main Date 12-11-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **4439**

Local Reg. No. **323**

Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 442 W. Whitman  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 442 W. Whitman  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME MARY ANN MERRILL

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female Color or race White

5. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ezra J. Merrill

6. (c) Age of husband or wife if alive 75 years

7. Date of Birth (Month, Day, Year) September 19, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>2</u>	<u>25</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business At home Date last worked \_\_\_\_\_

11. Birthplace Smithfield Utah  
(City or town) (State or foreign country)

12. Name Joseph W. McCann

13. Birthplace Ireland  
(City or town) (State or foreign country)

14. Maiden name Ellen Cantrell

15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Joy M. Merrill  
and Address Grain Falls

17. (a) Burial (b) Date thereof 12-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello, Idaho

18. Funeral Director's OWN Signature Arthur W. Hall  
and Address Pocatello, Idaho

19. (a) dec 31, 1948 (b) Jessie J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 14, 1948

at 12 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 12-17 1947 to 12-13 1948

I last saw her alive on 12-13 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Failure Duration 72 hours

Due to Circulatory Collapse 2 wks.

Due to arteriosclerotic Heart Disease question

Other conditions Senility  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Arthur W. Hall  
(M. D. or other)

and Address 10 N. Main Date Dec 22, 1948  
(For additional space, use reverse)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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Certificate of Death  
STATE OF IDAHO

State File No. 4440  
Local Reg. No. 376  
Reg. Dist. No. 510

1. PLACE OF DEATH  
(a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 240 N. 13TH  
(d) Death Occurred Inside? ✓ Outside?        city or town  
(e) Died in a Home ✓ Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county        years 3 months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. 240 N. 13TH  
(e) Deceased lived Inside? ✓ Outside?        city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) NONE

3. (a) FULL NAME DANNY ROY BYINGTON

3. (b) If veteran, name war        3. (c) Social Security No.         
5. Color or        5. (a) Single, widowed, married, divorced SINGLE  
4. Sex MALE race WHITE  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) SEPTEMBER 17, 1948  
8. AGE  
Years 0 Months 3 Days 0 If less than 1 day hrs. min.

9. Exact Occupation INFANT Did this work for        yrs.  
10. Industry or Business AT HOME Date last worked         
11. Birthplace POCATELLO IDAHO  
(City or town) (State or foreign country)

12. Name THAYLE L. BYINGTON  
13. Birthplace BURLEY IDAHO  
(City or town) (State or foreign country)  
14. Maiden name DANNA PRESLOTT  
15. Birthplace BOZEMAN, IDAHO  
(City or town) (State or foreign country)

16. Informant's OWN Signature Thayle S. Byington  
and Address 240 N. 13TH

17. (a) Removal & Burial (b) Date thereof 12-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place LAUREL HOT SPRINGS CEMETERY

18. Funeral Director's OWN Signature Arthur M. Hall  
and Address POCATELLO, IDAHO

19. (a) Dec 27 1948 (b) Jessie E. Russell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) DECEMBER 17 19 48  
at        o'clock        M.

21. I HEREBY CERTIFY, That I attended deceased from        19        to        19       

I last saw h.        alive on        19       ;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Young child in bed baby Duration  
had had cold on lungs  
died of natural causes

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding         
Finding of autopsy       

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state  
where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Arthur M. Hall

and Address POCATELLO, IDAHO Date Dec 20 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
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# Certificate of Death

STATE OF IDAHO

State File No. **4441**  
Local Reg. No. **317**  
Reg. Dist. No. **510**

1. PLACE OF DEATH: **STATISTIC**
- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. **345 N. 8th**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **60** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Bannock**  
(c) City or town **Pocatello**  
(d) Street Address or R.F.D. No. **345 N. 8th**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **63** years  
(h) Former residence (city, state) **England**

3. (a) FULL NAME **Margaret Ellen Myers**

3. (b) If veteran, name war ☐ 3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W**

6. (b) Name of husband or wife **James R.**

6. (a) Single, widowed, married, divorced **married**  
6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) **August 10, 1878**

8. AGE	Years	Months	Days	If less than 1 day
	<b>70</b>	<b>4</b>	<b>10</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **51** yrs.

10. Industry or Business **"** Date last worked

11. Birthplace **Birkenhead, England**  
(City or town) (State or foreign country)

12. Name **Charles Peake**

13. Birthplace **England**  
(City or town) (State or foreign country)

14. Maiden name **Elizabeth Ward**

15. Birthplace **England**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **James R. Myers**

and Address **Pocatello Idaho**

17. (a) **Burial** (b) Date thereof **Dec 21-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Mountainview**

18. Funeral Director's OWN Signature **Byron B. Darnard**

and Address **Pocatello Idaho**

19. (a) **Dec 24 1948** (b) **June 2 Powell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **December 18 1948**  
at **8:10** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Sept. 15**  
19 **47** to **Dec 18** 19 **47**

I last saw h. **at** alive on **Dec 17** 19 **48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Uremia** Duration **3 weeks**

Due to **Obstruction of ureters due to carcinoma of bladder.**

Due to **"**

Other conditions **None**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **"**

Name of operation **Biopsy** Date **Dec 2/48**

Major finding **Carcinoma of bladder**

Finding of autopsy **"**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred.

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature **C. E. Larson**  
(M. D. or other)  
and Address **Kanika Bldg** Date **Dec 22 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948 State File No. **4442**  
Local Reg. No. **324**  
Reg. Dist. No. **J-11**

## 1. PLACE OF DEATH:

- (a) County **Bannock**  
(b) City or town **Pocatello**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home..... Hospital **X** Institution..... Other place.....  
(f) Name Hosp. or Inst. **St. Anthony** Stayed **5** days  
(g) Lived in this county ..... years ..... months **5** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Ft. Hall**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **58** years  
(h) Former residence (city, state) **Preston, Idaho.**

## 3. (a) FULL NAME

**WILLARD J. McBRIDE**

## 3. (b) If veteran, name war

**Spanish-American**

## 3. (c) Social Security No.

5. Color or  
4. Sex **Male** race **White**

6. (a) Single, widowed, married,  
divorced **Married**

6. (b) Name of husband or wife  
**Martha Ann Waite McBride**

6. (c) Age of husband or wife if  
alive **57** years

7. Date of Birth  
(Month, Day, Year) **February 5, 1880**

8. AGE	Years	Months	Days	If less than 1 day
	<b>68</b>	<b>10</b>	<b>19</b>	hrs. min.

9. Exact Occupation **Farming and** Did this work for ..... yrs.

10. Industry or Business **school janitor** Date last worked .....

11. Birthplace **Richfield, Utah**  
(City or town) (State or foreign country)

12. Name **James McBride**

13. Birthplace **Salt Lake City, Utah**  
(City or town) (State or foreign country)

14. Maiden name **Emelyne Manning**

15. Birthplace **Richfield, Utah**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **L. W. McBride**  
and Address **Blackfoot, Idaho.**

17. (a) **Burial** (b) Date thereof **12-27-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **Blackfoot, Idaho**

18. Funeral Director's OWN Signature **John C. Sandberg**  
and Address **Blackfoot, Idaho.**

19. (a) **Jan 3 1948** (b) **Jessie L. Rameil**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **December 24, 1948**  
(Month, Day, Year) at **3:55** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from  
19 **47**, to **Dec 24** 19 **48**

I last saw him alive on **Dec 23** 19 **48**;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Diabetes mellitus**

## Duration

**3 years**

Due to .....

Due to .....

Other conditions **Pericarditic Abscess** 2 years  
(Include pregnancy within 6 months of death)

Where was disease contracted? **Home**

Name of operation **Abx. change** Date **Feb 48**

Major finding **Pne**

Finding of autopsy **none**

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature **R. Howard**  
(M. D. or other)

and Address **Pocatello** Date **12-29-48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 1 1949

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 State File No. 4443  
Local Reg. No. 319  
Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ✓ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Anthony Stayed 1 days  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 435 S. 21st  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Nebr.

## 3. (a) FULL NAME

Ernest Thomas Mathews

184X

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race W  
4. Sex M

6. (a) Single, widowed, married divorced widowed  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

6. (b) Name of husband or wife Jennie

7. Date of Birth (Month, Day, Year) April 9, 1881

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <u>67</u> | <u>8</u> | <u>16</u> | hrs. min.          |

9. Exact Occupation Retired Switchman Did this work for 40 yrs.

10. Industry or Business U.P.R.R. Date last worked 1946

11. Birthplace Plattsmouth, Nebr. (City or town) (State or foreign country)

12. Name James S. Mathews

13. Birthplace U.S.A. (City or town) (State or foreign country)

14. Maiden name Matilda Rouse

15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's OWN Signature Tom West

- and Address 435 S. 21st

17. (a) Burial (b) Date thereof 12-28-48 (Month) (Day) (Year)

- (c) Place Mountainview

18. Funeral Director's OWN Signature Barry B. Dornard

- and Address Pocatello Idaho

19. (a) Jan. 6 1949 (b) Jennie J. Ponder (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 25 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from 12-24 1948 to 12-25 1948

- I last saw him alive on 12-25 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Gunshot wound (cal 38 revolver) neck & head Duration \_\_\_\_\_

- Due to accidental

- Due to \_\_\_\_\_

- Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_

- Major finding \_\_\_\_\_

- Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accidental Yes Suicide? No Homicide? No

- Occurred 12-24 1948 City, county, state Pocatello Idaho

- where violence occurred Pocatello Idaho

- Place of Violence: Home Yes Farm No Industry No

- Public Place No While at work? No

- Means of injury Gunshot (cal 38 Rem)

23. Attendant's OWN Signature W.W. Pritchett (M. D. or other) Nebr. and Address Pocatello Idaho Date 1-3-49 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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JAN 3 1949

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **4444**

Local Reg. No. **325**

Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or R.F.D. No. 158 Portneuf Park  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county Life years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 158 Portneuf Park  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) None

3. (a) FULL NAME RONALD MELVIN CALDWELL

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) October 30, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>1</u>	<u>25</u>	hrs. min.

9. Exact Occupation Infant Did this work for \_\_\_\_\_ yrs.

10. Industry or Business At home Date last worked \_\_\_\_\_

11. Birthplace Pocatello Idaho  
(City or town) (State or foreign country)

12. Name Melvin L. Caldwell

13. Birthplace Moore, Idaho  
(City or town) (State or foreign country)

14. Maiden name Verdine E. Burton

15. Birthplace Bingham Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Melvin L. Caldwell  
Pocatello, Idaho

17. (a) Burial (b) Date thereof 12-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello, Idaho

18. Funeral Director's OWN Signature [Signature]  
Pocatello, Idaho

19. (a) Dec 31, 1948 (b) Jessie J. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 25, 48  
(Month, Day, Year) \_\_\_\_\_ 19 \_\_\_\_\_

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Natural Causes  
Found dead in bed.  
Due to: Artery blocked.  
fluid in lungs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature]  
Pocatello, Idaho Date Dec 28, 1948  
and Address \_\_\_\_\_ (For additional space, use reverse side)

106A

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 3 1949

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. **4445**  
Local Reg. No. **326**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or ~~R.R. No.~~ 627 West Benton St  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county    years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or ~~R.R. No.~~ 627 West Benton St  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

KATE E. BAKER

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex female race white

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife  
William Baker

6. (c) Age of husband or wife if  
alive 75 years

7. Date of Birth  
(Month, Day, Year) February 24, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>10</u>	<u>1</u>	hrs. min.

9. Exact Occupation housewife Did this work for 45 yrs.

10. Industry or Business Home Date last worked   

11. Birthplace Dover Utah  
(City or town) (State or foreign country)

12. Name Ben Robinson

13. Birthplace     
(City or town) (State or foreign country)

14. Maiden name Kate Emily Redington

15. Birthplace     
(City or town) (State or foreign country)

16. Informant's OWN Signature William Baker  
and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof 12/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Oxford, Idaho

18. Funeral Director's OWN Signature Jack Henderson  
and Address Pocatello, Idaho

19. (a) December 27, 1948 (b) Jan 2, 1949  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) December 25 19 48  
at 10220 o'clock 8 A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1946 to December 25, 1948

I last saw h. or alive on December 25, 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Arteriosclerosis Duration longer than

Due to Chronic Hypertension 1 year  
Intestinal Obstruction 1 week

Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation    Date   

Major finding     
Finding of autopsy   

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state  
where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature H. L. Olsen, M.D.  
(M. D. or other)

and Address Pocatello, Ida Date 12/27 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 7 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 4446

Local Reg. No. 330

Reg. Dist. No. 5-10

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address XXXXXX General Hospital  
(d) Death Occurred Inside? X Outside?        city or town  
(e) Died in a Home        Hospital X Institution        Other place         
(f) Name Hosp. or Inst. Pocatello General days  
(g) Lived in this county        years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address XXXXXX 271 Portneuf Park  
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 3 1/2 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

CLARICE LaVAUGHN BROWN

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race white

4. Sex female

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joseph Brown

6. (c) Age of husband or wife if alive 33 years

7. Date of Birth (Month, Day, Year) June 4, 1920

8. AGE	Years	Months	Days	If less than 1 day
	28	6	22	hrs. min.

9. Exact Occupation housewife Did this work for 7 yrs.

10. Industry or Business Home Date last worked       

11. Birthplace Jackson Missouri (City or town) (State or foreign country)

12. Name Clarence Scheper

13. Birthplace No data (City or town) (State or foreign country)

14. Maiden name No data

15. Birthplace        (City or town) (State or foreign country)

16. Informant's OWN Signature Joseph E Brown

and Address Pocatello, Idaho

17. (a) Burial (b) Date thereof Dec 28 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Jackson, Missouri

18. Funeral Director's OWN Signature James H. Brown

and Address Pocatello, Idaho

19. (a) Dec. 27, 1948 (b) Jessie J. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) December 26 19 48  
at 11:15 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 to December 26 19 48  
I last saw h. er alive on December 26 19 48;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Neuroblastoma - extreme metastasis and cachexia Duration       

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation none Date       

Major finding       

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature CE Brown

(M. D. or other)

and Address Pocatello, Idaho Date 12/27 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No. 4447  
Local Reg. No. 334  
Reg. Dist. No. 511

1. PLACE OF DEATH: **STATISTICS**
- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 650 N. 7TH  
(d) Death Occurred Inside? - Outside? - city or town  
(e) Died in a Home - Hospital - Institution - Other place -  
(f) Name Hosp. or Inst. ST. ANTHONY'S Stayed 1 days  
(g) Lived in this county - years - months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. R. 1, NORTH  
(e) Deceased lived Inside? - Outside? - city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state) NONE

3. (a) FULL NAME EAREN STONE  
3. (b) If veteran, name war - 3. (c) Social Security No. -  
5. Color or WHITE 6. (a) Single, widowed, married, divorced SINGLE  
4. Sex MALE race WHITE 6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years  
7. Date of Birth (Month, Day, Year) DECEMBER 28, 1948  
8. AGE Years Months Days If less than 1 day min.  
0 0 0 12 hrs. min.

9. Exact Occupation INFANT Did this work for - yrs.  
10. Industry or Business - Date last worked -  
11. Birthplace POCATELLO IDAHO (City or town) (State or foreign country)  
Father { 12. Name CLAY E. STONE  
13. Birthplace PIRIE IDAHO (City or town) (State or foreign country)  
Mother { 14. Maiden name RUBY COOK  
15. Birthplace POCATELLO IDAHO (City or town) (State or foreign country)  
16. Informant's OWN Signature: Clay E. Stone and Address POCATELLO, IDAHO  
17. (a) BURIAL (b) Date thereof 12-30-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place POCATELLO, IDAHO  
18. Funeral Director's OWN Signature: Anthony Hall and Address POCATELLO, IDAHO  
19. (a) Jan. 13, 1949 (b) Jessie J. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) DECEMBER 29 19 48  
at - o'clock - M.  
21. I HEREBY CERTIFY, That I attended deceased from Dec 28 19 48 to Dec 29 19 48  
I last saw h. 28 alive on Dec 29 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Infantile

Due to non viable

Due to -

Other conditions -  
(Include pregnancy within 3 months of death)

Where was disease contracted? -

Physician Underline the cause to which death should be charged statistically.

Born

DEC 29 48

AUSES, also fill in the following:

- Homicide? -

- 19 - City, county, state

- Farm - Industry -

- While at work? -

Means of Injury -

23. Attendant's OWN Signature: Ralph B. Hegsted M.D. (M. D. or other)  
and Address Pocatellos Idaho Date 1-11 19 49  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 17 1949

DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4448  
Local Reg. No. 333  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 650 N. 7TH  
(d) Death Occurred Inside? ✓ Outside?        city or town         
(e) Died in a Home        Hospital        Institution        Other place         
(f) Name Hosp. or Inst. ST. ANTHONY Stayed 1 days  
(g) Lived in this county        years        months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. RT. 1, NORTH  
(e) Deceased lived Inside?        Outside? ✓ city or town         
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state) NONE

## 3. (a) FULL NAME

KAREN STONE

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

Sex FEMALE Race WHITE

(a) Single, widowed, married, divorced SINGLE

## (b) Name of husband or wife

(c) Age of husband or wife if alive        years

## 7. Date of Birth

(Month, Day, Year) DECEMBER 28, 1948

## 8. AGE

Years

Months

Days

If less than 1 day

0

0

0

12 hrs.

min.

## 9. Exact

Occupation INFANT

Did this work for        yrs.

## 10. Industry or Business

Date last worked       

## 11. Birthplace

POCATELLO

IDAHO

(City or town)

(State or foreign country)

## 12. Name

CLAY E. STONE

## 13. Birthplace

PIRIE

IDAHO

(City or town)

(State or foreign country)

## 14. Maiden name

RUBY COOK

## 15. Birthplace

POCATELLO

IDAHO

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Clay E. Stone

and Address POCATELLO, IDAHO

## 17. (a) BURIAL

(Burial, cremation, or removal)

## (b) Date thereof

12-30-48

(Month) (Day) (Year)

## (c) Place

POCATELLO, IDAHO

## 18. Funeral Director's

OWN Signature Arthur Hall

and Address POCATELLO, IDAHO

## 19. (a)

Jan. 13, 1949

(Date received and filed)

## (b)

Jenni L. Powell

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) DECEMBER 29 19 48

at        o'clock        M.

## 21. I HEREBY CERTIFY, That I attended deceased from

28 19 48 to Jan 29 19 48

I last saw h.        alive on        19 48

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Premature

non viable

Due to       

Due to       

Other condition       

Duration

hs of death)

BORN  
DEC 29 48

Physician Underline the cause to which death should be charged statistically.

...Date       

...City, county, state

...Homicide?       

...Violence occurred       

...Place of Violence: Home        Farm        Industry       

...Public Place        While at work?       

...Means of injury       

2

## 23. Attendant's

OWN Signature Ralph B. Negot's M.

and Address POCATELLO, IDAHO

(For additional space, use reverse side)

Date 1-11 19 49

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

RECEIVED

STATE OF IDAHO

1948  
State File No. 14419  
Local Reg. No. 371  
Reg. Dist. No. 511

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Ft. Hall  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Ft. Hall  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Wyoming

## 3. (a) FULL NAME

Elinor Tesaw Toane

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex F race Indian

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Irwin Toane

6. (c) Age of husband or wife if  
alive 33 years

7. Date of Birth  
(Month, Day, Year) No data

8. AGE	Years	Months	Days	If less than 1 day
				hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Home Date last worked \_\_\_\_\_

11. Birthplace Fort Washkee Wyoming  
(City or town) (State or foreign country)

12. Name No Data

13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

14. Maiden name No Data

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Jessie 2. Powell and Address Pocatello, Idaho

17. (a) removal (b) Date thereof May 11, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Fort Washkee, Wyoming

18. Funeral Director's OWN Signature Jessie 2. Powell and Address Pocatello, Idaho

19. (a) Dec. 22, 1948 (b) Jessie 2. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) May 8 1948  
at 11:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Massive pulmonary hemorrhage Duration \_\_\_\_\_

Due to Pulmonary tuberculosis for  
advanced

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. R. Pearson, M.D.

(M. D. or other)  
and Address Pocatello, Idaho Date 15 May 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
OFFICE OF VITAL  
STATISTICS

RECEIVED

DEC 29 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 4450  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Fort Hall,  
(c) Street Address or R.F.D. No. Idaho  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 29 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Fort Hall  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 29 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Thomas Holbrook

## 3. (b) If veteran,

name war --

## 3. (c) Social Security

No. --

5. Color or 6. (a) Single, widowed, married,  
Sex Male race Indian divorced Married

6. (b) Name of husband or wife Catherine Holbrook 6. (c) Age of husband or wife if alive 22 years

7. Date of Birth (Month, Day, Year) November 30, 1919

8. AGE	Years	Months	Days	If less than 1 day
	<u>29</u>		<u>6</u>	hrs min.

9. Exact Occupation Cattle raiser Did this work for 15 yrs.

10. Industry or Business Stockman Date last worked Sept. 1948

11. Birthplace Fort Hall Idaho  
(City or town) (State or foreign country)

12. Name Willie Holbrook

13. Birthplace Fort Hall Res. Idaho  
(City or town) (State or foreign country)

14. Maiden name Lucy Warjack

15. Birthplace Fort Hall Res. Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Katherine Holbrook  
and Address Fort Hall, Idaho

17. (a) Burial (b) Date thereof 12-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Fort Hall Res. Cemetery

18. Funeral Director's OWN Signature Katherine Holbrook  
and Address Fort Hall, Idaho

19. (a) 12-21-48 (b) H. G. Lement  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 4 1948  
(Month, Day, Year) at 10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Possibly heart-also had been suffering for past three years

Due to from tuberculosis. Has had hemorrhages and heart

Due to attacks.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature Katherine Holbrook  
(Name of other)

and Address Fort Hall, Idaho Date 12-21-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

DEC 15 1948

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1948 4451  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Fort Hall  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ....., Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ....., Institution ....., Other place .....,  
(f) Name Hosp. or Inst. .... Stayed ....., days  
(g) Lived in this county 52 years ....., months ....., days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Fort Hall  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ....., Outside? ☒ city or town  
(f) Citizen of what country? Idaho  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Willie Jackson

## 3. (b) If veteran,

name war .....

## 3. (c) Social Security

No. ....

4. Sex Male 5. Color or race Indian 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace Jackson 6. (c) Age of husband or wife if alive 50 years

7. Date of Birth (Month, Day, Year) about 1896

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>			hrs min.

9. Exact Occupation Farmer Did this work for 25 yrs.

10. Industry or Business Farming Date last worked Sept. 1948

11. Birthplace Fort Hall Reservation, Idaho  
(City or town) (State or foreign country)

12. Name Bill Jackson

13. Birthplace Unknown  
(City or town) (State or foreign country)

14. Maiden name Yah-gwa-nah

15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Grace Jackson  
and Address Fort Hall, Idaho

17. (a) Burial (b) Date thereof 12-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Fort Hall Res. Cemetery

18. Funeral Director's OWN Signature Grace Jackson  
and Address Fort Hall, Idaho

19. (a) 12-7-48 (b) H. L. Hunt  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 7 1948  
(Month, Day, Year) at 8 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h..... alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Possibly heart-did not complain Duration

of feeling sick-ate supper, went

Due to to bed and could not wake him in the morning.

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ....., Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ....., Suicide? ....., Homicide? ....., Occurred 19 City, county, state

where violence occurred .....

Place of Violence: Home ....., Farm ....., Industry .....

Public Place ....., While at work? .....

Means of injury .....

23. Attendant's OWN Signature Grace Jackson (or other)

and Address Fort Hall, Idaho Date 12-7-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED **Certificate of Death**  
DEC 29 1948  
STATE OF IDAHO

State File No. **4452**  
Local Reg. No. **315**  
Reg. Dist. No. **511**

**1. PLACE OF DEATH:**  
(a) County **Bannock**  
(b) City or town **McCannon**  
(c) Street Address or R.F.D. No. **-**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **-** Stayed **-** days  
(g) Lived in this county **21** years **-** months **-** days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased:** (Always fill in these)  
(a) State **Idaho** (b) County **Bannock**  
(c) City or town **McCannon**  
(d) Street Address or R.F.D. No. **-**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **21** years  
(h) Former residence (city, state) **Utah**

**3. (a) FULL NAME** **Ray Hadfield Pilgrim**  
**3. (b) If veteran, name war** **-** **3. (c) Social Security No.** **-**  
**4. Sex** **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Lavene Morris** **6. (c) Age of husband or wife if alive** **39** years  
**7. Date of Birth** (Month, Day, Year) **April 21, 1911**  

8. AGE	Years	Months	Days	If less than 1 day
	<b>37</b>	<b>7</b>	<b>23</b>	hrs. min.

  
**9. Exact Occupation** **Farmer** **Did this work for** **-** yrs.  
**10. Industry or Business** **Own** **Date last worked** **-**  
**11. Birthplace** **Smithfield, Utah** (City or town) (State or foreign country)  
**12. Name** **John Hyrum Pilgrim** (City or town) (State or foreign country)  
**13. Birthplace** **Smithfield, Utah** (City or town) (State or foreign country)  
**14. Maiden name** **Violet Hadfield**  
**15. Birthplace** (City or town) (State or foreign country)  
**16. Informant's OWN Signature** **Lavene Pilgrim** **McCannon, Idaho**  
**17. (a) Burial** (b) Date thereof **12-18-48** (Month) (Day) (Year)  
(c) Place **McCannon, Idaho**  
**18. Funeral Director's OWN Signature** **Arthur M. Hall** **Pocatello, Idaho**  
**19. (a) Date** **27.1.1948** (Date received and filed) **(b) Jennie J. Farrell** (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**  
**20. DATE OF DEATH** **December 14, 1948** (Month, Day, Year)  
at **-** o'clock **-** M.  
**21. I HEREBY CERTIFY**, That I attended deceased from **-** 19 **-** to **-** 19 **-**  
I last saw h. **-** alive on **-** 19 **-**; death is said to have occurred on the date and hour stated above.  
**Immediate Cause of Death:** **Natural Causes while trying to load pipe** **Duration**  
Due to **Bruise on head and knee indicating he may have been attacked by pipe**  
Due to **loss of eye motion**  
Other conditions **None** (Include pregnancy within 3 months of death)  
Where was disease contracted? **-**  
Name of operation **-** Date **-**  
Major finding **-**  
Finding of autopsy **-**  
**22. If death was due to EXTERNAL CAUSES**, also fill in the following:  
Accident? **-** Suicide? **-** Homicide? **-**  
Occurred **-** 19 **-** City, county, state where violence occurred **-**  
Place of Violence: Home **-** Farm **-** Industry **-**  
Public Place **-** While at work? **-**  
Means of injury **-**  
**23. Attendant's OWN Signature** **Arthur M. Hall** **Pocatello** **Dec 18 1948**  
and Address **-** Date **Dec 18 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 4453  
Local Reg. No. 335  
Reg. Dist. No. 5-11

## 1. PLACE OF DEATH:

- (a) County..... BANNOCK  
(b) City or town..... POCATELLO  
(c) Street Address or R.F.D. No. ROUTE 2 NORTH  
(d) Death Occurred Inside? ✓ Outside?..... city or town  
(e) Died in a Home ✓ Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county 37 years - months - days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State..... IDAHO (b) County..... BANNOCK  
(c) City or town..... POCATELLO  
(d) Street Address or R.F.D. No. ROUTE 2, NORTH  
(e) Deceased lived Inside?..... Outside? - city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state)..... UTAH

## 3. (a) FULL NAME

MARY ELLEN NELSON

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

WHITE

## 6. (a) Single, widowed, married, divorced

MARRIED

## 6. (b) Name of husband or wife

WALTER E. NELSON

## 6. (c) Age of husband or wife if

alive 62 years

## 7. Date of Birth

(Month, Day, Year) FEBRUARY 5, 1889

## 8. AGE

Years

Months

Days

If less than 1 day

59

10

24

hrs.

min.

## 9. Exact

Occupation

HOUSEWIFE

Did this

work for

yrs.

## 10. Industry or

Business

AT HOME

Date last

worked

## 11. Birthplace

AMERICAN FORK

UTAH

(City or town)

(State or foreign country)

## 12. Name

JAMES H. STUART

## 13. Birthplace

LONDON

ENGLAND

(City or town)

(State or foreign country)

## 14. Maiden name

GRACE

WATERFALL

## 15. Birthplace

LONDON

ENGLAND

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Walter E. Nelson

and Address

POCATELLO, IDAHO

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

1-3-49

(Month) (Day) (Year)

(c) Place

POCATELLO, IDAHO

## 18. Funeral Director's

OWN Signature

Arthur M. Hall

and Address

POCATELLO, IDAHO

## 19. (a)

Jan. 3, 1949

(b)

James D. Owell

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) DECEMBER 29 19 48

at..... o'clock..... M.

## 21. I HEREBY CERTIFY, That I attended deceased from.....

..... 19....., to..... 19.....

I last saw h..... alive on..... 19.....;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Suicide shot wound.

Duration

Due to

Mental Condition

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the

cause to which

death should

be charged

statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide? yes Homicide?.....

Occurred Dec 29 19 48 City, county, state

where violence occurred at home

Place of Violence: Home ✓ Factory..... Industry.....

Public Place..... While at work?.....

Means of injury.....

## 23. Attendant's

OWN Signature

Arthur M. Hall

and Address

Pocatello, Idaho

Date Dec 31 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 24 1948

# Certificate of Death

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No.

4454

Local Reg. No.

Reg. Dist. No.

252

## 1. PLACE OF DEATH:

- (a) County Bear Lake  
(b) City or town Montpelier Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or inst. Bear Lake Hospital days \_\_\_\_\_  
(g) Lived in this county 41 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 6

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bear Lake  
(c) City or town Montpelier Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years \_\_\_\_\_  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Rebekah Rose Allerman Smart

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

## 4. Sex female race white

## 6. (b) Name of husband or wife

## 6. (a) Single, widowed, married, divorced Widow

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

Oct 6 1907

## 8. AGE

Years

Months

Days

If less than 1 day

41

2

1

hrs.

min.

## 9. Exact Occupation

Housewife

## Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Bear Lake Idaho

## Date last worked

## 11. Birthplace

Bear Lake Idaho

(City or town) (State or foreign country)

## 12. Name

Rebekah Rose Allerman

## 13. Birthplace

Montpelier Idaho

## 14. Maiden name

Rebekah Rose Allerman

## 15. Birthplace

Montpelier Idaho

## 16. Informant's OWN Signature

Elisabeth B. Allerman

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

Dec 10 1948

## (c) Place

Montpelier Idaho

## 18. Funeral Director's OWN Signature

Phil Mattingly

## 19. (a) 48

(Date received and filed)

## (b) [Signature]

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

Dec 7 1948

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Nov 15

19 48, to Dec 7 19 48

I last saw her alive on Dec 7 19 48

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Coronary embolism

Duration

10 minutes

Due to Acute yellow atrophy of liver

Due to Acute Influenza

2 weeks

3 weeks

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

R. B. Lindsey, M.D.

and Address Montpelier Date Dec 7 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 2 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 4455

Local Reg. No. 552

Reg. Dist. No. 552

## 1. PLACE OF DEATH

- (a) County Blaine Lake  
(b) City or town Paris Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? ☒ Hospital? ☒ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. Blaine Lake Hospital 13 days  
(g) Lived in this county 44 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in if there)

- (a) State Idaho (b) County Blaine Lake  
(c) City or town Paris Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Thomas Caldwell

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

I

None

4. Sex Male Color or race white  
5. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Anna K. Hansen 6. (c) Age of husband or wife if alive 51 years  
7. Date of Birth (Month, Day, Year) July 27, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>4</u>	<u>11</u>	hrs. min.

9. Exact Occupation arming Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Samaria Idaho (City or town) (State or foreign country)

12. Name Robert W. Caldwell (City or town) (State or foreign country)

13. Birthplace Bohannon City Idaho (City or town) (State or foreign country)

14. Maiden name Marquet Williams (City or town) (State or foreign country)

15. Birthplace Malad Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Warren T. Caldwell and Address Paris, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14 1948 (Month) (Day) (Year)

- (c) Place Paris, Idaho

18. Funeral Director's OWN Signature W. Matthews and Address \_\_\_\_\_

19. (a) 12/13/48 (Date received and filed) (b) W. Matthews (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Dec 8 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1948 to \_\_\_\_\_ 1948

I last saw him alive on December 8 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Thrombosis Duration 1 day

Due to 30 General debility 30 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation None Date \_\_\_\_\_

Major finding Physical

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

Reed Richman (Day, or other) and Address Malad Idaho Date 12-12 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

196053

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 2 1948

# Certificate of Death

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1948

State File No. 4456

Local Reg. No.

Reg. Dist. No. 582

1. PLACE OF DEATH
- (a) County Bear Lake
- (b) City or town Montpelier Idaho
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_
- (f) Name Hosp. or Inst. 19 Stayed \_\_\_\_\_ days
- (g) Lived in this county 19 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bear Lake
- (c) City or town Montpelier Idaho
- (d) Street Address or R.F.D. No. \_\_\_\_\_
- (e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 17 years
- (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Jean Loomer

3. (b) If veteran's name war \_\_\_\_\_ 3. (c) Social Security No. none

5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Nov. 11, 1931

AGE	Years	Months	Days	If less than 1 day
	<u>17</u>	<u>3</u>	<u>1</u>	hrs. min.

9. Exact Occupation High School Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Montpelier Idaho (City or town) (State or foreign country)

12. Name Clifford H. Loomer (City or town) (State or foreign country)

13. Birthplace Montpelier Idaho (City or town) (State or foreign country)

14. Maiden name Jean Carls (City or town) (State or foreign country)

15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Clifford H. Loomer and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Dec 10 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Montpelier Idaho

18. Funeral Director's OWN Signature W. Mathias and Address \_\_\_\_\_

19. (a) 12/10/1948 (b) Mathias (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 8 19 48  
at 12:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 19 47 to Dec 8 19 48  
I last saw him alive on Dec 8 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Uremia Coma (Cerebral Type) Duration 3 days

Due to Multiple Sclerosis 3 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Not known

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. Mathias

and Address Montpelier Idaho (City or town) (State or foreign country)

Date 12/10/1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4457  
Local Reg. No. 552  
Reg. Dist. No. 552

## 1. PLACE OF DEATH

- (a) County Bear Lake  
(b) City or town Montpelier Ida  
(c) Street Address or R.F.D. No. ✓  
(d) Death Occurred Inside? ✓ Outside? city or town  
(e) Died in a Home? ✓ Hospital? ✓ Institution? Other place  
(f) Name Hosp. or Inst. 84 Stayed days  
(g) Lived in this county 84 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bear Lake  
(c) City or town Montpelier Idaho  
(d) Street Address or R.F.D. No. ✓  
(e) Deceased lived Inside? ✓ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 84 years  
(h) Former residence (city, state) ✓

## 3. (a) FULL NAME

Anna Maria Perkins

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

## 4. Sex

Female

## 5. Color or

White

## 6. (a) Single, widowed, married, divorced, widow

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive years

## 7. Date of Birth

(Month, Day, Year) April 21, 1862

## 8. AGE

Years 86

Months 7

Days 26

If less than 1 day  
hrs. min.

## 9. Exact Occupation

Housewife

Did this work for years

## 10. Industry or Business

Date last worked

## 11. Birthplace

Bountiful, Utah  
(City or town) (State or foreign country)

## 12. Name

John Bunnery

## 13. Birthplace

England  
(City or town) (State or foreign country)

## 14. Maiden name

Ann Mallett

## 15. Birthplace

England  
(City or town) (State or foreign country)

## 16. Informant's

## OWN Signature

Ann Perkins

and Address Montpelier

## 17. (a) Burial

(Burial, cremation, or other)

## (b) Date thereof Dec 29, 1948

(Month) (Day) (Year)

## 18. Funeral Director's

## OWN Signature

W. M. M. M.

and Address Montpelier

## 19. (a)

(Date received and filed)

## (b)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Dec 17, 1948

at 11 o'clock AM

## 21. I HEREBY CERTIFY, That I attended deceased from Dec 7

19 48 to Dec 17 19 48

I last saw h alive on 19

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Arteriosclerosis  
right leg

## Duration

10 days

## Due to

## Due to

## Other conditions

(include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation

## Date

## Major finding

## Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ✓ Suicide? ✓ Homicide? ✓

Occurred 19 City, county, state

where violence occurred Montpelier

Place of Violence: Home ✓ Farm ✓ Industry ✓

Public Place ✓ While at work? ✓

## Means of injury

## 23. Attendant's

## OWN Signature

Reed Rick M.D.

and Address Montpelier

Date 12-20-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

948  
State File No. 4458  
Local Reg. No. 552  
Reg. Dist. No.

1. PLACE OF DEATH:  
(a) County Bear Lake  
(b) City or town Montpelier Idaho  
(c) Street Address or R.F.D. No. 1  
(d) Death Occurred Inside? ✓ Outside?    city or town     
(e) Died in a Home    Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 48 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bear Lake  
(c) City or town Montpelier Idaho  
(d) Street Address or R.F.D. No.     
(e) Deceased lived Inside? ✓ Outside?    city or town     
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 78 years  
(h) Former residence (city, state)   

3. (a) FULL NAME Francis Alma Dimick

3. (b) If veteran, name war    3. (c) Social Security No. None

4. Sex Male Color or race white 5. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles H. Dimick 6. (c) Age of husband or wife if alive 77 years

7. Date of Birth (Month, Day, Year) Dec 8 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>0</u>	<u>19</u>	hrs. min.

9. Exact Occupation Farmer Did this work for    yrs.

10. Industry or Business    Date last worked   

11. Birthplace Gloomington Idaho (City or town) (State or foreign country)

12. Name Francis Dimick

13. Birthplace Ill. (City or town) (State or foreign country)

14. Maiden name Maranda Walmsley

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Alice Dimick and Address Montpelier, Idaho

17. (a) Burial (b) Date thereof Dec 29 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Montpelier Idaho

18. Funeral Director's OWN Signature W. Matthews and Address Montpelier Idaho

19. (a) 12-9-48 (b) Matthews (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 27 1948

at 5 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 15 1948 to Dec 24 1948

I last saw him alive on Dec 24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Degenerative heart disease Duration 10 years

Due to   

Due to   

Other conditions Senility

(Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19    City, county, state   

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature J. P. Gaertner, M.D. (M. D. or other)    and Address Montpelier Date 12/29 1948 (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

OFFICE OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4459  
Local Reg. No. 553  
Reg. Dist. No. 553

## 1. PLACE OF DEATH

- (a) County Blaine Lake  
(b) City or town St. Charles Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 13 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine Lake  
(c) City or town St. Charles Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Swan Oscar Arnell

## 3. (b) If veteran, name war

10

## 3. (c) Social Security No.

Name

## 4. Sex Male Color or race white

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Eugenie Arnell

## 6. (c) Age of husband or wife if alive 49 years

## 7. Date of Birth (Month, Day, Year) Dec 12 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>11</u>	<u>26</u>	hrs. min.

## 9. Exact Occupation Farming Did this work for 60 yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace St. Charles Idaho (City or town) (State or foreign country)

## 12. Name Swan Arnell (City or town) (State or foreign country)

## 13. Birthplace Hampshire England (City or town) (State or foreign country)

## 14. Maiden name James Elice (City or town) (State or foreign country)

## 15. Birthplace Hampshire England (City or town) (State or foreign country)

## 16. Informant's OWN Signature Clemeth E. Arnell and Address St. Charles Idaho

## 17. (a) Burial (Burial, cremation or other) (b) Date thereof Dec 13 1948 (Month) (Day) (Year)

## (c) Place St. Charles Cemetery

## 18. Funeral Director's OWN Signature Wiley Matthews and Address St. Charles Idaho

## 19. (a) \_\_\_\_\_ (Date received and filed) (b) \_\_\_\_\_ (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Dec 8 1948  
at \_\_\_\_\_ o'clock 1 M.

## 21. I HEREBY CERTIFY, That I attended deceased from 12 November 1948 to 8 December 1948

I last saw him alive on 6 December 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cancer of stomach

## Duration

Indefinite

## Due to \_\_\_\_\_

## Due to \_\_\_\_\_

Other conditions Hypertension Indefinite  
(Include pregnancy within 8 months of death)

## Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_

Finding of autopsy Not done

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Russell L. Lister, Jr. M.D. (M.D. or other)

and Address Monrovia, Ida Date 14 Dec 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

1948

State File No. 4460

Local Reg. No.

Reg. Dist. No. 552

## 1. PLACE OF DEATH:

- (a) County Blaine Lake  
(b) City or town Boise Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 79 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine Lake  
(c) City or town Boise Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 79 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Elizabeth Thompson Kutch Arnall

093E

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

None

None

## 4. Sex Female Color or race white

## 5. (a) Single, widowed, married, divorced Widowed

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

Jan 27 1869

## 8. AGE Year 79 Months 10 Days 27 If less than 1 day hrs. min.

## 9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Idaho (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

## 12. Name Charles Thompson Kutch

## 13. Birthplace England (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

## 14. Maiden name Thompson

## 15. Birthplace England (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

## 16. Informant's OWN Signature Blairius Arnall and Address St. Charles, Idaho

## 17. (a) Burial (Burial, cremation, or funeral) (b) Date thereof Dec 27 1948 (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature John Matthews and Address Montpelier, Idaho

## 19. (a) 27 1948 (Date received and filed) (b) Matthews (Registrar signature)

## MEDICAL CERTIFICATE OF DEATH

162B

## 20. DATE OF DEATH

(Month, Day, Year) Dec 24 1948  
at 5 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Dec 20 1948, to Dec 24 1948.

I last saw her alive on Dec 24 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute myocardial failure

Duration 3 days

Due to Chronic myocardial failure

10 yrs.

Due to \_\_\_\_\_

Other conditions senility  
(Include pregnancy within 8 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature RBS Lunday and Address Montpelier

(M. D. or other) MD  
Date 16-24 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 1 4 10 48

# Certificate Of Death

STATE OF IDAHO

State File No. **4461**  
Local Reg. No. **44**  
Reg. Dist. No. **130**

## DIVISION OF VITAL

### 1. PLACE OF DEATH: STATISTICS

- (a) County **Benewah**  
(b) City or town **St. Maries**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **Platt** Stayed **5** days  
(g) Lived in this county... years... months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Shoshone**  
(c) City or town **Clarkia**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **62** years  
(h) Former residence (city, state) .....

### 3. (a) FULL NAME

**Walter Scott Robbins**

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **518-03-7067**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Vinnie**  
6. (c) Age of husband or wife if alive **51** years  
7. Date of Birth (Month, Day, Year) **April 21, 1886**

8. AGE	Years	Months	Days	If less than 1 day
	62	7	11	hrs min.

9. Exact Occupation **Logger** Did this work for **25** yrs.  
10. Industry or Business **Woods** Date last worked **1945**  
11. Birthplace **Cottonwood Idaho**  
(City or town) (State or foreign country)

12. Name **Hiriam Robbins**  
13. Birthplace **N. C.**  
(City or town) (State or foreign country)  
14. Maiden name **Julietta Blackburn**  
15. Birthplace **N. C.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Best H. Robbins**  
and Address **Clarkia, Idaho**

17. (a) **Burial** (b) Date thereof **12-6-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **St. Maries, Idaho**

18. Funeral Director's OWN Signature **R. E. Wissa**  
and Address **St. Maries, Idaho**

19. (a) **12-9-48** (b) **R. E. Wissa**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **097X**

20. DATE OF DEATH (Month, Day, Year) **December 2, 1948** 19  
at **4:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Oct. 15, 1948, to Dec. 2, 1948**  
I last saw him alive on **Dec. 2, 1948**; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

- Cardio-respiratory failure** Duration **18 hrs.**  
Due to **Cerebral hemorrhage** **24 hrs.**  
**Hypertension & Generalized Arteriosclerosis** **3 Years**  
Other conditions **Chronic Asthma**  
(Include pregnancy within 3 months of death)

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury .....  
23. Attendant's OWN Signature **R. J. Longmeyer, Jr.**  
(M. D. or other)  
and Address **St. Francis** Date **12/3/1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 1

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4462  
Local Reg. No. 43  
Reg. Dist. No. 130

## STATISTICS

### 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Platt Stayed 4 days  
(g) Lived in this county 22 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town Sanders  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) .....

### 3. (a) FULL NAME

Anna Mary Grove

### 3. (b) If veteran,

name war None

### 3. (c) Social Security

No. 540-32-479

### 4. Sex Female 5. Color or race White

### 6. (a) Single, widowed, married, divorced Widowed

### 6. (b) Name of husband or wife

### 6. (c) Age of husband or wife if alive ..... years

### 7. Date of Birth

(Month, Day, Year) March 26, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>8</u>	<u>10</u>	hrs min.

### 9. Exact Occupation Housewife Did this work for 25 yrs.

### 10. Industry or Business Home Date last worked 1947

### 11. Birthplace Aberdeen S. D. (City or town) (State or foreign country)

### 12. Name John A. Danberger

### 13. Birthplace Germany (City or town) (State or foreign country)

### 14. Maiden name Unknown

### 15. Birthplace Germany (City or town) (State or foreign country)

### 16. Informant's OWN Signature Anna Marie Bailey

### and Address St. Maries, Idaho

### 17. (a) Burial (b) Date thereof 12-9-48 (Burial, cremation or removal) (Month) (Day) (Year)

### (c) Place: St. Maries, Idaho

### 18. Funeral Director's OWN Signature R. E. Wilson

### and Address St. Maries, Idaho

### 19. (a) 12-9-48 (b) R. E. Wilson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) December 6, 1948 19  
at 9:25 o'clock P. M.

### 21. I HEREBY CERTIFY, That I attended deceased from

Dec. 2 19 48, to Dec. 6 19 48  
I last saw h.e.r. alive on Dec. 6 19 48; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral Hemorrhage Duration 5 days

Due to Generalized Arterio-sclerosis & Hypertension Years

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

### Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

### 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? X

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry

Public Place ..... While at work?

Means of injury .....

### 23. Attendant's

OWN Signature R. L. Longenecker (M. D. or other)

and Address St. Maries Date 12/7/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
STATISTICS

DEC 1 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

1948

State File No. **4463**  
Local Reg. No. **46**  
Reg. Dist. No. **130**

## 1. PLACE OF DEATH:

- (a) County **Benewah**  
(b) City or town **St. Maries**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **St. Maries** Stayed **10** days  
(g) Lived in this county... years ..... months **10** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Washington** (b) County **Whitman**  
(c) City or town **Malden**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **10** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**Joseph Bernard Corrior**

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **707-14-9878**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Katherine** 6. (c) Age of husband or wife if alive **52** years  
7. Date of Birth (Month, Day, Year) **April 3, 1886**

8. AGE	Years	Months	Days	If less than 1 day
	<b>62</b>	<b>8</b>	<b>5</b>	hrs min.

9. Exact Occupation **Brakeman** Did this work for **34** yrs.  
10. Industry or Business **Railroad** Date last worked **Mar. 1946**  
11. Birthplace **Kankakee, Illinois** (City or town) (State or foreign country)

12. Name **Unknown**  
13. Birthplace **Unknown** (City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs J.B. Corrior**  
and Address **Malden, Washington**

17. (a) **Removal** (b) Date thereof **12-9-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Kankakee, Illinois**

18. Funeral Director's OWN Signature **R.E. Wessa**  
and Address **St. Maries, Idaho**

19. (a) **12-9-48** (b) **R.E. Wessa**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH **083A**

20. DATE OF DEATH (Month, Day, Year) **December 8, 1948** 19  
at **8:55** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **July 1948** to **Dec 8, 1948**  
I last saw him alive on **8 Dec 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Coronary Thrombosis** Duration **30 min**

Due to **Broncho pneumonia** **1 wk**

Due to **Cerebral apoplexy** **2 wks**  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation **None** .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **J. W. Doulton**  
and Address **St. Maries, Idaho** (M. D. or other) **12-9-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

CERTIFICATE OF DEATH  
STATE OF IDAHO

1948 State File No. 4464  
Local Reg. No. 3  
Reg. Dist. No. 132

1. PLACE OF DEATH: STATISTICAL
- (a) County Benewah  
(b) City or town Plummer  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital Institution Other place ....  
(f) Name Hosp. or Inst. None Stayed ..... days  
(g) Lived in this county 20 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- (a) State Idaho (b) County Benewah  
(c) City or town Plummer  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) If foreign born, in U. S. .... yrs. Citizen of U. S.? .....  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Jennie Elizabeth Horine

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married,  
4. Sex Female race White divorced Widowed  
6. (b) Name of husband or 6 (c) Age of husband or wife if  
wife John M. Horine alive Deceased years  
7. Date of Birth February 5, 1889  
(Month, Day, Year)

AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>10</u>	<u>6</u>	hrs min.

9. Exact Occupation Housewife Did this work for 61 yrs.  
10. Industry or Business At Home Date last worked June/45  
11. Birthplace Newell Iowa  
(City or town) (State or foreign country)

Father { 12. Name Morris M. Fyfe  
13. Birthplace Wisconsin  
(City or town) (State or foreign country)

Mother { 14. Maiden name Elizabeth Seekens  
15. Birthplace Wisconsin  
(City or town) (State or foreign country)

16. Informant's OWN Signature M. M. Horine  
and Address Plummer, Idaho

17. (a) Burial (b) Date thereof 12-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Palouse, Washington

18. Funeral Director's OWN Signature D. D. Tolson  
and Address Tekoa, Washington

19. (a) 12-13-48 (b) J. R. C. Robertson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 11 1948  
at 9:15 o'clock A. M.  
21. I HEREBY CERTIFY That I attended deceased from July 15 1948 to Dec 11 1948  
last saw her alive on Dec 2 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Carcinoma of face & head  
Due to 10 yrs or more  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease first contracted? + PHYSICIAN  
Name of operation no Date .....  
Major finding +  
Finding of autopsy no  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature W. R. Abeggen D.D. (M. D. or other)  
and Address Tekoa, Wash Date 12-12-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 21 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 4465  
Local Reg. No. 47  
Reg. Dist. No. 130

## 1. PLACE OF DEATH:

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 47 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Ella Campbell

3. (b) If veteran, name war None  
3. (c) Social Security No. None  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) Jan. 30, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>10</u>	<u>16</u>	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business Home Date last worked 1935  
11. Birthplace Eau Claire Wisconsin (City or town) (State or foreign country)

12. Name Reynolds  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Ellen Conley  
and Address St. Maries, Idaho

17. (a) Burial (b) Date thereof 12-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

19. (a) 12-17-48 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 16, 1948 19  
at 5:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1946 to Dec. 15, 1948  
I last saw h.er alive on Dec. 15, 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Cerebral hemorrhage  
Due to Generalized Arterio Sclerosis 3 Wks. Yrs.

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature R. E. Wessa (M. D. or other)  
and Address St. Maries, Idaho 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4466  
Local Reg. No. 48  
Reg. Dist. No. 130

## 1. PLACE OF DEATH: STATISTICS

- (a) County Benewah  
(b) City or town St. Maries  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 1 years 9 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Benewah  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 1 3/4 years  
(h) Former residence (city, state) Bonesteel, S. D.

## 3. (a) FULL NAME Charles Edward Titus

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Grace 6. (c) Age of husband or wife if alive 64 years  
7. Date of Birth (Month, Day, Year) October 7, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>2</u>	<u>17</u>	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.  
10. Industry or Business Farming Date last worked 1946  
11. Birthplace New Brunswick, N. J.  
(City or town) (State or foreign country)

12. Name Charles Titus  
13. Birthplace New Brunswick, N. J.  
(City or town) (State or foreign country)  
14. Maiden name Ann Patterson  
15. Birthplace Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature H. Thomas W. Titus  
and Address St. Maries, Idaho

17. (a) Burial (b) Date thereof 12-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wessa  
and Address St. Maries, Idaho

19. (a) 1-10-49 (b) R. E. Wessa  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 24, 1948 19  
at 7:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 7/21/1948 to 12/24/48 1948  
I last saw him alive on 12/24/48; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Cardia-respiratory failure Duration 8 hr.  
Due to Metastatic Cancer Brain?  
Due to Primary Site Unknown  
Other conditions (Include pregnancy within 3 months of death) .....

- Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature R. E. Wessa (M. D. or other)  
and Address St. Maries Date 12/24/48 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 16 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. **4467**  
Local Reg. No. **142**  
Reg. Dist. No. **600**

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Bingham**  
(b) City or town **Blackfoot**  
(c) Street Address or R.F.D. No. **161 N. Oak St.**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **3** years \_\_\_\_\_ months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bingham**  
(c) City or town **Blackfoot**  
(d) Street Address or R.F.D. No. **161 N. Oak St.**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **Life** years  
(h) Former residence (city, state) **Mackay, Idaho.**

3. (a) FULL NAME **David M. Navarre**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or race **White**  
4. Sex **Male**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **August, 12, 1878**  
8. AGE  

Years	Months	Days	If less than 1 day
<b>70</b>	<b>3</b>	<b>29</b>	hrs. min.

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) **December 11, 1948**  
at **12:00** o'clock **Noon** M.  
21. I HEREBY CERTIFY, That I attended deceased from **after** \_\_\_\_\_  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Coronary Heart Disease** Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

9. Exact Occupation **None** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Butte County, Idaho.** (City or town) (State or foreign country)  
Father { 12. Name **Stephen Navarre**  
13. Birthplace **France** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Orpha DeWitt**  
15. Birthplace **Provo, Utah.** (City or town) (State or foreign country)  
16. Informant's OWN Signature **Mrs. Jack D. E. Witt**  
**161 N. Oak, Blackfoot, Idaho.**  
and Address \_\_\_\_\_  
17. (a) **Burial** (b) Date thereof **12-13-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Mackay, Idaho.**  
18. Funeral Director's OWN Signature **Sam J. Sandberg**  
**Blackfoot, Idaho.**  
and Address \_\_\_\_\_  
19. (a) **12-12-48** (b) **Richard E. Palmer**  
(Date received and filed) (Registrar's signature)

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **AS Miller MD**  
(M. D. or other)  
and Address **Blackfoot, Idaho** Date **12-12** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 2 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

1948 State File No. **4468**  
Local Reg. No. **143**  
Reg. Dist. No. **600**

1. PLACE OF DEATH:  
(a) County **Bingham**  
(b) City or town **Blackfoot**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **MacInnis Hospt.** Stayed **62** days  
(g) Lived in this county **8** years \_\_\_\_\_ months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bingham**  
(c) City or town **Blackfoot**  
(d) Street Address or R.F.D. No. **87 Lilac St.**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **8** years  
(h) Former residence (city, state) **Kemmerer, Wyoming**

3. (a) FULL NAME **EDWARD PALMER HUMERICK**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **520-01-1978**  
5. Color or **White**  
4. Sex **Male** race **White**  
6. (b) Name of husband, or wife **Blanche Wilkensen**  
6. (c) Age of husband or wife if alive **32** years  
7. Date of Birth (Month, Day, Year) **October 4, 1909**  
8. AGE  

Years	Months	Days	If less than 1 day
<b>39</b>	<b>2</b>	<b>10</b>	hrs. min.

  
9. Exact Occupation **Mechanic** Did this work for **20** yrs.  
10. Industry or Business **Automotive** Date last worked **March /48**  
11. Birthplace **Kemmerer, Wyoming** (City or town) (State or foreign country)  
Father { 12. Name **Fred Humerick**  
13. Birthplace **Atlantic, Iowa.** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Pearl Palmer,**  
15. Birthplace **Durango, Colorado.** (City or town) (State or foreign country)  
16. Informant's OWN Signature **R.H. Humerick**  
and Address **Pocatello, Idaho**  
17. (a) **Burial** (b) Date thereof **12-16-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Blackfoot, Idaho.**  
18. Funeral Director's OWN Signature **John C. Sandberg**  
and Address **Blackfoot, Idaho.**  
19. (a) **12-16-48** (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH **December 14, 1948**  
(Month, Day, Year) at **4:15** o'clock **A.** M.  
21. I HEREBY CERTIFY, That I attended deceased from **March 17, 1947** to **14 Dec. 1948**  
I last saw him alive on **14 Dec. '48** death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Adenocarcinoma of rectum grade IV** Duration **2.6 Mo.**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Where was disease contracted? \_\_\_\_\_  
Name of operation **Colostomy** Date \_\_\_\_\_  
Major finding **obstruction + tumor**  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **Kenneth J. Moe, M.D.** (M. D. or other)  
and Address **Blackfoot, Idaho** Date **12-15, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
DEC 2 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **4469**  
Local Reg. No. **149**  
Reg. Dist. No. **600**

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. No. Broadway  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. MacInnes Hosp. Stayed 0 days  
(g) Lived in this county 43 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 490 No. Stout St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Bessie R. Brown Hoover

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
4. Sex Fem.  
6. (b) Name of husband or wife C. A. Hoover  
6. (c) Age of husband or wife if alive                      years  
7. Date of Birth (Month, Day, Year) November 10., 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>1</u>	<u>7</u>	hrs min.

9. Exact Occupation Housekeeper Did this work for                      yrs.  
10. Industry or Business Own home Date last worked 12-16-48  
11. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)  
Mother Father { 12. Name Charles H. Brown  
13. Birthplace Edinborough, Scotland  
(City or town) (State or foreign country)  
14. Maiden name Julia Ferguson  
15. Birthplace Cork, Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature Charles B. Hoover  
and Address 852 Newton San Fernando Cal  
Burial

17. (a) (b) Date thereof 12-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grove City Cem. Blft. Ida.

18. Funeral Director's OWN Signature Howard Packham  
and Address Blackfoot, Idaho

19. (a) 12/18-48 (Date received and filed)  
(b) Wm. H. E. Feltner (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec # 17 1948  
at 11:45 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from June 1947, to 17 Dec 1948.  
I last saw her alive on 17 Dec 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Occlusion

## Duration

15 Min

Due to                     

Due to                     

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?                     

Name of operation                      Date                     

Major finding                     

Finding of autopsy                     

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?                       
Occurred                      19                      City, county, state where violence occurred                       
Place of Violence: Home                      Farm                      Industry                       
Public Place                      While at work?                       
Means of injury

23. Attendant's OWN Signature Kenneth G. Moore, M.D.  
and Address Blft., Ida. (M. D. or other)                      Date                      19                       
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 24 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **4470**  
Local Reg. No. **150**  
Reg. Dist. No. **600**

## 1. PLACE OF DEATH:

(a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. No. Broadway  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. MacInnes Hosp Stayed 3 days  
(g) Lived in this county 0 years 8 months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 801 So. Shilling  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 8 mo. years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Roy Lynn Bowman

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
4. Sex Male 5. Color, or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) April 14, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>8</u>	<u>4</u>	hrs min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

10. Industry or Business none Date last worked \_\_\_\_\_

11. Birthplace Blackfoot, Idaho  
(City or town) (State or foreign country)

12. Name Gene M. Bowman

13. Birthplace Blackfoot, Idaho  
(City or town) (State or foreign country)

14. Maiden name Margaret Ann Smith

15. Birthplace Bocatello, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Gene Bowman  
and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 12-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Grove City Cemetery

18. Funeral Director's OWN Signature Howard Packham  
and Address Blackfoot, Idaho

19. (a) 12/20-48 (b) W. H. E. Prince  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 18, 1948  
(Month, Day, Year) at 1:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 13 Dec 1948 to 18 Dec 1948  
I last saw him alive on 18 Dec 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Virus pneumoniae Duration 1 week

Due to Xanthan Schlem 2 weeks

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Kenneth A. Moore  
(M. D. or other)

and Address Blif't., Ida. Date 19

(For additional space, use reverse side)

587

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
DEC 2 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4472  
Local Reg. No. 137  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Fort Hall  
(c) Street Address or R.F.D. No. Rural  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 4 years 7 months 5 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Fort Hall  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) None

## 3. (a) FULL NAME

Eileen Marie Breland

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex Female race Indian

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>4</u>	<u>7</u>	<u>5</u>	hrs. min.

9. Exact Occupation None Did this work for years

10. Industry or Business worked Date last

11. Birthplace Fort Hall Idaho  
(City or town) (State or foreign country)

12. Name (Bob) Robert Breland

13. Birthplace Helen Bear  
(City or town) (State or foreign country)

14. Maiden name Idaho

15. Birthplace Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature H. Hall Agnew, Records Mgr.  
and Address Shoshone County, R.M. Ft. Hall, Idaho

17. (a) Burial (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place Episcopal Mission, Ft. Hall

18. Funeral Director's OWN Signature Jack Henderson  
and Address Pocatello, Idaho

19. (a) 12/21-48 (Date received and filed)  
Thos. E. Patrice (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) September 20 1948  
at 1:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 20 Sept 1948  
to 20 Sept 1948

I last saw h. alive on 19;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: skull crushed Duration

Due to Child's rear end run over by a large dual wheel truck.

Due to Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date

Major finding.  
Finding of autopsy.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Accident Suicide? None Homicide? None

Occurred Sept 20, 1948 City, county, state  
where violence occurred Ft Hall, Idaho

Place of Violence: Home Public Farm Industry

Public Place Public While at work?

Means of injury Run over by truck

23. Attendant's OWN Signature Gr. R. Shaine MD.  
and Address Pocatello, Idaho date 23 Sept 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 11 1948  
Certificate of Death

DEPARTMENT OF VITAL STATISTICS  
STATE OF IDAHO

1948  
State File No. 4473  
Local Reg. No. 140  
Reg. Dist. No. 601

1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☒ Other place ☐  
(f) Name Hosp. or Inst. St. Hospt. South 5894 days  
(g) Lived in this county 16 years 1 months 24 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Shawnee, Oklahoma.

3. (a) FULL NAME John Henry Coble

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex M. 5. Color or race W.

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Florence Coble

6. (c) Age of husband or wife if alive  years

7. Date of Birth (Month, Day, Year) August 13, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>3</u>	<u>20</u>	hrs. min.

9. Exact Occupation Laborer Did this work for  yrs.

10. Industry or Business Lumber mill Date last worked

11. Birthplace Taney Co. Missouri (City or town) (State or foreign country)

Father { 12. Name Harvey Coble (City or town) (State or foreign country)

13. Birthplace Illinois (City or town) (State or foreign country)

Mother { 14. Maiden name Sarah Hunt (City or town) (State or foreign country)

15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's OWN Signature Mabel Edmundson and Address Route 9, Boise, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 5, 1948 (Month) (Day) (Year)

(c) Place Blackfoot, Idaho.

18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot, Idaho

19. (a) 12/5-1948 (Date received and filed) W. Stalar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 3, 1948 at 3:25 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1945 to Dec. 3, 1948

I last saw him alive on Dec. 3, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cardiovascular disease

Duration Unknown

Due to

Due to Senility

Other conditions  (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?  Suicide?  Homicide?

Occurred  19  City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature H. F. Brown, M.D.

(M. D. or other)

and Address Blackfoot, Idaho Date Dec. 4, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
DEC 11 1948  
**Certificate Of Death**  
STATE OF IDAHO

State File No. **4474**  
Local Reg. No. **139**  
Reg. Dist. No. **601**

1. **PLACE OF DEATH:** DIVISION OF VITAL STATISTICS  
Bingham
- (a) County .....  
(b) City or town ..... Blackfoot  
(c) Street Address or R.F.D. No. .... Box 390  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ..... Hospital ..... Institution ☒ Other place .....  
(f) Name Hosp. or Inst. St. Hosp. So. Stayed 47 1/2 days  
(g) Lived in this county 13 years 0 months 26 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) Nampa, Idaho

3. (a) **FULL NAME** Jannett Bishop

3. (b) If veteran, name war ..... No. ....  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) March 9, 1871

8. AGE	Years	Months	Days	If less than 1 day
	77	3	25	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Jennyville, Illinois (City or town) (State or foreign country)

12. Name Not given  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name Not given  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Records, State Hospital South Blackfoot, Idaho  
and Address

17. (a) Rem. & Bur. (b) Date thereof 12-4-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Nampa, Idaho

18. Funeral Director's OWN Signature Edward Pickham Blackfoot, Idaho  
and Address

19. (a) 12-4-48 (b) Registrar's signature (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH** 093D 162B

20. **DATE OF DEATH** December 4, 1948  
(Month, Day, Year)  
at 12:55 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1945 to Dec. 4, 1948  
I last saw her alive on Dec. 3, 1948; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

	Duration
Cardiovascular disease	Unknown

Due to .....

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature H. L. Gibson M.D. Blackfoot, Ida. (M. D. or other) 12-4-1948  
and Address Date (For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 16 1948

# Certificate of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

1948

State File No.

4475

Local Reg. No.

373

Reg. Dist. No.

601

## 1. PLACE OF DEATH:

- (a) County. Bingham  
(b) City or town. Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home. \_\_\_\_\_ Hospital. \_\_\_\_\_ Institution. X Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hosp. So. Stayed 12 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 12 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 21 yrs. years  
(h) Former residence (city, state) Ohio

## 3. (a) FULL NAME

BECK, JOHN CALVIN

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race White  
4. Sex M.

6. (a) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 6. (b) Name of husband or wife

## 7. Date of Birth

(Month, Day, Year) October 3, 1868

8. AGE	Years	Months	Days	If less than 1 day
	80	2	9	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Ohio (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name Andy Beck

13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature State Hosp. South Records

- and Address Box 390, Blackfoot, Idaho

17. (a) Removed (b) Date thereof 12-14-48

- (Burial, cremation or removal) \_\_\_\_\_ (Month) (Day) (Year) \_\_\_\_\_

- (c) Place Seneca, Missouri

18. Funeral Director's OWN Signature John C. Sandberg

- and Address Blackfoot, Idaho

19. (a) 12-14-48 (b) W. H. Adams, Jr.

- (Date received and filed) \_\_\_\_\_ (Registrar's signature) \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) December 12, 1948 19\_\_\_\_  
at 11:05 A.M. o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Dec. 8 1948 to Dec. 12 1948  
I last saw him alive on Dec. 12 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Heart Failure Duration 3 days

Due to Coronary Arteriosclerosis Heart Unknown

Due to Ischemic

Other conditions Bronchopneumonia 2 days  
(Include pregnancy within 3 months of death)

Where was disease contracted? State Hospital

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

Scott L. Mc Cune M.D. (M. D. or other)

and Address Ex 390, Blkft, Idaho 12-12 1949

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 30-206 and 218.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 16 1948

STATE OF IDAHO

# Certificate of Death

STATE OF IDAHO

1948

State File No. 4476

Local Reg. No. 144

Reg. Dist. No. 001

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home Hospital Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 6845 days  
(g) Lived in this county 18 years 9 months 5 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) Rexburg, Idaho

## 3. (a) FULL NAME

DEVENISH GAFFREY

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex M race W

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) Dec. 21, 1982

8. AGE	Years	Months	Days	If less than 1 day
	65	11	22	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Springfield, Utah  
(City or town) (State or foreign country)

12. Name James C. Gaffrey

13. Birthplace Philadelphia  
(City or town) (State or foreign country)

14. Maiden name Martha Devenish

15. Birthplace Council Bluffs, Iowa  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Records, State Hospital South  
and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 12-14-48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Blackfoot, Idaho

18. Funeral Director's  
OWN Signature John C. Sanders

and Address Blackfoot, Idaho

19. (a) 12-15-48 (b) W. H. Palmer, C. J. Davis  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) Dec. 13, 19 48.

at 2:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
Aug. 7, 19 45, to Dec. 13, 19 48.

I last saw him alive on Dec 12, 19 48.

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Carcinoma of G. I. Tract  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature W. H. Palmer, M. D.  
(M. D. or other)

and Address Blackfoot, Idaho Date Dec. 13, 19 48.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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JAN 5 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4477

Local Reg. No. 9

Reg. Dist. No. 602

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Sterling  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Sterling  
(d) Street Address or R.F.D. No. none  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Don Carlos Partridge

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louisa B. Barling

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 14, 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>7</u>	<u>0</u>	hrs. min.

9. Exact Occupation Farmer (retired) Did this work for \_\_\_\_\_ yrs.

10. Industry or Business On Farm Date last worked 11-14-48

11. Birthplace Fillmore, Utah (City or town) (State or foreign country)

12. Name Edward Partridge (City or town) (State or foreign country)

13. Birthplace Independence, Missouri (City or town) (State or foreign country)

14. Maiden name Elizabeth Buxton (City or town) (State or foreign country)

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Alma Partridge and Address Pingree, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-48 (Month) (Day) (Year)  
(c) Place Springfield, Cemetery

18. Funeral Director's OWN Signature Howard Packham and Address Blackfoot, Idaho

19. (a) \_\_\_\_\_ (Date received and filed) (b) F. L. Harms (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Dec. 17 19 48  
at 8:50 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Aug. 19 5 to Nov. 14 19 48  
I last saw him alive on Nov. 14, 19 48.

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Thrombosis

Due to Auricular Fibrillation

Due to \_\_\_\_\_

Other conditions Cardiac decompensation  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation None Date \_\_\_\_\_

Major finding None

Finding of autopsy None

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

F. L. Harms M.D. (M.D. or other)  
and Address Blackfoot, Idaho Date 12-14 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 5 1949

DIVISION OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4478**  
Local Reg. No. **10**  
Reg. Dist. No. **602**

## 1. PLACE OF DEATH:

- (a) County **Bingham**  
(b) City or town **Aberdeen**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? ☒ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Aberdeen**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **6** years  
(h) Former residence (city, state) **Halfway, Oregon**

3. (a) FULL NAME **Emma Lucinda Hubler**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **540-16-4079**

5. Color or race **Female white**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Charles C. Hubler**

6. (c) Age of husband or wife if alive **61** years

7. Date of Birth (Month, Day, Year) **May 7, 1894**

8. AGE	Years	Months	Days	If less than 1 day
	<b>54</b>	<b>6</b>	<b>7</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **34** yrs.

10. Industry or Business **Domestic** Date last worked **Dec. 14, 1948**

11. Birthplace **Cowetta, Okla.** (City or town) (State or foreign country)

Father { 12. Name **Ansel A. Rupe**

13. Birthplace **Fort Riley, Kansas** (City or town) (State or foreign country)

Mother { 14. Maiden name **Mary Elizabeth Pruitt**

15. Birthplace **Johnson County, Ill.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Seymour B. Hubler** and Address **Aberdeen, Idaho.**

17. (a) **Burial** (b) Date thereof **12-20-48** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Clover Dale Cemetary, Boise, Idaho.**

18. Funeral Director's OWN Signature **H. J. Down** and Address **Am. Falls, Idaho.**

19. (a) **Dec. 14, 1948** (b) **H. J. Down** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Dec. 14, 1948** (Month, Day, Year) 19\_\_\_\_  
at **4:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Nov. 5,** 19\_\_\_\_ to **Dec. 14,** 19\_\_\_\_

I last saw h. **er** alive on **Dec. 14,** 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Acute Heart failure**  
**Coronary Occlusion** Duration **10min**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **H. J. Down M.D.** (M.D. or other)

and Address **Aberdeen, Idaho** Date **12-14** 19\_\_\_\_ (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 21 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

4479

State File No. \_\_\_\_\_

Local Reg. No. 146

Reg. Dist. No. 601

1. PLACE OF DEATH: **STATISTICS**
- (a) County Bingham
- (b) City or town Blackfoot
- (c) Street Address or R.F.D. No. Box 300
- (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. St. Hospt. Soc. Stayed 3295 days
- (g) Lived in this county 9 years \_\_\_\_\_ months 10 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bingham
- (c) City or town Blackfoot
- (d) Street Address or R.F.D. No. \_\_\_\_\_
- (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 49 years
- (h) Former residence (city, state) Pancroft, Idaho

3. (a) FULL NAME Minnie Sutton

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_
5. Color or \_\_\_\_\_
4. Sex F. race W.
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years
7. Date of Birth (Month, Day, Year) Jan. 1, 1891.

8. AGE	Years	Months	Days	If less than 1 day
	57	11	13	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace North Carolina (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_
- Father { 12. Name Andrew Cornilison
13. Birthplace North Carolina (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_
- Mother { 14. Maiden name Luella Leatham
15. Birthplace North Carolina (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_
16. Informant's OWN Signature Records, State Hospital South. and Address Blackfoot, Idaho.
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof 12-18-48 (Month) (Day) (Year)
- (c) Place Pancroft, Idaho
18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot, Idaho
19. (a) 12-16-48 (Date received and filed) (b) Marshall E. Patis (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 14, 1948 at 6:30 o'clock P.M.
21. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1948, to Dec. 14, 1948. I last saw her alive on Dec. 14, 1948. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Decompensation Duration 12 hrs.

Due to Metastatic Carcinoma ?

Due to Carcinoma Cervix ?

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_
- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_
- Means of injury \_\_\_\_\_
23. Attendant's OWN Signature A. G. Moore M.D. (M. D. or other) \_\_\_\_\_ and Address Blackfoot, Idaho Date 12-15-1948 (For additional space, use reverse side)

DEC 21 1942

# Certificate of Death

STATE OF IDAHO

State File No. 4480  
Local Reg. No. 147  
Reg. Dist. No. 601

1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. NBox 390  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town \_\_\_\_\_  
(e) Died in a Home ☐ Hospital ☐ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hosp. So. Stayed 776 days  
(g) Lived in this county 2 years 1 months 16 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased:** (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 32 yrs years  
(h) Former residence (city, state) Rupert, Idaho.

3. (a) FULL NAME Edward Planck

3. (b) If veteran, name war \_\_\_\_\_
3. (c) Social Security No. \_\_\_\_\_
4. Sex M Color or race W
4. (a) Single, widowed, married, divorced \_\_\_\_\_
6. (b) Name of husband or wife \_\_\_\_\_
6. (c) Age of husband or wife if alive \_\_\_\_\_ years
7. Date of Birth (Month, Day, Year) March 15, 1870.

8. AGE	Years	Months	Days	If less than 1 day
	78	9	1	hrs. min.

9. Exact Occupation..... Did this work for..... yrs.
10. Industry or Business..... Date last worked.....

11. Birthplace.....New York State.....  
(City or town) (State or foreign country)

- er (12. Name Ogden Planck

- Fath } 13. Birthplace New York State.

- (City or town) (State or foreign country)

- other { 14. Maiden name Orellia Bathwick  
15. New York State

- M (15. Birthplace) New York State.  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature..... Records, State Hospital South  
and Address..... Blackfoot, Idaho.

17. (a) Rem. & Burial (b) Date thereof 12-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Rupert, Idaho

18. Funeral Director's  
OWN Signature Howard Packham  
and Address Blacklast Idaho

19. (a) 12/18-48. *W. H. E. Smith*  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 16, 1948.  
at 11:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from September 1, 1948 to Dec 16, 1948 9

I last saw him.....alive on.....Dec. 16,.....1948;  
death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**

congestive heart failure 2 days

Due to Intermuscular Spent - 1

I sense

Due to \_\_\_\_\_  
Other conditions: Bipolar depression 3 days

(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation.....Date.....

Major finding.....

PHYSICIAN  
Underline the  
cause to which

Finding of autopsy.....

If death was due to **EXTERNAL CAUSES**, also fill in the following:

22. If death was due to **EXTERNAL CAUSES**, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred.....19..... City, county, state

Place of Violence: Home      Farm      Industry

Public Place.....While at work?.....

Means of injury.....  
Attendant's.....

OWN Signature Scott S. McNamee June 19, 2013

and Address Blackfoot, Idaho Date Dec. 17, 1948.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 2 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1048  
State File No. **4481**  
Local Reg. No. **148**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

STATISTICS

Bingham

- (a) County .....  
(b) City or town ..... **Blackfoot**  
(c) Street Address or R.F.D. No. **E. Alice St.**  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. **St. Hosp. So.** Stayed..... days  
(g) Lived in this county..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Blackfoot**  
(d) Street Address or R.F.D. No. **Rt. #1**  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **22** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**Lawrence James Sieger**

3. (b) If veteran, name war **W. War #2**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **November 9, 1926**

8. AGE	Years	Months	Days	If less than 1 day
	<b>22</b>	<b>1</b>	<b>7</b>	hrs min.

9. Exact Occupation **Farming** Did this work for **10** yrs.  
10. Industry or Business **On Farm** Date last worked **12-15-48**  
11. Birthplace **Blackfoot, Idaho**  
(City or town) (State or foreign country)  
12. Name **Joseph B. Sieger**  
13. Birthplace **Muenster, Texas**  
(City or town) (State or foreign country)  
14. Maiden name **Elsie Neff**  
15. Birthplace **Siegelbach, Germany**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Joe Sieger**  
and Address **Blackfoot, Idaho**  
17. (a) **Burial** (b) Date thereof **12-20-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Grove City Cemetery**  
18. Funeral Director's OWN Signature **Howard Packham**  
and Address **Blackfoot, Idaho**  
19. **12-19-48** **Miss Helen E. Palmer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **December 18, 1948**  
at **11:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **December 18, 1948** to **December 19, 1948**  
I last saw him alive on **December 18, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Medullary Hemorrhage** Duration **4 hours**

Due to **suicide by hanging** **7 hours**

Due to .....  
Other conditions **manic depressive reaction**  
(Include pregnancy within 3 months of death) **unknown**

Where was disease contracted? **hospital**

Name of operation ..... Date .....

Major finding .....  
Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? **Yes** Homicide? .....

Occurred **December 18, 1948** City, county, state **Blackfoot, Idaho**

where violence occurred **Blackfoot, Idaho**

Place of Violence: Home **Yes** Farm **Yes** Industry **Yes**

Public Place **Yes** While at work? **Yes**

Means of injury **Self-inflicted hanging**

23. Attendant's OWN Signature **John M. D.**  
(M. D. or other)

and Address **Blft. Ida.** Date **19**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 21 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 4482  
Local Reg. No. 151  
Reg. Dist. No. 601

## 1. PLACE OF DEATH: STATISTICS

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☒ Other place ☐  
(f) Name Hosp. or Inst. St. Joseph's Stayed 1291 days  
(g) Lived in this county 3 years 6 months 16 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Caldwell, Idaho.

## 3. (a) FULL NAME Melvin Gray.

3. (b) If veteran, name war  No.   
5. Color or  6. (a) Single, widowed, married, divorced   
4. Sex M. race W.  
6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years  
7. Date of Birth (Month, Day, Year) 12-22-65

8. AGE	Years	Months	Days	If less than 1 day
	82	11	26	hrs min.

9. Exact Occupation Farmer Did this work for  yrs.  
10. Industry or Business  Date last worked   
11. Birthplace Newport, Tenn. (City or town) (State or foreign country)  
12. Name Not given  
13. Birthplace 2 (City or town) (State or foreign country)  
14. Maiden name Not given  
15. Birthplace  (City or town) (State or foreign country)

16. Informant's OWN Signature Records State Hospital South Blackfoot, Idaho.  
and Address

17. (a) Removal (b) Date thereof 12-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Caldwell, Idaho

18. Funeral Director's OWN Signature Howard Pickham  
and Address Blackfoot, Idaho

19. (a) 12-20-48 (b) Monstrous E. F. Farris  
(Date received and filed) (Registrar's signature)

## \* MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH (Month, Day, Year) Dec. 18, 1948  
at 7:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1948, to Dec. 18, 1948.  
I last saw him alive on Dec. 18, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: cerebral hemorrhage Duration 5 days

Due to Injury - homicide

Other conditions (attacked by another patient)  
(Include pregnancy within 3 months of death)

Where was disease contracted?  PHYSICIAN   
Name of operation  Date   
Major finding   
Finding of autopsy   
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide? Yes  
Occurred About Dec 18, 1948 City, county, state Blackfoot, Idaho

where violence occurred Blackfoot, Idaho  
Place of Violence: Home  Farm  Industry   
Public Place Public While at work?   
Means of injury Physical violence

23. Attendant's OWN Signature H. H. Brown, M.D.  
(M.D. or other)  
and Address Blackfoot, Idaho Date 12-19 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

DEC 21 1948

STATE OF IDAHO

State File No. **4483**  
Local Reg. No. **124**  
Reg. Dist. No. **601**

## DIVISION OF VITAL STATISTICS

### 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place city or town  
(f) Name Hosp. or Inst. St. Hospt. Soc. Stayed 44 days  
(g) Lived in this county years 1 months 14 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Valley  
(c) City or town McCall  
(d) Street Address or R.F.D. No. city or town  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 1/2 years  
(h) Former residence (city, state) McCall, Idaho

3. (a) FULL NAME Edwin O. Hill

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or

4. Sex A. race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose Hill

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>			hrs. min.

9. Exact Occupation not given Did this work for years

10. Industry or Business not given Date last worked years

11. Birthplace Not given (City or town) (State or foreign country)

Father { 12. Name Not Given

13. Birthplace " (City or town) (State or foreign country)

Mother { 14. Maiden name Not Given

15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature Records, State Hospital South  
and Address Blackfoot, Idaho

17. (a) Removal (b) Date thereof 12-24-48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Baker, Oregon

18. Funeral Director's OWN Signature John C. Snyder  
and Address Blackfoot, Idaho

19. (a) 12-24-48 (Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 23, 1948  
at 12:55 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1948 to Dec. 23, 1948.

I last saw h. im alive on Dec. 23, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory failure Duration 10 minutes

Due to surgeal shock 1/2 hour

Due to surge and general anesthesia 2 hours

Other condition not given  
(Include pregnancy within 3 months of death)

Where was disease contracted? not given

Name of operation herniography Date Dec 23, 1948

Major finding Internal hernia

Finding of autopsy not given

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? not given Suicide? not given Homicide? not given

Occurred not given 19 not given City, county, state where violence occurred not given

Place of Violence: Home not given Farm not given Industry not given

Public Place not given While at work? not given

Means of injury not given

23. Attendant's OWN Signature Scott McInerney  
(M. D. or other) and Address Blackfoot, Idaho Date 12-23-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **4484**  
Local Reg. No. **157**  
Reg. Dist. No. **601**

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Highway near Fort Hall  
(c) Street Address or R.F.D. No. -  
(d) Death Occurred Inside? - Outside? X city or town  
(e) Died in a Home - Hospital - Institution - Other place X  
(f) Name Hosp. or Inst. - Stayed - days  
(g) Lived in this county - years - months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 1025 S. 4th.  
(e) Deceased lived Inside? X Outside? - city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) -

3. (a) FULL NAME ARNOLD E. REDDISH

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose Nielson

6. (c) Age of husband or wife if alive 36 years

7. Date of Birth (Month, Day, Year) May 18, 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>7</u>	<u>5</u>	hrs. min.

9. Exact Occupation Asst. County Treasurer Did this work for 15 yrs.

10. Industry or Business Bannock County Date last worked 12-23-48

11. Birthplace Pocatello, Idaho (City or town) (State or foreign country)

12. Name Henry E. Reddish (City or town) (State or foreign country)

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Lillie Edmonds (City or town) (State or foreign country)

15. Birthplace Kaysville, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Arnold E. Reddish

and Address Pocatello, Idaho

17. (a) Burial & Removal Date thereof 12-23-48 (Month) (Day) (Year)

(c) Place Pocatello, Idaho

18. Funeral Director's OWN Signature Arthur Hall

and Address Pocatello, Idaho

19. (a) 12/29-48. Arnold E. Reddish (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 23, 1948  
at 5:51 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from - 19 - to - 19 -

I last saw h. - alive on - 19 -; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Decapitated Inst.

Due to Automobile-Truck collision

Due to Blizzard

Other conditions - (Include pregnancy within 3 months of death)

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autopsy -

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? - Homicide? -

Occurred Dec. 23, 1948 City, county, state

where violence occurred Ft. Hall, Bingham, Ida.

Place of Violence: Home - Farm - Industry -

Public Place Highway 91 While at work? No

Means of injury Auto-Truck collision

23. Attendant's OWN Signature H. R. Boice - Coroner

and Address Blackfoot, Ida. (M. D. or other) Dec. 29, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. **4485**  
Local Reg. No. **192**  
Reg. Dist. No. **601**

DEPARTMENT OF VITAL STATISTICS

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hosp. Soc. Stayed 5840 days  
(g) Lived in this county 16 years 5 months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 yrs years  
(h) Former residence (city, state) Rigby, Idaho

## 3. (a) FULL NAME

Eva Williamson Taylor

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elmer Taylor

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Nov. 18, 1883.

8. AGE	Years	Months	Days	If less than 1 day
	65	1	6	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Wellsville, Wt. (City or town) (State or foreign country)

12. Name James Ray Williamson

13. Birthplace Scotland (City or town) (State or foreign country)

14. Maiden name Esther Nowlin

15. Birthplace Provo, Ut. (City or town) (State or foreign country)

16. Informant's OWN Signature Records, State Hospital South and Address Blackfoot, Idaho.

17. (a) Removal (b) Date thereof 12-24-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Logan, Utah

18. Funeral Director's OWN Signature Howard Packham and Address Blackfoot, Idaho

19. (a) 12-24-48 (Date received and filed) (b) Don Halen (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 24, 1948  
at 3:40 A. o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from August 1948 to Dec. 24, 1948.  
I last saw her alive on Dec. 24, 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Heart Failure Duration 3 days

Due to Intermittent Heart Disease Unknown

Due to Bronchopneumonia 2 days

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted? State Hospital

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Scott J. McCune M.D. (M. D. or other)

and Address Blackfoot, Idaho Date 12-24-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **4486**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place...  
(f) Name Hosp. or Inst. .... Stayed      days  
(g) Lived in this county 58 years      months      days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. S. E. Town  
(e) Deceased lived Inside? Outside?      city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 68 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Peter Jim

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race Indian  
6. (a) Sex Male (b) (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife      (c) Age of husband or wife if alive      years  
7. Date of Birth (Month, Day, Year) About 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u> or <u>68</u>			hrs min.

9. Exact Occupation Farming & Cattle raising Did this work for      yrs.  
10. Industry or Business On farm Date last worked       
11. Birthplace Boise Valley, Ada County  
(City or town) (State or foreign country)

- Mother { 12. Name Captain Jim  
13. Birthplace no data  
(City or town) (State or foreign country)  
14. Maiden name no data  
15. Birthplace no data  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Edna Drueks  
and Address Box 256, Blackfoot, Idaho

17. (a) Burial (b) Date thereof 12-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Indian Cemetery

18. Funeral Director's OWN Signature Howard Pickham  
and Address Blackfoot, Idaho

19. (a) 1-3-49 (b) Thesent  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 25, 1948  
at 7:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 10-6-48 to 12-25-48 1948  
I last saw him alive on 12-30-48 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Decompensation Duration 3 mo.

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?      Suicide?      Homicide?       
Occurred      19      City, county, state where violence occurred       
Place of Violence: Home      Farm      Industry       
Public Place      While at work?       
Means of injury

23. Attendant's OWN Signature Ed Miller M.D.  
and Address Blackfoot, Idaho (M. D. or other) Date 12-25-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 31 1948  
NON-RESIDENT  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 4487  
Local Reg. No. 19-6  
Reg. Dist. No. 600

1. PLACE OF DEATH: Bingham  
(a) County. Bingham  
(b) City or town. Blackfoot  
(c) Street Address or R.F.D. No. North Main St.  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home. ☒ Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. Stayed. days  
(g) Lived in this county. years 6 months. days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Utah (b) County. Salt Lake  
(c) City or town. Salt Lake City,  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 6 Months  
(h) Former residence (city, state).

3. (a) FULL NAME Mary Ann Rogerson Franklin

3. (b) If veteran, name war 3. (c) Social Security No.  
5. Color or 6. (a) Single, widowed, married,  
4. Sex Female race White divorced Widowed  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if  
Thomas Henry Franklin alive. years  
7. Date of Birth February 10, 1872  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	76	10	17	hrs. min.

9. Exact Occupation. Housewife Did this work for. yrs.  
10. Industry or Business Date last worked

11. Birthplace. Richmond, Utah  
(City or town) (State or foreign country)

12. Name. Joseph Rogerson  
(City or town) (State or foreign country)

13. Birthplace. England  
(City or town) (State or foreign country)

14. Maiden name. Mary C. Horne  
(City or town) (State or foreign country)

15. Birthplace. South Carolina  
(City or town) (State or foreign country)

16. Informant's OWN Signature. Lewis S. Peterson  
and Address. Blackfoot, Idaho.

17. (a) Removal (b) Date thereof. 12-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place. Salt Lake City, Utah

18. Funeral Director's OWN Signature. John C. Sandberg  
and Address. Blackfoot, Idaho.

19. (a) 12-28-48 (b) 12-28-48  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December, 27, 1948  
(Month, Day, Year) at 6:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 1948 to 27 Dec 1948

I last saw her alive on 27 Dec 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Adenocarcinoma stomach Duration 1 year

Due to.

Due to.

Other conditions.

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation. Laparotomy Date May 18

Major finding. Extensive inoperable

Finding of autopsy.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred. 19 City, county, state

where violence occurred.

Place of Violence: Home. Farm. Industry.

Public Place. While at work?

Means of injury.

23. Attendant's OWN Signature. Kenneth A. Mor Jones

and Address. Blackfoot, Idaho. 12-28-48

(M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 1 1949

# Certificate of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

State File No. 1488  
Local Reg. No. 17-8  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital    Institution X Other place     
(f) Name Hosp. or Inst. St. Hospt. Soc. Stayed 16265 days  
(g) Lived in this county 44 years 6 months 22 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. Box 390  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? about 46 years  
(h) Former residence (city, state) Meridian, Idaho.

## 3. (a) FULL NAME

Lucille Day

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

4. Sex F. race W.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive    years

## 7. Date of Birth

(Month, Day, Year) August 19, 1880.

## 8. AGE

Years  
68

Months  
4

Days  
9

If less than 1 day  
hrs. min.

## 9. Exact

Occupation Stenographer & Did this work for    yrs.

## 10. Industry or Business

Musician

Date last worked   

## 11. Birthplace

Oil City, Kansas.

(City or town)

(State or foreign country)

Father

12. Name William Day

Mother

13. Birthplace France

(City or town)

(State or foreign country)

14. Maiden name Mariah Fellows

15. Birthplace Wisc.

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Records, State Hospital South  
and Address Blackfoot, Idaho.

## 17. (a) Burial

(b) Date thereof 1-4-49.

(Burial, cremation, or removal)

(Month) (Day) (Year)

## 18. Funeral Director's

OWN Signature J. Yancy  
and Address Blackfoot, Idaho. Box 390

## 19. (a) 1-4-49

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Dec. 28, 1948.  
at 12 Noon o'clock    M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Dec. 21, 1948. to Dec. 28, 1948.

I last saw her alive on Dec. 28, 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death

Surgical Shock

## Duration

1 hour

Due to anesthesia and general 2 hours

Due to fracture of femur one week

Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? State Hospital

Name of operation Open reduction of femur

Major finding Fracture of femur

Finding of autopsy   

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide?    Homicide?   

Occurred Dec. 21, 1948. City, county, state where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury Patient fell on floor

## 23. Attendant's

OWN Signature John M. D.  
(M. D. or other)

and Address Blackfoot, Idaho. Date 12-28-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 1 1949

DIVISION OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4489  
Local Reg. No. 159  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution X Other place city or town  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 8938 days  
(g) Lived in this county 24 years 5 months 28 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. Box 390  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? city or town  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) Boise, Idaho

## 3. (a) FULL NAME

FERMIN SUBSESARRETA

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
Sex M. race Latin

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Antoini Subsesarreta

6. (c) Age of husband or wife if  
alive years

7. Date of Birth  
(Month, Day, Year) Not Given

8. AGE	Years	Months	Days	If less than 1 day
<u>About 72</u>				hrs. min.

9. Exact Occupation Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Martina, Spain.  
(City or town) (State or foreign country)

12. Name Peter Subsesarreta

13. Birthplace Spain  
(City or town) (State or foreign country)

14. Maiden name Not Given

15. Birthplace Spain  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, State Hospital, South Blackfoot, Idaho.  
and Address Blackfoot, Idaho.

17. (a) Trans.-Burial Date thereof 12-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Boise, Idaho.

18. Funeral Director's OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho.

19. (a) 12-29-48 (Date received and filed) Max Holm, E. P. Paine (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) Dec. 29 1948

at 6:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
Dec. 1, 1948, to Dec. 29, 1948

I last saw h. dm alive on Dec. 28, 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

CARDIAC DECOMPENSATION Duration IMMEDIATE

Due to PYOGENIC CELLULITIS - Rt. LEG.

Due to GENERAL SYSTEMIC INFECTION

Other conditions  
(Include pregnancy within 8 months of death)

Where was disease contracted? At Hospital - by SELF

Name of operation — Date —

Major finding —

Finding of autopsy —

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature A. G. Moore M.D.  
(M. D. or other)

and Address Blackfoot, Idaho Date 12-29-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 4490  
Local Reg. No. 47  
Reg. Dist. No. 410

DIVISION OF VITAL

## 1. PLACE OF DEATH: STATISTICS

- (a) County Blaine  
(b) City or town Hailey  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Hailey Clinic Stayed 4 days  
(g) Lived in this county 40 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Carey  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Meeker Colorado

## 3. (a) FULL NAME Charlotte B. Smith

3. (b) If veteran, name war No 3. (c) Social Security No. ....  
5. Color or race Female 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife late Smith 6. (c) Age of husband or wife if alive 71 years  
7. Date of Birth Lafayette April 26, 1885  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	63	7	28	hrs min.

9. Exact Occupation Housewife Did this work for LIFE yrs.  
10. Industry or Business Housewife Date last worked Dec. 20 48  
11. Birthplace Blake City, Utah  
(City or town) (State or foreign country)  
12. Name Alden BURIDICK  
13. Birthplace Concel Bluffs Iowa  
(City or town) (State or foreign country)  
14. Maiden name Rosetta Ellertson  
15. Birthplace Cop Denmark  
(City or town) (State or foreign country)

16. Informant's OWN Signature late Smith  
and Address Carey Idaho  
17. (a) Burial (b) Date thereof 12/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Carey Mem Park, Carey Ida  
18. Funeral Director's OWN Signature W. S. Marvel  
and Address Hailey Ida  
19. 12-31-1948 (b) Robert H. Wright  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 12-24 1948  
at 2:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from December 20, 1948, to Dec. 24, 1948.  
I last saw h. or alive on Dec. 24, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Laryngeal Cancer Duration 6 mo  
I had Pancreas  
Due to .....

Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home  
Name of operation Ext. larynx Date 12/18  
Major finding 2.2. inoperable  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury Sw. J.

23. Attendant's OWN Signature W. S. Marvel (M. D. or other)  
and Address Hailey Ida Date 12/24/48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States  
Department of Commerce  
Bureau of the Census

JAN 6 1949  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **4491**  
Local Reg. No. **48**  
Reg. Dist. No. **410**

## 1. PLACE OF DEATH:

- (a) County **BLAINE**  
(b) City or town **HAILEY**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? ☒ Institution? ☒ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **12** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Blaine**  
(c) City or town **Hailey**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? **45** years  
(h) Former residence (city, state) **Cambridge, Ill**

## 3. (a) FULL NAME FRANK BECKER

3. (b) If veteran, **No.** name war **No.**  
5. Color or **No.** 518.09.9619  
4. Sex **M** race **W**  
6. (a) ☒ Single widowed, married, divorced  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth **Jan 9 1883**  
(Month, Day, Year)

8. AGE  
Years **65** Months **11** Days **21** If less than 1 day hrs min.

9. Exact Occupation **Prospector** Did this work for **Life** yrs.  
10. Industry or Business **miner** Date last worked **1942**  
11. Birthplace **Cambridge Illinois**  
(City or town) (State or foreign country)  
12. Name **Geo. B. Becker**  
13. Birthplace **Cambridge Ill**  
(City or town) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Frank Becker**  
and Address **Hailey Idaho**

17. (a) **Removal** (b) Date thereof **Jan 1st 49**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Cambridge, Illinois**

18. Funeral Director's OWN Signature **Ray McGoldrick**  
and Address **Hailey Idaho**

19. (a) **1-4-1949** (b) **Robert H. Wright**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Dec., 30th, 1948**  
(Month, Day, Year) 19\_\_\_\_  
at **10** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **6-30-1948** to **12-30-1948**  
I last saw him alive on **12-26-1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Acute Coronary Block** Duration **3 days**

Due to **Chronic Epilepsy** **20 yrs.**  
**died suddenly**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation **none** Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Robert H. Wright M.D.**  
and Address **Hailey, Idaho** (M. D. or other) Date **12-31-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 9 1948

# Certificate of Death

DEPT. OF VITAL

STATE OF IDAHO

State File No. 4492

Local Reg. No. 210

Reg. Dist. No. 371

## 1. PLACE OF DEATH:

- (a) County Boise  
(b) City or town Crouch  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 67 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boise  
(c) City or town Crouch  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 67 years  
(h) Former residence (city, state) none

3. (a) FULL NAME John M. Glennon

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male Color or White  
6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) June 1st, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>6</u>	<u>3</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Garden Valley Idaho Date last worked \_\_\_\_\_

11. Birthplace (City or town) (State or foreign country)

12. Name Patrick Glennon

13. Birthplace Athlone Ireland (City or town) (State or foreign country)

14. Maiden name Mary Naylor

15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Clara Glennon and Address Crouch Idaho

17. (a) Burial (b) Date thereof 12/7/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place St. John's Cemetery

18. Funeral Director's OWN Signature Schueber McLean and Address Boise

19. (a) 12-6-48 (b) M. Myrtle Palmer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Dec. 4th, 1948  
(Month, Day, Year) at Nine o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_ 1948

I last saw him alive on Oct 15, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocardial Degeneration Duration 5 yrs.  
with Hypertension

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. A. Aeeloch MD

and Address Boise Date 12/6 1948

(For additional space, use reverse side)

093D

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 20 1949

# Certificate of Death

STATE OF IDAHO

State File No. 4493

Local Reg. No. 127

Reg. Dist. No. 110

1. PLACE OF DEATH. DIVISION OF VITAL STATISTICS  
(a) County. **BONNER**  
(b) City or town. **SANDPOINT**  
(c) Street Address or R.F.D. No. **NORTH 2ND AVE**  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home..... Hospital **X** Institution..... Other place.....  
(f) Name Hosp. or Inst. **COMMUNITY HOSP X** days  
(g) Lived in this county **30** years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. **IDAHO** (b) County. **BONNER**  
(c) City or town. **LACLEDE**  
(d) Street Address or R.F.D. No. **RURAL**  
(e) Deceased lived Inside? ..... Outside? **X** ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state).....

3. (a) FULL NAME **ASA W. COTTON**  
3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**  
5. Color or **WHITE**  
4. Sex. **MALE** race. **WHITE**  
6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years  
7. Date of Birth (Month, Day, Year) **MAY 19, 1881**

8. AGE	Years	Months	Days	If less than 1 day
	<b>67</b>	<b>5</b>	<b>19</b>	hrs. min.

9. Exact Occupation. **CARPENTER** Did this work for. **LIFE** yrs.  
10. Industry or Business. **ODD JOBS** Date last worked **1946**  
11. Birthplace. **PARKER** **SOUTH DAKOTA**  
(City or town) (State or foreign country)

- Father { 12. Name. **UNKNOWN**  
13. Birthplace. **UNKNOWN**  
(City or town) (State or foreign country)  
Mother { 14. Maiden name. **UNKNOWN**  
15. Birthplace. **UNKNOWN**  
(City or town) (State or foreign country)

16. Informant's OWN Signature. **Homer Smith**  
and Address. **LACLEDE IDAHO**

17. (a) **BURIAL** (b) Date thereof **NOV. 12, 1948**  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place. **LACLEDE IDAHO**

18. Funeral Director's OWN Signature. **MOON MORTUARY**  
and Address. **420 N 3RD SANDPOINT IDAHO**

19. (a) **NOV. 12, 1948** (b) **Lawrence S. Moon**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **NOVEMBER 8, 1948** 19.....  
at **8:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from 19..... to **Nov 8** 1948  
I last saw h. **9** alive on **Nov 8** 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cancer of Rectum** Duration **2 years**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation **Colostomy** Date **Sept 1948**

Major finding. **Cancer of Rectum**

Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature. **Wade W. Cornell**

and Address. **Sandpoint Idaho** (M. D. or other) Date **Nov 10 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

DEC 31 1948

STATE OF IDAHO

1948 State File No. **4494**  
Local Reg. No. **127**  
Reg. Dist. No. **110**

- 1. PLACE OF DEATH:**  
(a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **619 N. Boyer Ave**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **5** years **9** months **12** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

- 2. Usual Residence of Deceased:** (Always fill in these)  
(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **619 N. Boyer Ave**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **5** years  
(h) Former residence (city, state) ☐

3. (a) FULL NAME **DOUGLAS KENT PETERSON**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **--** 6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth **March 7, 1943**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>5</b>	<b>9</b>	<b>12</b>	hrs. min.

9. Exact Occupation **None** Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace **Sandpoint, Idaho.**  
(City or town) (State or foreign country)  
12. Name **Henry A. Peterson**  
13. Birthplace **Lyndale, Minn.**  
(City or town) (State or foreign country)  
14. Maiden name **Mary B. Podlas**  
15. Birthplace **Elk, Washington.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Henry A. Peterson**  
and Address **619 N. Boyer Ave Sandpoint, Idaho**  
17. (a) **Burial** (b) Date thereof **Dec. 22, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Sandpoint, Idaho.**  
18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT, IDAHO.**  
19. (a) **Dec. 21, 1948** (b) **Laura A. Peterson**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **Dec. 19<sup>th</sup>** 19**48**  
at **4:00** o'clock **P.** M.  
21. I HEREBY CERTIFY, That I attended deceased from **1943** to **1948**

I last saw h. ☐ alive on **1948**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Natural Causes.** Duration ☐

Due to **Brain Tumor.** **1 year.**

Due to ☐  
Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? ☐  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy **None Refracted.**

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **1948** City, county, state  
where violence occurred ☐  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐  
23. Attendant's OWN Signature **Laura A. Peterson** (M. D. or other)  
and Address **Sandpoint, Idaho.** Date **Dec. 21, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 7 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **4495**  
Local Reg. No. **125**  
Reg. Dist. No. **110**

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Institution **Community** Stayed \_\_\_\_\_ days  
(g) Lived in this county **2** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **909 N. 5th Ave**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **2** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **SAMPTORD A. GODFREY**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, divorced **Widowed**  
4. Sex **Male**  
6. (b) Name of husband or wife **Addie Godfrey** 6. (c) Age of husband or wife if alive **deceased** years  
7. Date of Birth **no record**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>79</b>	<b>-</b>	<b>-</b>	hrs. min.

9. Exact Occupation **Farmer** Did this work for \_\_\_\_\_ yrs. **life**  
10. Industry or Business **Own Farm** Date last worked \_\_\_\_\_  
11. Birthplace **Boone County, Iowa.**  
(City or town) (State or foreign country)

- Father { 12. Name **no record**  
13. Birthplace **no record**  
(City or town) (State or foreign country)  
Mother { 14. Maiden name **no record**  
15. Birthplace **no record**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **X P.A. Siarers**  
and Address **1555 Hollywood Ave. Fullale**

17. (a) **Burial** (b) Date thereof **Dec. 30, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Pinecrest Cemetery Sandpoint**

18. Funeral Director's OWN Signature **Moon Mortuary Idaho.**  
and Address **Sandpoint, Idaho.**

19. (a) **DEC 28 1948** (b) **Sawyer (Signature)**  
(Date received and filed) (Registrar's signature)

- MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH **December 26th** 19**48**  
(Month, Day, Year) at **11** o'clock **A** M.  
21. I HEREBY CERTIFY, That I attended deceased from **Dec 23 1948** to **Dec 26 1948**  
I last saw him alive on **here 25 1948**  
death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: **Coronary Thrombosis** Duration **3 days**  
Due to **Arterio Sclerosis** **10 yrs**  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **Wm F. Taylor M.D.**  
and Address **Sandpoint Idaho** Date **Dec 28 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
JAN 7 1949  
DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 1496  
Local Reg. No. 126  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

(a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. Second Ave**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or **Community** Stayed **10** days  
(g) Lived in this county **20** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **420 S. Olive**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **40** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**HENRY ALBERT OLSON**

## 3. (b) If veteran, name war

**None**

## 3. (c) Social Security No.

**None**

## 4. Sex **Male** Color or race **White**

## 6. (a) Single, widowed, married, divorced **Married**

## 6. (b) Name of husband or wife **Mary Rose Olson**

## 6. (c) Age of husband or wife if alive **70** years

## 7. Date of Birth **October 22, 1871**

8. AGE	Years	Months	Days	If less than 1 day
	<b>77</b>	<b>2</b>	<b>5</b>	hrs. min.

## 9. Exact Occupation **Farmer** Did this work for **64** yrs.

## 10. Industry or Business **Own Farm** Date last worked **July 1948**

## 11. Birthplace **Sweden** (City or town) (State or foreign country)

## 12. Name **Henry Albert Olson** (City or town) (State or foreign country)

## 13. Birthplace **Sweden** (City or town) (State or foreign country)

## 14. Maiden name **no record**

## 15. Birthplace **Sweden** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Robert J. Olson** and Address **23 So. Olive St. Sandpoint, Idaho**

## 17. (a) **Burial** (b) Date thereof **Dec. 29, 1948** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place **Pinecrest Cemetery Sandpoint, Idaho.**

## 18. Funeral Director's OWN Signature **Moon Mortuary** and Address **Sandpoint, Idaho**

## 19. (a) **DEC. 31 1948** (Date received and filed) (b) **James E. Olson** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH **December 27th** 19 **48**

at **6:00** o'clock **A.** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **December 4, 1948** to **December 27, 1948**. I last saw him alive on **December 26, 1948**; death is said to have occurred on the date and hour stated above

Immediate Cause of Death: **Arteriosclerotic Cardio-vascular Disease with failure** Duration **years**

Due to \_\_\_\_\_  
Other conditions **Gastro-enteritis** **1 week**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature **Helmut Peterson, M.D.** and Address **Sandpoint, Idaho** Date **Dec. 31, 1948** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 2 1949

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1949

State File No. 1497  
Local Reg. No. 125  
Reg. Dist. No. 115

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **514 N. 2nd**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Community** Stayed **7** days  
(g) Lived in this county **38** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Blanchard**  
(d) Street Address or R.F.D. No. **none**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **38** years  
(h) Former residence (city, state) **Unknown**

## 3. (a) FULL NAME BENJAMEN BOUCHER

3. (b) **none** If veteran, name war \_\_\_\_\_ 3. (c) **none** Social Security No. \_\_\_\_\_  
4. Sex **male** Color or race **white** 5. (a) Single, widowed, married, divorced **divorced**  
6. (b) **Name** of husband or wife \_\_\_\_\_ 6. (c) Age of **husband** or wife if alive \_\_\_\_\_ years

7. Date of Birth **January 7, 1849**  
(Month, Day, Year)

AGE	Years	Months	Days	If less than 1 day
	<b>99</b>	<b>11</b>	<b>23</b>	hrs. min.

9. Exact Occupation **Woodwork** Did this **life** work for \_\_\_\_\_ yrs.  
10. Industry or Business **Self-employed** Date last **1946** worked  
11. Birthplace **England** (City or town) (State or foreign country)

12. Name **Unobtainable** (City or town) (State or foreign country)  
13. Birthplace **Unobtainable** (City or town) (State or foreign country)  
14. Maiden name **Unobtainable** (City or town) (State or foreign country)  
15. Birthplace **Unobtainable** (City or town) (State or foreign country)

16. Informant's OWN Signature **J. H. Hoyer**  
and Address **Blanchard, Idaho**

17. (a) **Burial** (b) Date thereof **Jan. 8, 1949**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Blanchard, Idaho**

18. Funeral Director's OWN Signature **Moon Mortuary**  
and Address **Sandpoint, Idaho**  
**JAN 12 1949**

19. (a) **JAN 12 1949** (b) **James B. Hoyer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **December 30** **48**  
(Month, Day, Year) at **1:00** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec 20** 19 **48** to **Dec 30** 19 **48**  
I last saw him alive on **Dec 30** 19 **48**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Chronic myo carditis** Duration **3 yr**

Due to **Arterio Sclerosis** **10 yr.**

Due to \_\_\_\_\_  
Other conditions **malnutrition** **6 mo**  
(Include pregnant within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **Wm F Tyler M D**  
(M D or other) **Sandpoint, Idaho** Date **Jan 2** 19 **49**  
and Address \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **4498**  
Local Reg. No. **121**  
Reg. Dist. No. **110**

1. PLACE OF DEATH: **Bonner**  
(a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **R.F.D. 1**  
(d) Death Occurred Inside? **X** Outside? **X** city or town  
(e) Died in a Home **X** Hospital **X** Institution **X** Other place  
(f) Name Hosp. or Inst. Stayed **25** days  
(g) Lived in this county **25** years **0** months **0** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **R.F.D. 1**  
(e) Deceased lived Inside? **X** Outside? **X** city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **25** years  
(h) Former residence (city, state)

3. (a) FULL NAME **WILLIAM B. MAYBEE**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **Male** Color or race **White** 5. (a) Single, divorced, married, **Single**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **25** years

7. Date of Birth **September 22, 1872**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>75</b>	<b>4</b>	<b>12</b>	hrs. min.

9. Exact Occupation **None** Did this work for **None** yrs.

10. Industry or Business **Pensioner Michigan** Date last worked

11. Birthplace (City or town) (State or foreign country)

12. Name **no record**

13. Birthplace (City or town) (State or foreign country)

14. Maiden name **no record**

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature **Coroner**  
and Address **Sandpoint, Idaho.**

17. (a) **Burial** (b) Date thereof **Feb. 10, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Sandpoint, Idaho.**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **SANDPOINT? IDAHO.**

19. (a) **Feb. 10, 1948** (b) **James Moon**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **February 4th** 19**48**  
at **2:00** o'clock **P.**  
21. I HEREBY CERTIFY, That I attended deceased from **1948** to **1948**

I last saw h. **alive** on **1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death **Suicide by Firearms.** Duration

Due to **Gunshot Wound in head.**

Due to **Gunshot Wound in head.**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **Major finding.** Date **Feb. 4th**

Finding of autopsy **Major finding.** Date **Feb. 4th**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **Yes** Suicide? **Yes** Homicide? **Yes**

Occurred **Feb. 4th** 19**48** City, county, state **Sandpoint, Bonner Co. Idaho**

where violence occurred **Sandpoint, Bonner Co. Idaho**

Place of Violence: Home **yes** Farm **no** Industry **no**

Public Place **no** While at work? **no**

Means of injury **Gunshot Wound in head**

23. Attendant's OWN Signature **James Moon** Coroner

and Address **Sandpoint, Idaho.** Date **Feb. 8, 1948**  
(for additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 16 1948

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **1499**  
Local Reg. No. **119**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

- (a) County **BONNER**  
(b) City or town **CLARKSFORK**  
(c) Street Address or R.F.D. No. **CITY**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **33** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **BONNER**  
(c) City or town **CLARKSFORK**  
(d) Street Address or R.F.D. No. **CITY**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **33** years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **MARGARET ANNA SACTH**

3. (b) If veteran, name war **NO.**

3. (c) Social Security No. **NONE**

5. Color or Race **WHITE**  
4. Sex **FEMALE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **J. W. R. SACTH**

6. (c) Age of husband or wife if alive **DECEASED** years

7. Date of Birth (Month, Day, Year) **MAY 29 1859**

8. AGE	Years	Months	Days	If less than 1 day
	<b>88</b>	<b>6</b>	<b>5</b>	hrs. min.

9. Exact Occupation **House wife** Did this work for **63** yrs.

10. Industry or Business **OWN HOUSE** Date last worked **NOV. 29, 1948**

11. Birthplace **SOUTH BEND INDIANA** (City or town) (State or foreign country)

Father { 12. Name **CHARLES HOOS HESSEN** GERMANY

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

Mother { 14. Maiden name **MARGARET ANNA WILCH**

15. Birthplace **UNKNOWN GERMANY** (City or town) (State or foreign country)

16. Informant's OWN Signature **J. L. Reach** and Address **CLARKSFORK, IDAHO**

17. (a) **BURIAL** (b) Date thereof **12/7/1948** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **CLARKSFORK, IDAHO**

18. Funeral Director's OWN Signature **MOON MORTUARY** and Address **420 N Third SANDPOINT IDAHO**

19. (a) **DEC 9 1948** (b) **[Signature]** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **DECEMBER 4th** 19**48**  
(Month, Day, Year)  
at **12:30** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **Dec 1, 1948** to **Dec 1, 1948**  
I last saw him alive on **Dec 1, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to **Hypostatic Pneumonia** **6 days**

Due to **Myocarditis** **2 yrs.**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature **[Signature]** (M D or other)

and Address **Clark Fork Id** Date **12 9 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

DEC 31 1948

STATE OF IDAHO

State File No. 4500  
Local Reg. No. 120  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

- (a) County **Bonner**  
(b) City or town **Clarksfork**  
(c) Street Address or R.F.D. No. **Lawrence Mine**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☒ Other place ☒  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **1** years **3** months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonner**  
(c) City or town **Clarksfork**  
(d) Street Address or R.F.D. No. ☐  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **15 months**  
(h) Former residence (city, state) **Tacoma, Wash.**

## 3. (a) FULL NAME

**GERALD CAREY MORRIS**

3. (b) If veteran, name war **World II**

3. (c) Social Security No. **483-03-3904**

4. Sex **Male** Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lesia Morris**

6. (c) Age of husband or wife if alive **37** years

7. Date of Birth **November 8, 1913**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>35</b>	<b>1</b>	<b>7</b>	hrs. min.

9. Exact Occupation **Miner** Did this work for **8 mo.** yrs.

10. Industry or Business **Lessee** Date last worked **12-15-48**

11. Birthplace **Kankakee, Illinois.**  
(City or town) (State or foreign country)

Father { 12. Name **Benjamin Charles Morris**

13. Birthplace **Illinois**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Grace Lowary**

15. Birthplace **Illinois**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. Lesia Morris**

and Address **240 S. 54th Tacoma, Wn**

17. (a) **Removal** (b) Date thereof **Dec. 16, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Tacoma, Washington.**

18. Funeral Director's OWN Signature **MOON MORTUARY**

and Address **SANDPOINT, IDAHO.**

19. (a) **DEC 16 1948** (b) **Lawrence Morris**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **December 15th 1948**  
(Month, Day, Year) at **4:00** o'clock **p.** M.

21. I HEREBY CERTIFY, That I attended deceased from **1948** to **1948**

I last saw h. **alive** on **1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Skull Fracture, cranial concussion** Duration

Due to **Accidental explosion of dynamite in mine tunnel, while blasting.**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **none performed** Date

Major finding **none performed** Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **Yes** Suicide? ☐ Homicide? ☐

Occurred **Dec. 15, 1948** City, county, state

where violence occurred **Clarksfork, Bonner, Ida**

Place of Violence: Home ☐ Farm ☐ Industry **yes**

Public Place ☐ While at work? **yes.**

Means of injury **Accidental blast in mine**

23. Attendant's OWN Signature **DR. J. H. HALL** CORONER  
(M D or other)

and Address **Sandpoint, Ida** Date **Dec. 16, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
DEC 21 1948  
**Certificate of Death**  
STATE OF IDAHO

State File No. **4501**  
Local Reg. No. **173**  
Reg. Dist. No. **110**

1. PLACE OF DEATH: **Div. 10 OF VITAL**  
(a) County **Bonner**  
(b) City or town **Sandpoint**  
(c) Street Address or R.F.D. No. **R.F.D. 1**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **1** years **6** months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bonner**  
(c) City or town **Sandpoint**  
(d) Street Address or R.F.D. No. **R.F.D. 1**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **1 1/2** years  
(h) Former residence (city, state) **Altus, Okla.**

3. (a) FULL NAME **ADA HENNING**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or **White**  
4. Sex **Female** (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife (c) Age of husband or wife if alive ☐ years

7. Date of Birth **November 5, 1871**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>77</b>	<b>1</b>	<b>11</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **life** yrs.  
10. Industry or Business **Own Home** Date last worked **1947**  
11. Birthplace **Mountain Home, Arkansas.**  
(City or town) (State or foreign country)

Father { 12. Name **Young Barton**  
13. Birthplace **Georgia**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **--- Alley**  
15. Birthplace **no record**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **J. J. Henning**  
and Address **Box 576 Sandpoint**

17. (a) Removal **Altus, Oklahoma.** (b) Date thereof **12-18-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place

18. Funeral Director's OWN Signature **MOON MORTUARY**  
**SANDPOINT, IDAHO.**  
and Address

19. (a) **DEC 21 1948** (b) **Lawrence L. Moon**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **December 16th, 1948**  
(Month, Day, Year)  
at **10:00** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan 15, 1948** to **Oct 9, 1948**.  
I last saw her alive on **Oct 9, 1948**.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardiac Failure** Duration **6 Mo**

Due to **Decompensation**  
Due to **Atherosclerosis**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state where violence occurred.  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury ☐  
23. Attendant's OWN Signature **B. B. Rundle** (M. D. or other)  
and Address **Sandpoint, Idaho** **Dec 21, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 7 1949

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 1502  
Local Reg. No. 124  
Reg. Dist. No. 110

1. PLACE OF DEATH: **BONNER**  
(a) County **HOPE**  
(b) City or town **HOPE**  
(c) Street Address or R.F.D. No. **NONE**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years **6** months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **IDAHO** County **BONNER**  
(c) City or town **HOPE**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **6 MONTHS** years  
(h) Former residence (city, state) **VALLEY CITY NORTH DAKOTA**

3. (a) FULL NAME **BERNT SEVERIN BERTSON**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**  
4. Sex **MALE** Color or race **WHITE** 5. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **ANNIE BERTSON** 6. (c) Age of husband or wife if alive **66** years

7. Date of Birth (Month, Day, Year) **MARCH 9 1875**

8. AGE	Years	Months	Days	If less than 1 day
	<b>73</b>	<b>9</b>	<b>14</b>	hrs. min.

9. Exact Occupation **FARMER** Did this work for **40** yrs.  
10. Industry or Business **OWN FARM** Date last worked **1937**  
11. Birthplace **STRANDE** **NORWAY**

12. Name **BERNT AAHUS**  
13. Birthplace **STRANDE** **NORWAY**  
(City or town) (State or foreign country)  
14. Maiden name **UNKNOWN**  
15. Birthplace **STRANDE** **NORWAY**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **X** *Gloyd Burtson*  
and Address **Hope, Idaho**

17. (a) **REMOVAL** (b) Date thereof **DEC 27, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **SANDPOINT IDAHO**

18. Funeral Director's OWN Signature *John Mortuary*  
and Address **420 N. THIRD SANDPOINT IDAHO**

19. (a) **JAN 3 1949** (b) *John Mortuary*  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **December 23 19 48**  
(Month, Day, Year) at **1:30** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **December 23 19 48** to **December 23 19 48**  
I last saw him alive on **December 23 19 48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

**Angina Pectoris.**  
Due to \_\_\_\_\_

**Coronary thrombosis** **10 years**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN: Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature *F. H. Jones, Rg. Pl.*

and Address **Hope, Idaho** Date **1-3-49 19**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 11 1949

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **4503**  
Local Reg. No. **282**  
Reg. Dist. No. **611**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Bonneville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Bonneville**  
(c) City or town **Idaho Falls**  
(d) Street Address or R.F.D. No. **709 S. Capital**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **50** years  
(h) Former residence (city, state) **Idaho**

3. (a) FULL NAME

**Christian S. Hansen**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W**

6. (a) Single ☒ widowed married, divorced \_\_\_\_\_

6. (b) Name of husband or wife **Eva M. Hansen**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **April 24, 1884**

8. AGE	Years	Months	Days	If less than 1 day
	<b>64</b>	<b>6</b>	<b>18</b>	hrs. min.

9. Exact Occupation **Carpenter** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Hyrum, Utah** (City or town) (State or foreign country)

12. Name **C. S. Hansen**

13. Birthplace **Denmark** (City or town) (State or foreign country)

14. Maiden name **Marie Anderson**

15. Birthplace **Denmark** (City or town) (State or foreign country)

16. Informant's OWN Signature **Dona, Idaho**

17. (a) **Funeral** (b) Date thereof **12/23/48** (Month) (Day) (Year)

(c) Place **Dona, Idaho**

18. Funeral Director's OWN Signature **Jack A. Wood**

19. (a) **1-5-49** (b) **Rena Budger** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **November 12, 1948**

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_ death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Undetermined** Duration \_\_\_\_\_

Due to **(Body found in river)**

Due to **A. Budger - Registrar 610-**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Al Poynt** **Idaho Falls**

and Address **Al Poynt** **Idaho Falls** **30 Dec 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **4504**  
Local Reg. No. **134**  
Reg. Dist. No. **601**

RECEIVED  
NOV 20 1948

1. PLACE OF DEATH: **DIVISION OF VITAL STATISTICS**
- (a) County **Bingham**  
(b) City or town **Shelley**  
(c) Street Address or R. F. D. No. **R.R. 1**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **R.S.** Stayed **4** days  
(g) Lived in this county **33** years **3** months **4** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Bingham**  
(c) City or town **Shelley**  
(d) Street Address or R.F.D. No. **R.H. 1**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **33** years  
(h) Former residence (city, state) **Utah**

3. (a) FULL NAME **ALICE BERTHA EATON**

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
4. Sex **FEMALE** race **WHITE**  
6. (b) Name of husband or wife **ZERA EATON**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **OCT 12, 1899**

8. AGE	Years	Months	Days	If less than 1 day
	<b>59</b>	<b>1</b>	<b>4</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **VERNAL UTAH**  
(City or town) (State or foreign country)

12. Name **Edward John Starkie**

13. Birthplace **ENGLAND**  
(City or town) (State or foreign country)

14. Maiden name **TORAN NIELSEN**

15. Birthplace **DENMARK**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Vernon Eaton**

and Address **Shelley Idaho**

17. (a) **BURIAL** (b) Date thereof **11-19-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **HILLCEST - Shelley Idaho**

18. Funeral Director's OWN Signature **W. H. Smith**

and Address **Shelley Idaho**

19. (a) **11-19-1948** (Date received and filed)  
(b) **W. H. Smith** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Nov. 16, 1948**  
at **9:45 o'clock A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **11-12, 1948, to 11-16, 1948**

I last saw her alive on **11-16, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Emaciation and General bodily weakness** Duration **1 yr.**

Due to **carcinoma of rectum and sigmoid**

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation **Colostomy** Date **11-13-48**

Major finding **Carcinoma of rectum and sigmoid**

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **W. H. Smith M.D.**  
(M. D. or other)  
and Address **Shelley Idaho** Date **Nov 14 1948**  
(For additional space, use reverse slide)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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JAN 11 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4505**

Local Reg. No. **274**

Reg. Dist. No. **61D**

## 1. PLACE OF DEATH:

- (a) County Donnerville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mr Roy Smith

**183X**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 4. Sex M Color or race W

## 5. (a) Single, widowed, married, divorced? ?

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive? ? years

## 7. Date of Birth (Month, Day, Year)

unknown

## 8. AGE

Years	Months	Days	If less than 1 day
			hrs. min.

## 9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace (City or town) \_\_\_\_\_ (State or foreign country) unknown

## 12. Name \_\_\_\_\_ unknown

## 13. Birthplace (City or town) \_\_\_\_\_ (State or foreign country) unknown

## 14. Maiden name \_\_\_\_\_ unknown

## 15. Birthplace (City or town) \_\_\_\_\_ (State or foreign country) unknown

## 16. Informant's OWN Signature Information from

## and Address Police Deputy 6th

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-48 (Month) (Day) (Year)

## (c) Place Idaho Falls, Idaho

## 18. Funeral Director's OWN Signature Leo A. Sullivan

## and Address Idaho Falls, Idaho

## 19. (a) 12-20-48 (Date received and filed) (b) Anna Budger (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) November 20 1948 at Not known clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Suffocation Duration \_\_\_\_\_

## Due to Drowning

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Intoxication

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred Nov-20 1948 City, county, state \_\_\_\_\_

## where violence occurred Causal-

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place Bridge While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Leo A. Sullivan Coron

## and Address Idaho Falls, Idaho (M. D. or other) 11/29 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics  
DIVISION OF VITAL STATISTICS

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DEC 13 1948

# Certificate of Death

STATE OF IDAHO

State File No. 4506  
Local Reg. No. 252  
Reg. Dist. No. 610

1. PLACE OF DEATH
- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 984-10  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 984-10  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 65 years  
(h) Former residence (city, state) Nevada

3. (a) FULL NAME

Minnie Etta Toohill

046E

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single ☐ widowed ☒ married ☐ divorced ☐

6. (b) Name of husband or wife Edward J. Toohill Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) December 11, 1880

- | 8. AGE | Years     | Months    | Days      | If less than 1 day |
|--------|-----------|-----------|-----------|--------------------|
|        | <u>68</u> | <u>11</u> | <u>22</u> | hrs. min.          |

9. Exact Occupation Nurse Did this work for ☐ yrs.

10. Industry or Business Silver City, Nevada Date last worked ☐

11. Birthplace (City or town) (State or foreign country)

12. Name George B. Toohill

13. Birthplace (City or town) (State or foreign country)

14. Maiden name Jane Davidson

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature James E. Toohill

- and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof 11/5/48

- (c) Place Betterview, Idaho

18. Funeral Director's OWN Signature Jack A. Wood

- and Address Idaho Falls, Idaho

19. (a) 12-4-48 (b) Anna Bigler

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 3 19 48  
at 9-15 o'clock a M.

21. I HEREBY CERTIFY That I attended deceased from Sept 11 19 48 to Dec 3 19 48

I last saw h. alive on Dec 3 19 48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Sclerosis Duration 89 Mos

Due to ☐

Due to ☐

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Sept 11-48

Name of operation Exsanguination Date Sept 11-48

Major finding Coronary Sclerosis

Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state

where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature Will Chas

(M. D. or other)

and Address ☐ Date ☐ 19 ☐

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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JAN 11 1949  
Certificate Of Death  
STATE OF IDAHO

State File No. 4507  
Local Reg. No. 281  
Reg. Dist. No. 610

1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Reberburg  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Emily Anderson Barber

097X

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex Female Color or race W

6. (a) Single, widowed, married,  
divorced Widowed

6. (b) Name of husband or wife John A. Barber

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) Oct. 26, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>1</u>	<u>9</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace W. Pleasant, Utah  
(City or town) (State or foreign country)

12. Name Dogan Anderson

13. Birthplace Sweden  
(City or town) (State or foreign country)

14. Maiden name Eccelia Swenson

15. Birthplace Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature, Joseph H. Barber  
and Address Reberburg, Idaho

17. (a) Burial (b) Date thereof 12/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Reberburg

18. Funeral Director's OWN Signature Wesley Plamann  
and Address Reberburg, Idaho

19. (a) 1-3-1949 (b) Wesley Plamann  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) 5 Dec. 1948 19

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY That I attended deceased from  
Feb 1948 19, to 5 Dec 48 19

I last saw her alive on 2 Dec 48 19; death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute heart failure Duration \_\_\_\_\_

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. K. Paul  
(M. D. or other) \_\_\_\_\_  
and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 11 1948

# Certificate of Death

STATE OF IDAHO

State File No. **4508**  
Local Reg. No. **272**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH: STATISTICS

- (a) County **Bonneville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **L.D.S.** Stayed **13** days  
(g) Lived in this county **45** years **X** months **X** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jefferson**  
(c) City or town **Rigby**  
(d) Street Address or R.F.D. No. **182 2nd. N.**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **72** years  
(h) Former residence (city, state) **Utah**

## 3. (a) FULL NAME MARY ELLEN HILL

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**  
5. Color or \_\_\_\_\_  
4. Sex **F** race **W**  
6. (b) Name of husband or wife **George W. Hill** 6. (c) Age of husband or wife if alive **X** years

7. Date of Birth (Month, Day, Year) **Oct. 31, 1873**

8. AGE	Years	Months	Days	If less than 1 day
<b>75</b>	<b>75</b>	<b>1</b>	<b>8</b>	hrs. min.

9. Exact Occupation **Homemaker** Did this work for **life** yrs.  
10. Industry or Business **Homemaker** Date last worked **Oct**  
11. Birthplace **Clifton Idaho** (City or town) (State or foreign country)

12. Name **Oliver Norton Harmon**  
13. Birthplace **Elk Creek Penn.** (City or town) (State or foreign country)

14. Maiden name **Sarah Jane Rhodeback**  
15. Birthplace **McCook Illinois** (City or town) (State or foreign country)

16. Informant's OWN Signature **W. Edgar Hill**  
and Address **Rte. #2 Rigby, Idaho.**

17. (a) **Burial** (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal) (Place) **Rigby Pioneer Cemetary**

18. Funeral Director's OWN Signature **W. B. Bicknell**  
and Address **Rigby, Idaho.**

19. (a) **2-16-1948** (b) **Uma Rigby**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **December 9, 1948**  
at **2:45** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Nov. 7 1948** to **Dec 9 1948**  
I last saw him alive on **Dec 8, 1948**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Hypostatic pneumonia** Duration **24 hrs**  
**Carcinoma of rt. kidney**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Ida.**  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **Clifford B. Rigby M.D.**  
(M. D. or other)  
and Address **Rigby, Idaho.** Date \_\_\_\_\_ 19 \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 11 1948

# Certificate of Death

STATE OF IDAHO

State File No. 1509  
Local Reg. No. 270  
Reg. Dist. No. 610

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH: STATISTICAL  
(a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Blvd. & Cedar  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Sacred Heart Stayed 6 hrs.  
(g) Lived in this county 6 years 6 months 6 days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 10090 Jarrell  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Lougherty, Iowa

3. (a) FULL NAME Mary Tatro

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank Tatro 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February, 15, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>9</u>	<u>25</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Lougherty, Iowa (City or town) (State or foreign country)

12. Name Anthony Lougherty (City or town) (State or foreign country)

13. Birthplace Dublin, Ireland (City or town) (State or foreign country)

14. Maiden name Elizabeth Loftus

15. Birthplace Dublin, Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature J. J. Johnson  
and Address 334-E-1331 - Idaho Falls - IDA

17. (a) Removal (b) Date thereof Dec. 13, 1948  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Boise, Idaho

18. Funeral Director's OWN Signature Jack A. Ford  
and Address State Falls, Idaho

19. (a) 12-11-1948 (b) Luna Bidger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 10, 1948  
(Month, Day, Year) at 11:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 10 1948  
at \_\_\_\_\_ 19\_\_\_\_ to Dec 10 1948

I last saw h er alive on Dec 10 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration 10 hrs

Due to Cerebral hemorrhage

Due to Arterio Sclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ellen  
(M. D. or other) and Address \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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JAN 11 1949

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

OFFICE OF VITAL

STATE OF IDAHO

State File No. **4510**  
Local Reg. No. **213**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial Drive  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. L.O.S. Stayed 21 days  
(g) Lived in this county 40 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 560 M. St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Lovele, Utah

## 3. (a) FULL NAME

Ulean Hansen Jenkins

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lloyd Jenkins

6. (c) Age of husband or wife if alive 42 years

7. Date of Birth (Month, Day, Year) June 18, 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>5</u>	<u>22</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 0 yrs.

10. Industry or Business Idaho Falls, Utah Date last worked

11. Birthplace Idaho Falls, Utah (City or town) (State or foreign country)

12. Name Charles Hansen (City or town) (State or foreign country)

13. Birthplace Idaho Falls, Utah (City or town) (State or foreign country)

14. Maiden name Pearl Ada Shields (City or town) (State or foreign country)

15. Birthplace Idaho Falls, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Lloyd Jenkins

and Address 560 M. St.

17. (a) Burial (b) Date thereof 12/13/48 (Month) (Day) (Year)

(c) Place Rose Hill - Idaho Falls

18. Funeral Director's OWN Signature Harvey A. Hatch

and Address Idaho Falls, Idaho

19. (a) 1-5-49 (b) Luma Budger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 10, 1948  
at 10:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from February 1948 to December 10 1948  
I last saw him alive on Dec. 10 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

pulmonary edema

## Duration

Due to Mitral Disease

Due to Chronic Rheumatic Heart Disease

Other conditions 20 yrs. +  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation                      Date                     

## Major finding

Finding of autopsy                     

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?                      Suicide?                      Homicide?                     

Occurred                      19                      City, county, state

where violence occurred                     

Place of Violence: Home                      Farm                      Industry                     

Public Place                      While at work?                     

Means of injury                     

23. Attendant's OWN Signature Harvey A. Hatch M.D. (M. D. or other)

and Address Idaho Falls Date Dec 16, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 11 1948

DEPARTMENT OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4511

Local Reg. No. 275

Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 240 Basalt  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 19 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 240 Basalt  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

Mr. Thomas Melvin Harris

118X

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ruby Ann Harris

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) December 1 - 1883

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>—</u>	<u>9</u>	hrs. min.

9. Exact Occupation Music Teacher Did this work for ☐ yrs.

10. Industry or Business ☐ Date last worked ☐

11. Birthplace Goodruff, Idaho (City or town) (State or foreign country)

12. Name Joseph Robert Harris (City or town) (State or foreign country)

13. Birthplace Paysonville, Idaho (City or town) (State or foreign country)

14. Maiden name Stacy Dorice McCrory

15. Birthplace Thetford, Utah (City or town) (State or foreign country)

16. Informant's ☒ OWN Signature Thomas A. Harris and Address Payson, Arizona

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 12/15/48 (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho

18. Funeral Director's ☒ OWN Signature Leo A. Williams and Address Idaho Falls, Idaho

19. (a) 12-20-48 (Date received and filed) (b) Anna Budger (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 10 1948  
(Month, Day, Year)

at 12:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from ☐ 1948 to ☐ 1948

I last saw h. ☐ alive on ☐ 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hemorrhage of Stomach Duration ☐

Due to ☐

Due to ☐

Other conditions ☐ (Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 1948 City, county, state where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's ☒ OWN Signature Leo A. Williams Coroner and Address Idaho Falls (M. D. or other) 12/12 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 11 1949

# Certificate of Death

Division of Vital Statistics

STATE OF IDAHO

1948  
State File No. 1512  
Local Reg. No. 278  
Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Pounnville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. DOS Stayed 3 wks days  
(g) Lived in this county 5 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Pounnville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Annie Lynette Paulsen

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex W 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) August 10, 1936

8. AGE	Years	Months	Days	If less than 1 day
	<u>12</u>	<u>4</u>	<u>1</u>	hrs. min.

9. Exact Occupation Student Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father { 12. Name Russell Paulsen

13. Birthplace Goshen, Idaho (City or town) (State or foreign country)

Mother { 14. Maiden name Verl Schneider

15. Birthplace Pancroft, Idaho (City or town) (State or foreign country)

16. Informant's Mrs Verl Paulsen

OWN Signature Mrs D S Hospital

17. (a) Removal (b) Date thereof 12/14/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pounnville Idaho

18. Funeral Director's OWN Signature Geo. J. Sullivan

and Address Idaho Falls, Idaho

19. (a) 12-20-48 (b) Anne Budger (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 11 19 48  
at 1:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 20 19 48 to Dec 11 19 48  
I last saw her alive on Dec 11 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Glomerular Nephritis 3 wks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Milton T. Rees M.D.

and Address Idaho Falls, Idaho (M. D. or other)

Date 12-13 19 48

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JAN 11 1949

CERTIFICATE OF DEATH  
STATE OF IDAHO

State File No. **4513**  
Local Reg. No. **271**  
Reg. Dist. No. **616**

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Bonnaville**  
(b) City or town **Idaho Falls, Idaho**  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home-- Hospital **X** Institution-- Other place--  
(f) Name Hosp. or Inst. **L.D.S.** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

3. (a) FULL NAME **Clarence Edwin Ricks**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **519-07-4092**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** 6. (b) Name of husband or wife **Annie Fletcher**  
6. (c) Age of husband or wife if alive **51** years  
7. Date of Birth (Month, Day, Year) **October 30, 1887**

8. AGE	Years	Months	Days	If less than 1 day
	<b>61</b>	<b>1</b>	<b>13</b>	hrs min.

9. Exact Occupation **Laborer** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Rexburg, Idaho** (City or town) (State or foreign country)

- Father { 12. Name **Willard Ricks**  
13. Birthplace **Logan, Utah** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Emelia Jappeson**  
15. Birthplace **Brigham City, Utah** (City or town) (State or foreign country)

16. Informant's OWN Signature **Warren A. Ricks**  
and Address **Sugar City, Idaho**

17. (a) **Removal** (b) Date thereof **12-13-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sugar City**

18. Funeral Director's OWN Signature **Harriet Blam**  
and Address **Rexburg, Idaho**

19. (a) **12-15-48** (b) **Anna Bridges**  
(Date received and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State **Idaho** (b) County **Madison**  
(c) City or town **Sugar City**  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **Life** years  
(h) Former residence (city, state) \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **December 13, 1948**  
(Month, Day, Year)  
at **4:15** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **December 12, 1948**, to **Dec. 13, 1948**  
I last saw him alive on **Dec. 12, 1948**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cardio-vascular collapse** Duration **2 days**

Due to **Cause unknown**

Due to **? pneumonia**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Harvey A. Hatch M.D.** (M. D. or other)  
and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_  
(For additional space, use reverse side)

093D

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 11 1949  
DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State No. **4514**  
Local Reg. No. **285**  
Reg. Dist. No. **610**

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. 285 1st Street  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 28 years 1 months 7 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls  
(d) Street Address or R.F.D. No. 285 1st Street  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 63 years  
(h) Former residence (city, state) Shelley, Idaho

## 3. (a) FULL NAME

**WILLIAM EDWARD JONES**

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Wadsworth Jones

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) January 10, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>11</u>	<u>6</u>	hrs. min.

9. Exact Occupation Hotel Operator Did this work for 27 yrs.

10. Industry or Business Hotel Date last worked 8/22/46

11. Birthplace Malad Idaho  
(City or town) (State or foreign country)

12. Name William R. Jones

13. Birthplace Williamsburg Iowa  
(City or town) (State or foreign country)

14. Maiden name Mary A. Williams

15. Birthplace Sacramento California  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ethel Jones

and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Dec. 19, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Idaho Falls, Idaho, Rose Hill Cem.

18. Funeral Director's OWN Signature Orland T. Buck

and Address Idaho Falls, Idaho

19. (a) 1-8-49 (b) Anna S. Jones  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 16 1948  
at 6:35 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 14  
1948 to Dec. 16 1948

I last saw h. in alive on Dec. 15 1948;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

cardio-vascular  
renal disease

## Duration

63 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature C. C. Erickson M.D.  
(M. D. or other)

and Address Idaho Falls Date 12-28 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. **4515**  
Local Reg. No. **273**  
Reg. Dist. No. **610**

1. PLACE OF DEATH:  
(a) County Donnerville  
(b) City or town Shoshone Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. RD 8 Stayed 47 days  
(g) Lived in this county \_\_\_\_\_ years 2 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Oregon (b) County Malheur  
(c) City or town Homedale  
(d) Street Address or R.F.D. No. Route 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Mr. Blaine Braithwaite

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maurice Leavitt 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 23, 1912

8. AGE	Years	Months	Days	If less than 1 day
	<u>36</u>	<u>8</u>	<u>28</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Manti, Utah (City or town) (State or foreign country)

12. Name unknown

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

14. Maiden name Lenora Braithwaite

15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Blaine Braithwaite  
and Address Homedale, Oregon

17. (a) Removal (b) Date thereof 12/21/48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place Homedale, Oregon

18. Funeral Director's OWN Signature Leo A. Sullivan  
and Address Shoshone Falls, Idaho

19. (a) 12-20-48 (b) Anna Bridger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 20, 1948  
(Month, Day, Year) at 1:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (1) Cardiac failure Duration 2 month

Due to (2) Chronic Pulmonary Tuberculosis - 2 yrs

Due to (3) Chronic Calcified Heart Disease

Other conditions 12 yrs  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy as above

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Leo A. Sullivan  
(M. D. or other)

and Address Shoshone Falls Date 12/20 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

75 Paul

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 11 1948

# Certificate of Death

STATE OF IDAHO

State File No. 4516  
Local Reg. No. 271  
Reg. Dist. No. 610

## 1. PLACE OF DEATH

- (a) County Bonnieville  
(b) City or town Edaho Falls,  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital V Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. D.A.S. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Menan  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 69 years  
(h) Former residence (city, state) Mentz, Wash.

## 3. (a) FULL NAME

Mr George Washington Polson.

## 3. (b) If veteran, name war

None

## 3. (c) Social Security No.

4. Sex M 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emily Hansen

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) August 13, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>4</u>	<u>8</u>	hrs. min.

9. Exact Occupation Farming Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Manti - Wash (City or town) (State or foreign country)

12. Name Andrew Polson

13. Birthplace Jubland, Denmark (City or town) (State or foreign country)

14. Maiden name Andrewa Stock

15. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)

16. Informant's X OWN Signature Charles M. Polson and Address Edaho Falls, Idaho

17. (a) Removal (Burial, cremation or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place Arroyo Cemetery, Arroyo, Idaho

18. Funeral Director's OWN Signature Geo. A. Millions and Address Edaho Falls, Idaho

19. (a) 12-28-48 (Date received and filed) (b) Anna Budge (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 21 1948  
at 12:20 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1947 to 21 Dec 1948  
I last saw him alive on 21 Dec 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary occlusion

Due to arteriosclerosis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature D. Richard Paul (M. D. or other)

and Address Idaho Falls 24 Dec 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 11 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **4517**  
Local Reg. No. **228**  
Reg. Dist. No. **610**

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Bonneville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospitally \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **IDS** Stayed **1** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Bonneville**  
(c) City or town **Amman**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME **Mr John Edward Williams**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W**  
6. (b) Name of husband or wife **Helle Gita Olson** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **March 29, 1884**

8. AGE	Years	Months	Days	If less than 1 day
	<b>64</b>	<b>8</b>	<b>22</b>	hrs. min.

9. Exact Occupation **Blacksmith** Did this work for **30** yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Jimtown, Colorado** (City or town) (State or foreign country)  
12. Name **John Williams**  
13. Birthplace **Jimtown, Colorado** (City or town) (State or foreign country)  
14. Maiden name **Sara Manuel**  
15. Birthplace **Indiana** (City or town) (State or foreign country)

16. Informant's OWN Signature **Fred Wardell**  
and Address **St Anthony Idaho**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-28-48** (Month) (Day) (Year)  
(c) Place **Ammon Idaho**

18. Funeral Director's OWN Signature **Geo. N. Williams**  
and Address **Idaho Falls Idaho**

19. (a) **12-29-48** (Date received and filed) (b) **Anna Budgen** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **December 23** 19 **48**  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec 23** 19 **48** to **Dec 23** 19 **48**  
I last saw h. **in** alive on **Dec 23** 19 **48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Cerebral Hemorrhage** Duration **12 hours**

Due to **Hypertension**  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **G. C. Erickson M.D.** (M. D. or other)  
and Address **Idaho Falls** Date **12-27** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 11 1949  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **4518**  
Local Reg. No. **287**  
Reg. Dist. No. **610**

1. PLACE OF DEATH
- (a) County **Bonneville**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **459-6**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county ☐ years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Bonneville**  
(c) City or town **Idaho Falls**  
(d) Street Address or R.F.D. No. **459-6**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? ☐ years  
(h) Former residence (city, state) ☐

3. (a) FULL NAME

**Winnie Mary Clarke**

3. (b) If veteran, name war

3. (c) Social Security No. **581X**

4. Sex **F** 5. Color or race **W**

6. (a) Single ☐ widowed ☒ married, divorced ☐

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ☐ years

7. Date of Birth (Month, Day, Year) **June 30, 1958**

8. AGE Years Months Days If less than 1 day  
**90** **5** **23** hrs. min.

9. Exact Occupation **Housewife** Did this work for ☐ yrs.

10. Industry or Business **Green Island, Iowa** Date last worked ☐

11. Birthplace (City or town) (State or foreign country)

12. Name **James B. Hopper**

13. Birthplace **Pennsylvania** (City or town) (State or foreign country)

14. Maiden name **Elizabeth**

15. Birthplace **Pennsylvania** (City or town) (State or foreign country)

16. Informant's OWN Signature **William Clarke**

- and Address **Idaho Falls, Idaho**

17. (a) **Burial** (b) Date thereof **12/27/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **Rock Hill Idaho Falls Idaho**

18. Funeral Director's OWN Signature **Jack A. Wood**

- and Address **Idaho Falls, Idaho**

19. (a) **1-6-49** (b) **Luna Sudger**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **December 23, 1948**

- at **10-15** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec 21**  
19 **48** to **Dec 23** 19 **48**

I last saw her alive on **Dec 21** 19 **48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Similarity**

Duration

Due to **Second degree burn** **3 wks**

Due to ☐

Other conditions ☐

(Include pregnancy within 3 months of death)

Where was disease contracted? **None**

Name of operation **none** Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **yes** Suicide? ☐ Homicide? ☐

Occurred **Dec 8, 1948** City, county, state

where violence occurred **Idaho Falls**

Place of Violence: Home ☒ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **Electric heating pad**

23. Attendant's OWN Signature **N. C. Suter**

and Address **Idaho Falls** Date **12/31, 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 11 1948

Certificate of Death

STATE OF IDAHO

State File No. 4519  
Local Reg. No. 277  
Reg. Dist. No. 611

1. PLACE OF DEATH:  
(a) County Bonneville  
(b) City or town Idaho  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days 54  
(g) Lived in this county 54 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bonneville  
(c) City or town Idaho  
(d) Street Address or R.F.D. No. U.S.A.  
(e) Deceased lived Inside? U.S.A. Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state) years

3. (a) FULL NAME Mr Joseph Hyrum Mc Ling 093D  
3. (b) If veteran, name war 083B  
3. (c) Social Security No. 1948

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) December 28 19 48  
at 6 A.M. o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 12/20 19 45, to 12/25 19 48.  
I last saw him alive on 12/27 19 48.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
1. Cerebral Embolism Duration 1 hour  
Due to Coronary Thrombosis 3 years  
Due to Chronic Myocarditis 5 years  
Other conditions none performed  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home  
Name of operation none Date none  
Major finding none performed  
Finding of autopsy none performed  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Swicide? Homicide?  
Occurred 19 City, county, state Idaho  
where violence occurred Idaho  
Place of Violence: Home Farm Industry Idaho  
Public Place While at work?

Means of injury Idaho  
23. Attendant's OWN Signature Idaho (M. D. or other) Idaho  
and Address Idaho Date 12/29 19 48  
(For additional space, use reverse side)

7. Date of Birth October 8, 1896  
8. AGE Years 72 Months 2 Days 20 If less than 1 day hrs. min.  
9. Exact Occupation Farmer Did this work for life yrs.  
10. Industry or Business Idaho Date last worked Idaho  
11. Birthplace Coalville, Summit Co. Utah (City or town) (State or foreign country)  
Father { 12. Name James Mc Ling  
13. Birthplace England (City or town) (State or foreign country)  
Mother { 14. Maiden name Emma Shaw  
15. Birthplace England (City or town) (State or foreign country)  
16. Informant's OWN Signature Idaho  
and Address Idaho  
17. (a) Idaho (b) Date thereof 12/21/48 (Month) (Day) (Year)  
(Burial, cremation, or removal) (Place) Idaho  
18. Funeral Director's OWN Signature Idaho  
and Address Idaho  
19. (a) 12-29-48 (b) Idaho (Date received und filed) (Registrar's signature)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
DEC 7 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

State File No. 4520  
Local Reg. No. 54-4  
Reg. Dist. No. 100

1. PLACE OF DEATH: STATISTICS
- (a) County Boundary  
(b) City or town Bonnors Ferry  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? XX Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Bound. Co. Stayed 4 days  
(g) Lived in this county 8 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Boundary  
(c) City or town Naples  
(d) Street Address or R.F.D. No. Rural Star Rt.  
(e) Deceased lived Inside? ..... Outside XX city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state) LaGrange, Wy.

3. (a) FULL NAME Harry Barton Robinson

3. (b) If veteran, name war No 3. (c) Social Security No. No
5. Color or No 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Violet 6. (c) Age of husband or wife if alive 45 years  
7. Date of Birth 11/17/1883  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>0</u>	<u>15</u>	hrs min.

9. Exact Occupation Farmer Did this work for 20 yrs.  
10. Industry or Business at home Date last worked 1940  
11. Birthplace Kansas  
(City or town) (State or foreign country)

- Mother { 12. Name Fremont Robinson  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Eugene Robinson  
and Address Naples

17. (a) Burial (b) Date thereof 12/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Bonnors Ferry, Idaho

18. Funeral Director's OWN Signature Leah M. Morse  
and Address Bonnors Ferry, Idaho

19. (a) 12/3/48 (b) C. B. Bowler  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 09317

20. DATE OF DEATH Dec. 2, 1948.  
(Month, Day, Year) at 1:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 2/18 1948, to 12/2 1948  
I last saw him alive on 12/2 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration  
Due to Chronic myocarditis 3 days  
Due to Chronic myocarditis years  
Other conditions as mentioned  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature W. D. Dineen (M. D. or other)  
and Address Bonnors Ferry Date 12/3 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
NON-RESIDENT  
Certificate Of Death

STATE OF IDAHO

State File No. 4521  
Local Reg. No. 55-48  
Reg. Dist. No. 100

1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonnerr's Ferry  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside?..... Outside? X city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place X  
(f) Name Hosp. or Inst. .... Stayed 1 days  
(g) Lived in this county.....years .....months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State British Columbia  
(c) City or town Vancouver, Can.  
(d) Street Address or R.F.D. No. 1612 E. 4th. Ave  
(e) Deceased lived Inside? X..... Outside?..... city or town  
(f) Citizen of what country? Canada  
(g) How long had deceased lived in Idaho? X..... years  
(h) Former residence (city, state) X

3. (a) FULL NAME Jerry Galvin

3. (b) If veteran, Canada (c) Social Security  
name war WWII No. No  
5. Color or No 6. (a) Single, widowed, married,  
Sex Male race White divorced Married  
6. (b) Name of husband or wife Cora Alda 6. (c) Age of husband or wife if  
alive 24 years  
7. Date of Birth 4/9/1925  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>23</u>	<u>8</u>	<u>25</u>	hrs min.

9. Exact Occupation Salesman Did this work for 1 1/4 yrs.  
10. Industry or Business Clothing Date last worked 12/3/48  
11. Birthplace Banff, Alberta, Canada.  
(City or town) (State or foreign country)  
Mother { 12. Name Daniel Franklin Gavin  
Father { 13. Birthplace Fernie, B.C. Canada.  
(City or town) (State or foreign country)  
14. Maiden name Ada May McPherson  
15. Birthplace Springhill Nova Scotia.  
(City or town) (State or foreign country)  
16. Informant's OWN Signature Ada Alda Galvin  
and Address Vancouver B.C. Canada  
17. (a) Removal (b) Date thereof 12/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Vancouver B.C. Canada  
18. Funeral Director's OWN Signature Frank Mowat  
and Address Bonnerr's Ferry, Idaho  
19. (a) 12/4/48 (b) Paul Sourell  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Dec. 4th. 1948  
(Month, Day, Year)  
at 3:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
19....., to..... 19.....

I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory failure Duration terminal

Due to massive lobar pneumonia days

Due to .....  
Other conditions chronic appendicitis

(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy lobar pneumonia bilateral all lobes

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury.....

23. Attendant's OWN Signature Clay Reed Coroner  
and W. D. Surgeon D. or other)  
and Address Bonnerr's Ferry Date 12/4 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JAN 3 1948

# NON-RESIDENT Certificate Of Death

1948

State File No. **4522**  
Local Reg. No. **56-8**  
Reg. Dist. No. **100**

## 1. PLACE OF DEATH:

- (a) County **Boundary**  
(b) City or town **Bonnerr's Ferry**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? **XX** Outside? ..... city or town  
(e) Died in a Home **X** Hospital **X** Institution ..... Other place  
(f) Name Hosp. or Inst. **Boundary Co** stayed **37** days  
(g) Lived in this county ..... years ..... months **37** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Montana** (b) County **Lincoln**  
(c) City or town **Troy**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) **Hoopla, Cal.**

## 3. (a) FULL NAME **Edward Forest Dixon**

3. (b) If veteran, name war **WW1** No. **no**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Bernice Inez** 6. (c) Age of husband or wife if alive **60** years

7. Date of Birth (Month, Day, Year) **9/5/1881**

8. AGE	Years	Months	Days	If less than 1 day
	<b>67</b>	<b>3</b>	<b>12</b>	hrs min.

9. Exact Occupation **Doctor (M.D.)** Did this work for **40** yrs.  
10. Industry or Business **his own** Date last worked **Sep. '48**  
11. Birthplace **Kingwood W. Va.**  
(City or town) (State or foreign country)

12. Name **Augustus R. Dixon**  
13. Birthplace **unknown**  
(City or town) (State or foreign country)  
14. Maiden name **Molly G. Worthington**  
15. Birthplace **unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Bernice G. Dixon**  
and Address **Troy, Mont.**

17. (a) **Removal** (b) Date thereof **12/18/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Spokane Wash.**

18. Funeral Director's OWN Signature **Frank Mose**  
and Address **Bonnerr's Ferry, Idaho**

19. (a) **12/18/48** (b) **Robert**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Dec. 17th.** 19 **48**  
(Month, Day, Year)  
at **8:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Nov 10** 19 **48** to **Dec 17** 19 **48**  
I last saw him alive on **Dec 17** 19 **48**; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Unchogenic Cancer** Duration **?**  
Due to .....

Due to **Terminal Cardiac Failure**  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **Robert M.D.**  
and Address **Spokane Wash.** (M. D. or other) Date **12/18/48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 3 1949  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

948 State File No. 4523  
Local Reg. No. 57-48  
Reg. Dist. No. 100

## 1. PLACE OF DEATH:

- (a) County Boundary  
(b) City or town Bonnara Ferry  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? XX Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Bound. Co. Stayed 3 days  
(g) Lived in this county ..... years 5 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Boundary  
(c) City or town Naples  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? XX Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 5 Mo. years  
(h) Former residence (city, state) Whitefish Mont.

## 3. (a) FULL NAME Alice May Brumbaugh

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or White 6. (a) Single, widowed, married, divorced Wid.  
4. Sex Fem. race White  
6. (b) Name of husband or wife John D. 6. (c) Age of husband or wife if alive Dec. years  
7. Date of Birth (Month, Day, Year) 5/3/1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>7</u>	<u>27</u>	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.  
10. Industry or Business at home Date last worked 12/24/48  
11. Birthplace Indiana (City or town) (State or foreign country)

12. Name Martin Alexander  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Jenny Perry  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature A. F. Brumbaugh  
and Address Naples Idaho.

17. (a) Removal (b) Date thereof 12/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Whitefish Mont.

18. Funeral Director's OWN Signature Frank Moore  
and Address Bonnara Ferry, Idaho.

19. (a) 1/30/49 (b) Paul Souree  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 30th. 1948  
at 6:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 27 1948, to Jan 30 1949.  
I last saw her alive on Dec 29 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Failure Duration

Due to Chronic Myocarditis

Due to Acute Myocarditis

Other conditions Fractured pelvis 3 days and left leg  
(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN

Name of operation..... Date..... Underline the cause to which death should be charged statistically.

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? ..... Homicide? .....  
Occurred Dec 27, 1948 19..... City, county, state where violence occurred Boundary Co.  
Place of Violence: Home X Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury Slipped on ice

23. Attendant's OWN Signature E. T. Dwyer, M.D. (M. D. or other)  
and Address Bonnara Ferry Date 1/4/49  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

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DEC 24 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. **4524**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF DEATH: **Butte**
- (a) County **Butte**  
(b) City or town **Arco**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ☒ Hospital? ☒ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. **none** Stayed \_\_\_\_\_ days  
(g) Lived in this county **38** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Butte**  
(c) City or town **Arco**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **1918** years  
(h) Former residence (city, state) **Marysville, Utah**

3. (a) FULL NAME **Harry Ben Decoria**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **518-05-9102**
4. Sex **M** 5. Color **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Anna** 6. (c) Age of husband or wife if alive **62** years

7. Date of Birth (Month, Day, Year) **Jan 15, 1878**

- | 8. AGE | Years     | Months    | Days | If less than 1 day |
|--------|-----------|-----------|------|--------------------|
|        | <b>70</b> | <b>11</b> |      | hrs min.           |

9. Exact Occupation **Carpenter** Did this work for **life** yrs.
10. Industry or Business **and mason** Date last worked **1945**
11. Birthplace **Landes City, Wyo.** (City or town) (State or foreign country)

12. Name **Ben Decoria**
13. Birthplace **Montreal, Canada** (City or town) (State or foreign country)
14. Maiden name **Anna M. Eddie**
15. Birthplace **Iowa** (City or town) (State or foreign country)

16. Informant's OWN Signature **Anna Decoria**  
and Address **Arco, Idaho**

17. (a) **Burial** (b) Date thereof **Dec 19-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: **Arco - Idaho**

18. Funeral Director's OWN Signature **Betty J. Marvel**  
and Address **Arco, Idaho**

19. (a) **Dec. 21-1948** (b) **Betty J. Marvel**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Dec. 15** 19**48**  
(Month, Day, Year)  
at **6:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Jan. 5** 19**45**, to **Dec. 15** 19**48**

I last saw him alive on **Dec. 14** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pulmonary Hemorrhage** Duration **5 minutes**

Due to **Pulmonary Tuberculosis** **4 years**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding **none**  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **J. P. Egbert**  
and Address **Arco, Idaho** (M. D. or other) **M.D.**  
Date **12-21-48** 19**48**  
(For additional space, use reverse side)

**#670 acting registrar**

069

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 16 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 4525  
Local Reg. No. 569  
Reg. Dist. No. 362

1. PLACE OF DEATH: STATISTICS  
(a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 903 11th Ave. So.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home Hospital Institution ☒ Other place  
(f) Name Hosp. or Inst. Carter's Stayed 1 yr days  
(g) Lived in this county 1 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 903 11th Ave. So.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 1/2 years  
(h) Former residence (city, state) Hume, Missouri

3. (a) FULL NAME MRS. MARTHA ADAMS

3. (b) If veteran, name war white 3. (c) Social Security No.

5. Color or fem white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Walter D. Adams  
6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) January 1, 1874

8. AGE	Years	Months	Days	If less than 1 day
74	11	1	hrs.	min.

9. Exact Occupation Housewife Did this work for yrs.  
10. Industry or Business Home Date last worked  
11. Birthplace Champaign, Illinois (City or town) (State or foreign country)  
Father { 12. Name Charles E. Taylor  
13. Birthplace Trivoli, Illinois (City or town) (State or foreign country)  
Mother { 14. Maiden name Lucy Ann Hitchcock  
15. Birthplace Trivoli, Illinois (City or town) (State or foreign country)  
16. Informant's OWN Signature Mrs. F. O. Requist and Address Gooding, Idaho  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/4/48 (Month) (Day) (Year)  
(c) Place Hume, Missouri  
18. Funeral Director's OWN Signature Robinson-Alsip Chapel and Address Nampa, Idaho  
19. (a) Dec 4-1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 2, 1948  
at 8:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to Dec 2 19 48  
I last saw h or alive on Dec 2 19 48;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Hypostatic Pneumonia Duration 1 day

Due to Smoking

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature F. O. Requist, M.D. and Address Nampa, Idaho Date 12-4-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 3 1949  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 4526  
Local Reg. No. 584  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 404 20th Ave. So.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 404 20th Ave. So.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME MR. JESSE E. LONG

3. (b) If veteran, name war none 3. (c) Social Security No. 518-16-7152  
5. Color or white 6. (a) Single, widowed, married, divorced widowed  
4. Sex male race white 6. (b) Name of husband or wife Anna L. Long  
6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) December 15, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>11</u>	<u>23</u>	hrs. min.

9. Exact Occupation Shoe Salesman Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Retired Date last worked 1941

11. Birthplace Madison, Kansas  
(City or town) (State or foreign country)

12. Name Patrick Long  
13. Birthplace Ireland  
(City or town) (State or foreign country)

14. Maiden name Jane Dunlavy  
15. Birthplace Ireland  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 12/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature [Signature]  
and Address Nampa, Idaho

19. (a) Dec 22-1948 (b) Lyla Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 8, 1948  
at 4:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 8 1948 to Dec 8 1948

I last saw him alive on Dec 8 1948

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Acute dilatation of heart Duration \_\_\_\_\_

Myocarditis

Due to Recovering from

due to Myocarditis

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? ✓

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature [Signature]

and Address Nampa Date Dec 17 1948

(For additional space, use reverse side)

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 22 1962

**CERTIFICATE OF DEATH**

Local Registrar's Duplicate  
Local Reg. No. 578  
Reg. Dist. No. 262

## STATISTICS

**1. PLACE OF DEATH:**

- (a) County Canyon  
(b) City or town Albuquerque  
(c) Street Address or R. F. D. No. 903-11th Ave  
(d) Death Occurred Inside?      Outside?      city or town       
(e) Died in a Home—Hospital—Institution—Other place.       
(f) Name Hosp. or Inst. Center Stayed 6 days  
(g) Lived in this county 38 years      months      days

**Note.** For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased:** (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Manpa  
(d) Street Address or R. F. D. No. 1  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Tennessee

**3. (a) FULL NAME**

3. (b) If veteran,  
name war...

3. (c) Social Security No. ....

4. Sex F 5. Color or race W. 6. (a) Single, widowed married, divorced Married
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) Sept 18 - 1860

	Years	Months	Days	If less than 1 day	
8. AGE	88	3	31	hrs	min.

9. Exact Occupation None Did this work for.....yrs.

10. Industry or \_\_\_\_\_ Date last \_\_\_\_\_  
11. Birthplace Mc Minn Tennessee  
(City or town) (State or foreign country)

Business \_\_\_\_\_ worked \_\_\_\_\_

Father { 12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)

Mother { 14. Maiden name Thompson  
15. Birthplace Thompson  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Naghibat Rana  
and Address Box 30000, Ft. Worth, TX 76102

17. (a) Burial (b) Date thereof 12/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hampa Idaho

18. Funeral Director's  
OWN Signature George J. Hallen  
and Address Chapman, Ohio

19. (a) Dec. 17-1948 (b) Lyla Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**  
(Month, Day, Year) Dec 8<sup>th</sup>, 1948  
At 9 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from  
Per 4, 1948 to Per 4, 1948  
I last saw h.s.r. alive on Per 4, 1948, death is  
said to have occurred on the date and hour stated above.

<b>Immediate Cause of Death:</b>	<b>Duration</b>
----------------------------------	-----------------

Central Hemorrhage

Due to

Due to.....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Physician \_\_\_\_\_  
 Underline \_\_\_\_\_

Major finding .....	the cause to
Finding of autopsy .....	which death
	should be

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
 Occurred....., 19..... City, county, state.....  
 where violence occurred.....  
 Place of Violence: Home..... Farm..... Industry.....  
 Public Place..... While at work?.....  
 Means of injury.....

23. Attendant's  
OWN Signature Henry C. Wesche  
(M. D. or other)  
and Address Hampton, Ida Date 12-9, 1948  
(For additional space, use reverse side)

H. H. Mosche

RECEIVED

4528

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

## DEC 2 CERTIFICATE OF DEATH

OFFICE OF VITAL STATE OF IDAHO

Local Registrar's Duplicate  
Local Reg. No. 380  
Reg. Dist. No. 362

## STATISTICS

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R. F. D. No. 908 - 11th Ave So  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. Carthage Stayed 4 days  
(g) Lived in this county 40 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R. F. D. No. U. S. A.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Indiana

## 3. (a) FULL NAME

Levi Barnett

162 B

## 3. (b) If veteran, name war.

## 3. (c) Social Security No.

4. Sex M 5. Color M 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

## 7. Date of Birth

(Month, Day, Year) Nov. 30th 1863

8. AGE	Years	Months	Days	If less than 1 day
	<u>85</u>	<u>1</u>	<u>9</u>	hrs min.

9. Exact Occupation Ratified Did this work for Unknown yrs.  
10. Industry or Valparaiso Date last worked Unknown  
11. Birthplace Indiana (City or town) (State or foreign country)  
Business Unknown worked

12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Grounds  
and Address Hamper, Idaho  
17. (a) Hamper (b) Date thereof 12/13/48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Hamper, Idaho

18. Funeral Director's OWN Signature George A. Hasker  
and Address Hamper, Idaho  
19. (a) Dec. 17-1948 (b) Linda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Dec 8th, 1948  
At 6 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Myocardial infarction  
Due to Scintillation  
Due to He had no death  
Other conditions Dead 7 old age  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

Physician Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_, 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Henry C. Weschke MD  
and Address Hamper, Idaho (M. D. or other) Date 12-9, 1948  
(For additional space, use reverse side)

Wesche

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 3 1949

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **348 4529**  
Local Reg. No. **586**  
Reg. Dist. No. **363**

## 1. PLACE OF DEATH:

- (a) County **Canyon**  
(b) City or town **Nampa**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Mercy** Stayed **2** days  
(g) Lived in this county **35** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Canyon**  
(c) City or town **Nampa**  
(d) Street Address or R.F.D. No. **Route #5**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **35** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL

NAME **MRS. CARRIE BAUMGARTNER**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

5. Color or  
4. Sex **fem.** race **white**

6. (a) Single, widowed, married,  
divorced **married**

6. (b) Name of husband or wife **John Baumgartner**

6. (c) Age of husband or wife if  
alive **76** years

7. Date of Birth  
(Month, Day, Year) **December 8, 1876**

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>0</b>	<b>3</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business **Home** Date last worked \_\_\_\_\_

11. Birthplace **Blue Island, Illinois**  
(City or town) (State or foreign country)

12. Name **John Kiesling**

13. Birthplace **Germany**  
(City or town) (State or foreign country)

14. Maiden name **Eva**

15. Birthplace **Germany**  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature **Kalter Baumgartner**  
and Address **Nampa, Idaho**

17. (a) Burial (b) Date thereof **12/15/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Kohlerlawn Cemetery**

18. Funeral Director's  
OWN Signature **John J. Alsip**

and Address **Nampa, Idaho**

19. (a) **Dec. 22-1948** (b) **Lydal Rodgers**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) **December 11, 1948**  
at **9:20** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **Aug 48**  
**1** 19 **48** to **Dec 11** 19 **48**

I last saw her alive on **Dec 11** 19 **48**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Arteriosclerosis** Duration \_\_\_\_\_

Due to **Myocarditis & arteriosclerosis**

Due to **flu encephalitis**

Other conditions **2 weeks**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's  
OWN Signature **H. P. Belong**

and Address **Nampa** Date **Dec 12 1948**

(For additional space, use reverse side)

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

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## DEC 1 CERTIFICATE OF DEATH

OFFICE OF VITAL STATE OF IDAHO

1948

4530

Federal Security Agency  
United States Public Health Service  
National Office of Vital StatisticsLocal Registrar's Duplicate  
Local Reg. No. 372  
Reg. Dist. No. 369

## 1. PLACE OF DEATH:

- (a) County Canyon  
 (b) City or town Hamapo  
 (c) Street Address or R. F. D. No. \_\_\_\_\_  
 (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
 (e) Died in a Home—Hospital—Institution—Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. Meray Stayed 18 days  
 (g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
 (c) City or town Hamapo  
 (d) Street Address or R. F. D. No. State Island Colony  
 (e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town \_\_\_\_\_  
 (f) Citizen of what country? U.S.A.  
 (g) How long had deceased lived in Idaho? 1 years  
 (h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

James Edward Pitman131A

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Antonia 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Date of Birth (Month, Day, Year) Oct 4 1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>2</u>	<u>16</u>	hrs min.

9. Exact Occupation Attendant Did this work for 1 yrs.  
 10. Industry or Date last \_\_\_\_\_  
 11. Birthplace Hamapo (City or town) (State or foreign country) Idaho  
 Business State Island Colony worked \_\_\_\_\_  
 12. Name James Edward Pitman  
 13. Birthplace Hamapo (City or town) (State or foreign country) Idaho  
 14. Maiden name Unknown  
 15. Birthplace Unknown (City or town) (State or foreign country) \_\_\_\_\_  
 16. Informant's OWN Signature Hospital Records  
 and Address 1111 1/2 N. 1st St. Boise  
 17. (a) Removal (b) Date thereof 12/14/48  
 (Burial, cremation or removal) (Month) (Day) (Year)  
 (c) Place: Portland Oregon  
 18. Funeral Director's OWN Signature George H. Walker  
 and Address Boise Idaho  
 19. (a) Dec. 14 - 1948 (b) Lyda Rodgers  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

093D

20. DATE OF DEATH (Month, Day, Year) Dec 12th, 1948  
 At 3 o'clock A.M.  
 21. I HEREBY CERTIFY, That I attended deceased from Nov. 20 -, 1948, to 12-12-, 1948.  
 I last saw him alive on 12-12-, 1948, death is said to have occurred on the date and hour stated above.  
 Immediate Cause of Death: Congestive heart failure  
Edema of lungs  
 Due to arterio-sclerosis  
Coronary disease  
 Due to \_\_\_\_\_  
 Other conditions nephritis  
 (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Where was disease contracted? \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
 Major finding \_\_\_\_\_  
 Finding of autopsy \_\_\_\_\_  
 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
 Occurred \_\_\_\_\_, 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
 Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
 Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
 Means of injury \_\_\_\_\_  
 23. Attendant's OWN Signature Samuel H. Wayne, M.D.  
 and Address Hamapo, Id. (M.D. or other) \_\_\_\_\_ Date 12-14-, 1948  
 (For additional space, use reverse side)



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1048

4531

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 22 1948

OFFICE OF VITAL

STATISTICS

STATE OF IDAHO

Local Registrar's Duplicate  
Local Reg. No. 377  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hamper  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home—Hospital—Institution—Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Meray Stayed 18 days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hamper  
(d) Street Address or R. F. D. No. Balger Apts  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

Mrs Elva Helshemer

139A

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 544-10-4427  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Nov. 11-1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>1</u>	<u>1</u>	hrs min.

9. Exact Occupation Seamstress Did this work for 3 yrs.  
10. Industry or Date last \_\_\_\_\_  
11. Birthplace Harvey County Illinois (City or town) (State or foreign country)  
Business Tray Laundry worked \_\_\_\_\_  
12. Name Elva Helshemer  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records  
and Address St. George H. Halliday  
17. (a) Removal (b) Date thereof 12/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Candylton Oregon  
18. Funeral Director's OWN Signature St. George H. Halliday  
and Address Idaho  
19. (a) Dec. 16-1948 (b) Lyla Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

1220

20. DATE OF DEATH (Month, Day, Year) Dec. 12th, 1948  
At 3 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-22, 1948, to 12-12, 1948  
I last saw her alive on 12-12, 1948 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Bowel obstruction Duration 2 1/2 wks  
Due to Plastic Peritonitis 2 1/2 wks  
Due to pelvic abscess 2 1/2 wks  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

Physician Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_, 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature A. B. Halliday, M.D.  
and Address Hamper, Idaho (M. D. or other) Date 12-12, 1948  
(For additional space, use reverse side)

Halliday

095

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DEC 22 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4532

Local Reg. No. 581

Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 311 Holly St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 11 years 11 months 11 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 311 Holly St.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) ☐

## 3. (a) FULL NAME

MRS. CARRIE MESSENGER

3. (b) If veteran, name war none

3. (c) Social Security No. none

5. Color or white  
4. Sex fem. race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Roy Messenger

6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) September 2, 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>3</u>	<u>10</u>	hrs. min.

9. Exact Occupation Housewife Did this work for ☐ yrs.

10. Industry or Business Home Date last worked ☐

11. Birthplace Sibley, Iowa (City or town) (State or foreign country)

12. Name Henry M Hickok

13. Birthplace No Record (City or town) (State or foreign country)

14. Maiden name Julia Salina Brown

15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature Dorinda L. Messenger  
and Address 711 N 46. Seattle 3 Wash.

17. (a) Removal (b) Date thereof 12/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Seattle, Washington

18. Funeral Director's OWN Signature John E. Alsip  
and Address Nampa, Idaho

19. (a) Dec. 17-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 12, 1948  
at 9:30 o'clock A.M.

21. I HEREBY CERTIFY That I attended deceased from 19  
Did not treat her before  
and when she was found dead  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary occlusion

### Duration

Due to ☐

Due to ☐

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ☐

Name of operation ☐ Date ☐

Major finding ☐

Finding of autopsy ☐

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred ☐ 19 ☐ City, county, state where violence occurred ☐

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury ☐

23. Attendant's OWN Signature Henry C. Weschamp  
(M. D. or other)  
and Address Nampa, Idaho Date 12-16 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

DEC 28 1948

STATE OF IDAHO

1948

State File No. 4533

Local Reg. No. 22

Reg. Dist. No. 361

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 1615 8th St. South  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mercy Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 224 Blaine St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Regina Joy Stevens

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex F race W

6. (a) Single, widowed, married,  
divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) December 14-1948

8. AGE	Years	Months	Days	If less than 1 day
	-	-	-	<u>4</u> hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Nampa, Idaho

(City or town) (State or foreign country)

12. Name Reginald C. Stevens

13. Birthplace Beaver Dams, N.Y.

(City or town) (State or foreign country)

14. Maiden name Opal Wells

15. Birthplace Cambridge, Idaho

(City or town) (State or foreign country)

16. Informant's OWN Signature R.C. Stevens

and Address 224 Blaine St., Caldwell

17. (a) Burial (b) Date thereof 12-16-48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Canyon Hill

18. Funeral Director's OWN Signature William D. Chapman

and Address Caldwell, Idaho

19. (a) 12-22-48 (b) William D. Chapman

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) December 14 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

## 21. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

prematurity  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Duration

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature William D. Chapman (M. D. or other)

and Address Caldwell, Idaho Date 12-17 19 48

(For medical use, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 3 1949

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 State File No. 1534

Local Reg. No. 686

Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. 207 Canyon Avenue  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 18 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 207 Canyon Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 18 months  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME RONALD KENNETH PHIPPS

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or white 6. (a) Single, widowed, married, divorced single  
4. Sex male race white 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
6. (b) Name of husband or wife \_\_\_\_\_

7. Date of Birth (Month, Day, Year) March 2, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>9</u>	<u>13</u>	hrs. min.

9. Exact Occupation Infant Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Sacramento, California  
(City or town) (State or foreign country)

12. Name Donald Phipps

13. Birthplace So. Dakota  
(City or town) (State or foreign country)

14. Maiden name Juanita Miller

15. Birthplace Castle Rock, Washington  
(City or town) (State or foreign country)

16. Informant's OWN Signature Jack L. Miller  
and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 12/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Kohlerlawn Cemetery

18. Funeral Director's OWN Signature John T. Alsip, Jr.  
and Address Nampa, Idaho

19. (a) Dec. 22-1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 15, 1948  
at 8:40 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 12-2-1948 to Dec 15, 1948  
I last saw him alive on 12-15-1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia Duration 1 week

Due to F. T.

Due to Defecting from Battle

Other condition \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature V. C. Bellanap  
(M. D. or other)

and Address Nampa, Idaho Date 12-20-1948  
(For additional space, use reverse side)

033A

L. H. C. Rodgers

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 4535  
State File No. ....  
Local Reg. No. 382  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home ..... Hospital X Institution ..... Other place .....  
(f) Name Hosp. or Inst. Samaritan Stayed 3 days  
(g) Lived in this county ..... years ..... months 3 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 115 W. Sherman Ave.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 days xxx  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

DONITA FAYE DILLABAUGH

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

none

## 5. Color or

Sex fem. race white

## 6. (a) Single, widowed, married,

divorced single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if

alive ..... years

## 7. Date of Birth

(Month, Day, Year) December 12, 1948

## 8. AGE

Years

Months

Days

If less than 1 day  
3 hrs. min.

## 9. Exact Occupation

Infant

Did this  
work for ..... yrs.

## 10. Industry or Business

Date last  
worked

## 11. Birthplace

(City or town)

(State or foreign country)

## 12. Name

James R. Dillabaugh

## 13. Birthplace

Ignacio, Colorado

(City or town)

(State or foreign country)

## 14. Maiden name

Beatrice Shaver

## 15. Birthplace

Richland, Oregon

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

James R. Dillabaugh

and Address

Nampa, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 12/17/48

(Month) (Day) (Year)

(c) Place

Kohlerlawn Cemetery

## 18. Funeral Director's

OWN Signature

Robinson-Alsip Chapel

and Address

Nampa, Idaho

## 19. (a)

Dec 17 1948

(Date received and filed)

(b)

Lyda Rodgers

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Dec 15 19 48  
at 6:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Dec 12 19 48, to Dec 15 19 48

I last saw h. et alive on Dec 15 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Respiratory Failure

## Duration

Due to

Cerebral Anoxemia 3 days

Due to

Difficult Breech Delivery

Other conditions

Intracranial Hemorrhage  
(Include pregnancy within 3 months of death)

Where was disease contracted?

At Birth

Name of operation

Date

Major finding

Some intracranial  
hemorrhage and cerebral edema

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred .....

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury

## 23. Attendant's

OWN Signature

Dr. Mangum MD

and Address

Nampa (M. D. or other)

Date 12-15-48

(For additional space, use reverse side)

458

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CERTIFICATE OF DEATH

STATE OF IDAHO

4536

Local Registrar's Duplicate  
Local Reg. No. 883  
Reg. Dist. No. 363

1. PLACE OF DEATH:

STATISTICS

- (a) County Canyon  
(b) City or town Maingor  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home—Hospital—Institution—Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Merger Stayed 5 days  
(g) Lived in this county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Melba  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Utah

3. (a) FULL NAME

Henry Jamneth

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 4th 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>9</u>	<u>16</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or \_\_\_\_\_ Date last \_\_\_\_\_

11. Birthplace Collington Utah (City or town) (State or foreign country)

Business \_\_\_\_\_ worked \_\_\_\_\_

12. Name Henry Jamneth

13. Birthplace England (City or town) (State or foreign country)

14. Maiden name Clara Elliot

15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature James H. Rodgers

and Address Box 2 Maingor

17. (a) Personal (b) Date thereof 12/22/48 (Month) (Day) (Year)

(c) Place: Shelby Idaho

18. Funeral Director's OWN Signature James H. Rodgers

and Address Maingor Idaho

19. (a) Dec. 22-1948 (b) Lida Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

093F

20. DATE OF DEATH (Month, Day, Year) Dec 20th, 1948  
At 12 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1948, to Dec 20, 1948  
I last saw him alive on Dec 19, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Coronary Occlusion  
Myocarditis  
Due to Arteriosclerosis  
Asthmatic Bronchitis

Duration sudden  
3 days  
3 days

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Physician Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_, 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's

OWN Signature James H. Rodgers M.D.

and Address Maingor (M. D. or other) Date 12/21, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 6 1949  
OFFICE OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4537  
Local Reg. No. 589  
Reg. Dist. No. 362

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Samaritan Stayed 1 days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. 407 Holly  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

MR. JONAS E. LARSEN

## 3. (b) If veteran, name war

none

## 3. (c) Social Security No.

## 4. Sex male Color or race white

## 6. (a) Single, widowed, married, divorced divorced

## 6. (b) Name of husband or wife Johanna Larsen

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year) May 11, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>7</u>	<u>14</u>	hrs. min.

## 9. Exact Occupation Carpenter Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business Retired Date last worked \_\_\_\_\_

## 11. Birthplace Norway (City or town) (State or foreign country)

## 12. Name Lars Larsen (City or town) (State or foreign country)

## 13. Birthplace Norway (City or town) (State or foreign country)

## 14. Maiden name Anna Ingeborg (City or town) (State or foreign country)

## 15. Birthplace Norway (City or town) (State or foreign country)

## 16. Informant's OWN Signature Ole Larsen and Address 407 Holly Nampa, Idaho

## 17. (a) Burial (b) Date thereof 12/29/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Kohlerlawn Cemetery

## 18. Funeral Director's OWN Signature John J. Alsip and Address Nampa, Idaho

## 19. (a) Dec 31-1948 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) December 25, 1948 at 11:10 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Dec 24 1948 to Dec 25 1948 I last saw him alive on Dec 25 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Central Nervous System

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Henry C. White M.D.

and Address Nampa, Idaho (M. D. or other)

Date 12-27 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DEC 14 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

STATE OF IDAHO

State File No. **4538**  
Local Reg. No. **59**  
Reg. Dist. No. **360**

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Memorial Park days \_\_\_\_\_  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 1218 Albany St.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1-day years \_\_\_\_\_  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Baby Habeck

3. (b) If veteran, name war No 3. (c) Social Security No. No  
4. Sex F 5. Color or W 6. (a) Single, widowed, married, divorced S  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December 3-1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>1</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Caldwell, Idaho  
(City or town) (State or foreign country)

12. Name Clarence Habeck

13. Birthplace Ruthland, North Dakota  
(City or town) (State or foreign country)

14. Maiden name Lucille Stinnate

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Clarence Habeck  
and Address 1218 Albany Caldwell Idaho

17. (a) Burial (b) Date thereof 12-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Canyon Hill  
18. Funeral Director's OWN Signature William Dakan  
and Address Caldwell, Idaho

19. (a) 12-10-48 (b) Vera Habeck  
(Date received and filed) (Registrar's Signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 4 19 48  
(Month, Day, Year) at 1:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from birth  
Dec 3, 1948 to Dec 4, 1948  
I last saw him alive on Dec 4, 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Respiratory failure

Due to Prematurity

Due to under 1000g

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. L. Wynn  
(M. D. or other)

and Address Caldwell Date 12/6 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. 4539

Local Reg. No. 378

Reg. Dist. No. 860

1. PLACE OF DEATH: **STATISTICS**
- (a) County Canyon
- (b) City or town Caldwell
- (c) Street Address or R.F.D. No. 409 North Kimball
- (d) Death Occurred Inside? X Outside? city or town
- (e) Died in a Home X Hospital Penningtons Institution Other place
- (f) Name Hosp. or Inst. Penningtons Stayed days
- (g) Lived in this county 29 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon
- (c) City or town Caldwell
- (d) Street Address or R.F.D. No. Box 645
- (e) Deceased lived Inside? X Outside? city or town
- (f) Citizen of what country? U.S.A.
- (g) How long had deceased lived in Idaho? 29 years
- (h) Former residence (city, state) Wisconsin

3. (a) FULL NAME Leo Miles

3. (b) If veteran, name war No 3. (c) Social Security No.
5. Color or race White 6. (a) Single, widowed, married, divorced Married
4. Sex Male 6. (b) Name of husband or wife Desdemona Miles 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) July 17-1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>4</u>	<u>18</u>	hrs. min.

9. Exact Occupation Laborer Did this work for  yrs.
10. Industry or Business  Date last worked
11. Birthplace Peshtigo, Wisconsin (City or town) (State or foreign country)
12. Name John Miles
13. Birthplace New York (City or town) (State or foreign country)
14. Maiden name Not Known
15. Birthplace  (City or town) (State or foreign country)

16. Informant's OWN Signature Desdemona Miles and Address Box 645, Caldwell, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-48 (Month) (Day) (Year)
- (c) Place Canyon Hill
18. Funeral Director's OWN Signature W. H. Dakan and Address Caldwell, Idaho
19. (a) 12-10-48 (Date received and filed) (b) Vera Dakan (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 5 1948  
at 11:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1948 to Dec 1 1948

I last saw him alive on Dec 1 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Chronic Myocarditis  
Bronchitis

Duration  
?

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident?  Suicide?  Homicide?
- Occurred  19  City, county, state where violence occurred
- Place of Violence: Home  Farm  Industry
- Public Place  While at work?
- Means of injury
23. Attendant's OWN Signature R. S. Ross and Address Caldwell, Idaho Date 12/7 1948
- (For additional space, use reverse side)

Canyon Co. Physician 224

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. **4540**  
Local Reg. No. **56**  
Reg. Dist. No. **360**

1. PLACE OF DEATH: **Canyon**  
(a) County **Canyon**  
(b) City or town **Caldwell**  
(c) Street Address or R.F.D. No. **413 Chicago St.**  
(d) Death Occurred Inside? **X** Outside? **city or town**  
(e) Died in a Home **X** Hospital **Institution** Other place **city or town**  
(f) Name Hosp. or Inst. **None** Stayed **days**  
(g) Lived in this county **24** years **months** **days**

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Canyon**  
(c) City or town **Caldwell**  
(d) Street Address or R.F.D. No. **413 Chicago St.**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **51** years  
(h) Former residence (city, state) **Iowa**

3. (a) FULL NAME **Kate Steward**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **093C**  
4. Sex **Female** 5. Color or Face **White** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Arthur** 6. (c) Age of husband or wife if alive **years**

7. Date of Birth (Month, Day, Year) **January 4-1869**

8. AGE	Years	Months	Days	If less than 1 day
	<b>79</b>	<b>11</b>	<b>1</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **years**  
10. Industry or Business **Red Field, Iowa** Date last worked **worked**

11. Birthplace **Red Field, Iowa** (City or town) (State or foreign country)

12. Name **Isaac Anderson** (City or town) (State or foreign country)

13. Birthplace **Minnesota** (City or town) (State or foreign country)

14. Maiden name **Elenore Gardner** (City or town) (State or foreign country)

15. Birthplace **Minnesota** (City or town) (State or foreign country)

16. Informant's **George Steward** OWN Signature

- and Address **413 Chicago St., Caldwell**

17. (a) **Burial** (b) Date thereof **12-8-48** (Month) (Day) (Year)

- (Burial, cremation, or removal)

- (c) Place **Canyon Hill**

18. Funeral Director's **Edna Dakan** OWN Signature

- and Address **Caldwell, Idaho**

19. (a) **12-10-48** (b) **Vera Dakan** (Date received and filed) (Registrar's Signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **December 5** 19**48**  
at **11:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Nov** 19**45** to **Nov 12** 19**48**  
I last saw h. **er** alive on **Nov 12** 19**48**

### Immediate Cause of Death:

**myocardial failure** Duration **1 wk**

**death edema, dyspnea** **old rheumatic fever** **years**

Due to **myocardial weakness** Other conditions **myocardial weakness** (Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**

Name of operation **Idaho** Date **Idaho**

Major finding **Idaho**

Finding of autopsy **Idaho**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **Idaho** Suicide? **Idaho** Homicide? **Idaho**

Occurred **Idaho** 19 **Idaho** City, county, state

where violence occurred **Idaho**

Place of Violence: Home **Idaho** Farm **Idaho** Industry **Idaho**

Public Place **Idaho** While at work? **Idaho**

Means of injury **Idaho**

23. Attendant's **E. Z. Duman MD** OWN Signature

and Address **Caldwell** (M. D. or other) **Idaho** Date **12/7** 19**48**

(For additional space, use reverse side)

4

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4542  
Local Reg. No. 67  
Reg. Dist. No. 360

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County Caldwell  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 304 Cleveland  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 13 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 304 Cleveland  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Margaret Lucinda Bailey

3. (b) If veteran, name war No 3. (c) Social Security No. 519-09-0390
4. Sex F 5. Color or W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Quine L. Bailey 6. (c) Age of husband or wife if alive 49 years

7. Date of Birth (Month, Day, Year) February 2-1910

8. AGE	Years	Months	Days	If less than 1 day
	<u>38</u>	<u>10</u>	<u>8</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Richfield, Kansas  
(City or town) (State or foreign country)

12. Name John F. Simpson

13. Birthplace England  
(City or town) (State or foreign country)

14. Maiden name Ethel I. Weitzel

15. Birthplace Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Margaret D. Bailey  
and Address 304 Cleveland, Caldwell

17. (a) Burial (b) Date thereof 12-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Canyon

18. Funeral Director's OWN Signature Perham-Dakin Chapel  
and Address Caldwell, Idaho

19. (a) 12-21-48 (b) Agnes D. Dorman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 10, 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Gun shot wound in left chest between 3 & 4 ribs, chest due to a hit to left of the sternum. Exit between 4 & 5 ribs about 6 cm. Due to a hit to left of vertebra.

Other conditions gun wounds of  
(Include pregnancy within 3 months of death)

Quine L. Bailey

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy no

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? ✓

Occurred Dec 10, 1948 City, county, state Caldwell

where violence occurred \_\_\_\_\_

Place of Violence: Home ✓ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wm D. Bailey or other \_\_\_\_\_

and Address Yampa Sta Date 12-21-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 State File No. **4543**  
Local, Reg. No. **60**  
Reg. Dist. No. **360**

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## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell, IDAHO  
(c) Street Address or R.F.D. No. 304 Cleveland Blvd.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 13 years 13 months 13 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 320 Cleveland  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

Quine L. Bailey

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

519-09-0298

## 4. Sex M Color or W race W

## 6. (a) Single, widowed, married, divorced W

## 6. (b) Name of husband or wife Margaret Lucinda

## 6. (c) Age of husband or wife if alive 38 years

## 7. Date of Birth (Month, Day, Year) December 23-1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>11</u>	<u>17</u>	hrs. min.

## 9. Exact Occupation Bluffs, Illinois Did this work for hrs. yrs.

## 10. Industry or Business Bluffs, Illinois Date last worked hrs. min.

## 11. Birthplace (City or town) (State or foreign country)

## 12. Name Q.T. Bailey

## 13. Birthplace (City or town) (State or foreign country)

## 14. Maiden name Julia M. Massie

## 15. Birthplace (City or town) (State or foreign country)

## 16. Informant's OWN Signature Margaret L. Bailey

## and Address 304 Cleveland, Caldwell

## 17. Burial (b) Date thereof 12-13-48

## (c) Place Canyon Hill

## 18. Funeral Director's OWN Signature Peckham-Dakan Chapel

## and Address Caldwell, Idaho

## 19. (a) 12-21-48 (b) agnew Benman

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) December 10 1948

## at 10 o'clock AM

## 21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

## I last saw h. alive on 19 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Gun shot wounds Duration right temple - Exit - upper

## Entrance - lower

## Back of left temple

## Self-inflicted

## Due to Other conditions

## (Include pregnancy within 3 months of death)

## Where was disease contracted? Name of operation Date

## Major finding. Finding of autopsy No.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? Swicide? Homicide?

## Occurred Dec 10 1948 City, county, state Caldwell Ida.

## where violence occurred Place of Violence: Home Farm Industry

## Public Place While at work?

## Means of injury OWN Signature Wm D. Bailey

## 23. Attendant's OWN Signature Wm D. Bailey

## and Address Nampa Date 12-21-48

## (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 4544  
State File No. \_\_\_\_\_  
Local Reg. No. 64  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

(a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 1604 Dearborn St.  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Memorial Park Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 1604 Dearborn St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Boise, Idaho

3. (a) FULL NAME Raymond Carter Pasley

3. (b) If veteran, name war No 3. (c) Social Security No. 519-09-0798  
4. Sex M 5. Color or W race W  
6. (b) Name of husband or wife Ruth Pasley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 14-1881  
8. AGE Years 67 Months 9 Days 3 If less than 1 day hrs. min.

9. Exact Occupation Vice President C.C. Anderson Co. Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Stores Date last worked \_\_\_\_\_

11. Birthplace Wildcat, Kansas (City or town) (State or foreign country)

12. Name Rev. H.A. Pasley

13. Birthplace Wildcat, Kansas (City or town) (State or foreign country)

14. Maiden name Martha Aurelia Carter

15. Birthplace Naveau, Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature R.C. Pasley Jr.  
and Address 1519 Idaho 8th Caldwell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-48 (Month) (Day) (Year)  
(c) Place Canyon Hill

18. Funeral Director's OWN Signature Peckham-Dakan Chapel  
and Address Caldwell, Idaho

19. (a) 12-26-48 (Date received and filed) (b) Raymond Denman (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 17 1948  
at 4 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 14 1948 to Dec 17 1948.  
I last saw him alive on Dec 17 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 5 hrs

Due to existing left chest injury from auto accident  
Due to \_\_\_\_\_ 3 days

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? yes Suicide? no Homicide? no  
Occurred Dec 14 1948 City, county, state Payette Ida  
where violence occurred Payette Ida  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place on highway While at work? \_\_\_\_\_

Means of injury callinios  
23. Attendant's OWN Signature Edmond (M. D. or other) mb  
and Address Caldwell Ida Date 12/21 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No.

4545

Local Reg. No.

63

Reg. Dist. No.

960

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 818 Logan St.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Sanitarium Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 5 months 23 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #5  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

William Everett Campbell

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or \_\_\_\_\_  
4. Sex M race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year)

July 3-1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>-</u>	<u>5</u>	<u>23</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Nampa, Idaho

(City or town)

(State or foreign country)

12. Name William E. Campbell

13. Birthplace Nampa, Idaho

(City or town)

(State or foreign country)

14. Maiden name Ethel L. Farley

15. Birthplace Caldwell, Idaho

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature William E. Campbell

and Address Rt 5 - Caldwell, Idaho

17. (a) Burial (b) Date thereof 12-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Parma

18. Funeral Director's Peckham-Duncan Chapel

OWN Signature W. E. Campbell

and Address Caldwell, Idaho

19. (a) 12-31-48 (b) Armin Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) December 26 19 48  
at 2:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Unknown

This child was dead when I first saw it. It was probably dead

Due to when it arrived at the

Sanitarium. The parents said

Due to the child had a cold & pneumonia

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Armin Denman

(or other)

and Address Caldwell Date 12/29/48 19 \_\_\_\_\_

(For additional space, use reverse side)

457

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948

State File No. 4546

Local Reg. No. 7

Reg. Dist. No. 960

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 702 South 7th  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Memorial Park days \_\_\_\_\_  
(g) Lived in this county 48 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Middleton  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 60 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME Grace Beatrice Robinson

3. (b) If veteran, name war No 3. (c) Social Security No. No  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife William D. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December 9-1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>-</u>	<u>19</u>	hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Missouri (City or town) (State or foreign country)

- Father { 12. Name Mathew Thompson  
13. Birthplace Illinois (City or town) (State or foreign country)  
Mother { 14. Maiden name Martha Ellen Wheeler  
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature W. D. Robinson  
and Address Middleton, Idaho

17. (a) Burial (b) Date thereof 12-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Middleton

18. Funeral Director's OWN Signature W. D. Robinson  
and Address Caldwell, Idaho

19. (a) 1-4-49 (b) Agnes Mendenman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 28 19 48  
at 4:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 22 Dec 19 48, to 28 Dec 19 48.

I last saw h. er alive on 28 Dec 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive heart failure Duration 10 days

Due to Coronary thrombosis 10 days

Due to Obesity

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature S. D. Simpson  
(M. D. or other)

and Address Caldwell Date 30 Dec 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

1948 State File No. 4547

Local Reg. No.

Reg. Dist. No. 960

## 1. PLACE OF DEATH: STATISTICS

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 818 Logan St.  
(d) Death Occurred Inside? X Outside?        city or town  
(e) Died in a Home        Hospital X Institution        Other place         
(f) Name Hosp. or Inst. Sanitarium Stayed        days  
(g) Lived in this county        years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town I.O.O.F. Home  
(d) Street Address or R.F.D. No. N.E. of Caldwell  
(e) Deceased lived Inside?        Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state) Twin Falls, Idaho

## 3. (a) FULL NAME Henry Michael Ruble

3. (b) If veteran, name war No 3. (c) Social Security No. No  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S  
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) October 13-1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>2</u>	<u>17</u>	hrs. min.

9. Exact Occupation Carpenter for Did this work for        yrs.  
10. Industry or Business Railroad Date last worked         
11. Birthplace Mifflin County, Pennsylvania  
(City or town) (State or foreign country)

- Father { 12. Name Joseph Ruble  
13. Birthplace Machlan, Penn.  
(City or town) (State or foreign country)

- Mother { 14. Maiden name Anna A. Runkle  
15. Birthplace Center Co., Pennsylvania  
(City or town) (State or foreign country)

16. Informant's OWN Signature Harley Stephenson  
and Address 4000 2nd Ave

17. (a) Burial (b) Date thereof 1-5-49  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Canyon Hill

18. Funeral Director's OWN Signature William Dekan  
and Address Caldwell, Idaho

19. (a) 1-5-49 (b) Agnes M. Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 30 19 48  
(Month, Day, Year) at 11:40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 29 to Dec 30 19 48  
I last saw h.        alive on Dec 30 19 48  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Shock & infection Duration 3 days

Due to Strangulated Hernia 3 days

Due to       

Other conditions       

(Include pregnancy within 3 months of death)

Where was disease contracted? Canyon Co.

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature J.M. Cole

and Address Caldwell (M. D. or other)       

Date 1/4 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL  
STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4548  
Local Reg. No. 4  
Reg. Dist. No. 360

1. PLACE OF DEATH:
- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 311 Everett St.  
(d) Death Occurred Inside? X Outside?        city or town  
(e) Died in a Home X Hospital        Institution        Other place         
(f) Name Hosp. or Inst.        Stayed        days  
(g) Lived in this county 28 years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. 311 Everett St.  
(e) Deceased lived Inside? X Outside?        city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state) Nebraska

3. (a) FULL NAME Frank Marion Annon

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Mary Hannah 6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) September 15-1854

8. AGE	Years	Months	Days	If less than 1 day
	<u>94</u>	<u>3</u>	<u>16</u>	hrs. min.

9. Exact Occupation Farmer Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Zanesville, Ohio  
(City or town) (State or foreign country)

12. Name Jess Annon

13. Birthplace Ireland  
(City or town) (State or foreign country)

14. Maiden name Not Known

15. Birthplace         
(City or town) (State or foreign country)

16. Informant's OWN Signature Dwight Harrison

and Address 208 Dearborn St., Caldwell

17. (a) Burial (b) Date thereof 1-4-49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Canyon Hill

18. Funeral Director's OWN Signature Rockham Dakan Chapel

and Address Caldwell, Idaho

19. (a) 1-7-49 (b) Agnes Denman  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 31 19 48  
at 4:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 26 Dec 19 48, to 31 Dec 19 48.  
I last saw him alive on 26 Dec 19 48.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive heart failure Duration 1 wk

Due to Chronic myocarditis ?

Due to Arteriosclerosis

Other conditions none  
(Include pregnancy within 8 months of death)

Where was disease contracted?       

Name of operation none Date       

Major finding       

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature S. D. Simpson M.D.

and Address Caldwell Date 5 Jan 1949  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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1046

State File No. 4549  
Local Reg. No. 3  
Reg. Dist. No. 960

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 10 1949

# Certificate of Death

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 818 Logan St.  
(d) Death Occurred Inside? X Outside?    city or town  
(e) Died in a Home    Hospital X Institution    Other place     
(f) Name Hosp. or Inst. Sanitarium Stayed    days  
(g) Lived in this county 26 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. Route #2  
(e) Deceased lived Inside?    Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) Wyoming

## 3. (a) FULL NAME Roy Thompson Graham

3. (b) If veteran, name war World War I 3. (c) Social Security No. None  
4. Sex M 5. Color or W race    6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Alta 6. (c) Age of husband or wife if alive    years

## 7. Date of Birth (Month, Day, Year) December 23-1893

8. AGE	Years	Months	Days	If less than 1 day
	55	0	8	hrs. min.

9. Exact Occupation Farmer Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Bloomfield, Iowa (City or town) (State or foreign country)  
FATHER { 12. Name Thompson Graham  
13. Birthplace    (City or town) (State or foreign country)  
MOTHER { 14. Maiden name Stella Botts  
15. Birthplace    (City or town) (State or foreign country)

16. Informant's OWN Signature Roy L. Graham  
and Address Rt. 2 - Taylor, So. Caldwell  
17. (a) Burial (Burial, cremation, or removal) Parma (b) Date thereof 1-5-49 (Month) (Day) (Year)  
(c) Place     
18. Funeral Director's OWN Signature     
and Address Caldwell, Idaho  
19. (a) 1-7-49 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) December 31 19 48

## 21. I HEREBY CERTIFY, That I attended deceased from July 19 47 to Dec. 31 19 48

at 9:00 o'clock A. M.  
I last saw h. 1 M alive on Dec. 31 19 48  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death Coronary Occlusion Duration 15 minutes

Due to     
Due to     
Other conditions    (Include pregnancy within 3 months of death)  
Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy     
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury     
23. Attendant's OWN Signature Jester Shupe (M. D. or other)  
and Address    Date    19     
(For additional space, use reverse side)

1-7-49

457

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 10 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 State File No. 4550

Local Reg. No. 574

Reg. Dist. No. 369

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Route #5  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 26 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #5  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 71 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL

NAME MR. THOMAS WILSON

3. (b) If veteran, name war none

3. (c) Social Security No. 519-03-1841

5. Color or  
4. Sex male race white

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife  
May Wilson

6. (c) Age of husband or wife if  
alive 67 years

7. Date of Birth  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>1</u>	<u>2</u>	hrs. min.

9. Exact Occupation Produce Dealer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Produce Date last worked 12/4/48

11. Birthplace Boise, Idaho  
(City or town) (State or foreign country)

12. Name Robert Wilson

13. Birthplace Pittsburg, Pa.  
(City or town) (State or foreign country)

14. Maiden name Louise Bacon

15. Birthplace Mercer, Mo.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Walter Wilson

and Address Nampa, Idaho

17. (a) Burial (b) Date thereof 12/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Morris Hill Cemetery

18. Funeral Director's OWN Signature John S. Galt Jr.

and Address Nampa, Idaho

19. (a) Dec. 15-1948 (b) Lynne Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 4, 1948  
(Month, Day, Year) at 5:20 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

I last saw him im alive on \_\_\_\_\_ 19 \_\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Angina Pectoris Duration \_\_\_\_\_

acute dilatation heart

Due to Myocardial

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. O. Behrman (M. D. or other) \_\_\_\_\_

and Address Nampa Date Dec 15 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 1 6 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 State File No. 4551  
Local Reg. No. 574  
Reg. Dist. No. 363

## 1. PLACE OF DEATH: STATISTICS

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. Route #2  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 8 years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. Route #2  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 8 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME AUGUST HERMAN WANGELIN

3. (b) If veteran, name war none 3. (c) Social Security No. 394-03-3993  
5. Color or    6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Hertha Wangelin 6. (c) Age of husband or wife if alive 39 years

7. Date of Birth (Month, Day, Year) June 30, 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>5</u>	<u>7</u>	hrs. min.

9. Exact Occupation Mechanic Did this work for    yrs.  
10. Industry or Business Romph Motor Co. Date last worked     
11. Birthplace Buckbee, Wisc. (City or town) (State or foreign country)

12. Name Herman Wangelin  
13. Birthplace Unobtainable (City or town) (State or foreign country)

14. Maiden name Lena Heiden  
15. Birthplace Unobtainable (City or town) (State or foreign country)

16. Informant's OWN Signature Hertha L. Wangelin  
and Address Route #2 Nampa, Idaho

17. (a) Burial (b) Date thereof 12/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cloverdale Cemetery

18. Funeral Director's OWN Signature John F. Alais, Jr.  
and Address Nampa, Idaho

19. (a) Dec 15-1948 (Date received and filed)  
Lyla Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 7, 1948  
at 12:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 6 1948 to Dec 7 1948  
I last saw him alive on Nov 30 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Failure Duration Immediate

Due to Coronary Thrombosis

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?     
Name of operation    Date   

Major finding     
Finding of autopsy   

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred.

Place of Violence: Home    Farm    Industry     
Public Place    While at work?   

Means of injury     
23. Attendant's OWN Signature J. Mangum M.D.

and Address Nampa (M. D. or other)     
Date    19     
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 17 1948

# Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 4552

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Parma  
(c) Street Address or R.F.D. No. Route #3  
(d) Death Occurred Inside? X Outside? X city or town  
(e) Died in a Home X Hospital X Institution X Other place  
(f) Name Hosp. or Inst. X Stayed X days  
(g) Lived in this county 44 years X months X days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Parma  
(d) Street Address or R.F.D. No. Route #3  
(e) Deceased lived Inside? X Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state) Illinois

## 3. (a) FULL NAME

Burt George Roberts

## 3. (b) If veteran, name war

NO

## 3. (c) Social Security No.

541 30 7887

## 4. Sex M 5. Color or W race

## 6. (a) Single, widowed, married, divorced

## 6. (b) Name of husband or wife

Larry Roberts

## 6. (c) Age of husband or wife if alive X years

## 7. Date of Birth (Month, Day, Year)

January 1-1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>11</u>	<u>7</u>	hrs. min.

## 9. Exact Occupation Farmer Did this work for X yrs.

## 10. Industry or Business Winona, Illinois Date last worked

## 11. Birthplace (City or town) (State or foreign country)

## 12. Name Dyer Roberts

## 13. Birthplace (City or town) (State or foreign country)

## 14. Maiden name Ellen Dale

## 15. Birthplace (City or town) (State or foreign country)

## 16. Informant's OWN Signature William M. Roberts and Address Parma, Idaho R. 3

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-48 (Month) (Day) (Year)

## (c) Place Roswell

## 18. Funeral Director's OWN Signature W. M. Roberts and Address Caldwell, Idaho

## 19. (a) 12-9-48 (Date received and filed) (b) W. M. Roberts (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) December 8 19 48 at 3:05 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Nov. 30 19 48 to Dec 8 19 48 I last saw him alive on Dec 8 19 48 death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Large intestinal carcinoma

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Where was disease contracted?

## Name of operation Date

## Major finding

## Finding of autopsy

## Duration

PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? X Suicide? X Homicide? X

## Occurred 12-8-48 19 48 City, county, state

## where violence occurred

## Place of Violence: Home X Farm X Industry X

## Public Place X While at work? X

## Means of injury X

## 23. Attendant's OWN Signature W. M. Roberts (M.D. or other)

## and Address Parma, Idaho Date 12-10 19 48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 16 1948

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **4553**  
Local Reg. No. **576**  
Reg. Dist. No. **363**

## 1. PLACE OF DEATH: STATISTICS

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. R.F.D.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital X Institution X Other place  
(f) Name Hosp. or Inst. St. Sch. & Colony days  
(g) Lived in this county 2 years 9 months 18 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Caldwell, Idaho

## 3. (a) FULL NAME GLENN WILLIAM SLOOP

3. (b) If veteran, name war  
5. Color or race Wh  
4. Sex Male  
6. (b) Name of husband or wife  
3. (c) Social Security No.  
6. (a) Single, widowed, married, divorced  
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) July 9th 1939

8. AGE	Years	Months	Days	If less than 1 day
	<u>9</u>	<u>5</u>	<u>29</u>	hrs. min.

9. Exact Occupation Did this work for yrs.  
10. Industry or Business Date last worked

11. Birthplace Caldwell, Idaho  
(City or town) (State or foreign country)

12. Name J. Randall Sloop

13. Birthplace Astoria, Oregon  
(City or town) (State or foreign country)

14. Maiden name Faye Gibbon

15. Birthplace Albee, Oregon  
(City or town) (State or foreign country)

16. Informant's State School & Colony Records  
OWN Signature

and Address State School Colony Nampa, Idaho

17. (a) Removal (b) Date thereof 12/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Caldwell, Idaho

18. Funeral Director's Robinson-Alsop Funeral Chapel  
OWN Signature

and Address Nampa, Idaho

19. (a) Dec 15 1948 (b) Lyle Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Dec 8th 1948  
(Month, Day, Year) 11:10 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 20th 1945 to Dec 8th 1948

I last saw him alive on Dec 8 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Status Epilepticus

Duration 8 hrs

Due to Epilepsy

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

Was violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's

OWN Signature

and Address H. N. Wentworth M.D.  
Box 531 Nampa Idaho Date 12/8 1948  
(For additional space, use reverse side)

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DEC 22 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

## CERTIFICATE OF DEATH

STATE OF IDAHO

1948

4554

Local Registrar's Duplicate  
Local Reg. No. 378  
Reg. Dist. No. 263

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Hampton  
(c) Street Address or R. F. D. No. #1  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home—Hospital—Institution—Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 40 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hampton  
(d) Street Address or R. F. D. No. #1  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Illinois

## 3. (a) FULL NAME

David G. Altizer

094A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race M 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Cora 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Feb 25th 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>10</u>	<u>17</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for 40 yrs.

## 10. Industry or Date last

11. Birthplace Prineville, Oregon (City or town) (State or foreign country)

## Business worked

12. Name John A. Altizer13. Birthplace Virginia (City or town) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown (City or town) (State or foreign country)16. Informant's OWN Signature Byron A. Altizer and Address Hampton, Idaho17. (a) Burial (b) Date thereof 12/14/48 (Month) (Day) (Year)(c) Place: Caldwell, Idaho18. Funeral Director's OWN Signature George H. Holder and Address Hampton, Idaho19. (a) Dec 17 1948 (b) David Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

106B

## 20. DATE OF DEATH

(Month, Day, Year) Dec 11th, 1948  
At 1 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19, to 19,  
I last saw him alive on 19, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Occlusion Duration Sudden

Due to Coronary Artery Disease

Due to Bronchectasis

Other conditions Anemia

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

Physician Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19, City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

23. Attendant's OWN Signature David Rodgers

and Address Hampton (M. D. or other) Date 12/13, 1948

(For additional space, use reverse side)

276



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

DEC 28 1948

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1948 State File No. 4555  
Local Reg. No. 63  
Reg. Dist. No. 361

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. Route #4  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county    years    months    days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #4  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?    years  
(h) Former residence (city, state) Oregon

3. (a) FULL NAME William Henry Milburn

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mable

6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) December 12-1901

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>-</u>	<u>-</u>	hrs. min.

9. Exact Occupation Farming Did this work for    yrs.

10. Industry or Business LaGrand, Oregon Date last worked   

11. Birthplace LaGrand, Oregon (City or town) (State or foreign country)

12. Name William Milburn (City or town) (State or foreign country)

13. Birthplace Missouri (City or town) (State or foreign country)

14. Maiden name Martha E. Duncan (City or town) (State or foreign country)

15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Agnes M. Denman

and Address 12-15-48

17. (a) Burial (b) Date thereof 12-15-48 (Month) (Day) (Year)

(c) Place Knowlton Heights

18. Funeral Director's OWN Signature Peckham-Duncan Chapel

and Address Caldwell, Idaho

19. (a) 12-22-48 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 12 1948  
(Month, Day, Year)

at    o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from    19   to    19  

I last saw h.    alive on    19  ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: No doctor in attendance Duration   

because of religious belief

Due to Probable pneumonia

Due to   

Other conditions    (Include pregnancy within 3 months of death)

Where was disease contracted?   

Name of operation    Date   

Major finding   

Finding of autopsy   

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?    Suicide?    Homicide?   

Occurred    19   City, county, state   

where violence occurred   

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Agnes M. Denman Registrar (M. D. or other)

and Address    Date 12-30 1948

(For additional space, use reverse side)

DEC 28 1948  
DIVISION OF VITAL STATISTICS

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# CERTIFICATE OF DEATH

STATE OF IDAHO

4556  
Local Registrar's Duplicate  
Local Reg. No. 387  
Reg. Dist. No. 363

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Melba  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 26 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Melba  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mrs Lillian Tripp

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Oct 9th 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>2</u>	<u>17</u>	hrs min.

## 9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

## 10. Industry or \_\_\_\_\_ Date last \_\_\_\_\_

## 11. Birthplace Basin Idaho (City or town) (State or foreign country)

## Business \_\_\_\_\_ worked \_\_\_\_\_

## 12. Name William L. Thompson

## 13. Birthplace Unknown (City or town) (State or foreign country)

## 14. Maiden name Unknown

## 15. Birthplace Unknown (City or town) (State or foreign country)

## 16. Informant's OWN Signature Family Records and Address Box 200 Melba

## 17. (a) Buried (b) Date thereof 12/29/48 (Burial, cremation or removal) (Month) (Day) (Year)

## (c) Place: Memorial Idaho

## 18. Funeral Director's OWN Signature George H. Haller and Address Melba Idaho

## 19. (a) Dec. 27 1948 (b) Lyla Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Dec 26, 19 48  
At 3:15 o'clock P M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Isabelike Coronary Thrombosis  
History - Had Throat Sore and  
Due to Cold, home not feeling  
to good. Died suddenly.

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy none

Physician Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Dec 26, 19 48 City, county, state Melba Ida.

Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Wm D. Talley

and Address Nampa Ida. (M. D. or other) Dec 27, 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 6 1949

# Certificate of Death

STATE OF IDAHO

State File No. 4537  
Local Reg. No. 590  
Reg. Dist. No. 363

DIVISION OF VITAL

## 1. PLACE OF DEATH: STATISTICS

- (a) County Canyon  
(b) City or town Nampa  
(c) Street Address or R.F.D. No. RFD  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution X Other place  
(f) Name Hosp. or Inst. St Sch & Col Stayed        days  
(g) Lived in this county 16 years 5 months 11 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Nampa  
(d) Street Address or R.F.D. No. RFD  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U S A  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Juliaetta, Idaho

## 3. (a) FULL NAME HELEN TAYLOR

3. (b) If veteran, name war        3. (c) Social Security No.         
5. Color or        6. (a) Single, widowed, married, divorced 9  
4. Sex Fem race Wh 6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) August 31 1925

8. AGE	Years	Months	Days	If less than 1 day
	<u>23</u>	<u>3</u>	<u>29</u>	hrs. min.

9. Exact Occupation        Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

Father { 12. Name Bert Taylor

13. Birthplace Juliaetta, Idaho (City or town) (State or foreign country)

Mother { 14. Maiden name Pearl Myers (dead)

15. Birthplace Wallowa, Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature Pearl D. Vickert, Secy  
and Address State School & Colony, Nampa

17. (a) Removal (b) Date thereof 1/1/49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Lewiston Idaho

18. Funeral Director's OWN Signature Greg H. Haller  
and Address Nampa Idaho

19. (a) Dec. 31 - 1948 (b) Lyda Rodgers  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 30th  
at 5:30 o'clock AM

21. I HEREBY CERTIFY, That I attended deceased from July 19th 1932 to Dec 30 1948  
I last saw her alive on Dec 30 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Miliary Tuberculosis with Tuberculosis of the Lungs  
Due to        since 8/19/32

Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date         
Major finding         
Finding of autopsy       

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature H. W. Wentworth M.D.  
(M. D. or other)

and Address Nampa, Idaho Date Dec 30th, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 20 1948

# Certificate Of Death

STATE OF IDAHO

STATISTICS

1948  
State File No. 4558  
Local Reg. No. 27  
Reg. Dist. No. 54C

## 1. PLACE OF DEATH:

- (a) County Caribou  
(b) City or town Bannock  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Caribou  
(c) City or town Bannock  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Don Asa Hatch

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) January 18, 1929

8. AGE	Years	Months	Days	If less than 1 day
	<u>19</u>	<u>10</u>	<u>13</u>	hrs min.

9. Exact Occupation Student Did this work for 11 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Bannock, Idaho (City or town) (State or foreign country)

12. Name Asa F. Hatch

13. Birthplace Bannock, Idaho (City or town) (State or foreign country)

14. Maiden name Elizabeth Whitworth

15. Birthplace Bannock, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Asa F. Hatch and Address Bannock, Idaho

17. (a) Burial (b) Date thereof 12-15-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Christfield, Idaho

18. Funeral Director's OWN Signature Richardson and Address Boise, Idaho

19. (a) 12-11-1948 (b) E. W. Brower (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 095C

20. DATE OF DEATH (Month, Day, Year) December 11, 1948  
at 8:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from September 1947 to 12/11/1948  
Last saw him alive on 12/10/1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Decompensation and Shock Duration \_\_\_\_\_

Due to Possible Contributing Factors

Due to Factor Considerable

Other Factor Considerable Factor Considerable

(Include pregnancy within 9 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

23. Attendant's OWN Signature J. C. Cowlishaw M.D. and Address Lawrence, Idaho (M. D. or other) (For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JAN 3 1949

# CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. **4559**  
Local Reg. No. **103**  
Reg. Dist. No. **520-521**

## 1. PLACE OF DEATH:

- (a) County Caribou Co.  
(b) City or town Soda Springs  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Outside? city or town \_\_\_\_\_  
(e) Died in a Home Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Caribou Co. Stayed 0 days  
(g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Montpelier Idaho  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? city or town \_\_\_\_\_  
(f) If foreign born, in U. S. 0 yrs. Citizen of U. S.? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Baby Barkdull

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

## 5. Color or

White

## (a) Single, widowed, married, divorced

## 4. Sex

Female

## 6. (b) Name of husband or wife

None

## 6 (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

Dec 1948

8. AGE	Years	Months	Days	If less than 1 day
				<u>1 1/2</u> hrs min.

## 9. Exact Occupation

None

Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Soda Springs Idaho

Date last worked \_\_\_\_\_

## 11. Birthplace

(City or town)

(State or foreign country)

## 12. Name

Grant Barkdull

## 13. Birthplace

(City or town)

(State or foreign country)

## 14. Maiden name

Mary Stokeng

## 15. Birthplace

(City or town)

(State or foreign country)

## 16. Informant's OWN Signature

Wilson Grant Barkdull

## and Address

Georgetown Ida.

## 17. (a) Date of death

Dec. 19, 1948

## (b) Date thereof

Dec. 19, 1948

## (c) Place:

Montpelier Idaho

## 18. Funeral Director's OWN Signature

John Matthews

## and Address

Montpelier Idaho

## 19. (a) (Date received and filed)

Dec 19 1948

## (b) (Registrar's signature)

Evelyn M. Dullback

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 19 Dec 1948  
at 11:35 o'clock AM

## 21. I HEREBY CERTIFY, That I attended deceased from 19 Dec 1948, to 19 Dec 1948. I last saw her alive on 19 Dec 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Premature & under development  
Due to undeveloped

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

## Where was disease first contracted?

Name of operation Cesarian Date 7 Dec 1948

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 19 City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature

James L. J. J.

and Address Montpelier Idaho

Date 19 Dec 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

CERTIFICATE OF DEATH  
STATE OF IDAHO

1948  
State File No. 1560  
Local Reg. No. 104  
Reg. Dist. No. 520-521

1. PLACE OF DEATH:

- (a) County Caribou  
(b) City or town Soda Springs, Idaho  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Caribou Co. Hosp. Stayed 6 days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Caribou  
(c) City or town Grace  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) If foreign born, in U. S. \_\_\_\_\_ yrs. Citizen of U. S.? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Ethel Roper. (BROWN)

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, \_\_\_\_\_  
4. Sex Female race White divorced Married  
6. (b) Name of husband or wife Simpson 6 (c) Age of husband or wife if alive 58 years  
7. Date of Birth (Month, Day, Year) May 20, 1896.

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>7</u>	<u>7</u>	hrs min.

9. Exact Occupation Housewife Did this work for 33 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Lamar, Idaho (City or town) (State or foreign country)

12. Name John Brown  
13. Birthplace Glasgow, Scotland (City or town) (State or foreign country)

14. Maiden name Elizabeth Kershaw  
15. Birthplace Sheffield, England (City or town) (State or foreign country)

16. Informant's OWN Signature X Simpson Roper and Address Grace, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 27, 1948 (Month) (Day) (Year)  
(c) Place: Soda Springs, Idaho

18. Funeral Director's OWN Signature Richardson and Address Boise, Idaho

19. (a) \_\_\_\_\_ (Date received and filed) (b) Elmer M. Watkinson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 27, 1948  
at 9:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from August 1948 to Dec. 27, 1948.  
I last saw h.e.r. alive on Dec. 26, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Uremia Duration 6 days

Due to Nephritis

Due to \_\_\_\_\_

Other conditions Hypertension  
(Include pregnancy within 3 months of death)  
peptic ulcer

Where was disease first contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature Charles Johnson (M. D. or other)

and Address Grace, Idaho Date 12/27, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 3 1948  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **4561**  
Local Reg. No. **125**  
Reg. Dist. No. **470**

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Burley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Institution Invalid Home Stayed 6 Months  
(g) Lived in this county 40 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Charles Teller

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex M Color or W 6. (a) Single, widowed, married,

divorced SINGLE

## 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) UNKNOWN

## 8. AGE

Years 81 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than 1 day  
(APPROXIMATELY) hrs min.

## 9. Exact Occupation Labourer Did this work for 40 yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked 1940

## 11. Birthplace SCOTLAND (City or town) (State or foreign country)

## 12. Name George Teller

## 13. Birthplace Scotland (City or town) (State or foreign country)

## 14. Maiden name Isabelle Hughes

## 15. Birthplace Scotland (City or town) (State or foreign country)

## 16. Informant's OWN Signature James Teller

and Address Burley Idaho

## 17. (a) Burial (b) Date thereof Dec 1 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burley

## 18. Funeral Director's OWN Signature Retta L. Payne

and Address Burley Idaho

## 19. (a) 12-15-48 (b) R. J. Wilson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 162B

## 20. DATE OF DEATH

(Month, Day, Year) Nov 29 1948

at 4 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Nov 16 1948, to Nov 29 1948

I last saw him alive on Nov 16 1948; death is

said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis Duration 5 yrs

Due to Senility + arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Charles Teller (M.D. or other)

and Address Burley Idaho Date Dec 1 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 17 1948

# Certificate Of Death

STATE OF IDAHO

1948 State File No. **4562**  
Local Reg. No. **109**  
Reg. Dist. No. **470**

## STATISTICS

### 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home? ☐ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. Cottage Stayed \_\_\_\_\_ days  
(g) Lived in this county 67 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Oakley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 67 years  
(h) Former residence (city, state) Granville, Ill.

### 3. (a) FULL NAME

Dorcas Jeanetta Hunter

### 3. (b) If veteran,

name war \_\_\_\_\_

### 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_ (a) Single, widowed, married  
6. Sex Female race White divorced Married

- (b) Name of husband or wife Edward Hunter (c) Age of husband or wife if live 71 years

7. Date of Birth May 11, 1879  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>69</u>	<u>6</u>	<u>21</u>	hrs min.

9. Exact Occupation At Home Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Granville, Idaho Date last worked June 1948

11. Birthplace Granville, Idaho  
(City or town) (State or foreign country)

12. Name Myron H. Severe

13. Birthplace Granville, Idaho  
(City or town) (State or foreign country)

14. Maiden name Lanora Eastham

15. Birthplace England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Edward Hunter  
and Address Oakley, Idaho

17. (a) Burial (b) Date thereof 12-7-48  
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: Oakley, Idaho

18. Funeral Director's OWN Signature Vern B. McQuillan  
and Address Burley, Idaho

19. 12-10-48 (b) BTH  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) Dec. 3 1948  
at \_\_\_\_\_ o'clock 4 A.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 1948 to Dec 2 1948

I last saw him alive on Dec 2 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Failure Duration 1 Mo.

Due to acute Pyelonephritis 1 wk.

Due to Renal lithiasis ?

Other conditions (Include pregnancy within 3 months of death) arteriosclerosis

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. Hunter m.d.  
and Address Burley, Idaho Date 12/8/48  
(For additional space, use reverse side)



## 475

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 3 1949

# Certificate Of Death

STATE OF IDAHO

1949  
State File No. **4564**  
Local Reg. No. **126**  
Reg. Dist. No. **470**

## 1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? Δ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 22 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Ella Austin Jensen

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex 7 race W

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Calanna

6. (c) Age of husband or wife if alive 47 years

7. Date of Birth  
(Month, Day, Year) Jan 3<sup>rd</sup> 1894

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>11</u>	<u>25</u>	hrs min.

9. Exact Occupation Housewife Did this work for 35 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked Dec 28

11. Birthplace Cleveland, Ohio  
(City or town) (State or foreign country)

12. Name William M. Austin

13. Birthplace North Ogden, Utah  
(City or town) (State or foreign country)

14. Maiden name Lillian Patricia Butler

15. Birthplace Spanish Fork, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ella Jensen

and Address 570 Albion Ave.

17. (a) Burial (b) Date thereof Dec 31  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Rupert Cemetery

18. Funeral Director's OWN Signature Reeta S. Payne

and Address Burley, Idaho

19. (a) 12-30-48 (b) B. F. Wilson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) December 28 1948  
at 5 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from Dec 28 1948, to Dec 28 1948

I last saw her alive on Dec 28 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary occlusion Duration 10 min

Due to Hypertension 5-6 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. H. Davis M.D.  
(M. D. or other)

and Address Burley, Idaho Date 12/30 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States  
Department of Commerce  
Bureau of the Census

DEC 2 1 10 40

# Certificate Of Death

STATE OF IDAHO

State File No. **4565**  
Local Reg. No. **104**  
Reg. Dist. No. **210**

## 1. PLACE OF DEATH:

- (a) County Oleowater  
(b) City or town Orofino Ida  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph's Stayed 40 days  
(g) Lived in this county 3 years 10 months 20 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida (b) County Banner  
(c) City or town Hope  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) Hope Ida

## 3. (a) FULL NAME

Earl Eagan

3. (b) If veteran, name war ..... No. ....  
5. Color or race W  
6. (a) Single, widowed, married, divorced .....  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>62</u>			hrs min.

9. Exact Occupation formerly miner Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Punipoint, Mich. (City or town) (State or foreign country)

12. Name Arnold Eagan  
13. Birthplace Oleowater, Canada (City or town) (State or foreign country)  
14. Maiden name Ellen Johnson  
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Barry  
and Address Orofino, Ida

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 11/26/48  
(c) Place: SPOKANE, WASHINGTON

18. Funeral Director's OWN Signature Blake  
and Address OROFINO, IDAHO

19. (a) 11/26/48 (Date received and filed) (b) Elsie E. Hawley (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov 25 1948  
at 8:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 5 1944, to Nov 25 1948  
I last saw him alive on Nov 24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute cardiac failure Duration 1/2 hr.

Due to chron. myocarditis 5 yrs.

Due to chron. cor. pathology  
Other conditions contributing to this case 5 yrs.  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature E. L. Barry  
and Address Orofino, Ida Date 11/26/48 19 .....  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 4566  
Local Reg. No. 105  
Reg. Dist. No. 210

## 1. PLACE OF DEATH: STATISTICS

- (a) County Clewsater  
(b) City or town Oregino  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Mary's Stayed 342 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 342 days

Note. FOR a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida (b) County Clewsater  
(c) City or town Oregino  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 23 years  
(h) Former residence (city, state) Crown & Abene Ida

## 3. (a) FULL NAME

Fred M. Helver

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Josephine A

6. (c) Age of husband or wife if alive 76 years

7. Date of Birth (Month, Day, Year) Feb 8 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>8</u>	<u>21</u>	hrs min.

9. Exact Occupation blocksmith Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Council Bluffs Iowa (City or town) (State or foreign country)

12. Name Joseph Halper

13. Birthplace Holland (City or town) (State or foreign country)

14. Maiden name Julia Shelling

15. Birthplace Barleu Germany (City or town) (State or foreign country)

16. Informant's OWN Signature E. P. Barry and Address Oregino Ida

17. (a) REMOVAL (b) Date thereof 11-29-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: RATHDRUM, IDAHO

18. Funeral Director's OWN Signature Blake and Address OROFINO, IDAHO

19. (a) 11/29/48 (b) Chas E. Gaurley (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Nov 28 1948  
at 7:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 7 1947, to Nov 28 1948

I last saw him alive on Nov 28 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 6 days

Due to arteriosclerosis 5 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury E. P. Barry

23. Attendant's OWN Signature E. P. Barry and Address Oregino Ida Date 11-29-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
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Bureau of the Census

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BUREAU OF VITAL

# Certificate Of Death

STATE OF IDAHO

1048 State File No. 4567  
Local Reg. No. 106  
Reg. Dist. No. 210

1. PLACE OF DEATH: STATISTICS
- (a) County Cle Elsworth  
(b) City or town Grain  
(c) Street Address or R. F. B. No. ....  
(d) Death Occured Inside? ..... Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Mary's Stayed 10 1/2 days  
(g) Lived in this county 10 years 5 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Ida (b) County Nantoni  
(c) City or town Lincoln  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Waldo Hatch

3. (b) If veteran, name war ..... No. ....  
5. Color or .....  
4. Sex M race W  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) Sept 14 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>48</u>	<u>2</u>	<u>17</u>	hrs min.

9. Exact Occupation Laborer Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Conway Wash. (City or town) (State or foreign country)  
12. Name W. L. Hatch  
13. Birthplace Ida (City or town) (State or foreign country)  
14. Maiden name Clara Mae McConney  
15. Birthplace Ida (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Berry and Address Grain  
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 12/3/48 (Month) (Day) (Year)  
(c) Place: COVER D' ALENE, IDAHO  
18. Funeral Director's OWN Signature Blake Funeral Home and Address ORONO, IDAHO

19. (a) 12/3/48 (Date received and filed) (b) Elmer E. Hawley (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 1 1948  
at 8:10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 6-1 1943, to 12-1 1948  
I last saw h alive on 12-1 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Intestinal obstruction Duration 6 days

Due to Carcinoma?

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury E. L. Berry

23. Attendant's OWN Signature E. L. Berry

and Address Grain Date 12-2-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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STATE OF IDAHO  
BUREAU OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 4568  
Local Reg. No. 109  
Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Orofino  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph's Stayed 4 1/2 days  
(g) Lived in this county 4 years 6 months 24 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida (b) County Heyburn  
(c) City or town Leavittston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? us  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Leavittston Ida

## 3. (a) FULL NAME

John Korngiebel

JOHN KORNGIEBEL

131A

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced unlawful

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Sept 23 1871

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>2</u>	<u>20</u>	hrs min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Chicago Ill (City or town) (State or foreign country)

12. Name unk

13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

14. Maiden name unk

15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature E. D. Berglund and Address Orofino Ida

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 22/48

- (c) Place HILL CEM, OROFINO, IDAHO

18. Funeral Director's OWN Signature Blake Funeral Home and Address Orofino, IDAHO

19. (a) 12/22/48 (Date received and filed) (b) Eloie E. Garley (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

162A

20. DATE OF DEATH (Month, Day, Year) Dec 11 1948

at 7:45 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 6-1 1943, to 12-11 1948

I last saw him alive on 12-11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility with senile dementia Duration 4 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Ch. Corbin - renal (Include pregnancy within 8 months of death) 5 yrs

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature E. D. Berglund (a. D. or other) and Address Orofino Ida Date 12-12-1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 3 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **4569**  
Local Reg. No. **707**  
Reg. Dist. No. **210**

DIVISION OF VITAL STATISTICS

## 1. PLACE OF DEATH: STATISTICS

- (a) County **CLEARWATER**  
(b) City or town **WEIPPE**  
(c) Street Address or R. F. D. No. **POSTOFFICE**  
(d) Death Occured Inside? **YES** Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **54** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **CLEARWATER**  
(c) City or town **WEIPPE**  
(d) Street Address or R.F.D. No. **P.O.**  
(e) Deceased lived Inside? **YES** Outside? ..... city or town  
(f) Citizen of what country? **UNITED STATES**  
(g) How long had deceased lived in Idaho? **54** years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **CHARLES E. BOEHM**

3. (b) If veteran, **NO** 3. (c) Social Security name war ..... No. ....  
5. Color or 6. (a) Single, widowed, married, divorced **MARRIED**  
4. Sex **MALE** race **WHITE**  
6. (b) Name of husband or wife **Alma Christine** 6. (c) Age of husband or wife if alive **52** years  
7. Date of Birth **Hendrickson**  
(Month, Day, Year) **APRIL 9, 1888**

8. AGE	Years	Months	Days	If less than 1 day
	<b>60</b>	<b>8</b>	<b>2</b>	hrs min.

9. Exact Occupation **LABORER** Did this work for **LIFE** yrs.  
10. Industry or Business **GENERAL** Date last worked **6 NOS. AGO**  
11. Birthplace **GLASGOW, MISSOURI**  
(City or town) (State or foreign country)

12. Name **JOHN E. BOEHM**  
13. Birthplace **MISSOURI**  
(City or town) (State or foreign country)  
14. Maiden name **MILDRED BELL SCHOEMAKER**  
15. Birthplace **MISSOURI**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **For Boehm**  
and Address **Boehms Ferry Id**

17. (a) BURIAL (b) Date thereof **12/15/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **WEIPPE CEM. WEIPPE, IDAHO**

18. Funeral Director's OWN Signature **BLAKE FUNERAL HOME**  
and Address **OROFINO, IDAHO**

19. (a) **12/15/48** (b) **Clara C. Shunk**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **Dec 11** 19**48**  
at **3:45** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **19** to **Dec 10** 19**48**

I last saw him alive on **Dec 10** 19**48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Diabetes mellitus** Duration **years**

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature **Leonard L. Manno, M.D.**

(M. D. or other)

and Address **Orofino, Id** Date **Dec 14** 19**48**

(For additional space, use reverse side)

061X

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

348 State File No. 4570

Local Reg. No. 108

Reg. Dist. No. 210

## 1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Orangie  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Mary's Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Genesee  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 57 years  
(h) Former residence (city, state) Genesee

## 3. (a) FULL NAME

Christina Sualt

162A

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

## 4. Sex 7 race W

## 6. (a) Single, widowed, married, divorced widowed

## 6. (b) Name of husband or wife \_\_\_\_\_

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

Nov 17 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>9</u>		hrs min.

## 9. Exact Occupation House wife Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace For Dulac Wis (City or town) (State or foreign country)

## 12. Name Leesele Sualt

## 13. Birthplace Germany (City or town) (State or foreign country)

## 14. Maiden name Centrale

## 15. Birthplace Germany (City or town) (State or foreign country)

## 16. Informant's OWN Signature E. L. Barry and Address Orangie Id

## 17. (a) 12-17-48 (b) Date thereof 12-17-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Moscow, Id.

## 18. Funeral Director's OWN Signature Ronald Ward and Address Moscow, Id.

## 19. (a) 12/17/48 (b) Elvie E. Jansley (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Dec 17 1948  
at 12:30 o'clock P M.

## 21. I HEREBY CERTIFY, That I attended deceased from 12-30 1944 to 12-17 1948

I last saw her alive on 12-17 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Semily with senile dementia Duration 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature E. L. Barry

(M. D. or other)

and Address Orangie Id Date 12/17/48

(For additional space, use reverse side)

014



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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JAN 3 1949

# Certificate Of Death

STATE OF IDAHO

State File No. **4571**  
Local Reg. No. **110**  
Reg. Dist. No. **210**

## 1. PLACE OF DEATH:

- (a) County **CLEARWATER**  
(b) City or town **PIERCE (3 1/2 N.W.)**  
(c) Street Address or R.F.D. No. **STATE HIWAY**  
(d) Death Occured Inside? **Outside** **YES** city or town  
(e) Died in a Home **Hospital** Institution Other place  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **12** years **months** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **CLEARWATER**  
(c) City or town **PIERCE**  
(d) Street Address or R.F.D. No. **P.O.**  
(e) Deceased lived Inside? **YES** Outside? **city** or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **12** years  
(h) Former residence (city, state) **SCHAFER, MICH.**

3. (a) **FULL NAME** **LOIS ANN DUPEY**

3. (b) If veteran, name war No. 3. (c) Social Security No.  
5. Color or 6. (a) Single, widowed, married,  
4. Sex **FEMALE** Race **WHITE** divorced **SINGLE**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) **DECEMBER 20, 1934**

8. AGE	Years	Months	Days	If less than 1 day
	<b>13</b>	<b>11</b>	<b>29</b>	hrs min.

9. Exact Occupation **STUDENT** Did this work for yrs.  
10. Industry or Business **PUBLIC SCHOOL** Date last worked **12/19/48**  
11. Birthplace **SCHAFER, MICHIGAN**  
(City or town) (State or foreign country)

12. Name **WALLACE DUPEY**  
13. Birthplace **SCHAFER, MICHIGAN**  
(City or town) (State or foreign country)  
14. Maiden name **LOIS WALKER**  
15. Birthplace **CORBIN, IDAHO**  
(City or town) (State or foreign country)

16. Informant's **OWN** Signature **Wallace L. Dupey**  
and Address **PIERCE, IDAHO**

17. (a) **BURIAL** (b) Date thereof **DEC. 23/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **NORMAL HILL CEM. LEWISTON, IDA.**

18. Funeral Director's **OWN** Signature **Blake Funeral Home**  
and Address **OROFINO, IDAHO**

19. (a) **12/22/48** (b) **Elaine Haisley**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **DECEMBER 19** 19 **48**  
(Month, Day, Year) **at about 1:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **19\*\*** to **19\*\***  
I last saw h. **\*\*** alive on **19\*\***, death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**ASPHYXIATION**

### Duration

**30 Min?**

Due to **CARBON MONOXIDE GAS**

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

### PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? **YES** Suicide? **NO** Homicide? **NO**  
Occurred **DEC. 19** 19 **48** City, county, state where violence occurred **CLEARWATER CO, IDAHO**  
Place of Violence: Home **NO** Farm **NO** Industry **NO**  
Public Place **STATE HIWAY** While at work? **NO**  
Means of injury **CARBON MONOXIDE GAS**

23. Attendant's **OWN** Signature **Coroner**  
and Address **OROFINO, IDAHO** Date **12/21/48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 3 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **4572**  
Local Reg. No. **111**  
Reg. Dist. No. **210**

## 1. PLACE OF DEATH:

- (a) County Clearwater  
(b) City or town Orangefield  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Mary's Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 4 months 23 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida (b) County Bennett  
(c) City or town St. Maries  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? us.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

David Burkhalf

083A

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or race W  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth (Month, Day, Year)

unknown

8. AGE	Years	Months	Days	If less than 1 day
	<u>70-75</u>			hrs min.

9. Exact Occupation formerly farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace unk. (City or town) (State or foreign country)

12. Name unk.  
13. Birthplace unk. (City or town) (State or foreign country)  
14. Maiden name unk.  
15. Birthplace unk. (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Barry and Address Orangefield

17. (a) Burial (b) Date thereof 12-29-48 (Month) (Day) (Year)  
(c) Place: St. Mary's North Cemetery

18. Funeral Director's OWN Signature James L. Davis and Address Orangefield

19. (a) 12/30/48 (Date received and filed) (b) Elsie E. Farley (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

162A

## 20. DATE OF DEATH

(Month, Day, Year) Dec 26 1948  
at 10:20 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Aug 2 1948, to Dec 26 1948  
I last saw him alive on Dec 26 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Hemorrhage Duration 20 hrs

Due to S

Due to \_\_\_\_\_

Other conditions Senile psychosis 6 mos  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

23. Attendant's OWN Signature E. L. Barry

and Address Orangefield Date 12-27-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-208 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948

State File No. **4573**  
Local Reg. No. **112**  
Reg. Dist. No. **210**

## 1. PLACE OF DEATH

- (a) County Cleaver  
(b) City or town Orangus  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Mary's Stayed 1 1/2 days  
(g) Lived in this county 1 years 6 months 27 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Banner  
(c) City or town Prineville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Antonio Saccamano

131A

## 3. (b) If veteran, name: war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Sept 7 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>3</u>	<u>22</u>	hrs min.

9. Exact Occupation Cabman Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Crinaldi Italy (City or town) (State or foreign country)

12. Name Joseph Saccamano  
13. Birthplace Crinaldi Italy (City or town) (State or foreign country)

14. Maiden name Crinaldi  
15. Birthplace Crinaldi Italy (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Barry md  
and Address Orangus Ida

17. (a) REMOVAL (b) Date thereof Dec. 30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: SANDPOINT, IDAHO  
18. Funeral Director's OWN Signature BEAKE FUNERAL HOME  
and Address OROFINO IDAHO

19. (a) 12/30/48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 095C

20. DATE OF DEATH (Month, Day, Year) Dec 29 1948  
at 1 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from June 2 1947, to Dec 29 1948  
I last saw him alive on Dec 29 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac decompensation Duration 3 wks

Due to Cardio-renal disease 2 yrs

Due to Senile psychosis 2 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury E. L. Barry md

23. Attendant's OWN Signature E. L. Barry md  
and Address Orangus Ida (D. of other) 12-29-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 17 1949

OFFICE OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **4574**  
Local Reg. No. **113**  
Reg. Dist. No. **210**

## 1. PLACE OF DEATH:

- (a) County **CLEARWATER**  
(b) City or town **OROFINO**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. **OROFINO HOSP** Stayed **30** days  
(g) Lived in this county **30** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **CLEARWATER**  
(c) City or town **OROFINO**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country **FINLAND**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**EMIL JOHNSON**

## 3. (b) If veteran, name war

**NO**

## 3. (c) Social Security

No. **518-01-7176**

## 4. Sex **MALE** race **WHITE**

## 6. (a) Single, widowed, married, divorced **SINGLE**

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive ..... years

## 7. Date of Birth

(Month, Day, Year) **JANUARY 13, 1886**

8. AGE	Years	Months	Days	If less than 1 day
	<b>62</b>	<b>11</b>	<b>16</b>	hrs min.

## 9. Exact Occupation **NITEWATCHMAN** Did this work for ? ..... yrs.

## 10. Industry of Business **WHITE PINE L.CO** Date last worked **one MONTH AGO**

## 11. Birthplace **FINLAND** (City or town) (State or foreign country)

## 12. Name **UNKNOWN**

## 13. Birthplace ..... (City or town) (State or foreign country)

## 14. Maiden name **UNKNOWN**

## 15. Birthplace ..... (City or town) (State or foreign country)

## 16. Informant's OWN Signature **POTLATCH FORESTS RECORDS** and Address **OROFINO, IDAHO**

## 17. (a) **BURIAL** (b) Date thereof **1-5-49** (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: **HILL CEM. OROFINO, IDAHO**

## 18. Funeral Director's OWN Signature **Blake Funeral Home**

## and Address **OROFINO, IDAHO**

## 19. (a) **11/3/49** (b) **Stel E. Jarley** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) **12/29/48** at **6** o'clock **A** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **12/14/48** 1948, to **12/29/48** 1948

I last saw him alive on **12/28/48** 1948; death is  
said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Myocarditis**

## Duration

**10 days**

## Due to **Cardiac valvular disease**

## Due to ..... Other conditions ..... (Include pregnancy within 3 months of death)

## Where was disease contracted? **Orofino**

## Name of operation ..... Date .....

## Major finding ..... Finding of autopsy .....

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the fol- lowing: Accident? ..... Suicide? ..... Homicide? .....

## Occurred ..... 19..... City, county, state

## where violence occurred

## Place of Violence: Home..... Farm..... Industry.....

## Public Place..... While at work?.....

## Means of injury .....

## 23. Attendant's OWN Signature **R. J. Hopkins**

(M. D. or other)

## and Address **Orofino** Date **1/3/49** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 17 1949

# Certificate Of Death

STATE OF IDAHO

State File No. 1575  
Local Reg. No. 27  
Reg. Dist. No. 380

## 1. PLACE OF DEATH: STATISTICS

- (a) County Elmore  
(b) City or town Mountain Home  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 35 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Boise Idaho

## 3. (a) FULL NAME ANGELA GABOLIA SILLONIS

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Nickolas M. 6. (c) Age of husband or wife if alive 68 years  
7. Date of Birth (Month, Day, Year) May 2, 1888

8. AGE	Years	Months	Days	If less than 1 day
	60	5	16	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Home Date last worked June/48  
11. Birthplace Navarish Spain (City or town) (State or foreign country)

- Mother Father  
12. Name Frank Gabolia  
13. Birthplace Spain (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Glenn H. Tibbens  
and Address Mountain Home Idaho

17. (a) Burial (b) Date thereof Oct. 22, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Mountain View Cemetery

18. Funeral Director's OWN Signature Edw. G. Ray  
and Address Mountain Home Idaho

19. (a) December 18, 1948 (b) At Hudson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 18 1948  
at Four o'clock 9 M.  
21. I HEREBY CERTIFY, That I attended deceased from 1918 to 1948

I last saw him alive on 10/17/48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration 12 hrs  
Cardiac Failure

Due to Hypertension 10 yrs

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury 1

23. Attendant's OWN Signature J. F. Hesser (M. D. or other)  
and Address Boise Idaho Date 7/9/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 4 1949

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948

State File No.

4576

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Glenn Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 5 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Glenn Ferry  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 5 years \_\_\_\_\_  
(h) Former residence (city, state) Cheyenne Wyo.

## 3. (a) FULL NAME

JULIA ANNA EDNER

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

None

None

## 4. Sex Female Color or race White

## 6. (a) Single, widowed, married, divorced Widowed

## 6. (b) Name of husband or wife Nels

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth July 24, 1857 (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>91</u>	<u>4</u>	<u>29</u>	hrs. min.

## 9. Exact Occupation Housewife Did this work for Life yrs.

## 10. Industry or Business Home Date last worked Oct./48

## 11. Birthplace Christiana Norway (City or town) (State or foreign country)

## 12. Name Unknown

## 13. Birthplace Unknown (City or town) (State or foreign country)

## 14. Maiden name Unknown

## 15. Birthplace Unknown (City or town) (State or foreign country)

## 16. Informant's OWN Signature Thos A Thomas and Address Glenn Ferry Idaho

## 17. (a) Removal (b) Date thereof Dec. 23, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Sidney Nebraska

## 18. Funeral Director's OWN Signature John G. Bay and Address Mountain Home Idaho

## 19. (a) 12-23-48 (b) Dr. Sullivan (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH Dec 23 1948 (Month, Day, Year) at 6:30 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from Dec 1 Dec 1 1948 to Dec 23 1948 I last saw her alive on Dec 22 1948. death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cardiac failure Duration 1 day

Due to Generalized Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature W. M. R. Sullivan

and Address Glenn Ferry Idaho Date Dec 23 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 20-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

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DEC 20 1948

NON-RESIDENT  
Certificate of Death

STATE OF IDAHO

1948  
State File No. 4577  
Local Reg. No. 26  
Reg. Dist. No. 240

1. PLACE OF DEATH: STATISTICS

- (a) County Franklin  
(b) City or town Preston  
(c) Street Address or R.F.D. No. 353 E. 2 N.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home, Hospital, Institution, Other place.  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 2 years 2 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Utah (b) County Weber  
(c) City or town Willard  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 2 Mo. years  
(h) Former residence (city, state) Willard, Utah

3. (a) FULL NAME Anthony William Lofthouse

3. (b) If veteran, name war No.  
5. Color or No.  
4. Sex M race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife alive  
6. (c) Age of husband or wife if years  
7. Date of Birth (Month, Day, Year) Sept. 6, 1862

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>3</u>	<u>5</u>	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.  
10. Industry or Business worked Date last worked  
11. Birthplace Paradise, Utah (City or town) (State or foreign country)

12. Name James Lofthouse  
13. Birthplace England (City or town) (State or foreign country)  
14. Maiden name Charlotte E. Woodhead  
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Charles A. Lofthouse  
and Address Willard Utah

17. (a) Burial (b) Date thereof Dec. 15, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Willard, Utah

18. Funeral Director's OWN Signature Phyllis Webb  
and Address Preston Idaho

19. (a) 12-14-1948 (b) E. W. Brennan  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 11 1948  
at 7 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 9 1948, to Dec 11 1948.  
I last saw h. alive on Dec 11 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxia Duration 2 day

Due to Asphyxia 5 day

Due to Arteriosclerosis 10 day

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?

Means of injury

23. Attendant's OWN Signature O. B. Carter Jr  
(M. D. or other)  
and Address Preston Idaho Date 12-14 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **4578**  
Local Reg. No. **28**  
Reg. Dist. No. **240**

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Franklin**  
(b) City or town **Preston**  
(c) Street Address or R.F.D. No. **574 So. State**  
(d) Death Occurred Inside? **X** Outside? **city or town**  
(e) Died in a Home **X** Hospital **Institution** Other place  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **6** years **months** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Franklin**  
(c) City or town **Preston**  
(d) Street Address or R.F.D. No. **same**  
(e) Deceased lived Inside? **X** Outside? **city or town**  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **6** years  
(h) Former residence (city, state) **Lewiston, Utah**

3. (a) FULL NAME **Elias Bassett Layne**

3. (b) If veteran, name war **No.**  
5. Color or **No.**  
6. (a) Single, widowed, married, divorced **widowed**  
4. Sex **M** race **W**  
6. (b) Name of husband or wife **Delilah Smith** alive **years**  
7. Date of Birth (Month, Day, Year) **Feb. 4, 1859**

8. AGE	Years	Months	Days	If less than 1 day
	89	10	10	hrs min.

9. Exact Occupation **Farmer** Did this work for **30** yrs.  
10. Industry or Business **worked** Date last worked  
11. Birthplace **Bountiful, Utah** (City or town) (State or foreign country)  
Mother Father { 12. Name **Jonathin E. Layne**  
13. Birthplace **Clay Co. Indiana** (City or town) (State or foreign country)  
14. Maiden name **Lucinda M. Stut**  
15. Birthplace **Springfield, Ill.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Florence Taylor**  
and Address **Preston, Idaho**

17. (a) **Burial** (b) Date thereof **12/18/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Lewiston, Utah**

18. Funeral Director's OWN Signature **Cherish Webb**  
and Address **Preston, Idaho**

19. (a) **12-14-1948** (b) **E. W. Brown**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Dec. 14, 1948**  
at **7** o'clock **M.**

21. I HEREBY CERTIFY, That I attended deceased from **Dec 13, 1948, to Dec 14, 1948**  
I last saw him alive on **Dec 14, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration **24 hrs**  
Due to **arteriosclerosis** **10 yrs**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Home**  
Name of operation **Date**  
Major finding  
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **Occurred** Suicide? **19** Homicide?  
City, county, state where violence occurred  
Place of Violence: Home **Farm** Industry  
Public Place **While at work?**  
Means of injury

23. Attendant's OWN Signature **O. B. Culbertson** (M. D. or other)  
and Address **Preston, Idaho** Date **12-14-1948**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEPARTMENT OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **4579**  
Local Reg. No. **88**  
Reg. Dist. No. **650**

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 547 W 2nd N.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 53 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. 547 W 2 N  
(e) Deceased lived Inside? X Outside? ☐ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 53 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

REBECCA HOMER COSTLEY

3. (b) If veteran, name war No.  
5. Color or White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife     
6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) January 11, 1868

8. AGE	Years	Months	Days	If less than 1 day
	80	11	1	hrs min.

9. Exact Occupation Retired Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Brigham City, Utah  
(City or town) (State or foreign country)

12. Name Russell King Homer  
13. Birthplace Penna.  
(City or town) (State or foreign country)  
14. Maiden name Eliza Thornton  
15. Birthplace Leeds, England  
(City or town) (State or foreign country)

16. Informant's OWN Signature Wendy Costley  
and Address Regby 224

17. (a) Burial (b) Date thereof 12-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Parker, Idaho

18. Funeral Director's OWN Signature Mr. Hansen  
and Address St. Anthony, Idaho

19. (a) Dec 13/1948 (b) Mr. Hansen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) December 12, 1948  
at 12:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 1948 to Dec 12, 1948  
I last saw her alive on Dec 11, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Failure Duration 2 days

Due to Chronic passive congestion  
Due to Rheumatic valvular disease 6 yrs  
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?     
Name of operation    Date     
Major finding     
Finding of autopsy     
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred  
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature C. D. Rudy  
and Address St. Anthony Date 12-13-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL  
STATISTICS

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DEC 20 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 4580  
Local Reg. No. 89  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. 14th West 1st N.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 10 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. 14th West 1st N.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) city or town

## 3. (a) FULL NAME

GLADYS McMURTREY BROWNING

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race white  
6. (b) Name of husband or wife Rulon M. Browning 6. (c) Age of husband or wife if alive 42 years  
7. Date of Birth (Month, Day, Year) February 9, 1913

8. AGE	Years	Months	Days	If less than 1 day
	35	10	4	hrs min.

9. Exact Occupation H. W. Did this work for 16 yrs.  
10. Industry or Business At home Date last worked 12-13-48  
11. Birthplace Rigby, Idaho (City or town) (State or foreign country)

12. Name Jim McMurtrey  
13. Birthplace Alabama (City or town) (State or foreign country)  
14. Maiden name Louise Johnson  
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature B. Browning  
and Address St. Anthony, Idaho

17. (a) Burial (Burial, cremation or removal) (b) Date thereof Dec. 15, 1948 (Month) (Day) (Year)  
(c) Place: St. Anthony, Idaho

18. Funeral Director's OWN Signature M. S. Hansen  
and Address St. Anthony, Idaho

19. (a) Dec. 15 1948 (Date received and filed) (b) M. S. Hansen (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 13 19 48  
at 10:35 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1948 to Dec. 13, 1948  
I last saw her alive on Dec. 10, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Myocardial Dilatation Duration 2 min.

Due to Angina Pectoris 6 mo.

Due to Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury Public Place

23. Attendant's OWN Signature E. L. Smith (M. D. or other)  
and Address St. Anthony Date 12/15/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 12 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No.

4581

Local Reg. No.

90

Reg. Dist. No.

650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 10 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

ANETTA SMITH HOMER WOOD

3. (b) If veteran, name war No. 3. (c) Social Security No. None.  
5. Color or White 6. (a) Single, widowed, married, divorced widow  
4. Sex Female race White  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) April 13, 1877

8. AGE	Years	Months	Days	If less than 1 day
	<u>71</u>	<u>8</u>	<u>7</u>	hrs min.

9. Exact Occupation H. W. Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Smithfield, Utah. (City or town) (State or foreign country)

12. Name William James Smith  
13. Birthplace Yorkshire, N. Y. (City or town) (State or foreign country)  
14. Maiden name Julia Ann Hammer  
15. Birthplace Caldwell County, Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Archie S. Wood  
and Address St. Anthony, Idaho.

17. (a) Burial (b) Date thereof 12-24-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Parker, Idaho.

18. Funeral Director's OWN Signature Mrs. Hansen  
and Address St. Anthony, Idaho.

19. (a) 24 December 1948 (Date received and filed) (b) Mrs. Hansen (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 20 19 48  
at 2 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 21 Sept 1948, to 22 Nov 1948.  
I last saw h.e.r. alive on 22 Nov 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebro-Vascular accident

Duration

Due to Hypertension

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? —

Name of operation None Date

Major finding —

Finding of autopsy Not Done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature Jay O. Brinton, M.D. (M. D. or other)  
and Address St. Anthony, Idaho Date 24 Dec 19 48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4582  
Local Reg. No. 93  
Reg. Dist. No. 650

## 1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) Street Address or R. F. D. No. 128 So. Bridge  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. St. A. Hosp. Stayed 10 days  
(g) Lived in this county years 2 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) Street Address or R.F.D. No. 110 East 14th N.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

ALAN FRANK PIPER

3. (b) If veteran, name war No. 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) September 26, 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>2</u>	<u>3</u>	<u>5</u>	hrs min.

9. Exact Occupation At home Did this work for years  
10. Industry or Business worked Date last worked  
11. Birthplace Emmett, Idaho. (City or town) (State or foreign country)

12. Name Frank C. Piper  
13. Birthplace Devon, Montana (City or town) (State or foreign country)  
14. Maiden name Virginia Lee Villager  
15. Birthplace Bellingham, Washington (City or town) (State or foreign country)

16. Informant's OWN Signature Frank C. Piper and Address St. Anthony, Idaho.

17. (a) Removal (b) Date thereof 1-1-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Los Angeles, Calif.

18. Funeral Director's OWN Signature M. D. Hansen and Address St. Anthony, Idaho.

19. (a) Jan 3 1949 (b) M. D. Hansen (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 30 Dec 1948 at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 9 Nov 1948 to 30 Dec 1948. I last saw him alive on 30 Dec 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: STATUS THYMUS LYMPHATICUS Duration

Due to BRONCHITIS 2 DAYS

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? HOME PHYSICIAN  
Name of operation NONE Date  
Major finding  
Finding of autopsy NOT DONE Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Jay V. Brunton M.D. (M. D. or other) and Address St. Anthony, Idaho Date 3 Jan 1949 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

STATE OF IDAHO

1948  
State File No. 4583  
Local Reg. No. 86  
Reg. Dist. No. 651

## 1. PLACE OF DEATH, Fremont.

- (a) County.....  
(b) City or town.....Ashton.  
(c) Street Address or R.F.D. No.....  
(d) Death Occurred Inside?.....Outside? ☒ city or town  
(e) Died in a Home.....☒ Hospital.....Institution.....Other place.....  
(f) Name Hosp. or Inst.....Stayed..... days  
(g) Lived in this county.....~~12~~ years.....months.....10 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State.....Idaho.....(b) County.....Fremont.  
(c) City or town.....Idaho Falls. Idaho.  
(d) Street Address or R.F.D. No.....  
(e) Deceased lived Inside? ☒ Outside?.....city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 60. years  
(h) Former residence (city, state) Utah.

## 3. (a) FULL NAME Lorin. Paul. Walker.

## 3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex ~~Male~~ <sup>5</sup> Color or race White  
6. (a) Single, widowed, married, divorced Married.  
6. (b) Name of husband or wife Lydia. Howell. Walker. 6. (c) Age of husband or wife if alive 73. years

## 7. Date of Birth (Month, Day, Year) May. 31st 1866

8. AGE	Years	Months	Days	If less than 1 day
	82	7	2	hrs. min.

## 9. Exact Occupation Retired Farmer. Did this work for..... yrs.

## 10. Industry or Business Date last worked

## 11. Birthplace Salt Lake City Utah. (City or town) (State or foreign country)

## 12. Name William Holm, walker (City or town) (State or foreign country)

## 13. Birthplace Vermont. (City or town) (State or foreign country)

## 14. Maiden name Harriet, Paul. (City or town) (State or foreign country)

## 15. Birthplace Cornwall England. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Ethel M. Wrough and Address Ashton Idaho.

## 17. (a) Burial. (b) Date thereof 12/6th 1948. (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Basalt Idaho.

## 18. Funeral Director's OWN Signature Lewis Riser and Address Ashton Idaho.

## 19. (a) Dec. 6, 1948 (b) Max Hansen (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH December. 2th 1948. (Month, Day, Year) at 1 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 30 Nov. 1948, to 2 Dec. 1948.

I last saw him alive on 2 Dec. 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Hypertensive pneumonia Duration 2 days

Due to Apoplectic stroke 4 days

Due to Sen. Arteriosclerosis & hypertension

Other conditions Brandyetasis 2

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho.

Name of operation Date

Major finding.

Finding of autopsy.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature

and Address Ashton Idaho Date 12/6th 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL  
STATISTICS

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DEC 20 1948  
NON-RESIDENT  
Certificate Of Death

STATE OF IDAHO

10485  
State File No. 4584  
Local Reg. No. 87  
Reg. Dist. No. 651

1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town Teton  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? Yes Outside? ..... city or town  
(e) Died in a Home X Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county ..... years ..... months 19 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wyoming (b) County Lincoln  
(c) City or town Etna  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 19 days  
(h) Former residence (city, state) .....

3. (a) FULL NAME ELIZABETH ANN ROGERS CLARK

3. (b) If veteran, name war No. .... 3. (c) Social Security No. .... None.  
5. Color or No. 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) November 28, 1859

8. AGE	Years	Months	Days	If less than 1 day
	89	0	7	hrs min.

9. Exact Occupation at home Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Hyde Park, Utah  
(City or town) (State or foreign country)  
12. Name Thomas Rogers  
13. Birthplace Wales  
(City or town) (State or foreign country)  
14. Maiden name Ann Evans  
15. Birthplace Wales  
(City or town) (State or foreign country)

16. Informant's OWN Signature Henry J. Clark  
and Address Etna, Wyoming

17. (a) removal (b) Date thereof Dec., 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Etna, Wyoming

18. Funeral Director's OWN Signature Mal Hansen  
and Address St. Anthony, Idaho

19. (a) Dec. 10, 1948 (b) Mal Hansen  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 5 1948  
(Month, Day, Year) at 2:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3 Dec 1948, to 5 Dec 1948.  
I last saw her alive on 5 Dec 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

- Heart failure Duration not known  
Due to Hypertension "  
Due to Atherosclerosis "  
Other conditions (Include pregnancy within 3 months of death) .....

- Where was disease contracted? .....  
Name of operation none Date .....  
Major finding .....  
Finding of autopsy not done PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

- Means of injury .....  
23. Attendant's OWN Signature Jay O. Brewster MD  
(M. D. or other)  
and Address St. Anthony Date 8 Dec 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 4585

Local Reg. No. 651

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Fremont.  
(b) City or town Drummond.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? X city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 43 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town Drummond.  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Tenn.

3. (a) FULL NAME Dixie, Le. Bowers sdx.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or race White 6. (a) Single, widowed, married, divorced married.

6. (b) Name of husband or wife Maynard Bowers (c) Age of husband or wife if alive 57 years

7. Date of Birth (Month, Day, Year) May, 23rd 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>47</u>	<u>6</u>	<u>28</u>	hrs. min.

9. Exact Occupation Housewife. Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Saverville, Tenn. (City or town) (State or foreign country)

12. Name W.L. Sharp.

13. Birthplace Tenn. (City or town) (State or foreign country)

14. Maiden name Jolin. Allen. (City or town) (State or foreign country)

15. Birthplace Tenn. (City or town) (State or foreign country)

16. Informant's OWN Signature Maynard Bowers and Address Drummond, Idaho.

17. (a) Burial (b) Date thereof 12/24th 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Ashton Idaho.

18. Funeral Director's OWN Signature Lewis Kiser and Address Ashton Idaho.

19. (a) 24 December, 1948 (b) Mat. Hansen (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December, 21st, 1948 19 \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from January 1946 to December 21, 1948. I last saw him alive on December 21, 1948.

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial pneumonia Duration 4 days.

Due to Apopleptic stroke

Due to Malignant hypertension

Other conditions Hypertensive heart disease

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho.

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Charles W. W.

and Address Ashton Idaho. (City or town) (State or foreign country)

Date 12/23/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 12 1948  
DIVISION OF VITAL STATISTICS  
Certificate Of Death  
STATE OF IDAHO

State File No. 4586  
Local Reg. No. 92  
Reg. Dist. No. 651

1. PLACE OF DEATH:

- (a) County Fremont  
(b) City or town St. Anthony  
(c) ~~Street Address or~~ R. F. D. No. #2  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home Hospital Institution Other place ☒  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 15 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Fremont  
(c) City or town St. Anthony  
(d) ~~Street Address or~~ R.F.D. No. 2  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

AFTON LARRY CAMPBELL

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) December 4, 1932

8. AGE	Years	Months	Days	If less than 1 day
	<u>16</u>	<u>0</u>	<u>25</u>	hrs min.

9. Exact Occupation Student Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Public schools Date last worked \_\_\_\_\_  
11. Birthplace Grant, Montana (City or town) (State or foreign country)

12. Name Afton L. Campbell  
13. Birthplace Victor, Idaho (City or town) (State or foreign country)  
14. Maiden name Elsie Waldemar  
15. Birthplace Grant, Montana (City or town) (State or foreign country)

16. Informant's OWN Signature Afton L. Campbell  
and Address St. Anthony RFD #2, Idaho

17. (a) Burial (b) Date thereof Jan., 3, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Parker, Idaho

18. Funeral Director's OWN Signature M. S. Hansen  
and Address St. Anthony, Idaho

19. (a) Dec. 31, 1948 (b) M. S. Hansen  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 29 19 48  
at 12:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_  
I last saw h. deceased 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

accidental gunshot wound on right side of face

Due to gun discharging

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Dec. 29 19 48 City, county state St. Anthony P.E.D. #2, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place Yes While at work? \_\_\_\_\_

Means of injury gunshot wound right side of face

23. Attendant's OWN Signature M. S. Hansen

(M. D. or other)

and Address St. Anthony, Idaho Date 12-31-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 18 1949  
DIVISION OF VITAL  
STATISTICS

# NON-RESIDENT Certificate of Death

STATE OF IDAHO

1948  
State File No. 4587  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years 1 months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Wash (b) County Stevens  
(c) City or town Springdale  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? 1 Mo. years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME LINCOLN D. LYNDE

3. (b) If veteran, name war no 3. (c) Social Security No. no  
4. Sex M 5. Color or W race W  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if divorced idower alive years

7. Date of Birth (Month, Day, Year) Nov 14, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>0</u>	<u>8</u>	hrs. min.

9. Exact Occupation Retired Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Antwerp, New York (City or town) (State or foreign country)

- Father { 12. Name Harrison Lynde  
13. Birthplace Unknown (City or town) (State or foreign country)  
Mother { 14. Maiden name Hattie Kinney  
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs James H. Wilson  
and Address Klamath Falls, Ore

17. (a) Removal Removal (b) Date thereof 11/22/48 (Month) (Day) (Year)  
(c) Place Bendleton, Oregon

18. Funeral Director's OWN Signature Schneider & McCann  
and Address Boise, Idaho

19. (a) 1-15-49 (Date received and filed) (b) Chas F. Lahey (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov 22 1948  
at 10 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 21 1948 to Nov 22 1948

I last saw him alive on Nov 21 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: uremia Duration

Due to General debility following Transurethral Operation  
Due to Prostatic disease  
Other conditions Heart and age  
(Include pregnancy within 8 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred.  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury  
23. Attendant's OWN Signature J. L. Reynolds (M. D. or other)

and Address Emmett, Ida Date 11-22 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 8 1948

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 4588  
State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 119 N. Wardwell  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Packer Nursing Home  
(g) Lived in this county 25 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Missouri

## 3. (a) FULL NAME

FRANK OSCAR LARSON

## 3. (b) If veteran, name war

NO

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) March 11, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>8</u>	<u>20</u>	hrs. min.

9. Exact Occupation Laborer Did this work for 40 yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Linn County Missouri (City or town) (State or foreign country)

12. Name unknown

13. Birthplace unknown (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Vida H. Boyk and Address 220 North Johns, Emmett, Ida

17. (a) Burial (b) Date thereof 12 4 48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Emmett, Idaho

18. Funeral Director's OWN Signature Clarence O. Parsons and Address Emmett, Idaho

19. (a) 12/7/48 (b) Chas. Flaherty (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 1 1948  
at 11:05 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1926 1948 to Nov 28 1948  
I last saw him alive on Nov 28 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary failure  
Chronic  
Bright's disease

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

## Duration

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature J. H. Reynolds (M. D. or other)  
and Address Emmett Date 12-3-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
DEC 28 1948

DEPARTMENT OF VITAL  
STATISTICS  
Gem

# Certificate of Death

STATE OF IDAHO

1948

State File No. 4589

Local Reg. No.

Reg. Dist. No.

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County \_\_\_\_\_  
(b) City or town \_\_\_\_\_ Emmett  
(c) Street Address or R.F.D. No. 2nd & Wash St.  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mary Secor Stayed 6 days  
(g) Lived in this county 5 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Gem  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 31 years  
(h) Former residence (city, state) Spokane, Wash.

3. (a) FULL NAME HARRY LEE DOUGHERTY

3. (b) If veteran, name war no  
5. Color or race W  
6. (b) Name of husband or wife no  
7. Date of Birth (Month, Day, Year) March 21, 1880

8. AGE	Years	Months	Days	If less than 1 day
	68	8	15	hrs. min.

9. Exact Occupation Farming Did this work for 2 yrs.  
10. Industry or Business Self Date last worked  
11. Birthplace Cloe, Pennsylvania (City or town) (State or foreign country)

12. Name Sam Dougherty  
13. Birthplace Bell, Township, Penn. (City or town) (State or foreign country)  
14. Maiden name Emma Kremkau  
15. Birthplace Bell Township, Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Marjorie Stenz  
and Address 2409 W. Jefferson Boise, Ida

17. (a) Burial (b) Date thereof 12/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Cascade, Idaho

18. Funeral Director's OWN Signature Clarence R. Persons  
and Address Emmett, Idaho

19. (a) 12/24/48 (b) Chas. Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 6, 1948  
(Month, Day, Year)  
at 5:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 1948 to 6 Dec. 1948  
I last saw him alive on 6 Dec. 1948  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion Duration 2 hrs.

Due to Hypertension 10 years

Due to arteriosclerosis 15 years

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? X

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred. X

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dr. Andrew, M.D.  
(M. D. or other)  
and Address Emmett, Ida Date 13 Dec. 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

DEC 28 1948

STATE OF IDAHO

1948  
State File No. 4590  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County.....  
(b) City or town..... Emmett, Idaho  
(c) Street Address or R.F.D. No. 2nd & Wash.  
(d) Death Occurred Inside? ☒ Outside?.....city or town  
(e) Died in a Home.....Hospital ☒ Institution.....Other place.....  
(f) Name Hosp. or Inst. Mary Secor Stayed 1 days  
(g) Lived in this county 19 years.....months.....days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State..... Idaho (b) County..... Gem  
(c) City or town..... Emmett, Idaho  
(d) Street Address or R.F.D. No. Rt. 1  
(e) Deceased lived Inside?.....Outside? ☒ city or town  
(f) Citizen of what country?..... U. S. A.  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state)..... Missouri

## 3. (a) FULL NAME

PHEBE ELIZABETH SMITH

## 3. (b) If veteran, name war

no

## 3. (c) Social Security No.

no

## 4. Sex F 5. Color or W race

## 6. (b) Name of husband or wife

no

## 6. (a) Single, widowed, married, divorced

widowed

## 6. (c) Age of husband or wife if alive

n years

## 7. Date of Birth (Month, Day, Year)

April 24, 1868

8. AGE	Years	Months	Days	If less than 1 day
	80	7	23	hrs. min.

## 9. Exact Occupation Homekeeper Did this work for 50 yrs.

## 10. Industry or Business Self Date last worked 12/16/48

## 11. Birthplace Maryville, Missouri (City or town) (State or foreign country)

## 12. Name Stephen King (City or town) (State or foreign country)

## 13. Birthplace New York (City or town) (State or foreign country)

## 14. Maiden name Mary Cline (City or town) (State or foreign country)

## 15. Birthplace Ohio (City or town) (State or foreign country)

## 16. Informant's OWN Signature Mrs. Vernon Miller and Address St. F. Emmett, Idaho

## 17. (a) Burial (b) Date thereof 12/21/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's OWN Signature Charles P. Emerson and Address Emmett, Idaho

## 19. (a) 12/24/48 (b) Charles Flahiff (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH December 17 1948 (Month, Day, Year)

at 3:15 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

1936 to Dec 17 1948

I last saw her alive on Dec 17 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

hemiplegia

Due to cerebral accident 6 hrs

Due to Essential Hypertension 20 yrs

Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

## 23. Attendant's OWN Signature Donald P. Ruckman (M. D. or other)

and Address..... Date..... 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

DEC 28 1948

STATE OF IDAHO

State File No. **4591**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF DEATH: **Gem** DIVISION OF VITAL STATISTICS  
(a) County **Gem**  
(b) City or town **Emmett**  
(c) Street Address or R.F.D. No. **2nd. & Washington**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Mary Secor** Stayed **1** days  
(g) Lived in this county \_\_\_\_\_ years **7** months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Gem**  
(c) City or town **Emmett**  
(d) Street Address or R.F.D. No. **R.F.D. # 1**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **7 Mo** years **xxx**  
(h) Former residence (city, state) **Backus, Minn**

3. (a) FULL NAME **INA FRANCIS MILLER**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**  
4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **February 4, 1919**

8. AGE	Years	Months	Days	If less than 1 day
	<b>29</b>	<b>10</b>	<b>13</b>	hrs. min.

9. Exact Occupation **none** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **none** Date last worked \_\_\_\_\_  
11. Birthplace **Chaseley, Minnesota** (City or town) (State or foreign country)  
Father { 12. Name **Paul W. Miller**  
13. Birthplace **Steele, N. D.** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Luella Evans**  
15. Birthplace **Fessenten, N.D.** (City or town) (State or foreign country)

16. Informant's OWN Signature **Paul W. Miller**  
and Address **East 4th St Emmett**  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **12/23/48** (Month) (Day) (Year)  
(c) Place **Emmett, Idaho**  
18. Funeral Director's OWN Signature **Clifford Chapin**  
and Address **Emmett, Idaho**  
19. (a) **12/24/48** (Date received and filed) (b) **Chas. H. Hoff** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Dec 17 1948**  
at **12:15** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **Aug 17** 19 **48** to **Dec 17** 19 **48**

I last saw h. **en** alive on **Dec 17** 19 **48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

**Chronic** Duration **2 days**

Due to **chronic nephritis**  
**chronic myocarditis** year

Due to \_\_\_\_\_  
Other conditions **Muscular**  
(Include pregnancy within 3 months of death)

**Septicemia not diagnosed** Birth

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Ronald F. Lawbury**

(M. D. or other)

and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_

(For additional space, use reverse side)

# Certificate Of Death

STATE OF IDAHO

State File No. **4592**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Gem  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. 2nd & Wash.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Mary Secor Stayed \_\_\_\_\_ days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett, Idaho  
(d) Street Address or R.F.D. No. 704 S Wash.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Neb.

## 3. (a) FULL NAME

WALTER ELLER FOLDEN

170C

3. (b) If veteran, no  
name war \_\_\_\_\_

3. (c) Social Security No. 519-24-6813

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mattie

6. (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year)

August 12, 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>4</u>	<u>13</u>	hrs min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Leonard Service Station Date last worked 12/25/48

11. Birthplace Nebraska (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Wm G. Matter, Ellen Folden

and Address 704 S. Wash.

17. (a) Burial (b) Date thereof 12/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature Charles R. Flahiff

and Address Emmett, Idaho

19. (a) 12/26/48 (b) Charles Flahiff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 25 1948  
at 5:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 4:30 P.m. Dec. 25 - 1948, to 5:45 P.m. Sunday  
I last saw him alive on Dec. 25 - 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental Duration  
Right Side motor vehicle accident  
with Motor Vehicle - Hemorrhage Skull

Due to Shock of hemorrhage and trauma

Due to being struck by truck

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Dec 25, 1948 19 City, county, state

where violence occurred Emmett, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place X While at work? X

Means of injury automobile accident

23. Attendant's OWN Signature J. D. Reynolds

and Address 12 - 26 - 48 (M. D. or other) Emmett  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **4593**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Emmett  
(c) Street Address or R.F.D. No. Box 53  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Emmett  
(d) Street Address or R.F.D. No. Box 53  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Grand Junction, Cal.

## 3. (a) FULL NAME

Harry Alfred Johnson **083A**

## 3. (b) If veteran, name war

no

## 3. (c) Social Security No.

518-09-114

## 4. Sex M Color or race W

## 6. (a) Single, widowed, married, divorced married

## 6. (b) Name of husband or wife Dora

## 6. (c) Age of husband or wife if alive 53 years

## 7. Date of Birth (Month, Day, Year) March 2, 1891

8. AGE	Years	Months	Days	If less than 1 day
	<u>52</u>	<u>8</u>	<u>20</u>	hrs. min.

## 9. Exact Occupation Truck Driver Did this work for 12 yrs.

## 10. Industry or Business Woods Date last worked 5/5/47

## 11. Birthplace Richwood, Ohio (City or town) (State or foreign country)

## 12. Name Alfred Johnson (City or town) (State or foreign country)

## 13. Birthplace Idaho (City or town) (State or foreign country)

## 14. Maiden name Eugenia Stoupe (City or town) (State or foreign country)

## 15. Birthplace Idaho (City or town) (State or foreign country)

## 16. Informant's OWN Signature Dora Johnson and Address Box 53 Emmett

## 17. (a) Dora (b) Date thereof 12/27/48 (Month) (Day) (Year)

## (c) Place Emmett Idaho

## 18. Funeral Director's OWN Signature Clarence J. Persons and Address Emmett, Idaho

## 19. (a) 12/24/48 (b) Chas. Flahiff (Date received and filed) (Registrar's signature)

## 20. DATE OF DEATH (Month, Day, Year) Dec. 22, 1948

## 21. I HEREBY CERTIFY, That I attended deceased from May 1947, to Dec 22 1948

## I last saw h. was alive on 17 Dec 1948

## death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Myocardial Infarction Duration 22 months

## Due to Coronary Artery Disease

## Due to Essential Hypertension years

## Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted? Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

## where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Ronald P. Ruckman (M. D. or other) and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 22 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 4594  
Local Reg. No. 1358  
Reg. Dist. No. 420

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Gooding  
(c) Street Address or R.F.D. No. Carpenter Hotel  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 39 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Gooding  
(c) City or town Gooding  
(d) Street Address or R.F.D. No. Carpenter Hotel  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 39 days years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Christina Pearl Vance

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex female race white

6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) November 1, 1948

## 8. AGE

Years	Months	Days	If less than 1 day
	<u>1</u>	<u>9</u>	hrs min.

## 9. Exact

Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business

Date last worked \_\_\_\_\_

## 11. Birthplace

Wendell, Idaho

(City or town) (State or foreign country)

## 12. Name

Paul D. Vance

## 13. Birthplace

Garnett, Kansas

(City or town) (State or foreign country)

## 14. Maiden name

Mary Ellen Delaine

## 15. Birthplace

Cascade, Idaho

(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Paul D. Vance

and Address Gooding, Box 818

## 17. (a) burial

(b) Date thereof 12/11/48

(Burial, cremation, or removal) (Month) (Day) (Year)

## 18. Funeral Director's

OWN Signature H.P. Bright

and Address Gooding, Idaho

## 19. (a) 12-14-48

(Date received and filed)

## (b) J.H. Chance

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 115C 086A

## 20. DATE OF DEATH

(Month, Day, Year) December 9, 1948  
at 5:15 o'clock a. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Nov. 1, 1948, to Dec 9, 1948

I last saw her alive on Dec 9, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Convulsions, infantile Duration 24 hrs.

## Due to

acute nasopharyngitis 48 hrs. with

## Due to

Other conditions malnutrition, with 1 week  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy not done

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's

OWN Signature H.C. Keller, M.D.

and Address Gooding Date 12/14/48

(For additional space use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

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DEC 23 1948

# Certificate Of Death

STATE OF IDAHO

10/16

State File No. **4595**  
Local Reg. No. **127**  
Reg. Dist. No. **424**

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Richfield  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. Hospital X Institution. Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Richfield  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? Santa Maria Azores  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Massachusetts

## 3. (a) FULL NAME Rughina A. King

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race W  
6. (a) Single, widowed, married, divorced widowed  
(b) Name of husband or wife deceased (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) July - 6 - 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>5</u>	<u>10</u>	hrs min.

9. Exact Occupation Housewife Did this work for 47 yrs.  
10. Industry or Business Home Date last worked 1946  
11. Birthplace Santa Maria Azores Island (City or town) (State or foreign country)

12. Name \_\_\_\_\_  
13. Birthplace Azores (City or town) (State or foreign country)  
14. Maiden name Mary  
15. Birthplace Azores (City or town) (State or foreign country)

16. Informant's OWN Signature Manuel King Jr  
and Address Richfield Idaho

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(c) Place: Richfield

18. Funeral Director's OWN Signature Myrtle C. Burdett  
and Address Shoshone Idaho

19. (a) 12/20/48 (b) M. Amos  
(Date received and filed) (Registrar's Signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 16 1948  
at 3 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 12/14 1948, to 12/16 1948.  
I last saw her alive on 12/16/48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Diabetic Coma Duration 2 days  
+ Cerebral Hemorrhage 2 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. Holminger  
and Address Richfield Idaho (M. D. or other) \_\_\_\_\_  
Date 12/17 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 10 1949

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **4596**  
Local Reg. No. **128**  
Reg. Dist. No. **421**

1. PLACE OF DEATH:  
(a) County. **Gooding**  
(b) City or town. **Wendell**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home. \_\_\_\_\_ Hospital. ☒ Institution. \_\_\_\_\_ Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Valentines** Stayed \_\_\_\_\_ days  
(g) Lived in this county. \_\_\_\_\_ years. \_\_\_\_\_ months. \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. **Idaho** (b) County. **Jerome**  
(c) City or town. **Jerome**  
(d) Street Address or R.F.D. No. **212 4th Ave E**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **1yr 5mo** years  
(h) Former residence (city, state) **Licking Mo**

3. (a) FULL NAME **George Miller Broughton**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex. **Male** race **White**  
6. (a) Single, widowed, married, divorced. **Married**  
6. (b) Name of husband or wife **Emma** 6. (c) Age of husband or wife if alive. **76** years

7. Date of Birth **June 7. 1870**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>78</b>	<b>6</b>	<b>24</b>	hrs. min.

9. Exact Occupation **Retired Farmer** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace. **Knox Co. Kentucky**  
(City or town) (State or foreign country)

12. Name. **Wiley Ellis Broughton**

13. Birthplace **Kentucky**  
(City or town) (State or foreign country)

14. Maiden name **Knot** **Known**

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature. **Candy Broughton**  
and Address. **Wendell Idaho**

17. (a) **Burial** (b) Date thereof. **Jan 4. 1949**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Jerome, Idaho**

18. Funeral Director's OWN Signature. **Wiley**  
and Address. **Jerome, Idaho**

19. (a) **1/6/49** (b) **1/4/49**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Dec 31 1948**  
(Month, Day, Year) at **10:00** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **12-26-1948** to **12-31-1948**.  
I last saw him alive on **12-31-1948**.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

**Pulmonary Embolism**

Due to **Post. appendectomy** 6 ds.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation **Appendectomy** 12-26-48

Major finding **Post. appendectomy**

Finding of autopsy. \_\_\_\_\_  
Underline the death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature. **P. H. Lester**  
(M. D. or other)

and Address. **Jerome** Date **1-3-1949**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 15 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

459734  
State File No. 934  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Kamiah  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 2 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Kamiah  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) Wash

3. (a) FULL NAME

Johannah W. Holihan

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) May 10 - 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>4</u>	<u>23</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Home Date last worked 10/4/48

11. Birthplace PARIS - MO - (City or town) (State or foreign country)

12. Name Michael Fogarty

13. Birthplace Tipperary, Ireland (City or town) (State or foreign country)

14. Maiden name Ellen Leaster

15. Birthplace Tipperary, Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature James Holihan and Address Cambridge, N.J.

17. (a) Funeral (b) Date thereof 10-25-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Newport, Wash

18. Funeral Director's OWN Signature James Holihan and Address Cambridge, N.J.

19. (a) 10-4-48 (b) Emilia V. Brown (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Oct 3 1948  
(Month, Day, Year) at \_\_\_\_\_ o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 6/15 1947, to 10/3 1948

I last saw her alive on 10/3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: myocarditis Duration years

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Pericarditis, Anemia years  
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's: OWN Signature Arthur J. Brown (M. D. or other)

and Address Kamiah, Id Date 10/4 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

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DEC 9 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 1598  
Local Reg. No. 25  
Reg. Dist. No. 240

1. PLACE OF DEATH: Idaho  
(a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. General Stayed 1 days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Ellensburg, Wash.

3. (a) FULL NAME

Alexandria Brummer

149B

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color of \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Edwin  
6. (c) Age of husband or wife if alive 39 years  
7. Date of Birth (Month, Day, Year) July 16, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>37</u>	<u>4</u>	<u>16</u>	hrs min.

9. Exact Occupation Housewife Did this work for 1.30 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 12/2/48  
11. Birthplace Plerna Montana  
(City or town) (State or foreign country)  
12. Name Alex Hoppert  
13. Birthplace \_\_\_\_\_ Wisconsin  
(City or town) (State or foreign country)  
14. Maiden name E Murphy  
15. Birthplace \_\_\_\_\_ Wisconsin  
(City or town) (State or foreign country)

16. Informant's OWN Signature Ed Brummer  
and Address Grangeville Idaho  
17. (a) Burial (b) Date thereof 12/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grangeville Idaho  
18. Funeral Director's OWN Signature Sham Cobi  
and Address Grangeville Idaho  
19. (a) Dec 6, 1948 (b) Plerna  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 3 1948  
at 6:20 o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 1948, to Dec 3 1948  
I last saw hw alive on Dec 3 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
<u>Cardiac Failure</u>	<u>1 hr.</u>
Due to <u>Cerebral Circulatory Collapse</u>	<u>12 hr.</u>
Due to <u>Post-Partum Shock</u>	<u>12 hr.</u>
Other conditions <u>Pregnancy</u> (Include pregnancy within 3 months of death) <u>being fastidious delivery</u>	
Where was disease contracted? _____	
Name of operation <u>Delivery</u> Date <u>Dec 2</u>	
Major finding <u>Uterine fundus thick</u>	
Finding of autopsy <u>None</u>	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature J. M. Dutton M. D.  
and Address Grangeville Idaho Date Dec 3 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 18 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4599  
Local Reg. No. 26  
Reg. Dist. No. 240

1. PLACE OF DEATH: **STATISTICS**  
(a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. General Stayed 20 days  
(g) Lived in this county 34 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City or town Stites  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Roumania

3. (a) FULL NAME Alex Natuk

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or race white 6. (a) Single, widowed, married, divorced married  
4. Sex Male 6. (b) Name of husband or wife Fannie 6. (c) Age of husband or wife if alive 46 years  
7. Date of Birth (Month, Day, Year) February 12, 1892

8. AGE	Years	Months	Days	If less than 1 day
	<u>56</u>	<u>9</u>	<u>24</u>	hrs min.

9. Exact Occupation Railroad labor Did this work for 30 yrs.  
10. Industry or Business Railroad Date last worked Nov. 13, 1948  
11. Birthplace Cucurul-Mare, Bucovina, Roumania (City or town) (State or foreign country)

12. Name Iftemie Hnatiuk  
13. Birthplace Bucovina Province - Roumania (City or town) (State or foreign country)  
14. Maiden name Maria Onciulency  
15. Birthplace Bucovina Province, Roumania (City or town) (State or foreign country)

16. Informant's OWN Signature Fannie Natuk  
and Address Stites Idaho Box 63

17. (a) Removal (b) Date thereof Dec 6, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Koostkia, Idaho

18. Funeral Director's OWN Signature Claude T. ...  
and Address Koostkia Idaho

19. (a) Dec 8, 1948 (b) Gene Bone (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 5 1948  
at 1:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 13 hr, 1948, to 5 Dec 1948  
I last saw h. 11 M. alive on 4 Dec 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebro-vascular thrombosis, left. Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dorothy Saltman (M. D. or other)  
and Address G.ville Date Dec 8, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4600

Local Reg. No. 31

Reg. Dist. No. 12

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Our Lady Cons. Died 18 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Cottonwood  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 18 days \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Judith Marie McGuire

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) 11-17-48  
8. AGE Years Months Days If less than 1 day  
18 hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Cottonwood, Idaho  
(City or town) (State or foreign country)

12. Name Clarence Arthur McGuire

13. Birthplace Harrison, Idaho  
(City or town) (State or foreign country)

14. Maiden name Marie Dorothy Reidhaar

15. Birthplace Lewiston, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Clarence A. McGuire  
and Address Frontierville, Idaho

17. (a) Burial (b) Date thereof 12-6-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Frontierville, Idaho

18. Funeral Director's OWN Signature Rev. Patrick P. Plaw  
and Address St. Cross Church, Frontierville, Idaho

19. (a) 12-6-1948 (b) W. J. Orr, M. D.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec-5- 1948  
at 9:25 o'clock 9 M.

21. I HEREBY CERTIFY, That I attended deceased from Nov-17 1948 to Dec-5 1948.  
I last saw her alive on Dec-5 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Prematurity Duration \_\_\_\_\_  
Due to Abortion at 5 months gestation

Due to Causes of Abortion unknown  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. J. Orr, M. D.  
(M. D. or other)

and Address Cottonwood, Idaho Date 12-5 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

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DEC 18 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 4601  
Local Reg. No. 27  
Reg. Dist. No. 240

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. General Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years 4 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Mt Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Mt Idaho

## 3. (a) FULL NAME

Charles B. Wedding 097X

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Widowed

4. Sex Male race white  
6. (b) Name of husband or wife Josephine (c) Age of husband or wife if alive Deceased years

7. Date of Birth (Month, Day, Year) March 6, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>9</u>	<u>3</u>	hrs min.

9. Exact Occupation Retired Did this work for 13 yrs.

10. Industry or Business Farmer Date last worked 1944

11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

12. Name Wedding

13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)

16. Informant's OWN Signature Acie Wedding

- and Address Mt. Idaho

17. (a) Burial (b) Date thereof 12/13/48 (Month) (Day) (Year)

- (c) Place: Grangeville Idaho

18. Funeral Director's OWN Signature Glenn Aubrey

- and Address Grangeville Idaho

19. (a) Dec 13/1948 (b) Johna Con (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 9 Dec 1948

- at 7:45 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 1 Nov 1948, to 9 Dec 1948

- I last saw h. 1 m alive on 9 Dec 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Generalized + cerebral arteriosclerosis Duration Several years

- Due to \_\_\_\_\_

- Due to \_\_\_\_\_

- Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_

- Major finding \_\_\_\_\_

- Finding of autopsy \_\_\_\_\_

- PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

- where violence occurred \_\_\_\_\_

- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Donna Saltman (M. D. or other)

- and Address Grangeville Date 11 Dec 1948

- (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

1048

State File No. **4602**  
Local Reg. No. **30**  
Reg. Dist. No. **242**

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution X Other place X  
(f) Name Our Lady of Consolation Stayed 1 days  
(g) Lived in this county 1 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Craigmont  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME DELLA W. MATHEWS

3. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. None  
5. Color or white 6. (a) Single, widowed, married, divorced married  
4. Sex female race white  
6. (b) Name of husband or wife Walter H. Mathews 6. (c) Age of husband or wife if alive 74 years  
7. Date of Birth (Month, Day, Year) April 14 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>7</u>	<u>26</u>	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.  
10. Industry or Business Own home Date last worked 1942  
11. Birthplace Napoleon, Ohio  
(City or town) (State or foreign country)

12. Name Edwin L. Risher  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Jenny H. Jewel  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature E. H. Herrick  
and Address Craigmont, Idaho.

17. (a) Burial (b) Date thereof 12-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Craigmont, Idaho.

18. Funeral Director's OWN Signature C. E. Clovis  
and Address Craigmont, Idaho.

19. (a) 12-11-1948 (b) 20. Dec. 3. 1948  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 10 1948  
at 11:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from November 10, 1947, to 12-10 1948  
I last saw h. alive on 12-10 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cerebral Embolism Duration 15 hrs.

Due to Endocarditis 1 yr.

Due to Arteriosclerosis 16 yrs.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. H. Clovis MD

and Address Craigmont, Idaho (M. D. or other) Date 12-11 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 1603

Local Reg. No. 32

Reg. Dist. No. 242

## 1. PLACE OF DEATH:

- (a) County **Idaho**  
(b) City or town **Cottonwood**  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? city or town  
(e) Died in a Home. Hospital. ☒ Institution. Other place  
(f) Name Hosp. or Inst. **Our Lady of Mercy**  
(g) Lived in this county **46** years **1** month **1** day

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Idaho**  
(c) City or town **Cottonwood**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **46** years  
(h) Former residence (city, state) **Germany**

3. (a) FULL NAME **Elizabeth Marie Tacke.**

3. (b) If veteran, name war 3. (c) Social Security No.

5. Color or 6. (a) Single, widowed, married  
4. Sex **F** race **white** divorced **widowed**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if  
**Herman** alive years

7. Date of Birth  
(Month, Day, Year) **August 28, 1872**

8. AGE	Years	Months	Days	If less than 1 day
	<b>76</b>	<b>3</b>	<b>18</b>	hrs. min.

9. Exact Occupation **housewife** Did this work for **life** yrs.

10. Industry or Business **home** Date last worked.

11. Birthplace **Furstenberg, Germany.**  
(City or town) (State or foreign country)

12. Name **Joseph Wahle**

13. Birthplace **Germany**  
(City or town) (State or foreign country)

14. Maiden name **Anna Peters,**  
**Germany**

15. Birthplace **Germany**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Oliver H. Tacke**  
and Address **Cottonwood, Idaho.**

17. (a) **burial** (b) Date thereof **12/20/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Cottonwood, Idaho.**

18. Funeral Director's OWN Signature **Wesley F. Orr**

and Address **Grangeville, Idaho.**

19. (a) **12-20-1948** (b) **Wesley F. Orr M.D.**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **December 16th, 1948**  
(Month, Day, Year) at **10:55** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Oct. 23, 1948** to **Dec. 16, 1948**  
I last saw him alive on **Dec. 16, 1948**;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Acute Congestive Cardiac Failure** 2hrs  
Due to **Chronic Myocarditis and Hypertension** 10 years

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Home**

Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury

23. Attendant's OWN Signature **Wesley F. Orr M.D.**  
(M D or other)  
and Address **Cottonwood, Ida.** Date **12-20-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL STATISTICS

Certificate Of Death  
STATE OF IDAHO

1948 State File No. 4604  
Local Reg. No. 29  
Reg. Dist. No. 240

1. PLACE OF DEATH:  
(a) County Idaho  
(b) City or town Grangeville  
(c) Street Address or R. F. D. No.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. General Stayed days  
(g) Lived in this county years months 1 days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Infant years  
(h) Former residence (city, state)

3. (a) FULL NAME Michael Earnest Burkenbine 161A  
3. (b) If veteran, name war 3. (c) Social Security No.  
5. Color or race white 6. (a) Single, widowed, married, divorced Infant  
4. Sex Male 6. (b) Name of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) 12/27/48  
8. AGE Years Months Days If less than 1 day  
9. Exact Occupation Infant Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Grangeville Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Louis Burkenbine  
13. Birthplace Grangeville Ida (City or town) (State or foreign country)  
14. Maiden name Vera Woodsward  
15. Birthplace Grangeville Idaho (City or town) (State or foreign country)  
16. Informant's OWN Signature Warren R Parks and Address Grangeville Ida  
17. (a) Burial (b) Date thereof 12/29/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grangeville Idaho  
18. Funeral Director's OWN Signature and Address  
19. (a) 12/29/48 (b) Anna Cone (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) Dec. 28 1948  
at 7:30 o'clock M.  
21. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1948 to Dec 28, 1948  
I last saw him alive on Dec 25, 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Congestive Atelectasis Duration 27 1/2 hrs.  
Due to Unknown  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted? Intestine  
Name of operation None Date  
Major finding  
Finding of autopsy None  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature J. M. Buttermore M.D. (M. D. or other)  
and Address Grangeville Date Dec 28 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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1948

4605

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 2 1948

# Certificate of Death

State File No. ....

Local Reg. No. 29

Reg. Dist. No. 640

DEPARTMENT OF VITAL

STATE OF IDAHO

STATISTICS

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Lorenzo  
(c) Street Address or R.F.D. No. Box 104  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 4 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Lorenzo  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 years  
(h) Former residence (city, state) Vernal, Utah.

## 3. (a) FULL NAME

**HANNAH CATHERINE JENKINS.**

## 3. (b) If veteran, name war

☒

## 3. (c) Social Security No.

☒

## 4. Sex F.M. Color or race White

## 6. (a) Single, widowed, married, divorced widowed

## 6. (b) Name of husband or wife Joseph E. Jenkins

## 6. (c) Age of husband or wife if alive ☒ years

## 7. Date of Birth (Month, Day, Year) Nov. 2, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>0</u>	<u>25</u>	hrs. min.

## 9. Exact Occupation Housewife Did this work for life yrs.

## 10. Industry or Business Home Date last worked Oct, 1948

## 11. Birthplace Salina, Utah. (City or town) (State or foreign country)

## 12. Name Isaac Cook.

## 13. Birthplace Canada West. (City or town) (State or foreign country)

## 14. Maiden name Martha Elizabeth Holden. (City or town) (State or foreign country)

## 15. Birthplace Unknown. (City or town) (State or foreign country)

## 16. Informant's OWN Signature Robert J. Jenkins

## and Address Rigby, Idaho.

## 17. (a) removal (b) Date thereof 10/28/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Vernal, Utah.

## 18. Funeral Director's OWN Signature C. Dickerson

## and Address Rigby, Idaho.

## 19. (a) Dec 12/48 (b) Mrs. A. B. Cook (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH November 27 1948 (Month, Day, Year)

at 4:00 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 6/18 1947 to 11/27 1948

I last saw her alive on 11/26 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

1. Hypostatic Pneumonia

Duration 3 days

Due to Chronic Myocarditis

4 years

Due to Hypertension

6 years

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation none Date

Major finding

Finding of autopsy none performed

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury

## 23. Attendant's OWN Signature Edward Tall, M.D.

## and Address Rigby, Ida. (M. D. or other) Date 11/28 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DEC 2 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4606

Local Reg. No. 30

Reg. Dist. No. 640

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Rigby  
(c) Street Address or R.F.D. No. 310 West 2nd No.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 33 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No. 310 West 2nd No.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 33 years  
(h) Former residence (city, state) Springville, Utah.

## 3. (a) FULL NAME

**LESTER EARL BURT.**

3. (b) If veteran, name war WW 1 WW 2

3. (c) Social Security No. 518-07-6368

4. Sex Male Color or race White

5. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ivie Hoggan

6. (c) Age of husband or wife if alive 53 years

7. Date of Birth (Month, Day, Year) Dec. 3, 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>54</u>	<u>11</u>	<u>27</u>	hrs. min.

9. Exact Occupation Mgr. Retail Store Did this work for 33 yrs.

10. Industry or Business Mens Furnishings Date last worked 11/30/48

11. Birthplace Springville, Utah. (City or town) (State or foreign country)

12. Name Francis John J. Burt.

13. Birthplace John J. Boyd Ship (English Channel) (City or town) (State or foreign country)

14. Maiden name Abby Hall.

15. Birthplace Springville, Utah. (City or town) (State or foreign country)

16. Informant's OWN Signature Kenneth Burt and Address Rigby, Idaho.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/5/48 (Month) (Day) (Year)  
(c) Place Rigby, Idaho.

18. Funeral Director's OWN Signature A. E. Ebernell and Address Rigby, Idaho.

19. (a) Dec 12/48 (Date received and filed) (b) Mrs A E Ebernell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 30 19 48  
(Month, Day, Year)

at 11:05 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 11-22-48 to 11-30-1948

I last saw him alive on 11-26 1948.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Coronary Occlusion Minutes

Due to Angina pectoris 9 days

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho.

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Chipp B Rigby M.D. (M.D. or other)

and Address Rigby, Idaho. Date 12/3 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 2 1948

# Certificate of Death

STATE OF IDAHO

State File No. **4607**  
Local Reg. No. **28**  
Reg. Dist. No. **640**

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Lewisville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 45 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Lewisville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 52 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Mrs. Thomas Alma Clement

073A

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) April 7, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>8</u>	<u>0</u>	hrs. min.

9. Exact Occupation Farmer - Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Plain City, Utah (City or town) (State or foreign country)

12. Name Thomas Alma Clement Sr.

13. Birthplace Mauvor, Illinois (City or town) (State or foreign country)

14. Maiden name Margaret Schoemaker

15. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature R. D. Shumaker

and Address Elmo Falls, Idaho

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 12/11/48 (Month) (Day) (Year)

(c) Place Lewisville, Idaho

18. Funeral Director's OWN Signature R. A. Sullivan

and Address Elmo Falls, Idaho

19. (a) 12/12/48 (Date received and filed) (b) Mrs. B. E. Eversell (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 7, 1948

at 11:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11/27 1948, to 12/7 1948.

I last saw him alive on 12/6/48 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

1. Pernicious Anemia Duration 12 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Senility (Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none performed

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Edson Hall, M.D. (M.D. or other) and Address Regis Idaho Date 12/10 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4608

Local Reg. No. 3

Reg. Dist. No. 642

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Menan  
(c) Street Address or R.F.D. No. Lorenzo, Rt. #1  
(d) Death Occurred Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 61 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Menan  
(d) Street Address or R.F.D. No. Lorenzo Rt. #1  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 61 years  
(h) Former residence (city, state) Ogden, Utah.

## 3. (a) FULL NAME

**ANNIE HELENA CLARK.**

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F.M. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Moses Chester

6. (c) Age of husband or wife if alive X years

7. Date of Birth (Month, Day, Year) Aug. 5, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>4</u>	<u>14</u>	hrs. min.

9. Exact Occupation Housewife Did this work for life yrs.

10. Industry or Business Home Date last worked 12/11/48

11. Birthplace Denmark.

12. Name Willhelm Christopher Geisler. (City or town) (State or foreign country)

13. Birthplace Germany. (City or town) (State or foreign country)

14. Maiden name Kisten Maria Jensen. (City or town) (State or foreign country)

15. Birthplace Denmark. (City or town) (State or foreign country)

16. Informant's OWN Signature Wm M. Clark  
and Address Lorenzo, Idaho. Rt. #1

17. (a) burial (b) Date thereof 12/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Annis, Idaho.

18. Funeral Director's OWN Signature A. B. Churchill

and Address Rigby, Idaho.

19. (a) Dec 22 1948 (b) Wm M. Clark  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 19 19 48

(Month, Day, Year) 9:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from March 1943 to 12/9 1948

I last saw h. or alive on 12/15 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral Embolism Duration few minutes

Due to Chronic Myocarditis 6 years

Due to Arteriosclerosis 8 years

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? at home

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy none performed

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Deson Tall, M.D.

and Address Rigby, Idaho Date 12/28/48  
(M. D. or other)

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 1 1948  
DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **1609**  
Local Reg. No. **33**  
Reg. Dist. No. **250**

## 1. PLACE OF DEATH:

- (a) County **Jefferson**  
(b) City or town **Garfield**  
(c) Street Address or R.F.D. No. **1 Rigby**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **48** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Jefferson**  
(c) City or town **Garfield**  
(d) Street Address or R.F.D. No. **1. Rigby**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **48** years  
(h) Former residence (city, state) **Price, Utah.**

## 3. (a) FULL NAME

**MARY JANE WILLSON.**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex **F.M.** race **White**

6. (a) Single, widowed, married,  
divorced **widowed.**

6. (b) Name of husband or wife  
**John Lott.**

6. (c) Age of husband or wife if  
alive ☒ years

7. Date of Birth  
(Month, Day, Year) **Feb. 5, 1871**

8. AGE	Years	Months	Days	If less than 1 day
	<b>77</b>	<b>10</b>	<b>15</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for **life** yrs.

10. Industry or Business **Home** Date last worked **Nov. 1948**

11. Birthplace **England.**  
(City or town) (State or foreign country)

Father { 12. Name **William Leek.**

13. Birthplace **England.**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Lavina Dawson.**

15. Birthplace **England.**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Bill Wilson.**

and Address **Menan, Idaho.**

17. (a) **burial** (b) Date thereof **12-22-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Grant, Idaho.**

18. Funeral Director's OWN Signature **A. Becknell**

and Address **Rigby, Idaho.**

19. (a) **Dec 22 1948** (b) **Mrs. A. Becknell**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **December 20** 19 **48**  
(Month, Day, Year)  
at **1:30** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Sept.**  
**1941** to **Dec. 12** 19 **48**  
I last saw h. **er** alive on **Dec. 12** 19 **48**  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

	Duration
<b>Hypostatic Congestion</b>	<b>2 weeks</b>
Due to <b>Chronic myocarditis</b>	<b>5 yrs.</b>
Due to <b>Chronic Rheumatic Heart Disease</b>	<b>20 yrs.</b>
Other conditions <b>Edema - severe</b> (Include pregnancy within 3 months of death)	

Where was disease contracted? **at home**  
Name of operation **none** Date **none**  
Major finding **none**  
Finding of autopsy **none**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred ☐ 19 ☐ City, county, state  
where violence occurred ☐  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐

Means of injury **Asphyxiation**  
23. Attendant's OWN Signature **Asphyxiation**  
(M. D. or other)

and Address **Rigby, Idaho.** Date **12-22** 19 **48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

289641  
United States  
Department of Commerce  
Bureau of the Census

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JAN 10 1949  
BUREAU OF VITAL STATISTICS  
STATE OF IDAHO  
CERTIFICATE OF DEATH

4610  
State File No. 4610  
Local Reg. No. 33  
Reg. Dist. No. 44

1. PLACE OF DEATH
- (a) County Jefferson  
(b) City or town Mud Lake  
(c) Street Address or R. F. D. No. Terreton  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 9 years 9 months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- (a) State Idaho (b) County Jefferson  
(c) City or town Mud Lake  
(d) Street Address or R. F. D. No. Terreton  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 9 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Gene Armon Ward

183X

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_
4. Sex Male 5. Color or race White 6. (a) Single, widowed; married, divorced Child  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years
7. Date of Birth (Month, Day, Year) Oct. 15, 1939

8. AGE	Years	Months	Days	If less than 1 day
	<u>9</u>	<u>2</u>	<u>6</u>	hrs min.

9. Exact Occupation Child Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Hibbard (City or town) Idaho (State or foreign country)
12. Name Frank Brown Ward  
13. Birthplace Liberty, Utah (City or town) (State or foreign country)
14. Maiden name Jessie Vera Parker  
15. Birthplace Hibbard (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Jessie Ward  
and Address Terreton, Idaho
17. (a) Burial (b) Date thereof Dec 21 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Super City, Idaho
18. Funeral Director's OWN Signature Rolland Reiner  
and Address Rehburg, Idaho
19. (a) Dec 23 1948 (b) Mrs. A. B. Reiner  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Dec 21 1948  
(Month, Day, Year)  
at 3:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental drowning Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Dec. 21 1948 City, county, state where violence occurred Terreton, Jefferson, Idaho  
Place of Violence: Home \_\_\_\_\_ Farm X Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? no  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Blay Bell (Coroner)  
and Address Ribby, Ida (M. D. or other) \_\_\_\_\_  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 10 1948  
OFFICE OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948 State File No. 4611

Local Reg. No. 34

Reg. Dist. No. 64

## 1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town Rigby  
(c) Street Address or R.F.D. No. 127 W. 1st No.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Jefferson  
(c) City or town Rigby  
(d) Street Address or R.F.D. No. 127 W. 1st No.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) Rexburg, Ida.

## 3. (a) FULL NAME

**DORIS LARETTA WILSON.**

## 3. (b) If veteran, name war

X

## 3. (c) Social Security No.

5. Color or race White  
4. Sex F.M.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frank Lesley

6. (c) Age of husband or wife if alive 47 years

7. Date of Birth (Month, Day, Year) April 28, 1913

8. AGE	Years	Months	Days	If less than 1 day
	<u>35</u>	<u>7</u>	<u>26</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 12 yrs.

10. Industry or Business Home Date last worked 12/47

11. Birthplace Rexburg, Idaho.

12. Name Jesse William Freeman.

13. Birthplace England.

14. Maiden name Annie Rebecca Lawman.

15. Birthplace England.

16. Informant's OWN Signature Frank L. Wilson

and Address Rigby, Idaho.

17. (a) burial (b) Date thereof 12/28/48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Annis, Idaho.

18. Funeral Director's OWN Signature ABE Chersell

and Address Rigby, Idaho.

19. (a) Dec 28 1948 (b) Mrs A B Chersell

(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 24 19 48

at 11:35 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 1945

to Dec. 24 19 48

I last saw h. er alive on Dec. 24 19 48

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Meningitis, Meningococci. Duration 3 wks

Due to Chronic duodenal ulcer. 1 yr.

Other conditions Perinephritis above. 1 yr.

(Include pregnancy within 3 months of death)

Where was disease contracted? at home. 15 yrs.

Name of operation Cholecystectomy.

Major finding Cholelithiasis, meningococci.

Finding of autopsy none performed.

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Amel Tall m. d.

and Address Rigby, Idaho. (M. D. or other)

Date 12/28 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 1 1948

# Certificate of Death

STATE OF IDAHO

State File No. 4612

Local Reg. No.

Reg. Dist. No.

1. PLACE OF DEATH:  
(a) County Jerome  
(b) City or town Jerome  
(c) Street Address or R.F.D. No. P.O. Box 421  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years 1 months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Jerome  
(c) City or town Jerome  
(d) Street Address or R.F.D. No. Jerome  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U S  
(g) How long had deceased lived in Idaho? 4 Mo  
(h) Former residence (city, state) Aberdeen Wash

3. (a) FULL NAME Herbert Alvin French  
3. (b) If veteran, name war 3. (c) Social Security No.  
4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) December 19. 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>11</u>	<u>15</u>	hrs. min.

9. Exact Occupation Child Did this work for work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Aberdeen Washington  
(City or town) (State or foreign country)

12. Name Harry W French  
13. Birthplace Buhl Idaho  
(City or town) (State or foreign country)  
14. Maiden name Marilee McDougall  
15. Birthplace Washington  
(City or town) (State or foreign country)

16. Informant's OWN Signature Harry W French  
and Address Box 421 Jerome, Idaho

17. (a) Funeral (b) Date thereof Dec 7. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Jerome, Idaho.

18. Funeral Director's OWN Signature For Wiley  
and Address Jerome, Idaho

19. (a) Dec 5. 1948 (b) For Wiley  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) December 4 19 48  
at 6:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-26- 19 48 to 12-4- 19 48  
I last saw h. 1948 alive on 12-3- 19 48  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Acute Toxicemia Duration 5 d.  
Due to Streptococcus Toxicus 9 d.  
Due to Other conditions  
(Include pregnancy within 3 months of death)  
Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred.  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury Attendant's  
OWN Signature For Wiley (M. D. or other)  
and Address Jerome Date 12-7-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
**RECEIVED**  
DEC 14 1948  
DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **4613**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF DEATH: STATISTICS

- (a) County **Jerome**  
(b) City or town **Jerome**  
(c) Street Address or R.F.D. No. **507 E. Ave A**  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home. ☒ Hospital. Institution. Other place.  
(f) Name Hosp. or Inst. **none** Stayed ..... days  
(g) Lived in this county **0** years **0** months **0** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Filer**  
(d) Street Address or R.F.D. No. **Rural**  
(e) Deceased lived Inside? ..... Outside? ☒ ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **15** years  
(h) Former residence (city, state) **Jarbrige, Nevada**

3. (a) FULL NAME **THOMAS CONRAD BEARDSLEE**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **widowed**  
4. Sex **Male** 6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive **deceased** years  
7. Date of Birth (Month, Day, Year) **June 24, 1877**

8. AGE	Years	Months	Days	If less than 1 day
<b>71</b>	<b>5</b>	<b>16</b>	hrs	min.

9. Exact Occupation **Farmer** Did this work for **50** yrs.  
10. Industry or Business **Retired** Date last worked **Oct. 1947**  
11. Birthplace **(unknown) Missouri**  
(City or town) (State or foreign country)

12. Name **Albert Beardslee**  
13. Birthplace **unknown**  
(City or town) (State or foreign country)  
14. Maiden name **Emma Draper**  
15. Birthplace **unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Neal Buchanan**  
and Address **Jerome, Idaho**

17. (a) **burial** (b) Date thereof **12/14/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Filer 100F Cemetery**

18. Funeral Director's OWN Signature **Ray P. Magier**  
and Address **Jerome, Idaho**

19. (a) **Dec 11 48** (b) **Linda P. Mah**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **December 10, 1948**  
at **6:30** o'clock **PM**

21. I HEREBY CERTIFY, That I attended deceased from **12-10-1948** to **12-10-1948**  
I last saw h. **alive** on **12-10-1948**; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Cerebral hemorrhage** Duration **1 d.**

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature **R. H. Fisher, M.D.**

and Address **Jerome** (M. D. or other) Date **12-11-1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 1 4 1948

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4614  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH: STATISTICS  
(a) County..... **Jerome**  
(b) City or town..... **Jerome**  
(c) Street Address or R.F.D. No.....  
(d) Death Occurred Inside?..... Outside? **X**..... city or town  
(e) Died in a Home **X** Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. **12**..... Stayed..... days  
(g) Lived in this county..... years..... months..... days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State..... **Idaho**..... (b) County..... **Jerome**  
(c) City or town..... **Jerome**  
(d) Street Address or R.F.D. No.....  
(e) Deceased lived Inside?..... Outside? **X**..... city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **34** years  
(h) Former residence (city, state)..... **Champion, Neb**

3. (a) FULL NAME **LeRoy Carson Spangler**  
3. (b) If veteran, name war.....  
3. (c) Social Security No. **518-12-7484**  
4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced..... **Married**  
6. (b) Name of husband or wife **Sadie**  
6. (c) Age of husband or wife if alive..... **52** years  
7. Date of Birth (Month, Day, Year) **Dec 5. 1893**  
8. AGE **54** Years **11** Months **26** Days If less than 1 day hrs. min.  
9. Exact Occupation **Farmer** Did this work for..... yrs.  
10. Industry or Business..... Date last worked.....  
11. Birthplace **Champion Nebraska** (City or town) (State or foreign country)  
Father { 12. Name..... **Theodore Spangler**  
13. Birthplace..... (City or town) (State or foreign country)  
Mother { 14. Maiden name..... **Elizabeth Benson**  
15. Birthplace..... (City or town) (State or foreign country)  
16. Informant's **X** OWN Signature..... **Sadie Spangler.**  
and Address..... **Jerome Idaho**  
17. (a) **Burial** (b) Date thereof **Dec 6. 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place..... **Jerome, Idaho**  
18. Funeral Director's OWN Signature..... **J R W Day**  
and Address..... **Jerome Idaho**  
19. (a) **Dec 5-1948** (b) **John L Male**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH **Dec 1** 19 **48**  
(Month, Day, Year) About **4:00** o'clock **P** M.  
21. I HEREBY CERTIFY, That I attended deceased from..... 19..... to..... 19.....  
I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Rifle Shot in Head with 22 Caliber Rifle** Duration  
Due to.....  
Due to.....  
Other conditions..... (Include pregnancy within 3 months of death)  
Where was disease contracted?.....  
Name of operation..... Date.....  
Major finding.....  
Finding of autopsy.....  
PHYSICIAN Underline the cause to which death should be charged statistically.  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? **Yes** Suicide?..... Homicide?.....  
Occurred..... **Dec 1** 19 **48** City, county, state where violence occurred..... **Jerome Jerome Idaho**  
Place of Violence: Home **X** Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury..... **22 Caliber Rifle**  
23. Attendant's OWN Signature..... **J R W Day (known)**  
and Address..... **Jerome Idaho** Date **Dec 6 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 28 1948

# Certificate of Death

STATE OF IDAHO

State File No. **4615**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF DEATH: **Jerome**  
(a) County. **Jerome**  
(b) City or town. **Jerome**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? **X** city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years **9** months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. **Idaho** (b) County. **Jerome**  
(c) City or town. **Jerome**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **9 MO** years  
(h) Former residence (city, state) **Omega, Kansas**

3. (a) FULL NAME **Ezra Walter Stoltz**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or race **White**  
4. Sex **Male**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Zola**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **March 10. 1881**

- | 8. AGE | Years     | Months   | Days     | If less than 1 day |
|--------|-----------|----------|----------|--------------------|
|        | <b>67</b> | <b>9</b> | <b>6</b> | hrs. min.          |

9. Exact Occupation **Farmer** Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace **Lancaster Co. Penn** (City or town) (State or foreign country)

12. Name **William Stoltz** (City or town) (State or foreign country)

13. Birthplace **Lancaster Co. Penn** (City or town) (State or foreign country)

14. Maiden name **Mary Uimer** (City or town) (State or foreign country)

15. Birthplace **Penn** (City or town) (State or foreign country)

16. Informant's OWN Signature **Harold J. Stoltz**

- and Address **Jerome, Idaho**

17. (a) **Removal** (b) Date thereof **Dec 18. 1948**

- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place **Dawson, Nebraska**

18. Funeral Director's OWN Signature **J. P. Wiley**

- and Address **Jerome, Idaho**

19. (a) **12-17-48** (b) **James L. Mabe**

- (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **December 16 48**  
(Month, Day, Year)  
at **6:30** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **Oct 22 1948** to **Dec 16 1948**

I last saw him alive on **Dec 16 1948**;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Coronary Thrombosis** Duration **3 days**

Due to **Myocarditis** ?

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Reuben C. Matson, M.D.**

(M. D. or other)

and Address **Jerome, Ida** Date **12-17 1948**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. \_\_\_\_\_  
Local Reg. No. 241  
Reg. Dist. No. 120

4616

## 1. PLACE OF DEATH: DIVISION OF VITAL

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 723 Front  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 723 Front  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Scobey, Mont.

## 3. (a) FULL NAME PERRENOUD, Dakotah

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 578-10-9106  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Armand  
6. (c) Age of husband or wife if alive 38 years

## 7. Date of Birth (Month, Day, Year) Aug. 24, 1912

8. AGE	Years	Months	Days	If less than 1 day
	<u>36</u>	<u>2</u>	<u>26</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 18 yrs.  
10. Industry or Business Own Home Date last worked 1-6-48  
11. Birthplace Crosby, North Dakota  
(City or town) (State or foreign country)

12. Name William Bernard  
13. Birthplace Iowa  
(City or town) (State or foreign country)

14. Maiden name Golda Luther  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Armand Perrenoud  
and Address Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof 11-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Forest Cem. Cd'A, Idaho

18. Funeral Director's OWN Signature Don English  
and Address Coeur d'Alene, Idaho

19. (a) Dec. 23, 1948 (b) Mary E. Perrenoud  
(Date received and filed) (Registrar's Signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 11-20-48  
(Month, Day, Year) at 3:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from August  
1948 to Nov-20-1948  
I last saw her alive on 11-2 1948  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- fracture  
Pulmonary embolism  
Due to the Coronary Hypertrophy  
Atherosclerosis

- Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy as above

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature William H. Greenwood  
(D. or other)  
and Address Coeur d'Alene, Idaho Date 12-19-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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# Certificate of Death

STATE OF IDAHO

State File No. 4617

Local Reg. No. 233

Reg. Dist. No. 120

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 402 Indiana  
(d) Death Occurred Inside? Yes Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Knights Stayed 42 days  
(g) Lived in this county 5 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Kootenai  
(c) City or town Black Lake  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 48 years  
(h) Former residence (city, state) Finland

3. (a) FULL NAME Hussa Jonas

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex M 5. Color or W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Nov 10 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>0</u>	<u>22</u>	hrs. min.

9. Exact Occupation Common Labor Did this work for 48 yrs.

10. Industry or Business Mining & Farming Date last worked Oct 1948

11. Birthplace Finland (City or town) (State or foreign country)

12. Name Unknown

13. Birthplace Unknown (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature George H. Estman and Address Kellogg Idaho

17. (a) Burial (b) Date thereof 12-7-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Forest Cemty Cda, Idaho

18. Funeral Director's OWN Signature Don English and Address Coeur d'Alene Idaho

19. (a) Dec 9 1948 (b) Mary E. Hamilton (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A  
20. DATE OF DEATH 12-2-48 102X  
(Month, Day, Year) at 10:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1 1948 to Dec 2 1948  
I last saw h. in alive on Dec 12 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 4 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hypertension 3 years  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature Don English (M. D. or other)

and Address Coeur d'Alene Date Dec 6 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DEC 20 1948

OFFICE COPY  
**Certificate of Death**

STATE OF IDAHO

State File No. **4618**  
Local Reg. No. **248**  
Reg. Dist. No. **120**

1. PLACE OF DEATH: **DIVISION OF VITAL**  
(a) County..... **Kootenai**  
(b) City or town..... **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **412 Lakeside**  
(d) Death Occurred Inside? **X** Outside?..... city or town  
(e) Died in a Home..... Hospital **X** Institution..... Other place.....  
(f) Name Hosp. or Inst. **LCG Hosp** Stayed **21** days  
(g) Lived in this county **2** years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State..... **Idaho** (b) County..... **Kootenai**  
(c) City or town..... **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **Cd'A Homes**  
(e) Deceased lived Inside?..... Outside? **X** city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **2** years  
(h) Former residence (city, state)..... **Missoula, Mont.**

3. (a) FULL NAME **JAHR, Matthew**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**  
4. Sex **M** 5. Color or **W** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Emma** 6. (c) Age of husband or wife if alive **85** years

7. Date of Birth (Month, Day, Year) **Oct 13, 1857**

8. AGE	Years	Months	Days	If less than 1 day
	<b>91</b>	<b>1</b>	<b>23</b>	hrs. min.

9. Exact Occupation **Engineer** Did this work for **46** yrs.

10. Industry or Business **NPRR** Date last worked **1930**

11. Birthplace **Jans/Jahr Norway**  
(City or town) (State or foreign country)

12. Name **Jen Jahr**

13. Birthplace **Norway**  
(City or town) (State or foreign country)

14. Maiden name **Marie ?**

15. Birthplace **Norway**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Chr. S. Thompson**

and Address **Coeur d'Alene, Idaho**

17. (a) **Burial** (b) Date thereof **12-9-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's OWN Signature **Don English**

and Address **Coeur d'Alene, Idaho**

19. (a) **Dec 23, 1948** (b) **Matthew Jahr**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **12-6-48**  
(Month, Day, Year) 19.....  
at **11:00** o'clock **A**M.

21. I HEREBY CERTIFY, That I attended deceased from.....  
**Oct 1** 19**48** to **Dec 6** 19**48**  
I last saw h. **in** alive on **Dec 5** 19**48**;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic Hypertension 2 years** Duration

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature **Chas. S. Thompson**  
(M.D. or other)

and Address **CD A Homes** Date **12-9-1948**

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 20 1948

# Certificate of Death

1948

State File No. **4619**  
Local Reg. No. **235**  
Reg. Dist. No. **180**

DIVISION OF VITAL

STATE OF IDAHO

STATISTICS

## 1. PLACE OF DEATH:

- (a) County **KOOTENAI**  
(b) City or town **COEUR D' ALENE**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital..... Institution ☒ Other place....  
(f) Name Hosp. or Inst. **C.D.A. HOMES** Stayed..... days  
(g) Lived in this county **11** years..... months..... days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **KOOTENAI**  
(c) City or town **COEUR D' ALENE**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **11** years  
(h) Former residence (city, state) **KALASPEL'S MONTANA**

## 3. (a) FULL NAME **ANNA BLEGEN**

3. (b) If veteran **NONE** same war 3. (c) Social Security No. **NONE**  
5. Color or **WHITE**  
4. Sex **FEMALE** race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth **APRIL 12, 1859**  
(Month, Day, Year)

AGE	Years	Months	Days	If less than 1 day
	<b>89</b>	<b>7</b>	<b>27</b>	hrs. min.

9. Exact Occupation..... Did this work for..... yrs.  
10. Industry or Business..... Date last worked.....  
11. Birthplace **DRAMAN** **NORWAY**  
(City or town) (State or foreign country)

- Father { 12. Name **UNKNOWN**  
13. Birthplace **UNKNOWN**  
(City or town) (State or foreign country)  
Mother { 14. Maiden name **UNKNOWN**  
15. Birthplace **UNKNOWN**  
(City or town) (State or foreign country)

16. Informant's **OWN** Signature **COEUR D' ALENE, HOMES**  
and Address **COEUR D' ALENE, IDAHO**

17. (a) **BURIAL** (b) Date thereof **12/11/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **FOREST CEMETERY**

18. Funeral Director's **OWN** Signature **J. L. Riplinger**  
and Address **COEUR D' ALENE, IDAHO**

19. (a) **Dec 17, 1948** (b) **Mary E. Hamilton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **DECEMBER 9** 19**48**  
(Month, Day, Year) **12:45** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **11/25/38** to **12/5/48**  
I last saw him alive on **12/5/48** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic Myocarditis** Duration **10 yrs**

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)  
Where was disease contracted?.....  
Name of operation..... Date.....  
Major finding.....  
Finding of autopsy.....  
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to **EXTERNAL CAUSES**, also fill in the following:  
Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred.....  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury.....  
Attendant's **OWN** Signature **M. E. Hamilton** (M. D. or other)  
and Address..... Date..... 19.....  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 27 1948

# Certificate of Death

STATE OF IDAHO

State File No. 4620  
Local Reg. No. 242  
Reg. Dist. No. 120

1. PLACE OF DEATH: DIVISION OF VITAL  
(a) County. Kootenai  
(b) City or town. Coeur d'Alene  
(c) Street Address or R.F.D. No. Cd'A Homes  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home. ☒ Hospital. ☒ Institution. ☒ Other place. ☒  
(f) Name Hosp. or Inst. Cd'A Homes Stayed 5 days  
(g) Lived in this county. 36 years. months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Kootenai  
(c) City or town. Coeur d'Alene  
(d) Street Address or R.F.D. No. Cd'A Homes  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state). New Mexico

3. (a) FULL NAME ROBERTS, Ella Virginia

3. (b) If veteran same war none 3. (c) Social Security No. none  
4. Sex. F 5. Color or W race. W  
6. (b) Name of husband or wife. ~~XXXXXXXXXX~~ 6. (c) Age of husband or wife if alive. ~~XXXX~~ years  
7. Date of Birth (Month, Day, Year) Feb 1, 1874

8. AGE	Years	Months	Days	If less than 1 day
	74	10	14	hrs. min.

9. Exact Occupation. Hosuewife Did this work for. 50 yrs.  
10. Industry or Business. Own Home Date last worked. 12-1-48  
11. Birthplace. Edington, Ill (City or town) (State or foreign country)

12. Name. Andrew L Condren  
13. Birthplace. Edington, Ill (City or town) (State or foreign country)  
14. Maiden name. Clarrinda McNutt  
15. Birthplace. Edington, Ill (City or town) (State or foreign country)

16. Informant's OWN Signature. Cd'A Homes Record  
and Address. Coeur d'Alene, Idaho

17. (a) Burial (b) Date thereof. 12-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place. Forest Cem. Cd'A, Idaho

18. Funeral Director's OWN Signature. *Don English*  
and Address. Coeur d'Alene, Idaho

19. (a) *Dec 23, 1948* (b) *May 20, 1949*  
(Date received and filed) (Registrar's signature)

- MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH 12-15-48  
(Month, Day, Year) 19. 19. 19.  
at 5:00 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from 19. 19. 19.

I last saw h. *in* alive on *Mar 28* 19. 19. 19.  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *Cerebral Thrombosis* Duration *1 day*

Due to *Arteriosclerosis* *several years*

Due to *Arteriosclerosis* *several years*

Other conditions. (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation. Date. Major finding.

Finding of autopsy. PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred. 19. 19. City, county, state

where violence occurred.

Place of Violence: Home. Farm. Industry.

Public Place. While at work?

Means of injury.

23. Attendant's OWN Signature. *R.H. Barker M.D.*  
(M. D. or other)

and Address. *Coeur d'Alene* Date. *Dec 15, 1948*  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

REF

DEC 25

# Certificate of Death

STATE OF IDAHO

1948 4621  
State File No. ....  
Local Reg. No. 243  
Reg. Dist. No. 120

DIVISION OF  
1. PLACE OF DEATH:  
(a) County. KOOTENAI STATISTICAL  
(b) City or town. COEUR D' ALENE  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital. ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. LAKE CITY GEN. Stayed. 1 days  
(g) Lived in this county. 41 years..... months..... days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. IDAHO (b) County. KOOTENAI  
(c) City or town. COEUR D' ALENE  
(d) Street Address or R.F.D. No. 320-N. 15th. STREET  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) SAND POINT, IDAHO

3. (a) FULL NAME ALONZO WORKMAN

3. (b) If veteran, name war NO  
5. Color or 3. (c) Social Security No. ....  
4. Sex. MALE race. WHITE  
6. (b) Name of husband or wife JANE  
6. (c) Age of husband or wife if alive..... years  
7. Date of Birth (Month, Day, Year) FEB. 10 1877

8. AGE	Years	Months	Days	If less than 1 day
	71	10	7	hrs. min.

9. Exact Occupation. LOGGER Did this work for..... yrs.  
10. Industry or Business. FORT WAYNE WEST VIRGINIA Date last worked  
11. Birthplace. (City or town) (State or foreign country)

12. Name. STEVEN WORKMAN  
13. Birthplace. FORT WAYNE, WEST VIRGINIA (City or town) (State or foreign country)  
14. Maiden name. ZINA BALL  
15. Birthplace. FORT WAYNE, WEST VIRGINIA (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Jane Workman  
and Address. Coeur d'Alene, Idaho

17. (a) CREMATION (b) Date thereof. 12/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place. SPOKANE, WASHINGTON

18. Funeral Director's OWN Signature J. Riplinger  
and Address. COEUR D' ALENE, IDAHO

19. (a) Dec 23, 1948 (b) Registrar's signature Marge Hamilton  
(Date received and filed)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH DECEMBER 16 48  
(Month, Day, Year) at 4:14 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1948, to Dec. 16, 1948;  
I last saw him alive on Dec. 16, 1948;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Ruptured gastric ulcer Duration 12-14-48 to 12-16-48

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation. Closed ulcer Date. 12-14-48

Major finding.....

Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

23. Attendant's OWN Signature J. Riplinger

and Address. Coeur d'Alene, Idaho Date. 12-17-19. 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. **4622**  
Local Reg. No. **238**  
Reg. Dist. No. **120**

RECEIVED

1. PLACE OF DEATH: **KOOTENAI 27 1948**  
(a) County **KOOTENAI**  
(b) City or town **DAVIDSON OF VITAL STATISTICS**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **KOOTENAI HOSP.** Stayed **4** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months **4** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **IDAHO** (b) County **KOOTENAI**  
(c) City or town **HARRISON**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **25** years  
(h) Former residence (city, state) **SPOKANE, WASH.**

3. (a) FULL NAME **ORATHUSA GRACE FORD HALE**

3. (b) If veteran name war **NONE** 3. (c) Social Security No. **NONE**  
4. Sex **FEMALE** Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **GEORGE WILLIAM HALE** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **NOVEMBER 4, 1867**

8. AGE	Years	Months	Days	If less than 1 day
	<b>81</b>	<b>1</b>	<b>12</b>	hrs. min.

9. Exact Occupation **HOUSEWIFE** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **FAIRBAULT MINNESOTA** Date last worked \_\_\_\_\_  
11. Birthplace (City or town) (State or foreign country)

12. Name **THEODORE FISH**  
13. Birthplace **MALONE NEW YORK** (City or town) (State or foreign country)  
14. Maiden name **BERTHANA HARRIS**  
15. Birthplace **UNKNOWN** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mary E. Russell**  
and Address **REMOVAL**

17. (a) **REMOVAL** (b) Date thereof **12/20/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **ST. MARIES, IDAHO**

18. Funeral Director's OWN Signature **D. J. Siplinger**  
and Address **COEUR D'ALENE, IDAHO**

19. (a) **Dec 23 1948** (b) **W. J. Hammett**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **DECEMBER 16 1948**  
(Month, Day, Year) at **7:00** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **Dec 13** to **Dec 16** 1948  
I last saw h. **in** alive on **Dec 16** 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral Hemorrhage** Duration **5 day**

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions **Sanity** **5 year**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Idaho**  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Russell, M. D.**  
(M. D. or other) **Cremation**  
and Address \_\_\_\_\_ Date **Dec 18 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 27 1948

# Certificate of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

10/4/48  
State File No. **4623**  
Local Reg. No. **237**  
Reg. Dist. No. **120**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **1623 Mullan**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home **X** Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **6** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **315 S 18th St**  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **6** years  
(h) Former residence (city, state) **Unknown**

3. (a) FULL NAME **DUNGAN, John H.**

3. (b) If veteran, name war **unknown** 3. (c) Social Security No. **unknown**
5. Color or **W** race **M**  
4. Sex **M** race **W**  
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **11111** years

7. Date of Birth (Month, Day, Year) **Feb. 23, 1882**

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>	<b>9</b>	<b>26</b>	hrs. min.

9. Exact Occupation **Plumber** Did this work for **35** yrs.

10. Industry or Business **Private Monmouth, Ill.** Date last worked **1943**

11. Birthplace **Unknown** (City or town) (State or foreign country)

12. Name **Unknown**

13. Birthplace **Unknown** (City or town) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's **IDPA Office**  
OWN Signature **Coeur d'Alene, Idaho**  
and Address **Burial**

17. (a) **Burial** (b) Date thereof **12-23-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Forest Cem. Cd'A, Idaho**

18. Funeral Director's **Don English**  
OWN Signature **Coeur d'Alene, Idaho**  
and Address **Dec 23, 1948**

19. (a) **Dec 23, 1948** (b) **Mary E. J. J. J. J.**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **12-19-48**  
(Month, Day, Year) at **APP 1:00** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_\_.  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

**Carmy Thrombosis** Duration **?**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_\_. City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's **William T. Hood, M.D., Coroner**  
OWN Signature **Coeur d'Alene** (M. D. or other)

and Address **Dec 22, 1948**  
(For additional space, use reverse side)

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 10 1948

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4624  
Local Reg. No. 25  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Kootenai Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) Chewelah, Wash.

## 3. (a) FULL NAME

Perry Vanu Slyke

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

none

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Phoebe Jane

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) February 25, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>10</u>	<u>23</u>	hrs. min.

9. Exact Occupation Farming Did this Life work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked Do not know

11. Birthplace Do not know Missouri (City or town) (State or foreign country)

12. Name Anthony van Slyke

13. Birthplace Tornoto, Canada (City or town) (State or foreign country)

14. Maiden name Le phe Thorn

15. Birthplace Do not know (City or town) (State or foreign country)

16. Informant's OWN Signature [Signature] and Address 1221 Montana Ave. Coeur d'Alene

17. (a) Burial (b) Date thereof 12-22-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Forest Coeur d'Alene Ida

18. Funeral Director's OWN Signature A. B. Nelson and Address Pathdrum Ida

19. (a) January 6, 1949 (b) [Signature] (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 20 1948  
at 9:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 19 1948, to Dec. 20 1948

I last saw h. in alive on Dec. 20 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Myocarditis (Chronic) 4 years

Due to \_\_\_\_\_

Due to Senility Other conditions \_\_\_\_\_ (Include pregnancy within 8 months of death)

Where was disease contracted? Idaho

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Reed L. M. D. (M. D. or other) and Address Coeur d'Alene Ida Date 12/21 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED  
JAN 15 1948  
Certificate of Death  
STATE OF IDAHO

State File No. 4625  
Local Reg. No. 253  
Reg. Dist. No. 120

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. 422 Indiana Ave.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Knights Nursing Home Stayed 27 days  
(g) Lived in this county \_\_\_\_\_ years 1 months 27 days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bonner  
(c) City or town Sandpoint  
(d) Street Address or R.F.D. No. 534 S. Marion  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 13 years  
(h) Former residence (city, state) Montana

3. (a) FULL NAME Victor Seward  
3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Edith Seward 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) May 10, 1862  
8. AGE Years 86 Months 7 Days 12 If less than 1 day hrs. min.

20. DATE OF DEATH (Month, Day, Year) December 22, 1948  
21. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1948 to Dec. 22, 1948  
I last saw him alive on Dec. 21, 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: Myocarditis Chorea Duration 4 years  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_ 3 yrs  
Other conditions Seizure 10 yrs  
(Include pregnancy within 3 months of death)

9. Exact Occupation Pump RM Engineer Did this work for wife yrs.  
10. Industry or Business N.P. Railway Date last worked 1935  
11. Birthplace Boling Green Kentucky (City or town) (State or foreign country)  
Father { 12. Name Un known  
13. Birthplace Un known (City or town) (State or foreign country)  
Mother { 14. Maiden name Un known  
15. Birthplace Un known (City or town) (State or foreign country)  
16. Informant's OWN Signature Red R. England  
and Address 534 S. Marion Sandpoint Id.  
17. (a) Cremation (b) Date thereof Dec. 27, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Spokane  
18. Funeral Director's OWN Signature Spokane  
and Address 420 N. 3rd Sandpoint Idaho  
19. (a) Jan 12, 1948 (b) Mary E. Hamilton  
(Date received and filed) (Registrar's signature)

Where was disease contracted? Idaho  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Red R. England M.D.  
(M.D. or other) \_\_\_\_\_  
and Address Coeur d'Alene Idaho Date Dec. 26, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948 State File No. 4626  
Local Reg. No. 252  
Reg. Dist. No. 120

RECEIVED  
JAN 1 5 1949  
DIVISION OF VITAL

1. PLACE OF DEATH:  
(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **CdA. Homes** Stayed \_\_\_\_\_ days  
(g) Lived in this county **9** years \_\_\_\_\_ months \_\_\_\_\_ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **9** years  
(h) Former residence (city, state) **Helena Montana**

3. (a) FULL NAME **RAA, Louise**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **F** 5. Color or **W** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive **1867** years  
7. Date of Birth (Month, Day, Year) **August 19, 1868**  
8. AGE Years **81** Months **4** Days **4** If less than 1 day hrs. min.  
9. Exact Occupation **House Keeper** Did this work for **30** yrs.  
10. Industry or Business **Private Homes** Date last worked **1939**  
11. Birthplace **Stange Norway** (City or town) (State or foreign country)  
Father { 12. Name **Bernt RAA**  
13. Birthplace **Norway** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Lavine RAA/ Lund**  
15. Birthplace **Norway** (City or town) (State or foreign country)  
16. Informant's OWN Signature **Records CdA. Homes** **DE**  
and Address **Coeur d'Alene, Idaho**  
17. (a) **Burial** (b) Date thereof **12-27-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Forest Cmty CdA. Idaho**  
18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene Idaho**  
19. (a) **January 2, 1949** (b) **Marg C. Hamilton**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **12-23-48** 19\_\_\_\_  
at **5:00** o'clock **P** M.  
21. I HEREBY CERTIFY, That I attended deceased from **10-22** 19**48** to **12-21** 19**48**  
I last saw h.e.v. alive on **12-21** 19**48**;  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Myocardial Infarction** Duration **2 Month**  
Due to **Arteriosclerotic Heart Disease** **10 yrs.**  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? **Unknown**  
Name of operation **None** Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **None**  
PHYSICIAN Underline the cause to which death should be charged statistically.  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **James W. Hawkins, MD**  
(M.D. or other) **DE**  
and Address **Coeur d'Alene** Date **12-31-48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 10 1949  
OFFICE OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4627  
Local Reg. No. 248  
Reg. Dist. No. 122

1. PLACE OF DEATH:  
(a) County. Kootenai  
(b) City or town. Coeur d'Alene  
(c) Street Address or R.F.D. No. 4th & Indiana  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. \_\_\_\_\_ Hospital. \_\_\_\_\_ Institution. X Other place. \_\_\_\_\_  
(f) Name Hosp. or Inst. Knight Home Stayed 2 yrs days  
(g) Lived in this country. no not know years. \_\_\_\_\_ months. \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State. Idaho (b) County. Kootenai  
(c) City or town. Coeur d'Alene  
(d) Street Address or R.F.D. No. 4th & Indiana  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? no not know  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME John Lewis Lentz

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 29, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>5</u>	<u>25</u>	hrs. min.

9. Exact Occupation. Laborer Did this work for. life yrs.

10. Industry or Business. \_\_\_\_\_ Date last worked. \_\_\_\_\_

11. Birthplace. Pittsburg, Pennsylvania (City or town) (State or foreign country)

12. Name. John Lentz (City or town) (State or foreign country)

13. Birthplace. Ellselth, Germany (City or town) (State or foreign country)

14. Maiden name. Mary Worling (City or town) (State or foreign country)

15. Birthplace. Pennsylvania (City or town) (State or foreign country)

16. Informant's OWN Signature. Mrs. Golda Wood and Address. 1945 No 8-4th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 12-28-48 (Month) (Day) (Year)

(c) Place. Forest Cemetery, Coeur d'Alene

18. Funeral Director's OWN Signature. A. B. Nelson and Address. Madrum, Idaho

19. (a) Jan 6, 1949 (Date received and filed) (b) Mary E. Hamlin (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 24 1948 at 3:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1948 to Dec 24 1948

I last saw him alive on Dec 24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 6 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. Sensitivity (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation. \_\_\_\_\_ Date. \_\_\_\_\_

Major finding. \_\_\_\_\_

Finding of autopsy. \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred. \_\_\_\_\_ 19. \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home. \_\_\_\_\_ Farm. \_\_\_\_\_ Industry. \_\_\_\_\_

Public Place. \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury. \_\_\_\_\_

Attendant's OWN Signature. Robertson M.D. (M. D. or other)

and Address. Coeur d'Alene, Idaho Date. Dec 27 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 10 1949

DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No.

4628

Local Reg. No.

250

Reg. Dist. No.

120

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **323 Garden**  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **16** Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **323 Garden**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **16** years  
(h) Former residence (city, state) **Butte, Montana**

## 3. (a) FULL NAME

**PARKER, W. Chester**

## 3. (b) If veteran, name war

**None**

## 3. (c) Social Security No.

**533-12-1843**

## 4. Sex **M** 5. Color or **W**

## 6. (a) Single, widowed, married, divorced

**Married**

## 6. (b) Name of husband or wife

**Tressie**

## 6. (c) Age of husband or wife if alive

**50** years

## 7. Date of Birth (Month, Day, Year)

**Oct. 8, 1892**

## 8. AGE Years Months Days If less than 1 day hrs. min.

**56**

**2**

**18**

hrs. min.

## 9. Exact Occupation **Truck Driver** Did this work for **15** yrs.

## 10. Industry or Business **State Highway Dept** Date last worked **12-23-48**

## 11. Birthplace **Jefferson, N.C.** (City or town) (State or foreign country)

## 12. Name **Thomas J. Parker** (City or town) (State or foreign country)

## 13. Birthplace **No. Carolina** (City or town) (State or foreign country)

## 14. Maiden name **Alice Grable** (City or town) (State or foreign country)

## 15. Birthplace **No. Carolina** (City or town) (State or foreign country)

## 16. Informant's OWN Signature **Tressie Parker** **DE**

## and Address **Coeur d'Alene, Idaho**

## 17. (a) **Burial** (b) Date thereof **12-28-48** (Month) (Day) (Year)

## (c) Place **Forest Cem. Cd'A, Idaho**

## 18. Funeral Director's OWN Signature **Don English**

## and Address **Coeur d'Alene, Idaho**

## 19. (a) **Jan 6, 1949** (b) **May 6, 1949** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) **12-24-48** 19\_\_\_\_ at **4:15** o'clock **A** M.

## 21. I HEREBY CERTIFY, That I attended deceased from **Sept 15** 19\_\_\_\_ to **Nov 1** 19\_\_\_\_

I last saw him alive on **November 1** 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: **Cerebral Aneurysm** Duration **1 hr.**

## Due to **Cerebral Aneurysm** **5 yrs**

## Due to \_\_\_\_\_

## Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted? \_\_\_\_\_

## Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding \_\_\_\_\_

## Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

## Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

## Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

## where violence occurred \_\_\_\_\_

## Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

## Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature **E. H. Culman** **MD** (M. D. or other) and Address **Coeur d'Alene, Idaho** Date **12-28-48** 19\_\_\_\_ (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JAN 10 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 4629  
Local Reg. No. 246  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Moore's Landing  
(c) Street Address or R.F.D. No. 702 Third Ave.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Kootenai Stayed 7 days  
(g) Lived in this county 20 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Mathdram  
(d) Street Address or R.F.D. No. --  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) --

## 3. (a) FULL NAME Louls Henry Naight

3. (b) If veteran, name war -- 3. (c) Social Security No. none  
5. Color or -- 6. (a) Single, widowed, married, divorced  
4. Sex male race White and widowed  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Date of Birth (Month, Day, Year) December 25, 1811

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>00</u>	<u>0</u>	hrs min.

9. Exact Occupation Machinist Did this work for -- yrs.  
10. Industry or Business Car Barn Shop Date last worked --  
11. Birthplace Omaha, Nebraska (City or town) (State or foreign country)  
12. Name David Henry Naight  
13. Birthplace Do not know (City or town) (State or foreign country)  
14. Maiden name Martina Jane Overbarger  
15. Birthplace Do not know (City or town) (State or foreign country)

16. Informant's OWN Signature Robert H. Hays  
and Address 1624 N. 5th St. Coeur d'Alene

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-48 (Month) (Day) (Year)

(c) Place: Forest Cemetery Coeur d'Alene

18. Funeral Director's OWN Signature A. B. Nelson  
and Address Mathdram, Idaho

19. (a) January 14, 1948 (Date received and filed) (b) Mary E. Hamilton (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 131B 092D

20. DATE OF DEATH (Month, Day, Year) 12-25 1948  
at 2:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1, 1948, to Dec 25, 1948  
I last saw him alive on Dec 25, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Endocarditis (chronic) 4 years  
Due to

Due to Other conditions Nephritis (chronic) 1 year  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho  
Name of operation -- Date --  
Major finding --  
Finding of autopsy --  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? -- Suicide? -- Homicide? --  
Occurred 19 City, county, state

where violence occurred --  
Place of Violence: Home -- Farm -- Industry --  
Public Place -- While at work? --

Means of injury --  
23. Attendant's OWN Signature Robert H. Hays M.D. --

and Address Coeur d'Alene, Idaho Date Dec 27, 1948  
(For additional space, use reverse side)

RECEIVED

10/2/48

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

## Certificate of Death

STATE OF IDAHO

State File No. **4630**  
Local Reg. No. **245**  
Reg. Dist. No. **180**

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Coeur d'Alene  
(c) Street Address or R.F.D. No. Route 2  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution nursing home Other Place delaney home  
(f) Name Hosp. or Inst. delaney home 4 months  
(g) Lived in this county 11 years 11 months 11 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Kootenai  
(c) City or town Coeur d'Alene  
(d) Street Address or R.F.D. No. 13th & Gilbert  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) Grand Forks, N. Dak.

## 3. (a) FULL NAME

Oscar Everson

## 3. (b) If veteran, name war

3. (c) Social Security No. 519-14-6180

5. Color or  
4. Sex Male race White

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive — years

7. Date of Birth  
(Month, Day, Year) April 4, 1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>8</u>	<u>7</u>	hrs. min.

9. Exact Occupation Auto mechanic Did this work for 7 yrs.

10. Industry or Business — Date last worked 9/48

11. Birthplace Claybanks, Wisconsin  
(City or town) (State or foreign country)

12. Name John Everson

13. Birthplace Uslu Norway  
(City or town) (State or foreign country)

14. Maiden name Marrie Seeley

15. Birthplace Uslu Norway  
(City or town) (State or foreign country)

16. Informant's OWN Signature Canton & Bureau  
and Address Coeur d'Alene, Idaho R. 2

17. (a) Burial (b) Date thereof 12/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Forest Cemetery, Coeur d'Alene

18. Funeral Director's OWN Signature A. B. Nelson  
and Address Natidrum Idaho

19. (a) January 1, 1949 (b) Maryle J. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) December 21, 1948

at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 15, 1948 to Dec 27, 1948

I last saw him alive on Dec 27, 1948;

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 3 days

Due to —

Due to — 10 years

Other conditions Arteriosclerosis 16 years

(Include pregnancy within 8 months of death)

Where was disease contracted? Local

Name of operation — Date —

Major finding —

Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature Robertson M.D.

and Address Coeur d'Alene Idaho Date Dec 29, 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECORDED  
JAN 10 1949  
DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1949

State File No. 4631  
Local Reg. No. 247  
Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **1017 4th**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **49** Stayed ☐ days  
(g) Lived in this county **49** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **1017 4th**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **49** years  
(h) Former residence (city, state) **Milwaukee Wis.**

3. (a) FULL NAME **Chamberlin Daisie Helen**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years

7. Date of Birth (Month, Day, Year) **Sept 3, 1871**

AGE	Years	Months	Days	If less than 1 day
	<b>77</b>	<b>4</b>	<b>26</b>	hrs. min.

9. Exact Occupation **House Wife** Did this work for **50** yrs.

10. Industry or Business **Own Home** Date last worked **7-1-48**

11. Birthplace **Milwaukee Wis.** (City or town) (State or foreign country)

12. Name **C. J. Moller**

13. Birthplace **Denmark** (City or town) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Sweden** (City or town) (State or foreign country)

16. Informant's OWN Signature **S. Chamberlin**  
and Address **Coeur d'Alene Idaho**

17. (a) **Burial** (b) Date thereof **1-3-49**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Forest Cemty Cda, Idaho**

18. Funeral Director's OWN Signature **Boony English**  
and Address **Coeur d'Alene Idaho**

19. (a) **January 6, 1949** (b) **Mary C. Moller**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **12-29-48** 19 **48**  
at **7:45** o'clock **A.**

21. I HEREBY CERTIFY, That I attended deceased from **5/3 - 1944** to **12/29 - 1948**

I last saw her alive on **12/12 - 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic Osteoporosis**

Duration **5 years +**

Due to **Chronic Osteoporosis**

Due to **Chronic Osteoporosis**  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Denmark**

Name of operation **Denmark** Date **1948**

Major finding **Chronic Osteoporosis**

Finding of autopsy **Chronic Osteoporosis**

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **1948** City, county, state **Coeur d'Alene Idaho**

where violence occurred **Coeur d'Alene Idaho**

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **Chronic Osteoporosis**

23. Attendant's OWN Signature **M. Moller**

(M. D. or other) **Coeur d'Alene**

and Address **Coeur d'Alene** Date **12-31 - 1948**  
(For additional space, use reverse side)

C 97X

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4632  
Local Reg. No. 239  
Reg. Dist. No. 120

RECEIVED

1. PLACE OF DEATH: DEC 27 1948  
(a) County Kootenai  
(b) City or town Post Falls  
(c) Street Address or R.F.D. No. Third St.  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital X Institution Other place  
(f) Name Hosp. or Inst. Kootenai Stayed 1 days  
(g) Lived in this county 20 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Kootenai  
(c) City or town Post Falls  
(d) Street Address or R.F.D. No. -  
(e) Deceased lived Inside? X Outside? - city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) Wonsale, Minn.

3. (a) FULL NAME Albert Slavac

3. (b) If veteran, name war - 3. (c) Social Security No. 556-03-2152  
4. Sex male 5. Color or race white  
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Date of Birth (Month, Day, Year) April 18, 1877

- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <u>71</u> | <u>1</u> | <u>13</u> | hrs. min.          |

9. Exact Occupation blacksmith Did this work for 11 yrs.  
10. Industry or Business (retired) Date last worked -

11. Birthplace Vesili, Minnesota  
(City or town) (State or foreign country)

12. Name Thomas Slavac  
13. Birthplace Do not know Czechoslovakia  
(City or town) (State or foreign country)

14. Maiden name Mary Laukup  
15. Birthplace Do not know Czechoslovakia  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. V. Gantenbein  
and Address Post Falls Idaho

17. (a) Burial (b) Date thereof 12/4/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Forest View of Alene Idaho

18. Funeral Director's OWN Signature A.B. Nelson  
and Address Rathdrum Idaho

19. (a) Dec 23, 1948 (b) Mary E. Chamberlain  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 12-1 1948  
at 10:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 1948 to Dec 1 1948  
I last saw him alive on Dec 1 1948  
death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Cerebral Hemorrhage Duration 2 days

- Due to -

- Due to -  
Other conditions Hypertension 10 years  
(Include pregnancy within 3 months of death)

- Where was disease contracted? Idaho  
Name of operation - Date -

- Major finding -  
Finding of autopsy -

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident? - Suicide? - Homicide? -

- Occurred - 19 - City, county, state

- where violence occurred -

- Place of Violence: Home - Farm - Industry -

- Public Place - While at work? -

- Means of injury -

23. Attendant's OWN Signature Richardson, M.D.  
(M. D. or other)  
and Address Cremation Date Dec 3, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

DEC 13 1948

# Certificate of Death

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL

STATE OF IDAHO

State File No. **4633**  
Local Reg. No. **239**  
Reg. Dist. No. **100**

## 1. PLACE OF DEATH:

- (a) County **KOOTENAI**  
(b) City or town **CARLIN BAY**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place **X**  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **11** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **IDAHO** (b) County **KOOTENAI**  
(c) City or town **CARLIN BAY**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **11** years  
(h) Former residence (city, state) **MILLER S. DAKOTA**

3. (a) FULL NAME **FRANK B. RENNER**

3. (b) If veteran, name war **NONE**  
3. (c) Social Security No. **518-24-2660**  
4. Sex **MALE** Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **EDITH RENNER**  
6. (c) Age of husband or wife if alive **41** years

7. Date of Birth (Month, Day, Year) **AUGUST 7, 1901**

8. AGE	Years	Months	Days	If less than 1 day
	<b>47</b>	<b>3</b>	<b>27</b>	hrs. min.

9. Exact Occupation **FARMING & STATE HIGHWAY** work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **SHELBYVILLE ILL.** (City or town) (State or foreign country)  
Father { 12. Name **MICHAEL RENNER**  
13. Birthplace **INDIANA** (City or town) (State or foreign country)  
Mother { 14. Maiden name **ALICE SMALL**  
15. Birthplace **ILLINOIS** (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Frank Renner**  
and Address **CARLIN BAY, IDAHO**

17. (a) **BURIAL** (b) Date thereof **12/9/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **FOREST CEMETERY**

18. Funeral Director's OWN Signature **W. J. Pishinger**  
and Address **CORNER 2<sup>ND</sup> ALENE, IDAHO**

19. (a) **Dec 9, 1948** (b) \_\_\_\_\_  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **DECEMBER 4** 19**48**  
(Month, Day, Year) at **11:00** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **Did not** 19\_\_\_\_ to 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Fractured Skull** Duration \_\_\_\_\_

Due to **Auto accident**

Due to \_\_\_\_\_  
Other conditions **Internal Crushing Injuries**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **yes** Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred **12 - 4** 19**48** City, county, state  
where violence occurred **Kootenai, Idaho**  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? **yes**  
Means of injury **Auto accident**

23. Attendant's OWN Signature **William T. Wm, M.D. Corner**  
(M. D. or other)  
and Address **C.O.A.** Date **12 - 8** 19**48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 27 1948

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4634

Local Reg. No. 236

Reg. Dist. No. 120

## 1. PLACE OF DEATH:

- (a) County Kootenai  
(b) City or town Post Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 4508 Rim St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 18 years  
(h) Former residence (city, state) Scottsbluff, Nebr

## 3. (a) FULL NAME ADAMS, Annamay

3. (b) If veteran, name war WWII 3. (c) Social Security No. 111111111  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife 111111111 6. (c) Age of husband or wife if alive 111111111 years

7. Date of Birth (Month, Day, Year) Aug. 10, 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>4</u>	<u>7</u>	hrs. min.

9. Exact Occupation Housewife Did this work for 21 yrs.  
10. Industry or Business Own Home Date last worked 12-17-48

11. Birthplace Irving, Kansas  
(City or town) (State or foreign country)

12. Name Grant Rodkey

13. Birthplace Huntington, Ill.  
(City or town) (State or foreign country)

14. Maiden name Kate Tyler

15. Birthplace Iowa  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Margaret Westphal

and Address At #2 - Post Falls, Idaho

17. (a) Burial (b) Date thereof 12-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Post Falls Cem. Post Falls, Ida.

18. Funeral Director's OWN Signature Don English

and Address Coeur d'Alene, Idaho

19. (a) Dec 23, 1948 (b) Mary E. Hamilton  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 12-17-48  
(Month, Day, Year) at 5:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Did not 19\_\_\_\_ to 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Hanging  
Due to suicide

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? yes Homicide? \_\_\_\_\_

Occurred 12-17 1948 City, county, state

where violence occurred Post Falls, Kootenai, Idaho

Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Hanging

Attendant's OWN Signature William T. Wood, M.D.

(M D or other)

and Address Coeur d'Alene Date 12-20 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 1 1949

# Certificate of Death

STATE OF IDAHO

State File No. **4635**  
Local Reg. No. **249**  
Reg. Dist. No. **120**

1. PLACE OF DEATH: **KOOTENAI**  
(a) County **KOOTENAI**  
(b) City or town **COEUR D' ALENE**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ..... Outside? **X** ..... city or town  
(e) Died in a Home ..... Hospital ..... Institution **X** Other place .....  
(f) Name Hosp. or Inst. **DELANEY N. HOME** ..... Moved **1 yrs** days  
(g) Lived in this county **26** years ..... months ..... days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **IDAHO** (b) County **KOOTENAI**  
(c) City or town **COEUR D' ALENE**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? **X** ..... city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **26** years  
(h) Former residence (city, state) **McLEAN COUNTY N. DAKOT**

3. (a) FULL NAME **JAMES B. NOVAK**

3. (b) If veteran name war **NONE** 3. (c) Social Security No. **NONE**  
5. Color or **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**  
4. Sex **MALE** race **WHITE** 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) **JULY 31, 1864**

8. AGE	Years	Months	Days	If less than 1 day
<b>84</b>	<b>5</b>	<b>0</b>	hrs.	min.

9. Exact Occupation **FARMING** Did this work for ..... yrs.  
10. Industry or Business **RUSSIA** Date last worked .....  
11. Birthplace (City or town) (State or foreign country)

12. Name **LUDWIG NOVAK**  
13. Birthplace **UNKNOWN, RUSSIA**  
14. Maiden name **UNKNOWN**  
15. Birthplace **KEITH, RUSSIA**

16. Informant's OWN Signature **Philip W. Novak**  
and Address **COEUR D' ALENE, IDAHO**  
17. (a) **BURIAL** (b) Date thereof **1/6/49**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **FOREST CEMETERY**

18. Funeral Director's OWN Signature **J. G. Riplinger**  
and Address **COEUR D' ALENE, IDAHO**  
19. (a) **Jan 6, 1949** (b) **Mary C. Hamilton**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH **DECEMBER 31**  
(Month, Day, Year) **1948**  
at **8:30** A. o'clock **M.**

21. I HEREBY CERTIFY, That I attended deceased from **Jan 1, 1948** to **Dec 31, 1948**  
I last saw him alive on **Dec 28, 1948**  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Nephritis Chronic** Duration **2 years**

Due to **Sensitivity**  
Other conditions (Include pregnancy within 3 months of death) **Sensitivity**

Where was disease contracted? **Idaho**  
Name of operation **Idaho** Date **Idaho**  
Major finding **Idaho**  
Finding of autopsy **Idaho**

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state  
where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature **Res. Benson, M.D.**  
(M. D. or other) **Res. Benson, M.D.**  
and Address **Coeur d'Alene, Idaho** Date **1/5/49**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 10 1949

DEPARTMENT OF VITAL

# Certificate of Death

STATE OF IDAHO

1948

State File No. **4636**  
Local Reg. No. **247**  
Reg. Dist. No. **120**

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Kootenai**  
(b) City or town **Coeur d'Alene**  
(c) Street Address or R.F.D. No. **Route # 2**  
(d) Death Occurred Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. **27** Stayed ☐ days  
(g) Lived in this county **27** years ☐ months ☐ days  
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Coeur d'Alene**  
(d) Street Address or R.F.D. No. **302 S 14th**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **27** years  
(h) Former residence (city, state) **Oregon**

3. (a) FULL NAME **Iverson James**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years  
7. Date of Birth (Month, Day, Year) **Dec. 6, 1868**  
8. AGE 

Years	Months	Days	If less than 1 day
<b>80</b>	<b>0</b>	<b>25</b>	hrs. min.

  
9. Exact Occupation **Woodsmen** Did this work for **45** yrs.  
10. Industry or Business **In Woods Sawmills** Date last worked **1930**  
11. Birthplace **Norway** (City or town) (State or foreign country)  
Father { 12. Name **Unknown**  
13. Birthplace **Norway** (City or town) (State or foreign country)  
Mother { 14. Maiden name **Unknown**  
15. Birthplace **Norway** (City or town) (State or foreign country)  
16. Informant's OWN Signature **Norden Iverson**  
and Address **Coeur d'Alene Idaho**  
17. (a) **Burial** (b) Date thereof **1-4-49** (Month) (Day) (Year)  
(c) Place **Forest Cem'ty Cda, Idaho**  
18. Funeral Director's OWN Signature **Don English**  
and Address **Coeur d'Alene, Idaho**  
19. (a) **January 6, 1949** (Date received and filed) (b) **Marie C. Hamilton** (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) **12-31-48** 19 **48**  
at **8:45** o'clock **A.M.**  
21. I HEREBY CERTIFY, That I attended deceased from **1938** to **12-31** 19 **48**  
I last saw him alive on **12-30** 19 **48**;  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Death due to pneumonia of heart**  
**chronic myocarditis**  
**Cirrhosis of liver with**  
**arthritis** Duration **12 hrs.**  
Due to **15 yrs.**  
Due to **9 months**  
Other conditions (Include pregnancy within 3 months of death)  
Where was disease contracted?  
Name of operation **none** Date  
Major finding  
Finding of autopsy **none**  
22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **19** City, county, state  
where violence occurred  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury  
23. Attendant's OWN Signature **Marie C. Hamilton** (M, D, or other)  
and Address **Coeur d'Alene, Idaho** Date **Jan 4** 19 **49**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

DEC 20 1948

# Certificate Of Death

STATE OF IDAHO

1948 4637  
State File No. \_\_\_\_\_  
Local Reg. No. 135  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

STATISTICS

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. 701 East 3rd.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 1 years 3 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. 701 East 3rd  
(e) Deceased lived Inside? \_\_\_\_\_ X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 1/2 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Roger David Jamison

## 3. (b) If veteran, name war

No

## 3. (c) Social Security No.

None

## 4. Sex M race W

## 6. (b) Name of husband or wife

## 6. (a) Single, widowed, married, divorced single

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) May 3, 1944

8. AGE	Years	Months	Days	If less than 1 day
	<u>4</u>	<u>7</u>	<u>11</u>	hrs min.

## 9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace National City California (City or town) (State or foreign country)

## 12. Name Carl R. Jamison

## 13. Birthplace Dyer Washington (City or town) (State or foreign country)

## 14. Maiden name Florence Abelson

## 15. Birthplace Sphrata Washington (City or town) (State or foreign country)

## 16. Informant's OWN Signature Carl R. Jamison

and Address Moscow, Idaho

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-48 (Month) (Day) (Year)

(c) Place: Moscow, Cemetery

## 18. Funeral Director's OWN Signature W. E. Gilbert

and Address Moscow, Idaho

## 19. (a) 12-16-48 (Date received and filed) (b) Leiv E. Anderson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) 12-14 1948 at 6: A.M. o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 1 January 1948 to 14 December 1948

I last saw him alive on 11 December 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute obstruction of trachea Duration 5 min.

Due to Aspiration of vomitus 5 min

Due to Acute laryngotrachobronchitis 24 hrs.

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? unknown

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Leiv E. Anderson (M. D. or other)

and Address Moscow, Idaho Date 12-15 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

Certificate Of Death

STATE OF IDAHO

State File No. 4638  
Local Reg. No. 136  
Reg. Dist. No. 200

1. PLACE OF DEATH: STATISTICAL
- (a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. Gritman  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Gritman Stayed 11 days  
(g) Lived in this county 1 years 6 months 11 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Latah  
(c) City or town MOSCOW  
(d) Street Address or R.F.D. No. 709 E. 3rd  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 1/2 years  
(h) Former residence (city, state)

3. (a) FULL NAME Winnifred Jones Perry

3. (b) If veteran, -- 3. (c) Social Security No. --  
name war -- No. --  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Frank M. 6. (c) Age of husband or wife if alive 84 years  
7. Date of Birth (Month, Day, Year) Jan. 14, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>82</u>	<u>11</u>	<u>4</u>	hrs min.

9. Exact Occupation At home Did this work for -- yrs.  
10. Industry or Business -- Date last worked --  
11. Birthplace Oskaloosa Iowa (City or town) (State or foreign country)  
Mother { 12. Name John G. Jones  
13. Birthplace Wales (City or town) (State or foreign country)  
14. Maiden name Margaret Jones  
15. Birthplace Wales (City or town) (State or foreign country)

16. Informant's OWN Signature X Alan Perry  
and Address 709 E. 3rd Moscow, Ida.  
17. (a) Cremation (b) Date thereof 12-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hazen-Jaeger, Spokane, Wn.  
18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho  
19. (a) 12-21-48 (b) Lois L. Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 18 1948  
at 5:05 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 6 Dec 1948 to 18 Dec 1948  
I last saw her alive on 18 Dec 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Congestive heart failure Duration 36 hrs

Due to Status asthmaticus 48 hrs

Due to Fractured

Other conditions left femur at home (Include pregnancy within 1 months of death) 16 days

Where was disease contracted? PHYSICIAN

Name of operation Date Underline the cause to which death should be charged statistically.

Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred Dec 2, 1948 19 -- City, county, state where violence occurred Moscow, Idaho  
Place of Violence: Home ☒ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury Fell on floor

23. Attendant's OWN Signature Allye Culp, M.D. (M. D. or other)  
and Address Moscow, Ida. Date 12/21/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

**Certificate Of Death**  
STATE OF IDAHO

1. PLACE OF DEATH:

(a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 1 days  
(g) Lived in this county 11 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Moscow  
(d) Street Address or R.F.D. No. 325 S. Almon  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Christie Henry Howard

3. (b) If veteran, name war WW 2 3. (c) Social Security No. 518-14-5520  
5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive 33 years  
7. Date of Birth (Month, Day, Year) August 19, 1909

8. AGE	Years	Months	Days	If less than 1 day
	<u>39</u>	<u>4</u>	<u>4</u>	hrs min.

9. Exact Occupation Accountant Did this work for 1 1/2 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 7/21/48  
11. Birthplace Beach North Dakota  
(City or town) (State or foreign country)  
Mother Father { 12. Name C. H. Howard  
13. Birthplace Wisconsin  
(City or town) (State or foreign country)  
14. Maiden name Mabel Gilbert  
15. Birthplace Ind.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mr. Christie Howard  
and Address Moscow, Idaho

17. (a) Burial (b) Date thereof 12-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Moscow cemetery

18. Funeral Director's OWN Signature H.R. Shaw  
and Address Moscow, Idaho

19. (a) 12/27/48 (b) Leis E. Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 111C

20. DATE OF DEATH December 23 1948  
(Month, Day, Year)  
at 3:55 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 5-6- 1948 to 12-23-48  
I last saw him alive on 12-22-1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis  
Due to atherosclerosis of the coronary arteries  
Due to atherosclerosis of the coronary arteries  
Other conditions myocardial infarction  
(Include pregnancy within 3 months of death)  
Where was disease contracted? in service  
Name of operation none Date \_\_\_\_\_  
Major finding none  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? 0 Homicide? 0  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred 0  
Place of Violence: Home 0 Farm 0 Industry 0  
Public Place 0 While at work? \_\_\_\_\_  
Means of injury none

23. Attendant's OWN Signature Joseph E. Anderson  
and Address Moscow, Idaho Date 12-27-48  
(For additional space, use reverse side)

1. PLACE OF DEATH: STATISTICS

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 3 days  
(g) Lived in this county 41 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Troy  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Cecelia Strom

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced married  
4. Sex Female race White  
6. (b) Name of husband or wife Albert 6. (c) Age of husband or wife if alive 69 years  
7. Date of Birth (Month, Day, Year) June 3, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>6</u>	<u>20</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business ownhome Date last worked 12-20-48  
11. Birthplace Sand Norway  
(City or town) (State or foreign country)

12. Name Gunner Aas  
13. Birthplace (City or town) (State or foreign country) Unknown  
14. Maiden name Unk  
15. Birthplace (City or town) (State or foreign country) Unk

16. Informant's OWN Signature Eldon T. Strom  
and Address Troy, Idaho

17. (a) Burial (b) Date thereof 12-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Troy, Idaho (Westdala)

18. Funeral Director's OWN Signature H. R. Short  
and Address Moscow, Idaho

19. (a) 12/27/48 (b) Leis & Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 23 19 48  
at 11:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1948 to Dec 23, 1948  
I last saw her alive on Dec 23, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Left cerebral hemorrhage  
High blood pressure  
Due to hypertension  
Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Joseph J. Wilson MD  
and Address Idaho Date 12-27-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JAN 3 1949

# Certificate Of Death

1948

State File No. 4641  
Local Reg. No. 141  
Reg. Dist. No. 200

DIVISION OF VITAL

STATE OF IDAHO

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Moscow  
(c) Street Address or R. F. D. No. 4th & Jackson  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place Other place  
(f) Name Hosp. or Inst. Stayed days 28  
(g) Lived in this county 28 years 4 months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Moscow  
(d) Street Address or R.F.D. No. 4th & Jackson  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 28 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Mary E. Wright

3. (b) If veteran, name war No  
5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Thomas M.  
6. (c) Age of husband or wife if alive 68 years  
7. Date of Birth (Month, Day, Year) May 19, 1884

8. AGE	Years	Months	Days	If less than 1 day
	64	7	5	hrs min.

9. Exact Occupation Housewife Did this work for  yrs.  
10. Industry or Business worked Date last worked   
11. Birthplace Dayton Washington (City or town) (State or foreign country)

12. Name Edgar Torrance  
13. Birthplace Oregon City, Oregon (City or town) (State or foreign country)  
14. Maiden name Mary Phillips  
15. Birthplace Unk (City or town) (State or foreign country)

16. Informant's OWN Signature M. M. Wright  
and Address Moscow, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-48 (Month) (Day) (Year)  
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature J. R. Short  
and Address Moscow, Idaho

19. (a) 12-28-48 (Date received and filed) (b) Lois E. Anderson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 24 1948  
Month, Day, Year  
Time 9:00 o'clock P. M.

I HEREBY CERTIFY, That I attended deceased from Dec. 24 1948 to Dec. 24 1948.  
I last saw h. ER alive on Dec. 24 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Coronary Occlusion  
Due to Hypertension  
Due to   
Other conditions  (Include pregnancy within 3 months of death)

Where was disease contracted?   
Name of operation  Date   
Major finding   
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred 19 City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?   
Means of injury

23. Attendant's OWN Signature Kirk J. David  
and Address Moscow, Idaho Date 12/28 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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**Certificate Of Death**  
STATE OF IDAHO

State File No. **4642**  
Local Reg. No. **147**  
Reg. Dist. No. **200**

- 1. PLACE OF DEATH: STATISTICS**
- (a) County **Latah**  
(b) City or town **Moscow**  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? **X** Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. **Gritman** Stayed **79** days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

- 2. Usual Residence of Deceased: (Always fill in these)**
- (a) State **Idaho** (b) County **Latah**  
(c) City or town **Genesee**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **Unk** years  
(h) Former residence (city, state) .....

- 3. (a) FULL NAME** **William Carson**

- 3. (b) If veteran,** name war **Unk** **3. (c) Social Security** No. **Unk**  
**5. Color or** **6. (a) Single, widowed, married,**  
**Sex** **Male** **race** **W** **divorced** **single**  
**6. (b) Name of husband or** **6. (c) Age of husband or wife if**  
**wife** ..... **alive** ..... **years**  
**7. Date of Birth**  
**(Month, Day, Year)** **Unk**

8. AGE	Years	Months	Days	If less than 1 day
	65			hrs min.

- 9. Exact Occupation** **Laborer** **Did this** work for ..... yrs.  
**10. Industry or Business** **Unk** **Date last** worked **Unk**  
**11. Birthplace** **Blair** **Wisconsin**  
(City or town) (State or foreign country)

- 12. Name** **Ora Carson**  
**13. Birthplace** **Ora** **Maine**  
(City or town) (State or foreign country)  
**14. Maiden name** **Harriet M. Smith**  
**15. Birthplace** **Boaz** **Wisconsin**  
(City or town) (State or foreign country)

- 16. Informant's OWN Signature** **P. E. Alder**  
**and Address** **Moscow, Idaho**

- 17. (a) Burial** **(b) Date thereof** **Dec. 30, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place:** **Moscow, Idaho**

- 18. Funeral Director's OWN Signature** **H. R. Short**  
**and Address** **Moscow, Idaho**

- 19. (a) 1-6-49** **(b) Lois E. Anderson**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

- 20. DATE OF DEATH** **December 24** **1948**  
(Month, Day, Year) **19** **48**  
**at** **12:30** o'clock **P** M.

- 21. I HEREBY CERTIFY, That I attended deceased from** **Oct 1947** to **24 Dec 1948**

I last saw h.i.m. alive on **24 Dec 1948**; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** **Cachexia & debility, note - 3 mos** **Duration**

**Due to** **static lesions spine** **6 mos**

**Due to** **carcinoma of prostate**

**Other conditions** .....  
(Include pregnancy within 3 months of death)

**Where was disease contracted?** ..... **PHYSICIAN**

**Name of operation** ..... **Date** .....  
**Major finding** .....  
**Finding of autopsy** .....  
**Underline the cause to which death should be charged statistically.**

- 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?**  
**Occurred** **19** **City, county, state**

**1948** **Where violence occurred** .....  
**Place of Violence: Home Farm Industry**

**Public Place** **While at work?**

**Means of injury** .....  
**23. Attendant's OWN Signature** **Ole de Oeulp**

**and Address** **Moscow** **Date** **1/4 1949**  
(For additional space, use reverse side)



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## Certificate Of Death

STATE OF IDAHO

State File No. 1048  
Local Reg. No. 132  
Reg. Dist. No. 212

STATISTICS

## 1. PLACE OF DEATH:

(a) County Latah  
(b) City or town Avon  
(c) Street Address or R.F.D. No. Rural  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 38 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Deary  
(d) Street Address or R.F.D. No.           
(e) Deceased lived Inside? X Outside?          city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state)         

3. (a) FULL NAME Joseph Louis Bower

3. (b) If veteran, name was WW 1 3. (c) Social Security No. 518-16-3476  
5. Color or race W 6. (a) Single, widowed, married, divorced married  
4. Sex M 6. (b) Name of husband or wife Gertrude  
6. (c) Age of husband or wife if alive 48 years  
7. Date of Birth (Month, Day, Year) April 9, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>7</u>	<u>24</u>	hrs min.

9. Exact Occupation Laborer Did this work for          yrs.  
10. Industry or Business Deary Highway Dist Date last worked 12-3-48  
11. Birthplace Linwood Kansas (City or town) (State or foreign country)  
12. Name Joseph Bower  
13. Birthplace Switzerland (City or town) (State or foreign country)  
14. Maiden name Rose May Knerr  
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's OWN Signature Franklin Bower  
and Address Deary, Idaho  
17. (a) Burial (b) Date thereof 12/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Avon, Idaho

18. Funeral Director's OWN Signature H. E. Gilbert  
and Address Moscow, Idaho  
19. (a) 12/9/48 (b) Louis E. Peterson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 3 19 48  
at 9:26 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from          19         , to          19         .

I last saw h          alive on          19         ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Drowning  
Due to         

Due to           
Other conditions           
(Include pregnancy within 3 months of death)

Where was disease contracted?          PHYSICIAN  
Name of operation          Date           
Major finding           
Finding of autopsy           
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?          Suicide?          Homicide?           
Occurred Dec. 3 19 48 City, county, state  
where violence occurred near home  
Place of Violence: Home          Farm          Industry           
Public Place          While at work?           
Means of injury highway truck strike

23. Attendant's OWN Signature H. E. Gilbert  
and Address Moscow Date 12/4 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948 State File No. **4644**  
Local Reg. No. **133**  
Reg. Dist. No. **200**

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Potlatch  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place. X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 30 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Moscow  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME william Roy VanSickle

3. (b) If veteran, name war WW 2 3. (c) Social Security No. 571-07-8278  
5. Color or race W 6. (a) Single, widowed, married, divorced Divorced  
4. Sex M 6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) June 19, 1916

8. AGE	Years	Months	Days	If less than 1 day
	<u>32</u>	<u>5</u>	<u>16</u>	hrs min.

9. Exact Occupation Laborer Did this work for 3 mo. yes  
10. Industry or Business Saw Mill Date last worked 12-5-48  
11. Birthplace Pullman washington (City or town) (State or foreign country)

12. Name Fred M. Van Sickle  
13. Birthplace Coeur d'Alene Idaho (City or town) (State or foreign country)  
14. Maiden name Mary Ellen Stone  
15. Birthplace Sandy Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature Henry Van Sickle  
and Address 446 24th 7 Lewiston

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-48 (Month) (Day) (Year)  
(c) Place: Viola, Idaho

18. Funeral Director's OWN Signature A. C. Allen  
and Address Moscow, Idaho

19. (a) 12-7-48 (Date received and filed) (b) Leis E. Anderson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 5, 1948 19\_\_\_\_  
at about 11 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from 19\_\_\_\_, to 19\_\_\_\_

I last saw h. alive on 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Suffocation Duration \_\_\_\_\_

Due to Fell in sawdust conveyor

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Dec. 5 1948 City, county, state where violence occurred Potlatch, Idaho  
Place of Violence: Home Farm Industry yes Public Place While at work? yes  
Means of injury Fell while pushing

23. Attendant's Saw dust into conveyor  
OWN Signature H. R. Allen (M.D. or other) Dr. Brown  
and Address Moscow, Ida. Date 12-6-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 4645  
Local Reg. No. 134  
Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Rural Pottlatch  
(c) Street Address or R.F.D. No. 1  
(d) Death Occured Inside? Yes Outside? No City or town  
(e) Died in a Home? X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 38 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Rural Pottlatch  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Yes Outside? No City or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Richard Thomas Albert Robinson

## 3. (b) If veteran, name was None

## 3. (c) Social Security No. None

5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
4. Sex Male 6. (b) Name of husband or wife Jennie 6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) February 16, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>9</u>	<u>26</u>	hrs min.

9. Exact Occupation Farmer Retired Did this work for 35 yrs.

10. Industry or Business Farmer Date last worked 9-1-38

11. Birthplace Montreal Canada  
(City or town) (State or foreign country)

12. Name Richard Robinson

13. Birthplace Montreal Canada  
(City or town) (State or foreign country)

14. Maiden name Jane Alexander

15. Birthplace Montreal Canada  
(City or town) (State or foreign country)

16. Informant's OWN Signature Jennie R. Morris  
and Address Pottlatch Idaho

17. (a) Burial (b) Date thereof 12-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Palouse, Washington

18. Funeral Director's OWN Signature H.E. Smith  
and Address Palouse, Washington

19. (a) 12-14-48 (b) Lois E. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 12 1948  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1948, to Dec 12 1948.  
I last saw him alive on Dec 12 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia Duration 4 days

Due to Cardiovascular failure 1 week

Due to Hypertensive heart disease years  
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted?    PHYISICIAN     
Name of operation    Date    Underline the cause to which death should be charged statistically.  
Major finding     
Finding of autopsy None done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred   

Place of Violence: Home    Farm    Industry     
Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Douglas Loch (M. D. or other)  
and Address Moscow Idaho Date Dec 13 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DIVISION OF VITAL STATISTICS

**Certificate Of Death**  
STATE OF IDAHO

State File No. **4646**  
Local Reg. No. **148**  
Reg. Dist. No. **200**

1. PLACE OF DEATH:

(a) County Latah  
(b) City or town Genesee  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years 2 months 18 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Genesee  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Lauren William Schlueter

3. (b) If veteran, name war None No. None  
5. Color or race White  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) October 6, 1946

8. AGE	Years	Months	Days	If less than 1 day
	<u>2</u>	<u>2</u>	<u>18</u>	hrs min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business None Date last worked \_\_\_\_\_  
11. Birthplace Moscow, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name William Schlueter  
13. Birthplace Fletcher, Idaho (City or town) (State or foreign country)  
14. Maiden name Deloris Klemm  
15. Birthplace Genesee, Idaho (City or town) (State or foreign country)  
16. Informant's OWN Signature Miss L Schlueter and Address Genesee, Idaho  
17. (a) Burial (b) Date thereof 12-27-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Genesee Catholic Cemetery  
18. Funeral Director's OWN Signature H.R. Shurt and Address Moscow, Idaho  
19. (a) 12/27/48 (b) Miss E. Anderson (Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH December 24 19 48  
(Month, Day, Year) at 7:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 24 1948 to Dec 24 1948  
I last saw h. DEAD ON ARRIVAL alive on 19; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: UNKNOWN Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Jack W. Clarke, M.D. (M. D. or other)  
and Address Genesee Date 12-27-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink of BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 3 1949  
Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

State File No. 4647  
Local Reg. No. 142  
Reg. Dist. No. 200

1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Potlatch  
(c) Street Address or R.F.D. No. 735 Spruce  
(d) Death Occured Inside Yes Outside? city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 44 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Latah  
(c) City or town Potlatch  
(d) Street Address or R.F.D. No. 735 Spruce  
(e) Deceased lived Inside Yes Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 44 years  
(h) Former residence (city, state)

3. (a) FULL NAME Catherine Frances O'Reilly

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife Michael 6. (c) Age of husband or wife if alive    years  
7. Date of Birth (Month, Day, Year) December 22, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>0</u>	<u>5</u>	hrs min.

9. Exact Occupation Housewife Did this work for 52 yrs.  
10. Industry or Business Own Home Date last worked 12-26-48  
11. Birthplace Milwaukee Wisconsin  
(City or town) (State or foreign country)

12. Name John Altringer  
13. Birthplace Germany  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace     
(City or town) (State or foreign country)

16. Informant's OWN Signature Clemens O'Reilly  
and Address Potlatch, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-48  
(Month) (Day) (Year)  
(c) Place: Palouse, Washington

18. Funeral Director's OWN Signature H. E. Smith  
and Address Palouse, Washington

19. (a) 12-29-48 (b) Leis E. Anderson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 27, 1948  
(Potlatch) 1:45 o'clock 1:45 A.M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1 1941 to Dec 27 1948  
I last saw h.    alive on Dec 26 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

- Coronary Thrombosis  
Myocardial Insufficiency  
Due to mitral stenosis 54 years  
Arteriosclerosis 7 years  
Other conditions General Atherosclerosis 1 year  
(Include pregnancy within 3 months of death)

- Where was disease contracted?    PHYSICIAN  
Name of operation    Underline  
Major finding    the cause to  
Finding of autopsy    which death  
   should be  
   charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state  
where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature J. W. DePree M.D.  
and Address Palouse, Wash (M. D. or other) Date 12/27/1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 1 1949

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

1045 State File No. 4648

Local Reg. No. 143

Reg. Dist. No. 200

## 1. PLACE OF DEATH:

- (a) County Latah  
(b) City or town Juliaetta  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Ida (b) County Latah  
(c) City or town Juliaetta  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ✓ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 6 mo years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Sammy Lee Estes

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) June 29, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>00</u>	<u>6</u>	<u>2</u>	hrs. min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Infant Date last worked \_\_\_\_\_

11. Birthplace Orpino, Idaho (City or town) (State or foreign country)

12. Name Ernest Estes (City or town) (State or foreign country)

13. Birthplace Deloris, Colo (City or town) (State or foreign country)

14. Maiden name Bertha Vanhook (City or town) (State or foreign country)

15. Birthplace Castle, Okla. (City or town) (State or foreign country)

16. Informant's OWN Signature Ernest Estes and Address Juliaetta, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-48 (Month) (Day) (Year)

(c) Place Juliaetta, Idaho

18. Funeral Director's OWN Signature Brower-Wann by K.H. Malcom and Address Lewiston, Idaho

19. (a) 1/5/49 (Date received and filed) (b) Gair E. Anderson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 31 19 48 at 3:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 30 19 48, to Dec 31 19 48

I last saw him alive on Dec 30 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Lobar pneumonia Duration 8 hr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

Attendant's OWN Signature E.A. Christensen (M.D. or other) and Address Idaho Date Dec 31, 1948 (For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

DEC 9 1948

# Certificate Of Death

DEPARTMENT OF VITAL

STATE OF IDAHO

State File No. 4649  
Local Reg. No. 690  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home X Hospital X Institution ..... Other place  
(f) Name Hosp. or Inst. Salmon Stayed 1 days  
(g) Lived in this county 68 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 68 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

WILLIAM I. MULKEY

## 3. (b) If veteran, name was

## 3. (c) Social Security No.

5. Color or 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive unknown years  
7. Date of Birth (Month, Day, Year) March 24, 1858

8. AGE	Years	Months	Days	If less than 1 day
	90	8	8	hrs min.

9. Exact Occupation Rancher Did this work for 70 yrs.  
10. Industry or Business Date last worked  
11. Birthplace Concord, Missouri (City or town) (State or foreign country)

12. Name Chris Mulkey  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name unknown Hickman  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature W. I. Mulkey  
and Address Salmon, Idaho

17. (a) Burial (b) Date thereof 12-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Salmon, Idaho

18. Funeral Director's OWN Signature Delbert C. Jones  
and Address Salmon, Idaho

19. (a) Dec-6-1948 (b) Viola E. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 2 19 48  
at 2:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1948, to Dec. 2 1948.  
I last saw him alive on Dec. 2 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration 24 hrs

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....  
23. Attendant's OWN Signature Harry M. Lee, M.D.  
(M. D. or other)  
and Address Salmon, Idaho Date Dec 4 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 670  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 8 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Steven Charles Thomas

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) July 18, 1944

8. AGE	Years	Months	Days	If less than 1 day
	<u>4</u>	<u>4</u>	<u>17</u>	hrs. min.

9. Exact Occupation \*\* Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Ordgen, Utah  
(City or town) (State or foreign country)

12. Name Alan Thomas

13. Birthplace Spanishfork, Utah  
(City or town) (State or foreign country)

14. Maiden name Reva Fielding

15. Birthplace Shelly, Idaho  
(City or town) (State or foreign country)

16. Informant's

OWN Signature J. A. Thomas  
and Address Salmon, Idaho

17. (a) Burial (b) Date thereof 12/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Salmon, Idaho

18. Funeral Director's

OWN Signature William C. Jones  
and Address Salmon, Idaho

19. (a) Dec-30-48 (b) Viola C. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) December 4 1948  
at \_\_\_\_\_ o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

Dec 4 19 48, to \_\_\_\_\_ 19 \_\_\_\_\_  
I last saw him alive on Dec 4 19 48;

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebro-vascular

Due to congenital

Due to abnormality

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature Joseph R. ... (M.D. or other)

and Address Salmon Date 12/13 1948  
(For additional space, use reverse side)

083A

157M



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 1651  
Local Reg. No. 670  
Reg. Dist. No.

<b>1. PLACE OF DEATH:</b> (a) County <u>Lemhi</u> (b) City or town <u>Salmon</u> (c) Street Address or R.F.D. No. <u>---</u> (d) Death Occurred Inside? <input checked="" type="checkbox"/> Outside? <input type="checkbox"/> city or town (e) Died in a Home <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Institution <input type="checkbox"/> Other place <input type="checkbox"/> (f) Name Hosp. or Inst. <u>---</u> Stayed <u>---</u> days (g) Lived in this county <u>---</u> years <u>3</u> months <u>---</u> days Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.		<b>2. Usual Residence of Deceased:</b> (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City or town <u>Salmon</u> (d) Street Address or R.F.D. No. <u>---</u> (e) Deceased lived Inside? <input checked="" type="checkbox"/> Outside? <input type="checkbox"/> city or town (f) Citizen of what country? <u>U.S.A.</u> (g) How long had deceased lived in Idaho? <u>3 mo.</u> years (h) Former residence (city, state) <u>Decatur, Georgia</u>											
<b>3. (a) FULL NAME</b> <u>WILLIAM HERBERT SCOFIELD HAMILTON</u> <span style="float: right;">108X</span>													
<b>3. (b) If veteran, name war</b> <u>---</u> <b>3. (c) Social Security No.</b> <u>---</u>													
<b>5. Color or</b> <u>White</u> <b>6. (a) Single, widowed, married,</b> <u>Married</u> <b>Sex</b> <u>M</u> <b>race</b> <u>White</u> <b>divorced</b> <u>---</u>													
<b>6. (b) Name of husband or wife</b> <u>Mary Elizabeth</u> <b>6. (c) Age of husband or wife if</b> <u>66</u> years <b>alive</b> <u>66</u> years													
<b>7. Date of Birth</b> (Month, Day, Year) <u>NOVEMBER 12, 1874</u>													
<table border="1"><tr><td><b>8. AGE</b></td><td>Years</td><td>Months</td><td>Days</td><td>If less than 1 day</td></tr><tr><td></td><td><u>74</u></td><td><u>0</u></td><td><u>16</u></td><td><u>---</u> hrs. <u>---</u> min.</td></tr></table>				<b>8. AGE</b>	Years	Months	Days	If less than 1 day		<u>74</u>	<u>0</u>	<u>16</u>	<u>---</u> hrs. <u>---</u> min.
<b>8. AGE</b>	Years	Months	Days	If less than 1 day									
	<u>74</u>	<u>0</u>	<u>16</u>	<u>---</u> hrs. <u>---</u> min.									
<b>9. Exact Occupation</b> <u>Realtor</u> <b>Did this work for</b> <u>38</u> yrs													
<b>10. Industry or Business</b> <u>Bldg. Contractor</u> <b>Date last worked</b> <u>1947</u>													
<b>11. Birthplace</b> <u>Birmingham, England</u> (City or town) (State or foreign country)													
<b>12. Name</b> <u>Walter Hamilton</u>													
<b>13. Birthplace</b> <u>England</u> (City or town) (State or foreign country)													
<b>14. Maiden name</b> <u>Isabel Atkins</u>													
<b>15. Birthplace</b> <u>England</u> (City or town) (State or foreign country)													
<b>16. Informant's OWN Signature</b> <u>Mrs. H. S. Hamilton</u> <b>and Address</b> <u>Salmon, Idaho</u>													
<b>17. (a) <del>Burial</del></b> (b) Date thereof <u>12-11-48</u> (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place <u>Salmon, Idaho</u>													
<b>18. Funeral Director's OWN Signature</b> <u>Calvin M. Edwards</u> <b>and Address</b> <u>Salmon, Idaho</u>													
<b>19. (a) <u>Dec-30-48</u></b> (b) <u>Viola G. Johnson</u> (Date received and filed) (Registrar's signature)													

**MEDICAL CERTIFICATE OF DEATH**  
**20. DATE OF DEATH** (Month, Day, Year) December 8, 19 48  
at 5:30 o'clock P. M.  
**21. I HEREBY CERTIFY, That I attended deceased from** Dec 48 to Dec 48  
**I last saw him alive on** Dec 48  
**death is said to have occurred on the date and hour stated above.**  
**Immediate Cause of Death:** Lobar Pneumonia **Duration** 4 days  
**Due to** ---  
**Due to** ---  
**Other conditions** ---  
(Include pregnancy within 3 months of death)  
**Where was disease contracted?** ---  
**Name of operation** --- **Date** ---  
**Major finding** ---  
**Finding of autopsy** ---  
**22. If death was due to EXTERNAL CAUSES, also fill in the following:**  
**Accident?** --- **Suicide?** --- **Homicide?** ---  
**Occurred** --- 19 --- **City, county, state** ---  
**where violence occurred** ---  
**Place of Violence:** Home --- Farm --- Industry ---  
**Public Place** --- **While at work?** ---  
**Means of injury** ---  
**23. Attendant's OWN Signature** Calvin M. Edwards (M.D. or other)  
**and Address** Salmon, Idaho **Date** 12-17-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JAN 3 1948

DEPARTMENT OF VITAL

STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **1652**  
Local Reg. No. **690**  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. Price Island  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 11 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME CHARLES VICTOR DURAND

3. (b) If veteran, name war No 3. (c) Social Security No. No  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife Laura 6. (c) Age of husband or wife if alive 59 years  
7. Date of Birth (Month, Day, Year) April 6, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>8</u>	<u>5</u>	hrs min.

9. Exact Occupation Rancher Did this work for 50 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Salmon, Idaho (City or town) (State or foreign country)  
Mother Father { 12. Name Charles Victor Durand  
13. Birthplace Paris, France (City or town) (State or foreign country)  
14. Maiden name Marcelene Barabee  
15. Birthplace Oregon (City or town) (State or foreign country)  
16. Informant's OWN Signature Roy V. Durand and Address Salmon, Idaho  
17. (a) Burial (b) Date thereof 12-14-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Salmon, Idaho  
18. Funeral Director's OWN Signature Robert C. Jones and Address Salmon, Idaho  
19. (a) Dec-30-48 (b) Viola E. Johnson (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 11 19 48  
at about 5 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 5-2-47 to 12-11-48 1948  
I last saw him alive on 12-11-48 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Central Hemorrhage Duration 1 day  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature J. H. Kunkler M.D. (M. D. or other)  
and Address Salmon, Idaho Date 12-13-48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

United States  
Department of Commerce  
Bureau of the Census

JAN 7 1949

# Certificate Of Death

STATE OF IDAHO

1043

State File No. 4653  
Local Reg. No. 698  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 12 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME Jessie Frances Armstrong

3. (b) If veteran, name war no 3. (c) Social Security No. no  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 15, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>6</u>	<u>4</u>	hrs min.

9. Exact Occupation housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Boulder Colorado (City or town) (State or foreign country)

12. Name Henry Myers  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name Mary Ann Banks  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Neil H. Warner  
and Address Salmon, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-48 (Month) (Day) (Year)  
(c) Place: Salmon, Idaho

18. Funeral Director's OWN Signature Delbert C. Jones  
and Address Salmon, Idaho

19. (a) Jan-2-49 (Date received and filed) (b) Ida E. Johnson (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec., 19 1948  
at 5:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1948 to December 1948

I last saw h.er alive on December 19, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive heart failure Duration 6 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? Salmon, Ida

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy None made

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred 19 City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. T. Stratton  
(M. D. or other) \_\_\_\_\_

and Address Salmon, Ida. Date 12/22 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 4654  
Local Reg. No. 690  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed... days  
(g) Lived in this county... years 3 months... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. Box 601  
(e) Deceased lived Inside? Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Henry George Aslett

181X

3. (b) If veteran, name war WW #2 3. (c) Social Security No. 519-01-0410  
5. Color or race Male 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive... years  
7. Date of Birth (Month, Day, Year) about 1912

8. AGE	Years	Months	Days	If less than 1 day
	36			hrs min.

9. Exact Occupation Construction Did this work for 20 yrs.  
10. Industry or Business Road construction Date last worked 12/20/48  
11. Birthplace Lava Hot Springs, Idaho  
(City or town) (State or foreign country)

12. Name David Aslett  
13. Birthplace Bonanza, Utah  
(City or town) (State or foreign country)  
14. Maiden name Elizabeth Bell  
15. Birthplace Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Thew Aslett  
and Address Salmon, Idaho

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 12-21-48  
(Month) (Day) (Year)  
(c) Place: Twin Falls, Idaho

18. Funeral Director's OWN Signature Herbert C. Jones  
and Address Salmon, Idaho

19. (a) Dec - 30 - 48 (b) Viola E. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 21 1948  
at... o'clock... M.

21. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I last saw h... alive on 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxiation Duration  
Arteriosclerosis explosion  
in trailer house

- Due to...  
Due to...  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? Date  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? Homicide?  
Occurred 12-21-48 1948 City, county, state Salmon Lemhi Co.  
where violence occurred yes Farm Industry  
Place of Violence: Home yes Public Place While at work? no  
Means of injury no

23. Attendant's OWN Signature J. L. Mendenhall MD  
(M. D. or other)  
and Address Salmon, Idaho Date 12-21-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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JAN 7 1949

# Certificate Of Death

1948

4655

United States  
Department of Commerce  
Bureau of the Census

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 690  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Lemhi  
(b) City or town Salmon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Salmon Stayed 12 days  
(g) Lived in this county 22 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Lemhi  
(c) City or town Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME WILLIAM MERRITT HOWELL

3. (b) If veteran, name war no  
3. (c) Social Security No. none  
5. Color or White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Nov. 11, 1884

8. AGE	Years	Months	Days	If less than 1 day
	<u>64</u>	<u>1</u>	<u>20</u>	hrs min.

9. Exact Occupation Stockman Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Hand County, Dakota Territory  
(City or town) (State or foreign country)  
Mother Father { 12. Name Alexander Howell  
13. Birthplace Ashville, N. C.  
(City or town) (State or foreign country)  
14. Maiden name Theide Blasdell  
15. Birthplace Illinois  
(City or town) (State or foreign country)  
16. Informant's OWN Signature George Howell  
and Address Salmon, Idaho  
17. (a) Removal (b) Date thereof  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hot Springs, S. Dakota  
18. Funeral Director's OWN Signature Delbert C. Jones  
and Address Salmon, Idaho  
19. (a) Jan 3-1949 (b) Vida E. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 31 19 48  
at \_\_\_\_\_ o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from DEC. 19 1947, to DEC 31 1948  
I last saw him alive on DEC 31 1947; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis Duration 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Intestinal Hemorrhage  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Jack Burton M.D.  
(M.D. or other)  
and Address Salmon, Idaho Date 1/1 1949  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 1 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **4656**  
Local Reg. No. **301**  
Reg. Dist. No. **790**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Lincoln**  
(b) City or town **Buttrick**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **36** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Lincoln**  
(c) City or town **Buttrick**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **96** years  
(h) Former residence (city, state) **Martin - Wis.**

3. (a) FULL NAME **Frank Pinehart**

3. (b) If veteran, name war **L** 3. (c) Social Security No. **2**
4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
7. Date of Birth (Month, Day, Year) **Jan - 2 - 1864**

8. AGE	Years	Months	Days	If less than 1 day
	<b>84</b>	<b>11</b>	<b>4</b>	hrs min.

9. Exact Occupation **Farmer** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **retired** Date last worked **1941**  
11. Birthplace **Bueno Co - Illinois** (City or town) (State or foreign country)  
Mother { 12. Name **Thomas Pinehart**  
13. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)  
14. Maiden name **Rachael Harris**  
15. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs Estelle R. Miller**  
and Address **Junny side - Ash**  
17. (a) **Burial** (b) Date thereof **Dec 12 - 48** (Month) (Day) (Year)  
(c) Place: **Shoshone Idaho**

18. Funeral Director's OWN Signature **Myrtle C. Burgett**  
and Address **Shoshone - Idaho**  
19. (a) **Dec - 10 - 48** (Date received and filed) (b) **Myrtle C. Burgett** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Dec - 6 1948**  
at **9:15** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **Jan 1922** to **Dec 6 1948**  
Last saw him alive on **Apr 12 1948**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Chronic Endocarditis 15 yrs** Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred: \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **F. E. Barrett**  
and Address **Shoshone Idaho** Date **12/6 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH: *Madison*  
(a) County *Madison*  
(b) City or town *Boise*  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? *X* Outside? \_\_\_\_\_ city or town  
(e) Died in a Home *X* Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county *50* years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State *Idaho* (b) County *Madison*  
(c) City or town *Boise*  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? *50* years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME *Joseph Andrew Johanson*  
3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex *Male* Color or race *W*  
5. (a) Single, widowed, married, divorced *Married*  
6. (b) Name of husband or wife *Anna W. Blumck*  
6. (c) Age of husband or wife if alive *67* years  
7. Date of Birth (Month, Day, Year) *Dec. 16, 1875*  
8. AGE  

Years	Months	Days	If less than 1 day
<i>73</i>			hrs min.

MEDICAL CERTIFICATE OF DEATH *055E*  
20. DATE OF DEATH (Month, Day, Year) *Dec. 16* 19*48*  
at *1:10* o'clock *P.* M.  
21. I HEREBY CERTIFY, That I attended deceased from *June 15, 1945*, to *Dec. 16, 1948*  
I last saw him alive on *Dec. 16, 1948*; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: *Cancer of Gall Bladder*  
*Metastasis of cancer*  
Due to *Chronic myocarditis*  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation *None* Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy *Partial*

9. Exact Occupation *Farmer* Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace *Salt Lake City Utah*  
(City or town) (State or foreign country)  
Mother { 12. Name *John Johanson*  
13. Birthplace *Sweden*  
(City or town) (State or foreign country)  
14. Maiden name *Marian Jansson*  
15. Birthplace *Sweden*  
(City or town) (State or foreign country)  
16. Informant's OWN Signature *Alva J. Johanson*  
and Address *2742 Van Buren Ogden Utah*  
17. (a) *Burial* (b) Date thereof *12/20/48*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: *Rosher Cem.*  
18. Funeral Director's OWN Signature *Russell Plamm*  
and Address *Boise*  
19. (a) *12-30-48* (b) *Mrs H E Young*  
(Date received and filed) (Registrar's signature)

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19. \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature *M. F. Rigby*  
(M. D. or other) and Address *Boise* Date *12/18/48*  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

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JAN 11 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 4658

Local Reg. No. 50

Reg. Dist. No. 630

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Rebberg  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Highway Stayed \_\_\_\_\_ days  
(g) Lived in this county 32 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Rebberg  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Winnie Christensen Watson

093D

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex Female race W

## 6. (a) Single, widowed, married, divorced \_\_\_\_\_

## 6. (b) Name of husband or wife Paul Watson

## 6. (c) Age of husband or wife if alive 59 years

## 7. Date of Birth (Month, Day, Year) Jan 26, 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>10</u>	<u>24</u>	hrs min.

## 9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

## 11. Birthplace Afton, Wyoming (City or town) (State or foreign country)

## 12. Name Hans P. Christensen

## 13. Birthplace Hindrup, Denmark (City or town) (State or foreign country)

## 14. Maiden name Annah Jane Nelson

## 15. Birthplace Franklin, Idaho (City or town) (State or foreign country)

## 16. Informant's OWN Signature B. A. Watson

## and Address Rebberg

## 17. (a) Burial (b) Date thereof 12/24/48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place: Rebberg

## 18. Funeral Director's OWN Signature Wesley P. Plann

## and Address Rebberg, Idaho

## 19. (a) 12-20-48 (b) Mrs. W. E. Young (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083A

## 20. DATE OF DEATH Dec 20 1948 (Month, Day, Year) at 8:05 o'clock P M.

## 21. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1948 to Dec 20, 1948

I last saw her alive on Dec. 20, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: cerebral haemorrhage Duration \_\_\_\_\_

Due to Hypertension

Due to Cardio Vascular, atherosclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature H. B. Rigby M.D.

and Address Rebberg (M. D. or other) Date 12-21-1948  
(For additional space, use reverse side)



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4659

United States  
Department of Commerce  
Bureau of the Census

JAN 1 1949  
DIVISION OF VITAL  
STATISTICS

# CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 52  
Reg. Dist. No. 630

## 1. PLACE OF DEATH:

- (a) County Madison  
(b) City or town Reynolds  
(c) Street Address or R. F. D. No. 71 So 2nd  
(d) Death Occurred Inside? ✓ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? ✓ Hospital? \_\_\_\_\_ Institution? \_\_\_\_\_ Other place? \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 28 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Madison  
(c) City or town Reynolds  
(d) Street Address or R. F. D. No. 71 So 2nd  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Florence B. Houtz Bennion 050X

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or Walter Bennion 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth April 13, 1869  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>8</u>	<u>10</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business Home Date last worked Aug. 1948

11. Birthplace Salt Lake City Utah  
(City or town) (State or foreign country)

12. Name Henry P. Houtz

13. Birthplace Seignas Grove Penn  
(City or town) (State or foreign country)

14. Maiden name Sarah Barr

15. Birthplace Navas, Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Emma Widsten  
and Address Reynolds, Idaho

17. (a) Burial (b) Date thereof 27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Reynolds, Idaho

18. Funeral Director's OWN Signature Walter G. Bennion  
and Address Reynolds, Idaho

19. (a) 12-26-48 (b) W. H. Young  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 047D

20. DATE OF DEATH Dec. 23 1948  
(Month, Day, Year)  
at 4:03 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1948 to Dec. 23 1948

I last saw her alive on Dec. 23 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma Liver & Lungs Duration \_\_\_\_\_

Due to Carcinoma breast

Due to apoptosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature H. B. Rigby  
and Address Reynolds, Idaho (M. D. or other) \_\_\_\_\_  
(For additional space, use reverse side)

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

JAN 11 1949

United States  
Department of Commerce  
Bureau of the Census

CERTIFICATE OF DEATH  
STATISTICS STATE OF IDAHO

State File No. **4660**  
Local Reg. No. **54**  
Reg. Dist. No. **630**

1. PLACE OF DEATH: *Madison*  
(a) County *Madison*  
(b) City or town *Rebun*  
(c) Street Address or R. F. D. No. *Rebun*  
(d) Death Occurred Inside? *X* Outside? *city or town*  
(e) Died in a Home *X* Hospital *X* Institution *Other place*  
(f) Name Hosp. or Inst. *H. B. High* Stayed *days*  
(g) Lived in this county *years* *months* *days*

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 30.

3. (a) FULL NAME *Franklin Loosli*

3. (b) If veteran, name war *3* (c) Social Security No. *159X*

4. Sex *male* 5. Color or race *White* (a) Single, widowed, married, divorced *divorced*

6. (b) Name of husband or wife *Franklin Loosli* 6. (c) Age of husband or wife if alive *years*

7. Date of Birth (Month, Day, Year) *Dec 29, 1948*

8. AGE	Years	Months	Days	If less than 1 day
				1 hrs min.

9. Exact Occupation *Rebun Idaho* Did this work for *years*

10. Industry or Business *Rebun Idaho* Date last worked *years*

11. Birthplace *Rebun Idaho* (City or town) (State or foreign country)

12. Name *Franklin Loosli*

13. Birthplace *Rebun Idaho* (City or town) (State or foreign country)

14. Maiden name *Wanda Moore*

15. Birthplace *Rebun Idaho* (City or town) (State or foreign country)

16. Informant's OWN Signature *Frank Loosli* and Address *Rebun Idaho*

17. (a) *Burial* (b) Date thereof *12/30/48* (Month) (Day) (Year)

- (c) Place: *Rebun*

18. Funeral Director's OWN Signature *Wanda Moore* and Address *Rebun Idaho*

19. (a) *12-30-48* (Date received and filed) (b) *Wanda Moore* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State *Idaho* (b) County *Madison*

- (c) City or town *Rebun*

- (d) Street Address or R. F. D. No. *Rebun*

- (e) Deceased lived Inside? *X* Outside? *city or town*

- (f) Citizen of what country? *U.S.*

- (g) How long had deceased lived in Idaho? *life* years

- (h) Former residence (city, state) *life*

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH *Dec. 29* 19*48*  
(Month, Day, Year)  
at *5:00* o'clock *P.* M.

21. I HEREBY CERTIFY, That I attended deceased from *Dec. 29, 1948* to *Dec. 29, 1948*

I last saw him alive on *Dec. 29, 1948*; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: *premature birth* Duration *5 1/2 mos*

Due to *unknown, spontaneous*

Due to *unknown, spontaneous*

Other conditions *unknown, spontaneous*  
(Include pregnancy within 3 months of death)

Where was disease contracted? *unknown, spontaneous*

Name of operation *unknown, spontaneous* Date *unknown, spontaneous*

Major finding *unknown, spontaneous*

Finding of autopsy *unknown, spontaneous*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *unknown, spontaneous* Suicide? *unknown, spontaneous* Homicide? *unknown, spontaneous*

Occurred *unknown, spontaneous* 19 *unknown, spontaneous* City, county, state where violence occurred

Place of Violence: Home *unknown, spontaneous* Farm *unknown, spontaneous* Industry *unknown, spontaneous*

Public Place *unknown, spontaneous* While at work? *unknown, spontaneous*

Means of injury *unknown, spontaneous*

23. Attendant's OWN Signature *H. B. High* and Address *Rebun Idaho* Date *12-6-48* 19*48*  
(For additional space, use reverse side)

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4661

United States

Department of Commerce

JAN 11 1949

## CERTIFICATE OF DEATH

Bureau of the Census

DIVISION OF VITAL

STATE OF IDAHO

State File No. \_\_\_\_\_

Local Reg. No. 51Reg. Dist. No. 634

## 1. PLACE OF DEATH:

- (a) County Madison  
 (b) City or town Plano  
 (c) Street Address or R. F. D. No. R 70 #2  
 (d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
 (e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place ☒  
 (f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
 (g) Lived in this county 35 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Madison  
 (c) City or town Plano  
 (d) Street Address or R. F. D. No. R 70 #1  
 (e) Deceased lived Inside? ☒ Outside? ☒ city or town  
 (f) Citizen of what country? USA  
 (g) How long had deceased lived in Idaho? 35 years  
 (h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Charles Russell Davies094A

## 3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male 5. Color or race White (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Jane Hendricks 6. (c) Age of husband or wife if alive 35 years  
 7. Date of birth (Month, Day, Year) Feb. 26, 1913

8. AGE	Years	Months	Days	If less than 1 day
	<u>35</u>	<u>9</u>	<u>19</u>	hrs min.

9. Exact Occupation Farmer Did this work for 25 yrs.

10. Industry or Business Farm Date last worked 12/15/48

11. Birthplace Plano, Idaho (City or town) (State or foreign country)

12. Name Ellis Edward Davies (City or town) (State or foreign country)

13. Birthplace Wales, England (City or town) (State or foreign country)

14. Maiden name Ellen Bensley (City or town) (State or foreign country)

15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Jane Davies and Address Perburg, A. R.

17. (a) Burial (b) Date thereof 12/20/48 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Plano, Idaho

18. Funeral Director's OWN Signature Ellen B. Beyer and Address Perburg, Idaho

19. (a) 12-20-48 (b) Mrs. H. E. Young (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 15 1948  
 at 11:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1945 to Dec. 1 1947  
 I last saw him alive on Dec. 1 1947; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
 Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature M. T. Rigby

and Address Perburg, Idaho (M. D. or other) Date 12/16 1948  
 (For additional space, use reverse side)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 4 1948

# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. **4662**  
Local Reg. No. **79**  
Reg. Dist. No. **430**

## 1. PLACE OF DEATH

- (a) County **Idaho**  
(b) City or town **Idaho**  
(c) Street Address or R.F.D. No. **906-5th St**  
(d) Death Occurred Inside? **Outside?** city or town  
(e) Died in a Home **Hospital** Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county **30** years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Minidoka**  
(c) City or town **Idaho**  
(d) Street Address or R.F.D. No. **906-5th St**  
(e) Deceased lived Inside? **Outside?** city or town  
(f) Citizen of what country? **USA**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **Oregon**

## 3. (a) FULL NAME

**Arthur Franklin Corf**

**074A**

## 3. (b) If veteran,

name war **no**

## 3. (c) Social Security

No. \_\_\_\_\_

- 5 Color or **white** (a) Single, widowed, married, divorced  
4. Sex **Male** race **white**  
6. (b) Name of husband or wife **Della** (c) Age of husband or wife if alive **54** years

## 7. Date of Birth (Month, Day, Year)

**March 29 1890**

8. AGE	Years	Months	Days	If less than 1 day
	<b>58</b>	<b>7</b>	<b>27</b>	hrs min.

9. Exact Occupation **Retired** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Meat Market** Date last worked \_\_\_\_\_  
11. Birthplace **Shelton Nebraska** (City or town) (State or foreign country)  
Mother Father { 12. Name **Osceola Corf**  
13. Birthplace **Nebraska** (City or town) (State or foreign country)  
14. Maiden name **Filena Osceola**  
15. Birthplace **Illinois** (City or town) (State or foreign country)

16. Informant's OWN Signature **Della Corf**  
and Address **906 5th St, Idaho**

17. (a) **Burial** (b) Date thereof **11-29-48** (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: **Idaho**

18. Funeral Director's OWN Signature **Robert E. Boardman**  
and Address **Idaho**

19. (a) **2-28-48** (b) **Ed Blum**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **Nov 26** 19 **48**  
(Month, Day, Year)  
at **10:20** o'clock **A** M.  
21. I HEREBY CERTIFY, That I attended deceased from **Nov 23** 19 **48**, to **Nov 26** 19 **48**  
I last saw him alive on **11-26** 19 **48**; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: **Thyroid carcinoma** Duration **9 mo.**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Where was disease contracted? \_\_\_\_\_  
Name of operation **none** Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **none**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: **Home** Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **Idaho** (M. D. or other) **7** 19 **48**  
and Address **Idaho** Date \_\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 4663  
Local Reg. No. 80  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Mingobla  
(b) City or town August  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. August Stayed 1 days  
(g) Lived in this county 32 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Mingobla  
(c) City or town August  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 32 years  
(h) Former residence (city, state) Utah

## 3. (a) FULL NAME

Harriet Evana Whittle

095B

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. no

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) March 25, 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>8</u>	<u>3</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Coveville Utah (City or town) (State or foreign country)

12. Name Edward Kingsford

13. Birthplace Kent England (City or town) (State or foreign country)

14. Maiden name Nora Peterson

15. Birthplace Longview Norway (City or town) (State or foreign country)

16. Informant's OWN Signature Thomas L Whittle

and Address August Idaho

17. (a) Burial (b) Date thereof 12-1-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: August Idaho

18. Funeral Director's OWN Signature Adrian B. Goodman

and Address August Idaho

19. (a) 12-28-48 (b) Ed. E. Moore (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 059B

20. DATE OF DEATH (Month, Day, Year) Nov. 28 1948  
at 2:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 24 1948, to Nov 28 1948  
I last saw him alive on Nov 25 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia heart disease Duration \_\_\_\_\_

Due to Chronic arthritis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. H. Hargis

and Address August Idaho (Date received and filed) 12-3 1948  
(For additional space, use reverse side)

Don 133

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

DIVISION OF VITAL STATE OF IDAHO

1948  
State File No. 4664  
Local Reg. No. 78  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Robert  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Robert Stayed 5 days  
(g) Lived in this county — years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Malta  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Isaac James Muddo Jr.

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex M. Color or race W.

## 6. (a) Single, widowed, married, divorced M.

## 6. (b) Name of husband or wife Alma

## 6. (c) Age of husband or wife if alive 60 years

## 7. Date of Birth (Month, Day, Year)

May 1, 1882

## 8. AGE

Years	Months	Days	If less than 1 day
<u>46</u>	<u>7</u>	<u>-</u>	hrs min.

## 9. Exact Occupation

Rancher

Did this work for 47 yrs.

## 10. Industry or Business

Stegman

Date last worked Nov 24, 48

## 11. Birthplace

St. John  
(City or town)

Idaho  
(State or foreign country)

## 12. Name

Isaac James Muddo Jr.

## 13. Birthplace

Michigan  
(City or town)

Idaho  
(State or foreign country)

## 14. Maiden name

Pauline Burridge

## 15. Birthplace

Idaho  
(City or town)

Idaho  
(State or foreign country)

## 16. Informant's OWN Signature

Alma Muddo

## and Address

Malta

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof 12-4-48

(Month) (Day) (Year)

## (c) Place: Malta

## 18. Funeral Director's OWN Signature

Petta S. Payson

## and Address

Boise, Idaho

## 19. (a) 12-14-48

(Date received and filed)

## (b) ATB

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 12-1-48 19  
at 6:00 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

11-24 1948, to 12-1 1948

I last saw him alive on 12-1 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary thrombosis

## Duration

Due to arteriosclerosis

## Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? unknown

## Name of operation

Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred 19 City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

## 23. Attendant's OWN Signature

A. J. Delley M.D.

and Address Boise, Idaho (M. D. or other)

Date Dec 4 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

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# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 1665  
Local Reg. No. 77  
Reg. Dist. No. 450

1. PLACE OF DEATH: *Minidoka*  
(a) County *Minidoka*  
(b) City or town *Arupert*  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county *22* years ..... months ..... days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State *Idaho* (b) County *Minidoka*  
(c) City or town *Arupert*  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? *U.S.A.*  
(g) How long had deceased lived in Idaho? *35* years  
(h) Former residence (city, state) *Washington*

3. (a) FULL NAME *Ida Anna Loeb sack*  
3. (b) If veteran, name war *no* 3. (c) Social Security No. *no*  
4. Sex *Female* 5. Color or race *white* 6. (a) Single, widowed, married, divorced *widowed*  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) *June 22 1884*  
8. AGE  
Years *64* Months *5* Days *10* If less than 1 day hrs min.  
9. Exact Occupation *Nurse* Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace *Kiel Germany* (City or town) (State or foreign country)  
12. Name *Green*  
13. Birthplace *Germany* (City or town) (State or foreign country)  
14. Maiden name *unknown*  
15. Birthplace *Germany* (City or town) (State or foreign country)  
16. Informant's OWN Signature *Geo Loeb sack* and Address *Idaho*  
17. (a) *Removal* (b) Date thereof *12-3-48* (Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: *Blackfoot, Idaho*  
18. Funeral Director's OWN Signature *Adrian Goodman* and Address *Idaho*  
19. (a) *12-23-48* (b) *S. Blum* (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 095C  
20. DATE OF DEATH (Month, Day, Year) *Dec. 2, 1948*  
at *4:10* o'clock *P.* M.  
21. I HEREBY CERTIFY, That I attended deceased from *Dec 1947* to *Dec 2 1948*  
I last saw her alive on *Dec 1 1948*; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: *Cardiac Failure* Duration  
Due to *Cardiac Asthma*  
Due to *Cancer of lung*  
Other conditions ..... (Include pregnancy within 3 months of death)  
Where was disease contracted? *Unknown*  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature *A. J. Dalley M.D.* (M. D. or other)  
and Address *Idaho* Date *Dec 4 1948*  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 4 1949

# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 0-4666  
Local Reg. No. 76  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Beaumont Stayed 8 days  
(g) Lived in this county 9 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Mabel Horsley

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or white (a) Single, widowed, married, divorced divorced  
4. Sex Female race white  
6. (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Feb 27 1907

8. AGE	Years	Months	Days	If less than 1 day
	<u>41</u>	<u>9</u>	<u>12</u>	hrs min.

9. Exact Occupation Cook Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

12. Name J. J. Carrasway

13. Birthplace Wayne Co. North Carolina (City or town) (State or foreign country)

14. Maiden name Mattie Mustang

15. Birthplace Wayne Co. North Carolina (City or town) (State or foreign country)

16. Informant's OWN Signature J. J. Carrasway

and Address Rupert

17. (a) Burial (b) Date thereof 12-14-48 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Rupert Idaho

18. Funeral Director's OWN Signature Godfrey Goodman

and Address Rupert Idaho

19. (a) 12-23-48 (b) E. B. Bruce (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 095B

20. DATE OF DEATH (Month, Day, Year) Dec 9 1948  
at \_\_\_\_\_ o'clock 4 P.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 1 1948 to Dec 9 1948.  
I last saw her alive on Dec 8 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Uremia

## Duration

Due to Chronic Glomerular Nephritis

Due to \_\_\_\_\_  
Other conditions Rheumatic Heart Disease  
(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

## Major finding

Finding of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

## Means of injury

23. Attendant's OWN Signature A. J. Dally M.D.

and Address Rupert, Idaho Date Dec 12 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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JAN 17 1949  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 1667  
Local Reg. No. 83  
Reg. Dist. No. 450

1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town  Rupert   
(c) Street Address or R.F.D. No.  Rte. 1   
(d) Death Occured Inside?  Outside?  city or town  
(e) Died in a Home  Hospital  Institution  Other place   
(f) Name Hosp. or Inst.  Rupert  Stayed  7  days  
(g) Lived in this county  2  years   months   days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State  Idaho  (b) County  Minidoka   
(c) City or town  Rupert   
(d) Street Address or R.F.D. No.  Rte. 1   
(e) Deceased lived Inside?  Outside?  city or town  
(f) Citizen of what country?  U.S.A.   
(g) How long had deceased lived in Idaho?  2  years  
(h) Former residence (city, state)  California

3. (a) FULL NAME

Viola Irene Packham

083A

3. (b) If veteran, name war  No  No.    
5. Color or  No  (a) Single, widowed, married, divorced  Married   
6. (b) Name of husband or wife  Alfred  (c) Age of husband or wife if alive  47  years  
7. Date of Birth (Month, Day, Year)  July 11, 1902

8. AGE	Years	Months	Days	If less than 1 day
	<u> 46 </u>	<u> 5 </u>	<u> 2 </u>	hrs min.

9. Exact Occupation  Housewife  Did this work for   yrs.  
10. Industry or Business   Date last worked    
11. Birthplace  Ogden Utah  (City or town) (State or foreign country)

12. Name  Benjamin Chapple   
13. Birthplace  Ogden Utah  (City or town) (State or foreign country)  
14. Maiden name  Antong Van Dee   
15. Birthplace  Amsterdam Holland  (City or town) (State or foreign country)

16. Informant's OWN Signature  Viola Irene Packham   
and Address  Rupert Idaho

17. (a)  Burial  (b) Date thereof  12-16-48  (Month) (Day) (Year)  
(c) Place:  Rupert Idaho

18. Funeral Director's OWN Signature  Rodney L. Gardner   
and Address  Rupert Idaho

19. (a)  1-8-49  (b)  J. H. Blum  (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

057D

20. DATE OF DEATH (Month, Day, Year)  12-13  19 48   
at  10-15  o'clock  P.  M.

21. I HEREBY CERTIFY, That I attended deceased from  12-1  19 48 , to  12-13  19 48 ,  
I last saw h.  a  alive on  12-13  19 48 , death is said to have occurred on the date and hour stated above.

Immediate Cause of Death  Cerebral hemorrhage  Duration  2 weeks

Due to  probably Brain tumor   
Due to  tumor   1 year   
Other conditions   (Include pregnancy within 3 months of death)

Where was disease contracted?   PHYSICIAN    
Name of operation   Date    
Major finding   Underline the cause to which death should be charged statistically.  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?   Suicide?   Homicide?    
Occurred   19   City, county, state where violence occurred    
Place of Violence: Home   Farm   Industry    
Public Place   While at work?    
Means of injury

23. Attendant's OWN Signature  J. H. Blum M.D.  (M. D. or other)  
and Address  Rupert Idaho  Date  19   
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 14668  
Local Reg. No. 824668  
Reg. Dist. No. 450

## 1. PLACE OF DEATH:

- (a) County Minidoka  
(b) City or town Rupert  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 34 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Delaware (b) County Minidoka  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. 924-7th  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) Illinois

## 3. (a) FULL NAME

Charles Henry Smith

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or White (a) Single, widowed, married, divorced married  
4. Sex Male race White  
6. (b) Name of husband or wife Della (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) Feb 13 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>10</u>	<u>18</u>	hrs min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Mattoon Illinois (City or town) (State or foreign country)

12. Name \_\_\_\_\_  
13. Birthplace Illinois (City or town) (State or foreign country)  
14. Maiden name Elizabeth Mack  
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Della Smith  
and Address Rupert Idaho

17. (a) Burial (b) Date thereof 12-4-49  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Rupert Idaho

18. Funeral Director's OWN Signature Robert E. Johnson  
and Address Rupert Idaho

19. (a) 1-8-49 (b) E. B. Johnson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 31 1948  
at 2:44 o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 30 1948 to Dec 31 1948  
I last saw h. 12 alive on Dec 30 1948, death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary occlusion Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Robert E. Johnson (M. D. or other)  
and Address Rupert Idaho Date 1-2 1949  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 1 1948  
DIVISION OF VITAL

Certificate Of Death  
STATE OF IDAHO

State File No. 4669  
Local Reg. No. 75  
Reg. Dist. No. 450

1. PLACE OF DEATH:  
(a) County Mandala  
(b) City or town  Rupert   
(c) Street Address or R.F.D. No.  Highway Route   
(d) Death Occurred Inside?   Outside?   city or town  
(e) Died in a Home?   Hospital?   Institution?   Other place?    
(f) Name Hosp. or Inst.   Stayed   days  
(g) Lived in this county  12  years   months   days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State  Idaho  (b) County  Mandala   
(c) City or town  Rupert   
(d) Street Address or R.F.D. No.  Highway Route   
(e) Deceased lived Inside?   Outside?   city or town  
(f) Citizen of what country?  U.S.A.   
(g) How long had deceased lived in Idaho?  12  years  
(h) Former residence (city, state)  Lincoln, Neb.

3. (a) FULL NAME  Elizabeth Arner   
(b) If veteran, name war  no  No.  no   
(c) Social Security No.  no   
(d) Color or   (e) Single, widowed, married, divorced  Married   
(f) Sex  Female  race  white   
(g) Name of husband or wife  Henry  (h) Age of husband or wife if alive  54  years  
(i) Date of Birth (Month, Day, Year)  May 8 - 1894

8. AGE	Years <u> 54 </u>	Months <u> 7 </u>	Days <u> 3 </u>	If less than 1 day hrs min.
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9. Exact Occupation  Housewife  Did this work for   yrs.  
10. Industry or Business   Date last worked    
11. Birthplace  Lumberton Russia   
(City or town) (State or foreign country)  
Mother { 12. Name  Henry Kropp   
13. Birthplace  Frank Russia   
(City or town) (State or foreign country)  
14. Maiden name  Mary Wilson   
15. Birthplace  Lumberton Russia   
(City or town) (State or foreign country)  
16. Informant's OWN Signature  Henry Arner   
and Address  Rupert Idaho   
17. (a)  Burial  (b) Date thereof  Dec. 17. 48   
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place:  Highway Idaho   
18. Funeral Director's OWN Signature  Rodney E. Anderson   
and Address  Rupert Idaho   
19. (a)  12-23-48  (b)  E. E. Moore   
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year)  December 11, 1948   
at  7:10  o'clock  P.  M.  
21. I HEREBY CERTIFY, That I attended deceased from  Jan 1978  to  Dec 12 1948   
I last saw h.  or  alive on  Dec 12 1948 , Death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death:  General Peritonitis  Duration  6 hrs   
Due to  Primary Ca of   
Due to  Stomach   
Other conditions    
(Include pregnancy within 3 months of death)  
Where was disease contracted?  1 year ago   
Name of operation  Robert   
Major finding  Bowel   
Finding of autopsy    
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?   Suicide?   Homicide?    
Occurred   19   City, county, state where violence occurred    
Place of Violence: Home   Farm   Industry    
Public Place   While at work?    
Means of injury    
23. Attendant's OWN Signature  E. E. Moore  (M. D. or other)  
and Address  Rupert Idaho  Date  12-13 1948   
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 17 1949

Certificate Of Death

DIVISION OF VITAL STATE OF IDAHO

State File No. 4670  
Local Reg. No. 81  
Reg. Dist. No. 450

1. PLACE OF DEATH:

- (a) County Moskowitz  
(b) City or town Boise  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 38 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Moskowitz  
(c) City or town Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) France

3. (a) FULL NAME

Peter Estinon

094A

3. (b) If veteran, name war

no

3. (c) Social Security No.

no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced no

6. (b) Name of husband or wife no

6. (c) Age of husband or wife if alive no years

7. Date of Birth (Month, Day, Year)

March 22 1890

8. AGE	Years	Months	Days	If less than 1 day
	<u>58</u>	<u>9</u>	<u>8</u>	hrs min.

9. Exact Occupation Sheep man Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Stasson France (City or town) (State or foreign country)

12. Name Margh Estinon

13. Birthplace Stasson France (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace France (City or town) (State or foreign country)

16. Informant's OWN Signature Joel Archano and Address Boise Idaho

17. (a) Burial (b) Date thereof 13-49 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Boise Idaho

18. Funeral Director's OWN Signature Edwin and Address Boise Idaho

19. (a) 1-8-49 (b) Edwin (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 30 1948 at 2:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 19\_\_\_\_, to 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Coronary Occlusion  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_ Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Joel Archano

and Address Boise Idaho Date 12 31 1948  
(For additional space, use reverse side)

1948

4671

United States  
Department of Commerce  
Bureau of the Census

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## Certificate Of Death

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 229  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph's Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Inf Son Eugene Herman

157M

## 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

15. Color or \_\_\_\_\_ 16. (a) Single, widowed, married, divorced Single  
4. Sex male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Dec 6, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u> hrs <u>33</u> min.

## 9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

## 10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Lewiston Idaho (City or town) (State or foreign country)12. Name Eugene Herman13. Birthplace Sterling Ill. (City or town) (State or foreign country)14. Maiden name Allice McMapon15. Birthplace Chicago Ill. (City or town) (State or foreign country)16. Informant's OWN Signature Eugene A. Hermanand Address Lewiston Idaho17. (a) Burial (b) Date thereof Dec 7, 48 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: Lewiston Idaho18. Funeral Director's OWN Signature Vacarro P. Pavlaand Address Lewiston Idaho19. (a) Dec 9, 1948 (b) E. Hyllis (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 6 1948  
at 10:50 o'clock A. M.21. I HEREBY CERTIFY, That I attended deceased from Dec 6 1948, to Dec 6 1948

I last saw him alive on Dec 6 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Multiple Congenital Anomaly  
Hydrocephalus + hydrothorax bilat.

Due to Uterine F. moraine

Due to 3 Congenital obscure abdominal masses

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? In uterus

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy Given Above  
under Cause of Death

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature V. M. Mackay, M.D.

and Address 107-11 St. (M. D. or other) Date Dec 8 1948  
(For additional page, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 20 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 4672  
Local Reg. No. 230  
Reg. Dist. No. 220

## 1. PLACE OF DEATH: STATISTICS

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occured Inside? X Outside? ----- city or town  
(e) Died in a Home ----- Hospital X Institution ----- Other place -----  
(f) Name Hosp. or Inst. St. Joseph Stayed 5 days  
(g) Lived in this county ----- years ----- months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1325 Snake Riv.  
(e) Deceased lived Inside? X Outside? ----- city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state) Washington

## 3. (a) FULL NAME Danny Lawrence Flatt

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race W 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) December 5, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>---</u>	<u>---</u>	<u>5</u>	hrs min.

9. Exact Occupation Infant Did this work for ----- yrs.  
10. Industry or Business ----- Date last worked -----  
11. Birthplace Lewiston Idaho (City or town) (State or foreign country)

12. Name Harry W Flatt  
13. Birthplace Hansen Ferry, Idaho (City or town) (State or foreign country)  
14. Maiden name Leona A Polumsky  
15. Birthplace Clarkston, Washington (City or town) (State or foreign country)

16. Informant's OWN Signature Harry W. Flatt and Address Lewiston, Idaho

17. (a) Removal (b) Date thereof 12/11/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Clarkston, Washington

18. Funeral Director's OWN Signature W.C. Merchant and Address Clarkston, Washington

19. (a) Dec 15, 1948 (b) Chyllis Neumeyer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 10 19 48  
at 10:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1948 to Dec 10, 1948

I last saw him alive on 12/10 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute Hemolytic Anemia Duration 3 days

Due to Prematurity 7 weeks

Due to -----  
Other conditions ----- (Include pregnancy within 3 months of death)

Where was disease contracted? ----- Date ----- Name of operation -----

Major finding Enlarged Spleen Finding of autopsy 4 minutes before death Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state

where violence occurred

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's OWN Signature W.H. Quinn MD (M. D. or other)

and Address Lewiston, Ida Date 12/11 19 48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4673  
Local Reg. No. 231  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. -----  
(d) Death Occurred Inside? ----- Outside? X city or town  
(e) Died in a Home ----- Hospital ----- Institution X Other place -----  
(f) Name Hosp. or Inst. Nelson's Nursing Home 18 Mo. days  
(g) Lived in this county 3 years ----- months ----- days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. Lstn Orch.  
(e) Deceased lived Inside? ----- Outside? X city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME

CELIA ELLEN GENTRY

## 3. (b) If veteran, name war

\*\*\*

## 3. (c) Social Security No.

\*\*\*\*

## 4. Sex Female Color or race White

## 6. (a) Single, widowed, married, divorced Widowed

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive ----- years

## 7. Date of Birth (Month, Day, Year) Aug. 22, 1854

8. AGE	Years	Months	Days	If less than 1 day
	94	3	21	hrs. min.

## 9. Exact Occupation House Wife Did this work for ----- yrs.

## 10. Industry or Business ----- Date last worked -----

## 11. Birthplace Wilks County, North Carolina (City or town) (State or foreign country)

## 12. Name Avery Green

## 13. Birthplace North Carolina (City or town) (State or foreign country)

## 14. Maiden name Martha Ann Green

## 15. Birthplace North Carolina (City or town) (State or foreign country)

## 16. Informant's OWN Signature Anna Schroeder and Address Lewiston, Idaho Orch

## 17. (a) Removal-Burial (b) Date thereof 12-14-48 (Burial, cremation, or removal) (Month) (Day) (Year)

## (c) Place Cottonwood, Idaho

## 18. Funeral Director's OWN Signature Brower-Wann by H.H. Malcom and Address Lewiston, Idaho

## 19. (a) Dec 17, 1948 (b) B. Phyllis Neumayer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) December 13, 1948 at 5:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from Dec 10 to Dec 13 19 48. I last saw her alive on Sept 10 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Arteriosclerosis generalized Senility

Due to -----

Due to -----

Other conditions None

(Include pregnancy within 3 months of death)

Where was disease contracted? -----

Name of operation none Date -----

Major finding -----

Finding of autopsy none

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? no Suicide? no Homicide? no

Occurred ----- 19 ----- City, county, state

where violence occurred -----

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

Attendant's OWN Signature US Douglas md (M. D. or other)

and Address Lewiston Idaho Date Dec 14 1948 (For additional space, use reverse side)

Dr. Douglas

486

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1048

State File No. **4674**  
Local Reg. No. **222**  
Reg. Dist. No. **220**

## 1. PLACE OF DEATH:

- (a) County My Peru  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. Regency Stayed 1 days  
(g) Lived in this county 46 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County My Peru  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 631-4th Ave  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 46 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

Ralph L. Thompson

## 3. (b) If veteran,

name war ..... No. ....

## 3. (c) Social Security

No. ....

4. Sex M. 5. Color or race W.  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 57 years

7. Date of Birth (Month, Day, Year) July 23-1880

8. AGE	Years	Months	Days	If less than 1 day
	<u>68</u>	<u>5</u>	<u>22</u>	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Quebec Ontario (City or town) (State or foreign country)

12. Name George Thompson

13. Birthplace (City or town) (State or foreign country)

14. Maiden name Amelia Berolsey

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Gregory Carson

and Address Lewiston, Idaho

17. (a) Cremation (b) Date thereof 12-20-48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Spokane, Wn

18. Funeral Director's OWN Signature by Andrew Rawls

and Address .....

19. (a) Dec. 18, 1948 (b) Chyllis Neumayer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 12-15 1948  
at 12-40 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1948 to 19

I last saw h.i. alive on 12-15 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Decomposition Duration 4 days

ant. nephritis

Due to OS. Cardiac Renal vascular 4 yrs.

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature John E Carson (M. D. or other)  
and Address Lewiston Date 12-17-48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

9088

State File No. 4675

Local Reg. No. 234

Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph's Stayed 15 days  
(g) Lived in this county 19 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 1112 1/2 Idaho St.  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

WALTER SPECK

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

4. Sex male race white

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife  
Margaret

6. (c) Age of husband or wife if  
alive 69 years

7. Date of Birth  
(Month, Day, Year) February 17, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>9</u>	<u>28</u>	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Iowa  
(City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name Noah Speck

13. Birthplace Unknown  
(City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Sarah Rogers

15. Birthplace Unknown  
(City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's Edwin L Pierson  
OWN Signature \_\_\_\_\_  
and Address Lewiston, Idaho

17. (a) Burial (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof Dec. 18, 1948  
(Month) (Day) (Year)

(c) Place Normal-Hill Cemetery

18. Funeral Director's Brower-Wann by: H. H. Malcom  
OWN Signature \_\_\_\_\_  
and Address Lewiston, Idaho

19. (a) Dec 20, 1948 (b) Chylin Neumayer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) December 15 1948  
at 10:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_\_.  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_\_.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Due to Carcinoma of bladder

Due to Hypertensive cardiac

Other heart disease

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_\_. City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's A. J. White, M.D.

OWN Signature \_\_\_\_\_ (M. D. or other)

and Address Lewiston Date 12-20, 1948

(For additional space, use reverse side)

Dr. A. J. White 180

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 4676  
Local Reg. No. 236  
Reg. Dist. No. 221

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. 1  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Sommerville Hos Stayed 88 days  
(g) Lived in this county 10 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston Orchards  
(d) Street Address or R.F.D. No. 1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Henry Meyers

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced single

4. Sex male race white  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) 2-2-1856

8. AGE	Years	Months	Days	If less than 1 day
	92	10	13	hrs min.

9. Exact Occupation retired Did this work for \_\_\_\_\_ yrs.

10. Industry or Business millwright Date last worked 1946

11. Birthplace Manitawa, Wisconsin  
(City or town) (State or foreign country)

12. Name Nicholas Meyer

13. Birthplace Luxemburg  
(City or town) (State or foreign country)

14. Maiden name Scara "idowa"

15. Birthplace Bohemia  
(City or town) (State or foreign country)

16. Informant's OWN Signature W. J. Vassar  
and Address Lewiston, Idaho

17. (a) burial (b) Date thereof 12-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature W. J. Vassar  
and Address Lewiston, Idaho

19. (a) Dec 22, 1948 (b) Phyllis Neumayer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) December 15, 1948  
at 6:00 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 1945 to Dec 8, 1948

I last saw h.m. alive on Dec 8, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Coronary occlusion

Due to Coronary artery

Due to atherosclerosis

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Ray W. Eastman M.D.

and Address Lewiston, Idaho Date Dec 16, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 10 1949

# Certificate of Death

STATE OF IDAHO

State File No. 4677  
Local Reg. No. 233  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph's Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Spalding  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

BABY BOY ELLENWOOD

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex male race Indian

6. (a) Single, widowed, married,  
divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year) Dec 17, 1948

8. AGE	Years	Months	Days	If less than 1 day
				5 hrs. 30 min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name James Ellenwood

13. Birthplace Spalding, Idaho (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Elizabeth Crowe

15. Birthplace Sweetwater, Idaho (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature James Ellenwood  
and Address Spalding, Idaho

17. (a) Burial (b) Date thereof 12-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Sweetwater, Idaho

18. Funeral Director's OWN Signature Brower-Wann  
and Address Lewiston, Idaho

19. (a) Dec 20, 1948 (b) G. H. Malcom  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) December 17 1948  
at 8:20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1948 to Dec 17, 1948

I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Prematurity, about 5 1/2 mos. gestation.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_  
Attendant's OWN Signature A. J. White, M.D.  
(M. D. or other)

and Address Lewiston Date 12-20-1948  
(For additional space use reverse side)

159X

Dr. A. J. White 180

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. **4678**  
Local Reg. No. **237**  
Reg. Dist. No. **220**

## 1. PLACE OF DEATH:

- (a) County **Nez Perce**  
(b) City or town **Lewiston**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Joseph's** Stayed **4** days  
(g) Lived in this county **1** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Nez Perce**  
(c) City or town **Lewiston Orchards**  
(d) Street Address or R.F.D. No. **1**  
(e) Deceased lived Inside? ☒ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**Clarence Cox**

**092A**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **516-20-8134**  
5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
4. Sex **male** 6. (b) Name of husband or wife **Clella** 6. (c) Age of husband or wife if alive **48** years  
7. Date of Birth (Month, Day, Year) **4-7-1901**

8. AGE	Years	Months	Days	If less than 1 day
	<b>47</b>	<b>8</b>	<b>12</b>	hrs min.

9. Exact Occupation **retired** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Date last worked \_\_\_\_\_  
11. Birthplace **Belgrade, Montana** (City or town) (State or foreign country)

- Mother Father { 12. Name **W. H. Cox**  
13. Birthplace **Illinois** (City or town) (State or foreign country)  
14. Maiden name **Laura Miller**  
15. Birthplace **Missouri** (City or town) (State or foreign country)

16. Informant's OWN Signature **Wallace Cox**  
and Address **Lewiston, Idaho**

17. (a) **renewal** (b) Date thereof **2-22-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Bazeman, Montana**

18. Funeral Director's OWN Signature **Wm. V. Vassar**  
and Address **Lewiston, Idaho**

19. (a) **Dec. 22 1948** (b) **Chyllis Neumayer**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

**111A**

20. DATE OF DEATH (Month, Day, Year) **Dec. 19, 1948**  
at **7:30** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **Dec. 14, 1948, to Dec. 19, 1948**  
I last saw h.i.m. alive on **Dec. 19, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Heart failure** Duration **10d.**

Due to **Rheumatic Heart dis.** **20 yrs.**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy **Extreme aortic stenosis, & pulmonary infarction**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **B. B. Stein M.D.** (M. D. or other)  
and Address **307 St. John's Way** Date **Dec. 22, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 1 1948

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. **4679**  
Local Reg. No. **238**  
Reg. Dist. No. **220**

## DIVISION OF VITAL

1. PLACE OF DEATH: **STAPLINS**  
(a) County **Hez Persp**  
(b) City or town **Lewiston**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **St. Joseph's** Stayed **1** days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Wash.** (b) County **Asotin**  
(c) City or town **Clarkston**  
(d) Street Address or R.F.D. No. **425-8 St.**  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S. A.**  
(g) How long had deceased lived in Idaho? **1** years  
(h) Former residence (city, state) **Clarkston, Wash.**

3. (a) FULL NAME **Isabelle Foskett** **C83A**

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) **6-26-1898**

8. AGE	Years	Months	Days	If less than 1 day
	<b>54</b>	<b>6</b>	<b>24</b>	hrs min.

9. Exact Occupation **housewife** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **at home** Date last worked \_\_\_\_\_  
11. Birthplace **Chicago, Illinois** (City or town) (State or foreign country)

12. Name **John Scully**  
13. Birthplace **Canada** (City or town) (State or foreign country)  
14. Maiden name **Hellie Walsh**  
15. Birthplace **Canada** (City or town) (State or foreign country)

16. Informant's OWN Signature **John Scully**  
and Address \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **12-23-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Lewiston, Idaho**

18. Funeral Director's OWN Signature **Wincent V. Jassar**  
and Address **Lewiston, Idaho**

19. (a) **Dec 23, 1948** (b) **Chyll Newman**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 044C

20. DATE OF DEATH (Month, Day, Year) **12-20** 19 **48**  
at **8:30** o'clock **a**. M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec 19** 19 **48** to **Dec 20** 19 **48**  
I last saw h.s. alive on **Dec 20** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Due to **Pneumonia**

Due to **Cerebral accident**  
Due to **Hypertension**  
Other conditions **Acute parotitis**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **Clarkston, Wash.**

Name of operation **None** Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Lay W. Eastman**  
(M.D. or other) \_\_\_\_\_  
and Address **Lewiston, Idaho** Date **Dec 20** 19 **48**  
(For additional space, use reverse side)

Eastwood

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 1 1949

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4680  
Local Reg. No. 235  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County May Ponce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. St. Joseph's Stayed 2 days  
(g) Lived in this county... years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County May Ponce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. 422-Adams St  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Charles Francis Johnson

093D

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. 578-20-1126

4. Sex M... Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) Aug 26 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>3</u>	<u>26</u>	hrs min.

9. Exact Occupation retired Farmer Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Fennimore Wis.  
(City or town) (State or foreign country)

12. Name no record

13. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

14. Maiden name no record

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's From Papers OWN Signature A. H. Vassar

and Address Lewiston Idaho

17. (a) removal (b) Date thereof 12-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Fennimore Wis.

18. Funeral Director's Vassar-Rauke Funeral Home

OWN Signature Andrew T. Vassar

and Address \_\_\_\_\_

19. (a) Dec 22, 1948 (b) C. Kyllis Neumayer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Dec 21 1948  
at 2:40 o'clock A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Dec 20 1948 to Dec 21 1948  
I last saw h.i.m. alive on Dec 21 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Congestive Heart Failure

Due to hypertension -  
schistocera tenet house

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's OWN Signature Ray W. Eastman M.D.

and Address Lewiston Idaho (M. D. or other) \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 10 1949

DEPARTMENT OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **4681**  
Local Reg. No. **291**  
Reg. Dist. No. **220**

## 1. PLACE OF DEATH: STATISTICS

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 4 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 4 months  
(h) Former residence (city, state) Wash.

## 3. (a) FULL NAME

Michael R. Wortman

180X

## 3. (b) If veteran, name war \_\_\_\_\_

## 3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
4. Sex m race W  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March 28 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>8</u>	<u>26</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Seattle Wash.  
(City or town) (State or foreign country)

12. Name Herb Wortman  
13. Birthplace Flora, Ore.  
(City or town) (State or foreign country)  
14. Maiden name Rita E. Primeau  
15. Birthplace Orlando, M. D.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Earl Myers  
and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Dec 29, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Lewiston, Idaho  
18. Funeral Director's Vassar-Ramula Funeral Home  
OWN Signature Andrew F. Vassar  
and Address \_\_\_\_\_

19. (a) Dec 28, 1948 (b) Chyllis Neussmayer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 24 1948  
at about 3:25 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Burned to Death in trailer house Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Dec 24 1948 City, county, state Lewiston, Nez Perce, Idaho

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place ☒ While at work? \_\_\_\_\_

Means of injury Burned to Death

23. Attendant's OWN Signature Andrew F. Vassar-Coroner

and Address Lewiston, Idaho Date Dec 24, 1948

(For additional space, use reverse side)

1. PLACE OF DEATH:

- (a) County Mag Perce  
(b) City or town Lewiston  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ..... Outside? X city or town  
(e) Died in a Home—Hospital—Institution X Other place....  
(f) Name Hosp. or Inst. Commonwealth Stayed 107 days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Mag Perce  
(c) City or town Lewiston  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

John Hanson

093D

3. (b) If veteran, name war ..... 3. (c) Social Security No. 3-18-01-7181  
4. Sex M race W 5. Color or ..... 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) 6-5-1888

8. AGE	Years	Months	Days	If less than 1 day
	<u>60</u>	<u>6</u>	<u>20</u>	hrs. min.

9. Exact Occupation Retired Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace Norway (City or town) (State or foreign country)

12. Name Han Hanson  
13. Birthplace Norway (City or town) (State or foreign country)  
14. Maiden name Caroline Wooler  
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature E. Pauls  
and Address Lewiston Idaho

17. (a) Burial (b) Date thereof 12-27-48 (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Andrew Pauls  
and Address Lewiston, Idaho

19. (a) Dec 28, 1948 (b) Phyllis Neumayer (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 25, 1948  
at 11:30 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1948, to Dec 22, 1948  
I last saw him alive on Dec 22, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death

Cardiac Decompensation  
Due to hypertensive heart disease

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? Lewiston

Name of operation None Date .....

Major finding Cardiac

Finding of autopsy Hypertrophy, pulmonary edema

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ....., 19..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Ray W. Eastman, M.D.

and Address Lewiston, Idaho (M. D. or other) .....

Date 12/25, 1948

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 1 1949  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

4048 State File No. **4683**

Local Reg. No. **240**

Reg. Dist. No. **220**

## 1. PLACE OF DEATH:

- (a) County NezPerce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County NezPerce  
(c) City or town Reubens  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 6 years \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**CHRISTOPHER CORNELIUS KELLEY**

3. (b) If veteran, name war World War II

3. (c) Social Security No. 509-03-4613

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Sept. 25, 1899

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>3</u>	<u>00</u>	hrs. min.

9. Exact Occupation Bridge builder Did this work for 3 yrs.

10. Industry or Business Railroad Date last worked 12-23-48

11. Birthplace Eagle Rock, Missouri  
(City or town) (State or foreign country)

Father { 12. Name C. G. Kelley

13. Birthplace ?  
(City or town) (State or foreign country)

Mother { 14. Maiden name Elvira Weaver

15. Birthplace ?  
(City or town) (State or foreign country)

16. Informant's S. M. Kelley  
OWN Signature

and Address 1449 G St. Lewiston, Idaho

17. (a) Burial (b) Date thereof 12-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Lewiston, Idaho

18. Funeral Director's Brower-Wann by K.H. Malcom  
OWN Signature

and Address Lewiston, Idaho

19. (a) Dec 28, 1948 (b) Chyllis Neumayer  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Dec. 25, 1948  
(Month, Day, Year) at 4:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1948, to Dec 25, 1948

I last saw h. alive on D.O.A. 1948;

death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

CORONARY THROMBOSIS with MYOCARDIAL INFARCTION Duration 1 hour

Due to CORONARY SCLEROSIS UNKNOWN

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? IDAHO

Name of operation NONE Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy NONE

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's O.M. Mackey, M.D.

OWN Signature \_\_\_\_\_

and Address 207-11th Date Dec 27, 1948

(For additional space, use reverse side)

Dr. O. M. Mackey

594

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 10 1948

DEPARTMENT OF VITAL

STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4684**  
Local Reg. No. **239**  
Reg. Dist. No. **220**

## 1. PLACE OF DEATH:

- (a) County... **NezPerce**  
(b) City or town... **Lewiston**  
(c) Street Address or R.F.D. No. **-----**  
(d) Death Occurred Inside? **X** Outside? **-----** city or town  
(e) Died in a Home... Hospital **X** Institution... Other place...  
(f) Name Hosp. or Inst. **St. Joseph** Stayed **-----** days  
(g) Lived in this county... years... months... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State... **Idaho** (b) County... **NezPerce**  
(c) City or town... **Lewiston**  
(d) Street Address or R.F.D. No. **1314 - 11 Ave.**  
(e) Deceased lived Inside? **X** Outside? **-----** city or town  
(f) Citizen of what country? **US**  
(g) How long had deceased lived in Idaho? **49** years  
(h) Former residence (city, state) **-----**

## 3. (a) FULL NAME

**CARRIE HERRMANN**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or race... **White**

6. (a) Single, widowed, married, divorced... **Married**

6. (b) Name of husband or wife... **Joseph**

6. (c) Age of husband or wife if alive... **84** years

7. Date of Birth (Month, Day, Year) **May 10, 1863**

8. AGE	Years	Months	Days	If less than 1 day
	<b>85</b>	<b>7</b>	<b>15</b>	hrs. min.

9. Exact Occupation... **Housewife** Did this work for... **50** yrs.

10. Industry or Business... Date last worked... **-----**

11. Birthplace... **Alsace Lorraine** (City or town) **Germany** (State or foreign country)

12. Name... **Amond Farner**

13. Birthplace... **Germany** (City or town) (State or foreign country)

14. Maiden name... **Kattie Gaff**

15. Birthplace... **Germany** (City or town) (State or foreign country)

16. Informant's OWN Signature... **Fred W. Herrmann**

and Address... **Myrtle Idaho**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 28, 1948** (Month) (Day) (Year)

(c) Place... **Lewiston, Idaho**

18. Funeral Director's OWN Signature... **Brower-Wann by K.H. Malion**

and Address... **Lewiston, Idaho**

19. (a) **Dec. 28, 1948** (Date received and filed) (b) **Chyllis Neumayer** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Dec. 25, 1948** at **8:10** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Nov 13 1945** to **Dec 25 1948** 19 **45** to **48**

I last saw him alive on **Nov 25 1948** 19 **48**

death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Bowel obstruction** Duration **2 wks**

Due to **Ch of Abdomen generalized**

Due to **Relative original growth**

Other conditions **Wound - abdominal**

(Include pregnancy within 3 months of death)

Where was disease contracted? **Unknown**

Name of operation **Removal of tumor**

Major finding **Ch of Kidney**

Finding of autopsy **not done**

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **No** Suicide? **No** Homicide? **No**

Occurred **No** 19 **48** City, county, state

where violence occurred **No**

Place of Violence: Home **No** Farm **No** Industry **No**

Public Place **No** While at work? **No**

Means of injury **No**

Attendant's OWN Signature **Joseph & Beauland**

(M. D. or other)

and Address **701 11th St** Date **12/26 1948**

(For additional space, use reverse side)

Dr. J. Baldeck

005

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 4685  
Local Reg. No. 246  
Reg. Dist. No. 220

## 1. PLACE OF DEATH:

- (a) County Nez Perce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. Clearwater Hotel  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. Clearwater Hotel  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

George E. Bullock

3. (b) If veteran, name war World War I

3. (c) Social Security No. \_\_\_\_\_

5. Color or \_\_\_\_\_

6. (a) Single, widowed, married, divorced divorced

4. Sex male race white

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) July 30, 1899

8. AGE	Years	Months	Days	If less than 1 day
	<u>49</u>	<u>5</u>		hrs. min.

9. Exact Occupation Railroad Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 1946

11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father { 12. Name no record

13. Birthplace no record (City or town) (State or foreign country)

Mother { 14. Maiden name Lottie Hagerty

15. Birthplace Topeka, Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature Earl R. Bullock and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 1-3-49 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. Vincent's Hospital

18. Funeral Director's OWN Signature Walter V. Jansen and Address Lewiston, Idaho

19. (a) Jan 12, 1949 (b) Chyllia Thumayer (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) December 30, 1948  
at 10:00 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1948 to Oct 5, 1948

I last saw him alive on Oct 5, 1948  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Pulmonary Hem -  
orrhage  
Due to Carcinoma of  
left lung.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred.

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. E. Eastman (M. D. or other)

and Address Lewiston, Idaho Date Jan 7, 1949  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 17 1949

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4686  
Local Reg. No. 248  
Reg. Dist. No. 220

## DEPARTMENT OF VITAL STATISTICS

### 1. PLACE OF DEATH:

- (a) County STATISTICS  
(b) City or town Nez Perce  
(c) Street Address or R.F.D. No. Lewiston  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Nez Perce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

### 3. (a) FULL NAME

Robert Craig

### 3. (b) If veteran, name war

W.W. I

### 3. (c) Social Security No.

### 5. Color or

4. Sex male race white

### 6. (b) Name of husband or wife

6. (a) Single, widowed, married, divorced Divorced

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

### 7. Date of Birth (Month, Day, Year)

July 16, 1889

8. AGE	Years	Months	Days	If less than 1 day
	59	5	14	hrs. min.

9. Exact Occupation Labor Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) Texas

12. Name Robert Craig

13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) Texas

14. Maiden name Stella Smith

15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) Missouri

16. Informant's OWN Signature Hospital Record

and Address Lewiston, Idaho

17. (a) Burial (b) Date thereof 1-12-49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Lewiston, Idaho

18. Funeral Director's OWN Signature Valley-Rambs Funeral Home

and Address Lewiston, Idaho

19. (a) Jan 14, 1949 (b) Chyle Hume  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

### 20. DATE OF DEATH

(Month, Day, Year) December 30, 19 48  
at 5:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 29  
19 48, to Dec 30 19 48

I last saw h. im alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cardiac Failure

Duration 6 hrs.

Due to Ruptured ulcer

26 hrs.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

### 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature John E. Cassoway

and Address Lewiston, Idaho M.D. or other \_\_\_\_\_

Date 1-11 19 49  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **4687**  
Local Reg. No. **1274**  
Reg. Dist. No. **23**

## 1. PLACE OF DEATH:

- (a) County Myer  
(b) City or town Lafayette  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ✓ Outside? ..... city or town  
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 3 years 6 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County South  
(c) City or town Myer  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ✓ Outside? ..... city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 55 years  
(h) Former residence (city, state) Pullman, Wash.

## 3. (a) FULL NAME

Arnie Lorraine Booth

083A

## 3. (b) If veteran,

name war -

## 3. (c) Social Security

No. -

5. Color or 6. (a) Single, widowed, married,  
Sex Female race White divorced Married

6. (b) Name of husband or wife Clark W. 6. (c) Age of husband or wife if  
alive 82 years

7. Date of Birth  
(Month, Day, Year) May 10 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>6</u>	<u>25</u>	hrs min.

9. Exact Occupation House wife Did this work for life yrs.

10. Industry or Business own home Date last worked April 12-48

11. Birthplace Clark Hill Ind.  
(City or town) (State or foreign country)

12. Name Martin B. Peterson

13. Birthplace Ind.  
(City or town) (State or foreign country)

14. Maiden name Marquetta Peterson

15. Birthplace Ind.  
(City or town) (State or foreign country)

16. Informant's OWN Signature C. W. Booth

- and Address Lafayette Idaho

17. (a) Removal (b) Date thereof 12-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Myer Idaho

18. Funeral Director's OWN Signature Albert Hoff

- and Address Myer Idaho

19. (a) 12-7-48 (b) Albert Hoff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 102X

20. DATE OF DEATH  
(Month, Day, Year) 12-6-1948  
at 1-10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1948, to 1948

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 2 hrs

Due to Hypertension

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature Leonard L. Hansen, M.D.

and Address Myer Idaho Date 12-7-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4688  
Local Reg. No. 272  
Reg. Dist. No. 2-2-1

## 1. PLACE OF DEATH:

- (a) County May Ponce  
(b) City or town Lewiston  
(c) Street Address or R.F.D. No. R.F.D.  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home X Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 50 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County May Ponce  
(c) City or town Lewiston  
(d) Street Address or R.F.D. No. R.F.D.  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

Rosso Cotroneo

099X

3. (b) If veteran, name war                      No.                       
5. Color or race W.  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Carmela  
6. (c) Age of husband or wife if alive 56 years  
7. Date of Birth (Month, Day, Year) Dec. 8, 1859

8. AGE	Years	Months	Days	If less than 1 day
	<u>89</u>	<u>0</u>	<u>17</u>	hrs min.

9. Exact Occupation Retired Did this work for                      yrs.  
10. Industry or Business                      Date last worked                       
11. Birthplace Riggio Italy (City or town) (State or foreign country)  
12. Name no record  
13. Birthplace                      (City or town) (State or foreign country)  
14. Maiden name no record  
15. Birthplace                      (City or town) (State or foreign country)

16. Informant's OWN Signature Pat Cotroneo  
and Address Lewiston, Ida.

17. (a) Burial (b) Date thereof 12-29-48  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature by Andrew J. Vassar  
and Address Lewiston, Ida.

19. (a) Dec. 28, 1948 (b) Phyllis Thurman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Dec 25 1948  
(Month, Day, Year)  
at 10:45 o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from 1937 to Dec 20 1948

I last saw him alive on Dec 20 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction Duration 10 min.

Due to Embolism one week

Due to                     

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation                      Date                     

Major finding                     

Finding of autopsy                     

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?                      Suicide?                      Homicide?                       
Occurred                      19                      City, county, state where violence occurred  
Place of Violence: Home                      Farm                      Industry                       
Public Place                      While at work?

23. Attendant's OWN Signature John E. Carsson  
(M. D. or other)

and Address                      Date                      19                       
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

DEC 17 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **4689**  
Local Reg. No. **34**  
Reg. Dist. No. **530**

## 1. PLACE OF DEATH:

- (a) County **Oneida**  
(b) City or town **Malad**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital ..... Institution ..... Other place .....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county **65** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Oneida**  
(c) City or town **Malad**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? **68** years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME

**John Harrison**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**  
5. Color or race **Wht.** 6. (a) Single, widowed, married, divorced **Widowed**  
4. Sex **Male** 6. (b) Name of husband or wife **Lucinda Campbell**  
6. (c) Age of husband or wife if live ..... years  
7. Date of Birth (Month, Day, Year) **October 3 1862**

8. AGE	Years	Months	Days	If less than 1 day
	<b>86</b>	<b>2</b>	<b>7</b>	hrs min.

9. Exact Occupation **Farming** Did this work for **50** yrs.  
10. Industry or Business **Own Farm** Date last worked **1932**  
11. Birthplace **Sheffield England**  
(City or town) (State or foreign country)

12. Name **Edward Harrison**  
13. Birthplace **England**  
(City or town) (State or foreign country)  
14. Maiden name **Elizabeth Holland**  
15. Birthplace **England**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **John Harrison**  
and Address **Malad Idaho**

17. (a) **Burial** (b) Date thereof **Dec 13 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Malad Idaho**

18. Funeral Director's OWN Signature **John Harrison**  
and Address **Malad Idaho**

19. (a) **Dec 13 1948** (b) **John Harrison**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **December 10 19 48**  
at **2:40** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec 1 19 48** to **Dec 10 19 48**  
I last saw him alive on **Dec 10 19 48**; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Cornary Thrombosis** Duration

- Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....  
Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....  
23. Attendant's OWN Signature **John Harrison** (M. D. or other)  
and Address **Malad** Date **12 12 48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 5 1949  
DIVISION OF VITAL STATISTICS

# NON-RESIDENT CERTIFICATE OF DEATH STATE OF IDAHO

State File No. **4690**  
Local Reg. No. **35**  
Reg. Dist. No. **530**

## 1. PLACE OF DEATH:

- (a) County **Onida**  
(b) City or town **Malad**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ..... Other place ....  
(f) Name Hosp. or Inst. **Malad** Stayed **2** days  
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME **KETCH TOYAHDOOK**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**  
5. Color or 6. (a) Single, widowed, married,  
Sex **Male** race **Indian** divorced **widowed**  
(b) Name of husband or 6 (c) Age of husband or wife if  
wife ..... alive ..... years

7. Date of Birth (Month, Day, Year) **Jan 25th 1870**

AGE	Years	Months	Days	If less than 1 day
	<b>78</b>	<b>10</b>	<b>24</b>	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **Logan, Utah**  
(City or town) (State or foreign country)

Father { 12. Name **Toyahdook**  
13. Birthplace **Unknown**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Pancoaitche**  
15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Newell S. Cutler**  
and Address **Washaki, Utah**

17. (a) Burial (b) Date thereof **Dec. 21 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Washaki, Utah**

18. Funeral Director's OWN Signature **Wilfred Rogers**  
and Address **Tremonton, Utah**

19. (a) **Dec. 23 - 1948** (b) **J. S. Benson**  
(Date received and filed) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State **Utah** (b) County **Box Elder**  
(c) City or town **Washaki**  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) If foreign born, in U. S. .... yrs. Citizen of U. S. ?  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) .....

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Dec. 18th 1948**  
at **2:10** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Sept 1948** to **Nov 15, 1948**  
I last saw h. .... alive on **Nov 15, 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

**TB lungs**  
**Cardiovascular**

Due to .....

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **O. D. Mabe**  
and Address **Malad** (M. D. or other)  
(For additional space, use reverse side) Date **12-23-48**



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 5 1948  
DIVISION OF VITAL STATISTICS  
**Certificate Of Death**  
STATE OF IDAHO

948  
State File No. **4691**  
Local Reg. No. **36**  
Reg. Dist. No. **530**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Oneida**  
(b) City or town **Malad**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? **X** Outside? ..... city or town  
(e) Died in a Home **X** Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. .... Stayed... days  
(g) Lived in this county **79** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Oneida**  
(c) City or town **Malad**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho? **79** years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **Winniefred Eliza Jones**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**  
5. Color or 6. (a) Single, widowed, married, divorced **Widow**  
4. Sex **Female** race **Wht.**  
6. (b) Name of husband or wife **John E. Jones** 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) **October 17 1866**

8. AGE	Years	Months	Days	If less than 1 day
	<b>82</b>	<b>2</b>	<b>10</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **61** yrs.  
10. Industry or Business **Own Home** Date last worked **Dec 27**  
11. Birthplace **Brigham City Utah** (City or town) (State or foreign country)

12. Name **Caleb Phillip Jones**  
13. Birthplace **Wales** (City or town) (State or foreign country)  
14. Maiden name **Eliza Roberts**  
15. Birthplace **North Wales** (City or town) (State or foreign country)

16. Informant's OWN Signature **Gwenfred J. Jones**  
and Address **Malad Idaho**

17. (a) **Burial** (b) Date thereof **Dec 30-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Malad Idaho**

18. Funeral Director's OWN Signature **J. Ben Roman**  
and Address **Malad Idaho**

19. (a) **Dec 28 1948** (b) **J. Ben Roman**  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

20. DATE OF DEATH **December 27** 19 **48**  
(Month, Day, Year)  
at **7:45** o'clock **P.M.**

21. I HEREBY CERTIFY, That I attended deceased from **Dec 23** 19 **48**, to **Dec 27** 19 **48**  
I last saw him alive on **Dec 23 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **General Debility** Duration

**Positive Coronary**  
Due to **thrombosis**

Due to .....  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **D. H. Maly**  
and Address **Malad** (M. D. or other) Date **12-28-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States

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Bureau of the Census

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CERTIFICATE OF DEATH

DEPARTMENT OF VITAL

STATE OF IDAHO

448

4692

State File No.

Local Reg. No. 2

Reg. Dist. No. 991

1. PLACE OF DEATH:

- (a) County Owyhee  
(b) City or town Grandview  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. 37 Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Owyhee  
(c) City or town Grandview  
(d) Street Address or R. F. D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) Nebraska

3. (a) FULL NAME

Len a Rebecc a Carothers

3. (b) If veteran, name war

3. (c) Social Security No. none

5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife James Melton  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Sept 1 1887

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>3</u>	<u>6</u>	hrs min.

9. Exact Occupation Ho usewife Did this work for life yrs.  
10. Industry or Business Home Looking Glass Neb. Date last worked Dec 1/48  
11. Birthplace (City or town) (State or foreign country)

12. Name Fred erick William Edwar ds  
13. Birthplace London En gland (City or town) (State or foreign country)  
14. Maiden name Chr isty ary Christiansen  
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Ninnie L Blackburn and Address Grandview Idaho

17. (a) Burial (b) Date thereof Dec 10, 1948 (Month) (Day) (Year)  
(c) Place: Grandview Idaho

18. Funeral Director's OWN Signature Edward M Gibbons and Address Mo unt ain Home Idah o

19. (a) Dec 10, 1948 (Date received and filed) (b) Edw M Gibbons (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 6 1948  
(Month, Day, Year) at 1:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary T h rombosis Duration 15 min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature Phil I Green Coroners and Address Mt Home Ida (M. D. or other) Date 12/6 1948  
(For additional space, use reverse side)

Ben Mortuary

094A

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 10 1949  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

1948 State File No. 4693  
Local Reg. No. 117  
Reg. Dist. No. 392

## 1. PLACE OF DEATH:

- (a) County Owyhee  
(b) City or town Homedale  
(c) Street Address or R.F.D. No. Route #1  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Other place  
(f) Name Hosp. or Inst. Own Stayed days  
(g) Lived in this county 17 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Owyhee  
(c) City or town Homedale  
(d) Street Address or R.F.D. No. Route #1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 17 years  
(h) Former residence (city, state) California

## 3. (a) FULL NAME Oliver Wendel Meglasson

3. (b) If veteran, name war No 3. (c) Social Security No. No  
4. Sex M 5. Color or W 6. (a) Single, widowed, married, divorced S  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) March 11-1906

8. AGE	Years	Months	Days	If less than 1 day
	<u>42</u>	<u>9</u>	<u>19</u>	hrs. min.

9. Exact Occupation Farmer Did this work for years  
10. Industry or Business worked Date last worked  
11. Birthplace Rockville, Missouri  
(City or town) (State or foreign country)

12. Name Con Meglasson  
13. Birthplace Missouri  
(City or town) (State or foreign country)  
14. Maiden name Jessie Deffenbaugh  
15. Birthplace Adrian, Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature Jessie Meglasson  
and Address Homedale, Idaho Rt. 1

17. (a) Burial (b) Date thereof 1-4-49  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Wilder

18. Funeral Director's OWN Signature W. J. Caldwell  
and Address Caldwell, Idaho

19. (a) 1-7-49 (b) W. J. Caldwell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 30 19 48  
at 4:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 29 to Dec 30 19 48  
I last saw h. in alive on Dec 30 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Cerebral hemorrhage Duration 3 days  
Due to spontaneous

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? Swicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

Means of injury William J. Kelly, M.D.  
23. Attendant's OWN Signature Homedale, Idaho Date Jan 4 1949  
and Address Wilder, Idaho  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 1694  
Local Reg. No. 64  
Reg. Dist. No. 330

## 1. PLACE OF DEATH: STATISTICS

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R.F.D. No. S. 10th Street  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Payette Hosp Payed --- days  
(g) Lived in this county --- years 5 months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town New Plymouth  
(d) Street Address or R.F.D. No. -----  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? --- years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME Thomas Moore Davis

3. (b) If veteran, name war --- No. ---  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex male 6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) April 16, 1867

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>7</u>	<u>22</u>	hrs min.

9. Exact Occupation Farmer Did this work for 60 yrs.  
10. Industry or Business Retired Date last worked 1945  
11. Birthplace Canada (City or town) (State or foreign country)

12. Name unknown  
13. Birthplace unknown (City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Herbert J. Davis  
and Address New Plymouth, Idaho

17. (a) removal (b) Date thereof 12-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Mountain Home, Idaho

18. Funeral Director's OWN Signature Gifford R. Sheffer  
and Address Payette, Idaho E-344

19. (a) December 11-48 (b) Beattie M. Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Dec. 8 1948  
(Month, Day, Year) at 2:35 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1948 to Dec 8, 1948  
I last saw him alive on Dec 8, 1948; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: St. infection of lungs Duration 18 hrs.  
Due to passive congestion of lungs 2 1/2 hrs.  
Due to Traumatic injury to chest and left hip 2 days  
Other conditions Chronic arthritis 10 yrs.  
(Include pregnancy within 3 months of death) Gravidy, anterior placenta 30 yrs.

- Where was disease contracted? --- PHYSICIAN ---  
Name of operation --- Date ---  
Major finding --- Underline the cause to which death should be charged statistically.  
Finding of autopsy ---

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred Dec 6, 1948 City county state New Plymouth, Payette Co, Idaho  
where violence occurred ---  
Place of Violence: Home ☒ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☒  
Means of injury fall on ice striking chest and left hip  
23. Attendant's OWN Signature Gen. E. Davis, M.D. (M. D. or other)  
and Address New Plymouth, Idaho Date Dec 8, 1948  
(For additional space, use reverse side)

186A

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEPARTMENT OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. **4695**  
Local Reg. No. **63**  
Reg. Dist. No. **330**

## 1. PLACE OF DEATH:

- (a) County **Payette**  
(b) City or town **Payette**  
(c) Street Address or R.F.D. No. **6th Ave. S.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. **Stayed** days  
(g) Lived in this county **63** years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Payette**  
(c) City or town **Payette**  
(d) Street Address or R.F.D. No. **6th Ave. S.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **63** years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME **Martha Ann Applegate**

3. (b) If veteran, name war ----- No. -----  
5. Color or 6. (a) Single, widowed, married, divorced **widowed**  
4. Sex **female** race **white**  
6. (b) Name of husband or wife **Samuel Applegate** 6. (c) Age of husband or wife if alive **deceased** years  
7. Date of Birth (Month, Day, Year) **June 21, 1860**

8. AGE	Years	Months	Days	If less than 1 day
	<b>88</b>	<b>5</b>	<b>18</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **60** yrs.  
10. Industry or Business **Home** Date last worked **1947**  
11. Birthplace **Elm Springs, Arkansas**  
(City or town) (State or foreign country)  
Mother { 12. Name **Jonathan H. Reavis**  
13. Birthplace **North Carolina**  
(City or town) (State or foreign country)  
14. Maiden name **Martha Ann Reavis**  
15. Birthplace **Elm Springs, Arkansas**  
(City or town) (State or foreign country)  
16. Informant's ☒ OWN Signature **Gary Wells**  
and Address **Payette, Idaho**  
17. (a) **burial** (b) Date thereof **12-13-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **New Plymouth, Idaho**  
18. Funeral Director's **Kennedy-Applegate Cem.**  
OWN Signature **Gifford R. Shaffer**  
and Address **Payette, Idaho E-344**  
19. (a) **December 11, 1948** (b) **Boise, Idaho**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **December 9, 1948**  
at **3:35** o'clock **P.M.**  
21. I HEREBY CERTIFY, That I attended deceased from **1941** to **Dec 9, 1948**  
I last saw her alive on **Dec 9, 1948** death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Cerebral Hemorrhage** Duration **8 days**  
Due to -----  
Due to -----  
Other conditions (Include pregnancy within 3 months of death) -----  
Where was disease contracted? -----  
Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred **19** City, county, state where violence occurred -----  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----  
23. Attendant's **John J. Kaiser**  
OWN Signature **Payette, Ida.** (M. D. or other)  
and Address **Payette, Ida.** Date **12-11-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States

Department of Commerce  
Bureau of the Census

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DEC 17 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **4696**  
Local Reg. No. **66**  
Reg. Dist. No. **330**

## 1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R.F.D. No. So. 10th St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place Payette Memorial  
(f) Name Hosp. or Inst. Stayed 11 days  
(g) Lived in this county 11 years xxx months xx days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R.F.D. No. Rural  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 11 years  
(h) Former residence (city, state) -----

## 3. (a) FULL NAME SHERRY LEE TAYSOM

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----  
5. Color or white 6. (a) Single, widowed, married, divorced single  
4. Sex female race white  
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Date of Birth (Month, Day, Year) December 2, 1948

8. AGE	Years	Months	Days	If less than 1 day
	--	--	<u>11</u>	-- hrs-- min.

9. Exact Occupation Infant Did this work for --- yrs.  
10. Industry or Business Infant Date last worked ---  
11. Birthplace Payette, Payette Co, Idaho  
(City or town) (State or foreign country)

12. Name Reed D. Taysom  
13. Birthplace New Dale, Idaho  
(City or town) (State or foreign country)  
14. Maiden name Elma Meacham  
15. Birthplace Wyoming  
(City or town) (State or foreign country)

16. Informant's ☒ OWN Signature Reed D. Taysom  
and Address Payette, Idaho

17. (a) Burial (b) Date thereof 12/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Rosedale Memorial Park

18. Funeral Director's OWN Signature Gifford R. Skaffer  
and Address Payette, Idaho

19. (a) Dec 15-48 (b) Reed D. Taysom  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 13, 1948  
at 8:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1948, to Dec. 13, 1948.  
I last saw her alive on Dec. 13, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity Duration 6 mo.

Due to infection of 6 mo.  
Due to -----  
Other conditions -----  
(Include pregnancy within 3 months of death)

Where was disease contracted? -----  
Name of operation ----- Date -----  
Major finding -----  
Finding of autopsy -----

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----  
Occurred ----- 19 ----- City, county, state where violence occurred  
Place of Violence: Home ----- Farm ----- Industry -----  
Public Place ----- While at work? -----  
Means of injury -----

23. Attendant's OWN Signature IR Green  
and Address Payette, Idaho Date 12/13/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 17 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 4697  
Local Reg. No. 67  
Reg. Dist. No. 330

## 1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R.F.D. No. 305 River St.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place ---  
(f) Name Hosp. or Inst. --- Stayed --- days  
(g) Lived in this county 1 1/2 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R.F.D. No. 305 River St.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 1 1/2 years  
(h) Former residence (city, state) Martensdale, Iowa

## 3. (a) FULL NAME

CHRISTINE ELIZABETH HUSS

## 3. (b) If veteran,

name war ---

## 3. (c) Social Security

No. ---

5. Color or

6. (a) Single, widowed, married,

4. Sex Female race White divorced married

6. (b) Name of husband or wife William F. Huss alive 69 years

## 7. Date of Birth

(Month, Day, Year) February 4, 1880

## 8. AGE

Years  
68

Months  
10

Days  
10

If less than 1 day  
--- hrs --- min.

## 9. Exact

Occupation Housewife

## Did this

work for 33 yrs.

## 10. Industry or

Business Home

## Date last

worked ---

## 11. Birthplace

Meldorf, Germany

(City or town)

(State or foreign country)

## 12. Name

Peter Hohrmann

## 13. Birthplace

Germany

(City or town)

(State or foreign country)

## 14. Maiden name

Gretchen Fisher

## 15. Birthplace

Germany

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature William F. Huss

and Address Payette, Idaho

## 17. (a) Removal

(Burial, cremation, or removal)

## (b) Date thereof

(Month) (Day) (Year) 12/16/48

(c) Place: Norwalk, Iowa

## 18. Funeral Director's

OWN Signature Gifford R. Shaffer E-344

and Address Payette, Idaho

## 19. (a)

Dec. 15-1948

(Date received and filed)

## (b)

Bessie J. Woodhouse

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) December 14 1948  
at 5:30 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Aug. 15 1948 to Dec. 14 1948

I last saw her alive on Dec. 10, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary failure

## Duration

## Due to

Coronary thrombosis

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

Symptomatic stroke

## Where was disease contracted?

## Name of operation

Date

## Major finding

## Finding of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home --- Farm --- Industry ---

Public Place ---

While at work? ---

## Means of injury

## 23. Attendant's

OWN Signature R. Woodhouse

(M. D. or other)

and Address Payette, Idaho Date 12/15/48

(For additional space, use reverse side)

1948  
State File No. 4698  
Local Reg. No. 68  
Reg. Dist. No. 330

United States  
Department of Commerce  
Bureau of the Census

# RECEIVED Certificate Of Death

DEC 27 1948

STATE OF IDAHO

## DIVISION OF VITAL STATISTICS

### 1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R.F.D. No. S. 10th St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Payette Mem. stayed 2 days  
(g) Lived in this county 19 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

### 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R.F.D. No. Center Ave.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) Independence, Va.

### 3. (a) FULL NAME ISAAC PHIPPS

#### 3. (b) If veteran,

name war -----

#### 3. (c) Social Security

No. -----

5. Color or 6. (a) Single, widowed, married,  
4. Sex male race White divorced widowed

6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife Virginia Jones alive 1936 deceased

7. Date of Birth October 1, 1867  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	81	2	19	hrs min.

9. Exact Occupation Farmer retired Did this work for 60 yrs.

10. Industry or Business Farm Date last worked ---

11. Birthplace Independence, Virginia  
(City or town) (State or foreign country)

12. Name Zebedee Phipps

13. Birthplace Virginia  
(City or town) (State or foreign country)

14. Maiden name Nancy Busic

15. Birthplace Virginia  
(City or town) (State or foreign country)

16. Informant's John M. Phipps  
OWN Signature

- and Address Portland, Oregon

17. (a) Burial (b) Date thereof 12/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Riverside Cem., Payette, Ida.

18. Funeral Director's Giffard R. Shaffer E-344  
OWN Signature

- and Address Payette, Idaho

19. (a) 12/21/48 (b) W. L. Leland  
(Date received and filed) (Registrar's signature)

### MEDICAL CERTIFICATE OF DEATH 083B 097X

20. DATE OF DEATH  
(Month, Day, Year) December 20 1948  
at 3:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
July 17 1948 to Dec 19 1948

I last saw him alive on Dec 19 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral thrombosis Duration 4 days

Due to generalized arteriosclerosis E. 10 yrs.

Due to arteriosclerosis

Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

gonorrhea, left hip abscess 5 mos.

Where was disease contracted?

Name of operation --- Date ---

Major finding ---

Finding of autopsy ---

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---

Occurred --- 19 --- City, county, state

where violence occurred

Place of Violence: Home --- Farm --- Industry ---

Public Place --- While at work? ---

Means of injury ---

23. Attendant's Walter S. Kotas M.D.  
OWN Signature

and Address Payette, Idaho Date 12/21/48

(M. D. or other)

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 5 1949

BUREAU OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. **4699**  
Local Reg. No. **70**  
Reg. Dist. No. **330**

## 1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R.F.D. No. --  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place ---  
(f) Name Hosp. or Inst. --- Stayed -- days  
(g) Lived in this county 40 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R.F.D. No. --  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Canton, Ohio

## 3. (a) FULL NAME JOHN T. TAYLOR

3. (b) If veteran, name war -- 3. (c) Social Security No. --  
5. Color or --- 6. (a) Single, widowed, married, ---  
4. Sex male race White divorced single  
6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years  
7. Date of Birth (Month, Day, Year) February 16, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>10</u>	<u>6</u>	hrs min.

9. Exact Occupation Carpent er Did this work for 50 yrs.  
10. Industry or Business Carpenter Date last worked --  
11. Birthplace Canton, Ohio  
(City or town) (State or foreign country)

12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Public Welfare Records  
and Address Payette, Idaho

17. (a) Burial (b) Date thereof 12/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Riverside Cemetery, Payette,

18. Funeral Director's OWN Signature Gifford R. Shaffer  
and Address Payette, Idaho E-344

19. (a) Dec 27-1948 (b) W. M. Woodruff  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 22 19 48  
at 9:00 o'clock P. M. Estimated

21. I HEREBY CERTIFY, That I attended deceased from held inquest to 12-23-48  
I last saw him alive on 19, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Failure Duration

- Due to ---  
Due to ---  
Other conditions ---  
(Include pregnancy within 3 months of death)

- Where was disease contracted? --- PHYSICIAN  
Name of operation --- Date --- Underline  
Major finding --- the cause to  
Finding of autopsy --- which death  
--- should be  
--- charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred --- 19 --- City, county, state  
where violence occurred ---  
Place of Violence: Home --- Farm --- Industry ---  
Public Place --- While at work? ---

- Means of injury ---  
23. Attendant's OWN Signature Gifford R. Shaffer Caron  
(M. D. or other) ---  
and Address Payette, Ida Date 12-27-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 5 1949

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4700  
Local Reg. No. 71  
Reg. Dist. No. 330

## 1. PLACE OF DEATH:

- (a) County Payette  
(b) City or town Payette  
(c) Street Address or R.F.D. No. 10th St. S.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Payette-Hosp. 4 days  
(g) Lived in this county 56 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R.F.D. No. Star Route  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 56 years  
(h) Former residence (city, state) Pretitz, Germany

## 3. (a) FULL NAME Anton Diederichsen

3. (b) If veteran, name war No.  
3. (c) Social Security No.  
5. Color or white  
6. (a) Single, widowed, married, divorced Widowed  
4. Sex male race white  
6. (b) Name of husband or wife Millie  
6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth (Month, Day, Year) October 7, 1869

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>2</u>	<u>23</u>	hrs min.

9. Exact Occupation Nurseryman Did this work for 55 yrs.  
10. Industry or Business Nursery Date last worked -----  
11. Birthplace Pretitz, Germany  
(City or town) (State or foreign country)  
12. Name unknown  
13. Birthplace unknown  
(City or town) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Henry Diederichsen  
and Address Star Route Payette  
17. (a) burial (b) Date thereof 1-3-49  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Riverside Cem-Payette, Idaho  
18. Funeral Director's OWN Signature Gifford R. Shaffer  
and Address Payette, Idaho E-344  
19. (a) Jan 3-1948 (b) Benjamin M. Rodman  
Date received and filed (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 30 1948  
(Month, Day, Year) at 3:04 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1946 to Dec 30 1948

I last saw him alive on Dec 30 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Cerebral Hemorrhage 6 days  
Due to

Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature John J. Haines M.D.  
and Address Payette, Idaho Date 1-3 1949  
(For additional space, use reverse side)

United States

RECEIVED

NON-RESIDENT  
CERTIFICATE OF DEATH

Local Registrar's Duplicate

4701

Department of Commerce

DEC 1 1 1948

Local Reg. No. 62

Bureau of the Census, DIVISION OF VITAL

STATE OF IDAHO

Reg. Dist. No. 3-380

## STATISTICS

## 1. PLACE OF DEATH:

- (a) County Payette  
 (b) City or town New Plymouth  
 (c) Street Address or R. F. D. No. Box 416  
 (d) Death Occurred Inside? X Outside? city or town  
 (e) Died in a Home X Hospital — Institution — Other place —  
 (f) Name Hosp. or Inst. --- Stayed --- days  
 (g) Lived in this county years 4 months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Washington (b) County Yakima  
 (c) City or town Yakima  
 (d) Street Address or R. F. D. No. ---  
 (e) Deceased lived Inside? X Outside? city or town  
 (f) Citizen of what country? USA  
 (g) How long had deceased lived in Idaho? 4 months  
 (h) Former residence (city, state) Yakima, Washington

## 3. (a) FULL NAME

CLARENCE KRAUSE

094A

## 3. (b) If veteran, name war

3. (c) Social Security No. 532-16-74974. Sex male Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Emma E. Krause 6. (c) Age of husband or wife if alive 56 years

## 7. Date of Birth

(Month, Day, Year) May 3, 1885

8. AGE	Years	Months	Days	If less than 1 day
	<u>63</u>	<u>6</u>	<u>29</u>	hrs. min.

9. Exact Occupation Laborer Did this work for --- yrs.10. Industry or Business New Plymouth Deyrator Date last worked 11/29/4811. Birthplace Pleasanton, Nebraska (City or town) (State or foreign country)12. Name Thomas Krause13. Birthplace Unknown (City or town) (State or foreign country)14. Maiden name Mary Garmley15. Birthplace Unknown (City or town) (State or foreign country)16. Informant's OWN Signature Mrs. Irene M. Oppermanand Address New Plymouth, Idaho17. (a) Removal (b) Date thereof 12/3/48 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: Yakima, Washington18. Funeral Director's OWN Signature Gifford R. Shafferand Address Payette, Idaho19. (a) Dec 3 - 1948 (b) Clarence M. Woodard (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 2, 1948 at 1:30 o'clock P. M.21. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1948 to Dec 3, 1948. I last saw him alive on Dec 2, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Sudden coronary occlusion  
Due to Coronary Arteriosclerosis  
Chronic coronary artery disease

## Duration

Immediate  
29 hrs.  
10 yrs.

Due to ---  
 Other conditions ---  
 (Include pregnancy within 3 months of death)

Where was disease contracted? --- Physician ---Name of operation --- Date ---Major finding ---Finding of autopsy --- Underline the cause to which death should be charged statistically.22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? --- Occurred ---, 19 --- City, county, state where violence occurredPlace of Violence: Home --- Farm --- Industry ---Public Place --- While at work? ---Means of injury ---23. Attendant's OWN Signature Geo S. Davisand Address New Plymouth Date 12/2/48, 19 --- (For additional space, use reverse side)

7442

4702

Local Registrar's Duplicate

Local Reg. No. 63

Reg. Dist. No. 330

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
DEC 1 1948  
CERTIFICATE OF DEATH  
STATE OF IDAHO

1. PLACE OF DEATH:

(a) County Payette

(b) City or town Payette

(c) Street Address or R. F. D. No. Star Route

(d) Death Occurred Inside? Outside? city or town

(e) Died in a Home—Hospital—Institution—Other place

(f) Name Hosp. or Inst. Stayed days

(g) Lived in this county 53 years 2 months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette

(c) City or town Payette

(d) Street Address or R. F. D. No. Star Route

(e) Deceased lived Inside? Outside? city or town

(f) Citizen of what country? U.S.A.

(g) How long had deceased lived in Idaho? 53 years

(h) Former residence (city, state)

3. (a) FULL NAME Edward Harmon Yager

3. (b) If veteran, name war 1st World War (c) Social Security No.

5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Frances Mae Yager

6. (c) Age of husband or wife if alive deceased years

7. Date of Birth September 26, 1895

Years	Months	Days	If less than 1 day
53	2	7	hrs. min.

8. AGE 53 2 7

9. Exact Occupation Farmer Did this work for 30 yrs.

10. Industry or Business Farm Date last worked 12-2-48

11. Birthplace Payette, Idaho (City or town) (State or foreign country)

12. Name George Yager

13. Birthplace Germany (City or town) (State or foreign country)

14. Maiden name Harmon

15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature John Clauser and Address Ontario, Oregon

17. (a) Burial (b) Date thereof 12-7-48 (c) Place Riverside Cem--Payette, Idaho

18. Funeral Director's OWN Signature Giffard R. Shaffer and Address Payette, Idaho

19. (a) December 11, 1948 (b) Bessie M. Woodard (c) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 3, 1948 (Month, Day, Year) at 9:30 o'clock A.M. Estimated

21. I HEREBY CERTIFY, That I attended deceased from birth inquiry, to death on Dec. 3, 1948 I last saw him alive on 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Found dead of gunshot wound in head - with no back to one having observed the fatal incident and no information available. Other conditions determine cause or intent. (Include pregnancy within 3 months of death)

Where was disease contracted? Physician

Name of operation Date

Major finding Underline the cause to which death should be charged statistically.

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred Dec. 3, 1948 City, county, state where violence occurred Rural - Payette, Idaho Place of Violence: Home Farm Industry Public Place While at work? Means of injury Gunshot wound in head Attendant's OWN Signature Giffard R. Shaffer, Crown (M. D. or other) and Address Payette, Ida Date Dec. 7, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
**Certificate Of Death**  
DEC 27 1948 STATE OF IDAHO

State File No. **4703**  
Local Reg. No. **69**  
Reg. Dist. No. **382**

1. PLACE OF DEATH:

DIVISION OF VITAL  
STATISTICS

- (a) County Payette  
(b) City or town Fruitland  
(c) Street Address or R.F.D. No. Rural  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. ----- Stayed --- days  
(g) Lived in this county 43 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Payette  
(c) City or town Payette  
(d) Street Address or R.F.D. No. 822 North 7th St  
(e) Deceased lived Inside? ☒ Outside? --- city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Kewanee, Ill.

3. (a) FULL  
NAME

VIOLA MAY STOUT

3. (b) If veteran,

3. (c) Social Security

name war -----

No. -----

5. Color or

6. (a) Single, widowed, married,  
divorced married

4. Sex Female Race White

6. (b) Name of husband or wife Harry L. Stout  
6. (c) Age of husband or wife if alive 81 years

7. Date of Birth  
(Month, Day, Year) February 5, 1874

8. AGE	Years	Months	Days	If less than 1 day
	<u>74</u>	<u>10</u>	<u>15</u>	hrs min.

9. Exact Occupation Housewife Did this work for 47 yrs.

10. Industry or Business Home Date last worked --

11. Birthplace Buda Bereau Co., Illinois  
(City or town) (State or foreign country)

12. Name Joseph Fowler

13. Birthplace Penn.  
(City or town) (State or foreign country)

14. Maiden name Nancy Meilman

15. Birthplace Penn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mildred McClure  
and Address Fruitland, Idaho

17. (a) burial (b) Date thereof 12/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Riverside Cem., Payette, Idaho

18. Funeral Director's OWN Signature Gifford R. Shaffer  
and Address Payette, Idaho

19. (a) ----- (b) -----  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) December 20 1948  
at 6:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1948 to Dec 20, 1948

I last saw h. er alive on Dec 20, 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death

Duration

Myocardial failure 2 days

Due to Cardiovascular Renal Disease 6 months

Due to -----

Other conditions -----  
(Include pregnancy within 8 months of death)

Where was disease contracted?

Name of operation ----- Date -----

Major finding

Finding of autopsy -----

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ----- Suicide? ----- Homicide? -----

Occurred ----- 19 ----- City, county, state

where violence occurred

Place of Violence: Home ----- Farm ----- Industry -----

Public Place ----- While at work? -----

Means of injury -----

23. Attendant's

OWN Signature John J. Carter M.D.

and Address Payette, Ida. Date 12/23/48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

RECEIVED  
DEC 29 1948

STATE OF IDAHO

1948

State File No. 4704

Local Reg. No. 40

Reg. Dist. No. 500

## 1. PLACE OF DEATH:

- (a) County Power  
(b) City or town American Falls  
(c) Street Address or R.F.D. No. 501 Pocatello Ave  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Other place Schultz men  
(f) Name Hosp. or Inst. Stayed 30 Min  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Power  
(c) City or town         
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? ☒ Outside? ☐ city or town U.S.  
(f) Citizen of what country?         
(g) How long had deceased lived in Idaho? 30-Min years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

DENNIS WAYNE NEU

160C

## 3. (b) If veteran,

name war       

## 3. (c) Social Security

No.       

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years

7. Date of Birth (Month, Day, Year) Dec 21-1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>—</u>	<u>—</u>	<u>—</u>	hrs <u>30</u> min.

9. Exact Occupation        Did this work for        yrs.

10. Industry or Business        Date last worked

11. Birthplace American Falls Idaho  
(City or town) (State or foreign country)

12. Name John Chris Neu

13. Birthplace American Falls Idaho  
(City or town) (State or foreign country)

14. Maiden name Ernestine Renz

15. Birthplace Marriett Co. Dakota  
(City or town) (State or foreign country)

16. Informant's OWN Signature John C Neu  
and Address American Falls Idaho

17. (a) Burial (b) Date thereof Dec 23-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Amer Falls Idaho

18. Funeral Director's OWN Signature H. Davis  
and Address American Falls Idaho

19. (a) Dec 21-1948 (b) Ernestine Salung  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 21 1948  
at 9:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from        19      , to        19

I last saw h        alive on        19      ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial infarction + cerebral Duration         
infarction at birth

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?        PHYSICIAN       

Name of operation        Date        Underline the cause to which death should be charged statistically.

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?

Occurred        19       City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature H. Davis

and Address Amer Falls Idaho (M. D. or other)        Date Dec 21 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

DEC 30 1948

Certificate of Death

DIVISION OF VITAL

STATE OF IDAHO

STATISTICS

State File No. 4705

Local Reg. No. 318

Reg. Dist. No. 510

1. PLACE OF DEATH:

- (a) County Tower  
(b) City or town Ampliot Plant  
(c) Street Address or R.F.D. No. V.F.D.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 40 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or R.F.D. No. 114 Portneuf Park  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) -

3. (a) FULL NAME

De Vere Jay Anderson

176X

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (b) Name of husband or wife Erma

6. (a) Single, widowed, married, divorced married

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) September 17, 1908

8. AGE	Years	Months	Days	If less than 1 day
	<u>40</u>	<u>3</u>	<u>6</u>	hrs. min.

9. Exact Occupation shovel operator Did this work for years

10. Industry or Business Ampliot Co. Date last worked 12-23-48

11. Birthplace Rigby Idaho (City or town) (State or foreign country)

12. Name De Anderson (City or town) (State or foreign country)

13. Birthplace Denmark (City or town) (State or foreign country)

14. Maiden name Erma Hadley (City or town) (State or foreign country)

15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Erma Anderson and Address Pocatello Idaho

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 12-29-48 (Month) (Day) (Year)

(c) Place Rigby Idaho

18. Funeral Director's OWN Signature Baron B. Darnard and Address Pocatello Idaho

19. (a) December 28 1948 (Date received and filed) Jessie L. Powell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December, 23 1948  
at 3 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 23 Dec 1948 to 23 Dec 1948.

I last saw h. - alive on - 19 -; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

shod crushed -

Duration instantaneous

Due to catapult rolled over running pt underneath.

Due to -  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation - Date -

Major finding -  
Finding of autopsy -

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ✓ Suicide? - Homicide? -

Occurred - 19 - City, county, state where violence occurred -

Place of Violence: Home - Farm - Industry ✓

Public Place - While at work? Yes

Means of injury catapult rolled over on patient

23. Attendant's OWN Signature M. R. Kearney M.D. (M.D. or other)

and Address Pocatello Idaho Date 27 Dec 1948  
(For additional space, use reverse side)

584

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

DEC 27 1948

STATE OF IDAHO

1948 State File No. 4706  
Local Reg. No. 78  
Reg. Dist. No. 140

1. PLACE OF DEATH  
(a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. Canyon Avenue  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Providence days  
(g) Lived in this county 25 years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? X Outside?  city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Wash.

3. (a) FULL NAME Herbert Bruce Ferguson

3. (b) If veteran, name war  3. (c) Social Security No. 519-05-1900

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive  years

7. Date of Birth (Month, Day, Year) 1883 - 1 - 13

8. AGE	Years	Months	Days	If less than 1 day
	<u>65</u>	<u>10</u>	<u>21</u>	hrs. min.

9. Exact Occupation Cooking Did this work for  yrs.

10. Industry or Business  Date last worked

11. Birthplace Billings Montana (City or town) (State or foreign country)

12. Name James Ferguson

13. Birthplace Novato Seattle (City or town) (State or foreign country)

14. Maiden name Mary Ann Kellman

15. Birthplace Novato Seattle (City or town) (State or foreign country)

16. Informant's OWN Signature Ethel Janson and Address Arville Wash.

17. (a) Burial (b) Date thereof Dec 27 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Mullan Idaho

18. Funeral Director's OWN Signature John A. Bower and Address Wallace Idaho

19. (a) Dec 6 - 48 (b) John A. Bower (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 4 19 48  
at 6:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  19  to  19

I last saw h.  alive on  19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiovascular Collapse Duration

Due to Carcinoma Cervix

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Indefinitely 26 Nov 48

Name of operating physician Dr. J. A. Bower

Major finding As above

Finding of autopsy Same

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?  Suicide?  Homicide?

Occurred  19  City, county, state where violence occurred.

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's OWN Signature Robert Ferguson and Address Wallace Idaho Date 6 Dec 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

DEC 27 1948

STATE OF IDAHO

State File No. 4707  
Local Reg. No. 79  
Reg. Dist. No. 140

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS
- (a) County Shoshone
- (b) City or town Wallace
- (c) Street Address or R.F.D. No. \_\_\_\_\_
- (d) Death Occurred Inside? - Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_
- (f) Name Hosp. or Inst. Wallace Stayed \_\_\_\_\_ days
- (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_
- (c) City or town \_\_\_\_\_
- (d) Street Address or R.F.D. No. \_\_\_\_\_
- (e) Deceased lived Inside? Yes Outside? \_\_\_\_\_ city or town \_\_\_\_\_
- (f) Citizen of what country? \_\_\_\_\_
- (g) How long had deceased lived in Idaho? \_\_\_\_\_ years
- (h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Infant Lindsey
3. (b) If veteran, name was \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years
7. Date of Birth (Month, Day, Year) Dec - 4 - 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	1 day min.

9. Exact Occupation None Did this work for \_\_\_\_\_ yrs.
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_
11. Birthplace Wallace Idaho (City or town) (State or foreign country)
12. Name Phyllis Lindsey
13. Birthplace Idaho (City or town) (State or foreign country)
14. Maiden name Evelyn Springate
15. Birthplace Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Phyllis Lindsey  
and Address Phyllis Lindsey Box 100
17. (a) Buried (b) Date thereof Dec 6 - 48  
(Burial, cremation or removal) (Month) (Day) (Year)
- (c) Place Wallace Idaho
18. Funeral Director's OWN Signature John A. Brown  
and Address Wallace Idaho
19. (a) Dec 6 - 48 (b) John A. Brown  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 5 1948  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.
21. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_  
12-4-48 19 \_\_\_\_\_ to 12-5-48 19 \_\_\_\_\_
- I last saw him alive on 12-5-48 19 \_\_\_\_\_
- death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

- Post delivery death. 18 hours
- Due to Congenital Brain Defect
- Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

### Where was disease contracted?

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_
- Major finding \_\_\_\_\_
- Finding of autopsy Not done
- PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_
- Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_
- where violence occurred \_\_\_\_\_
- Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work? \_\_\_\_\_
- Means of injury \_\_\_\_\_
23. Attendant's OWN Signature John B. Hunter  
Wallace Idaho (M. D. or other) Date 12-6-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

DEC 27 1948

STATE OF IDAHO

State File No. **4708**  
Local Reg. No. **80**  
Reg. Dist. No. **170**

1. PLACE OF DEATH:
- (a) County **Blaine**  
(b) City or town **Wallace**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county **47** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County \_\_\_\_\_  
(c) City or town **Wallace**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho **47** years  
(h) Former residence (city, state) **Colorado**

3. (a) FULL NAME **Jesse Freeman**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex **Male** 5. Color or race **White**  
6. (b) Name of husband or wife **Married** 6. (c) Age of husband or wife if alive **65** years

7. Date of Birth (Month, Day, Year) **Sept 11 - 1869**  
8. AGE  

Years	Months	Days	If less than 1 day
<b>79</b>	<b>2</b>	<b>28</b>	hrs. min.

9. Exact Occupation **Retired** Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business **Merchant** Date last worked \_\_\_\_\_  
11. Birthplace **Indiana** (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

12. Name **Not Known**  
13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature **Minnie Freeman**  
and Address **Wallace Idaho**

17. (a) **Interment** (b) Date thereof **Dec 13 - 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place **Spokane Wash**

18. Funeral Director's OWN Signature **John A Brown**  
and Address **Wallace Idaho**

19. (a) **Dec 11 - 48** (b) **John A Brown**  
(Date received and filed) (Registrar's signature)

- MEDICAL CERTIFICATE OF DEATH **047A**  
20. DATE OF DEATH **Dec 9 1948**  
(Month, Day, Year) at **5** o'clock **P.** M.  
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_

I last saw him alive on **Dec. 9 1948**  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Pneumonia** Duration **Several years**  
Due to **metastasis**

Due to \_\_\_\_\_  
Other conditions **diagnosis of pneumonia**  
(Include pregnancy within 3 months of death)  
Where was disease contracted? **Unknown**  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **John A Brown M.D.**  
and Address **Wallace Idaho** Date **12/11 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

**RECEIVED** **Certificate of Death**  
**DEC 27 1948** **STATE OF IDAHO**

1948 **4709**  
State File No. \_\_\_\_\_  
Local Reg. No. **81**  
Reg. Dist. No. **140**

1. PLACE OF DEATH: **Shoshone, Idaho**  
(a) County **Shoshone, Idaho**  
(b) City or town **Wallace**  
(c) Street Address or R.F.D. No. **216 2nd St**  
(d) Death Occurred Inside? **#** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **#** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Wallace** Stayed \_\_\_\_\_ days  
(g) Lived in this county **42** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Shoshone**  
(c) City or town **Wallace**  
(d) Street Address or R.F.D. No. **216 2nd St**  
(e) Deceased lived Inside? **#** Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U. S.**  
(g) How long had deceased lived in Idaho? **42** years  
(h) Former residence (city, state) **Ohio**

3. (a) FULL NAME **Franklin Pfirman**

3. (b) If veteran, name war **Spanish-American** 3. (c) Social Security No. **518-32-0835**  
5. Color or **White** 6. (a) Single, widowed, married, divorced **married**  
4. Sex **Male** race **White**  
6. (b) Name of husband or wife **Almeda W. Pfirman** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth **June 19, 1876**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>72</b>	<b>5</b>	<b>22</b>	hrs. min.

9. Exact Occupation **Lawyer** Did this work for **45** yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked **Sept, 48**

11. Birthplace **Canal Dover, Ohio**  
(City or town) (State or foreign country)

12. Name **John Henry Pfirman**

13. Birthplace **Unknown**  
(City or town) (State or foreign country)

14. Maiden name **Elizabeth Werthmuller**

15. Birthplace **Unknown**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Dale Austin**

and Address **Wallace, Idaho**

17. (a) **Cremation** (b) Date thereof **See 14-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Smith & Co - Spokane, Wash**

18. Funeral Director's OWN Signature **W. E. Bonchinski**

and Address **Wallace, Idaho**

19. (a) **Dec 13-48** (b) **John A. Reber**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH **057E**  
20. DATE OF DEATH **December 11** **124B**  
(Month, Day, Year) **1948**  
at **3:15** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **1946**  
\_\_\_\_\_ 19 \_\_\_\_\_, to **12-11-48** 19 \_\_\_\_\_

I last saw h. **un** alive on **12-11-48** 19 \_\_\_\_\_;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

**Primary Hepatoma** **6 mo**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Cirrhosis** **2 yr.**

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation **Laparotomy** **Oct '48**

Major finding **Hepatoma**

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **W. E. Bonchinski**

(M. D. or other)

and Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JAN 1 1949

# Certificate Of Death

STATE OF IDAHO

State File No. **4710**  
Local Reg. No. **66**  
Reg. Dist. No. **142**

## 1. PLACE OF DEATH:

- (a) County **Shoshone**  
(b) City or town **Arco**  
(c) Street Address or R. F. D. No. **Arco**  
(d) Death Occured Inside? **1** Outside? **city or town**  
(e) Died in a Home **1** Hospital? **1** Institution **1** Other place **1**  
(f) Name Hosp. or Inst. **Ward** Stayed **1** days  
(g) Lived in this county **47** years **months** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Shoshone**  
(c) City or town **Arco**  
(d) Street Address or R.F.D. No. **Arco**  
(e) Deceased lived Inside? **1** Outside? **1** city or town  
(f) Citizen of what country? **U S**  
(g) How long had deceased lived in Idaho? **47** years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

**Helena Sophia Mattson**

**126X**

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **wid**  
6. (b) Name of husband or wife **Matt** 6. (c) Age of husband or wife if alive **years**

## 7. Date of Birth

(Month, Day, Year) **January 1 1863**

## 8. AGE

Years **86** Months **11** Days **10** If less than 1 day hrs min.

9. Exact Occupation **None** Did this work for **60** yrs.

10. Industry or Business **None** Date last worked **1948**

11. Birthplace **Finland** (City or town) (State or foreign country)

12. Name **No Record**

13. Birthplace **Finland** (City or town) (State or foreign country)

14. Maiden name **Kangas**

15. Birthplace **Finland** (City or town) (State or foreign country)

16. Informant's

- OWN Signature **Wajiro Mattson**

- and Address **Arco, Idaho**

17. (a) Burial (b) Date thereof **12/11/48** (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Kingston, Idaho**

18. Funeral Director's OWN Signature **Donald J. Glad**

- and Address **Arco, Idaho**

19. (a) **1/8/49** (b) **1/8/49** (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 093D

## 20. DATE OF DEATH

(Month, Day, Year) **12/11** 19**48**  
at **4:31** o'clock **P**.M.

21. I HEREBY CERTIFY, That I attended deceased from **25**  
**November 1948**, to **11 December 1948**  
I last saw her alive on **11 December 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

**Hypostatic pneumonia** Duration **12 days**

Due to **Cholecystectomy for biliary obstruction** **16 days**

Due to **Cholelithiasis** **16 days**

Other conditions **Arteriosclerosis** (Include pregnancy within 3 months of death)

**Heart disease** **unknown**

Where was disease contracted? **PHYSICIAN**

Name of operation **Cholecystectomy** Date **24 Nov 48** Underline the cause to which death should be charged statistically.

Major finding **Cholelithiasis**

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **1** Suicide? **1** Homicide? **1**

Occurred **19** City, county, state

where violence occurred

Place of Violence: Home **1** Farm **1** Industry **1**

Public Place **1** While at work? **1**

Means of injury

23. Attendant's OWN Signature **Orland B. Scott M.D.** (M. D. or other)

and Address **Kellogg, Idaho** Date **14 Dec 1948** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DEC 18 1948

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4711**  
Local Reg. No. **16**  
Reg. Dist. No. **140**

## 1. PLACE OF DEATH:

- (a) County **Prosser**  
(b) City or town **Walton**  
(c) Street Address or R.F.D. No. **Walton**  
(d) Death Occurred Inside? **Outside?** city or town  
(e) Died in a Home **Hospital** Institution. Other place  
(f) Name Hosp. or Inst. **Walton** Stayed **days**  
(g) Lived in this county **25** years. months. days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Prosser**  
(c) City or town **Walton**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? **Outside?** city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho **25** years  
(h) Former residence (city, state) **Colorado**

## 3. (a) FULL NAME

**John L White**

## 3. (b) If veteran, (name war

## 3. (c) Social Security No.

4. Sex **M** Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **years**

7. Date of Birth  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>63</b>			hrs. min.

9. Exact Occupation **Retired** Did this work for **years**

10. Industry or Business **Card Room Employee** Date last worked

11. Birthplace **Colorado**  
(City or town) (State or foreign country)

12. Name **Not Known**

13. Birthplace **"**  
(City or town) (State or foreign country)

14. Maiden name **"**

15. Birthplace **"**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **John L. Brown**

and Address **Walton 2nd St**

17. (a) **Burial** (b) Date thereof **Dec 16-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Walton 2nd St**

18. Funeral Director's OWN Signature **John L. Brown**

and Address **Walton 2nd St**

19. (a) **Dec 13-48** (b) **John L. Brown**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) **Dec 11** 19 **48**

at **4** o'clock **A**.M.  
21. I HEREBY CERTIFY, That I attended deceased from **12-11-48** to **12-11-48**

I last saw h. **us** alive on **12-11-48** 19 **48**

death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

**Dissecting Aortic Aneurysm** **3 hours**

Due to **Hypertension & Atherosclerosis** ?

Due to **"**

Other conditions **Osteoarthritis**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **"**

Name of operation **"** Date **"**

Major finding **"**

Finding of autopsy **"**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **"** Suicide? **"** Homicide? **"**

Occurred **"** 19 **"** City, county, state

where violence occurred **"**

Place of Violence: Home **"** Farm **"** Industry **"**

Public Place **"** While at work? **"**

Means of injury **"**

23. Attendant's OWN Signature **J. E. Bonebrake**

and Address **Walton, Ida** Date **12-11-48**

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

RECEIVED

DEC 16 1948

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. 4712  
Local Reg. No. 62  
Reg. Dist. No. 142

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Ellettsburg  
(c) Street Address or R. F. D. No. Page Road  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital X Institution Other place  
(f) Name Hosp. or Inst. Wardens Stayed 1 days  
(g) Lived in this county 26 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Page Road  
(d) Street Address or R.F.D. No. Page Road  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 26 years  
(h) Former residence (city, state) Idaho

## 3. (a) FULL NAME

Royal Fowler Hutchison 1140

## 3. (b) If veteran,

name war 76

## 3. (c) Social Security

No. 518-03-1058

5. Color W  
4. Sex M race W

6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife Donna

6. (c) Age of husband or wife if alive years

## 7. Date of Birth

(Month, Day, Year) January 5 1880

## 8. AGE

Years 68 Months 11 Days 6 If less than 1 day hrs min.

9. Exact Occupation Gatekeeper Did this work for 26 yrs.

10. Industry or Business Banker Date last worked 12/19/48

11. Birthplace Fort Chamberlain North Dakota  
(City or town) (State or foreign country)

12. Name Royal F. Hutchison

13. Birthplace Fort Chamberlain North Dakota  
(City or town) (State or foreign country)

14. Maiden name Royal F. Hutchison

15. Birthplace Fort Chamberlain North Dakota  
(City or town) (State or foreign country)

16. Informant's OWN Signature Royal F. Hutchison  
and Address Page Road

17. (a) Burial (b) Date thereof 12/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Shoshone Washington

18. Funeral Director's OWN Signature James J. Gandy  
and Address Shoshone Washington

19. (a) 12/14/48 (b) James J. Gandy  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## DATE OF DEATH

(Month, Day, Year) 12/11/48 at 1 o'clock A M.

## 21. I HEREBY CERTIFY, That I attended deceased from

Dec 10 1948 to Dec 11 1948

I last saw him alive on Dec 10 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Myocardial Infarction Duration 24 hours

Due to lung abscess

Due to lung abscess

Other conditions lung abscess

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation lung abscess Date 12/11/48

Major finding lung abscess

Finding of autopsy lung abscess

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? No Homicide? No

Occurred 19 City, county, state Shoshone Washington

where violence occurred Shoshone Washington

Place of Violence: Home Yes Farm No Industry No

Public Place No While at work? No

Means of injury lung abscess

## 23. Attendant's OWN Signature James J. Gandy

and Address Shoshone Idaho Date 12-14 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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DEC 27 1948

# Certificate of Death

STATE OF IDAHO

1948 State File No. 4713  
Local Reg. No. 82  
Reg. Dist. No. 140

1. PLACE OF DEATH: **PLACE OF VITAL STATISTICS**
- (a) County **Wallace**
- (b) City or town **Wallace**
- (c) Street Address or R.F.D. No. **Providence**
- (d) Death Occurred Inside? ☒ Outside? ☐ city or town
- (e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐
- (f) Name Hosp. or Inst. **Providence** stayed ☐ days
- (g) Lived in this county **115** years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Shoshone**
- (c) City or town **Wallace**
- (d) Street Address or R.F.D. No. **Providence**
- (e) Deceased lived Inside? ☐ Outside? ☐ city or town
- (f) Citizen of what country? **USA**
- (g) How long had deceased lived in Idaho? **21** years **45** months **13** days
- (h) Former residence (city, state) **Idaho**

3. (a) FULL NAME **Martin Peter V Kiebert**

3. (b) If veteran, name war **519-26-7701**

3. (c) Social Security No. **519-26-7701**

4. Sex **Male** Color or race **White**

5. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Alice**

6. (c) Age of husband or wife if alive **67** years

7. Date of Birth (Month, Day, Year) **July 14 - 1872**

AGE	Years	Months	Days	If less than 1 day
	<b>76</b>	<b>5</b>	<b>2</b>	hrs. min.

9. Exact Occupation **Quarrying Mgr** Did this work for ☐ yrs.

10. Industry or Business **Elmer L. Kiebert** Date last worked **3-1-48**

11. Birthplace **Netherlands** (City or town) **Netherlands** (State or foreign country)

12. Name **Jacobus Kiebert**

13. Birthplace **Netherlands** (City or town) **Netherlands** (State or foreign country)

14. Maiden name **Alte**

15. Birthplace **Netherlands** (City or town) **Netherlands** (State or foreign country)

16. Informant's OWN Signature **Wasschel S. Kiebert**

17. (a) **Wasschel S. Kiebert** (b) Date thereof **Dec 19 - 48**

(c) Place **Wallace Idaho**

18. Funeral Director's OWN Signature **John A. Dyer**

19. (a) **Dec 17 - 48** (b) **John A. Dyer**

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **Dec 16 1948**

21. I HEREBY CERTIFY, That I attended deceased from **Dec 16 1948** at **9:40** o'clock **P.M.**

I last saw him alive on **Dec 16 1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Myocardial infarction** Duration **3-4 yrs**

Due to **Coronary artery disease**

Due to **Coronary artery disease**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation **None** Date **Dec 16 1948**

Major finding **Coronary artery disease**

Finding of autopsy **Coronary artery disease**

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **Dec 16 1948** City, county, state **Wallace Idaho**

where violence occurred **Wallace Idaho**

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **Heart attack**

23. Attendant's OWN Signature **John A. Dyer** Date **Dec 17 1948**

and Address **Wallace Idaho** (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

DEC 27 1948

STATE OF IDAHO

1948 4714  
State File No. ....  
Local Reg. No. 86  
Reg. Dist. No. 140

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Washington  
(b) City or town Walla Walla  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. Walla Walla Stayed 57 days  
(g) Lived in this county 57 years 57 months 57 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in the)  
(a) State Idaho (b) County Shoshone  
(c) City or town Walla Walla  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 57 years  
(h) Former residence (city, state) Wisc.

3. (a) FULL NAME Norman Edgar Ebbly Ebbly

3. (b) If veteran, name war 3. (c) Social Security No. 097X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 77 years

7. Date of Birth (Month, Day, Year) April 16, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>8</u>	<u>0</u>	hrs. min.

9. Exact Occupation Retired Mechanic Did this work for        yrs.

10. Industry or Business Car Clinic Date last worked       

11. Birthplace (City or town) Walla Walla (State or foreign country) Idaho

12. Name Not Known

13. Birthplace (City or town) Walla Walla (State or foreign country) Idaho

14. Maiden name Comstock

15. Birthplace (City or town) Walla Walla (State or foreign country) Idaho

16. Informant's OWN Signature John G. Ebbly  
and Address Walla Walla

17. (a) Buried (b) Date thereof Dec 20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Walla Walla

18. Funeral Director's OWN Signature John A. Buer  
and Address Walla Walla

19. (a) (Date received and filed) (b) John A. Buer (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 16 19 48  
at        o'clock 7 A.M.

21. I HEREBY CERTIFY, That I attended deceased from 11-26-47 to 12-16-48

I last saw h.        alive on 12-16-48 19 48;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Failure Duration 3 days

Due to Arteriosclerosis, Generalized

Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident?        Suicide?        Homicide?       

Occurred        19 48 City, county, state Walla Walla

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature John B. Hunter (M. D. or other)  
Walla Walla Date 12-16-1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED Certificate of Death

DEC 27 1948

STATE OF IDAHO

1948 4715  
State File No. \_\_\_\_\_  
Local Reg. No. 83  
Reg. Dist. No. 140

1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS  
(a) County Blaine  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Providence Stayed \_\_\_\_\_ days  
(g) Lived in this county 58 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Blaine  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 58 years  
(h) Former residence (city, state) Canada

3. (a) FULL NAME Ernest Morrison  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
(d) Sex Male (e) Color or race White  
(f) (b) Name of husband or wife \_\_\_\_\_ (g) (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) Feb 13 - 1864  
8. AGE  

Years	Months	Days	If less than 1 day
<u>84</u>	<u>8</u>	<u>4</u>	hrs. min.

9. Exact Occupation Retired Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business Blacksmith Date last worked \_\_\_\_\_  
11. Birthplace Canada (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

- Father { 12. Name Ernest Morrison  
13. Birthplace Canada (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
Mother { 14. Maiden name Ernest Morrison  
15. Birthplace Canada (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. Informant's OWN Signature Mrs. Claude Sink  
and Address Wallace Idaho  
17. (a) Removed (b) Date thereof Dec 20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Spokane Wash  
18. Funeral Director's OWN Signature John A. Bower  
and Address Wallace Idaho  
19. (a) Dec 18-48 (b) John A. Bower  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 17 1948  
at 7:30 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended Deceased from 1946 to 1948  
I last saw him alive on Dec 17 1948;  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death  
Myocardial infarction  
arteriosclerosis  
Duration 6 months  
Due to arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state \_\_\_\_\_  
where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature John A. Bower  
and Address Wallace Idaho Date Dec 17 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4716  
Local Reg. No. 84  
Reg. Dist. No. 140

DEC 27 1948

1. PLACE OF DEATH: *Shoshone*  
(a) County *Shoshone*  
(b) City or town *Wallace*  
(c) Street Address or R.F.D. No. *Wallace*  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town *Wallace*  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place *Wallace*  
(f) Name Hosp. or Inst. *Wallace* Stayed *3* days  
(g) Lived in this county *3* years *3* months *3* days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

3. (a) FULL NAME *Christobal Lavin*  
3. (b) If veteran, name war *556-07-9754*  
3. (c) Social Security No. *556-07-9754*  
4. Sex *Male* 5. Color or race *White*  
6. (a) Single, widowed, married, divorced *Single*  
6. (b) Name of husband or wife *Wallace*  
6. (c) Age of husband or wife if alive *3* years

7. Date of Birth (Month, Day, Year) *July 22 - 1903*  
8. AGE  
Years *45* Months *4* Days *25* If less than 1 day hrs. min.

9. Exact Occupation *Miner* Did this work for *3* yrs.  
10. Industry or Business *Day Mines* Date last worked *Dec 22 - 48*

11. Birthplace (City or town) *Idaho* (State or foreign country) *Idaho*

- Father { 12. Name *Not Known*  
13. Birthplace (City or town) (State or foreign country)

- Mother { 14. Maiden name *Not Known*  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature *John A. Brown* *Shoshone*  
and Address *Wallace*

17. (a) *Buried* (b) Date thereof *Dec 22 - 48*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place *Wallace*

18. Funeral Director's OWN Signature *John A. Brown*  
and Address *Wallace*

19. (a) *Dec 18 - 48* (b) *John A. Brown*  
(Date received and filed) (Registrar's signature)

2. Usual Residence of Deceased: (Always fill in these)  
(a) State *Idaho* (b) County *Shoshone*  
(c) City or town *Wallace*  
(d) Street Address or R.F.D. No. *Carter Hotel*  
(e) Deceased lived Inside? ☐ Outside? ☐ city or town *Wallace*  
(f) Citizen of what country? *Only*  
(g) How long had deceased lived in Idaho? *3* years  
(h) Former residence (city, state)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) *Dec 17* 19*48*  
at *3* o'clock *P.* M.  
21. I HEREBY CERTIFY, That I attended deceased from *19* to *19*

I last saw h. *alive on* *19*  
death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death *Heart failure* Duration *Instant*  
Due to *Coronary artery disease*  
Due to *Heart disease*  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation *None* Date *None*  
Major finding *None*  
Finding of autopsy *None*  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred *19* City, county, state *Wallace*  
where violence occurred *Wallace*  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury *None*  
23. Attendant's OWN Signature *John A. Brown* (All D. or other)  
and Address *Wallace* Date *Dec 18 - 48*  
(For additional space, see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

STATE OF IDAHO

State File No. 4717  
Local Reg. No. 86  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

- (a) County Shoshone  
(b) City or town Wallace  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? — Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home — Hospital ✓ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Wallace Hosp Stayed 5 days  
(g) Lived in this county \_\_\_\_\_ years 10 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Wallace  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? — Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 10 mo years  
(h) Former residence (city, state) Michigan

## 3. (a) FULL NAME

RICHARD ISACC

TARO

1176

## 3. (b) If veteran, name war

World War I

## 3. (c) Social Security No.

372-12-4371

5. Color or \_\_\_\_\_  
6. Sex m race w

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) April 4, 1911

## 8. AGE

Years

Months

Days

If less than 1 day

37

7

16

hrs. min.

## 9. Exact Occupation

Miner

Did this work for 10 mo days.

## 10. Industry or Business

Miner

Date last worked 12-9-48

## 11. Birthplace

Painesdale, Michigan

(State or foreign country)

## 12. Name

Isacc

Taro

## 13. Birthplace

Finland

(State or foreign country)

## 14. Maiden name

Mary Isacc

## 15. Birthplace

Sweden

(State or foreign country)

## 16. Informant's

OWN Signature

Isacc Taro

and Address

Wallace

## 17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof the 22-48

(Month) (Day) (Year)

(c) Place

Haystack, Mich

## 18. Funeral Director's

OWN Signature

John R. Rye

and Address

Wallace

## 19. (a)

Dec 21-48

(b)

Jenna Rye

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) Dec 20  
at 12:30 o'clock A.M.

## 21. I HEREBY CERTIFY, That I attended deceased from 12-15-48

\_\_\_\_\_ 19. \_\_\_\_\_ to 12-20 19. 48  
I last saw h. in alive on 12-19 19. 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Parotitis

Due to Ruptured

Due to Renal disease

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation laparotomy Date 12-15-48

Major finding Perforation of

Finding of autopsy indivisual

none seen

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? — Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19. \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature

Funeral Home

(M. D. or other)

and Address Wallace Date 12-21 19. 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**

DEC 30 1948

STATE OF IDAHO

DIVISION OF VITAL

1048  
State File No. **4718**  
Local Reg. No. **61**  
Reg. Dist. No. **142**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Shoshone**  
(b) City or town **Kellogg**  
(c) Street Address or R.F.D. No. **Star**  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. **Wardner** Stayed **2** days  
(g) Lived in this county **2** years **2** months **2** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Shoshone**  
(c) City or town **Star**  
(d) Street Address or R.F.D. No. **Star Route**  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **2** years  
(h) Former residence (city, state)

3. (a) FULL NAME **Arthur Blain Cook Jr**

3. (b) If veteran, name war **-** 3. (c) Social Security No. **-**

5. Color or race **White** 6. (a) ☒ Single ☐ widowed, married, divorced **Single**

4. Sex **Male** 6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years

7. Date of Birth (Month, Day, Year) **December 18, 1948**

8. AGE	Years	Months	Days	If less than 1 day
			<b>2</b>	hrs min.

9. Exact Occupation **Infant** Did this work for **-** yrs.

10. Industry or Business **-** Date last worked **-**

11. Birthplace **Kellogg Idaho** (City or town) (State or foreign country)

12. Name **Arthur B. Cook**

13. Birthplace **Kellogg Idaho** (City or town) (State or foreign country)

14. Maiden name **Thompson**

15. Birthplace **Kellogg Idaho** (City or town) (State or foreign country)

16. Informant's OWN Signature **Arthur B. Cook**

and Address **Star Route**

17. (a) **Burial** (b) Date thereof **12/31/48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Kellogg Idaho**

18. Funeral Director's OWN Signature **Opportunity**

and Address **Kellogg Idaho**

MEDICAL CERTIFICATE OF DEATH **161C**

20. DATE OF DEATH (Month, Day, Year) **12/30/1948**  
at **9** o'clock **A.M.**

21. I HEREBY CERTIFY, That I attended deceased from **18 Dec 1948** to **20 Dec 1948**

I last saw h. **1 M** alive on **20 Dec 1948**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Pulmonary Hemorrhage** Duration **24 hours**

**Pneumonia**

Due to **premature**

Due to **-**

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? **Kellogg, Idaho**

Name of operation **None** Date **-**

Major finding **-**

Finding of autopsy **-**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐

Occurred **-** 19 **-** City, county, state

where violence occurred

Place of Violence: Home ☐ Farm ☐ Industry ☐

Public Place ☐ While at work? ☐

Means of injury **-**

23. Attendant's OWN Signature **Alan M. White**

and Address **Kellogg, Idaho** (M. D. or other)

Date **24 Dec 1948**

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

RECEIVED

JAN 3 1948

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4719  
Local Reg. No. 87  
Reg. Dist. No. 140

1. PLACE OF DEATH:
- County Shoshone
  - City or town Wallace
  - Street Address or R.F.D. No. \_\_\_\_\_
  - Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - Died in a Home ☒ Hospital ☐ Institution ☐ Other place \_\_\_\_\_
  - Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days
  - Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- State Idaho (b) County Shoshone
  - City or town Wallace
  - Street Address or R.F.D. No. \_\_\_\_\_
  - Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_
  - Citizen of what country? \_\_\_\_\_
  - How long had deceased lived in Idaho? \_\_\_\_\_ years
  - Former residence (city, state) Boise Idaho

3. (a) FULL NAME Harry Christopher Vandenburg

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 518-01-9963
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha 6. (c) Age of husband or wife if alive 57 years

7. Date of Birth (Month, Day, Year) Sept 5 1897
- | 8. AGE | Years     | Months   | Days      | If less than 1 day |
|--------|-----------|----------|-----------|--------------------|
|        | <u>61</u> | <u>3</u> | <u>21</u> | hrs. min.          |

9. Exact Occupation Barber Did this work for \_\_\_\_\_ yrs.
10. Industry or Business Self Date last worked \_\_\_\_\_
11. Birthplace London Co. Neb. (City or town) (State or foreign country)

12. Name John Vandenburg
13. Birthplace Idaho (City or town) (State or foreign country)
14. Maiden name Luther McKinney
15. Birthplace Philadelphia Pa. (City or town) (State or foreign country)

16. Informant's OWN Signature Clark R Vandenburg
- and Address Wallace Idaho
17. (a) unnatural (b) Date thereof Dec 29-48 (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place Shoshone

18. Funeral Director's OWN Signature John A. Brown
- and Address Wallace Idaho
19. (a) Dec 27-48 (b) John A. Brown (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Dec 26 1948  
(Month, Day, Year)  
at 6:30 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_  
I last saw him alive on Dec 26 1948  
death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: High Blood Pressure Duration \_\_\_\_\_
- Due to \_\_\_\_\_
- Due to \_\_\_\_\_
- Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_
- Where was disease contracted? \_\_\_\_\_
- Name of operation \_\_\_\_\_ Date \_\_\_\_\_
- Major finding \_\_\_\_\_
- Finding of autopsy \_\_\_\_\_
- PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:
- Accident? \_\_\_\_\_ Suicide? X Homicide? \_\_\_\_\_
- Occurred 12/26 1948 City, county, state Idaho  
where violence occurred Shoshone
- Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_
- Public Place \_\_\_\_\_ While at work \_\_\_\_\_
- Means of injury gun wounds head
23. Attendant's OWN Signature Clark R Vandenburg (M. D. or other) \_\_\_\_\_
- and Address Wallace Idaho (For additional space, use back of certificate)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

RECEIVED

# Certificate Of Death

STATE OF IDAHO

State File No. **4720**  
Local Reg. No. **65**  
Reg. Dist. No. **142**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Shoshone**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **Wardens** Stayed **7** days  
(g) Lived in this county **9** years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Shoshone**  
(c) City or town **Idaho Falls**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town \_\_\_\_\_  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **6.2** years  
(h) Former residence (city, state) **Idaho Falls**

3. (a) FULL NAME **William M. Lester McGowan** **083A**

3. (b) If veteran, name war **10** No. \_\_\_\_\_  
5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Marion**  
6. (c) Age of husband or wife alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **October 3, 1886**

8. AGE  
Years **62** Months **2** Days **23** hrs min.

9. Exact Occupation **Blacksmith** Did this work for **40** yrs.  
10. Industry or Business **Blacksmith** Date last worked **1948**  
11. Birthplace **Idaho Falls Idaho** (City or town) (State or foreign country)  
Mother Father  
12. Name **Marion L. McGowan**  
13. Birthplace **Idaho Falls Idaho** (City or town) (State or foreign country)  
14. Maiden name **Marion**  
15. Birthplace **Idaho Falls Idaho** (City or town) (State or foreign country)

16. Informant's OWN Signature **W. M. McGowan**  
and Address **Idaho Falls Idaho**

17. (a) **Burial** (b) Date thereof **12/29/48** (Month) (Day) (Year)  
(c) Place: **Idaho Falls Idaho**

18. Funeral Director's OWN Signature **Idaho Falls Idaho**  
and Address **Idaho Falls Idaho**

19. (a) **12/29/48** (Date received and filed) (b) **Idaho Falls Idaho** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **12/26/1948**  
at **4:25** o'clock **A**. M.

21. I HEREBY CERTIFY, That I attended deceased from **12-20-1948** to **12-26-1948**  
I last saw him alive on **12-25-1948** death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Left cerebral Hemo.** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **Idaho Falls Idaho** (M. D. or other)  
and Address **Idaho Falls Idaho** Date **12-29-1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED **Certificate Of Death**  
DEC 27 1948 STATE OF IDAHO

1948  
State File No. 4721  
Local Reg. No. 17  
Reg. Dist. No. 141

1. PLACE OF DEATH: DIVISION OF VITAL

- (a) County Shoshone  
(b) City or town Silverton  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. Shoshone Stayed..... days  
(g) Lived in this county 5 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town Kellough  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ..... Outside? X city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) .....

3. (a) FULL NAME

Otto Maki

3. (b) If veteran,

name war No

3. (c) Social Security

No. None

5. Color or  
4. Sex m race w

6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or  
wife .....

6. (c) Age of husband or wife if  
alive ..... years

7. Date of Birth  
(Month, Day, Year)

1874

8. AGE

Years

Months

Days

If less than 1 day

72

hrs min.

9. Exact

Occupation Logger

Did this

work for 32 yrs.

10. Industry or  
Business

Lumber

Date last

worked 1942

11. Birthplace

(City or town)

Finland (State or foreign country)

12. Name

No Record

13. Birthplace

No Record

(City or town) (State or foreign country)

14. Maiden name

No Record

15. Birthplace

No Record

(City or town) (State or foreign country)

16. Informant's

OWN Signature

County Records

and Address

17. (a) Removal

Removal

(b) Date thereof 12/1/48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place:

Kellough Idaho

18. Funeral Director's

OWN Signature

Wm. J. Glosky

and Address

Kellough Idaho

19. (a) Rec - 4 - 48

(Date received and filed)

(b) John A. Burn

(Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Nov 23 1948  
at 7:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from

Feb 1 1945 to Nov 23 1948

I last saw him alive on Nov 24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Senility

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred ..... 19..... City, county, state

where violence occurred

Place of Violence: Home..... Farm..... Industry.....

Public Place.....

While at work?

Means of injury

23. Attendant's

OWN Signature

F. W. Ralph MD

and Address

Mcullan Idaho

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 30 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **4722**  
Local Reg. No. **63**  
Reg. Dist. No. **142**

1. PLACE OF DEATH: **STATISTICS**
- (a) County **Shoshone**  
(b) City or town **Wardner**  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed ☐ days  
(g) Lived in this county **43** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Shoshone**  
(c) City or town **Wardner**  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **43** years  
(h) Former residence (city, state)

3. (a) FULL NAME **William Homer Lang**

3. (b) If veteran, name war **70** No. **097X**  
3. (c) Social Security No. **095C**

4. Sex **M** race **W**  
5. Color or No. **097X**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lillis** 6. (c) Age of husband or wife if alive **72** years

7. Date of Birth (Month, Day, Year) **April 19, 1876**

8. AGE
- | Years     | Months   | Days     | If less than 1 day |
|-----------|----------|----------|--------------------|
| <b>72</b> | <b>8</b> | <b>3</b> | hrs min.           |

9. Exact Occupation **Retired Gunner** Did this work for **43** yrs.

10. Industry or Business **Gunery** Date last worked **1945**

11. Birthplace **Kentucky**  
(City or town) (State or foreign country)

12. Name **70 Record**

13. Birthplace **70 Record**  
(City or town) (State or foreign country)

14. Maiden name **70 Record**

15. Birthplace **70 Record**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Lillis P. Lang**  
and Address **Wardner Idaho**

17. (a) **Removal** (b) Date thereof **12/27/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Shoshone Washington**

18. Funeral Director's OWN Signature **Ralph C. Galt**  
and Address **Shoshone Idaho**

19. (a) **12/27/48** (b) **J. J. Irvine**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **12 / 23 / 1948**  
at **8:30** o'clock **A** M.

21. I HEREBY CERTIFY, That I attended deceased from **1948** to **12-22-48**

I last saw h. **in** alive on **12-13-48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Acute cardiac dilatation** Duration

Due to **Arteriosclerosis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?

Occurred 19 City, county, state where violence occurred

Place of Violence: Home Farm Industry Public Place While at work?

Means of injury

23. Attendant's OWN Signature **Robert E. Stevens**  
(M. D. or other) and Address **Idaho** Date **12-24-48**  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **4723**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Teton  
(b) City or town Driggs  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place ☒  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Teton  
(c) City or town Tetonia  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME GARR BRYANT CAMPBELL

3. (b) If veteran, name war WW II 3. (c) Social Security No. 519-24-0202  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March 21, 1926

8. AGE	Years	Months	Days	If less than 1 day
	22	8	19	hrs min.

9. Exact Occupation Laborer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Tetonia, Idaho (City or town) (State or foreign country)

12. Name Bryant Campbell  
13. Birthplace Providence, Utah (City or town) (State or foreign country)  
14. Maiden name Anne Almedia Fullmer  
15. Birthplace Logan, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Paul J. Campbell  
and Address Tetonia, Idaho

17. (a) Burial (b) Date thereof 12-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Cache-Clawson cemetery Tetonia,

18. Funeral Director's OWN Signature Ms. Hansen  
and Address St. Anthony, Idaho

19. (a) Dec. 18, 1948 (b) Ethel Jackrell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 10, 1948  
at 1:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 10 October 1948, to 10 Oct 1948  
I last saw him alive on Oct 10 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Fractured skull Duration \_\_\_\_\_  
Due to Struck by truck  
Due to accident  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? no Homicide? no  
Occurred Oct 10 1948 City, county, state where violence occurred Tetonia, Teton, Idaho  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place ☒ While at work? \_\_\_\_\_  
Means of injury Struck in head by truck  
23. Attendant's OWN Signature  Gordon M Jensen, MD  
and Address Driggs Idaho Date 12-16-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

1948

State File No. 4724  
Local Reg. No. 597  
Reg. Dist. No. 460

DEPARTMENT OF VITAL

1. PLACE OF DEATH: **STATISTICAL**
- (a) County Twin Falls  
(b) City or town Twin Falls Co. Gen. Hosp.  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed 4 days  
(g) Lived in this county 21 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Twin Falls  
(c) City or town Hollister  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME Riechers, Mrs. Jessie Hibbard

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced married  
4. Sex female race white  
6. (b) Name of husband or wife John C. 6. (c) Age of husband or wife if alive 79 years
7. Date of Birth (Month, Day, Year) July 4, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>4</u>	<u>27</u>	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 11-15-1948  
11. Birthplace \_\_\_\_\_ (City or town) (State or foreign country)

12. Name Alfred Hibbard  
13. Birthplace Maine  
14. Maiden name Elizabeth Baisley  
15. Birthplace England

16. Informant's OWN Signature Mrs. J. J. Bee  
and Address Box 427, Twin Falls, Idaho  
17. (a) burial (b) Date thereof 12-3-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's White Mortuary  
OWN Signature Ella M. White E-249  
and Address Twin Falls, Idaho

19. (a) December 18, 1948 (b) Thomas J. Green  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec., 1st, 1948 19 \_\_\_\_\_  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

21. I HEREBY CERTIFY, That I attended deceased from 11-29-1948, to 12-1-1948  
I last saw h.e.r. alive on 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Basal skull fracture Duration \_\_\_\_\_

Due to Primary cerebral aneurysm

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Nov 29, 1948 19 \_\_\_\_\_ City, county, state  
where violence occurred Twin Falls Co  
Place of Violence: Home X Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury Fell on walk in front of house

23. Attendant's OWN Signature N. J. Hunt (M. D. or other)  
and Address Twin Falls, Ida Date 19  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 4725  
Local Reg. No. 598  
Reg. Dist. No. 460

DIVISION OF VITAL

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. **T.F.Co.Hosp.**  
(d) Death Occured Inside? **X** Outside? ..... city or town  
(e) Died in a Home..... Hospita**K**. Institution..... Other place.....  
(f) Name Hosp**T.F.Co.Hosp.** Stayed..... days  
(g) Lived in this county **39** years..... months..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Twin Falls**  
(d) Street Address or R.F.D. No. **121 Quincy**  
(e) Deceased lived Inside? **X** Outside? ..... city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? **39** years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **OSBORN, Jesse**

3. (b) If veteran, name war ..... No. ....  
5. Color or 6. (a) Single, widowed, married,  
4. Sex **male** race **White** divorced **married**  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wid **Frances** alive **62** years  
7. Date of Birth **January 13, 1883**  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<b>66</b>			hrs min.

9. Exact Occupation **Laborer** Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....  
11. Birthplace **Peru, Iowa** (City or town) (State or foreign country)

- Mother Father  
12. Name **James Osborn**  
13. Birthplace **Unknown** (City or town) (State or foreign country)  
14. Maiden name **Pamela Young**  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Jesse H. Osborn**  
and Address **Twin Falls, Idaho**

17. (a) **Burial** (b) Date thereof **12-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Twin Falls, Ida**

18. Funeral Director's OWN Signature **Jesse H. Osborn**  
and Address **White Mortuary-Twin Falls, Idaho**

19. (a) **December 14, 1948** (b) **Dorothy L. Green**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **December 3, 1948**  
(Month, Day, Year) **9:55** o'clock **A.** M.

21. I HEREBY CERTIFY, That I attended deceased from **June 1948** to **Dec 3, 1948**  
I last saw h. **alive on Dec 3, 1948**, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Cerebral hemorrhage** Duration **18 hrs**  
**Cerebral aneurysm**

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred. **19** City, county, state where violence occurred  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature **Jesse H. Osborn** (M. D. or other)  
and Address **Twin Falls, Ida** Date **12/4 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Bureau of the Census

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Certificate Of Death  
STATE OF IDAHO

State File No. 4726  
Local Reg. No. 600  
Reg. Dist. No. 460

1. PLACE OF DEATH: STATE OF IDAHO  
(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. T.F. Co. Gen'l. Hosp.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home? Hospital? Institution? Other place?  
(f) Name Hospital T.F. Co. Gen'l. Hosp. Stayed 35 days  
(g) Lived in this county 20 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 235 7th Ave East  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state)

3. (a) FULL NAME BOBIER, Anthony Daniel

3. (b) If veteran, name war none No.  
5. Color or race White  
4. Sex Male  
6. (b) Name of husband or wife Otie Grace  
6. (c) Age of husband or wife if alive 50 years  
7. Date of Birth (Month, Day, Year) March 2, 1889

8. AGE	Years	Months	Days	If less than 1 day
	59	9	3	hrs min.

9. Exact Occupation Contractor Did this work for 45 yrs.  
10. Industry or Business Bobier Const. Co. worked 1948 Date last  
11. Birthplace Smith County, Kansas (City or town) (State or foreign country)

12. Name Richard E. Bobier  
13. Birthplace Ontario, Canada (City or town) (State or foreign country)  
14. Maiden name Lillian Wilson  
15. Birthplace New Mexico (City or town) (State or foreign country)

16. Informant's OWN Signature and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof Dec 9, 1948 (Month) (Day) (Year)  
(c) Place: Twin Falls, Can.

18. Funeral Director's OWN Signature and Address White Mortuary - Twin Falls, Idaho

19. (a) December 14, 1948 (b) Thomas L. Green (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 125B

20. DATE OF DEATH (Month, Day, Year) December 5, 1948  
at 2:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 31 Oct. 1948, to 12/5 1948  
I last saw him alive on 12/5 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia - Broncho Bilateral Duration 16 hours

Due to

Due to

Other conditions Husband when a (Include pregnancy within 3 months of death)

Where was disease contracted? Hospital  
Name of operation Laparotomy Date 12/1/48 Underline  
Major finding Blasting Bursitis which cause to  
Finding of autopsies Pneumonia Bronch which death  
Bilateral Bilateral acute charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
Where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature Chas. B. Bayman, M.D. (M. D. or other)  
and Address Twin Falls, Idaho 12/6/48  
(For additional space, use reverse side)

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Certificate Of Death

DIVISION OF VITAL STATE OF IDAHO

State File No. 4727  
Local Reg. No. 587  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. West Addison  
(d) Death Occured Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital X Institution... Other place...  
(f) Name Hosp. or Inst. T.F. County stayed 2 days  
(g) Lived in this county 0 years 0 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) None

3. (a) FULL NAME

Betty Lou Anne Allen

3. (b) If veteran,

name war .....

3. (c) Social Security

No. ....

5. Color or 6. (a) Single, widowed, married,  
Sex Female race White divorced Single

6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife ..... alive ..... years

7. Date of Birth

(Month, Day, Year) December 3, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>2</u>	hrs min.

9. Exact Occupation Infant Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

12. Name Fred Allen

13. Birthplace Salome Springs, Arkansas  
(City or town) (State or foreign country)

14. Maiden name Alice Mae Cornwall

15. Birthplace Acequia, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Fred Allen

and Address Kimberly, Idaho

17. (a) Burial (b) Date thereof 12/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature James E. Reynolds

and Address Twin Falls, Idaho

19. (a) December 7, 1948 (b) Thomas L. Green  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 5, 1948  
(Month, Day, Year) at 4:20 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 12/3/1948 to 12/5/1948

I last saw h.e.r. alive on 12/4/1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Massive Atelectasis  
Due to the lung

Due to

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation

Date

Major finding

Finding of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....

Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work?

Means of injury

23. Attendant's OWN Signature W. E. Peterson M.D.

and Address Twin Falls, Idaho (M. D. or other) Date 12-6-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

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DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1948  
State File No. 4728  
Local Reg. No. 596  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. F. Co. Hospital days 12  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 23 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 293 Monroe  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

TOMMY LEE ROMJUE

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth October 10, 1948  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
		<u>1</u>	<u>23</u>	hrs min.

9. Exact Occupation Infant Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

12. Name Everett Romjue  
13. Birthplace Wilsonville, Neb.  
(City or town) (State or foreign country)  
14. Maiden name Shirley L. Thomas  
15. Birthplace Rock Springs, Wyo.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Everett Romjue  
and Address 299 Monroe, Twin Falls, Idaho

17. (a) Burial (b) Date thereof 12/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Walter H. Fisher  
and Address Walter H. Fisher, Twin Falls, Idaho

19. (a) December 13, 1948 (b) Harold L. Green  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 7, 1948  
(Month, Day, Year) \_\_\_\_\_ at \_\_\_\_\_ o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1948, to Dec 7, 1948.  
I last saw him alive on Dec 7, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Due to Obstructed Bronchi  
pneumonia  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature W. H. Fisher M.D.  
(M. D. or other)  
and Address Twin Falls Date Dec 8, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **4729**  
Local Reg. No. **594**  
Reg. Dist. No. **460**

## 1. PLACE OF DEATH:

- (a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. **T. Falls** Stayed ..... days  
(g) Lived in this county **12** years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **T. Falls**  
(c) City or town **Hansen**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? **United States**  
(g) How long had deceased lived in Idaho? **12** years  
(h) Former residence (city, state) **Arkansas**

## 3. (a) FULL NAME

**John Warren**

## 3. (b) If veteran,

## 3. (c) Social Security

name war ..... No. ....  
5. Color or 6. (a) Single, widowed, married,  
Sex **Male** race **White** divorced **married**

4. Sex **Male** race **White** divorced **married**  
6. (b) Name of husband or 6. (c) Age of husband or wife if  
wife **Frances Warren** alive **64** years

7. Date of Birth  
(Month, Day, Year) **September 10, 1874**

8. AGE	Years	Months	Days	If less than 1 day
	<b>74</b>	<b>2</b>	<b>27</b>	hrs min.

9. Exact Occupation **Carpenter** Did this work for ..... yrs.

10. Industry or Business Date last worked **1946**

11. Birthplace **Enston, Arkansas**  
(City or town) (State or foreign country)

12. Name **Jack Warren**

13. Birthplace **Unknown**  
(City or town) (State or foreign country)

14. Maiden name **Isabelle Dill**

15. Birthplace **Tennessee**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Mrs. M. L. Hill**  
and Address **Hansen, Idaho**

17. (a) **Burial** (b) Date thereof **12-13-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: **Sunset Memorial Park**

18. Funeral Director's OWN Signature **J. Phillips**

- and Address **Twin Falls, Idaho**

19. (a) **December 11, 1948** (b) **Dorinda L. Green**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **December 7** 19 **48**  
(Month, Day, Year) at **6** o'clock **A**. M.

21. I HEREBY CERTIFY, That I attended deceased from **April 1946**, to **Dec 1948**  
I last saw him alive on **12/7 1948**; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Due to **As Hx Failure of coronary artery**

Due to **Arteriosclerosis of vessels**

Other conditions **Chronic suppurative pyelitis**  
(Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation ..... Date .....

## Major finding

Finding of autopsy **Same**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state

where violence occurred

Place of Violence: Home ..... Farm ..... Industry .....

Public Place ..... While at work? .....

Means of injury .....

23. Attendant's OWN Signature **John L. Hill** (M. or other)

and Address **Christie St** Date **12/7 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
DEC 23 1948  
Certificate of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 4730  
Local Reg. No. 602  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. T. F. Col. Hospital days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 284 Monroe  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Baby Roy Newbry, Jerry Wayne

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced single  
4. Sex male race white

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) December 10, 1948

8. AGE	Years	Months	Days	If less than 1 day
				5 hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

12. Name Everett Newbry

13. Birthplace Eden, Idaho  
(City or town) (State or foreign country)

14. Maiden name Lucille Newcomb

15. Birthplace Oklahoma  
(City or town) (State or foreign country)

16. Informant's OWN Signature Everett S Newbry  
and Address 284 Monroe, T. F. Ida.

17. (a) Burial (b) Date thereof 12/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature Wm. J. Sullivan  
and Address \_\_\_\_\_

19. (a) December 14, 1948 (b) Norman L. Green  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 12-10 19 48  
at 6 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 12-10 19 48, to 12-10 19 48

I last saw him alive on 12-10 19 48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Due to Pneumonia 5 1/2 weeks

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Wm. J. Sullivan

(M.D. or other)

and Address \_\_\_\_\_ Date 19  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
DEC 22 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

7046 State File No. 4731  
Local Reg. No. 603  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 354 7th Ave. E.  
(d) Death Occured Inside? X Outside?    city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst.    Stayed    days  
(g) Lived in this county 15 years    months    days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 354 7th Ave. E.  
(e) Deceased lived Inside? X Outside?    city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho?    years  
(h) Former residence (city, state)

3. (a) FULL NAME

MRS. EMMA KUKA

3. (b) If veteran, name war

3. (c) Social Security No.   

5. Color or white  
6. (a) Single, widowed, married, divorced widowed  
4. Sex female race white  
6. (b) Name of husband or wife Frank W. Kuka  
6. (c) Age of husband or wife if alive    years

7. Date of Birth (Month, Day, Year) February 14, 1881

8. AGE	Years	Months	Days	If less than 1 day
	<u>67</u>	<u>9</u>	<u>27</u>	hrs min.

9. Exact Occupation Housewife Did this work for    yrs.  
10. Industry or Business    Date last worked     
11. Birthplace Concordia, Kansas (City or town) (State or foreign country)

- Mother Father  
12. Name George W. Isaacs  
13. Birthplace Springfield, Mo. (City or town) (State or foreign country)  
14. Maiden name Mary A. Smith  
15. Birthplace St. Joseph, Mo. (City or town) (State or foreign country)

16. Informant's OWN Signature Louis M. Pinkney  
and Address Rt 1 Twin Falls Idaho

17. (a) Removal (b) Date thereof 12/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Shoshone, Ida.

18. Funeral Director's OWN Signature Wm H. Stillins  
and Address 135 4th Ave. E.

19. (a) December 14, 1948 (b) Dorinda L. Green  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 11 1948  
at    o'clock    M.

21. I HEREBY CERTIFY, That I attended deceased from March 1948 to Dec 11 1948  
I last saw her alive on Dec 1 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure Duration   

Due to Malignant tumor

Due to Carcinoma of uterus

Other conditions    (Include pregnancy within 9 months of death)

Where was disease contracted?     
Name of operation Hysterectomy  
Major finding     
Finding of autopsy     
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?     
Occurred    19    City, county, state where violence occurred     
Place of Violence: Home    Farm    Industry     
Public Place    While at work?     
Means of injury

23. Attendant's OWN Signature Wm H. Stillins (M. D. or other)  
and Address Twin Falls Date Dec 14 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
DEC 23 1948  
Certificate Of Death  
1948  
STATISTICS  
STATE OF IDAHO

State File No. 4732  
Local Reg. No. 604  
Reg. Dist. No. 460

1. PLACE OF DEATH:
- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 246 4th, Ave. E.  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 246-4th, Ave. E.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME GIBB, DANIEL JAMES

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race MALE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Edna  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) April 4, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>8</u>	<u>9</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Biggsville, Ill.  
(City or town) (State or foreign country)

12. Name Samuel Gibb  
13. Birthplace Unk.  
(City or town) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature Jes Gibb  
and Address Twin Falls, Idaho

17. (a) burial (b) Date thereof 12-15-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Ella M. White  
and Address Twin Falls, Idaho

19. (a) December 15, 1948 (b) Norman L. Green  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec., 13, 1948 19\_\_\_\_  
at \_\_\_\_\_ o'clock A.M.  
21. I HEREBY CERTIFY, That I attended deceased from 1946, to 12-13-1948

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis Duration \_\_\_\_\_

Due to Arteriosclerosis \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dean H. Affleck  
(M. D. or other) \_\_\_\_\_  
and Address \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 22 1948

DEPARTMENT OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4733

Local Reg. No. 605

Reg. Dist. No. 460

## 1. PLACE OF DEATH: STATISTICS

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 187 So. Washington  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 187 S. Washington  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 25 years  
(h) Former residence (city, state) Arkansas

3. (a) FULL NAME George William Champlin

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, \_\_\_\_\_  
4. Sex Male race White divorced Married  
6. (b) Name of husband or wife Valma 6. (c) Age of husband or wife if alive 39 years  
7. Date of Birth (Month, Day, Year) September 7, 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>3</u>	<u>6</u>	hrs min.

9. Exact Occupation Laborer Did this work for 12 yrs.  
10. Industry or Business City of Twin Falls Date last worked \_\_\_\_\_  
11. Birthplace Brewster, New York (City or town) (State or foreign country)

12. Name Fowler Bailey  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Nellie Brown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Valma Champlin and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 12/17/48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature Reynolds Funeral Home and Address Twin Falls, Idaho

19. (a) December 23, 1948 (b) D. L. Shan (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 083B

20. DATE OF DEATH (Month, Day, Year) December 13, 1948 at 8:15 o'clock PM

21. I HEREBY CERTIFY, That I attended deceased from 8-20 1948, to 12/13 1948. I last saw him alive on 12/13 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Cerebral embolism

Duration

1 hour

Due to pneumonic heart disease with auricular fibrillation 30 yrs

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_ Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_ Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_ Public Place \_\_\_\_\_ While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Dean H. Applesch (M. D. or other) and Address Twin Falls Date 12-18-48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RECEIVED

1948

United States  
Department of Commerce  
Bureau of the Census

JAN 5 1948

DIVISION OF VITAL  
STATISTICS

CERTIFICATE OF DEATH  
STATE OF IDAHO

State File No. 4734  
Local Reg. No. 610  
Reg. Dist. No. 460

1. PLACE OF DEATH:
- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. none  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital None Institution Other place  
(f) Name Hosp. or Inst. F. County Stayed 10 days  
(g) Lived in this county 38 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. None  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) X

3. (a) FULL NAME Harry Townsend

3. (b) If veteran, name war No 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced single  
4. Sex Male 6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years  
7. Date of Birth (Month, Day, Year) February 19, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>9</u>	<u>25</u>	hrs min.

9. Exact Occupation Laborer Did this work for Life yrs.  
10. Industry or Business Farm Date last worked Unknown  
11. Birthplace Quinby, Michigan (City or town) (State or foreign country)

- Father { 12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
Mother { 14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature D. J. Schubertson and Address Buhl, Idaho

17. (a) Burial (b) Date thereof Dec. 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: County Cemetery, Filer, Idaho

18. Funeral Director's OWN Signature D. J. Schubertson and Address Buhl, Idaho

19. (a) December 29, 1948 (b) Donald L. Green  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 104A

20. DATE OF DEATH (Month, Day, Year) December 14, 1948  
at 8:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 12-1-1948 to 12-14-1948 1948  
I last saw him alive on 12-14-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertension Duration 5 yrs.  
Due to Chronic myocarditis  
Due to Arteriosclerosis  
Other conditions Infarction  
(Include pregnancy within 3 months of death)

Where was disease contracted? Physician  
Name of operation None Date None  
Major finding None  
Finding of autopsy None  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred None 19 48 City, county, state where violence occurred None

Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None  
Means of injury None

23. Attendant's OWN Signature J. J. Blum (M.D. or other)  
and Address Idaho 1948  
(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

DEC 23 1948

# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. **4735**  
Local Reg. No. **606**  
Reg. Dist. No. **460**

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. West Addison  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Other place  
(f) Name Hosp. or Inst. R.F. County Stayed 4 days  
(g) Lived in this county. 36 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 430 2nd Ave. S.  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Colorado

## 3. (a) FULL NAME

George Cardin

## 3. (b) If veteran,

name war

## 3. (c) Social Security

No.

5. Color or Male race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jennie  
6. (c) Age of husband or wife if alive 73 years

7. Date of Birth (Month, Day, Year) February 23, 1872

8. AGE	Years	Months	Days	If less than 1 day
	<u>76</u>	<u>9</u>	<u>21</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for 45 yrs.

10. Industry or Business Date last worked 1933

11. Birthplace Monroe County, Tennessee  
(City or town) (State or foreign country)

12. Name Larkin L. Cardin

13. Birthplace Tenn.  
(City or town) (State or foreign country)

14. Maiden name Julia Richardson

15. Birthplace Tenn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Elmer Peters  
and Address Twin Falls, Idaho.

17. (a) Burial (b) Date thereof 12/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Sunset Memorial Park

18. Funeral Directors Reynolds Funeral Home  
OWN Signature Reynolds  
and Address Twin Falls, Idaho

19. December 20, 1948 (b) Thomas L. Green  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 14, 1948  
at 5:50 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from July 29, 1948, to 12/14/1948

I last saw him alive on Dec 13, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage Duration 5 days

Due to Hypertension

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? -

Name of operation - Date -

Major finding -

Finding of autopsy -

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? - Suicide? - Homicide? -

Occurred - 19 - City, county, state

where violence occurred -

Place of Violence: Home - Farm - Industry -

Public Place - While at work? -

Means of injury -

23. Attendant's OWN Signature Dr. T. L. Green

and Address Twin Falls, Idaho Date Dec 15, 1948

(For additional space, use reverse side)

1948

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
DEC 30 1948  
CERTIFICATE OF DEATH  
STATE OF IDAHO

State File No. 4736  
Local Reg. No. 648  
Reg. Dist. No. 460

1. PLACE OF DEATH: Twin Falls  
(a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. X  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. T. F. County Stayed 1 days  
(g) Lived in this county 35 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. 416 N. 12th  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 35 years  
(h) Former residence (city, state) X

3. (a) FULL NAME Cyrus Adam Iden

3. (b) If veteran, name was no 3. (c) Social Security No. None  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male 6. (b) Name of husband or wife Mary Lewis  
6. (c) Age of husband or wife if alive deceased years  
7. Date of Birth January 24, 1867  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>.81</u>	<u>10</u>	<u>27</u>	hrs min.

9. Exact Occupation Ret. farmer Did this work for Life yrs.  
10. Industry or Business Farming Date last worked 1939  
11. Birthplace Unknown, Kansas  
(City or town) (State or foreign country)

- Father { 12. Name Sylvester Iden  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
Mother { 14. Maiden name Mary, Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature X Dorothy Pence  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof Dec. 23, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature B. J. Alberson  
and Address Buhl, Idaho

19. December 27, 1948 (b) Dorothy Pence  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 046 F

20. DATE OF DEATH December 21 1948  
(Month, Day, Year)  
at 12:05 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma Liver  
c. asites Duration 1 yr.

Due to arteriosclerosis yrs.

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Buhl, Idaho PHYSICIAN

Name of operation none Date Dec. 21, 1948

Major finding arteriosclerosis

Finding of autopsy arteriosclerosis Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? None Suicide? None Homicide? None  
Occurred 19 City, county, state where violence occurred Buhl, Idaho

Place of Violence: Home None Farm None Industry None  
Public Place None While at work? None

Means of injury None

23. Attendant's OWN Signature V. H. Anderson, M.D.  
and Address Buhl, Idaho Date 12-22-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 5 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 1737  
Local Reg. No. 612  
Reg. Dist. No. 460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside? ☒ Outside? ..... city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. T. Falls Stayed 10 days  
(g) Lived in this county 23 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 220 Ramage St.  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 47 years  
(h) Former residence (city, state) Missouri

3. (a) FULL NAME James A. Patten

3. (b) If veteran, name war ..... No. ....  
5. Color or .....  
4. Sex Male race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) February 1, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>10</u>	<u>23</u>	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.  
10. Industry or Business ..... Date last worked .....

11. Birthplace Kirksville, Mo.  
(City or town) (State or foreign country)

- Mother { 12. Name William P. Patten  
13. Birthplace Missouri  
(City or town) (State or foreign country)  
14. Maiden name Sarah Ann Nosworthy  
15. Birthplace Missouri  
(City or town) (State or foreign country)

16. Informant's OWN Signature W. Patten  
and Address Danver, Colo.

17. (a) Burial (b) Date thereof 12-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature L. Phillips  
and Address Twin Falls, Idaho

19. (a) December 30, 1948 (b) Donna L. Green  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 23 48  
(Month, Day, Year) 19  
at 2:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 12-1 1948 to 12-23 1948  
I last saw him alive on 12-23 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:  
Benign nephrosclerosis  
secondary to generalized  
arteriosclerosis  
Cystitis, acute, nodular  
Due to hyperplasia of prostate gland.  
Other conditions .....  
(Include pregnancy within 3 months of death)

Where was disease contracted? .....  
Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy above

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....  
Occurred ..... 19 ..... City, county, state  
where violence occurred .....  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place ..... While at work? .....  
Means of injury .....

23. Attendant's OWN Signature J. Woodson Creed, M.D.  
and Address Twin Falls, Idaho Date Dec 23, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 5 1948

DIVISION OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

State File No. 4738  
Local Reg. No. 2  
Reg. Dist. No. 46

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 271 Jefferson St.  
(d) Death Occured Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 16 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 271 Jefferson St  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 16 years  
(h) Former residence (city, state) XX

## 3. (a) FULL NAME Helen Joyce Hill

3. (b) If veteran, name war ☐ No. ☐  
5. Color or White 6. (a) Single, widowed, married, divorced Single  
4. Sex Female race White  
6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth (Month, Day, Year) June 24, 1932

8. AGE	Years	Months	Days	If less than 1 day
	<u>16</u>	<u>6</u>	<u>/</u>	hrs min.

9. Exact Occupation Student Did this work for ☐ yrs.  
10. Industry or Business ☐ Date last worked ☐  
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)  
12. Name LeRoy Hill  
13. Birthplace Hyde Park, Utah. (City or town) (State or foreign country)  
14. Maiden name Minnie Christoferson  
15. Birthplace Burton, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature Le Roy Hill  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 12-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature S. C. Halley  
and Address Twin Falls, Idaho

19. (a) December 29, 1948 (b) Dorcas L. Green  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 049A 055E

20. DATE OF DEATH December 25 1948  
(Month, Day, Year)  
at 12:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19.36 to Dec. 25, 1948.  
I last saw h.e.r. alive on Dec. 25, 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Metastatic malignancy Duration 8/11/48

Due to Chorion-epithelioma, left ?  
ovary

Due to ☐  
Other conditions ☐  
(Include pregnancy within 3 months of death)

Where was disease contracted? home  
Name of operation Left oophorectomy Date 7/13/48 PHYSICIAN  
Major finding Chorion-epithelioma Underline the cause to which death  
Finding of autopsy left ovary - confirmed by pathologist was charged statistically.  
None granted to physician

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred 19 City, county, state  
where violence occurred ☐  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature Geo. C. Halley  
and Address Twin Falls, Ida. Date 12/29 1948  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
JAN 5 1949  
OFFICE OF VITAL  
STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **4739**  
Local Reg. No. **609**  
Reg. Dist. No. **460**

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Addison West  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. T. P. Co. Gen Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Blaine  
(c) City or town Ketchum  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 days years  
(h) Former residence (city, state) none

## 3. (a) FULL NAME

Susan Harrington

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 5. Color or

## 6. (a) Single, widowed, married,

## 4. Sex Female race White

divorced Single

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

## 7. Date of Birth

(Month, Day, Year) December 25, 1948

## 8. AGE

Years

Months

Days

If less than 1 day

0

0

2

hrs

min.

## 9. Exact

Occupation Infant

## Did this

work for \_\_\_\_\_ yrs.

## 10. Industry or

Business

## Date last

worked \_\_\_\_\_

## 11. Birthplace Sun Valley, Idaho

(City or town)

(State or foreign country)

## 12. Name Kenneth A. Harrington

## 13. Birthplace Los Angeles, Calif.

(City or town)

(State or foreign country)

## 14. Maiden name Mary Ann Korb

## 15. Birthplace Scotts Bluff, Nebraska

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature Kenneth G. Harrington

and Address Ketchum, Idaho

## 17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof 12/29/48

(Month) (Day) (Year)

(c) Place: Sunset Memorial Park

## 18. Funeral Director Reynolds Funeral Home

OWN Signature James E. Reynolds

and Address Twin Falls, Idaho

## 19. (a) December 22, 1948 (b) Thomas L. Green

(Date received and filed)

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) December 27, 1948

at 12:20 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

19 to 12/27/1948

I last saw her alive on 12/27/1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Disruption congenital  
Due to megacolon 26

## Due to

Other conditions Barrel abdomen  
(Include pregnancy within 3 months of death)

## Where was disease contracted? Congenital

Name of operation Traquere Date Dec 27

Major finding Megacolon

Finding of autopsy Megacolon

atalectasis, pulmonary

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature David T. Kolosch M.D.

and Address Twin Falls, Idaho 12-29-48

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JAN 12 1948

CERTIFICATE OF DEATH  
STATE OF IDAHO

State File No. 4740  
Local Reg. No. 620  
Reg. Dist. No. 460

STATISTICS

1. PLACE OF DEATH:
  - (a) County Twin Falls
  - (b) City or town Twin Falls
  - (c) Street Address or R. F. D. No. X
  - (d) Death Occurred Inside? X Outside? city or town
  - (e) Died in a Home Hospital X Institution Other place
  - (f) Name Hosp. or Inst. T. F. County 7 days
  - (g) Lived in this county 34 years 10 months 27 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
  - (a) State Idaho
  - (b) County Twin Falls
  - (c) City or town Hagerman
  - (d) Street Address or R. F. D. No. None
  - (e) Deceased lived Inside? X Outside? city or town
  - (f) Citizen of what country? United States
  - (g) How long had deceased lived in Idaho? 34 years
  - (h) Former residence (city, state) X

3. (a) FULL NAME Thomas Boen Price

3. (b) If veteran, name war no
3. (c) Social Security No. None
5. Color or W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) April 20, 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>80</u>	<u>8</u>	<u>7</u>	hrs min.

9. Exact Occupation Farmer (Ret.) Did this work for 35 yrs.
10. Industry or Business Farming Date last worked 1943
11. Birthplace Bolivar, Missouri (City or town) (State or foreign country)

12. Name Thomas Price
13. Birthplace Unknown (City or town) (State or foreign country)
14. Maiden name Mary Reynolds
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature T. H. Price and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30, 1948 (Month) (Day) (Year)

- (c) Place: Hagerman, Idaho
18. Funeral Director's OWN Signature B. J. Albertson and Address Buhl, Idaho

19. (a) 1-4-49 (Date received and filed) (b) Donna L. Green (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 137A

20. DATE OF DEATH (Month, Day, Year) December 27, 1948 at 11:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 12-20 1948 to 12-27 1948. I last saw him alive on 12-27 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia Duration 7

Due to Hydrocephalus ?

Due to Prostatic Hypertrophy ?

Other conditions old age (Include pregnancy within 3 months of death)

Where was disease contracted? Physician

Name of operation Underline the cause to which death should be charged statistically.

Major finding ?

Finding of autopsy ?

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ? Suicide? ? Homicide? ? Occurred 19 City, county, state where violence occurred.

Place of Violence: Home ? Farm ? Industry ?

Public Place ? While at work? ?

Means of injury ?

23. Attendant's OWN Signature David T. Kolander, M.D. and Address Twin Falls (M. D. or other) Date 12-30-1948

(For additional space, use reverse side)

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
JAN 6 1949

# Certificate Of Death

STATE OF IDAHO

State File No. **4741**  
Local Reg. No. **614**  
Reg. Dist. No. **460**

## DIVISION OF VITAL

1. PLACE OF DEATH: **STATISTIC**
- (a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. **Route #1, T.F. Co. Hosp.**  
(d) Death Occurred Inside? **xx** Outside **mm** city or town  
(e) Died in a Home **mm** Hospital **xx** Institution **mm** Other place **mm**  
(f) Name Hosp. **T.F. Co. Hosp.** Stayed **1** days  
(g) Lived in this county **17** years **mm** months **mm** days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Twin Falls**  
(d) Street Address or R.F.D. No. **Rt. #1, Hosp.**  
(e) Deceased lived Inside? **mm** Outside? **xx** city or town  
(f) Citizen of what country? **mm**  
(g) How long had deceased lived in Idaho? **17** years  
(h) Former residence (city, state) **mm**

3. (a) FULL NAME **RICHARDSON, George Calvin**

3. (b) If veteran, name war **WW1**, No. **519-18-7591**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
4. Sex **Male** 6. (b) Name of husband or wife **Keturah**  
6. (c) Age of husband or wife if alive **47** years  
7. Date of Birth (Month, Day, Year) **January 12, 1894**

8. AGE	Years	Months	Days	If less than 1 day
	<b>54</b>	<b>11</b>	<b>13</b>	hrs min.

9. Exact Occupation **Laborer** Did this work for **mm** yrs.  
10. Industry or Business **Cattle Ranch** Date last worked **mm**  
11. Birthplace **Avon, Illinois** (City or town) (State or foreign country)

12. Name **Eden Stanford Richardson**  
13. Birthplace **Shangha 1-Warren Co., Ill** (City or town) (State or foreign country)  
14. Maiden name **Janet Ault**  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **Miss George Richardson**  
and Address **Rt. #1, Twin Falls, Idaho**

17. (a) **Burial** (b) Date thereof **10/1/3/49**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Sunset Memorial Park Com.**

18. Funeral Director's OWN Signature **Wm. H. Phillips**  
and Address **White Mortuary-Twin Falls**

19. (a) **January 4, 1949** (b) **Dorinda L. Green**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **December 30, 1948**  
at **8:20** o'clock **A**. M.

21. I HEREBY CERTIFY, That I attended deceased from **mm** 19 **mm**, to **mm** 19 **mm**

I last saw h. **mm** alive on **mm** 19 **mm**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **gun-shot wound, self-inflicted, rifle, 22 short, to the point of entrance, the bullet penetrating skull, fracturing base of brain**  
Due to **injury**  
Other conditions **of brain**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **mm**  
Name of operation **mm** Date **mm**  
Major finding **mm**  
Finding of autopsy **As above**

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **mm** Suicide? **mm** Homicide? **mm**  
Occurred **8:45 P.M. 12-29-48** City, county, state **T. Falls, Idaho**  
where violence occurred **1 1/2 mi. S. of T. Falls**  
Place of Violence: Home **mm** Farm **mm** Industry **mm**  
Public Place **mm** While at work? **mm**  
Means of injury **22 Rifle**

23. Attendant's OWN Signature **J. Woodson Creed, M.D.**  
and Address **Twin Falls, Idaho** (M. D. or other)  
Date **12-30-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 6 1949

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. **4742**  
Local Reg. No. **617**  
Reg. Dist. No. **460**

## 1. PLACE OF DEATH: STATISTICS

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. Shoshone St. & 5th W.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 3 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 235 Alexander St  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 3 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME Arthur Chapman

3. (b) If veteran, name war No 430-07-9344  
5. Color or white 6. (a) Single, widowed, married, divorced married  
4. Sex male race white  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) April 28, 1886

8. AGE	Years	Months	Days	If less than 1 day
	62	8	3	hrs min.

9. Exact Occupation Retired Did this work for years  
10. Industry or Business Contract Laborer Date last worked   
11. Birthplace White Co., Illinois (City or town) (State or foreign country)

12. Name John Chapman  
13. Birthplace Tenn. (City or town) (State or foreign country)  
14. Maiden name Miranda Cooner  
15. Birthplace Texas (City or town) (State or foreign country)

16. Informant's OWN Signature Arthur Smith  
and Address 136 4th Ave. E.

17. (a) Burial (b) Date thereof 1-5-49 (Month) (Day) (Year)  
(c) Place: Sunset Mem Park Cem.

18. Funeral Director's OWN Signature Wm. H. Tullgren  
and Address White River, Twin Falls

19. (a) January 4, 1949 (Date received and filed)  
(b) Thomas L. Green (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 31, 1948  
at 3:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him and he not attend on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion, acute Duration

Due to

Due to

Other conditions  (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation  Date

Major finding

Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home  Farm  Industry

Public Place  While at work?

Means of injury

23. Attendant's Signature J. Woodson Creech

and Address Twin Falls, Idaho (City or town) (State or other)

Date 31 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
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# Certificate Of Death

STATE OF IDAHO

State File No. **4743**  
Local Reg. No. **616**  
Reg. Dist. No. **460**

## DIVISION OF VITAL

1. PLACE OF DEATH: **STATISTICAL**  
(a) County **Twin Falls**  
(b) City or town **Twin Falls**  
(c) Street Address or R.F.D. No. **312 Ash. St.**  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home? ☒ Hospital? ☐ Institution? ☐ Other place? ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county **28** years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Twin Falls**  
(c) City or town **Twin Falls**  
(d) Street Address or R.F.D. No. **312 Ash St.**  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? **US**  
(g) How long had deceased lived in Idaho? **28** years  
(h) Former residence (city, state) ☐

3. (a) FULL NAME **Florence Symonds Snodgrass**

3. (b) If veteran, name war **None** No. **None**  
5. Color or **None**  
6. (a) Single, widowed, married, divorced **widowed**  
4. Sex **female** race **white**  
6. (b) Name of husband or wife if alive **James**  
6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth (Month, Day, Year) **October 8, 1875**

8. AGE	Years	Months	Days	If less than 1 day
	<b>73</b>	<b>2</b>	<b>22</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for ☐ yrs.  
10. Industry or Business **Ann Arbor, Michigan** Date last worked ☐  
11. Birthplace (City or town) (State or foreign country)

12. Name **Unk.**  
13. Birthplace (City or town) (State or foreign country)  
14. Maiden name **Unk.**  
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature **Deep H. Hite**  
(a) Address **White Mountain Twin Falls, Idaho**

17. (a) **Burial** (b) Date thereof **1-4-49**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Twin Falls Cem.**

18. Funeral Director's OWN Signature **Deep H. Hite**  
(a) Address **White Mountain Twin Falls, Idaho**

19. (a) **January 4, 1949** (b) **Boone & Green**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) **December 31, 1948**  
at **2:15** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Only saw deceased dead**  
I last saw h. **10** alive on **10** 19 **48**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Generalized arteriosclerosis with cerebral involvement**

- Due to ☐  
Due to ☐  
Other conditions (Include pregnancy within 3 months of death) ☐

- Where was disease contracted? ☐  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☐ Suicide? ☐ Homicide? ☐  
Occurred **1948** City, county, state **Idaho**  
where violence occurred ☐  
Place of Violence: Home ☐ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature **J. Woodson Creel, MD**  
(a) Address **Twin Falls, Idaho** (b) Date **Dec 31, 1948**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 12 1949

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **4744**  
Local Reg. No. **619**  
Reg. Dist. No. **460**

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. 1134 E. Heyburn  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home? X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 34 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. 1134 E. Heyburn  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 34 years  
(h) Former residence (city, state) Prior Creek, Iowa

## 3. (a) FULL NAME Conrad Magel

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 554-30-6165  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
4. Sex Male race White  
6. (b) Name of husband or wife Nattie 6. (c) Age of husband or wife if alive 42 years  
7. Date of Birth (Month, Day, Year) September 5, 1904

8. AGE	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>3</u>	<u>26</u>	hrs min.

9. Exact Occupation Retired Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business worked Date last worked \_\_\_\_\_  
11. Birthplace Sydney, Iowa (City or town) (State or foreign country)

12. Name Bert Magel  
13. Birthplace Iowa (City or town) (State or foreign country)  
14. Maiden name Martha Jarman  
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Nattie Magel  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 1/4/49  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature Reynolds Funeral Home  
and Address Twin Falls, Idaho

19. (a) 1-4-49 (b) Reynolds  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 31, 1948  
at 6:00 o'clock AM

21. I HEREBY CERTIFY, That I attended deceased from never 19 12/31 19 48  
I last saw him alive on never 19 12/31 19 48; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

- Cardiac failure acute  
Emphysema ? ?

- Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

### Where was disease contracted?

- Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

- where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

- Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature W. Sawyer

- and Address Twin Falls Date Jan. 31949  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in each handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 4745  
Local Reg. No. 607  
Reg. Dist. No. 460

1. PLACE OF DEATH: DIVISION OF VITAL
- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R. F. D. No. None  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. None Stayed no days  
(g) Lived in this county 0 years 1 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl, about 3 or 4 weeks  
(d) Street Address or R. F. D. No. none  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? unknown years  
(h) Former residence (city, state) Mt. Vernon, Ark

3. (a) FULL NAME Hardy Richmond Adkisson

3. (b) If veteran, name war. no 3. (c) Social Security No. 572-01-4533

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Date of Birth (Month, Day, Year) unknown

- | 8. AGE | Years        | Months    | Days        | If less than 1 day |
|--------|--------------|-----------|-------------|--------------------|
|        | <u>about</u> | <u>53</u> | <u>yrs.</u> | hrs min.           |

9. Exact Occupation Steamfitter Did this work for unknown yrs.

10. Industry or Business Construction Date last worked unknown

11. Birthplace unknown (City or town) (State or foreign country)

12. Name unknown

13. Birthplace unknown (City or town) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature None, Information gained from social security card

17. (a) Burial (b) Date thereof Dec. 22, 1948 (Month) (Day) (Year)

- (c) Place: County cemetery, Filer, Ida.

18. Funeral Director's OWN Signature B. T. Albertson and Address Buhl, Idaho

19. (a) December 23, 1948 (Date received and filed) (b) Thomas L. Green (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 083A

20. DATE OF DEATH (Month, Day, Year) Approximately Dec 3, 1948 at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

- Immediate Cause of Death: Subdural hemorrhage of brain Duration  
l. frontal lobe.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? No Homicide? No

Occurred Approximately Dec. 3, 1948 City, county, state where violence occurred Bankery Rd, Twin Falls Co.

Place of Violence: Home Yes Farm No Industry No

Public Place No While at work? No

Means of injury Blow on head by flat object

23. Attendant's OWN Signature Woodson Creed, m.

and Address Twin Falls family corner (M. Do or other) Dec 18, 1948 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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DEC 18 1948  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948 State File No. 4746  
Local Reg. No. 599  
Reg. Dist. No. 460

1. PLACE OF DEATH:  
(a) County Twin Falls  
(b) City or town Filer  
(c) Street Address or R.F.D. No. Filer  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 12 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Twin Falls  
(c) City or town Filer  
(d) Street Address or R.F.D. No. Filer  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 12 years  
(h) Former residence (city, state)

3. (a) FULL NAME KUHN, Mrs. Margaret

3. (b) If veteran name war None 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married, divorced Widow  
4. Sex Female race White  
6. (b) Name of husband or wife Daniel 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) May 20, 1858

8. AGE	Years	Months	Days	If less than 1 day
	90	6	15	hrs min.

9. Exact Occupation Housewife Did this work for  yrs.  
10. Industry or Business worked  
11. Birthplace Russia (City or town) (State or foreign country)

12. Name Ludwig Schaeffer  
13. Birthplace Russia (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Russia (City or town) (State or foreign country)

16. Informant's OWN Signature Chas. E. [Signature]  
and Address Twin Falls, Idaho

17. (a) Burial (b) Date thereof 12-7-48 (Month) (Day) (Year)  
(c) Place: Sunset Mem. Park Cem.

18. Funeral Director's OWN Signature [Signature]  
and Address White Mortuary-Twin Falls, Idaho

19. (a) December 14, 1948 (b) [Signature] (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 4, 19 48  
at 2:10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1947, to Dec. 4, 1948  
I last saw her alive on Dec. 4, 19 48 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Toxemia and Dehydration Duration 6 days  
Terminal Uremia

Due to Advanced Arteriosclerosis 15 years

Due to Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Date Underline the cause to which death should be charged statistically.  
Major finding Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home 19 Farm 19 Industry 19  
Public Place 19 While at work? 19  
Means of Injury 19

23. Attendant's OWN Signature Max A. [Signature] M.D. (M. D. or other)  
and Address Madison Falls, Idaho Date 12/7/48  
(For additional space, use reverse side)



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1948

4747

United States  
Department of Commerce  
Bureau of the Census

DEC 23 1948

# CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 601  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R. F. D. No. 4  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. None Stayed 10 days  
(g) Lived in this county 0 years 0 months 18 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. 4  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 18 days 0 years  
(h) Former residence (city, state) None

## 3. (a) FULL

NAME Alfred Leon Ross

3. (b) If veteran, No  
name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex M. 5. Color or race W.  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X years

7. Date of Birth  
(Month, Day, Year) November 22, 1948

8. AGE	Years	Months	Days	If less than 1 day
	<u>0</u>	<u>0</u>	<u>18</u>	hrs min.

9. Exact Occupation None Did this work for No yrs.

10. Industry or Business None Date last worked \_\_\_\_\_

11. Birthplace Twin Falls, Idaho  
(City or town) (State or foreign country)

12. Name Louie Ross

13. Birthplace La Marr, Colorado  
(City or town) (State or foreign country)

14. Maiden name Alpha Vernon

15. Birthplace Caney, Kansas  
(City or town) (State or foreign country)

16. Informant's OWN Signature Louie S. Ross  
and Address Buhl, Idaho

17. (a) Burial (b) Date thereof Dec. 11, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature B. J. Debertson

- and Address Buhl, Idaho

19. December 15, 1948 (b) Thomas L. Green  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 10 19 48  
(Month, Day, Year)  
at 3:30 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 22 19 48 to Dec 10 19 48  
I last saw him alive on Dec 9 19 48; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Asphyxia Duration \_\_\_\_\_

Due to Bronchial obstruction

Due to asphyxia

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Stroke

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature James L. Green

and Address Twin Falls (M. D. or other)

Date 12/10/48

(For additional space, use reverse side)

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1948

4748

United States

Department of Commerce DIVISION OF VITAL STATISTICS

Bureau of the Census

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
 (b) City or town Buhl  
 (c) Street Address or R. F. D. No. 425 N. Broadway  
 (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
 (e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. None Stayed no days  
 (g) Lived in this county 1 years 7 months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
 (c) City or town Buhl  
 (d) Street Address or R. F. D. No. 425 N. B'dway  
 (e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
 (f) Citizen of what country? U. S.  
 (g) How long had deceased lived in Idaho? Life years  
 (h) Former residence (city, state) None

3. (a) FULL NAME Jeanette Ann Hughes

3. (b) If veteran, name war no 3. (c) Social Security No. None  
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X years  
 7. Date of Birth (Month, Day, Year) May 19, 1947

8. AGE	Years	Months	Days	If less than 1 day
	<u>1</u>	<u>7</u>	<u>4</u>	hrs min.

9. Exact Occupation None Did this work for no yrs.  
 10. Industry or Business None Date last worked X  
 11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

- Mother { 12. Name Preston B. Hughes  
 13. Birthplace Pittsburgh, Kentucky (City or town) (State or foreign country)  
 14. Maiden name Bertha Louise Lewton  
 15. Birthplace Buhl, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Preston Hughes  
 and Address Buhl, Idaho

17. (a) Burial (b) Date thereof Dec. 27, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Buhl, City Cemetery  
 18. Funeral Director's OWN Signature B. J. Alberton  
 and Address Buhl, Idaho

19. (a) December 31, 1948 (b) Norma L. Green  
 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 23, 1948  
 at 1:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1948 to 12-23-48

I last saw him alive on 12-23-1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Bronchopneumonia Duration unk.

Due to Spastic paralysis life

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
 Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
 Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Mat Graham

and Address Buhl, Ida (M. D. or other)

Date 12-28-1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

064

Informant, Funeral Director, Registrar and Medical Attendant, EACH sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

STATE OF IDAHO

State File No. 1749  
Local Reg. No. 615  
Reg. Dist. No. 460

## 1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Castleford  
(c) Street Address or R.F.D. No. Castleford  
(d) Death Occurred Inside?..... Outside? X city or town  
(e) Died in a Home. X Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. .... Stayed ..... days  
(g) Lived in this county 38 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Castleford  
(d) Street Address or R.F.D. No. Castleford  
(e) Deceased lived Inside?..... Outside? X city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME REED, Thomas A.

3. (b) If veteran, name war none 3. (c) Social Security No. none  
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Male 6. (b) Name of husband or wife if alive ..... years  
7. Date of Birth (Month, Day, Year) September 24, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>78</u>	<u>3</u>	<u>1</u>	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.  
10. Industry or Business Farmer Date last worked .....  
11. Birthplace Cynthiana, Ky (City or town) (State or foreign country)

12. Name Joel Reed  
13. Birthplace Ky (City or town) (State or foreign country)  
14. Maiden name Sarah Stanley  
15. Birthplace Ky (City or town) (State or foreign country)

16. Informant's OWN Signature Ernest Reed  
and Address Castleford, Id.

17. (a) Burial (b) Date thereof 12/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cem.

18. Funeral Director's OWN Signature W. H. Tuttle  
and Address White Mortuary-Twin Falls.

19. January 4, 1949 (Date received and filed) (b) Thomas L. Green (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 25th, 1948  
at 2 A. M. o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from 12-25-1948 to 19  
I last saw him alive on 12-25-1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Coronary Thrombosis Duration 1 hr.

Due to Coronary Thrombosis + Angina Pectoris  
Due to Chronic Myocarditis  
Other conditions, Senility  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred .....  
Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....  
Means of injury .....

23. Attendant's OWN Signature M. A. Drake  
and Address Buhl, Idaho (M. D. or other) 12/27/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
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Bureau of the Census  
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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4750  
Local Reg. No. 618  
Reg. Dist. No. 460

## 1. PLACE OF DEATH: STATISTICS

- (a) County Twin Falls  
(b) City or town Kimberly  
(c) Street Address or R.F.D. No. 2  
(d) Death Occured Inside?..... Outside? X city or town  
(e) Died in a Home X Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst..... Stayed..... days  
(g) Lived in this county 35 years..... months..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County T. Falls  
(c) City or town Kimberly  
(d) Street Address or R.F.D. No. 2  
(e) Deceased lived Inside?..... Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) Rocky Ford, Colo.

## 3. (a) FULL NAME Kenneth L. Atkinson

3. (b) If veteran, name war..... No.....  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Louise  
6. (c) Age of husband or wife if alive 45 years  
7. Date of Birth (Month, Day, Year) April 9, 1904

8. AGE	Years	Months	Days	If less than 1 day
	44	8	20	hrs min.

9. Exact Occupation Farmer Did this work for..... yrs.  
10. Industry or Business..... Date last worked.....  
11. Birthplace Rocky Ford, Colorado  
(City or town) (State or foreign country)

12. Name Fred Atkinson  
13. Birthplace Iowa  
(City or town) (State or foreign country)  
14. Maiden name Lena Danielson  
15. Birthplace Stockholm, Sweden  
(City or town) (State or foreign country)

16. Informant's OWN Signature Kenneth L. Atkinson  
and Address Boise, Idaho

17. (a) Burial (b) Date thereof 12/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Twin Falls Cemetery

18. Funeral Director's Reynolds Funeral Home  
OWN Signature J. W. Reynolds  
and Address Twin Falls, Idaho

19. (a) 1-4-49 (b) Thomas L. Green  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 29, 1948  
at 5:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from.....  
19..... to..... 19.....  
I last saw him on live 19.....; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

GUN-SHOT WOUND, SELF-  
INFLECTED, 20-30 CALIBER  
Due to RIFLE - POINT OF  
ENTRANCE - ORAL CAVITY

Other conditions.....  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide? X Homicide?.....  
Occurred..... 19..... City, county, state where violence occurred  
Place of Violence: Home X Farm..... Industry.....  
Public Place..... While at work?.....

Means of injury.....

23. Attendant's J. Woodbury Creed, M.D.  
OWN Signature..... (M. D. or other)  
and Address Twin Falls, Idaho Date 1/4/49 1949  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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CERTIFICATE OF DEATH

STATE OF IDAHO

1948

State File No.

4751

Local Reg. No.

621

Reg. Dist. No.

460

1. PLACE OF DEATH:

- (a) County Twin Falls  
(b) City or town Buhl  
(c) Street Address or R. F. D. No. Rt. 4  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home X Hospital    Institution    Other place     
(f) Name Hosp. or Inst. None Stayed no days  
(g) Lived in this county 37 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Twin Falls  
(c) City or town Buhl  
(d) Street Address or R. F. D. No. 4  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 37 years  
(h) Former residence (city, state) X

3. (a) FULL NAME

Oscar Baker

3. (b) If veteran, name war

No

3. (c) Social Security No.

None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
7. (b) Name of husband or wife Cora Mc Anally 6. (c) Age of husband or wife if alive 67 years

7. Date of Birth (Month, Day, Year) March 8, 1881

8. AGE	Years	Months	Days	If less than 1 day
	67	9	23	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.

10. Industry or Business Farming Date last worked 1947

11. Birthplace Neoga, Illinois (City or town) (State or foreign country)

12. Name Robert M. Baker

13. Birthplace Sigel, Ill. (City or town) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature X Mrs. Charles Barton and Address Buhl, Idaho

17. (a) Burial (b) Date thereof Jan. 4, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature J. T. Albertson and Address Buhl, Idaho

19. (a) Jan. 5-1949 (b) Barbara L. Green (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH December 31 1948 (Month, Day, Year) at 5:00 o'clock P./M.

21. I HEREBY CERTIFY, That I attended deceased from May 1946 to Dec 30 1948

I last saw him alive on Dec 30 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

Duration

Cerebral Thrombosis  
Due to Hypertensive Cardiovascular disease

Due to     
Other conditions     
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation none Date   

Major finding   

Finding of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?    Suicide?    Homicide?    Occurred    19    City, county, state where violence occurred

Place of Violence: Home    Farm    Industry   

Public Place    While at work?   

Means of injury   

23. Attendant's OWN Signature Earl C. Jensen MD (M. D. or other)

and Address Twin Falls, Idaho Date 1-5 1949 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death

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DEC 30 1948

STATE OF IDAHO

1948  
State File No. 4752  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Valley  
(b) City or town CASCADE  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place  
(f) Name Hosp. or Inst. Stayed ☐ days  
(g) Lived in this county 42 years ☐ months ☐ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Valley  
(c) City or town CASCADE  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Oregon

## 3. (a) FULL NAME

CARRIE EMMA HAWKINS

094A

## 3. (b) If veteran, name war

no

## 3. (c) Social Security No.

no

## 4. Sex F Color or race W

## 5. (a) Single, widowed, married, divorced MARRIED

## 6. (b) Name of husband or wife BERNARD D.

## 6. (c) Age of husband or wife if alive 75 years

## 7. Date of Birth (Month, Day, Year) Nov 2, 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>1</u>	<u>17</u>	hrs. min.

## 9. Exact Occupation Housewife Did this work for 50 yrs.

## 10. Industry or Business Home Date last worked 1946

## 11. Birthplace OSAGE (City or town) Iowa (State or foreign country)

## 12. Name Jeremiah Douglas

## 13. Birthplace UNKNOWN (City or town) (State or foreign country)

## 14. Maiden name UNKNOWN

## 15. Birthplace UNKNOWN (City or town) (State or foreign country)

## 16. Informant's OWN Signature Melvin Hawkins and Address CASCADE, IDAHO

## 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-48 (Month) (Day) (Year)

## (c) Place CASCADE

## 18. Funeral Director's OWN Signature CHARLIE GARDNER and Address EMMETT, IDAHO

## 19. (a) Dec 9, 1948 (Date received and filed) (b) Myrtle Gardner (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH (Month, Day, Year) December 19 19 48 at 3:45 o'clock P. M.

## 21. I HEREBY CERTIFY, That I attended deceased from 1947 to Dec. 19 48

I last saw her alive on Oct. 19 48  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death: Heart failure Duration

## Due to Coronary occlusion

## Due to Other conditions (Include pregnancy within 3 months of death)

## Where was disease contracted? Name of operation Date

## Major finding Finding of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? Suicide? Homicide?

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury

## 23. Attendant's OWN Signature D. B. Patterson md (M. D. or other)

and Address CASCADE Date Dec. 29, 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Assistant must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITALS

Dr. McGrath  
Certificate Of Death

STATE OF IDAHO

State File No. 4753  
Local Reg. No. 28  
Reg. Dist. No. 320

1. PLACE OF DEATH: STATISTICS

- (a) County Washington  
(b) City or town Weiser,  
(c) Street Address or R.F.D. No. 1029 East Main  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home ☒ Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 18 years 5 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 1029 East Main  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 19 years  
(h) Former residence (city, state) Mo. 311

3. (a) FULL NAME Mary E. Lewis

3. (b) If veteran, name wa None 3. (c) Social Security No. None  
5. Color or 6. (a) Single, widowed, married,  
4. Sex F race W divorced Married  
6. (b) Name of husband or wife Frank B. Lewis 6. (c) Age of husband or wife if alive 65 years  
7. Date of Birth (Month, Day, Year) December 20, 1882

8. AGE	Years	Months	Days	If less than 1 day
	65	11	20	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Own Home Date last worked Nov. 17, 1948  
11. Birthplace Nebraska (City or town) (State or foreign country)

12. Name John F. Mackey  
13. Birthplace Not known (City or town) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's OWN Signature Frank B Lewis  
and Address 1029 East Main

17. (a) Burial (b) Date thereof Dec. 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Manns Creek Cemetery

18. Funeral Director's OWN Signature A. S. Jones  
and Address Weiser, Idaho

19. (a) 12/1/48 (b) Marie Hawthorn  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 102X

20. DATE OF DEATH (Month, Day, Year) December 1, 1948  
at 9:20 o'clock A. M.  
21. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1948 to Dec. 1, 1948  
I last saw her alive on Dec. 1, 1948; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: General Hemorrhage  
Due to Hypertension  
Due to 1948  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury  
23. Attendant's OWN Signature (M. D. or other)  
and Address Weiser, Idaho Date 12/1/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948  
State File No. **4754**  
Local Reg. No. **29**  
Reg. Dist. No. **320**

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. 1005 W. 3rd  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place city or town  
(f) Name Hosp. or Inst. Stayed days days  
(g) Lived in this county 42 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 1005 W. 3rd  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Chicago, Ill

## 3. (a) FULL NAME Martha Anna Anderson

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
4. Sex Female race White  
6. (b) Name of husband or wife XXX 6. (c) Age of husband or wife if alive XX years  
7. Date of Birth January 17 1845  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>103</u>	<u>10</u>	<u>20</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Home Date last worked 1940  
11. Birthplace Beloit Wisconsin  
(City or town) (State or foreign country)

12. Name Philip Bouslogha  
13. Birthplace N.Y.  
(City or town) (State or foreign country)  
14. Maiden name Abigail Pataas  
15. Birthplace New York N.Y.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Martha Jones  
and Address 1005 W. 3rd, Weiser, Idaho

17. (a) Burial (b) Date thereof 12/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature C. L. Jones  
and Address Northam-Jones, Weiser, Idaho

19. (a) 12/8/48 (b) Martha Anderson  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 7 1948  
at 8:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 12-7-48 to Dec 7 1948  
I last saw her alive on Dec 7 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility Duration

Due to Senility

Due to Senility  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Senility Date Dec 7 1948  
Major finding Senility  
Finding of autopsy Senility

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Senility Suicide? Senility Homicide? Senility  
Occurred Senility 19 Senility City, county, state

where violence occurred  
Place of Violence: Home Senility Farm Senility Industry Senility  
Public Place Senility While at work? Senility

Means of injury Senility  
23. Attendant's OWN Signature M. W. Jones M.D.

and Address Weiser, Idaho (M. D. or other) Senility  
Date 12/8/48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DEC 16 1948

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. **4755**  
Local Reg. No. **30**  
Reg. Dist. No. **320**

## 1. PLACE OF DEATH: STATISTICS

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. Galey Bldg.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home X Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 15 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. Galey Bldg.  
(e) Deceased lived Inside? XX Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 15 years  
(h) Former residence (city, state) Nyssa, Ore.

## 3. (a) FULL NAME FRANK EDGAR LYNCH

3. (b) If veteran, name war None 3. (c) Social Security No. No.  
5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Sex Male 6. (b) Name of husband or wife May 6. (c) Age of husband or wife if alive 54 years  
7. Date of Birth (Month, Day, Year) September 7 1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>3</u>	<u>00</u>	hrs min.

9. Exact Occupation Sheep Shearer Did this work for 6 yrs.  
10. Industry or Business work Date last worked 1946  
11. Birthplace Des Moines Iowa (City or town) (State or foreign country)

12. Name John Frost Lynch  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature May Lynch (Wife)  
and Address Galey Bldg. Weiser, Idaho.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/9/48 (Month) (Day) (Year)  
(c) Place: Nyssa, Oregon.

18. Funeral Director's OWN Signature W. Jones #557  
and Address Northam-Jones Chapel, Weiser, Ida.

19. (a) 12/9/48 (Date received and filed) (b) Marie Hawthorn (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 7 1948  
at 7:00 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 20 Feb. 1947, to 7 Dec. 1948.  
I last saw him alive on 7 Dec. 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Lymphosarcoma Duration 2-3 yrs.

- Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

- Where was disease contracted? Idaho  
Name of operation Biopsy Date July 7  
Major finding Lymphosarcoma  
Finding of autopsy none done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19        City, county, state

- where violence occurred  
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury

23. Attendant's OWN Signature Hyden Hancher, M.D.  
and Address Weiser, Idaho. Date 12/9/48 (M. D. or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 3 1949

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

Dr. Hancher

7088  
State File No. 4756  
Local Reg. No. 32  
Reg. Dist. No. 320

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. 1360 W. Third St.  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home XX Hospital XX Institution Other place  
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 15 days  
(g) Lived in this county 22 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 1360 W. Third St.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 22 years  
(h) Former residence (city, state) Lima, Oregon

## 3. (a) FULL NAME JOSEPH THOMAS POOL

3. (b) If veteran, name war None  
3. (c) Social Security No. None  
4. Sex Male 5. Color or race White  
6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive 75 years  
7. Date of Birth (Month, Day, Year) February 24 1873

8. AGE	Years	Months	Days	If less than 1 day
	<u>75</u>	<u>9</u>	<u>21</u>	hrs min.

9. Exact Occupation ##### Laborer Did this work for 14 yrs.  
10. Industry or Business Public Works Date last worked 1944  
11. Birthplace Marion North Carolina  
(City or town) (State or foreign country)

12. Name John Pool  
13. Birthplace ##### North Carolina  
(City or town) (State or foreign country)  
14. Maiden name Malles Noblett  
15. Birthplace ##### North Carolina  
(City or town) (State or foreign country)

16. Informant's OWN Signature Sarah Pool (Wife)  
and Address 1360 West Third St. Weiser, Ida.

17. (a) Burial (b) Date thereof 12/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Hillcrest Cem. Weiser, Idaho.

18. Funeral Director's OWN Signature C. L. Jones # 557  
and Address Northam-Jones Chapel, Weiser, Ida.

19. (a) 12/14/48 (b) Marie Hawthorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 13 1948  
at 4:55 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 28 Nov 1948 to 13 Dec 1948

I last saw him alive on 12 Dec 1948; death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Cardio-renal-Vascular  
Disease

Due to Chronic nephritis  
Arteriosclerosis Hypertension

Due to and Chronic Myocarditis

Other conditions not specified or rheumatic  
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho

Name of operation none Date none

Major finding none done

Finding of autopsy none done

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? none Suicide? none Homicide? none

Occurred 19 City, county, state

where violence occurred

Place of Violence: Home none Farm none Industry none

Public Place none While at work? none

Means of injury none

23. Attendant's OWN Signature Hyden Hancher M.D.  
(M. D. or other)

and Address Weiser, Idaho Date 12/14 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. **4757**  
Local Reg. No. **33**  
Reg. Dist. No. **320**

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Weiser Hosp. Stayed \_\_\_\_\_ days  
(g) Lived in this county 36 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Weiser  
(d) Street Address or R.F.D. No. 337 W. Liberty  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 36 years  
(h) Former residence (city, state) Himathia, Kansas

## 3. (a) FULL NAME GERTRUDE ISABEL BENFER

3. (b) If veteran, name war None 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced Married  
4. Sex Female race White  
6. (b) Name of husband or wife Harley W. 6. (c) Age of husband or wife if alive 67 years  
7. Date of Birth (Month, Day, Year) January 23 1882

8. AGE	Years	Months	Days	If less than 1 day
	<u>66</u>	<u>10</u>	<u>25</u>	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.  
10. Industry or Business Own Home Date last worked August 1948  
11. Birthplace Hamlin, Kansas (Rural Near)  
(City or town) (State or foreign country)

12. Name William B. Baker  
13. Birthplace Prescott, Canada  
(City or town) (State or foreign country)  
14. Maiden name Adele Huntington  
15. Birthplace Conn.  
(City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. George Horde (Daug.)  
and Address 337 W. Liberty St. Weiser, Ida.

17. (a) Burial (b) Date thereof 12/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's OWN Signature C. S. Jones #1557  
and Address Northam-Jones, Weiser, Idaho

19. (a) 12/20/48 (b) Marie Hawthorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 131A 093D

20. DATE OF DEATH (Month, Day, Year) December 18 1948  
at 8:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1947 to Dec 18 1948  
I last saw him alive on Dec 18 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis Duration

Due to Hypertension  
Chronic nephritis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Marie Hawthorn (M. D. or other)  
and Address Weiser, Idaho Date 12/20/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

1948  
State File No. 4758  
Local Reg. No. 37  
Reg. Dist. No. 920

## 1. PLACE OF DEATH:

- (a) County Washington  
(b) City or town Rural Near Weiser, Idaho.  
(c) Street Address or R.F.D. No. U.S. HiWay # 95  
(d) Death Occured Inside? Outside? X city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 10 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Washington  
(c) City or town Cambridge  
(d) Street Address or R.F.D. No.   
(e) Deceased lived Inside? X Outside?  city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Fairfax, Missouri.

## 3. (a) FULL NAME FRED JAMES COLLINS

3. (b) If veteran, name war None 3. (c) Social Security No.   
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 55 years  
7. Date of Birth (Month, Day, Year) February 4 1893

8. AGE	Years	Months	Days	If less than 1 day
	<u>55</u>	<u>10</u>	<u>6</u>	hrs min.

9. Exact Occupation Cattle Buyer Did this work for 20 yrs.  
10. Industry or Business Livestock Date last worked 12/9/48  
11. Birthplace Fairfax Missouri (City or town) (State or foreign country)

12. Name Walter Collins  
13. Birthplace Don't Know Missouri (City or town) (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's OWN Signature E. Elizabeth Collins (Wife)  
and Address 803 East 5th St. Olympia, Wn.

17. (a) Buried (b) Date thereof 12/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Hillcrest Cemetery, Weiser, Idaho.

18. Funeral Director's OWN Signature A. S. Jones # 535  
and Address Northam-Jones Chapel, Weiser, Idaho.

19. (a) 12/13/48 (b) Marie Hanthorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 10 1948  
at 3:15 o'clock P..M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h.  alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Subject suffered heart attack following extreme exertion in attempting to get his auto out of the ditch into which it had skidded during snow storm.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  Date  Name of operation  Major finding  Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?  Suicide?  Homicide?   
Occurred 19 City, county, state where violence occurred   
Place of Violence: Home  Farm  Industry   
Public Place  While at work?

- Means of injury   
23. Attendant's OWN Signature A. S. Jones, Coroner (M. D. or other)  
and Address Weiser, Idaho. Date 12/11 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL

# NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. **4759**  
Local Reg. No. **34**  
Reg. Dist. No. **320**

**1. PLACE OF DEATH:**  
(a) County Washington  
(b) City or town Weiser  
(c) Street Address or R.F.D. No. Enroute to Weiser  
(d) Death Occurred Inside? Outside? X city or town  
(e) Died in a Home Hospital Institution Other place X  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**  
(a) State Oregon (b) County Malheur  
(c) City or town Weiser, Ida. Oregon Side  
(d) Street Address or R.F.D. No. R.F.D.#1  
(e) Deceased lived Inside? Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho 2 2 1/2 XX years  
(h) Former residence (city, state) XX

**3. (a) FULL NAME** Joanne Evelyn Hanna  
**3. (b) If veteran,** name war None  
**3. (c) Social Security** No. None  
**5. Color or** White  
**6. (a) Single, widowed, married,** divorced XXXXX  
**4. Sex** Female **race** White  
**6. (b) Name of husband or** XXXXX  
**wife** XXXXX **6. (c) Age of husband or wife if** XXXX years  
**7. Date of Birth** October 30 1948  
(Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
		<u>2</u>	<u>1</u>	hrs min.

**9. Exact** XXXXX **Did this** work for XXX yrs.  
**Occupation** XXXXX **Date last** worked XXXXX  
**10. Industry or** XXXXX **Business** XXXXX  
**11. Birthplace** Weiser Idaho  
(City or town) (State or foreign country)

**12. Name** Max Hanna  
**13. Birthplace** Colfax Washington  
(City or town) (State or foreign country)  
**14. Maiden name** Stella Avera  
**15. Birthplace** Riverside Oregon  
(City or town) (State or foreign country)

**16. Informant's**  
**OWN Signature** Stella M. Hanna  
**and Address** Weiser, Idaho Rt.#1

**17. (a) Burial** XXXXX **(b) Date thereof** 1/4/49  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place:** Hilledale Cem. Weiser, Idaho

**18. Funeral Director's**  
**OWN Signature** A. S. Jones  
**and Address** Northam-Jones, Weiser, Idaho

**19. (a)** 12/31/48 **(b)** Marie Hawthorn  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

**20. DATE OF DEATH** December 31 1948  
(Month, Day, Year)  
at 10:30 o'clock A.M.

**21. I HEREBY CERTIFY, That I attended deceased from** 19, to 19

I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:**  
Died enroute to hospital  
Due to Heart Failure  
Due to Unknown  
**Other conditions** XXXXX  
(Include pregnancy within 3 months of death)

**Where was disease contracted?**  
**Name of operation** XXXXX **Date** XXXXX  
**Major finding** XXXXX  
**Finding of autopsy** XXXXX  
**PHYSICIAN** XXXXX  
Underline the cause to which death should be charged statistically.

**22. If death was due to EXTERNAL CAUSES, also fill in the following:** Accident? XXXXX Suicide? XXXXX Homicide? XXXXX  
Occurred 19 City, county, state XXXXX  
where violence occurred XXXXX  
Place of Violence: Home XXXXX Farm XXXXX Industry XXXXX  
Public Place XXXXX While at work? XXXXX  
Means of injury XXXXX

**23. Attendant's**  
**OWN Signature** XXXXX **(M. D. or other)**  
**and Address** Weiser, Idaho **Date** 12/31/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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FEB 21 1949

OFFICE OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 4761

Local Reg. No. 336

Reg. Dist. No. 510

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 650 N. 7TH  
(d) Death Occurred Inside? ✓ Outside?        city or town  
(e) Died in a Home        Hospital        Institution        Other place         
(f) Name Hosp. or Inst. ST. ANTHONY Stayed 1 days  
(g) Lived in this county        years        months 1 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town ALAMEDA  
(d) Street Address or R.F.D. No. 358 PARK  
(e) Deceased lived Inside? ✓ Outside?        city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

STEVEN DOUGLAS MITCHELL

1576

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or WHITE (a) Single, widowed, married, divorced SINGLE  
4. Sex MALE race WHITE  
(b) Name of husband or wife (c) Age of husband or wife if alive        years

## 7. Date of Birth (Month, Day, Year)

DECEMBER 6, 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	0	1	hrs. min.

9. Exact Occupation INFANT Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace POCATELLO IDAHO (City or town) (State or foreign country)

12. Name CLAIRE E. MITCHELL

13. Birthplace POCATELLO IDAHO (City or town) (State or foreign country)

14. Maiden name LURAE HARMON

15. Birthplace ST. ANTHONY IDAHO (City or town) (State or foreign country)

16. Informant's OWN Signature Claire E. Mitchell

and Address ALAMEDA, IDAHO

17. (a) BURIAL (b) Date thereof Dec. 9, 1948 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place POCATELLO, IDAHO

18. Funeral Director's OWN Signature Anthony W. Hall

and Address POCATELLO, IDAHO

19. (a) 26-17-1949 (b) Janie J. Powell (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) DECEMBER 7 1948  
at 7 o'clock 8 M.

21. I HEREBY CERTIFY, That I attended deceased from 12-6 1948 to 12-7 1948

I last saw him alive on 12-7 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Aspiration Pneumonia - Duration       

Due to Trencher-Esophagof

Due to Intestinal Defect

Other conditions        (Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Sherrill M.D. (M. D. or other)

and Address Pocatello Date Dec 10 1948 (For additional space, use reverse side)

# DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Steven Douglas Mitchell  
now lying buried in Mountain View Cemetery, in the City or Town of Pocatello  
County of Bannock State of Idaho, who died on the 7 day of December, 1948, Aged        years        months  
       days, the cause of death being Pneumonia and  
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever  
or yellow fever as shown by the certificate of death of said deceased, given by  
Dr. R. R. Merrell attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private  
private or railway conveyance  
to Restlawn Mem. Gardens Cemetery in the City or Town of Pocatello County of Bannock  
State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Bannock it being understood and provided that nothing herein shall be deemed as contravening or in  
anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses  
or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be  
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another  
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The  
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If  
the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new  
metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 2nd day of November, A.D. 1977.

Permit issued to:  
Manning Funeral Chapel  
510 North Twelfth Ave.  
Pocatello, Idaho 83201

Janet M. Wick

by        Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,  
Town or County of        State of Idaho, this        day of       , 19      .

Health Officer

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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FEB 21 1949

DIVISION OF VITAL STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. **4762**  
Local Reg. No. **337**  
Reg. Dist. No. **510**

## 1. PLACE OF DEATH:

- (a) County Bannock  
(b) City or town Pocatello  
(c) Street Address or ~~Box No.~~ No. 7th Ave  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. St. Anthony's Stayed 0 days  
(g) Lived in this county        years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bannock  
(c) City or town Pocatello  
(d) Street Address or ~~Box No.~~ 347 So. Grant Ave.  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

SHARON BURGON

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

## 5. Color or

4. Sex female race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife       

6. (c) Age of husband or wife if alive        years

## 7. Date of Birth

(Month, Day, Year)

December 17, 1948

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	3 hrs. min.

9. Exact Occupation        Did this work for        yrs.

10. Industry or Business        Date last worked       

11. Birthplace Pocatello Idaho  
(City or town) (State or foreign country)

12. Name Kenneth E. Burgon

13. Birthplace Pocatello Idaho  
(City or town) (State or foreign country)

14. Maiden name Fay Lusk

15. Birthplace Arbon Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Kenneth E. Burgon  
and Address Pocatello Idaho

17. (a) Burial (b) Date thereof Dec. 20, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Pocatello Idaho

18. Funeral Director's OWN Signature Jack Henderson  
and Address Pocatello Idaho

19. (a) Feb. 17, 1949 (b) Jessie L. Paul  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) December 17 19 48

at 9:30 o'clock P.M.

## 21. I HEREBY CERTIFY, That I attended deceased from

12 19 47 to 12 19 48

I last saw him on December 17, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

Due to Premature - 23 wks

Due to Non viable.

Other conditions       

(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date       

Major finding       

Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state where violence occurred       

Place of Violence Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature Ralph B. Septimus  
(M. D. or other)

and Address Pocatello, Idaho Date 12/20 19 48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

# Certificate of Death

STATE OF IDAHO

946

State File No. **4763**  
Local Reg. No. **127**  
Reg. Dist. No. **110**

## 1. PLACE OF DEATH:

(a) County **BONNER**  
(b) City or town **SANDPOINT**  
(c) Street Address or R.F.D. No. **NORTH 2ND AVE.**  
(d) Death Occurred Inside? **X** Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital **X** Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. **COMMUNITY HOSP 14** Stayed \_\_\_\_\_ days  
(g) Lived in this county **29** years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State **IDAHO** (b) County **BONNER**  
(c) City or town **ODEN** (d) Street Address or R.F.D. No. **TOWNSHIP NONE**  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? **X** city or town  
(f) Citizen of what country? **U S A.**  
(g) How long had deceased lived in Idaho? **29** years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

**AUGUST WILLE**

## 3. (b) If veteran, name war No.

## 3. (c) Social Security No.

5. Color or **white**  
4. Sex **male** race **white**  
6. (b) Name of husband or wife **None**

6. (a) Single, widowed, married, divorced **single**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) **May 25, 1878**

8. AGE	Years	Months	Days	If less than 1 day
	<b>69</b>	<b>6</b>	<b>29</b>	hrs. min.

9. Exact Occupation **Laborer** Did this work for **Life** yrs.

10. Industry or Business **Odd Jobs** Date last worked **1945**

11. Birthplace **Pommerania Germany**  
(City or town) (State or foreign country)

Father { 12. Name **August Wille**  
13. Birthplace **Germany**  
(City or town) (State or foreign country)

Mother { 14. Maiden name **Ernestine Pagel**  
15. Birthplace **Germany**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Albert Wille**  
and Address **Washburn N.D.**

17. (a) **BURIAL** (b) Date thereof **JAN 5, 1949**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **SANDPOINT IDAHO**

18. Funeral Director's OWN Signature **MOON MORTUARY**  
and Address **420 N 3RD AVE SANDPOINT IDAHO**

19. (a) **2-8-49** (b) \_\_\_\_\_  
(Date received and filed) (Reg. Dist. Signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **DECEMBER 24 1948**  
(Month, Day, Year) at **7:30** o'clock **P.** M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec-14** to **Dec-23** 19**48**  
I last saw h. **107** alive on **Dec-23** 19**48**  
death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Gastric Cancer** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Malnutrition**  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation **None** Date \_\_\_\_\_

Major finding **None**

Finding of autopsy **None**

PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature **F. G. Wendle**  
(M. D. or other)

and Address **Sandpoint Id** Date **2/7 1949**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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FEB 14 1948

DEPT. OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. 4764  
Local Reg. No. 262  
Reg. Dist. No. 610

1. PLACE OF DEATH. **STATISTICS**  
(a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. Memorial St.  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place  
(f) Name Hosp. or Inst. L.H.S. Hosp. Stayed        days  
(g) Lived in this county        years        months        days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Bonneville  
(c) City or town Idaho  
(d) Street Address or R.F.D. No.         
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state)

3. (a) FULL NAME

Floyd Lester Wagon

3. (b) If veteran, name war

3. (c) Social Security No. 519-072253

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Marcella Wagon

6. (c) Age of husband or wife if alive 49 years

7. Date of Birth (Month, Day, Year) Sept 2, 1898

8. AGE	Years	Months	Days	If less than 1 day
	<u>50</u>	<u>2</u>		hrs. min.

9. Exact Occupation Farmer Did this work for        yrs.

10. Industry or Business        Date last worked

11. Birthplace Pinetown, Iowa (City or town) (State or foreign country)

12. Name Frank Wagon (City or town) (State or foreign country)

13. Birthplace Iowa (City or town) (State or foreign country)

14. Maiden name Ida Nicholls (City or town) (State or foreign country)

15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Marcella Wagon

- and Address Idaho

17. (a) Burial (b) Date thereof 11/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Rock Hill Cemetery, Idaho Falls

18. Funeral Director's OWN Signature Jack A. Wagon

- and Address Idaho Falls, Idaho

19. (a) 12-10-48 (b) Luna Budger  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 2 19 48  
at 9-45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 20 19 47, to Nov. 2 19 48

I last saw him alive on Nov. 2 19 48;  
death is said to have occurred on the date and hour stated above.

### Immediate Cause of Death:

Memoria

Duration 4 days

Due to Cardiac asthma 10 years

Due to         
Other conditions         
(Include pregnancy within 3 months of death)

Where was disease contracted?       

Name of operation        Date         
Major finding         
Finding of autopsy       

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?        Suicide?        Homicide?       

Occurred        19        City, county, state

where violence occurred       

Place of Violence: Home        Farm        Industry       

Public Place        While at work?       

Means of injury       

23. Attendant's OWN Signature P. Blair E. E. E. E. E.

(M. D. or other)

and Address Idaho Falls, Idaho Date Nov. 4 19 48

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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OF VITAL

# Certificate of Death

STATE OF IDAHO

1949

State File No. 4766

Local Reg. No. 387

Reg. Dist. No. 610

## 1. PLACE OF DEATH:

- (a) County Bonneville  
(b) City or town Idaho Falls  
(c) Street Address or R.F.D. No. ....  
(d) Death Occurred Inside? ☒ Outside? ..... city or town  
(e) Died in a Home..... Hospital ☒ Institution..... Other place.....  
(f) Name Hosp. or Inst. Sacred Heart Stayed 7 days  
(g) Lived in this county 38 years 10 months ? days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bonneville  
(c) City or town Idaho Falls, Idaho  
(d) Street Address or R.F.D. No. 375 E 17th  
(e) Deceased lived Inside? ☒ Outside? ..... city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 38 years  
(h) Former residence (city, state) York, Nebr.

## 3. (a) FULL NAME

CLINTON WILLIAM BEVARD

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or

4. Sex Male race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flossie Mae Bevard

6. (c) Age of husband or wife if alive 53 years

7. Date of Birth (Month, Day, Year) November 17, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>1</u>	<u>14</u>	hrs. min.

9. Exact Occupation Farmer Did this work for 52 yrs.

10. Industry or Business Retired Date last worked 1944

11. Birthplace Davenport, Iowa (City or town) (State or foreign country)

12. Name Wm Clinton Bevard

13. Birthplace Unknown Iowa (City or town) (State or foreign country)

14. Maiden name Harriett Slaughter

15. Birthplace Unknown, Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Flossie Mae Bevard and Address Idaho Falls, Idaho

17. (a) Burial (b) Date thereof Jan. 6, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Rose Hill Cem. Ida. Falls, Ida.

18. Funeral Director's OWN Signature Oleand C. Buer and Address Idaho Falls, Idaho

19. (a) 2/5/1949 (b) Oliver Bridges (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 31, 1948

at 7:20 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1948 to Dec. 31, 1948

I last saw him alive on Dec. 31, 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Pneumonia Duration 2 wks.

Due to.....

Due to.....

Other conditions Cardio-Vascular (Include pregnancy within 3 months of death)

Renal disease 10 yrs.

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy.....

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident?..... Suicide?..... Homicide?.....

Occurred..... 19..... City, county, state

where violence occurred.....

Place of Violence: Home..... Farm..... Industry.....

Public Place..... While at work?.....

Means of injury.....

## 23. Attendant's

OWN Signature C. G. Erickson M.D. (M. D. or other)

and Address Idaho Falls Date 1-8, 1949

(For additional space, use reverse side)

United States

Department of Commerce

Bureau of the Census

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FEB 1 4 10 17

NON-RESIDENT  
CERTIFICATE OF DEATH

STATE OF IDAHO

Local Registrar's Duplicate

Local Reg. No. 280

Reg. Dist. No. 611

## 1. PLACE OF DEATH:

- (a) County Bonneville  
 (b) City or town.....  
 (c) Street Address or R. F. D. No.....  
 (d) Death Occurred Inside?.....Outside?.....city or town  
 (e) Died in a Home—Hospital—Institution—Other place.....  
 (f) Name Hosp. or Inst. Probably River Stayed.....days  
 (g) Lived in this county.....years.....months.....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State California (b) County Stanislaus  
 (c) City or town Modesto  
 (d) Street Address or R. F. D. No.....  
 (e) Deceased lived Inside?.....Outside?.....city or town  
 (f) Citizen of what country?.....  
 (g) How long had deceased lived in Idaho?.....years  
 (h) Former residence (city, state).....

## 3. (a) FULL NAME

John Vernon Hemphill183x

3. (b) If veteran, name war..... 3. (c) Social Security No. 549-28-4540  
 4. Sex M 5. Color or race..... 6. (a) Single, widowed, married, divorced.....  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....years  
 7. Date of Birth (Month, Day, Year) 2

8. AGE	Years	Months	Days	If less than 1 day
	<u>37</u>	<u>2</u>	<u>3</u>	hrs. min.

9. Exact Occupation Laborer Did this work for.....yrs.  
 10. Industry or Business Date last worked.....  
 11. Birthplace Eugene, Oregon (City or town) (State or foreign country)  
 12. Name Roscoe G. Hemphill  
 13. Birthplace Hawa. (City or town) (State or foreign country)  
 14. Maiden name Bessie Baxter  
 15. Birthplace Eugene, Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature Glen Hemphill and Address Modesto, Calif.  
 17. (a) Removal (b) Date thereof 1-6-1949 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: Modesto, California  
 18. Funeral Director's OWN Signature Orlando L. Buck and Address 2200 Taper St.  
 19. (a) 1-6-49 (b) Anna Bulfin (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 1948 October 1, 1948  
 (Month, Day, Year) at.....o'clock M

21. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw h..... alive on....., 19.....; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Probable drowning  
 Due to Body taken from river in  
advanced stages of decomposition  
 Due to Cause and time of death not certain  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

- Where was disease contracted?..... Physician.....  
 Name of operation..... Date..... Underline the cause to which death should be charged statistically.  
 Major finding.....  
 Finding of autopsy.....

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
 Occurred....., 19..... City, county, state where violence occurred.....  
 Place of Violence: Home..... Farm..... Industry.....  
 Public Place..... While at work?.....  
 Means of injury.....  
 23. Attendant's OWN Signature Edith Williams (Gover) (M. D. or other)  
 and Address Elko Falls Date 1-5-49 1949  
 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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FEB 1 1949  
DIVISION OF VITAL

# Certificate of Death

STATE OF IDAHO

State File No. **4768**  
Local Reg. No. **186**  
Reg. Dist. No. **611**

## 1. PLACE OF DEATH:

- (a) County **Bonnerille**  
(b) City or town **Idaho Falls**  
(c) Street Address or R.F.D. No. **Rt #1**  
(d) Death Occurred Inside?..... Outside? ☒ city or town  
(e) Died in a Home? ☒ Hospital..... Institution..... Other place.....  
(f) Name Hosp. or Inst. .... Stayed..... days  
(g) Lived in this county..... years..... months..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State **Idaho** (b) County **Bonnerille**  
(c) City or town **Idaho Falls**  
(d) Street Address or R.F.D. No. **Rt #1**  
(e) Deceased lived Inside?..... Outside? ☒ city or town  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho?..... years  
(h) Former residence (city, state).....

## 3. (a) FULL NAME

**Eliza Primrose Hansen**

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

**579-28-8722**

4. Sex **F** 5. Color or race **W**

6. (a) ☒ Single ☒ widowed ☒ married ☐ divorced

6. (b) Name of husband or wife **John N. Hansen**

6. (c) Age of husband or wife if alive **66** years

7. Date of Birth (Month, Day, Year) **December 29, 1891**

8. AGE	Years	Months	Days	If less than 1 day
	<b>56</b>	<b>11</b>	<b>14</b>	hrs. min.

9. Exact Occupation **Housewife** Did this work for..... yrs.

10. Industry or Business..... Date last worked.....

11. Birthplace **Idaho County, Utah** (City or town) (State or foreign country)

12. Name **Eliza S. Lee** (City or town) (State or foreign country)

13. Birthplace **Idaho, Utah** (City or town) (State or foreign country)

14. Maiden name **Eliza Alice Moss** (City or town) (State or foreign country)

15. Birthplace **Salt Lake City, Utah** (City or town) (State or foreign country)

16. Informant's OWN Signature **John N. Hansen**

- and Address **Idaho Falls Rt #1 Idaho**

17. (a) **Buried** (Burial, cremation or removal) (b) Date thereof **12/17/48** (Month) (Day) (Year)

- (c) Place **Idaho Falls - Rose Hill Cemetery**

18. Funeral Director's OWN Signature **Jack A. Wood**

- and Address **Idaho Falls, Idaho**

19. (a) **2-8-1949** (Date received and filed) (b) **Anna Budger** (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **December 13** 19 **48**  
(Month, Day, Year) at **10-45** o'clock **P** M.

21. I HEREBY CERTIFY, That I attended deceased from **Dec 1** 19 **48** to **Dec 13** 19 **48**.  
I last saw him alive on **Dec 1** 19 **48**.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

- Coronary Occlusion** **Indist**  
Due to..... **Best**  
Due to **Arteriosclerosis** **Many**  
Other conditions..... **years**  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

- Name of operation..... Date.....  
Major finding.....  
Finding of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

- Accident?..... Suicide?..... Homicide?.....  
Occurred..... 19..... City, county, state  
where violence occurred.....

- Place of Violence: Home..... Farm..... Industry.....  
Public Place..... While at work?.....

- Means of injury.....  
23. Attendant's OWN Signature **Bill Clure** (M D, or other)

- and Address..... Date..... 19.....  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (CA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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JAN 31 1949

DEPARTMENT OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4769  
Local Reg. No. 14  
Reg. Dist. No. 360

## 1. PLACE OF DEATH:

- (a) County Canyon  
(b) City or town Caldwell  
(c) Street Address or R.F.D. No. 204 Cleveland Blvd.  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home X Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Arnold's Stayed \_\_\_\_\_ days  
(g) Lived in this county 36 years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Caldwell  
(d) Street Address or R.F.D. No. Route #3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Council, Idaho

3. (a) FULL NAME Floyd D. Gates

3. (b) If veteran, name war No 3. (c) Social Security No. No  
4. Sex Male Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) September 18-1878

8. AGE	Years	Months	Days	If less than 1 day
	<u>70</u>	<u>2</u>	<u>1</u>	hrs. min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Illinois

12. Name James Robert Gates (City or town) (State or foreign country)

13. Birthplace Ohio (City or town) (State or foreign country)

14. Maiden name Savanna M. Allison (City or town) (State or foreign country)

15. Birthplace Galia Co., Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature \_\_\_\_\_ and Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 11-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Canyon Hill

18. Funeral Director's OWN Signature \_\_\_\_\_ and Address \_\_\_\_\_

19. (a) 1-25-49 (b) Ernest Denman  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH November 19- 19 48  
(Month, Day, Year)

at \_\_\_\_\_ o'clock PM M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_

I last saw him alive on \_\_\_\_\_ death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration 3 days

Due to Coronary atherosclerosis

Due to Myocardial infarction

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature \_\_\_\_\_ and Address \_\_\_\_\_

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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Certificate Of Death  
DIVISION OF VITAL STATE OF IDAHO

K  
State File No. 4770  
Local Reg. No. 1548  
Reg. Dist. No. 470

1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Cottage Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Rupert  
(d) Street Address or R.F.D. No. Rte 1  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 0 years  
(h) Former residence (city, state) \_\_\_\_\_

3. (a) FULL NAME

Elizabeth Fennell

3. (b) If veteran,

name war no

(c) Social Security

No. no

4. Sex F 5. Color or white 6. (a) Single, widowed, married,

7. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Date of Birth Dec 22 1948

(Month, Day, Year)

8. AGE

Years 0 Months 0 Days 0 If less than 1 day

hrs 10 min.

9. Exact Occupation Child - Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Burley Idaho (City or town) (State or foreign country)

12. Name James J. Fennell

13. Birthplace Green Forest Ark. (City or town) (State or foreign country)

14. Maiden name Ross

15. Birthplace Massing Germany (City or town) (State or foreign country)

16. Informant's OWN Signature James J. Fennell

and Address Rupert Idaho

17. (a) Burial (b) Date thereof 12-23-48 (Month) (Day) (Year)

(c) Place: Rupert Idaho

18. Funeral Director's OWN Signature Robert B. Boardman

and Address Rupert Idaho

19. (a) 1-14-49 (b) Ed Wilson (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH

(Month, Day, Year) Dec 22 1948

at \_\_\_\_\_ o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 22 1948, to Dec 22 1948

I last saw h. alive on \_\_\_\_\_ 19\_\_\_\_; death is

said to have occurred on the date and hour stated above.

Immediate Cause of Death prematurity Duration

3 mo gestation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. M. Kelly M.D. (M. D. or other)

and Address Burley Date 1-11 1949

(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

State File No. 4771  
Local Reg. No. 6  
Reg. Dist. No. 479

## 1. PLACE OF DEATH

STATISTICS

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? ☐ city or town \_\_\_\_\_  
(e) Died in a Home ☐ Hospital ☒ Institution ☐ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Cottage Home Stayed 1 days  
(g) Lived in this county 21 years 11 months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town \_\_\_\_\_  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 21 years  
(h) Former residence (city, state) Spanish Fork, Utah

## 3. (a) FULL NAME

Margaret Evans Dudley

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Female 5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married  
7. Date of Birth (Month, Day, Year) January 18, 1873  
8. AGE 

Years	Months	Days	If less than 1 day
<u>75</u>	<u>11</u>	<u>6</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked 12-19-48

11. Birthplace Lancashire, England (City or town) (State or foreign country)

12. Name Charles Evans

13. Birthplace Wales (City or town) (State or foreign country)

14. Maiden name Mary Ann Taylor

15. Birthplace Lancashire, England (City or town) (State or foreign country)

16. Informant's OWN Signature Kenneth Dudley

- and Address 918 Schodde Burley Ida.

17. (a) Burial (b) Date thereof 12-28-48 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Pleasant View - Burley, Idaho

18. Funeral Director's OWN Signature Ken B. McCulloch

- and Address Burley, Idaho

19. (a) 1-20-49 (b) 1949 (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 24 - 1948  
at 5:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 20 1948 to Dec 24 1948.  
I last saw her alive on Dec 24 1948; death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

acute Coronary Duration 2 min.  
occlusion

Due to arteriosclerosis?

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

## Where was disease contracted?

Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury R. Button m.d.

23. Attendant's OWN Signature R. Button m.d.

and Address Burley Idaho Date 12/30/48 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
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Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

1948 State File No. 4772  
Local Reg. No. 7  
Reg. Dist. No. 470

1. PLACE OF DEATH:

- (a) County Cassia  
(b) City or town Burley  
(c) Street Address or R. F. D. No. N. Oriental  
(d) Death Occured Inside? ☐ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ☐ Stayed ☐ days  
(g) Lived in this county 30 years ☐ months ☐ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Cassia  
(c) City or town Burley  
(d) Street Address or R.F.D. No. N. Oriental  
(e) Deceased lived Inside? ☐ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) Idaho

3. (a) FULL NAME Nans Chris Hansen

3. (b) If veteran, name war ☐ No. ☐  
5. Color or race Male White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife ☐ 6. (c) Age of husband or wife if alive ☐ years  
7. Date of Birth (Month, Day, Year) Oct. 23, 1860

8. AGE	Years	Months	Days	If less than 1 day
	<u>88</u>	<u>2</u>	<u>5</u>	hrs min.

9. Exact Occupation Labourer Did this work for 30 yrs.  
10. Industry or Business ☐ Date last worked Unknown  
11. Birthplace Olsen, Denmark (City or town) (State or foreign country)

12. Name Mads Hansen  
13. Birthplace Denmark (City or town) (State or foreign country)  
14. Maiden name Morm Jensen  
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Carl J. Hansen  
and Address Burley, Idaho

17. (a) Burial (b) Date thereof 1-4-49  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place Pleasant View - Burley, Idaho

18. Funeral Director's OWN Signature Vern B. McCulloch  
and Address Burley, Idaho

19. (a) 1-20-49 (b) W. F. Wilson  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 28 1948  
at 7 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from ☐ 19  , to ☐ 19  .

I last saw h. ☐ alive on ☐ 19  , death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carbon Monoxide Gas poisoning Duration ☐

Due to Escape of fumes from Coal stove in small room  
Due to no ventilation  
Other conditions (Include pregnancy within 3 months of death) ☐

Where was disease contracted? ☐  
Name of operation ☐ Date ☐  
Major finding ☐  
Finding of autopsy ☐

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
Occurred Dec 28, 1948 19   - City, county, state where violence occurred Burley, Idaho  
Place of Violence: Home ☒ Farm ☐ Industry ☐  
Public Place ☐ While at work? ☐  
Means of injury ☐

23. Attendant's OWN Signature Vern B. McCulloch  
and Address Burley, Idaho Date 12-30-1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Bureau of the Census

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DIVISION OF VITAL STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948 State File No. 4773  
Local Reg. No. 126  
Reg. Dist. No. 421

## 1. PLACE OF DEATH:

- (a) County Gooding  
(b) City or town Wendell  
(c) Street Address or R.F.D. No. Idaho St.  
(d) Death Occurred Inside? X Outside? city or town  
(e) Died in a Home Hospital Institution. Other place 1  
(f) Name Hosp. or Inst. St. Valentines  
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lincoln  
(c) City or town Shoshone  
(d) Street Address or R.F.D. No. Box 434  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 1 da. years  
(h) Former residence (city, state)

## 3. (a) FULL NAME

DAWN JANIECE LARSEN

## 3. (b) If veteran,

name war \*\*---

## 3. (c) Social Security

No. ---

5. Color or W.  
Sex Fem race W.

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife ---

6. (c) Age of husband or wife if alive --- years

7. Date of Birth  
(Month, Day, Year) December 15, 1948

8. AGE	Years	Months	Days	If less than 1 day
			<u>1</u>	hrs <u>20</u> min.

9. Exact Occupation Newborn Did this work for --- yrs.

10. Industry or Business Wendell, Idaho Date last worked ---

11. Birthplace Wendell, Idaho (City or town) (State or foreign country)

12. Name Blaine Davis Larsen

13. Birthplace Logan, Utah (City or town) (State or foreign country)

14. Maiden name Wanda Elnora Jensen

15. Birthplace Burley, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature M. L. Jensen and Address Shoshone, Idaho

17. (a) burial (b) Date thereof 12-18-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Parant View - Burley

18. Funeral Director's OWN Signature Frank M. Cullach and Address Burley, Idaho

19. (a) 1/20/49 (Date received and filed) (Registrar's signature) Walter M. Rogers

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH  
(Month, Day, Year) Dec. 16, 1948 19 19  
at 2:25 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1948 to Dec. 16, 1948.  
I last saw her alive on Dec. 16, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Conjunctivitis Duration 18 hrs.

Due to ---

Due to ---

Other conditions --- (Include pregnancy within 3 months of death)

Where was disease contracted? ---

Name of operation --- Date ---

Major finding ---

Finding of autopsy ---

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? --- Suicide? --- Homicide? ---  
Occurred 19 City, county, state ---

where violence occurred ---

Place of Violence: Home --- Farm --- Industry ---

Public Place --- While at work? ---

Means of injury ---

23. Attendant's OWN Signature Sheber M. O.

and Address Shoshone, Idaho Date 12-18-48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 28 1948

DIVISION OF VITAL

STATISTICS

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 234  
Local Reg. No. 4774  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Kamiah  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home ☒ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 49 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Kamiah  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 49 years  
(h) Former residence (city, state) Nespelem, Wash.

## 3. (a) FULL NAME

Daisy Parsons

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Female race red

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Justin

6. (c) Age of husband or wife if alive 69 years

7. Date of Birth  
(Month, Day, Year)

March 16, 1891

## 8. AGE

Years

Months

Days

If less than 1 day

57

1

20

hrs min.

## 9. Exact

Occupation Housewife

Did this work for all yrs.

## 10. Industry or Business

Date last worked 5/2/48

## 11. Birthplace

Nespelem

Wash.

(City or town)

(State or foreign country)

## 12. Name

Coyote Doctor

## 13. Birthplace

Idaho Terr.

(City or town)

(State or foreign country)

## 14. Maiden name

Lydia Moses

## 15. Birthplace

Nespelem, Wash.

(City or town)

(State or foreign country)

## 16. Informant's

OWN Signature

Rose Parsons

and Address

Lapwai, Idaho

## 17. (a)

Burial

(Burial, cremation or removal)

(b) Date thereof May 8, 1948

(Month) (Day) (Year)

(c) Place:

Ind. Presb. Ist church Cem. - Kamiah

## 18. Funeral Director's

OWN Signature

Claude Thomas

and Address

Kamiah, Idaho

## 19. (a)

5-7-48

(Date received and filed)

(b)

Paul Brown

(Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year)

May 6

1948

at 9:30 o'clock

A. M.

## 21. I HEREBY CERTIFY, That I attended deceased from

3/24

1946

to home

19

I last saw her alive on 5/5 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

hepatitis

Duration

3 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation None Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

## 23. Attendant's

OWN Signature

Esther M. M.

and Address Kamiah, Idaho

(M. D. or other)

Date 5/6 1948

(For additional space, use reverse side)

(4) 14 61

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Federal Security Agency  
United States Public Health Service  
National Office of Vital StatisticsJAN 24 1949  
DIVISION OF VITAL STATISTICS

## Certificate of Death

STATE OF IDAHO

State File No. 4775

Local Reg. No. 35

Reg. Dist. No. 242

## 1. PLACE OF DEATH:

- (a) County Idaho  
 (b) City or town Cottonwood  
 (c) Street Address or R.F.D. No. \_\_\_\_\_  
 (d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
 (e) Died in a Home \_\_\_\_\_ Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
 (f) Name Hosp. or Inst. Our Lady Convent days  
 (g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_  
 (d) Street Address or R.F.D. No. \_\_\_\_\_  
 (e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
 (f) Citizen of what country? \_\_\_\_\_  
 (g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
 (h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

Cheryl Sue Finney

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex F race W6. (a) Single, widowed, married,  
divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Date of Birth  
(Month, Day, Year)12-7-48

8. AGE	Years	Months	Days	If less than 1 day
				<u>17 hrs. 30 min.</u>

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Cottonwood, Idaho  
(City or town) (State or foreign country)12. Name Charles Everett Finney13. Birthplace Kamiah, Idaho  
(City or town) (State or foreign country)14. Maiden name Ev. Nadine Thomsen15. Birthplace Bridgewater, Iowa  
(City or town) (State or foreign country)

## 16. Informant's

OWN Signature Mrs. C. L. Finney  
and Address Woodland Idaho17. (a) Burial (b) Date thereof Dec. 10, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place Woodland, Idaho18. Funeral Director's  
OWN Signature George E. Smithand Address Kamiah, Idaho19. (a) 1-10-49 (b) Wesley J. Orr m.d.  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) 12-8- 19 48  
at 3:40 o'clock P. M.21. I HEREBY CERTIFY, That I attended deceased from  
Dec. 7 19 48 to Dec. 8 19 48I last saw h. or alive on Dec. 8 19 48;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Duration

Cerebral Hemorrhage  
Due to Birth InjuryDue to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state  
where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's  
OWN Signature Wesley J. Orr m.d.and Address Cottonwood, Ida. 1-10 19 49  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH  
STATE OF IDAHO

1948

State File No. 4776  
Local Reg. No. 34  
Reg. Dist. No. 242

1. PLACE OF DEATH:

- (a) County Idaho  
(b) City or town Cottonwood  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Our Lady of Consolation Stayed 2 days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Nezperce  
(d) Street Address or R. F. D. No. 2nd Ave.  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) Portland, Oreg.

3. (a) FULL NAME Carl Curtis Allen

3. (b) If veteran, I Army name war II Navy  
3. (c) Social Security No. 518-22-6436  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Blanche A. 6. (c) Age of husband or wife if alive 44 years  
7. Date of Birth (Month, Day, Year) October 18, 1897

8. AGE	Years	Months	Days	If less than 1 day
	<u>51</u>	<u>2</u>	<u>13</u>	hrs min.

9. Exact Occupation Civil Service '3 Mail Carrier '10 Did this work for 23 yrs.  
10. Industry or Business Rural Mail Carrier Date last worked Dec. 29, 1948  
11. Birthplace Wynona, North South Carolina (City or town) (State or foreign country)

- Father { 12. Name Judson Allen  
13. Birthplace Don't know South Carolina (City or town) (State or foreign country)  
Mother { 14. Maiden name Emma Z. Curtis  
15. Birthplace Don't know Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature Blanche A. Allen and Address Nezperce, Idaho  
17. (a) Burial (b) Date thereof 1-7-1949  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Normal Hill Cem., Lewiston, Idaho  
18. Funeral Director's OWN Signature Blanche A. Allen and Address Grangeville, Idaho  
19. (a) 1-10-1949 (b) W. W. 3. Orr, M.D.  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 097X

20. DATE OF DEATH (Month, Day, Year) December 31, 1948  
at 2:15 o'clock P. M.  
21. I HEREBY CERTIFY, That I attended deceased from December 29, 1948 to December 31, 1948  
I last saw him alive on December 31, 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion Duration 2 days

Due to Arteriosclerosis ?

Due to Hypertension ?

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature W. W. 3. Orr, M.D. (M. D. or other)  
and Address Craigmont, Idaho Date 1-2-1949  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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JAN 28 1949

DIVISION OF VITAL

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 2346  
Local Reg. No. 4777  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County LEWIS  
(b) City or town KAMIAH  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. GROVES HOSP Stayed over days  
(g) Lived in this county 1 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County IDAHO  
(c) City or town KAMIAH Kamiah  
(d) Street Address or R.F.D. No. Across river from  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? 50 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME

DANIEL LAVERTY

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE  
5. Color or 6. (a) Single, widowed, married, divorced WIDOWED  
4. Sex MALE race WHITE  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) JANUARY 6, 1865

8. AGE	Years	Months	Days	If less than 1 day
	<u>83</u>	<u>0</u>	<u>20</u>	hrs min.

9. Exact Occupation MINER Did this work for LIFE yrs.  
10. Industry or Business GENERAL LABOR Date last worked OVERLOYR  
11. Birthplace DENNY SCOTLAND (City or town) (State or foreign country)  
12. Name PAT LAVERTY  
13. Birthplace SCOTLAND (City or town) (State or foreign country)  
14. Maiden name ELLEN LAVERTY  
15. Birthplace SCOTLAND (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. M. J. Jones and Address East Monarch, Moh

17. (a) BURIAL (b) Date thereof FEB. 7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: RIVERSIDE CEM., OROFINO, IDAHO

18. Funeral Director's OWN Signature BLAKE FUNERAL HOME and Address OROFINO, IDAHO

19. (a) 2-7-48 (b) Paul B. Bann  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 5 1948  
at 10 o'clock 2 M.

21. I HEREBY CERTIFY, That I attended deceased from 2/24 1946, to 2/5 1948

I last saw him alive on 2/4 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart disease Duration 11 1/2 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death) 7 years

Where was disease contracted? Home PHYSICIAN \_\_\_\_\_  
Name of operation none Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Est. Bryan and Address Kamiah (Date received and filed) 2/6 1948

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:  
(a) County Lewis  
(b) City or town Kamiah  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county 17 years months days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Lewis  
(c) City or town Kamiah  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 39 years  
(h) Former residence (city, state) Mich.

3. (a) FULL NAME Jennie E House

3. (b) If veteran, name war No.  
7 5. Color or race W 6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife Allen 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) April 22-1866

8. AGE	Years	Months	Days	If less than 1 day
	81	11	28	hrs min.

9. Exact Occupation Housewife Did this work for yrs.  
10. Industry or Business Home Date last worked  
11. Birthplace Mt. Elgin, Ontario (City or town) (State or foreign country)

12. Name Daniel S. Way  
13. Birthplace Mich. (City or town) (State or foreign country)  
14. Maiden name Laura Erskin  
15. Birthplace Mt. Elgin, Ontario (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Frank Mason  
and Address Kamiah Idaho

17. (a) Burial (b) Date thereof 4-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place:

18. Funeral Director's OWN Signature Jess Peterson  
and Address Kamiah Idaho

19. (a) 4-23-48 (b) Blunt (c) Blunt  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH April 20 1948  
(Month, Day, Year) at 5 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from January 15 1943, to about 1948.  
I last saw him alive on 4/1/57 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis  
Due to Atherosclerosis  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature C. E. Mason  
and Address Kamiah Idaho Date 4/22/48  
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
JAN 28 1949  
Certificate Of Death  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 4779  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Lewis  
(b) City or town Kamiah  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Groves Stayed days  
(g) Lived in this county 1 years 1 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country?  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state)

3. (a) FULL NAME

Homer WILLEY

053X

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) April 28, 1870

8. AGE	Years	Months	Days	If less than 1 day
	78			hrs min.

9. Exact Occupation Laborer Did this work for yrs.  
10. Industry or Business Date last worked  
11. Birthplace Guthrie - Iowa (City or town) (State or foreign country)

12. Name Frank Willey  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Maiden name Ellen Agnew  
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature George Willey  
and Address Grangeville, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-48 (Month) (Day) (Year)  
(c) Place: Grangeville, Idaho

18. Funeral Director's OWN Signature  
and Address Grangeville, Idaho

19. (a) 5-23-48 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH May 22 1948  
(Month, Day, Year) at 4 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1948, to May 22, 1948.  
I last saw him alive on 5-22-48; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of face Duration 2 yrs

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred 19 City, county, state where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?  
Means of injury

23. Attendant's OWN Signature  
and Address Grangeville, Idaho (M. D. or other) Date 5-23-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO  
**Certificate Of Death**

State File No. 234  
Local Reg. No. 4780  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County Lewis  
(b) City or town Namiah  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. \_\_\_\_\_ Stayed \_\_\_\_\_ days  
(g) Lived in this county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? Outside? city or town  
(f) Citizen of what country? US  
(g) How long had deceased lived in Idaho? 40 years  
(h) Former residence (city, state) Grangeville

3. (a) FULL NAME

Bert Ray

092B

3. (b) If veteran,  
name war

3. (c) Social Security  
No. \_\_\_\_\_

5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced divorced  
4. Sex M race W  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Dec 25, 1861

8. AGE	Years	Months	Days	If less than 1 day
	<u>86</u>	<u>5</u>	<u>4</u>	hrs min.

9. Exact Occupation Farmer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Missouri (City or town) (State or foreign country)

12. Name Je33 Ray  
13. Birthplace Missouri (City or town) (State or foreign country)  
14. Maiden name Martha Scarba  
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature E. P. Smith  
and Address Seattle Wn.

17. (a) Burial (b) Date thereof 6/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grangeville Ida.

18. Funeral Director's OWN Signature William C. Brown  
and Address Grangeville, Ida.

19. (a) 5/29-48 (b) Emile Brown  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 5/29 1948  
at four o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
1945 to about 19\_\_\_\_

I last saw him alive on 5/29 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction Duration years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature William C. Brown

and Address Grangeville, Ida. Date 5/30 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

RECEIVED

JAN 28 1948

# Certificate Of Death

STATE OF IDAHO

State File No. **4734**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF DEATH: **STATISTICS**  
(a) County **Lewis**  
(b) City or town **Kamiah**  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place  
(f) Name Hosp. or Inst. **Grove** Stayed **16** days  
(g) Lived in this county **12** years \_\_\_\_\_ months \_\_\_\_\_ days  
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Lewis**  
(c) City or town **Kamiah**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? **U.S.**  
(g) How long had deceased lived in Idaho? **30** years  
(h) Former residence (city, state) **Id**

3. (a) FULL NAME **MARY ADA BESWICK**  
3. (b) If veteran, ☒ 3. (c) Social Security ☒  
name war \_\_\_\_\_ No. \_\_\_\_\_  
4. Sex **F** 5. Color **W** 6. (a) Single, widowed, married, divorced **Widow**  
7. Date of Birth (Month, Day, Year) **MARCH 12,**

AGE	Years	Months	Days	If less than 1 day
	<b>92</b>	<b>4</b>	<b>10</b>	hrs min.

9. Exact Occupation **Housewife** Did this work for **Life** yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace **Kentucky**  
(City or town) (State or foreign country)  
12. Name **CHARLEY SHAWHAN**  
13. Birthplace **U.S.**  
(City or town) (State or foreign country)  
14. Maiden name **not known**  
15. Birthplace **not known**  
(City or town) (State or foreign country)  
16. Informant's OWN Signature **W R Sisk**  
and Address **Kamiah Idaho**  
17. (a) **Burial** (b) Date thereof **7-25-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Kamiah Ida**  
18. Funeral Director's OWN Signature **W R Sisk**  
and Address **Kamiah Ida**  
19. (a) **7-24-48** (b) **Emil Brown**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH  
20. DATE OF DEATH (Month, Day, Year) **July 22** 19**48**  
at **1:30** o'clock **P**. M.  
21. I HEREBY CERTIFY That I attended deceased from **Oct 1942** to **April 1945**  
I last saw her alive on **7-21-48** 19**48**; death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **multiple sclerosis** Duration **year**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Attendant's OWN Signature **W R Sisk**  
and Address **Kamiah Ida** Date **7-23-48**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JAN 28 1949

# Certificate Of Death

DIVISION OF VITAL

STATE OF IDAHO

State File No. 234  
Local Reg. No. 4782  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Lewis  
(b) City or town Kamiah  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home. Hospital. Institution. ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Lewis County Home Stayed 4 yrs  
(g) Lived in this county 41 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Lewis  
(c) City or town Craigmont  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S. (Naturalized)  
(g) How long had deceased lived in Idaho? 41 years  
(h) Former residence (city, state) \_\_\_\_\_

## 3. (a) FULL NAME BENJAMIN SOLOMON JANSON

3. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. None  
5. Color or White 6. (a) Single, widowed, married, divorced single  
4. Sex male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) November 24 1868

8. AGE	Years	Months	Days	If less than 1 day
	<u>79</u>	<u>9</u>	<u>18</u>	hrs min.

9. Exact Occupation laborer Did this work for life yes  
10. Industry or Business general Date last worked ?  
11. Birthplace Skonsa Province, Sweden  
(City or town) (State or foreign country)

- Mother Father  
12. Name Unknown  
13. Birthplace Unknown  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address 505 E. A Street, Mccow, Ida.

17. (a) Removal (b) Date thereof 9-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Craigmont, Idaho.

18. Funeral Director's OWN Signature [Signature]  
and Address Craigmont, Idaho.

19. (a) 9-13-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 11 1948  
at 3:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 5th 1948 to 9/11 1948  
I last saw h. am alive on 9/10/1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Emb. Duration Sudden

Due to Fractured femor 6 days

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? home  
Name of operation Reduct. on. Defracted PHYSICIAN [Signature]  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred Sept. 5, 1948 19 City, county, state where violence occurred Kamiah, Idaho  
Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? NO  
Means of injury Fell from steps

23. Attendant's OWN Signature [Signature] M. D. [Signature]  
(M. D. or other)  
and Address Kamiah, Idaho. Date 9-13 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JAN 28 1948

# Certificate Of Death

STATE OF IDAHO

1948

State File No. 234  
Local Reg. No. 4783  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Lewis  
(b) City or town Kamiah  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Grove Hosp. Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months 2 weeks

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Idaho  
(c) City or town Kamiah  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 30 years  
(h) Former residence (city, state) Colville, Wash.

## 3. (a) FULL NAME Fleming Stonewall Graham

186A

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None  
5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced widowed  
4. Sex Male race white  
6. (b) Name of husband or wife Margaret E. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) August 20, 1864

8. AGE	Years	Months	Days	If less than 1 day
	<u>84</u>	<u>2</u>	<u>7</u>	hrs min.

9. Exact Occupation Farmer Did this work for all life yrs.  
10. Industry or Business agriculture Date last worked 1947  
11. Birthplace Bowling Green, Kentucky (City or town) (State or foreign country)

12. Name Fleming Graham  
13. Birthplace Kentucky (City or town) (State or foreign country)  
14. Maiden name Elizabeth W. Winfield  
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Floyd F. Graham  
and Address Kamiah, Idaho

17. (a) Burial (b) Date thereof Oct. 30, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Pine Grove Cem. - Kooskia, Idaho

18. Funeral Director's OWN Signature Claude T. Henry  
and Address Kooskia, Idaho

19. (a) 10-28-48 (b) Bruce H. Brown  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 27 1948  
at 7:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 14 1947, to Oct. 27 1948  
I last saw him alive on 10/24 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis Duration years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions see infirmary  
(Include pregnancy within 3 months of death)  
Nov 12 - 10/10/48

Where was disease contracted? Home

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred Oct 15, 1948 19 \_\_\_\_\_ City, county, state

where violence occurred Kamiah, Idaho

Place of Violence: Home ☒ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury Fell on porch

23. Attendant's OWN Signature W. B. Bryan

and Address Kamiah, Idaho Date 10/28/48

(For additional space, use reverse side)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JAN 28 1949

# Certificate Of Death

STATE OF IDAHO

State File No. 234  
Local Reg. No. 4784  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Lewis  
(b) City or town Kamiah  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home ☒ Hospital ☒ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Carter Nursing Home Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years 4 months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Clearwater  
(c) City or town Weippe  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 51 years  
(h) Former residence (city, state) Spokane, Wn.

3. (a) FULL NAME Hanna M. Larson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Joseph N. Larson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) Dec. 1, 1866

8. AGE	Years	Months	Days	If less than 1 day
	<u>81</u>	<u>11</u>	<u>18</u>	hrs min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace SKOFDE SWEDEN  
(City or town) (State or foreign country)

12. Name ANDERS JOHANSON  
13. Birthplace SWEDEN  
(City or town) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace SWEDEN  
(City or town) (State or foreign country)

16. Informant's OWN Signature Anthony Larson  
and Address Weippe, Idaho

17. (a) Removal (b) Date thereof 11/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Weippe

18. Funeral Director's OWN Signature John S. Bachrach  
and Address Arco, Ida.

19. (a) 11-12-48 (b) Emile H. Brown  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Nov 22 1948  
(Month, Day, Year) at 2:15 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from April 1948 to 11/12/48 1948  
I last saw her alive on 11/12/48 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: \_\_\_\_\_ Duration \_\_\_\_\_

Myocarditis 3 yrs  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Arthritis years  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19 \_\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Arthur Brown (M. D. or other)  
and Address Kamiah, Ida. Date 11/13/48 1948  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JAN 28 1949

# Certificate Of Death

STATE OF IDAHO

State File No. 234  
Local Reg. No. 4785  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF DEATH: Lewis  
(a) County Lewis  
(b) City or town Kamiah  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home... ☒ Hospital... ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Graves Stayed \_\_\_\_\_ days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City or town Lucile  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? ☒ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.  
(g) How long had deceased lived in Idaho? 42 years  
(h) Former residence (city, state) Lucile, Idaho

3. (a) FULL NAME Bert Weinheimer

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) March 16, 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>9</u>	<u>6</u>	hrs min.

9. Exact Occupation Laborer Did this work for 1945 yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Ottawa, Kansas (City or town) (State or foreign country)

12. Name Valentine Weinheimer  
13. Birthplace Germany (City or town) (State or foreign country)  
14. Maiden name Amelia Hect  
15. Birthplace Ottawa, Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature Samuel C. Cates  
and Address Grangeville, Idaho

17. (a) Burial (b) Date thereof 12/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Grangeville, Idaho

18. Funeral Director's OWN Signature Samuel C. Cates  
and Address Grangeville, Idaho

19. (a) 12-24-48 (b) Samuel C. Cates  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 22, 1948 19\_\_\_\_  
at 6 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 6/24/1947 to 12/22/1948

I last saw h. alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Arteriosclerosis Duration years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Where was disease contracted? Home PHYSICIAN  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_ Underline

Major finding \_\_\_\_\_ the cause to which death should be charged statistically.  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature Chas. Bayan (M. D. or other)  
and Address Kamiah, Idaho Date 12/23/48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
FEB 1 1948  
Certificate Of Death  
STATISTICS  
STATE OF IDAHO

State File No. 4786  
Local Reg. No. 4786  
Reg. Dist. No. 141

1. PLACE OF DEATH:

(a) County Shoshone  
(b) City or town Wallace,  
(c) Street Address or R.F.D. No. ....  
(d) Death Occured Inside? Outside? ☒ city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. County Stayed        days  
(g) Lived in this county        years        months        days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Shoshone,  
(c) City or town Wallace,  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? Outside?        city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho?        years  
(h) Former residence (city, state) .....

3. (a) FULL NAME Fred Lemley

3. (b) If veteran, name war        No.         
5. Color or race W  
6. (a) Single, widowed, married, divorced         
6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive        years  
7. Date of Birth (Month, Day, Year) Nov. 13 1876

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>1</u>	<u>14</u>	hrs min.

9. Exact Occupation Electrician Did this work for        yrs.  
10. Industry or Business Construction Date last worked         
11. Birthplace Washington (City or town) (State or foreign country)

Mother { 12. Name Unknown  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature /s/ C Lemley  
and Address 117 Coeur d'Alene Ave  
Coeur d'Alene, Idaho.

17. (a) cremation (b) Date thereof        (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: Smith & Co - Spokane, Wash.

18. Funeral Director's OWN Signature [Signature]  
and Address Wallace, Idaho.

19. (a) Feb 3 - 49 (b) [Signature]  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 26 1948  
at 2 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 6 1948, to Dec 26 1948  
I last saw h.        alive on        19      ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary T.B. Duration       

Due to         
Due to         
Other conditions        (Include pregnancy within 3 months of death)

Where was disease contracted?        PHYSICIAN         
Name of operation        Date         
Major finding         
Finding of autopsy        Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?        Suicide?        Homicide?         
Occurred        19       City, county, state where violence occurred         
Place of Violence: Home        Farm        Industry         
Public Place        While at work?         
Means of injury         
23. Attendant's OWN Signature F W Rolfe, Jr (M. D. or other)         
and Address        Date        19        
(For additional space, use reverse side)



Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

FEB 10 1948

# Certificate Of Death

STATE OF IDAHO

State File No. 4787  
Local Reg. No. 14  
Reg. Dist. No. 141

## 1. PLACE OF DEATH:

- (a) County Shoshone,  
(b) City or town "allace,  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? \_\_\_\_\_ Outside? ☒ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution ☒ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. County Stayed \_\_\_\_\_ days  
(g) Lived in this county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Shoshone  
(c) City or town "allace,  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U. S.  
(g) How long had deceased lived in Idaho? \_\_\_\_\_ years  
(h) Former residence (city, state) Wis.

## 3. (a) FULL NAME Theodore Rothgery

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
5. Color or race W  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) July 14 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>73</u>	<u>5</u>	<u>13</u>	hrs min.

9. Exact Occupation \_\_\_\_\_ Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_  
11. Birthplace Fondulac, Wis  
(City or town) (State or foreign country)

12. Name Anthony Rothgery  
13. Birthplace Mt. Calvary, Wis.  
(City or town) (State or foreign country)  
14. Maiden name Mary Regina Enders  
15. Birthplace Mt. Calvary, Wis.  
(City or town) (State or foreign country)

16. Informant's OWN Signature [Signature]  
and Address Wallace, Idaho.

17. (a) Burial (b) Date thereof 12-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Wallace, Idaho.

18. Funeral Director's OWN Signature [Signature]  
and Address Wallace, Idaho.

19. (a) Jan 3-49 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH 12-27 1948  
(Month, Day, Year) at 1:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 1-29 1947, to 12-27 1948  
I last saw h. alive on \_\_\_\_\_ 19\_\_\_\_; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Seriousity + Heart failure Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Arthritis  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place \_\_\_\_\_ While at work? \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Attendant's OWN Signature F W Rolfe MD (M. D. or other)  
and Address Osullivan Ida Date 12-29-1948  
(For additional space, use reverse side)

4788

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# RECEIVED CERTIFICATE OF DEATH

MAR 12 1949

STATE OF IDAHO

Local Registrar's Duplicate  
Local Reg. No. 61  
Reg. Dist. No. 362

## 1. PLACE OF DEATH: DIVISION OF VITAL STATISTICS

- (a) County Canyon  
(b) City or town Manpa  
(c) Street Address or R. F. D. No. 723-15th Ave. S.  
(d) Death Occurred Inside? ✓ Outside? ✓ city or town  
(e) Died in a Home—Hospital—Institution—Other place  
(f) Name Hosp. or Inst. Hamerton Stayed ✓ days  
(g) Lived in this county 43 years ✓ months ✓ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Manpa  
(d) Street Address or R. F. D. No. 723-15th Ave. S.  
(e) Deceased lived Inside? ✓ Outside? ✓ city or town  
(f) Citizen of what country? U. S. A.  
(g) How long had deceased lived in Idaho? 43 years  
(h) Former residence (city, state) Tennessee

3. (a) FULL NAME Edgar Reed Jones

043X

3. (b) If veteran, name war. 3. (c) Social Security No. 319-07-2108  
4. Sex M 5. Color or race M 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive ✓ years

7. Date of Birth (Month, Day, Year) Sept 26th 1900

8. AGE	Years	Months	Days	If less than 1 day
	<u>48</u>	<u>3</u>	<u>2</u>	hrs min.

9. Exact Occupation Laborer Did this work for ✓ yrs.  
10. Industry or Date last  
11. Birthplace Poplarville Tennessee (City or town) (State or foreign country)  
Business worked.

12. Name John Jones  
13. Birthplace Virginia (City or town) (State or foreign country)  
14. Maiden name Hannah Sumners  
15. Birthplace Tennessee (City or town) (State or foreign country)

X 16. Informant's OWN Signature Mabel T. Jones  
and Address 524 1/2th Ave. S.

17. (a) Burial (b) Date thereof 12/30/48 (Month) (Day) (Year)  
(c) Place: Manpa Idaho

18. Funeral Director's OWN Signature Wm. H. Walker  
and Address Manpa Idaho

19. (a) Mar 11 1949 (b) Lida Rodgers (Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 28th, 1948  
At 8:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1948, to Dec 28, 1948.  
I last saw him alive on Dec 28, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory Failure Duration 15 min

Due to Blattariae ?

Due to ?

Other conditions Cardiomegaly & Abnormal Heart

Where was disease contracted? ?

Name of operation 0 Date ✓

Major finding ✓

Finding of autopsy ✓

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓  
Occurred ✓, 19 48 City, county, state where violence occurred  
Place of Violence: Home ✓ Farm ✓ Industry ✓  
Public Place ✓ While at work? ✓  
Means of injury ✓

23. Attendant's OWN Signature H. A. Funk M.D.  
and Address Manpa Idaho (M. D. or other) 1-12, 1949  
(For additional space, use reverse side)

H. A. Funk

7-1

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

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MAR 30 1949

DIVISION OF VITAL  
STATISTICS

# Certificate of Death

STATE OF IDAHO

State File No. 4789

Local Reg. No. 338

Reg. Dist. No. 570

## 1. PLACE OF DEATH:

- (a) County BANNOCK  
(b) City or town POCATELLO  
(c) Street Address or R.F.D. No. 650 N. 7TH  
(d) Death Occurred Inside? ☒ Outside? ☐ city or town  
(e) Died in a Home ☐ Hospital ☐ Institution ☐ Other place ☐  
(f) Name Hosp. or Inst. ST. ANTHONY Stayed 1 days  
(g) Lived in this county LIFE years 0 months 0 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State IDAHO (b) County BANNOCK  
(c) City or town POCATELLO  
(d) Street Address or R.F.D. No. 420 So. 6TH  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? UNITED STATES  
(g) How long had deceased lived in Idaho? LIFE years  
(h) Former residence (city, state) -

## 3. (a) FULL NAME

JAY ROLAND FARMER JR.

200 C

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or WHITE  
6. (a) Sex MALE race WHITE (b) Single, widowed, married, divorced SINGLE  
(b) Name of husband or wife (c) Age of husband or wife if alive - years

7. Date of Birth (Month, Day, Year) DECEMBER 8, 1948  
8. AGE Years Months Days If less than 1 day hrs. 5 min.

9. Exact Occupation INFANT Did this work for - yrs.  
10. Industry or Business - Date last worked -

11. Birthplace POCATELLO IDAHO  
(City or town) (State or foreign country)

12. Name JAY ROLAND FARMER

13. Birthplace PRESTON IDAHO  
(City or town) (State or foreign country)

14. Maiden name MARGARET BINGHAM

15. Birthplace PRESTON IDAHO  
(City or town) (State or foreign country)

16. Informant's OWN Signature J. Roland Farmer  
and Address 120 So. 6th Pocatello Idaho

17. (a) REMOVAL (b) Date thereof 12-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place PRESTON, IDAHO

18. Funeral Director's OWN Signature Arthur Hall  
and Address POCATELLO, IDAHO

19. (a) Mar 12 1949 (b) June 2. Powell  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) DECEMBER 8 19 48  
at 8 o'clock AM

21. I HEREBY CERTIFY That I attended deceased from Dec 8 48 to - 19 -  
I last saw h. live on - 19 -;  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

## Duration

- Non visible  
Due to infant  
Due to -  
Other conditions -  
(Include pregnancy within 3 months of death)

## Where was disease contracted?

- Name of operation - Date -  
Major finding -  
Finding of autopsy -

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to EXTERNAL CAUSES, also fill in the following:  
Accident? - Suicide? - Homicide? -  
Occurred - 19 - City, county, state where violence occurred -  
Place of Violence: Home - Farm - Industry -  
Public Place - While at work? -

- Means of Injury -  
23. Attending Physician's OWN Signature Ralph B. Hegsted M.D.  
(M.D. or other) MD  
and Address Pocatello Idaho Date - 19 -  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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APP 27 1949

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 4792  
Local Reg. No. 43  
Reg. Dist. No. 601

1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot,  
(c) Street Address or R. F. D. No. ....  
(d) Death Occurred Inside? ..... Outside? X city or town  
(e) Died in a Home ..... Hospital ..... Institution ..... Other place X  
(f) Name Hosp. or Inst. State Hospt Stayed 1460 days  
(g) Lived in this county ..... years South months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State Idaho (b) County Gem  
(c) City or town Emmett  
(d) Street Address or R. F. D. No. ....  
(e) Deceased lived Inside? ..... Outside? ..... city or town  
(f) If foreign born, in U. S. .... yrs. Citizen of U. S. ?  
(g) How long had deceased lived in Idaho? ..... years  
(h) Former residence (city, state) Emmett, Idaho

3. (a) FULL NAME Kermit Chapman

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
5. Color or ..... 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife ..... 6 (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) June 18, 1913

8. AGE	Years	Months	Days	If less than 1 day
	<u>35</u>	<u>5</u>		hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Utah (City or town) (State or foreign country)

12. Name Jesse Chapman

13. Birthplace Utah (City or town) (State or foreign country)

14. Maiden name Irma Corbin

15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature State Hospital South Records  
and Address Box 390, Blackfoot, Idaho

17. (a) Burial (b) Date thereof (Month) (Day) (Year) Blackfoot, Idaho

(c) Place: Blackfoot, Idaho

18. Funeral Director's OWN Signature Edgar J. Seidling  
and Address Blackfoot, Idaho Box 390

19. (a) 11-11-1949 (b) W. H. Haler  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) About Nov. 24, 1948  
at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....  
I last saw h ..... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Drowning Duration

Due to Insane

Due to .....

Other conditions None  
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....

Name of operation ..... Date .....

Major finding .....  
Finding of autopsy None

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? YES Homicide? .....  
Occurred About Nov. 24, 1948 City, county, state where violence occurred Bingham County, Idaho  
Place of Violence: Home ..... Farm ..... Industry .....  
Public Place River While at work? .....  
Means of injury Body found in Blackfoot River

23. Attendant's OWN Signature J. O. Hanes  
and Address Blackfoot, Idaho Date 4-21, 1949  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

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DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE OF IDAHO

1949

State File No. 4793

Local Reg. No.

Reg. Dist. No.

1. PLACE OF DEATH:

- (a) County Owyhee  
(b) City or town Hamlet  
(c) Street Address or R. F. D. No. Hamlet  
(d) Death Occurred Inside? Outside? city or town  
(e) Died in a Home Hospital Institution Other place  
(f) Name Hosp. or Inst. Stayed days  
(g) Lived in this county years months days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

- (a) State California (b) County Los Angeles  
(c) City or town Los Angeles  
(d) Street Address or R. F. D. No. Los Angeles  
(e) Deceased lived Inside? Outside? city or town  
(f) If foreign born, in U. S. years. Citizen of U. S.?  
(g) How long had deceased lived in Idaho? years  
(h) Former residence (city, state).

3. (a) FULL NAME

Augustine BAZAN

168X

3. (b) If veteran, name war

3. (c) Social Security No.

5. Color or 6. (a) Single, widowed, married,  
4. Sex M race MEXICAN divorced  
6. (b) Name of husband or 6 (c) Age of husband or wife if  
wife alive years

7. Date of Birth  
(Month, Day, Year)

AGE	Years	Months	Days	If less than 1 day
	<u>45</u>			hrs min.

9. Exact Occupation Farm laborer Did this work for years

10. Industry or Business Mexico Date last worked

11. Birthplace (City or town) (State or foreign country)

12. Name

13. Birthplace (City or town) (State or foreign country)

14. Maiden name

15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature

and Address

17. (a) Burial (b) Date thereof 4-25-49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Wilder, Idaho

18. Funeral Director's OWN Signature J. W. D. Jackson  
and Address 6-149 Idaho

19. (a) 6-149 (b) June 1949  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Approx 8-12 1948  
at approx o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from October 23 1948, to 19  
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Skull fracture and cerebral hemorrhage

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death)

Where was disease first contracted?

Name of operation Date

Major finding

Finding of autopsy

Skull fracture

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Accident

Occurred Approx 8-12 1948 City, county, state

where violence occurred. Douglas County

Place of Violence: Home Farm Industry

Public Place While at work?

Means of injury. Blow on skull

23. Attendant's OWN Signature William J. Kelly, M.D.  
(M. D. of other)

and Address Hamlet, Idaho Date 6-1 1949

(For additional space, use reverse side)

626

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS

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JUL 5 1949

# Certificate Of Death

STATE OF IDAHO

State File No. **4795**  
Local Reg. No. **21**  
Reg. Dist. No. **130**

1. PLACE OF DEATH:
- (a) County **Shoshone**  
(b) City or town **Calder**  
(c) Street Address or R. F. D. No. ....  
(d) Death Occured Inside?..... Outside? ☒ city or town  
(e) Died in a Home..... Hospital..... Institution..... Other place ☒  
(f) Name Hosp. or Inst. .... Stayed..... days  
(g) Lived in this county **Unknown** months..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
- (a) State **Idaho** (b) County **Shoshone**  
(c) City or town **Calder**  
(d) Street Address or R.F.D. No. ....  
(e) Deceased lived Inside? **Unknown** city or town  
(f) Citizen of what country? .....  
(g) How long had deceased lived in Idaho?..... years  
(h) Former residence (city, state) .....

3. (a) FULL NAME **Unknown Infant**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
4. Sex **Unknown** 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive..... years  
7. Date of Birth (Month, Day, Year) **Unknown**

8. AGE	Years	Months	Days	If less than 1 day
	<b>Unknown</b>			hrs min.

9. Exact Occupation **None** Did this work for..... yrs.  
10. Industry or Business Date last worked.....  
11. Birthplace **Unknown** (City or town) (State or foreign country)

- Mother { 12. Name **Unknown**  
Father { 13. Birthplace **Unknown** (City or town) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City or town) (State or foreign country)

16. Informant's OWN Signature **R. E. Wessa**  
and Address **St. Maries, Idaho**

17. (a) **Cremation** (b) Date thereof **6-10-49**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **St. Maries, Idaho**

18. Funeral Director's OWN Signature **R. E. Wessa**  
and Address **St. Maries, Idaho**

19. (a) **6-11-49** (b) **R. E. Wessa**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **About Oct. 15, 1948** 19.....  
(Month, Day, Year) at..... o'clock..... M.

21. I HEREBY CERTIFY, That I attended deceased from..... 19....., to..... 19.....

I last saw h..... alive on..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: **Found dead & decomposed** Duration.....

Due to **Unknown**

Due to .....

Other conditions..... (Include pregnancy within 3 months of death)

Where was disease contracted?.....

Name of operation..... Date.....

Major finding.....

Finding of autopsy **None** **PHYSICIAN** Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?..... Suicide?..... Homicide?.....  
Occurred **About 10-15-48** 19..... City, county, state where violence occurred **Found under bridge**  
Place of Violence; Home..... Farm..... Industry.....  
Public Place **Falls Creek** While at work?.....  
Means of injury **Shoshone Co. Idaho**

23. Attendant's OWN Signature **H. M. W. Colver** (M. D. or other)

and Address **Wallace, Ida.** Date **6-8-1949**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

# Certificate of Death 1948

State File No. **4797**  
Local Reg. No. **254**  
Reg. Dist. No. **120**

RECEIVED

STATE OF IDAHO

1. PLACE OF DEATH: **AGT 1 D 1949**  
(a) County **Division of Vital Statistics**  
(b) City or town **Spirit Lake**  
(c) Street Address or R.F.D. No. **---**  
(d) Death Occurred Inside? **X** Outside? **--** city or town **---**  
(e) Died in **At Home** **X** Hospital **--** Institution **--** Other place **--**  
(f) Name Hosp. or Inst. **-----** Stayed **-----** days  
(g) Lived in this county **22** years **-----** months **-----** days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City or town **Spirit Lake**  
(d) Street Address or R.F.D. No. **---**  
(e) Deceased lived Inside? **X** Outside? **--** city or town **---**  
(f) Citizen of what country? **U.S.A.**  
(g) How long had deceased lived in Idaho? **22** years  
(h) Former residence (city, state) **Sheridan, Mo.**

3. (a) FULL NAME **Rena Marie Dickey**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **519-10-3337**  
5. Color or **White**  
4. Sex **Female** race **White**  
6. (b) Name of husband or wife **Alva J. Dickey** 6. (c) Age of husband or wife if alive **56** years  
7. Date of Birth (Month, Day, Year) **March 26, 1898**

AGE	Years	Months	Days	If less than 1 day
<b>50</b>	<b>7</b>	<b>14</b>	<b>hrs.</b>	<b>min.</b>

9. Exact Occupation **Housewife** Did this work for **32** yrs.  
10. Industry or Business **---** Date last worked **11/9/48**

11. Birthplace **Isadora Missouri**  
(City or town) (State or foreign country)

12. Name **Ellis D. Watson**

13. Birthplace **Isadora Missouri**  
(City or town) (State or foreign country)

14. Maiden name **Alice Wheat**

15. Birthplace **Lee County Iowa**  
(City or town) (State or foreign country)

16. Informant's OWN Signature **Ernest W. Dickey**  
and Address **Spirit Lake, Idaho.**

17. (a) Burial (b) Date thereof **11 / 13 / 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **Greenwood Cemetery, Spirit Lake**

18. Funeral Director's OWN Signature **A. B. Nelson**

and Address **Kathdrum, Idaho.**

19. (a) **Oct 8, 1949** (b) **Agnes P. Burns**  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH **11/10** 19 **48**  
(Month, Day, Year)  
at **4:50** o'clock **A.**.M.

21. I HEREBY CERTIFY, That I attended deceased from **Selway** 19 **47** to **November 10** 19 **48**

I last saw **her** alive on **11/19/48** 19 **---**

death is said to have occurred on the date and hour stated above.  
Immediate Cause of Death: **Acute coronary thrombosis** Duration **---**

Due to **Hypertension** **Yes.**

Due to **---**

Other conditions **---**  
(Include pregnancy within 3 months of death)

Where was disease contracted? **---**

Name of operation **---** Date **---**

Major finding **---**

Finding of autopsy **---**

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? **---** Suicide? **---** Homicide? **---**

Occurred **---** 19 **---** City, county, state **---**

where violence occurred **---**

Place of Violence: Home **---** Farm **---** Industry **---**

Public Place **---** While at work? **---**

Means of injury **---**

23. Attendant's OWN Signature **Don C. Fredrickson MD. 513**

and Address **Spirit Lake, Idaho** (M.D. or other) **---**

Date **11/13/48** 19 **---**  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, 801 SE, IDAHO

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DEC 1 6 1949

# Certificate of Death

1948  
348

State File No. 1799  
Local Reg. No. 34  
Reg. Dist. No. 300

BIRTH NO.

DIVISION OF VITAL

STATE OF IDAHO

STATISTICAL

1. PLACE OF DEATH, Presumed to be a. COUNTY Adams		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Meadows		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Route #4	
3. NAME OF DECEASED (Type or Print) CHARLES		a. (First) H. b. (Middle) MANUS c. (Last)	
5. SEX male		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
6. COLOR OR RACE white		8. DATE OF BIRTH July 3, 1885	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Rancher		9. AGE (In years last birthday) 63	
10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Texas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Bill Manus	
14. MOTHER'S MAIDEN NAME Ruth Rice		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S OWN SIGNATURE E. W. Manus	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS Nampa, Idaho	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Unknown		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Unknown	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Decomposed Body found 11/27/49, New Meadows, Adams County, Idaho		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Unknown	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Unknown	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Prosecuting Attorney Adams County, Idaho		23b. ADDRESS Council, Idaho	
23c. DATE SIGNED 12/6/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/3/49	
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery		24d. LOCATION (City, town, or county) (State) Nampa, Idaho	
DATE REC'D BY LOCAL REG. 12/6/49		REGISTRAR'S SIGNATURE John F. Alsip	
FEDERAL SECURITY AGENCY United States Public Health Service		FUND. DIRECTOR Robinson-Alsip Chapel	

Form DPH-48021



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

1950  
OF VITAL

# Certificate of Death

STATE OF IDAHO

*Delayed*

State File No. 4800  
Local Reg. No. 33  
Reg. Dist. No. 601

## 1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot,  
(c) Street Address or R.F.D. No. Box 390  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution X Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St. Hospt. So. Stayed 198 days  
(g) Lived in this county \_\_\_\_\_ years 16 months 16 days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Minidoka  
(c) City or town Rupert,  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(f) Citizen of what country? \_\_\_\_\_  
(g) How long had deceased lived in Idaho? 85 yrs. years  
(h) Former residence (city, state) Rupert, Idaho.

## 3. (a) FULL NAME

Anna Peterson Jenkins

## 3. (b) If veteran, name war

## 3. (c) Social Security No.

5. Color or  
4. Sex F. race W.

6. (a) Single, widowed, married,  
divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Date of Birth  
(Month, Day, Year)

1859.

8. AGE	Years	Months	Days	If less than 1 day
	<u>89</u>			hrs. min.

9. Exact Occupation Housewife Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Sweden  
(City or town) (State or foreign country)

12. Name Andrew Peterson

13. Birthplace Sweden.  
(City or town) (State or foreign country)

14. Maiden name Matilda

15. Birthplace \_\_\_\_\_  
(City or town) (State or foreign country)

16. Informant's OWN Signature Records, State Hospital South.  
and Address Blackfoot, Idaho.

17. (a) Funeral (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place Blackfoot, Idaho.

18. Funeral Director's OWN Signature Thos. J. Allen  
and Address Blackfoot, Idaho.

19. (a) March 14, 1950 (b) Mrs. Helen E. Jensen  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

## 20. DATE OF DEATH

(Month, Day, Year) July 26, 1948. 19\_\_\_\_  
at 12:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from  
Aug 1, 1948. to July 26, 1948.  
I last saw h. er alive on July 25, 1948.  
death is said to have occurred on the date and hour stated above.

## Immediate Cause of Death:

Acute cardiac dilatation

## Duration

Due to Senile changes

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major finding \_\_\_\_\_

Finding of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically

## 22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? — Suicide? — Homicide? —

Occurred — 19 — City, county, state

where violence occurred —

Place of Violence: Home — Farm — Industry —

Public Place — While at work? —

Means of injury —

23. Attendant's OWN Signature A. G. Moore M.D.  
(M. D. or other)

and Address Blackfoot, Idaho. Date 7-26- 19 48.  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

# Certificate of Death

STATE OF IDAHO

State File No. 1803  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

## 1. PLACE OF DEATH

a. COUNTY

ADA

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN BOISE

c. LENGTH OF  
STAY (in this place)  
0

d. FULL NAME OF  
HOSPITAL OR  
INSTITUTION diston fairview ave. w.  
of Boise, h. 30

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Idaho

b. COUNTY

Ada

c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN Meridian,

d. STREET  
ADDRESS (If rural, give location)  
Route # 2

## 3. NAME OF DECEASED (Type or Print)

a. (First)

Clarence

b. (Middle)

Carl

c. (Last)

Thiessen

4. DATE (Month) (Day) (Year)

OF DEATH March 24, 1948

## 5. SEX

M

## 6. COLOR OR RACE

W

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widower

## 8. DATE OF BIRTH

Oct. 26, 1882

## 9. AGE (In years last birthday)

65

## 10. IF UNDER 1 YEAR

Months Days

4 28

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Livestock

## 10b. KIND OF BUSINESS OR INDUSTRY

Livestock

## 11. BIRTHPLACE (State or foreign country)

Unknown

## 12. CITIZEN OF WHAT COUNTRY?

U.S.A

## 13. FATHER'S NAME

Unknown

## BIRTHPLACE

Unknown

## 14. MOTHER'S MAIDEN NAME

Unknown

## BIRTHPLACE

Unknown

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Unknown

## 16. SOCIAL SECURITY NO.

519-20-7182

## 17. INFORMANT'S OWN SIGNATURE

## ADDRESS

## 18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.*

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

### ANTECEDENT CAUSES

*Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) driving automobile, probable

DUE TO (c) heart attack

## II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

## INTERVAL BETWEEN ONSET AND DEATH

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES ☐ NO ☐

## 21a. ACCIDENT SUICIDE HOMICIDE

(Specify)

## 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 21c. (CITY, TOWN, OR TOWNSHIP)

## (COUNTY)

## (STATE)

## 21d. TIME OF INJURY

(Month) (Day) (Year) (Hour)

## 21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 24, 1948 to March 24, 1948, that I last saw the deceased alive on March 24, 1948, and that death occurred at 7 m., from the causes and on the date stated above.

## 23a. SIGNATURE

(Degree or title)

Clyde E. Summers Coroner

## 23b. ADDRESS

Boise, Idaho.

## 23c. DATE SIGNED

3-25-48

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

## 24b. DATE

## 24c. NAME OF CEMETERY OR CREMATORY

## 24d. LOCATION (City, town, or county)

## (State)

Removal

March 25, 1948

Lewiston

Lewiston,

Idaho

## DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

## 25. FUNERAL DIRECTOR'S SIGNATURE

## ADDRESS

May 29, 1948

W. W. Benson

Clyde E. Summers  
Summers Funeral Home, Boise, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, 801 SE, IDAHO

# Certificate of Death

STATE OF IDAHO

1948  
State File No. 4819  
Local Reg. No. 32  
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH a. COUNTY <u>Blaine</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ketchum-Rural</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. East of Ketchum, Idaho</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Unknown</u> b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unknown</u> d. STREET ADDRESS (If rural, give location) <u>Unknown</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> b. (Middle) <u>Jefferson</u> c. (Last) <u>McKey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar.</u> <u>1</u> <u>1948</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	8. DATE OF BIRTH <u>4-7-11</u>
9. AGE (In years last birthday) <u>36</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>POMROY WASHINGTON</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>HARRY MCKEY</u>		14. MOTHER'S MAIDEN NAME <u>PEARL TAYLOR</u>	
BIRTHPLACE <u>UNKNOWN</u>		BIRTHPLACE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S OWN SIGNATURE <u>Pearl Smallwood</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exposure to Sub-Zero weather</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Escaped from Blaine County Jail Feb., 29th., 1948.</u> DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Only Human bones found--Identification made by Dr. J. Woodson Creed.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Up on Mt., Side</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ketchum, Blaine Idaho</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>Ray Mc Goldrick Coroner</u>		23b. ADDRESS <u>Hailey</u>	
23c. DATE SIGNED <u>10-31-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-31-58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>County Plot</u>		24d. LOCATION (City, town, or county) (State) <u>Hailey Idaho</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 8-1958</u>		REGISTRAR'S SIGNATURE <u>Robert H. Wright</u>	
FEDERAL SECURITY AGENCY United States Public Health Service		FEDERAL DIRECTOR <u>Ray Mc Goldrick</u>	

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, 801SE, IDAHO

1948  
State File No. 4820  
Local Reg. No. 33  
Reg. Dist. No. 410

# Certificate of Death

RECEIVED  
DEC 1 1948

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH a. COUNTY <b>Blaine</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Idaho</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ketchum Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Unknown</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>East of Ketchum, Idaho</b>		d. STREET ADDRESS (If rural, give location) <b>Unknown</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Nelson</b> c. (Last) <b>Foley</b>		4. DATE OF DEATH (Month) <b>Mar.</b> (Day) <b>1</b> (Year) <b>48</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>7-8-90</b>
9. AGE (In years last birthday) <b>57</b>		10. IF UNDER 1 YEAR Months <b>7</b> Days <b>23</b>	11. IF UNDER 24 HRS. Hours <b></b> Min <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Barber</b>	
11. BIRTHPLACE (State or foreign country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>	
13. FATHER'S NAME <b>Unknown</b>		14. MOTHER'S MAIDEN NAME <b>unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S OWN SIGNATURE <b>Ray McGoldrick Haley</b>		18. ADDRESS <b>Unknown</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Exposure to Sub-Zero weather</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Escaped from Blaine County Jail Feb., 29th., 1948</b> DUE TO (c) <b>Only Human bones found--Identification made by Dr. J. Woodson Creed</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Established Male identity.</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>On Mt., Side</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Ketchum, Blaine Idaho</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ray McGoldrick Coroner</b>		23b. ADDRESS <b>Haley</b>		23c. DATE SIGNED <b>10-30-58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-31-58</b>		24c. NAME OF CEMETERY OR CREMATORY <b>County Plot</b>	
24d. LOCATION (City, town, or county) (State) <b>Haley, Ida</b>		25. FUNERAL DIRECTOR <b>Ray McGoldrick Haley</b>		ADDRESS <b>Unknown</b>	
DATE REC'D BY LOCAL REG. <b>Nov. 8-1958</b>		REGISTRAR'S SIGNATURE <b>Robert H. Wright per P.S.N.</b>			

State File No 48-4825  
Local Reg. No                       
Reg. Dist. No                     

1. PLACE OF DEATH a. COUNTY Shoshone		2 USUAL RESIDENCE (Where deceased lived if institution residence before admission) a. STATE Idaho b. COUNTY Shoshone	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan	
c. LENGTH OF STAY (In this place)			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital		d. STREET ADDRESS (If rural, give location)	

5 SEX Male	6. COLOR OR RACE White	7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8 DATE OF BIRTH March 6, 1876	9 AGE (In years last birthday) 72	IF UNDER 1 YR Months Days 2 10	IF UNDER 24 HRS Hours Min 1 10
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13 FATHER'S NAME	BIRTHPLACE	14 MOTHER'S MAIDEN NAME	BIRTHPLACE
Patrick Flynn		Bridget Foy	

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown)      (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT'S OWN SIGNATURE Mrs. P. J. Dunne, Spokane, Washington	ADDRESS
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18. CAUSE OF DEATH	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b) and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH * (a) _____	
<i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death</i>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause DUE TO (b) _____ (a) stating the underlying cause last	
	DUE TO (c) _____	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	

19a DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20 AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
-----------------------	---------------------------------	---

21a ACCIDENT SUICIDE HOMICIDE	(Specify)			21b PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d TIME OF INJURY	(Month)	(Day)	(Year)	(Hour) m	21e INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK AT WORK	21f HOW DID INJURY OCCUR?	

22 I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:30PM m, from the causes and on the date stated above

23a SIGNATURE Dr. Mowery	(Degree or title)	23b ADDRESS Wallace, Idaho	23c DATE SIGNED
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24a BURIAL, CREMATION, REMOVAL (Specify) Burial	24b DATE May 19, 1948	24c NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery	24d LOCATION (City, town, or county) Spokane, Washington	(State)
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DATE REC'D BY LOCAL REG 3-22-71	REGISTRAR'S SIGNATURE 	25 EMBALMER 11	LICENSE NO
------------------------------------	--	-------------------	------------

Federal Security Agency  
United States Public Health Service      FORM      DH-63021

FIRM NAME Norcross Funeral Home  
Spokane Washington

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate (ICA 38-206 and 215). Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

# 

RECEIVED  
MAR 22 1971

Name **DOMINIC J. FLYNN**

Social Security No. \_\_\_\_\_ By whom \_\_\_\_\_ Address \_\_\_\_\_

Welfare No. \_\_\_\_\_ Welfare Notified Yes ☐ No ☐  
Approved Yes ☐ No ☐

Place of death **Providence Hospital At. Wallace, Idaho** Length of stay in this place \_\_\_\_\_

Is place of death inside city limits Yes ☐ No ☐ In community \_\_\_\_\_

Residence **Wallan, Idaho** Citizen of what Country **USA**

Is residence inside city limits Yes ☐ No ☐ Is residence on a farm Yes ☐ No ☐

Date of birth **March 6, 1876** Birthplace **St. Martins, Minnesota** Age **72 Yrs. 2 Mo. 10 days**

Date of death **May 16, 1948** Hour **7:30 PM** Sex **Male** Color **White**

Husband **Widower of Joy M. Flynn**

Father's name **Patrick Flynn** Mother's name **Bridget Foy (Maiden name)**

Occupation **Retired** Employed by \_\_\_\_\_

Doctor **Mowery** Certificate made Yes ☐ Autopsy Yes ☐ No ☒

Cause of death \_\_\_\_\_ Burial Permit Yes ☐ No ☐ Permit No. \_\_\_\_\_

Informant **Rev. Oakley O'Connor Spokane, Washington** Family telephone number \_\_\_\_\_

Was decedent ever a member of the U. S. Army, Navy, or Marine Corps. \_\_\_\_\_

Religious organization \_\_\_\_\_

Church and Fraternal Orders \_\_\_\_\_

Clothing \_\_\_\_\_ Call made by \_\_\_\_\_ Time \_\_\_\_\_ Embalmer \_\_\_\_\_

Personal effects with remains \_\_\_\_\_

Jewelry to be removed Yes ☐ No ☐

Newspaper notices

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Review							
Chronicle							
If welfare case we pay	Yes <input type="checkbox"/>	No <input type="checkbox"/>					

Review at \_\_\_\_\_ Date **May 18, 1948** Time **8:30PM**

Service at **Sacred Heart Catholic Church** Date **May 19, 1948** Time **10:00AM**

Minister **Rev. Oakley O'Connor** Music \_\_\_\_\_

We to pay Yes ☐ No ☐ Church \_\_\_\_\_

Cemetery **Holy Cross Cemetery May 19, 1948** Box or vault \_\_\_\_\_ Flowers \_\_\_\_\_

Send family car to \_\_\_\_\_ Time \_\_\_\_\_

Send bearer's car to \_\_\_\_\_ Time \_\_\_\_\_

Send Minister's car \_\_\_\_\_ Time \_\_\_\_\_

Brought **from Wallace Idaho, May 16, 1948**

Estates Yes ☐ No ☐

Attorney \_\_\_\_\_

Creditors claims filed Yes ☐ No ☐ Funeral Arranged by \_\_\_\_\_

Date \_\_\_\_\_ Slumber room \_\_\_\_\_

(over)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

156104

4491

State File No. 4831  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF DEATH:

- (a) County Elmore  
(b) City or town Atlanta  
(c) Street Address or R.F.D. No.  
(d) Death Occurred Inside? X Outside? ..... city or town  
(e) Died in a Home... Hospital... Institution... Other place X  
(f) Name Hosp. or Inst. Stayed ..... days  
(g) Lived in this county 12 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Elmore  
(c) City or town Atlanta  
(d) Street Address or R.F.D. No.  
(e) Deceased lived Inside? X Outside? ..... city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 45 years  
(h) Former residence (city, state) .....

## 3. (a) FULL NAME SAMUEL FRANKLIN WOODARD

3. (b) If veteran, name war No 3. (c) Social Security No. 518-14-0926  
5. Color or race W 6. (a) Single, widowed, married, divorced Married  
4. Sex M 6. (b) Name of husband or wife Stella 6. (c) Age of husband or wife if alive 71 years  
7. Date of Birth (Month, Day, Year) March 16, 1870

8. AGE	Years	Months	Days	If less than 1 day
	<u>77</u>	<u>9</u>	<u>19</u>	hrs min.

9. Exact Occupation Warehouseman Did this work for ..... yrs.  
10. Industry or Business Talache Mines Date last worked 1/3/48  
11. Birthplace Rappahannock Co., Virginia (City or town) (State or foreign country)

12. Name Daniel Woodard  
13. Birthplace Unknown (City or town) (State or foreign country)  
14. Maiden name Sarah Casteel  
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Anita Schraft and Address Atlanta, Idaho

17. (a) Removal (b) Date thereof 1/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Boise, Idaho

18. Funeral Director's OWN Signature McBratney-Fowler Chapel and Address 419 No. 9th, Boise, Idaho

19. (a) 1-6-48 (b) [Signature]  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH 094A 095C

20. DATE OF DEATH (Month, Day, Year) January 5, 1948  
at 7:08 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19 years

I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Coronary Thrombosis  
Due to .....

Due to Heart Attack  
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....  
Major finding .....  
Finding of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?  
Occurred Jan 5, 1948 City, county, state Idaho Co.  
where violence occurred  
Place of Violence: Home Farm Industry  
Public Place While at work?

- Means of injury Coronary  
23. Attendant's OWN Signature Phil & Green (M. D. or other)  
and Address 1111 Home Ave Date 1/6 1948  
(For additional space, use reverse side)

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United States  
Department of Commerce  
Bureau of the Census

## RECEIVED

e. IAN - 5 12 53

## Certificate Of Death

STATE OF IDAHO

State File 4832  
Local Reg. No. 1  
Reg. Dist. No. 362

**1. PLACE OF DEATH:**

- (a) County Canyon  
(b) City or town Stampa  
(c) Street Address or R. F. D. No. \_\_\_\_\_  
(d) Death Occurred Inside? ☒ Outside? \_\_\_\_\_ city or town \_\_\_\_\_  
(e) Died in a Home \_\_\_\_\_ Hospital \_\_\_\_\_ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Moncy Stayed 6 days  
(g) Lived in this county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased:** (Always fill in these)

- (a) State Idaho (b) County Canyon  
(c) City or town Hampe  
(d) Street Address or R.F.D. No. Leaf Hotel  
(e) Deceased lived Inside? ☒ Outside? ☐ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 2 years  
(h) Former residence (city, state) California

3. (a) **FULL  
NAME**

Billie Gauth

3. (b) If veteran, name war # 2  
 5. Color or race Male  
 4. Sex Male race White  
 6. (b) Name of husband or wife Mildred  
 7. Date of Birth (Month, Day, Year) Nov. 19- 1924  
 3. (c) Social Security No. \_\_\_\_\_  
 6. (a) Single, widowed, married, divorced Married  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

8. AGE	Years	Months	Days	If less than 1 day	
	23	1	13	hrs	min.

9. Exact Occupation Labourer Did this work for \_\_\_\_\_ yrs.  
10. Industry or Business \_\_\_\_\_ Date last worked 3/1/47  
11. Birthplace Edgar, Nebraska (City or town) (State or foreign country)

- Mother Father { 12. Name Bill Booth  
13. Birthplace Illinois  
(City or town) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City or town) (State or foreign country)

16. Informant's  
OWN Signature Hospital Records  
and Address Box 77, Walker,

17. (a) Removal (b) Date thereof 1/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Sanjour Washington

18. Funeral Director's  
OWN Signature George W. Walker  
and Address Maple Ridge

19. (a) Jan-3-1948 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 1st 1948  
at 6 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from .....  
10/29/48 to 6/29/48  
I last saw him alive on 11/1/48; death is  
said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture Skull	4 hours
Concussion Brain	4 hours

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted?.....	PHYSICIAN
Name of operation..... Date.....	Underline
Major finding.....	the cause to
Finding of autopsy.....	which death
	should be
	charged stat-
	istically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ☒ Suicide? ☐ Homicide? ☐  
 Occurred 1/1 1948 City, county, state Star Rt 202 ing - Chicago  
 where violence occurred Star Rt 202 ing - Chicago  
 Place of Violence: Home - ☐ Farm - ☐ Industry - ☐  
 Public Place. King had car While at work? ☐  
 Means of injury Auto accident

23. Attendant's  
OWN Signature W. B. Jones (M. D. or other)  
and Address Nampa, Ida. Date 7/23 1947  
(For additional space, use reverse side)

Pos

479



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. If a record should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Federal Security Agency  
United States Public Health Service  
National Office of Vital Statistics

JAN 10 1948

# Certificate of Death

STATE OF IDAHO

State File No. 4833  
Local Reg. No. 4304  
Reg. Dist. No. 370

## 1. PLACE OF DEATH:

- (a) County Ada  
(b) City or town Boise  
(c) Street Address or R.F.D. No. X  
(d) Death Occurred Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home? X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. St Lukes Stayed 5 days  
(g) Lived in this county 3 years 6 months \_\_\_\_\_ days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Ada  
(c) City or town Boise  
(d) Street Address or R.F.D. No. 2405 Ellis  
(e) Deceased lived Inside? X Outside? \_\_\_\_\_ city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? 3 Years 6 Mo  
(h) Former residence (city, state) Wyoming

## 3. (a) FULL NAME

Robert Bradley Smith

3. (b) If veteran, name war No

3. (c) Social Security No. None

5. Color or Male race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Smith

6. (c) Age of husband or wife if alive 56 years

7. Date of Birth (Month, Day, Year) August. 23. 1886

8. AGE	Years	Months	Days	If less than 1 day
	<u>61</u>	<u>4</u>	<u>9</u>	hrs. min.

9. Exact Occupation Chief Clerk, Bureau Did this work for \_\_\_\_\_ yrs.

10. Industry or Business of Reclamation Date last worked \_\_\_\_\_

11. Birthplace Lexington, Nebraska  
(City or town) (State or foreign country)

12. Name Harry H. Smith

13. Birthplace Penn.  
(City or town) (State or foreign country)

14. Maiden name Frances Patton

15. Birthplace Mt Sterling, Illinois  
(City or town) (State or foreign country)

16. Informant's OWN Signature Alice E. Smith  
and Address 2405 Ellis Ave

17. (a) Burial (b) Date thereof Jan. 5. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Cloverdale Memorial Park

18. Funeral Director's OWN Signature Clayton E. Summers  
and Address Boise, Idaho

19. (a) 1-8-48 (b) H. Sharp  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January. 2. 1948  
at 10.45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to death 19\_\_\_\_

I last saw him alive on Jan 2 1948; death is said to have occurred in the date and hour stated above.

Immediate Cause of Death

Acute hepatitis

Duration

1 week

Due to don't know yet

Due to \_\_\_\_\_  
Other conditions Benign Hypertrophy  
(Include pregnancy within 3 months of death)

Prostate

Where was disease contracted? \_\_\_\_\_  
Name of operation Prostatectomy Date \_\_\_\_\_

Major finding \_\_\_\_\_  
Finding of autopsy not completed yet - sections not out yet

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following:

Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred \_\_\_\_\_ 19\_\_\_\_ City, county, state where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Attendant's OWN Signature J. H. Johnson M.D.

and Address Boise, Idaho Date 1-6-48  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

*152-118*  
**Certificate Of Death**

STATE OF IDAHO

4635

State File No. *4834*  
Local Reg. No. *222*  
Reg. Dist. No. *460*

**1. PLACE OF DEATH:**

- (a) County Twin Falls  
(b) City or town Twin Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? ☒ Outside? \_\_\_\_\_ city or town  
(e) Died in a Home \_\_\_\_\_ Hospital ☒ Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. T. Falls Stayed 3 days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

**2. Usual Residence of Deceased: (Always fill in these)**

- (a) State Idaho (b) County T. Falls  
(c) City or town Twin Falls  
(d) Street Address or R.F.D. No. RFD #3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? ☒ city or town  
(f) Citizen of what country? United States  
(g) How long had deceased lived in Idaho? 10 years  
(h) Former residence (city, state) California

**3. (a) FULL NAME**

John H. Welton

**3. (b) If veteran,**

name war War II

**3. (c) Social Security**

No. 519-22-3572

5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Single  
4. Sex Male race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Date of Birth (Month, Day, Year) November 6, 1921

8. AGE	Years	Months	Days	If less than 1 day
	<u>26</u>	<u>1</u>	<u>28</u>	hrs min.

9. Exact Occupation Unemployed Did this work for \_\_\_\_\_ yrs.

10. Industry or Business \_\_\_\_\_ Date last worked \_\_\_\_\_

11. Birthplace Alberta, Canada  
(City or town) (State or foreign country)

12. Name Franklin Welton

13. Birthplace Franklin, Pa.  
(City or town) (State or foreign country)

14. Maiden name Margaret Moore

15. Birthplace Cleveland, Ohio  
(City or town) (State or foreign country)

16. Informant's OWN Signature Franklin Welton

and Address Twin Falls, Idaho RFD #3

17. (a) Burial (b) Date thereof 1-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature Phillips

and Address Twin Falls, Idaho

19. (a) 1-8-48 (b) Louise M. Welton  
(Date received and filed) (Registrar's signature)

**MEDICAL CERTIFICATE OF DEATH**

*131B*  
**20. DATE OF DEATH** January 3 19 48  
(Month, Day, Year) at 6:20 o'clock P. M.

**21. I HEREBY CERTIFY**, That I attended deceased from 29 Dec. 19 47 to 3 Jan. 19 48  
I last saw him alive on 2 Jan. 19 47; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Typhoid, Ch. Shuntz Duration 8 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Pneumonia Bronchial 1 day  
(Include pregnancy within 3 months of death)

Where was disease contracted? California

Name of operation none Date \_\_\_\_\_

Major finding none

Finding of autopsy Typhoid, Ch. Shuntz

Pneumonia, Bronchial

**22. If death was due to EXTERNAL CAUSES**, also fill in the following: Accident? \_\_\_\_\_ Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_

Occurred None 19 48 City, county, state \_\_\_\_\_

where violence occurred \_\_\_\_\_

Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_

Public Place \_\_\_\_\_ While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

**23. Attendant's**

OWN Signature Charles B. Beymer

and Address Twin Falls, Idaho (M. D. or other) \_\_\_\_\_

Date 1-7 19 48

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

1915 15 1913

# Certificate Of Death

OF VITAL

STATE OF IDAHO

State File No. 4835  
Local Reg. No. 4  
Reg. Dist. No. 200

4548

## 1. PLACE OF DEATH:

(a) County Latah  
(b) City or town MOSCOW  
(c) Street Address or R.F.D. No. 7.0 So. Main  
(d) Death Occured Inside? X Outside? city or town  
(e) Died in a Home... Hospital... Institution... Other place...  
(f) Name Hosp. or Inst. Gritman Stayed 5 Wks.  
(g) Lived in this county 20 years 5 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City or town Postlatch  
(d) Street Address or R.F.D. No. 5  
(e) Deceased lived Inside? X Outside? city or town  
(f) Citizen of what country? USA  
(g) How long had deceased lived in Idaho? 20 years  
(h) Former residence (city, state) 20

## 3. (a) FULL NAME Benjamin Bernhart Yung

3. (b) If veteran, name war no 3. (c) Social Security No. 519-26-6502  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Alvina 6. (c) Age of husband or wife if alive 63 years  
7. Date of Birth (Month, Day, Year) Febr. 28, 1875

8. AGE	Years	Months	Days	If less than 1 day
	<u>72</u>	<u>10</u>	<u>6</u>	hrs min.

9. Exact Occupation farmer Did this work for 11-11-47 yrs.  
10. Industry or Business farming Date last worked 11-11-47  
11. Birthplace Germany (City or town) (State or foreign country)

12. Name Unk  
13. Birthplace Unk (City or town) (State or foreign country)  
14. Maiden name Unk  
15. Birthplace Unk (City or town) (State or foreign country)

16. Informant's OWN Signature Russell S. Young  
and Address MOSCOW

17. (a) Burial (b) Date thereof 1-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: MOSCOW

18. Funeral Director's OWN Signature H. R. Shurt  
and Address MOSCOW Idaho

19. (a) 1-6-48 (b) Mark C. ...  
(Date received and filed) (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH Jan. 4, 1948  
(Month, Day, Year) at 8:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 14 Jan. 1948 to 4 Jan. 1948  
I last saw him alive on 4 Jan. 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Occlusion - bleeding cerebral vessel Duration 5 yrs  
Due to Arteriosclerosis 5 yrs

Due to Hypertension  
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? PHYSICIAN  
Name of operation Underline Date the cause to which death should be charged statistically.  
Major finding PHYSICIAN  
Finding of autopsy PHYSICIAN

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 19 Suicide? 19 Homicide? 19  
Occurred 19 City, county, state where violence occurred 19  
Place of Violence: Home 19 Farm 19 Industry 19  
Public Place 19 While at work? 19  
Means of injury 19

23. Attendant's OWN Signature Chas. Culp, M.D.  
and Address 5 Postlatch, Idaho Date 5 Jan. 1948  
(For additional space, use reverse slide)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

# Certificate Of Death

STATE OF IDAHO

State File No. 4836  
Local Reg. No. 159  
Reg. Dist. No. 600

JAN 17 1948

4361

## 1. PLACE OF DEATH: VISION OF VITAL

- (a) County Bingham  
(b) City or town Blackfoot  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Death Occured Inside? X Outside? \_\_\_\_\_ city or town  
(e) Died in a Home X Hospital X Institution \_\_\_\_\_ Other place \_\_\_\_\_  
(f) Name Hosp. or Inst. Beck Hospital Stayed 1 days  
(g) Lived in this county 20 years \_\_\_\_\_ months \_\_\_\_\_ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

## 2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot  
(d) Street Address or R.F.D. No. 3  
(e) Deceased lived Inside? \_\_\_\_\_ Outside? X city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) Moreland, Idaho

## 3. (a) FULL NAME Darrell Gilbert Adams

3. (b) If veteran, name war WW 11 3. (c) Social Security No. 519-20-2977  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Date of Birth (Month, Day, Year) June 23, 1927

8. AGE	Years	Months	Days	If less than 1 day
	<u>20</u>	<u>6</u>	<u>14</u>	hrs min.

9. Exact Occupation Truck Driver Did this work for 2 yrs.  
10. Industry or Business Bakery Date last worked 1-6-48  
11. Birthplace Moreland, Idaho  
(City or town) (State or foreign country)

12. Name Edsel Hyrum Adams  
13. Birthplace Kaysville, Utah  
(City or town) (State or foreign country)  
14. Maiden name Nessie M. Packer  
15. Birthplace Riverdale, Idaho  
(City or town) (State or foreign country)

16. Informant's OWN Signature Elijah Clark  
and Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 1-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Riverdale, Franklin County, Idaho

18. Funeral Director's OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho

19. (a) 1-9-48 (b) Mrs. Walter C. White  
(Date received and filed) (Registrar's signature) W. C. White

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January, 7 1948  
at 5:40 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 7 Jan 1948 to 7 Jan 1948  
I last saw him alive on 7 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Spinal Hemorrhage Duration 5 hr.  
aspiration of lung 5 hr.

Due to Trauma

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Where was disease contracted? \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
Major finding \_\_\_\_\_  
Finding of autopsy \_\_\_\_\_  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? YES Suicide? \_\_\_\_\_ Homicide? \_\_\_\_\_  
Occurred January 7, 1948 City, county, state where violence occurred Blackfoot, Bingham, Idaho  
Place of Violence: Home \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Public Place yes While at work? No  
Means of injury Auto Accident, Highway 91

23. Attendant's OWN Signature Walter C. White  
and Address Blackfoot, Idaho Date 1-8 1948  
(M, D, or other)  
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. 4837  
Local Reg. No. 160  
Reg. Dist. No. 600  
4360

1. PLACE OF DEATH:

- (a) County Bingham  
(b) City or town Blackfoot,  
(c) Street Address or R.F.D. No.  
(d) Death Occured Inside? ☒ Outside? city or town  
(e) Died in a Home... Hospital ☒ Institution... Other place...  
(f) Name Hosp. or Inst. Beck Hospital Stayed 1 days  
(g) Lived in this county 24 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

- (a) State Idaho (b) County Bingham  
(c) City or town Blackfoot,  
(d) Street Address or R.F.D. No. 464 N. Ash  
(e) Deceased lived Inside? ☒ Outside? city or town  
(f) Citizen of what country? U.S.A.  
(g) How long had deceased lived in Idaho? Life years  
(h) Former residence (city, state) None

3. (a) FULL NAME

Berlyn Dale Hansen

3. (b) If veteran, name war WW 11 3. (c) Social Security No. 518-20-2470  
5. Color or race White 6. (a) Single, widowed, married, divorced Single  
4. Sex Male 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Date of Birth (Month, Day, Year) March 8, 1923

8. AGE	Years	Months	Days	If less than 1 day
	24	9	29	hrs min.

9. Exact Occupation Merchant Did this work for 1 yrs.  
10. Industry or Business Lunch Stand Date last worked 1/6/48  
11. Birthplace Blackfoot, Idaho.  
(City or town) (State or foreign country)

12. Name Melvin M. Hansen  
13. Birthplace West Jordan, Utah  
(City or town) (State or foreign country)  
14. Maiden name Veda A. Petersen  
15. Birthplace Riverton, Utah  
(City or town) (State or foreign country)

16. Informant's OWN Signature Melvin M. Hansen  
and Address Blackfoot, Idaho.

17. (a) Burial (b) Date thereof 1-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Blackfoot, Idaho.

18. Funeral Director's OWN Signature John C. Sandberg  
and Address Blackfoot, Idaho.

19. (a) 1-9-48 (b) Thos. H. Barker  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH January 7, 1948  
(Month, Day, Year) at 2:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 7 Jan 1948 to 7 Jan 1948.  
I last saw him alive on 7 Jan 1948; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral Hemorrhage  
Duration 2 hrs.

Due to Trauma  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Where was disease contracted?  
Name of operation Date  
Major finding  
Finding of autopsy

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ☒ Suicide? Homicide?  
Occurred Jan. 7, 1948 City, county, state where violence occurred Blackfoot, Bingham, Idaho  
Place of Violence: Home Farm Industry  
Public Place. ☒ While at work? ☒  
Means of injury Auto Accident, Highway 91

23. Attendant's OWN Signature Kenneth A. Moore June  
and Address Blackfoot, Idaho Date 1-8 1948  
(M. D. or other)  
(For additional space, use reverse side)

M. B. Barker

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